Coastline Elderly Services, Inc.

Area Agency on Aging

and

Aging Services Access Point

2017 Needs Assessment

Serving the communities of:
Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford and Rochester.

Foreword

Coastline Elderly Services, Inc. (Coastline) is an Area Agency on Aging (AAA) and Aging Services Access Points (ASAP) which is responsible for conducting a needs assessment of older individuals, development of an area plan, and the distribution of federal funds to support programs and services under the Older Americans Act of 1965, as amended.

Funding to community organizations is targeted to elders who are age 60 and over, including caregivers, throughout Coastline's planning and service area.

From September 1, 2016 through December 30, 2016, 22 area agencies on aging throughout the Commonwealth began the task of conducting their needs assessment studies. Coastline, in addition to the other AAAs, were required to conduct a minimum of eight needs assessment sessions directly involving elders and their caregivers, by using such strategies as focus groups, listening sessions, community meetings, or forums, etc.

In addition, the Executive Office of Elder Affairs used a web link to gather the needs assessment data from all 22 area agencies on aging.

Coastline focused on small and large public gatherings, meetings with stakeholders, such as the Advisory Council, elderly immigrant population, lesbian, gay, bisexual and transgendered elders, (LGBT) including our low income elderly population. In addition to focus groups, surveys were also mailed to elders throughout eight communities of our service area, including rural elders and elders of the Mashpee Wampanoag Tribe in New Bedford.

Surveys were also mailed randomly throughout the planning and service. A total of 650 questionnaires were provided to participants and 48 percent of those surveys were returned completed. Surveys were also provided in Spanish and Portuguese. A copy of the survey tool is included in the Appendices of this report.

This year's report also incorporates results from similar surveys conducted in 2013 from Coastline, including statistical data obtained from numerous secondary sources. This report reflects the Area Agency on Aging's commitment in identifying pertinent data that will aid in the development of the Area Plan on Aging, and will also aid in the development of new programs and services to our areas' elders and to the caregivers.

Paula Shiner
Chief Executive Officer

Ann McCrillis
Area Agency on Aging Planner

Acknowledgements

Our sincere gratitude to our partners and staff that assisted us with the Needs Assessment study.

Ann Marie Askew, Mashpee Wampanoag Tribe, coordinated delivery of surveys to tribal elders.

Kim Bryant, Coastline Elderly Services, Inc., compiled results of the surveys.

Bethany DeGrace, Coastline Elderly Services, Inc. coordinated a focus group for nutrition volunteers.

Helena DaSilva Hughes, Immigrants Assistance Center, coordinated a focus group with non-English speaking elders.

Kris Lombard, Gosnold Council on Aging, coordinated delivery of surveys to Cuttyhunk elders.

Connie Mayer, Advisory Council Member, served on the Area Plan Committee.

Jacqueline Medeiros, Coastline Elderly Services, Inc. coordinated a focus group with the Foster Grandparents; served on the Area Plan Committee.

Sharon O'Malley, Association for the Relief of Aged Women, coordinated delivery of surveys to socially isolated, low income elders.

Karyl Ryan, Coastline Elderly Services, Inc. coordinated a listening session with the Senior Community Service Employment Program.

George N. Smith, Coastline's Advisory Council, facilitated numerous listening sessions and focus groups.

Anne Sylvia, Fairhaven Council on Aging, coordinated the listening session for the LGBT elders.

Heather Sylvia, Marion Council on Aging, served on the Area Plan Committee.

About This Report

Accuracy of the Estimates

Some data in this report is based on a sample of the population and is, therefore, subject to sampling error. The data in some indicators may not sum to totals because of rounding.

All demographic and population data is U.S. Census data unless otherwise noted. All Census data is from the Year 2010, unless otherwise noted. Data accuracy is not guaranteed. Please verify any data questions with the U.S. Census Bureau.

What is a Need?

Needs are social definitions representing what a person or group requires in order to play a role, meet a commitment, participate in a social process, and retain an adequate level of energy and productivity.

Perceived Needs: Felt
Normative Need: Reflects "normal standards, value laden shaped by environment."
Expressed Need: Based on those who seek services; consumers and potential consumers.
Relative Need: Seek equity of services between geographic areas.

What a Needs Assessment study?

Minimally, the study should look for:

a. Who is in need?
b. What is lacking or needed?
c. What are the goods/services needed?
d. How much of each good/service is needed?
e. Is the problem supply and demand or access and distribution?
f. What is not needed or less needed?
g. What will cost to provide?
h. How can it be funded?

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Appendix 1: The 2017 Needs Assessment of Older People.

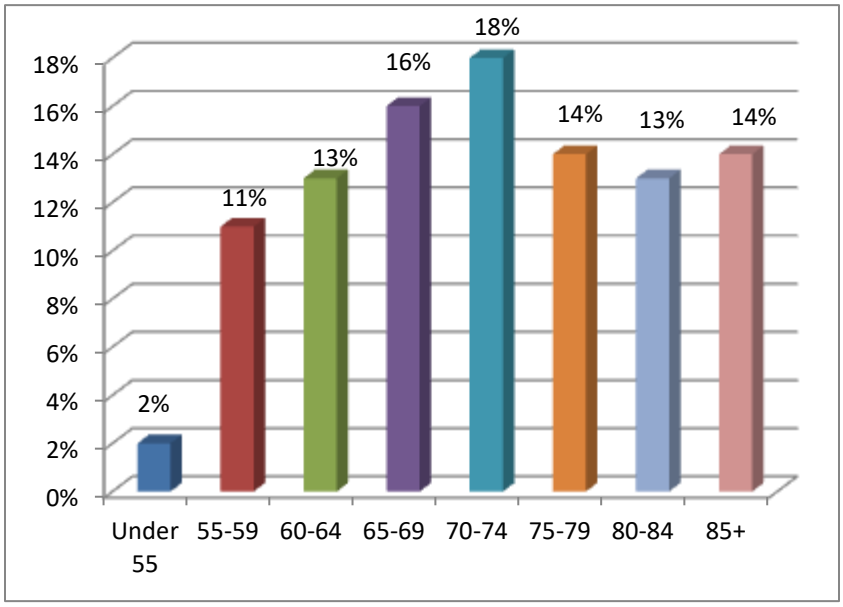
Age of Survey Respondents

Eighteen percent of respondents to this survey indicated that they were between the ages of 70-74, and 14 percent are elders over age 85 years of age. Please see the chart below.

Nationally, the oldest-old population (age 85 and over) grew from just over 100,000 in 1900 to 6 million in 2014. According to the Census Bureau "middle series" projections, the elderly population will more than double between now and the year 2050, to 80 million.

As many as 1 in 5 Americans could be elderly. Most of this growth should occur between 2010 and 2030, when the "baby boom" generation enters their elderly years.

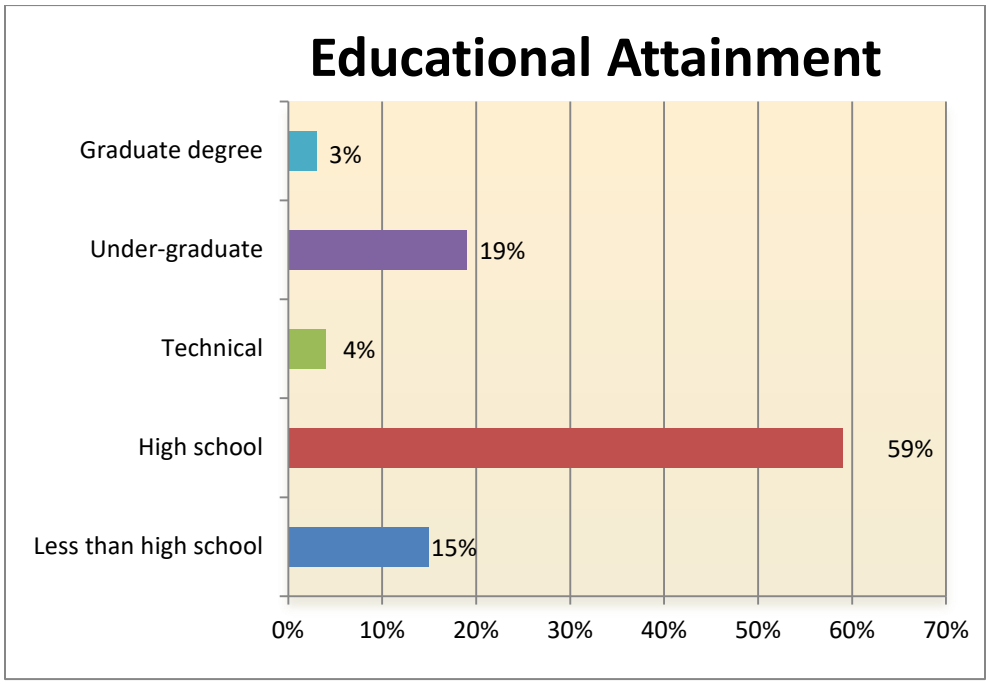
Figure 1:



Sixteen percent of respondents said they are between the ages of 65 to 69. According to researchers, the proportion of the population age 65 and over varies by state and is partly affected by the state fertility and mortality levels, and partly by the number of older and younger people who migrate to and from the state.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: 2010 U.S. Census Bureau: Demographic Profile Data; Annual Estimates of the Resident Population for Selected Age Groups.
Older Americans: *Key Indicators of Well Being.* 2016. Federal Interagency Forum on Aging-Related Statistics. Washington, DC. U.S. Government Printing Office.

Figure 2:



Fifty-nine percent of elders responding to this survey said they were high school graduates and 15 percent said they had less than a high school education.

Educational attainment has effects throughout the life course which plays a role in well-being at older ages. Higher levels of education are usually associated with higher incomes, higher standards of living, and above average health. Nine percent of respondents said they needed assistance with finding opportunities for education and learning.

Compared with the nation as a whole, Massachusetts' residents age 55 and older comprise a higher percentage of those with a college or graduate degree. Please see below.

Table 1:

High School		Some College		College or Graduate degree	
Massachusetts	49.0%	Massachusetts	18.1%	Massachusetts	32.9%
USA	52.9%	USA	22.6%	USA	24.5%

Reference population: This data refers to the civilian non-institutionalized population.
Sources: Older Americans*: Key Indicators of Well-Being.* 2016. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US. Government Printing Office.
U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Health Care Needs

Within the health care category, when asked about the type of assistance they needed, fifty-one percent of respondents said they needed assistance with dental care. Oral health is an important component of an older person's general health and well-being. It reflects overall health status and is related to the risk and treatment of various chronic conditions. Regular dental care is not covered under Medicare.

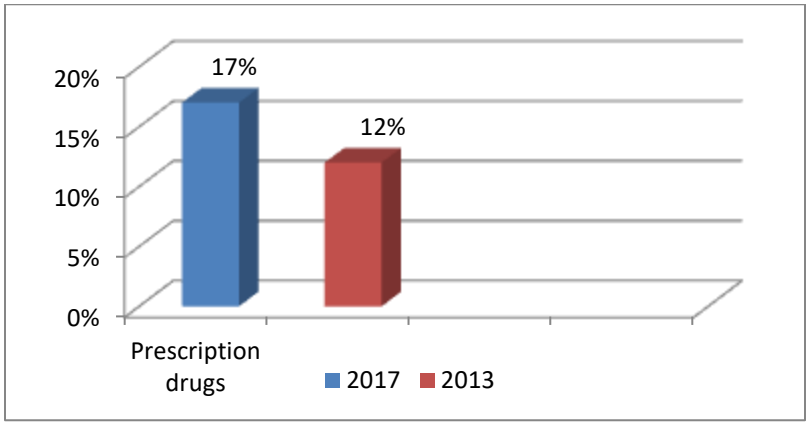
Forty-one percent of respondents also said they need assistance with vision care expenses. Medicare doesn't cover routine eye exams (sometimes called "eye refractions") for eyeglasses or contact lenses. Medicare Part B (Medical Insurance) covers some preventive and diagnostic eye exams.

Twenty-six percent of elders also said they need assistance with coping with diabetes. When compared to Massachusetts as a whole, the city of New Bedford had a higher-age adjusted diabetes mortality rate.

The needs of elders also focused on hearing. Twenty-one percent of elders identified assistance with hearing. In the 2017 survey and focus groups, elders said they could not afford to pay the high costs for hearing aids. Hearing aids and most hearing tests are not covered by Medicare. Medicaid often does cover hearing aids and related services for adults. They must cover them for children.

Seventeen percent of respondents to the 2017 survey, compared to 12 percent in 2013, said they needed assistance with prescription drug costs. Thirteen percent of elders also said they skipped paying for prescription drugs within the last 12 months leading up to this survey, due to a shortage of money.

Figure 3:



Reference population: This data refers to the civilian non-institutionalized population.
Sources: Older Americans*: Key Indicators of Well-Being.* 2016. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US. Government Printing Office.
Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014*. Atlanta, GA: US Department of Health and Human Services; 2014.

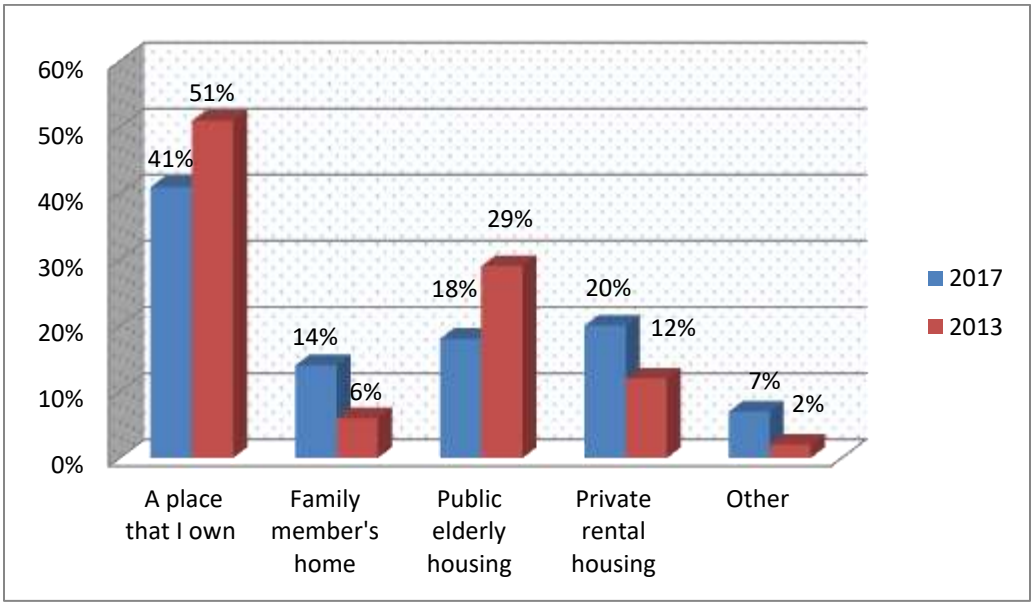
Housing Status Comparison

The survey identified 41 percent of elders, today, who live in a home they own, compared to 51 percent in 2013. Approximately 14 percent now live in a family member's home compared to 6 percent in 2013. This survey also revealed a decrease with the number of elders living in public elderly housing, from 29 percent in 2013 down to 18 percent in 2017.

Twenty percent of respondents said they needed assistance in finding affordable housing. The 2017 survey also revealed that financially maintaining a home is burdensome, with 49 percent of respondents saying they are unable to make necessary home repairs.

Most older Americans live in adequate, affordable housing. Some, however, live in costly, physically inadequate, and crowded housing, which can pose serious problems for an older person's physical or psychological well-being. Housing cost burden is the most prevalent housing problem for all household types and has increased over the years.

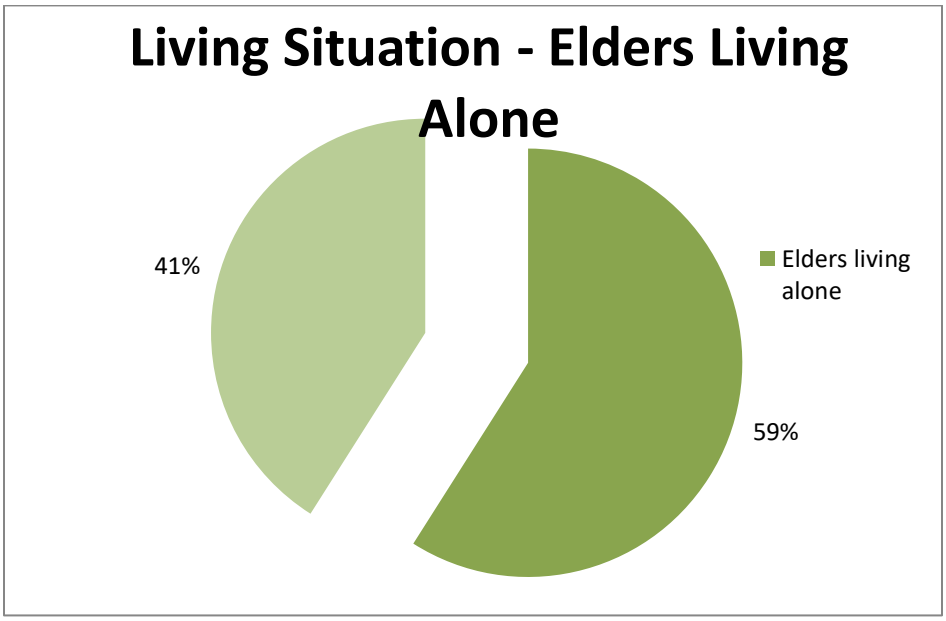
Figure 4:



Note: Housing cost burden refers to expenditures on housing and utilities that exceed 30 percent of household income.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: Older Americans*: Key Indicators of Well-Being.* 2016. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US. Government Printing Office.
U.S. Census Bureau*, Households and Families 2009-2013 American Community Survey 5-Year Estimates*.

Figure 5:



According to the U.S. Census, a large proportion of older households live alone. Nationally, more than half of householders, 75 and older lived alone.

Survey responses in this 2017 survey identified that 59 percent of elders live alone. This sub-population of elderly also may be most likely to use formal services – individuals who live alone and have no children or siblings.

Researchers have estimated that 1.2 million people aged 65 or over will be in that status in the year 2020, up from 682,000 in 1990.The living arrangements of America's older population are linked to income, health status, and the availability of caregivers. Older men were more likely to live with their spouse than were older women.

Reference population: This data refers to the civilian non-institutionalized population.
Source: Older Americans: *Key Indicators of Well-Being.* 2016. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: US. Government Printing Office.
U.S. Census Bureau 2010: Population Estimates and Projections; Demography and the Economy.

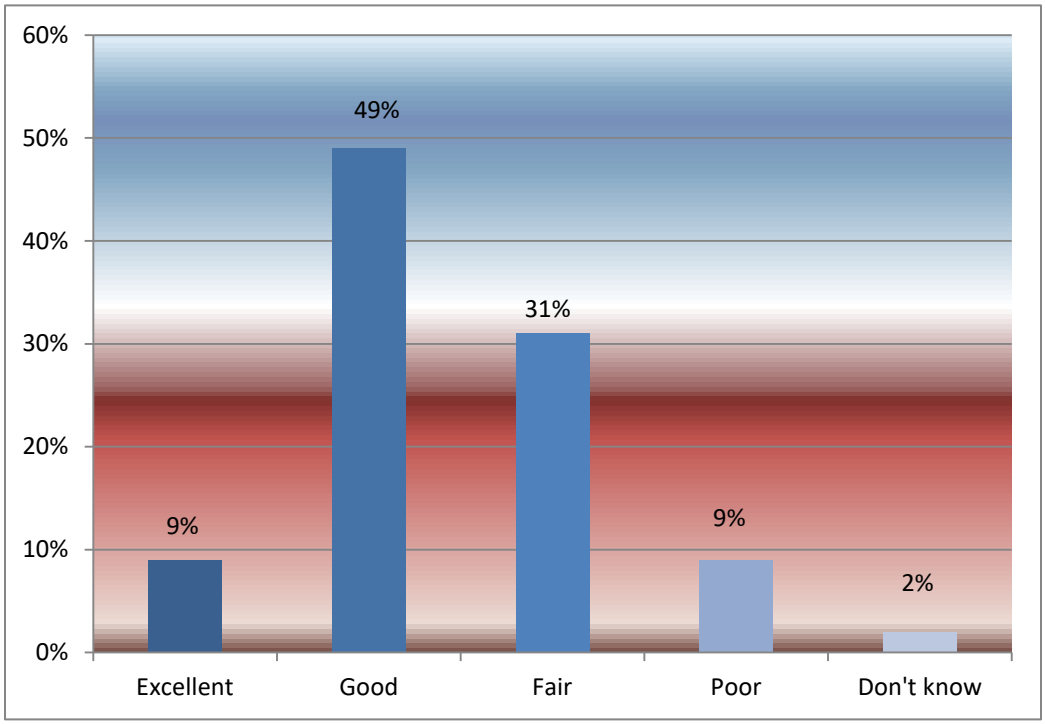
Perception of Health

When asked to rate their health, 49 percent of respondents said they were in good health and nine percent listed their health as poor.

According to researchers, asking people to rate their health as excellent, very good, good, fair, or poor provides a common indicator of health easily measured in surveys and represents physical, emotional, and social aspects of health and well-being. Respondent- assessed health ratings of poor correlate with higher risks of mortality.

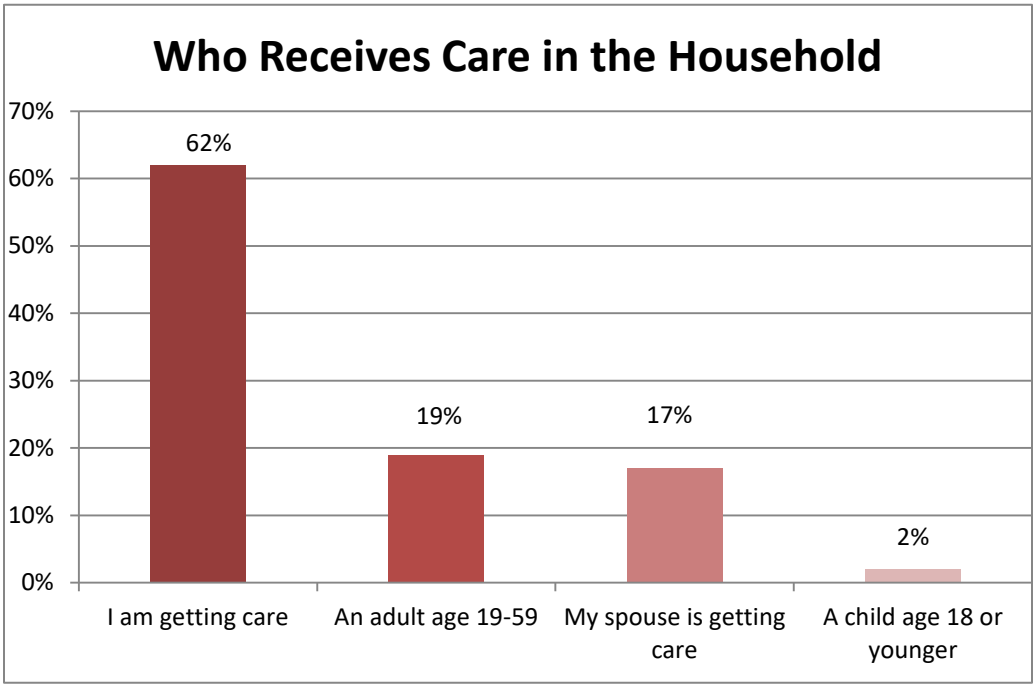
Thirty-one percent of respondents also said they need assistance with staying active and finding physical activity programs.

Figure 6:



Reference population: This data refers to the civilian non-institutionalized population.
Sources: Older Americans: *Key Indicators of Well-Being*: 2016. Federal Interagency Forum on Aging Related Statistics.
DeSalvo, K.B., Bloser, N., Reynolds, K., et al (2006, March). Mortality prediction with a single general self-rated health question: A meta-analysis. *Journal of General Internal Medicine, 21*(3), 267–275.

Figure 7:



Sixty-two percent of elders responding to this survey said they receive care in the household and nineteen percent said an adult age 19-59 was receiving care.

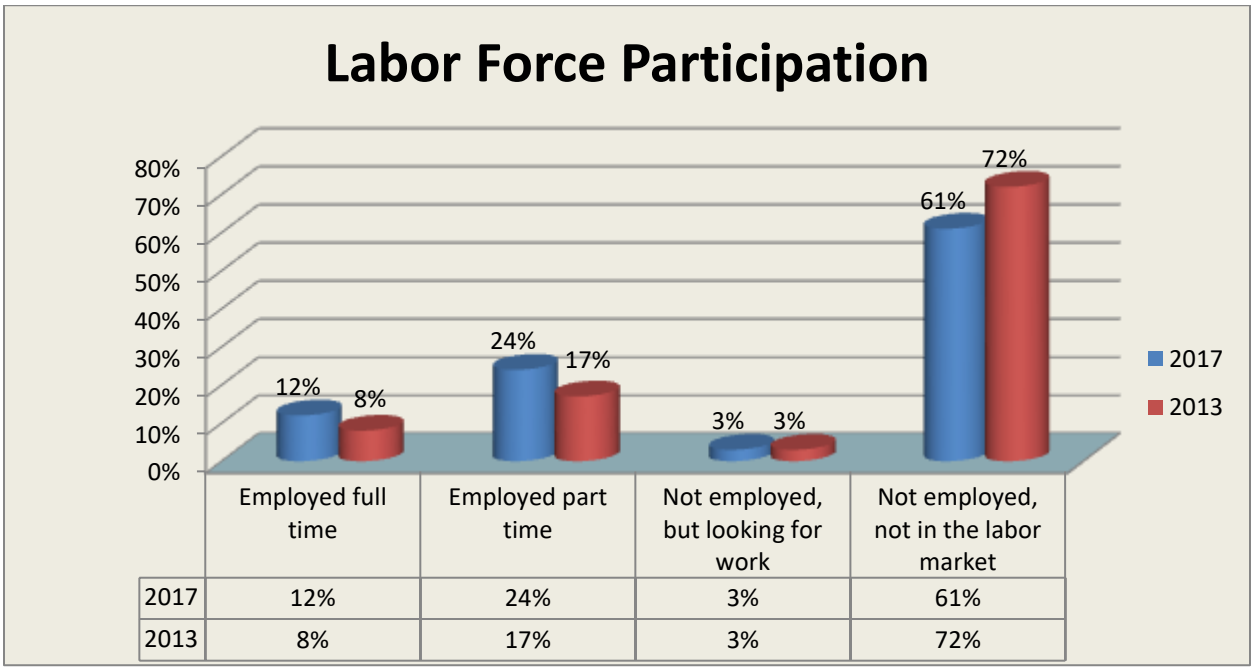
The need for caregiving increases with age. People who are frail or disabled may require help with basic activities of daily living (ADLS). These services can differ from informal care delivered by a family member or friend, to more formal services from a home care agency, assisted living or nursing home.

Long-term care (LTC) refers to broad range services and supports to meet the needs of frail older adults and other people who are limited in their abilities for self-care because of chronic illness or a disability. Currently, 70 percent of seniors will require some form of LTC, and 20 percent will require LTC for more than 5 years.

The Federal Administration on Aging estimates that by 2020, 15 million seniors will require LTC, 50 percent more than today.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: Rogers, S., & Komisar, H. (2003) *Who Needs Long-Term Care?* Washington, DC: Georgetown University Long-Term Care Financing Project.
Knickman JR, Snell EK. The 2030 Problem: Caring for Aging Baby Boomers. *Health Services Research*. 2002; 37(4):849-884. doi:10.1034/j.1600-0560.2002.56.x.
Older Americans: *Key Indicators of Well-Being*: 2016. Federal Interagency Forum on Aging Related Statistics.

Figure 8:



Sixty-one percent of respondents in the 2017 survey indicated that they were not employed and not in the labor market, compared to 72 percent in 2013.

In this 2017 survey, 24 percent responded that they are employed part-time, when compared to 17 percent in 2013.

Labor force participation is measured by the percentage of a group that is in the labor force- that is either working (employed) or actively looking for work (unemployed). Education and training continue to be the most effective path to sustained employment.

Nationally, in 2015, 8.8 million (18.9%) Americans age 65 and over were in the labor force – working or actively seeking work, including 4.8 million men (23.4%) and 4 million women (15.3%).

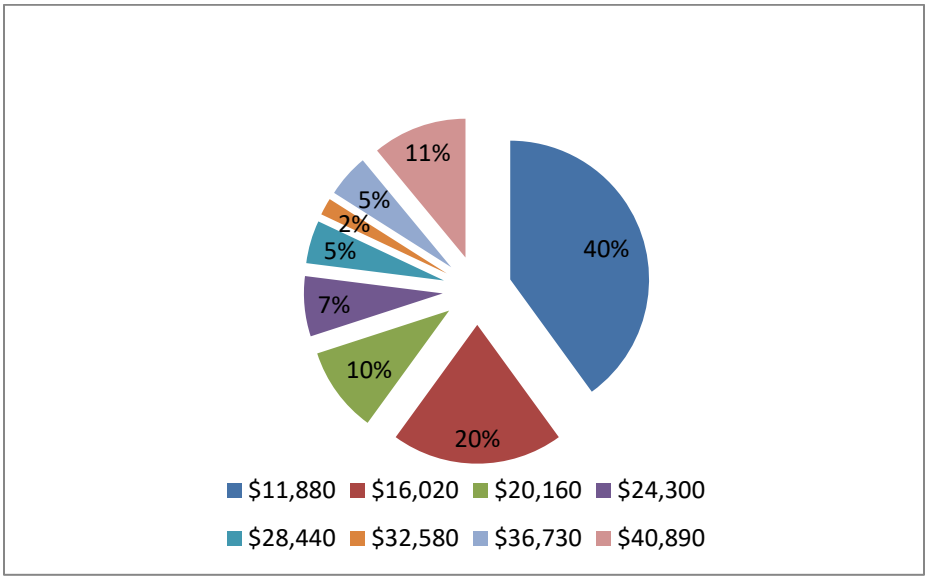
Reference population: This data refers to the civilian non-institutionalized population
Sources: Older Americans: *Key Indicators of Well-Being*: 2016. Federal Interagency Forum on Aging Related Statistics
Bureau of Labor Statistics, Current Population Survey, Labor Force Statistics.

Household Income

The Rate of Poverty is defined as a one-person household with an annual income of $11,880 or below in 2016, or a two person household with an annual income of $16,020 in 2016. Please see Poverty levels next page.

In the chart below, forty percent of respondents said their annual income was $11,880 or below.

Figure 9:



Most older Americans are retired from full–time work. Social Security was developed as a floor of protection for their incomes to be supplemented by other pension income, income from assets, and to some extent, continued earnings. Over time, Social Security has taken on greater importance to many older Americans.

Nationally, over 4.2 million people age 65 and over (8.8%) were below the poverty level in 2015. Older women had a higher poverty rate (10.3%) than older men (7%) in 2015. Older persons living alone were much more likely to be poor (15.4%) than were older persons living with families (5.7%).

Reference population: This data refers to the civilian non-institutionalized population.
Sources: 2010 U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.
Federal Register/Vol.81, No.15/Monday, January 25, 2016/Notice.
Older Americans: *Key Indicators of Well-Being*: 2016. Federal Interagency Forum on Aging Related Statistics.

2016 Health and Human Services Poverty Guidelines

These guidelines vary by family and are updated annually to account for changes in the cost of living (as measured by the change in the average annual value of the Consumer Price Index or CPI-U).

The guidelines in this 2016 notice reflect the 0.1 percent price increase between calendar years 2014 and 2015. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. Please see the chart below.

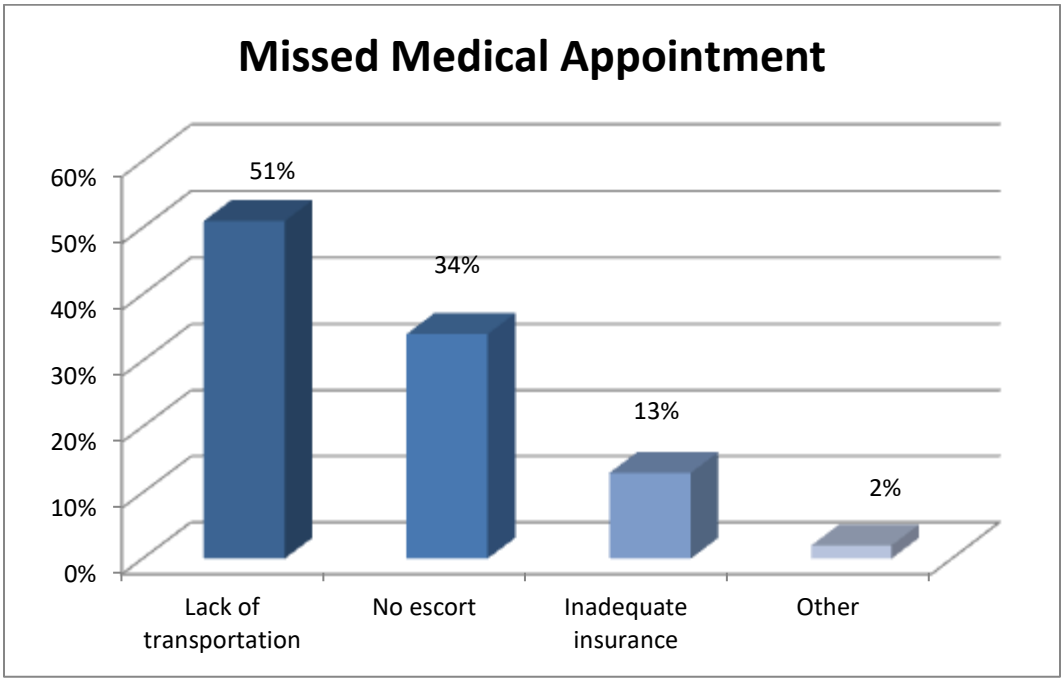
These guidelines were used to determine poverty levels for the 2017 Needs Assessment Study.

Table 2:

Persons in family/household	48 Contiguous States and the District of Columbia
1	$11,880
2	$16,020
3	$20,160
4	$24,300
5	$28,440
6	$32,580
7	$36,730
8	$40, 890
For families / households with more than 8 persons, add $4,160 for each additional person.	

Source: Federal Register/Vol.81, No.15/Monday, January 25, 2016/Notice.

Figure 10:



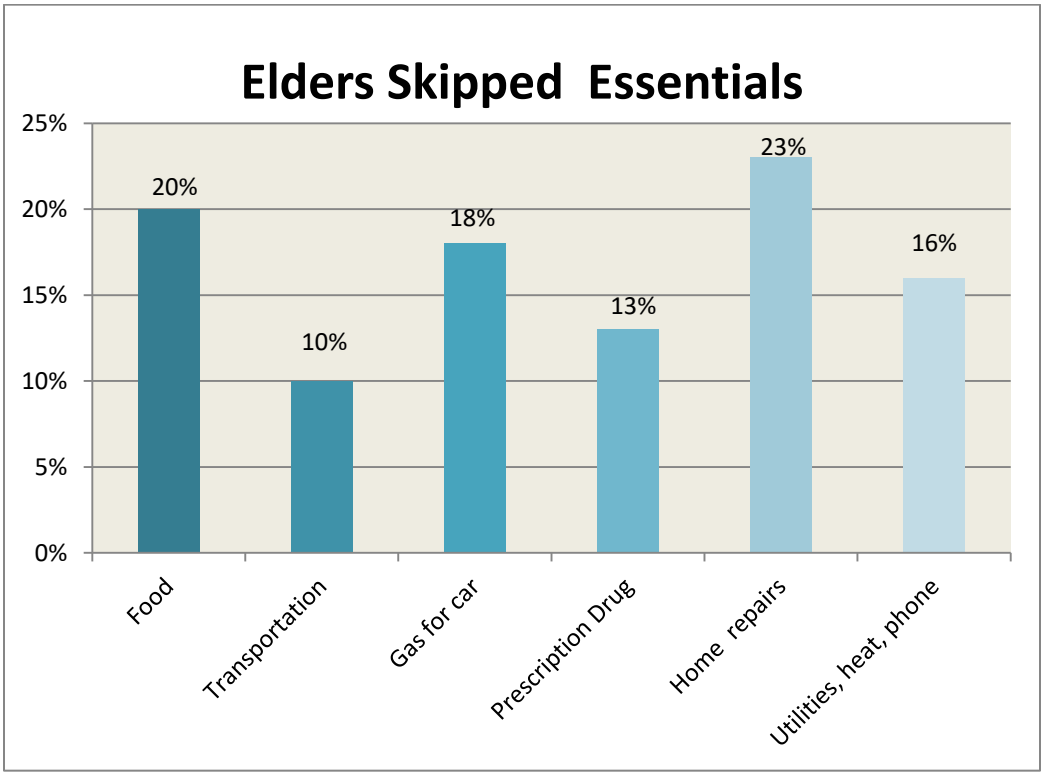
Survey respondents were asked to specify the contributing factors that led them to miss a medical appointment in the last 12 months leading up to this survey. Fifty-one percent said they missed a medical appointment because of a lack of transportation.

Thirty-four percent said they had no one to accompany them, and thirteen percent cited inadequate insurance. The two percent who responded by saying "other" listed factors such as, bad weather, having a conflict on the scheduled day, too ill to go, or the respondent had to care for someone in the home.

Lack of transportation has always been a major obstacle for the elderly population in this region. The ability to travel independently to appointments, to the grocery store, and to visit friends play an important role in the daily lives of older adults. For many older adults, the ability to travel independently may change due to health or physical problems.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: 2010 U.S. Census Bureau.
Older Americans*: Key Indicators of Well-Being:* 2016. *Federal Interagency Forum on Related Statistics.*

Figure 11:



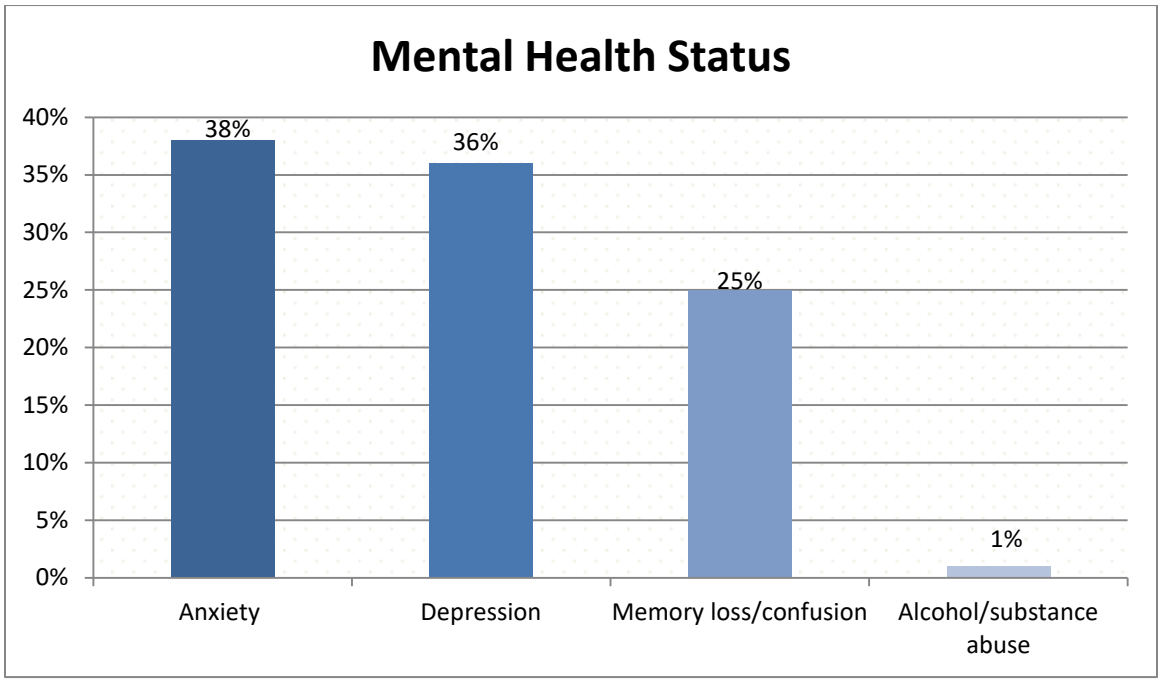
For respondents who own their own homes, twenty-three percent said that within the last twelve months they had to skip paying for essentials such as home repairs, due to a shortage of money.

Twenty percent said they skipped purchasing food, and for those who owned a vehicle, 18 percent could not afford to put fuel in the vehicle.

Expenditures are another indicator of economic well-being and demonstrate how the older population allocates resources to food, housing, health care, and other basic needs. Expenditures may change with changes in work status, health status or income.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: U.S. Census Bureau, 2010 Census.
Older Americans: *Key Indicators of Well-Being*. 2016. Federal Interagency Forum on Aging- Related Statistics, Washington, DC: U.S. Government Printing Office. August 2016.

Figure 12:



Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, higher health care resource utilization, and dementia.

Older women were more likely to report clinically relevant depressive symptoms than were older men.

In this survey, thirty-eight percent of elders reported that were experiencing symptoms of anxiety, thirty-six percent said depression, and twenty-five percent reported experiencing some memory loss and confusion.

Reference population: This data refers to the civilian non-institutionalized population.
Sources: Emptage, N.P., Sturm, R., & Robinson, R.L. (2005) Depression and comorbid pain as predictors of disability, employment, insurance status, and health care costs. *Psychiatric Services*, *56(4)*: 468-74.
Saczynski, J,S., Beiser, A., Seshadri, S., Auerbach, S., Wolf, P.A., & Au, E. (2010). Depressive symptoms and risk of dementia: The Framingham Heart Study. *Neurology, 75*(1): 35-41.
Older Americans. *Key Indicators of Well-Being:* 2016. *Federal Interagency Forum on Related Statistics.*

Table 3:

Local Community Need

Categories	I Do Need Help
Access to social assistance services	
Completing benefit forms for Health Insurance, SSI, SNAP	29%
Caregiver Support	9%
Civic Engagement Volunteer opportunities	9%
Cultural Competencies LGBT issues	2%
Education / Learning	9%
Economic (Financial) Security	
Retirement Planning	9%
Money Management / finances	7%
Employment	10%
Food and Nutrition	
Congregate Meals	2%
Home Delivered meals	10%
Health care	
Heart	8%
Diabetes	26%
Prescription Drugs	17%
Vision care	41%
Hearing	21%
Dental	51%
Housing	
Affordable Housing	20%
Home Modification due to Disability	9%
Home Repairs	49%
Home Security	9%
Learning and Development	
Educational programs	9%
Legal Services	
Consumer Complaints	5%
Identity Theft / Fraud	0.9%
Tenants' Rights	3%
Wills, Advance Directives	21%

Categories	I Do Need Help
Leisure and Recreation	23%
Mental and Behavioral Health	
Alcohol /Substance Abuse	0.9%
Anxiety	35%
Depression	34%
Memory Loss/Confusion	21%
Spirituality	
Faith-based activities	6%
Transportation	24%
Staying Active/Physical Activity Programs	31%

Reference population: This data refers to the civilian non-institutionalized population.

Table 4:

60 Plus Population by Age in Planning and Service Area (PSA)

City or Town	2010 All Ages	Age 60-64	Age 65-74	Age 75-84	Age 85 and over	Age 60+	Age 65+	% 60+	% 65+	% 85+	2020 All Ages Estimate
Acushnet	10,303	698	874	527	231	2,330	1,632	22.6	15.8	2.2	10,416
Dartmouth	34,032	2,086	2,668	1,732	987	7,473	5,387	22.6	15.8	2.9	36,725
Fairhaven	15,873	1,042	1,424	1,037	668	4,171	3,129	26.3	19.7	4.2	15,839
Gosnold	75	9	9	3	1	22	13	29.3	17.3	1.3	67
Marion	4,907	391	516	336	194	1,437	1,046	29.3	21.3	4.0	4,805
Mattapoisett	6,045	483	692	381	148	1,704	1,221	28.2	20.2	2.4	5,808
New Bedford	95,072	4,862	6,371	4,884	2,648	18,765	13,903	19.7	14.6	2.8	98,800
Rochester	5,232	417	388	136	76	1,017	600	19.4	11.5	1.5	5,780
Total in PSA	**171,539**	**9,988**	**12,942**	**9,036**	**4,953**	**36,919**	**26,931**	**21.5**	**15.7**	**2.9**	**178,240**
Total in Massachusetts	**6,547,629**	**370,547**	**456,640**	**301,065**	**145,199**	**1,273,271**	**902,274**	**19.4**	**13.8**	**2.2**	**6,855,546**

Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960. Nearly 22 percent of elders in Coastline's planning and service area are age 60 and over, compared to the Commonwealth at 19.4 percent. The US Census released the population estimates in May 2016 for Massachusetts cities and towns (also called "minor civil divisions" or "MCDs") for July 1, 2015. These estimates are derived from the allocation of the Census Bureau's 2015 county-level population estimates released to individual municipalities.

Projection of the 60+ Population 2010-2035 in Massachusetts

Table 5

Population	2010	2015	2020	2025	2030	2035
60+	1,273,271	1,493,156	1,721,462	1,925,417	2,049,347	2,098,125

Sources: 2010 Census, TableDP-1 File 2. Interim State Projections for Populations for 5-Year Age Group and Selected Age Groups by Sex.
Older Americans. *Key Indicators of Well-Being*. 2016. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2016.
Donahue Institute, UMass/Boston.

Gender Breakdown by Age

FEMALE

Table 6:

City/Town	Total	60-61 Years	62-64 Years	65-66 Years	67-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over
Acushnet	5,243	127	212	127	132	205	149	158	161
Dartmouth	16,926	443	624	369	463	582	504	543	664
Fairhaven	8,237	220	317	156	253	352	321	322	473
Gosnold	32	1	3	2	0	1	1	1	1
Marion	2,598	81	132	73	99	117	100	86	135
Mattapoisett	3,102	113	126	85	135	141	136	81	87
New Bedford	49,479	1,134	1,483	851	1,118	1,568	1,577	1,437	1,905
Rochester	2,594	102	114	59	58	63	41	37	45
Female PSA	**88,211**	**2,221**	**3,011**	**1,722**	**2,258**	**3,029**	**2,829**	**2,665**	**3,471**
Massachusetts	**3,381,001**	**81,800**	**112,452**	**60,898**	**80,434**	**106,210**	**93,661**	**84,922**	**100,174**

MALE

Table 7:

City/Town	Total	60-61 Years	62-64 Years	65-66 Years	67-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over
Acushnet	5,060	150	209	107	131	172	103	117	70
Dartmouth	17,106	414	605	328	390	536	364	321	323
Fairhaven	7,636	204	301	128	232	303	196	198	195
Gosnold	43	3	2	1	3	2	0	1	0
Marion	2,309	65	113	70	74	83	100	50	59
Mattapoisett	2,943	100	144	87	116	128	92	72	61
New Bedford	45,593	1,009	1,236	734	919	1,181	1,031	839	743
Rochester	2,638	85	116	67	71	70	31	27	31
Male In PSA	**83,328**	**2,030**	**2,726**	**1,522**	**1,936**	**2,475**	**1,917**	**1,625**	**1,482**
Massachusetts	**3,166,628**	**74,794**	**101,501**	**53,860**	**69,267**	**85,791**	**68,931**	**53,551**	**45,025**

NOTE: For information on confidentiality protection, non-sampling error, and definitions, seehttp:www.census.gov/prod/cen2010/doc/sf1.
Sources: 2010 Census, TableDP-1 File 2. Interim State Projections for Populations for 5-Year Age Group and Selected Age Groups by Sex.
Older Americans. *Key Indicators of Well-Being*. 2016. Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2016.
Donahue Institute, UMass/Boston.

Households in the Planning and Service Area

Table 8:

Communities	Total Number Households	Age 65+ Living Alone	% Age 65+ Living Alone	Households with individuals Age 65+	% Households with individuals Age 65+
Acushnet	3,934	412	10.5%	1,194	30.4%
Dartmouth	11,237	1,434	12.8%	3,816	34.0%
Fairhaven	6,672	1,001	15.0%	2,163	32.4%
Gosnold	39	0.0	0.0%	9	23.1%
Marion	1,896	253	13.3%	682	36.0%
Mattapoisett	2,505	292	11.7%	861	34.4%
New Bedford	38,761	4,690	12.1%	10,042	25.9%
Rochester	1,813	116	6.4%	437	24.1%
Total In PSA	**66,857**	**8,198**	**12.3%**	**19,204**	**28.7%**
Massachusetts	**2,547,075**	**270,984**	**10.6%**	**653,103**	**25.6%**

Sources: 2010 Census Summary File 1, Table H17
Research Dept. Executive Office of Elder Affairs-Massachusetts Elder Population by ASAP and AAA.
NOTE: For information on confidentiality protection, non-sampling error, and definitions, see http:www.census.gov/prod/cen2010/doc/sf1.pdf.

Per Capita Income by Community
All Ages

The table below ranks the per capita income throughout the planning and service area of the Commonwealth's 351 communities, estimated for 2011-2015.

Table 9:

Rank	Town	County	Per Capita Income	Median household income	Median family income	Population	Number of households
257	Acushnet	Bristol	$31,477	$66,367	$82,775	10,303	3,843
282	Dartmouth	Bristol	$30,049	$67,997	$84,881	34,032	11,692
277	Fairhaven	Bristol	$30,381	$69,326	$77,717	15,873	6,655
327	Gosnold	Dukes	$25,741	$30,833	$39,167	75	60
65	Marion	Plymouth	$45,269	$80,456	$92,258	4,907	1,911
155	Mattapoisett	Plymouth	$35,941	$78,864	$93,235	6,045	2,192
346	New Bedford	Bristol	$21,056	$35,999	$44,607	95,072	39,068
135	Rochester	Plymouth	$37,340	$87,370	$104,300	5,232	1,809

NOTE: For information on confidentiality protection, non-sampling error, and definitions, see http:www.census.gov/prod/cen2010/doc/sf1.pdf.
Sources: 2010 U.S. Census Bureau.
2011-2015 American Community Survey.

SUMMARY AND CONCLUSION

Coastline utilized various strategies to help to capture the needs of elders. These were focus groups and listening sessions. Surveys were also conducted and sent randomly to caregivers and elders. While in the focus groups or listening sessions, elders did not disclose their income, nor would they say if they had to do without food or skip paying for essentials. Elders did not disclose, in front of others, if they were feeling anxious, suffering from depression, memory loss and confusion, drinking heavily or were substance abusers. Instead, they utilized the surveys to disclose personal information.

The surveys did not require their names, nevertheless, some elders provided their names, telephone numbers and addresses because they were asking for help with an issue, and wasn't sure where they should go to get this help. In one instance, after a focus group ended, an elderly lady spoke to us privately because she didn't want others in the room to learn that she had no food in her home, only a bottle of water. Coastline was able to provide grocery gift cards which assisted her in getting groceries. For the long term, we needed to look at the amount she was receiving for SNAP (Supplemental Nutrition Assistance Program) benefits and we were able to assist her with getting an increase on those benefits.

We learned through this survey process that the older Portuguese speaking immigrant population had less than a high school education. We also learned that elders who do not own a vehicle, getting around is onerous because public transportation is limited, and if their insurance does not pay for medical transportation the elders must pay out of pocket for other means of transportation, such as taxis, which could be costly.

The survey revealed that those who identified themselves as lower income had increased medical needs and had been hospitalized within the past year.

Additionally, the LGBT elders told us they are afraid to "come out." These elders said they are "hidden" from each other and are not visible in the community. Conversely, while they expressed gratitude that they can attend the Fairhaven Council on Aging Supper Club once a month, many would also welcome the opportunity for increased socialization with their peers in other venues.

In conclusion, our elders have demonstrated that they are without the financial means to live comfortably. Today, there are more elders in the workforce either working full or part-time to make ends meet. Social Security and or Supplemental Security Income (SSI) may not be able to cover daily essentials. For many elders, asking for help is not always easy. As the first step, this process of the Needs Assessment will assist us to better coordinate services for the most socially and economically needy. One thing we can be sure of: as our older population age, increasingly, agencies such as Coastline will begin to see greater demand for services to assist elders to remain in their homes.

Coastline
Caring for the community.
1646 Purchase Street, New Bedford, MA 02740

October 20, 2016

Dear Friend,

Coastline Elderly Services, Inc. the region's Area Agency on Aging, is conducting a Needs Assessment survey to gather information on the needs of older people. Our purpose is to improve elderly services and fulfill federal requirements.

Your response is *VERY* important to us, but participation in this survey is entirely voluntary. You need not provide your name. Your refusal to participate will not affect any services you are currently receiving from Coastline, or may apply for in the future.

Please mail your completed survey in the enclosed self-addressed stamped envelope by Monday, November 7, 2016.

Should you have any questions, you may contact Ann McCrillis, Area Agency on Aging Planner, at 508-742-9160. Thank you.

Sincerely

Paula Shiner

Paula Shiner
Chief Executive Officer

Telephone: 508.999.6400 • 1.800.243.4636 • Fax: 508.993.6510
Acushnet | Dartmouth | Fairhaven | Gosnold | Marion | Mattapoisett | New Bedford | Rochester
coastlinenb.org

2017 NEEDS ASSESSMENT OF OLDER PEOPLE

Coastline Elderly Services, Inc., your local Area Agency on Aging, would like to assess the status of older persons. To ensure that you are represented, please take a few moments to complete this questionnaire. Your answer will help us to better serve older people in our area.

1. Please tell us your age:

_____ Under 55 _____70 – 74
_____ 55-59 _____75 – 79
_____ 60-64 _____80 – 84
_____ 65-69 _____85+

2. Are you:

_____ Male _____ Female

3. What is your race?

___ American Indian / Alaska Native ____Native Hawaiian or other Pacific Islander
___ Asian ____ White (non-Hispanic)
___ Black or African American ____ Two or more races
___Some other race

4. Are you of Hispanic/Latino heritage? _____YES _____ NO

5. Highest grade or college level completed? _____

6. Where do you live?

_____A place that I own _____Family member's home
_____Public elderly housing _____Private rental housing
_____Other (please specify): _____

7. Do you live alone? _____YES _____NO

8. If you <u>do not</u> live alone, how many are in the household?

_____ 0 _____1 _____2_____3_____4_____5_____6_____7_____8+

9. In general, how do you rate your health?

_____ Excellent _____Good _____ Fair _____ Poor _____ Don't know

10. Is anyone in your household receiving care from a relative or friend? ___YES ___NO

11. If YES, who receives care?

_____ I am getting care _____ My spouse is getting care
_____ An adult age 19-59 _____A child age 18 or younger

12. Which best portrays your employment status?
___ Employed, full-time
___ Employed, part-time
___ Not employed, but looking for work
___ Not employed, not in the labor market

13. Please <u>estimate</u> your **Total Family Income** in the last 12 months, including wage, pension, social security, and interest, etc. *(PLEASE CHECK ONE)*

<u>Annually</u>	(or *<u>Monthly Average</u>*)
_____ $11,880 or below	$ 990 or below
_____ $16,020 to $20,159	$1,335 to $1,679
_____ $20,160 to $24,299	$1,680 to $2,024
_____ $24,300 to $28,439	$2,025 to $2,369
_____ $28,440 to $32,579	$2,370 to $2,714
_____ $32,580 to $36,729	$2,715 to $3,060
_____ $36,730 to $40,889	$3,061 to $3,407
_____ $40,890 and over	$ 3,408 and over

14. In the last 12 months, have you missed a medical appointment due to:
____ Lack of transportation ____No escort to assist me ____ Inadequate insurance

____ Other (Please specify)_____

15. In the last 12 months, have you had to skip any of the following because of a shortage of money?
____ Food ___ Paying for transportation ____ Gas for car
____ Prescription drug ___ Home Repairs ___ Utilities (heat, phone, etc.)
____ Other (Please specify): _____

16. In the last 12 months, have you been hospitalized? _____ YES _____ NO

17. If you answered <u>YES</u> please tell us why you were hospitalized? _____
_____

18. Do you need help in any of the following areas? Please check ONLY those areas that apply to you.

I DO need help with:

_____ Coping with abuse, neglect and mistreatment

_____ Coping with alcohol/substance abuse

_____ Coping with anxiety

_____ Coping with depression

_____ Coping with memory loss/confusion

_____ Completing benefit forms for Health insurance, SSI, SNAP, etc.

_____ Finding affordable housing

_____ Finding caregiver support

_____ Finding education /learning courses

_____ Finding employment

_____ Finding faith-based activities

_____ Finding legal assistance for:

- _____ Consumer complaints
- _____ Identity theft or fraud
- _____ Tenants' rights
- _____ Wills, medical directives

_____ Finding leisure and recreation activities

_____ Finding long-term support services in the home

_____ Finding programs/services for older lesbian, gay, bisexual and transgendered

_____ Finding transportation

I DO need help with:

_____ Finding volunteer opportunities

_____ Getting home modified due to physical disability

_____ Health care

- _____ Heart
- _____ Diabetes
- _____ Prescription drugs
- _____ Vision care
- _____ Hearing care
- _____Dental care
- _____ Other (Please specify) _____

_____ Home Repairs

_____ Home security

_____ Improving food and nutrition

- _____ receiving home delivered meals
- _____ receiving congregate meals

_____ Managing money/finances

_____ Retirement planning

_____ Staying active and well with physical activity programs

Comments:_____

_____

_____

Thank you for your participation in the 2017 Needs Assessment of Older People and their Caregivers.