EXECUTIVE SUMMARY

MARTHA'S VINEYARD HEALTHY AGING SURVEY REPORT

Introduction

The Martha's Vineyard Healthy Aging Task Force (HATF) contracted with researchers at Brandeis University's Heller School to conduct a survey to learn more about older Vineyard residents' wants and needs and support planning for a more aging-friendly Island.

The survey was mailed in October to all 4,762 Island residents age 65 and over, with followup reminder postcards. The survey was anonymous and questions were worded to minimize inadvertent self-identification. Volunteers conducted extensive outreach to encourage maximum response. Surveys were accepted through December 10.

The overall response rate was 49%. Some surveys[1] were excluded from the main analysis in order to focus on those age 65+ who live On-Island more than six months per year. The 2,200 surveys included represent a 46% response rate, still an excellent response, especially for a long survey that was sent out only once, offered no incentives, had a short turnaround period, and was followed by only one reminder.

The survey included 50 questions about the following areas:

- Housing/housing modifications
- Employment/volunteering

[1] The total received was 2,326. 126 respondents were excluded because they were age 64 or younger (n=20) or live On-Island less than 6 months per year (n=106). An appendix in the report includes responses to key questions for the 106 respondents who live On-Island less than 6 months per year.

- Community features
- Community engagement
- Senior Centers/Councils on Aging
- Transportation
- Health and wellness
- Caregiving
- Demographics

Most respondents are doing reasonably well

Although many respondents face serious challenges and have significant concerns, the overall picture of the respondents is reasonably positive (the following percentages are based on all 2200 respondents):

- Most (57%) have annual incomes above $50,000.
- Most (93%) have the financial resources to meet their daily needs.
- Most (88%) own a single-family home.
- Most (69%) live with someone else.
- Most (82%) have at least some college education.
- Most (69%) use the Internet often.
- Most (88%) are unlikely to want or need to move to a different home On-Island; 88% are unlikely to want or need to move Off-Island in the next year or two.[2]

[2] However, the overlap between the two groups is small. The number of respondents who are somewhat or very likely to want or need to move **either** On- or Off-Island is 388, or 19% of those answering both questions (n=2,083).

- Most (97%) say that it is very or somewhat important to them to stay on the Vineyard as they age (78% say that it is very important).
- Most report no limitations to mobility (75%), no limitations to ability to work (79%), and no limitations to ability to live independently (93%).
- Most (88%) participate often or occasionally in a range of community activities.
- About half (50%) often or occasionally use programs or services offered by Senior Centers and Councils on Aging.
- Most (85%) have an On-Island primary care physician, and most (67%) have an On-Island dentist.
- Most (85%) have family or friends who could help them in an emergency or on a short-term basis.

These findings are important to keep in mind as needs are explored. The large numbers of older people who are doing well represent a group that has much to contribute to their communities and neighbors – which in turn can benefit the contributors. In addition, since a "healthy aging" approach focuses on promoting and protecting health and well-being, it is encouraging to see a positive foundation on which to build.

Areas of concern and need

However, substantial subgroups (and in some cases, majorities) of respondents do have concerns and needs and lack resources to age well on the Vineyard. These findings point to considerations for planning for an aging-friendly Island.

- Although most respondents have annual incomes over $50,000, 43% have incomes under $50,000, and 25% of respondents have incomes under $35,000.

(It is also important to consider the Vineyard's relatively high cost of living when thinking about how much income is sufficient to support healthy aging.)

- 34% of all respondents are working full- or part-time; an additional 2% are seeking work. 26% of all respondents (72% of respondents who are working or seeking work) say that they need the income from work to pay for daily needs.
- Although 85% of respondents have an On-Island primary care physician (PCP) and 67% have an On-Island dentist, it is of concern that 2% do not have a PCP and 8% do not have a dentist. The remaining respondents have Off-Island providers (14% have an Off-Island PCP and 25% have an Off-Island dentist). Although there are many legitimate reasons for choosing Off-Island health care, this may be an area to explore. Traveling Off-Island for health care could be challenging for anyone in bad weather, but is especially so for those with mobility limitations or transportation needs.
- A large number of respondents may need financial or other assistance with housing modifications: 932 respondents (45% of all who answered this question (n= 2071)) say that their home needs one or more modifications in the next year or two to improve their ability to remain in their home as they age. 65% of this group needing one or more modifications, or 606 respondents, say that they do not have all the resources they need to make housing modifications.
- Many respondents face serious challenges in an emergency or during a short-term illness, and far more face serious challenges if they need longer-term assistance: 15% do not have, or are not sure they have, family or friends who could help them in an emergency or on a short-term basis; 56% do not have, or are not sure they have, family or friends who could help them on a long-term basis.

- Fewer than half of respondents agree strongly that (1) the Vineyard is a great place to age (47%) and (2) the Vineyard values older adults' opinions and thoughts (37%). These figures suggest that there is some work to do to make the Island a better place to age and to show elders that their thoughts and opinions are valued.

- As noted above, the majority of respondents are not "vulnerable"[3] but hundreds of respondents are nonetheless vulnerable to some extent.
    - 11% of respondents are age 85 or older.
    - 13% have annual incomes under $25,000; 25% have annual incomes under $35,000.[4]
    - 25% report limited mobility, 21% limited ability to work, and 7% limited ability to live independently.
    - 28% report that they fell during the past year.
- Although half of respondents use Senior Center and Council on Aging programs and services, this means that half do not. Awareness of **specific** services such as health insurance counseling or information and referral was not high: the overall percentage reporting awareness of specific services ranged from 12% to 49%. Those who participate in Senior Center and Council on Aging programs and services are more aware of specific services than those who do not participate (14% to 61% vs. 9% to 35%) but awareness is still often low. Encouragingly, 73% of respondents said they would turn to Senior

[3] This study defines a "vulnerable" respondent as one who is 85+ (or, for some analyses, 80+); has an annual income of less than $25,000 (or, for some analyses, less than $35,000); lives alone; has limited mobility, ability to work, or ability to live independently; has fallen in the past year; and/or does not have access to emergency or short-term help.

[4] Some descriptions of respondents' annual income are broken out into the five groupings used in the survey (<$25,000; $25,001-$35,000; $35,001-$50,000; $50,001-$80,000; $80,001 or more). The income level used is noted in each chart or table.

Centers or Councils on Aging if they, a family member, or a friend needed information about services.

- Although most respondents (66% - 95%, depending on the feature) do not report problems with selected community features,[5] a substantial number do report such problems with some features (especially in the areas of sidewalks, road maintenance, snow removal, and street lighting). Findings regarding problems with community features may help to guide community leaders in making local infrastructure more aging-friendly.

- 388 respondents – a substantial minority – say that it is somewhat or very likely that they will want or need to move within the next two years. The most common reasons for considering such a move **On-Island** (in order) are wanting a less expensive home, a lower cost of living, or a home designed for older adults or people with disabilities. The most common reasons for considering such a move **Off-Island** (in order) are wanting a lower cost of living, to be closer to family, or a less expensive home. The top three reasons for considering such a move **Off-Island and On-Island** (in order) are wanting a lower cost of living, a less expensive home, and to be closer to family.

Other areas of interest: volunteering and transportation

Volunteering. A high percentage (61%) of respondents report that they do not volunteer at all (and 69% of those who do volunteer do so for five hours per week or less). This suggests a large pool of potential volunteers that could contribute to Island life, including making it more aging-friendly. An analysis of non-volunteers explored the extent to which they might be relatively unavailable due to work or vulnerability. While those who are not volunteering are more likely to be in one

[5] The features listed were sidewalks, access to public buildings and businesses, access to public beaches, road maintenance, snow removal from public roads and walkways, handicap parking, pedestrian crosswalks, street lighting, and parks or benches for sitting.

or more vulnerability categories, many of them are not, suggesting that recruitment of older volunteers has potential. (Based on the analyses conducted, it is not possible to quantify the number of non-volunteering respondents who might have the capacity to volunteer. In addition, vulnerability as defined for this report may not prevent someone from volunteering - some who are "vulnerable" may well be able to volunteer. This area may be worth further exploration.)

Transportation. Adequate transportation is a key element of an aging-friendly community. One question asked respondents about their primary methods of transportation. Respondents overwhelmingly drive themselves or have others drive them:

- Of respondents age 65-84, 94% drive themselves, 26% walk, and 12% have others drive them.
- Of those age 85+, 57% drive themselves, 53% have others drive them, 10% walk, and 10% use the LIFT.
- Very few respondents in either age group indicated public transportation or taxis as a primary method of transportation.

A second question asked about features of the transportation system.[6] While respondents cited concerns (mainly in the areas of taxi service costs and cleanliness/maintenance and of VTA routes and schedules), more than 59% of respondents answered "not applicable" to most or all features. This probably reflects to some extent the overall emphasis on driving – someone who drives or has another person drive them may find features of the transportation system not applicable to them. However, an additional analysis explored the characteristics of respondents who answered "not applicable." This group is more likely to have

[6] These features included VTA routes, summer and winter VTA schedules, and boarding of buses; taxi service cost, taxi cleanliness and maintenance, and boarding of taxis; and special transportation for people with disabilities and older adults (such as the LIFT).

some vulnerability characteristics (i.e., lower income, limited mobility, a fall in the past year, and lacking emergency/short-term and long-term help) than those who responded specifically to the question, but the differences are not great and they do not apply across other vulnerability factors. The findings make it difficult to characterize the "not applicable" group as especially vulnerable. This may be an area for further exploration.

Additional analyses

A number of other analyses were conducted to explore the characteristics of respondents who indicated certain concerns or needs. Overall, the analyses confirm that respondents with one or more vulnerability factors are more likely to have concerns or needs.

- Respondents who have one or more vulnerability factors are more likely to be interested in a call or a visit from a volunteer.
- Respondents who have one or more vulnerability factors are less likely to have short-term and long-term help available.
- Respondents with one vulnerability factor (such as older age or having fallen in the past year) are relatively more likely to have others (such as limited mobility).
- Respondents who have one or more vulnerability factors are more likely to have problems with the community features described earlier (page 3).
- Vulnerable respondents (i.e., those with one or more vulnerability factors) are more likely than those who are not vulnerable to say that they are somewhat or very likely to move On-Island (they want or need to move, but want to stay On-Island).

Concluding thoughts

Only in combination with other research, local information, and local knowledge can the survey findings guide planning and action (or indicate where more research may be needed). Nonetheless, the findings point to a few areas to consider.

- Overall, the picture of the respondents is positive, but there are also areas of concern. The positives make for a great foundation on which to try to build a more aging-friendly Island.
- Respondents with the most concerns and needs are generally those who are more vulnerable (as defined in footnote 3). Focusing on the vulnerable thus means focusing on those with concerns and needs (and vice versa).
- With 61% of respondents not volunteering at all, and most others volunteering less than five hours weekly, it makes sense to consider ways to increase the number of older people who are volunteering. Although those who aren't volunteering tend to be more vulnerable, the large numbers suggest an opportunity.
- The 45% of respondents reporting at least some need for housing modifications, 65% of whom lack some or all of the resources they need to make modifications, suggests that this could be a worthy area for action, especially given that 19% of respondents say that it is somewhat or very likely that they will want or need to move within two years.
- More research may be needed to explore ways to expand beyond a reliance on driving for convenient transportation.
- With 25% of respondents having an Off-Island dentist, 8% having no dentist, 15% having an Off-Island primary care physician, and 2% having no primary

care physician, strategies to develop more On-Island health care may be a worthwhile area to explore.

- Awareness and use of Senior Center and Council on Aging services and programs was fairly low, although two findings in this area were very encouraging. First, respondents who participate in Senior Center and Council on Aging services and programs generally are more aware of specific services; working to increase the number of participants is one strategy to increase the visibility of the services and programs. Second, the Senior Centers and Councils on Aging were first on the list of resources people would turn to if they needed information about home health services, home delivered meals, physical or speech therapy, medical equipment, or similar services. This is an especially important area for developing an aging-friendly Island, especially given the number of respondents who may not have access to emergency/short-term or long-term help: 15% of respondents do not have, or are not sure they have, someone who could help them in the short term, while 56% of respondents do not have, or are not sure they have, someone who could help them in the long-term.

TABLE OF CONTENTS

1. Introduction 1

2. Who are the respondents? 4

   a. Demographic information 4

   b. Vulnerability factors 8

   c. Employment and volunteering 19

   d. Caregiving 20

   e. Community engagement 22

   f. Additional descriptive information about respondents 24

3. Housing 29

   a. Housing situations 29

   b. Housing modifications 29

   c. Likelihood of wanting/needing to move 34

4. Senior Centers/Councils on Aging and other resources 37

5. Transportation and other community features 53

   a. Transportation 53

   b. Other community features 57

6. Concluding thoughts and suggestions 70

Appendix A: Open-ended questions 72

Appendix B: Selected responses for those who live On-Island less than six months/year 79

Appendix C: Survey Separate attachment

MARTHA'S VINEYARD HEALTHY AGING SURVEY REPORT

This report is divided into six sections.

1. Introduction: about the survey
2. Who are the respondents?
3. Housing
4. Senior Centers, Councils on Aging, and other resources
5. Transportation and other community features
6. Concluding thoughts and suggestions

The report also includes three appendices: responses to open-ended questions; an analysis of respondents who live On-Island less than six months/year; and the survey.

Please note that percentages are rounded to whole numbers throughout the report, with the exception of race/ethnicity categories (Section 1), where rounding to tenths was clearer because some of the numbers are so small.

1. INTRODUCTION: ABOUT THE SURVEY

The Martha's Vineyard Healthy Aging Task Force (HATF) wanted to learn more about older Vineyard residents' wants and needs, in order to support planning for a more aging-friendly Island. In partnership with Brandeis University researchers, they developed a survey (based on prior research conducted on the Island, national and international "age-friendly" research guidelines, and local experience). It is hoped that the survey findings, in combination with other research, local information, and

local knowledge, will guide planning and action as well as indicate where more research (focus groups, interviews, etc.) may be needed.

After pilot testing in September, the survey was printed and mailed in October to all 4,762 Island residents age 65 and over[1] (using town street lists). The mailing included a postage-paid return envelope. Reminder postcards were mailed a week or so later. The survey was anonymous (no names or addresses) and questions were worded to minimize inadvertent self- identification. The HATF and many volunteers conducted extensive outreach and followup to encourage maximum response.

Preliminary findings based on 1,995 surveys returned by November 23 were presented at a community meeting on December 7. Surveys were accepted through December 10. (Final totals are listed below.) The preliminary findings highlighted key descriptive information and gave the community meeting participants a picture of priorities and needs.

In all, 4,762 surveys were mailed. The total number returned was 2,326, for an overall response rate of 49%. However, 126 respondents who were either age 64 or younger[2] or live On-Island less than 6 months per year[3] were excluded from the analysis. The remaining 2,200 surveys included in the analysis represent a 46% response rate, a very good response, especially for a long (50-question) survey that was only sent out one time, offered no incentives, had a short turnaround period, and was followed up by only one reminder postcard. The response rate suggests that the findings are sufficiently meaningful to contribute to planning for a more age-friendly Island.

The following table displays the response rate by town.

[1] Although it would have been helpful to obtain information from residents age 60+ - or even 55+ - the limit was set at age 65+ due to financial and time constraints.

[2] It is assumed that the 20 respondents who were age 64 or younger did not realize that the survey was intended only for those age 65+.

[3] Responses to key questions for the 106 respondents living On-Island less than 6 months/year are included as an appendix.

RESPONSE RATE BY TOWN –
EXCLUDING THOSE WHO LIVE ON-ISLAND LESS THAN 6 MONTHS/YEAR

Town	Response Rate (%)	Number mailed	Number received*
Aquinnah	31%	124	39
Chilmark	46%	400	182
Edgartown (includes Chappaquiddick)**	43%	1172	505
Oak Bluffs	47%	1200	566
Tisbury/Vineyard Haven	44%	1091	480
West Tisbury	53%	775	412
TOTAL	46%	4,762	2,184***

*Excludes 126 respondents (age 64 or younger or live On-Island <6 months/year). When those living On-Island <6 months/year are added, response rates by town increase to 42% for Aquinnah, 50% for Chilmark, 45% for Edgartown/Chappaquiddick, 49% for Oak Bluffs, 45% for Tisbury/Vineyard Haven, and 55% for West Tisbury.
**Chappaquiddick and Edgartown were merged on the street lists used to mail surveys. The numbers received from each are as follows: Edgartown 464, Chappaquiddick 41.
***The total is 2,184, not 2,200, because 16 respondents did not name their town.

No survey perfectly represents the population surveyed. Even if the response rate is 100%, respondents may skip question, interpret questions in a different way than was intended, and answer the same question somewhat differently at different times. In addition, a mail-out, mail-back survey is likely to underrepresent people who have fewer resources or more health or functional limitations, simply because it is more difficult for them to complete and mail back a survey. Section 2.A presents some comparisons between the respondents' demographic information and that of Island residents overall, and several analyses throughout the report further explore the responses of more vulnerable respondents.

2. WHO ARE THE RESPONDENTS?

This section discusses respondents' demographic information; vulnerability factors; employment and volunteering; caregiving; and community engagement. A final subsection includes additional descriptive information about the respondents that is of interest but doesn't fit in the other subsections.

A. DEMOGRAPHIC INFORMATION

This subsection focuses on demographic information (gender, age, income, living arrangements, veteran status, and race/ethnicity identification) and how the respondents' demographics compare with Island demographics.

The following tables show the demographic information for the 2200 respondents.

Gender

Male	43%
Female	57%

Age

65-69	35%
70-74	27%
75-79	16%
80-84	11%
85-94	10%
95+	1%

Annual household income

<$25,000	13%
$25,001 - $35,000	12%
$35,001 - $50,000	18%
$50,001 - $80,000	25%
$80,001 or more	32%

Living arrangements

Live alone	29%
Live with family, partner/spouse, or friends	69%
Other (various)	2%

Veteran status

U.S. veteran	23%
Not a veteran	77%

Highest education level

Less than high school	2%
H.S. diploma/equivalent	15%
Some college, no degree	15%
Associate's or Bachelor's degree	34%
Master's, professional, or doctoral degree	33%

Race/ethnicity

Black/African American	4.8%
Hispanic/Latino	0.5%
Hawaiian/Pacific Islander	0.2%
White/Caucasian	91.0%
American Indian/Alaskan	1.5%
Asian	0.3%
Other	1.6%

The following table compares respondents' age, gender, and living arrangements to U.S. Census data for Martha's Vineyard residents age 65+. Respondents are slightly younger and more likely to be living alone than the Island elder population.

Comparing survey respondents to Island elder population

	Survey respondents	U.S. Census*
% age 85+	11%	14%
% female	57%	56%
% living alone	29%	23%**

*2009-2013 American Community Survey 5-year estimates

**Estimate based on the percentage of one-person households.

Directly comparable U.S. Census data was not readily available for educational level, income, and race/ethnicity for Island residents age 65+, but the following tables provide a rough comparison:

Comparing survey respondents to Island population: education

Highest education level	Survey respondents	U.S. Census (Island residents age 25+)*
Less than high school	3%	7%
H.S. diploma/equivalent	15%	22%
Some college, no degree	15%	21%
Associate's or Bachelor's degree	34%	34%
Master's, professional, doctoral degree	33%	16%

*U.S. Census QuickFacts

Comparing survey respondents to Island population: income

Annual household income	Survey respondents	U.S. Census (all Island households)*
<$25,000	13%	16%
$25,001 - $35,000	12%	12%
$35,001 - $50,000	18%	12%
$50,001 - $80,000	25%	18%
$80,001 or more	32%	41%

*U.S. Census QuickFacts

Comparing survey respondents to Island population: race/ethnicity

Race/Ethnicity	Survey respondents	U.S. Census (all Island households)*
Black/African American	4.8%	3.7%
Hispanic/Latino	0.5%	3.1%
Hawaiian/Pacific Islander	0.2%	0.1%
White/Caucasian	91.0%	90.8%
American Indian/Alaskan	1.5%	1.3%
Asian	0.3%	0.3%
Other (includes 2+ races)	1.6%	3.3%

*U.S. Census QuickFacts

Respondents' educational levels are higher than those of the population of all Island adults age 25+; since younger adults usually have higher educational levels than older adults in the U.S., this suggests that the respondents may have relatively higher educational levels compared to other Island adults age 65+. Respondents' household income is lower compared to all Island households, but since elderly households usually have lower annual incomes than non-elderly households, this suggests that respondents' income levels may not be too different from those of all Island adults age 65+. Respondents' race/ethnicity is roughly similar to that of the Island as a whole.

On the whole, the respondents' characteristics compare favorably to those of the overall population (as best we can determine in this limited comparison).

Nonetheless, it was determined that including vulnerability factors in various analyses would ensure a better focus on identifying needs (a key goal of the survey) and help to make up for any underrepresentation of more vulnerable Island residents. The next section discusses the "vulnerability factors" and related findings.

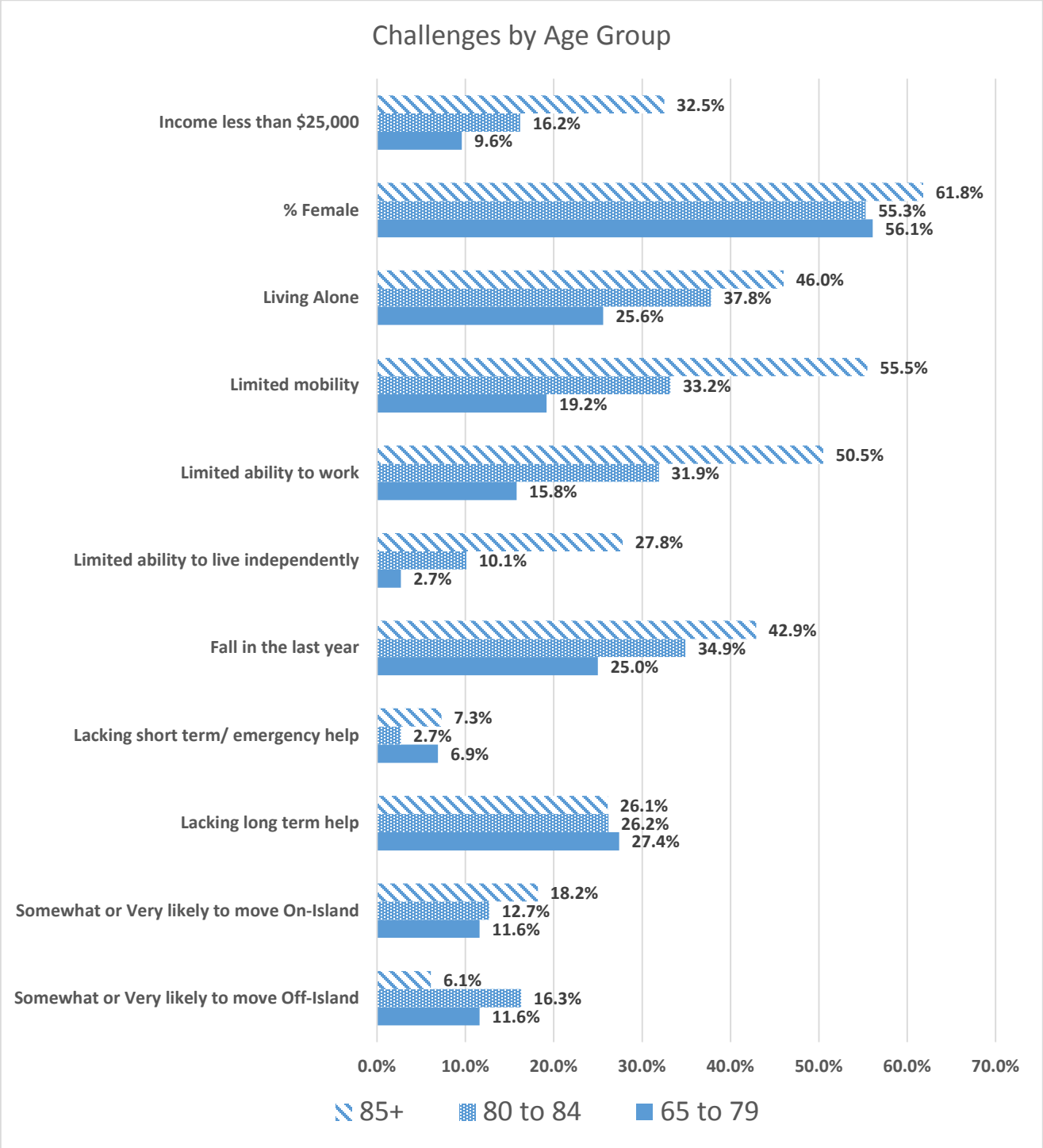
B. VULNERABILITY

The following vulnerability factors were selected for the purpose of analyzing this survey:

- Older age
- Lower income
- Living alone
- Limited mobility
- Limited ability to work
- Limited ability to live independently
- Fall in past year
- Unavailability of short-term help
- Unavailability of long-term help

The following subsections discuss and explore these factors. Additional factors are occasionally used to generate information to support planning. These include gender, likelihood of moving On-Island or Off-Island, and need for housing modifications.

Age. The researchers examined vulnerability factors by three age groups: age 65-79, 80-84, and 85+ to estimate different levels of needs for the different age groups. The graphic below suggests that, as expected, those age 85+ generally experience more vulnerability factors than those who are younger, except in the areas of availability of short-term and long-term help. They are also less likely to want/need to move Off-Island than those who are younger.



To assist with interpretation of this chart, the following table summarizes the percentage of respondents in each vulnerability category.

Summary of percentages of respondents in each vulnerable category

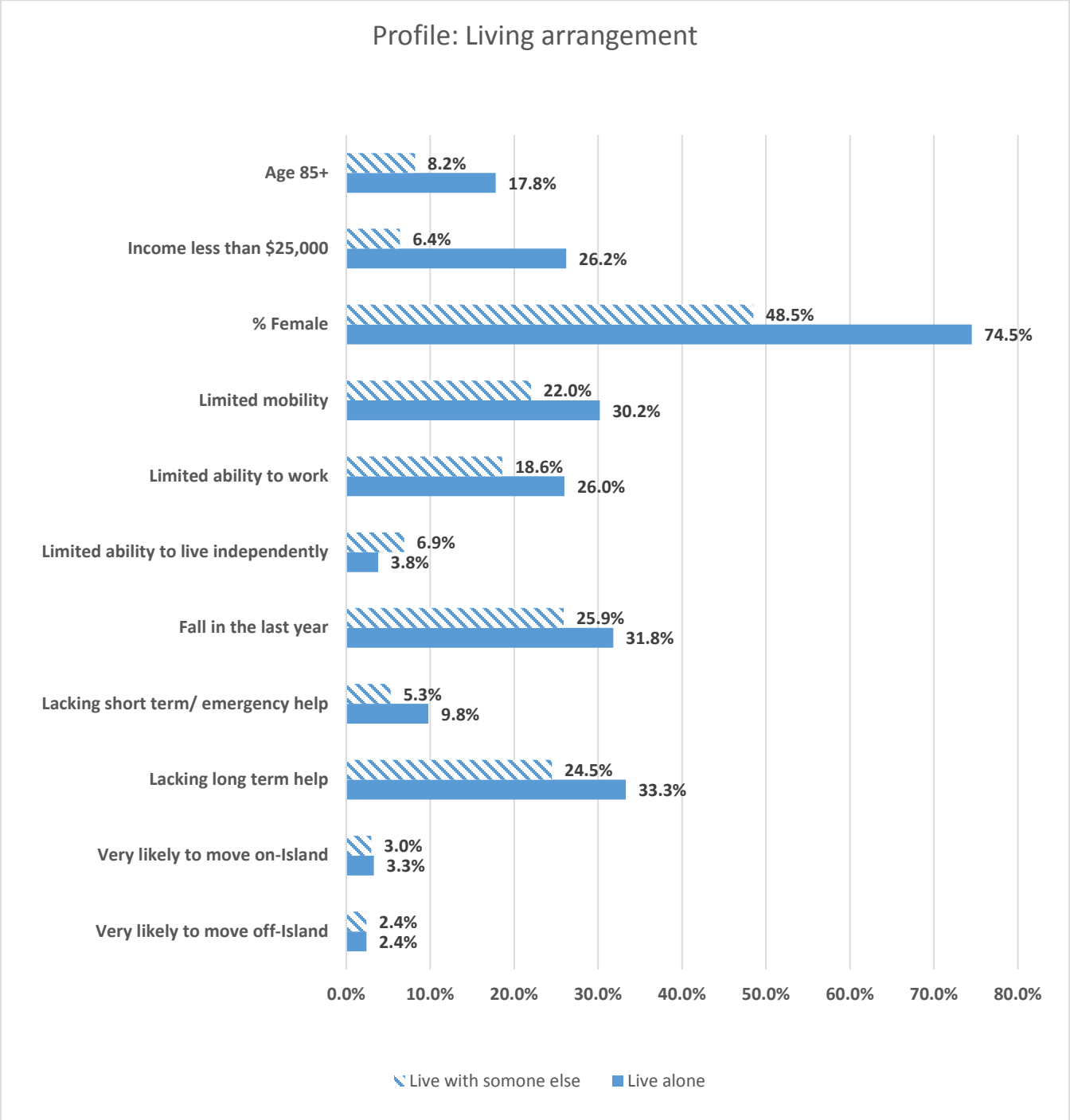
Vulnerability factor	**% of all respondents reporting (n=2100)***
Older age	11%
Lower annual income (<$25,000)	13%**
Living alone	29%
Limited mobility	25%
Limited ability to work	21%
Limited ability to live independently	7%
Fall in past year	28%
No/not sure about availability of short-term help	15%
No/not sure about availability of long-term help	56%

* The n for each category varies slightly, but is approximately 2100.

** 25% of respondents have an annual income of <$35,000.

Living alone. The charts below show the association between living alone and vulnerability and other factors, as well as the percent living alone by town. Living alone is significantly associated[4] with older age, lower income, being female, having limitations in mobility and ability to work, having had a fall in the past year, and lacking short- and long-term help in the event of illness or disability.

[4] Several discussions throughout the report refer to associations or differences between variables as being "statistically significant." This means that statistical tests show that the association or difference is unlikely to have occurred by chance.



The percentage of respondents living alone in each town ranges from 19% to 35%, with the highest percentages in Edgartown, Oak Bluffs, and Tisbury/Vineyard Haven.

Respondents living alone, by town

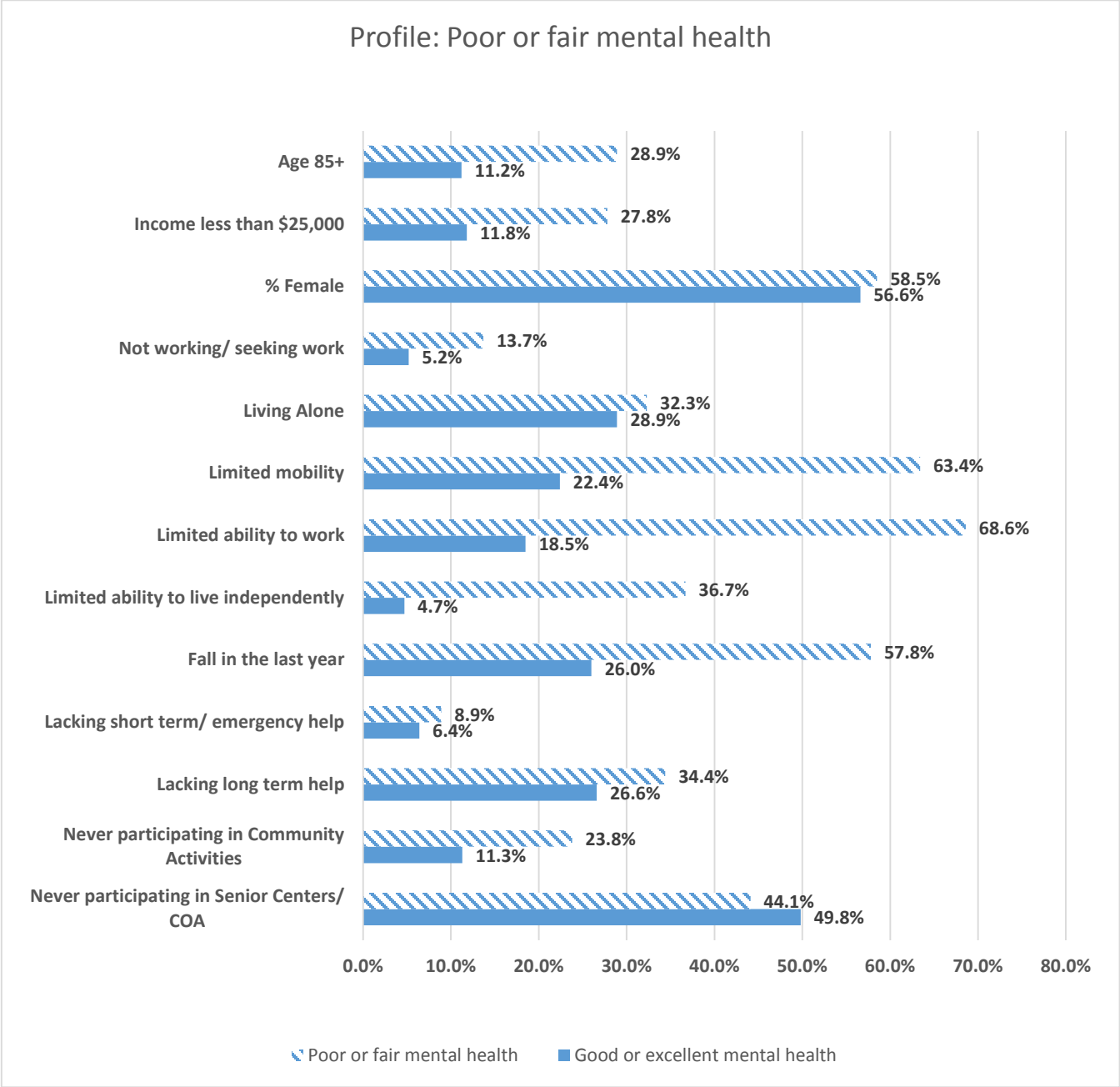
Town	% living alone (n=total number responding from town)
Aquinnah	19% (n=37)
Chappaquiddick	23% (n=39)
Chilmark	19% (n=172)
Edgartown	30% (n=435)
Oak Bluffs	32% (n=539)
Tisbury/Vineyard Haven	35% (n=453)
W. Tisbury	25% (n=396)

Health and mental health. Respondents were asked to rate their overall health and overall mental health compared to most people their age. These ratings are very positive, especially considering other reported vulnerabilities. However, overstating the positive is common for subjective questions about health and mental health. If asked to explain their responses, many respondents might say that they "count their blessings" compared to others they know who are worse off. In addition, those who feel supported by family, friends, neighbors, and community services may genuinely feel well off despite challenging physical or mental conditions. Finally, some respondents may worry that if they say they are in poor health, others will think that they should move to an assisted living facility or nursing home.

Self-ratings of health and mental health (n=2,148)

	Excellent	Good	Fair	Poor
Overall health	39%	49%	11%	1%
Overall mental health	52%	42%	5%	1%

The chart below shows that poor or fair mental health is significantly associated with older age; lower income; not working/seeking work; living alone; limits to mobility, ability to work, and ability to live independently; falls; availability of long-term help; and not participating in community activities.



Health conditions or disabilities that limit mobility, ability to work, or ability to live independently. The respondents who experience these limitations are likely to need more services and assistance to be able to age well.

Respondents experiencing limitations

Limitation	Yes	No	N
Mobility	25%	75%	2,128
Ability to work	21%	79%	2,100
Ability to live independently	7%	93%	2,142

Falls. 28% of all respondents reported falling in the past year after tripping, slipping, losing balance, or passing out. There is a statistically significant association between falling and each of the other vulnerability categories as well as between falling and needing one or more housing modifications.

Falling in past year and other vulnerability factors

Vulnerability factor	% of people in each vulnerable category reporting a fall (n = total # in category reporting a fall)	% of people in each vulnerable category not reporting a fall (n = # in category not reporting a fall)
Older age***	17% (n=593)	9% (n=1,519)
Lower income***	16% (n=552)	11% (n=1,400)
Living alone**	34% (n=571)	18% (n=1,494)
Limited mobility***	43% (n=592)	18% (n=1,520)
Limited ability to work***	37% (n=572)	15% (n=1,511)
Limited ability to live independently***	13% (n=590)	4% (n=1,533)
Emergency/short-term help availability	17% (n=589)	14% (n=1,527)
Long-term help availability***	62% (n=583)	53% (n=1,513)
Need for housing modifications***	50% (n=605)	40% (n=1,547)

Chi-Square: *p<.05, **p<.01, ***p<.001

Although there are no statistically significant differences in the rates of falls by town, the rates range from 21% to 29%, with the highest rates reported in Edgartown, Oak Bluffs, and Tisbury/Vineyard Haven.

Falls in past year by town

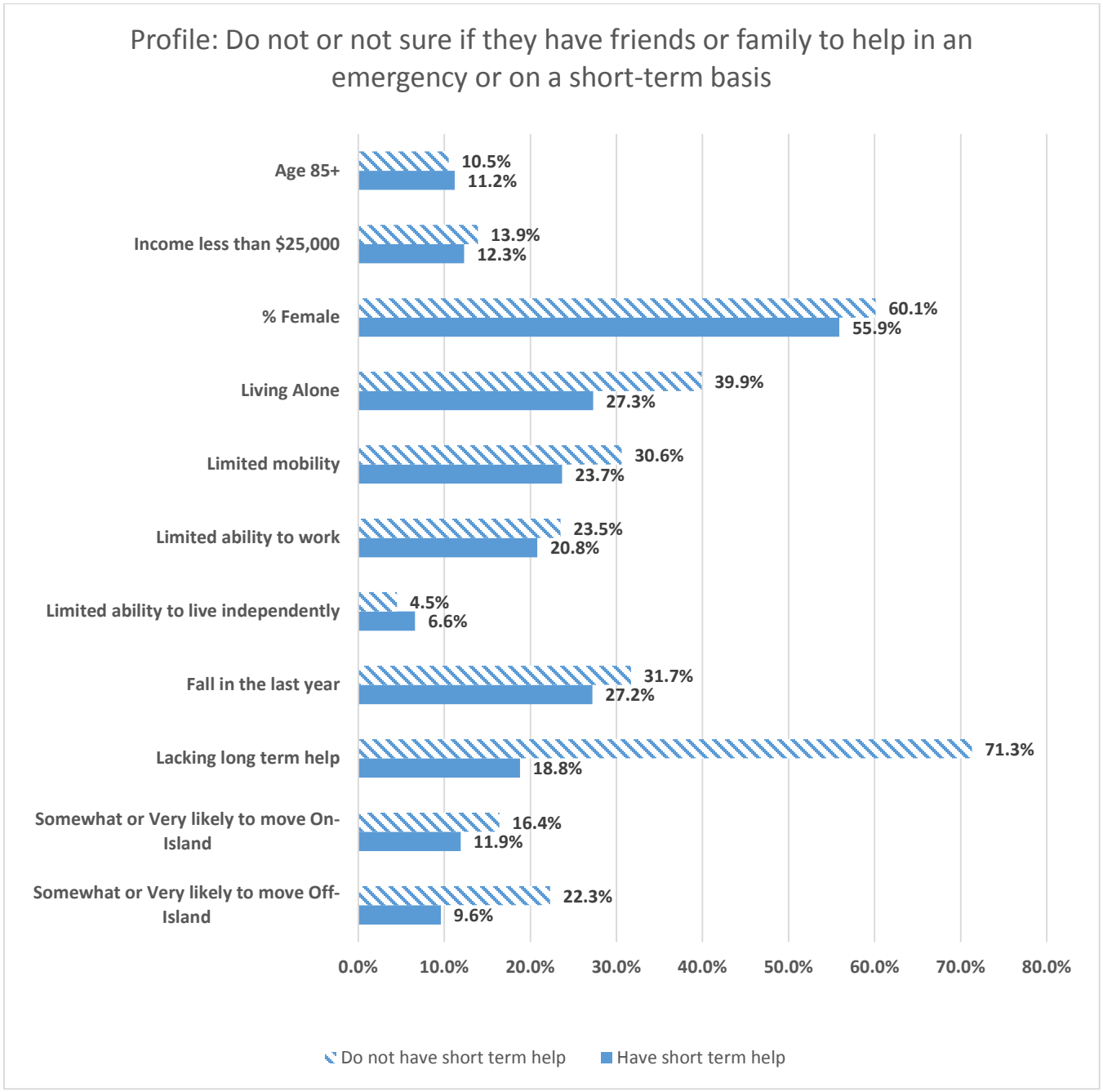
Town	% reporting a fall in past year (n=total number responding from town)
Aquinnah	21% (n=39)
Chappaquiddick	21% (n=40)
Chilmark	22% (n=179)
Edgartown	29% (n=454)
Oak Bluffs	29% (n=556)
Tisbury/Vineyard Haven	29% (n=475)
W. Tisbury	26% (n=399)

Access to emergency/short-term or long-term help. A substantial number of respondents are potentially vulnerable if they experience a serious illness or fall and need short-term help: 15% do not have, or are not sure they would have, short-term help. An even larger number are vulnerable if they need long-term help: 56% do not have, or are not sure they would have, long-term help.

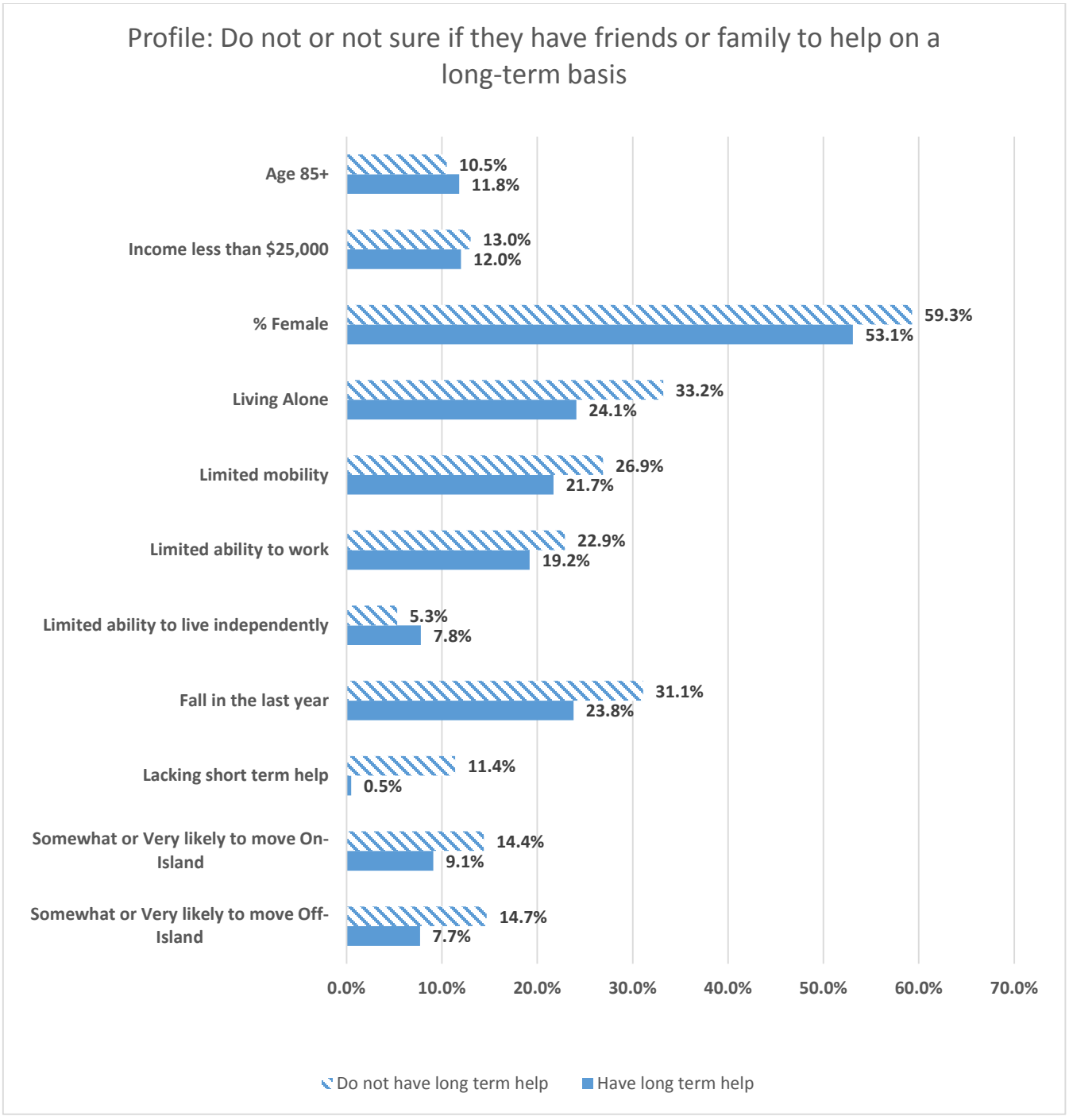
Availability of short- or long-term help

	Yes	No	Not sure	N
Friends/family who could help in an emergency or short-term	85%	6%	9%	n=2,137
Friends/family who could help long-term	44%	27%	29%	n=2,115

The charts below show associations between vulnerability and other factors and the availability of short-term and long-term help. Lack of availability of short-term help is significantly associated with living alone, limited mobility, lack of availability of long-term help, and likelihood of moving Off-Island.



Lack of availability of long-term help is significantly associated with income; gender; living alone; limitations to mobility, ability to work, and ability to live independently; falling; lack of availability of short-term help; and likelihood of moving On- or Off-Island.

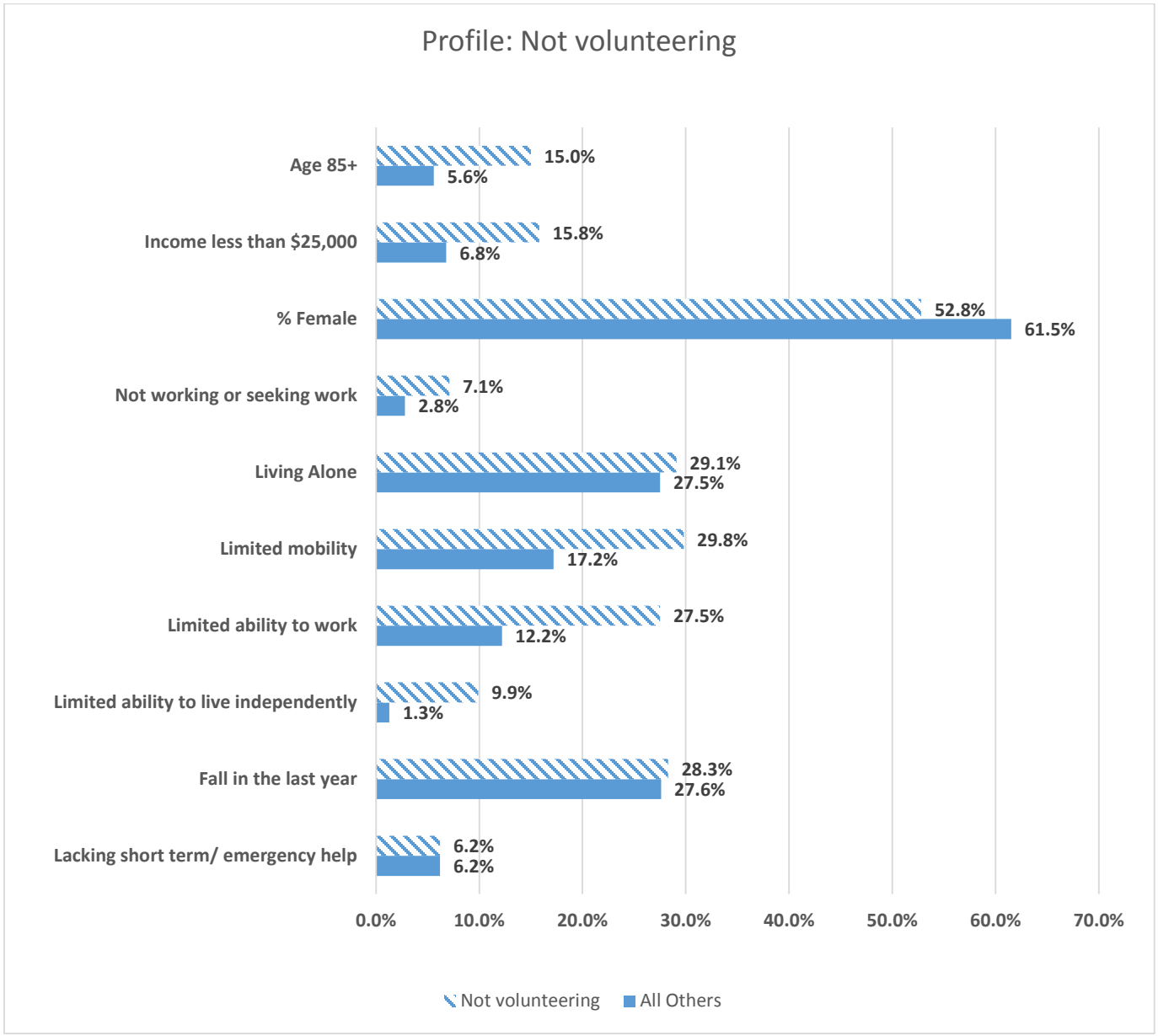

Profile: Do not or not sure if they have friends or family to help on a long-term basis
Age 85+
10.5%
11.8%
Income less than $25,000
13.0%
12.0%
% Female
59.3%
53.1%
Living Alone
33.2%
24.1%
Limited mobility
26.9%
21.7%
Limited ability to work
22.9%
19.2%
Limited ability to live independently
5.3%
7.8%
Fall in the last year
31.1%
23.8%
Lacking short term help
11.4%
0.5%
Somewhat or Very likely to move On-Island
14.4%
9.1%
Somewhat or Very likely to move Off-Island
14.7%
7.7%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
Do not have long term help
Have long term help

C. EMPLOYMENT AND VOLUNTEERING

The survey asked about respondents' employment status and volunteer work.

- 62% of all respondents were not working or seeking work; 13% are employed full time; 21% are employed part time.
- 26% of all respondents need the income from work to pay for daily needs; other reasons for working include "to be useful," "to keep busy," and "to get out and be with other people."
- 4% of all respondents volunteer more than 10 hours per week; 8% volunteer 6-10 hours per week; 27% volunteer 5 hours per week or less; and 61% don't work as a volunteer.

It was decided to further examine the characteristics of the 61% of respondents who were not volunteering. The following graphic examines the association between not volunteering and other factors in order to learn more about those who are not volunteering and shed light on the extent to which they might be available (if they are interested) to help the many Island organizations that need volunteer assistance. As the graphic shows, compared to those who volunteer, the non-volunteers are older; have lower incomes; are more likely to not be working or seeking work; and more often have limitations to mobility, ability to work, and ability to live independently (all of these relationships are statistically significant). While this suggests that a substantial (unfortunately not quantifiable) percentage of respondents who are not volunteering would find it challenging to do so, the group is so large that a substantial number would be able to volunteer.



D. CAREGIVING

32% of respondents have provided unpaid care for a family member or other person who is ill, frail, elderly, or has a disability in the past two years (2% provided such care in the past two years and were paid for it, while 66% have not provided care). Thus, of the 2038 respondents who answered this question, 646 are caregivers.

The following table compares respondents who are/were caregivers to the total respondent population along several variables. (These comparisons were not tested for statistical significance.) Fewer of the caregiver respondents are 85+ or have limitations in mobility, ability to work, and ability to live independently. Slightly more caregiver respondents fell in the past year. Incomes are about equal between the two groups as is the percentage living alone. There is little difference in the proportion of caregivers and all respondents who live in each town, with the exception of Tisbury/Vineyard Haven, which has a slightly higher proportion of caregivers.

Comparing caregivers to all respondents

	All respondents			Caregivers	
	N	%		N	%
Overall	2098	100%		646	100%
Age 85+	228	11%		45	7%
Income < $35K	476	23%		149	23%
Income < $50K	812	39%		259	40%
Living alone	600	29%		172	27%
Limited mobility	504	24%		135	21%
Limited ability to work	424	20%		101	16%
Limited ability to live independently	126	6%		22	3%
Falling in the past year	583	28%		199	31%
Aquinnah	38	2%		8	1%
Chappaquiddick	38	2%		12	2%
Chilmark	173	8%		60	9%
Edgartown	445	21%		127	20%
Oak Bluffs	547	26%		159	25%
Tisbury/Vineyard Haven	462	22%		172	27%
W. Tisbury	385	18%		107	17%

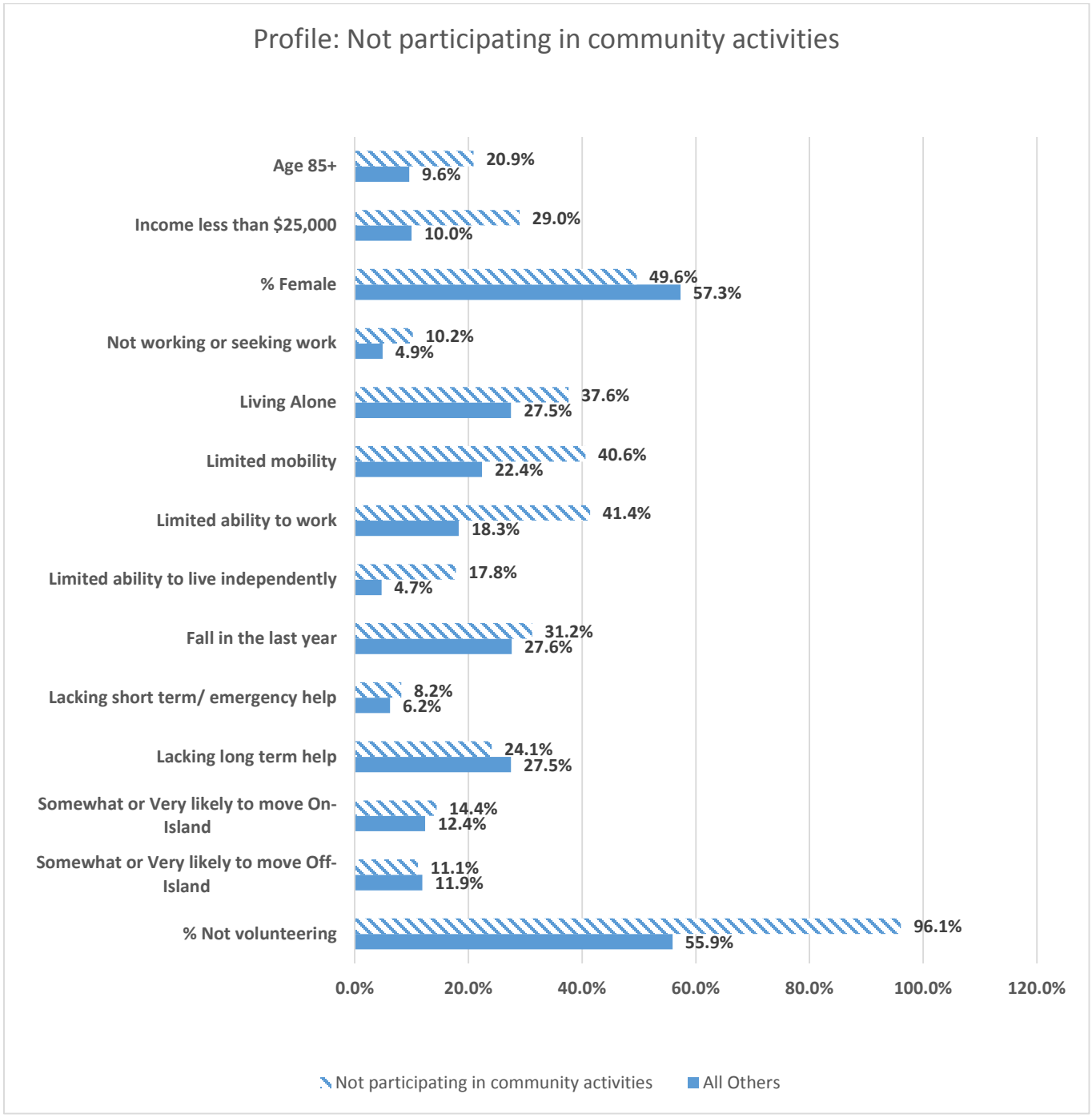
E. COMMUNITY ENGAGEMENT

The survey asked how often respondents participate in one or more of a wide range of community activities[5] such as library, educational, or exercise programs; games; outdoor recreation; and religious, spiritual, or cultural events or activities. The overall picture is one of engagement, but it suggests potential concern about the 12% who never participate in such activities. Respondents in this group may simply choose not to participate in such activities, but they may also be isolated because they find it challenging to leave their homes and to get around and/or because they are depressed.

- 53% of respondents participate often.
- 35% participate occasionally.
- 12% never participate.

The following chart examines selected characteristics of the 12% of respondents who are not participating in community activities. Compared to those who participate, the non-participants are older; have lower incomes; are more often male; are more often not working or seeking work; have limitations to mobility, ability to work, and ability to live independently; and to have fallen in the last year. They are also much more likely to be in the group of respondents who don't volunteer.

[5] Findings specifically related to awareness of, use of, and participation in Senior Center and Council on Aging programs, services, and activities are discussed in Section 4.


Profile: Not participating in community activities
Age 85+
20.9%
9.6%
Income less than $25,000
29.0%
10.0%
% Female
49.6%
57.3%
Not working or seeking work
10.2%
4.9%
Living Alone
37.6%
27.5%
Limited mobility
40.6%
22.4%
Limited ability to work
41.4%
18.3%
Limited ability to live independently
17.8%
4.7%
Fall in the last year
31.2%
27.6%
Lacking short term/ emergency help
8.2%
6.2%
Lacking long term help
24.1%
27.5%
Somewhat or Very likely to move On-Island
14.4%
12.4%
Somewhat or Very likely to move Off-Island
11.1%
11.9%
% Not volunteering
96.1%
55.9%
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%
120.0%
Not participating in community activities
All Others

F. OTHER DESCRIPTIVE INFORMATION ABOUT RESPONDENTS

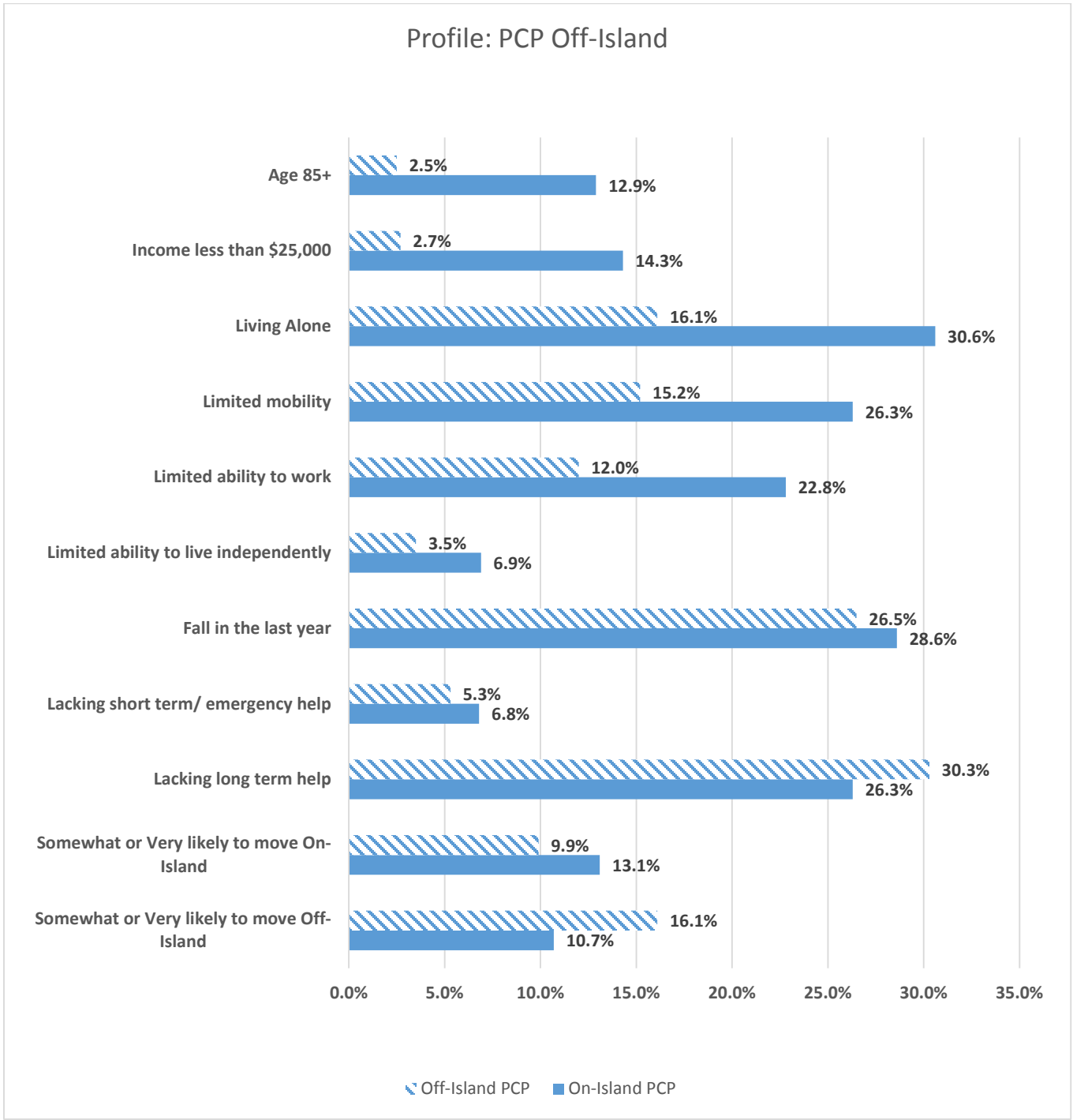
This section discusses the location of respondents' primary care physicians and dentists; presents a few key findings from questions that don't readily fit in other sections; and presents a profile of respondents who are veterans.

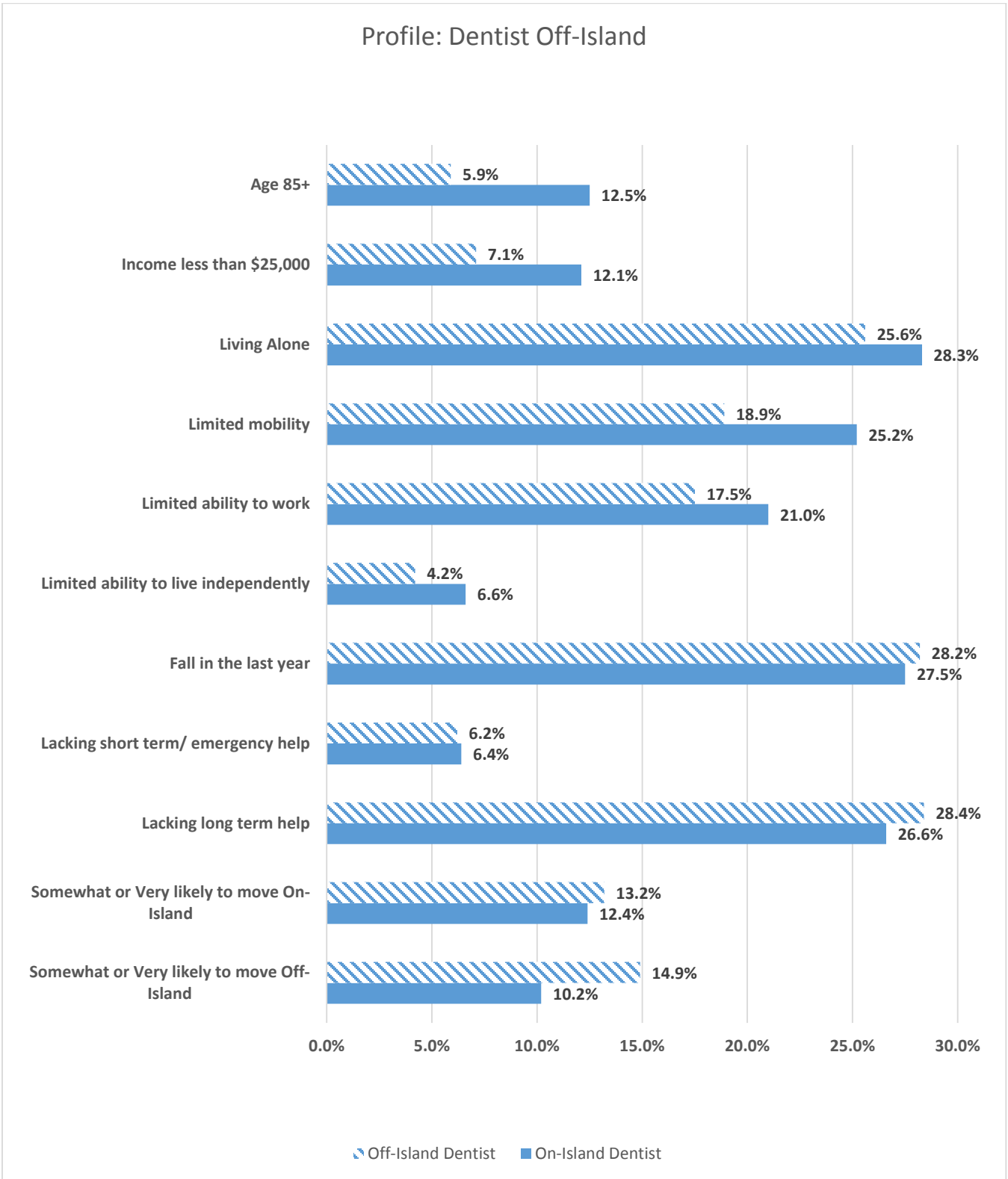
Location of primary care physician (PCP) and dentist. Most respondents reported having an On-Island PCP and dentist, but a substantial minority travel Off-Island for either or both, which suggests a lack of easy access to needed health and dental care, especially for those with mobility limitations or transportation challenges, or for anyone in bad weather. Especially troubling are the numbers of people without a PCP or dentist.

Location of respondents' PCPs and dentists (n=2,136)

Location	PCP	Dentist
On-Island	85%	67%
Off-Island (Cape or Boston)	9%	16%
Off-Island elsewhere	5%	9%
Don't have one	2%	8%

Because access to a PCP and dentist is so important, the following charts look more closely at the characteristics of those whose providers are Off-Island. Having an On-Island PCP is significantly associated with age; income; living alone; limitations to mobility, ability to work, and ability to live independently; and likelihood of moving On- or Off-Island. Having an On-Island dentist is significantly associated with age, income, limited mobility and ability to live independently, and likelihood of moving Off-Island.


Profile: PCP Off-Island
Age 85+
2.5%
12.9%
Income less than $25,000
2.7%
14.3%
Living Alone
16.1%
30.6%
Limited mobility
15.2%
26.3%
Limited ability to work
12.0%
22.8%
Limited ability to live independently
3.5%
6.9%
Fall in the last year
26.5%
28.6%
Lacking short term/ emergency help
5.3%
6.8%
Lacking long term help
30.3%
26.3%
Somewhat or Very likely to move On-Island
9.9%
13.1%
Somewhat or Very likely to move Off-Island
16.1%
10.7%
0.0%
5.0%
10.0%
15.0%
20.0%
25.0%
30.0%
35.0%
Off-Island PCP
On-Island PCP


Profile: Dentist Off-Island
Age 85+
5.9%
12.5%
Income less than $25,000
7.1%
12.1%
Living Alone
25.6%
28.3%
Limited mobility
18.9%
25.2%
Limited ability to work
17.5%
21.0%
Limited ability to live independently
4.2%
6.6%
Fall in the last year
28.2%
27.5%
Lacking short term/ emergency help
6.2%
6.4%
Lacking long term help
28.4%
26.6%
Somewhat or Very likely to move On-Island
13.2%
12.4%
Somewhat or Very likely to move Off-Island
14.9%
10.2%
0.0%
5.0%
10.0%
15.0%
20.0%
25.0%
30.0%
Off-Island Dentist
On-Island Dentist

Opinions about staying on the Vineyard while aging. The survey asked how important it was for respondents to stay on the Vineyard as they age:

- 78% said it was very important
- 19% said it was somewhat important
- 3% said it was not important.

The survey also asked about the extent to which respondents agreed with the following statements.

- "The Vineyard is a great place for people to live as they are aging."
  - 47% agree strongly.
  - 47% agree somewhat.
  - 6% do not agree.
- "The Vineyard community values the opinions and thoughts of older adults."
  - 37% agree strongly.
  - 57% agree somewhat.
  - 6% do not agree.

Other characteristics of interest.

How often do you use the internet (go online) for communication and learning?

- Often: 69%
- Sometimes: 16%
- Never: 15%

Do you currently have the financial resources to meet your daily needs?

- Yes: 93%
- No: 7%

Profile of respondents who are veterans. Veterans comprise 23% of respondents. The following table compares respondents who are veterans to the total respondent population along several variables. (These comparisons were not tested for

statistical significance.) More of the respondents who are veterans are age 85+; have limitations in mobility, ability to work, and ability to live independently; and fell in the past year. On the other hand, their income is slightly higher and fewer of them live alone. There is little difference in the proportion of veterans and all respondents who live in each town.

Comparing veteran respondents to all respondents

	All respondents			Veterans	
	N	%		N	%
Overall	2098	100%		487	100%
Age 85+	228	11%		88	18%
Income < $35K	476	23%		91	19%
Income < $50K	812	39%		154	32%
Living alone	600	29%		96	20%
Limited mobility	504	24%		138	28%
Limited ability to work	424	20%		127	26%
Limited ability to live independently	126	6%		41	8%
Falling in the past year	583	28%		145	30%
Aquinnah	38	2%		5	1%
Chappaquiddick	38	2%		12	2%
Chilmark	173	8%		37	8%
Edgartown	445	21%		113	23%
Oak Bluffs	547	26%		130	27%
Tisbury/Vineyard Haven	462	22%		101	21%
W. Tisbury	385	18%		84	17%

3. HOUSING

This section discusses respondents' housing situations, their need for and ability to pay for housing modifications, and their likelihood of needing or wanting to move to a different home.

A. RESPONDENTS' HOUSING SITUATIONS

Where Respondents Live/Housing Type

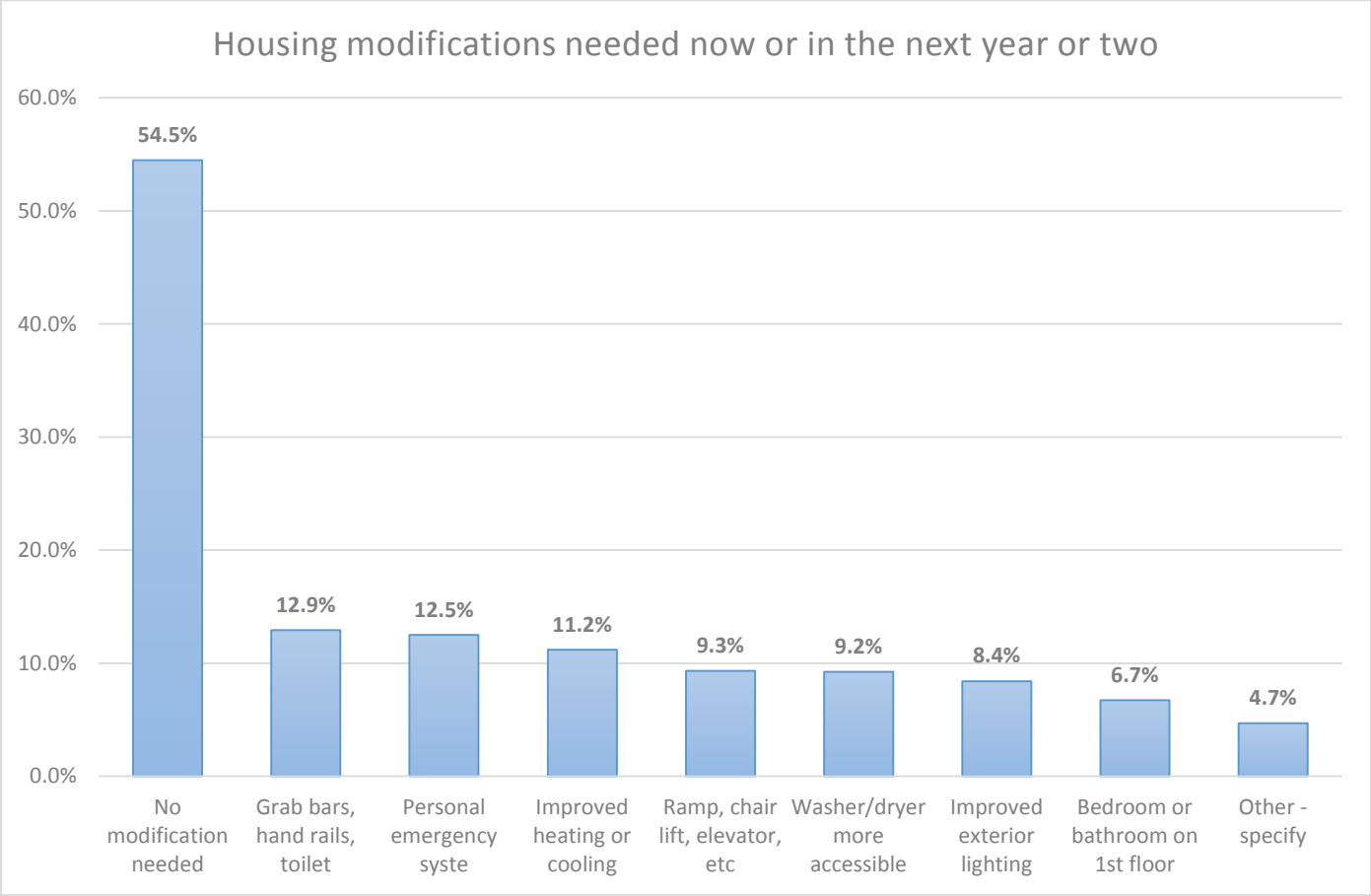
On-Island residence	**% of all respondents**
Live On-Island 12 months/year	87%
Live On-Island more than 6 months/year	13%
Type of residence	
Single-family home	90%
Apartment designed for elders/senior living	4%
Guest house/accessory apartment/"granny" or "in-law" apartment	2%
Regular apartment	1%
Condo/co-op/duplex	1%
Assisted living facility	0.1%
Nursing home	0.1%
Other (various arrangements)	1%
Owners/renters	
Own residence	88%
Rent – privately	5%
Rent – subsidized	4%
Other (various arrangements)	3%

B. HOUSING MODIFICATIONS

The survey asked questions about need for, and resources to make, housing modifications. Although most respondents said that their residence did not need modifications, a large number report a range of needs, and many lack the resources to make desired modifications. This suggests that this is a likely area for action planning to provide assistance to help people age in place.

Housing Modifications

Which of the following modifications does your Vineyard residence need now, or in the next year or two, to improve your ability to remain in your home as you age? Mark all that apply.	**% of all respondents**
No modification needed	55%
Grab bars, hand rails, higher toilet, nonslip tiles	13%
Personal emergency response system	13%
Improved heating or cooling	11%
Ramp, chairlift, elevator, or wider doors for walker/wheelchair	9%
Washer/dryer more accessible	9%
Improved exterior lighting	8%
Bedroom, bathroom, or kitchen on first floor	7%
Other	5%



Resources to make desired modifications

Do you have the resources you need to make desired modifications to your home?	% of all respondents
Have resources needed	54%
Have some of resources needed	34%
Do not have resources needed	13%

In addition to basic information about respondents' home modification needs, the HATF wanted to learn more about those who want or need home modifications. The table below suggests that this group is significantly more vulnerable (except in terms of age and living alone) and more likely to say they may want or need to move.

Respondents needing at least one modification

Vulnerability factor	% of vulnerable reporting a need for at least one modification (n = # in vulnerable group)	% reporting a need for at least one modification (n = # responding to the question)
Older age	49% (n=242)	43% (n=2,134)
Lower income***	53% (n=843)	43% (n=1,971)
Living alone	47% (n=62)	43% (n=2,085)
Limited mobility***	61% (n=530)	43% (n=2,128)
Limited ability to work***	59% (n=449)	43% (n=2,100)
Limited ability to live independently***	57% (n=140)	42% (n=2,142)
Fall in past year***	50% (n=605)	43% (n=2,152)
Emergency/short-term help availability***	54% (n=320)	42% (n=2,137)
Long-term help availability***	49% (n=1,173)	42% (n=2,115)
Likelihood of moving On-Island***	58% (n=269)	43% (n=2,070)
Likelihood of moving Off-Island***	54% (n=241)	42% (n=2,110)

Chi-Square: *p<.05, **p<.01, ***p<.001

A potentially useful analysis is to examine the relationships between types of needed modifications and respondents' resources to make the modifications. Unfortunately the two questions are not directly comparable, since the first question asked whether respondents needed specific modifications, and the second

asked all respondents more generally whether they had the resources to make (unspecified) needed modifications. As a rough comparison, however, the following table shows first the percentage who said (1) they needed each modification **and** (2) had the resources to make needed modifications, where n= the number of respondents who said they needed that modification; and the percentage who said (1) they needed that modification **but** (2) lacked some or all of the resources to make needed modifications, where n= the number of respondents who said they needed that modification. The figures suggest that those who need specific modifications are more likely to lack the resources to make needed modifications.

Type of modification	**% needing the modification *and* having resources to make needed modifications (n=# number needing the modification)**	**% needing the modification *but* lacking some/all resources to make needed modifications (n=# number needing the modification)**
Improved heating/cooling	20% n=242	80% n=242
Grab bars, hand rails, toilet	39% n=279	61% n=279
Personal emergency system	38% n=269	62% n=269
Washer/dryer more accessible	21% n=195	79% n=195
Improved exterior lighting	27% n=182	73% n=182
Ramp, chair lift, elevator, etc.	36% n=201	64% n=201
Bed/bath on 1st floor	22% n=144	78% n=144
Other (various specified)	27% n=99	73% n=99

C. LIKELIHOOD OF WANTING OR NEEDING TO MOVE TO A DIFFERENT HOME

The survey asked how likely it was that respondents would want or need to move to a different home On-Island or Off-Island in the next year or two. As the table below shows, 88% said they were unlikely to move On-Island and 88% said they were unlikely to move Off-Island. However, the total percentage of respondents considering a move is larger than 12%. The total number of respondents considering a move either On- or Off-Island or both is 388, or 19% of all those answering these questions (n=2,083). Additional analyses were conducted to learn more about (1) their reasons for considering a move and (2) the vulnerability characteristics of the group considering a move On-Island.

Wanting/needing to move to a different home in the next year or two

Likely to want/need to move On-Island	**% (n=2,083)**
Not likely	88%
Somewhat likely	9%
Very likely	3%
Likely to want/need to move Off-Island	
Not likely	88%
Somewhat likely	9%
Very likely	2%

First, we looked at reasons for considering a move according to whether respondents think it "somewhat" or "very" likely that they will move On-Island, Off-Island, or both. The following table highlights the top three reasons for each group in bold. The top three reasons for considering such a move **On-Island** (in order) are wanting a less expensive home, a lower cost of living, or a home designed for older adults or people with disabilities. The top three reasons for considering such a move **Off-Island** (in order) are wanting a lower cost of living, to be closer to family, or a less expensive home. The top three reasons for considering such a move **Off-Island and On-Island** (in order) are wanting a lower cost of living, a less expensive home, and to be closer to family.

Reasons for considering a move On-Island, Off-Island, or both

Reason	Somewhat or very likely to move On-Island, but not Off-Island (n=159)	Somewhat or very likely to move Off-Island, but not On-Island (n=132)	Somewhat or very likely to move both On and Off-island (n=97)
Less expensive home	**42%**	**32%**	**45%**
Lower cost of living	**35%**	**58%**	**51%**
Home designed for older adults/disability	**32%**	16%	29%
Drive less, better access to transport	19%	20%	19%
Move to assisted living, etc.	16%	7%	23%
Closer to family	13%	**36%**	**33%**
Get in-home assistance	10%	8%	16%
Different climate	8%	30%	14%
Closer to major hospital	4%	24%	11%

Next, we looked at the vulnerability factors for those considering a move On-Island. Compared to those who are not considering a move On-Island, those considering such a move are more likely to be older; have lower incomes; live alone; have limitations to mobility, ability to work, and ability to live independently; have had a fall in the past year; and not have short- or long-term help available.

Vulnerability factor	**% of vulnerable somewhat/ very likely to move On-Island (n = # respondents somewhat/very likely to do so)**	**% of vulnerable not likely to move On-Island (n = # respondents not likely to do so)**
Older age*	16% (n=262)	10% (n=1,840)
Lower income***	19% (n=249)	12% (n=1,696)
Living alone***	40% (n=260)	28% (n=1,829)
Limited mobility***	38% (n=262)	23% (n=1,834)
Limited ability to work***	35% (n=261)	19% (n=1,809)
Limited ability to live independently**	10% (n=261)	6% (n=1,849)
Fall in past year***	37% (n=262)	27% (n=1,856)
Emergency/short-term help availability***	12% (n=264)	62% (n=1,841)
Long-term help availability*	34% (n=256)	26% (n=1,827)

Chi-Square: *p<.05, **p<.01, ***p<.001

4. SENIOR CENTERS/COUNCILS ON AGING AND OTHER RESOURCES

The survey asked specifically about respondents' use of programs or services offered by the Senior Centers/Councils on Aging.

- 11% of all respondents (n=2,133) use them often.
- 39% use them occasionally.
- 50% never use them.

Learning more about the 50% of respondents not using such programs or services may suggest opportunities for these organizations to increase their visibility and interest more of those who are not currently using the services.

The respondents who do not use the programs/services were asked why they did not use them. The following table shows the percentage that responded in each category (note that respondents could give more than one reason).

Why respondents never use Senior Center/Council on Aging programs or services

Reason	% giving reason (n=1,059)
Not interested	41%
Not interested in programs for seniors only	33%
Don't know what they offer	20%
Participate in programs elsewhere	20%
Not old enough	17%

The next six tables look at respondents' use of these programs or services by age, gender, income, mobility, living arrangement, and town. (The N for each table varies slightly but is around 2,100.) Respondents who use these programs or services are more often female, older, lower income, experiencing limited mobility, and living alone.

Use of Senior Center/Council on Aging programs/services, by age

Age range	Often use	Occasionally use	Never use
65-69	6%	29%	66%
70-74	10%	42%	49%
75-79	15%	44%	41%
80-84	17%	46%	37%
85-94	22%	54%	24%
95+	8%	62%	31%

Use of Senior Center/Council on Aging programs/services, by gender

Gender	Often use	Occasionally use	Never use
Male	7%	30%	64%
Female	14%	46%	39%

Use of Senior Center/Council on Aging programs/services, by income

Income	Often use	Occasionally use	Never use
<$25,000/year	17%	48%	36%
$25,001-$35,000	14%	47%	39%
$35,001-$50,000	12%	44%	44%
$50,001-$80,000	9%	42%	49%
$80,000 or more	7%	29%	64%

Use of Senior Center/Council on Aging programs/services, by limited mobility

	Often use	Occasionally use	Never use
Limited mobility	16%	45%	39%
No limited mobility	10%	37%	53%

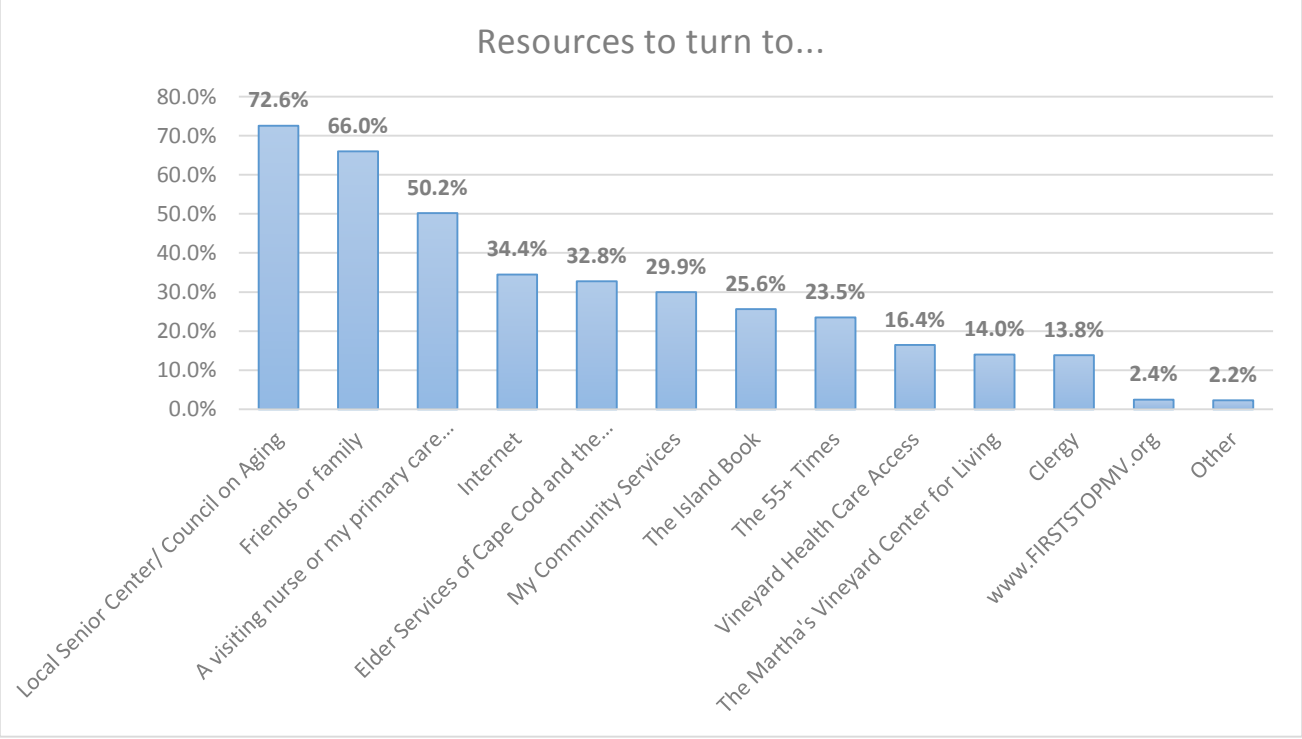
Use of Senior Center/Council on Aging programs/services, by living arrangements

	Often use	Occasionally use	Never use
Living alone	16%	45%	39%
Living with others	9%	37%	54%

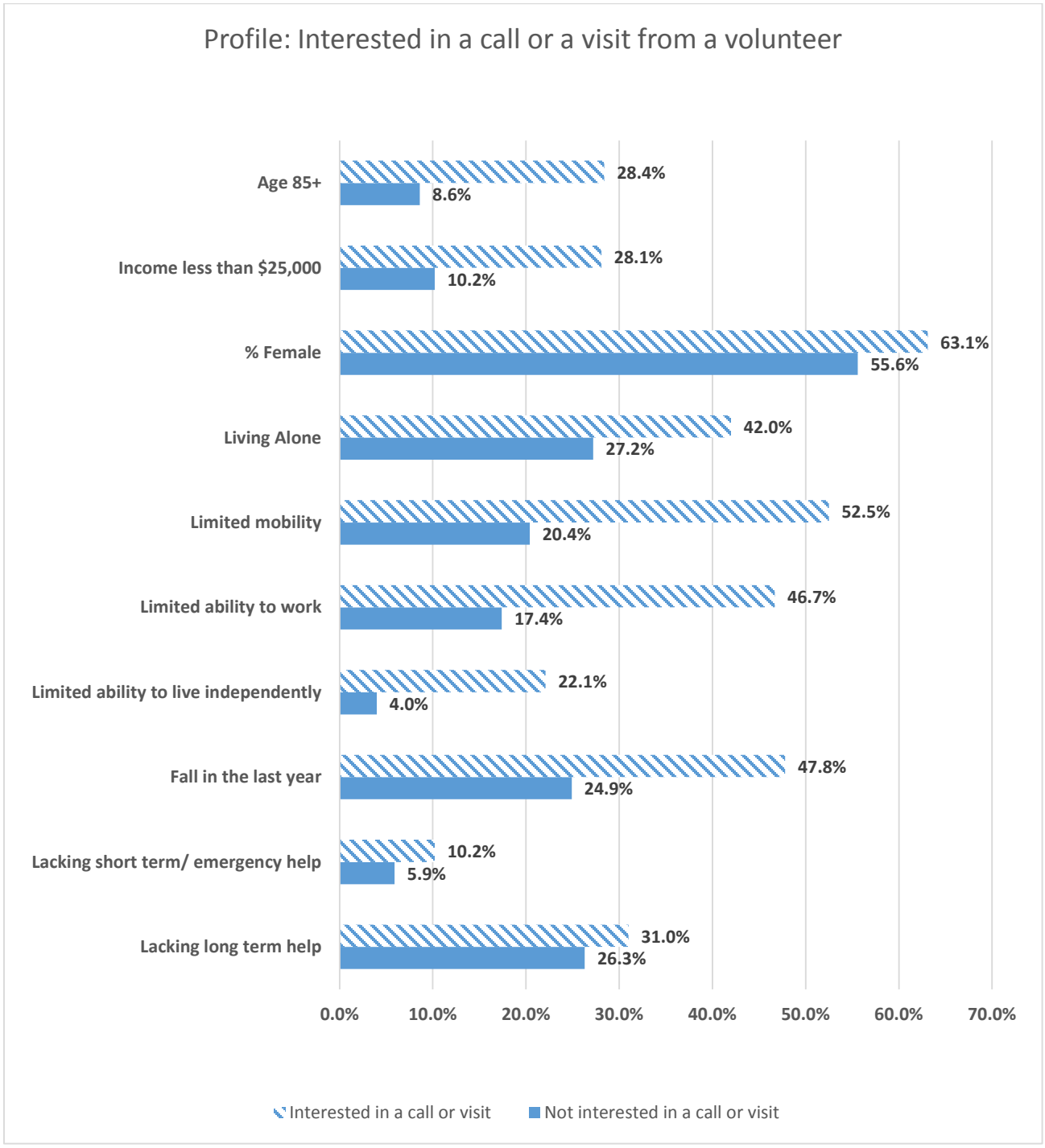
Use of Senior Center/Council on Aging programs/services, by town

Town	Often use	Occasionally use	Never use
Aquinnah	3%	28%	69%
Chappaquiddick	21%	31%	49%
Chilmark	6%	39%	55%
Edgartown	13%	38%	49%
Oak Bluffs	12%	39%	49%
Tisbury/Vineyard Haven	10%	42%	48%
W. Tisbury	10%	41%	50%

The survey also asked which resources respondents would turn to if they or a family member or friend needed information about home health services, home delivered meals, physical or speech therapy, medical equipment, or similar services. The following chart displays the responses (n=2147; multiple responses allowed). The top three resources are the Senior Center/Council on Aging, friends or family, and a visiting nurse or primary care physician.



Interest in a volunteer call or visit. Friendly visiting and regular volunteer phone calls are potentially useful services for those who are isolated, but respondents' overall interest in these services was low (88% were not interested in a friendly visitor, with 3% interested and 9% not sure; 93% were not interested in a call, with 2% interested and 5% not sure). These charts explore the profiles of those who are interested or not sure and also break out interest by town. Interest in a call or visit is significantly associated with age; income; gender; living alone; limitations to mobility, ability to work, and ability to live independently; falling; lack of availability of short- and long-term help; and lack of participation in community activities.

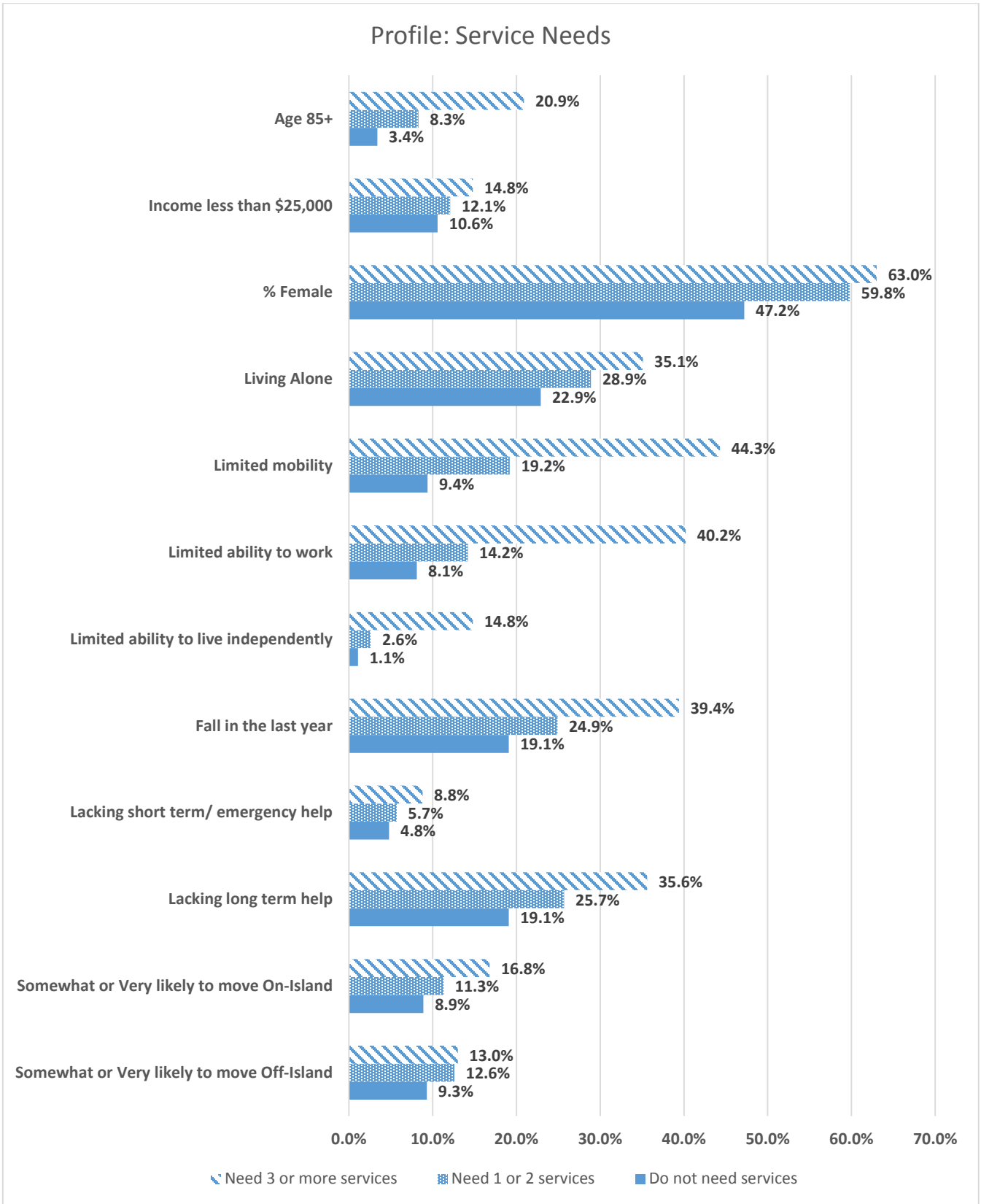


Interest in a call or visit across towns ranges from 8% to 18%, with the highest rates in Tisbury/Vineyard Haven, Edgartown, Aquinnah, and Oak Bluffs.

Interest in a call or visit by town

Town	% interested in call or visit (n=total number responding from town)
Aquinnah	15% (n=39)
Chappaquiddick	8% (n=41)
Chilmark	9% (n=182)
Edgartown	15% (n=464)
Oak Bluffs	14% (n=566)
Tisbury/Vineyard Haven	18% (n=480)
W. Tisbury	11% (n=412)

Services overall. The survey asked residents to mark any services that they needed from a list including home repairs; yard work; transportation; housekeeping; and help with meal preparation, managing medications, and/or personal care. 28% of respondents said they needed one or two of the services; 37% said they needed three or more services (n=2,090). The chart below shows that those expressing a need for services tend to be more vulnerable (except with respect to income), and to say they are likely to want or need to move On-Island.


Profile: Service Needs
Age 85+
20.9%
8.3%
3.4%
Income less than $25,000
14.8%
12.1%
10.6%
% Female
63.0%
59.8%
47.2%
Living Alone
35.1%
28.9%
22.9%
Limited mobility
44.3%
19.2%
9.4%
Limited ability to work
40.2%
14.2%
8.1%
Limited ability to live independently
14.8%
2.6%
1.1%
Fall in the last year
39.4%
24.9%
19.1%
Lacking short term/ emergency help
8.8%
5.7%
4.8%
Lacking long term help
35.6%
25.7%
19.1%
Somewhat or Very likely to move On-Island
16.8%
11.3%
8.9%
Somewhat or Very likely to move Off-Island
13.0%
12.6%
9.3%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%
Need 3 or more services
Need 1 or 2 services
Do not need services

Comparison between awareness of specific Council on Aging/Senior Center activities and programs with participation generally in such activities and programs. The following tables show this comparison overall and by town. Unfortunately the two questions are not directly comparable, since the first asked all respondents whether they participated in Senior Center/Council on Aging activities and programs (with response choices of never, occasionally, and often), and the second asked all respondents about their awareness of several specific programs. As a rough comparison, however, the following table shows first the percentage of those who never use Senior Center/Council on Aging services and activities who are aware of each listed service (where n=the number of respondents who never use the services and activities), and second the percentage of those who occasionally or often use the services and activities who are aware of each listed service (where n= the number of respondents who occasionally or often use the services and activities). The figures suggest that those who use the services have higher levels of awareness of the specific services the survey asked about. This is not surprising, but may support a strategy of increasing the number of people involved in Senior Center/Council on Aging activities as one way to increase visibility of programs and services.

ALL TOWNS

Service	% of those who never use SC/COA programs & services (n=1,067) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=1,067) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	35%	61%
Health Insurance Counseling	39%	59%
Senior dining	33%	58%
Information and Referral for services and resources	28%	49%
Memory and blood pressure screenings	26%	43%
Elder law counseling	24%	43%
Loans of medical equipment	18%	42%
Income tax assistance	24%	42%
VTA passes	22%	41%
Fuel Assistance	24%	39%
The Supportive Day Program	23%	38%
Notary Public	13%	28%
Individualized help during difficult times	15%	26%
Skype meetings with Social Security	9%	14%

AQUINNAH

Service	% of those who never use SC/COA programs & services (n=27) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=12) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	19%	67%
Health Insurance Counseling	33%	83%
Senior dining	0%	58%
Information and Referral for services and resources	15%	92%
Memory and blood pressure screenings	26%	33%
Elder law counseling	0%	58%
Loans of medical equipment	7%	58%
Income tax assistance	4%	58%
VTA passes	19%	58%
Fuel Assistance	15%	42%
The Supportive Day Program	7%	50%
Notary Public	15%	33%
Individualized help during difficult times	4%	25%
Skype meetings with Social Security	0%	0%

CHAPPAQUIDDICK

Service	% of those who never use SC/COA programs & services (n=19) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=20) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	42%	80%
Health Insurance Counseling	37%	80%
Memory and blood pressure screenings	0%	15%
Individualized help during difficult times	32%	50%
Information and Referral for services and resources	21%	55%
Elder law counseling	11%	35%
Information and Referral for services and resources	32%	85%
Health Insurance Counseling	37%	80%
VTA passes	42%	70%
Fuel Assistance	21%	50%
The Supportive Day Program	47%	80%
Loans of medical equipment	11%	50%
Income tax assistance	11%	55%
Senior dining	37%	60%

CHILMARK

Service	% of those who never use SC/COA programs & services (n=95) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=78) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	25%	55%
Health Insurance Counseling	35%	72%
Senior dining	25%	54%
Information and Referral for services and resources	20%	51%
Memory and blood pressure screenings	22%	51%
Elder law counseling	15%	39%
Loans of medical equipment	17%	49%
Income tax assistance	19%	39%
VTA passes	18%	41%
Fuel Assistance	12%	36%
The Supportive Day Program	23%	42%
Notary Public	8%	39%
Individualized help during difficult times	16%	39%
Skype meetings with Social Security	4%	12%

EDGARTOWN

Service	% of those who never use SC/COA programs & services (n=222) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=231) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	36%	63%
Health Insurance Counseling	36%	64%
Senior dining	39%	68%
Information and Referral for services and resources	25%	49%
Memory and blood pressure screenings	23%	42%
Elder law counseling	23%	43%
Loans of medical equipment	18%	43%
Income tax assistance	28%	48%
VTA passes	24%	46%
Fuel Assistance	24%	40%
The Supportive Day Program	23%	47%
Notary Public	14%	32%
Individualized help during difficult times	18%	26%
Skype meetings with Social Security	9%	16%

OAK BLUFFS

Service	% of those who never use SC/COA programs & services (n=272) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=283) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	31%	62%
Health Insurance Counseling	35%	48%
Senior dining	32%	61%
Information and Referral for services and resources	29%	47%
Memory and blood pressure screenings	27%	42%
Elder law counseling	24%	39%
Loans of medical equipment	19%	40%
Income tax assistance	22%	43%
VTA passes	25%	40%
Fuel Assistance	28%	45%
The Supportive Day Program	20%	34%
Notary Public	13%	21%
Individualized help during difficult times	14%	26%
Skype meetings with Social Security	14%	24%

TISBURY/ VINEYARD HAVEN

Service	% of those who never use SC/COA programs & services (n=225) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=243) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	41%	56%
Health Insurance Counseling	42%	52%
Senior dining	39%	55%
Information and Referral for services and resources	30%	47%
Memory and blood pressure screenings	31%	44%
Elder law counseling	31%	51%
Loans of medical equipment	20%	40%
Income tax assistance	27%	42%
VTA passes	24%	40%
Fuel Assistance	26%	37%
The Supportive Day Program	26%	37%
Notary Public	12%	18%
Individualized help during difficult times	16%	25%
Skype meetings with Social Security	8%	11%

WEST TISBURY

Service	% of those who never use SC/COA programs & services (n=200) who are aware of each service	% of those who occasionally/often use SC/COA programs & services (n=199) who are aware of each service
Surplus food, gleaned produce, and fish from the Derby	38%	63%
Health Insurance Counseling	49%	68%
Senior dining	29%	43%
Information and Referral for services and resources	32%	53%
Memory and blood pressure screenings	24%	41%
Elder law counseling	23%	37%
Loans of medical equipment	18%	41%
Income tax assistance	20%	29%
VTA passes	15%	30%
Fuel Assistance	27%	29%
The Supportive Day Program	22%	28%
Notary Public	16%	40%
Individualized help during difficult times	12%	23%
Skype meetings with Social Security	10%	6%

5. TRANSPORTATION AND OTHER COMMUNITY FEATURES

This section discusses respondents' usual mode of transportation, their concerns about transportation, and their concerns about other community features.

A. TRANSPORTATION

The survey asked, "On-Island, how do you usually travel for things like shopping, the Post Office, the doctor, running errands, or going other places?" Multiple responses were allowed. The first of the following three tables provides the overall statistics for all respondents. The second and third tables break down the responses by age – one table for those age 65-84 and one for those age 85+.

Mode of transportation *for all respondents*	**% citing (n=2,081)**
Drive myself	90%
Have others drive me	17%
Walk	24%
Ride a bike	10%
Use a power wheelchair	1%
Use the regular VTA buses	9%
Park and Ride	10%
Take a taxi or car service	3%
The Lift	2%
I don't travel	1%

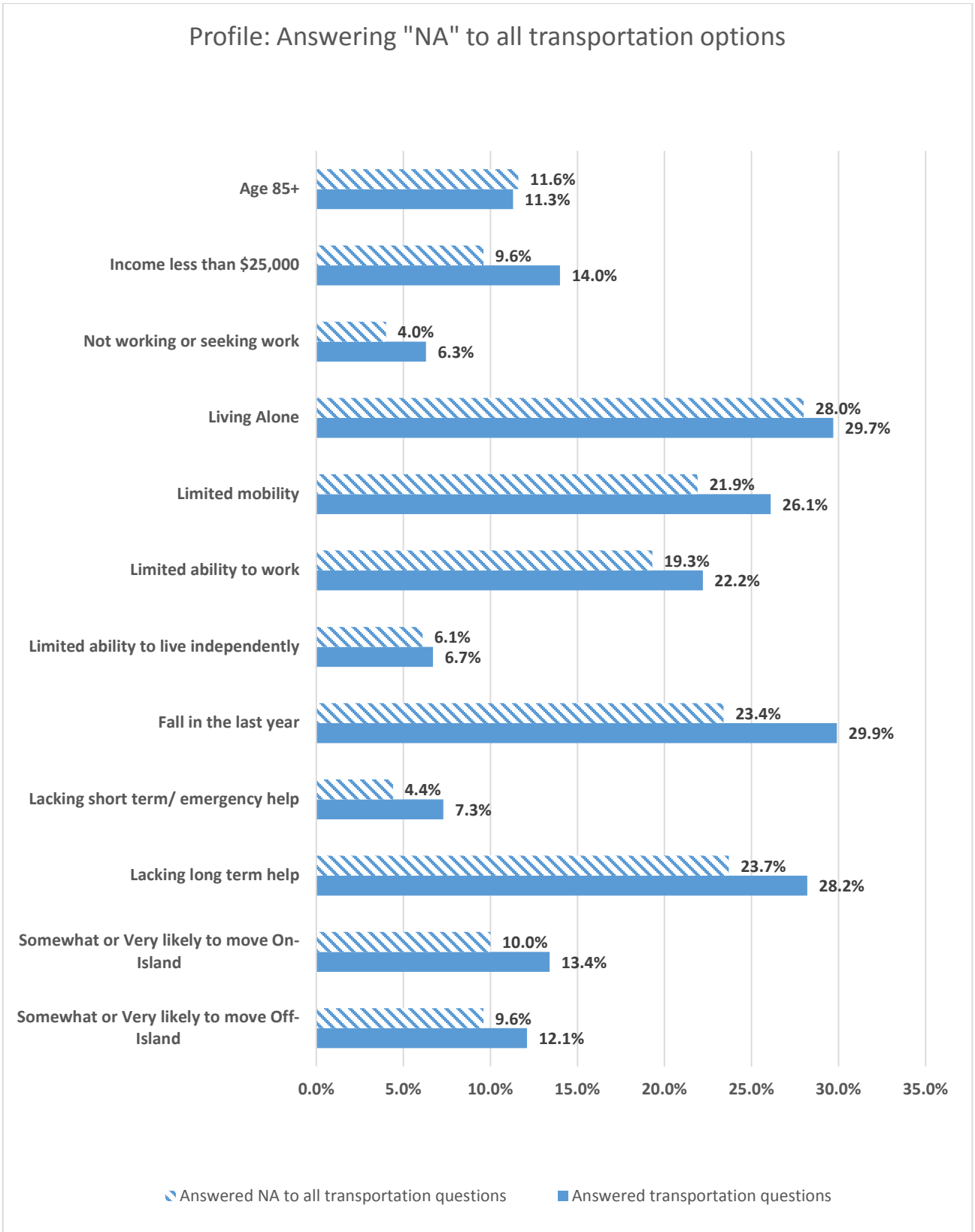
Mode of transportation *for respondents age 65-84*	**% citing (n=1,958)**
Drive myself	94%
Have others drive me	12%
Walk	26%
Ride a bike	11%
Use a power wheelchair	<1%
Use the regular VTA buses	10%
Park and Ride	11%
Take a taxi or car service	3%
The Lift	1%
I don't travel	<1%

Mode of transportation *for respondents age 85+*	**% citing (n=242)**
Drive myself	57%
Have others drive me	53%
Walk	10%
Ride a bike	1%
Use a power wheelchair	1%
Use the regular VTA buses	3%
Park and Ride	6%
Take a taxi or car service	5%
The Lift	10%
I don't travel	4%

The survey also asked, "The following lists several features of our transportation system. Please indicate if each of these features is currently convenient or suitable for you." The features included VTA routes; summer VTA schedule; winter VTA schedule; boarding of VTA buses; cost of taxi services; cleanliness and maintenance

of taxis; boarding of taxis; and special transportation for people with disabilities and older adults, such as the LIFT. More than 59% of respondents answered "not applicable" to most or all of the transportation features listed. One possible explanation is that, since the vast majority of respondents reported driving themselves, having others drive them, or walking as the ways they usually travel, they may not consider taxis, buses, etc. applicable to them. However, with such a large number answering "not applicable," exploring other possible explanations seemed worthwhile.

The chart suggests a mixed profile for the "not applicable" group. Differences between those who answered the question (i.e., indicated whether the listed features are (yes) or are not (no) convenient or suitable) and those who said "not applicable" were significant for those not working/seeking work, limited mobility, a fall in the past year, and lack of availability of short- or long-term help. Other differences were not statistically significant. This lack of uniformity across vulnerability factors makes it difficult to characterize those who responded "not applicable" as especially vulnerable or not vulnerable.


Profile: Answering "NA" to all transportation options
Age 85+
11.6%
11.3%
Income less than $25,000
9.6%
14.0%
Not working or seeking work
4.0%
6.3%
Living Alone
28.0%
29.7%
Limited mobility
21.9%
26.1%
Limited ability to work
19.3%
22.2%
Limited ability to live independently
6.1%
6.7%
Fall in the last year
23.4%
29.9%
Lacking short term/ emergency help
4.4%
7.3%
Lacking long term help
23.7%
28.2%
Somewhat or Very likely to move On-Island
10.0%
13.4%
Somewhat or Very likely to move Off-Island
9.6%
12.1%
0.0%
5.0%
10.0%
15.0%
20.0%
25.0%
30.0%
35.0%
Answered NA to all transportation questions
Answered transportation questions

An analysis by town shows some differences between those who said "not applicable" and those who indicating whether the listed features are or are not convenient or suitable. The lowest "not applicable" percentage is in Chappaquiddick; the highest are in Chilmark, Oak Bluffs, and West Tisbury (although the other towns have only slightly lower percentages than these three). It is not clear what this means, but those who know the Island transportation systems may be able to use the information in planning.

Town	Number answering yes or no	Number answering not applicable	% answering "not applicable" (n=all who answered yes, no, or not applicable)
Aquinnah	30	9	23%
Chappaquiddick	37	4	10%
Chilmark	128	54	30%
Edgartown	353	111	24%
Oak Bluffs	400	166	29%
Tisbury/Vineyard Haven	353	127	26%
West Tisbury	288	124	30%

B. CONCERNS ABOUT COMMUNITY FEATURES

This section focuses on the question, "Do you have any problems with any of the following community features? Please mark yes, no, or not applicable for each one." The features included sidewalks, access to public buildings and businesses, access to public beaches, road maintenance, snow removal from public roads and walkways, handicap parking, pedestrian crosswalks, street lighting, and parks or benches for sitting. The section first addresses concerns reported overall for each feature and the association between reported concerns and vulnerability, and then shows the association between reported concerns with each feature and town.

Overall, most respondents did not report problems with the community features, although many did have concerns. Those who did report problems were statistically likely to be older; to have lower incomes; to have limitations to mobility, ability to work, and ability to live independently; and to have fallen in the past year. (There was no significant difference between reporting problems and living alone.) The following subsections discuss the association between problems with each feature and respondent vulnerability factors (age, income, living arrangement, limitations to mobility, limitations to ability to work, limitations to ability to live independently, and falls within the past year).

A few notes about the tables:

- The middle column shows the percentage **in each vulnerable group** who reported a problem with the feature, where n = the total number of respondents in each vulnerable group[6] who answered that they did or did not have a problem with the feature. The next column shows the percentage of all who reported a problem with the feature, where n = the total number of respondents who answered that they did or did not have a problem with the feature. (These figures exclude those who said the feature was "not applicable" and/or did not answer the question about the vulnerability factor.)
- When the association between a vulnerability factor and reporting a problem with the community feature is statistically significant, the vulnerability factor is marked with one or more asterisks.

[6] Vulnerable groups are defined as follows: age 80+, income less than $35,000 per year, living alone, limited mobility, limited ability to work, limited ability to live independently, and having fallen in the past year.

Sidewalks. There is a statistically significant association between 6 of the 7 vulnerability factors (all except living alone) and problems with sidewalks.

Sidewalks

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age**	26% (n=374)	21% (n=1,799)
Lower income**	23% (n=398)	21% (n=1,758)
Living alone	21% (n=499)	22% (n=1,762)
Limited mobility***	35% (n=423)	22% (n=1,806)
Limited ability to work***	32% (n=365)	21% (n=1,782)
Limited ability to live independently***	39% (n=106)	20% (n=1,789)
Fall in past year***	29% (n=500)	21% (n=1,820)

Chi-Square: *p<.05, **p<.01, ***p<.001

Access to public buildings. There is a statistically significant association between 6 of the 7 vulnerability factors (all except living alone) and problems with access to public buildings.

Access to public buildings

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age***	8% (n=381)	5% (n=1,857)
Lower income**	8% (n=413)	5% (n=1,727)
Living alone	6% (n=497)	5% (n=1,816)
Limited mobility***	18% (n=432)	5% (n=1,855)
Limited ability to work***	18% (n=371)	5% (n=1,832)
Limited ability to live independently***	32% (n=110)	5% (n=1,865)
Fall in past year***	10% (n=515)	5% (n=1,873)

Chi-Square: *p<.05, **p<.01, ***p<.001

Access to public beaches. There is a statistically significant association between 5 of the 7 vulnerability factors (all except age and living alone) and problems with access to public beaches.

Access to public beaches

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age	14% (n=333)	12% (n=1,817)
Lower income**	15% (n=391)	12% (n=1,689)
Living alone	12% (n=491)	12% (n=1,781)
Limited mobility***	32% (n=399)	12% (n=1,812)
Limited ability to work***	29% (n=341)	12% (n=1,799)
Limited ability to live independently***	42% (n=93)	12% (n=1,822)
Fall in past year***	17% (n=492)	12% (n=1,830)

Chi-Square: *p<.05, **p<.01, ***p<.001

Road maintenance. There is a statistically significant association between 2 of the 7 vulnerability factors (limited mobility and limited ability to work) and problems with road maintenance.

Road maintenance

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age	22% (n=352)	22% (n=1,804)
Lower income	25% (n=390)	22% (n=1,674)
Living alone	22% (n=495)	22% (n=1,763)
Limited mobility***	31% (n=395)	22% (n=1,801)
Limited ability to work***	30% (n=341)	22% (n=1,786)
Limited ability to live independently	27% (n=89)	22% (n=1,809)
Fall in past year	25% (n=475)	22% (n=1,817)

Chi-Square: *p<.05, **p<.01, ***p<.001

Snow removal from public roads and walkways. There is a statistically significant association between 5 of the 7 vulnerability factors (all except age and living alone) and problems with snow removal from public roads and walkways.

Snow removal

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age	36% (n=395)	33% (n=1,896)
Lower income**	41% (n=430)	34% (n=1,765)
Living alone	35% (n=530)	33% (n=1,858)
Limited mobility***	49% (n=445)	34% (n=1,896)
Limited ability to work***	38% (n=380)	34% (n=1,877)
Limited ability to live independently***	52% (n=111)	34% (n=1,908)
Fall in past year***	40% (n=537)	34% (n=1,914)

Chi-Square: *p<.05, **p<.01, ***p<.001

Handicap parking. There is a statistically significant association between 6 of the 7 vulnerability factors (all except living alone) and problems with handicap parking.

Handicap parking

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age***	13% (n=306)	9% (n=1,497)
Lower income**	11% (n=341)	9% (n=1,402)
Living alone	10% (n=408)	9% (n=1,466)
Limited mobility***	25% (n=380)	9% (n=1,494)
Limited ability to work***	23% (n=327)	9% (n=1,480)
Limited ability to live independently***	32% (n=97)	9% (n=1,502)
Fall in past year***	14% (n=426)	9% (n=1,509)

Chi-Square: *p<.05, **p<.01, ***p<.001

Pedestrian crosswalks. There is a statistically significant association between 4 of the 7 vulnerability factors (all except age, income, and living alone) and problems with pedestrian crosswalks.

Pedestrian crosswalks

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age	9% (n=356)	8% (n=1,808
Lower income	9% (n=391)	8% (n=1,689)
Living alone	9% (n=494)	8% (n=1,772)
Limited mobility***	15% (n=405)	8% (n=1,803)
Limited ability to work***	15% (n=350)	8% (n=1,786)
Limited ability to live independently***	20% (n=96)	8% (n=1,814)
Fall in past year**	11% (n=489)	8% (n=1,821)

Chi-Square: *p<.05, **p<.01, ***p<.001

Street lighting. There is a statistically significant association between 5 of the 7 vulnerability factors (all except income and living alone) and problems with street lighting.

Street lighting

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age**	24% (n=369)	21% (n=1,828)
Lower income	23% (n=401)	21% (n=1,710)
Living alone	23% (n=504)	21% (n=1,792)
Limited mobility***	30% (n=425)	21% (n=1,829)
Limited ability to work***	28% (n=363)	21% (n=1,811)
Limited ability to live independently**	28% (n=121)	21% (n=1,837)
Fall in past year***	27% (n=515)	21% (n=1,846)

Chi-Square: *p<.05, **p<.01, ***p<.001

Parks or benches for sitting. There is a statistically significant association between 6 of the 7 vulnerability factors (all except living alone) and problems with parks or benches for sitting.

Parks or benches for sitting

Vulnerability Factor	% of vulnerable group reporting a problem (n = # in vulnerable group)	% of total reporting a problem (n = # responding yes or no)
Older age*	15% (n=346)	13% (n=1,768)
Lower income**	19% (n=386)	14% (n=1,654)
Living alone	14% (n=476)	13% (n=1,730)
Limited mobility***	28% (n=407)	14% (n=1,768)
Limited ability to work***	29% (n=347)	13% (n=1,749)
Limited ability to live independently***	40% (n=100)	13% (n=1,776)
Fall in past year***	22% (n=482)	13% (n=1,783)

Chi-Square: *p<.05, **p<.01, ***p<.001

Association between problems with community features and town. For the community features question, responses were also compared by town. The following table is set up to allow direct comparison of percentages across towns. It shows (1) the percentage of respondents from each town that reported a problem with the community feature, (2) the number of people from that town answering the question about each feature, and (3) whether the association between the town and problems with the feature is statistically significant. (If the association is significant, differences in respondents' answers are less likely to have occurred by chance.) The findings suggest the following:

- Problems with access to public buildings and with access to public beaches are not significantly different by town.

- Oak Bluffs and Tisbury/Vineyard Haven respondents have the most concerns about sidewalks, while those from Aquinnah and Chappaquiddick have the fewest.
- Chappaquiddick and Tisbury/Vineyard Haven respondents have the most concerns about road maintenance, while those from Aquinnah have the fewest.
- Tisbury/Vineyard Haven respondents have the most concerns about snow removal, while those from Aquinnah have the fewest.
- Edgartown and Oak Bluffs respondents have the most concerns about handicap parking, while those from Aquinnah and Chappaquiddick have the fewest (but relatively few people report problems in this area).
- Tisbury/Vineyard Haven respondents report the most concerns about pedestrian crosswalks, while those from Aquinnah and Chappaquiddick have the fewest.
- Tisbury/Vineyard Haven respondents have the most concerns about street lighting; those from the other towns have fewer, in a narrow range of 14% - 18%.
- Tisbury/Vineyard Haven and Chilmark respondents have the most concerns about parks and benches for sitting, while those from Chappaquiddick and Oak Bluffs have the fewest.

% reporting problems with community features by town*

Community feature	Aquin-nah	Chappa-quiddick	Chilmark	Edgar-town	Oak Bluffs	Tisbury/ Vineyard Haven	West Tisbury
Sidewalks ***	0% (n=24)	3% (n=31)	18% (n=148)	19% (n=399)	24% (n=491)	28% (n=412)	17% (n=333)
Access to public buildings	0.0% (n=29)	0.6% (n=36)	5% (n=165)	5% (n=403)	4% (n=486)	8% (n=410)	4% (n=366)
Access to public beaches	17% (n=30)	16% (n=38)	10% (n=165)	11% (n=398)	11% (n=475)	15% (n=395)	16% (n=353)
Road maintenance ***	7% (n=28)	39% (n=36)	22% (n=157)	18% (n=393)	22% (n=473)	32% (n=399)	16% (n=349)
Snow removal ***	16% (n=31)	33% (n=33)	23% (n=162)	33% (n=418)	32% (n=493)	50% (n=419)	30% (n=368)
Handicap parking **	0% (n=20)	3% (n=31)	10% (n=125)	12% (n=338)	11% (n=405)	9% (n=323)	4% (n=281)
Pedestrian crosswalks ***	0% (n=26)	3% (n=35)	8% (n=153)	9% (n=396)	7% (n=476)	13% (n=401)	4% (n=356)
Street lighting ***	15% (n=26)	18% (n=33)	14% (n=152)	17% (n=392)	18% (n=486)	35% (n=421)	17% (n=354)
Parks/benches ***	12% (n=24)	9% (n=34)	18% (n=146)	15% (n=388)	7% (n=476)	20% (n=393)	12% (n=341)

Chi-Square: *p<.05, **p<.01, ***p<.001

*The n in each cell is the number of respondents from the town for each response

6. CONCLUDING THOUGHTS AND SUGGESTIONS

Only in combination with other research, local information, and local knowledge can the survey findings guide planning and action (or indicate where more research may be needed). Nonetheless, the findings point to a few areas to consider.

- Overall, the picture of the respondents is positive, but there are also areas of concern. The positives make for a great foundation on which to try to build a more aging-friendly Island.

- Respondents with the most concerns and needs are generally those who are more vulnerable (as defined in Section 2.B). Focusing on the vulnerable thus means focusing on those with concerns and needs (and vice versa).

- With 61% of respondents not volunteering at all, and most others volunteering less than five hours weekly, it makes sense to consider ways to increase the number of older people who are volunteering. Although those who aren't volunteering tend to be more vulnerable, the large numbers suggest an opportunity.

- The 45% of respondents reporting at least some need for housing modifications, 65% of whom lack some or all of the resources they need to make modifications, suggests that this could be a worthy area for action, especially given that 19% of respondents say that it is somewhat or very likely that they will want or need to move within two years.

- More research may be needed to explore ways to expand beyond a reliance on driving for convenient transportation.

- With 25% of respondents having an Off-Island dentist, 8% having no dentist, 15% having an Off-Island primary care physician, and 2% having no primary care physician, strategies to develop more On-Island health care may be a worthwhile area to explore.

- Awareness and use of Senior Center and Council on Aging services and programs was fairly low, although two findings in this area were very encouraging. First, respondents who participate in Senior Center and Council on Aging services and programs generally are more aware of specific services; working to increase the number of participants is one strategy to increase the visibility of the services and programs. Second, the Senior Centers and Councils on Aging were first on the list of resources people would turn to if they needed information about home health services, home delivered meals, physical or speech therapy, medical equipment, or similar services. This is an especially important area for developing an aging-friendly Island, especially given the number of respondents who may not have access to emergency/short-term or long-term help: 15% of respondents do not have, or are not sure they have, someone who could help them in the short term, while 56% of respondents do not have, or are not sure they have, someone who could help them in the long-term.

APPENDIX A

Unsolicited comments and responses to selected open-ended questions

By reporting respondents' actual words, it is hoped that this appendix will bring color and life to the quantitative analysis.

UNSOLICITED COMMENTS FROM RESPONDENTS

We thought these comments deserved attention because the people who wrote them made an extra effort, beyond simply jotting a response to an open-ended question.

- Dozens, if not hundreds, of respondents wrote "THANK YOU" or "Thanks for asking my opinion" on their surveys or envelopes

- Two respondents made separate comments about housing
    - Lack of year-round rental apartments or condos for middle-income seniors: "We want to stay on the Island, and would like smaller, one-floor living quarters, but aren't ready for congregate housing … and are nowhere near ready for nursing homes."
    - Lack of affordable year-round housing for people who provide services and care: "If we, as a community, do not create more affordable year-round housing, we will find that the Vineyard is NOT a great place for people to live as they are aging, because of a lack of resident caregivers."

- One respondent made a separate comment about money: "Instead of asking so many intrusive questions, think about money. Those with enough of it can get whatever housing, services, etc. that they need. Those without enough money struggle no matter what their health and situations."

RESPONSES TO OPEN-ENDED QUESTIONS

Three open-ended questions asked for suggestions to improve health care, transportation, and community features. This section summarizes the most frequent responses and includes quotes.

Health care

360 respondents wrote in suggestions to improve health care. The following table summarizes their responses by topic. Quotes related to these topics (and others mentioned much less frequently) appear after the table.

Suggestions to improve health care on the Vineyard

Topic	# times mentioned
More specialists (e.g., eye care, neurology, elder care)	98
More/higher quality PCPs	79
Dentists (more dentists, more affordable dental care)	56
Lower costs of care and insurance	49
Walk-in clinic needed	35
On-Island services, better information	28

QUOTES FROM RESPONDENTS

- Need specialists that come to MVH more often than once a month
- Need a neurologist on island for immediate readings of cat scans – stroke victims have to wait too long for MGH consult
- Doctors that specialize in elder care
- Attract grade a physicians instead of grade c physicians
- Need doctors with more expertise and experience
- Doctors are not taking new patients
- More specialized doctors are needed so all services can be gotten on the island (MV Hospital)

- Need eye cataract surgery and follow up care on island
- It is extremely difficult to get primary care. Feel I must go off island for good care - biggest problem for older islanders
- Low cost insurance for people over a certain age or very low income elderly individuals
- Our supplemental health insurance is not accepted by health care providers on the island other than the hospital
- Have hospitals and health providers accept medical advantage plans. Would have liked to continue using an HMO but not extended to vineyard residents.
- Hospital should take all Medicare related insurance plans
- Decrease cost of the hospital - way too expensive
- Complete walk in clinic at hospital to reduce emergency room visits
- More essential surgeries available at MV hospital
- The local hospital does not seem engaged with the community
- Integration between MVH and MA General/Harvard is very poor
- More dentists that accept Medicare
- Directory of medical and dental practitioners and what insurance plans they accept
- We have an epidemic of Lyme & tick borne diseases. We need knowledgeable doctors, pilot projects, a way to check a tick for disease immediately in an on-island lab

Transportation

285 respondents wrote in suggestions to improve transportation. The following table summarizes their responses by topic. Quotes related to these topics (and others mentioned much less frequently) appear after the table.

Suggestions to improve transportation on the Vineyard

Topic	# times mentioned
Improve VTA/buses	97
Improve ferry/off-Island services	81
Improve/reduce costs of taxis	48
Improve parking	25
Expand/improve Uber	15

QUOTES

- Better Chappy ferry services for year-rounders.
- Another larger ferry
- Senior ferry
- Public overnight parking at ferry terminals
- More parking available in downtown locations and at ferry terminals (long term)
- More options for off-island transportation to medical appointments - more than one day a week!
- Easier passage on ferries for doctors' appointments off island. Elderly and vets should have preference
- Lower ferry rates
- Priority reservations on boat because appointments are not easy to change
- Better coordination of bus and ferry schedules
- Step up on buses, taxis and the Lift are too high
- More VTA buses up island in winter season
- Expand VTA service
- Buses should have wheelchair lifts. Most of us elderly have difficulty with stairs.
- The winter VTA schedule is too short ends too early.
- Senior bus service
- The distance necessary to walk to the bus stop is much too far for the elderly

- More protection from weather at bus stops
- More park and ride lots
- Lower cab rates
- Taxi rates are totally unreasonable
- Taxis are expensive and arbitrary regarding cost. It costs more than Manhattan!

- A collaborative car-share community program, perhaps an App. Free (and supported by ads?)
- Volunteers and just those who are already heading into town
- Allow Uber to serve all island towns

Community features

492 respondents wrote in suggestions to improve community features. The following table summarizes their responses by topic. Quotes related to these topics (and others mentioned much less frequently) appear after the table.

Suggestions to improve community features on the Vineyard

Topic	# times mentioned
Improve sidewalks and crosswalks	142
Improve lighting	96
Improve snow removal	71
More benches	53
Improve beach access (for those with disabilities and for all MV residents)	51
Improve roads (paving, maintenance)	43
Improve bike paths/lanes (for cyclists, walkers, AND drivers!)	21

QUOTES

- I have tripped and or fallen several times on loose bricks
- Sidewalks are uneven and slippery when wet.

- Missing bricks in sidewalks on Main St near MVSB and courthouse
- Sidewalks - repair loose bricks and shovel sidewalks
- The lovely brick sidewalks need to be leveled and/or maintained for safety. It is very easy to trip or be caught off balance as one ages.
- I am in a wheelchair so smooth curb cuts would help
- Many off-island drivers do not respect crosswalks. Could there be a flashing light when someone wants to cross?
- I chose to live on a private dirt road. Last winter I was not plowed out for 6 days. So long as I can do it, I will continue to live out here
- Paving or better maintenance of dirt roads
- Clear the ends of driveways at elderly homes, don't plow us in
- You might want to ask folks "Do you live on a private road and pay fees to maintain that road?"
- Need benches on hiking/walking paths
- More benches, please, in downtown areas
- Access to beaches – more wooden paths on beach entrances
- Give taxpayers rights to the beach rather than the birds
- West Tisbury has no "public" beaches - they are pay-for only
- Handicap ramp at Stag Beach bend in the road
- More parking spaces at Lambert's Cove beach
- Access to beaches - walkways over the sand paths
- Access to beaches hand rails
- I walk with a walker and love to swim. They have wooden ramps at the beach but I can't get into the water from beach. They need realigning.
- Beaches are too crowded and parking is difficult
- Lighting. Existing street lights should be changed to conform with International Dark Sky accommodations
- Need better lighting in lots of areas
- More street lights in neighborhoods
- Improvement of bike paths
- Need up-island bike paths
- Need better bike paths so sidewalks are safer for pedestrians

- Multi use paths on ALL major roads
- More bicycle lanes!!! State Road is very dangerous to bike on and we aren't welcome on the sidewalks.
- I am 87 and would like a handicap parking permit

APPENDIX B

Selected responses for those who live On-Island less than six months/year

As explained in the report, 106 respondents who live On-Island less than six months per year were excluded from the overall analysis. It was felt that the main analysis should focus on those who live On-Island 6 months or more per year. The following series of tables compares the two groups of respondents by various characteristics, including:

- Demographic and other descriptors (town of residence, gender, age, income, race/ethnicity, education level, veteran status, caregiving)
- Vulnerability categories not included in demographic descriptors (living arrangements, limitations to mobility, limitations to ability to work, limitations to ability to live independently, availability of short- and long-term help if needed)
- Location of primary care physician and dentist
- Working/volunteering
- Housing modifications
- Opinions and thoughts about the Vineyard and aging
- Community activities and Senior Center/Council on Aging programs/services
- Resources for information about services

The N for each table is approximately 2,200 for the 6 months+ group and 106 for the less than 6 months group.

Demographic and other descriptors

Town of residence	6 months+	Less than 6 months
Aquinnah	2%	13%
Chappaquiddick	2%	4%
Chilmark	8%	18%
Edgartown	21%	23%
Oak Bluffs	26%	19%
Tisbury/Vineyard Haven	22%	10%
West Tisbury	19%	13%

Gender	6 months+	Less than 6 months
Male	42%	51%
Female	58%	49%

Age	6 months+	Less than 6 months
65-69	35%	32%
70-74	27%	34%
75-79	16%	16%
80-84	10%	11%
85-94	10%	7%
95+	1%	0%

Income	6 months+	Less than 6 months
Less than $25K/year	13%	2%
$25001-$35000	12%	6%
$35001-$50000	18%	12%
$50001-$80000	25%	11%
$80001 or more	31%	69%

Race/ethnicity	**6 months+**	**Less than 6 months**
Black/African American	5%	6%
Hispanic/Latino	1%	0%
Hawaiian/Pacific Islander	0.2%	0%
White/Caucasian	91%	87%
American Indian/Alaskan native	1.5%	6%
Asian	0.3%	0%
Other	2%	0%

Highest level of education completed	**6 months+**	**Less than 6 months**
Less than high school	2%	0
H.S. diploma/equivalent	15%	2%
Some college but no degree	15%	3%
Associate's or Bachelor's degree	34%	26%
Master's, professional, doctoral	33%	69%

Veteran status	**6 months+**	**Less than 6 months**
U.S. veteran	23%	19%
Not a veteran	77%	81%

Caregiving	**6 months+**	**Less than 6 months**
Provided care in past 2 years and was not paid for it	32%	34%
Provided care in past 2 years and was paid for it	2%	0%
Have not provided care in past 2 years	66%	66%

Vulnerability categories not included in demographic descriptors

Living arrangements	6 months+	Less than 6 months
Living alone	29%	15%
Living with others	71%	85%

Limitations to mobility	6 months+	Less than 6 months
Have limitations	25%	14%
Do not have limitations	75%	86%

Limitations to ability to work	6 months+	Less than 6 months
Have limitations	21%	6%
Do not have limitations	79%	94%

Limitations to ability to live independently	6 months+	Less than 6 months
Have limitations	7%	4%
Do not have limitations	93%	96%

Falling in past year	6 months+	Less than 6 months
Fell	28%	16%
Did not fall	72%	84%

Someone to help with short-term care	6 months+	Less than 6 months
No	6%	6%
Yes	85%	84%
Not Sure	9%	10%

Someone to help with long-term care	6 months+	Less than 6 months
No	28%	25%
Yes	43%	44%
Not Sure	29%	31%

Location of health care providers

PCP location	6 months+	Less than 6 months
On-Island	84%	12%
Off-Island on Cape/in Boston	9%	52%
Off-Island elsewhere	4%	35%
Don't have PCP	2%	1%

Dentist location	6 months+	Less than 6 months
On-Island	67%	10%
Off-Island on Cape/in Boston	16%	42%
Off-Island elsewhere	9%	49%
Don't have dentist	8%	0%

Working/volunteering

Employment status	6 months+	Less than 6 months
Not working/seeking work	62%	63%
"I need the income from work to pay for daily needs"	26%	13%

Volunteering	6 months+	Less than 6 months
Volunteer >10 hrs/wk	4%	5%
Volunteer 6-10 hrs/wk	8%	5%
Volunteer $\leq$ 5 hrs/wk	27%	26%
Don't work as volunteer	61%	63%

Housing Modifications

Modifications needed now, or in the next year or two, to improve ability to remain in home while aging (multiple responses allowed)	6 months+	Less than 6 months
No modification needed	55%	60%
Grab bars, hand rails, higher toilet, nonslip tiles	13%	15%
Personal emergency response system	13%	13%
Improved heating or cooling	11%	9%
Ramp, chairlift, elevator, or wider doors for walker/wheelchair	9%	6%
Washer/dryer more accessible	9%	4%
Improved exterior lighting	8%	8%
Bedroom, bathroom, or kitchen on first floor	7%	5%
Other	5%	3%

Resources to make desired modifications	6 months+	Less than 6 months
Have resources needed	54%	73%
Have some of resources	34%	25%
Don't have resources	13%	2%

Opinions and thoughts about the Vineyard and aging

Importance of staying on Vineyard while aging	**6 months+**	**Less than 6 months**
Very important	78%	59%
Somewhat important	19%	35%
Not important	3%	6%

"The Vineyard is a great place for people to live as they are aging."	**6 months+**	**Less than 6 months**
Agree strongly	47%	35%
Agree somewhat	47%	57%
Do not agree	6%	8%

"The Vineyard community values the opinions and thoughts of older adults."	**6 months+**	**Less than 6 months**
Agree strongly	37%	39%
Agree somewhat	57%	56%
Do not agree	6%	5%

Usual modes of travel (multiple responses allowed)

Usual modes of travel On-Island	**6 months+**	**Less than 6 months**
Drive self	57%	94%
Have others drive me	53%	9%
Walk	10%	21%
Ride bike	1%	16%
Use power wheelchair	1%	0%
Use regular VTA buses	3%	10%
Park and Ride	6%	8%
Take taxi, car service	5%	6%
The Lift	10%	0%
Don't travel	4%	1%

Community activities and Senior Center/Council on Aging programs/services

Participation in general community activates	**6 months+**	**Less than 6 months**
Often	53%	47%
Occasionally	35%	45%
Never	12%	9%

Use of Senior Center/ COA programs and services	**6 months+**	**Less than 6 months**
Often	11%	7%
Occasionally	39%	19%
Never	50%	74%

Resources for services information

Which resources would you turn to if information needed about home health services, home delivered meals, physical therapy, etc.??	**6 months+**	**Less than 6 months**
Local Senior Center/Council on Aging	73%	59%
Elder Services of Cape Cod/Islands	33%	26%
Friends or Family	66%	74%
Clergy	13%	11%
Visiting nurse, PCP	50%	42%
55+ Times	24%	14%
MV Center for Living	14%	11%
www.FIRSTSTOPMV.org	2%	1%
MV Community Services	30%	33%
Vineyard Health Care Access	16%	12%
The Island Book	26%	31%
Internet	34%	55%

APPENDIX C

Survey Questions

INTRODUCTION

- All Vineyarders age 65 or older are being asked to complete this survey to help the Healthy Aging Task Force, the County, and the Towns make important decisions about how to make the Vineyard a great place for you to age. The island's 65+ population is expected to more than double in the next fifteen years, and we want to be prepared. This is an opportunity to voice your needs and opinions, and ultimately improve your quality of life as you age on the Vineyard.
- The survey is voluntary, but we hope you will help. **Everyone's** experiences and opinions are important. There are no "right" or "wrong" answers.
- All answers are **confidential** and will be analyzed as a group. No individual will be identified.
- Please note that researchers from Brandeis University are helping us administer and analyze the survey. They have many safeguards in place to protect confidentiality.
- You have the option of filling out the survey online. Go to http://cyc.brandeis.edu/healthyaging.html and follow the instructions there.

INSTRUCTIONS

- If you live with another person who is age 65 or older, each of you should fill out your own survey. If you need a second survey, please call 508-693-1627 to request another survey be sent to you.
- It's OK to ask someone else to help you with the survey, but the answers should be your own.
- Please leave your name off this form so you remain **anonymous**.
- If you would rather not answer a question, you can skip it.

For each question, **make a solid mark that fills the oval completely**. You can use either a pencil or a pen.

Like this: ● Not like this: ✓ ✗ /

HOUSING

1. How many months a year do you live on the Vineyard?
   - ○ I live On-Island 12 months a year.
   - ○ I live On-Island more than 6 months a year.
   - ○ I live On-Island 6 months a year or less.

Please **flip the page** and continue on the back →

2. Where do you live on the Vineyard?

○ Aquinnah	○ Oak Bluffs
○ Chappaquiddick	○ Tisbury/Vineyard Haven
○ Chilmark	○ West Tisbury
○ Edgartown	

3. How important is it for you to stay on the Vineyard as you age?

○ Not important ○ Somewhat important ○ Very important

4. Which of the following best describes your Vineyard residence? (Please mark only **one**.)

○ Single family home
○ Regular apartment
○ Apartment designed for elders or for senior living
○ A guest house, an accessory apartment, or a “granny” or “in-law” apartment
○ Condo, co-op, or duplex
○ Assisted living facility
○ Nursing home
○ Other, please specify:

_____

5. Do you own or rent your Vineyard residence?

○ Own
○ Rent (subsidized, such as Island Elderly Housing or Dukes County Regional Housing Authority)
○ Rent (private)
○ Other arrangement, please specify:

_____

6. Which of the following modifications does your Vineyard residence need **now**, or in the **next year or two**, to improve your ability to remain in your home as you age? Please mark **all** that apply.
   - ○ A ramp, chairlift or elevator, or wider doors for a walker or wheelchair.
   - ○ Grab bars, handrails, a higher toilet, or non-slip tiles.
   - ○ Bedroom or bathroom or kitchen on the first floor.
   - ○ Washer/dryer in a more accessible location.
   - ○ Improved heating or cooling.
   - ○ Improved exterior lighting.
   - ○ A personal emergency response system (to notify others in an emergency).
   - ○ No modifications needed.
   - ○ Other, please specify:

     _____

7. Do you have the resources you need to make desired modifications to your home?
   - ○ I have the financial or other resources I need.
   - ○ I have some of the resources I need.
   - ○ I don't have the resources I need.

8. In the next year or two, how likely is it that you will want or need to move to a **different home On-Island**?

   ○ Not likely ○ Somewhat likely ○ Very likely

9. If you live On-Island more than 6 months a year, how likely is it that you will want or need to move **Off-Island** in the next year or two?
   - ○ I live On-Island 6 months a year or less
   - ○ Not likely
   - ○ Somewhat likely
   - ○ Very likely

Please **flip the page** and continue on the back →

10. If you were to consider moving to a different home **On-** or **Off-Island** in the **next year or two**, which of the following reasons would drive your decision? Please mark **all** that apply.
    I would want:
    - ○ A less expensive home.
    - ○ A home designed for older adults and/or those with a disability.
    - ○ To be closer to family.
    - ○ To drive less, get around more easily, or have better access to public transportation.
    - ○ To be able to get the in-home assistance I need.
    - ○ To move to an assisted living, continuing care facility, or nursing home.
    - ○ To be closer to a major hospital.
    - ○ A different climate.
    - ○ A lower cost of living.
    - ○ Other, please specify:

      _____

EMPLOYMENT

11. Which of the following best describes your current employment status? Please mark **any** that apply.
    - ○ Employed, full-time (includes self-employed)
    - ○ Employed, part-time (includes self-employed)
    - ○ Seeking work
    - ○ Retired
    - ○ Not working due to disability
    - ○ Not working for other reasons

12. If you are working or seeking work, what is your **primary** reason?
    - ○ I am not working or seeking work
    - ○ I need the income from work to pay for daily needs
    - ○ Other, please specify:

      _____

13. If you currently work as a volunteer for a nonprofit, community, or municipal organization, please mark the number of hours you volunteer on average.

- ○ I don't work as a volunteer.
- ○ I volunteer 5 hours a week or less.
- ○ I volunteer 6-10 hours per week.
- ○ I volunteer more than 10 hours per week.

COMMUNITY FEATURES

14. Do you have any problems with any of the following? Please mark **no, yes, or not applicable for each one**. You can elaborate on your comments in the next question.

Do you have problems with the following features?	**No**	**Yes**	**Not applicable**
Sidewalks	O	O	O
Access to public buildings and businesses	O	O	O
Access to public beaches	O	O	O
Road maintenance	O	O	O
Snow removal from public roads and walkways	O	O	O
Handicap parking	O	O	O
Pedestrian crosswalks	O	O	O
Street lighting	O	O	O
Parks or benches for sitting	O	O	O

15. Do you have suggestions to improve any of these features? If so, please specify:

_____

_____

Please **flip the page** and continue on the back →

TRANSPORTATION

16. **On-Island**, how do you ***usually*** travel for things like shopping, the Post Office, the doctor, running errands, or going other places? Please mark **all** that apply.

    - ○ Drive myself
    - ○ Have others drive me
    - ○ Walk
    - ○ Ride a bike
    - ○ Use a power wheelchair
    - ○ Use the regular VTA busses
    - ○ Park and Ride
    - ○ Take a taxicab or car service
    - ○ The LIFT
    - ○ I don't travel
    - ○ Other, please specify:

      _____

17. The following chart lists several features of our transportation system. Please indicate if each of these features is **currently convenient** or **suitable** for you.

Is this feature convenient/suitable?	No	Yes	Not applicable
VTA routes	O	O	O
Summer VTA schedule	O	O	O
Winter VTA schedule	O	O	O
Boarding of VTA busses	O	O	O
Cost of taxi service	O	O	O
Cleanliness and maintenance of taxis	O	O	O
Boarding of taxis	O	O	O
Special transportation for people with disabilities and older adults (such as the LIFT)	O	O	O

18. Do you have suggestions to make On-Island or Off-Island transportation better? If so, please specify:

_____

_____

_____

COMMUNITY ENGAGEMENT

19. Following are examples of activities that Island residents participate in:

Library programs/activities	Educational programs
Exercise/fitness programs	Volunteering
Games (bridge, Mahjong, ping pong)	Participating in local government
Outdoor recreation (hiking, biking, kayaking)	Religious/spiritual activities
	Cultural events or movies

How often do you participate in one or more of these types of activities?

○ Never ○ Occasionally ○ Often

SENIOR CENTERS/COUNCILS ON AGING

20. How often do you currently use programs or services offered by the Senior Centers/Councils on Aging?

○ Never ○ Occasionally ○ Often

21. If you **do not** currently use programs or services offered by the Senior Centers/Councils on Aging, what are the reasons? Please mark all that apply.

○ I **<u>do</u> use** the programs or services.
○ I am not interested.
○ I am not old enough.
○ I participate in programs elsewhere.
○ I am not interested in programs for "Seniors" only.
○ I don't know what they have to offer.
○ Other (please specify): _____

Please **flip the page** and continue on the back →

22. The Senior Centers, Councils on Aging, and The MV Center For Living offer the following services. Please mark **all the services that you know about**.

- ○ Health insurance counseling
- ○ Information and Referral for services and resources
- ○ Loans of medical equipment
- ○ Individualized help during difficult times
- ○ The Supportive Day Program
- ○ Fuel assistance
- ○ Income tax assistance
- ○ Elder Law counseling
- ○ Skype meetings with Social Security
- ○ Memory and blood pressure screenings
- ○ VTA passes
- ○ Notary Public
- ○ Senior dining
- ○ Surplus food, gleaned produce, and fish from the Derby

HEALTH AND WELLNESS

23. Compared to most people your age, how would you rate your overall health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Excellent

24. Compared to most people your age, how would you rate your overall **mental** health?

- ○ Poor
- ○ Fair
- ○ Good
- ○ Excellent

25. Where is your primary care physician located? Please mark only **one**.

- ○ On-Island
- ○ Off-Island on the Cape or in Boston
- ○ Off Island elsewhere
- ○ Don't have a primary care physician

26. Where is your dentist located? Please mark only **one**.

- ○ On-Island
- ○ Off-Island on the Cape or in Boston
- ○ Off Island elsewhere
- ○ Don't have a dentist

27. Do you have any suggestions to improve health care on the Vineyard?

_____

_____

_____

28. Do you have any health conditions or disabilities that limit your **mobility**?

○ No ○ Yes

29. Do you have any health conditions or disabilities that limit your **ability to work**?

○ No ○ Yes

30. Do you have any health conditions or disabilities that limit your **ability to live independently**?

○ No ○ Yes

31. During the last year, did you fall after tripping, slipping, losing balance, or passing out?

○ No ○ Yes

Please **flip the page** and continue on the back →

32. Many people need help with chores and activities as they get older. Please mark whether you **currently *need*** each of the following services and whether you ***receive*** it.

Service	**Do you *need* this service?**		**Do you *receive* it?**	
Home repairs	○ No	○ Yes	○ No	○ Yes
Yard work	○ No	○ Yes	○ No	○ Yes
Transportation for local errands and activities	○ No	○ Yes	○ No	○ Yes
Routine housekeeping (sweeping, dusting, tidying up)	○ No	○ Yes	○ No	○ Yes
Heavy housekeeping (cleaning windows or carpets, scrubbing floors)	○ No	○ Yes	○ No	○ Yes
Help with meal preparation	○ No	○ Yes	○ No	○ Yes
Help with managing medications	○ No	○ Yes	○ No	○ Yes
Help with shopping	○ No	○ Yes	○ No	○ Yes
Personal care (assistance in bathing, dressing or personal hygiene)	○ No	○ Yes	○ No	○ Yes

33. Do you have friends or family who could help you in an **emergency or on a short-term** basis?

○ No ○ Yes ○ Not sure

34. Do you have friends or family who could help you on a **long-term** basis?

○ No ○ Yes ○ Not sure

35. Would you like to have a volunteer visit you for an hour a week to talk with you and perhaps join you in an activity? (These "friendly visitors" usually come from a Council on Aging, church, or synagogue.)

○ No ○ Yes ○ Not sure

36. Would you like to have a volunteer call you on the phone each day to check on how you're doing?

    ○ No ○ Yes ○ Not sure

37. Which of the following resources would you turn to if you, a family member, or friend needed information about home health services, home delivered meals, physical or speech therapy, medical equipment, or similar services? Please mark **all** that apply.

    ○ Local Senior Center/Council on Aging
    ○ Elder Services of Cape Cod and the Islands
    ○ Friends or Family
    ○ Clergy
    ○ A visiting nurse or my primary care physician
    ○ The 55+ Times
    ○ www.FIRSTSTOPMV.org
    ○ The Martha's Vineyard Center for Living
    ○ MV Community Services
    ○ Vineyard Health Care Access
    ○ The Island Book
    ○ Internet
    ○ Other, please specify:

    _____

CAREGIVERS

38. Have you provided care in the past 2 years for a family member or other person who is ill, frail, elderly, or has a disability? This includes assisting with any of the following: personal needs, household chores, meals, shopping, transportation, financial or care management, arranging for outside services, or other tasks. Please mark only **one** answer.

    ○ I have not provided care in the past 2 years.
    ○ I provided care in the past 2 years and was paid for it.
    ○ I provided care in the past 2 years and was not paid for it.

Please **flip the page** and continue on the back →

39. If you are a current or former caregiver, which of the following types of support are or would be most helpful to you? Please mark the ones that would be **most** helpful. (Skip this question if you have never been a caregiver).
    - ○ Better information from health practitioners about the changing needs of the person I care for.
    - ○ Help with coordinating healthcare and support services.
    - ○ Information about resources for Vineyard caregivers.
    - ○ Connections with other caregivers through a support group.
    - ○ Help with paperwork about healthcare (medical bills, health insurance, Medicare/Medicaid).
    - ○ Someone to relieve me so I can rest, relax, or do things I need to do.
    - ○ Help with legal or financial forms and issues.
    - ○ Spiritual support and guidance.
    - ○ Other, please specify:

      _____

A LITTLE ABOUT YOU

(Note: Your answers are **confidential**. We will only use this information to help us understand different groups of people's situations and opinions. For example, we may want to compare answers from women and men.)

40. How often do you use the Internet (go online) for communication and learning? Please mark only one choice.

    ○ Never ○ Sometimes ○ Often

41. To what extent do you agree with the following statement: "The Vineyard is a great place for people to live as they are aging."

    ○ Do not agree ○ Somewhat agree ○ Strongly agree

42. To what extent do you agree with the following statement: "The Vineyard community values the opinions and thoughts of older adults."

    ○ Do not agree ○ Somewhat agree ○ Strongly agree

43. Please indicate your gender:

    ○ Male ○ Female

44. What is your age?

- ○ 60-64
- ○ 65-69
- ○ 70-74
- ○ 75-79
- ○ 80-84
- ○ 85-94
- ○ 95+

45. Please describe your current living arrangement.

- ○ I live alone
- ○ I live with family, partner/spouse, or friends
- ○ Other, please specify:

_____

46. About how much is your annual household income?

- ○ Less than $25,000 per year
- ○ $25,001 - $35,000 per year
- ○ $35,001 - $50,000 per year
- ○ $50,001 - $80,000 per year
- ○ $80,001 or more per year

47. Do you currently have the financial resources to meet your daily needs?

- ○ No
- ○ Yes

48. Which of the following best describes your race and ethnic origin? Please mark all that apply.

- ○ Black or African American
- ○ Hispanic/Latino
- ○ Native Hawaiian or other Pacific Islander
- ○ White or Caucasian
- ○ American Indian/Alaskan Native
- ○ Asian
- ○ Other

Please **flip the page** and continue on the back →

49. Are you a U.S. veteran?

○ No ○ Yes

50. What is the highest level of education you have completed?

○ Less than high school
○ High school diploma or equivalent (such as a GED certificate)
○ Some college but no degree
○ Associate's (two-year) degree or Bachelor's (four-year) degree
○ Master's degree, professional, or doctoral degree (such as M.D., J.D., or Ph.D.)

****

THANK YOU FOR COMPLETING THE SURVEY!

Your answers will help the Healthy Aging Task Force and your town to improve the quality of life for Vineyard elders.

Please put the survey in the postage-paid return envelope and drop it in the mail.

Please return it as soon as you can to help the plans move along quickly! (Plus, if you do it right away you'll be sure to remember it.)

If you have misplaced the return envelope, you may mail the survey directly to:

MARTHA'S VINEYARD HEALTHY AGING SURVEY
CENTER FOR YOUTH AND COMMUNITIES
BRANDEIS UNIVERSITY MS035
PO BOX 549110
WALTHAM MA 02454-9110