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Aging in Falmouth: Assessing current and future needs of our aging population

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Aging in Falmouth:

Assessing current and future needs of our aging population

Commissioned by the Falmouth Council on Aging

*Center for Social & Demographic Research on Aging
Gerontology Institute
John W. McCormack Graduate School of Policy & Global Studies
University of Massachusetts Boston*





Town of Falmouth Council on Aging

Dear Falmouth Community,

On behalf of the residents of the Town of Falmouth, I am pleased to present the findings of the Falmouth Council on Aging's (COA) "Needs Assessment". The intent of the Needs Assessment is to be proactive in examining the current and future services and program needs of Falmouth's growing senior population. The information and knowledge gained through this process enables the Council on Aging, Town Departments and Organizations within our community to understand, prepare, and appropriately respond to our mature residents' needs and preferences.

This Needs Assessment commenced with the COA Board's committee report at the April 2013 Annual Town Meeting announcement that a Needs Assessment Study would be conducted and that community involvement be strongly encouraged throughout the process. As a first step in our planning process, we awarded a contract to the Center for Social and Demographic Research within the Gerontology Institute at the University of Massachusetts Boston to conduct a multi-phased research study. We collaborated with the UMass research team to develop a scope of work, timeline, methodology and a survey instrument which culminated into a final report.

Where do we go from here?

The Needs Assessment Report will guide both short-term and long-term planning related to services, programming, space, staffing, town budgeting, public relations and outreach. Feedback from the community forum, community and sample surveys, key informant interviews, focus groups, and peer community interviews, all shed light on the critical issues facing Falmouth's aging residents. Both planning and action must be taken on the key concerns in order for Falmouth as a whole to be prepared to successfully support the growing aging population.

It is clear from the demographic data that Falmouth's population is aging exponentially. The executive summary is a snapshot of the important information that we have learned from the Falmouth community. The full report outlines important areas in which the town will focus its planning in order to develop programs and services to meet the needs of our older adults.

The peer community interviews with senior center directors of neighboring towns to Falmouth sheds light on the shortcomings of our current senior center. Results showed that Falmouth is the oldest center and smallest in physical size and staffing relative to its senior population. The programs and services offered through the COA Senior Center have grown, but the capacity of both the senior center and the staff are at their maximum. The Falmouth COA Senior Center is made up of passionate, hard-working staff and volunteers, but even with the strongest core support, the Center requires outside funding. The data collected warrants the expenditure of significant financial resources to enable Falmouth to meet the needs of its senior population. Those resources must come from town, state, and federal government as well as The Falmouth COA Friends group who stand ready to supplement those efforts through private fundraising and committed service.

On behalf of The Falmouth COA Senior Center, I would like to thank the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston for their hard work on this project. Thank you to the Falmouth Council on Aging Board, the Senior Center staff, and the Falmouth Community as a whole for their participation and support throughout this process. In particular, I would like to thank the Friends of the Falmouth Senior Center who provided the needed funding to make this study possible. I look forward to joining with you in moving forward in a positive direction and creating a vision for the Falmouth community that promotes Healthy Aging and Quality of Life.

Sincerely,

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Aging in Falmouth: Assessing Current and Future Needs of Our Aging Population

Commissioned by the Town of Falmouth
Council on Aging Senior Center

Jill Irving Bishop, Director

January 2014

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Executive Summary

Introduction

This report describes the collaborative efforts undertaken by the Town of Falmouth Council on Aging Senior Center and the Center for Social and Demographic Research on Aging, within the McCormack Graduate School at the University of Massachusetts Boston. Beginning in Spring 2013, these organizations joined to conduct a needs assessment to investigate the needs, interests, preferences and opinions of the Town's older resident population, with respect to aging in Falmouth. The focus of this report is on two cohorts of Falmouth residents—those aged 45 to 59 (referred to as “Boomers”), and the cohort of individuals who are currently aged 60 and over (“Seniors”).

During this assessment, a multidimensional image of the Town's older residents was developed that can be used to plan and implement services for Seniors in Falmouth. Early in the project two forums were held, to better understand how residents perceive current and future aging-related needs of the Town. Information gathered at these meetings was used to develop survey instruments (one sample survey, administered to a randomly selected sample of residents from both age cohorts; and a community questionnaire, to which any adult Falmouth resident could respond). Demographic characteristics of the older population in Falmouth were compiled based on data from the U.S. Census Bureau. A comparison of Senior Centers in five towns that are similar to Falmouth was developed, to assess how needs of older adults are met in other communities. Two focus groups and seven key informant interviews were conducted to acquire input from local experts on the implications of the aging population for the Town as a whole, and for the functioning of the Falmouth Council on Aging Senior Center. Collectively, the content of this report is intended to inform the Falmouth Council on Aging Senior Center, other offices within the Town that have a stake in the aging of Falmouth, and organizations that provide services to older people in Falmouth, as well as those who advocate for older residents, and community members at large.

Summary of Results

Falmouth has nearly 32,000 residents, the majority of whom are age 45 and older. According to the 2010 U.S. Census, there were 10,857 people age 60 and over living Falmouth, and another 7,577 residents age 45 to 59, who will be moving into later life during the coming decade. In addition, Falmouth has experienced substantial growth within its older population, with the number of persons age 60 and over increasing by 17% between 2000 and 2010, compared to a net loss of 3% in the Town overall. The Town is becoming older by a combination of aging in place, in-migration to Falmouth as a retirement destination, and out-migration of younger adults and their families. Projections suggest that growth in the number and share of Seniors in Falmouth will

continue: by 2030, it is expected that adults age 60 and older will make up nearly half of Falmouth's population.

Other data from the Census Bureau reveal that in 2010, nearly half of Falmouth households were headed by individuals age 60 or older. More than a quarter of residents who are age 60 and older live alone, and a large proportion of these live in homes that they own. Although many Senior households in Falmouth are economically secure, more than one-quarter report incomes under \$25,000 annually. Many older people in Falmouth experience some level of disability, which could limit their functioning and impact their ability to live independently in their homes and community. Overall, 4 out of ten residents age 75 and older experience at least one disability.

Discussion in the Town Forum was structured based on participants' perceptions of opportunities, strengths and challenges, with respect to aging optimally in the Town. As strengths, residents cited the Town's natural and municipal amenities, along with services and access to medical care. Challenges that were mentioned revolved around the perceived inadequacy of the current Senior Center building, including inadequate space, parking, and safety measures. Most participants in the forum viewed the aging of Falmouth's population optimistically, and recognized the opportunity for older people in the Town to become politically involved in decisions that affect the livability of Falmouth as a place to grow older.

Results from the sample survey suggest that a large proportion of older Falmouth residents have lived in Falmouth for many years. Falmouth is viewed as a desirable place to retire, as indicated by the large number of relative "newcomers" to the town. By and large, when older people become settled in Falmouth, it is important to them to age in place there, as indicated by the nine out of 10 survey respondents who stated it is important to them to stay in Falmouth as long as possible. Residents reported feeling very safe in Falmouth—a likely contributor to their desire to age in place. Most respondents had positive expectations regarding the adequacy of their financial resources, but many indicated that they did not anticipate having enough resources for their retirement. The vast majority of Falmouth Seniors are either retired, or plan to retire within the next five years; however, many indicated that they were not sure when or if they would ever retire. Thus, survey findings validated evidence from the Census suggesting that a significant minority of older Falmouth residents struggle with economic insecurity.

The vast majority (86%) of Seniors in Falmouth said that their health was excellent or good. Relatively few respondents reported needing assistance with daily living activities and personal activities. A larger proportion of Seniors indicated that they needed help with household activities (such as doing yard work), and many said that they had difficulty acquiring needed assistance. In addition, a sizable proportion indicated that they provided assistance to someone who is frail or disabled, and nearly half of those said that providing this support is challenging.

Most Falmouth respondents rated their social and emotional health as good or excellent. Yet results suggest there is a small percentage of older residents—10% to 20%—who may be at risk for social isolation due to their limited social contact, and inadequate access to goods and services outside of their homes. For the most part, older people in Falmouth remain relatively well connected to family and friends, via visiting or communicating by telephone and email. Accessibility of transportation is a key determinant of remaining socially engaged in later life. The vast majority of respondents (93%) indicated that they drive, although many noted that they use strategies to modify their driving and make their driving safer (such as avoiding driving at night). In addition, nearly half of those who drive stated that they also provide transportation assistance to others. Nevertheless, many transportation challenges exist, especially for those who do not drive, including public transportation options that are reported as inadequate or inconvenient. Thus, a significant number of Seniors, many of whom live alone, and who do not have reliable transportation or large social networks, may be at risk for isolation which, over time, can influence their health, wellbeing, and quality of life.

The Falmouth Council on Aging Senior Center provides a wide variety of services and programs that generate high participation levels, especially among residents age 80 and older. A majority of residents reported being completely or very satisfied with the available programs and services. Many who stated that they do not use services said it was because they were unaware of what services were available or how to access them. Many of those who are age-eligible indicated that they did not use services currently, because they do not need them yet. Very few respondents in both age groups—only 4%— indicated that they do not plan to use services in the future. Indeed, all available services were rated as very important or important by large proportions of the sample, with small differences by age group. Among the oldest Seniors, the most important services offered were information and referral services, and in-home outreach services (such as friendly visitors or reassurance calls). Younger Seniors placed high value on outings and learning opportunities. Boomers also viewed information and referral services as an important service, along with volunteer medical transportation services. Respondents of all ages attached great value to health and wellness programs (such as blood pressure screening) and fitness activities (such as Tai Chi classes).

Given the value that Falmouth residents hold for the Senior Center and its services in general, expanded service demands associated with the growth of the older population may soon overwhelm the availability of programming space and parking, which are already deemed inadequate by many participants of the study. In addition, some programming priorities may shift as utilization by Boomers increases, requiring continued development of appropriate programs and services that consumers desire and prefer.

Looking ahead to the future of Falmouth, many survey respondents voiced a number of concerns as they age in place. Some are concerned about the high cost

of living in Falmouth, and whether they will be able to stretch limited retirement funds to meet their anticipated future needs. Property taxes, home maintenance expenses, and costs associated with medical services are just a few of the areas that concern older Falmouth residents, as they strive to age in the community. Many are anxious about whether they will have access to quality services that help them maintain their health and remain independent. There is a strong desire to remain engaged in rich social networks, to reside near family, and to provide support to family members and friends. Finally, there was a strong desire expressed to remain active in the community, and concerns that opportunities to do so could be restricted by transportation limitations, poor health and disability, or a lack of programs aimed at addressing these concerns.

Results from peer community interviews showed that Falmouth has a much smaller center and staff size relative to its Senior population than the five other towns. Falmouth's Senior Center is also the oldest center, built in 1977, second to Yarmouth's, built in 1989. Like the other towns, Falmouth offers a wide variety of programs and services to local Seniors, some of which are fee-based. All sampled towns except Falmouth currently offer a tax work-off program to elders in their community. All of the centers currently utilize volunteers to assist with providing administrative support and help with programs and activities. Falmouth has a strong core of dedicated volunteers who assist at the Senior Center, but the total number of volunteers is significantly smaller than at the other five centers.

Focus groups were composed primarily of individuals from various public and private sectors that provide programs and services to older people in Falmouth. Concerns were raised about the resources available to appropriately address the needs of older residents, particularly in emergency situations, when families may not be nearby to help. Discussion centered on how to better integrate services by improving the flow of communication between entities in the town. Participants stated that one way to address the challenges they collectively face is to provide education to older people so that services could be planned and sought before they are needed, rather than addressed after emergencies occur. Participants also identified outreach to underserved or underrepresented Seniors as an important priority to be addressed. Discussion focused on avenues for improving outreach and access to services that are available to individuals who many not otherwise utilize services.

Finally, key informant interviews revealed that the increasing older population has prompted leaders in the community to rethink the ways in which they go about their work, and to make consideration of older residents a central component in their decision-making processes. Leaders understand that older residents contribute extensively to the vitality of the community, via volunteerism and civic activism, as well as by contributing significantly to the Town's tax base. Thus, interviewees recognized the importance of facilitating the engagement of older residents, and activism in support of Seniors, for strengthening the community as a whole. Key informants recognized many of the concerns raised in other sections of this study. Transportation gaps, isolation, service needs, and

tensions that arise during efforts to address these priorities given limited resources are all important issues among those interviewed.

The following recommendations are offered to the Town of Falmouth Council on Aging Senior Center and other Town offices as they continue to plan for the future:

- Plan for substantial growth of the Senior population in coming years.
- Consider ways to leverage existing services and programs within the community.
- Use planning for the expanding Senior population as an opportunity to promote livability of the community for all residents.
- Strengthen linkages and communication pathways between Town offices and community organizations around issues relating to the Senior population.
- Recognize that the Senior population in Falmouth is diverse in its needs and interests.
- Expanding knowledge of existing COA Senior Center services and programs is a key priority.
- As the Town considers options for building, renovating, or otherwise expanding its investment in the Falmouth COA Senior Center,
 - ... allow programming needs to direct discussions about space and staffing requirements.
 - ... design Senior services and programs that will support the active, healthy aging goals of Seniors.
 - ... plan for expanded demand for services, and for shifting interests and needs.
 - ... consider public-private partnerships as a means of financing expanded services and programs, and improved space and staffing.

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The authors wish to acknowledge the Town of Falmouth Council on Aging Senior Center staff for their contributions to this study. We thank Jill Irving Bishop, Director of the Council on Aging Senior Center for providing valued leadership during the early stages when the scope of the project was being developed, and throughout the project period as components of the study were designed and carried through. Input from the Falmouth Council on Aging Board, and the Council on Aging Senior Center staff, was invaluable for identifying research questions, developing survey and interview content, and bringing the project to a successful conclusion.

We thank the many residents of Falmouth who participated in Town forums, and who supported our data collection efforts by taking the time to complete surveys and questionnaires. We appreciate the cooperation of Town officials and community service providers who shared their insights and expertise during focus groups. We also thank Heather Harper, Kevin Murphy, Brent Putnam, Julian Suso, Carol Summersall, Brenda Swain, and David Vieira, for graciously agreeing to be interviewed for the study.

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Jan E. Mutchler, Bernard A. Steinman, Hayley Gleason, and Caitlin Coyle from the Center for Social and Demographic Research on Aging, within the Gerontology Institute at the University of Massachusetts Boston, are responsible for the contents of this report; however, the research could not have been completed without the cooperation and efforts of all those mentioned above.

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Introduction

This community needs assessment was conducted to investigate current and anticipated needs, interests, preferences, and concerns of adults aged 45 and older who live in the Town of Falmouth, Massachusetts. Special emphasis is placed on gauging the age-related services needed by residents, including those provided by the Falmouth Council on Aging Senior Center, as well as services and amenities provided through the Town's other municipal departments and infrastructure.

The assessment was conducted on behalf of, and in collaboration with, the Town of Falmouth's Council on Aging Senior Center (hereafter, Senior Center). The Senior Center functions as a prominent resource hub for Falmouth's older adult population, facilitating the delivery of services and coordinating activities designed to enhance the wellbeing and independence of the Town's aging residents.

This report presents results of a comprehensive examination of issues relating to aging and older adults in Falmouth. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including residents, municipal officials and other Town leaders. The assessment has as its primary focus the current and future consumers of Senior Center services. The goals of the project were to identify the characteristics and needs of Falmouth residents age 45 to 59 (the cohort referred to hereafter as "Boomers") and age 60 and over (hereafter, "Seniors"); to identify specific concerns of community members related to aging in Falmouth, and make explicit their ideas regarding how quality of life could be improved for older adults who live in Falmouth; to explore the current and potential role of the Senior Center in the lives of older residents; and to outline the implications of an aging population for the Town of Falmouth as a whole. The contents of this report are intended to inform planning by the Senior Center, as well as other Town offices, private and public organizations that provide services and advocate for older people within Falmouth, and the community at large.

Background

Falmouth is a community of approximately 32,000 year-round residents located on Cape Cod, in Massachusetts. During the summer months, the population swells to an estimated 93,000 individuals.¹ Similar to other communities throughout the country, Falmouth expects to experience continued growth in its population of residents age 60 and over, as the generation of Baby Boomers (those born between 1946 and 1964) age into later life (Vincent & Velkoff, 2010). The 2010 Census enumerated 10,857 Falmouth residents age 60 or over, making up 35% of the total population, and another 7,577 residents between the ages of 45 to 59, poised to move into later life within the coming decade (U. S. Census Bureau, 2010). Growth of the Senior population of Falmouth will occur at a rapid pace in coming years as current residents "age in place"; this growth will be

¹ Estimate from the Woods Hole Oceanographic Institution website: www.whoi.edu .

supplemented by recent retirees who choose Falmouth as a retirement destination, some of whom will be converting to year-round residency after having previously summered in Falmouth.

Within a wide body of research in gerontology, a number of common aging-related circumstances have been identified that place unique demands on resources of communities as they plan for aging populations. Among them are changes in the health and service needs of older people. Many older people experience physical and social changes that could threaten their independence and wellbeing, if not addressed by specialized and targeted services. In addition, many retirees experience constraints associated with living on fixed incomes that could limit their choices, and reduce their quality of life in retirement. Insofar as many services required by older populations are provided either publicly or through public-private partnerships, municipalities such as Falmouth are finding it necessary to adapt to changing age profiles within their populations. To this end, the Falmouth Senior Center seeks to plan for the continued expansion of its older population by learning about the current and expected needs and experiences of its aging residents.

A commonly expressed goal among a majority of older adults is to remain living in their homes as long as possible. The current buzz-term “aging in place” implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings (Salomon, 2010). By aging in place, and in community, older people are able to retain their independence, as well as maintain valued social relationships and community involvement. In turn, aging in place may promote “successful aging,” by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions. By proactively taking steps to support the goals of older adults in terms of successful aging and aging in place, a community may retain a larger share of its older population in the community and benefit from the experiences and local commitment that vital long-term residents offer, while reducing potential demands on resources associated with frailty and dependence.

In this report, we describe recent activities conducted to assess the aging-related needs of Falmouth’s current and future older adult residents. Our approach aligns with efforts to identify ways in which communities may become more “livable.” Livable communities are said to have features that allow older adults “to maintain their independence and quality of life as they age and retire” (Nelson & Guengerich, 2009). Key components that facilitate livability include adequate and appropriate housing and transportation options, along with community services that target the needs of older people. These areas of need, which we describe in greater detail below, are assessed directly by methods of the needs assessment outlined in this report.

Housing

The availability and affordability of housing that is suitable to meet the changing capacity of older people is a key factor that influences the ability of community

residents to age in place, and to lead fulfilling and healthy lives into old age. Many prominent studies point to the well-documented preference of older adults to remain in their existing homes as long as possible (e.g., AARP, 2005). For many, the home serves not only as a source of shelter, but also as the platform for maintaining social networks and connecting residents to neighborhood amenities. The home may also be the basis for long-standing memories that connect older individuals to their past. As well, homes are an important source of financial security, as home equity and/or ownership may represent one of the most significant sources of wealth held by older people. Consequently, the attachment that many have to their homes is substantial.

Nevertheless, as residents age, the “fit” between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too cumbersome or expensive to maintain on a fixed income. Even for individuals who no longer are paying off a mortgage, expenses associated with property taxes, insurance, and routine upkeep may exceed their available resources. Some older adults will develop functional impairments and disabilities; for these individuals, outdated home features may not provide adequate support for their changing physical and cognitive capacities. Design features of homes, such as the number of stories and manageability of stairs, may challenge an older resident’s ability to remain living safely in her home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support the resident’s safety and facilitate aging in place; however, some individuals will need to change residences in later life.

The availability of affordable housing options, especially those with accommodating features, such as home modifications or universal design features, and housing that blends shelter and services, such as assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in the community (AARP, 2005), or at least delay the move into more supportive and expensive institutional alternatives. Aging in community can be facilitated by making residents aware of home-based services for which they may be eligible, including services that would help maintain and modify a home for safe living, and programs that may help them pay utility or other home-related expenses.

Transportation

Along with housing, adequate transportation is also needed to allow individuals to maintain social ties, obtain needed goods and services, access community amenities and be engaged with others in their communities. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own private automobiles well into old age. The attachment of Americans to their automobiles is a function both of the association of driving with independence and autonomy, and the limited alternatives to driving that are available. Many communities have minimal public transportation options, and those that do exist may be inconvenient, expensive, or unreliable. Due to limited

transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and over conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting affordable, reliable and convenient local travel options, communities may promote quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives.

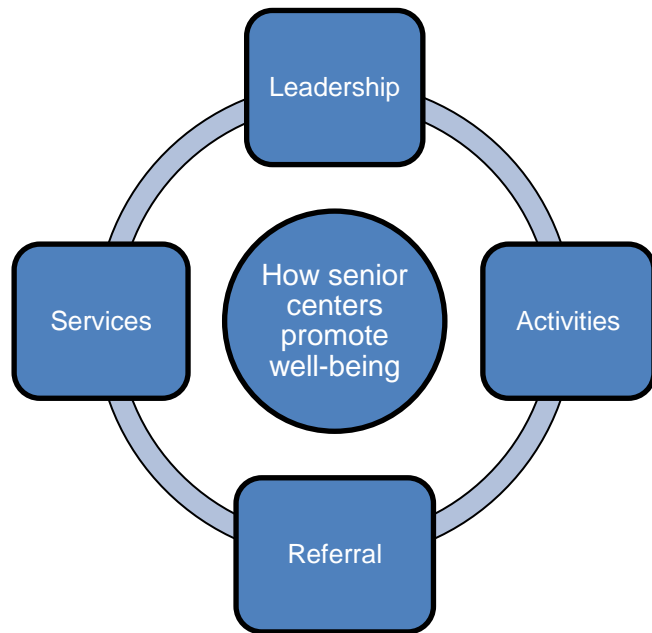
Community Features & Services

Livable communities also require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term care services. Older adults with mobility limitations or who experience challenges with driving may need medical and social services that can be easily accessed or delivered within their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and their yards can help protect the value of investments and improve the neighborhoods of older people. Safe and walkable shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence and improve quality of life. Copious research has demonstrated that social support is a key component of wellbeing in later life, and that continued engagement in social and community activities promotes successful aging (Pardasani & Thompson, 2012).

The Falmouth Council on Aging Senior Center

Councils on Aging (COA) are municipal agencies charged with establishing priorities, serving as advocates, and offering opportunities to elders, their families, and their caregivers. As in many communities across Massachusetts, the Town of Falmouth Council on Aging Senior Center provides leadership in identifying and promoting community features and services that respond to the evolving needs of older residents. Programs and services offered through the Senior Center are designed to support the transition of residents through later life, and help promote wellbeing.

When considering the mission of senior centers within communities, observers commonly think of two distinct responsibilities. First, senior centers promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting, and that promote personal growth and social engagement. Reading clubs, exercise classes, and late-life learning programs are good examples. Second, senior centers provide services to older residents and their families that meet needs in the community and promote physical and emotional wellness. Blood pressure clinics, support groups for family caregivers, and transportation services are common examples. Many observers are not aware of two additional responsibilities of senior centers. The staff at senior centers link older residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help Seniors apply for income support programs or health insurance made available through the state or federal government. Finally, senior center staff provides leadership within the community around Senior issues, by serving on Town boards, interacting with other Town offices, and serving as resources to residents and organizations.



In Falmouth, the first Council on Aging was established in 1970. The Senior Center is located near downtown, between East Falmouth and Woods Hole. In fiscal year (FY) 2013, Falmouth’s Senior Center had a membership of approximately 5,050 Seniors, and it currently seeks to enlarge its services and programs to respond to an increasing population of older residents. The Senior Center cooperates with many Town organizations, the Massachusetts Executive Office of Elder Affairs, and Elder Services of Cape Cod and the Islands, Inc., in its operations.

Currently, the Town of Falmouth Senior Center offers an array of programs and services free of charge to residents who are aged 60 and older. Serving as a multi-purpose space, it provides health and wellness programs, education and recreational activities, outreach and referrals, and transportation services. The Senior Center emphasizes healthy aging and enhancing quality of life for Seniors and their supporting family members. Specific programs offered through the Town of Falmouth Senior Center include:

- *Health and Wellness Activities:* Regularly scheduled fitness classes, such as strength training, yoga, and Zumba, are offered.
- *Social, Crafts and Education Activities:* A variety of activities are offered on a weekly, monthly, or special occasion basis, such as bus trips, card or board games, art programs, such as oil painting or quilting, and book clubs.
- *Special Programs, Seminars and Social Events:* Medical, educational and social functions are offered on an occasional basis depending on availability of space and resources.
- *Medical Services:* Bereavement support to Seniors and their family, blood pressure, glucose testing, foot care and hearing clinics, and Reiki are available. SHINE Counseling (Securing the Health Information Needs of Elders) is also offered through the Center, providing Seniors with assistance with medical insurance questions, including selection of new plans or concerns about billing or payment.
- *Non-Medical Services:* Local attorneys provide legal consultation and assistance through the Senior Center. Support with tax preparation and the AARP Safe Driving Classes are also offered.
- *Transportation:* Door-to-door transport of Seniors to medical appointments, grocery stores, pharmacies, banks, and to and from the Senior Center is available. The Center employs one full-time van driver and has two vans to provide these services. Transportation is offered as a regularly scheduled program, as well as on an individual basis Monday through Friday.
- *Outreach Program:* The Council provides in-home needs assessments for elders who are homebound, case management and coordination of services and benefits, and information and referral to local programs as well as assistance with the application process for programs.
- *Reception Area:* Walk-in and telephone service providing information and assistance are available.
- *In-Home Support Services:* Minor home repair and chore services are provided to Seniors who have no family or friends to assist them.
- *Volunteer Opportunities:* Volunteers provide invaluable support to the Senior Center, assisting with many of the programs and activities including: volunteer medical transportation, friendly visitor program, reassurance phone calls, assisting or leading activities or administrative tasks and serving or supporting the Friends Group.

The Falmouth Senior Center operates five days a week from 8:00 a.m. to 4:00 p.m. Its staff includes 3.4 FTE employees funded through the Town operating budget, and 2.0 FTE employees (five part-time individuals) funded through grants. Nearly 80 active volunteers serve in critical roles at the Center, including

providing administrative assistance, driving Seniors to medical appointments, and lending their skills and talents to programming and activities at the Center.

This report represents the collaborative effort by the Falmouth Senior Center and University of Massachusetts Boston to assemble information from a number of sources, and is designed to address service needs and preferences of the Town's growing aging population. In the following pages, we present a profile of the characteristics and resources of the current population of Falmouth— those who are at and approaching later life (the 60+ population) as well as those who will be moving into later life over the next two decades (the population age 45 to 59). Knowledge of these characteristics provides an important basis for planning by the Senior Center, as well as by other Town offices and organizations within the community.

Methodology

Formal community needs assessments are important means by which gaps in services and programs provided by organizations serving older adults may be identified (Nolin, Wilburn, Wilburn, & Weaver, 2006). Typically, multi-method approaches are employed to assess the needs of older residents in communities and to aid organizations in planning and prioritizing activities and services for this group. In fact, collecting data from many different sources is a common strategy for converging on accurate, multifaceted representations of needs by multiple stakeholders within a community (Royse, Thyer, & Padgett, 2010). To this end, our approach in the current project was to compile data from several sources, including publicly available information obtained through the U.S. Census Bureau, along with quantitative and qualitative data collected directly from Falmouth residents and other key groups.

Data collection methods were custom-developed specifically to address concerns identified by the Falmouth Senior Center, and to help them better understand the support needs of the Town's current older adult population, to anticipate the needs of older residents in the future, and to identify services that are most valued by residents. These assessment goals align with widespread efforts to facilitate "aging in place" by older people in familiar community settings (Salomon, 2010). Our approach also is consistent with efforts to identify ways in which communities may become more "livable," by supporting the independence and quality of life of older people as they age and retire (Nelson & Guengerich, 2009).

The following sections describe methods used in this needs assessment, including selection and recruitment of study participants, development of appropriate instruments, and a brief section on data analyses.

Town Forum

Early in the needs assessment process (May 2013), we solicited participatory input from public stakeholders, including community members representing the Town of Falmouth's Senior and Boomer populations, via a forum conducted on the premises of the Falmouth Senior Center and advertised by the Senior Center. Participation in the forum was open to all adult residents of Falmouth. Local media, including two newspapers and a public access television station, covered the event. In total, a diverse crowd of more than 150 individuals participated in two sessions.

The specific purpose of the Town forum was to develop a better understanding of the need for aging programs as experienced by current and future consumers of the Senior Center's services, and to inform subsequent development of survey and interview instruments used in this assessment. Discussion at the Town forum focused on the perceived *strengths, challenges* and *opportunities* available to community members in Falmouth to facilitate aging in place and wellbeing in later life. The lead researcher, Jan Mutchler, moderated the discussion, and two note-takers attended in order to capture key points raised by participants.

Falmouth Demographic Analysis

As an initial step toward understanding characteristics of Falmouth's Boomer and Senior populations through quantitative data, we generated a demographic profile of Falmouth, using data from the 2010 U.S. Census, and from the American Community Survey (ACS)—a large, annual survey of the population, conducted by the U.S. Census Bureau. For purposes of this assessment, we used information drawn from the most current ACS files, along with Census data for the Town of Falmouth, to summarize demographic characteristics including growth of the older population, shifts in the age distribution, householder status, living arrangements, household income, and disability status.

Falmouth Resident Surveys

As a key component of data collection efforts, the research team at UMass Boston developed two related survey instruments in consultation with Falmouth's Senior Center. Each instrument (described in detail below) included quantitative and open-ended questions, chosen based on their salience with respect to planning needs of the Senior Center and the community, as they relate to the Town's aging population, and other specific points of interest identified by the Senior Center. In addition to paper/pencil versions of each instrument, the surveys were also made available via the Internet, to be completed and submitted online.

Sample Survey

The primary research tool used in this project was a mail survey distributed to a large random sample of Falmouth residents, aged 45 and over—referred to hereafter as the “sample survey.” The full sample survey (reproduced in

Appendix A) was composed of questions relating to the following areas of interest:

- Demographics and Living Situation
- Health and Caregiving
- Social and Emotional Wellbeing
- Transportation
- Current Senior Center Services
- Future Senior Center Planning

The Town Clerk’s office provided a list of prospective study participants based on municipal census records for the Town of Falmouth. The list included names, addresses, and dates of birth for all residents. We randomly selected 3,400 age-eligible residents for inclusion in the sample (representing roughly 18% of Falmouth residents aged 45 and over). The sample included residents of all eight villages in Falmouth.

After an appropriate sample was drawn, we mailed a personally addressed postcard to selected respondents inviting their participation in the sample survey. The postcard was intended to make participants aware that they were selected for the study, and would receive a mailed survey in the coming week. Approximately one week after the postcard mailing, we distributed the survey and a postage-paid return envelope, along with a cover letter signed by the Senior Center Director. The cover letter outlined the purpose of the questionnaire and the measures taken to protect the rights and privacy of participants. Mailed materials clearly identified UMass Boston as the research partner for the study.

During the two-week data collection period in September 2013, a total of 1021 surveys were received, resulting in an overall response rate of 30% (see **Table 1**). This is a very strong response rate for this type of community survey. The return rate for Seniors (38%) was higher than that for Boomers (17%). Return rates were similar for Seniors aged 60 to 79 and those aged 80 and older. Only 4% of responses were submitted online. We compiled a database containing the confidential responses of all study participants, which was subsequently analyzed and securely maintained by the research team at UMass Boston.

Table 1. Falmouth community survey response rates

| | Total | Boomers | Seniors | Seniors |
|-------------------------|-----------------|-------------------|------------------|----------------|
| | All Ages | Age 45- 59 | Age 60-79 | Age 80+ |
| Surveys mailed | 3400 | 1260 | 1674 | 466 |
| Surveys “undeliverable” | 5 | 5 | 0 | 0 |
| Completed surveys | 1021 | 213 | 633 | 171 |
| Response rate | 30% | 17% | 38% | 37% |

*Age categories do not include individuals who did not provide an age.

Community Questionnaire

An additional short survey was made available to Falmouth's entire adult population (age 18 and older)—hereafter referred to as the “community questionnaire” (reproduced in **Appendix C**). The purpose of this instrument was to acquire feedback from any resident wishing to provide input regarding currently available services and planning for future needs of the older adult population in Falmouth.

All adult members of the Falmouth community could complete the questionnaire by responding online or by picking up a paper copy at the Falmouth Senior Center, the Public Library, or Town Hall. Availability of the community questionnaire was announced through a notice in the local newspaper (*The Falmouth Enterprise*), through posted flyers, paper and online versions of the Senior Center Newsletter, and distributed by the Senior Center in emails addressed to current users of the Senior Center. Minimal demographic identifiers (only age category and gender) were included in the shortened questionnaire. Completed questionnaires were returned to the Falmouth Senior Center and picked up by the researchers for data entry and analysis. During the two-week period of data collection in September 2013, 334 responses were received.

Peer Community Interviews

We conducted interviews with COA Directors from five “peer” communities on Cape Cod and the South Shore. Communities were selected based primarily on population size, number of Seniors, and their proximity to Falmouth, in addition to socioeconomic characteristics such as income and education of residents. Interviewees were asked about features of their Senior Center, including programming and staffing. Requests for interviews were issued by email. Interviews were conducted via telephone or email, and discussions were documented using hand-written notes. Additional information on selected COAs was retrieved from websites and other publicly available documents.

Focus Groups

Two focus groups were held in October 2013. Participants were selected and recruited by the Director of the Falmouth Senior Center. One group (N = 10) was composed primarily of representatives from municipal departments. The other (N = 11) was composed primarily of community members and representatives from organizations that provide services to older Falmouth residents.

Focus groups were held at the Public Library in Falmouth. Each discussion lasted approximately 90 minutes. Bernard Steinman, co-investigator of this study, facilitated the groups. A note-taker also attended to capture key points of the discussion. The goal of holding focus groups was to engage community leaders and service providers, and to better understand relationships between the Senior Center and the respective departments/organizations of the participants.

Key-Informant Interviews

Finally, we conducted interviews with seven individuals who serve in leadership roles in Falmouth. Questions focused on ways in which the Town has been shaped by the aging of its population; identifying challenges and opportunities for the Town associated with the aging population; and identifying ways in which the Town could respond more effectively to its aging population. The Director of the Falmouth Senior Center services identified interviewees, and encouraged them to participate. Interviews lasting 30 to 60 minutes each were conducted with the following: Heather Harper, Assistant Town Manager; Kevin Murphy, member of the Board of Selectmen; Brent Putnam, Chair of the Board of Selectmen; Julian Suso, Town Manager; Carol Summersall, Community Relations Specialist for the Visiting Nurse Association of Cape Cod; Brenda Swain, Executive Director for Falmouth Service Center; and David Vieira, Representative to the Massachusetts legislature and Town Moderator. The UMass Boston project staff contacted key informants to schedule interviews. Five of the interviews were conducted in person and two were conducted by telephone.

Data Analysis

Data collected for the sample survey were analyzed using simple descriptive statistics, including frequencies and crosstabs, and are reported in full in tables contained in **Appendix B**. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., responses to Sample Survey (SS) Q27: "What are your greatest concerns about living in Falmouth as you grow older?"). Data collected for the community questionnaire (CQ) were analyzed using descriptive statistics, and are reported in full in tables contained in **Appendix D**. Key informant and focus group notes were reviewed by project staff and used to characterize and categorize the ways in which aging issues are impacting offices and organizations throughout the Town. We used information from all sources of data to develop recommendations for the Town of Falmouth and the Senior Center.

Results

Demographic Description of Falmouth

Age Structure and Population Growth

According to the U.S. Census, 31,531 residents lived in Falmouth in 2010. Among these, the majority was from the Senior and Boomer populations (see **Table 2**). Persons aged 60 to 79 numbered 8,384 individuals (27% of the Town's population) and 2,473 residents were aged 80 and older (8%). Another 7,577 residents (24%) were aged 45 to 59 (U.S. Census Bureau, 2010).

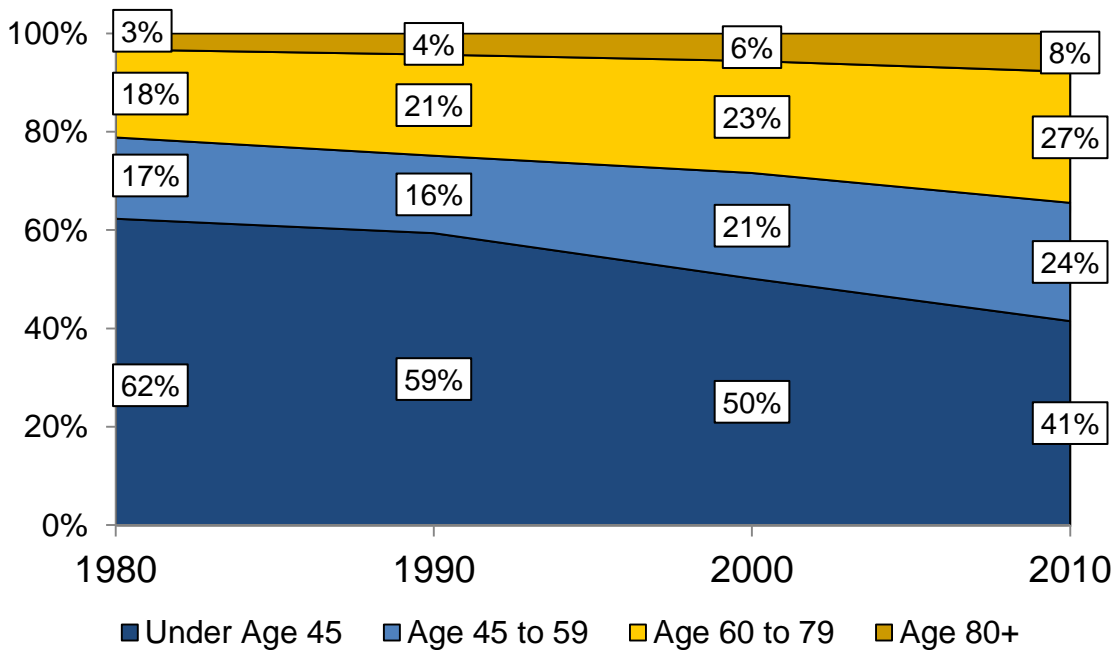
Table 2. Percent distribution of Falmouth’s population by age group, 2010

| | Number | Percent |
|-------------------------|--------|---------|
| Under age 18 | 5,470 | 17% |
| Age 18-44 | 7,627 | 24% |
| Age 45-59 | 7,577 | 24% |
| Age 60-79 | 8,384 | 27% |
| Age 80 and older | 2,473 | 8% |
| Total | 31,531 | 100% |

Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P1.

Figure 1 shows the shifting age distribution across time. In 1980, three years after the current Senior Center opened, Falmouth residents age 60 and over made up just 21% of the total population. Today, Falmouth residents age 60 and over make up more than one-third of the population. The majority (59%) of the Town’s population is age 45 and over.

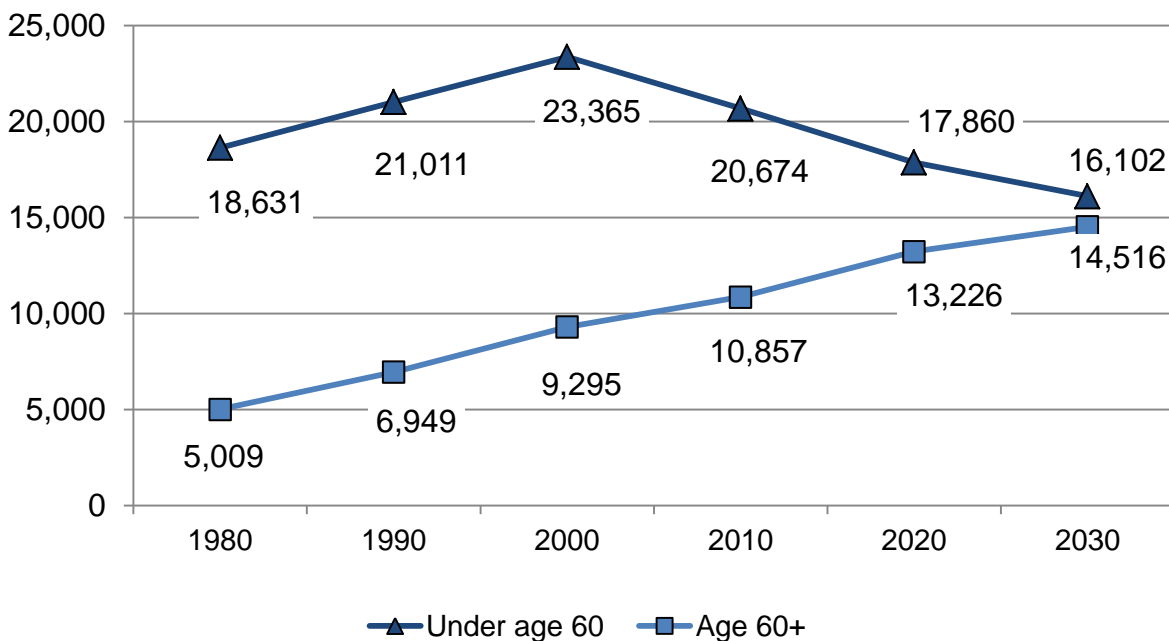
Figure 1. Population distribution, Falmouth, 1980 to 2010



Source: U.S. Census Bureau, Census of Population for 1980 thru 2010.

Figure 2 shows the total number of Falmouth residents under age 60, and those age 60 and older, from 1980 to 2010, along with population projections for these same age groups generated by the Donahue Institute at the University of Massachusetts. Throughout this time period, the Senior population has grown at a faster pace than the younger population. Falmouth’s population under age 60 grew by approximately 11% between 1980 and 2010, whereas the Senior population more than doubled (117% growth) since the current Senior Center opened in 1977. According to the Donahue Institute projections, this trend is expected to continue with the result that by 2030, nearly half of the entire Falmouth population will be age 60 and older.

Figure 2. Growth of the number of Falmouth residents under age 60, and age 60 and over, 1980 to 2010 with projections to 2030

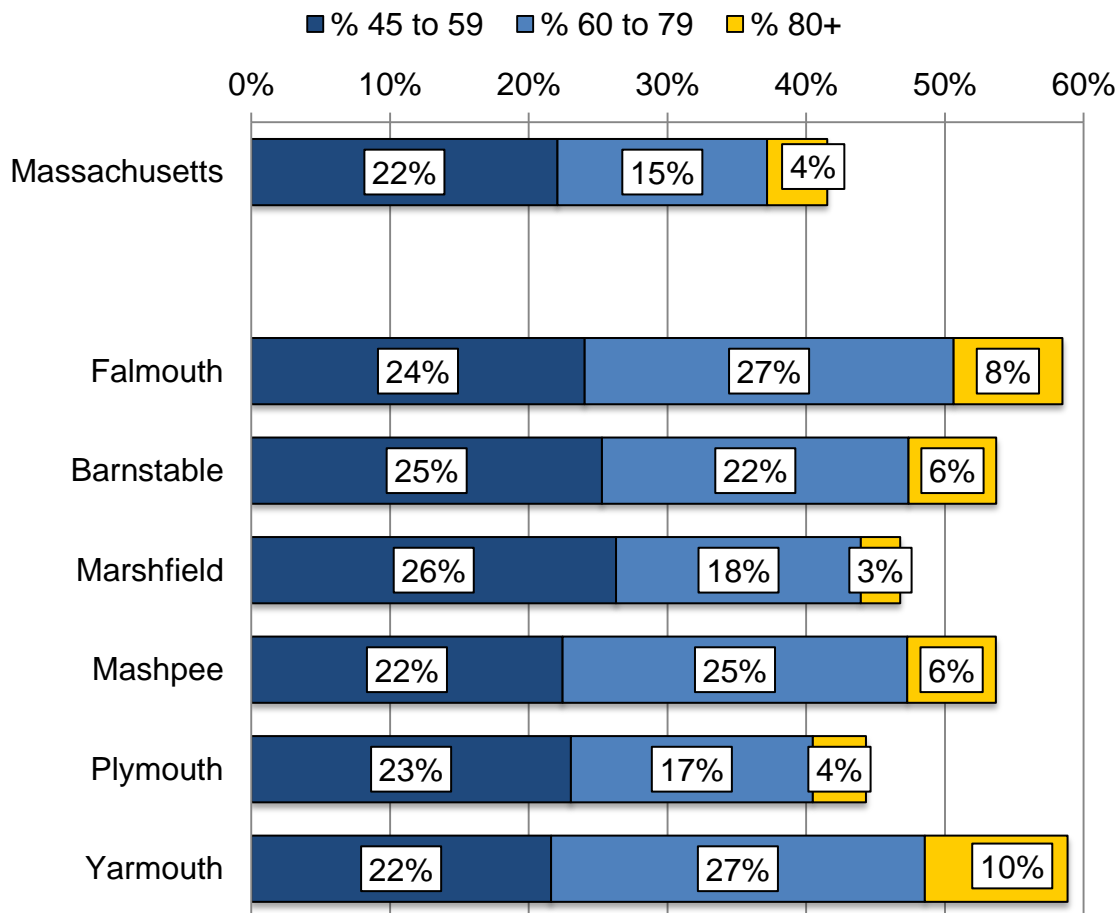


Source: Population figures for 1980-2010 are from the U.S. Census, 1980 thru 2010. Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Compared to the Commonwealth of Massachusetts overall, a larger share of Falmouth’s population is aged 45 or older (**Figure 3**). About 41% of the population in Massachusetts is in this age group, compared to 59% of Falmouth’s population. Compared to communities that surround it, Falmouth has a similar or slightly higher percentage of its population age 45 and over. Like Falmouth, other towns on Cape Cod, including Barnstable, Mashpee, and Yarmouth, all have between 53% and 59% of their populations age 45 or over. The towns of Marshfield and Plymouth each have between 44% and 47% of their populations in this age group. With the exception of Yarmouth, Falmouth’s proportion of persons 60 and older is notably larger than any of the other comparison towns. Thirty-five percent of Falmouth’s population was 60 or older in 2010, including a

large percentage (8%) that was age 80 or older. This compares to just 19% of the population of Massachusetts who were aged 60 or older, including 4% aged 80 or older.

Figure 3. Age distribution in Falmouth and comparison areas



Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P1.

The size of a community’s Senior population can grow in two ways: by current residents becoming older and “aging in place,” and by older residents moving into the community. Both processes have contributed to the growth of Falmouth’s older population. The extent to which Falmouth attracts new middle aged and older residents is evident from an examination of the age composition of recently arrived Falmouth residents. In most communities throughout the United States, new residents are largely young adults and their families; older adults are far less likely to move and as a result, they make up a small share of movers overall. New arrivals to Falmouth, however, are far more likely to be middle aged or older than is commonly observed. To illustrate, **Table 3** shows the age distribution of recent movers to Falmouth compared to the age distribution of movers to Massachusetts overall. Compared to movers to Massachusetts, recent movers to Falmouth are twice as likely to be age 45 to 59 (20%, compared to 10%), and more than twice as

likely to be age 60 or older (18%, compared to 7%). This pattern makes clear that the aging of the Falmouth population is coming about through a combination of long-term residents “aging in place” and the arrival of new residents who are already middle aged or older.

Table 3. Age distribution of recent movers to Falmouth, and to Massachusetts

| | Falmouth | Massachusetts |
|-------------------------|----------|---------------|
| Under age 24 | 28% | 43% |
| Age 25-44 | 34% | 40% |
| Age 45-59 | 20% | 10% |
| Age 60 and older | 18% | 7% |

Source: U.S. Census Bureau. 2007-2011 American Community Survey, Table B07001.

Note: Figures exclude movers within the same county.

Population growth in Falmouth has been concentrated in older age groups during the last decade, a pattern that is shared by a number of communities on the Cape and the South Shore. For the total population of all ages, the Town of Falmouth experienced a 3% decline between the 2000 and 2010 censuses; however, the absolute numbers of residents in the Boomer and Senior cohorts grew substantially during this time period (**Table 4**). The segment of the population age 45 to 59 increased in size by 7%— a rate considerably lower than the 22% seen in Massachusetts overall. The Senior population increased by 17% in Falmouth, compared to a 16% increase for the state. In general, the growth of the Senior population has been substantial in many communities throughout Cape Cod. In Mashpee, for example, the Senior population grew by 43% in the decade (although Mashpee is a considerably smaller community than is Falmouth). Off the Cape, Plymouth and Marshfield experienced substantial growth in their Senior populations. As a counterexample, Yarmouth experienced a small decrease (1%) in the size of its Senior population between 2000 and 2010. Nevertheless, over the next ten years, the aging of the Boomer cohort will continue to swell the proportion of Seniors in Falmouth, throughout Cape Cod, and in the Commonwealth in general.

Table 4. Population growth between 2000 and 2010: Massachusetts, Falmouth, and surrounding communities

| Community | All Ages | | | Boomers, aged 45 to 59 | | | Seniors, aged 60+ | | |
|-----------------------|-----------------|-----------------|----------|------------------------|-----------------|----------|-------------------|-----------------|----------|
| | Population 2010 | Population 2000 | % growth | Population 2010 | Population 2000 | % growth | Population 2010 | Population 2000 | % growth |
| Massachusetts (state) | 6,547,629 | 6,349,097 | 3% | 1,445,257 | 1,183,355 | 22% | 1,273,271 | 1,096,567 | 16% |
| Falmouth | 31,531 | 32,660 | -3% | 7,577 | 7,056 | 7% | 10,857 | 9,265 | 17% |
| Barnstable | 45,193 | 47,821 | -5% | 11,427 | 9,860 | 16% | 12,845 | 11,953 | 7% |
| Marshfield | 25,132 | 24,324 | 3% | 6,610 | 5,432 | 22% | 5,143 | 3,248 | 58% |
| Mashpee | 14,006 | 12,946 | 8% | 3,143 | 2,424 | 30% | 4,374 | 3,053 | 43% |
| Plymouth | 56,468 | 51,701 | 9% | 13,009 | 10,596 | 23% | 12,016 | 7,559 | 59% |
| Yarmouth | 23,793 | 24,807 | -4% | 5,139 | 4,700 | 9% | 8,862 | 8,908 | -1% |

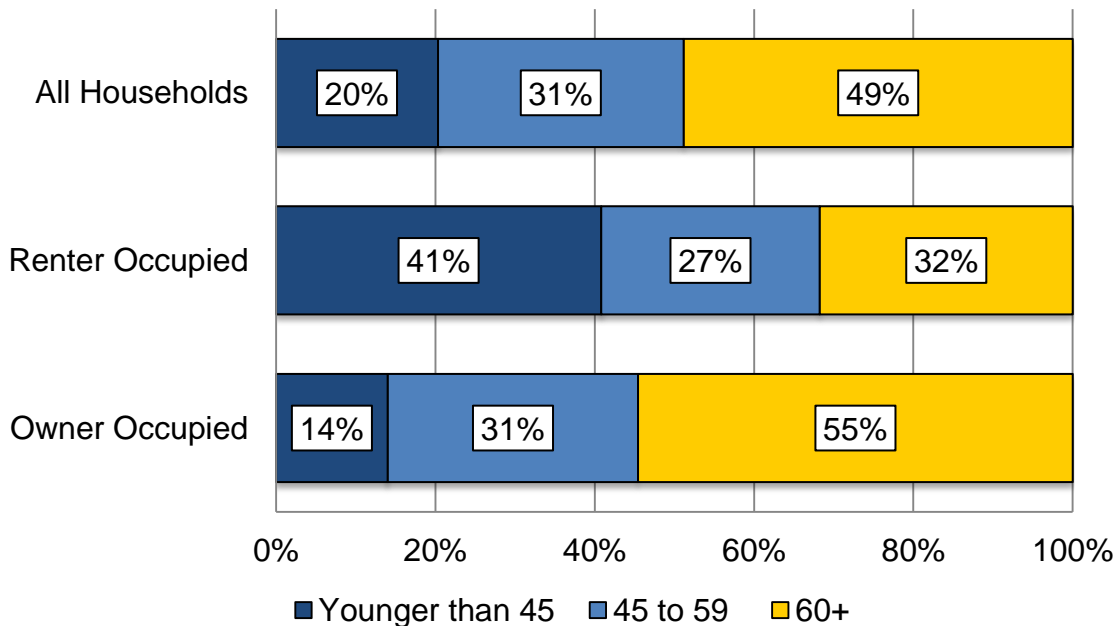
Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; and 2000 Census, Summary File 1, Table QT-P1.

Demographic Composition of Falmouth’s Older Population

Compared to the state as a whole, the Town of Falmouth is relatively homogenous with respect to race. For all ages combined, about 91% of Falmouth residents report their race as White, and do not report Hispanic ethnicity. In comparison, 76% of the Commonwealth’s residents report White, non-Hispanic backgrounds (Census, 2010). In Falmouth, the gender differential mirrors that of Massachusetts as whole—in both cases, the majority of Seniors (57%) are women. This difference is largely due to the greater life expectancies of women compared to men.

Sizable shares of Falmouth’s households are headed by middle-aged and older adults. According to the U.S. Census Bureau, a “householder” is the person reported as the head of the household, typically the person in whose name the home is owned or rented. Of the 14,069 households in Falmouth, 80% are headed by residents who are age 45 or older (**Figure 4**). Within renter occupied households, 27% are headed by residents age 45 to 59, and 32% by residents who are 60 or older. By contrast, within owner-occupied households, 31% are headed by persons who are aged 45 to 59, and 55% are headed by persons aged 60 and older. The high representation of Seniors among homeowners in particular has implications for the types of community amenities and services valued by residents.

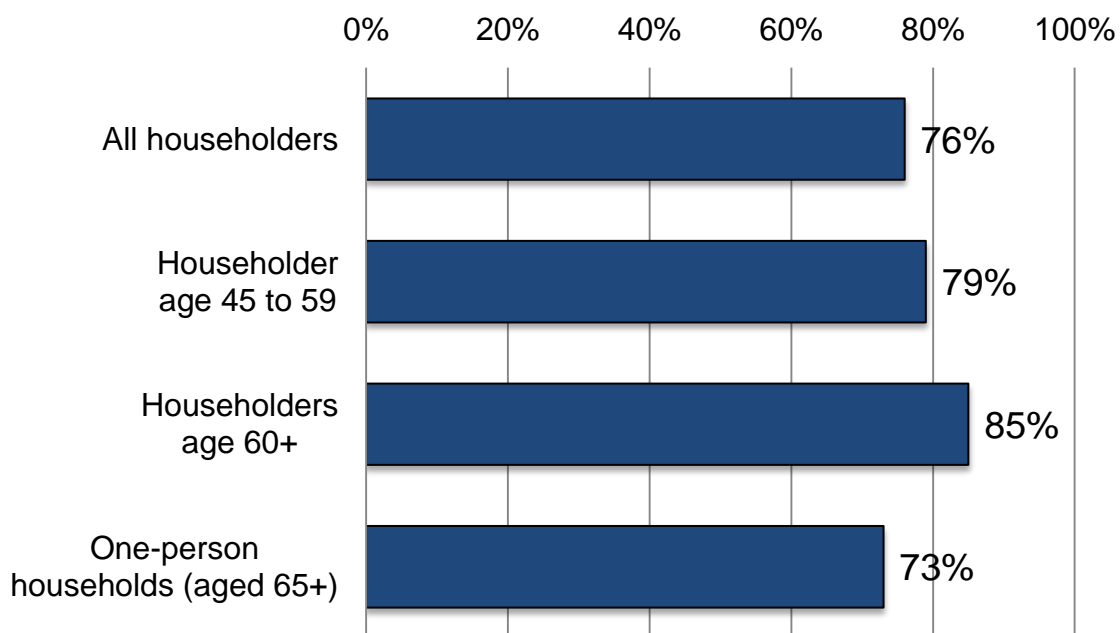
Figure 4. Age structure of householders by owner status, Falmouth 2010



Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table H17.

Indeed, home ownership in Falmouth is very common—76% of householders of all ages live in homes that they own or are purchasing (**Figure 5**). About 79% of householders aged 45 to 59 own their homes, and 85% of residents aged 60 and older own their homes. A sizable percentage (73%) of older Falmouth residents who live alone, also own their own homes. Many older homeowners, especially those who live alone, may need help with home maintenance and other supports in order to remain comfortable and safe in their homes, as well as to protect their investments.

Figure 5. Percent of Falmouth householders who live in owner-occupied housing by age category



Source: U.S. Census Bureau. 2010 Census, Summary File 1, Tables H17 and H18.

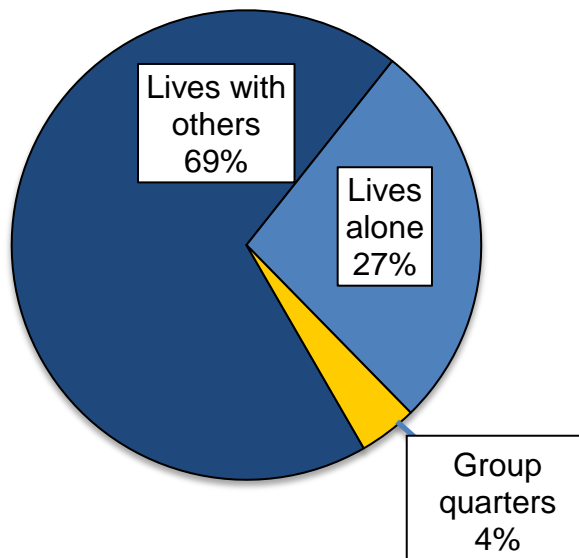
Many Falmouth residents age 60 and over—about 27%—live alone (**Figure 6**); whereas 69% live in households that include other people, such as a spouse, parents, children, or grandchildren. Only 4% of older Falmouth residents reside within group quarters; in Falmouth, these individuals live in nursing homes.

Census Bureau statistics on education indicate that Falmouth residents are well-educated on average. About 42% of persons aged 45 to 64 have either a bachelor's degree or a graduate/ professional degree (*ACS Table B15001, 2007-2011*). An even greater percentage of residents aged 65 and older (44%) have attained this level of education². This educational profile contributes to the community's

² Most data on the older population that is available for Falmouth from the Census Bureau uses age 65 as the reference point rather than age 60, as is reflected in the remaining sections of this report.

vitality and character, as highly educated older adults often value opportunities to be engaged in their communities through volunteer and civic engagement activities; as well, late-life learning opportunities are often valued in highly educated communities. Similar to older adults living in communities throughout the U.S., more than 1 in 4 (27%) Falmouth residents aged 65 to 74 are in the workforce; whereas only 5% of those 75 and older remain in the workforce (ACS Table B23004, 2007-1011). The vast majority (67%) of men aged 65 and older in Falmouth are veterans, as are a small percentage (2%) of Falmouth's older women (ACS Table B21001, 2007-2011). As a result, many of the Town's men and women may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Figure 6. Living arrangements of Falmouth residents, age 60 and older

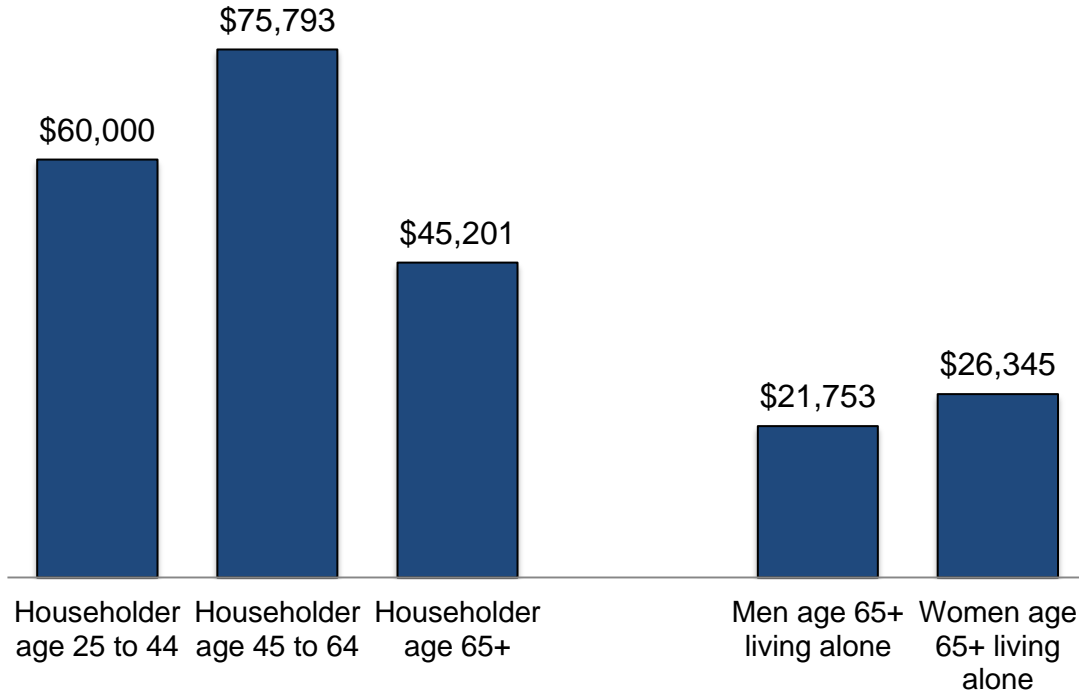


Source: U.S. Census Bureau. 2007-2011 American Community Survey, Table S0102.

With respect to income, **Figure 7** illustrates the comparative disadvantage of many Seniors in Falmouth. Among all age groups, households headed by persons aged 45 to 64 have the highest median income at \$75,793, though this amount is slightly less than the statewide median for this age group (\$81,798). Among Falmouth households headed by persons aged 65 and older, the median income is \$45,201—this amount is slightly higher than the statewide median of \$36,282. Seniors who live alone have lower incomes yet—the median income for older men who live alone is \$21,753, whereas older women who live alone were slightly better off, with median incomes of \$26,345. Inasmuch as nearly one-third of

Seniors aged 60 and older live alone in Falmouth, these figures suggest that a sizable number of older Seniors are at risk of economic insecurity.

Figure 7. Median household income in Falmouth by age of householder (in 2011 dollars)

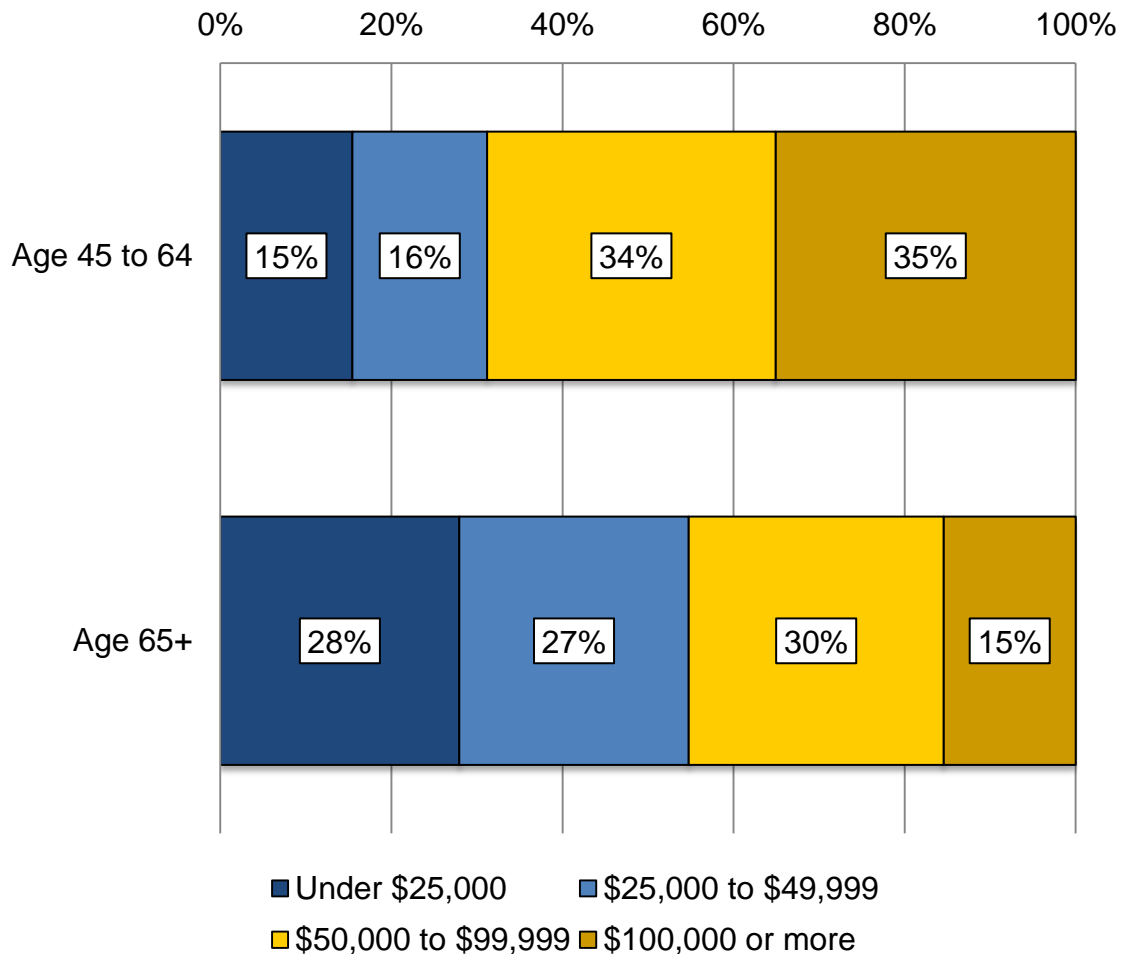


Source: U.S. Census Bureau. 2007-2011 American Community Survey, Tables B19049 and B19215.

Note: Includes only community households, not group quarters such as nursing homes.

The economic profile of older Falmouth residents relative to younger Baby-Boomers is further illustrated in **Figure 8**, which shows that more than a quarter (28%) of Senior households report annual incomes under \$25,000. This compares with just 15% of Baby-Boomer households with incomes under \$25,000. Nevertheless, a sizable percentage of the older adult population is quite affluent—15% of Falmouth residents age 65 and older report incomes of \$100,000 or more. By comparison, more than a third (35%) of households headed by Baby Boomers report this level of income.

Figure 8. Household income distribution in Falmouth by age of householder (in 2011 dollars)



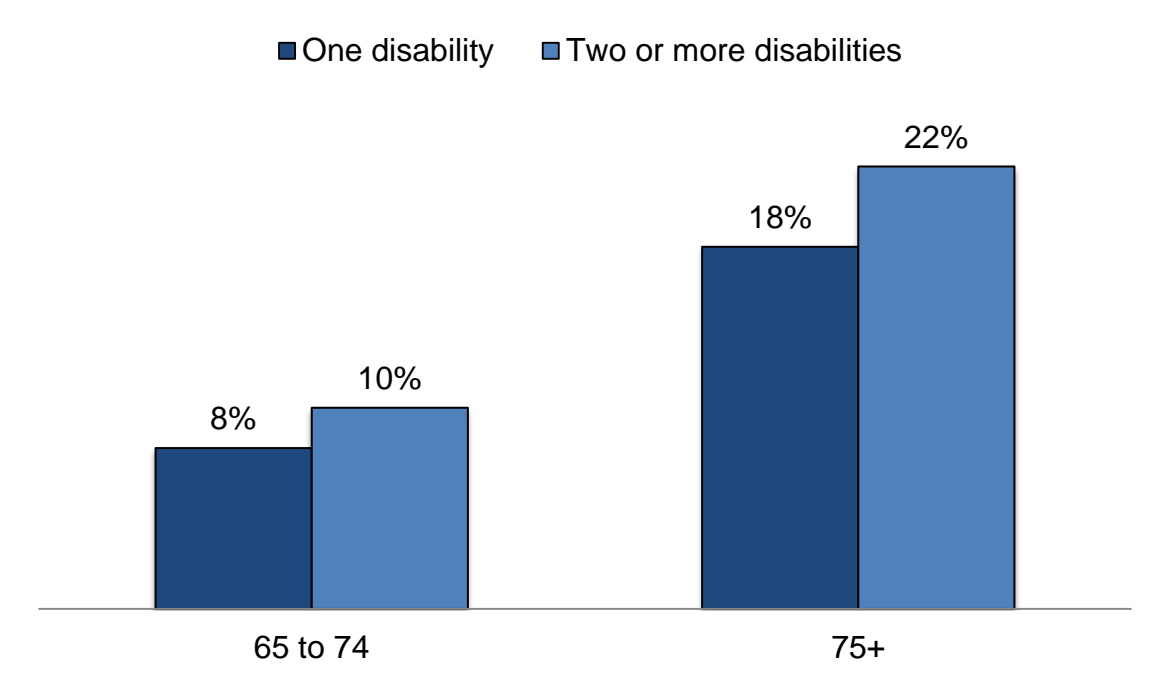
Source: U.S. Census Bureau. 2007-2011 American Community Survey, Table B19037.
 Note: Includes only community households, not group quarters such as nursing homes.

The well-documented likelihood of acquiring disability with age is evident in ACS data on Falmouth residents. Many older Falmouth residents age 65 and over experience some level of disability that could impact their ability to function well and independently in the community. **Figure 9** depicts the proportions of older adults who report some level of disability.³ Among persons aged 65 to 74, roughly one in five (18%) report at least one disability. The risk of acquiring disability more than doubles after age 75—in Falmouth, about 40% of individuals in this age group experience one or more disabilities. These rates of disability are lower than those estimated for Massachusetts as a whole, suggesting that the older population in Falmouth has fewer limitations than is typical among older adults in the Commonwealth. At the state level, 22% of persons 65 to 74 experience at least one disability, as do 47% of persons 75 and older. Among the different types

³ Data on disability are obtained from the three-year American Community Survey (2009-2011); disability data are not available from the five-year files used elsewhere in this report.

of disability that were assessed, the most commonly cited difficulty was with ambulation (difficulty walking or climbing stairs)—19% of Falmouth residents aged 65 and over reported this type of difficulty. Other disabilities experienced by older Falmouth residents include sensory problems, such as difficulty hearing (10%) or seeing (3%), cognitive difficulty (4%), self-care difficulty (8%), and independent living limitations (difficulty doing errands alone such as visiting a doctor’s office or shopping), reported by 13% (ACS Table S1810, 2009-2011).

Figure 9. Percent of Falmouth residents reporting at least one disability by age group



Source: U.S. Census Bureau. 2009-2011 American Community Survey, Table B18108.

Results of Falmouth Town Forum

Early in the study (May 2013), two Town forum sessions were conducted at the Senior Center to acquire a better understanding of the Town’s residents and their priorities with respect to current and future aging in Falmouth. Both sessions were well attended, and participants were eager to share their thoughts and opinions with the UMass Boston research team. Attendees were also encouraged to provide input on note cards that were distributed and collected at the conclusion of the meeting.

Discussions were structured in three parts—participants were asked to consider the Town’s *strengths*, its *challenges*, and to describe perceived *opportunities* that are available within the Town to improve the ability of residents to age optimally in the community. Key themes that emerged based on these three areas of focus are summarized below.

Strengths

Participants did not find it difficult to describe Falmouth's strengths as a community in which to age. The Town's natural beauty and environmental surroundings are viewed as very important contributors to the Town's "livability," and help to foster Falmouth's image as a desirable place to retire. Access to the beaches and the woods provide many older residents with motivation to be active in the outdoors. The Town's cultural activities, including access to concerts, classes at the conservatory, faith-based resources, and the outstanding public library, are valued assets of the Town. Many participants also praised the community's access to medical services, including the excellent care provided by physicians and staff at the Falmouth Hospital. Convenience of accessing quality local medical services was seen as a boon to residents, often making travel to Boston to receive services unnecessary.

Falmouth's Town government is considered to be very responsive to needs expressed by residents. Residents reported that Town leaders are active in addressing issues such as accessibility and maintenance of the Town's public buildings and facilities. Falmouth's abundant civic amenities are also appreciated—for example, Falmouth is one of the few towns on Cape Cod with municipal trash collection services. Overall, Falmouth is viewed as a proactive community, in which residents are encouraged to be civically engaged and self-advocating. On this note, several participants noted the "power in numbers" effect that a large contingency of older people could have, in terms of directing the Town's future priorities and resources.

The current organization of the Senior Center itself, as well as its Director, paid staff, and volunteers, are seen as among the most valued resources available to older adults in Falmouth. Many forum participants attributed the Senior Center's successes to a Director and staff who are strongly engaged and committed to developing programs and services, and assuring they are well utilized through outreach efforts. Overall, the Senior Center and, more generally, the community are seen as highly "welcoming" and accessible to a diverse population of older people with different needs and preferences.

Challenges

Like most towns in the U.S., Falmouth currently faces many challenges associated with meeting the needs of its aging population. As reported by participants of the Town forum, the most immediate challenge in providing adequate and appropriate services to older residents is the Senior Center's current building. Many felt that the physical structure itself is inadequate, in terms of space, parking, and safety measures (e.g., some voiced concern about fire safety, and particularly, inadequate egress from the Senior Center in the event of an emergency). Many cited limited space as a barrier to the development of needed programs, including meals programs (e.g., inadequate kitchen facilities), intergenerational programs, and programs designed to assist with the

transition into retirement. Some participants stated that they had travelled to other facilities and/or to other Senior Centers in the region in order to have specific needs addressed.

Many participants expressed worry that funding to improve or replace the facility was not a priority among some Town officials. Decreased availability of funding at the local, state, and federal levels, as well as increased competition for available funding, were seen as major challenges to providing adequate services. Thus, the discussion migrated to the challenges and importance of mobilizing older people, and motivating them to “self-advocate.” Several participants recommended that older people go out of their way to attend Town meetings and hearings, and to become involved in Town administration, through committees and advisory boards. In addition, participants recognized that *utilizing* currently available resources was important, in order to demonstrate their need and to make a persuasive argument for expansion of services and facilities.

In addition to space and funding, many Town forum participants mentioned challenges associated with accessing the Senior Center and other available services in Falmouth. Difficulties ranged from problems acquiring transportation (e.g., inadequate public transportation, especially at night), to deterioration of civic amenities (e.g., poorly maintained or poorly lit streets and sidewalks), and costs associated with participating in activities that many older people value (e.g., beach parking). Access to programs and services is also hindered by inadequate availability of parking— particularly for people who have disabilities.

Finally, many attendees of the Town forum expressed personal challenges associated with maintaining their households. Home maintenance (e.g., gardening and yard work, or home repairs) is an important priority for many older residents, and locating needed help that is reliable and reasonably priced is often difficult. Similarly, participants acknowledged difficulties that may arise as living situations change (e.g., moving when one’s needs can no longer be met in a current residence). Some participants felt that these common difficulties could be viewed as an opportunity to strengthen intergenerational ties in the town, and that encouraging interactions with people of different ages could increase the pool of potential helpers, and improve quality of life of older people in general.

Opportunities

Despite citing many challenges, most Town forum participants viewed demographic changes and the aging of Falmouth’s population as opportunities to make their community an exemplary location in which to age in place. The growing proportions of residents over the age of 60, and their contributions to the tax-base, are seen by many as adequate justification for shifting a larger share of resources to this segment of the population. Many in the group restated the importance of participating in decision making, lobbying for their own causes, and raising awareness about their current and future service needs. Consensus emerged among the group that a new Senior Center would result in opportunities for aging optimally in the Town. One participant stated that, based on their

political clout, older residents should not “hope” for a new Senior Center—they should demand it. Thus, a modernized facility is a central goal for many older adult residents of Falmouth, on which other opportunities are viewed as contingent.

Nevertheless, participants acknowledged the rich array of resources that are currently available in Falmouth that can be expanded and/or built upon to improve the wellbeing of older residents. One participant emphasized the continued importance of developing programs that appeal to an increasingly diverse spectrum of older people. In the future, as Baby Boomers continue to enter retirement, there will be increased need to accommodate mature residents who are relatively young and active, at the same time that the needs of older, potentially frailer, people are being addressed. The perception of many forum participants is that the demographic imperative of aging in the community, above all, provides the Town with an opportunity to create a civic environment that promotes the quality of life among Seniors, through providing services and programs that are valued and appropriate for all older people in Falmouth.

Results of Falmouth Sample Survey of Boomers and Seniors

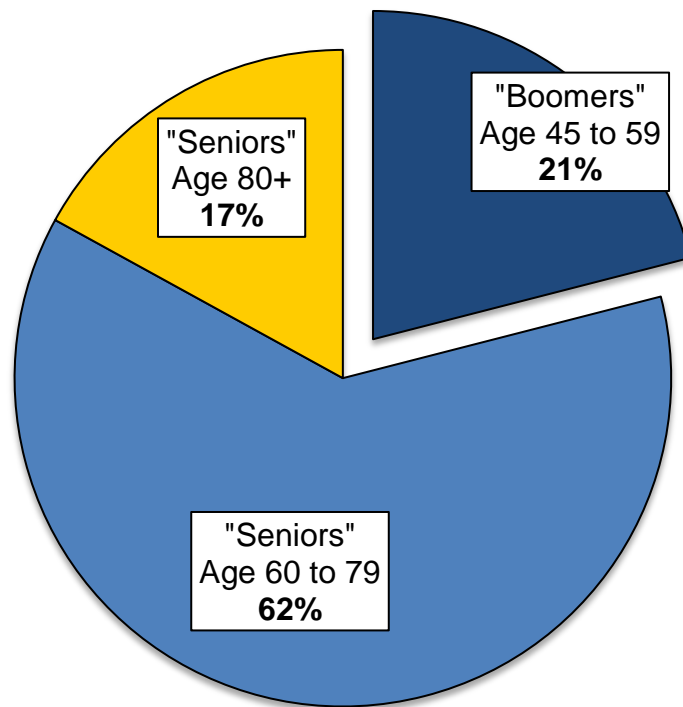
Section I. Demographics & Living Situation

As noted above (see **Table 1**), the sample survey achieved a 30% response rate, including 213 (21%) Boomers and 804 (79%) Seniors⁴ (**Figure 10**). This level of response is very strong for a community survey of this type. More than six out of 10 respondents were age 60 to 79, and 17% were age 80 years or older. The age distribution of respondents is more heavily skewed toward older age groups than is the case for the population based on Census Bureau statistics, reflecting the larger proportion of older residents responding to the survey.⁵ To account for the overrepresentation of Seniors in the survey data, we present selected results separately by age group. All data results are presented in tables by age group in **Appendix B**.

⁴ Four respondents declined to provide their age. These respondents are included in calculations of “All Ages” but are not included in crosstabs by age category.

⁵ According to U.S. Census Bureau 2010 figures, the Falmouth population age 45 and over is composed of 41% individuals 45-59, 46% individuals age 60-79, and 13% individuals aged 80 and older.

Figure 10. Age of sample survey respondents



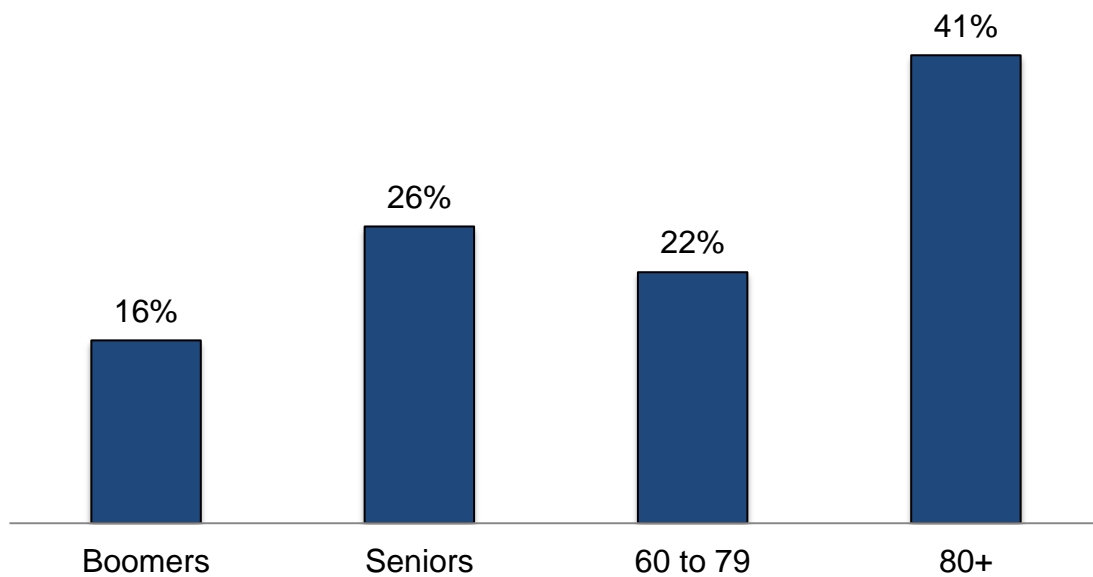
Note: Excluded are 4 respondents who did not provide their age.

The majority of the respondents to the sample survey were women: 65% of Boomer respondents, 58% of respondents between the ages of 60 and 79, and 63% of respondents who were age 80 or older were women (see **Table SS-Q1, Appendix B**). These figures parallel the gender composition of middle-aged and older Falmouth residents to a great extent; data from the 2010 U.S. Census suggest that 55% of Falmouth residents aged 60 to 79 and 62% of residents aged 80 and older are women. However, 54% of Falmouth residents aged 45 to 59 are women, suggesting that our sample of Boomers has a higher representation of women than would be expected. Readers are urged to keep this high representation of women among respondents aged 45 to 59 in mind.

Figure 11 displays the percent of survey respondents who lived alone by age category. Compared to 16% of Boomers who indicated that they lived alone, more than a quarter of Seniors (26%) lived alone.⁶ Of the respondents age 80 and over, 41% lived alone. In general, people who live by themselves, especially older people, who may experience health conditions and impairments that make travel into the community more difficult, are at greater risk for isolation and economic insecurity. These individuals may have greater need for support services (such as transportation and/or targeted outreach) that facilitate their continued involvement with the lives of friends and family in the community.

⁶ Note that the percent living alone among our sample of Seniors (26%) is similar to that reported above based on U.S. Census Bureau data (27%).

Figure 11. Percent of Falmouth residents living alone by age category



Most respondents (90%) lived in single-family homes (see **Table SS-Q4, Appendix B**), with a slightly smaller share of respondents age 80 and over doing so (81%). Relatively few respondents indicated that they lived in apartments (4%), condominiums/townhouses (4%), or other types of housing.

Consistent with demographic data from the Census Bureau presented above, a large majority of Seniors and Boomers own their own homes (see **Table SS-Q5, Appendix B**). While a home can be a valued resource, structural features (especially in older homes and homes that are poorly designed) and expenses associated with maintaining or modifying homes may make it difficult to age in place. Indeed, about a third of survey respondents indicated that their homes require modifications to facilitate their aging in place, with similar shares of Boomers and Seniors reporting that modifications were needed (**Table SS-Q6, Appendix B**). Among respondents whose homes needed modifying, more than one-quarter of Boomers reported being unable to afford to make needed modifications, along with 17% of residents aged 60 to 79 and 22% of those age 80 and older (**Table 5**). Among respondents who owned their homes, those age 80 or over were least likely to report needing home modifications (24%). More than a third of Boomers who owned their homes (36%) reported needing modifications, and a quarter of those indicated that they were unable to afford them. Most individuals, regardless of age, could likely improve functionality and safety of their homes by way of home assessments and installation of home modifications. Nevertheless, appropriate resources to address needed changes are often limited.

Table 5. Percent who indicated needing home modifications, and being unable to afford them, by home ownership and age category

| | Home needs modifications | Unable to afford modifications |
|-------------------------------|--------------------------|--------------------------------|
| <u>All respondents</u> | | |
| Boomers | 33% | 27% |
| 60 to 79 | 34% | 17% |
| 80+ | 23% | 22%* |
| <u>Home Owners</u> | | |
| Boomers | 36% | 25% |
| 60 to 79 | 35% | 16% |
| 80+ | 24% | 19%* |

* Percent includes 10 or fewer cases.

Figure 12 shows that a large majority of the respondents (67%, including natives of Falmouth) were residents for 15 years or more. Yet a sizable proportion of all respondents were relative “newcomers,” with 10% residing in Falmouth for fewer than 5 years. One-third of Seniors have lived in Falmouth for fewer than 15 years, highlighting the observation that the growth of the older population is the result of both older adults moving to Falmouth, and long-term Falmouth residents aging in place. Most respondents reported living in Falmouth year-around, with more than 90% of Boomers and Seniors being year-around residents (see **Table SS-Q8, Appendix B**).

A large majority (78%) of Seniors indicated that they were already retired; however, not surprisingly, only 14% of Boomers were retired (see **Table SS-Q10, Appendix B**). **Figure 13** shows the timeframe in which respondents said they planned to retire by age category. Few Boomers (14%) stated that they planned to retire within 5 years. By contrast, among Seniors who had not yet retired, the majority indicated that they planned to retire in five years or less. Notably, large proportions of both Boomers (25%) and Seniors (29%) indicated that they were not sure when they would retire, or did not anticipate ever retiring. These findings correspond with national trends suggesting that many working Boomers and Seniors share concerns about the post-retirement resources they will have available, resulting in considerable uncertainty about the timing of retirement.

Figure 12. Length of residence in Falmouth

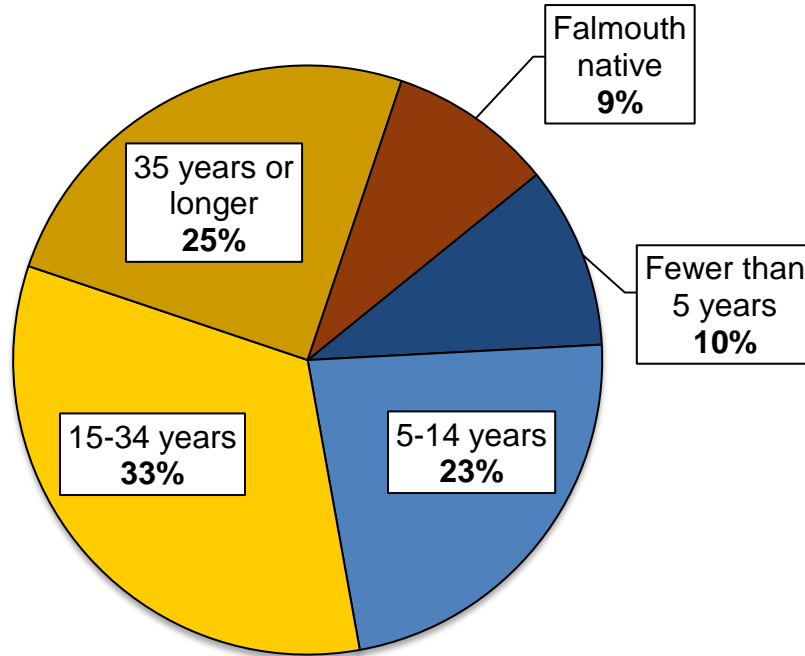
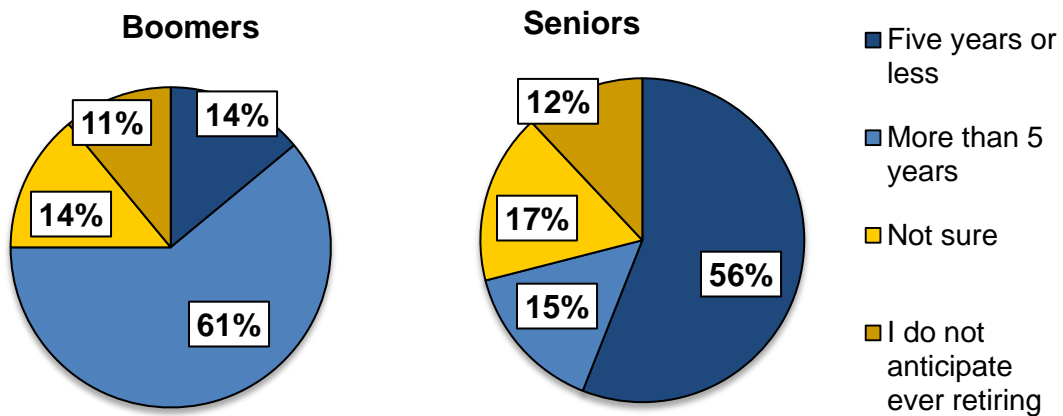


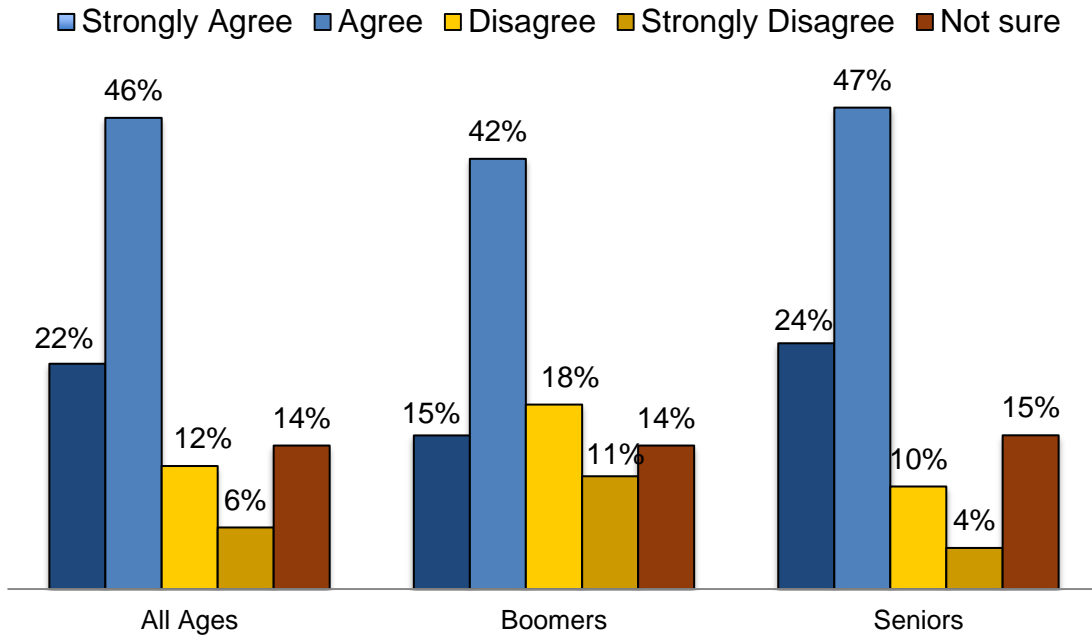
Figure 13. Timeframe for retirement of respondents not currently retired by age group



Fortunately, most survey respondents of all ages expected to have sufficient assets to sustain them during their retirements (**Figure 14**). Although most reported positive expectations, a sizable share (29% of Boomers and 14% of Seniors) did not anticipate having sufficient resources in retirement. This finding

points to the heightened risk of economic insecurity in later life for some. Many, especially Boomers, are concerned not only about their own savings but also about the future availability of other public resources that often supplement savings and other assets in retirement.

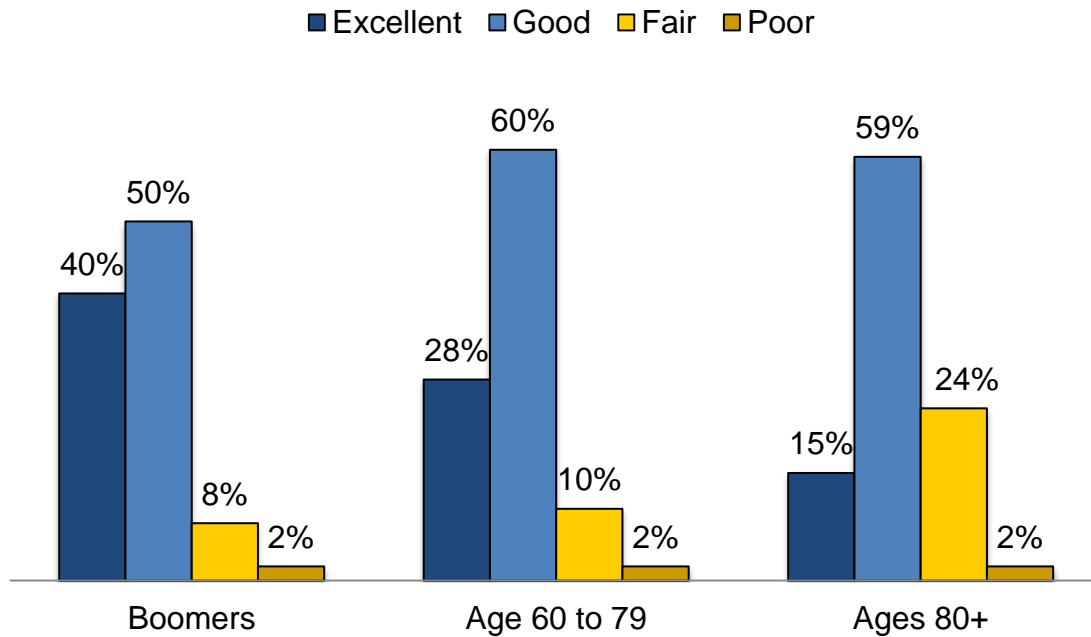
Figure 14. Self-ratings of expectations about having adequate resources in retirement



Section II. Health & Caregiving

Falmouth residents who participated in the sample survey are in good health. The vast majority (87%) of all respondents rated their health as “excellent” or “good”, whereas 12% rated their health as “fair”, and only 2% said their health was “poor” (see **Table SS-Q13, Appendix B**). Below, **Figure 15** shows self-ratings of health by age category. Within the Senior age category, 88% of respondents age 60 to 79, and 74% of respondents age 80 and over said their health was excellent or good. This suggests that most of Falmouth’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, appear to experience some health challenges.

Figure 15. Self-ratings of physical health by age category



Beyond reflecting the potential need for medical care and related services, self-ratings of health can also be indicative of the need for additional assistance with various activities in and around the home. **Table 6** shows percent of Seniors (age 60+) who indicated that a health condition required them to find help with *household activities* (such as doing routine chores), *daily living activities* (such as preparing meals, and food shopping), and *personal activities* (such as taking a shower or getting dressed). **Table 6** also shows the percent of respondents who reported difficulty finding someone to help them with these activities, among those who reported needing help.

Household activities presented the greatest difficulties for Senior respondents. Overall, 24% said that their health conditions made it necessary to locate extra help with routine chores, cleaning and yard work (also see **Tables SS-Q14 through SS-Q19, Appendix B**). Of those who needed extra help, 30% indicated they had difficulty procuring help with these activities. Just 6% of Seniors said that they needed help with *daily living activities*, and 2% needed help with *personal activities*. Of those who needed extra help, 25% had difficulty finding help with *daily living activities*, and 39% had difficulty finding help with *personal activities*.

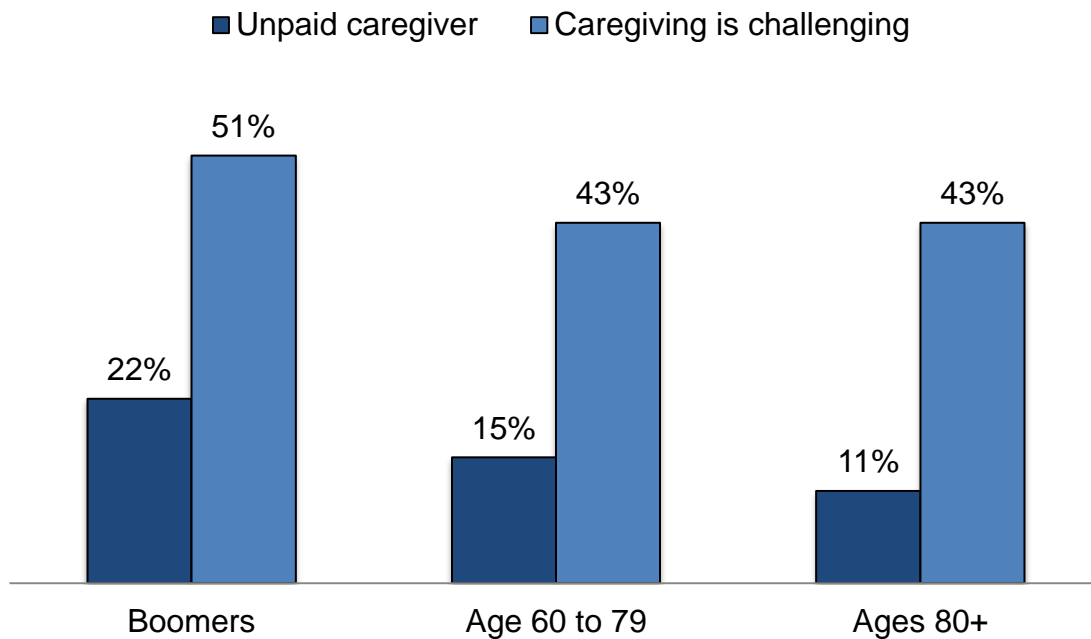
Table 6. Percent of Seniors who indicated that a health condition required them to find help with activities in and around the home, and percent who had difficulty finding help

| Due to health condition needs help with... | Total respondents | % Yes | % with difficulty finding help* |
|--|--------------------------|--------------|--|
| <i>Household activities</i> (routine chores, cleaning, yard work) | 785 | 24% | 30% |
| <i>Daily living activities</i> (using the telephone, preparing meals, food shopping, taking medications, or keeping track of bills) | 772 | 6% | 25% |
| <i>Personal activities</i> (using the toilet, taking a bath/shower, or getting dressed) | 784 | 2% | 39% |

*Among those reporting needing help with this activity

In many cases, families themselves provide unpaid care and assistance to family members who are frail or disabled, in addition to managing other aspects of their lives. Indeed, 16% of all survey respondents said that they provided care or assistance to a spouse, relative or friend who is disabled or frail—including 22% of Boomers, 15% of adults aged 60 to 79, and 11% of respondents aged 80 and older (see **Figure 16**). Of those who provided care, nearly half (46%) found it “very challenging” or “somewhat challenging” to provide care and to meet their other responsibilities with family and/or work, including 51% of Boomers and 43% of Seniors.

Figure 16. Caregiving experience and evaluation by age category

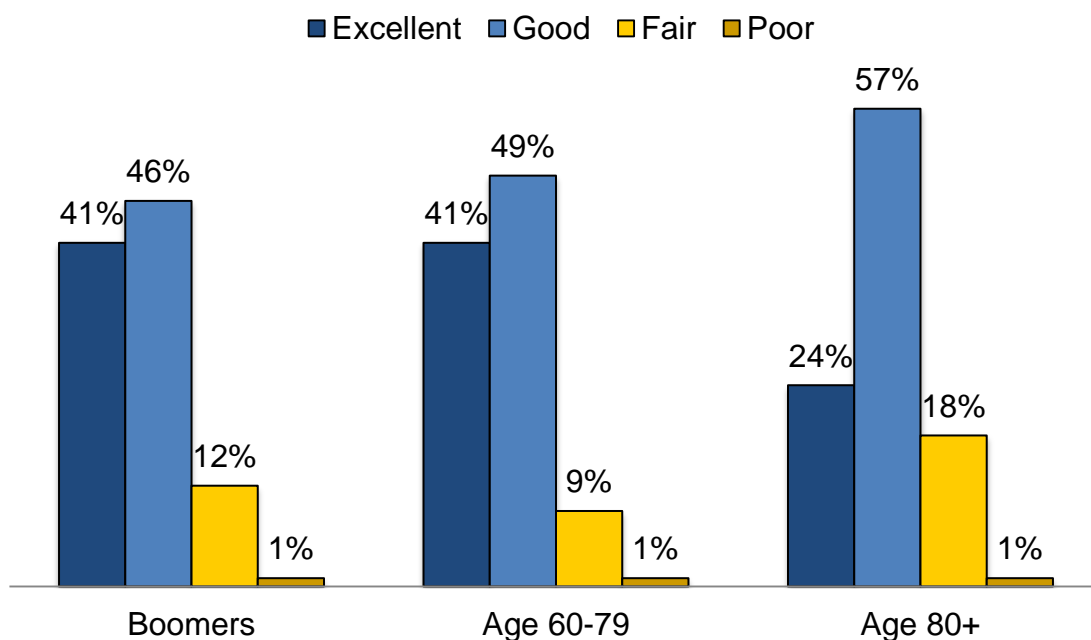


Difficulty locating or providing paid and unpaid services to accommodate limitations associated with health conditions is an important and not uncommon problem. Findings of this sample survey reflect the most commonly cited issues expressed by many older people regarding their difficulty in gaining access to available services, including not knowing who to contact for help, or being unaware of services that exist. As well, in many cases services may not be available at all to appropriately address the specific needs of older people. Difficulty finding adequate help may also be a function of narrowing social networks that could reduce the numbers of potential helpers in one’s sphere of being. One important function of the Falmouth Senior Center is to connect people to needed resources for caregiver support and home services, among other types of help. Despite these likely explanations, it should be noted that results presented immediately above are based on very small numbers, and so caution is advised about generalizing these results to the larger population of older adults in Falmouth.

Section III. Social & Emotional Wellbeing

For the most part, Falmouth residents enjoy good social and emotional health, according to survey results. This dimension of wellbeing is broken down by age categories in **Table SS-Q22, Appendix B**. Below, **Figure 17** shows that a greater proportion of respondents age 80 and over (19%) reported “fair” or “poor” social and mental health, compared to Boomers (13%) and Seniors age 60 to 79 (10%). As well, fewer adults aged 80 and older rate their social and emotional health as “excellent.”

Figure 17. Self-ratings of social and emotional health by age category



Social/emotional health as a dimension of wellbeing is dependent on many factors. Primary among them is the degree of connectedness that individuals experience within their social networks of family and friends. Many older adults, in particular, are at high risk for social isolation, especially if their health and social networks begin to break down, and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes.

Nevertheless, older residents of Falmouth remain well connected via important relationships in their lives, according to survey results. For example, the vast majority of respondents reported talking on the phone, emailing, or getting together with friends or relatives at least two or three times a month (see **Table SS-Q24, Appendix B**). Even Falmouth’s oldest residents, those age 80 and over, typically are well connected—75% of respondents in this age category communicated one or more times a week with friends or relatives (**Figure 18**). At particular risk of social isolation are the 7-10% of respondents who rarely or never communicate with friends or family. Although small, this proportion represents an important group to target for efforts aimed at reducing isolation and, more generally, improving social/emotional wellbeing of Falmouth’s older residents.

Similarly, many older Falmouth residents also stay connected through regular interaction with an array of social and community resources, including personal relationships (e.g., family and friends) and community services, when they need extra assistance with activities in or around their homes. Survey respondents

were asked to indicate who they would call if they ever needed assistance (more than one source of help could be indicated).

Figure 18. Frequency of contact with family and friends by age category

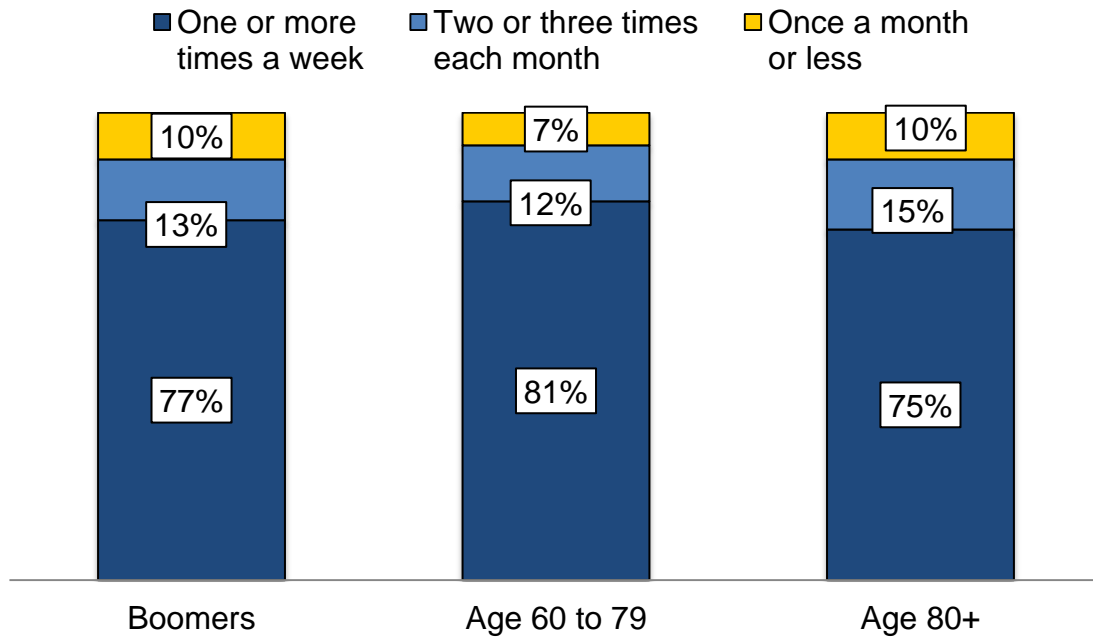


Figure 19 shows that a large majority of respondents in all age categories have family members who they can rely on when extra help is needed. Senior respondents age 80 and over were less likely to rely on friends (30%), compared to Boomers (50%), and Seniors age 60 to 79 (45%). In addition, many respondents indicated that they have resources to pay someone if they needed extra help. Just 3% of the total sample reported having nobody in their lives who could provide help if they needed it (also see **Table SS-Q23, Appendix B**).

The sense of safety and security that individuals experience in their communities is also an important factor associated with social/emotional wellbeing. Overall, survey results suggest that Falmouth is perceived as a safe and secure environment in which to age. The vast majority (84%) of survey respondents reported feeling “completely safe” or “very safe” in their neighborhoods (see **Table SS-Q25, Appendix B**). Small percentages (less than 20% in each age category) reported feeling only “somewhat” or “slightly” safe. Notably, none of the respondents stated that they did not feel safe at all in Falmouth (**Figure 20**).

Figure 19. Sources of assistance with activities reported by respondents by age category

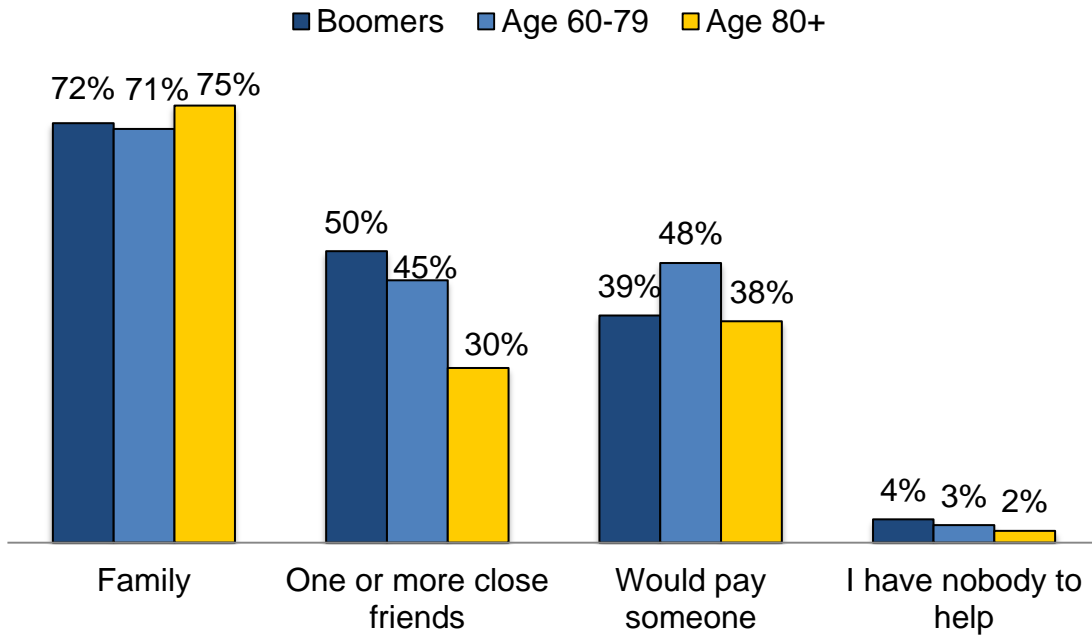
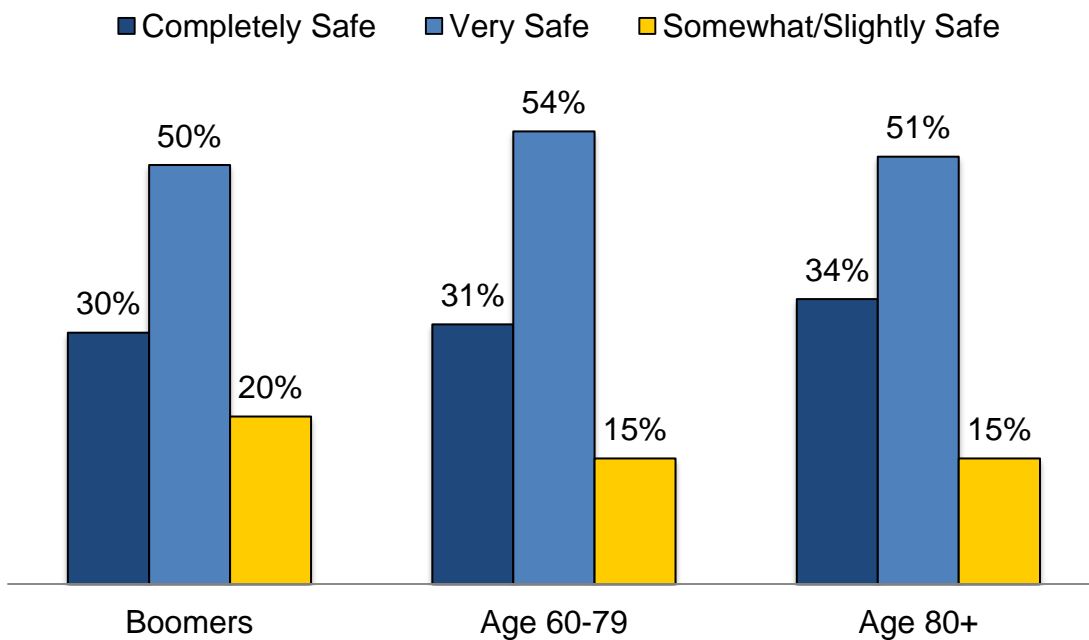


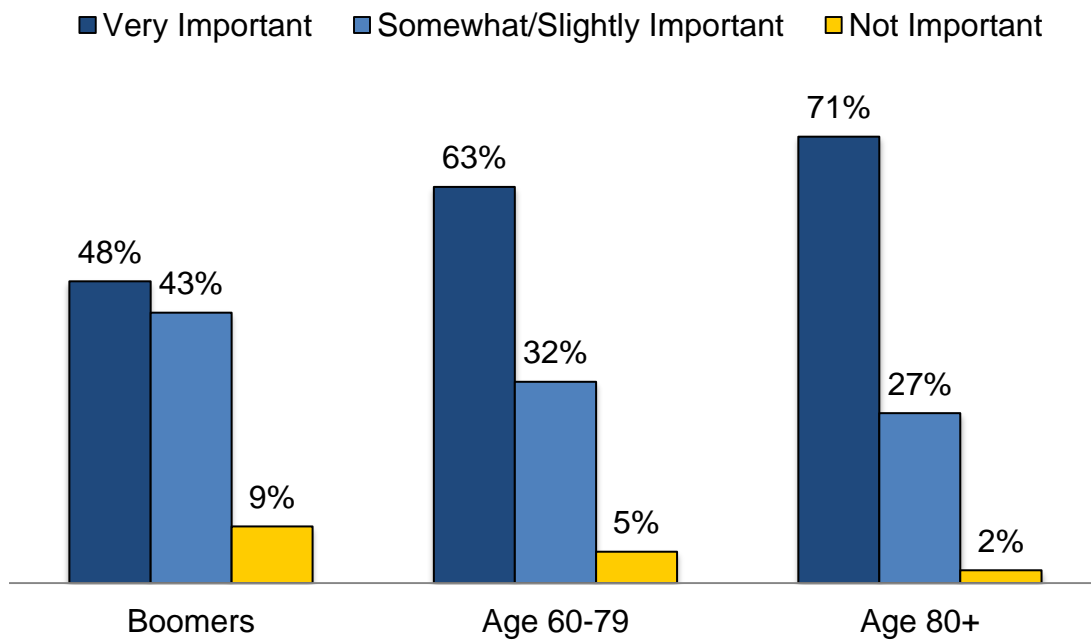
Figure 20. Ratings of perceived safety in neighborhood, by age category



Taken collectively, results that reflect high levels of social/emotional wellbeing are likely contributors to the overwhelming priority that many residents place on

remaining in Falmouth as long as possible as they age. **Table SS-Q26 (Appendix B)** suggests that 95% of the Town’s population age 45 and over share this goal, and that the proportion of Falmouth residents who wish to age in place is even higher among Seniors. In fact, among Seniors age 80 and over, 98% said that staying in Falmouth was an important priority for them, compared to 91% of Boomers, and 95% of Seniors age 60 to 79 (**Figure 21**).

Figure 21. Ratings of the importance of remaining in Falmouth as long as possible by age category



Finally, in an open-ended question, survey participants were asked to reflect on their greatest concerns regarding living in Falmouth as they grow older. **Table 7** shows themes that were raised, and verbatim examples of each theme. The most commonly cited theme referred to affordability of living in the Town in the future. Many participants were concerned about keeping up with expenses, including regular costs of living such as food, fuel, and other bills, but also affordability of property taxes and home insurance, as home values increase. A sizable number of responses were also related to the ability of residents to maintain their homes, via renovations and general upkeep. Other themes frequently mentioned by respondents included concerns about transportation, availability of good quality health care and services, and staying healthy and independent. Notably, key themes often intersect with one another. For example, desires to downsize were linked in part to concerns about the affordability of more appropriately sized quarters in Falmouth: respondents indicated that they would like to move to a smaller home in Falmouth, but did not think more appropriate housing would be affordable. Worries about the availability of transportation options were linked to desires to remain independent, to access

needed services, and maintain social relationships. Although not mentioned as frequently, general concerns were voiced about the Town’s amenities and livability, including walkability, concerns about crime, and environmental issues.

Table 7. Concerns with living and aging in Falmouth

Issue Mentioned

Affordability, cost of living, taxes

“Affordability – I don't think we can afford to stay here after retirement”

“Being able to afford to live here in our home. Affording taxes and cost of living”

“Being able to afford staying in assisted living”

Ability to stay in home, maintain home, or downsizing

“Being able to downsize through selling my current home and then being able to find a place to live that we can afford (that is not a fixer-upper)”

“Being able to get groceries, mow lawn, trim hedges, and be self-sufficient”

“As I age, the stairs in my home and the ability to physically maintain my home”

Transportation concerns

“When I can no longer drive I will appreciate a good transportation network”

“Getting to drug stores, shopping, and doctor’s appointments”

“Being able to live independently after I can no longer drive”

Access to and quality of services (medical and other services)

“Doctor care: I’ve had 4 internists in 11 years—all have left the area”

“Lack of quality medical care on the Cape in Falmouth. We go off Cape (MGH) for all of our medical care due to bad experiences”

“Adequate services for elderly needs: driving, healthcare, activities”

Maintain good health, remain independent, needing assistance

“Being able to live alone if my spouse dies”

“Being alone and needing help”

“Being able to maintain independence, to get out with friends”

Table 7. Concerns with living and aging in Falmouth (continued)

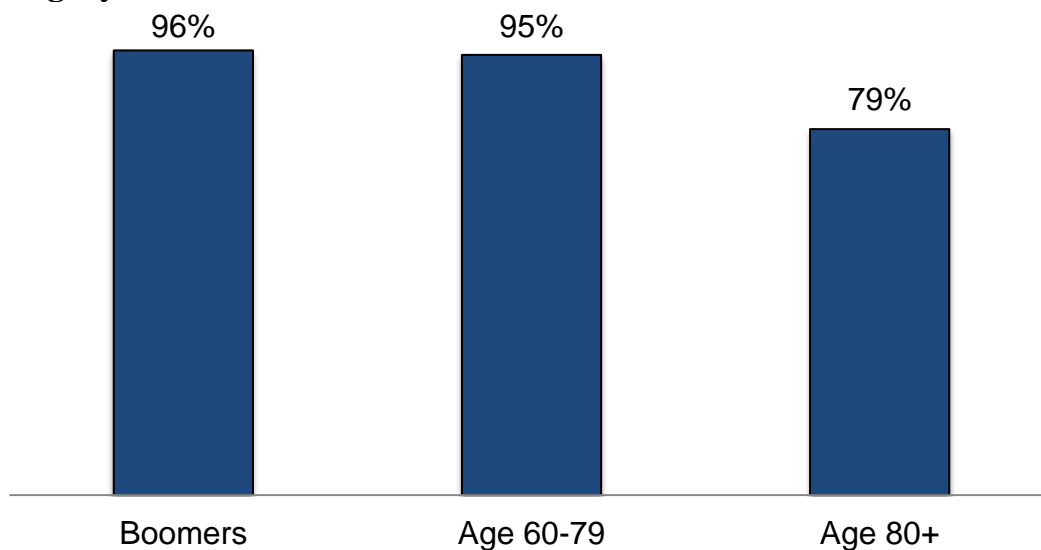
Other

- “Sprawl: Larger stores, library and post office are not within walking distance”*
- “Might have to become a snowbird—cannot see myself living here during winters when I’m 70”*
- “All the recent house break-ins due to the drug problem are scary!”*
- “As I grow older, I would prefer to be closer to our adult children who are between 65 and 95 miles away”*
- “Environmental degradation: especially water quality”*
- “Lack of sidewalks except in a few areas make it difficult to take walks and limit access for many”*
- “Hoping the Town officials solve the turbine issues in my lifetime”*
- “Volunteer opportunities to stay busy”*

Section IV. Transportation

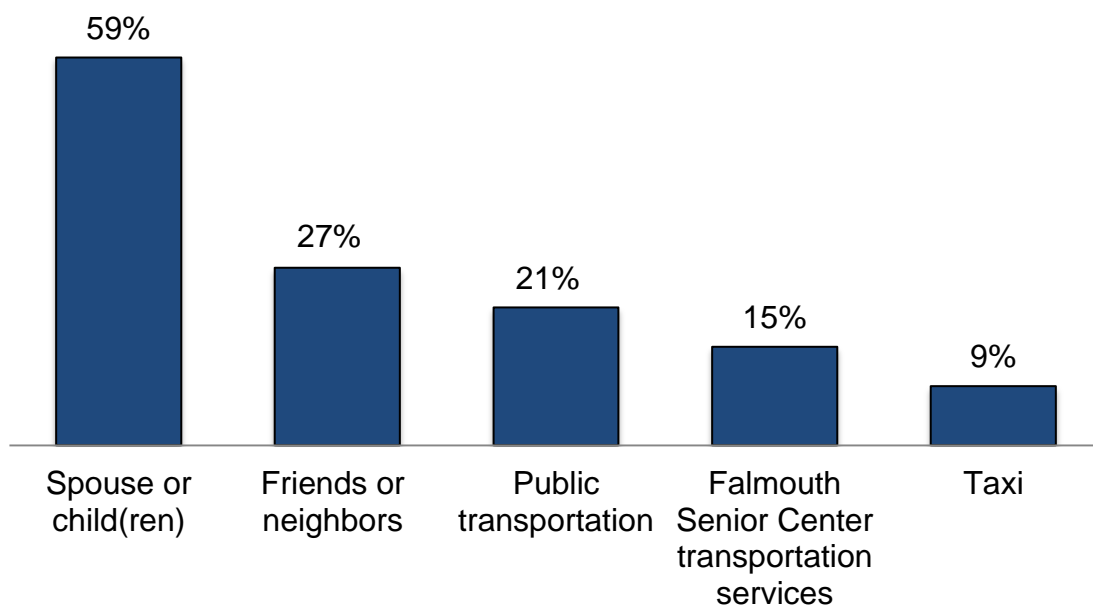
Lack of adequate and appropriate transportation prevents many older adults from meeting their own travel needs, and remaining independent and active in their communities. For the majority of older people, driving is the primary means for local travel. Survey results indicated that among respondents of all ages, most currently drive themselves (see **Table SS-Q28, Appendix B**). The proportion of drivers in all age categories remains high, but declines somewhat after age 80. Among respondents age 80 and over, 79% currently drive (**Figure 22**).

Figure 22. Percent of respondents who currently drive by age category



Family members, friends and neighbors were cited most often as sources of transportation support by Falmouth’s older residents who do not drive (**Figure 23**). According to survey results, 59% of non-drivers of all ages depend on their spouses or children to help meet their transportation needs. Another 27% indicated that they relied on friends or neighbors for transportation. Sizable percentages also indicated that they use public transportation (21%), Senior Center transportation services (15%), and private taxicabs (9%). An additional 9% reported some other mode of transportation in lieu of driving, including riding a bicycle, employing a driver, or walking.

Figure 23. Percent of all non-driving respondents who report alternative transportation methods

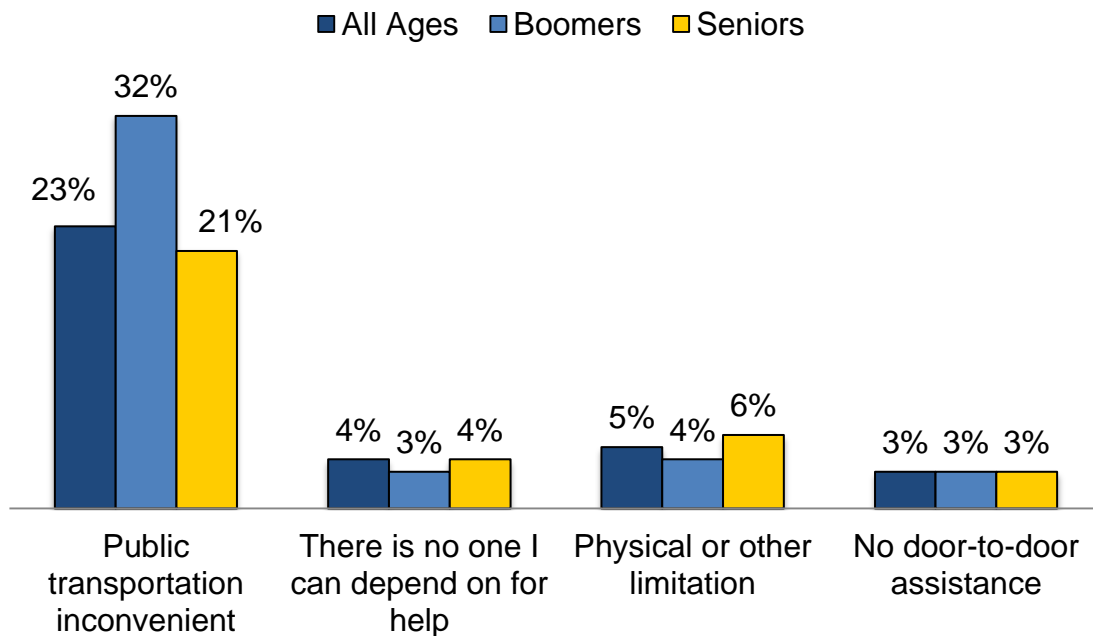


Note: This figure is calculated for all ages combined. A large majority of non-drivers are age 60+ in Falmouth.

All respondents, regardless of whether they currently drive, were asked to report difficulties that they experienced when travelling locally. **Figure 24** suggests that the greatest difficulty experienced by Falmouth Boomers and Seniors is inconvenience associated with public transportation. Overall, 23% of respondents said that public transportation did not adequately meet their local travel needs. Small percentages also indicated that having no one to help them (4%), physical limitations (5%), and limited access to door-to-door services (3%) impeded their ability to travel locally. Among *non-drivers*, physical or other limitations were cited most frequently (27%) as a source of difficulty travelling locally, followed by inconvenient public transportation (24%). About 30% of all respondents wrote in additional difficulties, including a “lack of bike-friendly roads,” traffic and

congestion around town (particularly in the summer), high gas prices, and limited downtown parking.

Figure 24. Difficulties travelling locally by age category



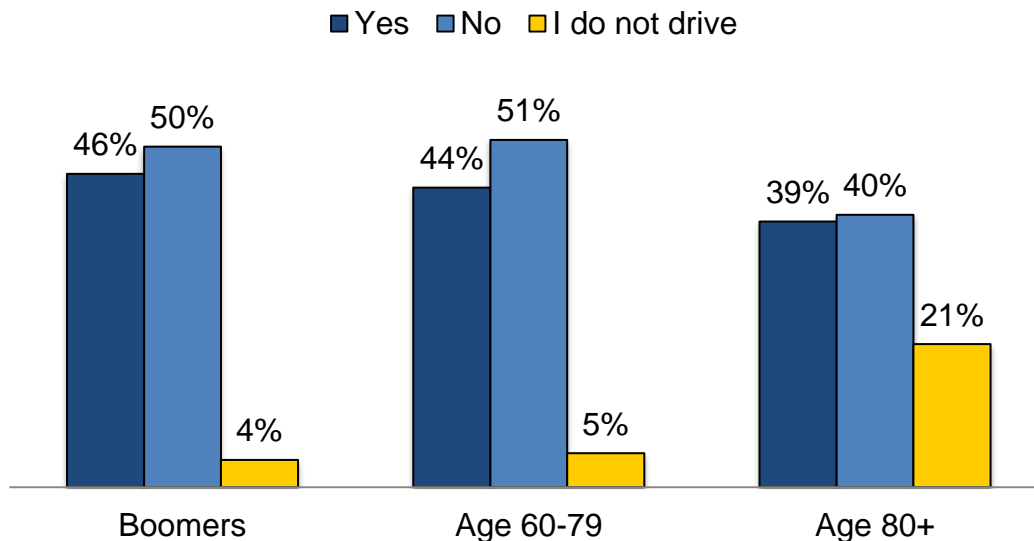
Even among drivers, physical challenges associated with aging (e.g., poor vision status) may sometimes require that individuals make modifications to their driving. **Table 8** shows strategies reported by respondents to make their driving easier and safer. Nearly half of Seniors aged 60 to 79 (49%) reported making at least one modification to their driving, including avoiding driving at night (21%), avoiding driving in bad weather (23%), and avoiding driving long distances (12%). Among Seniors age 80 and over, 77% reported using at least one strategy to make their driving safer and easier— the most commonly cited modifications were avoiding driving in bad weather (50%), and avoiding driving at night (49%). Other strategies that were mentioned were combining driving trips; driving slower; choosing uncongested routes; and being more vigilant about watching for others, including runners, walkers, bikers, and motorcyclists. The use of such strategies by many older adults likely contributes to their increased safety while driving; however, limiting driving could also place constraints on independence and options available to older people with respect to their activities.

Table 8. Modifications to driving by age category

| Modifications to driving | Boomers | Age 60-79 | Age 80+ |
|--|---------|-----------|---------|
| I do not modify my driving at all | 52% | 51% | 23% |
| I avoid driving at night | 12% | 21% | 49% |
| I avoid making left hand turns | 10% | 10% | 16% |
| I avoid driving in bad weather | 14% | 23% | 50% |
| I avoid expressway driving | 3% | 5% | 17% |
| I avoid driving far distances | 7% | 12% | 38% |
| I avoid driving in unfamiliar areas | 5% | 9% | 33% |
| Other | 11% | 10% | 11% |

Finally, survey participants were asked whether they ever gave assistance to any older adults by providing them with transportation. Overall, 44% of respondents stated that they provided transportation to others; the remaining 56% did not provide transportation (49%) or were not drivers (7%) (see **Table SS-Q32, Appendix B**). Large percentages of Boomers (46%) and Seniors age 60 to 79 (44%) helped older adults by providing them with transportation. Among Seniors age 80 and over, 39% provided others with transportation (**Figure 25**).

Figure 25. Percent of respondents who assist older adults by providing transportation by age category



Section V. Current Senior Center Services

The Town of Falmouth's Senior Center is an important resource for many older residents. Part of the Senior Center's mission is to advocate on behalf of residents age 60 and over in addressing their needs and identifying and developing resources for assistance. Additionally, the Senior Center has developed a broad range of programs and services that target a diverse population of older people, including services for information and referral to other community agencies, outreach, health services, transportation, education and recreation programs and activities. Through these programs and services, the Senior Center emphasizes promotion of healthy aging and enhancing quality of life for Seniors and their supporting family members.

An important goal of the sample survey was to assess the degree to which Falmouth's residents felt that services and programs available through the Senior Center were valuable or important. **Table 9** shows the percent of survey respondents who stated that Senior Center programs and services were "very important" or "important" to themselves or to someone in their families. With few exceptions, the majority of respondents of all ages believed that programs and services were important. Among the 15 programs and service categories assessed, fitness programs were viewed most favorably, with 62% of all respondents saying these programs were important. Overall, 59% of all respondents rated information and referral services as important; and 58% stated that learning opportunities were important.

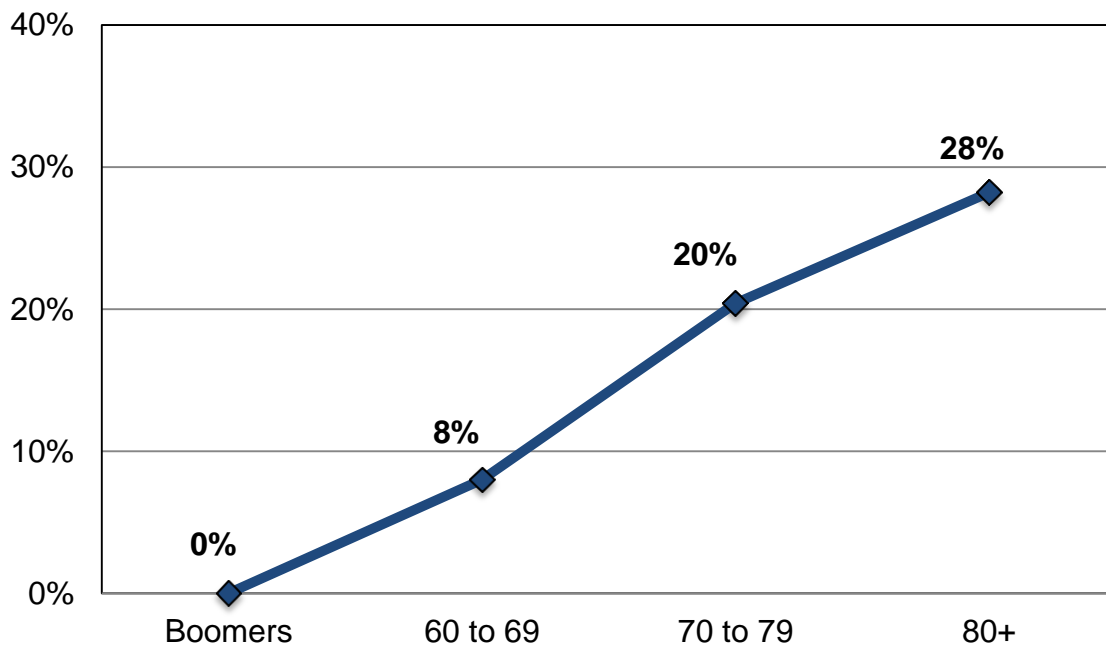
Some notable differences emerged by age category. Among Boomers, health and wellness programs were highly rated as important (63%), as were volunteer medical transportation services (61%), and assistance with local and state programs (60%). Among Seniors, bus trips and outings were also highly rated as important (55%), as were health and wellness programs (54%). Among the oldest respondents, those ages 80 and over, the highest favorability rating was for information and referral, with 62% of the oldest group rating these services as important; bus trips and outings (57%), and in-home outreach services (57%). These differences likely reflect variability in the priority attached to specific programs as individuals age, but they may also reflect the different interests of future generations of Senior Center users. Although it is yet to be fully realized, many gerontologists believe that Baby Boomers will lead the shift toward services that are proactively chosen by consumers, and will be less likely to accept services passively, or without registering their preferences.

Table 9. Percent of respondents who say programs/services are either “very important” or “important” to them personally or to someone in their family

| | All Ages | Boomers | Seniors | Age 60- 79 | Age 80+ |
|--|-------------|---------|---------|------------------|---------|
| VanGo Falmouth Senior Center Minibus | 47% | 50% | 46% | 45% | 48% |
| Volunteer medical transportation program | 52% | 61% | 50% | 50% | 52% |
| Support groups | 43% | 48% | 42% | 41% | 47% |
| Volunteer opportunities | 52% | 57% | 51% | 52% | 46% |
| Health and wellness programs (blood pressure and glucose screening, etc.) | 56% | 63% | 54% | 54% | 55% |
| Professional services (tax preparation and legal services) | 50% | 55% | 49% | 48% | 53% |
| Fitness activities (exercise, dance, yoga, Tai Chi, etc.) | 62% | 65% | 61% | 62% | 56% |
| Social activities (lunch groups, book club, quilting and board & card games, etc.) | 53% | 59% | 52% | 51% | 55% |
| Social functions (entertainment, sponsored lunches, etc.) | 49% | 53% | 47% | 46% | 51% |
| Bus trips and outings (to theaters, museums, and destination tours) | 54% | 53% | 55% | 54% | 57% |
| Learning opportunities and educational seminars | 58% | 61% | 58% | 59% | 52% |
| Information and referral services to local resources and care providers | 59% | 61% | 58% | 57% | 62% |
| Assistance with local or state programs | 54% | 60% | 53% | 53% | 50% |
| SHINE Program-- Help with health and prescription needs | 50% | 55% | 49% | 49% | 52% |
| In-home outreach services (friendly visitor, reassurance calls, minor home repairs, case management) | 50% | 53% | 50% | 48% | 57% |

Despite the widely perceived importance of Senior Center services by Falmouth’s residents, only a small percentage of Seniors said that they currently used programs and services provided by the Center (see **Table SS-Q34, Appendix B**). Among all Seniors, only 17% of respondents said that they currently use programs and services offered by the Falmouth Senior Center. A larger proportion of respondents age 80 and over (28%) said they used programs and services, compared to Seniors age 70 to 79 (20%), and age 60 to 69 (8%) (**Figure 26**). Among Seniors who did not currently participate in programs and services offered by the Senior Center, 25% stated that they were “not interested,” 19% stated that they were “not old enough,” and 58% gave other reasons for not participating, such as being busy with other activities, having disabilities that prevented them from participating, and having other resources to fill the same needs. In some respects, many of these responses may point to inaccurate preconceptions about services that the Senior Center provides. For instance, many residents may feel that services are targeted only at the Town’s oldest and most frail residents, and that they, themselves, are too “young” or well-functioning to participate. A small percentage of Senior respondents (15%) also indicated that they have traveled to Senior Centers in other towns to participate in their programs (see **Table SS-Q43, Appendix B**).

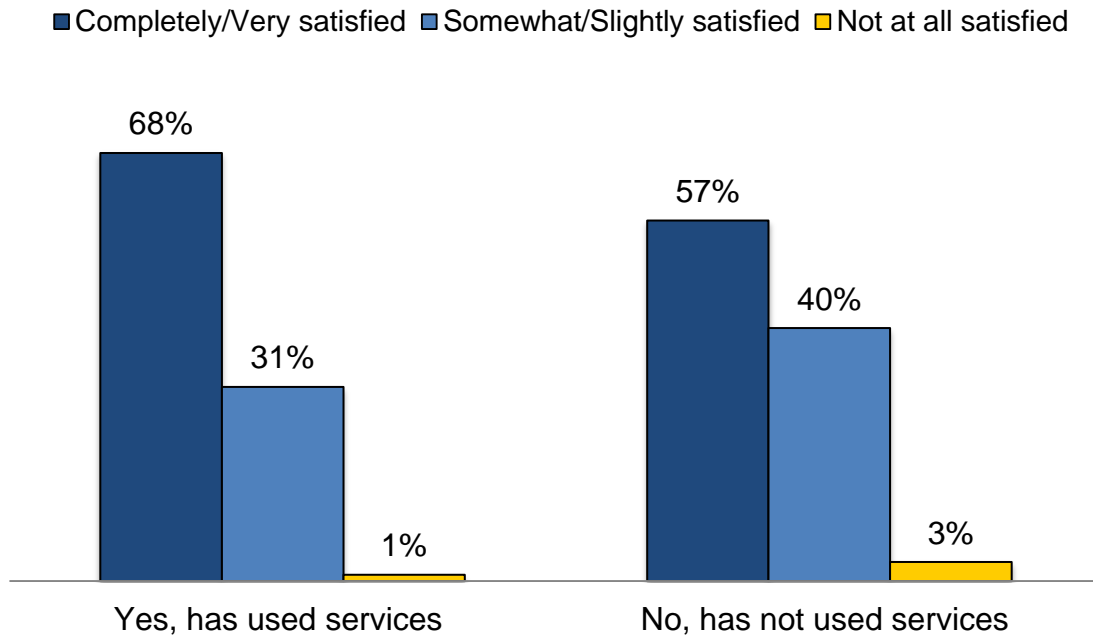
Figure 26. Percent of respondents in each age category who currently use Senior Center programs or services



Respondents to the survey were asked to report their satisfaction with the available programs and services. Below, **Figure 27** shows satisfaction levels by participation (i.e., whether or not respondents used services in the past). Among those who had reported using Senior Center services, 68% reported being “completely satisfied” or “very satisfied”, whereas 57% of respondents who had

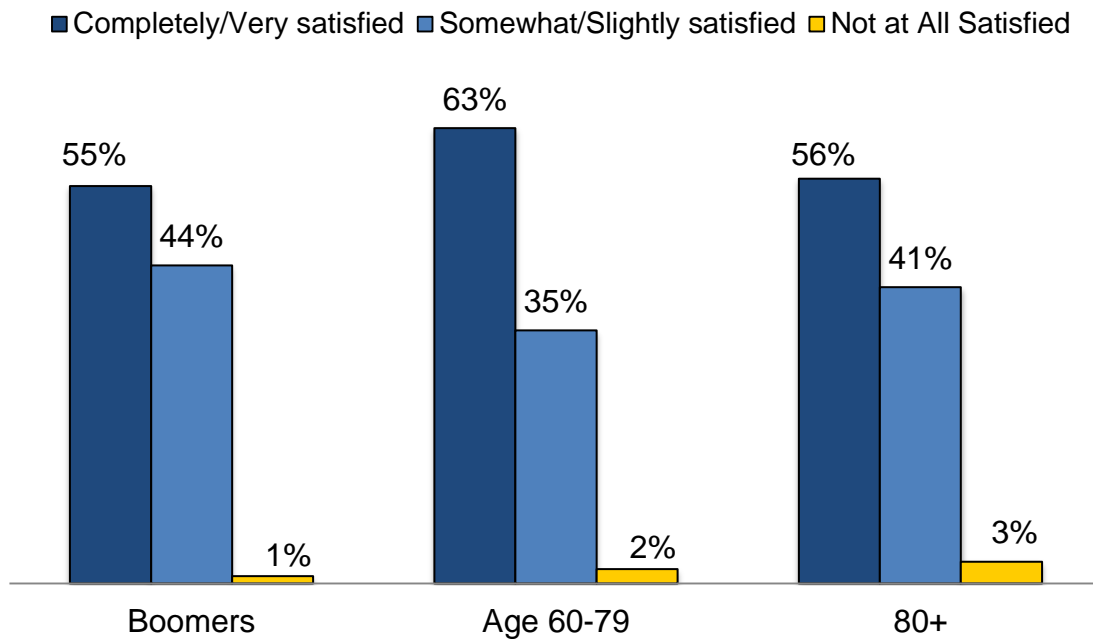
not previously used services reported this level of satisfaction. Less than 3% of participants in either group reported being not satisfied at all.

Figure 27. Satisfaction with services by participation category



In **Figure 28**, satisfaction levels are reported by age categories. Among Seniors age 80 and over, 56% were either “completely satisfied” or “very satisfied”. Satisfaction levels were somewhat higher among younger Seniors, with 63% reporting being completely or very satisfied. Only 1% to 3% of respondents stated that they were “not at all satisfied” with the programs and services provided by the Senior Center.

Figure 28. Satisfaction with Senior Center’s programs and services by age category



All survey participants were asked to identify problems they or someone they know experienced when accessing the Senior Center or its programs and services. The largest proportion of all respondents (26%) stated that not knowing about the availability of programs and services was a barrier (**Table 10**). Among Seniors, this problem was noted by 27% of respondents. In addition, 17% of Seniors said that they did not know how to access programs and services, and 17% cited the lack of sufficient parking as a problem. Additional barriers to access written in by respondents included lack of assistance for those with disabilities, over-crowding in programs/services, difficulty in making contact with the Senior Center, and language barriers.

Table 10. Percent indicating problems encountered when accessing the Senior Center

| | All Ages | Boomers | Seniors |
|--|----------|---------|---------|
| Not knowing what programs/services are available | 26% | 23% | 27% |
| Not knowing how to access program/services | 17% | 16% | 17% |
| Lack of sufficient parking | 15% | 10% | 17% |
| Lack of transportation | 9% | 10% | 9% |
| Not enough available openings to participate in some events | 7% | 5% | 7% |
| Inconvenient location of Senior Center | 6% | 2% | 7% |
| Hours of Senior Center are inconvenient | 4% | 1% | 4% |
| VanGo Minibus or other center-provided transportation is not available when needed | 4% | 4% | 4% |
| Appointment-based services are not available when needed | 4% | 2% | 4% |
| Other | 16% | 14% | 16% |

Finally, survey participants were given the opportunity to offer open-ended comments about current services that are available from the Senior Center. **Table 11** shows key themes and example comments by respondents. The most commonly cited themes related to how impressed survey respondents were with the Senior Center and its staff; however, many respondents also stated that programs were somewhat limited, that classes were often too full, or were cancelled, and that new programs needed to be developed. A large number of respondents commented on the condition of the building, stating that it was outdated or too small—and that its general appearance was not attractive. Several respondents commented that more advertising was needed to heighten awareness about the Senior Center’s activities among residents, since little was known about available services. The largest number of individuals offering responses stated that they did not yet need services provided by the Senior Center—nevertheless, most respondents hoped that services would be available when they needed them.

Table 11. Commonly mentioned themes relating to Senior Center services

Issues Mentioned

Impressed with Senior Center programs and/or staff

"I am impressed by what is done with so few resources; volunteers are saints."

"I have assisted a neighbor in accessing your services. You have a wonderful setup and great people."

"Great to have the Senior Center. I don't know what we would do without it."

Senior Center has limited programs, needs new programs, classes are full or get cancelled

"More free or low cost programs, more day trips: museums, flower shows, plays, music performances (BSO, etc.)"

"I know many elderly who need the bus—the cutback hurt them a lot!"

Building is old, too small, not attractive

"I think it is a great program for Seniors who need help, socialization, transportation - but the building is too small!"

"Need more room for exercise and other programs without distraction from people walking around or talking."

"Aesthetically the building does not look like you would want to enter!"

Need more information, advertise more

"I read both the Enterprise and Cape Cod Times. Perhaps advertisements would 'get the word out'."

"I was unaware of the broad range of programs and services. I need to check it out!"

Don't need the services yet

"I know some day I will need help and I think your services will help me greatly."

"I am comforted that the Senior Center exists and has these services. I may need them in the future."

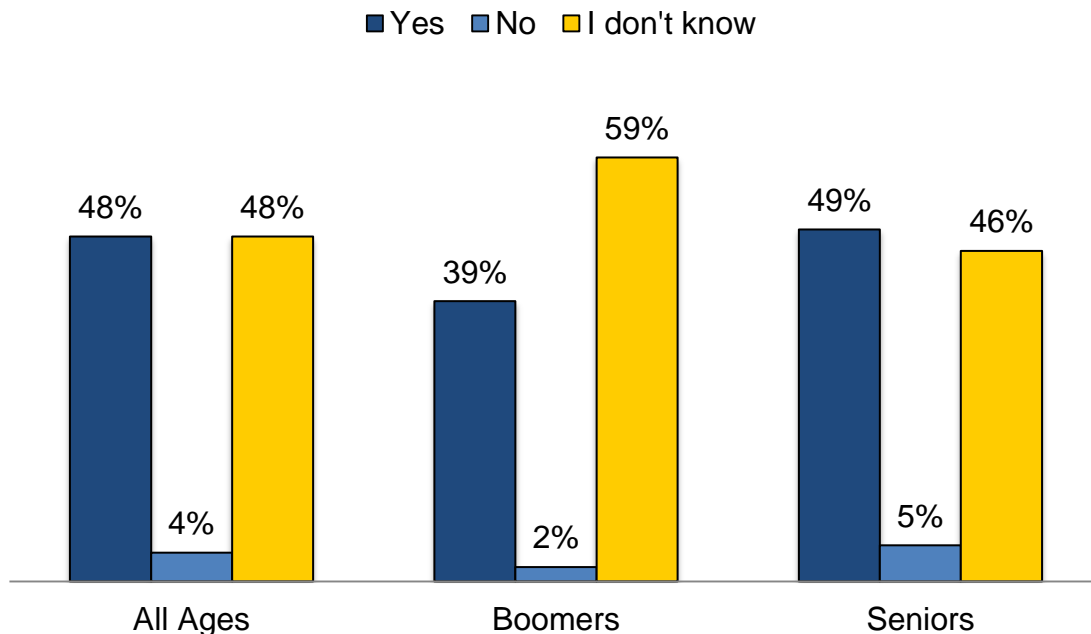
"I am an old crusty conservative and doing okay on my own. I am pleased you have all these services. Keep up the good work!"

Section VI. Future Senior Center Planning.

Most Falmouth residents are receptive to participating in the Senior Center. Survey respondents were asked whether they planned to utilize programs or

services offered by the Senior Center in the future. **Figure 29** indicates that nearly half (48%) of all survey respondents plan to use services. A higher proportion of Boomers (59%) than Seniors (46%) indicated that they did not know whether they would use services in the future. Crosstab analyses (not shown in tables) suggest that of those who currently do not use services, the vast majority (95%) either plan to use services in the future (41%), or do not know whether they will use services in the future (54%). The relatively large degree of uncertainty about using services may point to the importance of marketing to a broader range of potential consumers, who may not recognize the scope of Senior Center activities. Notably, only a small percentage (4%) of respondents indicated that they did not plan to use services in the future.

Figure 29. Percent of respondents who plan to use Senior Center services in the future by age category



Falmouth residents participate in many programs and activities for older adults outside of those held at the Senior Center (see **Table SS-Q40, Appendix B**). Large proportions of Boomers and Seniors indicated that they participated in recreation or exercise/health programs (27%), social activities (26%), volunteer programs (25%), educational or cultural programs (23%), or faith-based activities (21%). The oldest Seniors are more likely to participate in Senior Center activities than in any of the other local activities listed, except for social activities, suggesting that the Senior Center may be an especially important outlet for engagement by this age group.

When asked to think about possible future interests, as a way to aid planning of service and program priorities, both Boomers and Seniors stated that strength training and aerobic exercise programs should be prioritized (see **Table SS-Q41,**

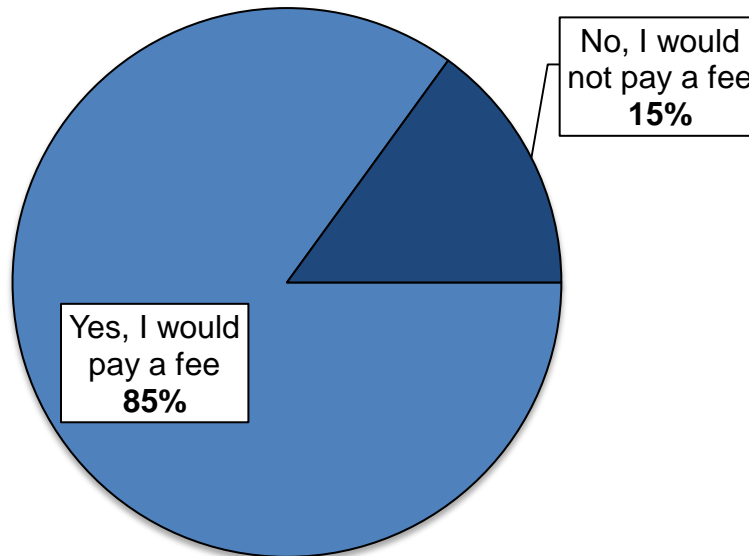
Appendix B). In addition, one-third or more of respondents said that life-long learning and education programs, water/swimming programs, computer courses, social programs, and hiking/walking clubs should take high priority in planning for the future. Below, **Table 12** shows priority recommendations by age cohort. With the exception of performances and presentations, Boomers prioritized all activities more often than Seniors. The largest differences between age cohorts in prioritization was found for physical activity programs such as swimming, strength training, and walking programs, all of which were rated considerably higher among Boomers than among Seniors. Other programs mentioned included programs to help with understanding technology (e.g., cell phones and computers), pet programs (e.g., therapy animals), language learning and travel, and audio/large print books for individuals with vision impairments. Results suggest that Boomers may have even stronger interest in physical activity programs offered through the Senior Center than today’s Seniors do.

Table 12. Percent indicating areas of priority by age category

| Priorities for new programs | Boomers | Seniors |
|---|---------|---------|
| Strength training/aerobic exercise programs | 64% | 50% |
| Life-long learning and education programs | 45% | 43% |
| Water/swimming programs | 55% | 39% |
| Computer courses | 42% | 36% |
| Social programs | 43% | 34% |
| Hiking/walking club | 51% | 33% |
| Performances/presentations | 30% | 31% |
| Arts & crafts programs | 32% | 23% |
| Senior Lunch Program | 24% | 23% |
| Quiet sitting/reading area | 10% | 8% |

Currently, some programs offered through the Falmouth Senior Center require payment of a fee, such as large functions or some exercise programs. Survey responses suggest that payment of a fee is not a barrier to participation for most Falmouth Boomers and Seniors. **Figure 30** shows that 85% of respondents indicated a willingness to pay a fee; this percent was not substantially different for Boomers (80%), for Seniors age 60-79 (87%), or for those aged 80 and over (83%; see **Table SS-Q42, Appendix B**).

Figure 30. Percent willing to pay a fee to participate in Senior Center programs and services



Finally, sample survey participants were given the opportunity to make open-ended statements about the Falmouth Council on Aging Senior Center and the current or future needs of older adult residents in Falmouth. **Table 13** displays the most frequently mentioned themes that emerged in response to this item. The most common theme mentioned was that the current Senior Center is outdated. Many respondents indicated that the current facility was not adequate to meet current needs and would need to be enlarged and updated to meet future needs. Other common themes included the need for a wider array of services to address greater diversity in the future Senior population. In addition, frequent mention was made about the need for raised awareness regarding the existence of programs among both current and prospective future users of the Senior Center.

Table 13. Most prevalent issues mentioned relating to Falmouth Council on Aging Senior Center or the current or future needs of older adult residents in Falmouth

Issues Mentioned

New Senior Center, more space, larger parking area

"All I am saying is 'if you build it, they will come', the town is growing and getting older and we need to work on that idea."

"A new building (is needed), the present one is too small to accommodate many programs, but the staff does an excellent job under somewhat adverse conditions."

Offer more services, a wider array of services or programs

"Diet and exercise are so important to being healthy and independent. Programs of this type would be beneficial."

"I am 76 and to get me interested a new building would need a gym, coffee 'snack' bar, job training to keep people working or volunteering...not playing cards and waiting to die."

Senior Center programs and services are appreciated

"Admirable number of choices for those in need or who desire them. For those of us with family, friends, and health to not need them, their existence is nonetheless comforting."

"I feel Falmouth is doing a good job. It's reassuring and exciting that things may even get better."

Provide more information about programs and services

"I have never looked to see if the Falmouth Senior Center has a website that is current for events/activities. If not, they should and all correspondence should list the URL. They need to promote themselves."

"I have to be honest, I didn't know Falmouth had a Falmouth Council on Aging. I've never been to the Senior Center and don't know where it is located."

"A bigger outreach program (is required) to many who will never ask for help."

Results of Falmouth Community Questionnaire

The community questionnaire was an ancillary short survey made available to all adult (age 18 and over) community residents. Thus, the sample was not randomly chosen and is composed of participants who proactively selected themselves into the study. Of the 334 responses that were received, 4% were from individuals age

18 to 44, 6% were age 45 to 59, and 90% were age 60 and over. Among the Senior respondents, large proportions (34%) were age 80 and over. A disproportionate percentage of all respondents (80%) were female. Respondents to this short questionnaire are likely to be those who have the greatest interest in the Senior Center and its programs and services. However, respondents were not exclusively current users of the Senior Center. Among respondents age 60 or over, 57% indicated that they currently used programs and services offered by the Senior Center (**Table CQ-Q4, Appendix D**).

Results of the community questionnaire reveal a large level of support for the Senior Center's programs and services (**Table CQ-Q3, Appendix D**). The vast majority of respondents rated all services as "very important" or "important". The greatest level of support was found for information and referral services (89%), fitness programs (87%), volunteer medical transportation (87%), and bus trips and outings (87%); three of these programs were among those top-rated by Seniors in the sample survey as well.

The most often cited barriers to accessing services and programs in the community questionnaire included the lack of sufficient parking (41%), not enough openings to participate in some events (30%), lack of transportation (26%), and not knowing what services/programs are available (23%), again overlapping considerably with the most frequently cited barriers in the sample survey (see **Table CQ-Q5, Appendix D**). With respect to perceived future needs, the majority of respondents of all ages indicated that they would prioritize strength training/aerobic exercise programs (64%), social programs (57%), computer courses (53%), and life-long learning and education programs (53%) (see **Table CQ-Q6, Appendix D**). Finally, the vast majority (78%) of questionnaire respondents indicated that they intend to use programs and services offered by the Senior Center at some point in the future. Nearly all Seniors indicated that they planned to use services (82%) or they did not know if they would use services (16%).

Overall, enthusiasm for the Senior Center and its programs was considerably higher for this group of respondents, many of whom may have responded precisely because of their interest in further promoting the Senior Center. However, similar issues and priorities emerged from both data collections: strong support for existing programs and services, clear priorities for expansion of programs, challenges associated with parking, transportation, limited numbers of openings in popular programs, and not knowing what is available. Very high receptivity to participating in Senior Center activities and programs was evident through both data collections.

Results of Peer Communities Comparison

Most towns in the Commonwealth have a Council on Aging (COA) to provide programs and services to the older adult population in their area. Each COA differs in terms of resources and programs offered. Partial funding for COAs is provided through a formula grant from the Massachusetts Executive Office of

Elder Affairs (EOEA). Funds from EOEA are provided in direct proportion to the number of older adults who reside in each town, with \$7.00 given to towns for each individual age 60 and over. Many COAs supplement these funds with budgeted support from the town, and in-kind donations from organizations or other Town departments (e.g., a Department of Public Works providing the building maintenance of the Center; or the local Aging Services Access Points [ASAP] providing lunch within the Center through the Senior Nutrition Program). Most Senior Centers also have Friends of the Senior Center groups consisting of volunteers who are committed to supporting the Center by giving of their time and raising money. “Friends” groups often host fundraisers to purchase items that Senior Centers need. Centers also frequently offer fee-based programs to help stretch limited funds. Indeed, every COA is unique in its goals and values; therefore, they are likely to be funded through different combinations of sources, and to utilize their funds in individualized ways to meet their specific needs.

For the purpose of gaining a better perspective on the wide array of choices made by Senior Centers in the allocation of their funds, five communities were selected based on similarities to Falmouth, both geographically and with respect to their population’s demographic characteristics. The five communities included Barnstable, Marshfield, Mashpee, Plymouth, and Yarmouth. Interviews were conducted with the Directors of the Senior Centers either over the phone or through email. Data were collected about each Senior Center’s programming, staffing, financing, budget, and usage information. Comparisons are intended to serve as benchmarks for understanding decisions about resource allocation by other town COAs.

Below, **Table 14** provides general demographic comparison information for the six towns, including Falmouth. Comparing the percent of Seniors in the population, Falmouth’s 34% is most similar to the towns of Mashpee (31%) and Yarmouth (37%). Socioeconomic status varies among the six towns, with Falmouth being near the middle of the income distribution along with Barnstable. Yet, Falmouth has the highest proportion of the population with college degrees (48%) among the towns, with Marshfield close behind (45%).

Table 14. Demographic comparison of peer communities

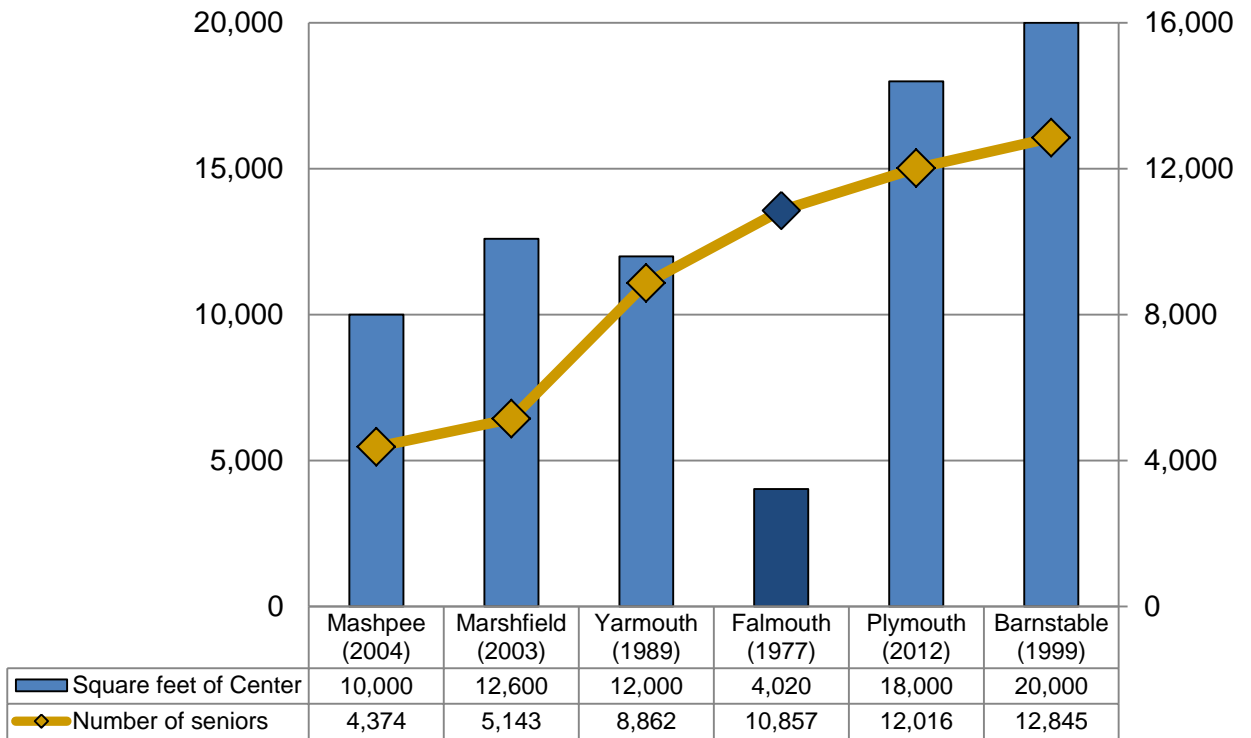
| Town | All Ages | Age 60+ | % Age 60+ | Median Household Income | % with College Degrees |
|-----------------|-----------------|----------------|------------------|--------------------------------|-------------------------------|
| Falmouth | 31,531 | 10,857 | 34% | \$62,686 | 48% |
| Barnstable | 45,193 | 12,845 | 28% | \$62,671 | 36% |
| Marshfield | 25,132 | 5,143 | 21% | \$89,436 | 45% |
| Mashpee | 14,006 | 4,374 | 31% | \$59,856 | 33% |
| Plymouth | 56,468 | 12,016 | 21% | \$74,355 | 31% |
| Yarmouth | 23,793 | 8,862 | 37% | \$50,927 | 33% |

Source: 2010 U.S. Census; ACS, 2007 - 2011

Size and Staffing of Peer Comparison Senior Centers

Below, **Figure 31** outlines the core features of physical space in the Senior Centers in each town. Most of the Senior Centers were built within the past 15 years with the exception of centers in Yarmouth and Falmouth, which were opened in 1989 and 1977, respectively. The size of Senior Centers varies substantially, ranging from the smallest, Falmouth’s Center (4,020 square feet), to the largest, Barnstable’s (20,000 square feet). The EOEA offers a helpful recommendation for determining the appropriate size for a town’s Senior Center, suggesting 5.5 square feet per Senior resident as a minimum standard in determining the amount of space a Senior Center needs in order to accommodate its older population. None of the six towns meet this standard, with the number of square feet per Senior resident ranging from 0.4 (Falmouth) to 2.4 (Marshfield).

Figure 31. Peer community comparison on size of Center and number of Seniors



To meet the 5.5 square feet per Senior standard, the Falmouth Senior Center would need to expand to nearly 60,000 square feet. A more realistic expansion, at least in the short term, might be to 18,000 square feet, about the size of the Senior Center in Plymouth, which has a similar number of Seniors. When asked whether their Senior Centers were large enough to meet current needs, representatives from two towns, Falmouth and Marshfield, said space was not adequate. Although the other towns stated that they have the space they currently needed, some voiced a need to reallocate space, for instance, using less space for offices and more for activities and programming.

According to Emmett Schmarsow, Program Manager for Councils on Aging and Senior Centers, space is a looming problem for many of the Commonwealth’s COAs. Based on the metric cited above in conjunction with the accelerated growth of the older population, even Senior Centers that are adequately sized to meet current needs, may not be equipped to accommodate future space needs. Thus, Mr. Schmarsow recommends looking ahead at least ten years when planning for future space, service, and staffing requirements. As noted earlier, population projections suggest that a far larger number of Seniors will be residents of Falmouth within the coming 10-20 years. Mr. Schmarsow also recommends planning for expansion and modification. In his experience, when towns build larger and more modernized buildings, participation levels among Seniors rise dramatically. Choosing a site with expansion opportunities and

designing a building with flexible spaces can accommodate shifting interests and levels of participation during a Senior Center's useable lifetime⁷.

Staffing levels also vary among the six Senior Centers with Falmouth, Mashpee, and Yarmouth each having 9 to 10 employees. Barnstable, Marshfield, and Plymouth's staff sizes range from 15 to 18 employees, though the mix of full-time and part-time staff varies considerably among them. Senior Center employees are paid from a variety of sources including town budgets, the formula grant from EOEA, and from outside grants or sources, such as through the Mature Worker Program. All six Senior Centers reported using volunteers throughout their operations. Volunteers serve a critical role for Senior Centers, filling in gaps in services that often are too great for paid staff to meet. Volunteers assist in a variety of ways, including providing administrative assistance, providing rides to Seniors for medical appointments, serving as friendly visitors, and lending their skills and talents to programming and activities at the Center. The number of active volunteers at Falmouth's Senior Center is low compared to the other towns, providing considerably fewer hours per week to support the activities of the Center.

All six of the Senior Centers stated that they try to appeal to Seniors of all ages and physical and cognitive abilities in their programming, though many report that the oldest old and both frail and active elders are their most common visitors. Representatives from the Senior Centers reported efforts to draw Baby Boomers into their facilities with programs and services that would appeal to that cohort of older people. In order to encourage new participants to use Senior Centers, towns have used various approaches to market their programs. Many reported using monthly newsletters that are sent out via mail and email, as well as delivered to local non-profits or other government departments. Local television and newspapers are often used to advertise events and programs provided by Senior Centers. One Center reported using social media and an online registration option in order to appeal to younger elders and to make signing up for programs more convenient. Most comparison towns have also designed financial incentives aimed at helping Seniors meet their needs. For instance, all five of the comparison towns currently offer tax-work off programs. The number of available slots in the towns ranges from 4 in Plymouth to no limit in Yarmouth, with budgets ranging between \$500 and \$750 per slot. Falmouth is the only town among these communities without a tax-work off program.

⁷ Personal communication with Mr. Emmett Schmarsow, October 22, 2013.

Hearing from Town Offices and Community Organizations

Results of Focus Groups

Two focus groups were held, aimed at identifying concerns of individuals in local departments and organizations regarding Falmouth's older population, and to produce suggestions for how the Senior Center can work better with these entities to improve quality of and access to services.

Focus Group 1: Representatives from Falmouth municipal departments

The first group was composed primarily of representatives from municipal departments that commonly provide services to older people, including two representatives from the Fire Department; two from the Police Department; the Town Planner; the Town Assessor; and representatives from the Department of Human Services; the Board of Health; the Veteran's Administration; and the Public Library.

One of the biggest challenges initially cited by participants in this group was related to limited resources, in terms of money, staff, and time, available for addressing the growing needs of older adults in Falmouth. The content of this discussion centered on how to better integrate services by improving the flow of communication between entities in the Town. In addition, the group generally agreed that educating residents about available services and encouraging their use was an effective way to raise awareness and increase proactive planning by older adult residents and their families.

Examples were offered for how services could be utilized more effectively if education was more widely available. For instance, when non-local family members had difficulty reaching their older parents during a recent winter storm, many requests were made of the Fire Department to check in on older parents, and/or to take them to a shelter for safety. Others in the group agreed that limited resources often challenged the capacity of the Town's departments to respond appropriately and efficiently in emergency situations. Much of the problem, participants believed, could be attributed to denial on the part of older residents that problems would affect them personally. In these cases, education could go a long way to raise awareness about the importance of having a contingency plan in the event of a serious crisis.

Many in the group agreed that one way to address such challenges was to provide education to older people ahead of time (e.g., about evacuations in emergencies) so that services could be planned and sought *proactively* before they are needed, rather than addressed *reactively* and less efficiently after emergencies occur. Nevertheless, even when education is available, several group participants noted other challenges to addressing the needs of the older population that are unrelated to the availability of information. For instance, one participant noted that some older adults, specifically those with cognitive difficulty, struggled with problem solving. Thus, whereas education and dissemination of information

about available services was cited as an important component in delivering services most efficiently, it was agreed that development of other mechanisms to facilitate utilization of services was also needed to ensure that scarce resources are used to their optimal benefit. Involving non-resident family members in educational and planning efforts may be one vehicle for addressing this issue.

A related challenge identified in Focus Group 1 involved the difficulty of older residents to procure informal care and support within their neighborhoods. A distinctive characteristic of Falmouth, compared to other communities in the Commonwealth, is its highly migratory population. This dynamic has led to areas of the Town in which many older individuals may not know their neighbors well, and may not have the support they need or desire nearby. These observations led to a rich discussion within the group about the need for enhanced communication and stronger linkages between organizations that serve older people. The role of the Senior Center in these efforts was viewed as central, particularly because of its salience in the community and its access to older residents, and because of its potential to collaborate widely with many other municipal entities. One participant described a series of mutually beneficial collaborations recently undertaken by the Senior Center and Fire Department. Despite these successes, the importance, and often the mandate, to maintain the confidentiality of older residents was by cited by one participant as a barrier to streamlined communication and collaboration between Town entities.

Focus Group 2: Representatives of agencies/organizations that interact closely with older residents of Falmouth

The second group was made up primarily of representatives from various organizations that work closely and interact frequently with older people, including representatives from the *Falmouth Enterprise* (newspaper), Neighborhood Falmouth (Senior service program), two representatives from Royal Falmouth (skilled nursing and rehabilitation facility), and representatives from the Jewish Congregation (a religious organization), the Community Health Center (a service organization), the Cape Cod Foundation (philanthropic organization), the Chamber of Commerce, the Town's Board of Selectmen, the director of the Housing Authority, and a representative of individuals who currently use the Senior Center.

Individuals in the second focus group identified many of the same issues as the first. Most importantly was the need for improved communication between all stakeholders in the Town who have an interest in the wellbeing of older residents. Along these lines, one participant emphasized the need for a central point for information dispersal. Many different providers and supports are available, but service providers in specific agencies may not know about them, or how to navigate them. This problem is exacerbated by the abundance of outdated information or misinformation offered by some service providers.

Participants believed there were many under-explored avenues for improving the flow of information from Town agencies to the citizenry. The representative from

the *Falmouth Enterprise* stated that the newspaper, along with other community media resources (e.g., Falmouth Community Television) could be instrumental in raising awareness in the community about issues that affect older residents and services that are available to them. (In fact, the community forum, which served an important role in establishing many issues of concern early in this needs assessment, was broadcast on FCTV.) Among service providers, the use of the Internet to enhance or enable the sharing of information is already common; however, the group acknowledged that dependence on the Internet, and computers in general, could limit access to information for many older people.

Finally, with regard to communication, participants of both focus groups stated that better community organization and meetings between representatives from Town organizations would be useful to better understand the issues each group faces. Many participants believed that services were often needlessly fragmented due to the unavailability of reliable information about services. Participants in both groups stated that the current focus group setting provided a good model for how future meetings among stakeholders might be conducted.

A second area of concern discussed in Focus Group 2 involved adequacy of outreach to the *diverse* aging population that resides in Falmouth. The group acknowledged the wide array of needs, interests, and preferences that exist among the Town's older residents. Many participants were concerned about whether there was adequate outreach to the large number of older residents who could benefit from services and programs that are offered by the Senior Center, but who may be unaware of their existence, or not specifically targeted by Senior Center outreach.

Access to available services is a multifaceted concern, and was expressed by participants in the second Focus Group from multiple points of view. Not surprisingly, the relative shortage of appropriate, convenient, and timely transportation services, compared to their need, was cited as a major limitation to accessing services. Among other problems, access to transportation is limited by hours of availability. In addition, one participant pointed out that many programs are not offered in the evenings, as may be desired by younger potential users. The representative from the *Falmouth Enterprise* stated that he believed access could be limited because many older adults who could potentially benefit from services, as well as future potential consumers of services, may not relate with the language that is currently used to describe older people. He speculated that the term "Senior Center" and/or "senior citizen" might "turn off" a significant segment of eligible users. This participant recommended that stakeholders collectively rethink the labels that are used to be sure they are relatable and non-offensive to individuals for whom services are designed. Other limitations to access that were mentioned, but not widely discussed by the group, included environmental barriers that could physically prevent older adults with impairments and disabilities from participating in available services. Problems associated with affordability and availability of services aimed at installing home modifications, or when needed, redesigning of living spaces were noted.

Results of Key Informant Interviews

Key informant interviews were conducted with seven individuals in Falmouth, each of whom holds a leadership position and has close working knowledge of the community. Five of the individuals interviewed hold administrative or governance positions within Falmouth and two are involved in the service sector. The purpose of these interviews was to learn about aging issues in the community from the perspective of individuals who work on behalf of older residents as one of many constituencies and stakeholder groups in Falmouth. All of those interviewed live in the community, and most are long-term or life-long residents. Participants were encouraged to share their insights both as professionals in the community and as residents of Falmouth. One-on-one interviews were held with each participant, lasting 30 to 60 minutes each. Five of the interviews were conducted in person and two were conducted over the phone.

The researchers developed several broad, open-ended questions to direct the conversation with key informants. While each of the individuals interviewed brought his or her unique experiences and perspectives to the conversation, a number of clear themes emerged. The focus of the narrative presented here primarily represents the common themes that spanned multiple interviews.

The key informants all recognized that Falmouth is aging as a community due to three distinct processes: aging in place among long-term residents; the appeal of Falmouth as a retiree destination; and younger adults and families leaving Falmouth in search of expanded employment opportunities and/or a lower cost of living. Participant responses to our questions reflect evaluation of all three aspects of the aging process, to some extent. For example, some responses to our questions refer to the significance of Falmouth as a retiree destination, while others reference younger families leaving Falmouth or long-term residents aging in place.

At the start of each interview, key informants were asked how, in their opinion, the growing Senior population has impacted Falmouth. All participants recognized a myriad of ways in which the shifting age demographic has shaped the community. Certainly, Town offices and organizations in Falmouth have gradually seen more and more clients and constituents who are older. Yet the impact has been far broader than simply a shift in the age distribution of constituents. Although none of the individuals we interviewed represents an organization that specifically targets older residents, as the Falmouth Senior Center does, the growing older population has caused many Town organizations to rethink the ways in which they go about their work. For example, some participants spoke of being more aware of the large older population when making decisions about the downtown area, signage, or walkability features of the community. Some participants described ways in which the aging population has shaped the attractiveness of the community to different types of businesses. The participants share an understanding of the broad impact that the changing demographic profile has had on all sectors of the community.

Key informants agree that older residents contribute extensively to the community. Virtually every participant commented on the critical role played by Senior residents as volunteers in a myriad of organizations, and as participants in Town governance. Senior residents are recognized as a well-educated, experienced, energetic, and committed segment of the population, making their community engagement especially welcomed. Moreover, some respondents cited ways in which the engagement of older residents and activism in support of Seniors could provide the impetus for strengthening the community as a whole. For example, Seniors in Falmouth value an active lifestyle and want to be able to enjoy the natural amenities of the area. Improving accessibility of these amenities and enhancing features of the community that promote a healthy lifestyle may be motivated by a growing older population, but such improvements would have broad benefits for all Falmouth residents. Similarly, features of a community that promote livability among Seniors—such as a vibrant downtown area, high-quality health services, or easily accessed and affordable public transportation—support livability across all ages groups. Some participants speculated that an improved Senior Center could not only more appropriately support the Senior population but could also be recognized as a community amenity.

Key informants were asked about their concerns regarding the aging of the Falmouth population, and the challenges that this presents for the Town. Responses to this line of questioning fell into two categories. First, a number of concerns were mentioned relating specifically to the older population and its current and potential needs. Prominent among these were concerns about the transportation needs of Seniors with driving limitations. Key informants are well aware of the limited transportation options available for residents who do not drive or who have significant driving restrictions, and the important relationship between having access to adequate transportation and wellbeing. Several key respondents noted that Falmouth is staged to experience rapid growth of the Senior population, as the Baby Boomer cohort enters later life. Responding to the shifting needs and interests of this cohort was cited as a potential challenge. Another concern mentioned repeatedly relates to older residents who have no local relatives. As in most communities, many Falmouth Seniors have no children living nearby. As long as older parents are active and doing well, this circumstance may not be problematic. However, if physical or cognitive decline of an older resident occurs, and if other elements of the social support network such as friends or close neighbors are also missing, concerns can arise. Isolated and frail residents place high demands on emergency services such as the police, fire, and EMS. There is especially great concern for isolated and frail residents during severe storms and other disasters. When such events occur, adult children who are not local frequently call Town offices asking for help in reaching an older parent and securing their safety. Key informants recognize the likelihood that these demands will expand as the population becomes older.

A second category of concerns raised by key informants relates to the implications of population aging for the community as a whole. Some participants cited ways in which inadequate support for Seniors may have

negative impacts on the community. As an example, one participant spoke about home maintenance challenges experienced by Seniors who are frail, on fixed incomes, or in residential transition (such as transitioning from independent to supported living situations). Homes that are not adequately maintained have implications for property values in the entire neighborhood. Participants recognized a tension between the desires of residents for low taxes and their expectations for strong services. Valued services must be paid for, and choices must be made by the community about which amenities and services to prioritize. Although not directly related to growth of the older population, but rather, a result of declines in the size of other age groups, some participants noted that the community must thoughtfully consider how to best maintain its high-quality schools in light of the shrinking number of school-aged children in Falmouth. One respondent observed that keeping Falmouth affordable to younger adults and families is important in order to have a local labor force able to support Seniors who are aging in their homes. Balancing the needs of younger and older residents, recognizing that services supporting both age groups can contribute to the livability of the community, was acknowledged as a challenging task.

Key informants offered a number of reflections on how the offices and organizations within Falmouth work together to support the wellbeing of Seniors, but agree that more could be done. Within the nonprofit and service sectors, and between those sectors and the Senior Center, the web of working relationships appears to be extensive and constructive. The service sector interviewees were well informed about the Senior Center programs and services, referred clients to the Senior Center readily, and received client referrals to their organizations frequently. Among Town offices, linkages and communications involving the Senior Center were uneven, though improvements were cited and some critically important linkages were in place. Participants were aware of strong working relationships linking the Senior Center and emergency services, including the police department, the fire department, and EMS. Constructive and mutually beneficial linkages were also identified between the Senior Center and the School department, the Veterans office, and Falmouth Human Services. A number of the participants were not well informed on this issue and reported that they were unaware of whether or how well Town organizations and offices worked together around aging issues. This is an area where leadership and education would be especially helpful.

We asked key informants about their impressions of the Senior Center and its effectiveness. A number of the participants were well informed about the Senior Center, its programs and services. These individuals evaluated the Senior Center in very positive terms, citing its excellent staff and volunteers and its value to the community. They judged the Senior Center as doing as well as one could hope “given its limited resources.” Other key informants had limited or incomplete knowledge of the Senior Center and its mission. Some participants stated that they simply did not know how the Senior Center was doing, but as far as they knew they were doing well. Those with limited knowledge of the Senior Center appeared to focus largely or exclusively on the social service aspect of the Senior

Center's mission, and appeared to be unaware of the Center's broader mission. Some participants suggested directions in which the Senior Center could expand its reach, including a stronger focus on healthy living and health promotion, and more creativity, vision, and leadership around alternative service delivery and program models. It was recognized that to be successful, stronger advocacy and outreach around aging issues will be required.

Results from the key informant interviews make clear that public education about what the Falmouth Senior Center currently offers is needed, along with stronger messaging about the potential for a re-envisioned Senior Center to contribute to resident quality of life. Some of the key informants, and many community residents, think about the Senior Center exclusively in terms of supporting frail or needy elders who are struggling with social isolation, health challenges, or service gaps. Many are not aware of the broad reach of the services already provided and the broad appeal of the programs already available. Some of the key informants are not aware of the positive role that a well-functioning Senior Center could play in the community, in terms of maintaining the ability of older residents to successfully age in place, to maintain their health and their homes, and to continue contributing to their communities. Yet, the key informants and the organizations that they represent are receptive to learning about innovative strategies for enhancing the quality of life among Seniors living in Falmouth and providing needed Senior services. They encourage planning for an older population, that will not only be larger in the future, but may also have different interests and needs. As a result, planning that incorporates a considerable amount of flexibility and adaptability is valued.

Key informants were not asked for their opinions about a new or redesigned Senior Center, yet many volunteered their views. Among this group, no one expressed a negative opinion, although some did not offer any perspective, positive or negative. Among those who expressed their opinion, the importance of public-private partnerships and strong volunteer support was noted.

Summary and Recommendations

Over the past decade, Falmouth's population has become increasingly older. Residents who are age 45 and older now make up the majority of the Town's population. Furthermore, as Boomers age into retirement beginning in this decade, and continuing for years to come, the numbers of those who are eligible to utilize services and participate in activities at the Senior Center will continue to grow, and demand for new services that address the needs and preferences of this cohort will also increase.

Findings of this study indicate a continued commitment to Falmouth by the Town's older residents and other important stakeholders. As individuals strive to age in place in a community that is characterized as highly livable, safe, and age-friendly, older people will likely need services that continue to support their

health, wellbeing, and independence. In planning ahead to meet age-related needs, the Town can harness the potential that older adults have to contribute to the community, towards maintaining the high quality of life that the Falmouth residents enjoy and expect. To meet the optimistic expectations of many Falmouth residents of all ages—and to ensure that the aging of Falmouth is realized as an *opportunity* for the Town to promote livability for the entire community—thoughtful planning and investment is necessary.

Results presented in this report suggest that Falmouth is already perceived as a resource- and amenities-rich community—a desirable place for natives and long-time residents, as well as newcomers relocating upon retiring from employment, to age in place. This allure is due in part to the services that are described in this report, and the support that is provided within the community and through the Senior Center. Older residents are highly satisfied with the wide array of services and programs the Senior Center provides that help Seniors remain in their homes as long as possible. Responses to the survey conducted as a key component of this study point to high levels of participation at the Senior Center, especially by respondents who are age 80 and over. Based on the projected growth of the older population in Falmouth over the next decade, the Town’s Senior Center is likely to experience a rapid escalation in demand for services that are viewed as highly important to older community members, and to those younger family members and friends who often provide care and/or support to older people.

Falmouth, by and large, is a vibrant and healthy community, as suggested by the vast majority of survey respondents who reported high levels of physical and social/emotional wellbeing. Residents perceive Falmouth to be a very safe place to live, and they appreciate the natural and civic amenities that are available for them to enjoy. It is not surprising then, that so many respondents reported a strong desire to remain living in Falmouth as long as they can.

A sizable proportion of survey participants felt confident that they would have adequate financial resources as they progress into their retirement years. Nevertheless, there remain significant segments of the older population who currently experience health challenges, inadequate or diminishing social networks, or financial difficulties that could threaten their ability to remain living in Falmouth. The Senior Center can continue to target outreach to Seniors, especially those who are at high risk for social isolation, or who are particularly vulnerable to economic insecurity. As well, there are many older residents who are economically secure and physically active at present, who recognize that the coming years could bring economic uncertainty, health problems and associated disability that could challenge their prospects for remaining independent in Falmouth. In fact, these concerns about the future are prevalent among many older Falmouth residents, especially in light of the Town’s relatively high cost of living and limited transportation options for those who do not drive or do not feel they can drive safely.

In addition to studying the current needs of Seniors in the Town, an important goal of this needs assessment was to begin sketching a portrait of the next generation of Seniors who will use services provided by the Senior Center in the coming years and decades. The generation of “Baby Boomers” has a reputation for being self-advocating, proactive in seeking out preferred services, and for shaping institutions and systems to meet their specific needs and desires. Thus, in the future, there will be need for consideration regarding services that best address the changing needs of older residents over time. In this study we reported some differences between age cohorts that may be instrumental in planning for the future. For instance, in developing new programs and expanding existing ones, Falmouth’s Senior Center should recognize the high value placed by Boomers, as well as many Seniors, on physical activity and wellness programs. In addition, the Falmouth COA Senior Center may wish to consider the large share of younger respondents who have caregiving responsibilities. The Senior Center can support current Seniors in the Town by serving as a resource for caregivers, including those who are not yet age 60. Boomers in this study could benefit from receiving information and referrals to supplemental care support, such as adult day care and respite care.

Respondents of all ages reported some commonalities in the programs they most value. Across all age groups, programs designed to improve health and wellness by promoting physical fitness and health maintenance are seen as very important contributors to the livability and vitality of Falmouth. Such programs, when supported by well-planned transportation alternatives, and accessible community features, also provide opportunities for older adults to remain connected to the community, increasing social capital, and quality of life.

By reaching out to Boomers with services that they currently need, and that they find important and valuable, the Senior Center could achieve the dual purpose of raising awareness among younger people who may need services themselves, as they grow older. Data from this study suggest a major barrier to utilization of services is lack of knowledge about what is available and/or how to go about accessing services. Many residents, especially those under age 60, are not well-informed about services and programs for which they and their families may be eligible. Therefore, Falmouth’s Senior Center may wish to pursue new in-roads to reach younger people, and make them aware of its programs. Strategies for achieving this aim could include supplementing the current newsletter and advertising with outreach through media that are more likely to be accessed by younger users (such as social media platforms).

In the current needs assessments, gaps were identified between what is currently available and what is needed to age optimally in Falmouth. Since 1980 (three years after the current Senior Center was built), the size of the population age 60 and over has more than doubled, and projections suggest increased growth will continue in the immediate future. Thus, many services will warrant expansion, and others will be reconsidered, given the changing tastes and preferences of those who wish to use services. To fulfill its potential for enhancing quality of life

for Falmouth Seniors and their families, the Falmouth Senior Center of the future must be nimble in responding to the shifting demands for services and programs.

The Town of Falmouth Senior Center is a central node in the larger network of agencies and services that are currently well established to assure that the Town's older residents are supported as they age in place. In addition, it is almost certain that virtually all other aspects of community life will be affected by the aging of the population, including housing, businesses, and recreation, as well as other Town offices. In this study, we sought relevant feedback from stakeholders across the spectrum of aging services and Town offices. Falmouth Seniors are fortunate to benefit from local political and community cultures that encourage cross-departmental communication, aimed at addressing aging-specific needs. Results from components in this study suggest that many Town offices already recognize the growing Senior population in their planning, and that there is eagerness to foster a "Senior friendly" environment, by strengthening ties between groups that work closely with older people. Significant gaps in the network were uncovered in the data collection, suggesting that there is room for improvement as Town offices and organizations learn to work together more effectively in support of Seniors.

Community leaders and residents alike identify Seniors as a positive resource for the town, and acknowledge the current mandate to strengthen services, and to provide opportunities for older residents to participate and remain engaged in the community through the Senior Center, and other agencies/organizations. Nevertheless, planning must continue, with an eye toward addressing many concerns raised in this report, including the affordability of living in Falmouth (especially for those on fixed incomes); wider availability of public transportation options as well as Senior Center transportation; better access to appropriate services and assistance when needed; and room to expand with appropriate facilities that can accommodate a growing, vibrant Senior population.

Based on our research, the research team offers the following recommendations:

- Plan for substantial growth of the Senior population in coming years. Recent projections suggest that by 2030, Seniors will constitute nearly half of the entire population of Falmouth. Recognize that the expanding numbers of Senior residents will impact virtually every aspect of the community, including the Falmouth COA Senior Center.
- Consider ways to leverage existing services and programs within the community. Build on existing strengths of the community, such as the strong culture of volunteerism and civic engagement, and the highly educated population.
- Use planning for the expanding Senior population as an opportunity to promote livability of the community for all residents. Protecting and increasing access to public spaces, improving public transportation options

and medical services, and promoting programs that help Seniors maintain their property are ways in which the entire community may benefit.

- Strengthen linkages and communication pathways between Town offices and community organizations around issues relating to the Senior population. Most Town offices are, or will be, impacted by the aging of the population, but significant information and communication gaps impede optimal responsiveness to the needs of older residents.
- Recognize the diversity of the Senior population in Falmouth. Although many older residents are financially secure, healthy, and socially engaged, significant segments are not. The Falmouth COA Senior Center is charged with serving all segments of the community, with widely varying needs. Targeting those with limited or inadequate resources for Senior Center services can also assure that resources are optimized to achieve the broader goals set forth in the Older Americans Act: supporting choice, control, and independence as Seniors grow older.
- Recognize as a significant priority the need to expand knowledge of existing COA Senior Center services and programs within the community. Engage in aggressive outreach to make residents of all age groups aware of the Senior Center and its mission.
- As the Town considers options for building, renovating, or otherwise expanding its investment in the Falmouth COA Senior Center, we recommend the following:
 - Prioritize the desirable services and programs, and let those programming needs direct discussions about space and staffing requirements.
 - Embrace the opportunity to design Senior services and programs that will support the active, healthy aging goals of Seniors.
 - Plan for shifting interests and needs. Build flexible spaces that can accommodate changes in programming that will be required over time, as new cohorts, and new residents, become Falmouth Seniors.
 - Plan for expansion. An increase in the number of Seniors seeking to participate in the Senior Center is guaranteed purely through growth in the size of the Senior population. However, improvements in space, services and programming will generate even higher *rates* of participation as well, with the result that an overly modest space will be outgrown quickly.
 - Consider public-private partnerships as a means of financing expanded services and programs, and improved space and staffing. Recognize that volunteers are essential members of the COA team, but paid staff is required to successfully manage that resource. Consider opportunities to supplement Town and State financial investments through charging fees for some programs, selectively renting out some Senior Center spaces to

other community groups for special events, and strengthening the fundraising capacity of the Friends group.

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Appendix A: Sample Survey



Town of Falmouth Council on Aging Community Survey

[Note: this is a compressed version of the questionnaire document]

The *Town of Falmouth Council on Aging Senior Center* is asking residents age 45 and over to share their views in order to assess the needs of our older population and improve programs and services provided by the Senior Center. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this form.** If you need assistance completing this questionnaire or have questions, please leave a message at 617-287-7361 and we will return your call. If you prefer to respond online, please go to our secure site at:

<https://www.surveymonkey.com/s/FalmouthSeniorCenterSurvey>. We thank you in advance for your participation.

Section I. Demographics & Living Situation

1. Please select your gender Female Male

2. What is your age range?

45-59

60-69

70-79

80+

3. Who do you live with? (Check all that apply)

I live alone

With a spouse/partner

With my child(ren)

With my parent(s)

With another relative

With someone else (including housemates)

4. Which option best describes your current place of residence in Falmouth? (Check only one)

Condominium or townhouse

Single family home

Apartment complex, including subsidized apartment housing

Assisted living or health care facility

Other (please specify) _____

5. Do you and/or your spouse/partner own the residence you live in?

Yes

No

6. Does your current residence need home modifications (such as grab bars in showers, or railings on stairs) to improve your ability to remain in your home, as you get older?

Yes (if yes, continue to **question #7**)

No (if no, then skip to **question #8**)

7. Are you able to afford to make the changes your home needs?

Yes

No

18. Due to a health condition, do you require help with personal activities (using the toilet, taking a bath/shower, or getting dressed)?

_____ Yes (If "Yes", then continue to **question #19**) _____ No (If "No", then skip to **question #20**)

19. How difficult is it for you to obtain help with personal activities?

| | | | | |
|-------------------|-----------------------|-------------------------------|------------------|--------------|
| Very Difficult | Somewhat Difficult | Neither Difficult Nor Easy | Somewhat Easy | Very Easy |
| _____ | _____ | _____ | _____ | _____ |

20. Do you provide unpaid care or assistance to a spouse, relative, or friend who is disabled or frail?

_____ Yes (If "Yes", then continue to **question #21**) _____ No (If "No", then skip to **question #22**)

21. How challenging is it for you to care for this person and meet your other responsibilities with family and/or work?

| | | | | |
|---------------------|-------------------------|---------------------------------|------------------|--------------|
| Very Challenging | Somewhat Challenging | Neither Challenging Nor Easy | Somewhat Easy | Very Easy |
| _____ | _____ | _____ | _____ | _____ |

Section III. Social and Emotional Wellbeing

22. How would you rate your overall social/emotional well-being?

_____ Excellent _____ Good _____ Fair _____ Poor

23. If you ever needed assistance with activities in or around your home, who would you call for help? (Check all that apply)

_____ Family
_____ I have one or two close friends who would help me
_____ I have three or more close friends who would help me
_____ I would pay someone to help me
_____ I have nobody available to help me when I need it
_____ Someone else would help me (please specify) _____

24. How often do you talk on the phone, email, or get together with friends or relatives?

| | |
|--|-------------------------------------|
| _____ Never | _____ Once a month |
| _____ Very rarely (e.g., only on holidays) | _____ Two or three times each month |
| _____ Every two to three months | _____ One or more times a week |

25. How safe do you feel in your current neighborhood?

| | | | | |
|--------------------|--------------|------------------|------------------|--------------------|
| Completely Safe | Very Safe | Somewhat Safe | Slightly Safe | Not at All Safe |
| _____ | _____ | _____ | _____ | _____ |

26. How important is it for you to remain living in Falmouth as long as possible?

Very
Important

Somewhat
Important

Slightly
Important

Not at All
Important

27. What are your greatest concerns about living in Falmouth as you grow older?

Section IV: Transportation

28. Do you currently drive?

_____ Yes (if "Yes", then skip to **question #30**)

_____ No (if "No", then continue to **question #29**)

29. How do you meet your transportation needs? (Check all that apply)

_____ My spouse or child(ren) drive me

_____ Friends or neighbors drive me

_____ Public transportation

_____ Falmouth Senior Center transportation services

_____ Taxi

_____ Other (please specify) _____

30. Which of the following difficulties have you experienced while travelling locally, if any? (Check all that apply)

_____ Public transportation is inconvenient

_____ There is no one I can depend on for help

_____ Physical or other limitations

_____ No door-to-door assistance

_____ Other (please specify) _____

31. If you currently drive, which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)

_____ Not applicable— I do not drive

_____ I avoid driving in bad weather

_____ I do not modify my driving at all

_____ I avoid expressway driving

_____ I avoid driving at night

_____ I avoid driving far distances

_____ I avoid making left hand turns

_____ I avoid driving in unfamiliar areas

_____ Other modifications of driving behavior (please specify) _____

32. If you currently drive, do you ever assist any older adults by providing them with transportation?

_____ Yes

_____ No

_____ I do not drive

Section V. Current Senior Center Services

The Falmouth Council on Aging Senior Center advocates on behalf of the Falmouth Senior Residents age 60+ in addressing their needs by identifying and developing resources of assistance, provide information, referrals to other community agencies, outreach, health services, transportation, education and recreation programs and activities. There is a special emphasis in promoting Healthy Aging and Enhancing Quality of Life for seniors and their supporting family members.

33. The following items refer to programs and services that are currently offered by the *Falmouth Council on Aging Senior Center*. Please rate the importance of each program/service to you personally or to someone in your family.

| | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|--|----------------|-----------|---------|-------------|------------------|
| VanGo Falmouth Senior Center Minibus | | | | | |
| Volunteer medical transportation program | | | | | |
| Support groups | | | | | |
| Volunteer opportunities | | | | | |
| Health and wellness programs (blood pressure and glucose screening, etc.) | | | | | |
| Professional services (tax preparation and legal services) | | | | | |
| Fitness activities (exercise, dance, yoga, Tai Chi, etc.) | | | | | |
| Social activities (lunch groups, book club, quilting, and board & card games, etc.) | | | | | |
| Social functions (entertainment, sponsored lunches, etc.) | | | | | |
| Bus trips and outings (to theaters, museums, and destination tours) | | | | | |
| Learning opportunities and educational seminars | | | | | |
| Information and referral services to local resources and care providers | | | | | |
| Assistance with local or state programs | | | | | |
| SHINE Program—Help with health and prescription needs | | | | | |
| In-home outreach services (friendly visitor, reassurance calls, minor home repairs, case management) | | | | | |

34. Do you currently use programs or services offered by Falmouth Council on Aging Senior Center?

_____ Yes (if "Yes", then skip to **question #36**) _____ No (if "No", then continue to **question #35**)

35. What is the reason that you do not currently utilize the Falmouth Council on Aging Senior Center programs and services? (Check all that apply)

_____ I am not interested
_____ I am not old enough
_____ Other (please specify) _____

36. Overall, how satisfied are you with the programs and services currently offered by Falmouth Council on Aging Senior Center?

| | | | | |
|----------------------|----------------|--------------------|--------------------|----------------------|
| Completely Satisfied | Very Satisfied | Somewhat Satisfied | Slightly Satisfied | Not at All Satisfied |
| _____ | _____ | _____ | _____ | _____ |

37. Below is a list of problems one could encounter when accessing the Senior Center or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)

_____ Lack of transportation
_____ Lack of sufficient parking
_____ Not knowing what programs/services are available
_____ Not knowing how to access programs/services
_____ Inconvenient location of the Senior Center
_____ Hours of Senior Center are inconvenient
_____ Not enough available openings to participate in some events or activities
_____ VanGo Minibus or other center-provided transportation is not available when needed
_____ Appointment-based services are not available when needed
_____ Other (please specify) _____

38. If you care to comment further about programs and services, please do so here:

Section VI. Future Senior Center Planning

39. Do you plan to utilize programs or services offered by the Falmouth Council on Aging Senior Center in the future?

_____ Yes _____ I don't know
_____ No. Please share your reason(s) with us _____

40. Outside of the Falmouth Council on Aging Senior Center, in what other types of local programs, services, or activities for older adults do you participate? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Volunteer programs | <input type="checkbox"/> Nutrition/meal programs |
| <input type="checkbox"/> Recreational/exercise/health programs | <input type="checkbox"/> Social activities |
| <input type="checkbox"/> Faith-based activities | <input type="checkbox"/> Educational/Cultural Programs |
| <input type="checkbox"/> Other (please specify) _____ | |

41. Thinking about your possible future needs and interests, which of the following areas would you prioritize for new programs and facilities at the Falmouth Council on Aging Senior Center? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Senior Lunch Program | <input type="checkbox"/> Hiking/walking club |
| <input type="checkbox"/> Performances/presentations | <input type="checkbox"/> Life-long learning and education programs |
| <input type="checkbox"/> Quiet sitting/reading area | <input type="checkbox"/> Arts & crafts programs |
| <input type="checkbox"/> Water/swimming programs | <input type="checkbox"/> Social programs |
| <input type="checkbox"/> Strength training/aerobic exercise programs | <input type="checkbox"/> Intergenerational programs |
| <input type="checkbox"/> Computer courses | |
| <input type="checkbox"/> Other (please specify) _____ | |

42. Would you be willing to pay a fee to participate in selected programs and services offered by the Town of Falmouth Senior Center?

- Yes, I would pay a fee No, I would not pay a fee

43. Have you ever traveled to senior centers in other towns to participate in their programs?

- Yes No

44. If you have any other thoughts about Falmouth Council on Aging Senior Center or the current or future needs of older adult residents in Falmouth, please include them here:

Thank you for your participation. We truly appreciate your time and support.
If you have any questions or concerns regarding this survey, please contact:

Jan E. Mutchler, Ph.D.

Director, Center for Social and Demographic Research
Gerontology Institute
McCormack Graduate School of Policy and Global Studies
University of Massachusetts, Boston
Phone: # 617-287-7321

Appendix B: Detailed tables from the Falmouth sample survey (SS)

Percent distributions are shown below for variables included in the Falmouth community survey. Percents are provided separately for Boomers (age 45-59) and Seniors (age 60+), and subsets are provided for two age groups within the Senior population (those 60-79 and those 80+). Readers are cautioned against drawing strong conclusions based on differences between groups with small numbers of respondents.

Total percents may not sum to 100% due to rounding.

SECTION I. DEMOGRAPHICS & LIVING SITUATION

SS-Q1. Please select your gender

| | All Ages | Boomers Age 45- 59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-----------------------|-------------|--------------------------|-----------------------|---------------|-------------|
| Female | 60% | 65% | 59% | 58% | 63% |
| Male | 40% | 35% | 41% | 43% | 37% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1015* | 212 | 801 | 631 | 170 |

*Includes some individuals who did not provide an age.

SS-Q2. What is your age range?

| | All Ages | Boomers Age 45- 59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|------------------------|-------------|--------------------------|-----------------------|---------------|------------|
| Percent | 100% | 21% | 79% | 62% | 17% |
| Number of respondents* | 1021 | 213 | 804 | 633 | 171 |

*Age categories do not include individuals who did not provide an age.

SS-Q3. Who do you live with? (Check all that apply)

| | Boomers | | | | |
|--|----------|-----------|-----------------|-----------|---------|
| | All Ages | Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
| I live alone | 24% | 16% | 26% | 22% | 41% |
| With a spouse/partner | 68% | 74% | 67% | 73% | 44% |
| With my child(ren) | 10% | 26% | 6% | 5% | 9% |
| With my parent(s) | 2% | 7% | 1% | 1% | 0% |
| With another relative | 2% | 2% | 2% | 1% | 4% |
| With someone else (including housemates) | 2% | 2% | 2% | 2% | 2% |

SS-Q4. Which option best describes your current place of residence in Falmouth? (Check only one)

| | Boomers | | | | |
|---|-------------|-------------|-----------------|-------------|-------------|
| | All Ages | Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
| Condominium or townhouse | 4% | 1% | 5% | 4% | 8% |
| Single family home | 90% | 93% | 89% | 91% | 81% |
| Apartment complex, including subsidized apartment housing | 4% | 4% | 4% | 3% | 8% |
| Assisted living or health care facility | 1% | 1% | 1% | 0% | 2% |
| Other | 1% | 1% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1021* | 213 | 804 | 633 | 171 |

*Includes some individuals who did not provide an age.

SS-Q5. Do you and/or your spouse/partner own the residence you live in?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Own home | 88% | 80% | 90% | 92% | 83% |
| Other | 12% | 20% | 10% | 9% | 17% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1018* | 212 | 803 | 632 | 171 |

*Includes some individuals who did not provide an age.

SS-Q6. Does your current residence need home modifications (such as grab bars in showers, or railings on stairs) to improve your ability to remain in your home, as you get older?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 32% | 33% | 31% | 34% | 23% |
| No | 68% | 67% | 69% | 67% | 77% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of responses | 977* | 204 | 770 | 612 | 158 |

*Includes some individuals who did not provide an age.

SS-Q7. Are you able to afford to make the changes your home needs?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-----------------|------------------------------|----------------------------|------------------|----------------|
| Yes | 80% | 73% | 82% | 83% | 78% |
| No | 20% | 27% | 18% | 17% | 22% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 300* | 66 | 233 | 197 | 36 |

*Includes some individuals who did not provide an age.

SS-Q8. Do you live in Falmouth year-around?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-----------------|------------------------------|----------------------------|------------------|----------------|
| Yes | 94% | 98% | 93% | 92% | 94% |
| No | 6% | 2% | 7% | 8% | 6% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1001* | 209 | 789 | 621 | 168 |

*Includes some individuals who did not provide an age.

SS-Q9. How long have you lived in Falmouth? (Check only one)

| | All Ages | Boomers Age 45- 59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-----------------------|-------------|--------------------------|--------------------|---------------|-------------|
| Fewer than 5 years | 10% | 12% | 10% | 11% | 4% |
| 5-14 years | 23% | 25% | 23% | 25% | 14% |
| 15-24 years | 18% | 22% | 17% | 16% | 18% |
| 25-34 years | 15% | 15% | 15% | 14% | 19% |
| 35 years or longer | 25% | 13% | 28% | 26% | 35% |
| Falmouth native | 9% | 14% | 8% | 8% | 10% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1001* | 208 | 790 | 625 | 165 |

*Includes some individuals who did not provide an age.

SS-Q10. Are you currently retired?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 64% | 14% | 78% | 73% | 96% |
| No | 36% | 86% | 22% | 27% | 4% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 990* | 206 | 781 | 618 | 163 |

*Includes some individuals who did not provide an age.

SS-Q11. When do you plan to retire? (Check only one)

| | All Ages | Boomers Age 45- 59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|-------------|--------------------------|--------------------|---------------|-------------|
| In less than 3 years | 15% | 4% | 28% | 27% | 36% |
| In 3 to 5 years | 19% | 10% | 28% | 30% | 0% |
| In more than 5 years but less than 10 years | 14% | 15% | 12% | 12% | 9% |
| In 10 or more years | 25% | 46% | 3% | 4% | 0% |
| Not sure | 16% | 14% | 17% | 17% | 18% |
| I do not anticipate ever retiring | 11% | 11% | 12% | 11% | 36% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 359* | 176 | 182 | 171 | 11 |

*Includes some individuals who did not provide an age.

SS-Q12. Please indicate your level of agreement with the following statement: “During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses.”

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Strongly Agree | 22% | 15% | 24% | 22% | 29% |
| Agree | 46% | 42% | 47% | 47% | 46% |
| Disagree | 12% | 18% | 10% | 11% | 4% |
| Strongly Disagree | 6% | 11% | 4% | 5% | 4% |
| Not Sure | 15% | 15% | 15% | 15% | 17% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 977* | 204 | 770 | 610 | 160 |

*Includes some individuals who did not provide an age.

SECTION II. Health & Caregiving

SS-Q13. How would you rate your overall health at this time?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Excellent | 29% | 40% | 26% | 28% | 15% |
| Good | 58% | 49% | 60% | 60% | 60% |
| Fair | 12% | 8% | 13% | 10% | 24% |
| Poor | 2% | 2% | 2% | 2% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1007* | 208 | 796 | 627 | 169 |

*Includes some individuals who did not provide an age.

SS-Q14. Due to a health condition, do you require help with household activities (routine chores, cleaning, yard work)?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 21% | 10% | 24% | 18% | 47% |
| No | 79% | 90% | 76% | 82% | 53% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 996* | 208 | 785 | 621 | 164 |

*Includes some individuals who did not provide an age.

SS-Q15. How difficult is it for you to obtain help with household activities?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-------------------------------|-------------|----------------------|--------------------|---------------|-------------|
| Very Difficult | 7% | 10% | 6% | 8% | 4% |
| Somewhat Difficult | 27% | 38% | 25% | 33% | 14% |
| Neither Difficult Nor Easy | 29% | 33% | 28% | 16% | 46% |
| Somewhat Easy | 23% | 14% | 24% | 27% | 21% |
| Very Easy | 15% | 5% | 16% | 16% | 15% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 199 | 21 | 177 | 105 | 72 |

*Does not include respondents who did not respond to this follow-up question.

SS-Q16. Due to a health condition, do you require help with daily living activities (using the telephone, preparing meals, food shopping, taking medications, or keeping track of bills)?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 5% | 2% | 6% | 3% | 15% |
| No | 95% | 98% | 95% | 97% | 85% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 978* | 203 | 772 | 613 | 159 |

*Includes some individuals who did not provide an age.

SS-Q17. How difficult is it for you to obtain help with daily living activities?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-------------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Very Difficult | 9% | 50% | 5% | 0% | 8% |
| Somewhat Difficult | 19% | 0% | 21% | 32% | 13% |
| Neither Difficult Nor Easy | 30% | 25% | 30% | 21% | 38% |
| Somewhat Easy | 15% | 25% | 14% | 16% | 13% |
| Very Easy | 28% | 0% | 30% | 32% | 29% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 47 | 4 | 43 | 19 | 24 |

*Does not include respondents who did not respond to this follow-up question.

SS-Q18. Due to a health condition, do you require help with personal activities (using the toilet, taking a bath/shower, or getting dressed)?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 2% | 0% | 2% | 1% | 6% |
| No | 98% | 100% | 98% | 99% | 94% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 995* | 208 | 784 | 618 | 166 |

*Includes some individuals who did not provide an age.

SS-Q19. How difficult is it for you to obtain help with personal activities?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|----------------------------|-------------|----------------------|--------------------|---------------|-------------|
| Very Difficult | 6% | 0% | 6% | 0% | 10% |
| Somewhat Difficult | 33% | 0% | 33% | 38% | 30% |
| Neither Difficult Nor Easy | 39% | 0% | 39% | 25% | 50% |
| Somewhat Easy | 0% | 0% | 0% | 0% | 0% |
| Very Easy | 22% | 0% | 22% | 38% | 10% |
| Total | 100% | n/a | 100% | 100% | 100% |
| Number of Respondents | 18 | 0 | 18 | 8 | 10 |

*Does not include respondents who did not respond to this follow-up question.

SS-Q20. Do you provide unpaid care or assistance to a spouse, relative, or friend who is disabled or frail?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 16% | 22% | 14% | 15% | 11% |
| No | 85% | 78% | 86% | 86% | 89% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 993* | 207 | 783 | 621 | 162 |

*Includes some individuals who did not provide an age.

SS-Q21. How challenging is it for you to care for this person and meet your other responsibilities with family and/or work?

| | All Ages | Boomers | | | |
|------------------------------|-------------|-------------|-----------------|-------------|-------------|
| | | Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
| Very Challenging | 14% | 18% | 12% | 12% | 11% |
| Somewhat Challenging | 32% | 33% | 31% | 32% | 22% |
| Neither Challenging Nor Easy | 31% | 29% | 32% | 32% | 33% |
| Somewhat Easy | 18% | 13% | 19% | 19% | 22% |
| Very Easy | 6% | 7% | 6% | 4% | 11% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 154* | 45 | 108 | 90 | 18 |

*Includes some individuals who did not provide an age.

Note: Does not include respondents who did not respond to this follow-up question.

SECTION III. SOCIAL AND EMOTIONAL WELLBEING

SS-Q22. How would you rate your overall social/emotional well-being?

| | All Ages | Boomers | Seniors | Age 60-79 | Age 80+ |
|-----------------------|-------------|-------------|-------------|-------------|-------------|
| | | Age 45-59 | Age 60+ | | |
| Excellent | 38% | 41% | 38% | 41% | 24% |
| Good | 50% | 46% | 51% | 49% | 57% |
| Fair | 11% | 12% | 11% | 9% | 18% |
| Poor | 1% | 1% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1011* | 209 | 799 | 630 | 169 |

*Includes some individuals who did not provide an age.

SS-Q23. If you ever needed assistance with activities in or around your home, who would you call for help? (Check all that apply)

| | All Ages | Boomers Age 45- 59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|----------|--------------------------|--------------------|---------------|---------|
| Family | 72% | 72% | 72% | 71% | 75% |
| I have one or two close friends who would help me | 27% | 29% | 27% | 29% | 21% |
| I have three or more close friends who would help me | 16% | 21% | 15% | 16% | 9% |
| I would pay someone to help me | 45% | 39% | 46% | 48% | 38% |
| I have nobody available to help me when I need it | 3% | 4% | 3% | 3% | 2% |
| Other | 3% | 2% | 3% | 3% | 5% |

SS-Q24. How often do you talk on the phone, email, or get together with friends or relatives?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--------------------------------------|-------------|----------------------|--------------------|-------------|-------------|
| Never | 0% | 1% | 0% | 0% | 1% |
| Very rarely (e.g., only on holidays) | 2% | 3% | 2% | 2% | 2% |
| Every two to three months | 2% | 2% | 2% | 1% | 2% |
| Once a month | 4% | 4% | 4% | 4% | 5% |
| Two or three times each month | 13% | 13% | 12% | 12% | 15% |
| One or more times a week | 79% | 77% | 80% | 81% | 76% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1011* | 209 | 799 | 630 | 169 |

*Includes some individuals who did not provide an age.

SS-Q25. How safe do you feel in your current neighborhood?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|---------------|-------------|
| Completely Safe | 31% | 30% | 31% | 31% | 34% |
| Very Safe | 53% | 50% | 54% | 54% | 52% |
| Somewhat Safe | 15% | 18% | 14% | 14% | 14% |
| Slightly Safe | 1% | 1% | 1% | 1% | 1% |
| Not at All Safe | 0% | 0% | 0% | 0% | 0% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1016* | 213 | 800 | 631 | 169 |

*Includes some individuals who did not provide an age.

SS-Q26. How important is it for you to remain living in Falmouth as long as possible?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Very Important | 61% | 49% | 65% | 63% | 71% |
| Somewhat Important | 28% | 35% | 26% | 27% | 21% |
| Slightly Important | 6% | 8% | 5% | 5% | 6% |
| Not at All Important | 5% | 9% | 4% | 5% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1013* | 212 | 798 | 627 | 171 |

*Includes some individuals who did not provide an age.

SECTION IV: TRANSPORTATION

SS-Q28. Do you currently drive?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 93% | 96% | 92% | 95% | 79% |
| No | 7% | 4% | 8% | 5% | 21% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1017* | 213 | 801 | 632 | 169 |

*Includes some individuals who did not provide an age.

SS-Q29. How do you meet your transportation needs? (Check all that apply)

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|----------|----------------------|--------------------|-----------|---------|
| Spouse or child(ren) | 59% | 33% | 62% | 58% | 66% |
| Friends or neighbors | 27% | 44% | 24% | 23% | 26% |
| Public transportation | 21% | 44% | 18% | 29% | 9% |
| Falmouth Senior Center transportation services | 15% | 0% | 17% | 19% | 14% |
| Taxi | 9% | 22% | 8% | 7% | 9% |
| Other | 28% | 44% | 26% | 29% | 23% |

SS-Q30. Which of the following difficulties have you experienced while travelling locally, if any? (Check all that apply)

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|----------|----------------------|--------------------|---------------|---------|
| Public transportation inconvenient | 23% | 32% | 21% | 21% | 20% |
| There is no one I can depend on for help | 4% | 3% | 4% | 4% | 4% |
| Physical or other limitation | 5% | 4% | 6% | 4% | 12% |
| No door-to-door assistance | 3% | 3% | 3% | 2% | 5% |
| Other | 26% | 20% | 27% | 27% | 30% |

SS-Q31. If you currently drive, which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-------------------------------------|----------|----------------------|--------------------|---------------|---------|
| Not applicable. I do not drive | 7% | 4% | 8% | 5% | 21% |
| I do not modify my driving at all | 47% | 52% | 46% | 51% | 23% |
| I avoid driving at night | 23% | 12% | 26% | 21% | 49% |
| I avoid making left hand turns | 11% | 10% | 11% | 10% | 16% |
| I avoid driving in bad weather | 25% | 14% | 28% | 23% | 50% |
| I avoid expressway driving | 7% | 3% | 8% | 5% | 17% |
| I avoid driving far distances | 14% | 7% | 17% | 12% | 38% |
| I avoid driving in unfamiliar areas | 11% | 5% | 13% | 9% | 33% |
| Other | 11% | 11% | 10% | 10% | 11% |

SS-Q32. If you currently drive, do you ever assist any older adults by providing them with transportation?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 44% | 46% | 43% | 44% | 39% |
| No | 49% | 50% | 49% | 51% | 41% |
| I do not drive | 7% | 4% | 8% | 5% | 21% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 1011 | 210 | 772 | 630 | 168 |

*Includes some individuals who did not provide an age.

SECTION V: CURRENT SENIOR CENTER SERVICES

SS-Q33. The following items refer to programs and services that are currently offered by the Falmouth Council on Aging Senior Center. Please rate the importance of each program/service to you personally or to someone in your family.

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|----------------------|--------------------|-----------|---------|
| VanGo Falmouth Senior Center Minibus | | | | | |
| Very Important | 28% | 26% | 28% | 27% | 33% |
| Important | 19% | 24% | 18% | 18% | 15% |
| Neutral | 28% | 29% | 28% | 29% | 20% |
| Unimportant | 16% | 10% | 18% | 17% | 24% |
| Very Unimportant | 9% | 11% | 9% | 9% | 8% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 746 | 157 | 587 | 480 | 107 |
| Volunteer medical transportation program | | | | | |
| Very Important | 31% | 31% | 31% | 29% | 35% |
| Important | 22% | 30% | 20% | 20% | 17% |
| Neutral | 24% | 21% | 25% | 26% | 20% |
| Unimportant | 15% | 8% | 17% | 17% | 21% |
| Very Unimportant | 9% | 11% | 8% | 8% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 748 | 159 | 587 | 480 | 107 |

| SS-Q33. Services (cont.) | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|-----------------|------------------------------|----------------------------|-----------------------|----------------|
| Support groups | | | | | |
| Very Important | 19% | 22% | 18% | 17% | 20% |
| Important | 24% | 25% | 24% | 24% | 26% |
| Neutral | 34% | 32% | 34% | 36% | 24% |
| Unimportant | 15% | 9% | 16% | 15% | 21% |
| Very Unimportant | 9% | 11% | 8% | 8% | 8% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 722 | 158 | 562 | 463 | 99 |
| Volunteer opportunities | | | | | |
| Very Important | 21% | 24% | 20% | 19% | 25% |
| Important | 31% | 34% | 31% | 33% | 20% |
| Neutral | 30% | 28% | 31% | 31% | 29% |
| Unimportant | 10% | 6% | 11% | 10% | 16% |
| Very Unimportant | 7% | 8% | 7% | 7% | 9% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 716 | 157 | 557 | 458 | 99 |
| Health and wellness programs (blood pressure and glucose screening, etc.) | | | | | |
| Very Important | 27% | 30% | 26% | 26% | 27% |
| Important | 29% | 33% | 28% | 28% | 28% |
| Neutral | 26% | 22% | 27% | 28% | 23% |
| Unimportant | 11% | 6% | 12% | 11% | 16% |
| Very Unimportant | 7% | 8% | 6% | 6% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 751 | 158 | 591 | 483 | 108 |
| Professional services (tax preparation and legal services) | | | | | |
| Very Important | 23% | 23% | 23% | 21% | 30% |
| Important | 27% | 32% | 26% | 27% | 23% |
| Neutral | 29% | 27% | 29% | 31% | 23% |
| Unimportant | 13% | 6% | 15% | 14% | 19% |
| Very Unimportant | 8% | 12% | 7% | 8% | 5% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 751 | 156 | 593 | 479 | 114 |

| SS-Q33. Services (cont.) | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|---|-----------------|------------------------------|----------------------------|-----------------------|----------------|
| Fitness activities (exercise, dance, yoga, Tai Chi, etc.) | | | | | |
| Very Important | 29% | 34% | 27% | 26% | 29% |
| Important | 34% | 31% | 35% | 36% | 27% |
| Neutral | 21% | 21% | 21% | 22% | 18% |
| Unimportant | 10% | 6% | 11% | 10% | 17% |
| Very Unimportant | 7% | 8% | 7% | 6% | 8% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 765 | 163 | 600 | 490 | 110 |
| Social activities (lunch groups, book club, quilting and board & card games) | | | | | |
| Very Important | 24% | 28% | 22% | 21% | 29% |
| Important | 30% | 30% | 30% | 30% | 26% |
| Neutral | 28% | 24% | 29% | 31% | 21% |
| Unimportant | 11% | 7% | 12% | 11% | 16% |
| Very Unimportant | 8% | 11% | 7% | 7% | 8% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 758 | 162 | 594 | 483 | 111 |
| Social functions (entertainment, sponsored lunches, etc.) | | | | | |
| Very Important | 20% | 21% | 19% | 17% | 26% |
| Important | 29% | 32% | 28% | 29% | 25% |
| Neutral | 32% | 29% | 33% | 35% | 26% |
| Unimportant | 12% | 9% | 13% | 12% | 16% |
| Very Unimportant | 8% | 9% | 7% | 7% | 8% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 749 | 161 | 586 | 476 | 110 |

| SS-Q33. Services (cont.) | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|-----------------|------------------------------|----------------------------|-----------------------|----------------|
| Bus trips and outings (to theaters, museums, and destination tours) | | | | | |
| Very Important | 22% | 23% | 22% | 22% | 22% |
| Important | 32% | 29% | 33% | 32% | 35% |
| Neutral | 27% | 27% | 27% | 29% | 21% |
| Unimportant | 11% | 9% | 12% | 11% | 14% |
| Very Unimportant | 8% | 11% | 7% | 6% | 9% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 769 | 158 | 609 | 493 | 116 |
| Learning opportunities and educational seminars | | | | | |
| Very Important | 22% | 22% | 21% | 21% | 23% |
| Important | 37% | 39% | 36% | 38% | 29% |
| Neutral | 25% | 23% | 25% | 26% | 25% |
| Unimportant | 10% | 7% | 11% | 9% | 16% |
| Very Unimportant | 7% | 9% | 6% | 6% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 753 | 160 | 591 | 483 | 108 |
| Information and referral services to local resources and care providers | | | | | |
| Very Important | 26% | 28% | 25% | 24% | 26% |
| Important | 33% | 33% | 33% | 32% | 36% |
| Neutral | 25% | 22% | 26% | 28% | 17% |
| Unimportant | 9% | 6% | 10% | 9% | 14% |
| Very Unimportant | 7% | 11% | 6% | 6% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 738 | 160 | 584 | 475 | 109 |

| SS-Q33. Services (cont.) | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|---|-----------------|------------------------------|----------------------------|-----------------------|----------------|
| Assistance with local or state programs | | | | | |
| Very Important | 25% | 31% | 23% | 22% | 28% |
| Important | 29% | 29% | 30% | 31% | 22% |
| Neutral | 27% | 22% | 28% | 28% | 27% |
| Unimportant | 12% | 7% | 13% | 12% | 18% |
| Very Unimportant | 8% | 11% | 7% | 7% | 6% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 736 | 153 | 581 | 472 | 109 |
| SHINE Program-- Help with health and prescription needs | | | | | |
| Very Important | 27% | 30% | 26% | 26% | 25% |
| Important | 24% | 25% | 24% | 23% | 27% |
| Neutral | 29% | 24% | 30% | 32% | 23% |
| Unimportant | 13% | 10% | 14% | 13% | 18% |
| Very Unimportant | 8% | 12% | 7% | 7% | 7% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 744 | 155 | 587 | 479 | 108 |
| In-home outreach services (friendly visitor, reassurance calls, minor home repairs, case management) | | | | | |
| Very Important | 26% | 29% | 25% | 24% | 28% |
| Important | 25% | 23% | 25% | 24% | 29% |
| Neutral | 29% | 27% | 29% | 32% | 17% |
| Unimportant | 13% | 10% | 14% | 14% | 15% |
| Very Unimportant | 8% | 11% | 8% | 7% | 11% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 745 | 158 | 585 | 474 | 111 |

SS-Q34. Do you currently use programs or services offered by Falmouth Council on Aging Senior Center?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 13% | 0% | 17% | 14% | 28% |
| No | 87% | 100% | 83% | 86% | 72% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 986* | 207 | 776 | 620 | 156 |

*Includes some individuals who did not provide an age.

SS-Q35. What is the reason that you do not currently utilize the Falmouth Council on Aging Senior Center programs and services? (Check all that apply)

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---------------------|----------|----------------------|--------------------|-----------|---------|
| I am not interested | 22% | 12% | 25% | 24% | 32% |
| I am not old enough | 34% | 89% | 16% | 19% | 3% |
| Other | 46% | 9% | 58% | 56% | 63% |

SS-Q36. Overall, how satisfied are you with the programs and services currently offered by Falmouth Council on Aging Senior Center?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Completely Satisfied | 16% | 8% | 18% | 18% | 19% |
| Very Satisfied | 43% | 47% | 43% | 45% | 37% |
| Somewhat Satisfied | 32% | 41% | 30% | 29% | 32% |
| Slightly Satisfied | 6% | 4% | 7% | 6% | 9% |
| Not at All Satisfied | 3% | 1% | 3% | 3% | 3% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 502* | 86 | 414 | 303 | 111 |

*Includes some individuals who did not provide an age.

SS-Q37. Below is a list of problems one could encounter when accessing the Senior Center or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|----------|----------------------|--------------------|-----------|---------|
| Lack of transportation | 9% | 10% | 9% | 9% | 9% |
| Lack of sufficient parking | 15% | 10% | 17% | 15% | 22% |
| Not knowing what programs/services are available | 26% | 23% | 27% | 29% | 20% |
| Not knowing how to access program/services | 17% | 16% | 17% | 18% | 12% |
| Inconvenient location of Senior Center | 6% | 2% | 7% | 7% | 6% |
| Hours of Senior Center are inconvenient | 4% | 1% | 4% | 5% | 4% |
| Not enough available openings to participate in some events | 7% | 5% | 7% | 7% | 8% |
| VanGo Minibus or other center-provided transportation is not available when needed | 4% | 4% | 4% | 3% | 6% |
| Appointment-based services not available when needed | 4% | 2% | 4% | 4% | 2% |
| Other | 16% | 14% | 16% | 17% | 15% |

SECTION VI: FUTURE SENIOR CENTER PLANNING

SS-Q39. Do you plan to utilize programs or services offered by the Falmouth Council on Aging Senior Center in the future?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|-------------|-------------|
| Yes | 48% | 39% | 50% | 49% | 52% |
| No | 4% | 2% | 5% | 3% | 9% |
| I don't know | 48% | 58% | 46% | 47% | 39% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 995* | 208 | 784 | 621 | 163 |

*Includes some individuals who did not provide an age.

SS-Q40. Outside of Falmouth Council on Aging Senior Center, in what other types of local programs, services, or activities for older adults do you participate? (Check all that apply)

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|----------------------|--------------------|-----------|---------|
| Volunteer programs | 25% | 24% | 25% | 26% | 21% |
| Recreation/exercise/ health programs | 27% | 25% | 27% | 30% | 18% |
| Faith-based activities | 21% | 17% | 23% | 22% | 25% |
| Nutrition/meal programs | 3% | 3% | 3% | 3% | 4% |
| Social activities | 26% | 19% | 28% | 29% | 28% |
| Education/cultural programs | 23% | 18% | 24% | 26% | 19% |
| Other | 17% | 17% | 17% | 16% | 23% |

SS-Q41. Thinking about your possible *future* needs and interests, which of the following areas would you prioritize for *new* programs and facilities at the Falmouth Council on Aging Senior Center? (Check all that apply)

| | All Ages | Boomers Age 45- 59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|----------|--------------------------|--------------------|---------------|---------|
| Senior Lunch Program | 23% | 24% | 23% | 23% | 23% |
| Performances/ presentations | 31% | 30% | 31% | 34% | 23% |
| Quiet sitting/reading area | 9% | 10% | 8% | 8% | 8% |
| Water/swimming programs | 43% | 55% | 39% | 42% | 29% |
| Strength training/aerobic exercise programs | 53% | 64% | 50% | 54% | 35% |
| Computer courses | 37% | 42% | 36% | 39% | 28% |
| Hiking/walking club | 36% | 51% | 33% | 38% | 12% |
| Life-long learning and education programs | 43% | 45% | 43% | 48% | 27% |
| Arts & crafts programs | 25% | 32% | 23% | 25% | 18% |
| Social programs | 36% | 43% | 34% | 36% | 27% |
| Intergenerational programs | 16% | 26% | 14% | 16% | 6% |
| Other | 7% | 4% | 8% | 7% | 9% |

SS-Q42. Would you be willing to pay a fee to participate in selected programs and services offered by the Town of Falmouth Senior Center?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|---------------------------|-------------|----------------------|--------------------|---------------|-------------|
| Yes, I would pay a fee | 85% | 80% | 87% | 87% | 83% |
| No, I would not pay a fee | 15% | 20% | 14% | 13% | 17% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 920* | 186 | 731 | 580 | 151 |

*Includes some individuals who did not provide an age.

SS-Q43. Have you ever traveled to senior centers in other towns to participate in their programs?

| | All Ages | Boomers Age 45-59 | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-----------------------|-------------|----------------------|--------------------|---------------|-------------|
| Yes | 13% | 4% | 15% | 14% | 18% |
| No | 87% | 96% | 85% | 86% | 82% |
| Total | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 976* | 196 | 777 | 614 | 163 |

*Includes some individuals who did not provide an age.

Appendix C: Community Questionnaire

Town of Falmouth Council on Aging Community Questionnaire

Welcome! The *Town of Falmouth Council on Aging Senior Center* is asking residents of Falmouth to share their views in order to assess the needs of the town's older population and improve programs and services provided by the Senior Center. Please help us by completing the questionnaire below.

Instructions: For the items below, please select the options that best reflect your personal experiences and views as a resident of the Falmouth community. **Please do not include your name or other identifying information on this questionnaire.** If you need assistance completing this questionnaire or have questions, please leave a message at 617-287-7361 and we will return your call. **Please return your completed questionnaire by September 27, 2013** to the Falmouth Senior center at: 300 Dillingham Avenue, Falmouth, MA 02540. If you prefer to respond online, please go to our secure site at <https://www.surveymonkey.com/s/CommunityQuestionnaireFalmouth>

1. What is your age range?

_____ 18-29 _____ 30-44 _____ 45-59 _____ 60-69 _____ 70-79 _____ 80+

2. Please select your gender _____ Female _____ Male

3. The following items refer to programs and services that are currently offered by the *Falmouth Council on Aging Senior Center*. Please rate the importance of each program/service to individuals in the senior community.

| | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|---|----------------|-----------|---------|-------------|------------------|
| VanGo Falmouth Senior Center Minibus | | | | | |
| Volunteer medical transportation program | | | | | |
| Support groups | | | | | |
| Volunteer opportunities | | | | | |
| Health and wellness programs (blood pressure and glucose screening, etc.) | | | | | |
| Professional services (tax preparation and legal services) | | | | | |
| Fitness activities (exercise, dance, yoga, Tai Chi, etc.) | | | | | |
| Social activities (lunch groups, book club, quilting, and board & card games, etc.) | | | | | |
| Social functions (entertainment, sponsored lunches, etc.) | | | | | |
| Bus trips and outings (to theaters, museums, and destination tours) | | | | | |
| Learning opportunities and educational seminars | | | | | |
| Information and referral services to local resources and care providers | | | | | |
| Assistance with local or state programs | | | | | |

| | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|---|----------------|-----------|---------|-------------|------------------|
| SHINE Program—Help with health and prescription needs | | | | | |
| In-home outreach services (friendly visitor, reassurance calls, minor home repairs, case management) | | | | | |

4. Do you currently use programs or services offered by Falmouth Council on Aging Senior Center?

_____ Yes _____ No

5. Below is a list of problems one could encounter when accessing the Senior Center or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)

- | | |
|--|--|
| _____ Lack of transportation | _____ Not enough available openings to participate in some events or activities |
| _____ Lack of sufficient parking | _____ VanGo Minibus or other center-provided transportation is not available when needed |
| _____ Not knowing what programs/services are available | _____ Appointment-based services are not available when needed |
| _____ Not knowing how to access programs/services | _____ Other (please specify)_____ |
| _____ Inconvenient location of the Senior Center | |
| _____ Hours of Senior Center are inconvenient | |

6. Thinking about your possible future needs and interests, which of the following areas would you prioritize for new programs and facilities at the Falmouth Council on Aging Senior Center? (Check all that apply)

- | | |
|---|---|
| _____ Senior Lunch Program | _____ Hiking/walking club |
| _____ Performances/presentations | _____ Life-long learning and education programs |
| _____ Quiet sitting/reading area | _____ Arts & crafts programs |
| _____ Water/swimming programs | _____ Social programs |
| _____ Strength training/aerobic exercise programs | _____ Intergenerational programs |
| _____ Computer courses | |
| _____ Other (please specify)_____ | |

7. Do you plan to utilize programs or services offered by the Falmouth Council on Aging Senior Center in the future?

- _____ Yes
 _____ I don't know
 _____ No. Please share your reasons with us_____

8. If you have any other thoughts about Falmouth Council on Aging Senior Center or the current or future needs of older adult residents in Falmouth, please include them here:

Thank you for your participation. If you have any questions or concerns regarding this survey, please contact: Jan E. Mutchler, Ph.D., Director, Center for Social and Demographic Research on Aging Gerontology Institute; McCormack Graduate School of Policy and Global Studies; UMass Boston

Appendix D: Detailed tables from the Falmouth community questionnaire (CQ)

Percent distributions are shown below for variables included in the Falmouth community questionnaire. Percents are provided separately respondents age 18 to 44, for Boomers (age 45-59) and Seniors (age 60+), and subsets are provided for two age groups within the Senior population (those 60-79 and those 80+). Readers are cautioned against drawing strong conclusions based on differences between groups with small numbers of respondents.

Total percents may not sum to 100% due to rounding.

CQ-Q1. What is your age range?

| | All Ages | Age 18-44 | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|----------|-----------|----------------------|--------------------|-----------|---------|
| Percent | 100% | 4% | 6% | 90% | 57% | 34% |
| Number of respondents | 331 | 14 | 19 | 298 | 187 | 111 |

CQ-Q2. Please select your gender

| | All Ages | Age 18-44 | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|-----------------------|-------------|-------------|----------------------|--------------------|-------------|-------------|
| Female | 80% | 64% | 79% | 81% | 83% | 76% |
| Male | 20% | 36% | 21% | 19% | 17% | 24% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 323* | 14 | 19 | 289 | 185 | 104 |

*Includes some individuals who did not provide an age.

CQ-Q3. The following items refer to programs and services that are currently offered by the *Falmouth Council on Aging Senior Center*. Please rate the importance of each program/service to individuals in the senior community.

| | All Ages | Age 18-44 | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|-----------|-------------------|-----------------|-----------|---------|
| VanGo Falmouth Senior Center Minibus | | | | | | |
| Very Important | 65% | 77% | 67% | 64% | 67% | 59% |
| Important | 19% | 23% | 33% | 18% | 18% | 18% |
| Neutral | 11% | 0% | 0% | 12% | 10% | 16% |
| Unimportant | 4% | 0% | 0% | 4% | 3% | 5% |
| Very Unimportant | 2% | 0% | 0% | 2% | 2% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 304* | 13 | 18 | 271 | 177 | 94 |
| Volunteer medical transportation program | | | | | | |
| Very Important | 66% | 62% | 74% | 65% | 69% | 58% |
| Important | 21% | 15% | 26% | 22% | 19% | 25% |
| Neutral | 8% | 23% | 0% | 8% | 7% | 11% |
| Unimportant | 3% | 0% | 0% | 4% | 3% | 4% |
| Very Unimportant | 2% | 0% | 0% | 2% | 2% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 310* | 13 | 19 | 275 | 180 | 95 |
| Support groups | | | | | | |
| Very Important | 47% | 69% | 58% | 45% | 48% | 40% |
| Important | 32% | 15% | 37% | 32% | 31% | 34% |
| Neutral | 17% | 8% | 5% | 18% | 17% | 19% |
| Unimportant | 3% | 8% | 0% | 3% | 2% | 5% |
| Very Unimportant | 2% | 0% | 0% | 2% | 2% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 301* | 13 | 19 | 267 | 179 | 88 |

*Includes some individuals who did not provide an age.

Services (cont.)

| | All Ages | Age 18-44 | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|----------|-----------|-------------------|-----------------|-----------|---------|
| Volunteer opportunities | | | | | | |
| Very Important | 39% | 54% | 32% | 39% | 42% | 32% |
| Important | 37% | 31% | 53% | 37% | 35% | 39% |
| Neutral | 19% | 15% | 16% | 19% | 19% | 20% |
| Unimportant | 3% | 0% | 0% | 4% | 2% | 7% |
| Very Unimportant | 1% | 0% | 0% | 2% | 1% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 291* | 13 | 19 | 257 | 175 | 82 |
| Health and wellness programs (blood pressure and glucose screening, etc.) | | | | | | |
| Very Important | 50% | 69% | 47% | 49% | 54% | 40% |
| Important | 35% | 31% | 53% | 34% | 31% | 40% |
| Neutral | 11% | 0% | 0% | 12% | 11% | 15% |
| Unimportant | 3% | 0% | 0% | 3% | 2% | 4% |
| Very Unimportant | 2% | 0% | 0% | 2% | 2% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 308* | 13 | 19 | 274 | 179 | 95 |
| Professional services (tax preparation and legal services) | | | | | | |
| Very Important | 46% | 46% | 37% | 47% | 47% | 47% |
| Important | 36% | 46% | 53% | 34% | 35% | 33% |
| Neutral | 12% | 8% | 5% | 12% | 11% | 14% |
| Unimportant | 5% | 0% | 5% | 5% | 6% | 5% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 312* | 13 | 19 | 279 | 180 | 99 |

*Includes some individuals who did not provide an age.

Services (cont.)

| | All Ages | Age 18-44 | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|-------------|--------------|----------------------|--------------------|--------------|---------|
| Fitness activities (exercise, dance, yoga, Tai Chi, etc.) | | | | | | |
| Very Important | 47% | 58% | 47% | 47% | 50% | 40% |
| Important | 40% | 33% | 47% | 39% | 38% | 41% |
| Neutral | 10% | 8% | 5% | 10% | 9% | 12% |
| Unimportant | 2% | 0% | 0% | 3% | 2% | 4% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 315* | 12 | 19 | 282 | 183 | 99 |
| Social activities (lunch groups, book club, quilting and board & card games) | | | | | | |
| Very Important | 45% | 69% | 47% | 44% | 46% | 40% |
| Important | 40% | 31% | 53% | 39% | 38% | 41% |
| Neutral | 14% | 0% | 0% | 15% | 14% | 16% |
| Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 318* | 13 | 19 | 285 | 181 | 104 |
| Social functions (entertainment, sponsored lunches, etc.) | | | | | | |
| Very Important | 42% | 54% | 37% | 42% | 44% | 39% |
| Important | 40% | 46% | 63% | 38% | 38% | 38% |
| Neutral | 15% | 0% | 0% | 17% | 14% | 20% |
| Unimportant | 3% | 0% | 0% | 3% | 3% | 3% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 319* | 13 | 19 | 285 | 181 | 104 |

*Includes some individuals who did not provide an age.

Services (cont.)

| | All Ages | Age 18-44 | Boomers Age 45- 59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|--|-------------|--------------|--------------------------|--------------------|--------------|---------|
| Bus trips and outings (to theaters, museums, and destination tours) | | | | | | |
| Very Important | 44% | 62% | 21% | 44% | 45% | 43% |
| Important | 43% | 31% | 68% | 42% | 41% | 43% |
| Neutral | 11% | 8% | 11% | 12% | 12% | 12% |
| Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 320* | 13 | 19 | 286 | 182 | 104 |
| Learning opportunities and educational seminars | | | | | | |
| Very Important | 37% | 54% | 42% | 36% | 41% | 28% |
| Important | 48% | 39% | 47% | 48% | 51% | 43% |
| Neutral | 13% | 8% | 11% | 14% | 7% | 26% |
| Unimportant | 1% | 0% | 0% | 1% | 1% | 2% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 316* | 13 | 19 | 282 | 182 | 100 |
| Information and referral services to local resources and care providers | | | | | | |
| Very Important | 55% | 67% | 74% | 53% | 59% | 42% |
| Important | 34% | 33% | 21% | 35% | 30% | 44% |
| Neutral | 9% | 0% | 5% | 9% | 9% | 10% |
| Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 313* | 12 | 19 | 280 | 181 | 99 |

*Includes some individuals who did not provide an age.

Services (cont.)

| | All Ages | Age 18-44 | Boomers Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
|---|----------|-----------|-------------------|-----------------|-----------|---------|
| Assistance with local or state programs | | | | | | |
| Very Important | 53% | 62% | 74% | 51% | 58% | 39% |
| Important | 30% | 31% | 26% | 31% | 28% | 36% |
| Neutral | 13% | 8% | 0% | 14% | 11% | 20% |
| Unimportant | 2% | 0% | 0% | 2% | 2% | 2% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 2% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 312* | 13 | 19 | 278 | 179 | 99 |
| SHINE Program-- Help with health and prescription needs | | | | | | |
| Very Important | 59% | 69% | 79% | 57% | 61% | 50% |
| Important | 25% | 31% | 21% | 26% | 23% | 30% |
| Neutral | 10% | 0% | 0% | 11% | 9% | 14% |
| Unimportant | 5% | 0% | 0% | 5% | 5% | 5% |
| Very Unimportant | 1% | 0% | 0% | 1% | 1% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 312* | 13 | 19 | 278 | 180 | 98 |
| In-home outreach services (friendly visitor, reassurance calls, minor home repairs, case management) | | | | | | |
| Very Important | 55% | 69% | 84% | 53% | 56% | 48% |
| Important | 30% | 31% | 16% | 31% | 32% | 30% |
| Neutral | 10% | 0% | 0% | 11% | 8% | 16% |
| Unimportant | 4% | 0% | 0% | 4% | 3% | 6% |
| Very Unimportant | 1% | 0% | 0% | 1% | 2% | 1% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of Respondents | 316* | 13 | 19 | 281 | 180 | 101 |

*Includes some individuals who did not provide an age.

CQ-Q4. Do you currently use programs or services offered by Falmouth Council on Aging Senior Center?

| | All Ages | Boomers | | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|-----------------------|-------------|---------------|---------------|--------------------|---------------|-------------|
| | | Age 18- 44 | Age 45- 59 | | | |
| Yes | 52% | 0% | 5% | 57% | 54% | 63% |
| No | 48% | 100% | 95% | 43% | 47% | 37% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 334 | 14 | 19 | 298 | 187 | 111 |

CQ-Q5. Below is a list of problems one could encounter when accessing the Senior Center or its programs. Which of these problems have you or someone you know experienced?

| | All Ages | Boomers | | Seniors Age 60+ | Age 60- 79 | Age 80+ |
|--|----------|---------------|---------------|--------------------|---------------|------------|
| | | Age 18- 44 | Age 45- 59 | | | |
| Lack of transportation | 26% | 50% | 26% | 25% | 25% | 23% |
| Lack of sufficient parking | 41% | 36% | 53% | 40% | 42% | 37% |
| Not knowing what programs/services are available | 23% | 57% | 26% | 22% | 26% | 14% |
| Not knowing how to access program/services | 19% | 43% | 16% | 18% | 22% | 12% |
| Inconvenient location of Senior Center | 12% | 14% | 11% | 11% | 10% | 14% |
| Hours of Senior Center are inconvenient | 11% | 7% | 21% | 11% | 12% | 9% |
| Not enough available openings to participate in some events | 30% | 14% | 32% | 30% | 29% | 32% |
| VanGo Minibus or other center-provided transportation is not available when needed | 19% | 21% | 32% | 18% | 20% | 14% |
| Appointment-based services are not available when needed | 14% | 21% | 21% | 12% | 12% | 13% |
| Other | 18% | 0% | 5% | 19% | 19% | 20% |

CQ-Q6. Thinking about your possible *future* needs and interests, which of the following areas would you prioritize for *new* programs and facilities at the Falmouth Council on Aging Senior Center?

| | Boomers | | | | | |
|---|----------|-----------|-----------|-----------------|-----------|---------|
| | All Ages | Age 18-44 | Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
| Senior Lunch Program | 46% | 50% | 63% | 44% | 46% | 41% |
| Performances/presentations | 42% | 43% | 32% | 43% | 50% | 31% |
| Quiet sitting/reading area | 20% | 29% | 16% | 20% | 21% | 19% |
| Water/swimming programs | 48% | 50% | 63% | 47% | 52% | 39% |
| Strength training/aerobic exercise programs | 64% | 57% | 74% | 63% | 70% | 53% |
| Computer courses | 53% | 50% | 53% | 53% | 56% | 48% |
| Hiking/walking club | 34% | 50% | 58% | 32% | 48% | 16% |
| Life-long learning and education programs | 53% | 57% | 68% | 52% | 60% | 40% |
| Arts & crafts programs | 35% | 57% | 37% | 34% | 41% | 23% |
| Social programs | 57% | 79% | 68% | 55% | 62% | 45% |
| Intergenerational programs | 21% | 43% | 37% | 19% | 24% | 11% |
| Other | 11% | 0% | 5% | 12% | 13% | 11% |

CQ-Q7. Do you plan to utilize programs or services offered by the Falmouth Council on Aging Senior Center in the future?

| | Boomers | | | | | |
|-----------------------|-------------|-------------|-------------|-----------------|-------------|-------------|
| | All Ages | Age 18-44 | Age 45-59 | Seniors Age 60+ | Age 60-79 | Age 80+ |
| Yes | 78% | 29% | 68% | 82% | 82% | 81% |
| I don't know | 19% | 64% | 32% | 16% | 16% | 17% |
| No | 3% | 7% | 0% | 2% | 2% | 3% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| Number of respondents | 328 | 14 | 19 | 292 | 184 | 108 |