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Aging in West County Communities: Coming Together to Age in Place

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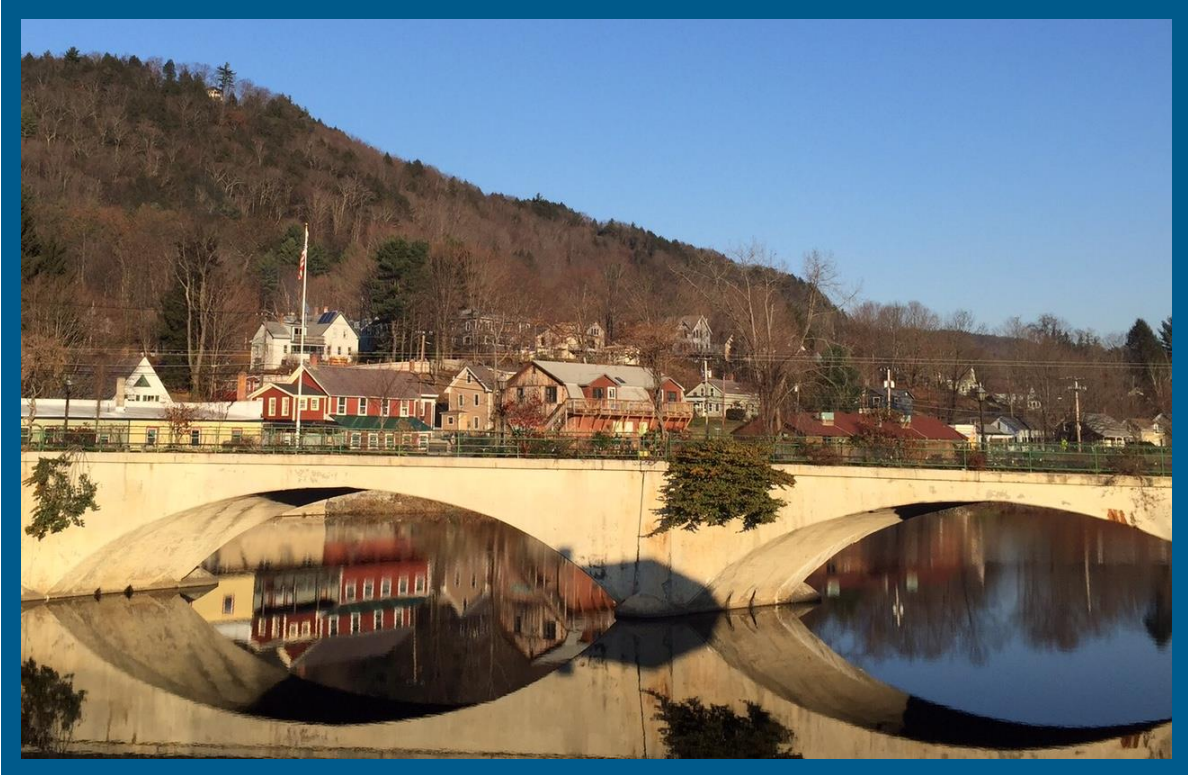
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Recommended Citation

Steinman, Bernard A.; Gleason, Hayley; Somerville, Ceara; Khaniyan, Maryam; and Mutchler, Jan, "Aging in West County Communities: Coming Together to Age in Place" (2014). *Gerontology Institute Publications*. Paper 109.

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Aging in West County Communities

Coming Together to Age in Place

**TOWNS OF ASHFIELD, BUCKLAND AND SHELBURNE
SENIOR CENTER CONSORTIUM**

Aging in West County Communities

Coming Together to Age in Place

Commissioned by
The Towns of Ashfield, Buckland, & Shelburne
Senior Center Consortium

December 2014

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Executive Summary

This report describes collaborative efforts undertaken by the Towns of Ashfield, Buckland, and Shelburne Consortium of Councils on Aging (hereafter, The Consortium) and the Center for Social and Demographic Research on Aging, within the McCormack Graduate School at the University of Massachusetts Boston (hereafter, UMass Boston). Beginning in Fall 2014, these organizations partnered to conduct a study to investigate the needs, interests, preferences, and opinions of older residents in communities in West Franklin County (hereafter, West County), and priorities of stakeholders who interact with older adults in various capacities.

Early in the project, researchers from UMass Boston communicated with stakeholders from The Consortium to discuss and better understand their concerns about current and future aging-related needs in communities in West County. We used information gathered at these meetings to develop a research plan to systematically answer the questions that arose. During this assessment, multiple research methods were used.

- We began the process by examining public data from the U.S. Census Bureau to describe basic demographic characteristics, as well as economic traits, living situations, and disability status of older people living in the towns that participate in The Consortium. In addition, we examined selected census variables pertaining to six additional towns, which are potential consortium participants.
- Six one-on-one key informant interviews were conducted with community leaders to identify ways in which services provided to seniors in West County could be improved.
- We conducted two focus groups to obtain feedback from multiple stakeholders, including representatives from municipal departments, private organizations, and older residents themselves.
- Finally, we conducted a comparison of COAs in eight towns that are similar to those that participate in The Consortium in order to assess how needs of older adults are met in other communities.

Collectively, the contents of this report are intended to inform planning by The Consortium, as well as other offices within the towns, and organizations that provide services to and who advocate for West County's older adult residents.

Summary of Demographics

- In 2010, there were more than 5,500 residents living in the three towns participating in The Consortium, of whom about 1 in 4 (26%) were age 60 and older.
- Since 2000, the number of persons age 60 and over increased by about 28%, compared to a net loss of 5%.
- Residents who are age 60 or older are heads of a large share (39%) of households.
- Nearly half (47%) of households have at least one member who is age 60 or older.
- Nearly 1 in 3 (31%) residents who are age 60 and older live alone.
- In nearly two out of three households (64%) headed by residents who are age 65 and older, incomes are less than \$50,000 per year. Only 33% of households headed by individuals age 45 to 64 have incomes under \$50,000 per year.
- In towns that participate in The Consortium, about 40% of men age 75 and older and 50% of women in this age group experience at least one disability.

Summary of Key Informant Interviews

- Key informants were aware of the region's shifting demographic profile and expressed concerns about how resources would be shifted and stretched to meet the varying needs of older adults in West County.
- Many organizations and offices that serve the region have seen more and more clients who are older, and have had to steer the focus of their services to this segment of the population.
- Programs and services available through The Senior Center were seen as evolving to address a wider spectrum of aging-related concerns. The Senior Center and its staff have taken on an important new role in providing leadership and advocacy for senior issues.
- Towns that participate in The Consortium are generally able to address issues that arise on a unified front; however many challenges related to ensuring equitable access to services by residents, have been identified.
- Key informants were aware of the limited transportation and housing options available for residents, and the important relationship between these factors and wellbeing.
- Many participants cited volunteerism, as a widely valued resource for addressing a wide range of community needs.
- Limited social networks and isolation were viewed as serious risks associated with living in a rural environment. Key informants believed that addressing these problems through outreach and services should be a continued priority.

- There is still need to develop and maintain a strong network of relationships between organizations and offices in West County that interact with older adult residents.

Summary of Focus Groups

- Despite limited resources available to support its programming and services, participants felt The Senior Center provided a good array of options with respect to activities that older residents could both enjoy, and that would help them stay independent.
- Senior center staff are perceived as very helpful and knowledgeable about local, state, and federal programs that can benefit older adults in the region. The Senior Center serves as a vital hub of information, and is viewed as an invaluable resource as older residents seek access to programs and benefits for which they may be eligible.
- Characteristics of The Senior Center facility are seen as barriers to its use. Space at The Senior Center is extremely limited. There are just two large activity rooms, and one restroom to be shared by all users. Parking is also inadequate. Currently, it is impractical to hold events for large numbers of participants because of the inability to accommodate the needs of those who would attend.
- Transportation options for older adults who do not drive are extremely limited. The vast geographical area and the low population density of the region compound transportation problems by increasing the difficulty of utilizing available resources efficiently.
- Much of the housing stock in the area is quite old, and most houses have not been updated with accessibility features such as home modifications. In addition, there are few downsizing options for older residents with changing housing needs. Issues related to housing were identified as a major barrier with respect to aging in place in the region.
- Programs such as the TRIAD program—a crime-prevention and wellness initiative administered by the County Sheriff’s Department— contribute to the livability of the area, and to the safety and security perceived in the region.
- Many focus group participants were keenly aware of the demographic trend toward an older population and a declining number of residents who are of working age. Some saw it as imperative that towns in West County begin to strategize about how to entice younger families and industry to the area to help buttress services that are needed throughout the region.
- Discussants identified lack of high-speed Internet access, and wide cell phone coverage as a major barrier preventing younger adults and businesses from settling in the area. Given the central role of electronic media in modern education, communication, and industry, cutting-edge electronic infrastructure is indispensable for communities that want to compete.

- Participants in focus groups all agreed that informal networks were key to aging in the community. The general sense of interdependence that exists between neighbors bodes well for residents who wish to age in place since neighbors are often the closest and most accessible human resource when extra help is needed.

Summary of Community Comparison

- The Consortium and The Senior Center each play a central role in promoting the wellbeing of older residents through the coordination and provision of an array of programs and services from which older adults benefit.
- The quantity of services demanded is large. For example, in fiscal year 2014 The Senior Center provided services to 769 older adults (unduplicated count)—demand for services is expected to increase as the older population continues to grow.
- In comparison to Councils on Aging in towns with similarly sized populations, The Consortium falls among those that are “somewhat active” to “very active”, based on the frequency and availability of services, and the resources dedicated by consortium towns to serve older residents.

Acknowledgements

The authors wish to acknowledge the support of the Franklin Regional Council of Governments, and Linda Dunlavy, Executive Director, for making this study possible through a Direct Local Technical Assistance Grant with funding from the Department of Housing and Community.

Thanks also to the Towns of Ashfield, Buckland, and Shelburne Consortium of Councils on Aging and The Senior Center and its staff, whose input and assistance were invaluable as we identified research questions, developed content, and recruited willing study participants. Specifically, we wish to thank Cathy Buntin, The Senior Center Director; Leanne Dowd, Outreach Coordinator; Dot Lyman, Activities Coordinator; and Bob Szafran, Transportation Coordinator.

In addition, we owe thanks to many residents of West County who supported our data collection efforts by giving their time to participate in interviews and focus groups, and who provided their thoughtful responses to our queries regarding their community. In alphabetical order, we thank Irene Baird, Larry Baird, Helen Boyden, Ron Coler, Doris Dube, Doug Field, Nancy Hammond, Joe Judd, Joe LaChance, Donna Liebl, Conrad Long, Roseanne Martocia, Joanne Soroka, Penny Spearance, Eric Temple, Steve Walker, and Lisa White.

The authors, Bernard A. Steinman, Hayley Gleason, Ceara R. Somerville, Maryam Khaniyan, and Jan E. Mutchler from UMass Boston are responsible for the contents of this report; however, this project could not have been completed without the cooperation and efforts of all those mentioned above.

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Introduction

As is true in many communities across Massachusetts, populations in towns that comprise the western region of Franklin County are becoming older. Although the area's total population is projected to decrease substantially during the next fifteen years, many towns in West County will experience unprecedented growth in the number and proportion of residents who are age 60 and older. Implications of this demographic shift herald an increased demand for programs and services to address specific aging-related needs, even as financial and human resources become increasingly limited.

Currently, many services for older adults in the region are coordinated by the Towns of Ashfield, Buckland, and Shelburne Consortium of Councils on Aging (i.e., The Consortium) and administered by The Senior Center. In addition, six neighboring towns in West County (i.e., Charlemont, Colrain, Conway, Hawley, Heath, and Rowe) stand to benefit by combining resources with towns that participate in The Consortium to improve the efficiency of service delivery and to provide a more comprehensive array of programs and services targeting older residents throughout the region.

The consortium model of service delivery has potential to alleviate many of the challenges commonly faced by small towns, which often have resources that are extremely limited. By pooling assets with neighboring communities, consortium towns can gain access to, and extend resources available for serving older residents beyond what any single town could do on its own. In addition, implementing a consortium model can reduce inefficient duplication of programming and services between towns and provide a central point of contact for older residents in the region who seek information and referrals to aging services.

Despite this potential for gain, the consortium model also raises new challenges associated with providing programs and services in a manner that is mutually beneficial, and equitable to towns over an expansive geographical area. Due to the relatively low population density of the region, but its large numbers of older adults in The Consortium's catchment area, there are often unique difficulties in coordinating and providing access to activities and services, while remaining within budgetary constraints. In order to optimize use of their combined resources, and ensure that communities are adequately prepared to meet challenges associated with serving the older rural population, towns that participate in The Consortium must begin planning in earnest with regard to the specific aging-related needs of older people in the area.

This study was conceived and conducted by researchers from UMass Boston in partnership with The Consortium and The Senior Center. Our collaborative purpose was to advance and inform planning to meet current and future aging-related needs in towns that participate in The Consortium, and surrounding communities. To this end, we chose methods designed to identify concerns related to aging in the community, with an emphasis on services and amenities provided within The Senior Center that facilitate "aging in place" in West County.

The contents of this report may be of interest to a range of community stakeholders, including political leaders in towns that participate in The Consortium, municipal departments that commonly interact with older people, and public and private organizations that operate programs, provide services, and/or advocate for older adult residents throughout West County.

Background

The Consortium is formally comprised of Councils on Aging (COA) in three small communities located in northwestern Massachusetts. According to the U.S. Census, in 2010, the Towns of Ashfield, Buckland, and Shelburne had a combined population of more than 5,500 residents, of whom more than 26% were age 60 and older. The relative proportion of older residents in towns that participate in The Consortium is projected to grow at an astonishing rate over the next 15 years, even as the population overall decreases in size. By 2030, nearly 47% of residents in consortium towns will be age 60 and older, representing about 2,175 residents.

Moreover, The Senior Center, with support from The Consortium also provides limited services to residents in six surrounding towns, including Charlemont, Colrain, Conway, Hawley, Heath, and Rowe. Demographic trends in each of these towns resemble those of the consortium towns. All combined, the nine towns served had a population of nearly 12,000 people in 2010—of these about 26% were age 60 and older. Growth in the number of older adults is also projected for the combined nine towns, such that by 2030, nearly half (48%) of the total population in West County is expected to be in the older age group.

In addition to demographic traits, other characteristics of the area may also impact how aging will occur for residents in West County. In general, Franklin County is an expansive region. According to the U.S. Census, the entire county has a land area of approximately 700 square miles, with just 102 persons per square mile (U.S. Census, 2010b). Thus, West County is characterized as a rural area with low population density and potentially large distances between towns and destinations.

Many residents in West County have lived in the area for a long time—in some cases, since birth. Most individuals, especially those with roots extending back for generations have a strong preference to remain in the area in the future. Additionally, the scenic terrain in West County contributes to its highly livable character and may be alluring to many Baby Boomers who are looking to relocate from other places as they enter their retirement years. Given these traits, the growing senior population in West County will likely be a mixture of life-long residents and relative “new-comers,” many of whom may require special considerations if they are to age in place within the community.

Challenges to Aging in Place

Previous research in gerontology has documented an overwhelming preference among older adults to remain in their homes and communities as long as possible (AARP, 2005). Nevertheless, a number of common aging-related circumstances often challenge the ability

of individuals to age successfully in their homes and communities, and strain the resources available within communities to address the broad range of services and amenities that are needed. Many older adults experience physical and social changes that threaten their independence and wellbeing. In addition, older individuals who live on fixed incomes may experience financial constraints that limit their choices and reduce their quality of life in retirement.

In communities that actively promote aging in place, older residents may be better able to retain their independence and maintain valued social relationships; however, within rural settings, many of the general challenges associated with aging can be exacerbated by traits of the community that make it more difficult or relatively more expensive to deliver services (e.g., the long distances between individuals and amenities). These characteristics will influence the types and quantity of services that can realistically be provided given current resource levels.

As such, the risk for social isolation and reduced health and wellbeing is great among older adults in rural communities such as those that participate in The Consortium, especially if innovative strategies are not developed and adopted to address critical areas of need. In proactive response to demographic changes that are looming on the horizon, entities within West County have begun to examine ways in which to maintain the area's highly livable environment, and to make aging in place possible for the majority of region's older residents.

In this study, we were particularly interested in learning how communities that participate in The Consortium could become more "livable," with respect to aging in West County. According to Nelson and Guengerich (2009), livable communities have features that allow older adults to remain independent and maintain their quality of life as they age and retire. Key components of livability that are central topics addressed in quantitative and qualitative components of this study include:

- Accessible and affordable housing choices;
- Adequate and appropriate transportation options; and
- Targeted community services that address specific needs of older people.

Housing

The ability to age in place relies on the availability of housing options designed to accommodate changing physical, social, and financial circumstances that often accompany aging. As a result of these changes, the degree of "fit" between individuals and their homes may often decrease, creating living situations that are impractical, unsafe, or undesirable for older people (Pynoos, Steinman, Nguyen, & Bresette, 2012). Affordable housing options with adaptive features that accommodate physical limitations (such as home modifications or universal design elements) can sometimes make it possible for older residents to remain independent in their homes and communities.

Housing options that blend shelter and services, such as assisted living or continuing care retirement communities, may allow individuals to remain relatively independent and socially engaged with others, even if they are no longer able to stay in their original homes. Unfortunately, many towns do not have adequate appropriate and affordable housing units available to meet the diverse preferences and needs of a large and growing number of older people. As a result, many older residents often must relocate to new communities where their needs can be met. Communities, such as those that participate in The Consortium, that are interested in promoting aging in place must prioritize housing options that address the changing needs of older people.

Transportation

In addition to affordable housing options, reliable transportation is required to support aging in place by providing individuals with access to work or volunteer activities, needed goods and community amenities, and to promote healthful social engagement with friends and family. For many older adults, physical changes associated with aging (e.g., vision impairment) may make continued driving unsafe. When transportation options are not available to replace driving, or are extremely limited, challenges in procuring transportation can increase the risk of isolation and unnecessarily reduce the individual's quality of life.

In rural areas such as West County, where local transportation options are relatively scarce, a large share of older residents may be frustrated by difficulties meeting their everyday travel needs. Communities in West County can promote quality of life and social engagement among older people by supporting convenient, affordable, and reliable local transportation options for residents who are unable to drive safely themselves, or who prefer to travel using alternatives to driving.

Improving community attributes to facilitate walkability may also supplement transportation options that are provided publically, or through organizations that specifically serve older people. Examples include well-maintained and uninterrupted sidewalks, strategically placed benches, and clearly marked pedestrian crossings with signage or signals.

In addition, the physical health of older adults and the public at large can be improved by encouraging alternate forms of transportation that increase physical activity (e.g., safe, conveniently located, well maintained bike trails and walking paths). Unfortunately, in rural areas such as West County, walkability outside of town centers is often difficult to achieve due to the great distances between towns, and busy stretches of highways that link them.

Community Features & Services

Finally, communities that support aging in place must ensure that older adults have access to a variety of home and community based services, as well as public and commercial amenities. For instance, older adults who have mobility difficulties or who can no longer drive are likely to benefit from access to medical and social services that can be delivered

directly to their homes. Programs that connect older residents with affordable assistance doing home and yard maintenance can help protect property values and improve neighborhoods where older people live. Communities can also provide opportunities for social engagement and participation in community events through support of volunteer programs, learning opportunities, exercise programs, and social activities that help community members remain active and socially engaged, prolong independence, and improve quality of life.

Purpose of Study

The research described in this report was conducted in Fall 2014 to assess the specific aging-related needs of older adult residents in West County, and to explore concerns of providers of goods and services to this segment of the population. We have assembled information from a number of sources to describe unique service needs, preferences, and concerns of stakeholders. Results of this study are intended to provide a basis for planning by The Consortium and other offices and organizations within the community.

Methods

Applied researchers often employ mixed methods in formal community needs assessments to identify deficiencies in services and programs for older adults in communities (Nolin, Wilburn, Wilburn, & Weaver, 2006). In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, qualitative data collected directly from the community's older residents and service providers who interact frequently with the older adult population, and from websites of Councils on Aging in comparable communities. All research methods and instruments used in this project were approved by the Institutional Review Board at UMass Boston, which is charged with protecting the rights and welfare of human subjects who take part in research conducted through the university.

Our early goal was to develop research questions, which when approached systematically could shed light on the support needs of the older population and spotlight services that are most valued by the community's residents. These assessment goals align with priorities of The Consortium to support aging in place by older adults, and to increase "livability" in towns that lie within The Consortium's catchment area (Nelson & Guengerich, 2009). In the following sections, we detail the methods used in this needs assessment, including development of appropriate protocols, selection and recruitment of study participants, and a brief section on data analyses.

Demographic Data

As an initial step toward understanding characteristics of the older population in West County, we generated a demographic profile using data from the 2010 U.S. Census and the American Community Survey (ACS). Our main focus was on the aggregated characteristics of the towns of Ashfield, Buckland, and Shelburne. We also examined demographic traits of

six towns with residents who are served by The Consortium (i.e., Charlemont, Colrain, Conway, Hawley, Heath, and Rowe). Combined results for the three consortium towns are reported in the results section below; and analyses for each of the nine towns separately and in aggregate are reported in tables in **Appendix A**.

Whereas the decennial census is a complete accounting of all residents in the country, the ACS is a large, annual survey of the population, conducted by the U.S. Census Bureau and designed to provide estimates of various demographic qualities in the years intervening the ten-year censuses. In towns the size of those that make up West County, many ACS estimates are commonly available for the most recent five-year period (2009-2013). All census data files used in this study were downloaded from the American Fact Finder website, a publically available data resource maintained by the U.S. Census Bureau.

Key-Informant Interviews

We conducted interviews with six individuals serving in various leadership and service positions in West County. Questions were chosen to elicit information regarding how the community has been shaped by the aging of its population; identifying challenges and opportunities associated with a growing number of older adult residents; and identifying ways in which The Consortium can respond more effectively to the needs of older residents in an expansive rural environment. Each discussion lasted between 30 and 45 minutes. **Appendix B** displays examples of questions that guided each interview.

The Senior Center Director identified and recruited interviewees, and UMass Boston project staff contacted key informants to schedule interviews. Two of the discussions were conducted in person and four were conducted by telephone. Key informants included Penny Spearance, Shelburne COA and The Senior Center Board Chair; Marion Taylor, President of The Senior Center Foundation; Leanne Dowd, The Senior Center Outreach Coordinator; Joe Judd, Shelburne Selectman; Lisa White, Regional Nurse; and Roseanne Martocia, Executive Director of Franklin County Home Care.

Focus Groups

During the month of November 2014, we conducted two focus groups with participants representing a range of stakeholders who were hand-selected and recruited by The Senior Center Director. Each focus group lasted approximately an hour and a half. Generally, discussions focused on attributes of the community that promote aging in place; perceived challenges to aging in place in West County; and opportunities that an aging population affords the community to improve its livability for people of all ages. Specific topics for each discussion were developed in consultation with The Senior Center Director. **Appendix B** displays examples of questions that guided each discussion.

Focus Group #1 ($N = 9$) consisted of residents who were age 50 and older who were current or prospective consumers of programs and services designed for older people served by The Consortium. Participants of Focus Group #2 ($N = 9$) were public safety officials, and representatives of service organizations within West County who have regular interactions with older adult residents in the community. Most participants in both focus

groups were longtime residents of the area, and all were knowledgeable about the programs and services that are available for older residents.

Peer Community Comparison

Finally, we gathered information from similar Councils on Aging/senior centers in eight “peer” communities using a web-search protocol. Communities included the Towns of Deerfield, Erving, Gill, Greenfield, Montague, Orange, Sunderland, and Whately. Peer communities were selected based primarily on population size, the community’s proportion of older adults, and similarity with respect to the community’s rural setting. We examined features of the COAs in each community, including whether they managed formal senior centers, as well as their programming options.

Data Analysis

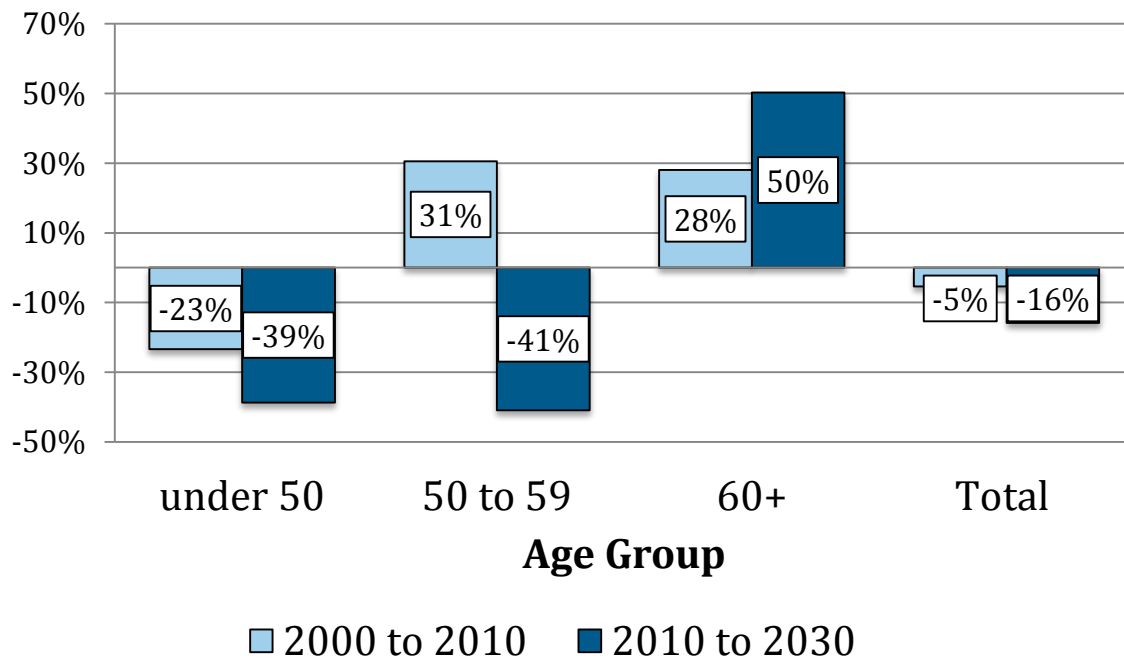
Census data were used to summarize selected demographic characteristics including growth of the older population in selected towns in West County, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status. Qualitative data collected during key informant interviews and focus groups were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults in West County. Information collected from the web regarding COAs in peer communities were compared side-by-side with information collected from The Senior Center Director and The Consortium website. We used information from all sources of data to develop recommendations reported in the final section of this report

Results

Demographic Description of Consortium Towns

Age Structure and Population Growth

Figure 1. Change in population in consortium towns, by age group, 2000 to 2010, and projections for 2020* and 2030*



Sources: 2010 U.S. Census, Demographic Profile Data

* Figures for 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

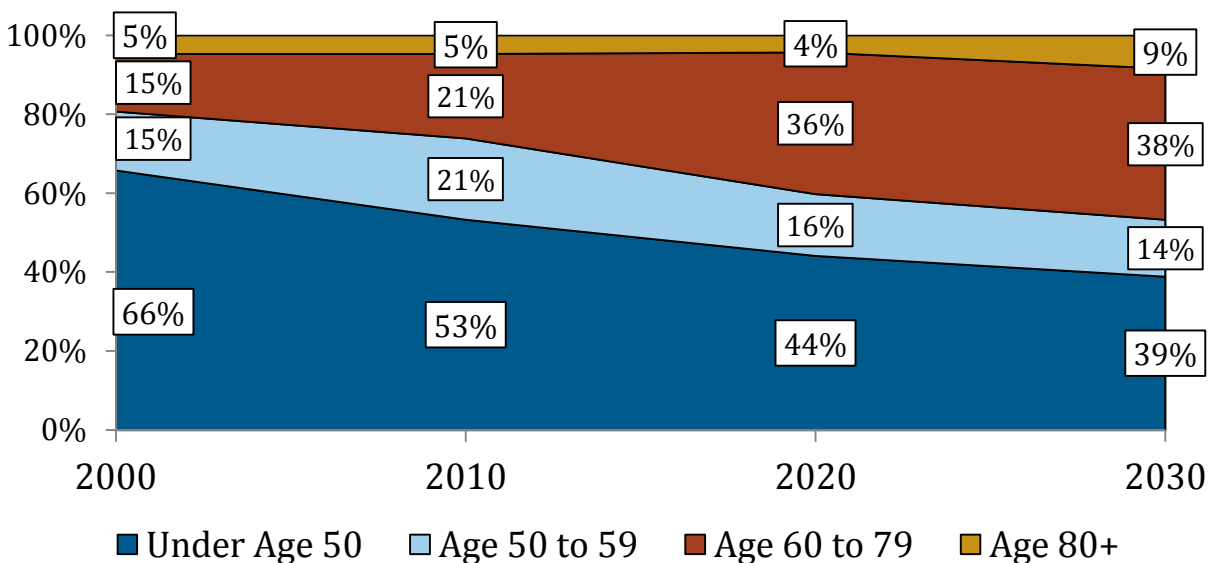
Figure 1 shows the percentage change in the combined population of towns that participate in The Consortium from 2000 to 2010 and projected growth to 2030 by age group. During the previous decade, the total size of the population decreased by 5%—a change driven entirely by a decline in the number of younger residents. The number of residents under age 50 decreased by 23% between 2000 and 2010. During this time period, the number of individuals age 50 to 59 increased by 31%—in the members of this age group will become eligible for services provided by The Consortium. Additionally, the number of residents who are age 60 and older grew by 28% between 2000 and 2010. In looking at projections to 2030, the only age group that is expected to grow within towns that participate in The Consortium is the group age 60 and older, which is expected to grow by nearly 50%.

Table 1-AA (Appendix A) shows similar patterns of change in the 9 towns in West County combined. Between 2000 and 2010, the population of residents who are age 60 and older grew by 26%. From 2010 to 2030, the older population is expected to increase again by 48%.

Figure 2 shows the age distribution of towns that participate in The Consortium, from 2000 to 2010, and population projections to 2030. In 2000, about 35% of the area’s population was age 50 and older. This percentage increased to 47% by 2010. According to projections by the Donahue Institute, this trend toward an older population is expected to continue, so that by 2030, about 61% of residents in towns that participate in The Consortium will be age 50 and older, including 14% age 50 to 59, 38% age 60 to 79, and 9% age 80 and older.

An identical pattern is seen when examining combined data for all nine towns in West County (see **Table 2-AA, Appendix A.**). By 2030, it is projected that more than 62% of the population will be age 50 and older, including 48% who are age 60 and older.

Figure 2. Population distribution in consortium towns, by age group, 2000 to 2010, and projections for 2020* and 2030*



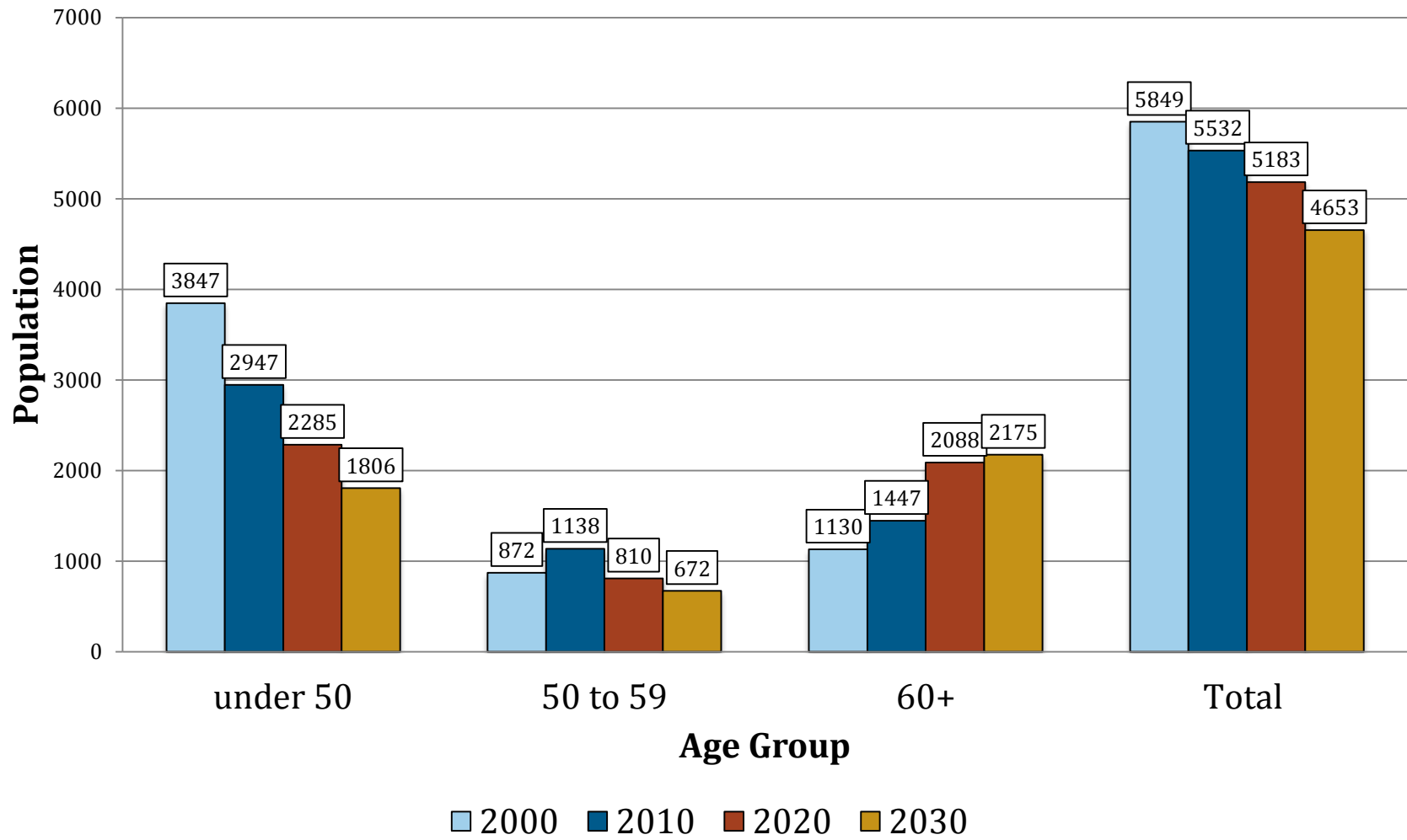
Sources: 2010 U.S. Census, Demographic Profile Data

*Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

In examining combined data for the towns that participate in The Consortium, it is apparent that in general, the size of the combined population has been decreasing. **Figure 3** shows a decline in the total number of residents since the 2000 U.S. Census. At the same time that the number of younger, working-age residents has decreased, the number of residents who are age 60 and older has grown, and is projected to continue growing until at least 2030.

This demographic pattern is also evident in many West County towns with residents who receive services through The Consortium. In fact, in the next fifteen years the total number of older residents in the nine West County towns is expected to increase to nearly 5,000 people who are age 60 and older (see **Table 3-AA, Appendix A.**)

Figure 3. Number of residents in consortium towns, by age group, 2000 to 2010, and projections for 2020* and 2030*



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Sources: 2010 U.S. Census, Demographic Profile Data

* Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Composition

Race/Ethnicity

Relative to other places in Massachusetts, there is little racial diversity among residents within towns that participate in The Consortium. The vast majority (97%) of residents are White and non-Hispanic. A small percentage (3%) reports some other race (*ACS, 2009-2013, Table B02001*). Due to the small populations of Ashfield, Buckland, and Shelburne, there are no reliable ACS estimates available regarding the race of older residents specifically; however, in other communities older cohorts are often less diverse than the population as a whole. For instance, in Massachusetts about 91% of residents over age 60 are White, compared to just 76% of all Massachusetts residents who report White non-Hispanic backgrounds.

Language

There is also relatively little diversity in the primary language spoken at home among older residents within towns that participate in The Consortium. For residents age 65 and older, it is estimated that 98% speak only English at home, about 1% speak Spanish, and 1% speak “other Indo-European” languages (e.g. German, Portuguese, Italian). A very small percentage speaks “other” languages (e.g., Chinese) (*ACS 2009-2013, Table B16004*).

Among those who speak some language other than English, four out of five are also able to speak English “very well”. Given these estimates, it is likely that only a very small percentage of residents in towns that participate in The Consortium have limited access to programs and services due to a language barrier.

Gender

Within towns that participate in The Consortium, the gender distribution among residents who are age 60 and older is similar to that of Massachusetts as a whole—the majority of seniors are women (57%, compared to 53% in the Commonwealth; *2010 U.S. Census, Table SF-1*). Additionally, the proportion of women is much greater in older age groups—among residents who are age 80 and older, 68% are women. The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in many older populations globally.

Education

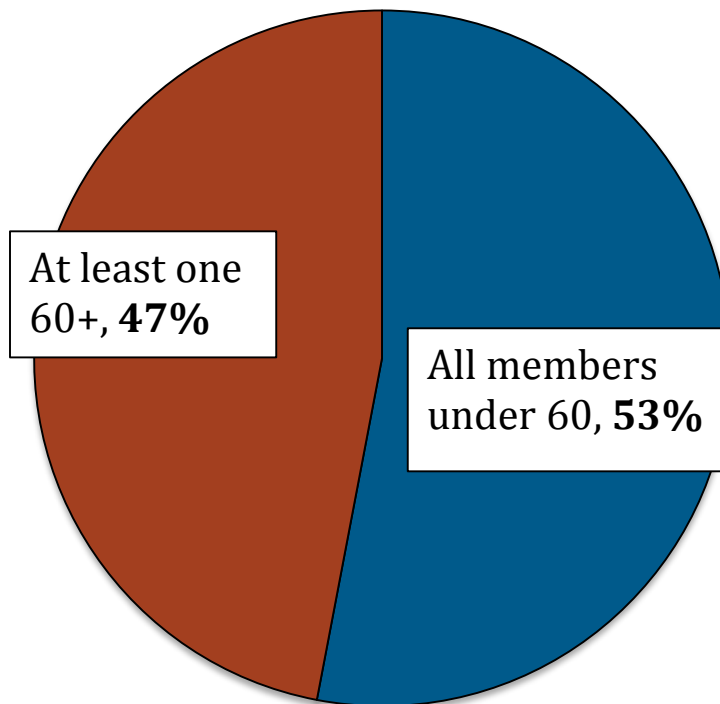
American Community Survey statistics on education suggest that older residents in towns that participate in The Consortium are well educated on average. It is estimated that about 68% of persons aged 65 and older have at least a high school diploma, including 16% who have a bachelor’s degree, and 22% who have a graduate or professional degree (*ACS, 2009-2013, Table B15001*). This educational profile contributes to the community’s vitality and character, which depends on older adults who value opportunities to be engaged in their communities through volunteer and civic engagement activities, as well as late-life learning opportunities—activities that are often valued in highly educated communities (Fitzgerald & Caro, 2014).

Housing and Living Situation

Of the nearly 2,500 households in towns that participate in The Consortium (2010 U.S. Census) almost half (47%) include at least one adult who is age 60 and older (see **Figure 4**).

Table 4-AA (Appendix A) indicates that a large percentage of households in all nine towns in West County also have members who are age 60 and older. When all towns are combined, about 45% of households have at least one older person.

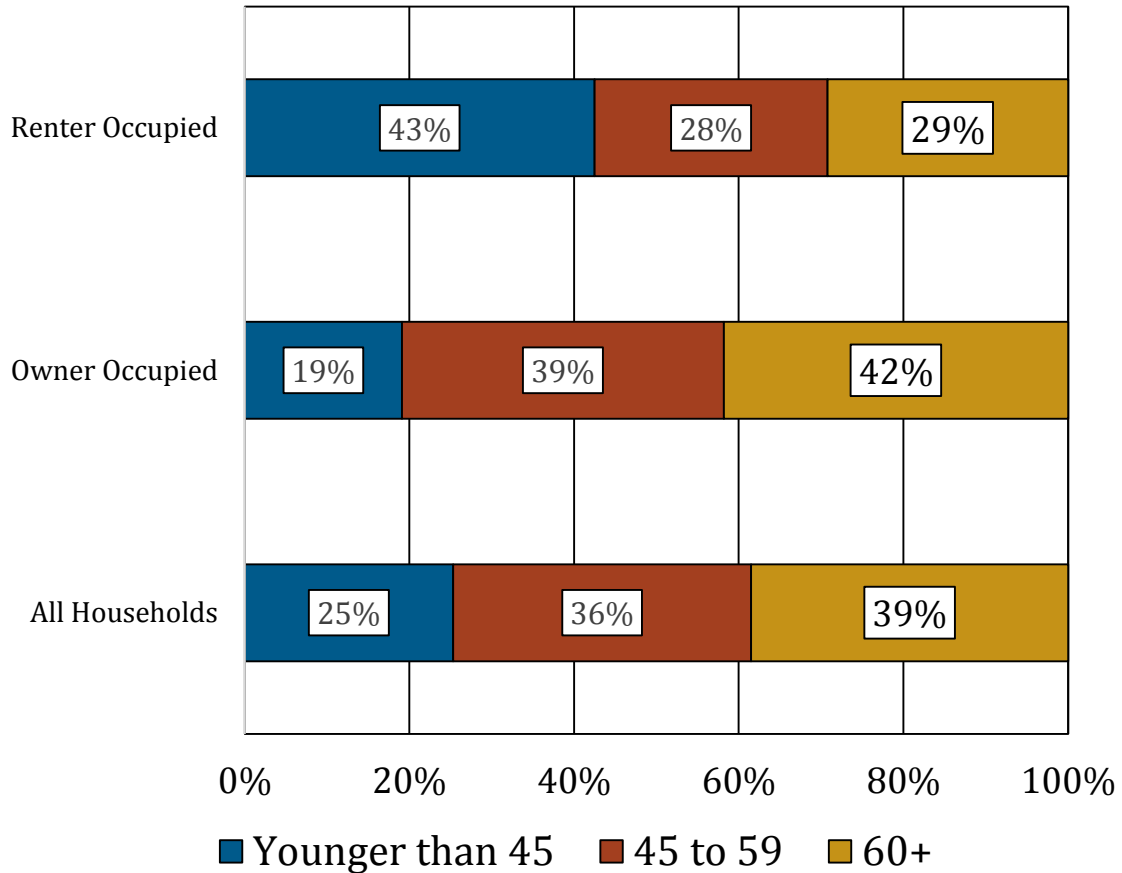
Figure 4. Households in consortium towns that include one or more individual(s) aged 60 and older.



Source: *American Community Survey, 2009-2013, Table B11006*

High proportions of households with older adults are often reflected by a widespread demand for programs, services, and other considerations. Many households—even those headed by individuals not old enough to be eligible for services themselves, may have a direct interest in services and amenities that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments for older family or household members.

Figure 5. Percentage of householders in consortium towns, by age—including renter-occupied, owner occupied, and all households

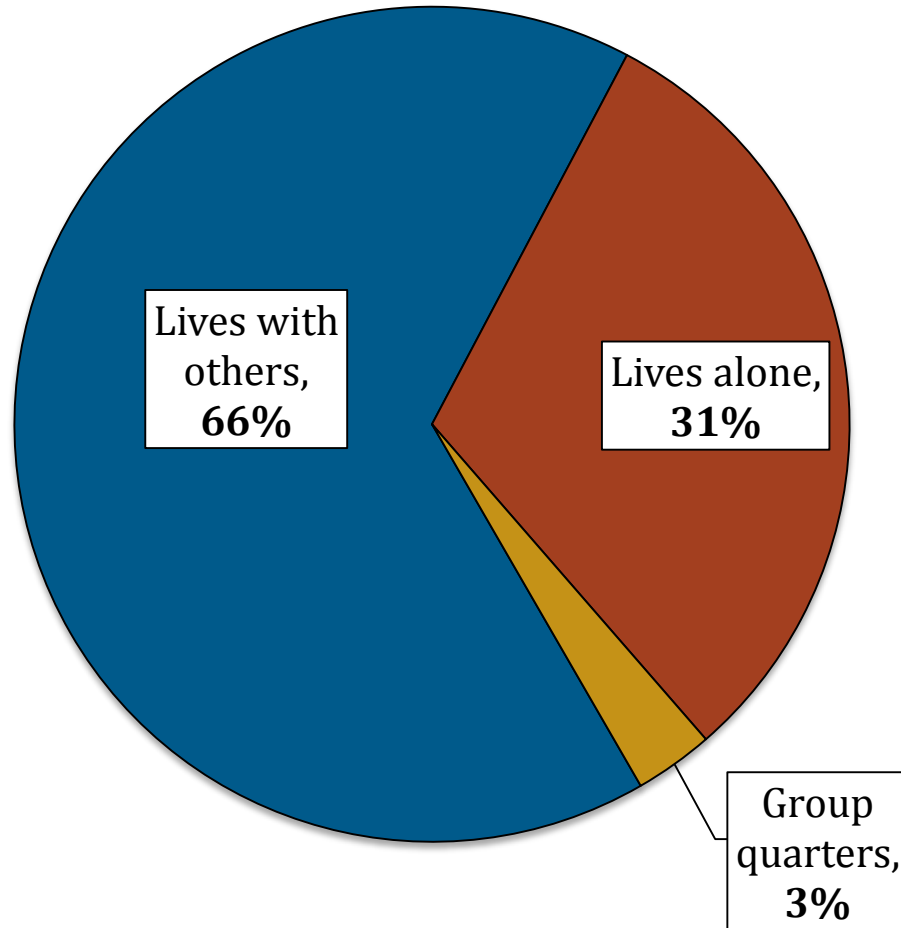


Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table H17.

A “head of household” is usually the individual in whose name a home is owned or rented. **Figure 5** shows that of the nearly 2,500 households in towns that participate in The Consortium, a substantial percentage (39%) are headed by individuals who are age 60 and older—only 36% are headed by individuals age 45 to 59; and 25% of households are headed by individuals who are younger than 45. Among households that are owned by heads of household, about 42% are headed by individuals age 60 and older. Among households that are rented by the head of household, individuals younger than age 45 make up the largest share (43%), and only 29% are headed by individuals age 60 and older.

Table 5-AA (Appendix A) shows similar patterns for each of the nine towns in West County, and their total. Among the nearly 5,100 households counted in the 2010 census, individuals who are age 60 and older are heads of 38%, compared to 37% headed by residents age 45 to 59; and 25% headed by individuals younger than age 45.

Figure 6. Living arrangements of residents in consortium towns, age 65 and older

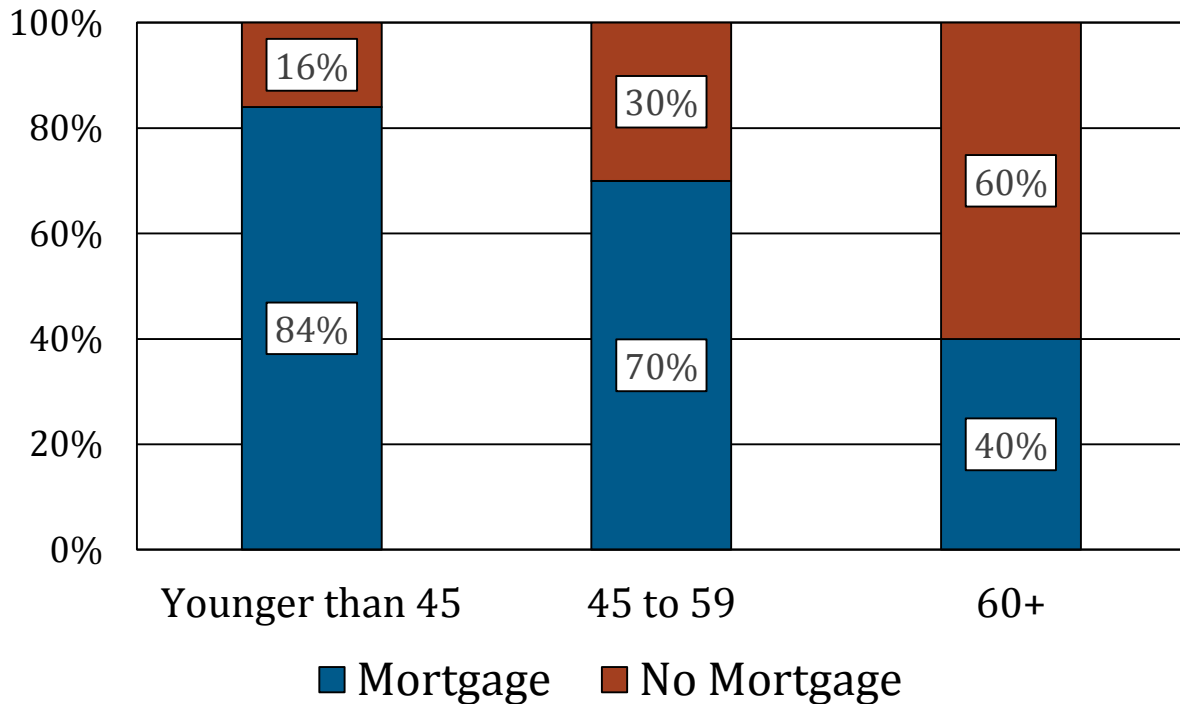


Source: *U.S. Census 2010, Summary File 1, Table P34*

Figure 6 shows the living arrangements of older residents who are age 65 and older within towns that participate in The Consortium. The most common living arrangement among residents in this age group is living with others (66%), including family and non-family co-residents. A large proportion of residents who are age 65 and older—about 31%—live alone, and slightly more than 3% of older residents reside within group quarters. In West County these individuals live in nursing homes and other non-institutionalized group settings.

A large share (27%) of residents who are age 65 and older in all nine towns in West County live alone (see **Table 6-AA, Appendix A**); 71% live with others; whereas 2% live in group settings.

Figure 7. Homeownership and mortgage status of householders in consortium towns, by age group



Source: American Community Survey, 2009-2013, Table B25027

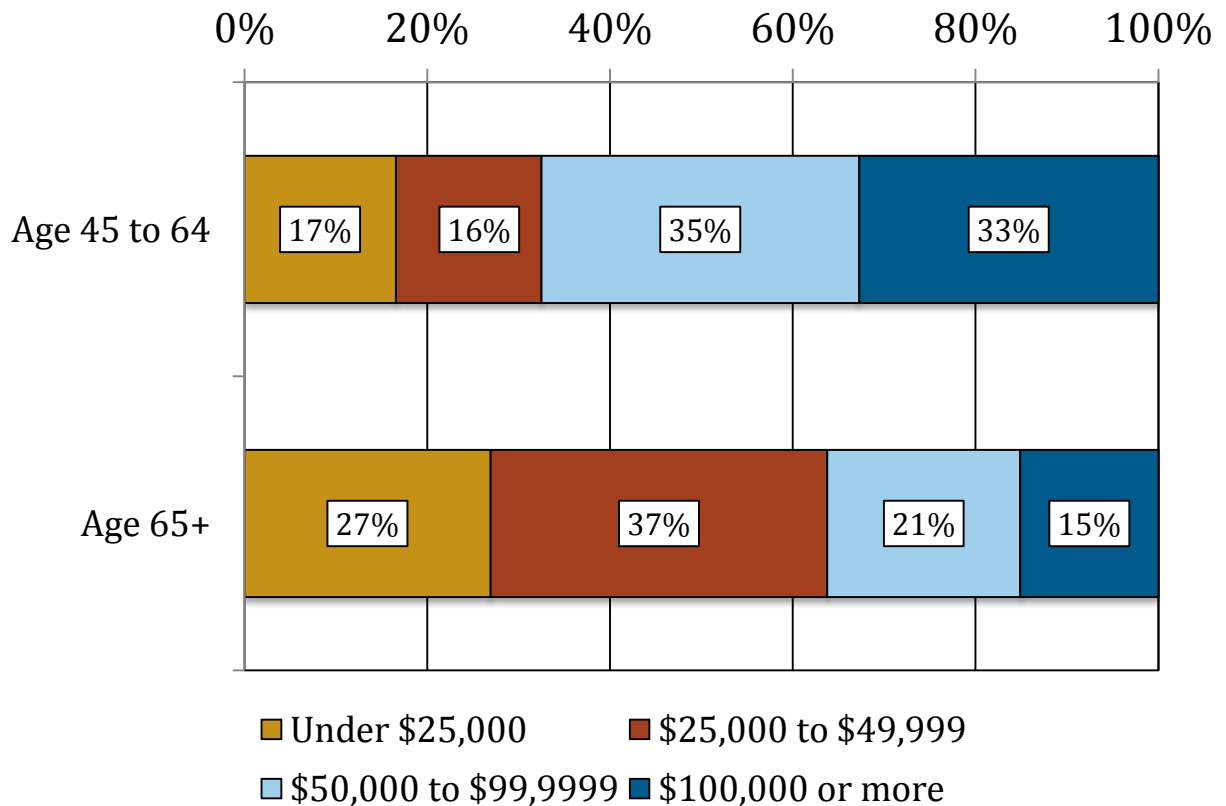
Figure 7 shows homeownership and mortgage status of householders by age group in towns that participate in The Consortium. Not surprisingly, younger residents are far more likely to have a mortgage on their homes. Most homeowners under age 60, including 84% of those under age 45, and 70% age 45 to 59 have mortgages. The majority (60%) of homeowners in Ashfield, Buckland, and Shelburne who are aged 60 and older own their homes free and clear. Similarly, in all 9 West County towns, 60% of homeowners who are age 60 and older own their homes free and clear (see **Table 7-AA, Appendix A**).

The large percentage of older residents who are homeowners and heads of households reflects a need for amenities and services that are valued as residents strive to maintain their homes and remain independent and safe. Homeownership is an important asset for many individuals and families, and represents a financial resource that can be converted to income if necessary. Home ownership also requires maintenance and the costs and burden associated with those responsibilities.

Taking into account factors such as mortgage, utilities, real estate taxes, and insurance, about one in five homeowners (21%) within towns that participate in The Consortium spend 35% or more of their income on housing (ACS, 2009-2013, Table B25093). This is considered to be a high housing burden.

Income Distribution

Figure 8. Household income distribution in consortium towns by age of householder (in 2013 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2009-2012, Table B19037.

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

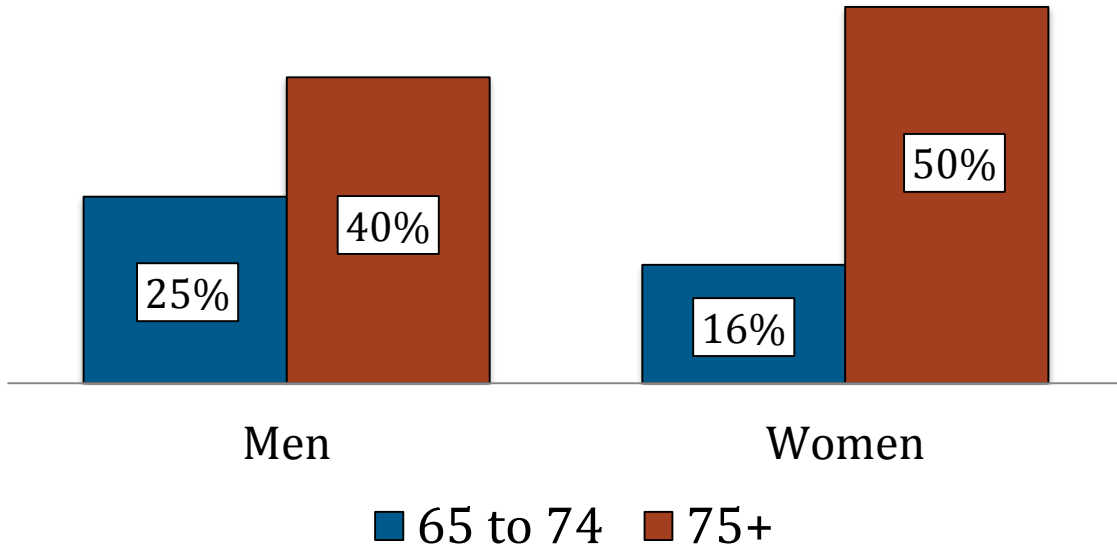
The economic profile of older residents in towns that participate in The Consortium relative to younger residents is illustrated in **Figure 8**, which shows that a sizable percentage of the older adult population is quite affluent—15% of residents age 65 and older report annual incomes of \$100,000 or more. By comparison, about a third (33%) of households headed by individuals who are age 45 to 64 report this level of income.

Nevertheless, nearly two-thirds (64%) of households headed by someone age 65 and older report annual incomes under \$50,000, including 27% with incomes under \$25,000. This compares with just 33% of households headed by individuals age 45 to 64 with incomes under \$50,000. Thus, there are a large segment of older residents in towns that participate in The Consortium that are at risk for economic insecurity.

Table 8-AA (Appendix A) shows similar distributions of income in all nine West County towns.

Disability Status of Older Residents

Figure 9. Percentage of residents in consortium towns reporting at least one disability, by gender and age group



Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B18101.

Many residents in towns that participate in The Consortium who are age 65 and older experience some level of disability that could impact their functioning and their ability to live independently in the community. **Figure 9** shows the estimated proportions of older adults who report some level of disability by gender and age. Among residents aged 65 to 74, about 25% of men and 16% of women have at least one disability.

The risk of acquiring disability increases dramatically after age 75—in towns that participate in The Consortium, about 40% of men in this age group and 50% of women experience one or more disabilities. These rates of disability are comparable to those estimated for Massachusetts as a whole. At the state level, 22% of persons 65 to 74 experience at least one disability, as do 47% of persons 75 and older (not shown). **Table 9-AA (Appendix A)** shows similar disability rates in all nine towns in West County.

Among the different types of disability that were assessed in ACS, the most commonly cited difficulty was with ambulation (difficulty walking or climbing stairs)—an estimated 18% of residents aged 65 and older have this type of difficulty. Other disabilities experienced by older residents include independent living limitations (e.g., difficulty doing errands alone such as visiting a doctor’s office or shopping; 15%), sensory problems, such as difficulty hearing (11%) or seeing (5%), self-care difficulty (8%), and cognitive difficulty reported by 7% (ACS, 2009-2013, Table S1810). Individuals who have disabilities may often have greater difficulty accessing community amenities due to mobility and transportation limitations, thus restricting their ability to participate fully in the community.

Results of Key Informant Interviews

Key informant interviews were conducted with six individuals who hold leadership positions or otherwise work closely with older adults in West County. The purpose of the interviews was to learn about aging issues in the community from the perspective of individuals who work on behalf of older residents. Participants were encouraged to share their insights both as professionals in the community and as residents of the region. One-on-one interviews, lasting between 30 and 45 minutes were held with each participant. Two of the interviews were conducted in person and four were conducted over the phone.

In a joint effort with The Senior Center Director, the UMass Boston research team developed several broad, open-ended questions to direct each conversation with key informants (See **Appendix B**). A primary goal of this activity was to learn about the unique experiences and perspectives of interviewees within their respective roles in the community. At the same time, we were interested in common themes that would emerge between participants in response to our questions. The following discussion presents salient points that arose across the six interviews.

All key informants were keenly aware of the region’s shifting demographic profile and expressed concern about how resources would be shifted and stretched to meet the varying needs of older adults in West County. Many organizations and offices that serve the region have seen more and more clients who are older, and have steered their focus to this segment of the population. For example, within the public health arena, one key informant mentioned that in recent years caring for older residents with multiple chronic health conditions had risen to be the number one priority. Another participant stated that provision of home-based services for older adults had become noticeably more complex and diverse, as a result of the increased numbers of older-old and younger-old residents who needed services. At the same time that aging-related needs have grown, town budgets have become increasingly constrained as the number of working-aged residents has steadily declined. Thus, the region’s highly visible demographic shift has mandated that towns rethink how resources are “divvied” in order to optimize their impact.

The Senior Center itself is an example of how communities in the region have taken a proactive approach to addressing aging-related issues and serving the growing number of older residents. One key informant who serves as a town official in Shelburne noted the traceable “evolution” of The Senior Center’s purpose over the years. According to this participant, The Senior Center is no longer a place people go “just to play checkers.” It was noted how programs and services available in the community through The Senior Center have become much more sophisticated and far-reaching, as outreach has expanded and improved. Thus, The Senior Center and its staff have taken on an important central role in providing leadership and advocacy for senior issues in the region.

Currently, The Senior Center is supported and administered through an inter-municipal agreement between the towns of Ashfield, Buckland, and Shelburne. According to one key informant, the Councils on Aging that make up The Consortium are generally able to address issues that arise on a unified front. This “power-in-numbers” approach has allowed The Consortium to do more for their respective resident constituencies and provide access to a broader array of services than each could provide acting alone.

Nevertheless, several key informants noted challenges with delivering services using the consortium framework. An ongoing challenge has been to ensure that participating COAs benefit equitably, given the level of financial support they provide to the endeavor. For instance, in some cases, older individuals who live in towns that do not participate in The Consortium may travel to The Senior Center for services that are not available in their own towns. While The Senior Center does not turn people away based on their towns of residency, it has sometimes had to prioritize programs for residents from towns that participate in The Consortium, or has charged fees of residents from non-participating towns.

According to one key informant, a preferred approach would be to recruit COAs from surrounding communities to join The Consortium in order to expand the pool of resources that are available to serve greater numbers of older residents in the region. However, even this approach has potential to create challenges associated with providing equitable services over a large geographical area. For example, if services were provided primarily at The Senior Center in Shelburne, because of that town’s centrality, residents who live in towns located on the perimeter of West County would likely have less access, especially if considerations for transportation were not made. Thus, most key informants recognized the need to continue planning, and were open to seeking creative solutions to address the region’s unique challenges.

In addition to their concerns about how the growing older population would impact programs and services in the region, key informants were asked about the unmet needs of older adults that they perceived in their communities. Prominent among these were concerns about the transportation needs of seniors with driving limitations. Key informants were 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 participants explicitly mentioned the essential need to reconsider ways of making available transportation options more efficient for more people. For instance, it was noted that The Senior Center's fleet of two vans is prioritized to provide medical trips. One key informant wondered whether it would be possible to better coordinate non-emergency medical appointments so that multiple riders could be transported in one trip.

Most key informants cited problems associated with limited and/or outdated housing options as an issue that could prevent older people from remaining in the community. As an example, one participant spoke about home maintenance challenges experienced by seniors who are frail, or on fixed incomes. In addition to making it more difficult to live in homes safely, houses that are not adequately maintained can negatively affect property values in surrounding neighborhoods.

One key informant thought that volunteers or donated services could be brought together on a more formal basis to fill this gap (at least in part). In fact, many participants described community volunteerism as a widely valued resource for addressing needs ranging from home and yard maintenance to grocery shopping. The "Neighbor-to-Neighbor" program—an unfunded program coordinated by senior center staff—was named as a potentially good model for linking older adults with volunteers.

Another concern mentioned repeatedly relates to older residents who have extremely limited social networks, or who experience isolation due to attributes of the rural setting in which they reside (such as long distances between themselves and others). As in many communities, older residents in West County may have no children living nearby. Limited employment options in the region may cause younger residents to disperse to areas where economic opportunities are more easily accessed. If older people are able to remain active and mobile, then this circumstance may not be problematic. However, if physical or cognitive declines occur, and if other elements of the social support network such as friends or close neighbors are also missing or inaccessible, problems can arise. Key informants recognized the likelihood that risk to health and social wellbeing will grow if problems leading to isolation are not adequately addressed.

Finally, key informants offered a number of reflections on how organizations and offices within West County could work together to support older adults in the area. Within nonprofit and service sectors, and between those sectors and The Senior Center, the web of working relationships appears to be extensive and constructive; however, most key informants believed more could be done to support a network of connections and to facilitate communication between different types of organizations. For instance, services provided within the healthcare sector are integral for maintaining health and wellbeing of older people. Nevertheless, as one key informant suggested, a formalized relationship between The Senior Center and

health agencies could enhance medical services by providing patients with seamless links to needed services following discharge from medical care. Similarly, one participant noted how important it is for organizations to be aware of additional state- and federal-level resources that can be called upon for support. For instance, services administered through the local Area Agency on Aging (i.e., Franklin County Home Care Corporation) can and do supplement many of the programs and services that are available through local Councils on Aging.

Results of Focus Groups

Focus Group #1

Participants in Focus Group #1 (N= 9) consisted mostly of long-term residents of towns that participate in The Consortium who are age 50 and older, and who are current or prospective consumers of programs and services for older people in West County. The group also included a representative of the Buckland Council on Aging, as well as the Activities Coordinator at The Senior Center. Input from this group was solicited in order to acquire a *primary* stakeholder perspective about what works and what does not, with respect to aging in place in the community.

Initially, participants were asked to reflect on the attributes of West County that help them to stay in their homes, and age in place in the community. Several participants emphasized the important role of The Senior Center as a service hub for older adults in towns that participate in The Consortium. Despite the limited resources available to support its programming and services, participants felt The Senior Center provided a good array of options with respect to activities that older residents could both enjoy, and that would help them stay independent. Specific activities that were mentioned included an African drumming class, which included “students” who are in their 90-s, and a yoga class for participants of all skill levels.

In addition to the spectrum of diverse social and recreational activities offered at The Senior Center its staff are also perceived as very helpful and knowledgeable about local, state, and federal programs that can benefit older adults in the region. Outreach to older adults in the community by senior center staff is one of the valued methods by which residents can acquire important information about services for themselves or their families, including fuel assistance, home health care, and food assistance programs.

As well, participants in Focus Group #1 appreciated other informational programs such as the *SHINE* program, which informs and advises older adults about health insurance benefits; and *Benefits Counseling*, which helps older adults identify resources that can help them stay in their homes. Thus, The Senior Center serves as a vital hub of information, and is viewed as an invaluable resource as older residents seek access to the programs and benefits for which they may be eligible.

More generally, The Senior Center, and the community at large, is seen as providing a highly welcoming—almost family-like atmosphere for many residents. Two focus

group participants who were relative “new comers” to the region said that they felt The Senior Center provided them with an “in-road” to social engagement in the community. These participants, both of whom volunteer to teach classes at The Senior Center, saw it as a place that was open to new ideas, and proactive about accommodating the needs and preferences of the diverse older people they serve.

In spite of its valued status among older adults in the community, participants in Focus Group #1 also identified several barriers that could prevent residents from utilizing The Senior Center’s programs and services. Primary among them were aspects of the facility itself.

Currently, The Senior Center has just two main rooms that serve as dedicated space for much of its programming. Because there is a lot going on at The Senior Center, space is extremely limited, and co-occurring events can often cause disruption of programming and schedules. In addition, The Senior Center has just one restroom that is shared by all who come to participate in activities. Parking space is also limited, often creating problems in accessing the building.

These aspects of the physical structure are extremely constraining with regard to the types of events that can be held. Currently, it is impractical to hold events for large numbers of residents because of the inability to accommodate the needs of those who would attend. As the community’s older population continues to grow, these problems will likely become more evident, potentially preventing older adults from utilizing programs and services, if they are not addressed. On the other hand, if changes are made to improve the physical space of The Senior Center, they should be planned with consideration for the greater number of older adults that a more accessible senior center would likely draw.

Participants of Focus Group #1 also mentioned the need to consider updated marketing of The Senior Center to a new cohort of older adults in the community. It was mentioned that the term “senior center” itself, often carries with it a negative connotation as an amenity for very old, often frail, and needy people. All participants felt that this connotation did not accurately reflect the vibrancy and opportunities that The Senior Center presents, and that being unable to “relate with” that terminology could prevent many people, particularly “Baby Boomers,” from wanting to participate.

Focus group participants had several ideas for how to “re-brand” The Senior Center, including reaching out to the community in the local press to better communicate the variety of programs and services that are available. As well, one discussant suggested emphasizing opportunities for older people to volunteer their time and skills as means for “giving back” to the community, as opposed to framing The Senior Center as a place to receive services. Several discussants felt that getting new people “in the front door” was a primary challenge, but once the value of programs and services were realized, people would stay and contribute to the sense of community that exists at many senior center activities.

Thinking beyond The Senior Center, participants in Focus Group #1 were asked about the difficulties and challenges that they had experienced, aging in place in West County. By far, participants felt that lack of adequate transportation presented the greatest threat to remaining in the community as they aged.

Indeed, transportation options, beyond driving one's self, are extremely limited in the region. Currently, The Senior Center maintains a fleet of two vans, driven by two paid part-time drivers. Other public transportation options from the outlying areas of West County to the center of Shelburne, where The Senior Center and other amenities are centrally located, are for the most part non-existent. Focus group participants stated that older individuals who do not drive must rely heavily on friends, neighbors, and family to provide them with rides. In addition, The Senior Center coordinates a volunteer driver program, in which individuals use their own cars to give rides to others who need them.

According to participants in Focus Group #1, the vast geographical area and the low population density of the region often compound problems associated with limited transportation options. Long distances are not uncommon between residents, their friends and families, and the amenities and services they may need. Risk for isolation among older residents who do not drive is greater in rural areas such as West County, and difficulties that individuals experience when traveling outside the home can threaten their quality of life.

Furthermore, the physical environment within and between communities is poor with respect to walkability, and other alternative modes of transportation. Many focus group participants said they felt unsafe walking along many of the highways in the area, particularly given the high traffic speeds and the lack of sidewalks along the many miles of roads. According to one participant, inclement weather (e.g., during snow storms) often leaves older adults isolated, as roads and driveways become impassible.

Unfortunately these characteristics of the region are not easily overcome, given the limited resources allocated to address the problems they create. As mentioned by one focus group participant, senior center vans can sometimes be tied up for hours at a time while providing just one or two rides across West County. For this reason, using the vans to transport older adults from the outer regions of West County to events at The Senior Center is impractical and seldom practiced. Thus, transportation limitations in the region can restrict not only the freedom and independence of older non-driving residents; they also may hamper efforts to draw in new participants to The Senior Center from towns beyond the current catchment area of The Consortium.

Inadequate housing options were also mentioned as major threat to aging in place in West County. According to discussants, much of the housing stock in the area is quite old, and most have not been updated with accessibility features such as home modifications. Many houses are multi-story and lack street level entrances. A

participant in Focus Group #1 described his personal situation, living in the historic farmhouse in which he was born. Although many of the house's qualities are no longer suitable to meet his current circumstances, the participant stated that he preferred to remain in the home as long as he could, in spite of any difficulties he may have. This perspective among older adults in general is not uncommon in most communities.

Another participant in Focus Group #1 lamented the lack of appropriate downsizing options for individuals whose homes are no longer suited to their needs. Although limited, some affordable housing options exist for individuals who are eligible based on having low incomes. As well, many higher-income older adults are able to pay out-of-pocket for services provided in an assisted living setting or in continuing care retirement communities. Nevertheless, very few appropriate options exist for mid-income residents who wish to move to smaller, more accessible housing units.

When discussants were asked to brainstorm about possible solutions to the housing problems faced by communities in West County, one person suggested that towns reconsider zoning regulations to allow creative solutions to emerge. For instance, it was noted that many of the houses in Ashfield are very large and date back to an era when families were much bigger. If regulations were modified, these houses could potentially be converted into group housing, in which multiple older adult residents co-reside with cooks and housekeepers or other potential caregivers. Regardless of the options that are eventually chosen, creative solutions like this are needed. All participants in Focus Group #1 agreed that action was necessary, and strong leadership was imperative to address housing issues.

Focus Group #2

Focus Group #2 ($N = 9$) consisted of public safety officials and representatives of service organizations within West County who have regular interactions with older adult residents in the region. Specifically, this group included the outreach coordinator and the transportation coordinator at The Senior Center; a representative from the local Area Agency on Aging; representatives from the Councils on Aging in Ashfield, Buckland, and Shelburne; the former Fire Chief from Ashfield; the current Chief of Police in Shelburne; a Selectman from Ashfield; and a representative from the Franklin County Sheriff's Department and TRIAD program.

Not surprisingly, many of the issues that were salient to participants in Focus Group #1 reemerged among discussants in Focus Group #2. For instance, lack of adequate transportation was cited as an enormous problem that could influence the choices that individuals make to move away from the community. One participant noted that in recent years, the use of vans maintained by The Senior Center has seen substantial growth—a trend that he expected would continue in the future.

As it is, van use is prioritized foremost for medical appointments; however, it is often difficult or impossible to coordinate appointments in a manner that is efficient,

so that multiple riders can be transported in one trip. As a result, it is sometimes difficult to acquire even medical transportation when it is needed. For some residents of West County, having no ready access to medical services may force them to move against their wishes into communities with more available options.

Health related transportation was a big concern to most participants in Focus Group #2. When health problems result in emergency situations, resources are sometimes pushed to their limits. Many towns in the region have no ambulance services of their own, and must contract with companies that serve multiple towns. According to one participant in Focus Group #2, Emergency Medical Technicians may be called from one town to the next, even if they are not familiar with the area. Thus, emergency trips can sometimes take much longer than they would in regions with greater population density, and more ambulance options.

Housing was another problem cited in common with participants in Focus Group #1. Participants in Focus Group #2 reiterated the lack of affordable housing and downsizing options. In addition, discussants were concerned about other factors that influence the ability to stay in one's home, including the burden of maintaining large houses and properties. For many older residents, difficulty keeping up with basic chores could force individuals to move, even when they would rather avoid that outcome.

Fortunately, as one participant noted, there are programs that have been implemented by The Consortium to help older adults maintain their properties, including the *Neighbor to Neighbor* program, which solicits community volunteers to help with light chores, such as turning over the garden or doing raking for older residents who need help. In addition to assisting with the needed chores, the program also functions to connect older adults and younger volunteers, who often maintain their relationships even when the work is finished. This program was originally funded as part of a Block Grant; however, since beginning, it has been maintained only informally due to lack of resources needed to coordinate volunteers and tasks.

According to participants of Focus Group #2, West County is perceived to be a safe and secure environment in which to age, in part due to programs and services sponsored and/or provided by emergency responders across the region. For instance the representative from the Franklin County Sheriff's Department told of his work in the local TRIAD program. TRIAD is a crime-prevention and wellness initiative aimed at protecting the safety and welfare of senior citizens throughout the County. In addition to combatting elder abuse, scams, and exploitation, deputies involved in TRIAD also distribute medical equipment such as stair-lifts, hospital beds and wheel chairs. Programs such as this contribute to the livability of West County, as it likely makes older adults feel safer and more secure in their communities.

In addition to transportation, housing, and services, participants in Focus Group #2 also identified concerns about the population shift that is projected to occur during the next two decades. Many participants were keenly aware of the demographic trend toward an older population and a declining number of residents who are of working age. One participant pointed out the seeming impossibility of increasing resources dedicated to any segment of the population, regardless of their need, while the tax base is in decline. Thus, many in Focus Group #2 saw it as imperative that towns begin to strategize about how to entice younger families and industry to the area to help buttress services that are needed by departments throughout towns in West County.

Most participants in Focus Group #2 recognized several very practical technical solutions to the imbalanced age structure that exists throughout West County. Interestingly, discussants identified lack of high-speed Internet access as a major barrier preventing younger adults and businesses from settling in the area. One participant felt that lack of investment in fiber optic technology in the region was driven in part by the low profit margins that could be realized in an area with such a scattered population.

Similarly, another discussant mentioned how the hilly and wooded terrain of West County makes placement of cell towers extremely expensive, and as a result cellphone coverage is somewhat “spotty”. Given the central role of electronic media in modern education, communication, and industry, cutting-edge electronic infrastructure is indispensable for communities that want to compete on these fronts. As one participant noted, many parents will forego living in a beautiful location like West County if they think their children’s education will suffer for it. Participants in Focus Group #2 agreed that improving electronic infrastructure could increase the allure of the area for telecommuters, as well as larger businesses, which depend on solid electronic connections to conduct their business.

Finally, when asked what attributes they believed contributed most to the livability and age-friendliness of West County, participants in Focus Group #2 all agreed that informal networks were key to aging in the community. Participants expressed a high degree of interdependence between residents—that is, neighbors feel they can rely on each other for help, and are willing to provide help when others need assistance. Participants in Focus Group #2 suggested that their communities are very close-knit, and that they felt they could rely on their neighbors in the event that they needed help with something. This general sense of interdependence between neighbors bodes well for residents who wish to age in place, and is an important resource for older adults in West County since neighbors are often the closest and most accessible human resource when extra help is needed.

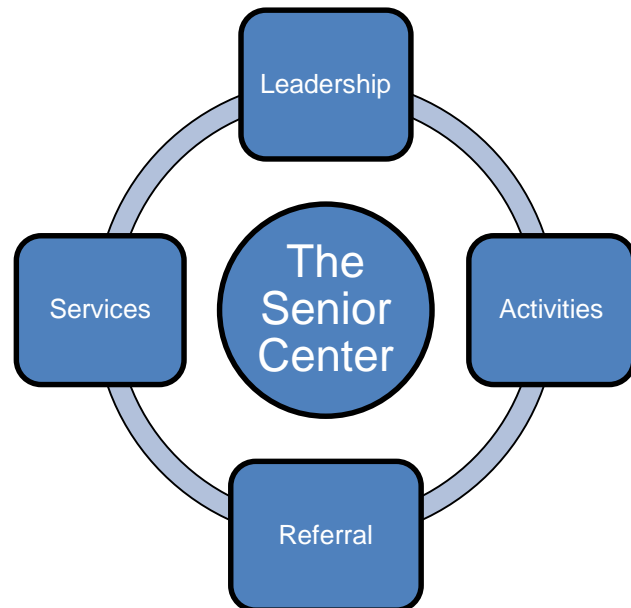
Results of Community Comparison

The Consortium's Programs and Services

The Consortium and The Senior Center in Shelburne each play a vital role in safeguarding the wellbeing of the older residents living in rural towns in West County. Officially, The Consortium is composed of Councils on Aging in the towns of Ashfield, Buckland, and Shelburne. Limited services are also made available to older residents of six additional towns in West County, including Charlemont, Colrain, Conway, Hawley, Heath, and Rowe. As a single entity, The Consortium serves as central access hub for older adults, by providing leadership, coordinating referrals, and supporting services and activities for older adults in West County.

Programs and services for older adult residents are accessed mainly through The Senior Center, located centrally within the commercial village of the Town of Shelburne. The Senior Center is an important point-of-contact for older adults in the community who desire and need programs and services that are interesting and enjoyable, and that promote their personal health, growth, and social engagement. In addition, The Senior Center is vital because it provides physical space for coordinating and providing programs and services.

In fiscal year 2014, there were 769 (unduplicated count) older residents within towns that participate in The Consortium and West County who participated in programs and services offered by The Senior Center. In total, The Senior Center has 6 paid staff, including 2 full time, and 4 part time employees. The Senior Center also relies heavily on up to 125 volunteers to teach classes, provide transportation services, and perform needed administrative duties within The Senior Center.



Generally, programs and services provided by The Consortium and The Senior Center are designed to support fitness, health and nutrition, education, music and arts, and entertainment. In addition, these entities support access to social service programs through referrals to home care services, fuel assistance and utility discount programs, counseling services, and housing support programs. Specific programs that older residents have available either directly or through referrals by The Senior Center include the following:

- *“Neighbor to Neighbor” Assistance Program:* Provides screened and trained volunteers to visit older adults in their homes, and provide assistance with light chores (e.g. yard or garden work, shopping and errands);
- *SHINE Program:* Provides free health insurance information, assistance, and counseling to Medicare beneficiaries of all ages and their caregivers;
- *Outreach Services:* Provides one-on-one assessment of an older adult’s situation; explains community programs and benefits; assists with applications to needed programs; aids older adults in their search for services, and acts as an advocate and support resource for older adults in need. Also assists older adults in crisis and is a mandated reporter for suspected elder abuse, neglect, and financial exploitation;
- *Legal/Professional Services:* Provides referral to free legal information and advice on civil matters to people 60 years of age and older who live in West County; and tax assistance;
- *Nursing/Medical Services:* Provides health screening (e.g., blood pressure, blood sugar, tuberculosis), health and nutrition information and counseling, and adult immunization; podiatry clinic; medical equipment loans; and flu shots;
- *Personal Enrichment and Recreation Activities:* Coordinates and supports classes and activities that encourage life-long learning, social engagement, and recreation. Examples include computer/internet classes, foreign language classes, drumming classes (*The Ageless Waves of Rhythm Drummers*), and outings;
- *Nutrition Programs:* Coordinates nutrition support via referrals for home-delivered meals (up to seven days per week); Congregate meals served at The Senior Center (every Monday, Tuesday, & Thursday); “Brown Bag” distribution of staple foods (once a month); Food pantry held at The Senior Center (twice a month); and special luncheons (several times per year);
- *Transportation Programs:* Provides essential transportation within West County for those who do not drive themselves. Administered on a limited basis through the Franklin Regional Transportation Authority, and through a volunteer program coordinated by The Senior Center;
- *Veterans Services Counseling:* Coordinates monthly office hours within The Senior Center to provide veterans of the armed forces with information about benefits that may be available to them;
- *Social and Support Groups:* Coordinates programs to encourage social engagement and provide peer support on selected issues (e.g., care-giver support group for those providing care to relatives with dementia);
- *Physical Activity Programs:* Coordinates self-paced exercise programs, including light cardio workout with stretching and strength training; Gentle Yoga; Tai Chi; Wii bowling;

- *Safety/Reassurance Programs:* Coordinates with public safety officials, including Franklin County Sheriff's Department to provide reassurance calls to frail residents (e.g., *TRIAD* program); and Fire Departments to provide smoke detectors and carbon monoxide detectors for homeowners;
- *Monthly Newsletter:* Provides older West County residents with information about available programs and services via the *Senior Wise* newsletter, which is written and published by senior center staff; and
- *Website:* Maintains up-to-date website on the Town of Shelburne's server, listing current services and programs, and providing links to relevant state and national aging services.

In general, The Consortium and The Senior Center play an instrumental role in providing key services to older adults in the West County, or directing older individuals to those services. The Senior Center is open four days a week (Monday thru Thursday), though staff assistance and transportation services can also be arranged on Fridays. Currently, The Senior Center is able effectively to fill a crucial niche, despite their limited staff and funding resources. Nevertheless as the number of older residents in West County increases, the need for resources dedicated to this segment of the population will also grow.

Councils on Aging in Comparable Communities

Within Massachusetts, about 10% of municipalities have populations that are comparable in size to the combined population of the towns that participate in The Consortium. Towns with populations between 4,000 and 7,000 residents can vary widely with respect to how active their respective Councils on Aging are in providing programs and services or coordinating services that are provided by other agencies or organizations within their towns.

Of the towns that are similar in size to the combined populations of towns that participate in The Consortium, about one-third have "minimally active" Councils on Aging. Most of these communities lack a senior center. Minimally active Councils on Aging typically offer only limited programming in different locations throughout the community. Their physical presence in the community may be restricted to a small office, if space is dedicated at all. Often minimally active Councils on Aging maintain little or no web-presence to inform residents about their activities and may only do limited advertising of their programs and services in other media formats.

Another one-third of communities that are similar in size to towns that participate in The Consortium are "somewhat active." Of these, a small number have senior centers, or have some other dedicated space (such as shared space in a community center). Somewhat active Councils on Aging provide or coordinate limited activities on a daily basis. They may also have resources available to provide sparingly, home-delivered meals or meals served in a congregate setting.

Finally, the last one-third of towns that are comparable in size to towns that participate in The Consortium maintain Councils on Aging that are “very active”. All of these communities have senior centers that make available an array of activities on a daily basis. They may provide meals to older residents several times per week, and some have resources available to provide adult day services and extensive transportation options.

Within this spectrum, The Consortium falls among other communities that maintain “somewhat active” to “very active” Councils on Aging. There are many factors that influence the level of activity in a given community, foremost among them being the amount of resources that are available and dedicated to providing services to older residents. The level of funding received by Councils on Aging from various state and local sources depends on the proportion of residents in the community that are age 60 and older. Socioeconomic factors, including household income levels, often differ widely in communities throughout Massachusetts, and the resources that towns make available to serve older people can vary drastically depending on what other needs are present in the community. Generally though, towns with larger shares of older residents must dedicate relatively greater resources to assure that older adults are able to remain safe, healthy, and independent in their homes and communities.

Communities like those in West County are sometimes challenged by demographic characteristics that reflect their growing older population and a decreasing working-age population and tax base. These communities may find it difficult to adequately address the needs of older adults, while simultaneously supporting essential infrastructure and other departments in the town.

Clearly, small towns must take varied approaches to offering services and programs to their older adult residents. Too often towns must make trade-offs as they seek to optimize their activities, in order to reach the largest number of people. Given their budgetary and space limitations, The Senior Center and its staff are able to provide an impressive selection of options that would appeal to the diverse population they serve. Although the community makes the best use of its suboptimal space, which is often too small and limited to serve its current population, it will most certainly be far too small to serve the numbers that are expected to be eligible for programs and services in the not-too-distant future.

Table 1 show populations for towns that participate in The Consortium, the combined nine towns in West County, and eight Franklin County towns that are comparable in size to either The Consortium, the individual towns that compose it (i.e., Ashfield, Buckland, and Shelburne), or the nine combined West County towns.

In addition, the table shows combined populations of three towns in South Franklin County (i.e., Deerfield, Sunderland, and Whately), which have entered a collaborative agreement to combine resources to provide services to older adults in

South County. Also shown are the combined populations of the towns of Gill and Montague, which share a senior center.

Table 1. Total population, number and percent of people aged 60 and older in consortium towns, West County, and comparison communities

Town	Total Population	60+	% 60+
The Consortium	5,532	1,447	26%
West County	11,802	3,030	26%
Deerfield (SC)	5,125	1,214	24%
Erving	1,800	391	22%
Greenfield	17,456	4,070	23%
Gill (GM)	1,500	343	23%
Montague (GM)	8,437	1,921	23%
Orange	7,839	1,656	21%
Sunderland (SC)	3,684	557	15%
Whately (SC)	1,496	359	24%
Gill-Montague ±	9,937	2,264	23%
South County *	10,305	2,130	21%

GM = Participant of Gill-Montague agreement.
 SC = Participant of South County agreement.
 ± = Gill-Montague catchment area includes Gill and Montague.
 * = South County catchment area includes Deerfield, Sunderland, and Whately.

Source: 2010 U.S. Census, Demographic Profile Data

Programs and services that target older people throughout Franklin County necessarily differ based on the resources that towns and communities are able to allocate to address the needs of their older populations. All of the towns represented in **Table 1** have senior centers that are open at least three days per week. Some senior centers, including those in Erving, Gill-Montague, and Greenfield are open at least several hours per day, for five days per week.

Notably, the Town of Erving recently built a new senior center, which draws participants widely from surrounding communities. Individuals and organizations in the area can rent the senior center for non-senior-related events, when the building is not open. Erving does not currently cost share with non-participating towns, beyond charging participants its standard fees. Nevertheless, the area from which the Erving Senior Center draws its participants, like The Consortium is quite large. The Towns of Gill and Montague, which share space, recently undertook steps toward construction of a new senior center for their residents. Still in the early stages of planning, the towns received a grant for a preliminary study of three possible rebuild or renovation options.

All of the senior centers in **Table 1** provide access to congregate meals either on-site or through a contracted agency, such as the Franklin County Home Care Corporation. Only Erving and Orange provide congregate meals five days per week, whereas the others offer congregate meals at least three days per week. All towns in **Table 1** are able to provide clients with access to home-delivered meals, often after verifying that participants have met required eligibility criteria.

As a means for disseminating information about available services, all of the senior centers in **Table 1** maintain websites on town servers. The websites vary greatly with respect to the degree of detail provided and their currency. Several COAs had websites that contained information that was outdated months or years—and several had links that were no longer active. Due to the costs and burden of maintaining and updating regular websites, most towns rely on detailed monthly or bimonthly newsletters, which are then linked to the more general Senior Center site or mailed to local residents. Unfortunately, most towns listed in **Table 1** have websites and newsletters that are not formatted so that they are easily accessible to residents who may rely on assistive technology to access computer-based materials, and use font sizes that are sometimes too small and difficult to read.

Transportation is limited in all of the communities shown in **Table 1**. Most rely on the same options which include limited private taxicab services; transportation offered by private homecare providers; public transportation such as the Franklin Regional Transit Authority (which contracts with some Councils on Aging to provide mainly demand response service) or Massachusetts Health Transportation Services (for medical rides); general private transportation companies; and independently maintained COA transportation sources and volunteer drivers. The most options are found in the Town of Orange, which relies on all of the options listed above, as well as private non-profit organizations such as the Massachusetts Association for the Blind and Visually Impaired, to provide transportation services to those who meet eligibility requirements.

All Councils on Aging in the towns listed in **Table 1** provide access to basic programs and services designed to address the needs of older adult residents, including outreach and advocacy; professional services; support services; health and wellness programs; and cultural and recreational opportunities. Though many of the traditional services provided by senior centers continue to exist, most directors consistently try to expand their offerings with the goal of appealing to new potential senior participants, especially younger attendees.

Summary and Recommendations

The older population in West County has seen unprecedented growth during the last decade. The number of residents who are age 60 or older within Ashfield, Buckland, and Shelburne—the three towns that comprise The Consortium of Councils on Aging—increased by about 28% between 2000 and 2010, and today

more than one in four residents is included among that age group. Consequently, the demand for programs and services for older adults who reside in West County is greater than ever before. Moreover, demographic projections suggest that the number of older adults and the need for services that support aging in place is likely to grow, even as the number of working-aged residents decreases.

In this study we explored the current needs of older residents and their concerns about their future aging in West County. Our purpose was to inform planning by giving voice to a range of stakeholders who will likely be affected by the region's changing demographic landscape. Results of this study suggest, foremost, that many West County residents are highly committed to staying in their communities as long as possible.

Many older adults who currently reside in towns within West County are long-time residents who have stayed because they enjoy the region's local character, amenities, and the scenic natural allure of rural Northwestern Massachusetts. Others are relative "newcomers" drawn to the region from outside the area for many of the same reasons, following their retirements. Regardless of their length of tenure in the area, the majority of older residents have acquired a strong sense of community and interdependence with their neighbors. This trait is seen as an important strength that can be drawn upon in the future to address needs that will accompany the aging of the population.

This study spotlighted many challenges, which will require serious consideration and creative solutions if aging in place is to become a viable option for residents in the region. There are aspects of living in West County that are likely to inhibit the ability of older residents to remain in the community as they age. Issues related to inefficient or inadequate transportation; limited housing options to address changing physical health, family size, economic status, and living preferences; and difficulty gaining access to available services are common problems in the rural communities served by The Consortium. Thus, despite their best-laid plans, there are challenges inherent in maintaining the close-knit character of the region, even as it evolves to accommodate the needs of its older population.

Communities in West County are resource-rich in many ways that can buffer gaps between what is needed and the resources available to decrease need. Human capital and strong interpersonal relationships between residents are plentiful resources that are vital as residents help each other to age well in the community. A wide array of programs and services are made available within The Senior Center via community volunteers who joyfully share their skills and resources with others.

In addition, The Senior Center and its staff have continued to evolve in order to accommodate the needs of the community's older adult population. Other community organizations and leadership have also signified an openness to frank discussions about what is needed and what resources can realistically be allocated to meet current and future needs of residents. Thus, the role of The Consortium in

advocating and providing leadership is paramount to the community's success in maintaining its high degree of livability and for continued development of its age-friendly attributes in the future.

To serve in this role, The Consortium must be highly visible and proactive in encouraging and facilitating cooperation and communication between organizations and agencies. It must also prioritize community inclusion in programs and services by communicating its mission widely to a range of stakeholders throughout the community.

Results from key informant interviews and focus groups conducted for this study suggest that a major barrier to utilization of programs and services is the limited access that residents sometimes have to The Senior Center and other amenities. Access is limited primarily by constraints related to transportation and difficulties inherent in moving large numbers of individuals from the outskirts of the region to a central locale, where critical mass can best be achieved.

Indeed, one of the major challenges to providing resources to older adults within a consortium framework is assuring that programs and services are available equitably, while recognizing the benefits that are likely to be realized by all who contribute and participate in that model of service delivery.

Residents in West County are fortunate to live in a community that recognizes its ongoing responsibility to strengthen programs and services for older adults and to provide opportunities for older residents to participate and remain engaged in the community. Nevertheless, planning must go forward with an eye toward addressing many issues raised in this report, including wider availability of transportation options; adequate, desirable, supportive, and affordable housing options; better access to appropriate services and assistance when needed; and facilities that can accommodate the changing needs of a growing senior population. In addition, we offer the following specific recommendations, based on our research, to assist The Consortium in planning to achieve their mission and to meet their goals.

- Move forward with discussions aimed at increasing participation in The Consortium by other West County towns, recognizing that in some cases the fit between each town's needs and the expected benefits of joining The Consortium may vary.
- Recognize that growing numbers of older adult residents will impact virtually every aspect of the community, and encourage creative solutions to address issues that may arise. Plan for The Consortium to expand its leadership and advocacy role with respect to aging-related issues throughout the region.
- Promote quality of life and social engagement among older people by increasing convenient, affordable, and reliable local transportation options for residents who are unable to drive safely or who prefer alternatives to driving themselves, including walking.

- Explore and encourage the development of accessible neighborhoods and community structures for older adult residents that include accessibility features and attributes such as universal design to facilitate aging in place.
- Arrange opportunities to develop creative solutions to address the dearth of supported and affordable housing in towns that participate in The Consortium, including reviewing zoning regulations, and exploring the viability of implementing cutting-edge senior housing options (e.g., The Village model, accessory flats, and group living options).
- Use planning for the expanding senior population as an opportunity to promote livability of the community for all residents. Protecting natural amenities, facilitating walkability, and promoting programs that help older adult residents maintain their property are ways in which the entire community may benefit by making West County even more “livable”.
- Recognize as a significant priority the need to expand knowledge of existing senior center programs and services within the community. Engage in aggressive outreach to make underserved residents of all age groups aware of The Consortium and its mission.
- Capitalize on and encourage expansion of programs that are available through different departments and organizations throughout West County—and strive to raise awareness of stakeholders, including other service providers and older adults (and their families) about what is available.
- Continue seeking ways to strengthen programs and services that support the active, healthy-aging goals of older adult residents in West County. Prioritize the most valued and needed programs and services, and let those programming needs direct discussions about changes in space and staffing requirements.
- Plan to expand services to accommodate the increased number of older West County residents who will seek services to help them age in place. Improvements in space, staffing, services and programming will generate even *higher* rates of participation, with the result that an overly modest allocation of resources will be outgrown quickly.
- Consider and encourage new and innovative ways within West County to support The Consortium to ensure its vitality into the future and to facilitate its mission to advocate for the region’s growing number of older adult residents.

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Appendix A: Selected Demographic Traits of West County Towns

Table 1-AA. Change in population in West County towns, by age group, 2000 to 2010, and projections for 2020* and 2030*

Town	All Ages, 2010	Age 60+, 2010	% Age 60+, 2010	% Growth 60+, 2010 to 2030	% Age 60+, 2030
Ashfield	1,737	441	25%	61%	49%
Buckland	1,902	468	25%	70%	49%
Charlemont	1,266	322	25%	56%	57%
Colrain	1,671	372	22%	86%	54%
Conway	1,897	429	23%	83%	44%
Hawley	337	111	33%	28%	37%
Heath	706	211	30%	42%	69%
Rowe	393	138	35%	21%	36%
Shelburne	1,893	538	28%	24%	43%
Total	11,802	3,030	26%	57%	48%

Source: 2010 U.S. Census, Demographic Profile Data

* Figures for 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Table 2-AA. Population distribution in West County towns, by age group, 2000 to 2010, and projections for 2020* and 2030*

Town	Age Group	2000	2010	2020	2030
Ashfield	Under 50	68%	52%	42%	39%
	50 to 59	16%	23%	16%	12%
	60+	16%	25%	42%	49%
	Total	100%	100%	100%	100%
Buckland	Under 50	69%	55%	43%	35%
	50 to 59	14%	20%	17%	16%
	60+	17%	25%	40%	49%
	Total	100%	100%	100%	100%
Charlemont	Under 50	71%	57%	42%	29%
	50 to 59	13%	18%	18%	14%
	60+	16%	25%	40%	57%
	Total	100%	100%	100%	100%
Colrain	Under 50	72%	57%	42%	35%
	50 to 59	12%	21%	20%	11%
	60+	16%	22%	38%	54%
	Total	100%	100%	100%	100%
Conway	Under 50	71%	57%	46%	41%
	50 to 59	16%	20%	18%	15%
	60+	13%	23%	36%	44%
	Total	100%	100%	100%	100%

Source: 2010 U.S. Census, Demographic Profile Data

* Figures for 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Table 2-AA. (Cont.)

Town	Age Group	2000	2010	2020	2030
Hawley	Under 50	60%	51%	49%	56%
	50 to 59	17%	16%	13%	7%
	60+	23%	33%	38%	37%
	Total	100%	100%	100%	100%
Heath	Under 50	68%	50%	32%	18%
	50 to 59	17%	20%	20%	13%
	60+	15%	30%	48%	69%
	Total	100%	100%	100%	100%
Rowe	Under 50	53%	49%	48%	52%
	50 to 59	22%	16%	14%	12%
	60+	25%	35%	38%	36%
	Total	100%	100%	100%	100%
Shelburne	Under 50	61%	53%	47%	42%
	50 to 59	15%	19%	14%	15%
	60+	24%	28%	39%	43%
	Total	100%	100%	100%	100%
Total (All 9)	Under 50	67%	54%	43%	38%
	50 to 59	15%	20%	17%	14%
	60+	18%	26%	40%	48%
	Total	100%	100%	100%	100%

Source: 2010 U.S. Census, Demographic Profile Data

* Figures for 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Table 3-AA. Number of residents in West County towns, by age group, 2000 to 2010, and projections for 2020* and 2030*

Town	Age Group	2000	2010	2020	2030
Ashfield	Under 50	1,229	904	703	569
	50 to 59	292	392	257	181
	60+	279	441	691	711
	Total	1,800	1,737	1,651	1,461
Buckland	Under 50	1,364	1,048	765	578
	50 to 59	279	386	311	266
	60+	348	468	711	795
	Total	1,991	1,902	1,787	1,639
Charlemont	Under 50	958	716	468	258
	50 to 59	182	228	200	123
	60+	218	322	451	503
	Total	1,358	1,266	1,119	884
Colrain	Under 50	1307	956	636	444
	50 to 59	216	343	307	138
	60+	290	372	579	691
	Total	1,813	1,671	1,522	1,273
Conway	Under 50	1,279	1,085	867	753
	50 to 59	287	383	333	262
	60+	243	429	680	783
	Total	1,809	1,897	1,880	1,798

Source: 2010 U.S. Census, Demographic Profile Data

* Figures for 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Table 3-AA. (Cont.)

Town	Age Group	2000	2010	2020	2030
Hawley	Under 50	203	173	182	215
	50 to 59	57	53	48	28
	60+	76	111	140	142
	Total	336	337	370	385
Heath	Under 50	554	357	184	80
	50 to 59	133	138	114	56
	60+	118	211	285	300
	Total	805	706	583	436
Rowe	Under 50	186	192	205	242
	50 to 59	77	63	58	55
	60+	88	138	164	167
	Total	351	393	427	464
Shelburne	Under 50	1,254	995	817	659
	50 to 59	301	360	242	225
	60+	503	538	686	669
	Total	2,058	1,893	1,745	1,553
Total (All 9)	Under 50	8,334	6,426	4,827	3,798
	50 to 59	1,824	2,346	1,870	1,334
	60+	2,163	3,030	4,387	4,761
	Total	12,321	11,802	11,084	9,893

Source: 2010 U.S. Census, Demographic Profile Data

* Figures for 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Table 4-AA. Households (HH) in West County towns with at least one member age 60 and older

Town	Total HHs	HHs w/ 60+	% HHs w/60+
Ashfield	759	330	43%
Buckland	859	432	50%
Charlemont	551	230	42%
Colrain	748	311	42%
Conway	702	313	45%
Hawley	154	69	45%
Heath	267	147	55%
Rowe	199	91	46%
Shelburne	848	390	46%
Total	5,087	2,313	45%

Source: *American Community Survey, 2009-2013, Table B11006*

Table 5-AA. Percentage of householders in West County towns, by age group—including owner occupied, renter-occupied, and all households

Town	Age Group	All Households	Owner Occupied	Renter Occupied
Ashfield	Younger than 45	24%	19%	43%
	45 to 59	39%	40%	33%
	60+	37%	41%	23%
Buckland	Younger than 45	27%	21%	45%
	45 to 59	37%	39%	30%
	60+	36%	40%	26%
Charlemont	Younger than 45	27%	19%	50%
	45 to 59	35%	37%	30%
	60+	38%	44%	21%
Colrain	Younger than 45	25%	19%	57%
	45 to 59	40%	42%	25%
	60+	35%	39%	19%
Conway	Younger than 45	25%	19%	69%
	45 to 59	41%	43%	21%
	60+	35%	38%	10%
Hawley	Younger than 45	18%	16%	42%
	45 to 59	33%	33%	33%
	60+	49%	52%	25%
Heath	Younger than 45	18%	16%	37%
	45 to 59	39%	41%	19%
	60+	43%	43%	44%
Rowe	Younger than 45	19%	16%	38%
	45 to 59	30%	28%	43%
	60+	51%	56%	19%
Shelburne	Younger than 45	26%	17%	41%
	45 to 59	33%	38%	25%
	60+	41%	46%	34%
All 9 Towns	Younger than 45	25%	19%	47%
	45 to 59	37%	40%	28%
	60+	38%	42%	25%

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

Figure 6-AA. Living arrangements of residents in West County towns, age 65 and older

Town	Lives w/others	Lives alone	Group Quarters
Ashfield	71%	29%	0%
Buckland	72%	28%	0%
Charlemont	72%	28%	0%
Colrain	73%	27%	0%
Conway	80%	20%	0%
Hawley	78%	22%	0%
Heath	79%	21%	0%
Rowe	80%	20%	0%
Shelburne	58%	34%	8%
Total	71%	27%	2%

Source: *U.S. Census 2010, Summary File 1, Table P34*

Table 7-AA. Homeownership and mortgage status of householders in West County towns, by age group

Town	Age Group	Mortgage	No Mortgage
Ashfield	Younger than 45	95%	5%
	45 to 59	72%	28%
	60+	35%	65%
Buckland	Younger than 45	90%	10%
	45 to 59	71%	29%
	60+	34%	66%
Charlemont	Younger than 45	69%	31%
	45 to 59	74%	26%
	60+	44%	56%
Colrain	Younger than 45	89%	11%
	45 to 59	65%	35%
	60+	42%	58%
Conway	Younger than 45	82%	18%
	45 to 59	60%	40%
	60+	47%	53%
Hawley	Younger than 45	62%	38%
	45 to 59	60%	40%
	60+	36%	64%
Heath	Younger than 45	100%	0%
	45 to 59	63%	37%
	60+	50%	50%
Rowe	Younger than 45	66%	34%
	45 to 59	73%	27%
	60+	36%	64%
Shelburne	Younger than 45	74%	26%
	45 to 59	70%	30%
	60+	37%	63%
All 9 Towns	Younger than 45	84%	16%
	45 to 59	75%	25%
	60+	40%	60%

Source: American Community Survey, 2009-2013, Table B25027

Table 8-AA. Household income distribution in West County towns, by age of householder (in 2013 inflation-adjusted dollars)

Town	Age Group	Under \$25,000	\$25,000 to \$49,999	\$50,000 to \$99,999	\$100,000 or more
Ashfield	Age 45 to 64	13%	10%	38%	39%
	Age 65+	42%	23%	19%	15%
Buckland	Age 45 to 64	18%	24%	33%	26%
	Age 65+	18%	49%	11%	23%
Charlemont	Age 45 to 64	22%	16%	33%	29%
	Age 65+	15%	24%	41%	20%
Colrain	Age 45 to 64	10%	28%	35%	27%
	Age 65+	23%	37%	35%	5%
Conway	Age 45 to 64	9%	18%	40%	32%
	Age 65+	15%	42%	26%	18%
Hawley	Age 45 to 64	18%	8%	43%	30%
	Age 65+	13%	30%	50%	7%
Heath	Age 45 to 64	18%	26%	25%	32%
	Age 65+	32%	18%	32%	18%
Rowe	Age 45 to 64	4%	44%	41%	11%
	Age 65+	17%	39%	33%	11%
Shelburne	Age 45 to 64	20%	15%	33%	32%
	Age 65+	28%	32%	35%	6%
All 9 Towns	Age 45 to 64	15%	19%	36%	31%
	Age 65+	23%	34%	29%	14%

Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B19037.

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

Table 9-AA. Percentage of residents in West County towns reporting at least one disability, by gender and age group

Town	Age Group	Men	Women
Ashfield	Age 65 to 74	18%	14%
	Age 75+	19%	48%
Buckland	Age 65 to 74	22%	12%
	Age 75+	50%	47%
Charlemont	Age 65 to 74	9%	4%
	Age 75+	51%	42%
Colrain	Age 65 to 74	16%	4%
	Age 75+	55%	50%
Conway	Age 65 to 74	26%	24%
	Age 75+	73%	59%
Hawley	Age 65 to 74	57%	15%
	Age 75+	42%	29%
Heath	Age 65 to 74	40%	17%
	Age 75+	71%	17%
Rowe	Age 65 to 74	30%	13%
	Age 75+	27%	40%
Shelburne	Age 65 to 74	30%	22%
	Age 75+	35%	56%
All 9 Towns	Age 65 to 74	25%	14%
	Age 75+	38%	48%

Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B18101.

Appendix B: Key Informant Interview/Focus Group Instruments

INTERVIEW PROTOCOL: Community leaders and service providers
Various dates/times
<ul style="list-style-type: none">• <i>Has your organization been impacted by the aging of the population in West County? [If yes] How so?</i>• <i>In your opinion, what are some of the unmet needs of older adults in West County?</i>• <i>What aspects of the aging population in West County are most important for organizations working in the area to know about and understand?</i>• <i>What changes have you seen in the last 5 years that are affecting the need for senior services in West County?</i>• <i>From your perspective, what strategies would you suggest for making The Consortium services more widely known and used?</i>• <i>What can you suggest about how organizations and offices within the County could work together more effectively to respond to the aging of the community's population?</i>• <i>Do you have anything else to add?</i>

FOCUS GROUP #1: Consumers, residents age 50+

Thursday, November 20, 2014, 12:30 to 2:00 p.m.

- *Please share with the group something about your experiences living in West County. How long have you lived here? What are your plans with respect to staying in the area, as you get older?*
- *Please share your thoughts about what is working well for residents of West County who are aging in place? What are the good things happening in the area that contribute to quality of life for older adults?*
- *What are the challenges and gaps for older adults living and aging in West County? What do you see from your experience that doesn't seem to be working well?*
- *What aspects of the aging population of West County are most important for organizations working in the area to know about and understand?*
- *Do you have anything else to add?*

FOCUS GROUP #2: Public safety officials, representatives of service organizations

Thursday, November 20, 2014, 3:00 to 4:30 p.m.

- *Could you tell the group about the nature of your contact with the older population of West County?*
- *How is the aging of the population in West County shaping your organization's planning?*
- *What does "age friendly community" mean to you?*
- *Does West County meet your definition of an "age friendly community"? [If NO] What is missing?*
- *Looking forward, what should be the priorities of West County communities with respect to preparing for the aging population?*
- *Do you have anything else to add?*