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Marshfield Council on Aging Planning Study

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Marshfield Council on Aging Planning Study

July 2018

Commissioned by the Town of Marshfield Council On Aging

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

Contributors and acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit established in 2012 within the Gerontology Institute at UMass Boston. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies that offer services to older adults throughout the Commonwealth.

Jan Mutchler, PhD, is primarily responsible for the contents of this report. Others contributing to the project include Caitlin Coyle and Ceara Somerville. We offer our appreciation to Carol Hamilton, Director of the Marshfield Council on Aging/Senior Center, and to the Marshfield COA Board for their leadership and guidance. We acknowledge with gratitude the Marshfield COA Boosters, Inc., who provided funding for a major share of the project. As well, we are grateful to the Marshfield leadership and residents who shared their thoughts as part of the data collection.

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Executive Summary

This report describes collaborative efforts undertaken by the Town of Marshfield Council on Aging (COA) and the Center for Social and Demographic Research on Aging (CSDRA), within the Gerontology Institute at the McCormack Graduate School, University of Massachusetts Boston. Beginning in Fall 2017, these organizations partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 50+, and also of participants at the Marshfield COA/Senior Center. During this assessment, several approaches were utilized to compile information that could be used to plan and implement current and future services. We examined data from the U.S. Census Bureau and from projections generated by the Donahue Institute at the University of Massachusetts, and by the Metropolitan Area Planning Council (MAPC) to describe growth of the population in the past and changes that can be expected in the future. We developed and administered an online survey for Marshfield residents age 50 and older (referred to here as the online community survey), and developed another survey for Marshfield COA/Senior Center participants (the walk-in participant survey). In addition, we collected insights from Marshfield leadership, COA Board members, staff and volunteers.

Key Findings in Brief

- The Marshfield COA/Senior Center can expect to see increasing interest and participation as the older population grows in number. Four sets of projections, produced by two different organizations, all suggest that by 2030, over one-third of Marshfield's population will be age 60 or older.
- The Marshfield COA/Senior Center is heavily used by most participants, and occasionally used by a large share of residents. Many residents who do not currently participate plan to do so in the future.
 - Among respondents to the participant survey, three-quarters visit the Marshfield COA/Senior Center at least once a week. On average, respondents to this survey have participated in 3.8 different types of activities or programs at the Senior Center.
 - Among respondents to the online community survey, nearly two out of three say that they or a member of their family have visited the Marshfield COA/Senior Center within the last year. At least one-third of respondents to this survey who do not already participate in Senior Center activities expect to do so in the future.
- Residents believe that Marshfield offers older adults a good quality of life.
 - At least half of the respondents to the walk-in participant survey strongly agree that Marshfield offers older adults a good quality of life, as do nearly 30% of respondents to the online community survey who are age 60+.

- Most respondents to the walk-in participant survey believe that the Town is doing a good job preparing for the needs of its growing older adult population, as do nearly half of respondents to the online community survey who are age 60+.
- Over 70% of survey respondents regard the Marshfield Senior Center as an asset to the community.
- Survey respondents who are not yet age 60 report more uncertainty about Marshfield as a good community for older adults. These younger respondents also indicate a lack of awareness on a number of issues relating to the Marshfield COA/Senior Center.
- The Marshfield COA/Senior Center is important to residents and to their loved ones, friends, and neighbors. Over 90% of the respondents to the walk-in participant survey agree that the Senior Center plays an important role, as do over half of the online community survey respondents who are age 60+.
- More than 90% of respondents to the walk-in participant survey report being completely or very satisfied with programs and services.
- In planning for future space needs, the Marshfield COA will need to consider both evolving interests and ongoing demands for support.
 - Current and future participants in Marshfield COA/Senior Center programs prioritize activities that promote health and wellness, including fitness programs and life-long learning activities.
 - Current and future participants also prioritize recreation activities that simultaneously offer opportunities to socialize with others.
 - In addition to ongoing programs that emphasize recreation, participants express interest in new dedicated drop-in spaces, such as café settings or fitness areas, that simultaneously meet healthy aging goals (for nutrition and physical activity, in these cases) and promote opportunities for socialization.
 - Some residents rely on the COA for help obtaining services for which they are entitled, such as fuel assistance or SNAP, and many will seek caregiving advice, social support for living with chronic disease, and advice on other confidential matters.
- Accommodating future needs of residents may require redesigning the spaces currently available, as well as identifying opportunities to secure additional space.
 - Challenges in aligning the existing space with the level of demand for programs in place are evident.
 - Staff and COA Board members report difficulties resulting from using the same space for disparate activities throughout the day, including the physically taxing and time-consuming effort associated with moving furniture and equipment. Respondents to the walk-in participant survey report similar challenges, albeit at lower levels.

- Delays in start-times for activities and programs, confusion associated with last-minute rescheduling due to space, and overcrowding in some activities is a source of frustration for staff and discouragement for participants.
 - When the current Senior Center was constructed in 2003, it offered 3.9 square feet per senior resident based on the size of the 60+ population in 2000. If the projected increase in the senior population is realized, the current Senior Center will offer 1.3-1.4 square feet per senior resident by 2030, representing a substantially reduced commitment of programming space on a per-senior basis.
- Improving visibility of the Marshfield COA/Senior Center is a priority for the COA moving forward.
 - Achieving this goal will require improved communication and marketing, including building a stronger digital presence while maintaining print media outlets, including the printed format of the Senior Center newsletter.
 - Efforts to bring greater awareness of the Senior Center throughout the community should also be pursued, potentially involving expanded partnerships and involvements that extend visibility to younger seniors, “pre-seniors,” and their families.

Introduction

As a municipal department, the Marshfield Council on Aging (COA) is tasked with providing and coordinating services for the community's senior residents and planning for the changing needs of Marshfield's older population. According to its Mission Statement, the Marshfield COA frames this responsibility broadly:

“As a human service agency, the Council on Aging provides and coordinates services to the senior community of Marshfield, assisting individuals to live with dignity and to enhance quality of life. We identify the needs of the senior community and implement services and programs that encourage self-reliance, good health, education and community involvement. We advocate for seniors and increase citizens' awareness of our efforts to meet these challenges.”¹

The Marshfield COA offers a range of programs and services that align with this mission, primarily offered on-site at the Marshfield Senior Center, which opened in 2003. As a means of planning for potential growth in demands on the Marshfield COA/Senior Center and its programs, this study was undertaken by the Center for Social and Demographic Research on Aging (CSDRA) at the University of Massachusetts Boston (UMB), focusing on the needs and interests of Marshfield's current senior population (age 60 and over) and of the Town's younger residents aged 50 to 59.

History of the Marshfield Council on Aging

Marshfield establishes a Council on Aging in 1957. In 1985 a drop-in center was created at the Ventress Library, and a full-time COA Director was appointed. Funding for the current Senior Center building was approved in 2000 and the existing center was opened in 2003. The current building was structured with finished space on the first floor, and unfinished space was included on the 2nd floor to allow for potential expansion. No elevator was included in the current building. The upper floor remains unfinished and is currently being used for storage. Recent improvements include completion of an outdoor “Walk Path Project.” In addition, Community Preservation funding has been obtained by the COA to cover additional parking and other outdoor improvements that enhance accessibility (Town of Marshfield, 2016).

A study was conducted by UMB in 2011 to identify unmet needs and evaluate how the current programs were received by the Marshfield community (Mutchler & Blanchette, 2011). That study concluded that the Marshfield COA/Senior Center reaches many residents, but that greater visibility and knowledge throughout the community would be beneficial. Across the board, the services and programs offered through the Marshfield COA/Senior Center were rated as being important to residents.

The current study was initiated by the COA to further support their planning efforts. Impressions shared by Marshfield COA Board members and staff at the start of the project are that demands on COA programs are expanding. They observe that the Marshfield COA/Senior Center is typically scheduled to capacity, with increasing demand by seniors for programs and activities such as fitness classes, art classes, and life-long learning. Staff also note an uptick in demand for assistance in obtaining services and referrals, such

¹ Mission Statement reproduced from *The Link*, the Marshfield COA/Senior Center Newsletter, posted online: <https://content.ourseniorcenter.com/bulletins/06/5130/20180601N.pdf>

as support groups, assistance applying for SNAP or fuel assistance, SHINE Counseling, and other benefits counseling. Staff members report being challenged in providing appropriate “safety net” programs for vulnerable seniors, due in part to a shortage of private consultation space at the Senior Center. Several other concerns are noted by staff and volunteers, including wear and tear on the current facility after 15 years of use and a need for updated design features that maximize accessibility, especially in light of a large and growing population of resident attendees age 85+.

The purpose of this study was to hear directly from the community about their impressions of the Marshfield COA/Senior Center, including both the positive features and elements that could be improved. We sought to hear from older adults who are familiar with the facility and its programming, as well as from Marshfield residents with more limited familiarity. This report summarizes what we learned and makes recommendations about preparing for the coming decades.

In context: Literature review

Supports and amenities in communities, made available through organizations such as Councils on Aging, can foster healthy aging among the individuals who participate. By offering targeted and engaging activities that promote physical and cognitive wellness, and connecting residents to needed services, COAs can yield meaningful benefits. For example, older adults with mobility limitations and those who experience challenges with driving may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. These involvements can help community members maintain social support, remain active, prolong independence and improve quality of life. Indeed, a national review developed by Pardasani and Thompson (2012) suggests that participating in senior center programs can yield social and health benefits as well as an improved sense of well-being. Some research suggests that participating in a senior center may reduce one’s sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017). Many senior centers offer evidence-based programs that have been demonstrated to yield positive impact, such as Tai Chi and programs meant to improve balance and reduce fall risk.

Looking forward, the U.S. population will include a growing share of adults age 60 and older, including a sizable number of individuals in their 80s, 90s, or older. Although many of these individuals will have chronic health conditions, including cognitive impairments at various levels, most intend to remain in their own homes, and a large majority will be successful doing so. Nursing home residence may be required for some older adults with heavy medical needs, but most stay in independent housing, perhaps with informal or formal assistance of some kind, and others move to assisted living or other supportive housing environments. Local senior centers play an important part in helping older adults age in place and in community, by connecting them with services and supports, helping them arrange for in-home assistance, and offering support for family members and friends who provide informal care when needed.

(cont.)

Literature review (cont.)

Along with the growth in the number of older adults with needs for care and support, a new cohort of seniors is swelling the size of the older adult population as the Baby Boom (the cohort born 1946-1964) enters later life. Currently, Boomers make up a relatively small share of senior center participants; however, these numbers are expected to grow considerably in the coming decade. Research suggests that Boomers will be different from their parents and grandparents in old age; for example, Boomers will live longer, on average. The average Baby Boomer has fewer children than their parents did, and was older when his or her children were born. As a result, Baby Boomers are more likely to still have children at home even as they contemplate reducing employment or retiring. Because their own parents are living longer, many Boomers have caregiving responsibilities for older relatives.

On average, Boomers have more education than their parents, but they are less financially prepared for retirement (Schultz & Binstock, 2006); as a consequence, many will continue to work into later life. Studies suggest also that in comparison to their parents, Boomers are likely to engage with health and social services differently (Pruchno, 2012). These differences make clear that as the senior population both grows in number and changes in characteristics and interests, senior centers must engage in continuous evaluation and improvement efforts.

COAs and senior centers are planning ahead for this heterogeneous mix of potential participants. They are seeking to meet the demands of an active and healthy population of seniors determined to maximize their health as they transition into less work, smaller households, and more discretion in how they spend their time. At the same time, senior centers strive to accommodate growing numbers of adults in their 80s and 90s who experience network fragmentation through loss of family members and long-term friends, growing needs for support, and potential erosion of financial security. As a result, demands for a full range of services, supports, and programs will likely increase in the coming few years.

Methods

Methods used in compiling this report include analysis of existing data from demographic and other sources; group and one-on-one interviews; and three surveys designed for this project. One-on-one, in-person interviews were conducted with Mike Maresco, Marshfield Town Administrator, Rocco Longo, the Town Administrator prior to Mr. Maresco's taking over the position, and Jim Fitzgerald, the Board of Selectmen COA liaison. A group interview (focus group) was held with COA Board members and staff at the Marshfield COA/Senior Center. These interviews occurred during Fall, 2017, and contributed to the development of the questionnaires.

Community survey. A community survey was made available online to all Marshfield residents age 50 and older. This survey was installed on the SurveyMonkey website and the link was posted to Town home page (<https://www.marshfield-ma.gov/>). The link remained accessible for four weeks in February and March, 2018. To encourage participation, postcards were mailed to a random sample of 3,000 Marshfield

residents age 50 and older; other residents were invited to participate through publicity distributed by the Senior Center, through the local media, and through announcements made at Town events. The goal of this survey was to hear from a broad range of Marshfield adults, including those currently in the age range targeted by COA/Senior Center programs (age 60+) as well as those who will be aging into eligibility in the coming decade (those age 50-59). A total of 383 responses to the online survey were obtained (see box below for details). In **Appendix A**, response distributions are shown for the combined responses, by age group, as well as separately for the sampled respondents and the self-selected respondents.

About the online community survey

Respondents to the online community survey included 296 individuals who indicated that they had received a postcard, representing a response rate of 10%, and an additional 87 responses from individuals who had learned about the survey through other means (this group is referred to as the “self-selected” respondents to the community survey). Response rates were higher for those age 60-79 than for younger and older age groups. As shown in the table below, more than 12% of residents age 60-79 who received a postcard inviting participation responded to the online survey, compared to 9% of those age 80+ and 7% of those age 50-59. This differential response rate resulted in an age distribution of respondents to the survey that is older than the population of age 50+ Marshfield residents (compare columns A and E in the table below). Two strategies were used in this report to adjust for differential response. First, in the tables and figures presented throughout the report, sample weights are used in calculations in order to take into account the differences in response by age group. Second, we present all results separately for those age 50-59 and those age 60+.

	Original Marshfield mailing list, residents age 50+	Random sample of 3000 Marshfield residents	Responses among those receiving a postcard	Response rate	All respondents to the online survey
	(A)	(B)	(C)	(D)	(E)
Age 50-59	38%	38%	26%	7%	24%
Age 60-69	33%	34%	42%	12%	43%
Age 70-79	20%	19%	24%	13%	26%
Age 80+	9%	9%	8%	9%	7%
TOTAL	100% (11,071)	100% (3,000)	100% (296)	10%	100% (383)

Walk-in participant survey. A second survey was made available at the Marshfield COA/Senior Center, to be completed in paper-and-pen format. Some of this survey content duplicated questions in the on-line community survey, and other questions were unique to this walk-in survey. This survey was offered for two reasons. First, many people, and especially many of the oldest people in any community, are reluctant or unable to participate in an online survey, making the availability of a paper survey desirable. Second, some of the issues on which we wished to obtain information can only be answered knowledgeably by people with awareness of the Marshfield COA/Senior Center; these questions were included in the paper survey but omitted from the online survey. We obtained 306 survey responses through this paper survey,

which was distributed at the Marshfield COA/Senior Center over a period of three weeks in March, 2018. In **Appendix B**, response distributions are shown for the walk-in survey by age group.

Staff survey. A third short online survey was completed by people who work at the Marshfield COA/Senior Center on a paid basis, or who teach a class there as a volunteer. The goal of this survey was to learn about challenges associated with the Senior Center space from those responsible for delivering the programs. This survey was available for two weeks in April, 2018, and yielded 17 responses, representing a 50% response rate.

Other materials referenced in this report. Like all Councils on Aging in Massachusetts, the Marshfield COA is required to submit an annual report to the Executive Office of Elder Affairs summarizing the number of participants in Senior Center activities, along with a variety of other data points (e.g., number of volunteers, budget, and staffing). Based on the reports submitted annually to EOEA, usage reports were generated by the Director of the Marshfield COA/Senior Center summarizing participation in programs and services over the previous decade (FY2007 to FY2017). These summaries were used by the authors of this report to describe changes in program participation over the past decade.

To aid in summarizing aspects of use relating to the Senior Center space, the authors of this report were provided with weekly calendars for programs and services held at the Marshfield COA/Senior Center during the 2017 calendar year. We identified incidents in which multiple classes or events were held in the same space during the same day, and flagged those that appear to require a modification in the room set-up. The calendars do not reflect last minute changes in the schedule that may have occurred.

Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey); from projections generated by the Donahue Institute at the University of Massachusetts; from projections generated by the Metropolitan Area Planning Council (MAPC); and from the Healthy Aging Data Report for Marshfield (Massachusetts Healthy Aging Collaborative, n.d.).

About the survey respondents

Most of the data in this report are drawn from two surveys designed and conducted for this project. One survey was delivered online and available to Marshfield residents age 50+. In this report, these results are referred to as coming from the “*online community survey*.” A second survey was distributed at the Marshfield Senior Center to those who wished to participate. In this report, these results are referred to as based on the “*walk-in participant survey*.”

Detailed descriptions of the survey respondents are included in Appendix A and Appendix B with brief summaries offered here:

Gender:

- Women are overrepresented among respondents to both surveys, representing 58% of the online respondents age 60+ and 77% of the walk-in respondents.
- In comparison, estimates from the American Community Survey suggest that, women make up 54% of residents age 60+.

Age distribution:

- 91% of respondents to the walk-in participant survey are age 60 or older. 4% are under age 60, and 5% declined to report their age.
- 24% of respondents to the online community survey are under age 60. 43% are age 60-69, 26% are age 70-79, and 7% are age 80+.

Self-reported health status:

- A large majority of all respondents report they are in excellent or good health.
- The oldest respondents are less likely to report excellent health.

Living alone:

- 20% of the respondents to the online community survey live alone.
- Among respondents to the walk-in participant survey, 24% of those age 60-69 live alone, as do 45% of those age 70-79 and 59% of those age 80 or older.

Driving status:

- Almost all respondents report being able to drive. Just 2% of the respondents to the online community survey say they cannot drive, as do 6% of the respondents to the walk-in participant survey. However, 15% of respondents to the walk-in participant survey who are age 80+ say they cannot drive.

Retirement:

- Most respondents age 60+ report that they are retired. Some are also working part-time, volunteering, or caring for grandchildren or adults who require assistance.
- Most respondents to the online community survey who are age 50-59 report working full-time, along with 19% of those age 60+.

Seasonal residents:

- A large majority of all respondents to the online community survey report being year-round residents of Marshfield, including 98% of those age 50-59 and 93% of those age 60+.
- A majority of respondents to the walk-in participant survey live in Marshfield year-round (67%-74%).
- About one-quarter of respondents to the walk-in participant survey do not live in Marshfield but reside in other towns and participate in Marshfield COA activities. This share is consistent with COA records, which also indicate about 25% of participants are from outside of Marshfield. Selected findings are reported by residency status.

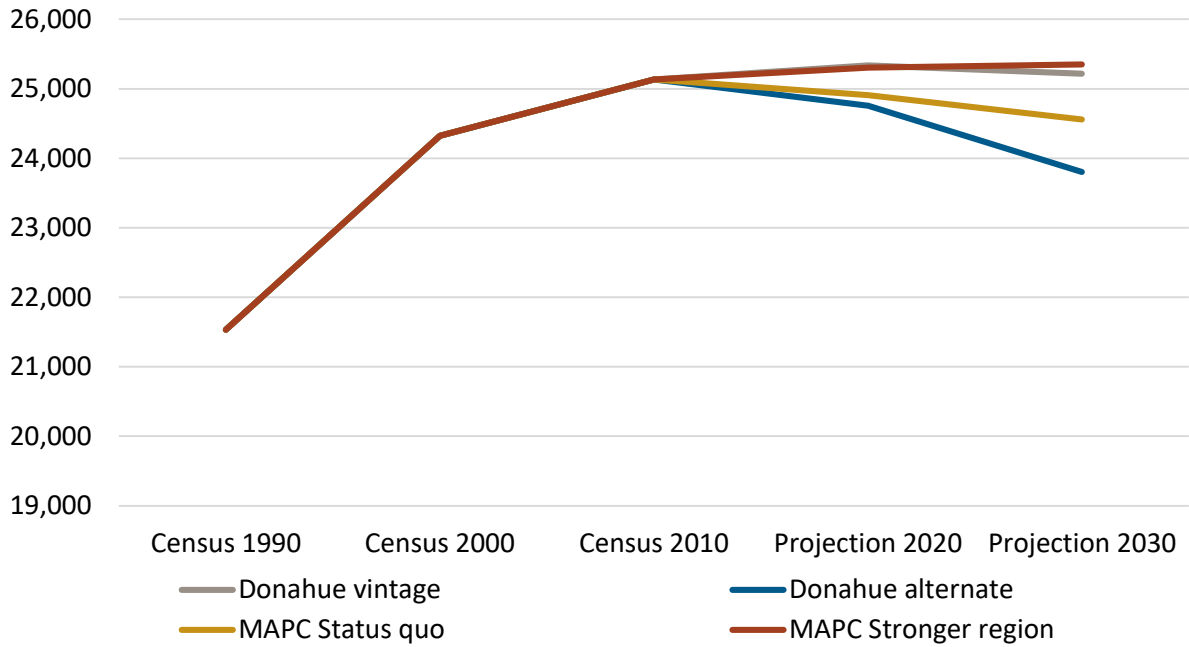
Results

Shifting demands on the Marshfield Senior Center

Projections suggest that the number of older adults in Marshfield will grow substantially over the next 20 years, while the all-age population will either decline or remain relatively flat. As shown in **Figure 1**, the total, all-age population of Marshfield increased from 21,531 in 1990 to 25,132 in the 2010 federal census. Among the four available sets of projections for Marshfield, two suggest that in 2030 Marshfield's population will remain roughly 25,000 (MAPC Stronger Region and Donahue vintage projections), while the MAPC "Status Quo" projection suggests a decline of all-age population to about 24,500, and the Donahue "alternate" projections suggest that total population may drop below 24,000. In contrast, projected size of the age 60+ population is quite consistent across the four sets of projections (see **Figure 2**). Federal census counts show an increase from 2,500 (Census 1990) to 5,100 (Census 2010), and projections for 2030 range from 8,700 to 9,400. As a result, all four sets of projections suggest that the percentage of Marshfield's population that is age 60+ will increase, with projections suggesting that 36% to 38% of Marshfield's population will be age 60+ in 2030 (see **Figure 3**).

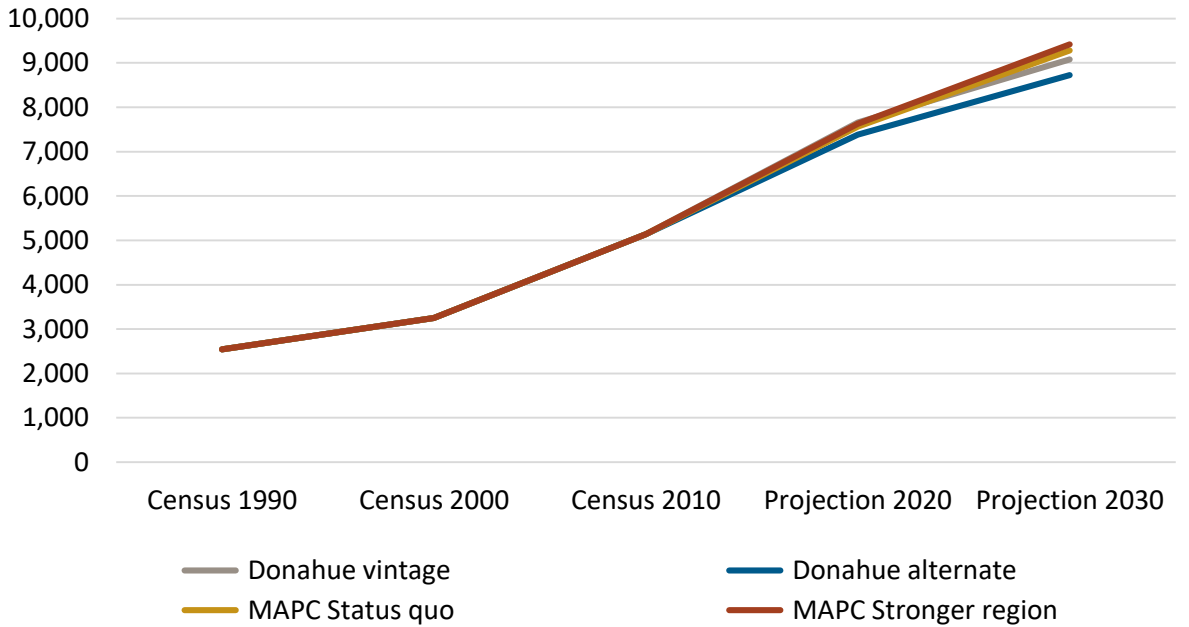
Implications of growth in the senior population has been noted in other recent Marshfield reports. For example, using the same MAPC and Donahue projections used in the present report, the Marshfield Open Space and Recreation Plan (2017) suggests that recreation services will need to accommodate a decline in number of school-age children, along with increases in the age 65+ population. Some municipal response has already occurred, with the report noting that "The recreation department, for example, began providing elevated planter boxes in their community garden several years ago." However, as the report continues, "more recreational facilities for the elderly will be needed." And further... "If Marshfield's (all-age) population does not increase, as projected, serving its aging population will become an even greater priority" (Town of Marshfield, 2017, p.7).

Figure 1: Marshfield all-age population 1990-2010 with projections



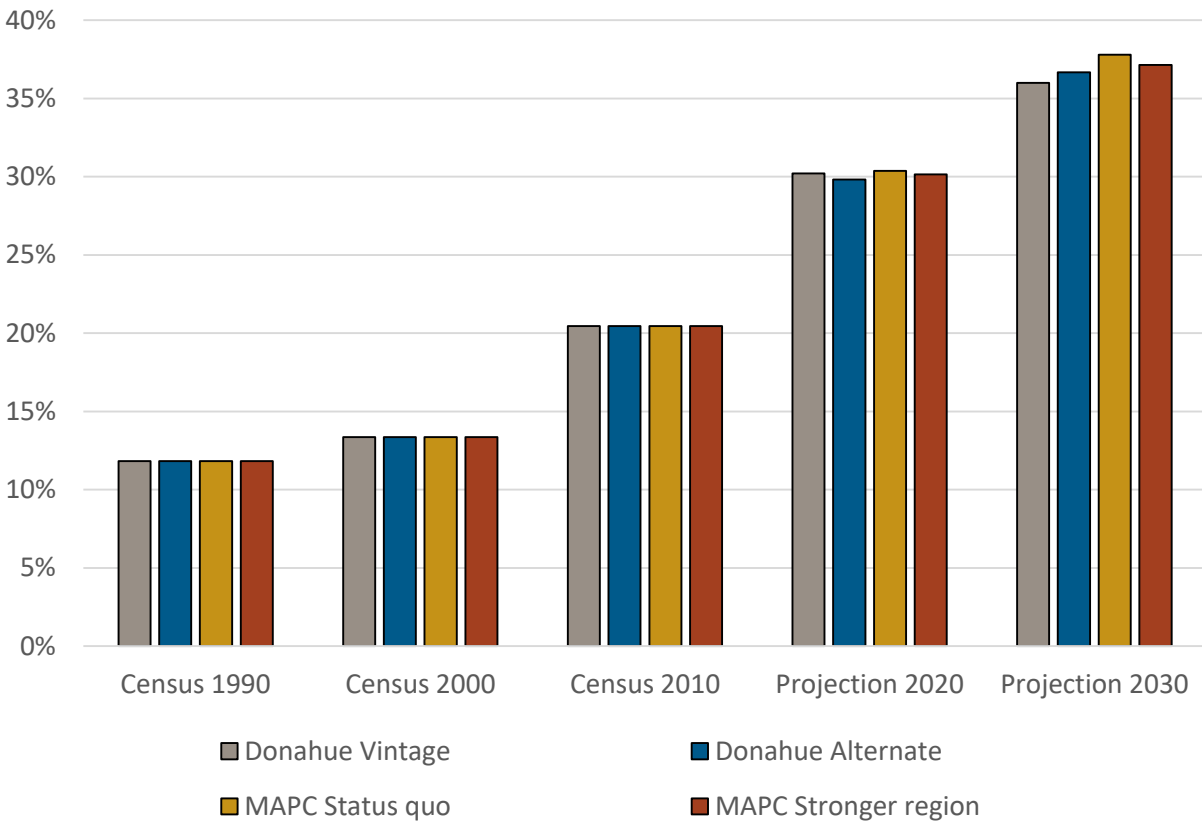
Sources: Donahue Institute <http://www.pep.donahue-institute.org/>
 Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

Figure 2: Marshfield age 60+ population 1990-2010 with projections



Sources: Donahue Institute <http://www.pep.donahue-institute.org/>
 Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

Figure 3: Marshfield percentage age 60+ 1990-2010 with projections



Sources: Donahue Institute <http://www.pep.donahue-institute.org/>
 Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

Impact of population aging on the Marshfield COA/Senior Center. Several indications suggest that demands on the Marshfield COA/Senior Center will increase substantially over the coming 10 to 15 years. The COA’s own counts of participation suggest an increase in participation has occurred during the previous decade, and as Marshfield’s population age 60+ grows, usage of COA services and programs will continue to increase. The impact on the COA will likely be amplified by especially high growth among the population age 70+. By 2030, all four sets of projections described above suggest that Marshfield’s age 70+ residents will represent 20% of the population, up from 8.4% in the 2010 US census. As shown in the previous report for the Marshfield COA/Senior Center (Mutchler & Blanchette, 2011), residents age 70+ are considerably more likely to participate in Senior Center activities and programs than younger seniors. As this age group increases in number, demands on the COA can be expected to increase considerably.

Evidence drawn from the surveys conducted for this project supports the conclusion that demand for services and programs is likely to increase moving forward. Nearly two-thirds of respondents to the online community survey say that they or a family member has visited the Marshfield COA/Senior Center within

the last year, and one-third of those who do not already participate expect to do so in the future (most of the remaining respondents indicate that they do not know if they will participate).

Respondents to the walk-in survey all participate in Marshfield COA/Senior Center activities, albeit at varying levels. As shown in **Figure 4**, 5-10% of the walk-in participants say they visit the Marshfield COA/Senior Center “almost every day,” and more than 70% within each age group visit at least once a week.² Among the online community survey respondents who report that they or a family member have visited the senior center in the past year, nearly half report visiting just “on occasion, or just for special events.” These reports suggest that a core segment of Marshfield’s older population relies heavily on the COA/Senior Center but a large share of Marshfield’s residents participate on a less frequent basis. Consistent with these findings, most respondents to the walk-in participant survey say that they are involved in more than one activity, with 79% indicating they have participated in at least two activities or programs, and half participating in at least three (see box below).

Levels of participation reported by survey respondents

Online community survey

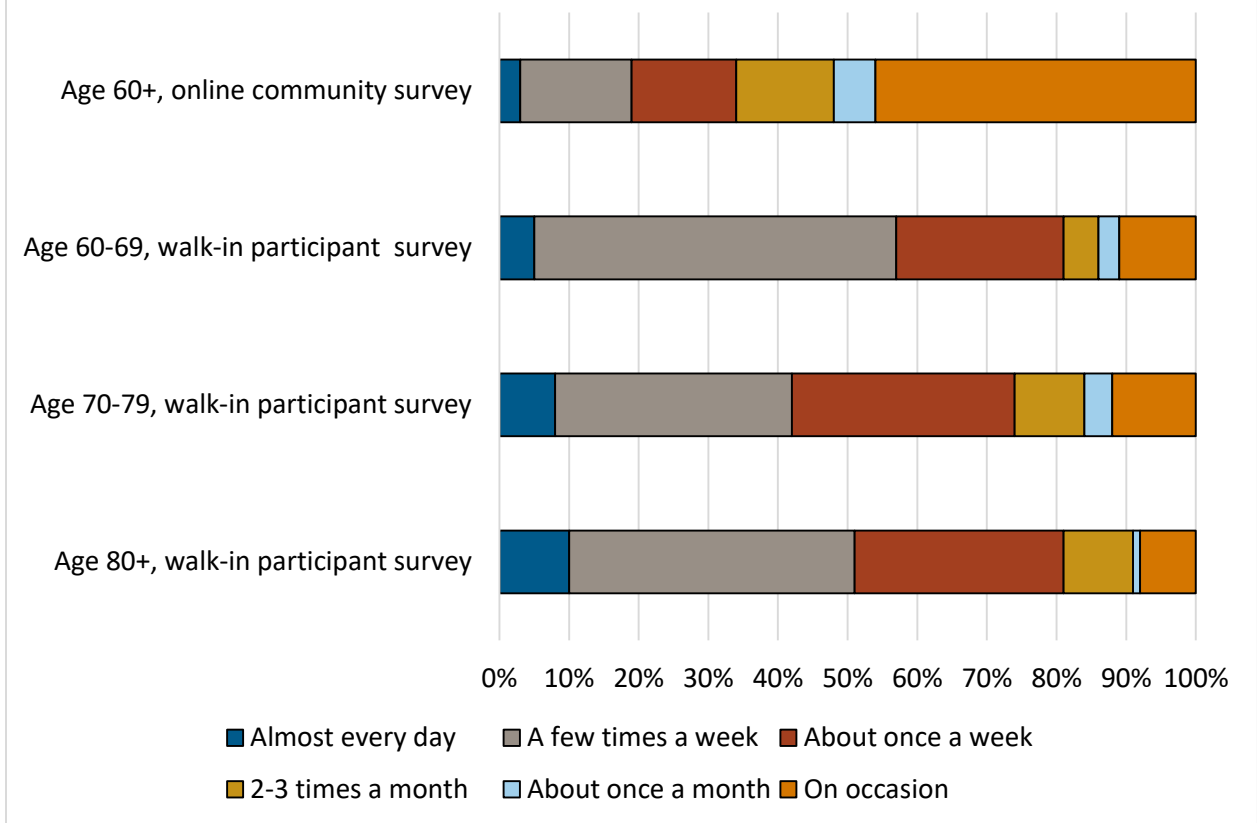
- 65% report that they or a member of their family has visited the Marshfield COA/Senior Center within the last year.
- One-third of community survey respondents who do not already participate in the Marshfield COA/Senior Center expect to do so in the future – most of the rest (56-59%) say “I don’t know.”

Walk-in participant survey

- On average, respondents to the walk-in participant survey report that they have participated in 3.8 types of activities or programs.
- Three-quarters of respondents to the walk-in participant survey visit the Marshfield COA/Senior Center once a week or more frequently.

² Recall that the walk-in participant survey includes people who are not residents of Marshfield. Tabulating frequency of participation just for residents shows participation levels among Marshfield residents that are similar to those shown in Figure 4. Marshfield residents are slightly more likely to report participating “almost every day” or “on occasion.”

Figure 4: "How often have you visited the Marshfield Council on Aging/Senior Center over the last year?"



Traveling to senior centers in other towns to participate is a common experience among respondents to the walk-in participant survey (42%-50%) along with 20% of the respondents to the online community survey who were age 60+ (see **Figure 5**). Among Marshfield residents who responded to the participant survey, 35% say that they have traveled to senior centers in other towns to participate in programs (see **Figure 6**). Across both surveys, reasons given for traveling to another community's senior center include going to participate in a specific program or activity, being familiar with the other town's senior center due to past participation; the other senior center being closer to their home; going with a friend; and having a better fit with their schedule. None of the respondents indicated they attended a senior center in a different community due to dissatisfaction with the Marshfield COA/Senior Center, and for most respondents, traveling to another town's senior center occurs in addition to participating in the Marshfield COA/Senior Center rather than as a replacement.

Figure 5: Percentage having traveled to senior centers in other towns to participate

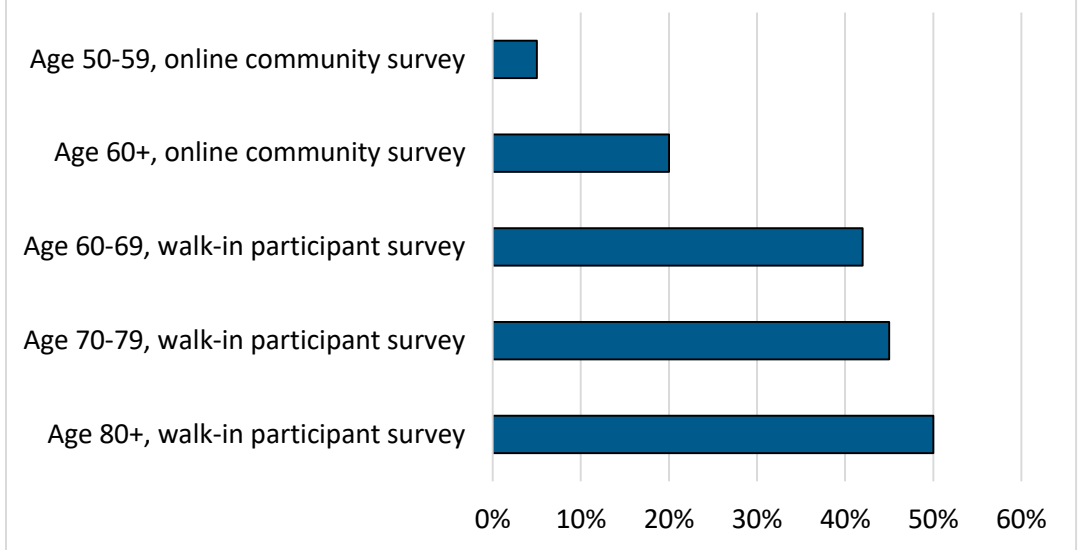
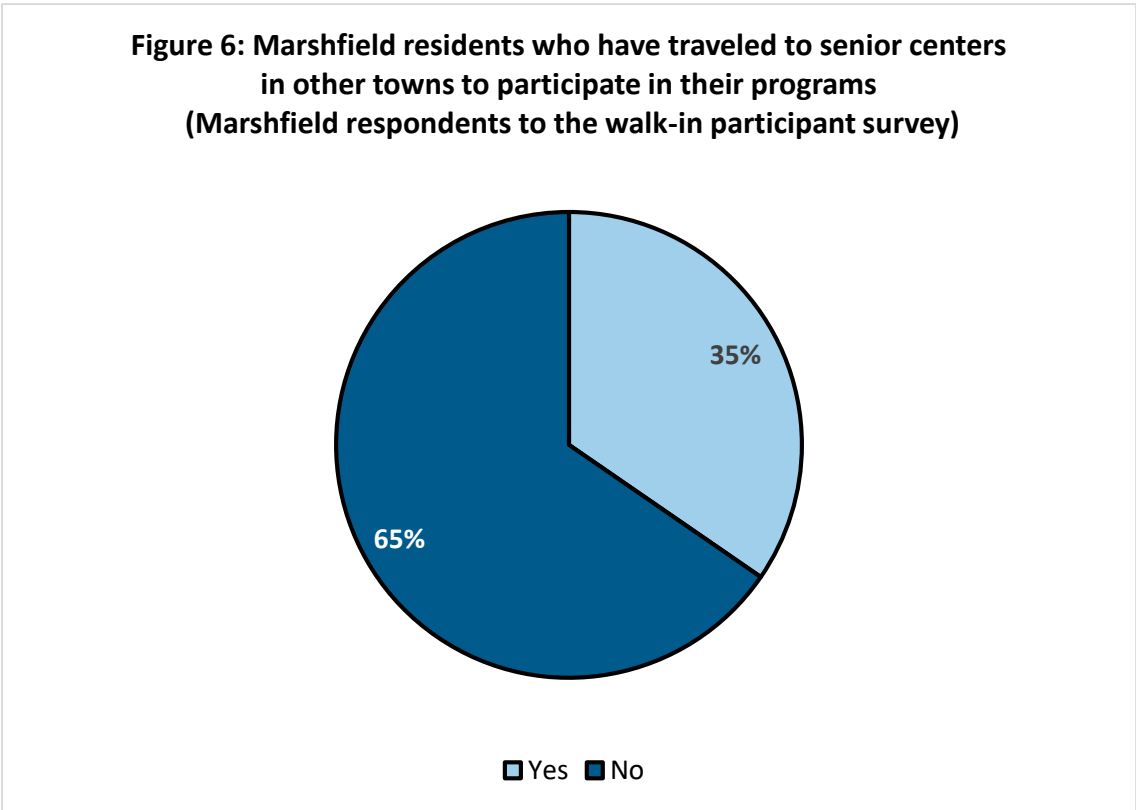


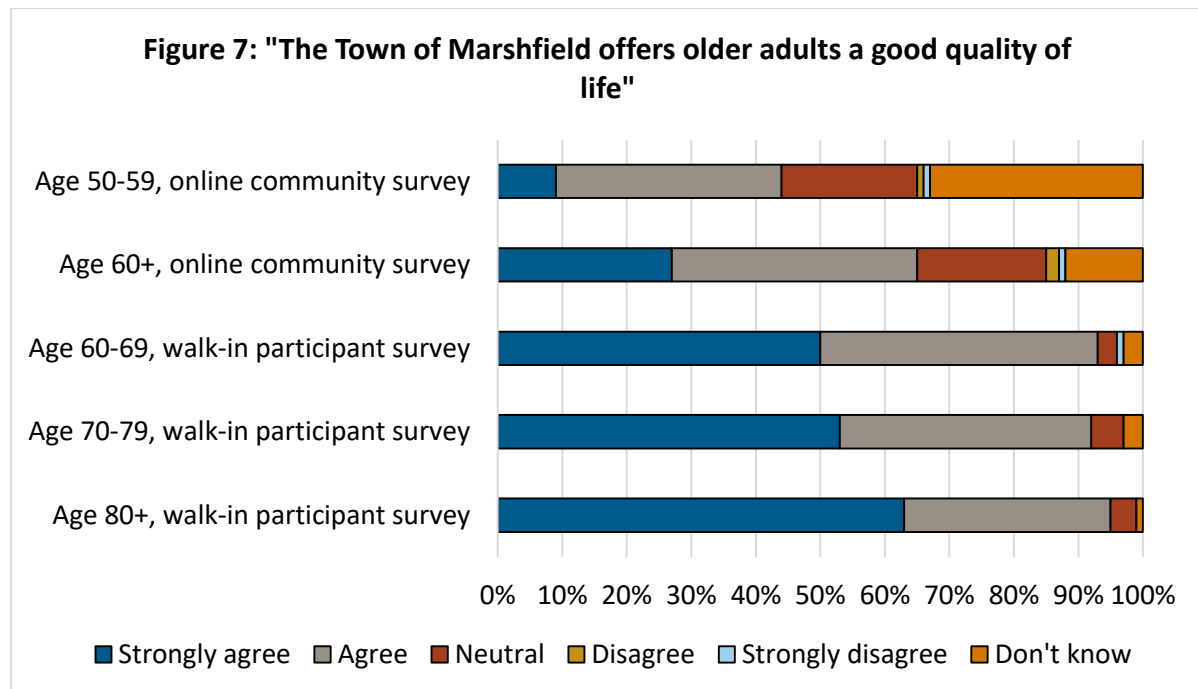
Figure 6: Marshfield residents who have traveled to senior centers in other towns to participate in their programs (Marshfield respondents to the walk-in participant survey)



How the community sees the Marshfield COA/Senior Center and its programs

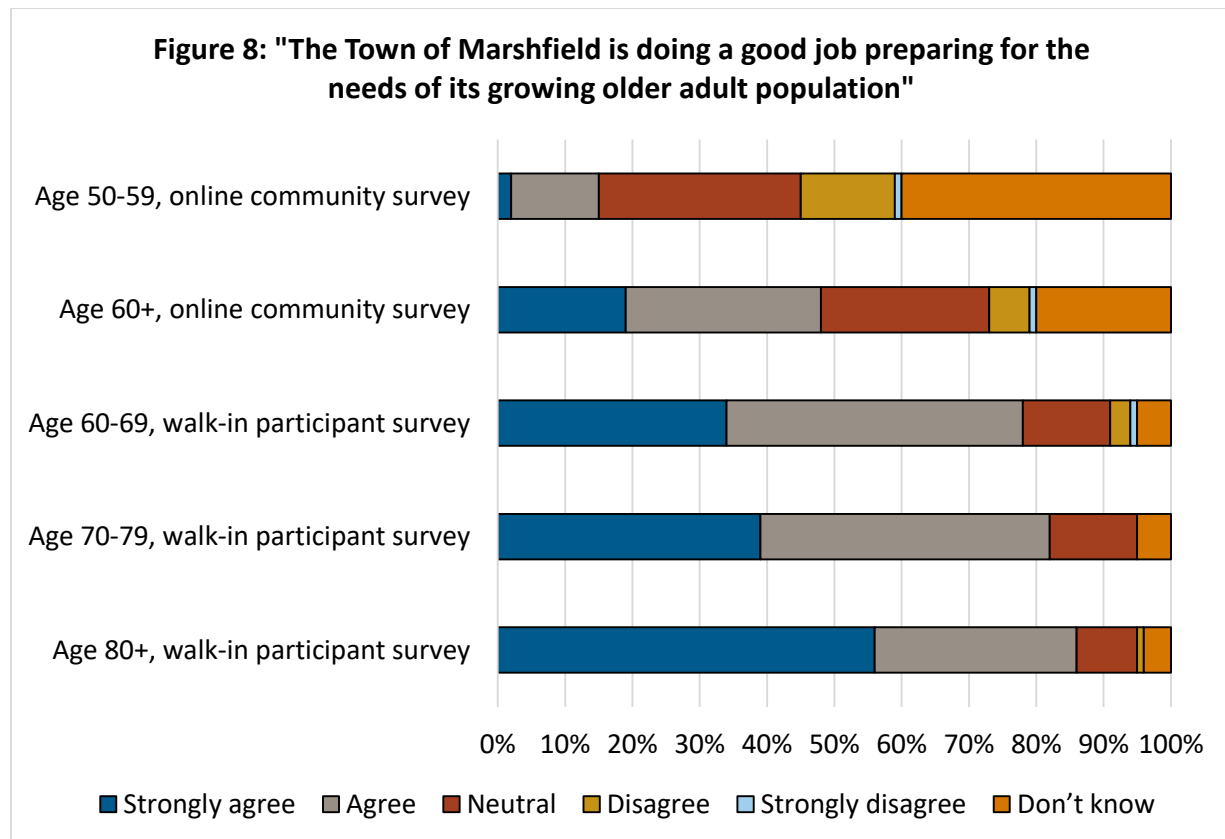
In Massachusetts, Councils on Aging are established as municipal agencies that provide local outreach, services, advocacy, information and referral for older adults, their families, and others in the community who provide care and support for those requiring assistance. Each COA is expected to establish its own priorities based on local needs and resources. In many communities, as in Marshfield, the COA operates the local senior center. It is through the senior center, its staff, and its volunteers that services and programs meant to support older residents' goals for healthy aging and aging-in-place are made available.

Through data collected for this project we learned that survey participants think that the Town of Marshfield is doing a good job planning for aging, and provides a good environment for older adults. Respondents to both surveys conducted for this project were asked to indicate their agreement with the statement "The Town of Marshfield offers older adults a good quality of life." More than half of the respondents to the walk-in participant survey indicate that they "strongly agree" with that statement, and most of the remaining indicate that they agree (see **Figure 7**).³ In the online community survey, a majority of the respondents age 60+ either agree or strongly agree that Marshfield offers older adults a good quality of life, and 12% indicate that they do not know. Just under half of the respondents age 50-59 in the online community survey also agree with this statement, but more than 30% express a lack of knowledge on the issue.



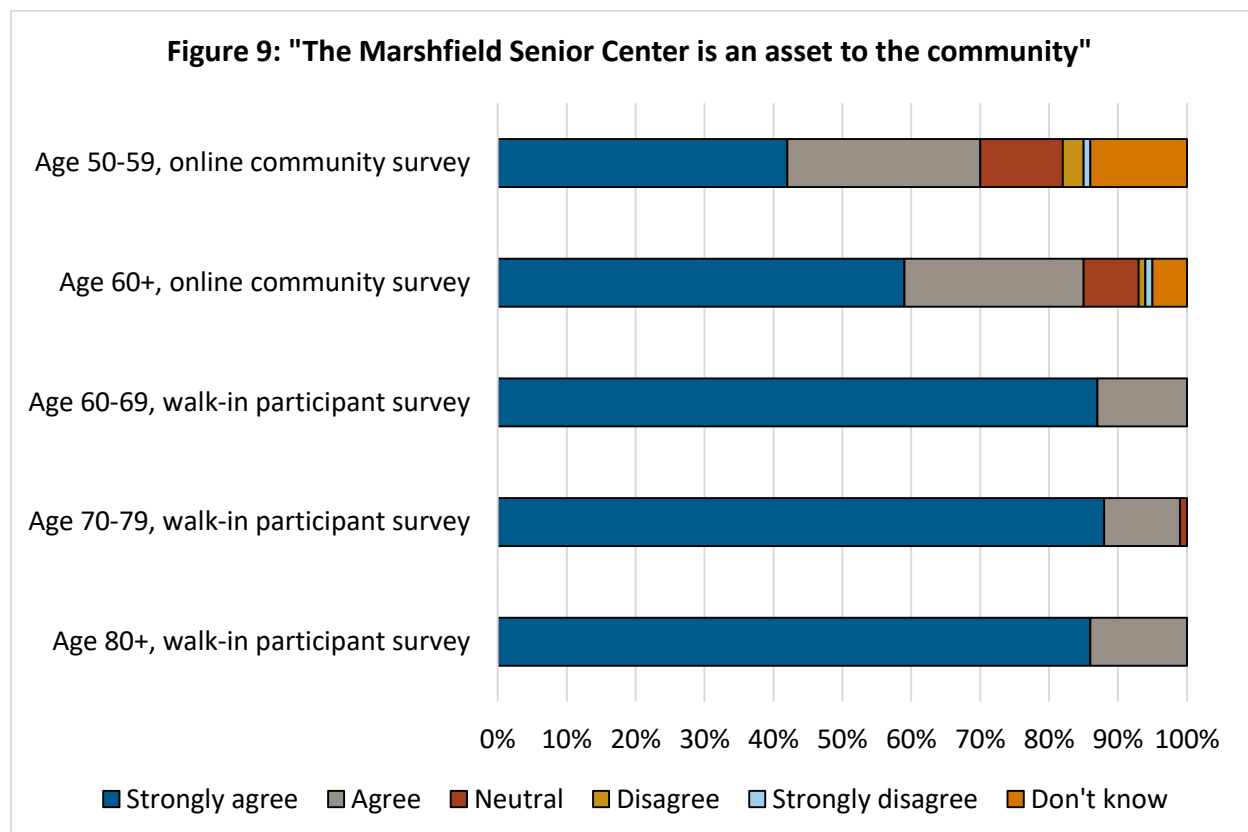
³ Breaking out the responses to the walk-in participant survey on this question, we find that 96% of Marshfield residents agree or strongly agree that Marshfield offers older adults a good quality of life, slightly higher than the 93% of all respondents to the walk-in survey.

Respondents to the walk-in participant survey largely agree that the Town of Marshfield is doing a good job preparing for the needs of its growing older adult population (see **Figure 8**). Among these respondents, more than three-quarters of each age group indicate they either agree or strongly agree with that statement and smaller shares express uncertainty or lack of awareness.⁴ In contrast, among respondents to the online community survey 2% of those age 50-59 report that they “strongly agree” with that statement, and another 13% “agree.” A large share express uncertainty or lack of awareness on this issue, with 30% reporting “neutral” and 40% saying they “do not know.” Online community respondents age 60+ offer stronger agreement, with 48% saying they either agree or strongly agree with that statement, but a substantial share of these respondents, too, indicate a lack of awareness or uncertainty. The high positive evaluation on this planning issue that is expressed among respondents to the walk-in participant survey may indicate a heightened level of awareness among those who participate; it may alternatively indicate that their familiarity with Marshfield COA/Senior Center itself is viewed as an important indication of this planning. Lower levels of knowledge on this point for the community as a whole may suggest that stronger communication about plans for addressing the needs of older adults would be beneficial.



⁴ Breaking out the responses to the walk-in participant survey on this question, we find that 83% of Marshfield residents agree or strongly agree that Marshfield is doing a good job preparing for the needs of its growing older population, the same level reported by all respondents to the survey.

Virtually all of the respondents to the walk-in participant survey, and most respondents to the online community survey, regard the Marshfield COA/Senior Center as an asset to the community. As shown in **Figure 9**, more than 80% of the walk-in respondents strongly agree with the statement “The Marshfield Senior Center is an asset to the community” and nearly all of the rest say that they agree with the statement.⁵ Close to 60% of the online community survey respondents strongly agree, and another 26% agree; as well, 70% of the community survey respondents who are age 50-59 agree or strongly agree with this statement. These findings consistently suggest that the Marshfield COA/Senior Center is a valued feature of the community.

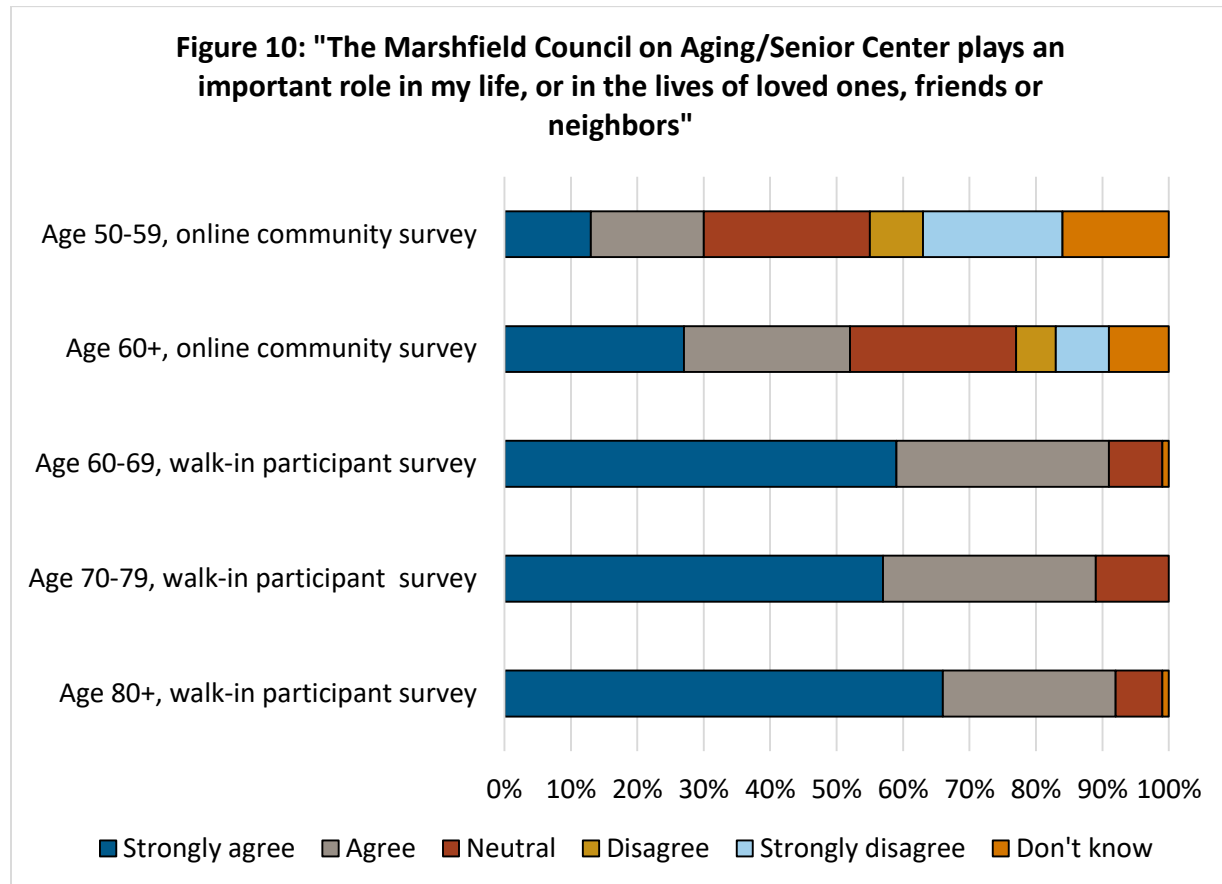


Nearly all of the respondents to the walk-in participant survey agree that the Marshfield COA/Senior Center plays an important role in their own life, or in the lives of loved ones, friends or neighbors. As shown in **Figure 10**, more than half of the respondents to the participant survey strongly agree with this statement, and most of the rest agree.⁶ Among respondents to the online community survey, over half of respondents age 60+ either agree or strongly agree with this statement, while more than a third indicate

⁵ Breaking out the responses to the walk-in participant survey on this question, we find virtually universal agreement that the Marshfield COA/Senior Center is an asset across residents and non-residents.

⁶ Breaking out the responses to the walk-in participant survey on this question, we find very similar responses among residents and non-residents, with 90% of each group reporting that they strongly agree or agree that the Marshfield COA/Senior Center plays an important role in their lives or in the lives of loved ones, friends or neighbors.

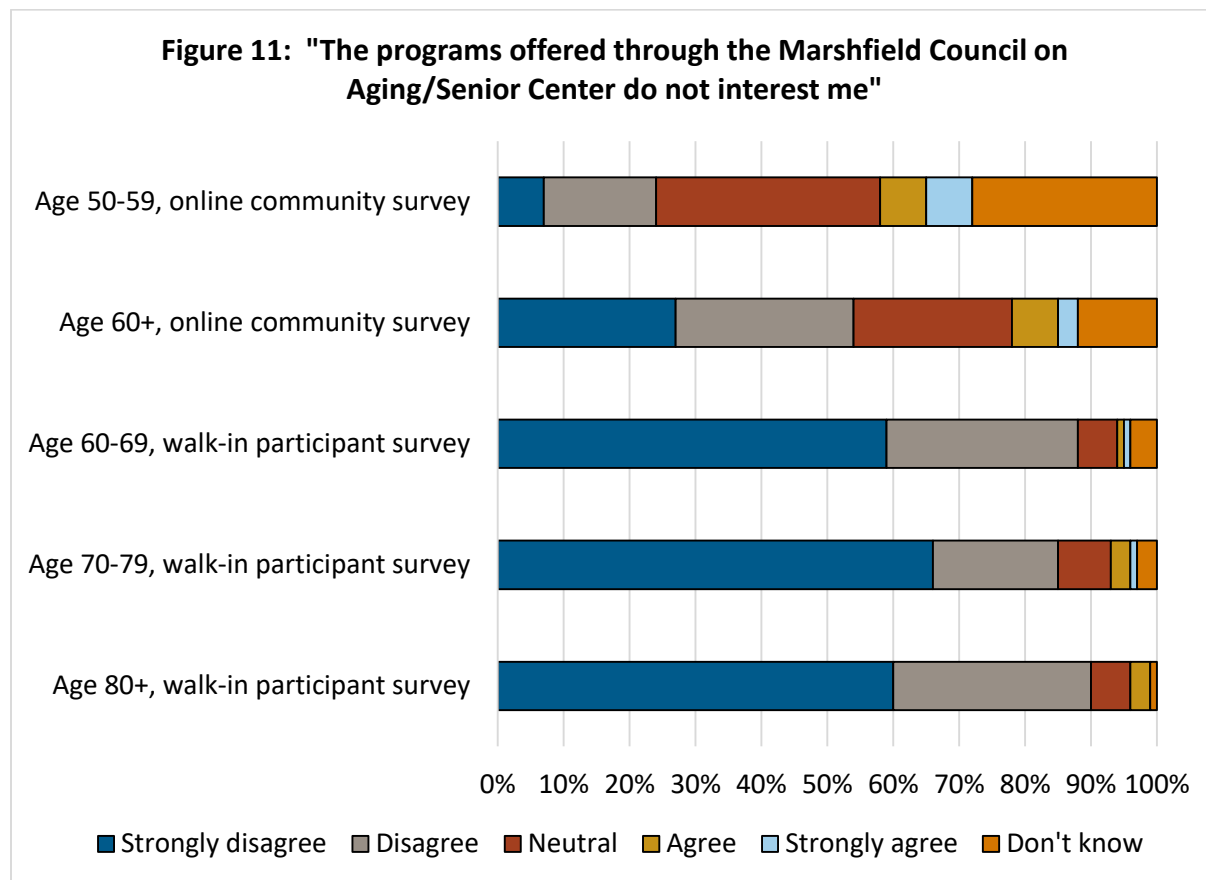
that they are neutral or don't know. A larger share of respondents who are age 50-59 report this lack of awareness or uncertainty, and just 30% indicate that they agree or strongly agree with the statement. This pattern of responses makes clear that those who participate in the Senior Center find it beneficial; it also suggests that a majority of Marshfield seniors who responded to either survey feel that the Marshfield COA/Senior Center plays an important role among people they care about in the community.



A global question about interest in the Marshfield COA/Senior Center programs was asked in both surveys. Specifically, respondents were asked to indicate their level of agreement with this statement: "The programs offered through the Marshfield Council on Aging/Senior Center do not interest me." A majority of respondents age 60+ in both surveys, and over 80% of the respondents in the walk-in participant survey, disagree with this statement, suggesting a high level of interest (see **Figure 11**)⁷. A large share of the online community respondents age 50-59 indicate they are "neutral" or "don't know" on this question, once again suggesting a lack of awareness about what the Senior Center offers. Some lack of awareness is reflected in the responses of the age 60+ respondents to the online community survey as well, with 24%

⁷ Breaking out the responses to the walk-in participant survey on this question, we find similar responses among residents and non-residents, with 89% of residents stating that they strongly disagree or disagree with this statement.

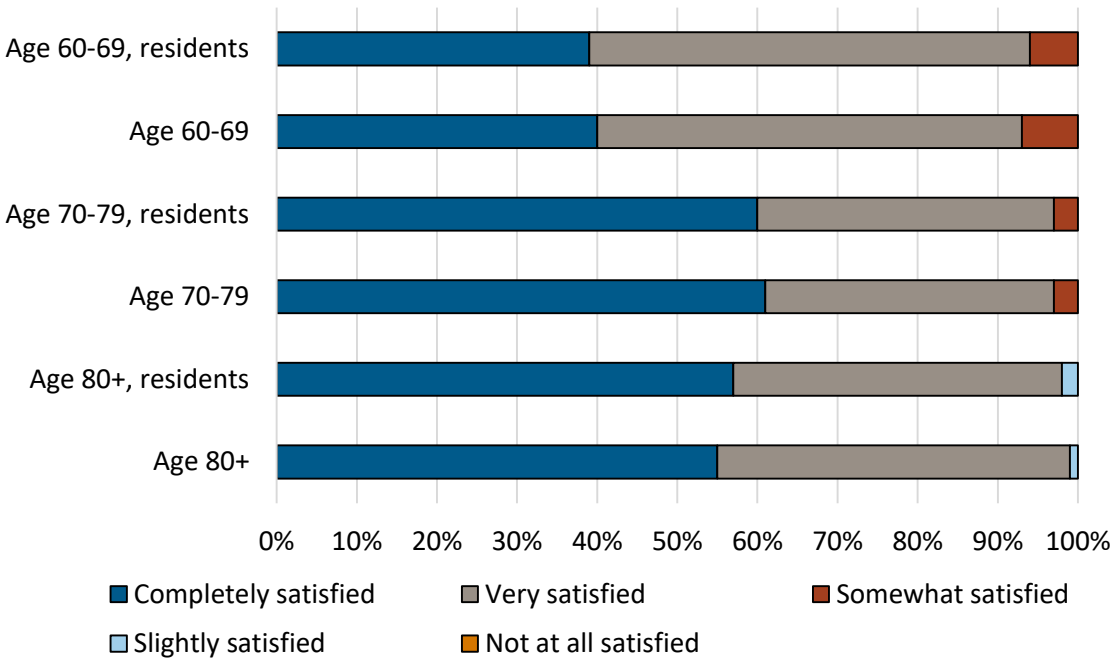
of this group stating “neutral” and another 12% stating “don’t know.” These responses suggest that some gaps in awareness are evident in Marshfield.



Participation and evaluation of Marshfield Council on Aging/Senior Center programs and services

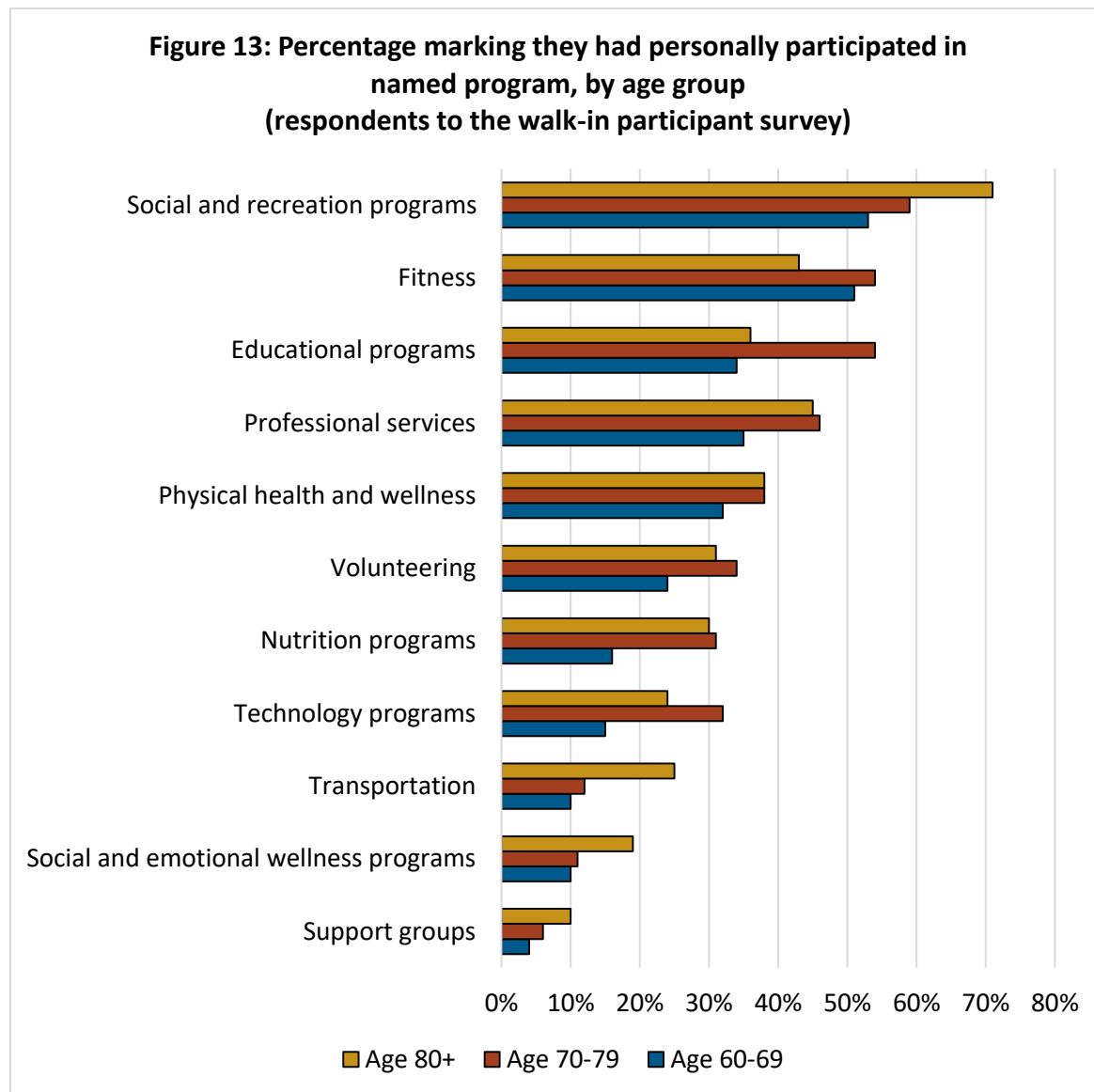
Satisfaction with programming offered by the Marshfield COA/Senior Center was gauged based on questions included in the walk-in participant survey. Respondents were asked “Taking everything into account, how satisfied are you with the programs and services offered through the Marshfield Council on Aging/Senior Center?” As shown in **Figure 12**, well over 90% of respondents report being either completely satisfied or very satisfied. The share reporting being “completely satisfied” is somewhat higher among respondents age 70 and older, and only small shares of respondents in all age groups (under 10%) report being either somewhat or slightly satisfied. These responses suggest that among those who know the programs best—those who participate in them—satisfaction is very high. Respondents were also asked to indicate the extent to which the Marshfield COA/Senior Center is a “welcoming place.” Responses are very positive in this respect as well, with nearly all respondents to the walk-in participant survey agreeing or strongly agreeing with the statement “The Marshfield Council on Aging/Senior Center is a welcoming place.” Evaluation was high for residents as well as for non-residents, and for all age groups (see Appendix A).

Figure 12: "Taking everything into account, how satisfied are you with the programs and services offered through the Marshfield Council on Aging/Senior Center?" (respondents to the walk-in participant survey)



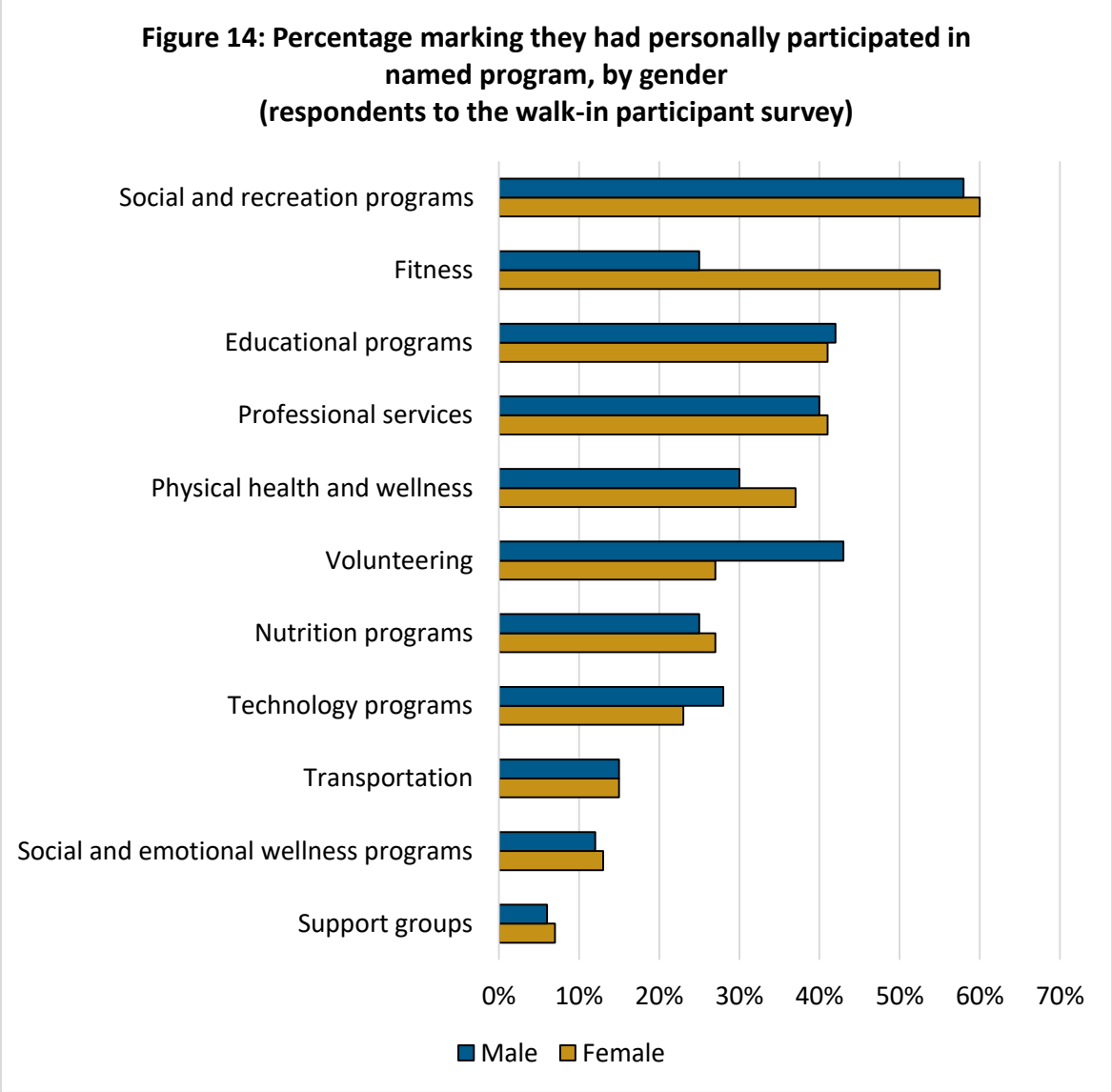
Respondents to the walk-in participant survey were asked to indicate which programs they had personally participated in, among a set of 11 types of programs. Participation percentages are shown in **Figure 13**, ranked in order from highest to lowest levels of participation for the sample as a whole. The type of program participated in most frequently among all three age groups (age 60-69, age 70-79, and age 80+) is “social and recreation programs,” which include arts and crafts, cards and games, trips, movies, and similar activities that are meant to focus on recreation and social engagement. Six out of ten respondents to the walk-in survey, and over half of the participants in each age group, indicate that they had participated in this kind of program at the Marshfield COA/Senior Center. The next most frequently marked program type is fitness activities, which includes yoga, Tai Chi, dance, strength training, and others. Nearly half of all respondents report participating in fitness programs, with somewhat lower shares of those age 80+ indicating participation. Educational programs (e.g., life-long learning, safe driving) and professional services (e.g., SHINE, AARP tax assistance, legal assistance) were marked by 41-42% of survey respondents, with educational programs having especially high participation among those age 70-79. Physical health and wellness programs (e.g., fall prevention workshop) were marked by 35% of respondents, with those age 70+ reporting higher participation levels. About one-third of the survey respondents indicate that they had volunteered at the Marshfield COA/Senior Center. Three out of ten respondents aged 70+ indicate they had participated in a nutrition program (e.g., on-site lunch program or Meals on Wheels); in comparison, only 16% of respondents age 60-69 had participated in a nutrition

program. Smaller shares of respondents indicate having participated in technology programs (e.g., computer lab, computer classes), transportation services (e.g., shuttle, shared-rides), social and emotional wellness programs (e.g., friendly visiting, Aging Mastery), or support groups (e.g., Parkinson’s, vision support group groups).



As shown in Figure 13, the top 3 types of programs in which respondents age 80+ report involvement are social and recreation programs, fitness, and professional services. Respondents age 80+ are considerably more likely than their younger counterparts to take advantage of transportation services, social and emotional wellness programs and support groups. Among respondents in their 70s, the top 3 types of programs named were social and recreation programs, fitness, and educational programs. The youngest respondents—those age 60-69—are less likely than their older counterparts to participate in all of the

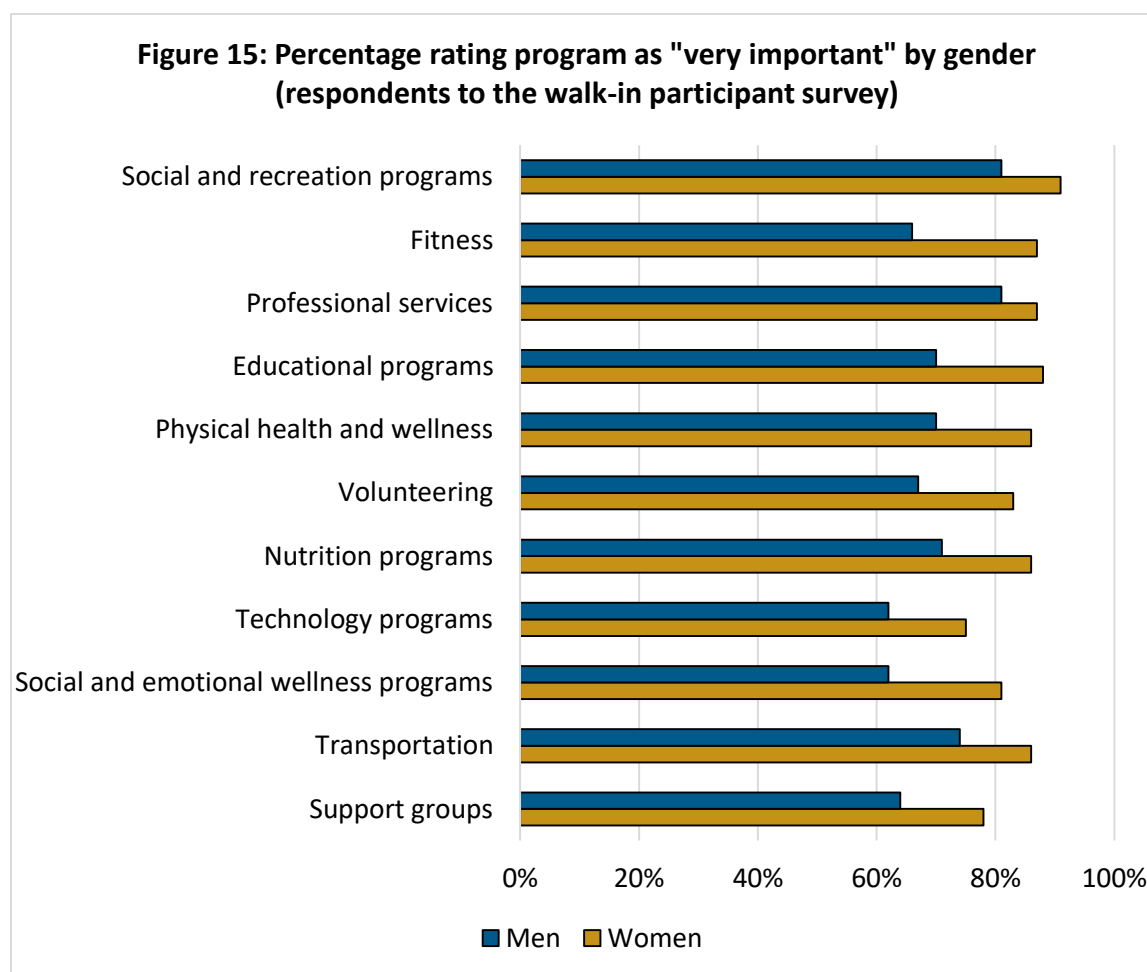
programs. However, among the programs described in Figure 13, young respondents are most likely to have participated in the social and recreation programs, the fitness programs, or the professional services.



The Marshfield COA expressed interest in learning about programming that would be interesting to men, who represent a disproportionately small segment of the participant population. **Figure 14** shows participation levels by gender, based on the walk-in participant survey. Findings presented here suggest that men and women participate at equivalent levels in most types of programs listed, with a few exceptions. Women are far more likely than men to participate in fitness programs, with 55% of women reporting fitness participation compared to just 25% of men. Conversely, men are more likely than women to report involvement in volunteering at the Senior Center, with 43% of men and just 27% of women indicating participation in volunteering. These findings suggest that when considering gender differences in activity choice among those who are already participating in the Senior Center, interests are similar for men and women for the most part. The very large difference in engagement with fitness classes may reflect a difference in interests between men and women; alternatively, it may be that the fitness

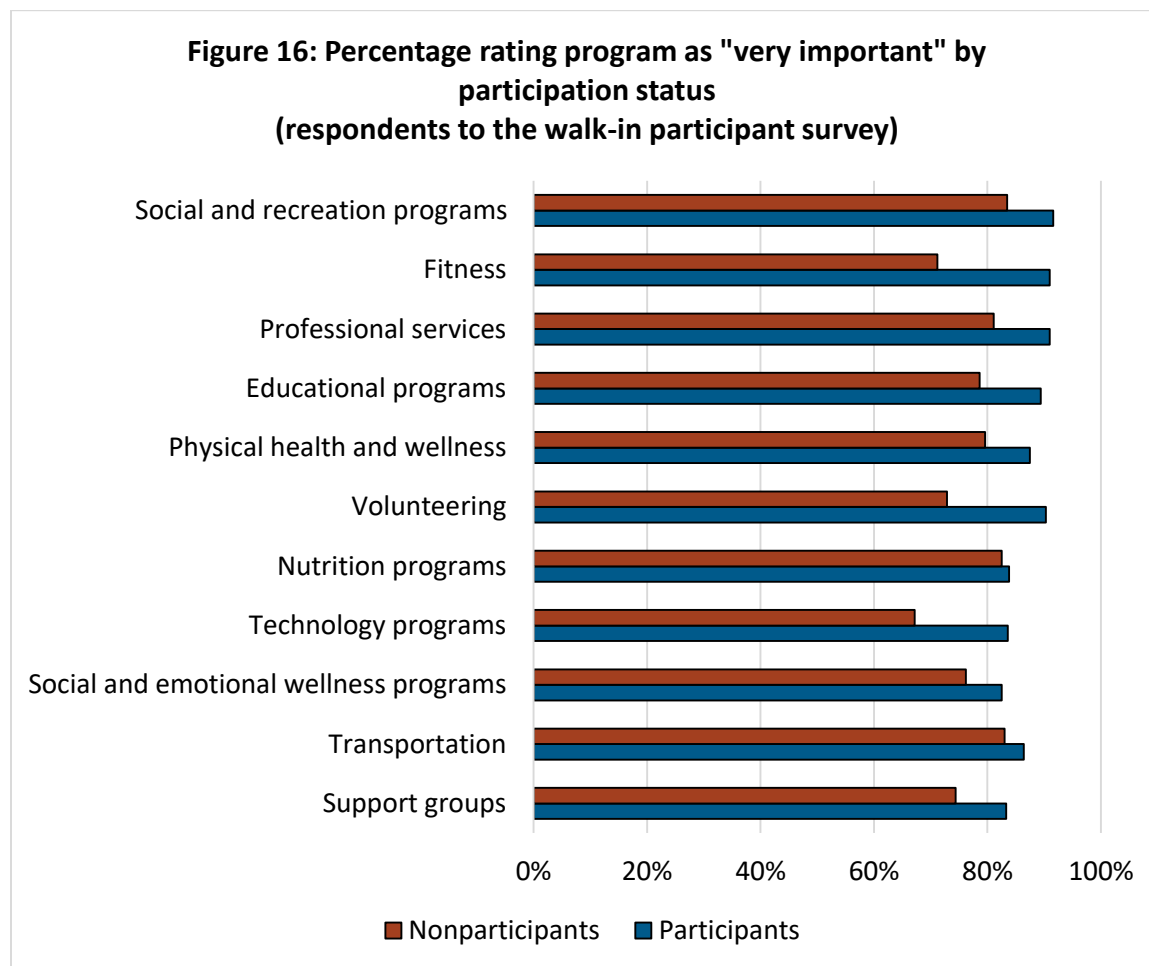
programs currently offered are geared more toward women than men, or that men do not feel comfortable participating for some other reason. The higher volunteer involvement among men may also reflect gender differences in interest; or it may reflect the types of volunteer engagements offered at the Senior Center.

Respondents to the walk-in participant survey were asked to rate each of the program types in terms of importance to themselves, family members, or the community in general. Response options included “very important,” “moderately important” and “not at all important.” Large shares of respondents rate all of the programs as “very important” (see Appendix B). The program type receiving the highest number of “very important” ratings overall is social and recreation programs, rated as very important by 89% of respondents; but even the lowest rated program is rated as “very important” by 72% (technology programs). As shown in **Figure 15**⁸, women are more likely than men to rate all program types as very important, but the general pattern of ratings is fairly consistent by gender.



⁸ Program types in Figures 15 and 16 are listed in the same order as they are listed in the previous figures on participation, to assist readers in comparing ratings.

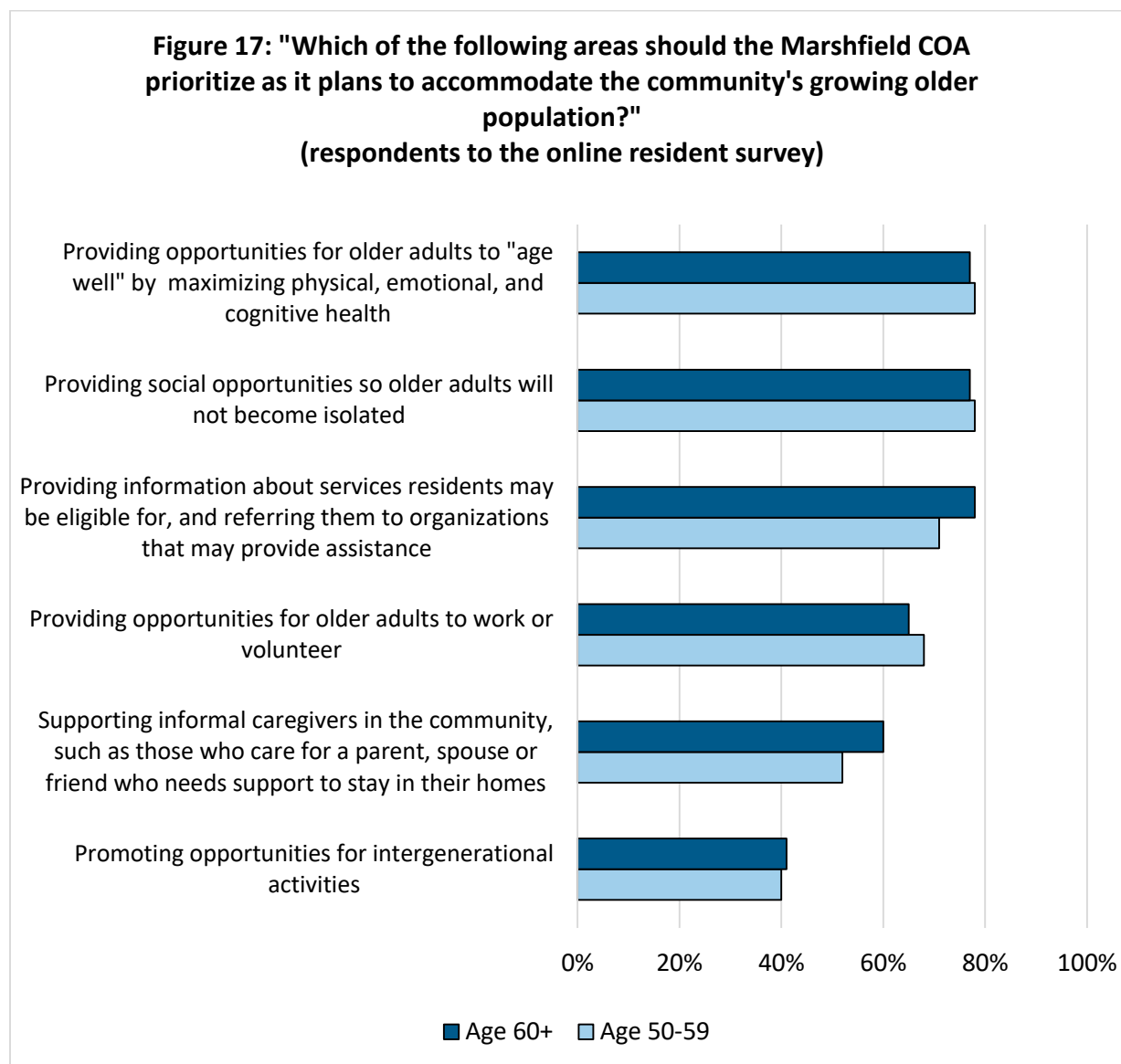
Survey respondents' ratings of the importance of programs are generally high regardless of whether they themselves participated. In **Figure 16**, the percentage of respondents rating each program type as "very important" is shown separately by participation status. For example, social and recreation programs are rated as very important by more than 90% of survey respondents who indicate that they had personally participated in social and recreation programs. In comparison, they are rated as very important by 84% of those who have not themselves participated in this type of programming. Across the board, those who have participated in each type of programming rate the program as more important than those who have not participated. However, for every type of program, at least 80% of participants and at least 65% of non-participants rate the program type as very important. This pattern of results suggests broad-based support for the programming offered through the Marshfield COA/Senior Center that goes well beyond activities in which respondents are personally engaged.



[Programs and services moving forward](#)

Planning for future needs and interests of a growing older population presents a challenge for any senior center, and the Marshfield COA/Senior Center shares in that challenge. Aging experts agree that future cohorts of older people may have somewhat different interests than today's cohorts, and programming will need to adapt for senior centers to meet their missions. People who have never participated in senior

center activities, perhaps especially those who are working for pay, raising their children, or engaged in many other obligations, may have difficulty imagining what they would want or need from their local senior center at some future time point. Accordingly, and in an effort to generate information that the Marshfield COA can use as they make their plans for a growing older population, we asked survey respondents about future needs and interests in a variety of ways.



One strategy for the COA moving forward may be to prioritize some aspects of their current mission over others, in an effort to conserve resources and focus on the pieces of their mission that the community most values. To get a sense of what those areas of focus might be, in the online community survey we asked respondents to indicate their priorities among the broad themes relating to the mission of the COA. Respondents age 50-59 and those age 60+ offer consistent views on what Marshfield’s priorities should be moving forward. The highest priorities are associated with opportunities and activities associated with

promoting health, avoiding isolation, and offering information and referral to outside programs, with 70% to 80% of respondents in both age groups prioritizing these efforts (see **Figure 17**). In addition, 60% to 70% of respondents say that providing opportunities for older adults to work or volunteer is a priority, and 50%-60% flag support for informal caregivers as a priority. About 40% prioritize opportunities for intergenerational activities, and 8%-11% mention other priorities, writing in items such as meals, free activities, music activities, additional recreation and health promoting activities, outreach, activities for men, and activities for those with dementia and their caregivers.

Respondents to both surveys were asked to reflect on their own possible future needs and interests, and share which programs would be of most interest to them. Results are summarized in **Table 1**, with programs ordered by frequency of mention among respondents to the online community survey who were age 60+.

Table 1: Future needs and interests of most interest to the respondent (listed in order rated by age 60+ online)					
	Age 50-59, online community survey	Age 60+, online community survey	Age 60-69, walk-in participant survey	Age 70-79, walk-in participant survey	Age 80+, walk-in participant survey
Life-long learning	52%	57%	62%	62%	40%
Indoor fitness center or gym	55%	54%	76%	62%	46%
Outdoor fitness features	55%	52%	Not asked		
Cultural performances	41%	51%	65%	62%	51%
Café space	40%	45%	49%*	40%*	43%*
Group fitness	45%	44%	66%	42%	23%
Technology	35%	42%	45%	49%	33%
Weekend activities	37%	36%	50%	43%	33%
Film screenings	29%	35%	54%	40%	39%
Evening activities	31%	32%	51%	38%	21%
Outdoor games	43%	32%	54%	37%	24%
Programs to help plan for retirement	50%	30%	50%	37%	20%
Game room	31%	25%	39%	28%	26%
Intergenerational activities	15%	23%	32%	26%	14%
Additional art classes	26%	20%	45%	31%	13%

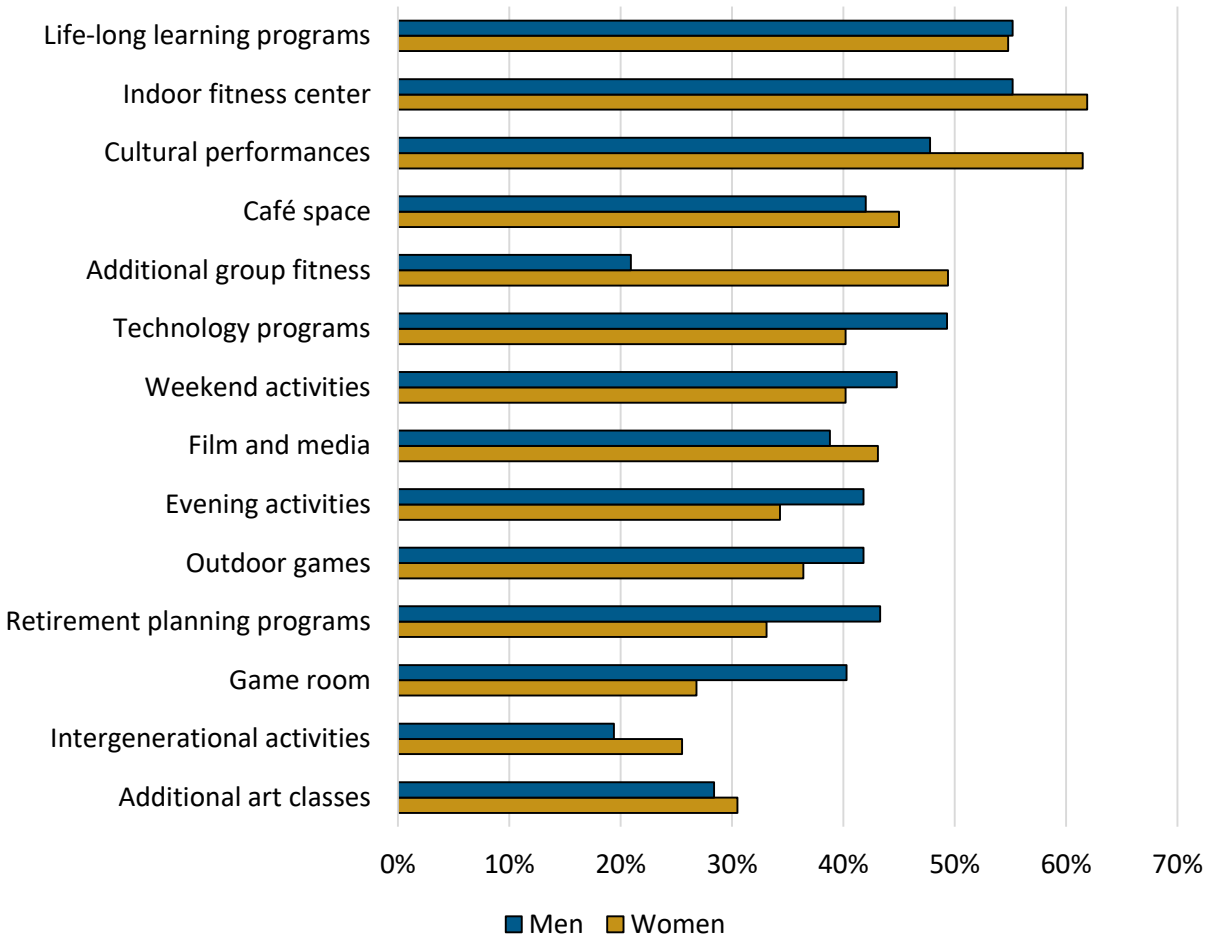
*In the onsite participant survey, respondents were asked to indicate their agreement with this statement: if café space were available I would use it (see **Figure 20**). These values are the percentages who indicate that they 'strongly agree.'

Consistent with other findings presented in this report, activities involving educational or learning opportunities and those associated with promoting fitness are rated highly. Over half of the participants under age 80 indicate a future interest in life-long learning programs, as do 40% of those age 80+. Over half of the respondents to both surveys indicate they would be interested in the Marshfield COA/Senior Center having an indoor fitness center or gym; group fitness classes and outdoor fitness features also are flagged by a large share of respondents. Again, those age 80+ flag these future needs on a less frequent basis.

The most frequently noted programs of interest among respondents to the online community survey who are age **50-59** include indoor and outdoor fitness activities, life-long learning programs, and programs to help plan for retirement. Among respondents in their **60s**, fitness activities and lifelong learning programs also are rated well, along with cultural performances and presentations, outdoor games and activities, film screenings, activities held on the weekends or evenings, and retirement planning. Among those age **70-79**, the most frequently noted future interests include life-long learning, indoor fitness center or gym, and cultural performances. Among the options listed, respondents **age 80 or older** chose cultural performances most frequently, followed by fitness, café space, and life-long learning. These findings suggest that in many respects, younger and older Marshfield residents will be looking for similar types of activities moving forward. However, the COA may wish to anticipate an expanded interest in fitness and health promoting activities, life-long learning, and cultural performances. The COA may also wish to develop targeted programs of interest to younger adults, such as programs to help plan for retirement, that will meet an immediate need and interest while also develop familiarity with the Senior Center.

Life-long learning programs, an indoor fitness center, and cultural performances are frequently mentioned interests among both men and women (see **Figure 18**). However, the future needs and interests expressed by men and women differ in some respects. Women are considerably more likely than men to express interest in having additional group fitness activities, and in cultural performances. In comparison, men are more likely than women to express interest in a game room, in retirement planning programs, and in technology programs. Gaps by gender are small in the other areas mentioned. These findings suggest that men and women may be equally drawn to the COA/Senior Center through a focus on life-long learning and fitness; but that men may be drawn to fitness activities that are not structured as a group class. Instead, men responding to the survey indicated high interest in participating in an indoor fitness center, outdoor games, or a game room.

**Figure 18: Percentage naming program as a priority for expansion, by gender
(respondents to the walk-in participant survey)**



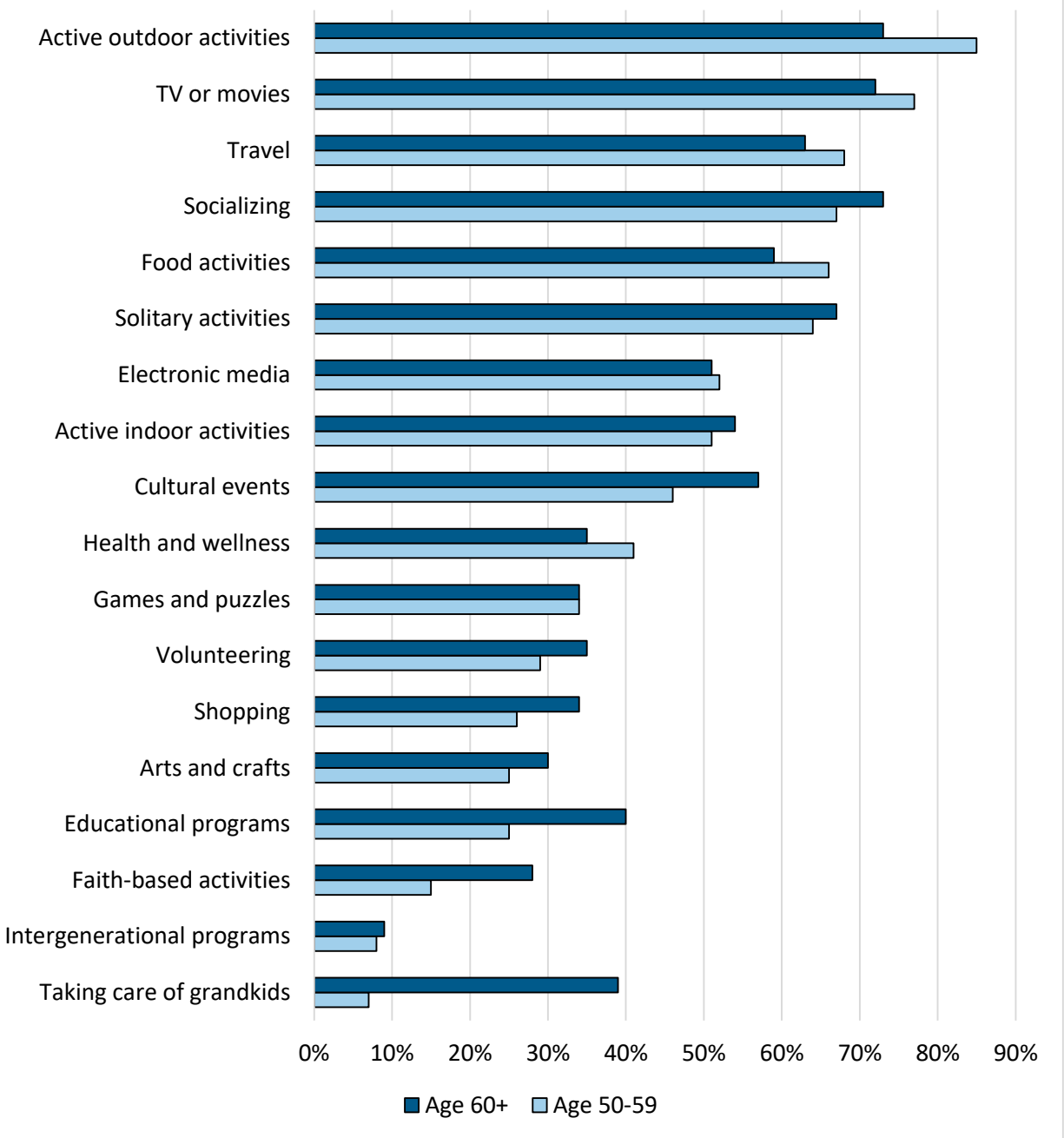
One way to anticipate where efforts might best be placed to plan for increased participation is by learning about the reasons first bringing current participants to the Senior Center. The walk-in participant survey asked “Thinking back to the first time you visited the Marshfield Council on Aging/Senior Center, what would you say was the main reason you came?” Responses to that question are listed in **Table 2**, in order of mention among those age 60-69. Responses suggest that the activities bringing current participants to the Senior Center the first time are most commonly educational programs or exercise programs. As these activities represent a large share of the Senior Center’s programming, it is not surprising that they are the entry points to Senior Center involvement for many current participants. For 14% of those age 60-69 and 16% of participants age 70-79, volunteering brought them to the Senior Center initially, suggesting that a strong volunteer program is important not only as a mechanism for conducting the work of the Senior Center, but also as a recruitment mechanism for future participants. Smaller numbers came the first time for a special event, or to participate in a recreational activity or game. Among participants currently age

80+, however, games, recreational activities and seeking services represent important entry points, reported by 14-15%. Several respondents wrote in games like bingo, bridge, or mah-jongg as the activity bringing them to the Marshfield COA/Senior Center for the first time. Other purposes noted by a few respondents included caregiver support, help with a problem, for lunch, or just to “check it out.”

Table 2: “Thinking back to the first time you visited the Marshfield Council on Aging/Senior Center, what would you say was the main reason you came? (Respondents to the walk-in participant survey, listed in order named by age 60-69)			
	Age 60-69	Age 70-79	Age 80+
Came for an educational program	24%	20%	18%
Came for an exercise program	24%	24%	22%
Came to volunteer	14%	16%	7%
Came for a service (eg, tax help, SHINE)	11%	7%	15%
Came for a special event	5%	11%	7%
Game or recreation	2%	5%	14%

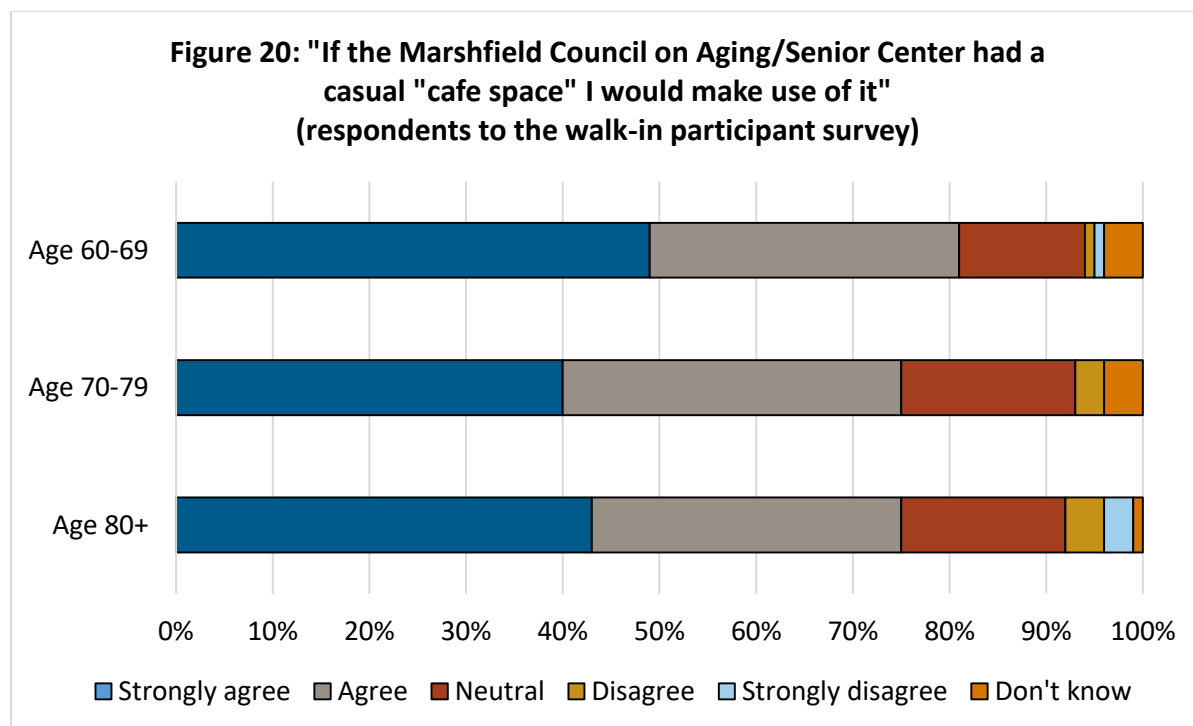
We also sought to learn about activities that Marshfield residents most enjoy doing on their own, as a means of anticipating what content areas might be most attractive to offer at the Senior Center. In the online community survey, we asked respondents to indicate activities that they currently enjoy doing in their free time. **Figure 19** presents responses ranked in order of mention among those age 50-59. The order of ranking is quite similar for respondents age 50-59 and those age 60+, with active outdoor activities and watching movies or TV flagged by more than 70% in both age groups. Also frequently mentioned by both groups are travel, socializing with friends and family, food activities (e.g., cooking, dining out), and solitary activities (e.g., reading). The only activities in which involvement is considerably higher among those age 50-59 include active outdoor activities (85% v 73%). Activities in which involvement is considerably higher among those age 60+ include cultural events (57% v 46%), educational programs (40% v 25%), faith-based activities (28% v 15%), and taking care of grandchildren (39% v 7%). Comparing these frequently enjoyed activities, as reported in the online community survey, with the programs available or targeted for expansion at the Marshfield COA/Senior Center suggests that many existing interests can be pursued through the Senior Center. High interest in watching movies and TV, along with interest in socializing and cultural events, might suggest that increased offerings of movie viewing or cultural programs may be welcomed additions.

**Figure 19: "Thinking about how you spend your free time, which activities do you currently enjoy doing?"
(respondents to the online community survey, ranked in order mentioned among those age 50-59)**



Food and nutrition at the Marshfield COA/Senior Center. One particular area of programming that the COA wanted to learn about relates to nutrition services available on-site. Currently nutrition services available through the Marshfield COA/Senior Center include Meals-on-Wheels; the on-site lunch program; and food

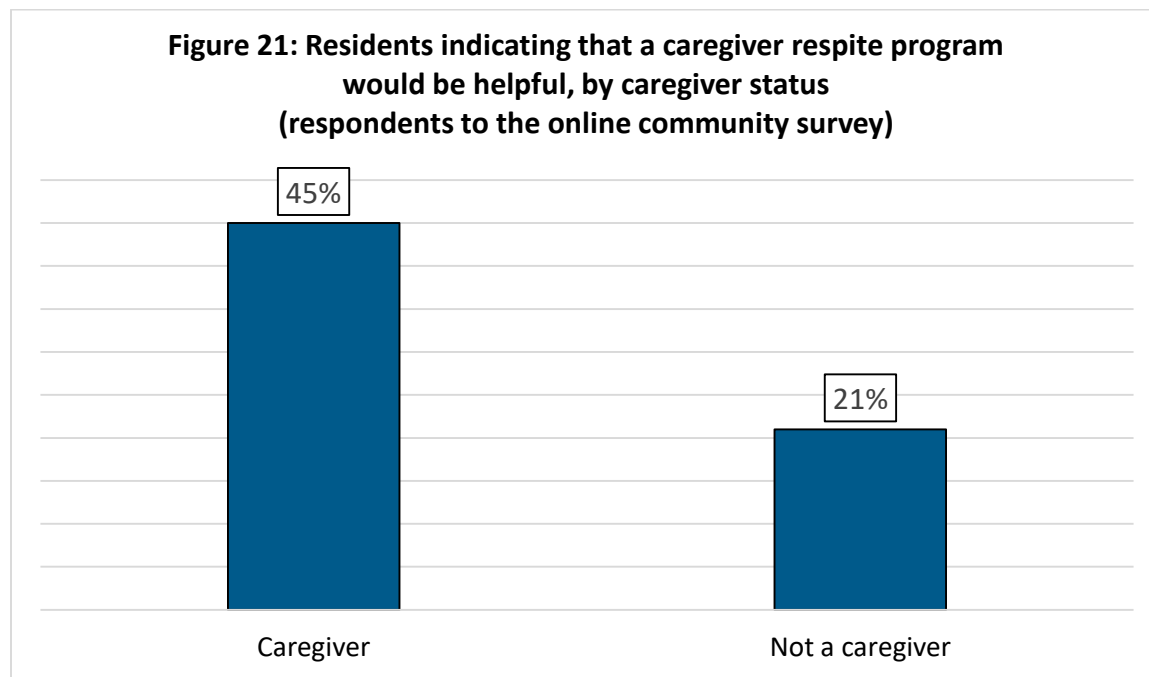
served at special events. Meals-on-Wheels, a home meal delivery service for shut-ins, is used intensively by a relatively small number of Marshfield residents and is understood to be a lifeline for those who rely on it. Trends in usage of Meals-on-Wheels varies from year to year, according to statistics provided by the COA/Senior Center Director, but the number of meals delivered through the Marshfield COA has declined somewhat over the past decade. Participation in the on-site lunch program has declined as well, with participation counts declining by 27% between FY2007 and FY2017. In recent years, some senior centers have placed greater emphasis on snacks and light meals that can be purchased throughout the day, and consumed on-site or taken home for later consumption. These models are called “café” service, and may be considered by the Marshfield COA/Senior Center as a potential addition. In the walk-in participant survey, participants were asked to indicate their level of agreement with this statement: “If the Marshfield Senior Center had a casual space (“café space”) with comfortable seating and open tables, and with light meals and beverages available for a fee, I would make use of it.” As shown in **Figure 20**, most respondents agree or strongly agree with this statement, including 75% of those age 70+, and over 80% of those age 60-69.⁹ As shown above in Table 1, 40-45% of respondents to the online community survey also express interest.



Caregiver support at the Marshfield COA/Senior Center. Another specific area that the COA wanted to learn about relates to need for caregiver support. Across the nation, a majority of the care for adults with chronic disease, cognitive impairment, or other needs for assistance is provided by family members and friends on an informal basis (Family Caregiver Alliance, n.d.). Recent data from the Massachusetts Healthy Aging report card suggests that half of Marshfield’s residents age 65+ have at least four chronic conditions

⁹ Breaking out the responses to the walk-in participant survey on this question, we find similar responses among residents and non-residents, with 79% of residents stating that they strongly agree or agree with this statement.

such as hypertension, diabetes, or heart disease, and 11.7% have Alzheimer’s disease or a related dementia (Massachusetts Healthy Aging Collaborative, n.d.). Although not all of these individuals need support, many do receive occasional informal assistance with routine activities around the home or with transportation, and some require intensive, nearly round-the-clock help. The Marshfield COA/Senior Center provides some programs that are meant to meet the needs of older adults with long-term support needs and their caregivers, but the COA wanted to learn more about the scope of need. Accordingly, respondents to the online community survey were asked “Do you now or have you in the past year provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative or friend)?” Among respondents age 50-59, 42% indicate that they had provided such care, along with 38% of the respondents who were age 60+. Respondents were then asked about need for caregiver support, specifically, “A caregiver respite program offers a break for the caregiver by providing companion services to the care recipient, personal or home health services, or caregiver support groups. If it were available, would a caregiver respite program or support group be helpful to you and your family?” Twenty-nine percent of respondents age 50-59 and 31% of those age 60+ indicate that a caregiver support program would be helpful (see Appendix A). As shown in **Figure 21**, 45% of those with recent caregiver experience report that caregiver support would be helpful to them or their families, along with 21% of those without recent caregiving experience, suggesting that this may be an area to be prioritized by the Marshfield COA/Senior Center.



Challenges encountered by current participants and staff

Respondents to both surveys were asked to note which among a set of potential challenges they had encountered in accessing the Marshfield COA/Senior Center. In **Table 3**, challenges are described based on the walk-in participant survey and the on-line community survey (focusing just on respondents who

said that they or a family member had attended the Senior Center). A majority of both groups report that they had not experienced any issues or problems in accessing the Marshfield COA/Senior Center. The most frequently reported issues are consistent across the two surveys, and include difficulty finding parking (19% of the walk-in survey respondents and 9% of the online survey respondents); being unable to participate in a program because it was offered at an inconvenient time (14% of the respondents in both surveys); being unable to participate in a program because it was full (14% of the walk-in survey respondents and 10% of the online respondents); missing a program due to not learning about it until after it had been held (11% of the walk-in survey respondents and 13% of the online respondents); and attending a class or event that was uncomfortably crowded (10% of the respondents in both surveys). Smaller numbers report experiencing challenges associated with caregiving responsibilities, not being able to afford a program, not feeling welcome, not having transportation, or having difficulty finding information about what’s available.

Table 3: Challenges encountered by survey respondents in accessing the Marshfield COA/Senior Center		
	Walk-in participant survey	Online community survey (respondents who have attended or with a family member who has attended)
I have experienced no issues when accessing the Marshfield COA or its programs	65%	59%
I have had difficulty finding parking	19%	9%
I have been unable to participate in a class or program because it was offered at an inconvenient time	14%	14%
I have been unable to participate in a class or program because the class or program was full	14%	10%
I have missed participating in a program because I didn’t learn about it until after it had already been held	11%	13%
I attended a class or event that was uncomfortably crowded	10%	10%
I have been unable to attend a class or program because I was taking care of grandchildren, or providing care to someone who is disabled or frail	9%	6%
I have been unable to participate in a class or program because the fee was more than I could afford	7%	2%
I attended an event at which I didn’t feel welcome	2%	3%
I have missed participating in a class or program because I did not have transportation	1%	1%
I have had difficulty finding information about the programs and services available	1%	4%

Staff reports. Respondents to the staff and volunteer survey (N=17) were also asked about challenges, and several reported problems that they had observed involving Senior Center participants wanting or needing more programs or space. For example, three out of ten staff/volunteer respondents indicated that Senior Center participants had requested added sections of a course or activity, and one out of four report that participants had been turned away because the class or schedule was full (see **Table 4**).

The most frequent challenge reported among staff and volunteers involves reconfiguring rooms, and the time and physical demands associated with those shifts. Nearly two-thirds of the staff/volunteer respondents indicate that reconfiguration of a space or room was required before it could be used for the activity they were involved in. This is not surprising given the multiple, diverse uses made of many of the spaces in the Senior Center throughout a typical day. To evaluate the scope of this issue, the authors of this report obtained the program calendars for CY2017, and examined the

schedule for four months (January, April, July, September), flagging classes in each room that would require moving furniture and/or equipment. For example, on one day in April, the function room was set up initially for an exercise class, followed by a yoga class, and then by a session of bridge. The next day that room was used for a fitness activity in the morning, and a film screening in the afternoon. Tabulating just the scheduling transitions that appear to result in significant movement of furniture in the same room on the same day, tabulations suggest that across the four months, an average of 4.1 “shifts” of furniture and set-up per day was required in the Senior Center. Senior Center staff and COA Board members suggest that some of these transitions cause class delays or disruptions. Typically, staff who are physically capable of moving furniture are drawn into the task, since a custodian is not always on-site.

Staff report that multipurpose use of spaces is additionally challenged when activities requiring specialized equipment—e.g., some exercise classes, and art classes—are scheduled in locations where storage is not available or not secure. For example, if an art class is followed by a yoga class in the same space, the art materials need to be stored and the chairs and tables used for the art class need to be cleared before it can be effectively used for yoga. Twelve percent of the staff/volunteer respondents report that a lack of storage for equipment or supplies posed a problem for classes or services. Given the intensity of use, it is not surprising that nearly half of the respondents to the staff/volunteer survey indicate that a class or activity they were involved in had to be moved unexpectedly to a different space due to scheduling conflicts.

Hearing from Marshfield COA/Senior Center staff and volunteers

Seventeen people who teach or provide programming for the Marshfield COA/Senior Center participated in an online survey designed to elicit their personal observations about space and programming needs at the Senior Center.

Respondents include people involved in delivering fitness and exercise, physical health and wellness, support groups, educational programs, arts and culture, social and emotional wellness, and games and entertainment. Most of the respondents indicated that they work at the Senior Center on a paid basis, but some participate as a volunteer instead, or in addition to paid involvement. About half of the respondents say that in addition to working or volunteering, they take advantage of the programs or services themselves.

94% of those who responded say they are in the Senior Center building at least once a week.

Table 4: Challenges observed by staff and volunteer instructors		%
The space used for a class or activity you were involved in required reconfiguration before it could be used		65%
A class or activity you were involved in had to be moved to a different space due to scheduling conflicts		47%
Participants have requested added sections of a course or activity		29%
Participants were turned away because the class or schedule was full		24%
Participants left before an activity was over because the space was too crowded		12%
Inadequate storage for equipment or supplies posed a problem for classes or services		12%
Other problems observed (write-in): Parking; lack of secure space for storing materials; growing number of members with mental illness; space too small		24%

Note: Respondents could mark more than one challenge; as a result, percentages do not sum to 100%

Respondents to the staff/volunteer survey were asked to list the key strengths of the programming offered by the Marshfield COA/Senior Center, along with the most important programming features needing improvement. As shown in **Table 5**, respondents note many strengths, including a good alignment between program offerings and older adults’ interests, the quality and variety of programming, the quality of the staff and leadership, and the welcoming and affordable nature of the programming. Priorities for improvement listed by the staff/volunteer respondents include offering programs in the evenings and on weekends, expanding outreach to Marshfield residents, including more trips, including more activities meant for younger seniors, adding weight training programs, and expanding the social media presence.

Respondents to the staff/volunteer survey contributed many comments about the Senior Center building itself. They recognize it as a beautiful building, clean and well-cared for. They note that the current space is accessible, functional, and flexible. They recognize the advantage of having the office space set apart from activity space. Specific attributes mentioned as key strengths include the availability of comfortable seating, adequate and well-located bathroom space, good natural light, and good temperature control. One respondent who apparently has been involved in the Marshfield COA/Senior Center for many years observes, “When compared to where we came from, the library, it’s a castle!”

Yet several features of the building are noted as needing improvement, including a need for more rooms and larger rooms; having better utilization of existing rooms; having more space dedicated for specific activities such as yoga classes; having more storage; and better parking. Specific opportunities for improved space include creating a fitness space for gym equipment, and creating a café space for drop-in meals and snacks.

Table 5. Write-in responses to the staff/volunteer survey (N=17)	
Programming	
Key strengths	Things that could be improved
<ul style="list-style-type: none"> • Programs align well with older adults' interests • High quality programming • Lots of variety and choices • Helpful and friendly staff • Well run Senior Center • Welcoming • Affordable 	<ul style="list-style-type: none"> • Offering programs in the evenings • Offering programs on the weekends • More outreach • More trips • More activities for younger seniors • Weight training • Social media presence
Senior Center building	
Key strengths	Things that could be improved
<ul style="list-style-type: none"> • Clean, well cared-for space • Inviting; • comfortable seating; • adequate and well-located bathroom space; • A beautiful space • Office space is set apart from activity space • Good open space • Natural light • Good temperature control • Good number of spaces • Accessible, functional, flexible space 	<ul style="list-style-type: none"> • A dedicated space for the yoga program, for other activities • Café space • More rooms • Larger rooms • More storage, secure storage • More parking • Fitness space: Space for stationary bikes and other gym equipment • Better utilization of rooms

Write-in comments from the online community survey and the walk-in participant survey align with reports from staff. Each of those surveys offered an opportunity for respondents to write-in any remaining comments about the Senior Center or the Marshfield community, and 200 respondents did so. The most frequent comment, made by 89 people, is a positive note on the quality of the Marshfield COA/Senior Center programs or staff. For example,

“Great place!! Great staff!! Good programs!! Keep up the good work!” (walk-in participant)

“The COA is a wonderful addition to the town. Many out of town tell me that Marshfield Senior Center is the best one on the South Shore. I heartily agree!” (walk-in participant)

The second most frequent comment, offered by 31 respondents, refers to additions to the programming. For example,

“I find that people not only come here for a class but to hang out and have conversation with others. A lounge area to accommodate this would be ideal.” (walk-in participant)

“Develop financial programs that will allow older adult residents to remain in their homes if they are physically able to do so.” (online community respondent)

The next most common suggestion, made by 29 respondents, refers to needed improvements to space. For example,

“Very well run, but additional space would be very helpful. My exercise class is too big at times. The art class I want is full.” (walk-in participant)

“Because of the quality of the programs and services offered, the Council needs more space. I strongly support finishing the second floor.” (Online community respondent)

Small numbers of write-in responses refer to needed improvements in the Town (e.g., housing and public transportation options); needed expansion in hours of the Senior Center, to include opening some weekend and evening hours; and other miscellaneous comments including concerns about tax rates in town, suggestions for intergenerational activities and spaces, and suggestions about improving communication.

Hearing from key informants: Town leadership, COA Board and Senior Center staff

Conversations with Town leadership, members of the Marshfield COA Board, and Senior Center staff suggest that understandings of the COA/Senior Center’s mission in the community are consistent across these groups. These individuals understand and embrace the multiple aspects of that mission: providing meaningful, interesting, and engaging activities to Marshfield’s older population that promote health and well-being, while simultaneously providing services and supports to help older residents stay independent in their homes. Town leadership, along with COA Board and staff, agree that the emphasis of the Marshfield COA/Senior Center must remain focused on *all* segments of the senior population.

A broad-based approach to the mission is seen as being consistent with the commitment to the Marshfield community to promote a high quality of life for all residents. The Town Administrator sees the Marshfield COA/Senior Center as one mechanism through which “everyone gets a piece of the pie” in Marshfield. Just as support for the schools and for local businesses are expressions of Town values, support for the Senior Center is an expression of the value placed on the Town’s older residents. He adds that Marshfield’s commitment to the Senior Center is part of its obligation to “take care of its own.”

Conversations with Town leadership and COA Board and staff members suggest that it is widely agreed that expansion is needed. These individuals agree that the Senior Center is at maximum capacity. Managing the growth in demand for Senior Center programs and activities is a key challenge and an important responsibility, according to these individuals.

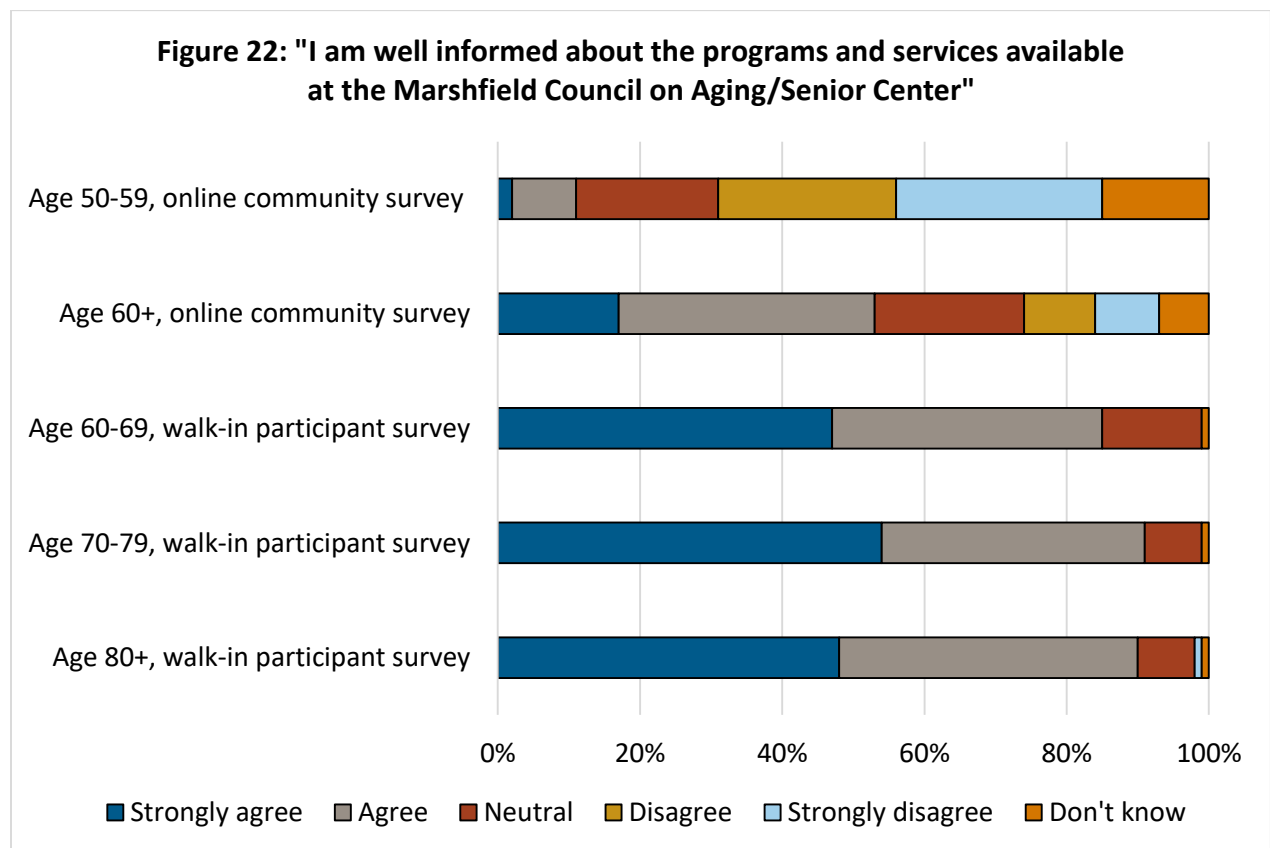
The key informants consulted for this project recognize that program needs drive space requirements and staffing levels. It is understood that the current space limits participation and programs; as well, it is believed that expanded space will result in heightened participation levels. COA Staff and Board members report that they hear requests for more life-long learning classes, but they have to carve out space for these programs around other scheduled activities. Similarly, they hear requests for evening and weekend activities, but adding these would require a COA staff member to be on-site when people are in the building. Several express concern that the Marshfield COA/Senior Center has no real drop-in space, despite perceived need for this feature and recognition that drop-in space is typically included in current design of Senior Centers. Staff members also cite the lack of private space for SHINE counseling, tax preparation, and counseling to connect people to services like SNAP—services that are in high demand but require spaces for confidential conversations, spaces that are not easily found in the current Senior Center.

Staff members report ways in which they currently attempt to maximize the usefulness of available space. All available rooms are used multiple times during the day for different types of activities. While this approach often works well and represents a wise use of available space, in many instances multi-purpose use requires moving furniture, equipment, and supplies—a problem when secure storage space is not available and when custodial staff are not on-site. Some activities are conducted off-site in an effort to maximize programming space: for example, some life-long learning classes are held at the library. Off-site programming can be an effective strategy and some locations, like the library, have staff on-site to facilitate programming. However, creating satellite locations that do not have adequate staff to host COA programs would place added demands on the existing Senior Center staff, who would have to travel back and forth between locations. Adding weekend and evening hours would similarly expand potential usage of the Senior Center, as well as meeting needs expressed by some residents. These expansions, too, would require added staff hours.

Building awareness and strengthening communication

As the Marshfield COA/Senior Center moves forward, expanding awareness and strengthening communication are central tasks. Only a small number of respondents to the two primary surveys developed for this project report having difficulty finding information about the programs and services available, but a larger share report that they had missed participating in a class or program because they didn't learn about it until after it had been held. Moreover, a sizable share of the online community respondents expresses lack of awareness about the Senior Center, especially respondents age 50-59 (for example, 16% indicate that they don't know if the Marshfield COA/Senior Center plays an important role in the lives of their friends or neighbors; and 28% indicate that they don't know if the programs offered interest them).

Respondents to both surveys were asked to gauge how informed they are about the programs and services available at the Marshfield COA/Senior Center. As shown in **Figure 22**, a sizable majority of the walk-in participant survey respondents, ranging from 85% to 92%, say that they agree or strongly agree with the statement "I am well informed about the programs and services available at the Marshfield Council on Aging/Senior Center." Shares of respondents reporting they are well informed are considerably lower among respondents to the online community survey, with just 53% of those age 60+ reporting feeling they are well informed, along with only 11% of the respondents who are aged 50-59.



Currently, the Marshfield COA/Senior Center uses a number of different type of media in an effort to reach residents broadly. The COA produces a monthly newsletter (*The Link*) that is posted online and distributed in paper format. Information is also distributed through local newspapers, the COA Facebook page, and other media outlets. Respondents to both surveys were asked where they prefer to find information about the activities and services offered by the Marshfield Council on Aging/Senior Center. Responses suggest that for respondents age 60+ in both surveys, the COA newsletter is far and away the preferred source of information, with 71% of the online community survey respondents indicating this, along with 80% or more of respondents to the onsite participant survey (see **Table 6**). The local community newspapers are mentioned as a preferred outlet by nearly half of the online community survey respondents, but by only about a quarter of the respondents to the onsite resident survey. Relatively few of the respondents to either survey suggest cable TV or radio as a preferred outlet, but younger respondents—especially those age 50-59—indicate that digital and social media outlets would be preferred, including the Town of Marshfield website (named by 63% of the online community survey respondents age 50-59 as a preferred outlet) and the COA Facebook page (named by 37% of the online community survey respondents age 50-59).

Other indicators of awareness

Responses to the online community survey indicate that more than half of Marshfield residents are aware that the COA offers transportation (58% of those age 50-59 and 81% of those age 60+ say they are aware), even though fewer than 5% of the respondents had used it. However, a majority of both age groups did not know that the Marshfield COA Boosters organization existed and contributed financially to maintaining programs and activities at the Senior Center (83% of those age 50-59 and 52% of those age 60+ indicated that they were not aware of the Marshfield COA Boosters).

Table 6: Where would you prefer to find information about the activities and services offered by the Marshfield Council on Aging/Senior Center (listed in order of frequency in age 60+ community survey)

	<i>Age 50-59, community survey</i>	<i>Age 60+, community survey</i>	<i>Age 60-69, walk-in survey</i>	<i>Age 70-79, walk-in survey</i>	<i>Age 80+, walk-in survey</i>
COA newsletter (<i>The Link</i>)	35%	71%	89%	90%	81%
Local community newspapers (<i>Marshfield Mariner; Patriot Ledger</i>)	46%	49%	26%	26%	26%
Town of Marshfield website	63%	45%	37%	27%	14%
COA Facebook page	37%	23%	20%	10%	5%
Radio (<i>95.9 WATD FM</i>)	15%	19%	10%	15%	14%
Social networks (e.g., <i>Twitter, Instagram</i>)	22%	10%	7%	5%	0%
Cable TV (<i>MCTV</i>)	3%	8%	7%	10%	11%

These reports suggest that expanding the digital presence of the Marshfield COA/Senior Center is likely to be an important strategy moving forward. However, findings from the surveys suggest that at present, distribution of information through paper formats remains important. As shown in **Figure 23**, a strong age grade in frequency of internet use is evident. Among respondents to the walk-in participant survey, fewer than 50% of those age 80+ report using the internet every day, and 28% say that they *never* use the internet. Frequency of internet use is much higher among those under age 80. Among Marshfield residents who participated in the online version of the survey, nearly 90% say they use the internet every day.

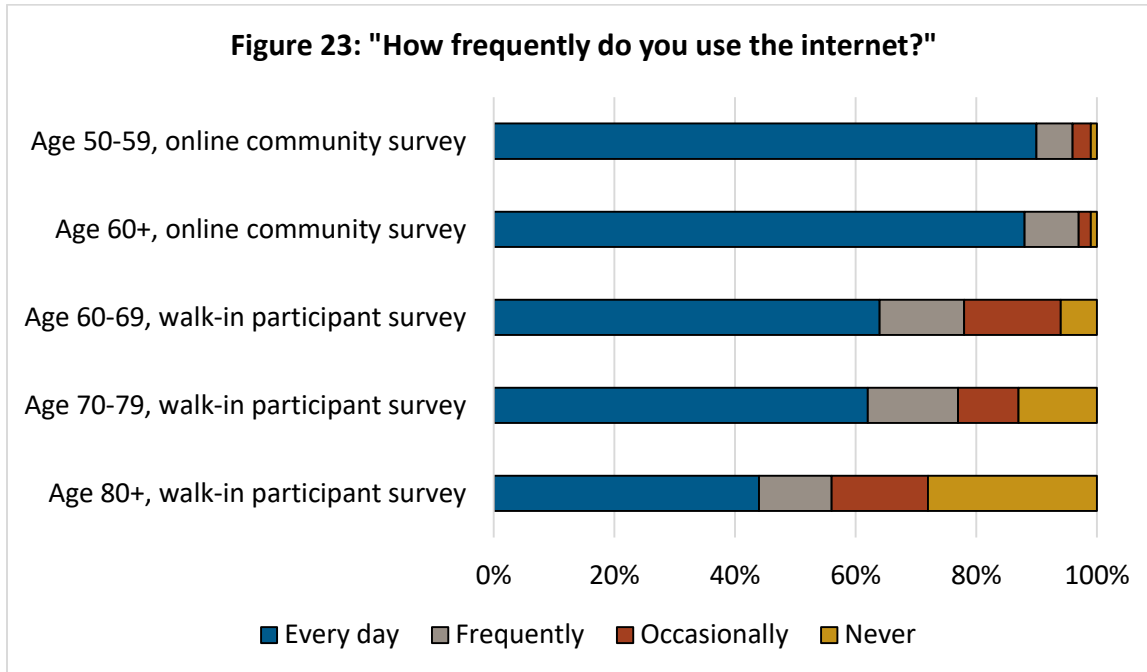
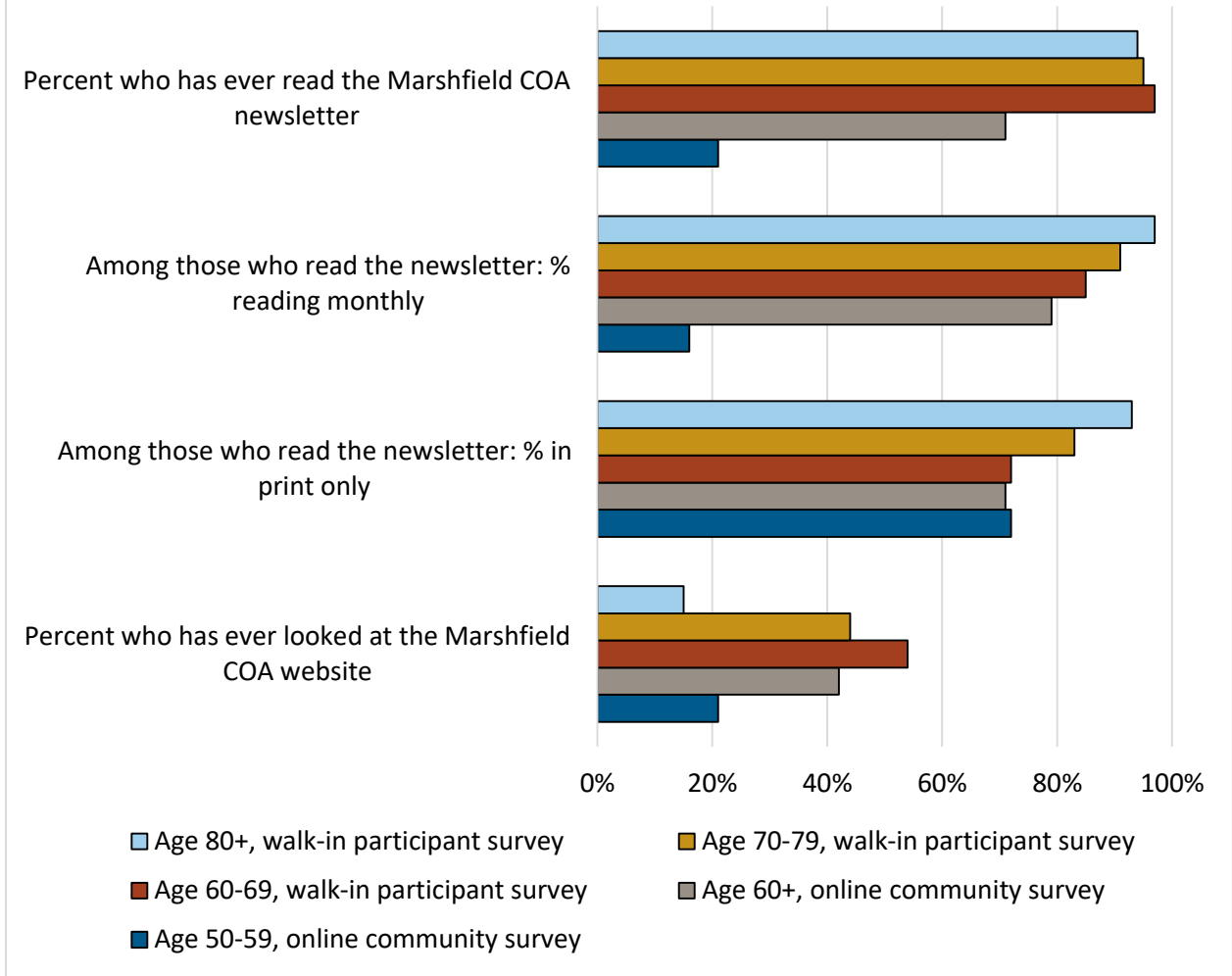


Figure 24 highlights the current importance of the Marshfield COA newsletter as an outlet for distributing information. Over 90% of the respondents to the walk-in participant survey report having read the COA newsletter, and a large majority read it monthly. Although fewer of the respondents to the online community survey report having read the Marshfield COA newsletter, a majority of the online respondents who are age 60+ have read it (71%), and most of those readers look at the newsletter monthly (79%). Only a small share of respondents age 50-59 have ever read the COA newsletter (21%), and among those readers, only 15% read it monthly.

Figure 24: Accessing COA informational resources



Across both surveys and all age groups, most readers of the newsletter look at it only in print format, including more than 70% of the online and walk-in survey respondents and over 90% of the walk-in respondents age 80+. Indeed, Figure 24 shows that only a minority of the respondents has ever looked at the Marshfield COA website. The group most likely to have looked at the COA website are those age 60-69 who responded to the walk-in participant survey (54%). Despite being frequent internet users, only 21% of the online respondents age 50-59, and 42% of the online respondents age 60+ have ever looked at the COA website.

Taken together, these findings suggest that the COA Newsletter is currently the most preferred outlet for information about the Marshfield COA/Senior Center and its programming. Most readers prefer the print format of the newsletter, and many respondents have never even looked at the Marshfield COA/Senior Center website. Marshfield residents age 50-59 appear to have relatively little knowledge about the Marshfield COA/Senior Center. This is not surprising given that the Marshfield COA targets a somewhat older age group. However, findings suggest that to reach this group more effectively, both now and in the

future, the COA may need to expand its digital presence. In addition, including more content in the local newspapers may be an option that would be accessible to many, while reaching a broader audience.

Discussion and Recommendations

Anticipate increased demand for a diverse set of programs and services

Substantial growth in number of Marshfield residents age 60+ is expected over the next two decades. Demographic projections make clear that the number of residents in the “target” age groups for the Marshfield COA/Senior Center programs and services is increasing substantially, and by 2030, more than one out of three Marshfield residents is expected to be age 60 or older. Survey evidence reported here suggests that a large share of residents currently age 60+ either participate themselves or have a family member who participates; moreover, most respondents who do not currently participate expect that they may participate in the future. These findings suggest that demand for Senior Center programs and services will grow as the older population increases. Survey findings also suggest that people who make use of the Marshfield COA/Senior Center participate in multiple activities during a day or week. While some current participants attend sporadically—for special events or short-term needs or interests—typical participation patterns reported by survey respondents who already make use of programs and services suggest that many participate weekly or more often, finding new things of interest as their familiarity increases.

The COA Board, Senior Center staff, and many survey participants already feel that the Senior Center capacity is stretched thin. Understanding that the population age 60+ continues to increase in Marshfield, it is instructive to consider how the space available at the Senior Center aligns with population figures at the time of construction and moving ahead. **Figure 25** plots the number of Marshfield residents age 60+ counted in the federal census (2000, 2010) and projected by the Donahue (alternate) projections, which is the lowest among the four projections available for Marshfield, alongside the projections from MAPC (stronger growth), which is the highest among the four. These figures are shown by the line graph embedded in Figure 25, with values anchored on the left-hand vertical axis. For example, the figure suggests that by 2030 the Marshfield 60+ population is expected to be 8,700-9,400 residents. The bar graph embedded in Figure 25 reflects the square feet per senior at each of these time points, calculated by dividing the current square footage of usable space at the Marshfield COA/Senior Center (12,600) by the actual number of seniors (2000, 2010) and the projected numbers (2020 and 2030). By 2030 the current building will offer **1.3-1.4 square feet per senior in 2030**, down sharply from the 3.9 square feet per senior just prior to its construction. Clearly, the amount of space available in the Marshfield COA/Senior Center on a per-senior basis has declined substantially and is on a trajectory to decline further. Given that the building is already viewed as insufficient for program needs by staff and by many participants, these trajectories suggest that population growth will exacerbate the current pressure on the Marshfield COA/Senior Center.

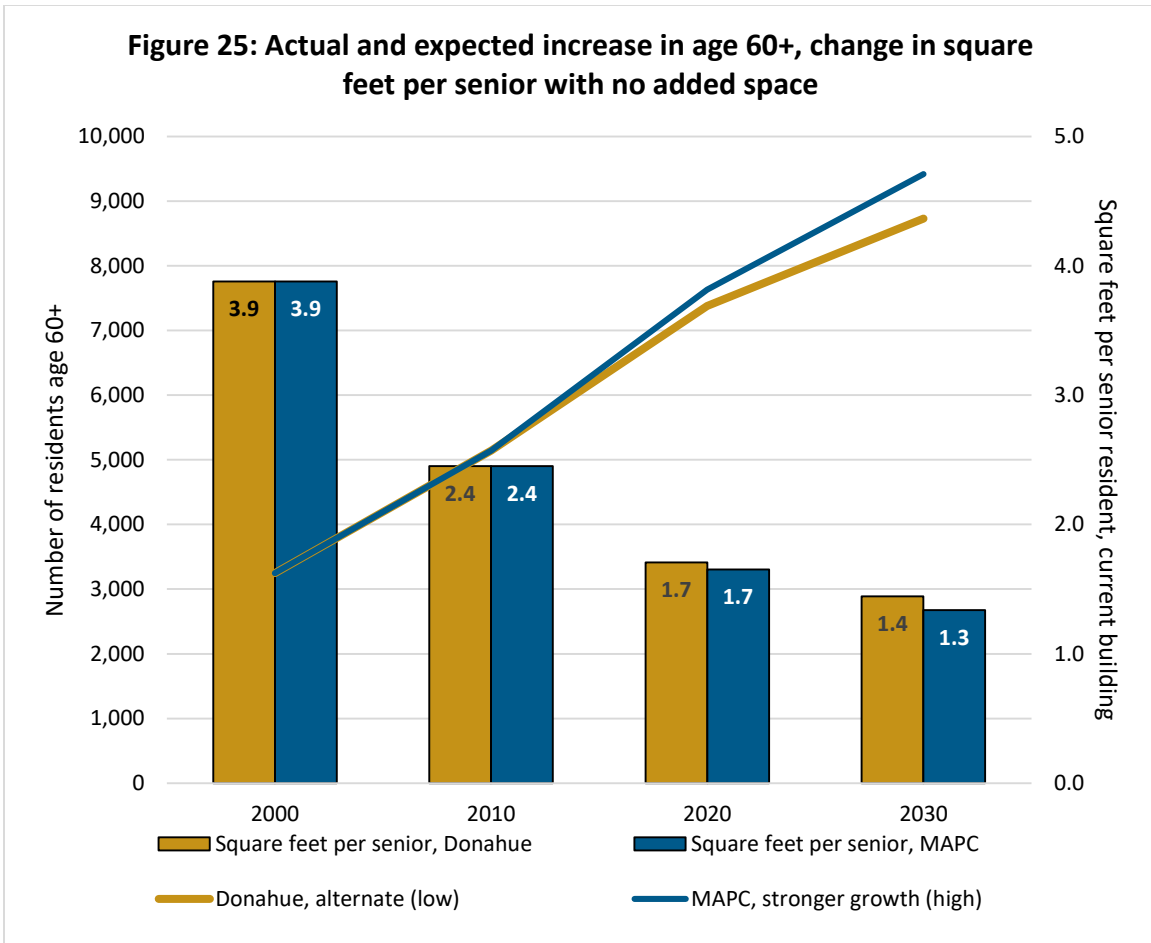


Table 7 illustrates the square footage that would be required at the Marshfield COA/Senior Center to reproduce the per senior space available that was in place at the time the building was constructed. At the time it was built, the square footage of the Senior Center (12,600 square feet) equated to 3.88 square feet per senior. As noted, the senior population has increased in number, but the square footage of the Senior Center has not. If Marshfield concludes that 3.88 square feet per senior is the desired benchmark, the building would need to be enlarged considerably. As shown in Table 7, meeting the 3.88 square feet per senior threshold for the expected senior population in 2030 would require between 34,000 and 37,000 square feet—nearly three times the current size of the Senior Center. If the Marshfield community concludes instead that the 2010 benchmark of 2.45 square feet per senior is sufficient, meeting the needs of the projected 2030 population would require 21,000 to 23,000 square feet, as much as twice the current space available.

Table 7: Square footage scenarios for the Marshfield COA/Senior Center using different thresholds, low and high projections to 2030				
	2000	2010	2020	2030
Population age 60+ (low)	3,248	5,143	7,381	8,729
Population age 60+ (high)	3,248	5,143	7,630	9,418
<i>Square footage required to maintain 3.88 square feet per senior (square feet at build relative to the 2000 senior population):</i>				
Square footage required: "low" senior population	12,600	19,955	28,638	33,869
Square footage required: "high" senior population	12,600	19,955	29,604	36,544
<i>Square footage required to maintain 2.45 square feet per senior (square footage of the SC relative to the 2010 senior population):</i>				
Square footage required: "low" senior population			18,083	21,386
Square footage required: "high" senior population			18,694	23,074

Note: "Low" population age 60+ includes projections from the Donahue (alternate) projections. "High" population age 60+ includes projections from the MAPC (stronger region) projections. The Senior Center, built in 2003, is 12,600 square feet.

Certainly, the adequacy of space in a Senior Center should be evaluated relative to the programs and services that a community values making available to its older population through the Senior Center. Survey respondents report high satisfaction with the Marshfield COA/Senior Center, and assigns high value to virtually all existing programs. Respondents see the Marshfield COA/Senior Center as an asset to the community. Many programs have increased in use substantially over the last decade. Use statistics shared by the Director of the Marshfield COA/Senior Center, and summarized below, show that the most substantial increase has been for culture and education, and health-related activities, which have increased in participation by over 200%. High growth is also noted for fitness and for confidential supports and services (such as SHINE counseling or counseling related to services and supports like fuel assistance). These program categories each require different types of space. For example, many fitness programs require a large space without obstruction to accommodate many participants; SHINE counseling and communications about supports and services require spaces where confidential conversations can be held. The category "recreation and socialization" includes many different types of activities, including film screenings, games and cards, and many other activities meant to simultaneously provide recreational opportunities and opportunities to socialize with peers. Although participation counts in this category have fluctuated only nominally over the past decade, with counts in FY2017 being just 6% higher than the FY2007 counts, recreation and socialization remains the largest single category of participation with

14,703 participation events being tabulated for FY2017.¹⁰ These diverse recreational and socialization activities require spaces of different sizes and configurations, based on type of program and level of attendance.

Table 8: Trends in participation by program type, 2007-2017			
	FY2007	FY2017	% growth
Culture & education	2,187	8,531	290%
Health programs & services	658	2,242	241%
Confidential supports & services	958	1,969	106%
Fitness	5,271	9,904	88%
Recreation & socialization	13,810	14,703	6%
Meals on Wheels	14,995	12,072	-19%
Onsite lunch	7,136	5,238	-27%

Source: Tabulations provided by the Director of the Marshfield COA/Senior Center

The statistics discussed above align fairly well with survey results based on the walk-in participant survey conducted for this project. The type of activity or program that respondents report most frequently that they themselves had participated in is social and recreation programs, marked by 60% of survey respondents. The second most frequently marked activity was fitness, marked by 48% followed by educational programs, marked by 42% (see Appendix B and Figures 13 and 14). These high-growth programs also align with information obtained through the surveys about what respondents value most and their priorities for future participation. The table above also shows declines in participation in onsite meals programs, aligning with relatively low participation reported in the walk-in survey. This convergence of findings suggest that the Marshfield COA/Senior Center will require continuing access to various types of space sufficient to accommodate growing demand.

Priorities for programs and services

Information gathered for this report suggest that Marshfield residents—those who currently participate in Senior Center activities as well as those who do not yet participate—express widespread interest in a variety of programs. Programs most frequently mentioned by respondents as activities they currently participate in or would like to in the future include health-related activities (such as fitness opportunities); life-long learning and cultural programs; and programs that offer recreation and foster socialization. Age and gender differences in the priority attached to these types of activities are evident; for example, men express more interest in having fitness and strength *equipment* available on-site, while women report substantially higher interest and involvement in fitness *classes*. When asked to rate the importance of programs and services offered through the Marshfield COA/Senior Center, all of the programs are rated

¹⁰ One participation event is one person participating in one activity—e.g., playing bridge on one day. To put this into context, 14,703 participation events distributed evenly across 52 weeks and five days a week would suggest nearly 57 people participating each day in just these activities. Some of those participants may come just for a single activity on an occasional basis, while others may come nearly every day and stay for additional activities.

as “very important” by at least 80% of those who had participated in them, as well as by at least 65% of the respondents who had not participated in the specific program.

Evidence from this study suggest that most Boomers expect and want to be involved in activities that promote physical, social, and cognitive health. In considering programming needs moving forward, results from the surveys suggest that the Marshfield COA/Senior Center may be wise to prioritize the following:

- Prioritize exercise programs and other activities that promote health and wellness. These types of activities were named as a priority by virtually every segment we consulted with in developing data for this project. Continued high demand for structured classes (such as yoga, Zumba, and others) is likely. Many respondents indicate that they would use an indoor fitness center or gym if that became available, and men indicate especially high interest in this option. Responding to these interests and meeting increased demand will require reconfiguring and repurposing the existing space, and it will likely be necessary to identify additional programming space. Interest was also expressed in outdoor games and outdoor fitness activities; Marshfield’s current efforts to expand outdoor opportunities proximate to the Senior Center is a positive step toward meeting those interests.
- Prioritize life-long learning opportunities including educational programs, art programs, and other cultural activities. These types of activities were also identified as priorities throughout our data collection. Like health-related programs, these will need to be continually updated and refreshed as participants’ interests change and new cohorts begin to seek out opportunities at the Senior Center. For example, incoming seniors (those in their 60s along with respondents to the online community survey who are not yet age 60) report interest in food and cooking, film and media, and educational programs focusing on wellness; they also report interest in educational programs meant to support planning for retirement. Continuing to offer new and creative programs in these areas may be well received. The space implications of these types of programs are varied. Some programs (eg, lectures or performances) may be accommodated in a large room with multi-media capabilities. Multi-session programs with more targeted interest may be more effectively held in smaller spaces (such as the current Great Discussions program, currently held in the Conference Room).
- Prioritize programming that incorporates socialization opportunities. Many of the people we heard from through this project express concerns about isolation, if not for themselves then for other older adults in the Marshfield community. Indeed, isolation is currently regarded as one of the most significant public health risks in the US, with the negative health consequences associated with isolation estimated to be equivalent to those for obesity or smoking (Holt-Lunstad et al, 2015). A large share of the existing programs offered through the Marshfield COA/Senior Center, as well as many already mentioned as appropriate for expansion, include opportunities for socialization. For example, attending a yoga class or participating in a cards group or art class provides the opportunity to become friendly with others who participate. Ensuring that these high-subscriber programs are held frequently enough to accommodate all who are interested will be beneficial. Considering ways to offer at least some programs during the evenings and weekends will further maximize impact. Reshaping the menu of programs and spaces to maximize socialization opportunities may be a desirable goal. For example, men responding to the walk-in participant survey express high interest in technology programs, work-out space, and a game room. Creating or expanding these spaces and programs may promote socialization among older men in Marshfield. Creating dedicated drop-in space is also a

strategy for promoting socialization. Carving out café space, where people can drop in for coffee or a snack following an exercise class or art class, for example, may maximize the socialization potential embedded in many programs.

- Expect increasing demand for services and supports, including caregiver support; programs and supports for those living with dementia and their family members; support groups for those managing chronic health conditions; and counseling and referrals meant to connect Marshfield residents with resources that can help them pay their bills and stay in their homes. Many of these types of programs are already well established at the Marshfield COA/Senior Center. Some require one-on-one, confidential conversations with a staff member or COA volunteer while others involve small group interactions. Private space for confidential conversations is in short supply at the current Marshfield COA/Senior Center. Increasing demand for these services and supports can be expected as the age 60+ population increases. Moreover, need for services and supports increases especially among those in their 70s, 80s, and beyond. As Marshfield residents in these age segments continue to increase in number, it is anticipated that demand will amplify.

Space and staffing implications

Some evidence assembled for this report suggests that the uptick in demand for services and programs has created challenges for Senior Center staff and participants alike. Most of the staff, COA Board members, and community leaders we consulted with for this project conclude that space is tight at the Senior Center, and the ability for the COA to successfully meet its mission is being challenged as a result. Yet a majority of participants in the walk-in participant survey report having experienced no problems at the Marshfield COA/Senior Center. Although reports of these challenges are more frequent among staff and COA Board members than among participants themselves, it is clear that some challenges related to space impede full involvement in Senior Center activities.

Currently, it appears that the staff is doing a good job of supporting a welcoming and accessible environment offering high quality and well-valued programs and services. They appear to be managing the space available in conscientious and creative ways. However, meeting expected increases in participation, and responding to the evolving programming needs outlined above, will require substantial reconfiguration of the existing space as well as the identification of additional space. Creating drop-in spaces that appeal to sizable segments of the survey respondents, such as a gym/weight room, café space, or a game room, would require dedicated spaces customized to those activities that people can rely on being available when they come to the Senior Center. In comparison, the expansion of some other classes or activities, such as offering more educational programs, may be achieved using flexible spaces; however, using the rooms currently available as flexible space often requires time-consuming and physically taxing efforts to move furniture and retrieve equipment. As well, the space available even for these more flexibly scheduled activities is insufficient, causing some interested participants to be turned away. Space for confidential conversations is in especially short supply, with the result that discussions about needs for services and supports may interfere with other activities normally scheduled for those spaces. In addition to reconfiguring and expanding space available, better outcomes may be accomplished through thoughtful design incorporating secure storage.

If the space available to the Marshfield COA/Senior Center is expanded, it is expected that participation will increase as a result. Although satisfaction levels and quality of the service are already high, expansion of the space available would serve to better align demands and interests by the community with the capacity of the Senior Center to maintain service levels. Moreover, expansion appears to align with the values expressed by respondents to the surveys conducted for this project.

Expanding space and programming will have implications for the amount and type of staff required as well. Currently, the fitness, instructional and health services staff is paid through fees charged to participants—for example, those attending the yoga classes pay a small fee that is used to pay the yoga instructor. Much of the remaining work of the Senior Center is done by volunteers. Continuing this “self-pay” model for many programs appears to be a viable plan moving forward, as few survey respondents report that paying for programs they participate in poses a challenge. However, paid staff may require expansion as the programs and spaces increase, especially if the Marshfield COA/Senior Center begins offering some programs or services in the evenings or on the weekends, as suggested by a number of survey respondents.

Expanding the use of volunteers may be a mechanism for partially offsetting the growing demands on the Senior Center. Volunteers are already critical components of the Senior Center staffing, with the FY2017 annual report to EOEI indicating that 294 volunteers contributed over 39,000 hours of service to the Senior Center last year. Responses to the online community survey suggest that there is a high level of latent interest in volunteering at the Senior Center as well. Some respondents report that they already volunteer at the Senior Center, and some say that they have volunteered in the past. As well, nearly one out of three survey respondents who have never volunteered at the Senior Center indicate that they are interested in volunteering in the future. This suggests a high level of interest in volunteering at the Senior Center, interest that could be leveraged to partially offset the staffing demands that may be expected moving forward.

Certainly it is unlikely that all of those expressing interest on the survey would indeed volunteer in the future. The impulse to volunteer competes with many other responsibilities, including paid work, caregiving, and other engagements, including volunteer commitments to other organizations. However, the likelihood of recruiting at least some of those expressing an interest would be maximized by creating new volunteer opportunities that potential volunteers would enjoy. When asked to indicate the types of volunteer work they would most enjoy, respondents to the Marshfield online community survey indicate they would be most interested in assisting the staff (48%), running errands (34%), helping people to learn things (39%), doing clerical work (29%), or helping with home tasks (21%). Several respondents wrote in some other type of activity, including snow removal, light home repairs, food service, organizing activities, building connections with the community, and helping or leading outdoor activities. The wealth of interest, commitment, and talent in the Marshfield community suggests that efforts to expand use of volunteers may be a productive strategy. However, to effectively recruit, train, and manage a larger number of volunteers will itself require added staff time.

Improving communication and visibility

Data collected for this study suggest that the Marshfield COA/Senior Center is doing a reasonably good job communicating with people who already participate in Senior Center activities and programs. Respondents to the walk-in participant survey believe that they are highly knowledgeable about the programs and services available. However, the story is quite different among participants to the online community survey, especially those who are not yet age 60, few of whom report a high degree of knowledge about Senior Center programs and services. Improving service to the community will require redoubling efforts to expand visibility of the Marshfield COA/Senior Center.

A priority expressed by Town leadership is to make sure that residents know what the Senior Center does, and to “get people in the door” as a means of spreading awareness. Doing so will require at least two paths of action. One strategy to be pursued involves considering programs, activities, and events that may be more community-oriented, such as special activities that would appeal broadly to the community or jointly-sponsored events that span segments of the community. Although limited interest was expressed by survey respondents in programs that are explicitly “intergenerational,” designing special events consistent with the existing strengths of the Senior Center (in cultural programs or educational programs, for example) may be successful in spreading awareness throughout the community. Similarly, selected program partnerships with other Town organizations, such as the library or the Boys and Girls Club, may be mechanisms for spreading awareness. Developing selected programs that target younger seniors and “pre- seniors” may also be successful, including programs addressing retirement planning or other key concerns for this age group. The success of these types of programs will depend on scheduling them at times when people who work or have other responsibilities can attend, including evening and weekend hours.

Successfully securing broader awareness of the Senior Center will also require better communication and marketing. Current users of the Senior Center are satisfied with the printed newsletter (*The Link*) as the primary source of information, and many use the internet rarely or not at all. However, a gradual shift to expanded digital communication will improve visibility of the Marshfield COA/Senior Center. Viewing the newsletter electronically or finding information about the Senior Center through online sources—including the Town website—is preferred by many of the younger survey respondents. For any of these relatively “passive” platforms to be successful, residents need to know what the Senior Center does and that it exists. A broader-based approach to improving awareness is also required, including pushing out additional print publicity—such as more content about the Senior Center included in local newspapers—along with building a stronger digital presence through Facebook and other social media.

Conclusion

The Marshfield Council on Aging/Senior Center is recognized as a municipal asset and an important feature of the Town’s commitment to its growing older population. In order to continue meeting residents’ expectations moving forward, the Marshfield COA will be required to continuously update services and programs to align with resident needs and interests. This report provides Marshfield and the COA with a tool based on resident and stakeholder input to aid in planning for the projected increase in the older population.

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Appendix A: Online Community Survey

NOTES:

- All results are weighted so that the age distribution of respondents matches the Town census age distribution for residents age 50+. Because adults age 60-79 were more likely to respond than those younger or older, the weights rebalance the results so they are not biased by these differential response patterns.
- The portal to the survey was posted on the Marshfield town homepage, and some publicity was generated inviting Marshfield residents age 50+ to participate. Indeed, 87 individuals who did not receive a postcard did participate in the survey. Results presented below are all weighted unless otherwise noted.

What is your age range?

	All responses (unweighted)	All responses (weighted)	Sampled (weighted)	Self-selected (weighted)
50-59	24%	38%	40%	31%
60-69	43%	34%	32%	42%
70-79	26%	19%	17%	26%
80+	7%	9%	11%	1%
No response	<1%	0%	0%	0%
Total	100%	100%	100%	100%
Unweighted N	383	383	296	87

Please select your gender

	Age 50-59	Age 60+	Sampled	Self-selected
Female	55%	58%	57%	56%
Male	44%	42%	42%	44%
Do not care to respond	1%	<1%	<1%	0%
Total	100%	100%	100%	100%

How would you rate your overall health?

	Age 50-59	Age 60+	Sampled	Self-selected
Excellent	58%	44%	48%	56%
Good	35%	51%	46%	40%
Fair	6%	5%	6%	3%
Poor	1%	<1%	<1%	1%
Total	100%	100%	100%	100%

Do you live alone?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	20%	20%	22%	14%
No	80%	80%	78%	86%
Total	100%	100%	100%	100%

Are you able to drive?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	100%	97%	98%	98%
No	0%	3%	2%	2%
Total	100%	100%	100%	100%

How many months in a typical year do you live in Marshfield?

	Age 50-59	Age 60+	Sampled	Self-selected
Less than half of the year	0%	2%	<1%	4%
6-9 months a year	0%	2%	1%	4%
10 or 11 months a year	2%	3%	3%	3%
I am a year-round resident of Marshfield	98%	93%	96%	89%
Total	100%	100%	100%	100%

Thinking about how you spend your free time, which activities do you currently enjoy doing?
(Check all that apply)

	Age 50-59	Age 60+	Sampled	Self-selected
Volunteering	29%	35%	30%	43%
Active indoor activities (e.g., exercise)	51%	54%	53%	50%
Individual/solitary activities (e.g., reading)	64%	67%	68%	59%
Travel or outings (e.g., day-trips)	68%	63%	66%	60%
Educational programs (e.g., lectures, adult education, Life Long learning)	25%	40%	32%	43%
Cultural events (e.g., concerts, plays, museums)	46%	57%	53%	51%
Games and puzzles (e.g., card games, crossword puzzles, jigsaw puzzles)	33%	34%	34%	30%
Health and wellness activities (eg., meditation, yoga, mindfulness)	41%	35%	38%	34%
Electronic media (e.g., Facebook, online activities, programming)	52%	51%	52%	49%
Watching movies or television	77%	72%	76%	65%
Active outdoor activities (e.g., walking, cycling, gardening)	85%	73%	77%	77%
Arts & crafts (e.g., painting, knitting)	25%	30%	29%	24%
Food (e.g., cooking, dining out, nutrition)	66%	59%	63%	57%
Intergenerational programs	8%	9%	8%	9%
Shopping	26%	34%	32%	29%
Socializing with friends and family	67%	73%	72%	68%
Faith-based activities	15%	28%	26%	15%
Taking care of grandchildren	7%	39%	26%	28%
Other (write-in)	9%	11%	10%	9%

What is your employment status? (Check all that apply)

	Age 50-59	Age 60+	Sampled	Self-selected
Working full-time	64%	19%	37%	31%
Working part-time	14%	16%	15%	18%
Retired	14%	61%	43%	45%
Other	9%	5%	7%	3%

Do you now or have you in the past year provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	42%	38%	41%	37%
No	58%	62%	59%	63%
Total	100%	100%	100%	100%

A caregiver respite program offers a break for the caregiver by providing companion services to the care recipient, personal or home health services, or caregiver support groups. If it were available, would a caregiver respite program or support group be helpful to you and your family?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	29%	31%	29%	34%
No	71%	69%	71%	66%
Total	100%	100%	100%	100%

How frequently do you use the internet?

	Age 50-59	Age 60+	Sampled	Self-selected
Every day	90%	88%	88%	93%
Frequently, but not every day	6%	9%	9%	4%
Occasionally	3%	2%	3%	3%
Never	1%	1%	1%	0%
Total	100%	100%	100%	100%

Where would you prefer to find information about the activities and services offered by the Marshfield Council on Aging/Senior Center? (Check all that apply)

	Age 50-59	Age 60+	Sampled	Self-selected
COA newsletter (The Link)	35%	71%	56%	65%
Cable TV (MCTV)	3%	8%	6%	9%
Radio (95.9 WATD FM)	15%	19%	17%	18%
COA Facebook page	37%	23%	29%	29%
Town of Marshfield website	63%	45%	51%	52%
Local community newspapers	46%	49%	49%	44%
Social networks (e.g., Twitter)	22%	10%	15%	16%
Other	10%	8%	8%	9%

Information about the Marshfield Council on Aging and its programs can be found online (<https://www.marshfield-ma.gov/council-aging>). Have you ever looked at the Marshfield Council on Aging website?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	21%	42%	32%	44%
No	79%	58%	68%	56%
Total	100%	100%	100%	100%

Have you ever read the Marshfield Council on Aging/Senior Center newsletter (*The Link*)?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	21%	71%	47%	70%
No	79%	29%	53%	30%
Total	100%	100%	100%	100%

<u>Among those who have ever read it</u>	Age 50-59	Age 60+	Sampled	Self-selected
How do you read <i>The Link</i>?				
Online	17%	11%	8%	22%
Print	72%	71%	76%	61%
Both	11%	18%	16%	17%
Total	100%	100%	100%	100%
How often do you read <i>The Link</i>?				
Monthly	16%	79%	72%	63%
A few times a year	56%	16%	19%	31%
Almost never	28%	5%	9%	6%
Total	100%	100%	100%	100%

The Marshfield Council on Aging/Senior Center plays an important role in my life, or in the lives of loved ones, friends or neighbors.

	Age 50-59	Age 60+	Sampled	Self-selected
Strongly agree	13%	27%	21%	27%
Agree	17%	25%	23%	17%
Neutral	25%	25%	24%	24%
Disagree	8%	6%	6%	9%
Strongly disagree	21%	8%	14%	9%
Don't know	16%	9%	12%	14%
Total	100%	100%	100%	100%

The programs offered through the Marshfield Council on Aging/Senior Center do not interest me.

	Age 50-59	Age 60+	Sampled	Self-selected
Strongly agree	7%	3%	6%	6%
Agree	7%	7%	6%	12%
Neutral	34%	24%	29%	21%
Disagree	17%	27%	22%	24%
Strongly disagree	7%	27%	19%	25%
Don't know	28%	12%	19%	13%
Total	100%	100%	100%	100%

I am well informed about the programs and services available at the Marshfield Council on Aging/Senior Center.

	Age 50-59	Age 60+	Sampled	Self-selected
Strongly agree	2%	17%	9%	24%
Agree	9%	36%	26%	23%
Neutral	20%	21%	20%	22%
Disagree	25%	10%	17%	10%
Strongly disagree	29%	9%	19%	9%
Don't know	15%	7%	9%	12%
Total	100%	100%	100%	100%

The Town of Marshfield offers older adults a good quality of life.

	Age 50-59	Age 60+	Sampled	Self-selected
Strongly agree	9%	27%	19%	21%
Agree	35%	38%	37%	37%
Neutral	21%	20%	21%	18%
Disagree	1%	2%	2%	4%
Strongly disagree	1%	1%	1%	0%
Don't know	33%	12%	20%	20%
Total	100%	100%	100%	100%

The Town of Marshfield is doing a good job preparing for the needs of its growing older adult population.

	Age 50-59	Age 60+	Sampled	Self-selected
Strongly agree	2%	19%	12%	13%
Agree	13%	29%	24%	18%
Neutral	30%	25%	26%	30%
Disagree	14%	6%	9%	14%
Strongly disagree	1%	1%	1%	1%
Don't know	40%	20%	28%	24%
Total	100%	100%	100%	100%

The Marshfield Senior Center is an asset to the community.

	Age 50-59	Age 60+	Sampled	Self-selected
Strongly agree	42%	59%	53%	48%
Agree	28%	26%	26%	31%
Neutral	12%	8%	9%	12%
Disagree	3%	1%	2%	2%
Strongly disagree	1%	1%	1%	1%
Don't know	14%	5%	9%	6%
Total	100%	100%	100%	100%

The Marshfield Council on Aging/Senior Center offers a wide range of services and programs for older adults and their families. Which of the following areas should the Marshfield COA prioritize as it plans to accommodate the community’s growing older population?

	Age 50-59	Age 60+	Sampled	Self-selected
Providing social opportunities so older adults will not become isolated	78%	77%	79%	70%
Providing opportunities for older adults to work or volunteer	68%	65%	68%	58%
Providing opportunities for older adults to “age well” by maximizing physical, emotional, and cognitive health	78%	77%	81%	66%
Providing information about services residents may be eligible for, and referring them to organizations that may provide assistance	71%	78%	78%	67%
Supporting informal caregivers in the community, such as those who care for a parent, spouse or friend who needs support to stay in their homes	52%	60%	59%	48%
Promoting opportunities for intergenerational activities	40%	41%	43%	33%
The Marshfield Council on Aging/Senior Center should prioritize other areas (write-in)	8%	11%	9%	14%

Have you or a member of your household visited the Marshfield Council on Aging/Senior Center over the last year?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	22%	65%	46%	59%
No	78%	35%	54%	41%
Total	100%	100%	100%	100%

(If YES): How often did you or a member of your household typically visit the Marshfield Council on Aging/Senior Center over the last year?

	Age 50-59	Age 60+	Sampled	Self-selected
Almost every day	0%	3%	2%	2%
A few times a week	12%	16%	12%	30%
About once a week	17%	15%	13%	21%
Two or three times a month	6%	14%	14%	7%
About once a month	0%	6%	5%	8%
On occasion, or just for special events	65%	46%	54%	32%
Total	100%	100%	100%	100%

Do you expect to participate in programs offered by the Marshfield Council on Aging/Senior Center in the future?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	40%	62%	51%	65%
I don't know	46%	33%	40%	28%
No	14%	5%	9%	7%
Total	100%	100%	100%	100%

If NO: Please share your reasons with us: *Work commitments; not old enough; no need or interest; not a good fit for them*

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

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	5%	20%	12%	21%
No	95%	80%	88%	79%
Total	100%	100%	100%	100%

If YES: What was the main reason you traveled to participate in other senior centers?

Write-ins: *Went for a specific program or activity; went with a friend; another town's SC was closer to home; better for schedule.*

The Marshfield Council on Aging/Senior Center operates lift-equipped shuttle buses that provide door-to-door transportation five days a week for shopping, errands, medical appointments, and to attend Senior Center programs. Have you ever participated in the COA transportation program?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	2%	4%	3%	4%
No	98%	96%	97%	96%
Total	100%	100%	100%	100%

IF NO: Before receiving this survey, were you aware that the COA has a transportation program?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	58%	81%	70%	83%
No	42%	19%	30%	17%
Total	100%	100%	100%	100%

Thinking about your own possible future needs and interests, which of the following would be of most interest to you if programs available through the Marshfield Council on Aging/Senior Center are expanded?

	Age 50-59	Age 60+	Sampled	Self-selected
Cultural performances and presentations (e.g., music performances, plays)	41%	51%	50%	36%
Indoor fitness center or gym with cardiovascular and weigh equipment	55%	54%	57%	44%
Additional group fitness classes (e.g., yoga, Zumba)	45%	44%	46%	36%
A casual space (“café space”) with comfortable seating and open tables, and with light meals and beverages available for a fee throughout the day	40%	45%	44%	38%
A game room with pool tables and other games, including card tables	31%	25%	27%	27%
Events and activities scheduled during the evening hours	31%	32%	30%	38%
Events and activities scheduled during the weekends	37%	36%	36%	38%
Outdoor games, such as pickle ball, a bocce court, a horseshoe pit, or a putting green	43%	32%	36%	36%
Intergenerational activities	15%	23%	22%	13%
Outdoor fitness features such as walking paths or outdoor fitness equipment	55%	52%	55%	44%
Life-long learning programs	52%	57%	57%	49%
Additional art classes	26%	20%	23%	22%
Technology device and software use (e.g., smartphone and computer applications, text and email messages, social networks, online safety)	35%	42%	40%	39%
Programs meant to help people plan for retirement	50%	30%	39%	32%
Film screenings and other media presentations	29%	35%	35%	24%

Below is a list of issues one could encounter when accessing the Marshfield Council on Aging/Senior Center of its programs. Have you experienced any of these issues?

	Age 50-59	Age 60+	Sampled	Self-selected
I have experienced no issues when accessing the Marshfield COA or its programs	88%	68%	79%	62%
I have had difficulty finding parking	2%	6%	4%	6%
I have had difficulty finding information about the programs and services available	3%	6%	4%	6%
I have been unable to participate in a class or program because it was offered at an inconvenient time	6%	12%	8%	17%
I have been unable to participate in a class or program because the class or program was full	0%	8%	4%	10%
I have been unable to participate in a class or program because the fee was more than I could afford	0%	2%	1%	2%
I have been unable to attend a class or program because I was taking care of grandchildren, or providing care to someone who is disabled or frail	0%	4%	3%	2%
I have missed participating in a program because I didn't learn about it until after it had already been held	6%	9%	6%	18%
I have missed participating in a class or program because I did not have transportation	0%	1%	<1%	1%
I attended a class or event that was uncomfortably crowded	2%	6%	3%	11%
I attended an event at which I didn't feel welcome	0%	2%	2%	0%
Other (write-in)	12%	8%	11%	6%

Do you volunteer at the Marshfield Council on Aging/Senior Center?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes, currently	4%	11%	6%	16%
Yes, in the past but not currently	0%	4%	2%	6%
No, I have never volunteered at the Marshfield Council on Aging/Senior Center	96%	85%	92%	78%
Total	100%	100%	100%	100%

Are you interested in volunteering at the Marshfield Council on Aging/Senior Center in the future?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	28%	40%	34%	45%
No	72%	60%	66%	55%
Total	100%	100%	100%	100%

If YES: If you were to volunteer, what kind of activities would you most enjoy doing?

	All who are interested
Clerical work	29%
Helping people to learn things	39%
Assisting the staff	48%
Helping with transportation	27%
Running errands	34%
Helping with home tasks	21%
Other	21%

The Marshfield COA Boosters is a non-profit organization made up of volunteers who raise funds to help support programs and activities at the Marshfield Council on Aging/Senior Center. Before receiving this survey, were you aware of the Marshfield COA Boosters?

	Age 50-59	Age 60+	Sampled	Self-selected
Yes	17%	48%	34%	46%
No	83%	52%	66%	54%
Total	100%	100%	100%	100%

Appendix B: Walk-In Participant Survey

NOTE: Total includes 13 people under age 60, and 14 people who declined to report their age.

How often have you visited the Marshfield Council on Aging/Senior Center over the last year?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Almost every day	8%	5%	8%	10%
A few times a week	40%	52%	34%	41%
About once a week	29%	24%	32%	30%
Two or three times a month	10%	5%	10%	10%
About once a month	3%	3%	4%	1%
On occasion, or just for special events	10%	11%	12%	8%
Total	100%	100%	100%	100%

Taking everything into account, how satisfied are you with the programs and services offered through the Marshfield Council on Aging/Senior Center?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Completely satisfied	53%	40%	61%	55%
Very satisfied	43%	53%	36%	44%
Somewhat satisfied	3%	7%	3%	0%
Slightly satisfied	<1%	0%	0%	1%
Not at all satisfied	0%	0%	0%	0%
Total	100%	100%	100%	100%

What are your favorite activities at the Marshfield Council on Aging/Senior Center?

285 respondents wrote in favorites, with most listing more than one program. The most frequently mentioned activity was some kind of exercise program, with yoga classes and other exercise classes mentioned by many. Art classes were also listed by many, along with educational programs, life-long learning activities, and numerous other activities (bingo, bridge, computers, help with taxes, knitting and quilting, woodworking, movies, others).

Are there any activities you would like to participate in that are not currently available at the Marshfield Council on Aging/Senior Center? Please list the additions that are most important to you:

152 respondents wrote in a response to this question, although half of those were comments of appreciation for what is already in place. When additions were mentioned, they were most commonly some kind of exercise program (e.g., pickleball, Tai Chi, more yoga, more of other programs including suggestions for programming at different times of day). Some respondents suggested more art and other types of classes.

The Marshfield Council on Aging/Senior Center plays an important role in my life, or in the lives of loved ones, friends or neighbors.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	61%	59%	57%	66%
Agree	29%	32%	32%	26%
Neutral	9%	8%	11%	7%
Disagree	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%
Don't know	1%	1%	0%	1%
Total	100%	100%	100%	100%

The programs offered through the Marshfield Council on Aging/Senior Center do not interest me.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	1%	1%	1%	0%
Agree	3%	1%	3%	3%
Neutral	7%	6%	8%	6%
Disagree	24%	29%	19%	30%
Strongly disagree	62%	59%	66%	60%
Don't know	3%	4%	3%	1%
Total	100%	100%	100%	100%

I am well informed about the programs and services available at the Marshfield Council on Aging/Senior Center.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	51%	47%	54%	48%
Agree	39%	38%	37%	42%
Neutral	9%	14%	8%	8%
Disagree	0%	0%	0%	0%
Strongly disagree	<1%	0%	0%	1%
Don't know	1%	1%	1%	1%
Total	100%	100%	100%	100%

The Town of Marshfield offers older adults a good quality of life.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	55%	50%	53%	63%
Agree	38%	43%	39%	32%
Neutral	4%	3%	5%	4%
Disagree	0%	0%	0%	0%
Strongly disagree	<1%	1%	0%	0%
Don't know	2%	3%	3%	1%
Total	100%	100%	100%	100%

The Town of Marshfield is doing a good job preparing for the needs of its growing older adult population.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	42%	34%	39%	56%
Agree	40%	44%	43%	30%
Neutral	11%	13%	13%	9%
Disagree	1%	3%	0%	1%
Strongly disagree	<1%	1%	0%	0%
Don't know	5%	5%	5%	4%
Total	100%	100%	100%	100%

The Marshfield Senior Center is an asset to the community.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	87%	87%	88%	86%
Agree	13%	13%	11%	14%
Neutral	<1%	0%	1%	0%
Disagree	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%
Don't know	0%	0%	0%	0%
Total	100%	100%	100%	100%

The Marshfield Council on Aging/Senior Center is a welcoming place.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	82%	79%	82%	85%
Agree	17%	20%	16%	15%
Neutral	1%	1%	2%	0%
Disagree	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%
Don't know	0%	0%	0%	0%
Total	100%	100%	100%	100%

If the Marshfield Senior Center had a casual space (“café space”) with comfortable seating and open tables, and with light meals and beverages available for a fee, I would make use of it.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Strongly agree	44%	49%	40%	43%
Agree	32%	32%	35%	32%
Neutral	17%	13%	18%	17%
Disagree	3%	1%	3%	4%
Strongly disagree	1%	1%	0%	3%
Don't know	3%	4%	4%	1%
Total	100%	100%	100%	100%

Thinking back to the first time you visited the Marshfield Council on Aging/Senior Center, what would you say was the main reason you came? (*Check only one*)

	TOTAL	Age 60-69	Age 70-79	Age 80+
Came for an educational program	20%	24%	20%	18%
Came for support related to caregiving	2%	2%	2%	1%
Came for help or advice about a problem	<1%	2%	1%	0%
Came for a service (e.g., tax help; SHINE counseling)	8%	11%	5%	12%
Came for a special event	9%	4%	11%	7%
Came for an exercise program	22%	24%	21%	20%
Came for lunch	2%	1%	1%	3%
Came to volunteer	11%	14%	13%	7%
Came for another reason	26%	18%	26%	32%
Total	100%	100%	100%	100%

Write-ins on reasons:

“Another reason” covers 79 responses. 23 of these wrote in multiple reasons. Several mentioned “curiosity,” “looking for something to do,” or “for support.” Others wrote-in specific activities and programs, including art programs, bridge, cribbage or mah-jongg, an educational program or a class that drew them in.

Percentage marking they had personally participated in each program

	TOTAL	Age 60-69	Age 70-79	Age 80+
Nutrition programs (e.g., lunch programs or Meals on Wheels)	27%	16%	31%	30%
Fitness activities (e.g., yoga, Tai chi, dance, strength training)	48%	51%	54%	43%
Transportation services (e.g., shuttle, share-rides)	15%	10%	12%	25%
Physical health and wellness programs (e.g., foot care, blood pressure screening, fall prevention workshop)	35%	32%	38%	38%
Professional services (e.g., SHINE, AARP tax assistance, legal assistance)	41%	35%	46%	45%
Support groups (e.g., Parkinson's, vision support groups)	7%	4%	6%	10%
Social and recreation programs (e.g., arts and crafts, cards and games, trips, movies)	60%	53%	59%	71%
Educational programs (e.g., life-long learning, safe driving)	42%	34%	54%	36%
Social and emotional wellness programs (e.g., friendly visiting, Aging Mastery)	13%	10%	11%	19%
Technology programs (e.g., computer lab, computer classes)	25%	15%	32%	24%
Volunteering at the Marshfield Council on Aging/Senior Center	31%	24%	34%	31%

Percentage rating each program as “very important” (options include very important, moderately important, not at all important)

	TOTAL	Age 60-69	Age 70-79	Age 80+
Nutrition programs (e.g., lunch programs or Meals on Wheels)	83%	83%	84%	82%
Fitness activities (e.g., yoga, Tai chi, dance, strength training)	82%	87%	88%	65%
Transportation services (e.g., shuttle, share-rides)	84%	84%	85%	80%
Physical health and wellness programs (e.g., foot care, blood pressure screening, fall prevention workshop)	83%	88%	85%	73%
Professional services (e.g., SHINE, AARP tax assistance, legal assistance)	86%	92%	88%	73%
Support groups (e.g., Parkinson’s, vision support groups)	75%	83%	77%	59%
Social and recreation programs (e.g., arts and crafts, cards and games, trips, movies)	89%	91%	87%	91%
Educational programs (e.g., life-long learning, safe driving)	84%	84%	90%	72%
Social and emotional wellness programs (e.g., friendly visiting, Aging Mastery)	77%	84%	78%	65%
Technology programs (e.g., computer lab, computer classes)	72%	74%	74%	62%
Volunteering at the Marshfield Council on Aging/Senior Center	79%	79%	83%	70%

Thinking about your own possible future needs and interests, which of the following would be of most interest to you if programs available through the Marshfield Council on Aging/Senior Center are expanded? (Check all that apply)

	TOTAL	Age 60-69	Age 70-79	Age 80+
Cultural performances and presentations (e.g., music performances, plays)	59%	65%	62%	51%
Indoor fitness center or gym with cardiovascular and weight equipment	61%	76%	62%	46%
Additional group fitness classes (e.g., yoga, Zumba)	43%	66%	42%	23%
A game room with pool tables and other games, including card tables	30%	39%	28%	26%
Events and activities scheduled during the evening hours	36%	51%	38%	21%
Events and activities scheduled during the weekends	41%	50%	43%	33%
Outdoor games, such as pickle ball, a bocce court, a horseshoe pit, or a putting green	38%	54%	37%	24%
Intergenerational activities	24%	32%	26%	14%
Life-long learning programs	55%	62%	62%	40%
Additional art classes	30%	45%	31%	13%
Technology device and software use (e.g., smartphone and computer applications, text and email messages, social networks, online safety)	42%	45%	49%	33%
Programs meant to help people plan for retirement	35%	50%	37%	20%
Film screenings and other media presentations	42%	54%	40%	39%

Below is a list of issues one could encounter when accessing the Marshfield Council on Aging/Senior Center of its programs. Have you experienced any of these issues?

	TOTAL	Age 60-69	Age 70-79	Age 80+
I have experienced no issues when accessing the Marshfield COA or its programs	65%	65%	69%	68%
I have had difficulty finding parking	19%	20%	23%	10%
I have had difficulty finding information about the programs and services available	1%	1%	0%	1%
I have been unable to participate in a class or program because it was offered at an inconvenient time	14%	26%	12%	6%
I have been unable to participate in a class or program because the class or program was full	14%	18%	15%	9%
I have been unable to participate in a class or program because the fee was more than I could afford	7%	10%	6%	6%
I have been unable to attend a class or program because I was taking care of grandchildren, or providing care to someone who is disabled or frail	9%	18%	5%	6%
I have missed participating in a program because I didn't learn about it until after it had already been held	11%	15%	10%	10%
I have missed participating in a class or program because I did not have transportation	1%	1%	1%	1%
I attended a class or event that was uncomfortably crowded	10%	11%	13%	5%
I attended an event at which I didn't feel welcome	2%	4%	2%	1%
Other (write-in)	5%	5%	6%	4%

Write ins: 13 people wrote in an issue, including the need for more room, lack of space, or rooms getting uncomfortably warm. Some wrote in problems obtaining The Link.

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

	TOTAL	Age 60-69	Age 70-79	Age 80+
Yes	45%	42%	45%	50%
No	55%	58%	55%	50%
Total	100%	100%	100%	100%

If YES: What was the main reason you traveled to participate in other senior centers?

Write-ins:

69 Marshfield residents wrote in reasons for traveling to a senior center in another town to participate. The reasons listed include a broad range of factors, including mention of specific programs (e.g., a balance class in Duxbury; “laughing yoga” in Kingston); additional opportunities to play bridge, bingo, or other cards or games; or previous familiarity with the other town’s senior center.

How frequently do you use the internet? (Check only one)

	TOTAL	Age 60-69	Age 70-79	Age 80+
Every day	60%	64%	62%	44%
Frequently, but not every day	13%	14%	15%	12%
Occasionally	13%	16%	10%	16%
Never	14%	6%	13%	28%
Total	100%	100%	100%	100%

Where would you prefer to find information about the activities and services offered by the Marshfield Council on Aging/Senior Center? (Check all that apply)

% marking	TOTAL	Age 60-69	Age 70-79	Age 80+
COA newsletter (The Link)	84%	89%	90%	81%
Cable TV (MCTV)	10%	7%	10%	11%
Radio (95.9 WATD FM)	14%	10%	15%	14%
COA Facebook page	13%	20%	10%	5%
Town of Marshfield website	25%	37%	27%	14%
Local community newspapers	25%	26%	26%	26%
Social networks (e.g., Twitter)	5%	7%	5%	0%
Other	2%	1%	2%	5%

Write-ins: 6 write-ins, one suggesting postings at the Ventress Library, two suggesting email distributions, one suggesting postings in The Globe.

Information about the Marshfield Council on Aging and its programs can be found online (<https://www.marshfield-ma.gov/council-aging>). Have you ever looked at the Marshfield Council on Aging website?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Yes	40%	54%	44%	15%
No	60%	46%	56%	85%
Total	100%	100%	100%	100%

Have you ever read the Marshfield Council on Aging/Senior Center newsletter (*The Link*)?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Yes	94%	97%	95%	94%
No	6%	3%	5%	6%
Total	100%	100%	100%	100%

Among those who have ever read it	TOTAL	Age 60-69	Age 70-79	Age 80+
How do you read The Link?				
Online	2%	3%	2%	1%
Print	82%	72%	83%	93%
Both	16%	25%	15%	6%
Total	100%	100%	100%	100%
How often do you read The Link?				
Monthly	91%	85%	91%	97%
A few times a year	9%	15%	9%	3%
Total	100%	100%	100%	100%

Please select your gender.

	TOTAL	Age 60-69	Age 70-79	Age 80+
Female	77%	85%	75%	71%
Male	23%	15%	25%	29%
Do not care to respond	<1%	0%	0%	0%
Total	100%	100%	100%	100%

What is your age range?

	%	Number
Under 60	4%	13
60-69	24%	74
70-79	41%	125
80+	26%	80
Not reported	5%	14
Total	100%	306

How would you rate your overall health?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Excellent	37%	41%	36%	28%
Good	55%	53%	52%	66%
Fair	8%	6%	11%	6%
Poor	<1%	0%	1%	0%
Total	100%	100%	100%	100%

Do you live alone?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Yes	42%	24%	45%	58%
No	58%	76%	55%	42%
Total	100%	100%	100%	100%

Are you able to drive?

	TOTAL	Age 60-69	Age 70-79	Age 80+
Yes	94%	95%	100%	85%
No	6%	5%	0%	15%
Total	100%	100%	100%	100%

What is your employment status? (Check all that apply)

	TOTAL	Age 60-69	Age 70-79	Age 80+
Working full-time	3%	5%	2%	0%
Working part-time	15%	24%	15%	4%
Retired	75%	68%	80%	94%
Other	8%	11%	10%	3%

Write-in:

25 people wrote in something other than the employment statuses above, indicating volunteer, disabled, or caregiver.

How much time in a typical year do you live in Marshfield?

	TOTAL	Age 60-69	Age 70-79	Age 80+
I am not a Marshfield resident	26%	30%	22%	27%
Less than half of the year	<1%	0%	1%	0%
6-9 months a year	1%	3%	0%	1%
10 or 11 months a year	2%	0%	3%	4%
I am a year-round resident of Marshfield	70%	67%	74%	68%
Total	100%	100%	100%	100%