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Age & Dementia Friendly Cape Ann: A regional needs assessment

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Age & Dementia Friendly Cape Ann: A regional needs assessment

Commissioned by SeniorCare Inc., an Aging Service Access Point
and Area Agency on Aging

*Center for Social & Demographic Research on Aging
Gerontology Institute
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University of Massachusetts Boston*

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Letter from the Chief Executive Officer

The values represented in the Age-Friendly and Dementia Friendly Movements reflect not only what is beneficial for those who are aging in our community, but for all community members, regardless of age or ability. The Age & Dementia Friendly Cape Ann Initiative (ADFCA) strives to assure that Cape Ann is a healthy and happy community for people of ALL ages.

ADFCA engages with a broad coalition of stakeholders to strengthen community supports and increase inclusion for people of all ages. Our focus areas include outdoor spaces and buildings, transportation, respect and social inclusion, communication and information, housing, community and business support, social participation, civic participation and employment, healthcare and continuum of care, and legal and advanced planning.

The following community assessment report is the culmination of a series of opportunities in which members of the Cape Ann community were encouraged to provide their input. Respondents included residents of all ages, those directly impacted by dementia, municipal providers, human service agencies, healthcare providers, and representatives from finance and banking, media and information services, and private business. Opportunities included public forums in each of the four Cape Ann communities, focus groups, and key stakeholder interviews.

This report would not be possible without the hard work and expertise of the Gerontology Institute, Center for Social & Demographic Research on Aging at University of Massachusetts Boston. Their team of dedicated and knowledgeable researchers worked hand in hand with us to conduct a thorough assessment of Cape Ann. Special thanks to Dr. Caitlin Coyle for her flexibility and willingness to share her wealth of knowledge with us as well as community members who participated.

Our work with the Gerontology Institute would not have been possible without a grant from the North Shore Community Health Network. Their generous funding allowed us to engage UMass Boston in this community assessment; we thank them for this vital support.

Support for the ADFCA initiative is provided in part by a grant from Tufts Health Plan Foundation. We thank them for their ongoing leadership and guidance on Age-Friendly Initiatives and for their continued support.

AARP Massachusetts and Dementia Friendly Massachusetts continue to be the driving force in moving Age-Friendly and Dementia Friendly initiatives forward in Massachusetts' communities and have provided support and guidance in the process.

We are deeply grateful to the Cape Ann residents, community leaders, service providers, business owners, and municipal leaders who shared with us their time and insight into what can be done to make Cape Ann a more age and dementia friendly community.

Age and Dementia Friendly Initiatives require deliberate and intentional steps to design a community that supports people of all ages and abilities and assure that the community meets the needs of all residents. This assessment is one step in that process.



Scott M Trenti
Chief Executive Officer
SeniorCare Inc.

About the Authors

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit 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 in Massachusetts. The Center's mission is to inform communities as their populations become older demographically, including research on topics that impact older adults seeking to age in their communities. Established in 2012, the Center has worked with over 30 communities across the Commonwealth.

Caitlin E. Coyle, PhD, is primarily responsible for the contents of this report. Others contributing to the project include Ceara Somerville, MS, Rebecca Mailman, MA, Jan E. Mutchler, PhD, and Nidya Velasco, MS.

Acknowledgements

We offer our appreciation to Scott Trenti, Chief Executive Officer of SeniorCare Inc., Linnea Hagberg, Director of Community Programs and Planning, and Carrie Johnson, Age & Dementia Friendly Programs Coordinator, for their leadership and guidance. As well, we are grateful to the Cape Ann residents and representatives who shared their thoughts as part of the data collection. Finally, this work would not have been possible without the generous support of the North Shore Community Health Network and the Tufts Health Plan Foundation.

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Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of SeniorCare, Inc. (hereafter referred to as SeniorCare), to learn about the age- and dementia-friendliness of the region of Cape Ann, including the Massachusetts municipalities of Essex, Gloucester, Manchester-by-the-Sea, and Rockport. The contents of this report are intended to inform SeniorCare for the purposes of planning and implementing the Age & Dementia Friendly Cape Ann (ADFCA) Initiative. The ADFCA Initiative builds on ten Areas of Focus, which are essential components of a livable community derived from the Age- and Dementia-Friendly frameworks. These ten Areas of Focus include housing, transportation, outdoor spaces and buildings, respect and social inclusion, communication and information, community and business supports, social participation, civic participation and employment, healthcare and continuum of care, and legal and advanced planning.

The purpose of the research described here was to assess Cape Ann assets and gaps in each of the ten Areas of Focus, for seniors and individuals with cognitive impairment. Data for the study were drawn from several sources, including publicly available information obtained through the U.S. Census Bureau and the Massachusetts Healthy Aging Collaborative, as well as data collected expressly for this study. Primary data collection included four community forums, one forum conducted in each of the four communities of Cape Ann; nine key informant interviews with community leaders, including Council on Aging directors and municipal leaders representing each of the four communities; and four focus groups, including residents, caregivers, and key stakeholders who serve Cape Ann.

Key Findings in Brief

The older population of Cape Ann is expected to increase over the coming decades. In 2016, an estimated one-third of the 46,000 residents of Cape Ann were age 60 or older. Projections suggest that this percentage may rise to at least 40% by 2030.

- At least one in ten Cape Ann residents age 65 and older have Alzheimer's or a related dementia.
- Transportation is a pressing need on Cape Ann, including transport for medical needs, shopping, and other purposes. Existing transport options are not adequate; moreover, currently available options are unevenly distributed throughout Cape Ann.
- The availability of healthcare services is an asset on Cape Ann, but residents need more information about services available and out of pocket costs for some services. Mental health services may require expansion, including services and other supports for caregivers.
- SeniorCare and Councils on Aging provide valued service to Cape Ann residents. Expanded programs for residents with dementia and their care partners would be valued.

- The strong business community is recognized and valued on Cape Ann. Strengthening collaborations between the business community and municipalities toward building an age- and dementia-friendly region was identified as desirable by study participants.
- Study participants attach high value to caregivers in the region—including informal caregivers as well as those who provide home care as a profession. Strengthened information and support for care-seekers and care-givers was identified as a need.
- Improving public awareness is needed with respect to the assets of the region and the services and benefits available locally. A regional approach to improving information distribution to residents may be valued.
- Social participation is recognized as important in combatting risk of isolation. Improving information about social participation opportunities; facilitating participation through scheduling, location, and transportation availability; and ensuring a welcoming climate may facilitate broader participation among residents who are older and those with dementia.
- According to study participants, downsizing opportunities for older adults are few on Cape Ann, especially at a price that older residents can afford. Housing with services is thought to be inadequate among study participants.
- Residents who need to modify their homes in order to stay safely may benefit from trustworthy information about modifications that can be helpful, and companies or organizations that can help make those modifications.
- Some Cape Ann residents encounter accessibility barriers to taking advantage of Cape Ann outdoor spaces and features of the built environment. Walkability is a concern.
- Despite the Cape Ann region being a welcoming area, study participants believe there is work to be done in establishing an inclusive environment for older residents and those with dementia.
- Civic engagement and volunteerism among older adults on Cape Ann are strengths to be expanded. More information about the needs and interests of older residents for paid employment is needed.

Important Areas for Action

To aid in planning for the projected increase in the older population, this report provides SeniorCare with a tool based on resident and stakeholder input to advocate for and improve services and programs for older adults and those with dementia. Based on the findings reported here, we recommend to SeniorCare and the team leading the ADFCA Initiative that the following items be considered when developing an action plan:

- Create options for door-to-door transportation service for social events as well as for medical appointments. For example, consider ways to improve the vitality of the volunteer driver program on Cape Ann.
- Identify linkages that can improve the connectivity of the Cape Ann communities. For example, advocate for more evenly distributed availability of the Cape Ann Transit Authority (CATA) dial-a-ride service to ensure that all residents of Cape Ann have access.
- Develop a “hub” or centralized mechanism for distributing information about local programs, events and resources on a regional basis. Ensure that this regional information is distributed through multiple media (e.g., printed and distributed to area COAs, electronic newsletter directed at key stakeholder organizations and municipalities as well as pushed out through social media). Consider how to make information broadly available to family caregivers of persons with dementia and those residents who may be socially isolated.
- Support the development of a positive aging campaign in the Cape Ann region. For example, consider recognizing a “senior of the month” or maintaining a monthly column in local newspapers to draw attention to the value of seniors’ contributions.
- Given the overwhelming need for caregiver support on Cape Ann, we recommend that the ADFCA Initiative direct special attention to caregiver support programs. For example, consider ways to develop more affordable and flexible respite programs—even if short in duration. Offer opportunities for caregivers to simply socialize and connect—free of the confines of a formal “program.”
- Support the recruitment and retention of a homecare workforce on Cape Ann that is dementia capable.
- Facilitate continued community education about important topics related to providing supports and services to seniors and those with dementia. For example, consider a series of workshops to address inconsistencies across communities within the Cape Ann region in the application of HIPAA, breaking down assumptions about collaborations between emergency services and senior services. Develop accurate information about options for promoting volunteer transportation. Offer continued education about understanding, recognizing and dealing with dementias.
- Take an inventory of agencies and organizations that could be involved in making age- and dementia-friendly changes and develop coalitions to address each focus area.

Introduction

The region of Cape Ann is nestled along the Atlantic coast of Northeastern Massachusetts, located about 30 miles northeast of Boston. For purposes of this study we refer to Cape Ann as including the City of Gloucester and the Towns of Rockport, Essex and Manchester-by-the-Sea (hereafter referred to as Manchester). Approximately one out of three Cape Ann residents is currently age 60 or older, and Cape Ann can expect to see an increase in the number of older adult residents in the coming years. In recognition of this significant demographic shift in the region, SeniorCare Inc. (hereafter referred to as SeniorCare) has initiated a process to lead Cape Ann toward becoming an Age and Dementia Friendly region. This report describes efforts to engage the four communities of Cape Ann to better understand the region's current assets, potentials, and challenges, and to plan for changing needs associated with its aging demographic.

Founded in 1972 as a 501c3 non-profit corporation, SeniorCare is a federally designated Area Agency on Aging (AAA) and a state designated Aging Service Access Point (ASAP). SeniorCare is a community organization that provides a one-stop portal for information and services to elders and adults with disabilities for the Greater North Shore and Cape Ann. SeniorCare provides important services such as homecare, protective services, transportation, nursing home ombudsmen support, money management, benefits support, Medicare & Medicaid insurance counseling, legal support, caregiver support, preventative health services, nutrition and other programs meant to help people stay in their homes and promote quality of life. SeniorCare serves many communities in the region, including the municipalities considered in this project.

The four communities of Cape Ann are linked by geography and elements of existing regional operations. For example, the Cape Ann Regional Transit Authority (CATA) serves three of the four Cape Ann communities, and three of the four communities share a regional Veteran's Agent who supports the administration of Veterans Services. Thus it is not surprising that SeniorCare embarked on the journey to foster a more age- and dementia-friendly region by focusing on the ways these four communities can work together to make improvements in age- and dementia-friendly attributes, including transportation features, communication and information dissemination, and opportunities for civic and social engagement.

At the request of Scott Trenti, Chief Executive Officer of SeniorCare, and with financial support of the North Shore Community Health Network, the Center for Social and Demographic Research on Aging at UMass Boston was contracted to conduct research meant to identify ways in which Cape Ann is already an age- and dementia-friendly area, and suggest ways in which it could improve. Components of the research included a demographic profile of the region, community forums, key informant interviews, and focus groups to draw upon insights from the community. This report is the result of that process.

The Cape Ann Age- & Dementia-Friendly Initiative

SeniorCare, Inc. and the Cape Ann region¹ are spearheading the Age- & Dementia-Friendly Cape Ann Initiative (ADFCA), an effort to improve the region for older adults aging in place, including those with dementia. The ADFCA has chosen to consciously integrate the Age-Friendly and Dementia-Friendly frameworks (described in greater detail in **Appendix A**) as a means of addressing features and practices that improve the ability of older adults to thrive in the community, with particular attention to those with dementia and their care partners. As just one example, making residents aware of services and supports that can help them stay in their homes if they experience a disabling chronic disease is a broad goal that may benefit a sizable share of older residents. Ensuring that the services and supports extend to those with dementia makes this effort simultaneously age- and dementia-friendly.

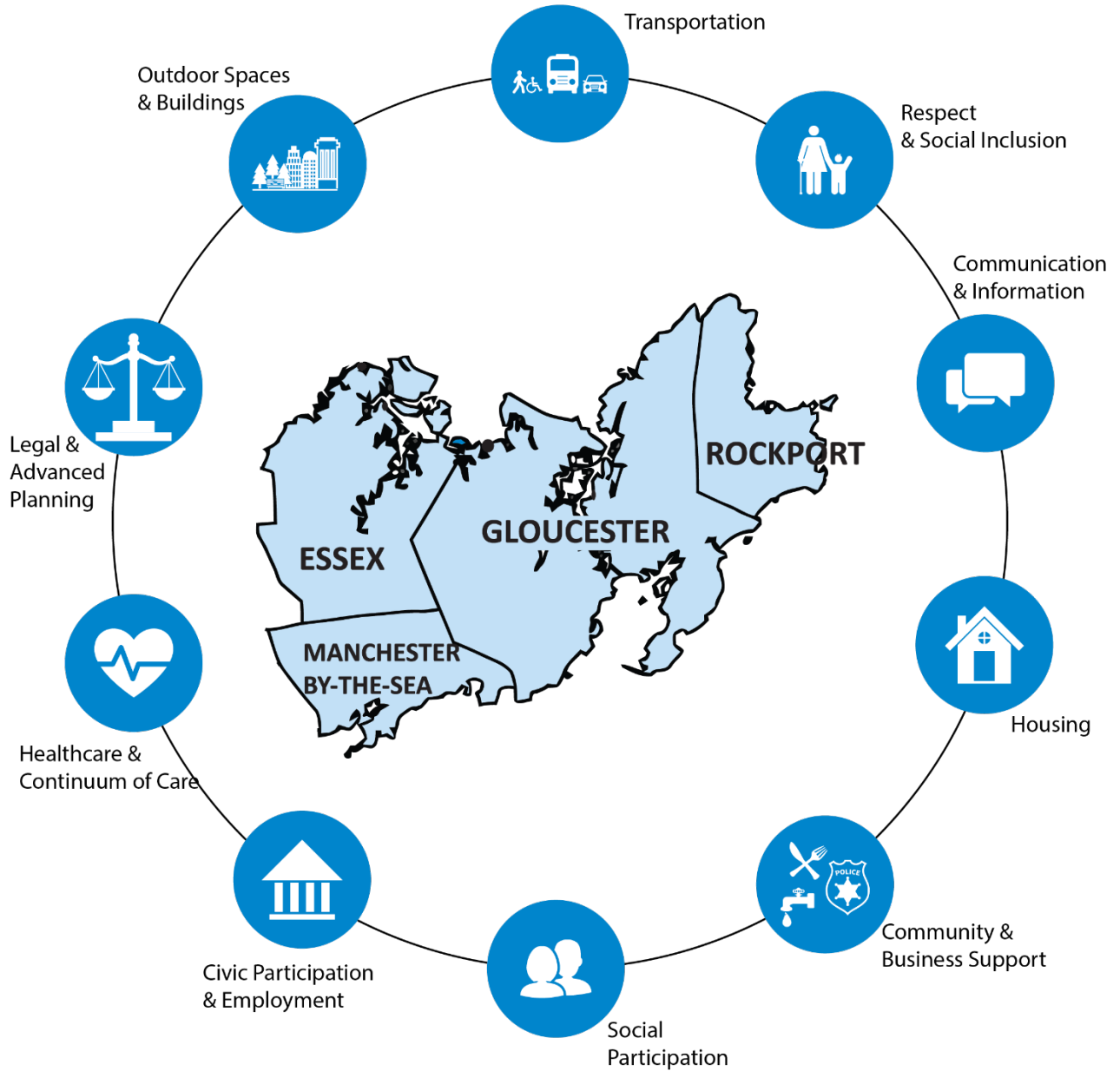
The ADFCA is guided by ten Areas of Focus outlined in **Figure 1**. These ten areas are derived from established Age- and Dementia-Friendly frameworks outlined in Appendix A, and represent essential components of a livable community. The combined framework highlights both structural features of the region (e.g., transportation, housing) as well as elements of the social environment (e.g., respect and social inclusion) as contributing to age- and dementia-friendliness. Moreover, each of the areas of focus complement and overlap one another. For example, although a community may offer beautiful outdoor spaces, it is not age- or dementia-friendly if appropriate transportation options for accessing those spaces are lacking. The ADFCA Initiative aims to assess the assets and gaps in each of ten areas of focus for seniors and individuals with cognitive impairment, while devising strategies for addressing unmet needs and broadly improving livability.

Methods

The contents of this report are based on review of existing data from Cape Ann, along with original data collection designed for this study. All research was conducted by research staff at the Center for Social & Demographic Research on Aging (CSDRA) within the Gerontology Institute at the University of Massachusetts Boston (UMass Boston). In this report, all results are presented by area of focus.

¹ Throughout this report and for the purposes of the initiative, Cape Ann is comprised of Essex, Gloucester, Manchester-by-the-Sea, and Rockport, Massachusetts.

Figure 1. Ten Areas of Focus for Age- & Dementia-Friendly Cape Ann



Adapted from the World Health Organization and Dementia Friendly America programs on aging and dementia

Demographic Profile

As an initial step toward understanding the characteristics of Cape Ann's older population, a demographic profile of the region was generated using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, information used was primarily drawn from the most current 5-year ACS files (2012-2016), along with U.S. Census data for Cape Ann to summarize demographic characteristics. Results are presented by individual community, and for the region when available.

Community Forums

More than 100 Cape Ann residents participated in one of the four community forums held in the Fall of 2017. One forum was held in each of the four communities making up the region. The purpose of these sessions was to educate attendees about the initiative while simultaneously inviting their input about opportunities for making Cape Ann a more age- and dementia-friendly region. Each forum was held in a public space and lasted approximately 90 minutes. A dedicated note-taker from UMass Boston was present to capture the ideas and suggestions of attendees.

Key Informant Interviews

Nine key informant interviews were conducted with community leaders to gain perspective about the needs of Cape Ann's older residents and to better understand dynamics among the four communities. Two key informants from each of the four Cape Ann communities and one representative of the local hospital were identified by SeniorCare; all interviews were conducted by a member of the CSDRA research team. Six interviews were conducted in person and three were conducted via telephone. Each interview was audio-recorded for accuracy.

Focus Groups

Four focus groups were conducted in an effort to hear from knowledgeable segments of the region, with participants recruited by SeniorCare staff. A total of 34 individuals participated in the focus group discussions, including 20 representatives from nonprofits and other key organizations serving the communities of Cape Ann (two groups), 6 municipal staff members from the four Cape Ann communities (one group), and 8 residents of Cape Ann who are also engaged in providing care to a family member living with dementia (one group). All focus groups were held at SeniorCare's offices in Gloucester. Each group lasted between one and one-and-a-half hours. Notes from the focus group discussion were drawn from a dedicated note-taker (a member of the CSDRA team) and from audiotapes of the focus group conversations. See **Appendix B** for a list of organizations and departments represented in these community assessment efforts.

Results

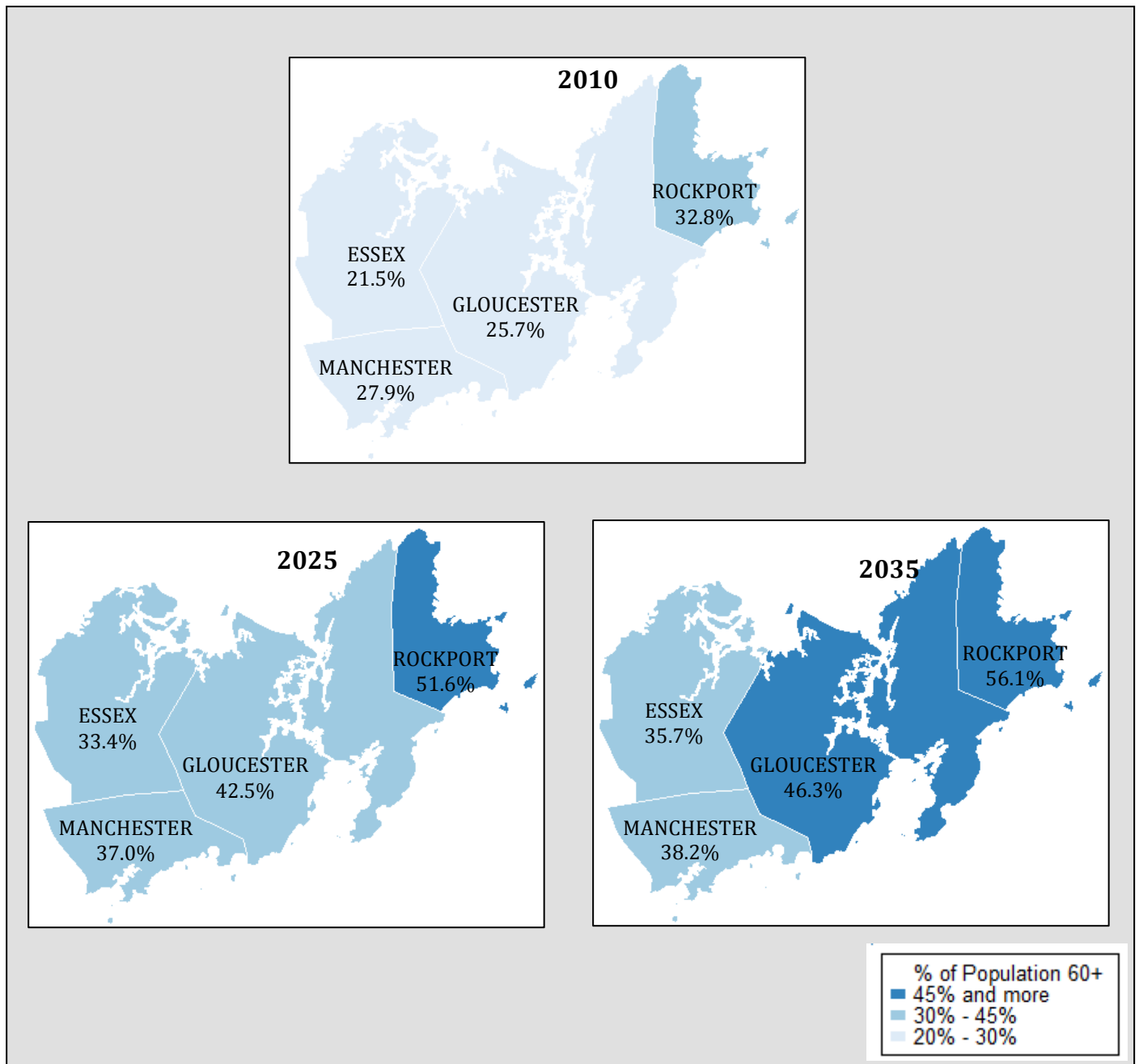
A brief overview of key demographic highlights of Cape Ann will be presented, followed by the results from the focus groups, forums, and key informant interviews, by area of focus. This report uses age benchmarks of both 60 and older and 65 and older for the highlighted features of Cape Ann, both of which are commonly used benchmarks for service provision to older adults.

Demographic highlights

Currently, an estimated one out of three Cape Ann residents is age 60 and older, including 6% who are age 80 and older. Another 17% are age 50-59, poised to age into the 60 and older age range over the coming decade. Projections suggest that in the coming decades, the older population of Cape Ann will continue to grow, with as many as 18,000 seniors living in the region by 2030 (see **Appendix C**). Substantial growth in the older populations will occur in each of the four Cape Ann communities. As shown in **Figure 2**, people age 60 and older are expected to represent at least 30% of the residents in each Cape Ann municipalities by 2025, and by 2035, more than 45% of the residents is expected to be age 60 and older in two of the four municipalities.

The AFDCA initiative is motivated in part by the ongoing growth in the number of older residents living in the Cape Ann region, and is meant to respond to features of that population. Discussion of a number of relevant demographic, social, and economic features of Cape Ann is provided in Appendix C. Among the other data points presented, we note that an estimated 11-14% of Cape Ann residents age 65 and older have Alzheimer's disease or a related dementia, highlighting the significance of these conditions for the region as it pursues its age- and dementia-friendly agenda.

Figure 2. Proportion of residents age 60 and older 2010 with projections to 2025* and 2035* in the Cape Ann region.



Sources: U.S. Census Bureau, Census of Population for 2010. Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Hearing from the Community



Findings in this report are organized by the Areas of Focus as laid out in the ADFCA Initiative framework from **Figure 1**. For each area, a brief description is offered, followed by a description of Cape Ann’s assets and concerns as expressed by residents who attended the community forums and other stakeholders consulted through the focus group and key informant processes. Each section includes a set of ideas offered by participants regarding how Cape Ann could improve its age- and dementia-friendly attributes. Although each group was presented with information to foster awareness of the elements and features involved in the Age- and Dementia-Friendly Framework, the facilitator did not insist that every domain be discussed, and the priorities identified were initiated by the group. As a result, information provided by the focus groups and interviews, and outlined below, is more expansive for some domains than it is for others.

Transportation



Accessible and affordable transportation options are necessary for active aging. When transport is available and adapted to the needs of seniors, both in terms of access and destination, it enhances mobility and facilitates social participation and a sense of belonging to one’s community. According to the “5 A’s” of age- and dementia-friendly transit², transportation options beyond walking and driving oneself should be available when needed; transit options should be accessible by including features such as adequate seat height on buses and clear signage; transportation should be acceptable in terms of cleanliness, safety, and user-friendliness; affordable options for transportation should be available; and services should be adaptable to meet special needs of customers, such as wheelchair accommodations or additional guidance for customers with Alzheimer’s or related dementias.

Transportation was clearly identified a need across the Cape Ann region, and some key informants even described it as the most pressing need for aging in place in the region. The Cape Ann Transportation Authority (CATA) transportation system was described by many as an asset to seniors and a valuable system to those who need it to get around Cape Ann. However, some challenges associated with CATA were noted. For example, the CATA fixed route service requires that the passenger has the stamina and ability to get to the route and wait for the vehicle. In addition, it does not run in the evenings or on the weekends. One key informant described people who rely on CATA service to get around as “half-time citizens” due to the limited schedule, which makes it difficult for those who rely on CATA to participate

² “The 5 A’s of Age-Friendly Transit” is adapted from “Moving on Age-Friendly D.C.,” page 31, and the Beverly Foundation’s “Giving Up the Keys” Fact Sheet, 2008.

in activities such as civic meetings that occur after CATA stops service. Currently, CATA does not service Manchester at all and its fixed route system has only one stop in Essex. These gaps in service both highlight challenges to the individual municipalities lacking service and identify gaps in overall “connectivity” on Cape Ann. All of the Cape Ann communities except for Essex have Massachusetts Bay Transportation Authority (MBTA) commuter rail access, an important resource for reaching Boston, Beverly, Salem, and other surrounding communities. However, getting to the MBTA station, cost of using the commuter rail service, and navigating transportation upon reaching one’s destination can be a challenge, particularly those residents with limited physical or cognitive capacity.

Three of the four Cape Ann municipalities were cited as offering senior transportation through their local Councils on Aging (COA). These COA transportation options were recognized as assets by forum participants, offering transportation services that CATA does not provide. Key informants in the three communities with COA transportation availability described the value of the services provided, but also the challenges resulting from strained municipal budgets. Some noted that limited ridership occurs due to capacity issues (e.g., number of van drivers, available hours of service, and negative perceptions of riding the COA van); yet the COAs must demonstrate demand in order to increase capacity. In the communities without full CATA service (Manchester and Essex) the COA van also serves as the only local paratransit service available for persons with disabilities.

A special challenge noted by the focus group participants is finding transportation to medical appointments. Many residents have to leave Cape Ann for services that are not provided at the local hospital, Addison Gilbert Hospital in Gloucester, often going to Beverly Hospital or even into Boston. Participants acknowledge these additional hospitals as important resources in the area; but due to limitations in reliable sources of transportation, they are not truly accessible to some residents. These limitations include recruiting and maintaining volunteers as well as the necessity for the passenger to be able to physically get out of a vehicle, which can be particularly challenging for persons with dementia.

“We did have [volunteer transportation] through the department of veteran affairs but we lost it because we didn’t have volunteer drivers ...nobody wants to volunteer to drive to Boston or West Roxbury...that was a service that our veterans deeply need that is no longer available” – focus group participant

A number of participants identified inequity in the availability of transportation options on Cape Ann. As described above, public transportation is absent or inconvenient for seniors in some neighborhoods, due to schedule challenges and the area covered by fixed routes. However, the more “convenient” transportation options such as “door-to-door” and “on-demand” services come at a high cost, which may not be affordable for many older adults.

Public perceptions about transportation services designed specifically for older adults and those with disabilities serve as an added barrier, as noted by focus group participants. Users of these services (e.g., The RIDE, the COA van) may be stigmatized as being “weak” or “frail.” These perceptions may effectively limit the use of the existing transportation options, and makes it difficult to demonstrate a need for expanding senior transportation options.

Among participants who support adults with dementia, transportation is of utmost importance to their daily routine. For example, transport to adult day programming (an important source of respite) can be a challenge: the CATA bus will not assist people door-through-door, and people with dementia may not be able to navigate alternative options (e.g., waiting for the dial-a-ride or identifying an Uber). As a result, a caregiver must pay someone to assist with transportation, or limit his own work or other responsibilities in order to accommodate for transportation needs of the care recipient.

Improvements to transportation on Cape Ann are a near-universal priority. Yet multiple key informants reported that nearly all of the existing transportation resources require coordination, time, and effort. This serves to limit access, and is particularly challenging for persons with dementia and/or their care partners as well as those residents who are living with varying degrees of frailty or social isolation.

TRANSPORTATION
Ideas Drawn from Participant Input

- Encourage medical facilities to provide or support transportation options
- Address the “bag limit” barrier for trips to the grocery store or food pantry.
- Address the cost and accessibility (technology) barriers to ridesharing apps such as GoGoGrandparent or Uber/Lyft
- Expand transportation resources for social activities, getting out to play bridge or go to a book club, to improve senior connection to the community and participation in their social networks

Healthcare and Continuum of Care 

Healthcare services are essential to aging in place. In Cape Ann, the local hospital was recognized as an asset that keeps emergency services nearby and accessible. Participants perceived high value associated with having a number of primary care providers nearby, as well as some specialized care. Some participants believed that providers located in Cape Ann can deliver more personalized healthcare to area residents, explaining that they have a “small town” familiarity with patients. As well, participants reported that there is a strong network among providers located on Cape Ann, further contributing to coordination of care.

Despite recognizing the strong assets associated with healthcare services on Cape Ann, some participants expressed concern over costs. For example, some participants believed that it can be a challenge to find local healthcare providers that accept Medicare or Medicaid,

reducing service access for residents who rely on these forms of insurance. Future consideration may be directed toward assessing whether provider access is indeed limited among those covered by Medicare or Medicaid, and making residents aware of which providers will accept those forms of payment.

Conversations within focus groups centered heavily on caregiving, mental health services and support, and emergency services. Family caregivers were recognized as needing help, for example in the form of support groups or respite programs. Although some of these types of support exist in the area, participants noted a lack of information about available services. Other challenges for family caregivers were discussed, such as having no time for themselves to seek support, exhaustion from full days of responsibilities, and a “resistance to getting outside help because they feel bad not doing everything.”

The increasing need for mental health services and supports, particularly for older adults and caregivers, was also discussed. Participants indicated they have seen an increased need for support surrounding depression and anxiety, as well as for substance abuse. The need for mental health services may be especially important for caregivers, yet the stigma associated with seeking mental health services was acknowledged as an issue.

Those with experience in caregiving talked about how isolated they become when they picked up caregiving responsibilities. One focus group participant said, “friends don’t want to deal with you, they don’t want to see it, they don’t want to see that it could happen to them.” A shrinking social support network in conjunction with the heavy burdens of caregiving is a ripe combination for mental health challenges. By the conclusion of the focus group session, participants took the opportunity to build informal social connections and support with each other, planning future get-togethers for coffee or lunch, illustrating the need for informal connection.

Emergency Medical Services (EMS) were identified as an important element of the healthcare landscape on Cape Ann. First responders have seen an uptick in calls from older residents, and it was noted that some individual seniors call frequently, which was recognized as a signal that the individual is in need of more support. Representatives of Fire departments and EMS indicated that they “wish they could get earlier signs” that a senior needs help. The public safety representatives present in our focus group discussions also noted the importance of educating their first responders on best practices for communication with persons with dementia, autism, or other disabilities. Trainings have been provided across communities and service providers, but these trainings need to continue and be updated. One participant said, “being part of collaborations and community efforts is really important,” highlighting some of the successes of collaboration between police, fire, EMS, and other departments.

Confusion about certain policies related to EMS among both providers and community members is seen as hindering some residents being adequately supported in their homes. Participants observed some unevenness in the application of federal HIPAA regulations

HEALTHCARE & CONTINUUM OF CARE
Ideas Drawn from Participant Input

- Improve support for social service workers on Cape Ann, and ensure physician and health system buy-in on this.
- Provide monthly storytelling group for seniors both with and without dementia.
- Develop a “caregiver coffee break.”
- Offer a memory café.
- Offer Cape-wide community education on HIPAA, specifically regarding its application to senior services, as well as on how to improve clarity and consistency regarding communication and information sharing to aid in crisis prevention.
- Provide community education around calling 911, such as information on Medicare-covered services and associated costs.

among first responders and COAs. Slightly different interpretations on the ability to share information about EMS calls between departments are prevalent across communities. Information gaps in the community about EMS, police, and fire services were also discussed. Public safety representatives recognized that many individuals in the community are concerned about potential costs associated with calling 911; specifically, they do not know what they may have to pay out of pocket for ambulance transport or on-site care provided. Some participants felt that this lack of knowledge may be especially prevalent among seniors covered by Medicare. Furthermore, focus group participants recognized the stigma associated with asking for help. They believe that the majority of Cape Ann seniors are of the generation that will not accept assistance or seek services. Although the communities making up the Cape Ann region offer many such services through their COAs and SeniorCare, residents may resist seeking supports that are stigmatized as being meant for “needy people.”

Community & Business Support



An age- and dementia-friendly Cape Ann region will include broad support and involvement from the community, including from local businesses. A number of forum participants described the local business community as an asset to Cape Ann. They noted that the region is fortunate to have a strong local business community, particularly in the summer, that is engaged with community events and happenings. Some noted how the relationship between local businesses and the municipalities on Cape Ann could be strengthened through more collaboration and information sharing. For example, a challenge recognized by key informants to aging in place on Cape Ann is local access to affordable food, as two of the four communities of Cape Ann have no full-service grocery stores. This is further tied to transportation in that the local dial-a-ride service limits the number of bags that riders can bring onto the vehicle—which limits those who use the transportation to shop for food and other necessities. Partnerships linking community supports with the business community could help address these multiple barriers to obtaining necessary goods and services in the region.

“We have a pretty strong COA...the people there will go out of their way to help people fill out forms for health insurance, tax relief...they’re very dedicated and they have strong support within the Town.”
- key informant

COMMUNITY SUPPORTS & BUSINESS SUPPORT **Ideas Drawn from Participant Input**

- Improve communication across communities, through local businesses and organizations, regarding “elders at risk” including those who are socially isolated. Pool efforts to address these challenging vulnerabilities before they become major crises.
- Tap the neighbor, friend, schools, scouts, & volunteer networks to organize supports for seniors aging in place (snow shoveling, minor repairs etc.).

The current availability of community supports and services for seniors on Cape Ann was widely acknowledged as an asset. In particular, the COAs in each community were commended for all that they provide to their individual residents, and SeniorCare was cited for its involved role in providing services to seniors in the region. Indeed, all key informants and a large number of forum and focus group participants made a point to praise the COAs that provide necessary services and programs and welcome seniors from all Cape Ann communities.

A specific type of community support discussed in the forums involved services for caregivers and for those with dementia. A number of participants had experience as care partners for persons with dementia and talked about the need for respite, adult day care services, and support groups for caregivers. Care partner burnout was

mentioned at multiple forums—an issue that required immediate attention, according to participants. Many individuals who had not had direct experience with dementia were not as aware of the issues related to it, speaking to the need for better communication with the community about what dementia is, and the consequences for the individual with dementia, their family and friends, and for the community at large. A few forum participants discussed the need for more training for public safety personnel on how to interact with individuals with Alzheimer’s or related dementias.

Legal and Advanced Planning 

Legal and advanced planning is an area of focus for this Initiative, as it speaks to the importance of financial security and preparedness as residents age, which may be particularly important for those who develop Alzheimer’s or related dementias. This focus area was not discussed at length in the community forums, focus groups, or key informant interviews. However, focus group participants referenced this theme in their discussion of caregiving. Affordable respite support was highlighted as a need in the Cape Ann region, but participants also discussed the financial burden associated with caregiving. Costs for home care, care coordination, respite or adult day health, and health care costs and medications can pile up quickly, with expenses left largely to the family members to cover. Moreover, legal costs to modify plans as an individual’s cognitive status declines are costly but necessary. Focus group participants discussed this financial burden as though it were unavoidable: they are committed to caring for their older family members completely and will thus make the finances “work,” despite becoming a heavy burden. Related discussion focused on eligibility for home care and other supportive services, particularly for people in the “gap” who do not meet low income eligibility, but lack sufficient financial resources to pay out of pocket for necessary services.

LEGAL & ADVANCED PLANNING
Idea Drawn from Participant Input

- Provide financial planning for caregivers through seminar series or workshops.

Communication & Information



An age- and dementia-friendly environment uses multiple streams of media to inform residents—including seniors—about emergencies, resources, and services, as well as events and other local activities. Serving seniors well means adapting, where necessary, communication about services meant to meet their needs. In the end, communication that is age- and dementia-friendly is broadly inclusive and accessible to all residents.

Forum participants observed that Cape Ann residents benefit from a strong service environment. Focus group participants agreed that Cape Ann is fortunate to have four active COAs, responsive local governments, a hospital, three skilled nursing facilities, a great business community, and numerous non-profits and community organizations. However, uneven and disconnected communication inhibits awareness among residents, and the information needs among caregivers was especially identified as a critical area for expansion. Overall, improving awareness by establishing and publicizing trustworthy sources of information is a priority for the Cape Ann region.

“It’s tough too because there’s a trust thing...people do try to scam people...so knowing you’re dealing with a legitimate organization [is important].”
– *focus group participant*

Taking a regional approach to providing information to residents may be part of a strategy for improving awareness on Cape Ann. Most key informants complimented the way their individual municipalities communicate to residents via local COA newsletters, the municipal website, and other mechanisms like robo-calls during times of emergency or electronic message boards that can be positioned in high-traffic areas. Yet residents attending forums perceived that the individual municipalities on Cape Ann operate in relative “silos,” with inadequate information sharing. Their close geographic proximity may invite opportunities to coordinate communication efforts and create a more simplified mechanism for residents to obtain information about available programs, resources and events in the region. Although a “yellow pages” book of some available resources exists, the general population lacks awareness of that resource. Moreover, although seniors go to activities at COAs throughout Cape Ann, event calendars for each COA are publicized separately, requiring residents to

“I think once you hook up with the right people you’re golden. It just takes hours of your time and you have to be pretty savvy.”
– *focus group participant*

piece together activities. Focus group participants suggested centralizing information not just at the COA level but across various types of organizations serving seniors. Focus group participants noted the importance of sharing information across a variety of mediums, including local newspapers, COA newsletters, community postings, local access television, and the Internet (e.g., social media,

municipal websites). Preserving some print sources of information was identified as important in getting the word out to seniors.

Communication and information sharing in Cape Ann may be stronger at the organizational level. Focus group participants were appreciative of the local business community and its close working relationship with community members and groups, suggesting there may be opportunities to better bridge the business community to the community at large and create a stronger network by which to transmit information to residents. Similarly, the Cape Ann Resource Exchange (CARE) network has a bimonthly group that includes all social service agencies in the Cape Ann region and was cited by participants as potentially a good model to expand. In addition, informants from each of the four communities described robust informal communication among communities of Cape Ann. They described the ways they reach out to each other for advice about particular issues and share information that may be useful to the others. Strengthening those networks as a means of spreading awareness across organizations, as well as throughout the community, could be beneficial.

Information gathered through this project suggests that the ADFCA Initiative can have an impact by tackling age-related stereotypes and negative associations. In the words of one participant, the idea that “aging is some horrific malady” is something that could be addressed by this Age & Dementia Friendly Initiative. Focus group participants noted that the name “Council on Aging,” or “senior center” may be off-putting to older adults, especially the younger senior population. Some suggested that a name change may help alleviate stigma associated with senior centers being only for “old” people or those who have many care needs. One focus group participant suggested using non-stigmatized programs to increase information sharing and access to programs and services. Building programs that broadly attract residents can help spread awareness of the full range of services and activities available through local COAs.

**Communication & Information
Ideas Drawn from Participant Input**

- Develop a regional newsletter to include information about resources, locally useful information such as “where to walk that is wheelchair accessible” etc.
- Utilize community services such as faith communities and local television stations to spread awareness.
- Promote a campaign to “make it ok” to accept aging services.
- Provide information on local issues around aging and dementia to high school students, as they already give their time to help seniors with technology and accessing local information.
- Take an inventory of agencies and organizations that could be involved in making age- and dementia-friendly changes and develop coalitions to share information.

A special challenge related to perceptions on aging is a lack of awareness about dementia. Many residents—across all generations—lack adequate knowledge about dementia, and study participants noted that there are many misconceptions about dementia and its effects on individuals and the community at large. Indeed, two key informants emphasized the importance of supporting persons living with dementia and their families through educating members of the community, residents and municipal departments alike.

Social Participation



Participating in community activities builds social networks and social support, promotes health and well-being, and can offset risk of social isolation. Individuals consulted for this study identified a wide range of community activities as assets to living on Cape Ann. The region maintains a great deal of historic charm, and fosters cultural and artistic communities and events. As one example, the Cape Ann museum was mentioned as a resource offering many cultural opportunities for all ages.

Key informants recognized numerous opportunities for social participation, including local museums, COA programming, and other cultural and historical resources offering programs for residents of all ages, including seniors. Many Cape Ann residents discussed opportunities for expanding intergenerational programming. Seniors recognize that younger adults and children in the community are an asset and the future of Cape Ann. As such, a number of participants cited the value in intergenerational activities with youth on Cape Ann, such as story sharing and technology assistance. Many believed that partnerships between COAs and school systems is a natural fit and would make living in Cape Ann better for both the youth and the older adults. Yet study participants also recognized that given the changing demographics, the need for space and programs geared specifically toward older adults is likely to grow. Currently, Manchester has no dedicated COA programming space and the space for Essex is very small. Informants from all communities identified ways in which they aim to improve programming space for senior programs and services.

“Just because you have Alzheimer’s doesn’t mean you don’t want to exercise or do things...[however] don’t forget the instructor is going to have to show them step by step. You can’t bring them to the senior center and expect them to do yoga with everyone else. There is no place for [them]—there’s nothing.”
– key informant

Focus group participants identified a number of challenges associated with social participation on Cape Ann. Many talked about social isolation as a concern. Given a growing trend for older people relocating to Cape Ann in retirement, many residents do not have family in the surrounding areas to socialize with or to receive help from when needed. Winters can be particularly isolating for many. Not only are there fewer people around, but

winter weather makes it even more difficult to get out of the house and into the community. Some participants referred to limited evening and weekend opportunities for seniors, and COA programs are not currently offered during these times. As one key informant noted, “there’s no nightlife for seniors...there’s nothing for them to do at night except maybe the

Social Participation
Ideas Drawn from Participant Input

- Engage local educational institutions (high schools, community colleges and universities) to identify ways to engage students in intergenerational activities, lifelong learning opportunities, or competitions to address some of the major issues facing seniors on Cape Ann.
- Create an intergenerational community center.
- Develop museum programming for seniors including dementia-friendly training for docents and other staff.
- Create a centralized peer referral for neighbors, friends or family who are living in isolation.

theater, but if you don’t have the income you have no place to go.” Lack of transportation often creates a challenge for seniors to participate in community activities, and even among seniors that drive, many choose not to drive after dark.

Residents with mobility or cognitive impairments face particular barriers on Cape Ann. Many of the older buildings are not handicap accessible, and it may not be feasible for some residents to attend events held in those locations. Some participants talked about transportation being a primary obstacle to being socially involved. Challenges to transportation described above are especially detrimental to those who cannot get out and about on their own, which yields an additional burden on care partners to provide or to piece together the transportation

needed. One participant noted that it takes “a lot to get someone out of the house” when they have additional physical or cognitive impairments. Even beyond transportation, focus group participants cited that there are no programs on the Cape that are designed specifically for persons with disabilities, limiting social participation for those individuals.

A challenge to strengthening opportunities for social participation described by study participants relates to meeting space. Many participants were under the impression that there is a lack of spaces and venues on Cape Ann for seniors to gather informally. Although some local businesses and restaurants are accepting of groups of people getting together to socialize, not all are. The lack of available known spaces to get together is exacerbated by concerns about transportation, health, and other challenges related to aging. One participant asked, “how can I keep my social network together,” given the challenging logistics of getting together.

Housing



In order for adults to remain living in their communities as they age, housing must be available, affordable, and designed to accommodate a range of physical abilities. Moreover, homeowners must be able to adequately maintain and repair their homes in order to stay in them safely. Thus, an age- and dementia-friendly community includes a continuum of safe, affordable and healthy housing options that provide the services and accessible design necessary to allow residents, regardless of income or housing type, to age in place.

Participants noted many positive housing-related aspects of living in the Cape Ann region. Conversations with key informants revealed that many of the neighborhoods are densely settled, without residents feeling too “on top of” one another. This provides an opportunity for neighbors to know each other, adding to the sense of community and “small-town” feel of Cape Ann. Additionally, key informants described Cape Ann residents as being proud of their homes with a strong desire to age in them, and forum participants talked about the importance to residents of remaining on Cape Ann as they continue to age.

Challenges on Cape Ann related to housing were discussed at length across all the groups and key informants consulted for this study. Considerable concern over economic security was expressed by key informants, especially as it relates to housing. The costs of property taxes and utilities are high on Cape Ann, adding to financial strain for many. A number of key informants expressed concern over the lack of affordable housing on Cape Ann, not just for seniors but for young professionals and families as well. Wait lists for existing affordable housing are long, and Cape Ann lacks available land for development. Although addressing this issue is a shared priority among municipal leaders, some political barriers (e.g., disagreement over availability of land or repurposing existing buildings for new housing) have been associated with the development of affordable housing.

One way that seniors can reduce their housing costs is by taking part in a tax work-off program. This program allows seniors to work for their municipality, in exchange for a reduction in their property taxes. Three of four communities (Gloucester, Manchester, and Rockport) have tax work-off programs (Essex reports not currently offering a tax work-off program). However, limited spots are available, and the income eligibility is very low and not accessible to many Cape Ann residents.

Although valuing the character and history of the older homes on Cape Ann, participants recognized that many of the homes on Cape Ann are quite old and may not meet the safety needs of older adults (e.g., stairs to get to the front door may lack a railing). Repairs and renovations are often too expensive for many older residents to afford, and limited resources are available for financial assistance to make necessary changes. Participants mentioned the difficulty of finding appropriate and affordable services to fix both minor and major issues in

the home. Seniors may not know how to find handyman services, or may be hesitant to reach out to someone in fear of being scammed or taken advantage of. Some participants highlighted the need for a resource for seniors that could help connect them with vetted service providers or a list of volunteers for minor handyman jobs.

Participants in this study cited limited options for seniors who cannot remain in their own home as they age. The housing stock on Cape Ann is low, and no intermediate options across the continuum of housing with supports and services are available locally. Three skilled nursing facilities are on Cape Ann, but no local options between living independently and nursing home care are in place. Among existing downsizing options, costs tend to be too high to warrant the move for many seniors. Participants recognized that addressing housing needs is one of the most complex problems to solve and would require cooperation and leadership from municipal and state governments to make change happen.

Outdoor Spaces & Buildings

The Outdoor Spaces & Buildings domain includes the features and perceptions of indoor and outdoor spaces that impact mobility, independence, and quality of life. Cape Ann’s natural beauty is recognized as a strength of the region by many residents and improving accessibility to public buildings and spaces have already become goals of the individual communities of Cape Ann. An age- and dementia-friendly place is one that has opportunities for seniors to engage in activities in outdoor spaces and parks as well as full accessibility to public buildings and public parking.

The number of walking and biking trails, beaches, and parks were highlighted as key assets to living in the Cape Ann region. However, some of these outdoor spaces are hard to access due to transportation services not reaching those areas of Cape Ann; as well, some lack accessibility for those with disabilities. At the Gloucester forum, the recent beautification efforts of the downtown and boulevard areas were praised as improvements to the community for residents of all ages to share.

“Some of the solutions at least are universal...a lot of the stuff in some of these areas would be around the universal design... some of the solutions I think can benefit more than just seniors and are just good community planning at a basic level.”
– focus group participant

Walkability on Cape Ann emerged as a key focus among participants. Many residential neighborhoods are not walkable: sidewalks may be in poor condition or may not exist at all; and many neighborhoods are not within walking distance of amenities. Key informants report that their communities are currently taking action to address issues of walkability and pedestrian safety in their communities. For example, Gloucester is engaged in a Safe Streets to Transit program to promote pedestrian

safety, and Essex has acted to improve the walkability and accessibility of its Town Center in recent years, including accessible parking and parks for persons with disabilities. The Rockport effort, “Safe Streets,” part of a statewide campaign, was praised by participants as an essential move forward toward age- and dementia-friendliness in the community. Their aim is to assess the community for wheelchair accessible curb cuts and street safety in order to improve areas that may need it. Participants recognized efforts to improve parks and playground equipment around Cape Ann, and were advocating for multigenerational parks to incorporate age- and dementia-friendly features.

Participants reported that ensuring accessibility is a challenge due to the historical nature of the area, and note that there is still work to be done. They discussed the challenges associated with maintaining a balance between preserving the historical charm of the Cape Ann region and making changes to the physical environment to better serve residents and tourists. One example of that may be areas that are paved by cobblestone or brick, which are reminiscent of the early days of the Cape, but not the most desirable age- or dementia-friendly pavement types for walkability.

Informants noted additional opportunities to improve outdoor spaces and buildings.

A continued review of the availability and location of signage to improve wayfinding in public buildings is essential, as is maintaining the same level of diligence for local outdoor spaces such as parks. To ensure that parking in Cape Ann is age-friendly, key informants suggested establishing additional handicap parking spots, and determining if parking availability is adequate near amenities. Because snow removal across Cape Ann is a challenge, improvements to municipal snow removal efforts are necessary, and efforts to help residents who have difficulty removing snow from their property could be expanded.

OUTDOOR SPACES & BUILDINGS
Ideas Drawn from Participant Input

- Establish more handicap parking spots.
- Expand parking for caregivers.
- Initiate a Cape-wide adoption of Safe Streets, and review crosswalks.
- Keep public bathrooms open year-round, including when it is not tourist season.
- Create clear signage for bathrooms and other major municipal amenities that accommodate sensory changes for persons living with disability, vision or hearing impairment.

“We like to think of ourselves as a walking village but we need to do better in terms of the condition of the sidewalks and curb cuts.”
– Town Administrator

Respect & Social Inclusion



Feeling respected and included promotes participation and facilitates effective use of programs and services. Intergenerational activities and welcoming environments are important for developing mutual relationships of respect and diminishing stigma associated with aging and other dimensions of diversity.

Overall, Cape Ann was characterized as a great place to live and work, with a strong sense of community across the region and within the four municipalities. Participants valued the close-knit feeling of the area. Many were satisfied with the public safety departments in each of the communities, noting the smallness of the communities as an important feature that allows individuals to personally know their neighbors and the public safety personnel. Yet participants observed that “knowing your neighbors” is less typical than in the past, resulting in their feeling isolated even in their own neighborhoods.

An age- and dementia-friendly community is conceptualized as a place in which older residents and those with dementia feel valued, included and welcomed in all aspects of life. Participants suggest that there is “still work to be done” to promote an overall positive attitude about seniors living and aging on Cape Ann. Participants tied these negative stereotypes to a political climate that at times pits the older and younger generations against one another in discussions about municipal resources. For example, some participants described tensions between the generations in regards to the provisions of social supports and programming. Some noted a concern among seniors that all resources are being allotted to families and children, with little to no resources dedicated to older adults who have contributed significantly to Cape Ann.

“There’s that level of respect that I think regardless of how old you are or what your mental capacities are, if you take respect out of it you are not honoring what somebody wishes for themselves...caregivers need a lot of training and education around how do you respect the wishes of someone and honor that”

– focus group participant

Participants identified two specific groups that are inadequately considered or consulted in community planning efforts: persons with disabilities, including both physical and intellectual disabilities, and persons living with cognitive impairment. While much discussion circled on physical attributes of the community being more inclusive, there was also a sentiment that these groups on Cape Ann are “invisible” in other respects. For example, programming and planning efforts do not consistently take into account the perspectives or needs of persons needing assistive devices (e.g., wheelchair access or hearing assistance).

Participants acknowledged that a negative view of aging is not unique to Cape Ann residents. Nonetheless, tackling the issue locally is viewed as desirable, and they expressed interest in working to break down negative stereotypes about aging. Participants suggested creating opportunities for seniors to interact with families and school-aged children as a way of building shared understandings of the value of younger and older residents alike. They imagined celebrations of seniors who are contributing significantly to the region and featuring their contributions to the community as a way of helping to foster positive imaging about aging on Cape Ann. Study participants also indicated a desire to offer training for municipal staff outside of the local COAs regarding how to work with older adults and those with dementia.

RESPECT & SOCIAL INCLUSION **Ideas Drawn from Participant Input**

- Foster opportunities for intergenerational programming such as partnerships with local school systems to create programs like a “Senior Help Desk” where high school seniors can help older residents with their technology needs, or engaging seniors in oral history projects.
- Take advantage of the multiple cultures represented on Cape Ann to hold multi-cultural sessions focusing on parenting and grandparenting in other cultures, or addressing ageism using international perspectives.

Civic Engagement & Employment



Involvement in paid employment and civic participation, such as volunteering and political participation, helps build social capital, may yield income, facilitates efforts to pursue interests and be engaged, and may even contribute to good health. In order for Cape Ann to become a vibrant place to grow older, opportunities to be involved in the civic process as well as employment opportunities are necessary. Older residents are a growing resource on Cape Ann, and devising ways to capitalize on this resource is a worthy priority.

Most study participants were energized about civic engagement topics. Key informants recognize the value of senior involvement in municipal affairs, and discussed ways to further include seniors on municipal boards and committees. Study participants realized that these involvements help to create and maintain social connections, while simultaneously offering benefit to the community from lifelong experience and skill development. They also recognize that ensuring that older residents are involved in civic activities helps to raise awareness about aging issues throughout the community.

Study participants described a strong local volunteer culture on Cape Ann. They shared concern about an “aging-out” of the volunteer base and a desire to see programs adapted for a new generation of volunteers. Reiterating the fact that the senior population is an asset to

Cape Ann, participants noted the untapped potential among seniors to help other seniors, especially as volunteer drivers. Participants recognized that additional measures and education about liability and insurance requirements, and perhaps even compensating drivers with a stipend or some other benefit, may be necessary to secure greater involvement in this form of volunteerism.

Paid employment was recognized as an issue by participants in this study. Focus group participants were curious to know what kinds of local opportunities were available for seniors to work for pay. Participants at community forums described tourism as bringing valued opportunity for part-time seasonal work to older residents. Study participants suggested that establishing a mechanism to connect seniors with local employers would be useful for those seeking employment.

<p>CIVIC ENGAGEMENT & EMPLOYMENT Ideas Drawn from Participant Input</p> <ul style="list-style-type: none">• Maximize community service opportunities including partnership with school districts.• Foster volunteer opportunities for older seniors.

The intersection of employment and caregiving was discussed by study participants. Focus group participants discussed the economic importance of homecare and informal care. Participants recognized a significant shortage in the homecare workforce, and noted that it directly impacts aging on Cape Ann. Home assistance is an essential need for many residents seeking to remain in the community as

they age, but homecare workers receive low pay and little recognition for their hard work. Participants hoped that something could be done to improve conditions for the homecare workforce, but recognized that improvement may require state-level change. Focus group participants discussed that informal care partners are not compensated for their assistance, yet often provide care at a level that may be equivalent to a part- or full-time job. Moreover, care partners often carry the financial burden of providing for themselves, their families, and the individual for whom they are caring. Focus group participants would like to see additional services and supports available for care partners, including supports that address potential financial needs.

Important Areas for Action

To aid in planning for the projected increase in the older population, this report provides SeniorCare with a tool based on resident and stakeholder input to advocate for and improve services and programs for older adults and those with dementia. Based on the findings reported here, we recommend to SeniorCare and the team leading the ADFCA Initiative that the following items be emphasized when developing an action plan:

- Options for door-to-door transportation service for social events as well as for medical appointments. For example, consider ways to improve the vitality of volunteer driver programs on Cape Ann.
- Identify linkages that can improve the connectivity of the Cape Ann communities. For example, advocate for more evenly distributed availability of CATA dial-a-ride service to ensure that all residents of Cape Ann have access.
- Develop a “hub” or centralized mechanism for distributing information about local programs, events and resources on a regional basis. Ensure that this regional information is distributed through multiple media (e.g., printed and distributed to all COAs, electronic newsletter directed at key stakeholder organizations and municipalities as well as pushed out through social media). Consider drawing on the CARE network to make information broadly available to family caregivers of persons with dementia and those residents who may be socially isolated.
- Support the development of a positive aging campaign in the Cape Ann region. For example, consider recognizing a “senior of the month” or a monthly column in local newspapers to draw attention to the value of seniors’ contributions.
- Given the overwhelming need for caregiver support on Cape Ann, we recommend that the ADFCA Initiative direct special attention to caregiver support programs. For example, consider ways to support more affordable and flexible respite programs—even if short in duration. Offer opportunities for caregivers to simply socialize and connect—free of the confines of a formal “program.”
- Support the recruitment and retention of a homecare workforce on Cape Ann that is dementia capable.
- Facilitate continued community education about important topics related to providing supports and services to seniors and those with dementia. For example, consider a series of workshops to address inconsistencies across communities in the application of HIPAA, breaking down assumptions about collaborations between emergency services and senior services. Provide communities with accurate information about

their options with respect to promoting volunteer transportation. Offer continued education about understanding, recognizing and dealing with dementias.

- Take an inventory of agencies and organizations that could be involved in making age- and dementia-friendly changes and develop coalitions to address each focus area.

Appendix A.
The Age-Friendly Community Framework

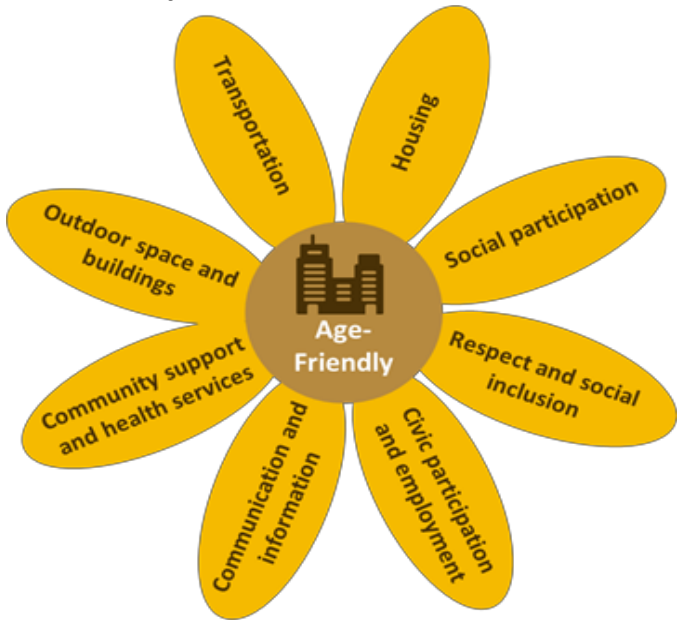
Communities throughout the nation are pursuing new strategies to promote health and quality of life among their residents. Towns and cities are embarking on community-engaged initiatives meant to identify and improve local amenities and services that have a meaningful impact on resident well-being, based on WHO’s “age-friendly communities” framework, as well as related models such as “livable communities” or “lifelong communities.”

An “Age-friendly” community, as described by WHO, is one in which people participate in activities, are connected to their neighbors, remain healthy and active, and feel they belong—no matter their age. Through planning, taking action, and evaluating progress, communities all over the world are taking steps to improve their social and physical environments as a strategy for promoting health and well-being throughout the life course. The Age-friendly framework describes focus areas for communities and lays out a process intended to ensure repeated consultation with the community, collective reflection, action, and evaluation. WHO also hosts an Age-friendly Network, established in 2010 as a means of facilitating the exchange of information among communities. This network currently includes 600 cities and communities in 38 countries (<https://extranet.who.int/agefriendlyworld/who-network/>), including many in

Massachusetts. In his January 2018 State of the State speech, Governor Charlie Baker announced that Massachusetts has joined the network of Age-Friendly States, signaling broader commitment to the principles that support aging in community.

Domains. The Age-friendly framework includes eight domains of community life that intersect with livability, accessibility, and the ability to thrive (see **Figure 1A**). Within each domain, elements are identified that are relevant to affordability, appropriateness, and accessibility. The description of age-friendly features, and the

Figure 1A. Eight Domains of an Age-friendly Community



Reproduced from the Boston Design for Aging Committee

experiences of communities throughout the world that are using the framework, make clear that each community conceptualizes this effort in a somewhat unique way. Local conceptualizations shape the initiatives, programs, and partnerships put in place; they also shape the research and measurement used in support of the effort. Ultimately, the first step involved in pursuing an age-friendly agenda is to define and assess environmental features relative to the characteristics and resources of residents actually living in the community. Based on what is learned in that initial step, a community develops an Action Plan designed to address the most pressing or most actionable issues identified through the needs assessment process. In subsequent years, as the Action Plan is implemented and evaluated, the broad goals of the Initiative may be modified in a continuous improvement cycle (see **Figure 2A**).

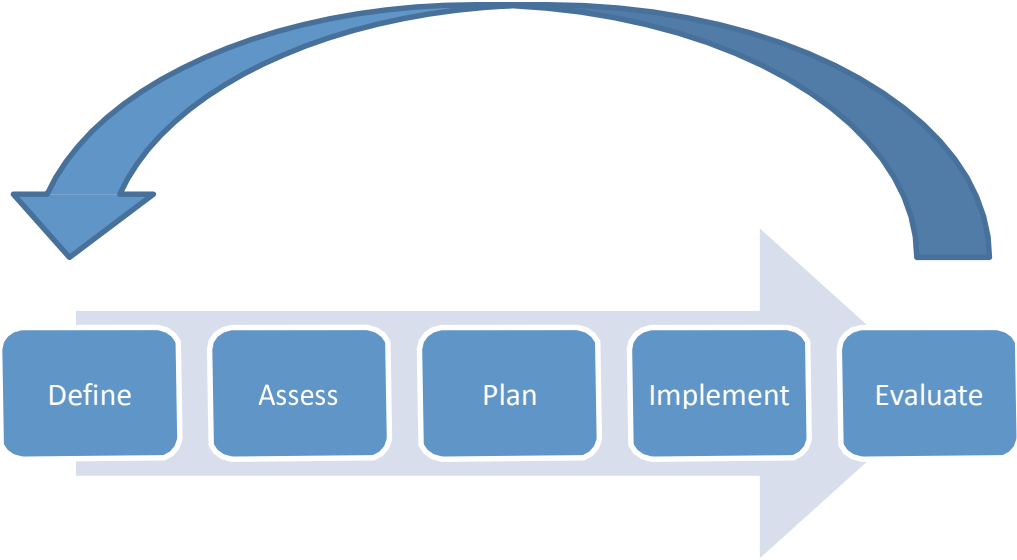


Figure 2A. Process for Developing an Age-friendly Community

The Dementia-Friendly Framework

The Dementia-Friendly movement is similar to the Age-Friendly framework in that it aims to make communities more livable for seniors, particularly those with Alzheimer’s or related dementias. The leader of this movement in the United States is Dementia Friendly America (DFA), which was formed in 2015 after the White House Conference on Aging (<http://www.dfamerica.org/what-is-dfa/>). DFA is a network comprised of public and private organizations or communities that are working to make the community more dementia-friendly. Indeed, a grassroots movement in Massachusetts, Dementia Friendly Massachusetts, is a part of DFA and aims to make communities in Massachusetts dementia-friendly (<https://www.mass.gov/dementia-friendly-massachusetts>).

DFA defines a Dementia-Friendly community as “a village, town, city or county that is informed, safe and respectful of individuals with the disease, their families and caregivers and provides supportive options that foster quality of life” (<http://www.dfamerica.org/what-is-dfa/>). Furthermore, DFA cites the successful “ACT on Alzheimer’s” initiative from Minnesota as a model for developing the Dementia-Friendly Framework.

Based on the Dementia-Friendly Communities Toolkit developed by the ACT on Alzheimer’s Initiative, it is clear that a Dementia-Friendly community is based on efforts at all levels of the community. From individual residents to municipal and state government and private organizations, it takes a collaboration of all involved in the community to foster a welcoming environment for those with Alzheimer’s or related dementias in all of the domains presented in **Figure 3A**.

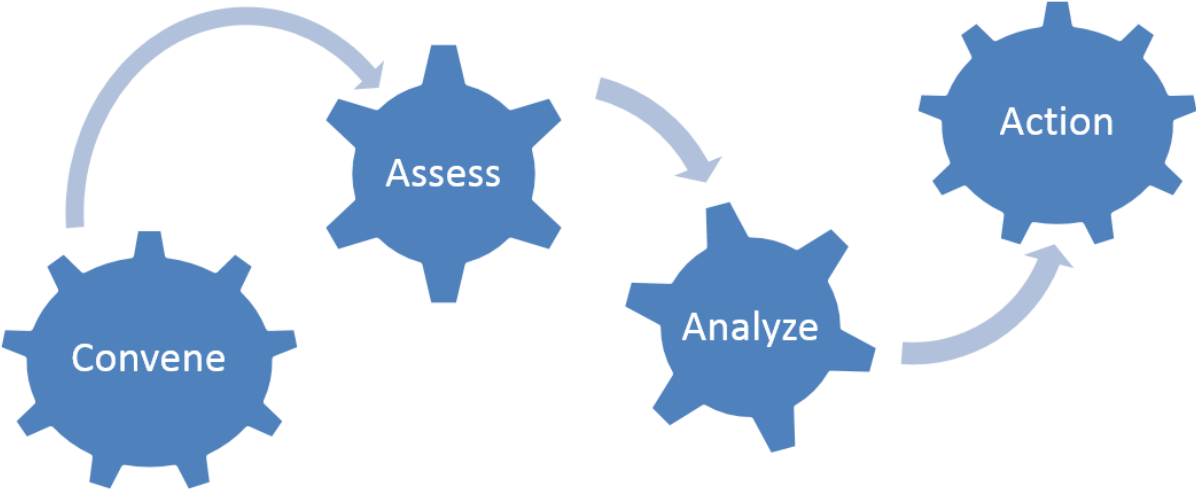
Figure 3A. Facets of a Dementia-Friendly Community



Reproduced from ACT on Alzheimer's® developed tools and resources.
<http://www.actonalz.org/dementia-friendly-toolkit>

The Dementia-Friendly Toolkit outlines the four phases of creating a dementia-friendly community (**Figure 4A**). Phase 1, convene, is about getting community buy-in by involving key leaders in the community in the development of dementia-friendly efforts. Upon securing buy-in and collaboration from community members and organizations, Phase 2 involves assessing the community for assets and challenges for individuals with dementia and their loved ones. Phase 3 is the time during which the assessment from Phase 2 is analyzed and used to determine priorities for action. Phase 4 is dedicated to creating an action plan and implementing change in the community to meet the action plan. The four phases are intended to take about a year to complete, with the understanding that dementia-friendliness is an ongoing process of assessment and action.

Figure 4A. Phases of Creating a Dementia-Friendly Community



Adapted from ACT on Alzheimer's® developed tools and resources. <http://www.actonalz.org/dementia-friendly-toolkit>

Appendix B.

Participating Stakeholders

Key Informants

Vice President, Addison Gilbert Hospital and Lahey Outpatient Center
Mayor, City of Gloucester
City Councilor, City of Gloucester
Town Administrator, Town of Essex
COA Director, Town of Essex
Town Administrator, Town of Manchester-by-the-Sea
Board of Selectmen Member, Town of Manchester-by-the-Sea
Town Administrator, Town of Rockport
Board of Selectmen Member, Town of Rockport

Participating Organizations

Action Inc.
Adult Foster Care of the North Shore
Beauregard Hearing Care
Bonneville Design
Cape Ann Savings Bank
Cape Ann Veteran's Services
Connected Home Care
Day by Day
Essex Council on Aging
Gloucester Coalition for the Prevention of Domestic Abuse
Gloucester Fire Department
Gloucester Healthcare
Gloucester Public Schools
Harborlight Community Partners
Independent Living Center of the North Shore
Lahey Health at Home
Manchester Council on Aging
Needy Meds
Pathways for Children
Rockport Police Department
Rose Baker Senior Center
The Open Door Food Pantry

Appendix C.

Demographic, Social, and Economic Features of Cape Ann's Older Population

According to the American Community Survey (ACS), in 2016 approximately 46,000 individuals lived in the four communities making up the Cape Ann region. Gloucester was the biggest community with an estimated 29,546 residents, followed by Rockport with 7,167, Manchester with 5,321, and Essex with 3,632 residents. As shown in **Table 1C**, nearly half of the residents in the Cape Ann region were age 50 and older, and one out of three is age 60 or older, representing nearly 15,000 individuals.

The share of the Cape Ann population age 50 and older is much higher than the overall state of Massachusetts. About 35% of the Massachusetts population was in the 50 and older age group in 2016, compared to 49% of the population in the Cape Ann region. Compared to the state, Cape Ann also had a higher portion of residents age 60 and older. In 2016, one-third of Cape Ann's population was 60 or older (including 6% who were 80 years or older); in comparison, 21% of Massachusetts residents were age 60 or older in 2016. In all four communities of Cape Ann, residents age 60 or older represent more than one-quarter of the population, including Essex (27%), Gloucester (31%), Manchester (33%) and Rockport (37%).

Table 1C. Number and percentage distribution of Cape Ann's population by age category, 2016

Age Category	Essex	Gloucester	Manchester	Rockport	Cape Ann	MA
Under age 18	21%	17%	22%	17%	18%	21%
Age 18 to 49	36%	35%	28%	28%	33%	44%
Age 50 to 59	16%	17%	17%	18%	17%	14%
Age 60 to 79	22%	25%	27%	29%	26%	17%
Age 80+	5%	6%	6%	8%	6%	4%
<i>Total</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>
All ages	3,632	29,546	5,321	7,167	45,666	6,742,143
Age 60+	974	9,245	1,742	2,681	14,642	1,428,144

Source: American Community Survey, 2012-2016, Table B01001. Numbers are calculated from 5-year survey estimates

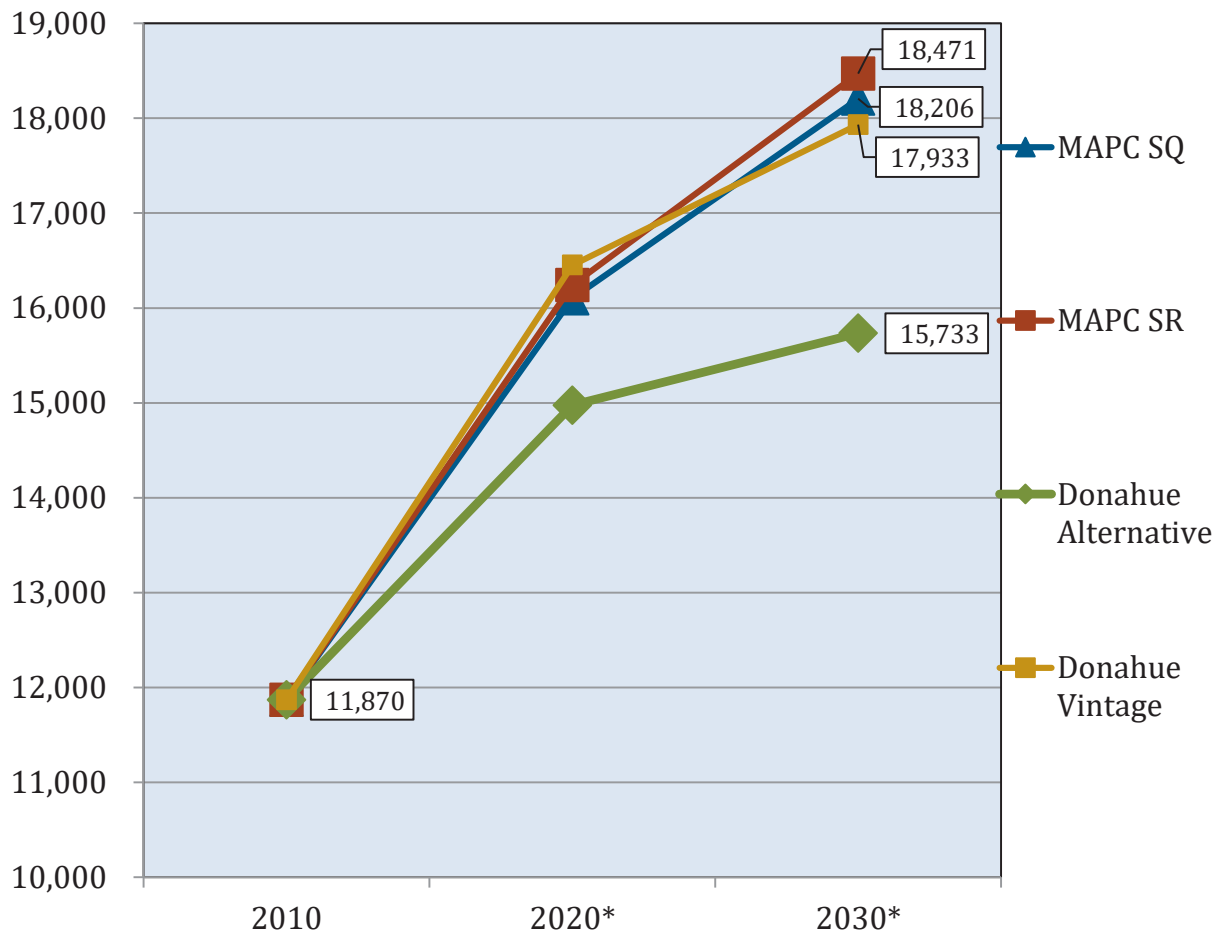
Similar to most Massachusetts communities, recent population growth in the Cape Ann region has been concentrated in older age groups. Between 2000 and 2010, Cape Ann's total population of all ages experienced a decrement in the number of residents, declining by nearly 5%. In contrast, the number of residents who are age 60 and older increased by 23% in Cape Ann between 2000 and 2010. Growth in the size of Cape Ann's older population is projected to continue in the coming decades. **Figure 1C** shows four sets of projections for the Cape Ann population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All four sets suggest that substantial increments in the older population are expected. In 2030, the projections range from 15,733 to 18,471, and suggest that seniors will represent 42% to 45% of the region's population. Note that the projections for 2020 range from 15,000 to nearly 16,500; given that the 2016 estimates provided in Table 1C indicate that nearly 15,000 Cape Ann residents are already age 60 or older, the higher projections may be a more accurate reflection of future trends.

Demographic features. Among the demographic features of note for the older Cape Ann population are included gender, race and ethnicity, place of birth, and language spoken at home. Women make up a small majority of Cape Ann's older population, and 54% of Cape Ann residents who are age 60 and older are women. Racial and ethnic diversity in all four communities is limited, with 95% of Cape Ann residents reporting that they are White and non-Hispanic. As well, a majority of residents speak only English at home, including 91% of all-age residents, and 94% of Cape Ann residents age 65 and older (*ACS, 2012 - 2016, Table B16004*). Those who speak a language other than English at home most commonly speak an Indo-European language such as Italian or Portuguese. Older Cape Ann residents were largely born in the United States, with just 7% not being citizens by birth (*ACS, 2012 - 2016, Table B06001*). Although relatively small, the ethnic minority, foreign born, and non-English speaking segments of the community may have unique needs and concerns that should be considered in Cape Ann's initiative.

Housing and living arrangements. Most homes in Cape Ann are owner-occupied by year-round residents, and most homeowners are older residents. An estimated 10% of Cape Ann housing units are seasonally occupied, although that share is higher in Rockport (at approximately 21%; *ACS, 2012-2016, Table B25004*). The rest are year-round residences, and a majority of these are occupied by the person who owns the home. Two out of three Cape Ann householders³ are homeowners (see **Figure 2C**), a level of homeownership that is fairly consistent across the four communities. Homeownership is especially typical for older

³ In U.S. Census Bureau tabulations, including those used for this report, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented.

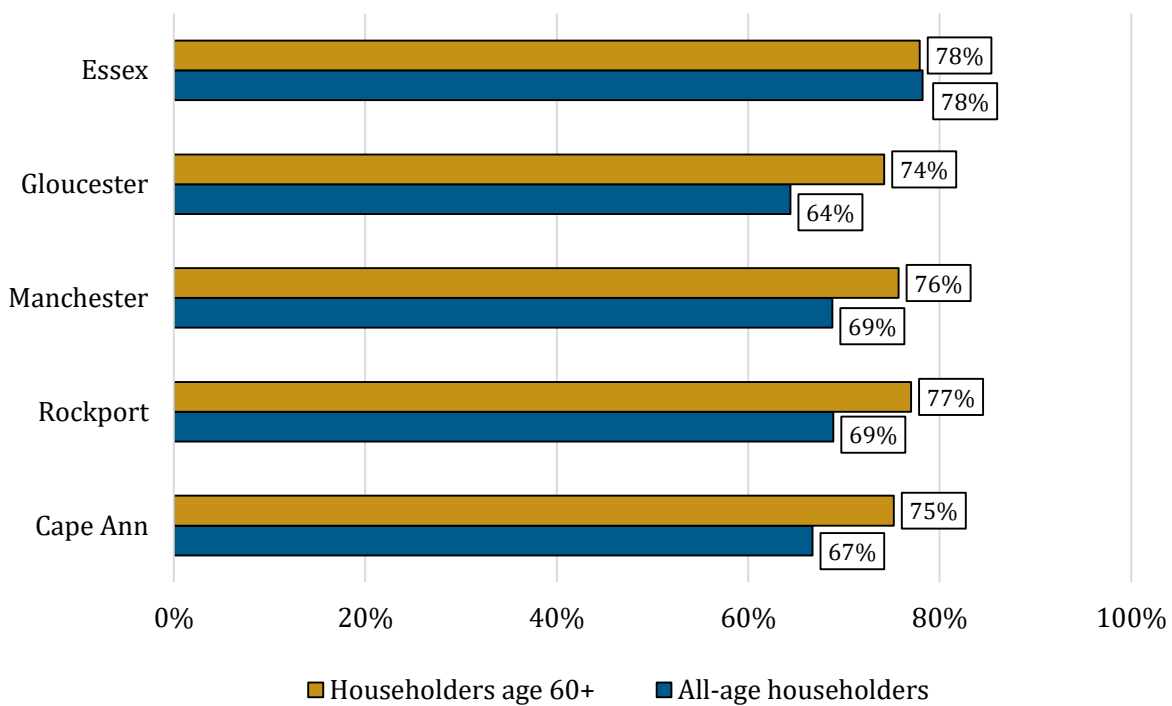
Figure 1C. Number of Cape Ann residents age 60 and older 2010 with projections to 2020* and 2030*



Source: Population figures for 2010 are from the U.S. Census. *Population figures for 2020 and 2030 are from Donahue Alternative projections estimated by the Donahue Institute, University of Massachusetts, March 2015 <http://pep.donahue-institute.org/> MAPC Status Quo (SQ) and Stronger Region (SR) Scenarios projections are prepared by the Metropolitan Area Planning Council <https://mapc.org/learn/projections/>

householders. Three out of four Cape Ann householders age 65 or older are homeowners, a rate of homeownership that is also consistent across the four communities. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

Figure 2C: Homeownership rates, Cape Ann

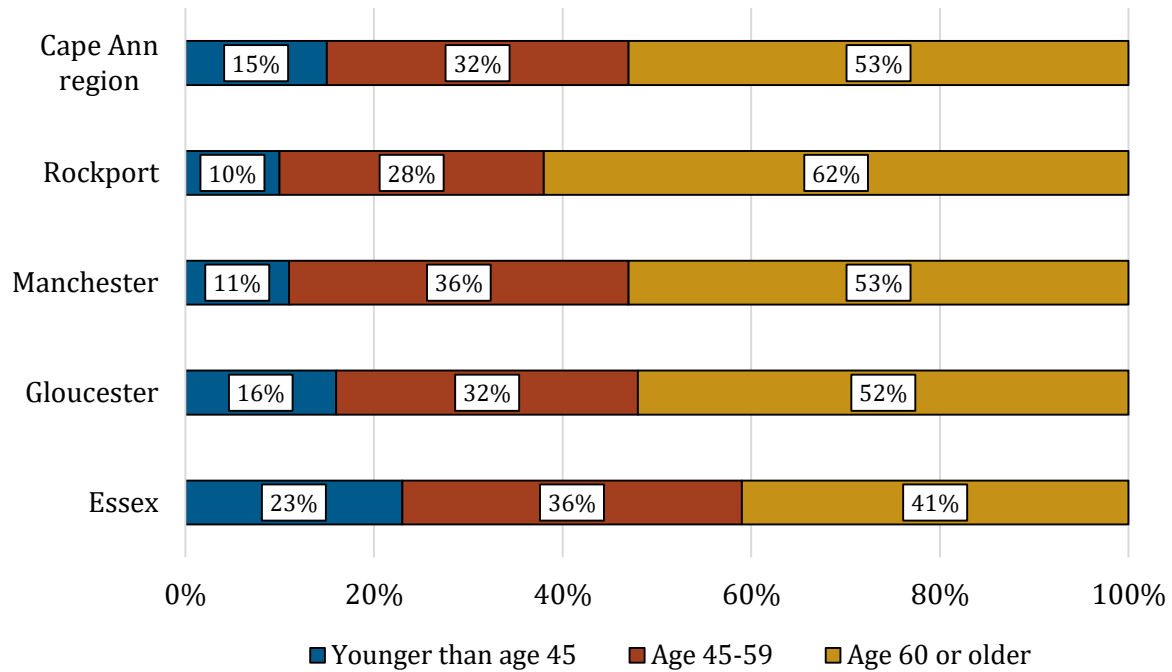


Source: American Community Survey, 2012-2016, Table B25007. Numbers are calculated from 5-year survey estimates.

As a result of these demographic patterns, a majority of Cape Ann’s households are headed by a resident who is middle-aged or older; specifically, residents age 45 and older head over three-quarters of all households in Cape Ann⁴. Owner-occupied homes are especially likely to be headed by an older person, and residents under the age of 45 make up only 15% of owner-occupied households (see **Figure 3C**). Residents between 45 and 59 years of age constitute 32% of homeowners and those 60 and older represent 53%. In three of the Cape Ann communities, residents age 60 and older head over half of the owner-occupied homes, while in one (Essex), 41% of homeowners are age 60 or older. The large number of older homeowners in Cape Ann has implications for the amenities and services likely to be needed and valued by members of the community.

⁴ Many available Census data on the older population of Cape Ann are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

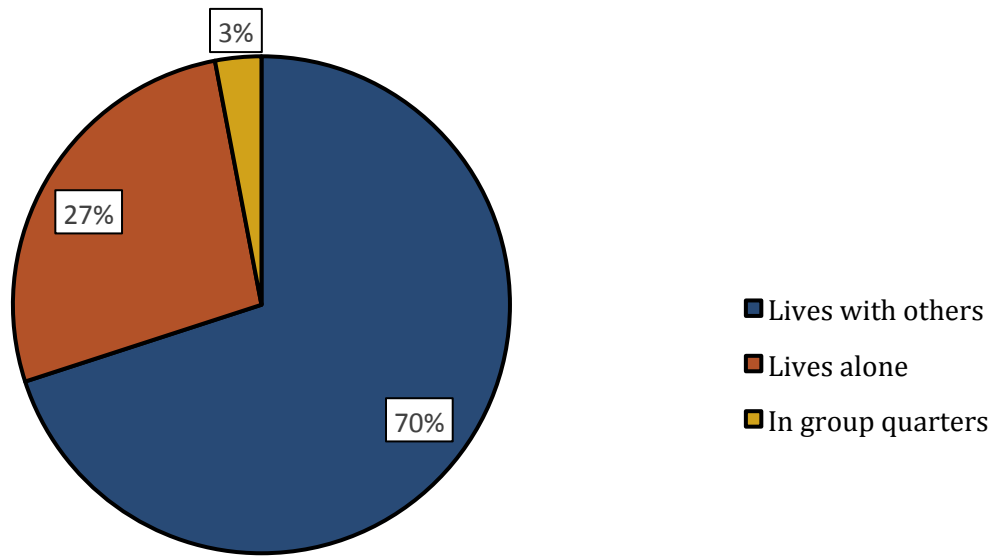
Figure 3C. Age structure of owner-occupied householders, Cape Ann



Source: American Community Survey, 2012-2016, Table B25007. Numbers are calculated from 5-year survey estimates.

Half of all Cape Ann households include at least one individual who is age 60 or older (ACS, 2012-2016, Table B1006), highlighting the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments. Although most Cape Ann residents who are age 65 or older live in households that include other people, such as a spouse, a parent, children, or grandchildren, a large proportion of Cape Ann residents who are age 65 and older live alone (27%, see **Figure 4C**). Few Cape Ann older residents—about 3%—live in a group quarters setting such as a group home or nursing home.

Figure 4C. Living arrangements of Cape Ann residents, age 65 and older



Source: American Community Survey, 2012-2016, Table B09020. Numbers are calculated from 5-year survey estimates.

Socioeconomic status. Cape Ann residents are well educated on average. About 37% of persons 65 and older have at least a bachelor’s degree (ACS, 2012-2016, Table B15001), and younger Cape Ann residents are even more highly educated, with 45% of residents age 45 to 64 having a college degree or more. The share of older residents with college degrees is especially high in Manchester (58%) and Essex (51%). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities: activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of older Cape Ann residents remain in the workforce, including an estimated 68% of those age 60-64, and 31% of those age 65-74 (ACS, 2012-2016, Table S2301). Of those age 75 and older, nearly 8% remain in the workforce in Cape Ann.

A history of military service is common among older men who live in Cape Ann. About 43% of men age 65 and older report veteran status, as do a small share (1%) of Cape Ann’s older women (ACS, 2012-2016, Table B21001). As a result, many of the region’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

The four communities in Cape Ann differ in some elements of socioeconomic status. With respect to household income, Essex and Manchester have higher median household income levels than Massachusetts as a whole (**Table 2C**), while median household income in Rockport and Gloucester is similar to or slightly below the statewide median. In all four communities, as in the Commonwealth overall, median income in households headed by an older person is considerably lower than in households headed by younger people.

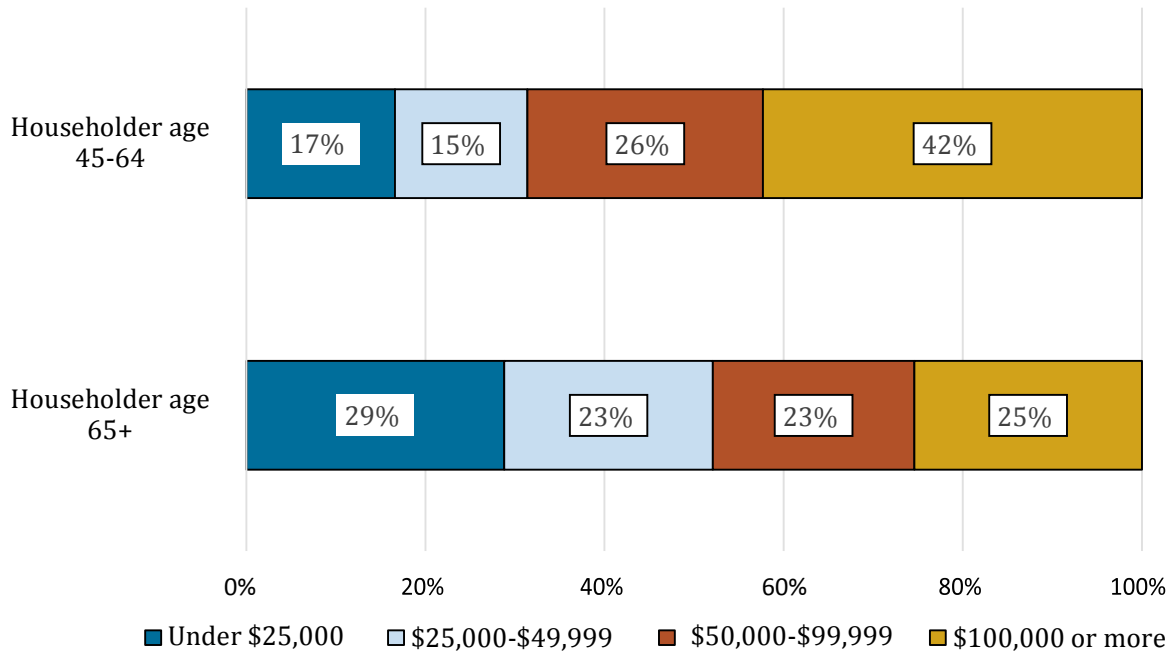
Table 2C. Median household income by age of householder (in 2016 inflation-adjusted dollars)

	Essex	Gloucester	Manchester	Rockport	MA
Age 25-44	\$127,120	\$68,641	\$91,905	\$75,250	\$80,263
Age 45-64	\$108,828	\$78,425	\$120,313	\$78,250	\$87,533
Age 60+	\$44,200	\$40,729	\$57,411	\$52,917	\$42,707
All ages	\$103,750	\$63,917	\$92,604	\$68,448	\$70,954

Source: American Community Survey, 2012-2016, Tables B19049. Numbers are calculated from 5-year survey estimates. Includes only community households, not group quarters such as nursing homes.

The economic profile of older Cape Ann’s residents relative to younger residents is further illustrated in **Figure 5C**. Approximately one-quarter of Cape Ann households headed by someone age 65 and older report incomes of \$100,000 or more. By comparison, 42% of households headed by a resident aged 45 to 64 report this level of income. Nearly three out of ten households headed by an older resident report annual incomes of under \$25,000, compared to just 17% of younger households. Thus, there is a sizeable segment of Cape Ann’s population that is at risk of financial insecurity or economic disadvantage, including a disproportionate share of older households. Extremely low income at or below the federal poverty line occurs less commonly in Cape Ann than in Massachusetts as a whole, and for the population of all ages, the Cape Ann poverty rate of 7.5% is lower than for the Commonwealth (11.4%). But among older residents, those age 60 or older, the risk of poverty on Cape Ann is somewhat higher than for their all-age neighbors, at 8.2%, while the Massachusetts poverty rate for people age 60 and older, at 9%, is below the all-age Massachusetts poverty rate.

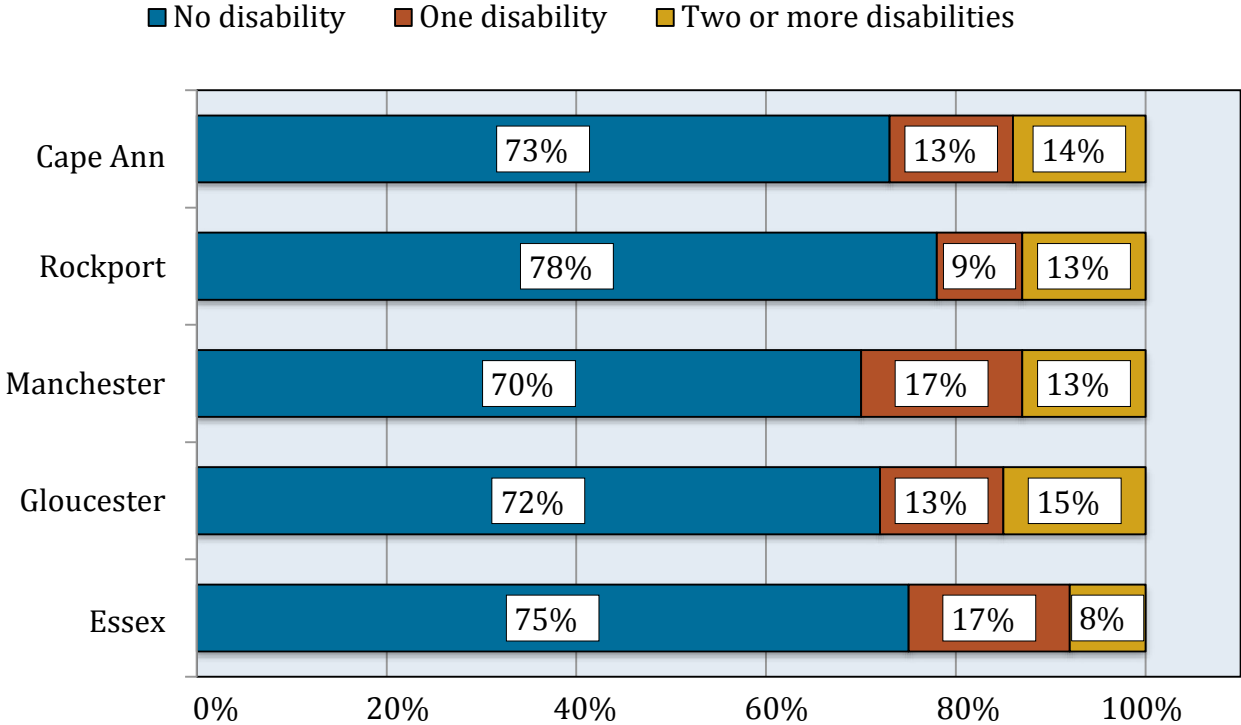
Figure 5C: Household income distribution on Cape Ann by age of householder (in 2016 inflation-adjusted dollars)



Source: American Community Survey, 2012-2016, Table B19049. Numbers are calculated from 5-year survey estimates. Includes only community households, not group quarters such as nursing homes.

Health and disability. The increased likelihood of acquiring a disability with older age is evident in data from the American Community Survey. Many Cape Ann residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. **Figure 6C** shows that an estimated 13% of residents age 65 and older have one disability, and an additional 14% report two or more disabilities. Rockport is the Cape Ann community with the lowest share of older adults reporting one or more disabilities (22%), followed by Essex (25%), Gloucester (28%), and Manchester (30%). Among the different types of disability that are assessed in ACS, the most commonly cited by older Cape Ann residents were ambulatory difficulties (difficulty walking or climbing stairs, at 14%) and independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping, at 13%; ACS 2012-2016, Table S1810). Other disabilities experienced by older Cape Ann residents included hearing problems (12%), cognitive difficulties (7%), self-care difficulties (7%), and vision difficulties (5%).

Figure 6C. Percentage of Cape Ann residents age 65 and older reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2012-2016, Table C18108

Information on chronic health conditions and on Alzheimer’s disease or related dementias retrieved from the Massachusetts Health Aging community reports for Cape Ann communities adds to our understanding of elder health in the area. One indicator of the health status of a community is the share of older residents who have four or more chronic conditions. These conditions include arthritis and hypertension as well as cancer, heart disease, and other health conditions. As shown in **Table 3C**, in each of the four Cape Ann communities at least half of the older residents have four or more such conditions, suggesting a high prevalence of chronic disease in these communities. Notable, however, is that these community rates are significantly lower than the statewide rate of 61.5%, suggesting that although chronic disease is a significant concern in Cape Ann, these are somewhat healthier communities than is typical in Massachusetts.

Also shown in **Table 3C** is the estimated rate of Alzheimer’s disease or related dementia in the Cape Ann communities. The Healthy Aging reports suggest that between 11% and 13.5% of Cape Ann residents age 65 or older have a dementia-related condition, highlighting the importance of the attention paid to these conditions by the Cape Ann

initiative. In two of these communities—Manchester and Rockport—the rates of dementia are significantly lower than the statewide average suggesting again a slightly better level of health in these Cape Ann communities than in the Commonwealth overall.

Table 3C: Health status of older residents in Cape Ann: chronic conditions and dementia

	% with 4 or more chronic conditions	% with Alzheimer’s disease or related dementia
Essex	54.1%	12.5%
Gloucester	56.4%	13.5%
Manchester	54.3%	10.9%
Rockport	51.2%	11.0%
Massachusetts Statewide Average	61.5%	14.4%

***Bold percentages** indicate the community statistic rates are significantly lower than the Massachusetts average*

Source: Massachusetts Healthy Aging community profile (2015). Available online: <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

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