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Needs Assessment for the Topsfield Council on Aging

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Needs Assessment for the Topsfield Council on Aging

December 2015

**COMMISSIONED BY THE TOWN OF
TOPSFIELD COUNCIL ON AGING**

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



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Commissioned by the Town of Topsfield Council on
Aging

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Executive Summary

The Town of Topsfield's older population grew substantially during the last decade. Increases are expected to continue as the number of seniors increase moving forward, as well as the share of the Topsfield population they represent. In response to these demographic changes, a study was undertaken to generate and organize information on the older residents of Topsfield and the community organizations supporting their well-being. Special focus was placed on needs of older residents along with the capacity of the Topsfield COA to meet those needs. Methods used included description of existing data, key informant interviews, and focus groups aimed at identifying concerns related to aging in Topsfield, with an emphasis on services and amenities that facilitate aging in place. Assessment methods were designed to identify areas of concern with respect to aging in Topsfield, and to provide a context for planning to address future aging-related needs of the Town's population.

Key findings:

- Adults age 60 or older currently make up one out of four Topsfield residents. Projections indicate that by 2030, more than one-third of Topsfield residents will be in that age group.
- Nearly four out of ten Topsfield homeowners are age 60 or older.
- More than one out of five Topsfield residents age 65 or older lives alone. One-third of Topsfield residents age 65 or older have at least one disability.
- Currently, the Topsfield COA is estimated to be interacting with a minimum of one-third of Topsfield seniors annually. The programs generating the most use include transportation services (group transportation for food shopping as well as other rides by appointment), Meals on Wheels, which served 6,000 meals during FY 2015, and outreach services, including 6,000 phone or in-person contacts with community members.
- Focus groups and interviews suggest that significant needs are present in the community, including socialization opportunities for isolated senior residents; transportation services; caregiver support programs and services; support for home modification; and downsizing opportunities.
- Community members and representatives of Town offices consulted for this study agree that the resources available to the Topsfield COA are not adequate for current and projected demand. The Topsfield COA operates in the absence of full-time staff, is housed in a single office in Town Hall, and has no dedicated programming space.

Recommendations:

The community of Topsfield needs to plan now for substantial growth of the senior population in coming years. By 2030, residents who are age 60 and older are expected to constitute more than one-third of the entire population of Topsfield. This

demographic shift invites the community to think strategically about aligning their plans for housing, transportation, and public safety, as well as other domains of community life, with the evolving age distribution of residents. We offer the following recommendations to assist the Town of Topsfield COA in planning to achieve their mission and to meet their goals moving forward.

- **High-priority recommendations:**

- Identify dedicated private office space for the Topsfield COA. A large share of its work involves confidential communications with residents about their needs and concerns; currently, the COA has no dedicated space for this purpose.
- Identify dedicated program space for the Topsfield COA. A combination of a dedicated space for smaller groups, along with shared access to a larger space on a consistent basis, may be sufficient in the short term. If space must be shared, having secure storage available on site is necessary.
- Improve the accessibility of Town Hall, where the COA office is located. We cannot know how many seniors have been discouraged from using COA services because Town Hall is difficult to access, especially by those with mobility limitations. However, it appeared to be common knowledge among those with whom we spoke that access to the COA office is currently unacceptable.
- Continue to support existing partnerships between the COA and other Town offices and community organizations.
- Expand knowledge of existing COA programs and services throughout the community. Better communication about the programs already in place will increase the COA's value to the community.
- Consider increasing the Executive Director position to full-time. The Topsfield COA has no full-time staff. All administrative, programming, and outreach functions are accomplished by a part-time Director, a part-time Secretary, and a limited group of volunteers. Making this position full-time will better support the programming changes that will ensue when more appropriate space is made available, and respond to likely increases in use of the COA by members of the community.

- **Additional recommendations:**

- Plan to expand staffing. The existing secretarial position may need to be expanded to full-time in order to respond to expected increases in demand. Soon, the COA will likely need at least a part-time outreach worker in addition to the existing staff positions. This level of staffing will bring the Topsfield COA closer to the levels observed in similar communities, and can be expected to more effectively meet needs in the community.
- Develop dedicated drop-in space. The Topsfield COA offers an appealing but limited range of programs (including exercise,

educational programs and interest groups), but does not currently offer opportunities for unstructured socialization. Concerns about isolation and the need for socialization were mentioned by many of the individuals with whom we met.

- Strengthen caregiver support programs. A need for caregiver support is evident in Topsfield. Existing programs through the COA are quite limited and may need to be expanded. Sponsoring or advocating for a respite care program or for expanded Adult Day Health opportunities, either in Topsfield or in collaboration with surrounding communities, may be needed.
- Consider the feasibility of a scheduled congregate dining program. The Meals on Wheels program is well used in Topsfield and serves as a lifeline for homebound seniors. However, most seniors are able to leave their homes and would benefit from having regular opportunities to visit with others over a shared meal.
- Further evaluate needs for expanded transportation services. Because accessible and affordable transportation promotes aging in place in any community, and existing options are very limited in Topsfield, we encourage the COA to consider ways to better align the services provided with residents' needs.

- **Explore the feasibility of significant expansion:**

- Expanding COA services in response to the increased number of Topsfield seniors will help residents age in place. Moreover, improvements in space, staffing, services and programming can be expected to generate even *higher* rates of participation in COA activities, with the result that an overly modest allocation of resources will be outgrown quickly.
- While either a free-standing Senior Center or a Community Center with dedicated space for the COA embedded within it may be effective in meeting expanded needs, the Community Center model may receive stronger community support.

Acknowledgements

The authors thank Jodi Gibeley, Executive Director of the Topsfield COA, for facilitating elements of this research. We thank the Board of the Topsfield COA for their early guidance regarding the focus of the project, and for their ongoing support. We especially thank those in Topsfield who gave generously of their time by participating in the key informant interviews and focus groups. We wish to acknowledge Pam Blaquiere (Director, Boxford COA), Colleen Ranshaw-Fiorello (Director, Georgetown COA), Mary Beth Lawton (Director, Hamilton COA), Nancy Hammond (Director of Seniors Services/COA, Manchester), Martie Smith-Joe (Director, Newbury COA) and Jim Reynolds (Director, Wenham COA) for each taking time from their busy days to share with us details about their organizations.

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Introduction

Like many communities across Massachusetts, the population of Topsfield is aging. In fact, even as the total population of Topsfield is projected to decrease in size over the next fifteen years, the number of residents who are age 60 and over is expected to continue growing during that time frame. As the demographics of Topsfield shift toward a population that is older and living longer, the demand for programs and services that address aging-related needs will likely increase as well.

Although the Town has no Senior Center, its Council on Aging and associated staff serve as valued resources that are central points of contact for many older residents. Planning is necessary to assure that the Town is adequately prepared to meet the challenges and to capitalize on opportunities that an aging population presents. In addition, it is increasingly necessary for those who provide services in the Town to understand different stakeholder perspectives with regard to the aging-related needs of Topsfield's older residents.

This report presents research findings from a study conducted by the Center for Social and Demographic Research on Aging, within the Gerontology Institute at the University of Massachusetts Boston (UMass Boston), in collaboration with the Town of Topsfield. The purpose of this study is to generate and organize information on the older population in Topsfield and the community organizations supporting their well-being. The goal of this report is to describe the needs of older residents along with the capacity of the Topsfield COA to meet those needs. Toward this end, our methodology included description of existing data, key informant interviews, and focus groups aimed at identifying concerns related to aging in Topsfield, with an emphasis on services and amenities that facilitate aging in place.

The contents of this report are intended primarily to inform planning by the Council on Aging (COA) and municipal departments in the Town. In addition, contents may be helpful to community stakeholders in other public and private organizations that operate programs, provide services, or advocate for older adult residents in Topsfield, and serve as a resource for the community at large.

Background

According to the U.S. Census, the Town of Topsfield had more than 6,000 residents in 2010, of which nearly one-quarter were age 60 and older. The relative proportion of Topsfield residents who are older is projected to grow steadily over the next 15 years, even as the population overall is expected to decrease in size. By 2030, more than one-third of Topsfield residents are expected to be age 60 and older.

In communities like Topsfield and throughout the United States, older adults prefer to remain in their homes and communities as long as possible (AARP, 2005). The phrase "aging in place" implies remaining in familiar home and community settings,

with supports as needed, as opposed to moving to institutional settings (Salomon, 2010). By aging in place, and in community, older people are able to retain their independence, as well as maintain valued social relationships and community involvement. Growth of the senior population of Topsfield will occur steadily in coming years as current residents “age in place.”

Yet a number of common aging-related circumstances may challenge the ability of individuals to age successfully in their homes and communities, and strain the resources available within towns to address the broad range of services and amenities needed to do so. Among them are changes in the physical and service needs of older people. Many older people experience physical and social changes that could threaten their independence and well-being, if not addressed by specialized and targeted services. In addition, many retirees experience constraints associated with living on fixed incomes that could limit their choices, and reduce their quality of life in retirement. Insofar as many services required by older populations are provided either publicly or through public-private partnerships, municipalities such as Topsfield are finding it necessary to adapt to changing age profiles within their populations. Toward this end, the Topsfield COA seeks to plan for the continued growth of its older population by learning about the current and expected needs and experiences of its aging residents, with specific emphasis on how the COA can best meet the needs of the changing community.

Aging “successfully” is a broadly shared goal, with successful aging encompassing avoiding disease and disability, maintaining cognitive function, and sustaining social engagement well into later life (Rowe and Kahn, 2015). Supports and amenities of communities, including Councils on Aging, can foster the successful aging of the individuals who live within them. By offering targeted and engaging activities that promote physical and cognitive wellness, and connecting residents to needed services, COAs can yield meaningful benefits to those who participate. Moreover, empirical evidence indicates that social participation is a strong contributor to healthy aging. Although social participation may occur through a myriad of formal and informal vehicles, research evidence suggests that being involved in COA activities is associated with better health (Ichida et al., 2013).

COAs and their staff members are a valuable resource in the community to help secure the health and well-being of elders. Collaboration between COA staff members and other community groups can improve the quality of the lives of seniors as well as other members of the community (Swan et al., 2013). By proactively taking steps to support the goals of older adults in terms of successful aging and aging in place, a community may retain a larger share of its older population in the community, and benefit from the local commitment and civic engagement that long-term residents offer.

Councils on Aging play a critical role on the aging continuum of care by offering a diverse array of recreational, nutritional, health, and social service programs (Aday, 2003). For COAs to effectively promote the health and well-being of older adults while

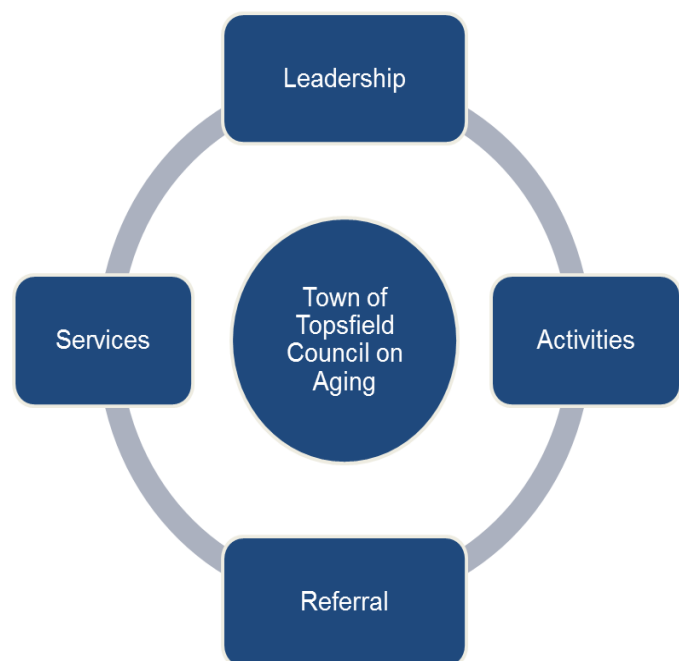
effectively engaging them in their communities, COAs must continue to adapt to the evolving needs of a healthier and more active senior population (Fitzpatrick & McCabe, 2008). Moreover, funding provided by the Commonwealth to COAs is meant to be used to benefit all older residents of the community and not just those with particular needs or who participate in designated programs. The current formula grant in Massachusetts is figured at \$8 per elder. Based on the count of seniors obtained in the 2010 Federal Census, Topsfield's formula grant is \$11,864 annually. One goal for a community is to have adequate space and services for the senior population in its entirety. Another emerging constituent group served by COAs is composed of the family members who seek out services and support related to caregiving.

The Topsfield Council on Aging

Councils on Aging (COAs) are municipal agencies charged with establishing priorities, serving as advocates, and offering opportunities to elders, their families, and their caregivers. Programs and services offered through the COA are designed to promote well-being and support the transition of residents through later life. Councils on Aging also provide leadership in identifying and promoting community features and services that respond to the evolving needs of older residents.

In Topsfield, the COA assumes responsibility for setting local policy for administration of elder programs and services, serving as advocates for elders and educating the community at large about the needs and resources affecting their lives (<http://www.topsfield-ma.gov/coa/>). Programs and services offered through the COA include nutrition, transportation, social and educational programs, information and referral services, volunteer opportunities, wellness programs, support services and outreach. COA services and programs are available to all Topsfield residents age 60 and older. Participation in many programs is free of charge, while a small fee is requested for participation in some programs (such as exercise programs and off-site trips).

For the fiscal year ending June 30, 2015, at least **663** Topsfield seniors took advantage of one or more programs or services offered through the Topsfield COA, representing more than **one out of three senior residents**. The total number of interactions between community members and the Topsfield COA totaled



nearly **15,000** visits, calls, or participation in events, up **7%** over the previous fiscal year. Statistics on use and trends in some key services follow:

- **Nutrition services:** During FY 2015, more than *6,000* meals were delivered to Topsfield residents through the Meals on Wheels program coordinated through the COA; the number of delivered meals for that fiscal year represents an 18% increase over the previous fiscal year.
- **Transportation services:** During the most recently completed fiscal year, nearly *2,000* COA van rides were provided to 334 seniors. This represents a decline of 13% in number of rides provided over the previous fiscal year; the COA Director explains this drop in ridership by the fact that during the winter of 2015 the COA van was hit by a plow and did not function for a few months.
- **Outreach services:** A third high-use program through the COA is outreach services, including home visits, office visits, and phone contact with seniors, caregivers, and community members. The content of these interactions varies, but includes linking residents with information and services relating to housing options, support groups, community services, and caregiver support. During the most recently completed fiscal year, outreach contacts totaled nearly *6,000*, up 14% over the previous fiscal year. Part of this increase appears to be linked to establishing a program called Senior Center without Walls (SCWW). This program allows residents to participate in activities such as Bingo remotely, through teleconferencing. For those with physical mobility or transportation challenges, this program is a valued opportunity to socialize and stay connected with others in the community.

The Topsfield COA cooperates with other Town offices and local organizations through a variety of programs serving the needs of older residents and their families, including Operation Concern, a daily phone call safety check from homebound elders to the Police Department; an Alert program, designed to protect residents with memory loss; a File of Life program, meant to help residents make key medical information available to emergency responders; and other programs designed to increase safety and help elders stay safely in their homes. The COA participates in the Topsfield TRIAD Council, a partnership including representatives of the Board of Health, the Fire Department, the Police Department, and the Sheriff's Department. TRIAD's goal is to increase safety for seniors at home and in the community; it offers programs including CarFit (to help senior drivers assess how to improve their driving safety), and Residential Lock-Box (allowing seniors to install a high security key safe to provide the Fire Department with access to their homes in an emergency).

Features of the Topsfield Council on Aging. The Topsfield COA operates out of an office in Town Hall. The Topsfield COA does not have any full-time employees. Staffing includes a part-time Executive Director, Jodi Gibeley, and a part-time Secretary, Beth Wideberg, who also serves as Meals on Wheels Coordinator. Additional part-time employees serve as van drivers or Meals on Wheels drivers. Volunteers fill in as drivers and for assistance with social events and administrative support. COA

activities and services are funded largely by the Town, with additional funds allocated through the MA Executive Office of Elder Affairs formula grant. Supplemental funds are provided periodically by grants, and through the Friends of the Council on Aging, a nonprofit fundraising group.

Information about the Topsfield Council on Aging, its services and programs, is distributed primarily through its monthly newsletter, the “Senior Scoop.” The newsletter is made available in print as well as online, and includes a calendar of events and information relevant to older adults in the community. Regularly scheduled programming includes exercise classes (Tai Chi, Yoga, and/or Zumba), “lunch and learn” events, pairing an educational program with lunch; clubs and groups (including weekly scrabble and knitting groups); VNA clinics twice a month; a monthly Alzheimer’s caregiving support group; and scheduled trips combining transportation to a historical, educational or shopping destination with lunch (typically 3-4 of these are scheduled during a month). Scheduled transportation for food shopping occurs once a week. Transportation for other purposes (e.g., medical visits) may be arranged by appointment.

Due to its small size and other features, the COA office in Town Hall is used largely for administrative activities. Some key outreach functions cannot be conducted in the COA office due to privacy concerns. In order to conduct confidential conversations about resident needs—for example, medical or caregiving needs, difficulty paying bills, or other concerns—COA staff arrange to temporarily borrow space in other Town offices, or hold phone conferences in ad hoc private locations. The Council on Aging has access to no dedicated programming space; program space must be arranged with other Town offices and community organizations. Programs and most services must be held off-site, at housing complexes (e.g., Little Brook Village), churches (e.g., Trinity Church) or the public library. The COA office is open M-TH, 9am-3pm, and F 9am-noon.

In this report, we have assembled information from a number of sources with the goal of addressing the service needs, preferences, and concerns of an array of stakeholders informed about and affected by the Town’s growing aging population. Throughout the remainder of this report, we present a profile of the current population of Topsfield and describe projected changes in the age structure of the community. Knowledge of these characteristics provides an important basis for planning by the Topsfield COA and other Town offices and organizations.

Methods

In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, qualitative data collected directly from Topsfield’s older residents and representatives of Town offices who interact frequently with the older adult population, and data obtained from Councils on Aging in similar communities. All research methods and instruments used in this project were determined to be exempt from human subjects

review by the Institutional Review Board at UMass Boston, which is charged with protecting the rights and welfare of human subjects who take part in research conducted through the university.

Topsfield Demographic Data

As an initial step toward understanding characteristics of the older population in Topsfield, we generated a demographic profile of the Town using data from the U.S. Decennial Census and the American Community Survey (ACS). Whereas the decennial census is meant to be a complete accounting of all residents in the country, the ACS is a large, annual survey of the population, conducted by the U.S. Census Bureau and designed to provide estimates of various demographic qualities in years between the ten-year censuses. In towns the size of Topsfield, ACS estimates are available for the most recent five-year period (2009-2013). All census data were downloaded from the American Fact Finder website, which is maintained by the U.S. Census Bureau. Additional data are presented from the Donahue Institute, the Metropolitan Area Planning Council (MAPC), the AARP livability index and the Tufts Healthy Aging Collaborative. Where data allow, we focus our attention on Seniors, age 60 and older, and on “Future Users” of the COA, age 50-59. Data are presented for alternative age groups when helpful, as well as when data are not available in the preferred detail.

Key Informant Interviews

During October and November 2015, we conducted one-on-one interviews with the Town Administrator, the Chair of the Topsfield Board of Selectmen, the Veterans Agent, a representative of the Fire Department who serves as EMS Coordinator, and the Purchasing and Community Development Coordinator. The goal of these interviews was to learn about how the aging of the community is impacting the community as a whole, as well as to determine how the Topsfield COA is viewed and fits into the matrix of Town services.

Focus Groups

In October 2015, we conducted two focus groups with a range of stakeholders who were recruited by the Director of the Topsfield COA. Each focus group lasted approximately an hour. Topics for each discussion were developed beforehand by the researchers.

Focus Group #1 consisted of residents who were age 60 and older and current or prospective consumers of programs and services designed for older people in the Town. Discussion focused on attributes of the community that promote aging in place; perceived challenges to aging in place in Topsfield; and opportunities for improving the livability of Topsfield for older residents.

Focus Group #2 consisted of public safety officials, representatives of service organizations within Topsfield who have regular interactions with older adult residents of the Town, and representatives from community organizations that

enrich, educate, or engage older community members. Discussion focused on how the aging of the community is impacting organizations throughout Topsfield; perceptions about unmet needs among older adults in Topsfield; and organizational interactions with the COA.

Peer Community Comparison

We gathered information from similar Councils on Aging in six “peer” communities surrounding Topsfield using web searches and telephone interviews with selected COA Directors. Communities were chosen based primarily on population size, the community’s proportion of seniors, and their proximity to Topsfield. We examined features of the Councils on Aging in each community, including whether they managed formal Senior Centers, as well as their programming and staffing.

Data Analysis

We used data from the U.S. Census Bureau for the Town of Topsfield to summarize demographic characteristics including growth of the older population, shifts in the age, gender, race, and education distributions, householder status, living arrangements, household income, and disability status. Qualitative data collected during focus groups and interviews were reviewed by project staff and used to identify salient themes relating to aging in Topsfield. Information collected about Councils on Aging in peer communities was compared side-by-side with information collected from the Topsfield COA. We used information from all sources of data to develop the recommendations found in the final section of this report.

Results

Demographic Profile of Topsfield

Age Structure and Population Growth

According to U.S. Census, there were 6,085 residents living in the Town of Topsfield in 2010. About two out of five of these (41%) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (1,058 individuals) made up 17% of the population; residents age 60 to 79 (1,106 individuals) comprised 18%, and another 377 (6%) residents were age 80 and older.

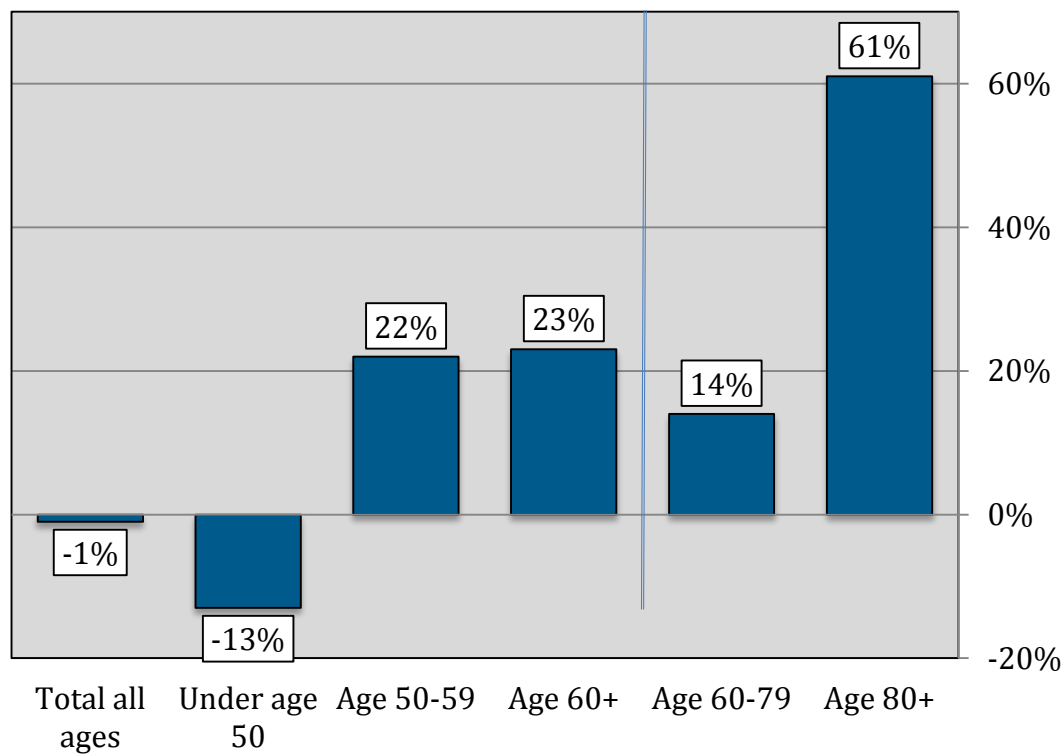
Table 1. Number and percentage distribution of Topsfield's population by age category, 2010

Age Category	Number	Percentage
Under age 18	1,643	27%
Age 18 to 49	1,901	32%
Age 50 to 59	1,058	17%
Age 60 to 79	1,106	18%
Age 80 and older	377	6%
Total	6,085	100%

Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P2.

As shown in **Figure 1**, population growth between 2000 and 2010 in Topsfield occurred entirely in older age groups. The total number of Topsfield residents declined by 1%, and a 13% decline was registered among residents under age 50. In contrast, age groups older than 50 increased substantially, with especially large growth in the age 80+ group, at 61%.

Figure 1. Population change by age group, Topsfield, 2000-2010



Source: 2000 and 2010 Census of Population, U.S. Census Bureau

Looking toward the future, Topsfield can expect a continuation of growth in the number and share of residents who are age 60 and older. Several sets of projections provide different estimates of population size and age distribution for coming decades; however, all series suggest decline in the total size of the Topsfield population, coupled with increase in the number of seniors.¹ **Figure 2** displays the four sets of projections for the total (all age) population, starting with counts from the

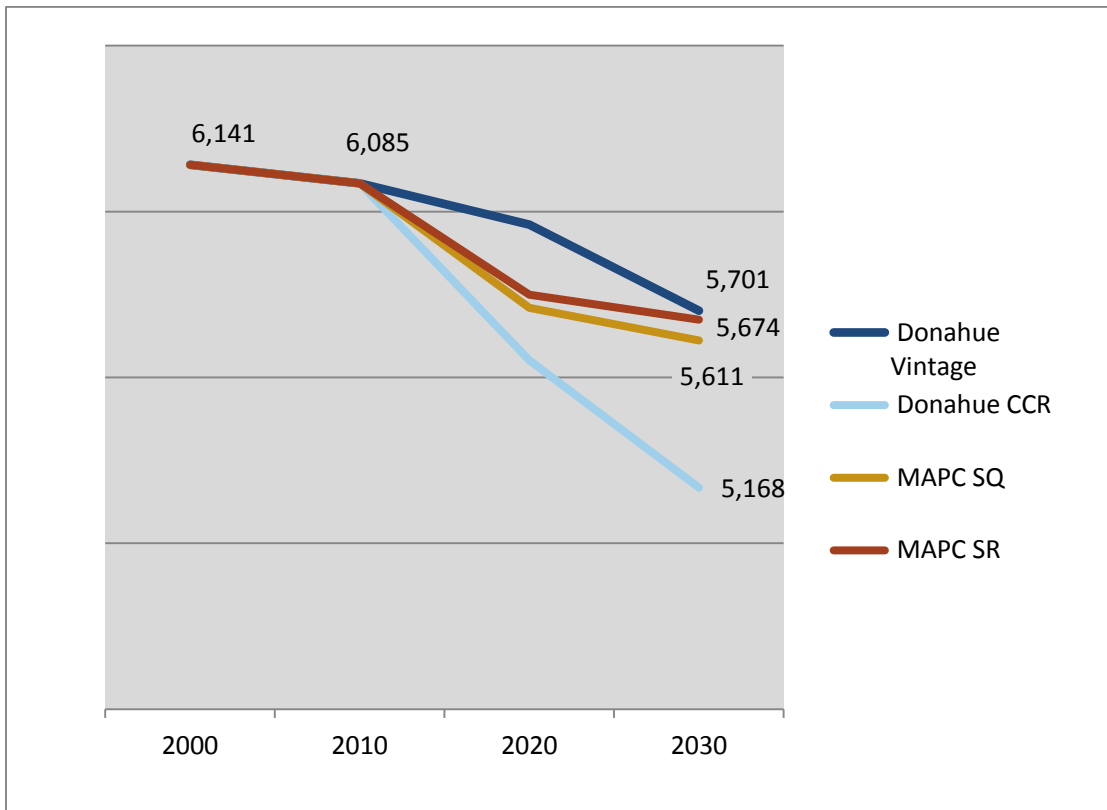
¹ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. Two of the projections presented here are generated by the Donahue Institute. Donahue “Vintage” projections were published in March 2015 and projects first to a sub-state regional level, with those age and sex totals used as controls for town-level projections. Donahue “CCR” projections were also published in March 2015, but do not tie town projections to regional totals. Documentation published by Donahue suggests that the CCR projections may more accurately reflect localized patterns of change by age and sex. For more information on the methods used to create Donahue Institute projections, see Renski & Strate (2015). The other two projections presented here are generated by the Metropolitan Area Planning Council (MAPC). MAPC SQ are based on “status quo” assumptions about regional growth, whereas MAPC SR projections assume “stronger growth.” For more information about the MAPC projections, see <http://www.mapc.org/projections>.

US Census for 2000 and 2010, followed by projected totals for 2020 and 2030. All four sets of projections suggest a decline in the total number of Topsfield residents. Donahue “Vintage” suggests the largest total population for 2030, at 5,701, and Donahue CCR suggests the smallest, at 5,168. Donahue Vintage and both MAPC projections are strikingly similar in the projected totals to 2030, although the MAPC projections suggest that the decline in population will be realized more rapidly than is suggested by the Donahue Vintage series.²

The four sets of projections are also consistent in showing an expected increase in the number of seniors age 60+ moving through the next 15 years (see **Figure 3**). The highest projected number of seniors is suggested by the MAPC projections, at about 2,200. The Donahue projections indicate that 2,000-2,100 Topsfield residents will be age 60+ by 2030. All four sets are consistent in the trajectory of growth and together yield an expectation of between 2,000 and 2,250 seniors living in Topsfield within 15 years.

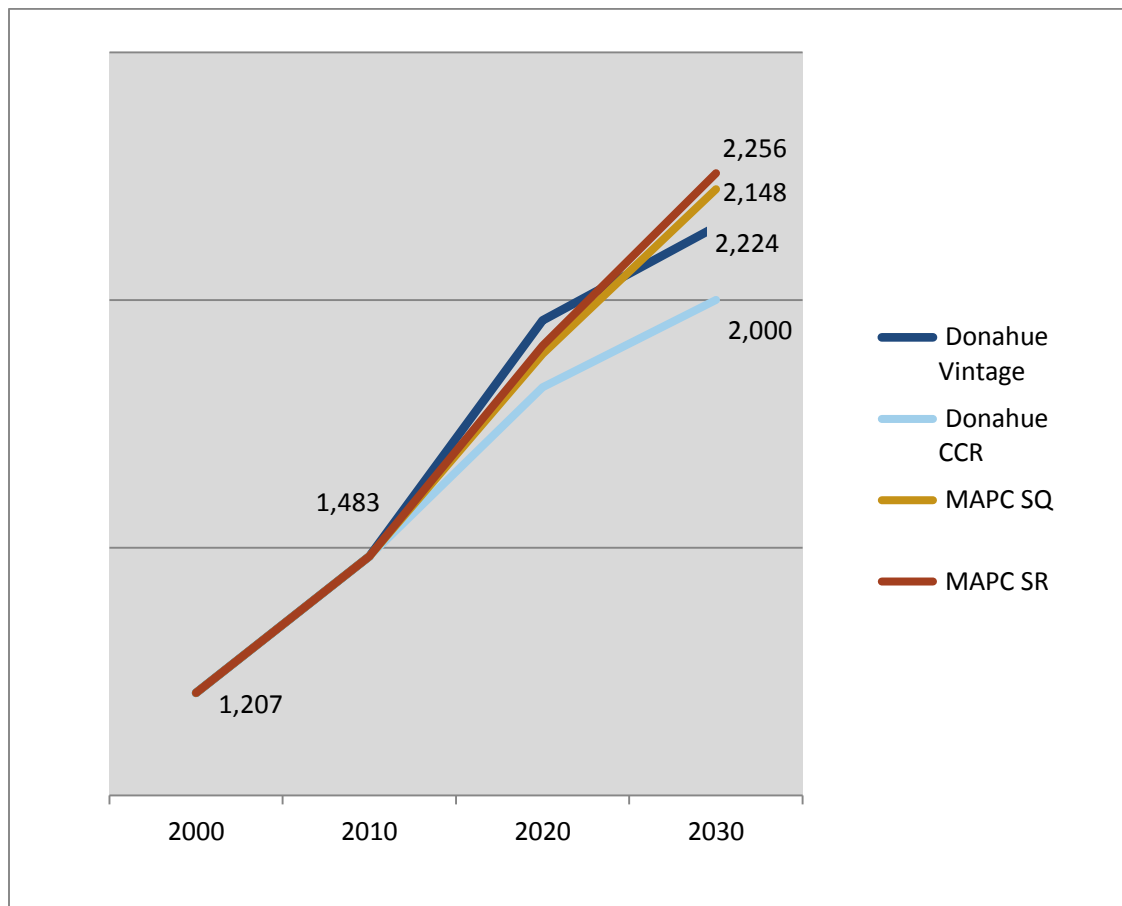
² Data provided by the Topsfield Town Clerk suggest a total town population size that is substantially larger than that suggested by the 2010 Census or any of the projections. The 2015 Town census includes 6,711 Topsfield residents, 890 more than the Donahue CCR projections and 582 more than the Donahue Vintage projections for 2015 (not shown). Close inspection suggests that the likely difference relates to “residence rules” differences used in the Town and in the US Census figures upon which projections are anchored. The Town census likely includes everyone with a home address in Topsfield, including college-age children who normally live outside of Topsfield. The US Census counts residents where they “usually” live during the course of a year; most college students are counted in the location where they attend school as a result. Indeed, comparing age groups reveals that the differences between the 2015 CCR projections and the 2015 Town Census are less than 10% for those under age 15 as well as those age 35 and older, whereas the gap for those age 15-34 [the age groups covering most college students] is 40%. Based on this comparison, we believe that the projections are reliable reflections of the current Topsfield population trajectory, once college students who normally live away from home are taken into consideration.

Figure 2. Population trends; total number of Topsfield residents 1990 to 2010 with alternative projections to 2030*



Sources: Population figures for 2000 and 2010 are from the U.S. Census. Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/> and the Metropolitan Area Planning Council (MAPC): <http://www.mapc.org/projections>.

Figure 3. Population trends; number of Topsfield residents age 60+, 1990 to 2010 with alternative projections to 2030*

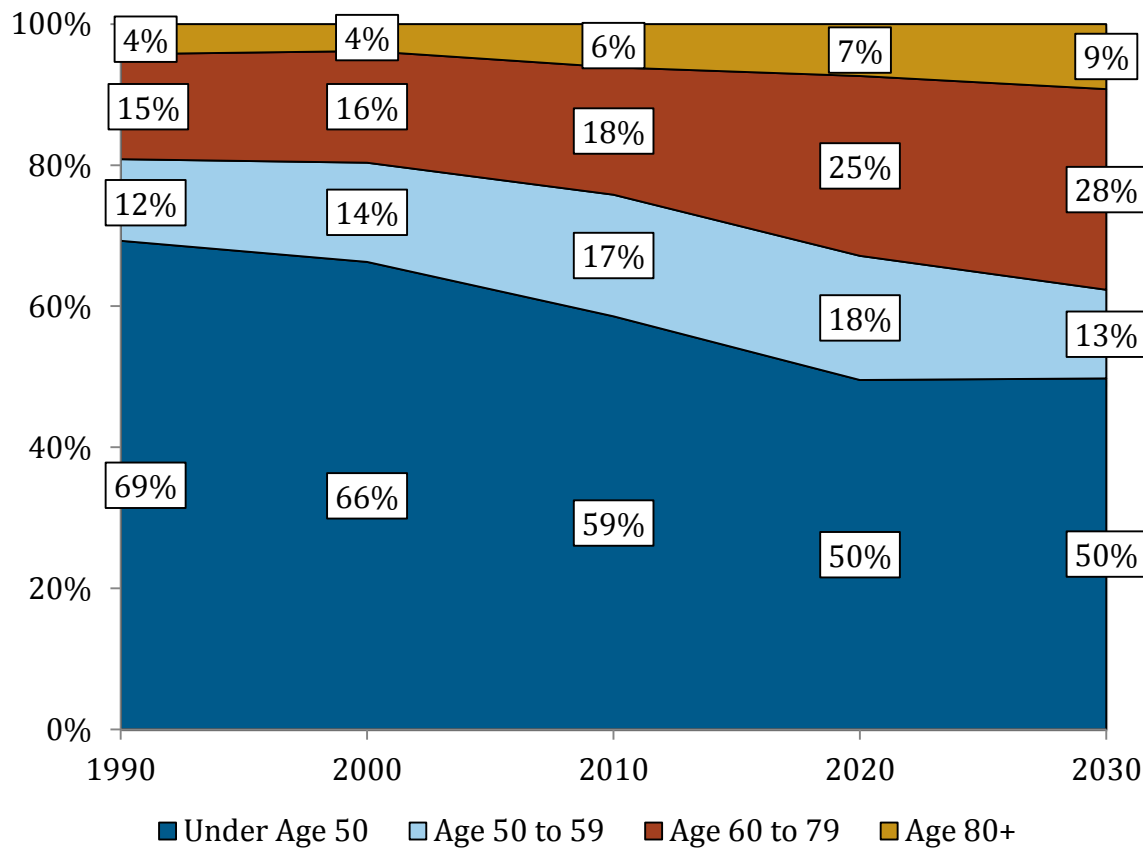


Sources: Population figures for 2000 and 2010 are from the U.S. Census. Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/> and the Metropolitan Area Planning Council (MAPC): <http://www.mapc.org/projections>.

The implications of these trends and projections in terms of relative age distribution are shown in **Figure 4**. This figure is based on the Donahue Vintage projections, the series that suggests the least decline in total population and falls in the middle of the four series with respect to size of the senior population. In 1990, about 30% of the Town's population was age 50 and older; this percentage increased dramatically to 41% by 2010. Projections suggest that this trend toward an older population is expected to continue. By 2020, about half of Topsfield residents will be age 50 and older. By 2030, the proportion of adults age 50+ will stabilize; however more than one-third of Topsfield's residents are expected to be age 60+ by 2030, including 28% age 60 to 79 and 9% age 80 and older. Note that all four projection series (both Donahue and both MAPC series) indicate substantial growth in the number and share of the Topsfield population who will be seniors in 2030. Taken together, the four

series suggest that in 2030, between 38% and 40% of residents will be age 60 or older, including 9%-10% age 80 or older.

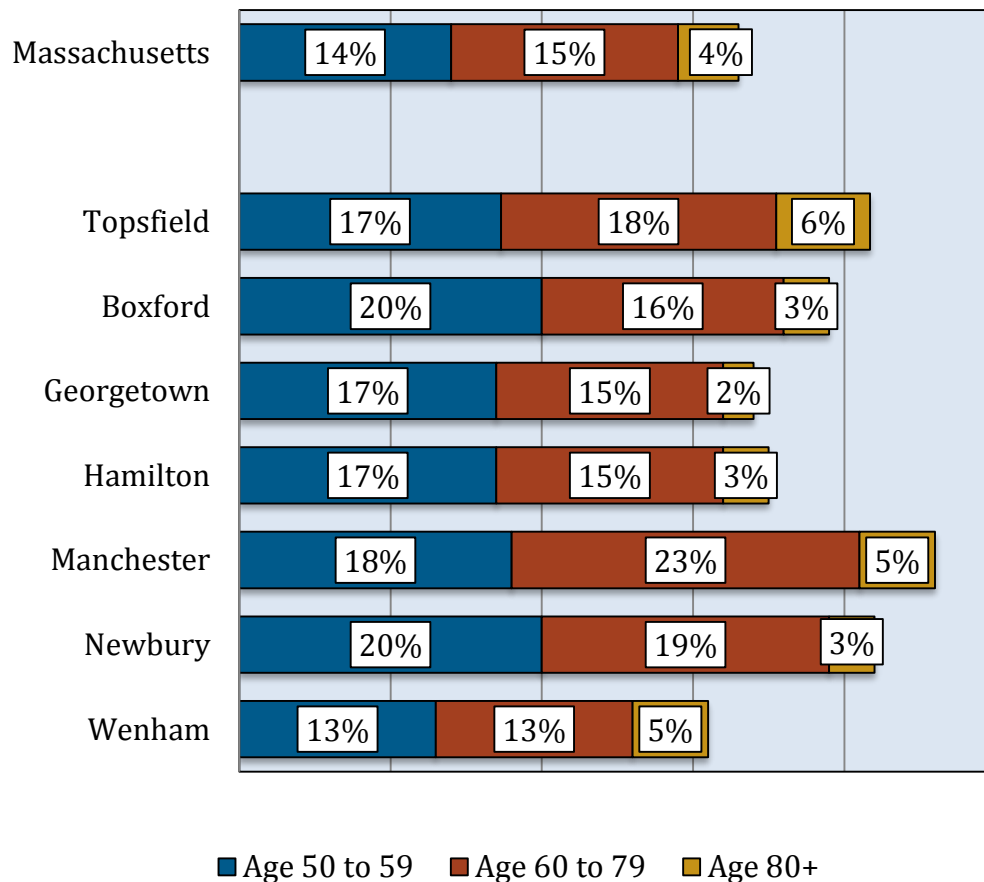
Figure 4. Recent and future age distribution of Topsfield, 1990 to 2030 (Donahue Vintage projections)



Sources: U.S. Census Bureau, *Census of Population for 1990 thru 2010*. Figures for 2020 and 2030 are Vintage projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Currently, the proportion of Topsfield residents age 50 and older is considerably higher than that of Massachusetts as a whole (**Figure 5**). About 41% of Topsfield's population is 50 and older, compared to 33% state-wide. Boxford, Georgetown, Hamilton, and Wenham have smaller proportions of older residents compared to Topsfield, though the proportion of residents age 50-59 is quite similar. Manchester has the oldest population profile, with 46% of residents 50 and older; nearly three out of 10 Manchester residents are age 60 and older.

Figure 5. Age distribution in Topsfield, surrounding communities, and Massachusetts



Source: U.S. Census Bureau, 2010 Census. Table DP-1

Population growth in Massachusetts, Topsfield, and peer communities has been concentrated in older age groups during the last decades. Between 2000 and 2010, the overall population of Topsfield decreased by about 1%, compared to a 3% increase in Massachusetts (see **Table 2**). All-age population growth was recorded in Boxford (1%), Georgetown (11%), and Wenham (10%), while Hamilton (-7%), Manchester (-2%), and Newbury (-1%) all decreased in population size. Every community experienced growth among residents 50 and older. The number of Topsfield residents age 50-59 increased by 22% between 2000 and 2010, and those 60 and older increased in number by 23%. On average, these changes are lower than changes in comparison communities depicted in Table 3, with the exception of Manchester, which saw just a 1% increase in number of residents 50-59 between 2000 and 2010; as well, growth in the population age 60 and older of Wenham was lower than in Topsfield.

Table 2. Population growth between 2000 and 2010: Topsfield, peer communities, and Massachusetts

Community	All Ages			Age 50 to 59			Age 60+		
	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth
Massachusetts	6,349,097	6,547,629	3%	721,410	929,823	29%	1,096,567	1,273,271	16%
Topsfield	6,141	6,085	-1%	865	1,058	22%	1,207	1,483	23%
Boxford	7,921	7,965	1%	1,150	1,576	37%	1,030	1,561	52%
Georgetown	7,377	8,183	11%	943	1,370	45%	924	1,428	55%
Hamilton	8,315	7,764	-7%	940	1,349	44%	1,144	1,398	22%
Manchester	5,228	5,136	-2%	892	901	1%	1,132	1,435	27%
Newbury	6,717	6,666	-1%	974	1,337	37%	960	1,491	55%
Wenham	4,440	4,875	10%	446	631	41%	759	862	14%

Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P2; and 2000 Census, Summary File 1, Table QT-P1

Topsfield's Older Population

In Topsfield as in most communities, a majority of residents age 70 and older are women (61%; *ACS, 2009 – 2013, Table B01001*). The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

Table 3 displays the racial characteristics of Topsfield residents age 65 and older. The large majority of older residents report White race (95%). The remaining 5% of the older population are largely Asian in racial origin. Very small numbers report another race.

Table 3. Race distribution of residents who are age 65 and older in Topsfield

Race	Number	Percent
White	1,004	95%
Black	*	<1%
Asian	45	4%
Other	6	1%
Total	1,055	100%
Hispanic	*	<1%

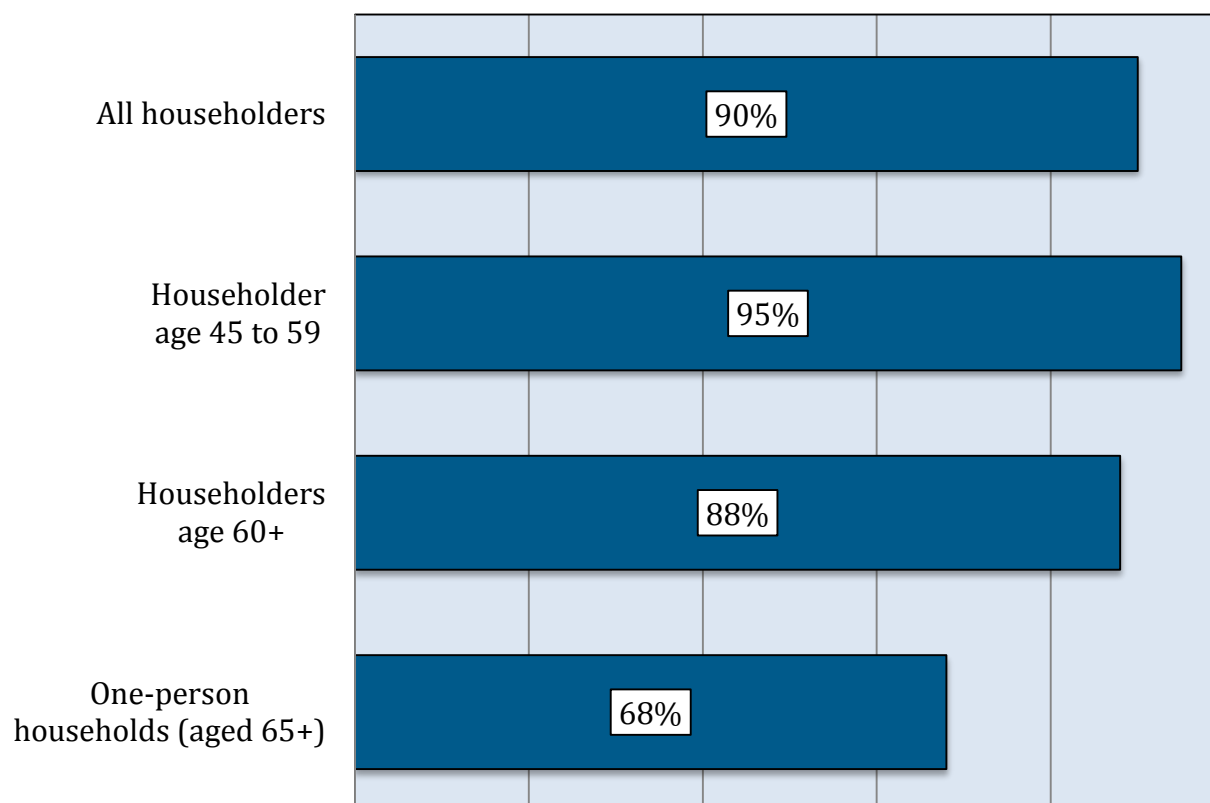
*Source: American Community Survey, 2009-2013, Tables B01001A-I. Numbers are calculated from survey estimates. *None reported.*

About 13% of Topsfield residents age 65 and older speak a language other than English at home (*ACS, 2009 – 2013, Table B16004*). Among those who do speak another language at home, the most commonly spoken languages are other Indo-European languages (such as German) and Asian and Pacific Island languages (including Vietnamese). A small share of Topsfield seniors, estimated at fewer than 4%, have some difficulty speaking English (*ACS, 2009-2013, Table B16004*).

Nine out of ten Topsfield householders live in homes that they own or are purchasing (**Figure 6**). According to the U.S. Census Bureau, a “householder” is the person in whose name the home is owned or rented. About 95% of householders age 45 to 59 own their homes, as do 88% of householders 60 and older. Not surprisingly, a large majority of Topsfield homeowners age 45-59 have a mortgage on their homes. More surprisingly, about half of Topsfield homeowners age 60+ have a mortgage. This may be a first mortgage still being paid off, or a second mortgage acquired as a means of funding other expenses. About two-thirds of Topsfield residents who are 65 and older and who also live alone own their homes. Home maintenance and repairs can be a challenge for older homeowners—especially

those who live alone—but may be necessary in order to maintain comfort and safety in their homes.

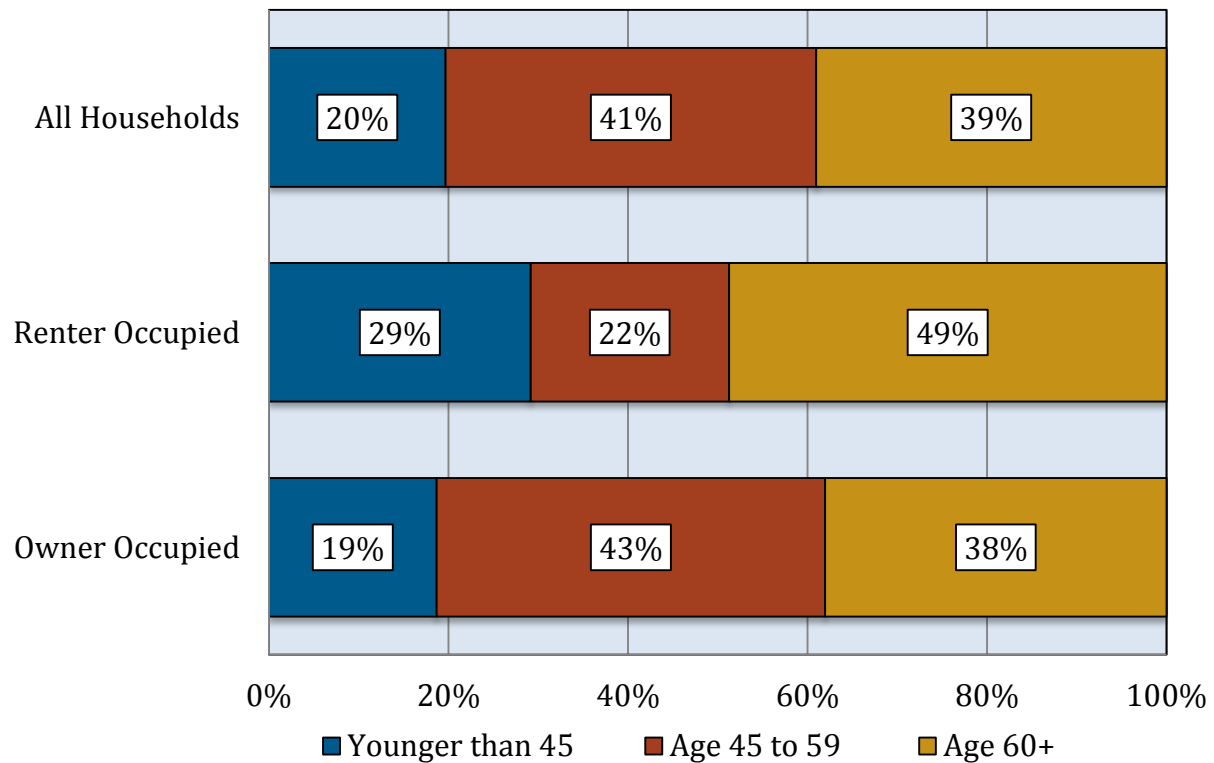
Figure 6. Percent of Topsfield householders who live in owner-occupied housing by age category



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

Because homeownership is so prevalent in Topsfield, and because the population includes a large number of older residents, a majority of Topsfield's homeowners are middle-aged or older (**Figure 7**). More than one-third of homeowners in Topsfield are seniors (38%), and 43% of homeowners are age 45-59. Although rental housing is a small share of Topsfield's housing stock overall, nearly half of renters are seniors. These renters include those in over-55 rental developments and in senior housing, but do not include residents living in nursing homes.

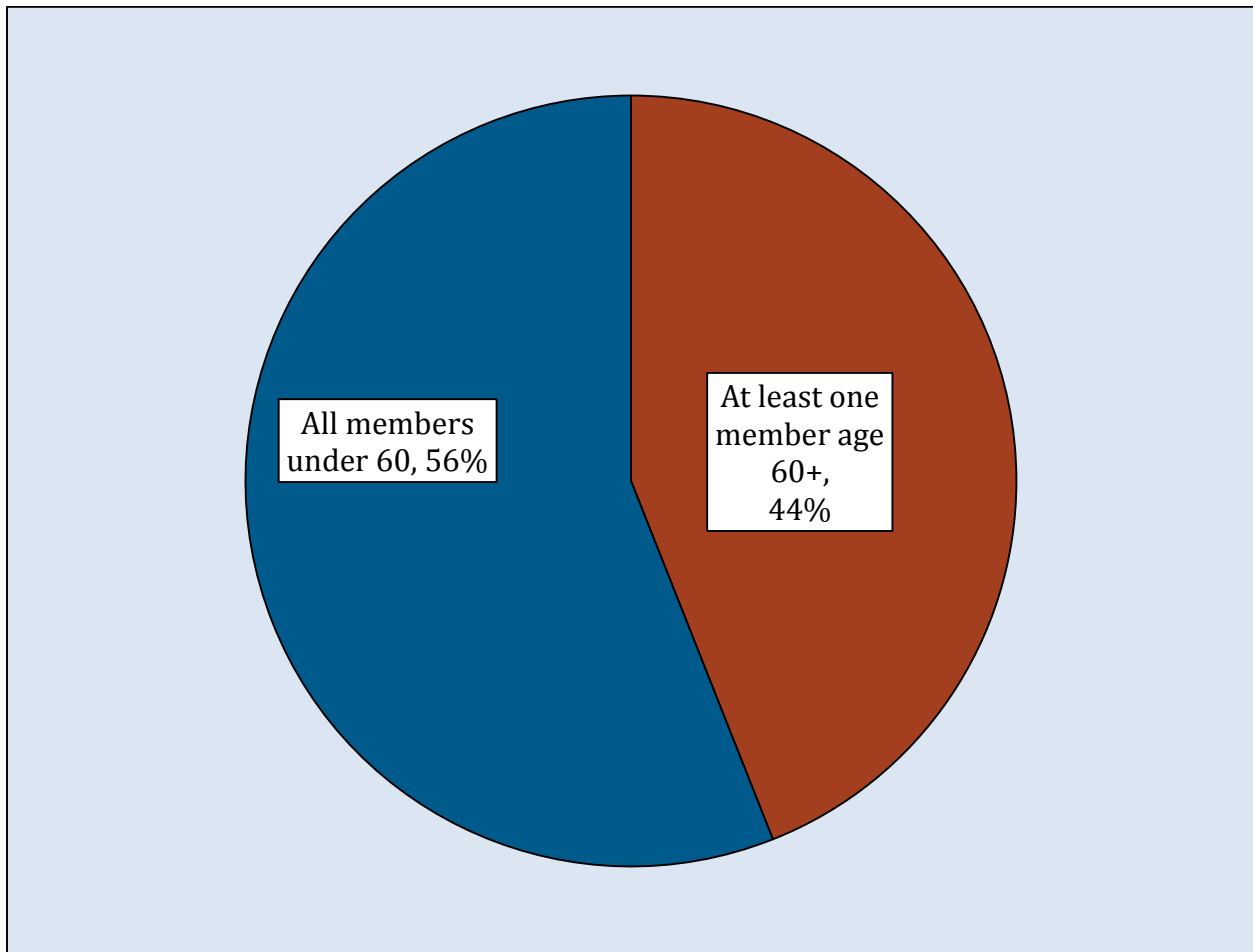
Figure 7. Age structure of householders by owner status, Topsfield 2010



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

An estimated 44% of Topsfield’s households include at least one individual who is age 60 or older (**Figure 8**). This high proportion— which is likely to increase in the future— generally speaks to a widespread demand for programs, services, and other considerations that address aging-related concerns of seniors and their families, including health and caregiving needs, transportation options, and safe home environments.

Figure 8. Households in Topsfield with at least one member age 60 or older

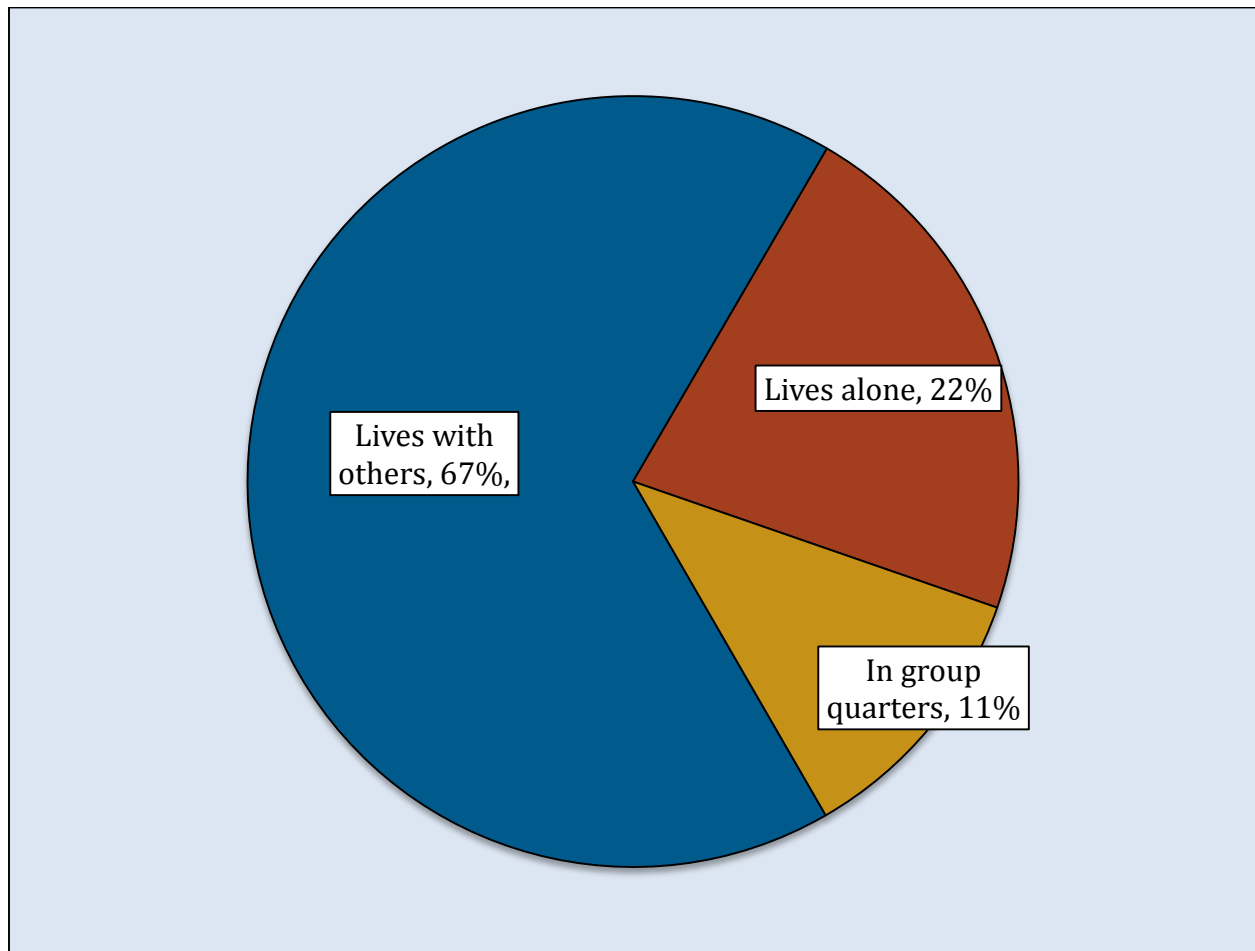


Source: American Community Survey, 2009-2013, Table B11006

Over one-fifth of Topsfield residents age 65 and older live alone in their homes (**Figure 9**), whereas two-thirds live in households that include other people, such as a spouse, parent, child, or grandchild. Eleven percent of Topsfield seniors live in group quarters, such as nursing homes.³

³ One nursing home, Masconomet Health Care, is located in Topsfield. According to the COA Director, this nursing home has 120 beds which aligns well with the statistics presented here.

Figure 9. Living arrangements of Topsfield residents, age 65 and older



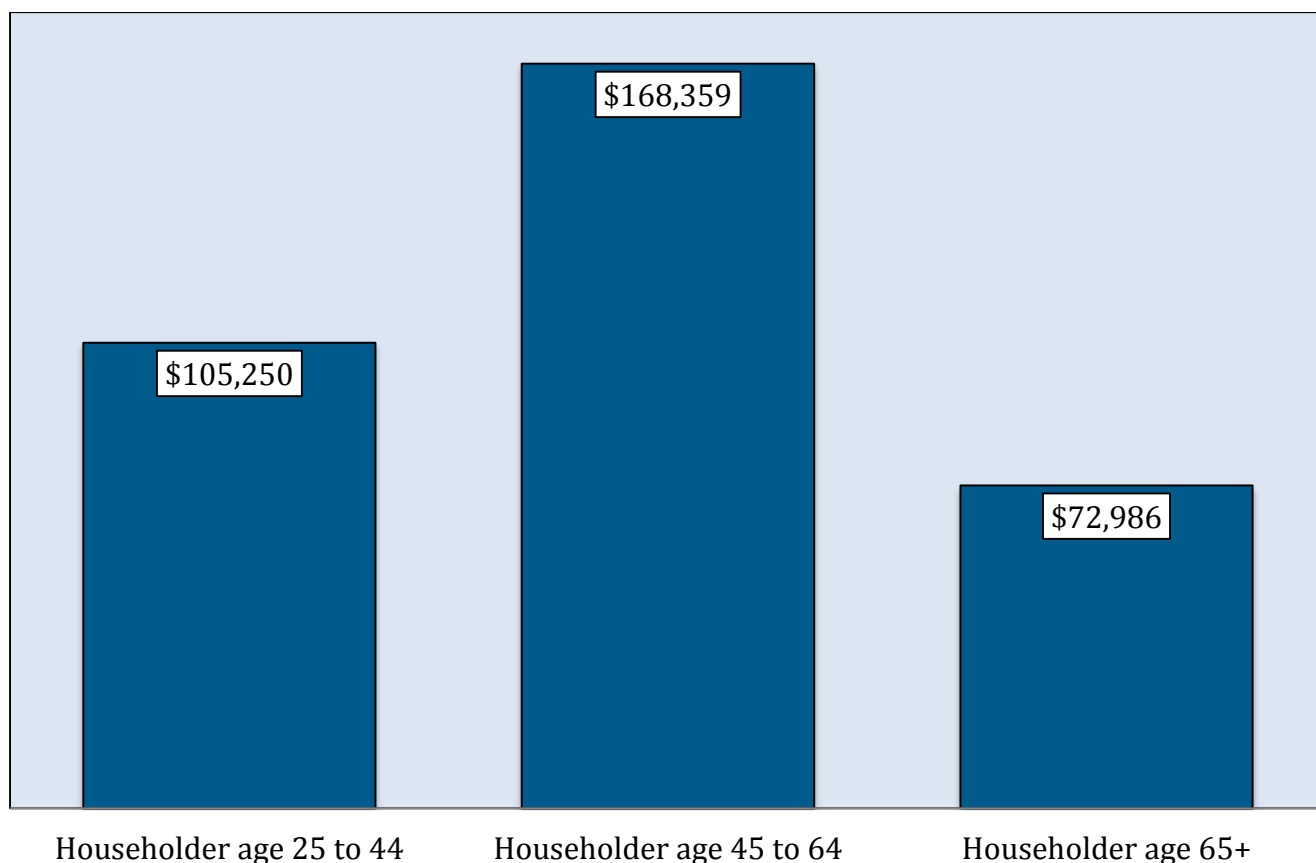
Source: American Community Survey, 2009-2013, Table B09020

American Community Survey estimates on education suggest that Topsfield residents are well educated on average. About 66% of persons age 45 to 64 have either a bachelor's degree or a graduate/professional degree (*ACS, 2009-2013, Table B15001*). Among those 65 and older, 46% have at least a bachelor's degree. 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. Highly educated residents may also be especially receptive to late-life learning opportunities such as educational speakers or classes (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion (42%) of Topsfield residents age 65 to 74 remain in the workforce. Eight percent of those age 75 and older are also in the workforce (*ACS, 2009-2013, Table B23004*). Slightly less than half (43%) of men age 65 and older report veteran status (*ACS, 2009-2013, Table B21001*), suggesting that many of the Town's older residents may be eligible to receive some benefits based on their military service or that of their spouses.

With respect to household income, there is some comparative disadvantage of some older residents in Topsfield (**Figure 10**). Householders age 45 to 64 have the highest median income at \$168,359—which is more than twice than the statewide median for this age group (\$82,433). Among householders 65 and older, the median income is \$72,986, which is also nearly twice the statewide median for this age group (\$38,325), but much lower than the median income of younger Topsfield households.

Figure 10. Median household income in Topsfield by age and living situation of householder (in 2013 inflation-adjusted dollars)



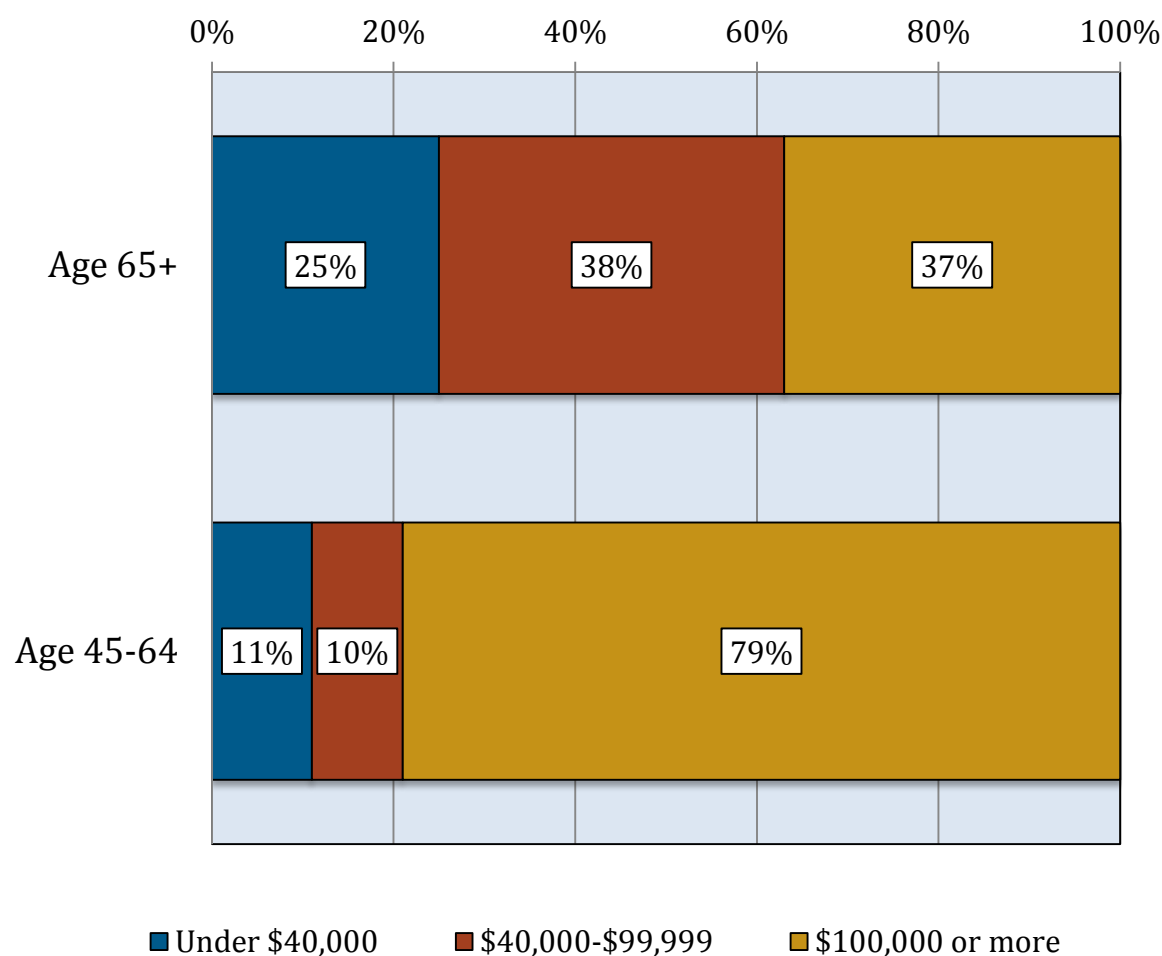
Source: U.S. Census Bureau; American Community Survey, 2009-2013, Tables B19049.

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

The economic profile of older Topsfield residents relative to younger residents is further illustrated in **Figure 11**, which shows that although many older residents live on a healthy income, seniors typically have lower incomes than middle-aged residents. One-quarter of households headed by someone age 65 or older report annual incomes under \$40,000. This compares with just 11% of households headed by individuals age 45 to 64 having incomes under \$40,000. Approximately 37% of Topsfield residents age 65 or older report incomes of \$100,000 or more. By comparison, nearly 80% of households headed by residents age 45-64 report this level of income. Though the majority of Topsfield older and mid-life adults will

likely be financially secure as they age, a notable segment of Topsfield's older population is at risk of financial insecurity or economic disadvantage.

Figure 11. Household income distribution in Topsfield by age of householder (in 2013 inflation-adjusted dollars)



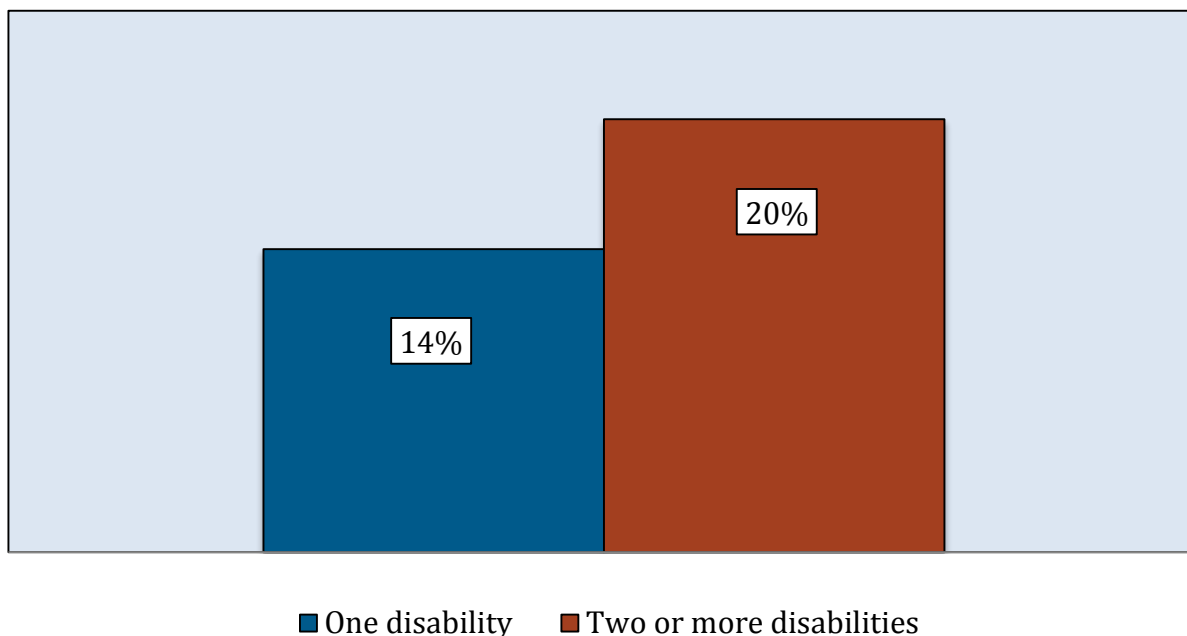
Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B19037.

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

Many Topsfield residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. **Figure 12** depicts the proportions of older residents who report a disability. About 14% of residents age 65 and older have one disability, while a fifth reports two or more disabilities; thus one-third of Topsfield seniors have at least one disability. Among residents age 65 to 74, one in five (20%) reports at least one disability (*ACS 2009-2013, Table B18101*; not shown). The risk of acquiring disability more than doubles after age 75—in Topsfield, half of individuals in this age group experience one or more disabilities. These rates of disability are comparable to

those estimated for Massachusetts as a whole. At the state level, 22% of persons age 65 to 74 experience at least one disability, as do 48% of persons age 75 and older (not shown).

Figure 12. Percentage of Topsfield residents age 65+ reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table C18108.
Note: Includes only community residents, not those in nursing homes.

Among the different types of disability assessed in the ACS, the most commonly cited by Topsfield residents age 65 or older is independent living difficulties (difficulty doing errands alone, such as visiting a doctor's office or shopping); hearing and cognitive difficulties; and ambulatory difficulties—difficulties walking or climbing stairs (*ACS 2009-2013, Table B18102, B18104, B18105, B18107*). Individuals with these types of disabilities may have greater difficulty getting where they want to go or accessing reliable transportation, potentially limiting their ability to participate fully in the community.

Healthy Aging and Livability in Topsfield

Profiles developed by the Tufts Healthy Aging Collaborative and by AARP indicate that in many respects, Topsfield is a favorable community in which to age in place (see **Table 4**). According to the Healthy Aging Community Profile (Dugan et al., 2015), Topsfield seniors experience levels of chronic disease that are on par with or somewhat below statewide averages. As well, Topsfield has higher rates of physical activity among seniors than is evident for Massachusetts as a whole, along with lower than average crime rates. Concerns about Topsfield as a community for aging in place revealed by these two sources include low housing affordability, limited access to transportation, and limited access to lifelong learning

programs. It is recognized that addressing these concerns, especially that of housing affordability, is beyond the mission of the Topsfield COA. However, challenges associated with few transportation options in the community could be remediated by increased senior transportation availability; similarly, life-long learning programs could be expanded through the COA. Current strengths of Topsfield relating to healthy living and physical activity can continue to be promoted in part through wellness programs through COA.

Table 4. Health and Livability strengths and concerns for Topsfield seniors

Topsfield Strengths	Topsfield Concerns
<p>Rates of chronic disease are lower than or on par with Massachusetts statewide averages¹</p> <p>Rates of physical activity are higher than average among seniors¹</p> <p>Crime rates are lower than average¹</p>	<p>Housing affordability is poor²</p> <p>Limited access to public transportation²</p> <p>Limited access to lifelong learning programs¹</p>
<p>Sources:</p> <p>¹Tufts Healthy Aging Collaborative Community Profiles https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/</p> <p>²AARP Livability Index https://livabilityindex.aarp.org/</p>	

Results of Key Informant Interviews

One-on-one interviews were held with five individuals holding leadership roles in Topsfield. Four of these interviews were conducted in person; one occurred by phone. Conversations with key informants lasted between 30 minutes and one hour.

Conversations revealed that across the board, interview subjects were very familiar with the Topsfield COA, its mission and its important role in the community. Topsfield key informants recognized that the COA's role includes promoting active aging through programs and activities, addressing isolation through providing socialization opportunities, as well as connecting older residents to services and supports for which they may be eligible. High regard for the COA staff was expressed by interview subjects; for example, one informant described the COA staff as "fabulous," and another cited the COA staff as an essential source of trustworthy information. These individuals see the COA as a community asset that is providing high value for residents.

All interview subjects recognized the importance of COA programs and services for supporting the aging in place goals of residents. These individuals acknowledged that Topsfield residents wish to stay in their own homes as they age, but that in some situations

safety may be jeopardized. Concerns were expressed about potential isolation of seniors living alone in this quasi-rural community, especially among those who do not get out of their homes regularly due to mobility limitations or transportation difficulties.

In general, transportation options were recognized as a need that is not adequately met in Topsfield. Limited transportation options were linked to concerns about access to needed services, including medical care. For example, the Veterans Agent noted that due to limited transportation options in the area, he has created a network of volunteers to help transport local veterans to services offered through the Veterans Administration. One informant suggested that additional transportation options may allow some unsafe drivers to give up driving.

Some interview subjects also perceived a need in the community for an adult day health program. Adult day programs offer community-based care during the day to older adults needing support, and include social activities and recreation opportunities for participants, many of whom have cognitive impairment or dementia. These programs can provide important respite for informal caregivers such as family members, and were described by one informant as among the “missing pieces” of elder services needed in Topsfield.

In addition to interacting effectively with Topsfield residents, the COA is viewed as a resource for public safety and other local organizations, according to the key informants. The EMS Captain explained that first responders are often the first to notice when a senior is in decline; for example, an older resident may call for EMS assistance repeatedly in a single week needing help after falling or with another concern. In situations where it is apparent that a senior is not safe at home or could benefit from services, EMS staff seeks to connect the resident with the COA for follow-up. The COA also collaborates with the Fire Department and the Police Department on initiatives, such as TRIAD, as well as on programs made available to residents, such as “learning lunches” on fall risk. In Topsfield, as in many communities, extended family members may not be nearby and as a result, the collaboration of emergency services and the COA represents a critical safety net for some individuals and families.

The Veterans Agent reported that he collaborates with the COA as well, both in his role as the Veterans Agent and as a member of the housing authority. He works with the COA Director on behalf of veterans in Topsfield to identify and secure needed services across the spectrum of those available specifically for veterans and those available more broadly to older or disabled residents. He sees the close and productive relationship between the COA and other town offices as highly beneficial to residents, and consistent with Topsfield’s being “a small town looking out for itself.”

The key informants consulted for this project anticipate that community demand for COA services and programs may increase in the future, given shifting demographics and their perception that interest and need is rising. Informants expressed interest in ensuring that the Topsfield COA meets these expected demands. They recognize that improving the space allocated to the COA and increasing the staffing of the COA may be necessary in order to expand capacity. To a person, the key informants cited the inadequacy of the current COA space, with one interview subject describing the COA office as “embarrassing.” Most

recognize that private space is a particular need, separate from administrative space. Some informants recognize that the COA having dedicated program space would be a significant improvement.

Key informants acknowledged the tension within the community between expanding COA services, staff and space, and the desire to keep taxes from rising. Meeting the needs of seniors and keeping taxes to manageable levels were both recognized as priorities for this community, and perhaps especially for seniors. Informants acknowledged that Topsfield's seniors have "paid their dues," having contributed to the community for many years. Key informants were interested in supporting the COA in its efforts to meet the needs of the senior population moving forward.

Results of Focus Groups

Focus Group #1: Topsfield senior residents

Participants of Focus Group #1 ($N = 9$) were chosen to represent older community members. Six women and 3 men participated, with residence in Topsfield ranging from 5 to nearly 50 years. The discussion began by talking about the many positive features of Topsfield as a community for older residents. Participants appreciate the combination of rural living with nearby access to cultural amenities and medical services available in large urban areas. The welcoming nature of the community, and a cultural tradition of mutual support and neighborliness were mentioned as additional significant community assets. The network of first responders—the Fire Department, EMS, and Police Department—was highlighted as top-notch and highly valued by seniors.

Paradoxically, the greatest concerns expressed about growing older in Topsfield also stem in part from the rural nature of the community. A recurring theme mentioned by this group was that of social isolation. The group shared a sense that some seniors in Topsfield have insufficient opportunities to get out of the house, socialize, and maintain networks. The risk of isolation was thought to be exacerbated by Topsfield's rural nature and housing that is spread out spatially. Transportation options were cited as limited in Topsfield; with few transportation options, older residents cannot always get where they need or want to go, further limiting socialization opportunities. Participants also perceived a shortage of elder services in the area, including caregiver support; along with lack of broad-based awareness about services that are already available. The need for better knowledge and awareness was recognized as a concern.

Housing needs were also discussed in this group. Appropriate and affordable downsizing options were not recognized as being adequate in Topsfield. This group perceived that seniors leave town because options for downsizing are insufficient, noting that social networks are fragmented as a result. Recognizing that some residents could remain in their existing homes with proper modification, this group saw a need for information about home modification, including information about trustworthy contractors and low-cost loans to help make homes safer to live in. Trustworthy referrals and assistance for maintaining homes and yards are also needed, according to this group.

Participants were well informed about the Topsfield Council on Aging and its role in the community. The key COA services mentioned included transportation services; Meals on Wheels; special programs and trips offered through the COA; and SHINE counseling (Serving the Health Insurance Needs of Everyone), which uses trained volunteers to provide free health insurance information to residents with Medicare and their caregivers. The group also noted a number of programs involving the COA working collaboratively with other Town offices (e.g., TRIAD).

The group offered some suggestions for the Topsfield COA as ways to expand their reach and impact in the community. Programming that would address social isolation was recognized as a special need, including expanded transportation services. This group recognized that taking advantage of COA transportation services can itself yield opportunities for socialization, during shared trips for shopping or special events. The Senior Center without Walls program was highlighted as an innovative effort to address isolation concerns at low cost. Participants highlighted the connecting function of the COA as having considerable value, including mobilizing, organizing, and collaborating with other local organizations to disseminate information and referral regarding home modifications, caregiver support, and other prevalent needs in the community. Outreach and education for community members who are approaching retirement age were thought to be beneficial. Helping younger residents become more informed and better prepared for retirement would be beneficial for their later life planning, and could be a valued role for the COA. Finally, the group reported that the COA needs to engage in expanded publicity. Although this group was well informed about the COA and its programs, their perception was that most residents are not knowledgeable. Distributing *The Scoop* more broadly; disseminating information about the COA at social events and other activities; and taking advantage of any other mechanism available to make the COA programs known would yield benefit.

This group highlighted physical features of the COA space as key concerns. The lack of private space in which to hold confidential conversations is a problem for potential users of the COA. This group believed that poor accessibility of the Town Hall location is an impediment to use among some residents. Parking challenges at Town Hall create disincentives to using the COA; moreover, poor parking at some of the sites used for COA programs is a disincentive to participation (parking challenges at Little Brook Village was specifically mentioned in this regard). This group indicated that having drop-in space for seniors would be beneficial, and could help address concerns about isolation. Designating a room for seniors to meet and visit, enjoy a cup of coffee, or just engage in unstructured activities would be desirable. This group does not think that a free-standing senior center would be necessary to address this need; indeed, most participants doubted that a free-standing center would be used enough to warrant the expense. The group was more receptive to a dedicated drop-in space for seniors in the short-run, and perhaps a community center with dedicated space for senior programming in the longer-term.

As part of a strategy for expanding programming, this group would value expanding the use of volunteers. They perceived that local churches and youth groups could be drawn into partnerships through the COA that could benefit seniors in the community. As well,

cooperative programming with nearby COAs could be expanded as a means of increasing the opportunities available to Topsfield seniors.

Focus Group #2

Focus Group #2 ($N = 12$), composed of six women and six men, included public safety officials and representatives of organizations within Topsfield who have regular interactions with older residents. This group included representatives from Little Brook Village, two local religious congregations, the library, St. Vincent de Paul, the food bank, the Fire Department and the Police Department. Also present was an individual who drives for the Meals on Wheels program and a prior SHINE counselor. All participants were knowledgeable about the community in general, and the Council on Aging in particular.

This group perceived significant need among seniors in Topsfield, including financial need, service gaps, and isolation. Some participants were representatives of organizations that primarily serve financially needy residents—including St. Vincent de Paul and the Food Bank. Although their programs are not designed specifically or primarily for seniors, these individuals observed that seniors represent a disproportionate share of their clientele, suggesting that meaningful segments of the older Topsfield community struggle with economic insecurity. Participants who represent Little Brook Village described scenarios in which older residents have housing and service needs that cannot readily be met in the community, challenging residents' ability to safely stay in their homes. It was the sense of the group that similar challenges extend beyond the Little Brook Village community and throughout Topsfield, suggesting that additional community-based long term services and supports may be welcomed in Topsfield.

Concern about isolation was a recurring theme for this group as in other Topsfield conversations. The participant who drives for Meals on Wheels reported that most people to whom he delivers are single and live alone. He has the sense that for many MOW clients, he is the only person they see all day. The clergy participants shared their perception that there are significant needs for socialization in the senior community. They reported having been surprised by the large turnout of seniors for some events held by their congregations, suggesting high demand for socialization opportunities. Representatives of the Police Department and the Fire Department described their experiences with isolated seniors who fall or have a medical event and do not receive prompt assistance because they live alone and neighbors are remote. Operation Concern, a free service offered through the Police Department in which public safety officers check on subscribers if they do not call in by 10 a.m., is available to residents but is underutilized by Topsfield residents.

Virtually every organization represented in this group intersects with the Topsfield Council on Aging to some extent. Representatives of the library reported that they consider older residents when choosing materials, scheduling programs, and disseminating information. They have worked with the COA to establish a program designed to deliver library material to people's homes through the Meals on Wheels service, a promising program that is just getting off the ground. Two important programs organized through the COA—SHINE counseling and AARP tax counseling—meet at the library, where adequate space can be

reserved. One member of this group voiced the opinion that these programs would be better housed in space adjacent to the COA, where seniors would have access to other programs and services of potential value to them. Group participants representing St. Vincent de Paul indicated that the COA refers seniors to them for assistance. Members of the clergy participating in this group reported on a lunch and a movie program at a local church, established with some input from the COA. They regarded this as a high-potential program with socialization benefits, helping to fill a perceived gap in the community. Members of the Fire and Police Departments described a number of programs targeting seniors, some of which are developed in conjunction with the COA, including programs for installing and replacing smoke detectors, CO detectors, and fire extinguishers. In collaboration with the COA, they seek to provide concrete assistance to senior residents in combination with educational tools—on home safety, falls prevention, and other topics—with the goal of helping seniors stay safely at home.

Like other sources of input, this group observed that the COA needs to get the word out more effectively about what it is and how it serves the community. They acknowledged that there is an information void in Topsfield, in general, regarding the range of services and programs available to seniors—including the programs that their own organizations provide. The COA currently does a good job of sharing information about these programs with seniors who seek them out. Yet this group believed information dissemination would be more effective if the COA had a better configuration of space and more expansive outreach.

Consistent with their concern about the importance of expanded socialization opportunities, this group believed that allocating dedicated drop-in space for the COA would be beneficial. Informal socialization opportunities would be expanded as a result; as well, more residents could be reached through programming and information dissemination. With dedicated space, health screenings such as blood pressure checks could be offered on-site. Clergy members in particular emphasized the value of shared meals as opportunities for socialization.

This group recognized the strong efforts made by the COA and its staff toward addressing needs and issues associated with a large and growing senior population. They suggested that the COA needs more space in order to meet its potential in terms of effectiveness and impact. Private space for confidential conversations is required, as is dedicated programming space. This group highlighted the need for drop-in socialization space as a means of addressing isolation within the senior population. In the long run, this group highlighted the advantages of a Topsfield community center with dedicated space for senior programming. Meeting the needs of a growing senior population while also addressing needs of younger age groups had broad appeal for this group. Using a community center as an opportunity to create intergenerational programming and address gaps in the community across age groups was seen as consistent with the prevalent values in Topsfield.

Council on Aging Community Comparisons

Topsfield and its peer communities share much in common with respect to key demographic characteristics of population size and socioeconomic status (see **Table 5**). The six communities profile here range in total population size (as of 2010) from 4,900 (Wenham) to 8,000 (Georgetown) with Topsfield at just over 6,000. The number of senior residents ranges from 862 to 1,561, and represent 17-28% of the total resident population. Socioeconomic status is high in these communities, with median household income above \$90,000 in all communities. Educational levels are also high, as represented by the percentage of the adults age 25 and older having college degrees.

Table 5. Demographic features, Topsfield and comparison communities

Town	All-age population	Population age 60+	% age 60+	Median HH \$	% with college degrees
Topsfield	6,085	1,483	24%	\$111,696	62%
Boxford	7,965	1,561	20%	\$125,833	61%
Georgetown	8,183	1,428	17%	\$107,775	48%
Hamilton	7,764	1,398	18%	\$105,865	72%
Manchester	5,136	1,435	28%	\$115,650	64%
Newbury	6,666	1,491	23%	\$91,678	54%
Wenham	4,875	862	18%	\$127,606	63%

Sources: US Census Bureau

Despite common demographic features, Topsfield and its peer communities vary substantially in terms of how they have chosen to address the needs of seniors living in their communities. Considering space characteristics (see **Table 6**), Topsfield, Georgetown and Manchester do not have a senior center. These three communities have a dedicated office space, largely shared among the director and other staff, and are dependent on using spaces throughout town, such as church halls, housing complexes, and public libraries, for their programs and activities. Directors from these three towns all discussed the challenges in not having their own programming space—scheduling and participation rates have suffered in Georgetown, for example, due to unstable program locations. Both Georgetown and Manchester have plans to gain much needed dedicated space, but are at different points in the planning process. The Georgetown COA is expecting to move into its own wing of an

elementary school next year, which will provide private office space and classrooms for activities. In Manchester, negotiations with the local Masons Lodge are in process that would divide the underutilized building into two spaces, one of which would be for Town use for the Council on Aging.

The other peer communities—Boxford, Hamilton, Newbury, and Wenham—each have dedicated space for the Council on Aging and Senior Center. The Boxford and Newbury Senior Centers are in spaces shared with other organizations. Boxford operates out of the community center, which was built in the late 1980s. The Boxford COA has 3 offices, a small, non-commercial kitchen, dining room, a small meeting room, and a large activities room. Newbury's space has fewer divisions, as part of an existing elementary school, with one classroom, one small kitchen, and one small office. The Newbury director noted some challenges in being located in an elementary school, including limited parking and shared bathrooms with the school staff, both of which may contribute to negative views of the Center. Hamilton and Wenham each operate senior centers out of their own dedicated space. The Hamilton COA moved into the renovated old library in 2013, and has one large open space, a kitchen, and one office. The Hamilton director is currently working on a capital plan for additional space, likely an addition to the existing building. The Wenham Senior Center is small in square footage, with an office space, small galley kitchen, and one large room for activities and leisure. Hamilton and Newbury, two communities with dedicated Senior Center space, report that they have sufficient space for their current programming needs. The other Councils on Aging, including Topsfield, report that their programming space is inadequate for current demands.

Although the communities vary in what space is available to them for programming, staffing is fairly consistent among the towns (see **Table 7**). All of the peer communities employ one full time staff member, which is the director for those towns. In contrast, Topsfield does not have any full time staffing; rather, 5 part-time staff members, including the director, run COA operations. The number of part-time staff among the peers ranges from 1 in Hamilton to 6 in Newbury. In general, the part-time staff may include outreach coordinators, van drivers, administrative assistants, and program coordinators. In Topsfield, all outreach, administration, and program coordination is accomplished by the part-time Executive Director and a part-time Secretary. Funding for COAs is largely provided through town allocations; each COA also receives a population-based formula grant from the MA Executive Office of Elder Affairs. Each of these communities has a "Friends of the COA" group that in some cases provides funding for special projects or programs. Some COAs receive small grants from other sources in support of programs and activities.

Table 6. Features of COA space, Topsfield and comparison communities

Town	COA space¹	Senior Center Square Feet ²	Adequate Space?²
Topsfield	Office in Town Hall; programs in senior housing, churches, library, Topsfield Fair	N/A	No
Boxford	<u>Senior Center</u> (in a community center)	3,200	No
Georgetown	Town Hall, elder housing, rented space at local church, elementary schools	N/A	No
Hamilton	<u>Senior Center</u>	4,000	Yes
Manchester	Churches, American Legion, housing community rooms, library	N/A	No
Newbury	<u>Senior Center</u> (at Newbury Elementary School)	NP	Yes
Wenham	<u>Senior Center</u> (in the American Legion Building)	400	No

Sources:¹ MCOA database² Phone interview with COA Directors*Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time*

Table 7. Features of the COA, Topsfield and comparison communities

Town	Staff FT/PT¹	Vol. Hours per week¹	Tax Work Off Program Positions¹	Hours of Operation²
Topsfield	0/5	5	15	M-TH, 8am-4pm F 8am-noon
Boxford	1/3	50	25	M-TH, 8am-4 pm
Georgetown	1/5	54	30	M-TH, 8am-4pm
Hamilton	1/1	NP	12	M-F, 8am-4:30pm ³
Manchester	1/3	9	5	M-TH, 8am-4pm F 8am-2pm
Newbury	1/6	38	10	M-TH, 9am-3pm
Wenham	1/5	4	Unlimited	M-F, 9am-4pm ³

Sources:¹ Phone interview with COA Directors² MCOA database³ Web searches*Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time*

Topsfield and its peers depend on the efforts of volunteers, who supplement the efforts of paid staff by completing administrative tasks, coordinating and running programs, participating on boards, and driving other seniors. The amount of time dedicated by volunteers varies substantially by community, though almost every director indicated that the number of hours committed per week depended on the time of year and what was going on in the COA at that time. Comparatively, Topsfield appears to have fewer volunteer hours on average. All of the COAs have a tax work-off program, with the number of available positions ranging from 5 in Manchester to unlimited in Wenham. Hours of operation for the COA range from 24 hours per week in Newbury (M-TH, 9am-3pm) to 32 hours per week or more in the other communities.

Topsfield and its peer communities offer a variety of programs and services. Popular among all the COAs were exercise groups, various card games, arts and crafts classes, and support groups for caregivers. While they continue to offer traditional programs and services, COA directors are constantly looking to expand and improve upon what they can offer to better meet the needs of community seniors. Directors are challenged, however, by space, budget,

and demand issues. Only two of the community directors feel that they have enough space to provide the programs and services they want, and both are communities with dedicated senior centers. Two directors cited a lack of designated space as a possible reason for low participation in programs—seniors are put off by having to travel to different locations for different activities.

All but one of the peer communities provide services targeted at isolated seniors. In general, the COAs conduct home visits or phone calls to older residents, usually done by outreach coordinators or volunteers. In Boxford, the COA provides birthday calls and delivers a birthday card to every senior in town; although not exclusively for shut-in residents, the director notes that it is a way to get them engaged and possibly into the COA in the future. Additionally, a local church in Manchester puts together holiday baskets in November for seniors, which are delivered specifically to isolated older residents by COA volunteers. Topsfield has a unique program to engage with residents who have difficulties leaving home. They offer a “Senior Center without Walls” program, designed so that residents can call into the COA to participate in programs such as bingo or card games from home. None of the COAs provide adult day services, largely due to space and budgetary issues. In communities where directors cited a need for such services, they named organizations in neighboring towns to which residents can be referred.

Each COA considered here depends on their regular newsletter sent to residents 60 and older to encourage people to participate in programs and services. Four of the peer communities also depend on postings in local newspapers, both community-based and regional newsletters. Additional methods of marketing include postings on bulletin boards in public spaces and appearances on local access television. Both Boxford and Newbury are actively looking to expand marketing of their services. Boxford is working on a plan to increase awareness of the senior center, particularly through social media outlets, though staffing and time are cited as limitations to those efforts. The Newbury senior center recently hired a community relations employee, who will be charged with recruiting people as volunteers.

Summary and Recommendations

The Town of Topsfield’s older population grew substantially during the last decade. Increases are expected to continue as the number of seniors increase moving forward, as well as the share of the Topsfield population they represent. Today, more than one out of four Topsfield residents is age 60 or older. Demographic projections suggest that by 2030, more than one-third of Topsfield residents will be in that age group. On the basis of this growth alone, demand for programs and services that are needed and desired by older adults in Topsfield will be greater than ever before.

The purpose of this study was to generate and organize information on the older population in Topsfield and the community organizations supporting their well-being. Special focus was placed on needs of older residents along with the capacity of the Topsfield COA to meet those needs. Toward this end, our methodology included description of existing data, key

informant interviews, and focus groups aimed at identifying concerns related to aging in Topsfield, with an emphasis on services and amenities that facilitate aging in place. Assessment methods were designed to identify areas of concern with respect to aging in Topsfield, and to provide a context for planning to address future aging-related needs of the Town's population.

Currently, the Topsfield COA is estimated to be interacting with a minimum of one-third of Topsfield seniors annually. The programs generating the most use include transportation services (group transportation for food shopping as well as other rides by appointment), Meals on Wheels, which served 6,000 meals during FY 2015, and outreach services, including 6,000 phone or in-person contacts with community members. Smaller numbers of residents participate in fitness or instructional activities, which are offered at relatively lower levels and at various locations throughout the community. This level of service use is impressive, given that the Topsfield COA operates in the absence of full-time staff, housed in a single office in Town Hall, and with no dedicated programming space.

Results of this study suggest that the Topsfield Council on Aging is meeting an important need in the community and providing significant value to older residents and their families. Despite limitations in their space and staffing levels, they are having a meaningful impact on quality of life in the community. Staff members develop creative workarounds to adapt to limitations in their resource base. For example, because they have no dedicated program space, the COA offers programs at locations throughout the community, including the library and housing developments. Similarly, the recently developed "Senior Center without Walls" program is a means of drawing older residents into engaging activities without leaving their homes. This program allows house-bound seniors to participate; it also represents a low-cost activity that does not have any space demands.

In our conversations with community members and representatives of Town offices, we heard strong support for the Council on Aging and its staff. Participants in our conversations recognize that COA resources are very limited despite their important role in the community. Participants are aware of the workarounds that COA staff has developed in response to their resource limitations; these workarounds are valued but in general, it is recognized that COA resources need to expand for its potential impact to be realized. We heard about the critical partnerships developed between the COA and other Town offices, yielding benefit for the community at large. These partnerships include formal and informal cooperative arrangements with the Fire Department, the Police Department, the Housing Authority, the Library, and a number of other organizations throughout the community. Collaboratively these partnerships represent significant components of the community safety net for vulnerable older residents in Topsfield, especially those with absent children or shrinking social networks.

Several **significant needs** were identified in our research, including the following:

- Socialization opportunities. We heard concerns about social isolation from virtually every individual and group with which we met. Older residents reported a general sense that this may be a problem for some seniors year-round, but especially during the winter months. This concern is not surprising given the relatively rural nature of the community

and low density of housing. Representatives of community organizations who work with seniors reported that isolation is observed routinely in their work. For the individuals we met, addressing isolation is a priority for the COA. These individuals suggested that senior programming could be developed to address some of this need, including congregate dining, educational programs, and entertainment programs. Meals on Wheels drivers noted that they are the only people some MOW clients see all day. Drivers of the COA van reported the multiple benefits of shared transportation (including shopping and out of town amenity trips)—providing not only needed transport but also a socialization “bonus” for those sharing the ride. Especially for the nearly one-quarter of seniors living alone in Topsfield, additional socialization opportunities may be valued.

- Transportation challenges. Topsfield has no public transportation, and the hours and availability of COA van transport are limited. Individuals with whom we met indicated that some Topsfield residents may be driving when they should not, due to few transportation alternatives. Given the geographic features of the community, the fact that few options are in place, and that many of the individuals with whom we spoke mentioned transportation as a need, providing more opportunities for transportation through the COA may be a priority moving forward.
- Caregiver support. Many of the individuals with whom we spoke indicated caregiver support was a need in the community. Nationwide, the vast majority of caregiving for frail or disabled adults is provided through informal means—by family members, friends, or neighbors. Informal caregiving can bring substantial benefit to care providers and recipients alike; however, demands on the caregiver can be considerable, making it difficult for them to meet other responsibilities at work or at home. Caregiver support programs, including respite care, support groups, and adult day health, can help caregivers respond to those demands and protect their own health and emotional well-being. Currently, the Topsfield COA offers an Alzheimer’s caregiver support group once a month; this program and similar programs targeting caregivers may need to be expanded. Multiple individuals with whom we spoke indicated that an adult day health program would be beneficial in Topsfield.
- Home modification support and affordable downsizing opportunities. Most Topsfield residents are homeowners, including most seniors living in the community. Housing costs and property taxes are relatively high, especially for those living on fixed incomes. Individuals with whom we spoke indicated that many seniors want to stay in their current homes, but need help making modifications that would make their homes safer to stay in. Maintaining a vetted list of contractors or small repair services able to make minor modifications, such as installing grab bars, as well as larger ones, such as installing a ramp into the home, may be helpful. Disseminating information about low-interest loans to help seniors pay for needed modifications may be helpful. Some older adults would prefer to downsize or move to a housing development that offers services along with shelter. Individuals with whom we spoke indicated that sufficient opportunities for downsizing do not exist in Topsfield, especially opportunities that meet older residents’ budgets. While addressing the challenges of housing availability is well beyond the purview of the COA, we make note of this community need.

Concerns about the resources available to the Topsfield Council on Aging were heard from virtually everyone with whom we spoke. By and large, these individuals were all well informed about the role played by the COA in the community, and the resources available to the COA in support of its mission. Key among these concerns are the following:

- The COA is charged with helping seniors identify and apply for services to meet critical needs relating to medical concerns, financial concerns, or caregiving. Yet the COA has no private space in which to hold these confidential conversations.
- The COA attempts to offer a range of engaging programs for residents, designed to promote health and well-being and cultivate socialization. Yet the COA has no dedicated programming space. As a result, programs are held at various locations throughout the community. This strategy has been a workable short-term solution but may form a disincentive to participate among some residents who lack familiarity with these disparate spaces, how accessible they are, or whether parking will be available. Holding programs in locations that are not contiguous to the COA office also results in missed opportunities for residents to develop awareness of the full range of COA programs and services, and to be familiar with COA staff who may be helpful to them in other ways.
- The current building in which the COA office is located has inadequate parking and is not adequately accessible for those with mobility limitations. This may result in older residents who could benefit from COA services declining to seek them out.
- The COA staffing levels are inadequate for current and future demand. No COA staff member is currently full-time, including the Executive Director. As a result, the impact of the COA may be falling short of a service level that could be beneficial to the community.

Recommendations

The community of Topsfield needs to plan now for substantial growth of the senior population in coming years. By 2030, residents who are age 60 and older are expected to constitute more than one-third of the entire population of Topsfield. This demographic shift should prompt the community to think strategically about aligning their plans for housing, transportation, and public safety as well as other domains of community life, with the evolving age distribution of residents. In developing recommendations, we focus on the Topsfield Council on Aging rather than the community at large. We offer the following recommendations to assist the Town of Topsfield COA in planning to achieve their mission and to meet their goals moving forward.

High-priority recommendations:

- Identify dedicated private office space for the Topsfield COA. Information and referral is one of its most important services, and is a resource frequently used by residents. Communications about health concerns, caregiving needs, or economic shortfalls require confidentiality. Standing programs sponsored by the COA, including SHINE and tax assistance programs are currently held in other locations, due to lack of private meeting space at the COA.

- Identify dedicated program space for the Topsfield COA. The value of having stable program space is widely recognized by individuals with whom we met. A combination of a dedicated space for smaller groups, along with shared access to a larger space on a consistent basis may be sufficient in the short term. If space must be shared, having secure storage available on site is necessary.
- Improve the accessibility of Town Hall, where the COA office is located. We cannot know how many seniors have been discouraged from using COA services because Town Hall is difficult to access, especially by those with mobility limitations. However, it appeared to be common knowledge among those with whom we spoke that access to the COA office is currently unacceptable.
- Continue to support existing partnerships between the COA and other Town offices and community organizations. The expanding numbers of senior residents will impact virtually every aspect of the Topsfield community, not just the COA. Strong and productive partnerships already exist; the community is urged to recognize and further promote those relationships.
- Expand knowledge of existing COA programs and services throughout the community. Some of the programs in place do not have strong usage, despite a sense that many residents could benefit (especially good examples are some of the safety programs delivered collaboratively by the COA and public safety). Expanding awareness of these programs will increase the safety and well-being of seniors living in their own homes. The COA can help to publicize these programs and link residents to the opportunities they represent. To serve in this role, the COA must be highly visible and proactive in encouraging and facilitating cooperation and communication between Town offices and agencies. It must also prioritize community inclusion in programs and services by communicating its mission widely to a range of stakeholders throughout the Town.
- Consider increasing the Executive Director position to full-time. The Topsfield COA has no full-time staff. All administrative, programming, and outreach functions are accomplished by a part-time Director, a part-time Secretary, and a limited group of volunteers. In support of the programming changes that will ensue when more appropriate space is made available, and in light of likely increases in use of the COA by members of the community, making this position full-time is appropriate.

The improvements listed above will not substantially expand capacity of the COA, but will bring it into closer alignment with acceptable standards. These improvements may expand demand for COA services and programs: current lack of privacy may serve as an impediment to seeking services; current confusion about where COA programs are located or who is eligible to participate may be a disincentive to taking advantage of the programs; currently being unable to easily visit the COA offices may cause some residents to forgo contact that could be beneficial to them.

Additional recommendations:

In the near term, demand for COA programs and services is expected to continue to grow. Expanded demand will result from the changing demographic profile of the community; as well, stronger outreach will make more residents aware of the beneficial programs already in place. Accordingly, it is recommended that the Topsfield COA plans for these improvements in the near term:

- Plan to expand staffing. The existing secretarial position may need to be expanded to full-time in order to respond to expected increases in demand. Soon, the COA will likely need at least a part-time outreach worker in addition to the existing staff positions. This level of staffing will bring the Topsfield COA closer to the levels observed in similar communities, and can be expected to more effectively meet needs in the community. Volunteers will continue to be an important component of COA staffing; indeed, expansion of programs and services will create even more volunteer opportunities. A larger number of volunteers will be beneficial for the COA and the community; however, coordinating these volunteer activities will take staff time that must be accounted for.
- Develop dedicated drop-in space. The Topsfield COA offers an appealing but limited range of programs (including exercise, educational programs and interest groups), but does not currently have any opportunities for unstructured socialization. Because the COA has no “drop-in” space—a dedicated room or location where seniors can drop in and engage with others—socialization opportunities through the COA are limited to structured events. Socialization is known to be linked to well-being at any age, including in later life. Concerns about isolation and the need for socialization opportunities were mentioned by many of the individuals with whom we met.
- Strengthen caregiver support programs. A need for caregiver support is evident in Topsfield. Existing programs through the COA are quite limited and may need to be expanded. Sponsoring or advocating for a respite care program or for expanded Adult Day Health opportunities, either in Topsfield or in collaboration with surrounding communities, may be needed.
- Consider the feasibility of a scheduled congregate dining program. The Meals on Wheels program is well used in Topsfield and serves as a lifeline for homebound seniors. However, many seniors who are able to leave their homes would benefit from having regular opportunities to visit with others over a shared meal. These programs are well received in many other communities and can help address nutrition needs as well as socialization needs in the senior community. Several individuals with whom we met feel confident that this is a strategy that can be successful in Topsfield.
- Further evaluate needs for expanded transportation services. We heard from many sources in Topsfield that limited transportation options in Topsfield are problematic for seniors. Indeed, transportation limitations are key threats to aging in place in many if not most communities. Yet we also heard from some respondents that existing COA transportation services may be underutilized. It may be that the existing services could be modified slightly with benefit; for example, we heard that the hours of service did not

align adequately with people's needs. Because accessible and affordable transportation is key to aging in place in any community, and existing options are very limited in Topsfield, we encourage the COA to consider ways to better align the services provided with residents' needs.

We believe that implementing the changes outlined above would expand demand as well as capacity considerably. The most consistent need we heard in our conversations was for socialization. Dedicated drop-in space will help address that need, especially if coupled with expanded programming that targets interests of Topsfield seniors, including late-life learning programs. Overall, the volume of programs offered by Topsfield COA has been heavily constrained by lack of dedicated space. Improving upon their available space will expand use.

Explore the feasibility of significant expansion:

Expanding COA services in response to the increased number of Topsfield seniors who will seek services will help residents age in place. Moreover, improvements in space, staffing, services and programming can be expected to generate even *higher* rates of participation in COA activities, with the result that an overly modest allocation of resources will be outgrown quickly. Perhaps due to an awareness of this dynamic, many of the individuals with whom we spoke voiced opinions on whether or not a Senior Center was needed in Topsfield.

By and large, the individuals with whom we met felt that for Topsfield, a better strategy would be to develop a Community Center with dedicated space for the COA embedded within it. The rationale for this approach appears to be multifaceted. One factor is the absence of community space of any kind in Topsfield, leading some to view this as an opportunity to meet multiple community needs simultaneously. Others felt that a free-standing Senior Center may not be justified given the size of the community and number of residents who currently participate. Perhaps most importantly, a shared space appears to align with community values, including an interest in promoting intergenerational programs and activities.

As the feasibility of any kind of construction involving a Senior Center or a Community Center is evaluated, the Town of Topsfield is urged to consider the more modest recommendations outlined above relating to space, staffing, and programming in response to its growing older population.

References

- AARP (2005). *Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington DC: AARP Public Policy Institute. <http://www.aarp.org/livable-communities/learn/civic-community/info-12-2012/A-Report-to-the-Nation-on-Livable-Communities.html>
- AARP (2015). *The Livability Index: Great Neighborhoods for All Ages* (website). Washington DC: AARP Public Policy Institute. <http://www.aarp.org/ppi/issues/livable-communities/info-2015/livability-index.html>
- Aday, R. H. (2003). The evolving role of senior centers in the 21st century. *Baby Boomers at the Gate*. Washington, DC: Government Printing Office, 69-79.
- Dugan E, Porell F, Silverstein NM, Palombo R, and Mann S. (2014). *Highlights from the Massachusetts Healthy Aging Data Report: Community Profiles*. Retrieved from: https://mahealthyagingcollaborative.org/wp-content/uploads/2014/01/MA_Healthy_Aging_Highlights_Report1.pdf
- Fitzgerald, K. G., & Caro, F. C. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy*, 26, 1-18.
- Fitzpatrick, T. R., & McCabe, J. (2008). Future challenges for senior center programming to serve younger and more active baby boomers. *Activities, Adaptation & Aging*, 32(3-4), 198-213.
- Ichida, Y., Hirai, H., Kondo, K., Kawachi, I., Takeda, T., & Endo, H. (2013). Does social participation improve self-rated health in the older population? A quasi-experimental intervention study. *Social Science & Medicine*, 94, 83-90.
- Massachusetts Healthy Aging Collaborative (2015). *Massachusetts Healthy Aging Data Report* (website). Retrieved from: <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>
- Renski, H. & Strate, S. (2015). *Long-term Population Projections for Massachusetts Regions and Municipalities*. UMass Donahue Institute. http://pep.donahue-institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_2015%2004%20_29.pdf
- Rowe, J. W., & Kahn, R. L. (2015). Successful Aging 2.0: Conceptual expansions for the 21st century. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, gbv025.
- Salomon, N. (2010). *Housing Solutions to Support Aging in Place*. AARP Fact Sheet 172, AARP Public Policy Institute. Washington DC: AARP.

Swan, J., Turner, K., Shashidhara, S. and Sanders, D. (2013) Increased physical activity, physician recommendation, and senior center participation. *Health*, 5, 8-18. doi: [10.4236/health.2013.512A002](https://doi.org/10.4236/health.2013.512A002).

U.S. Census Bureau (2010). *American fact finder*. <http://factfinder.census.gov/>