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### Coming of Age in Marshfield: A Needs Assessment of Aging Services

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# Coming of Age in Marshfield

A needs assessment of aging services

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Commissioned by the Marshfield Council on Aging

*Gerontology Institute*

*Collins Center for Public Management*

*McCormack Graduate School of Policy and Global Studies*

*University of Massachusetts Boston*

# **Coming of Age in Marshfield: A needs assessment of aging services**

**Commissioned by the Marshfield Council on Aging**

**Carol Hamilton, Director**



**September 2011**

**Jan Mutchler, Ph. D., Gerontology Institute**

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**100 Morrissey Boulevard**

**Boston, MA 02125-3393**





September 2011

To the citizens of Marshfield,

On behalf of the Senior Citizens and Baby Boomers of the Town of Marshfield, I am pleased to present the findings of the Council on Aging's "Needs Assessment Study". This COA genesis and two year project commenced with the formation of a Long Range Planning Committee that screened proposals and awarded the contract to The Collins Center and Gerontology Institute at the University of Massachusetts Boston. The Long Range Planning Committee in conjunction with the UMass Research Team developed a scope of work, time frame, desired methodology, and a survey instrument which culminated into a final report.

The intent of the Needs Assessment Study was to be proactive in obtaining basic demographic data along with a comprehensive profile of Baby Boomers and Seniors in Marshfield. This information will enable the Council on Aging to understand, prepare and adequately respond to our mature resident's needs and preferences. The results will help us to identify the *underserved* and or *unmet needs* and insure that we provide the social and human services necessary.

### **Where do we go from here?**

The study will aid the Council on Aging in setting priorities, developing a plan that includes viable options and implementing specific strategies based on the data. This plan will affect both short and long term planning related to services, programming, space, staffing, town budgeting, public relations and outreach.

There were various themes identified by the survey that have implications for the Council on Aging. The swelling of the aging population and the demand for services in the next decade are of great concern. Providing transportation options in Marshfield with its geographically wide spread area and demographically varied population may present access and navigation issues for those who no longer drive, are reluctant to use public transportation or are simply unaware of their options. There was some trepidation regarding housing affordability, accessibility, or being able to maintain one's home. The lack of appropriate housing options and combining housing services and amenities are presently difficult to find. The preference of residents to "*age in place*" and remain in Marshfield was very apparent and should be a planning priority. Many Seniors and Boomers were unaware of services and programs

provided by the COA. This indicates a need for improved public relations and education about the Council on Aging that is critical in assuring that Seniors have access to services and programs. The study indicated that 40% of those surveyed are caregivers for others and one third of those receiving care have a dementia related disability which indicates a need for specialized services. This statistic creates an awareness of the contributions and necessity of caregivers and value of volunteers that provide support. The stigmatization of senior centers and ageism are obstacles for the COA and points to a need for improved communication, marketing and networking.

At the present time the Council on Aging is operating with the same number of staff we had in place seven years ago prior to the new center opening and our current coverage is already stretched to the limit. We are greatly concerned about the imminent influx of new Seniors needing services, especially if enhanced outreach efforts increase the number of people coming through our doors. Will we have the resources or the capacity to preserve vital services and adequately meet the growing needs? Are we ready for the changing needs and preferences of the Baby Boomers? Our efforts to provide service may be contingent on town, state, and federal budgetary restraints and economic downturns. These fluctuations and limitations will most certainly have an impact on what we are able to do at the local level both at the COA and complimentary town services.

Although we face many challenges in the future we are confident in the knowledge we have gained from the needs assessment study and will move forward in a positive and productive direction. This survey is a tool in creating a vision for the future and will allow us to evolve and remain relevant in the community.

On behalf of the Council on Aging I would like to thank The Collins Center and Gerontology Institute for doing an exceptional job on the project. Thank you to GATRA and the Town of Marshfield for their participation and financial and technical support. Special thanks to Paul Halkiotis, Town Planner, Sheila Gagnon, Chair of the Long Range Planning Committee and its members, Town Administrator Rocco Longo and the Board of Selectmen.

Sincerely,

A handwritten signature in cursive script that reads "Carol Hamilton".

Carol Hamilton, Director

Council on Aging

## Executive Summary

### ***Introduction***

The purpose of this needs assessment is to investigate the needs, interests, and opinions of mature residents of Marshfield, Massachusetts, relating to their aging experiences and needs for age-related services. On behalf of the Marshfield Council on Aging (COA), this assessment was conducted by the Collins Center for Public Management and the Gerontology Institute of the McCormack Graduate School at UMass Boston. The focus of this report is on Marshfield residents aged 60+ (referred to here as “Seniors”) and residents aged 45-59 (referred to here as “Boomers”). Information about these two age groups was obtained both through the U.S. Census Bureau, and through a sample survey designed and conducted in support of this project. Two focus groups were also conducted to obtain feedback on the results and generate recommendations. The content of this report will be useful to the Marshfield COA, other town offices, organizations that provide services within Marshfield (including the local public transportation service provider, GATRA), advocates, and community members.

### ***Results***

The town of Marshfield includes 25,132 residents, according to the 2010 Census of Population. Among these residents are large and growing Boomer and Senior populations. The 2010 Census indicates that 5,143 Marshfield residents are aged 60 and over, representing 20% of the Marshfield population. Another 6,610 residents (26%) are aged 45 to 59, poised to move into later life within the coming decade. Marshfield has also experienced strong growth of its older population in recent decades. Between 2000 and 2010, the number of Marshfield residents aged 60 and over increased from 3,248 to 5,143 (an increase of 58%), and the number of Marshfield residents aged 45-59 rose from 5,432 to 6,610 (an increase of 22%). Over the next ten years, the aging of the Boomer cohort will continue to swell the size of the 60+ population in Marshfield.

Data from the American Community Survey suggests that the older population represents a substantial presence within Marshfield, with more than one-third of its nine thousand households including at least one person aged 60 and over. Homeownership is very common among Marshfield residents, but especially among middle-aged and older residents. Thirty percent of Marshfield residents aged 65 and over live alone; many of these individuals, too, are homeowners. Although a sizable share of Marshfield households report relatively high incomes, many Marshfield seniors experience a comparative economic disadvantage. The median household income for residents who are aged 65 and over is less than half that of younger households. Many seniors also experience some level of disability, which may impact their ability to function well and independently in the

community. Nearly one-quarter of the Marshfield residents aged 65-74 report at least one type of disability, as do more than half of the residents aged 75 and over.

Results from the Marshfield community survey suggest that most Boomer and Senior residents have lived in Marshfield for many years, and are highly committed to remaining in Marshfield as they grow older. Yet some challenges to successfully aging in place are reported. Most of the survey respondents are actively engaged in social activities and enjoy good support from their social networks. Good health is common, with more than half of the Boomers and 28% of the Seniors reporting excellent health. Although most respondents in both age groups report that they are rarely depressed, approximately 8% of each group report feeling this way "often" or "always." Consistent with the good health shared by most respondents to the community survey, relatively few report needs for assistance with daily activities. Among those who need support, most report receiving it, typically from family members. Considerably more respondents report *providing* unpaid care or assistance to a disabled, ill, or elderly spouse, relative or friend (22% of the Boomers and 18% of the Seniors report providing such care). Participating in caregiving activities while meeting other work and family responsibilities is described as difficult by many caregivers.

Despite the relative prosperity of the Marshfield community, experiencing economic shortfalls is not uncommon. Twenty-six percent of the Boomers and 17% of the Seniors report not having enough money for necessary expenses during the previous twelve months. Although most respondents own a home, 20% of Seniors and 24% of Boomers say that their homes need repairs or modifications, many of which are unaffordable. Looking ahead, a segment of those who are not yet retired express uncertainty about their readiness for retirement. More than one-quarter of each age group are not sure about when or if they will ever retire. Moreover, fewer than one-quarter of the non-retired respondents express strong confidence that they will have adequate financial resources in retirement, and many report that they have not done an adequate amount of financial planning for retirement. Despite the devastating impact that long-term care expenses may have on a family, most community respondents have not purchased long-term care insurance.

Driving and transportation concerns are a key issue in Marshfield. The vast majority of the community survey respondents drive, and driving themselves is the primary form of transportation used by most. Indeed, although more than 8 in 10 respondents are aware that Marshfield has a public bus service, called the GATRA, fewer than 6% have *ever* used it. A somewhat smaller share of the respondents are aware that the Marshfield Council on Aging provides transportation services, but only 3% of Seniors reporting having used these services within the previous 6 months. Despite limited experience, many respondents name public options as sources of transportation in the future if at some point they could not drive.

A sizable share of the community respondents have limited knowledge about the Marshfield Council on Aging. When asked "How familiar are you with the Marshfield Senior Center?" 57% of the Seniors and 84% of the Boomers report that they know "very

little" about Marshfield Senior Center programming; only 9% of the Boomers and 26% of the Seniors report knowing "a lot" about Senior Center programming. Although only 3% of the Boomers report having participated in Senior Center activities, 31% of the Seniors do so. Participation rates are substantially higher among those 65 and older, and especially among those 70 and older. A sizable share of respondents evaluate each of ten clusters of activities and services currently being provided through the Marshfield COA as "very important," especially programs that provide social and human services, such as fuel assistance, information and referrals, and programs that provide meals, such as Meals on Wheels and congregate lunches at the Senior Center.

Respondents voice a number of concerns for the future. Many respondents are concerned about the high cost of living in Marshfield, and whether limited retirement funds will stretch to meet expenses. A large share of respondents express concern that transportation options will be unavailable or insufficient if they are unable to drive in the future. A strong desire to remain active and engaged with social networks and community activities is expressed by many, along with concerns that opportunities to do so may be restricted—by disability, by transportation impediments, or by the lack of programs for seniors. A strong desire to remain independent is expressed by many, tempered by concerns that they may face challenges in keeping up their homes and property.

Two focus groups were held to review preliminary results from the demographic and survey analyses. A group composed of key informants, drawn from town offices and other community organizations, highlighted issues relating to crisis management and crisis prevention in the elder population. Concern was expressed about seniors who do not have family nearby, or those who may be misrepresenting their health or economic challenges in conversations with their children. When insufficient planning occurs, and when services are unavailable or inadequate for needs, crisis situations occur to which town offices and nonprofits must respond. These emergency responses are expensive, and place a strain on staffing for the affected offices. Improved communication was cited as key in improving elder well-being in Marshfield--communication between town offices, between the town, nonprofits, and other organizations that serve the older population, and especially communication with seniors and their families. Residents need better information about what town government is able to do for them, and which other organizations may serve as a resource. A stronger sense of community through increased volunteerism would also be beneficial.

A second focus group, composed of community members, characterized Marshfield as a great place to live and raise a family, and highlighted the desire of many residents to age in place. Concerns raised by this group echo those drawn from the community survey, focusing especially on issues posed by housing and transportation. The limited availability of affordable, senior-friendly housing was noted. Lack of communication and poor knowledge of services was acknowledged by this group as well. The group promoted engaging in more outreach to attract Boomers to the Senior Center, perhaps by building a more extensive network of volunteers. Perceptions of age, and how these may shape the evolving role of the COA, were also discussed. Fighting stereotypes may be necessary, along with rethinking the labels used in describing services and programs for Seniors.



## Acknowledgements

The authors gratefully acknowledge the contributions of time and expertise of the Marshfield Council on Aging and the Long-Range Planning Committee of the COA. Carol Hamilton, Director of the COA, provided valued leadership in defining the scope and focus of the project. Sheila Gagnon, Chair, along with the other members of the Long-Range Planning Committee (see below), worked collaboratively with Carol and with the researchers to bring the project to a successful conclusion, helping to define key research questions, secure funding for the research, and determine the content of the community survey. We thank the Marshfield COA, the Marshfield COA Boosters, the Marshfield Town Meeting, and the Greater Attleboro Taunton Regional Transit Authority (GATRA) for their financial support of the project.

Representatives of numerous town offices and nonprofits provided valued input. We especially thank the many residents of Marshfield who completed a survey or participated in a focus group in support of our data collection.

Sandra Blanchette, Collins Center, and Jan Mutchler, Gerontology Institute, are primarily responsible for the contents of this report. Staff support for the project was provided by Abigail Butt, Caitlin Coyle, Henry Montas, Jaimee Ryan, and Michele Tolson.

### Members of the Long-range Planning Committee:

Sheila Gagnon, Chair of Long Range Planning and Board Member  
Judy Welch, Chair of the Board  
Marcy Amore, Board Member  
Nancy Goodwin, Vice Chair of the Board  
Bill Lyons, Secretary of the Board  
Audrey McKeever, Board Member  
Carol Hamilton, COA Director, ex-officio

### Special Consultants:

Joanne LaFerrara, Director of Customer Relations for GATRA  
Paul Halkiotis, Marshfield Town Planner

Photography by Lorraine Rodolph

# Table of Contents

<b>I. Introduction</b>	8
<b>II. Background</b>	8
<b>III. Methodology</b>	11
<b>IV. Results</b>	14
Demographic results from Census 2010	14
Social and Economic Results from the American Community Survey	17
Results from the Community Survey	20
<i>Commitment to Marshfield</i>	21
<i>Social Support</i>	22
<i>Health and medical</i>	25
<i>Giving and receiving care</i>	26
<i>Economic security and planning ahead</i>	28
<i>Housing</i>	33
<i>Transportation</i>	35
<i>Marshfield Council on Aging Services and Programs</i>	37
<i>Concerns for the future</i>	40
Results from the focus groups	42
Focus Group 1 – Key Informants	42
Focus Group 2 –Community members	44
<b>V. Summary and Recommendations</b>	45
<b>VI. References</b>	47
<b>Appendices</b>	48

## **I. Introduction**

The purpose of this needs assessment is to investigate the needs, interests, and opinions of mature residents of Marshfield, Massachusetts, relating to their aging experiences and needs for age-related services. This assessment was undertaken by the Collins Center and the Gerontology Institute of the McCormack Graduate School at UMass Boston on behalf of the Marshfield Council on Aging (COA). The Council on Aging is a human service department within the Town, and serves as a resource to Marshfield's senior population, disabled citizens, and residents in need, facilitating the delivery of services and activities. Developed in collaboration with the Long-Range Planning Committee of the COA, this project:

- develops a demographic profile of the population of Marshfield, focusing especially on the resident population aged 45-59 and aged 60 and over, based on data from the U.S. Census Bureau, including the 2010 Census of Population and recent data from the American Community Survey;
- develops original data drawn from a representative sample of adults age 45+, regarding their housing, health, service use, and transportation needs; and identifies community members' concerns relating to aging in Marshfield, and their ideas for ways in which the quality of life could be improved for older individuals living in the community.

The focus of this report is on Marshfield residents aged 60+ (referred to here as “Seniors”) and residents aged 45-59 (referred to here as “Boomers”). Information about these two age groups was obtained both through the U.S. Census Bureau, and through a sample survey designed and conducted in support of this project. Two focus groups made up of key informants—including members of the community as well as representatives of offices and organizations throughout Marshfield—were also conducted to obtain feedback on the results and generate recommendations. The content of this report is intended to be useful to the Marshfield COA, other town offices, organizations that provide services within Marshfield (including the local public transportation service provider, GATRA), advocates, and community members.

## **II. Background**

Marshfield is a community of approximately 25,000 residents on the South Shore of Massachusetts. Similar to other communities throughout the country, Marshfield is experiencing a surge in its population aged 60+ as the so-called Baby Boomers (those born between 1946 and 1964) age into later life (Vincent and Velkoff 2010). A sizable research literature demonstrates that circumstances common within older populations--such as physical mobility difficulties, economic and social losses, and cognitive declines--place unique demands on community resources. Inasmuch as many of the services required by older populations are provided either publicly or through public-private partnerships, municipalities are finding it necessary to adapt quickly to changing age profiles within their

populations. The Marshfield Council on Aging is planning for the expected expansion of its older population by learning more about the current and expected needs and experiences of its mature population.

**“Aging in place”** is a commonly voiced goal among seniors. This term implies remaining in familiar community settings, with supports as needed, as opposed to institutional living situations (Salomon 2010). By aging in place, seniors are able to retain their independence, as well as maintaining their valued social relationships and community involvements. In turn, aging in place may promote **“successful aging,”** including lowering risks of chronic disease and disabling conditions. By taking steps to support seniors’ goals in terms of successful aging and aging in place, communities may retain a larger share of its older population, and benefit from the experience and community commitment that long-term residents offer, while reducing potential resource demands associated with frailty and dependence.

Our approach to assessing the aging-related needs of Marshfield's residents aligns with efforts to identify ways in which communities may become more "livable"; that is, features that allow seniors "to maintain their independence and quality of life as they age and retire" (Nelson & Guengerich 2009). Key components of livability include:

- availability and affordability of housing suitable for aging in place,
- transportation options that allow individuals to maintain social ties, obtain needed goods and services, access community amenities and be engaged with their communities, and
- availability of community features and services that meet people’s evolving needs, including home and community-based long-term care services (AARP, 2005).

**Housing** is a key factor shaping the ability of community residents to age in place. National studies suggest that most older adults would prefer to remain in their existing homes as long as possible (AARP 2005). A home serves not only as a source of shelter, but also as the platform for maintaining social networks and connecting residents to neighborhood amenities. Holding long-lasting memories, often developed over many years, the attachment to one’s home is often substantial. As well, homeownership represents one of the most significant sources of wealth for most seniors. Yet over time, the “fit” between residents and their homes may weaken. A home may become too large for current needs, or may become too cumbersome or expensive to maintain on a fixed income. Design of the home, such as the number of stories and manageability of stairs, may challenge an older resident’s ability to stay. Even for individuals who no longer are paying off a mortgage, the expense associated with property taxes, insurance, and routine upkeep may exceed available resources. Home modifications, such as the installation of bathroom bars, ramps, or first-floor bathrooms, may support resident safety and facilitate aging in place. However, some individuals will need to change residences in later life. The availability of affordable housing options, especially those with universal design features, and housing that blends shelter and service, such as assisted living or continuing care retirement communities, may allow a resident who is no longer able to stay in his or her

existing home to remain in the community (AARP 2005). Communities may facilitate aging in place by making residents aware of home-based services for which they may be eligible, including services that would help maintain and modify a home for safe living, and programs that may help them pay utility or other home-related expenses. As well, communities may plan for the residence needs of their aging populations by promoting the development of affordable housing that is senior-friendly.

**Transportation** options shape the extent to which older residents are able to remain connected to their social networks, involved in their communities, and able to access needed goods and services. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own private automobiles well into old age. The attachment of Americans to their automobiles is a function both of the association of driving with independence and autonomy, and the limited alternatives that are available. Many communities have few public transportation options, and those that do exist may be inconvenient, expensive, or unreliable. Individuals with health conditions that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed. Indeed, a national survey of people aged 50 and over conducted by the AARP (2005) finds that non-drivers report lower quality of life, less involvement with other people, and more isolation than do drivers. By providing high quality, reliable, and convenient travel options, communities may promote quality of life and community engagement for those seniors and other community members who are unable to drive safely, or who prefer public transportation alternatives.

**Community features and services** that respond to people's evolving needs, including home and community-based long-term care services, further define the "liveability" of a community for older residents. Medical and social services that can be easily accessed or delivered in-home are needed by seniors who have mobility limitations, as well as by those who experience challenges with transportation. Programs that connect seniors with affordable assistance for maintaining their homes and their yards can help protect seniors' investments and maintain the neighborhood. Safe and walkable shopping and entertainment districts are valued by all age groups, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement—through volunteer programs, opportunities to take classes or participate in exercise programs, or social activities—can help community members maintain social support and remain active. National research has demonstrated that social support is key to well-being in later life, and that continued engagement in social and community activities promotes successful aging.

This report assembles information from a number of sources, designed to address aspects of these issues with respect to the needs of the aging population in Marshfield. Also presented is a profile of the *characteristics and resources* of the current population of Marshfield, those who are at and approaching later life (the 60+ population) as well as those who will be moving into later life over the next few decades (the 45-59 population). Knowledge of these characteristics provides an important basis for planning, both for the COA and for other town offices and nonprofit agencies within the community.



### **III. Methodology**

Needs assessments are common vehicles through which research efforts may be used to inform planning activities on the part of communities and organizations (Nolin et al. 2006). Data from many different sources may be usefully applied to the development of a needs assessment; our approach in the current project is to compile data from the U.S. Census Bureau, along with quantitative and qualitative data from Marshfield residents and key informants. The primary research tool used in this project is a mail survey distributed to a sample of Marshfield residents aged 45 and over. Information obtained through this survey, along with publicly available information obtained through the U.S. Census Bureau, are used to generate a profile of the older population in Marshfield. The goal is to help the COA understand the support needs of the aging population of Marshfield as well as identify their unmet needs, and identify the services offered by the Marshfield COA that are most valued by Marshfield residents. All aspects of the data collection received approval through the University of Massachusetts Boston Institutional Review Board.

#### Marshfield demographic analysis

A demographic profile of Marshfield is generated, focusing especially on characteristics of the Boomer and Senior populations. Data from the 2010 Census of Population and from the American Community Survey (ACS) are used for this profile. The ACS is a large, annual survey of the population, conducted by the U.S. Census Bureau. Information from the ACS for communities the size of Marshfield is reported for multi-year time periods, and covers a wide range of demographic, social, and economic characteristics. The information used in this report is drawn primarily from the 2005-2009 American Community Survey.

#### Marshfield resident mailed survey

##### ***Survey development***

A survey instrument, including both quantitative and open-ended questions, was developed by the research team at the McCormack Graduate School, University of Massachusetts Boston, in collaboration with the Long-Range Planning Committee of the COA. Topics were chosen based on salience to the planning needs of communities as they relate to aging populations, and key points of interest as judged by the Long-Range Planning Committee. The full questionnaire is reproduced in *Appendix A*. Questions were asked relating to the following themes:

- Housing characteristics
- Social activities and relationships
- Caregiving activities and associated burden
- Health and needs for assistance
- Use of and familiarity with Marshfield COA services
- Community and neighborhood
- Transportation needs and use
- Current and future retirement plans

- Social, demographic, and economic information relevant to aging populations

### ***Survey sample selection***

Municipal census records for the Town of Marshfield were used to identify residents of Marshfield aged 45 and over. A mailing list of all town residents, including name, address, and date of birth, was obtained through the Marshfield Town Clerk. The names and addresses on this list were updated by the mail house service used by Marshfield COA (Maximum Impact). From the updated list, researchers randomly selected a 1-in-3 sample of residents aged 45-59 (the Boomer sample) and a 1-in-3 sample of residents aged 60 and over (the Senior sample). This sampling ratio was defined with the goal of generating approximately 850 participants, based on an assumed response rate of 25%.

### ***Recruitment***

Approximately one week prior to the distribution of the questionnaire, a personally addressed postcard was mailed to selected respondents inviting their participation in the data collection. The message on the postcard was from Carol Hamilton, Director of the Marshfield COA, and was designed to make participants aware that they would receive a mailing in the coming week. Following the postcard mailing by roughly one week, in March 2011, we distributed the questionnaire accompanied by a cover letter signed by Carol Hamilton. The cover letter outlined the purpose of the survey and the measures taken to protect the rights and privacy of the participants. Those who wished to respond to the questionnaire online, rather than returning the questionnaire by mail, were directed to an electronic version of the questionnaire hosted on the SurveyMonkey website. The postcard and survey instrument mailings were sent through the Marshfield COA. UMass Boston was clearly identified in the materials as the research partner for the study. As an incentive for participation, respondents were entered in a drawing for one of five \$100 gift cards to a local grocery store. These gift cards were donated by the Marshfield COA Boosters for this purpose. Identification numbers were included on each survey instrument so that the researchers could monitor who was eligible for the drawing. The database containing these numbers is securely maintained by the researchers.

### ***Response rate***

During April and May of 2011, a total of 945 completed surveys were received, resulting in an overall response rate of 28%. The return rate was higher for Seniors (36%) than for Boomers (21%), and 7% of the responses were returned online (**Table 1**).<sup>1</sup>

---

<sup>1</sup> Time and budget constraints precluded issuing follow-up mailings as a means of increasing the overall response rate. Our 28% return rate is within the common range for surveys of this type.

**Table 1: Community Survey Response Rates**

	<b>Total</b>	<b>Boomers</b>	<b>Seniors</b>
<b>Surveys mailed</b>	3,400	1,795	1,605
<b>Incorrect address, deceased, or moved out of Marshfield</b>	46	28	18
<b>Surveys (baseline)</b>	3,354	1,767	1,587
<b>Total returned</b>	945*	365	575
<b>Response rate</b>	28%	21%	36%
<b>% of the total returned submitted electronically</b>	7%	10%	5%

*\*A small number of responses were returned with ID numbers removed.*

### ***Approach***

Data were entered directly into an SPSS database (version 18.0). Most of the items on the questionnaire were closed-ended questions. These data were analyzed using appropriate descriptive statistics, including frequencies and crosstabs. Responses elicited through open-ended questions were coded by the research staff and tabulated.

All participants in the study were age 45 and older; 61% were age 60 or more. Although data are not available to generate precise estimates on the demographic characteristics of all potential participants, including those who did not respond to the survey, data from the 2010 Census suggest that 44% of the Marshfield residents aged 45+ are aged 60 and over. Respondents to the community survey are therefore more likely to be Seniors (as compared to Boomers), relative to the community at large.

### **Focus groups**

Two focus groups were held in Marshfield to preview the draft results from the Marshfield survey analysis and to share insights. A goal of holding these focus groups was to engage in more in-depth discussion on topics relating to the report, and to engage community members and town offices in the process of designing the Recommendations section of the report. One focus group (N= 10) was composed of community members aged 45 and over. The other focus group (N= 11) was composed of knowledgeable staff from the Marshfield Housing Authority, the Police Department, the Fire Department, Veterans Services, other town offices, and community groups for which the aging of the community is of key

concern. Focus groups were held at the Marshfield Senior Center on May 18, 2011 and were approximately 1-1/2 hours in duration.

#### IV. Results

##### **Demographic results from Census 2010**

The town of Marshfield includes 25,132 residents, according to the 2010 Census of Population. Among these residents are large and growing Boomer and Senior populations. The 2010 Census indicates that 5,143 Marshfield residents are aged 60 and over, representing 20% of the Marshfield population (**Table 2**). Another 6,610 residents (26%) are aged 45 to 59, poised to move into later life within the coming decade (U.S. Census Bureau, 2010).

**Table 2: Percentage distribution of Marshfield  
Population by age group, 2010 Census**

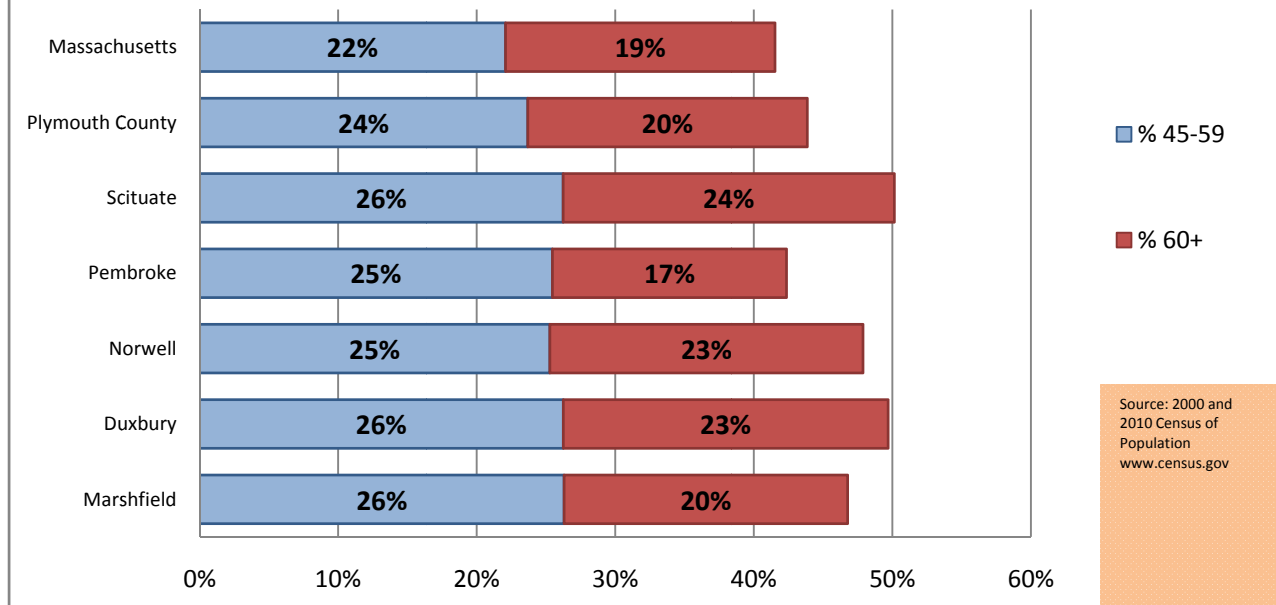
Age group	Number	Percentage
<b>Under age 18</b>	6,306	25%
<b>Age 18-44</b>	7,073	28%
<b>Age 45-59</b>	6,610	26%
<b>Age 60 and over</b>	5,143	20%
<b>Total</b>	25,132	99%*

\*Percentages do not sum to 100% due to rounding.

Source: Profile of General Population and Housing  
Characteristics: 2010. Table DP-1, American FactFinder.  
[www.census.gov](http://www.census.gov)

Compared to Plymouth County and to the Commonwealth of Massachusetts overall, a slightly larger share of Marshfield's population is aged 45 or older. With respect to the share of its total population that is aged 45-59 and aged 60 and over, Marshfield is similar to surrounding South Shore communities. Forty-five to fifty percent of the populations in Duxbury, Norwell, and Scituate, as well as Marshfield, are over the age of 44, with Pembroke having 42% of its population age 45 and older. In Plymouth County as a whole, 24% of the population is aged 45-59, and 20% is 60 or older. By comparison, 22% of the Massachusetts population is 45-59, and 19% is 60 and older (**Figure 1**).

**Figure 1: Percentage of population aged 45-59 and aged 60+**  
*Marshfield and comparison areas, 2010*



Marshfield has also experienced strong growth of its older population in recent decades. Between 2000 and 2010, the number of Marshfield residents aged 60 and over increased from 3,248 to 5,143, (an increase of 58%). The corresponding growth was 36% for Plymouth County and 16% for Massachusetts. The number of Marshfield residents aged 45-59 rose from 5,432 to 6,610 (an increase of 22%), similar to the 23% growth rate for Plymouth County and the 22% increase for Massachusetts. Using surrounding South Shore communities as a comparison, it is evident that although the overall growth rate for Marshfield was lower than that in several communities (Duxbury, Norwell, and Pembroke), the percentage growth for the population aged 60 and over was substantially greater in Marshfield than in most surrounding communities (**Table 3**). Over the next ten years, the aging of the Boomer cohort will continue to swell the size of the 60+ population in Marshfield and throughout the Commonwealth. Results from the 2010 Census also highlight the racial homogeneity of Marshfield relative to the state as a whole. For all ages combined, 96% of Marshfield residents report their race as White, and do not report Hispanic ethnicity—only 4% of the Marshfield population reports a non-White race, and/or Hispanic ethnicity. In comparison, 84% of all Plymouth County residents report non-Hispanic and White backgrounds, and 76% of the Commonwealth does (see DP-1, U.S. Census 2010).

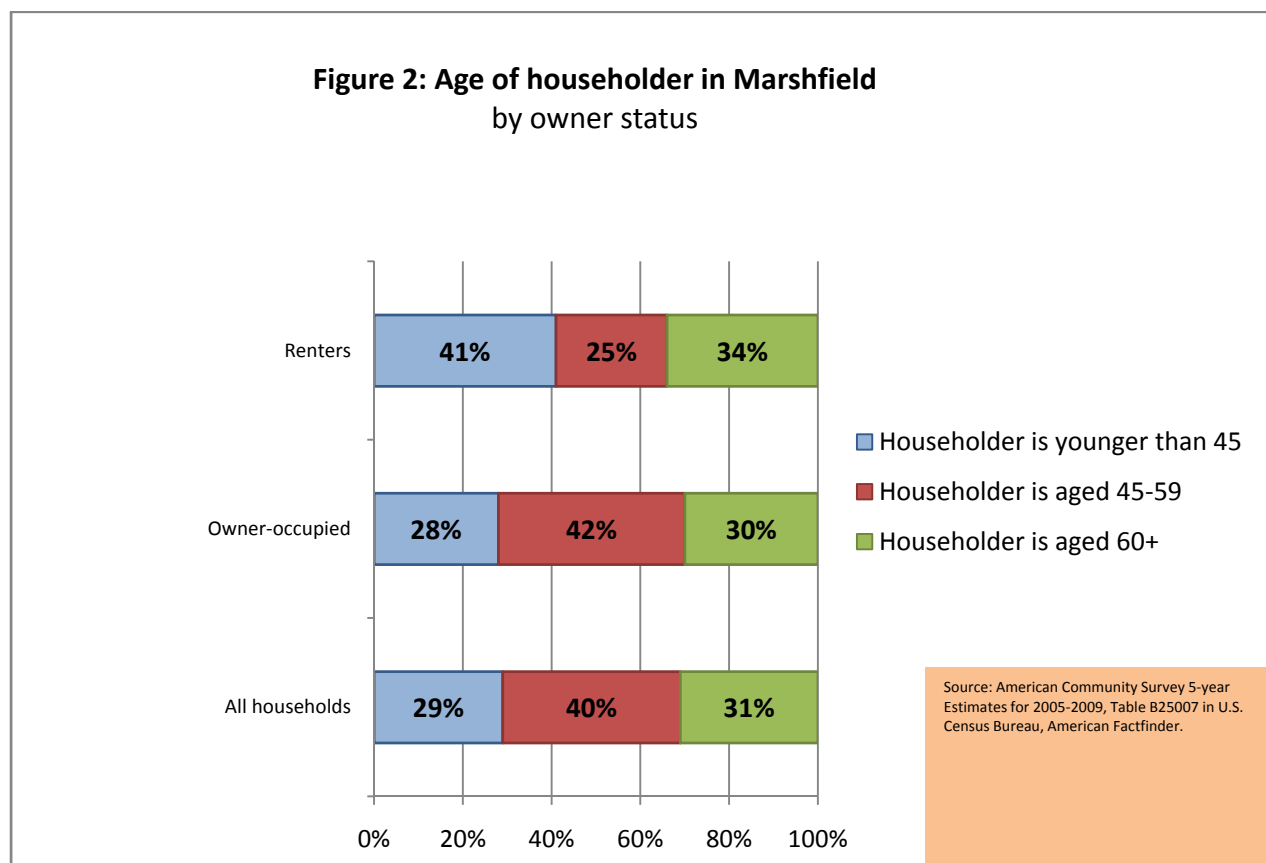


Table 3: Growth between 2000 and 2010 by area and age group									
	Total population, all ages			Population aged 45-59		Population aged 60 and over			
Geographic Area	Population, 2010	Population, 2000	Percentage growth	Population, 2010	Population, 2000	Percentage growth	Population, 2010	Population, 2000	Percentage growth
Marshfield	25,132	24,324	3%	6,610	5,432	22%	5,143	3,248	58%
Duxbury	15,059	14,248	6%	3,952	3,654	8%	3,530	2,300	53%
Norwell	10,506	9,765	8%	2,656	2,399	11%	2,374	1,651	44%
Pembroke	17,837	16,927	5%	4,542	3,446	32%	3,013	2,082	45%
Scituate	18,133	17,863	2%	4,758	3,921	21%	4,334	3,597	20%
Plymouth County	494,919	472,822	5%	117,212	95,155	23%	99,802	73,546	36%
State of Massachusetts	6,547,629	6,349,097	3%	1,445,257	1,183,355	22%	1,273,271	1,096,567	16%

Source: Profile of General Population and Housing Characteristics: 2010. Table DP-1, American FactFinder. [www.census.gov](http://www.census.gov)

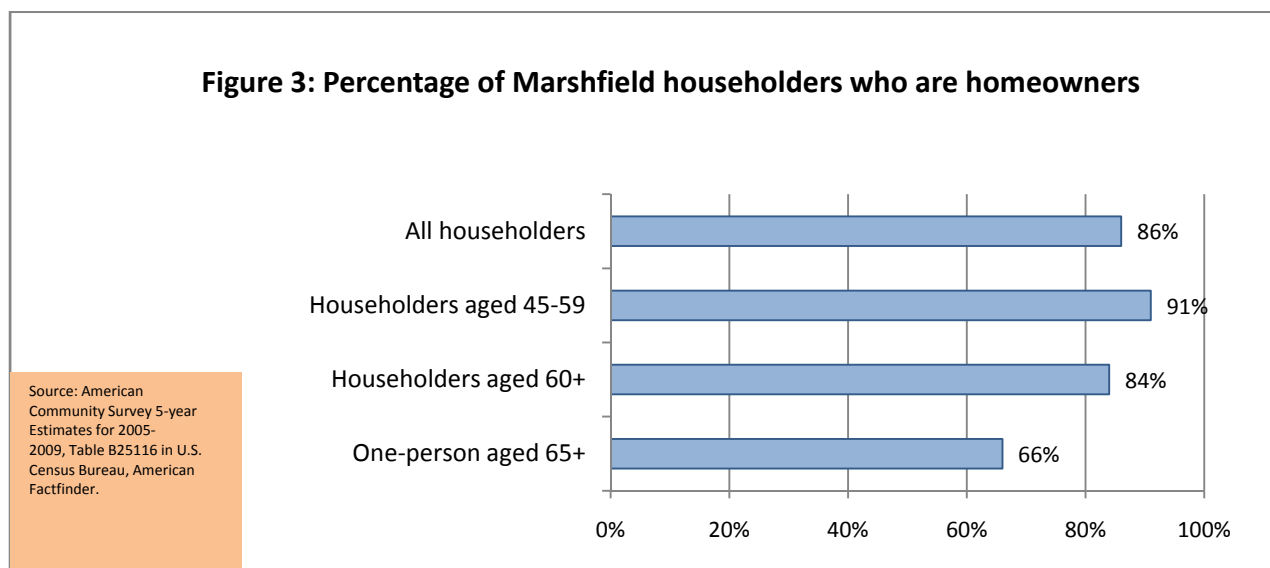
## Social and Economic Results from the American Community Survey

Data from the American Community Survey (ACS) may be used to describe the older population of Marshfield within the context of the community as a whole.<sup>2</sup> The senior population represents a substantial presence in Marshfield, with 37% of its more than 9,000 households including at least one person aged 60 and over (ACS, 2005-2009). Among all households in Marshfield, 71% are owned or rented by a resident who is age 45 or over. Rental units are more commonly headed by someone under age 45, but within owner-occupied housing 42% of the householders are age 45-59, and 30% are age 60 and over (**Figure 2**). (A “householder” is the person reported as the head of household. This is typically the person in whose name the home is owned or rented.) This suggests that issues relating to aging services and community amenities valued by older residents may be particularly salient to homeowners in Marshfield.

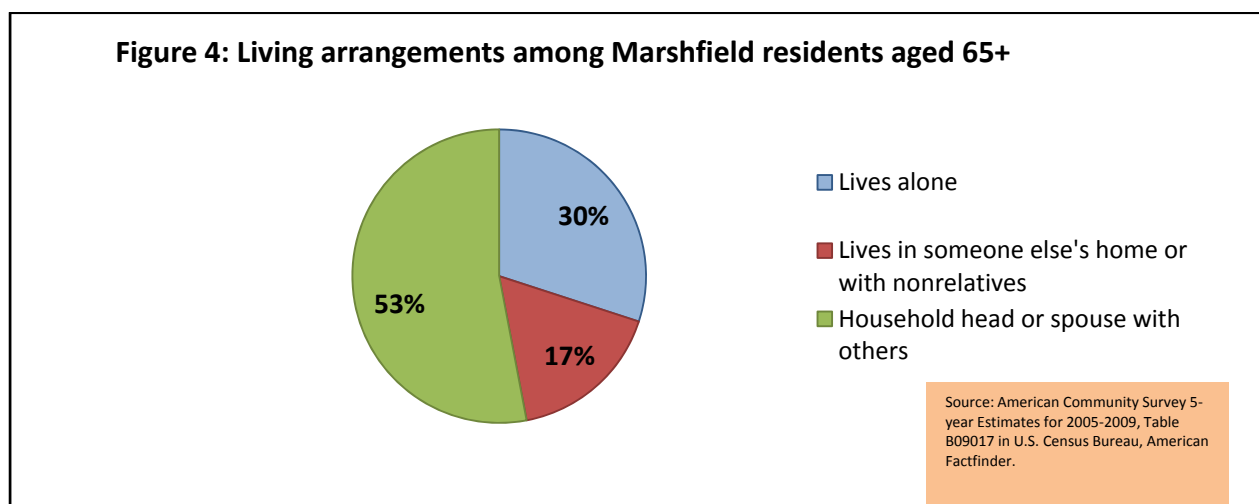


<sup>2</sup> For smaller communities such as Marshfield, data from the American Community Survey are available only from multi-year files. Most of the data presented here are drawn from the 2005-2009 American Community Survey five-year file, which is the most recent available. Data on disability are obtained from the 2005-2007 ACS three-year file, which is the most recent source for disability data.

Homeownership is very common among Marshfield residents, with 86% of all households living in homes that they own or are purchasing. More than 9 out of 10 householders aged 45-59 own a home, as do 84% of the householders aged 60 and over. Homeownership is commonly reported even among seniors living alone. Nearly two-thirds of people aged 65 and over and who live alone own their homes (**Figure 3**). Many of these individuals--a majority of whom are older women--may need help with home repairs and other supports in order to remain comfortable and safe in their homes, as well as to protect their investments.

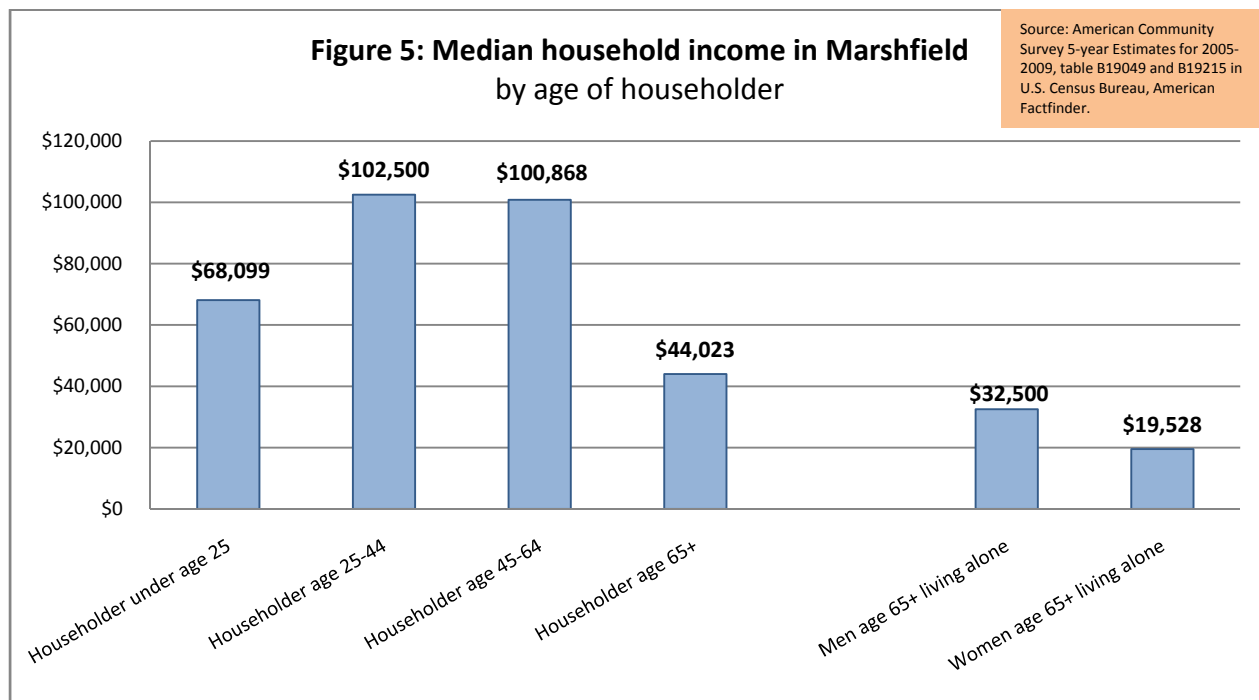


Although 30% of Marshfield residents aged 65 and over<sup>3</sup> live alone, more than half live with a spouse and/or with others in their own home. One in six lives in someone else's home--most typically the home of a grown child and his or her family (**Figure 4**).

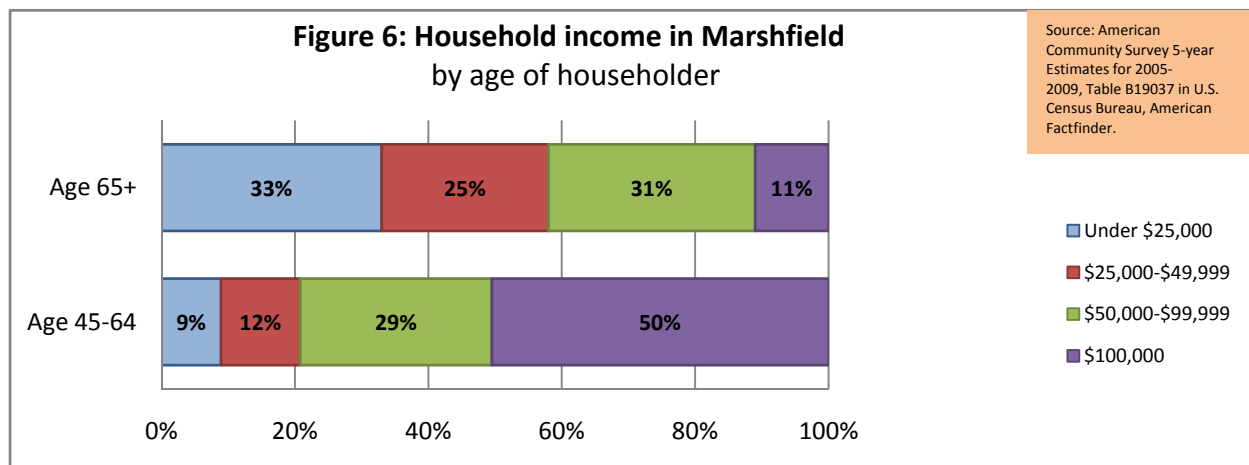


<sup>3</sup> Most data on the senior population that is available for Marshfield from the American Community Survey uses age 65 as the reference point rather than age 60, as is used in the remaining sections of this report.

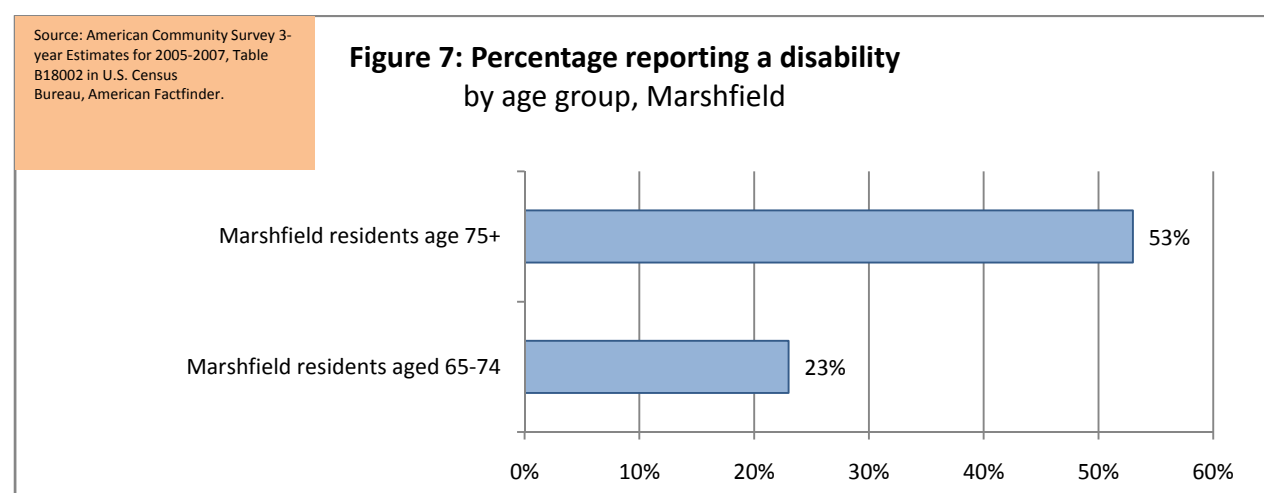
Data presented in **Figure 5** illustrates the comparative economic disadvantage experienced by many seniors in Marshfield. Median household income ranges at or above \$100,000 annually for households headed by younger and middle-aged residents, reflecting the general affluence of the community. However, the median household income for residents who are aged 65 and over is less than half that, at about \$44,000. Seniors living alone have lower median incomes yet, at \$32,500 for men and just under \$20,000 for women.



The economic profile of seniors, relative to Boomers, is further illustrated in **Figure 6**, which shows that one-third of senior households report under \$25,000 in annual income, compared with just 9% of Boomer households. While a segment of the Senior population is quite affluent--11% report incomes of \$100,000 or greater--this income level is reported by more than half of the Boomer households.



Many seniors experience some level of disability which may impact their ability to function well and independently in the community. The American Community Survey includes a series of questions about disability. These questions are intended to tap long-lasting conditions based in physical, mental, or emotional health conditions.<sup>4</sup> **Figure 7** highlights the frequency with which seniors report some level of disability, and reveals that this varies substantially by age group. Nearly one-quarter of the Marshfield residents aged 65-74 report at least one type of disability in the ACS, as do more than half of the residents aged 75 and over. Among the types of disability assessed, the most commonly named were physical limitations (limits on walking, climbing stairs, reaching, lifting, or carrying), mentioned by 27% of those aged 65 and over. These rates of disability, as well as the substantially higher level reported by those 75 and over relative to those aged 65-74, are consistent with those reported in the ACS for Massachusetts as a whole.



### **Results from the Community Survey**

The community survey conducted in Spring 2011 gathered unique information not available through existing data sources. As noted above, samples were drawn from the pool of Marshfield residents aged 45-59 (the Boomers) as well as from Marshfield residents aged 60 and over (the Seniors). Consistent with the demographic characteristics of Marshfield as a whole, very few of the respondents to the community survey were non-

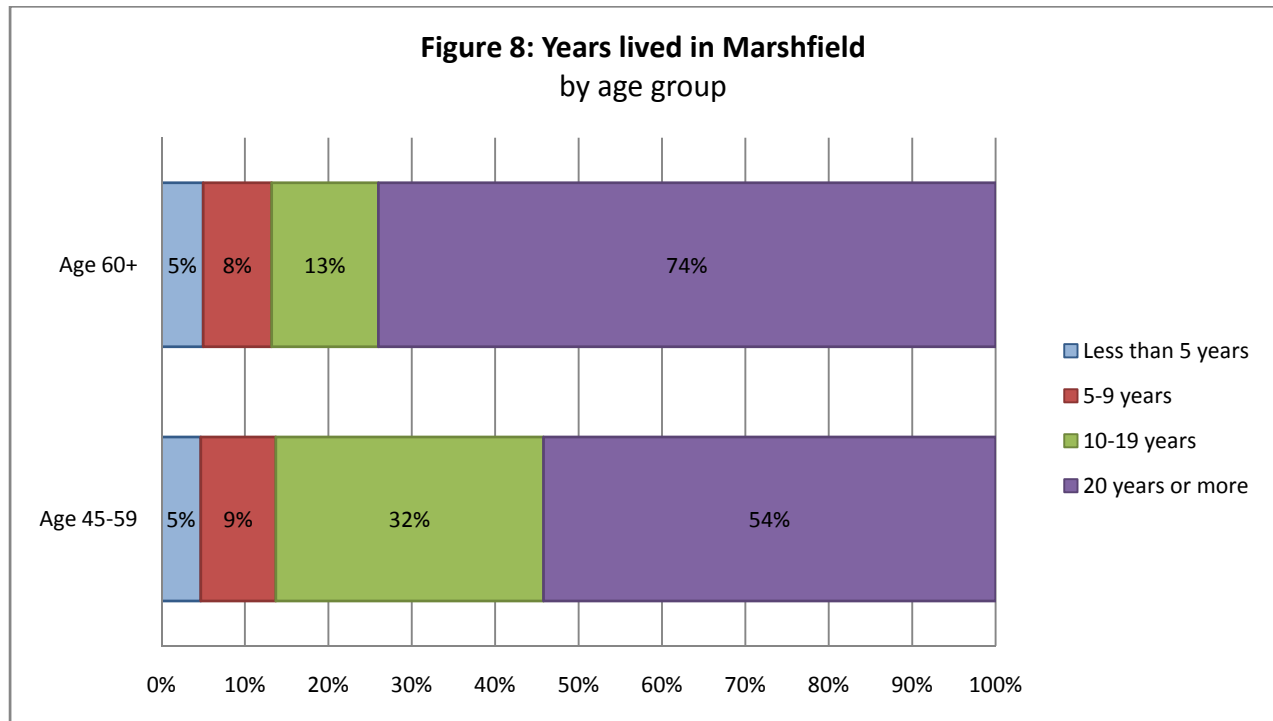
<sup>4</sup> The questions asked in the American Community Survey are as follows: a. "Does this person have any of the following long-lasting conditions: blindness, deafness, or a severe vision or hearing impairment? A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?" b. "Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: Learning, remembering, or concentrating? Dressing, bathing, or getting around inside the home?" c. "Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: Going outside the home alone to shop or visit a doctor's office? Working at a job or business?"



white or Hispanic. All respondents were aged 45 and over, and a majority (58%) was female.<sup>5</sup>

### ***Commitment to Marshfield***

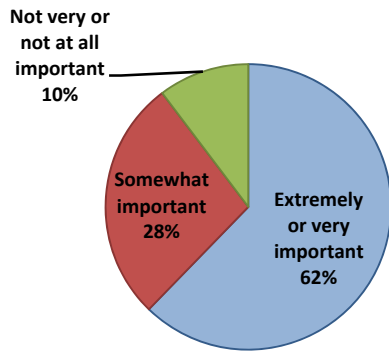
Boomer and Senior residents alike are highly committed to remaining in Marshfield as they grow older. As shown in **Figure 8**, over half of Boomers have lived in Marshfield for 20 years or more, as have nearly three-quarters of Seniors. Relatively few, just 5% in either cohort, are recent arrivals of less than 5 years residence.



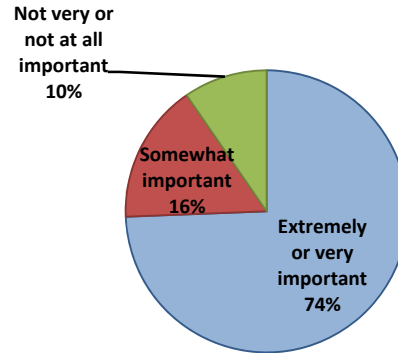
When asked how important it is for them to remain living in Marshfield "as long as possible," a sizable majority report feeling that it is "extremely" or "very" important to do so (62% of Boomers and 74% of Seniors, **Figures 9 and 10**). This high level of commitment to aging in place provides a backdrop against which the characteristics, activities, and challenges of these residents may be interpreted.

<sup>5</sup> Respondents to the community survey are somewhat more likely to be female than would be expected based on the gender distribution in Marshfield. In the community survey, 58% of the respondents are women; in the 2010 Census of Population, 53% of the population aged 45 and over is female.

**Figure 9: Importance of staying in Marshfield for as long as possible**  
*Boomers*

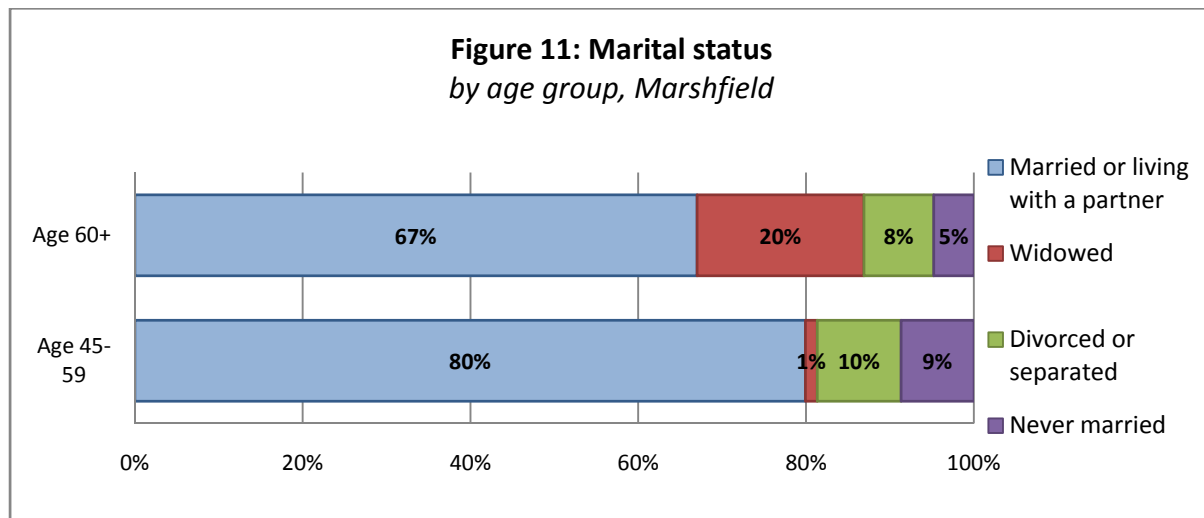


**Figure 10: Importance of staying in Marshfield as long as possible**  
*Seniors*



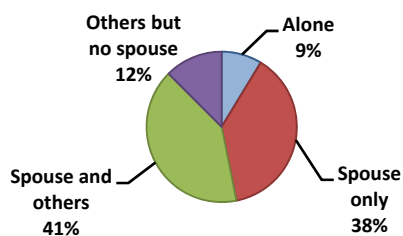
## ***Social Support***

As noted above, social support is important to health and wellbeing for individuals of all ages. Having friends, family members, and neighbors who can be relied upon is especially important among people who are becoming frail, and may make the difference between remaining independent within the community and moving into a nursing home or other supportive residence. Community survey results suggest that most Marshfield residents are engaged in social activities and enjoy good support from their social networks. Key indicators of social support include living arrangements and presence of a spouse or partner. As shown in **Figure 11**, eight out of ten Boomers are married or living with a partner, as are two-thirds of Seniors.

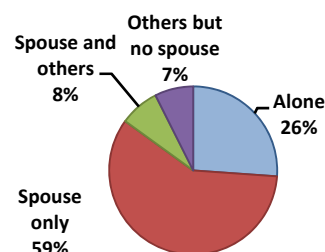


As a result, relatively few Boomers--about 9%-- live alone, while the others live in households that include a spouse, children, and/or other relatives (**Figure 12**). Living alone is far more common among Seniors, one-quarter of whom live in one-person households (**Figure 13**).<sup>6</sup>

**Figure 12: Living arrangements**  
*Boomers in Marshfield*

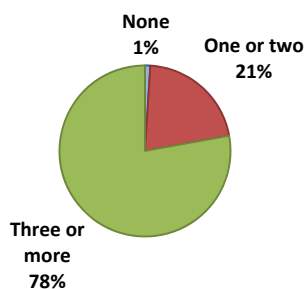


**Figure 13: Living arrangements**  
*Seniors in Marshfield*

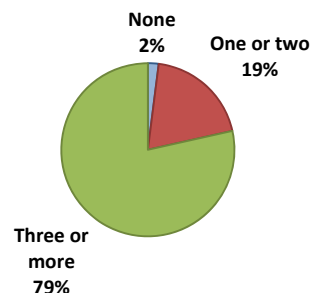


Other indicators of social support and engagement provide an equally positive view. The vast majority of both Boomers (98%) and Seniors (96%) report at least one friend or relative living within 45 minutes. Almost all report at least one friend or family member to whom they feel close (that is, a person with whom they feel at ease, can talk about private matters, or can call on for help), with only 1% of Boomers and 2% of Seniors reporting having no close friend or family member (**Figures 14 and 15**).

**Figure 14: Number of close friends**  
*Boomers in Marshfield*

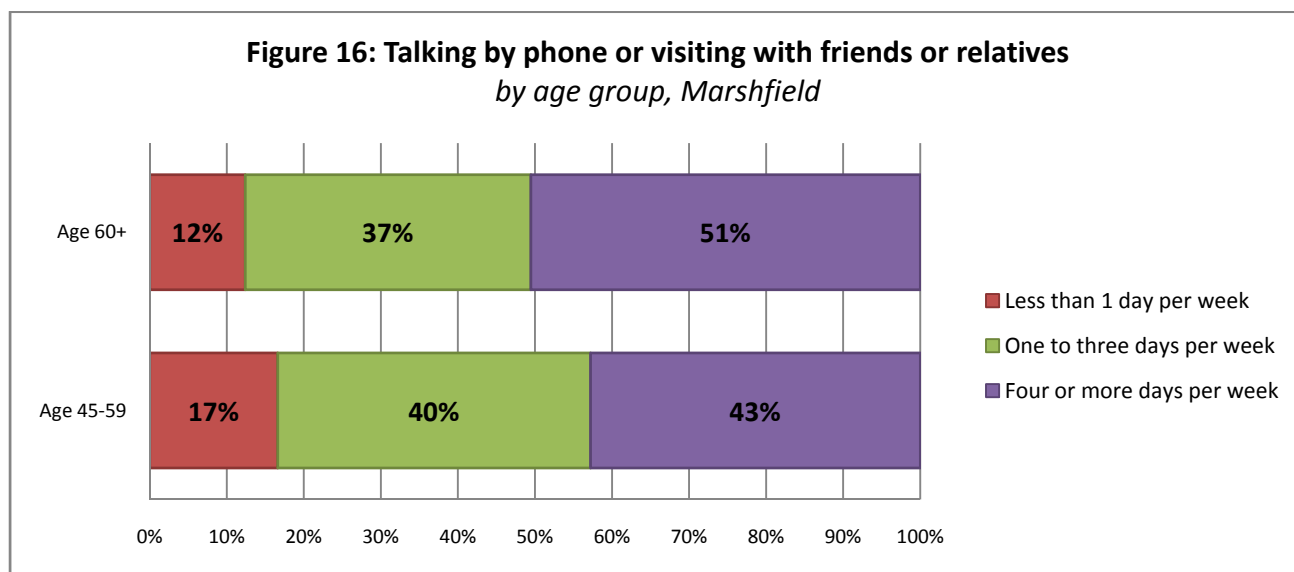


**Figure 15: Number of close friends**  
*Seniors in Marshfield*

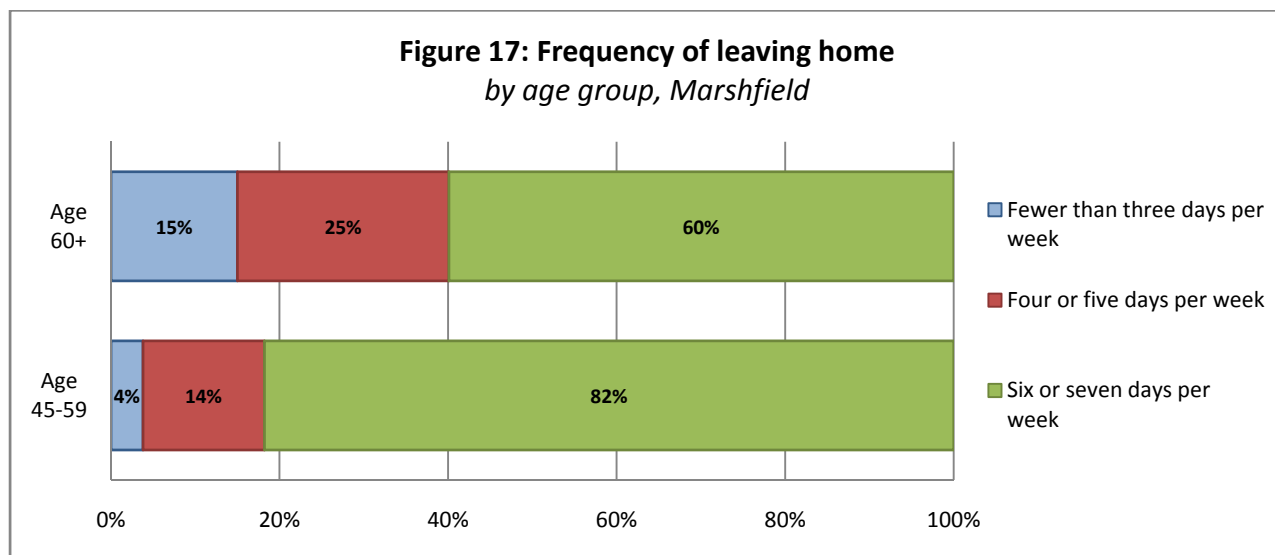


<sup>6</sup> This statistic from the community survey refers to those who responded to the survey and were aged 60 and over. Data from the American Community Survey, cited earlier, suggests that a somewhat larger share (30%) of those aged 65 and older live alone. The difference between these two statistics is a reflection both of the higher likelihood of living alone among individuals with increased age (here, those aged 65+ compared to those aged 60+), due especially to higher rates of widowhood, and to the different data sources used.

More than half of Seniors report talking on the phone or getting together with friends or relatives four or more days per week (**Figure 16**), with 12% reporting participating in these social activities less than 1 day per week. Boomers are more likely to report limited communication and visiting with friends and relatives (17% of Boomers talk on the phone or get together with friends or relatives less than 1 day per week, and 43% do so four or more days per week). This lower level of social activity among Boomers may be due to their more extensive work obligations.



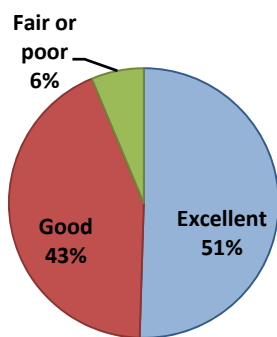
The majority of both cohorts get out of the house at least once in a typical day (**Figure 17**). Sixty percent of Seniors and 82% of Boomers reporting leaving home six or seven days each week, on average. Fifteen percent of Seniors and just 4% of Boomers report leaving the house fewer than three days per week.



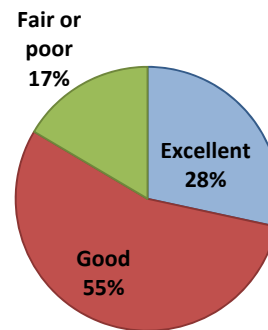
## Health and medical

More than half of the Boomers enjoy excellent health, as do more than one-quarter of the Seniors (**Figures 18 and 19**). When asked to rate their overall health on a four-point scale, ranging from poor to excellent, 51% of the Boomers and 28% of the Seniors report "excellent" and an additional 43% of Boomers and 55% of Seniors respond "good." Although just 6% of Boomers report their health as "fair" or "poor," a larger share (17%) of Seniors evaluate their health as less than good. This pattern is consistent with an increasing risk of chronic and disabling conditions experienced by individuals in later life.

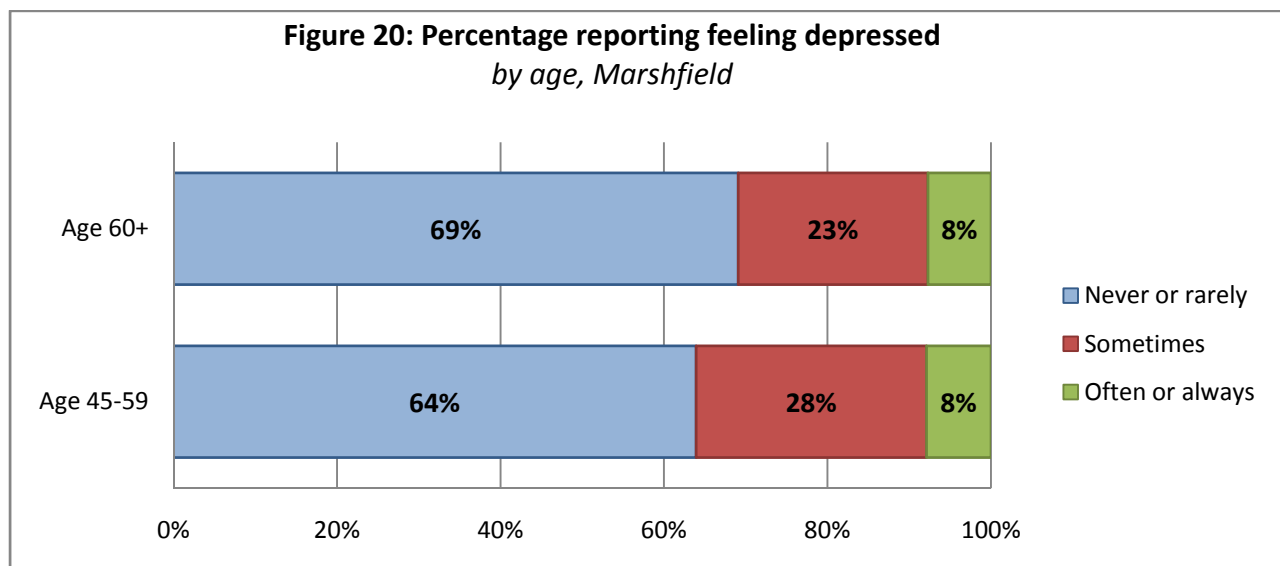
**Figure 18: Self-rated health status**  
*Boomers in Marshfield*



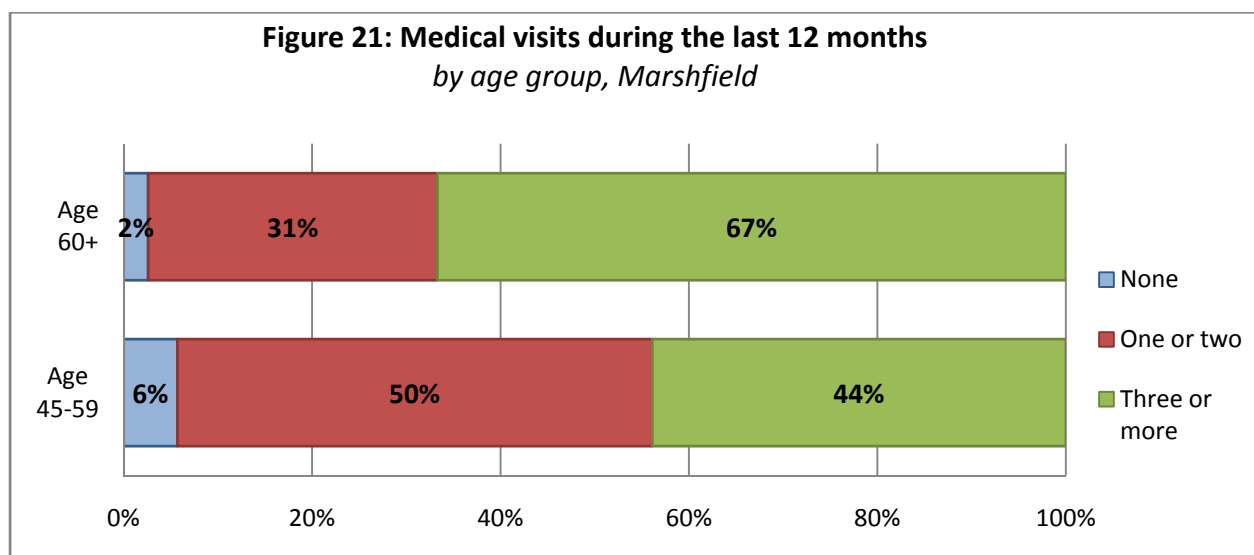
**Figure 19: Self-rated health status**  
*Seniors in Marshfield*



With respect to feeling "sad, depressed, or 'down in the dumps'," Boomers and Seniors are quite similar (**Figure 20**). Sixty-four percent of Boomers and 69% of Seniors report that they "never" or "rarely" feel depressed, while approximately 8% of each group report feeling this way "often" or "always."



Patterns of medical service use reported in the survey suggest that nearly all respondents have a primary care doctor whom they normally see with medical concerns (94% of Boomers and 97% of Seniors respond affirmatively). All but a small share of the respondents have visited a medical doctor or other health care professional at least once in the previous 12 months. Only 6% of Boomers and 2% of Seniors report no medical visits during the previous year; 44% of Boomers and two-thirds of the Seniors report three or more visits (**Figure 21**).

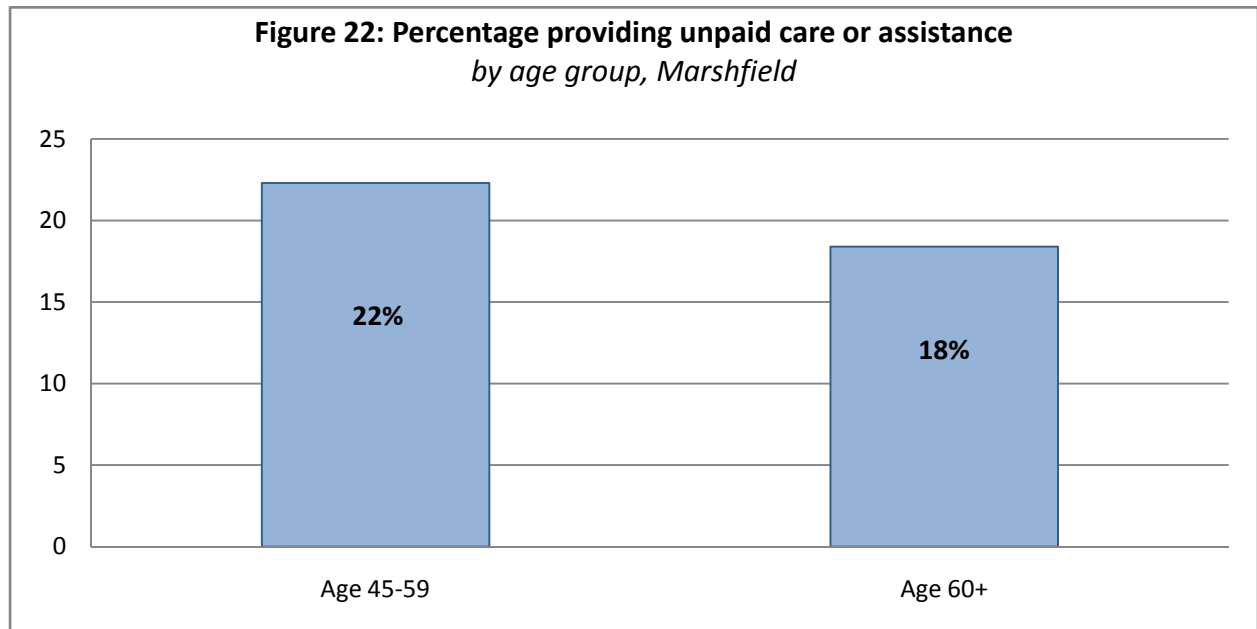


### ***Giving and receiving care***

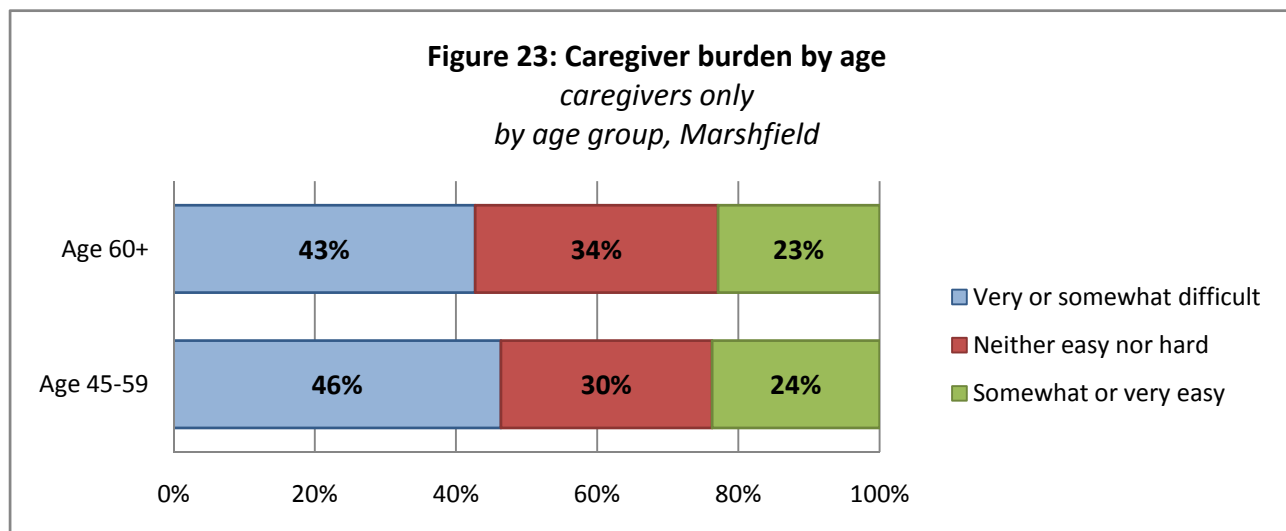
Consistent with the good health shared by most of the respondents to the community survey, relatively few report needs for care. Three questions were asked about needs for help due to health or memory problems, focusing on needs for assistance with household activities such as meal preparation, daily activities such as taking medications, or personal activities such as bathing. Only 1% of the Boomers report needing help with any of these activity clusters. A larger share of the Seniors--7%--report needing help with one or more of these activities<sup>7</sup>. The most commonly reported need for assistance is with household activities, such as routine household chores, preparing meals, food shopping, or keeping track of money and bills. Among those who need support, most report receiving it (less than 1% report not receiving needed help). The most common source of help received was from family members, followed by paid caregivers.

Providing unpaid care or assistance to a disabled, ill, or elderly spouse, relative or friend is reported by 22% of the Boomers and 18% of the Seniors (**Figure 22**). This figure suggests that although a relatively small percentage of respondents report needing assistance due to health or memory problems, *providing* care is fairly common in the Marshfield area.

<sup>7</sup> This compares favorably to the American Community Survey results for Marshfield, which indicate that 7% of those 65 and over had difficulty dressing, bathing, or getting around inside the home.

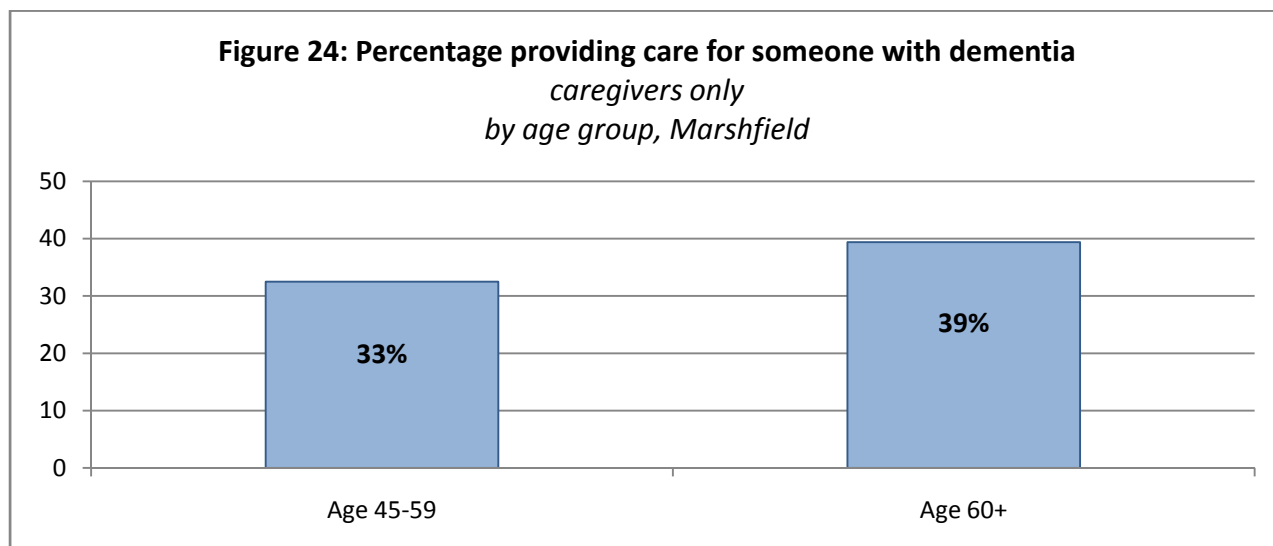


Participating in caregiving activities while meeting other work and family responsibilities is described as "very" or "somewhat" difficult by 43% of the Senior caregivers, and 46% of the Boomer caregivers (**Figure 23**), but nearly one-quarter characterize these responsibilities as being "somewhat" or "very" easy to meet.





More than one-third of the caregivers in both cohorts are caring for someone who had been diagnosed with dementia or another kind of memory impairment (**Figure 24**).

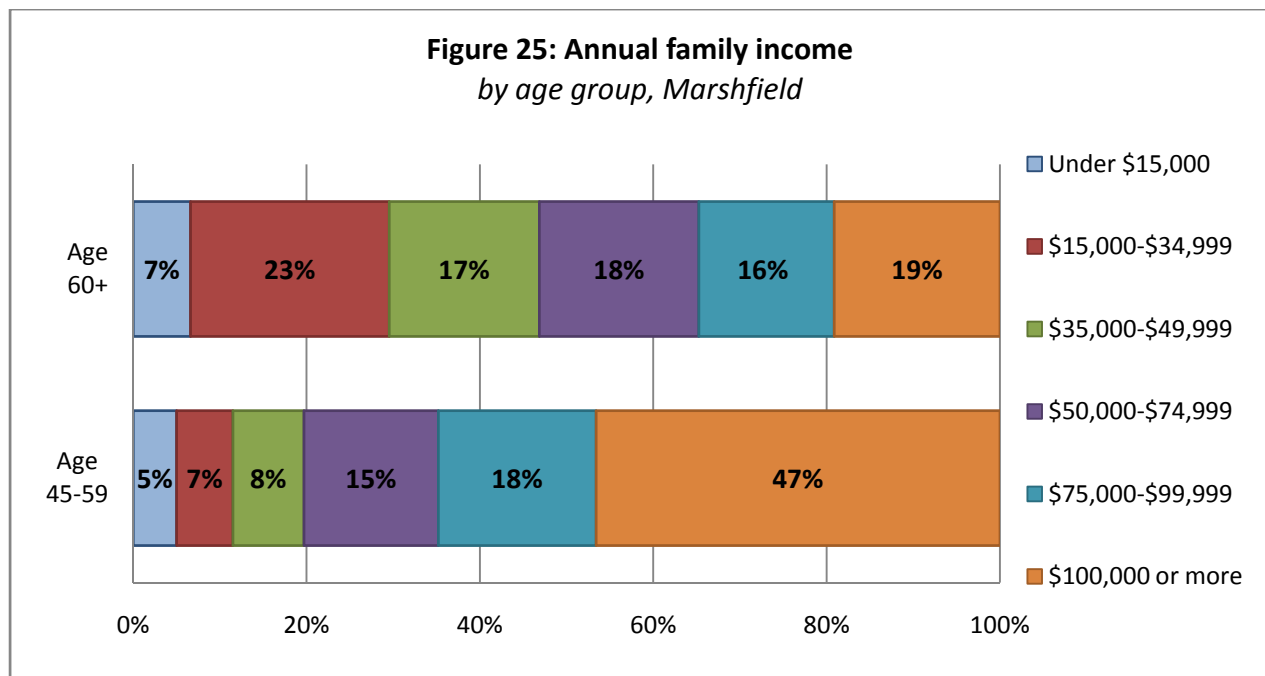


### ***Economic security and planning ahead***

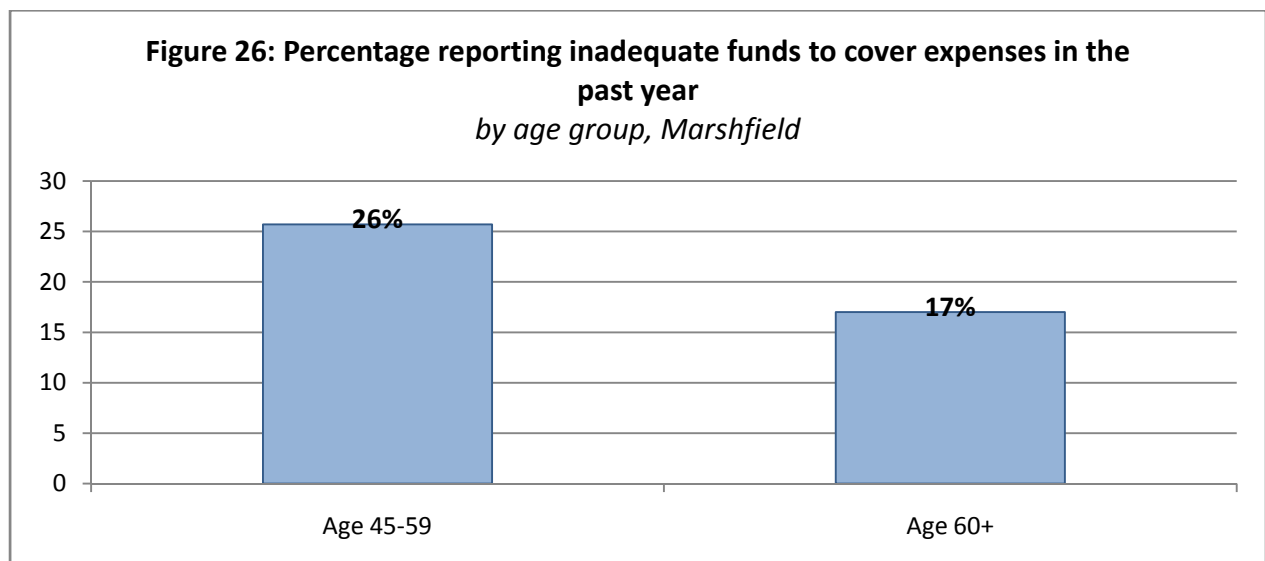
Consistent with the results reported previously from the Census Bureau, respondents to the community survey report relatively high levels of family income, especially among Boomers. As shown in **Figure 25**, 47% of the Boomers and 19% of the Seniors report family incomes of \$100,000 or more in the previous year. However, more than one-quarter of Seniors and 12% of the Boomers report incomes of under \$35,000 annually.<sup>8</sup> Moreover, experiencing economic shortfalls in the previous year is not uncommon among either cohort.

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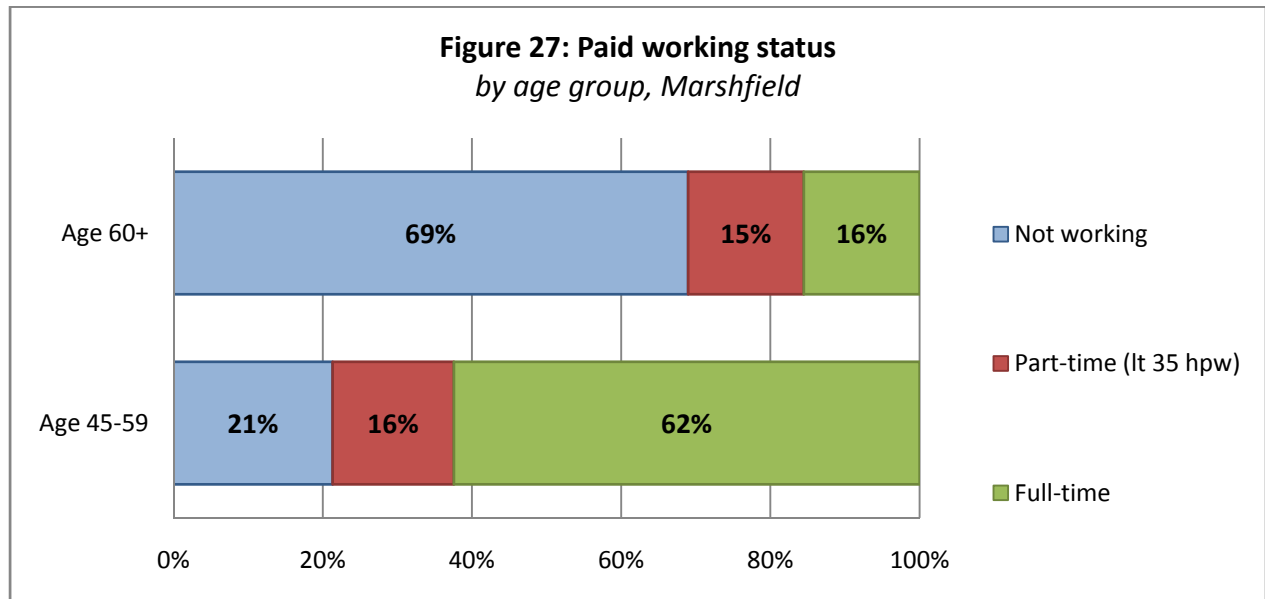
<sup>8</sup> The family income distribution reported here, based on the community survey, is not strictly comparable to the household income distribution reported in Figure 6. For example, the age groups are slightly different, as are the income categories assessed. However, broad similarities are noted. For example, the American Community Survey calculations suggest that 58% of the households headed by individuals aged 65 and over have incomes under \$50,000, as do 21% of households headed by those 45-64. The community survey provides an estimate of 47% of those 60 and over reporting incomes below \$50,000, and 20% of those 45-59. Large segments of the younger age groups report incomes of \$100,000 or more--51% of those aged 45-64 in the ACS, and 47% of those 45-59 in the community survey. Smaller segments of the older households report incomes in this range (11% of the 65+ household sample in the ACS, and 19% of the 60+ householder respondents in the community survey). Although not strictly comparable, the similarity between the distributions lends confidence that the community survey was not strongly biased with respect to income.



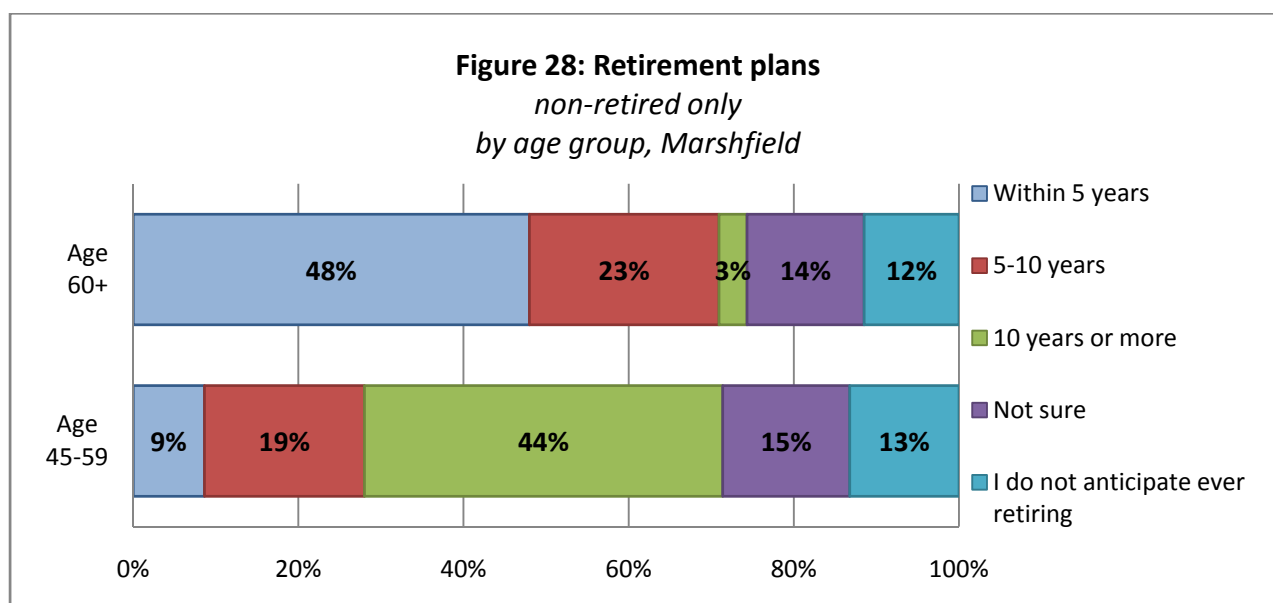
Twenty-six percent of the Boomers and 17% of the Seniors report not having enough money to buy food, pay for medical needs, pay housing expenses, or pay for car repairs, home repairs, or utility bills at some point in the previous twelve months (**Figure 26**). These figures reflect the economic diversity within the Marshfield population, and suggest that even some families with higher incomes are experiencing challenges in meeting their living expenses.



Many Marshfield residents, including many Seniors, are actively engaged in the paid workforce. As shown in **Figure 27**, more than 60% of those 45-59 are working full-time, and another 16% are working part-time (that is, fewer than 35 hours per week). Thirty-two percent of the sample aged 60 and over works, 16% on a full-time basis.

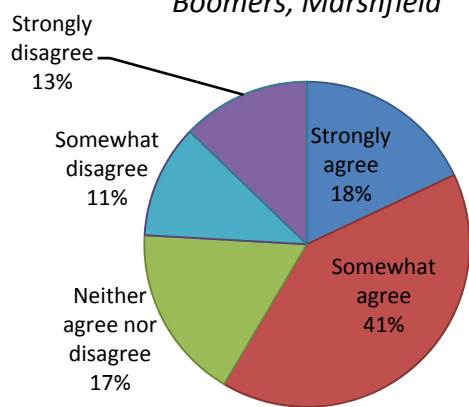


A series of questions about retirement plans, directed at those respondents who are not yet retired, suggests concern and uncertainty about readiness for retirement among segments of the workers. Workers under age 60 are typically planning on at least 10 more years of work, with 44% of them planning to work a decade or more. In contrast, half of those aged 60 and over plan to retire within 5 years. More than one-quarter of each age group are not sure when or if they will retire, with 14-15% responding that they are "not sure" when they will retire, and 12-13% responding that they do not anticipate ever retiring (**Figure 28**).

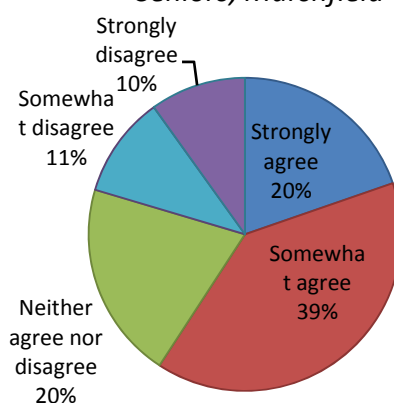


Respondents who are not yet retired were asked to gauge their level of agreement with the following statement: "I expect to have adequate resources to meet my financial needs in retirement." Only 18% of the Boomers and 20% of the Seniors strongly agree with this statement, the remaining respondents having some uncertainty on this issue (**Figures 29, 30**). Indeed, 24% of the Boomers and 21% of the Seniors either strongly or somewhat disagree with the statement.

**Figure 29: "I expect to have adequate resources to meet my financial needs in retirement"**  
(non-retired only)  
Boomers, Marshfield

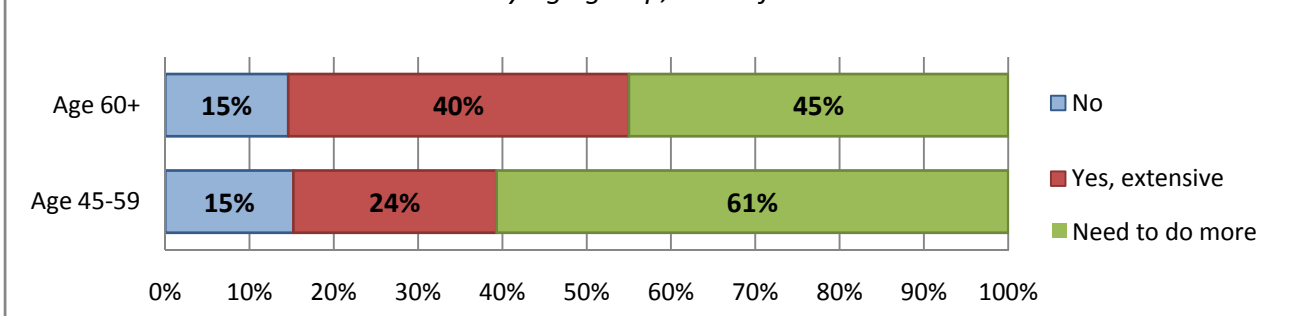


**Figure 30: "I expect to have adequate resources to meet my financial needs in retirement"**  
(non-retired only)  
Seniors, Marshfield



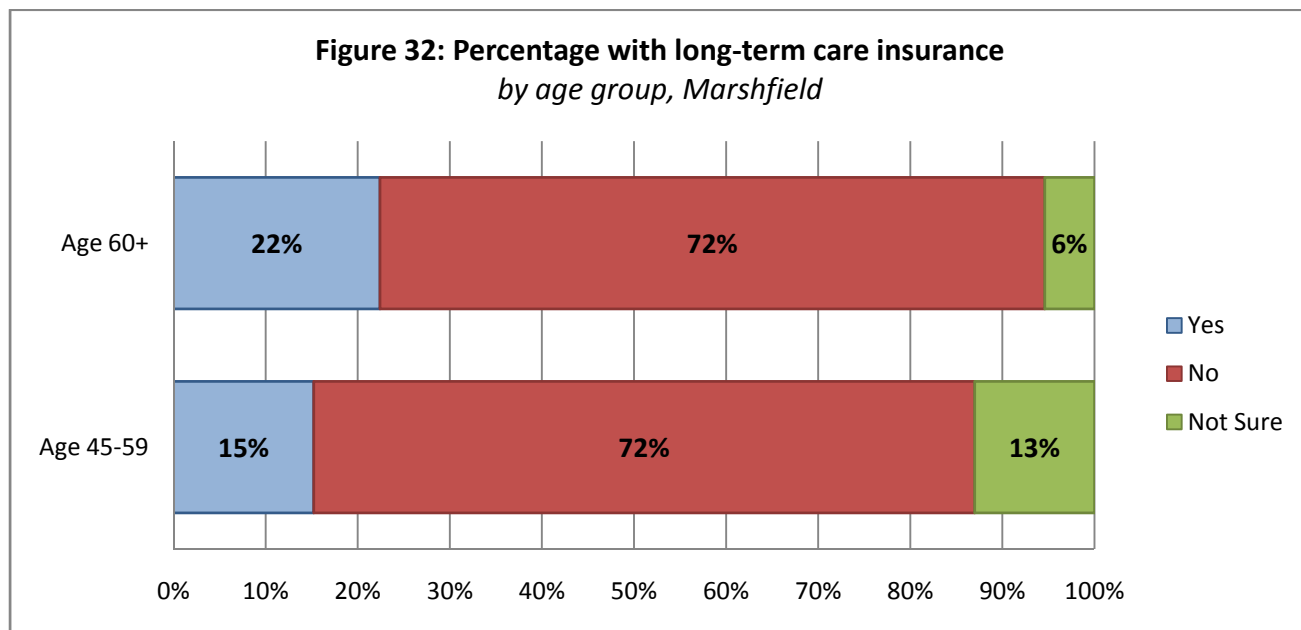
When asked if they had done any financial planning for retirement, 24% of Boomers and 40% of Seniors report having done extensive financial planning<sup>9</sup> (**Figure 31**). However, a sizable share--45% of the Seniors and 61% of the Boomers--have done some financial planning but say they need to do more.

**Figure 31: Financial planning for retirement**  
(non-retired only)  
by age group, Marshfield



<sup>9</sup> In the questionnaire, financial planning activities were defined as "consulting a financial or legal professional, taking a seminar, or taking other steps to ensure you will have adequate income when you retire."

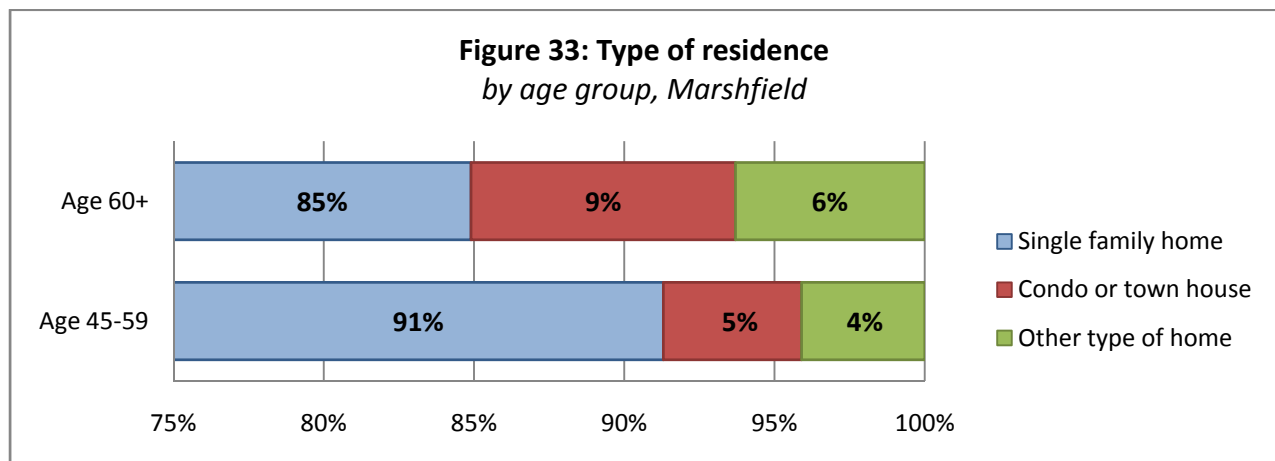
Long-term care expenses can place a substantial burden on seniors and their families. Although not all individuals will require long-term care, and the vast majority of long-term care for seniors is provided by family members who are not paid, national estimates suggest that two-thirds of seniors will need either nursing home care or in-home services for some period of time in their later years and that one-half will have out-of-pocket expenses for this care (Kemper, Komisar & Alecxih 2006). All respondents to the community survey were asked whether they had purchased long-term care insurance.<sup>10</sup> Although 22% of the Seniors and 15% of the Boomers say they have long-term care insurance, more than 70 percent do not. Moreover, 6% of the Seniors and 13% of the Boomers are "not sure" whether they have long-term care insurance (**Figure 32**).



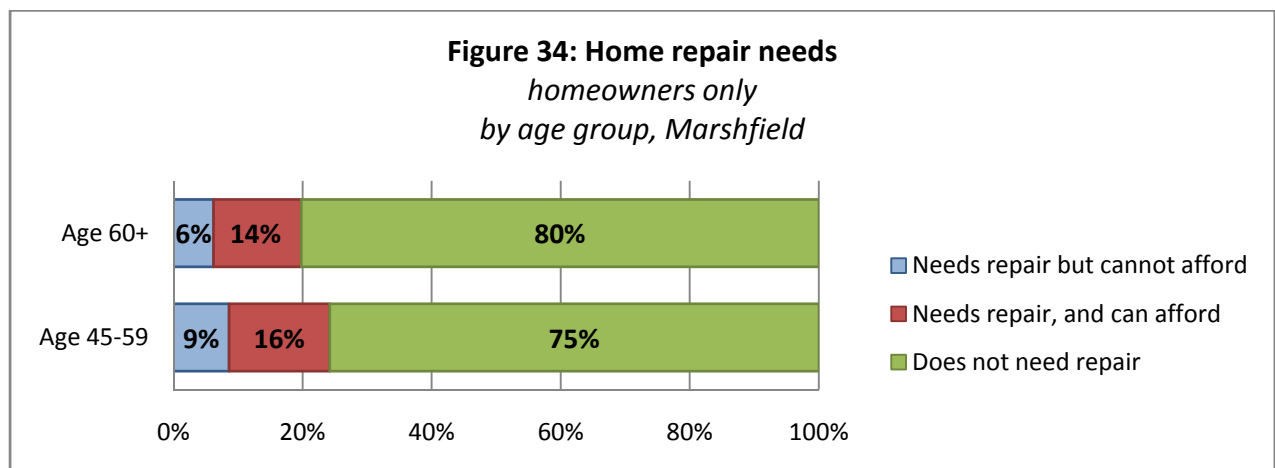
<sup>10</sup> The question used to evaluate long-term care insurance is as follows: "Medicare does not cover long-term care. Do you currently have long-term care insurance? For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services."

## Housing

Consistent with data from the Census Bureau reported above, most respondents to the community survey are homeowners. Ninety percent of Seniors, and 91% of Boomers report that the residence in which they live is owned by them and/or by their spouse. The vast majority of both groups lives in a single-family home. Ninety-one percent of Boomers live in a single family home, while 5% live in a condo or town house and 4% live in another type of home<sup>11</sup>. A somewhat smaller share of Seniors--85%--lives in a single family home, with 9% living in a condo or town house and 6% reporting another type of residence (Figure 33).

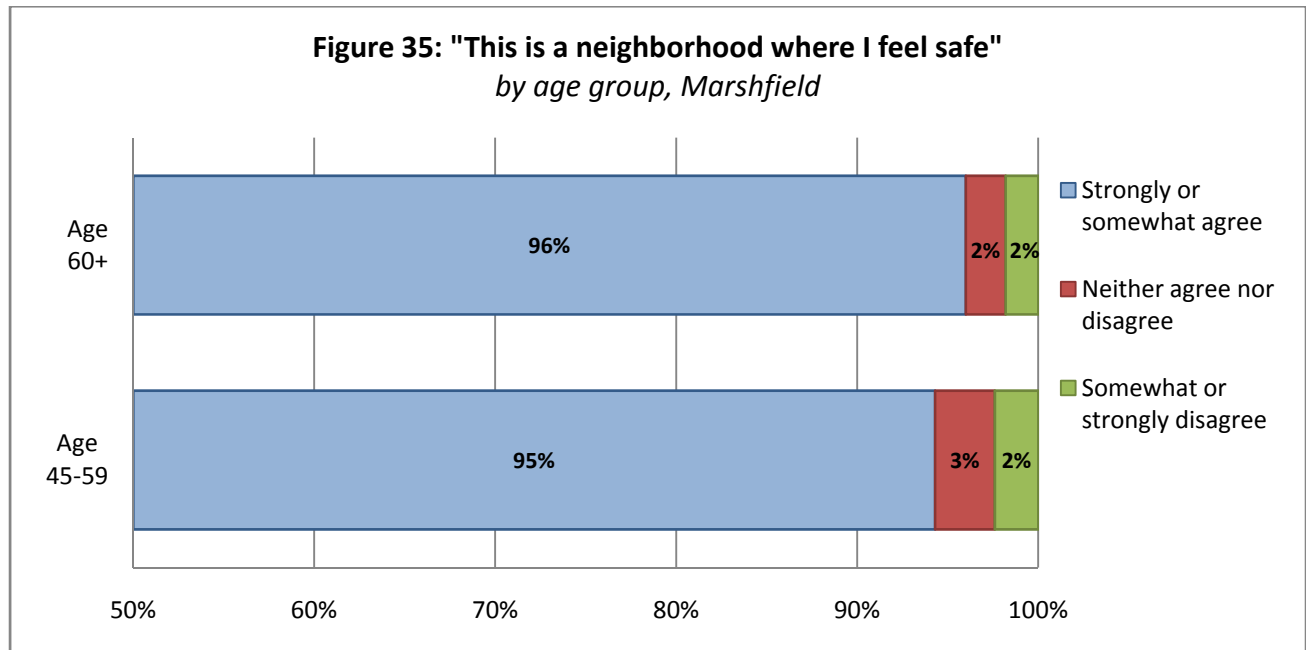


Most homeowners responding to the survey report that their homes are in good condition and do not need major repairs, modifications, or changes to improve their ability to live in it over the next 5 years (Figure 34). However, 20% of Seniors and 25% of Boomers say that their homes need repair or modification. Six percent of the Seniors and 9% of the Boomers say that they can't afford needed repairs or modifications.



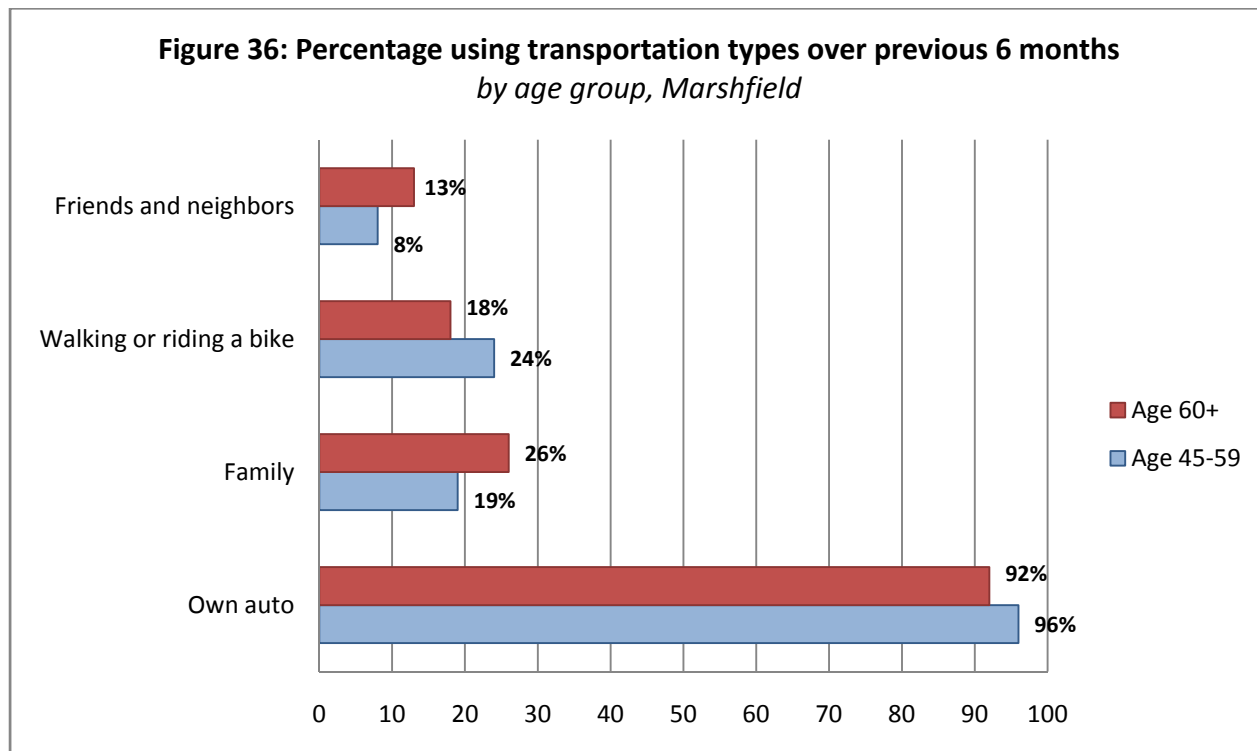
<sup>11</sup>Other types of housing include a two/three family home, an apartment complex, Marshfield Housing Authority or Elderly Complex, Assisted living, Nursing home, or some other type of residence.

A large majority feel safe in their neighborhoods (**Figure 35**). Respondents were asked to indicate their level of agreement with the following statement: "This is a neighborhood where I feel safe." Ninety-four percent of the Boomers and 96% of the Seniors report that they "strongly" or "somewhat" agree with that statement. Only 2% of each cohort report somewhat or strongly disagreeing.



## Transportation

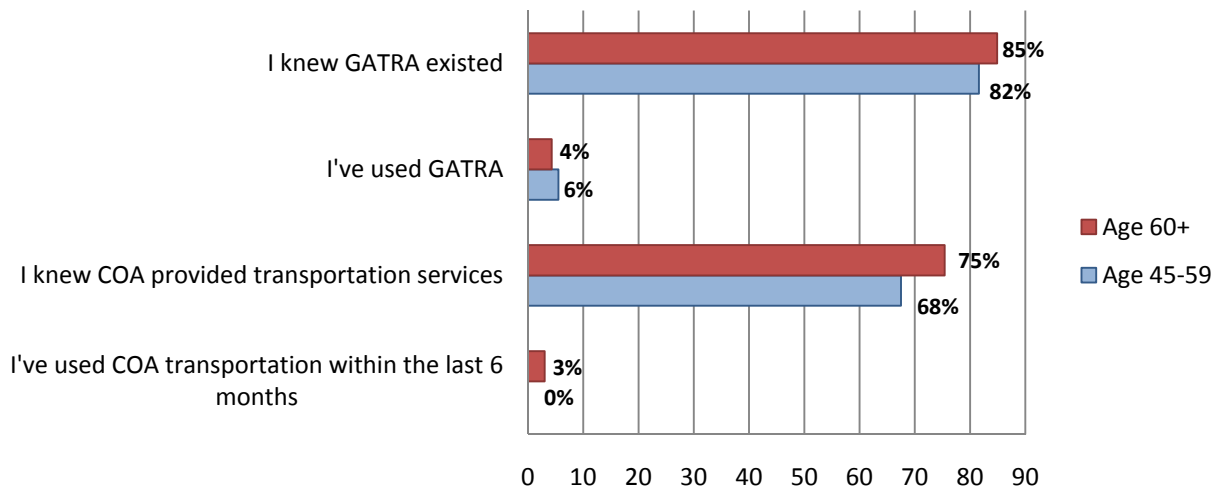
As noted above, transportation to services, social activities, and amenities is essential for quality of life and aging in place. The vast majority of the community survey respondents drive, and driving themselves is the primary form of transportation used by most. More than 90% of each age group traveled using their own automobile within the last 6 months (**Figure 36**). Other common forms of transportation include family, friends and neighbors, walking or riding a bike. Very few respondents (less than 3%) used public transportation options within the previous 6 months.



Although more than 8 in 10 respondents were aware that Marshfield has a public bus service, called the GATRA, fewer than 6% have *ever* used it (**Figure 37**). A somewhat smaller share--75% of Seniors and 68% of Boomers--are aware that the Marshfield Council on Aging provides transportation services, but only 3% of Seniors have used these services within the previous 6 months.

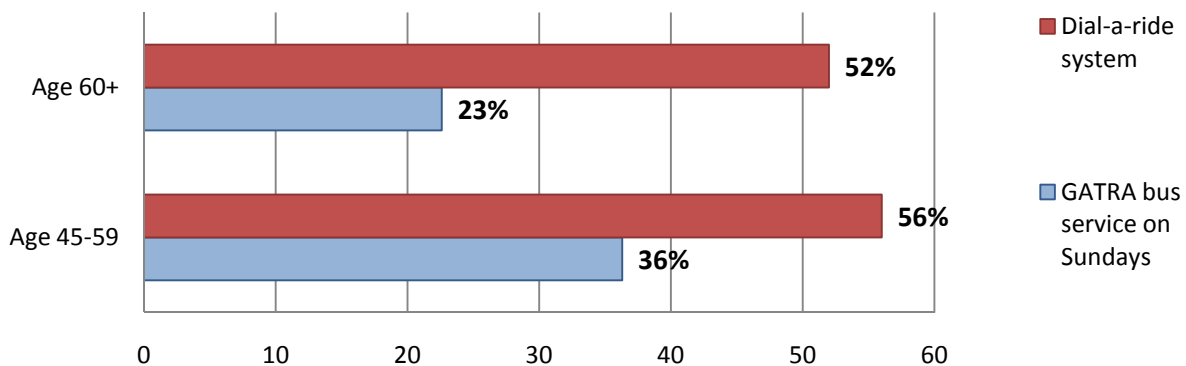


**Figure 37: Knowledge and use of public transportation options**  
by age groups, Marshfield

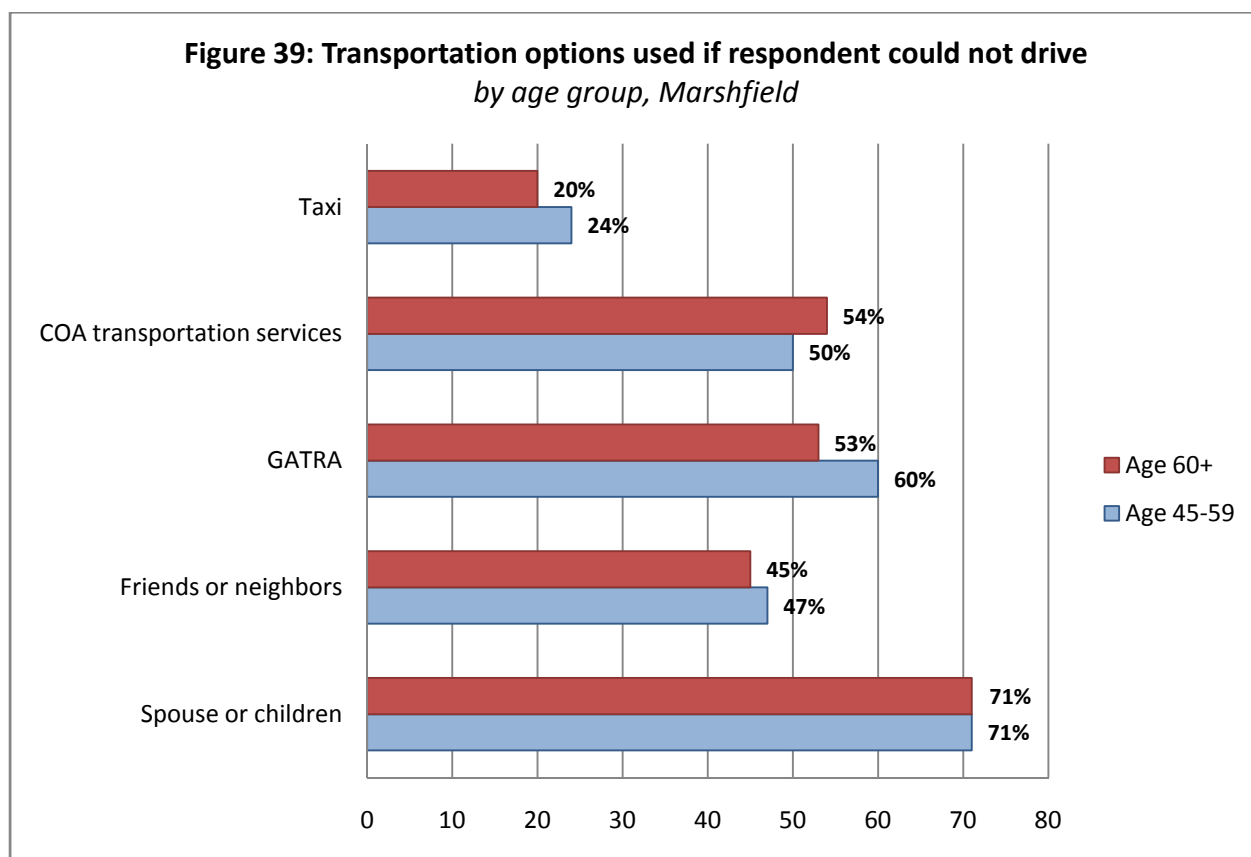


Survey respondents who have not used the GATRA bus were asked why they had not. Virtually all of those responding indicate that they did not use the bus because they are still able to drive, or have their own car. The vast majority of the respondents have not experienced any difficulties while travelling locally, although physical limitations are mentioned as posing problems for some respondents in their efforts to travel; as well, inconvenience of public options are mentioned by a few respondents. Despite limited experience, many respondents acknowledge the importance of the bus service for those who lack private transportation. More than half of the sample report that a dial-a-ride system (an advanced reservation ride for seniors and people with disabilities) would be of interest, while 23% of Seniors and 36% of Boomers report positively on the expansion of bus service to Sundays (**Figure 38**).

**Figure 38: Percentage expressing interest in potential GATRA additions**  
by age group, Marshfield



When asked what transportation options they would use in the future if at some point they could not drive, public options are frequently named. Although family members are mentioned most often (**Figure 39**), GATRA and COA transportation services are mentioned by more than half of both age groups as being transportation options they would use. Indeed, public options are named more commonly than obtaining rides from friends or neighbors. It is notable that more than half the respondents say that they would use public options if they could not drive, but only 3-5% currently use those services.



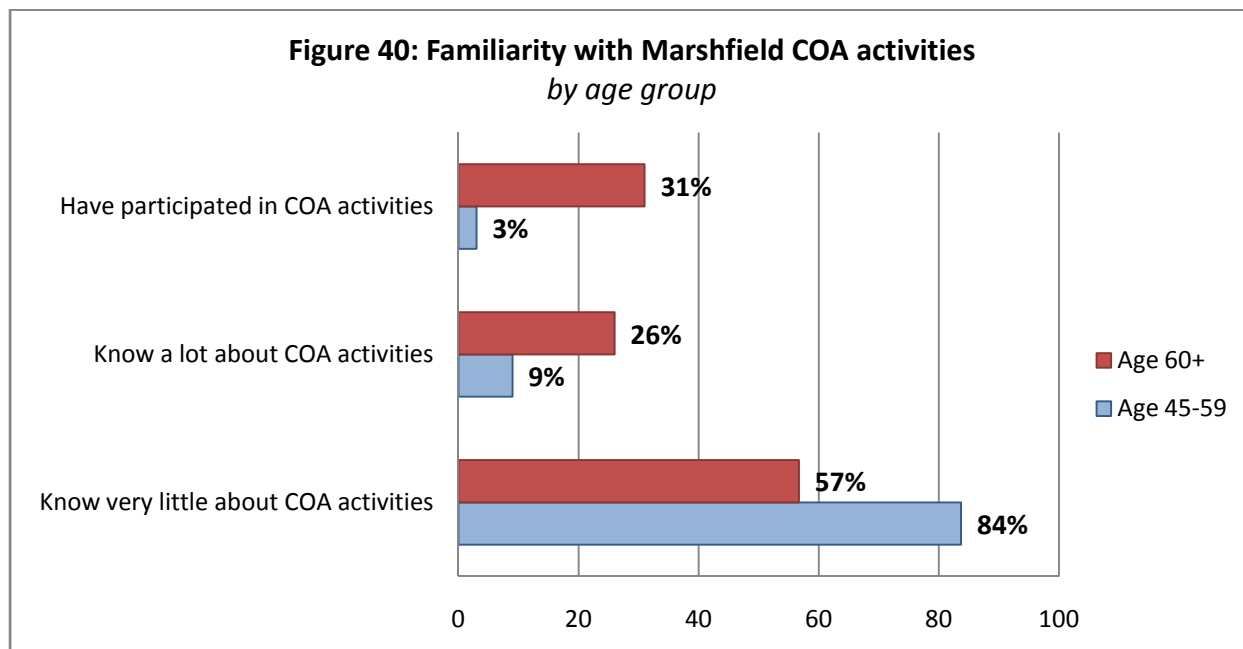
### ***Marshfield Council on Aging Services and Programs***

The Marshfield Council on Aging (COA), a human service department of the town, provides a wide range of services and programs for seniors aged 60 and over. **The mission of the COA "is to provide and coordinate services for Marshfield seniors that assist them to live within the community with dignity and to enhance their quality of life."**

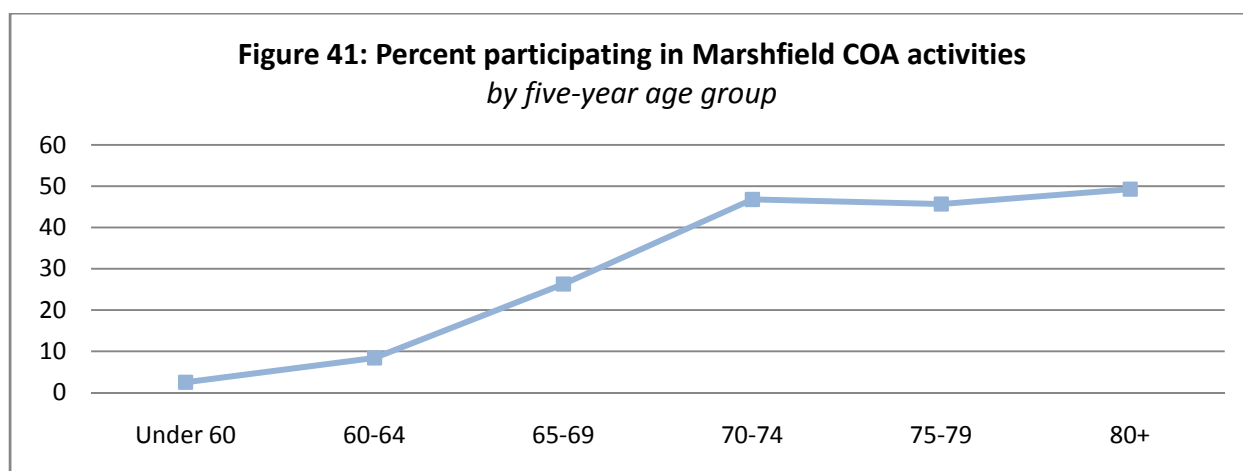
([www.townofmarshfield.org/government-departments-coa-facts.htm](http://www.townofmarshfield.org/government-departments-coa-facts.htm)) In addition to its stated mission, the COA provides services for disabled citizens and residents in need of any age.

Results from the community survey suggest that a sizable share of the respondents have limited knowledge about the COA. When asked "How familiar are you with the Marshfield Senior Center?" 57% of the Seniors and 84% of the Boomers say that they know "very little" about Marshfield Senior Center programming; only 9% of the Boomers and 26% of the Seniors report knowing "a lot" about Senior Center programming. Although only 3% of

the Boomers have participated in Senior Center activities, 31% of the Seniors have done so (**Figure 40**).



Looking at participation levels more closely, **Figure 41** shows that participation rates are substantially higher among those 65 and older, and especially among those 70 and older. While fewer than 10% of the respondents aged 60-64 have participated in Senior Center activities, 27% of those 65-69 have participated, and nearly half of those aged 70 and older are participants. Indeed, a number of respondents report that although they are currently "too young" or "too busy" to participate in Senior Center programs, they are looking forward to doing so in the future.



Respondents were asked to evaluate the importance of each of ten clusters of activities and services currently provided through the Marshfield COA, rating each as "not very important," "somewhat important," or "very important". All program categories receive

support, with the greatest importance being reported for social and human services, such as fuel assistance, information and referrals, and for meal programs, such as Meals on Wheels. Although support groups and educational and job training programs receive the lowest levels of support--with 45% and 35% evaluating each of these as "very important," level of support is strong across all clusters. The strongest level of support across the board is reported by Boomers, very few of whom had participated in any COA activities, and by those Seniors who had participated in them. This pattern suggests broad community support for the programs, including but not limited to participants. The relatively lower rating among Senior non-participants may reflect their lack of interest in activities and services offered by the COA (**Table 4**).

**Table 4: Percent rating activities and services currently offered by the Marshfield Council on Aging as "very important"**

	<b>All age 45-59</b>	<b>Non- participants aged 60+</b>	<b>Participants aged 60+</b>	<b>TOTAL</b>
<b>Social and human services, such as fuel assistance, information and referrals</b>	63%	48%	60%	57%
<b>Meal programs, such as Meals on Wheels</b>	64	49	55	56
<b>Professional services, such as tax preparation, legal service, and health insurance counseling (SHINE)</b>	57	45	62	53
<b>Volunteer programs</b>	55	44	59	51
<b>Fitness programs</b>	56	42	53	50
<b>Nutrition &amp; wellness programs</b>	58	42	52	50
<b>Social events</b>	53	40	55	48
<b>Entertainment and recreation programs, such as art classes, movies, and trips</b>	51	41	52	47
<b>Support groups</b>	51	38	48	45
<b>Educational and job training programs</b>	41	28	39	35

Respondents were asked to identify other programs or services that the Marshfield COA could offer that would benefit them either currently or in the future. Relatively few respondents mention any programming additions. Additions mentioned by more than 10 respondents were the following:

- housing that would promote aging in place;
- help with finances, taxes, legal or insurance issues;
- transportation services;
- friendly visitor programs;
- speakers or OLLI<sup>12</sup> programs; and
- help with maintaining yards or homes

### ***Concerns for the future***

Respondents were asked "What are your greatest concerns about living in Marshfield as you grow older?" A broad range of responses were provided by respondents. Many of the concerns echo the themes developed above—the expense of staying in the community, the concern that transportation options will be unavailable or insufficient, and the desire to remain active and engaged with social networks and community activities. Notably, the concerns expressed highlight the interrelationship of many themes—the connection between transportation and access to services, and between cost of living and ability to maintain one's home adequately. Commonly mentioned concerns, along with a few quotes from the surveys, are outlined below.

***Taxes and other expenses.*** The most frequently mentioned concerns by far relate to the expense of living in Marshfield, especially on a fixed income. Taxes are mentioned most frequently as a concern, followed closely by other concerns relating to fees, housing costs, and other expenses. As examples:

"I live on \$1,317 a month Social Security check. My car is 16 years old. My house will need a new roof soon. I don't know where I will get money for these things. I only have Medicare—no other health insurance." (Female, age 69)

"Expenses: Real estate taxes, prices rising higher than my income. I worry if someday I cannot afford to live in my home." (Female, age 75)

"Better municipal tax and fees relief for qualified Seniors." (Male, age 65)

***Transportation.*** Next to the expense of aging in place, transportation is mentioned most frequently. Concerns about no longer being able to drive, losing the independence and ease of access to activities that driving offers, and uncertainty about public transportation options are expressed by many respondents. For example:

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<sup>12</sup> OLLI (Osher Lifelong Learning Institute) is a non-profit organization that supports educational opportunities for people aged 50 and over.

“Public transportation to be able to get around when I’m older and don’t want to or can’t drive” (Female, age 50)

“Isolation if you cannot drive” (Female, age 59)

“That I will always be able to have transportation to do what I want” (Female, age 77)

***Access to services and networks.*** Closely related to the transportation issue are a set of concerns surrounding distance from family and availability of nearby services. Being close enough to family members to provide and receive support is valued by community members as they age. Respondents who receive medical care from physicians in other towns anticipate difficulties obtaining needed care as they age. For example:

“Somewhat distant from relatives who live closer to Boston” (Female, age 59)

“Proximity and ability to get to resources: medical care, supermarket, church, entertainment. The town is very spread out.” (Female, age 62)

***Remaining independence and aging in place.*** Concerns about being able to age in place, remaining independent, and being able to continue to care for self and loved ones is mentioned as a concern.

“Having someone to take care of me” (Female, age 54)

“Losing my home and spouse” (Male, age 64)

“Independently being able to meet my needs—transportation, services” (Male, age 57)

***Maintaining the home and yard.*** Many respondents look ahead to a time when they may struggle to maintain upkeep on their homes and yards. Being physically unable to provide maintenance themselves, they express concerns about being able to locate and pay for home and lawn services. Dealing with snow removal is a special concern for many. Finding themselves “overhoused”—in a home that is too large for their needs—is a concern.

“Having to mow lawn and plow snow” (Male, age 84)

“More house than we need” (Female, age 59)

“My husband would like to find a residence which would need less care than our home. So far we have not found quite what would suit us both.” (Female, age 64)

***Keeping busy and involved.*** Some respondents express concerns about maintaining social networks into later life, and having sufficient sources of amusement and social engagement. For example,

“Not having something to do in the evenings” (Female, age 61)

“Staying socially connected” (Female, age 46)

“As I grow older the winter would be my most concern, getting out and about—  
“staying in” would depress me.” (Female, age 58)

***General concerns about the community.*** A sizable number of respondents expressed concerns that had little to do with aging per se, but rather addressed quality of life considerations more broadly. Respondents want the community to remain a good place for families, expressing support for better roads, parks, and schools. For example:

“Lack of a walkable, vital downtown” (Female, age 54)

“Would not want population to get much bigger—concerned about too much traffic, crowding, etc.” (Female, age 49)

“Burglaries, drug seeking persons, unleashed dogs” (Female, age 63)

“Uncontrolled growth (sprawl)” (Male, age 48)

The broad range of concerns include some issues that could occur in any setting and community, such as declining health and loss of a spouse. Others, such as concerns about the adequacy of transportation options and the affordability of taxes, may be addressed at least to some extent by thoughtfully considering how a community may become more “senior friendly.” Linkages among themes are considerable: for example, affordability and transportation issues are related strongly to concerns about accessing needed services and maintaining social networks. Worries about whether residents will be able to age in place relate to affordability of maintaining their homes, and of finding appropriate substitute housing in the area. The prominent mention of economic concerns highlights the vulnerability that lower incomes promote, and the recognition that for many, later life brings fixed incomes and more limited resources.

### Results from the focus groups

Two focus groups were held to review preliminary results from the demographic and survey analyses. The first group was composed of key informants, drawn from town offices and other community organizations. The second group was composed of community members aged 45 and over. (See Appendix for list of participants.)

#### **Focus Group 1 – Key Informants**

The first focus group was comprised of local town officials, clergy, an elder law attorney, and non-profit managers. The group was not surprised by the findings reviewed, which highlighted the growth of the older population in Marshfield and specified key issues for

that age group. Participants discussed ways in which the aging of the Marshfield population had affected their organizations. Many of the comments offered by this group relate to crisis management and crisis prevention in the elder population. They are concerned about issues such as estate planning, emergency medical services, planning for guardianship, housing, emotional issues, and transportation. There is concern about seniors who do not have family nearby, or those who may be misrepresenting their health or economic challenges in conversations with their children. When insufficient planning occurs, and when services are unavailable or inadequate for needs, crisis situations occur to which town offices and nonprofits must respond.

A number of housing issues were noted. Some seniors experience anxiety about being able to afford to stay in their homes, and express fear of property tax increases and changes in property valuation. This is a significant issue for seniors, who may be less financially capable of moving. Senior housing options are being developed in the area, and are welcomed alternatives. These options may free up existing single-family homes; as well, new senior developments seem to be attracting residents from other communities. Some concern about the expense of private options was voiced. Subsidized senior housing options are limited in Marshfield, and some residents in these communities may need more services than are currently available to them.

Transportation was mentioned as an issue. Stores and services are not in walking distance in Marshfield. Identifying when seniors are no longer able to drive safely is a problem of broad community concern. People understandably fear losing their independence if they are unable to drive, and some do not feel they can safely drive at night. Alternatives are limited in Marshfield: although GATRA and some private organizations provide options more broadly, COA transportation is only available to those over age 60.

Improved communication was cited as key in improving elder well-being in Marshfield. Many residents may not know what services are already available to seniors (for example, senior tax relief, house repair assistance). Residents need better information about what town government is able to do for them, and which other organizations may serve as a resource. Information of interest to seniors could be more broadly disseminated throughout the town, through the news media (including the local newspaper *The Mariner*, cableTV, and local radio station WATD). The Council on Aging may consider sending at least one issue of the newsletter to every senior household each year, rather than limiting dissemination to members, as is currently the case.

Coordination between service agencies is needed. Agencies need to know where to go for referral services in Marshfield and throughout the state. Partnerships across agencies, and between nonprofits and governmental offices, would be advantageous. Participants noted that mail carriers are the most consistent visitors to homes, and can be helpful in alerting emergency personnel when necessary. Acknowledging the importance of privacy, participants suggested that town offices and nonprofits may seek out ways to work collaboratively, and with family members, to keep vulnerable seniors safe. Seniors who are experiencing health, cognitive, or financial difficulties may be encouraged to register a family contact with service providers, to prevent termination of utilities or other services.



One participant shared an example in which multiple notices of service termination went unnoticed by a senior and his family, until services were cut off. Veterans' services were finally brought in to help remedy the situation.

Legal and financial issues were raised as a concern. There is a need for better estate planning within this population. In some cases, legal guardianship may be necessary. Many seniors fear tax increases, largely because they live on fixed incomes but are less capable of moving if expenses outstrip resources; as well, many would prefer to stay in their homes as long as possible. Group members suggested that some middle income seniors may face gaps in service access, having insufficient resources to purchase services but being ineligible for subsidized programs.

Concerns about health and social interaction were also expressed. Seniors need to be encouraged to engage in more planning for future health needs. Town offices are frequently drawn into crisis situations where insufficient planning and support has occurred. These situations are costly in terms of staffing. Some seniors are isolated and lack family participation. Fearfulness of leaving the house or of criminal victimization may exacerbate the sense of isolation. Seniors who could benefit from services provided by the town or by nonprofits may be reluctant to seek them out, concerned about confidentiality and stigmatization, or uninformed about their options. A stronger sense of community through increased volunteerism would be beneficial.

## **Focus Group 2 –Community members**

The second focus group was composed of community members aged 45 and over. Most of these individuals had lived in Marshfield for many years. They reported that Marshfield is a great place to live and raise a family. People like to pass their property down to other family members, children return with their families, and a wide range of housing is available, enhancing the community's economic diversity, which was valued by the group.

Concerns raised by this group echo those drawn from the community survey. Housing was named as a concern, especially the limited availability of affordable, senior-friendly housing. Seniors can't afford much of the existing senior housing. Communities such as Proprietor's Green, which include a range of services available in addition to housing, are highly desirable; however, lower-cost alternative developments are also needed in Marshfield.

Transportation was also highlighted as an issue. Because the town is spread out, residents need to drive to get around. Options such as GATRA, COA transportation, and the commuter rail lack flexibility, and often are difficult to navigate by those with mobility limitations. The group referred to people feeling "desperate" if they are no longer able to drive, characterizing non-drivers as "prisoners in their own homes."

Lack of communication and poor knowledge of services was acknowledged by this group as well. They suggest sending the COA newsletter to every Marshfield household at least once a year, perhaps as an insert with other mailings. The group promoted engaging in more

outreach to attract Boomers to the Senior Center, and to build a more extensive network of volunteers.

An additional issue mentioned by the community group revolved around perceptions of age, and how these perceptions may shape the evolving role of the COA. They noted that many residents—even those who are well over the age of 60—are not interested in going to a “*Senior Center*,” and that fighting stereotypes is necessary. Group participants suggested that rethinking the labels we use may be helpful in this regard (e.g., use of the terms “seniors” and “Aging”). In addition, the COA might consider hosting intergenerational events and letting other groups use the building occasionally, so that other age groups can be familiar with it and the services it provides. Expanding use of the building into the 2<sup>nd</sup> floor, creating elevator access to it, and increasing financial support of the COA may be desirable given growth of the older population and the value of the services provided. Beyond the walls of the Senior Center, the town of Marshfield could promote a sense of community and improve quality of life by supporting business development in the downtown area and improving sidewalks and lighting. Creating community centers to serve as gathering places to get coffee, meet friends, and go shopping would benefit all age groups.

## **V. Summary and Recommendations**

Marshfield has experienced substantial growth in its older population over the last ten years. The sizable segment of the population currently in the “Boomer” years signals a continued aging of the population in the coming decade. As revealed by the community survey conducted for the COA, Boomers and Seniors in Marshfield report a strong commitment to aging in place. This is good news--but how will the town respond?

The Marshfield Council on Aging has taken a leadership role by learning more about its aging population through this needs assessment. By understanding the changing demographics of the community, the COA is better able to anticipate a growing need for its services. As pointed out by the key informants participating in the focus group, the implications of an aging population span far beyond the scope of services provided by the COA, however. Virtually all aspects of community life will be affected, including housing, health and wellness, transportation, businesses, recreation, and police and fire services.

Our research suggests that Marshfield offers many advantages for aging in place. A large share of the Senior and Boomer populations are committed to the community, and have the resources and supports necessary to do so. Yet notable segments of these populations experience health challenges, gaps in social networks, or affordability concerns that threaten their ability to stay. Residents are keenly aware that retirement may bring economic shortfalls or mobility losses, making it difficult to remain in a community such as Marshfield, with a relatively high cost of living, and where transportation by private automobile is the norm. The resources that would provide support and fill in the gaps to seniors, caregivers, and residents in need are not widely known, including those offered through the Council on Aging.

As the Marshfield Council on Aging continues its planning process, it may consider seeking additional opportunities to expand its services and programs throughout the community. *The growth of the older population in Marshfield is significant, and will continue for at least the coming decade.* High rates of current participation, especially among those aged 70 and over, suggest that demographic changes have the potential to promote substantially higher membership for the COA in the coming few years. Given that a sizable share of respondents lacks familiarity with COA programs, improved publicity may be a successful strategy for increasing participation. Improved “marketing” of the COA and its scope may involve innovative strategies to offset the stigma associated with the terms “aging” and “senior.” Enhanced staff and financial support may be required if the Marshfield Council on Aging is to successfully meet the demands posed by growth of the older population and increased interest in its services.

The COA may wish to seek out opportunities to make younger residents aware of its programs. Increasing familiarity among younger age groups by promoting intergenerational activities, distributing the COA newsletter more broadly, or other strategies may be beneficial. Younger town residents may be more likely to participate in programs as they age, if familiarity has already been established. As well, recruitment of volunteers is likely to be enhanced if the organization is better known.

In developing new programs, or expanding existing ones, the COA may consider the relatively sizable share of the Boomer and Senior populations who report having caregiving responsibilities. One way in which the COA can support the Senior population is by serving as a resource for caregivers, many of whom are not yet age 60. These individuals may well benefit from receiving information about supplemental care support, such as adult day care, respite care, and the like. Other services that may warrant expansion include a registry for businesses and other organizations that will provide home and yard maintenance for seniors on a volunteer or low-fee basis.

More broadly, the community of Marshfield may wish to consider a number of ways in which the town can respond to its aging demographic profile. Housing and transportation are key issues for older populations. Strategies for maintaining affordability for town residents on fixed income may be explored, including thoughtful development of affordable housing, and communities that pair services with shelter. Promoting the wider availability of public transportation options, including GATRA, COA transportation services, taxi services, and others, could ease many residents’ concerns about aging in place. Better information sharing across town offices and between town departments, nonprofits, and other organizations serving seniors, is needed. Communication with Marshfield residents regarding the services that the town can provide could be enhanced. The town may wish to work collaboratively through the COA to promote volunteerism in support of seniors, perhaps through the schools or other organizations.

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# Appendices



## MARSHFIELD COUNCIL ON AGING

### SURVEY OF RESIDENTS AGE 45& OVER

The Marshfield Council on Aging would like to learn more about its residents and is asking for your help. By answering some questions about yourself, your experience living in Marshfield, and your future plans, you are making your voice heard. We are interested in your honest answers. Please answer all of the questions as thoroughly as possible. All of your responses will be kept confidential. Thank you very much; we appreciate your help.

#### Section A. Current & Future Housing

1. Which best describes your current place of residence? **(Check one)**
  - ☐ Condominium or town house
  - ☐ Single family home
  - ☐ Two/three family home
  - ☐ Apartment complex
  - ☐ Marshfield Housing Authority or Elderly Complex
  - ☐ Assisted living/Nursing home
  - ☐ Other: \_\_\_\_\_
2. Do you and/or your spouse own the residence you live in?
  - ☐ Yes    ☐ No
3. Who do you live with? **(Check all that apply)**
  - ☐ I live alone
  - ☐ With a spouse/partner
  - ☐ With my child(ren)
  - ☐ With my parent(s)
  - ☐ With another relative
  - ☐ With someone else (including roommates)
4. Does your current residence need major repairs, modifications, or changes to improve your ability to live in it over the next 5 years?
  - ☐ No
  - ☐ Yes → If yes: Can you afford to make these changes?
    - ☐ Yes
    - ☐ No

#### Section B. Social Activities & Relationships

5. Do any of your friends or relatives live within 45 minutes of your home?
  - ☐ Yes    ☐ No

6. How many days per week, on average, do you leave home for any reason?
- ☐ Less than one day per week
  - ☐ 1-3 days per week
  - ☐ 4-5 days per week
  - ☐ 6-7 days per week
7. How many friends or family members do you feel close to? For example: people who you feel at ease with, can talk to about private matters, or can call on for help.
- ☐ None
  - ☐ One or Two
  - ☐ Three or more
8. How often do you talk on the phone or get together with friends or relatives?
- ☐ Never
  - ☐ Less than one day per week
  - ☐ 1-3 days per week
  - ☐ 4-7 days per week

<b>Section C. Caregiving</b>
------------------------------

9. Do you provide unpaid care or assistance to a disabled, ill, or elderly spouse, relative, or friend?
- ☐ Yes    ☐ No → **If no, please skip to question #12.**
10. Has the person you provide unpaid care for been diagnosed with dementia or any other kind of memory impairment?
- ☐ Yes    ☐ No
11. How difficult would you say it is for you to care for this person and meet your other responsibilities with family and/or work?
- ☐ Very difficult
  - ☐ Somewhat difficult
  - ☐ Neither difficult nor easy
  - ☐ Somewhat easy
  - ☐ Very easy

<b>Section D. Health</b>
--------------------------

12. How would you rate your overall health at this time?
- ☐ Excellent
  - ☐ Good
  - ☐ Fair
  - ☐ Poor

13. Do you have a primary care doctor whom you normally see when you have medical concerns?  
☐ Yes    ☐ No
14. Medicare does not cover long-term care. Do you currently have long-term care insurance? For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.  
☐ Yes  
☐ No  
☐ Not sure
15. **Because of a health or memory problem**, do you require help with household activities? For example: doing routine household chores, preparing your meals, food shopping, or keeping track of money and bills.  
☐ Yes    ☐ No
16. **Because of a health or memory problem**, do you require help with daily activities? For example: using the telephone or taking your own medications correctly.  
☐ Yes    ☐ No
17. **Because of a health or memory problem**, do you require help with personal activities? For example: using the toilet, taking a bath or shower, or getting dressed.  
☐ Yes    ☐ No
18. Referring to the activities in questions 15 - 17 for which you answered "Yes": Who helps you with these activities? (**Check all that apply**)  
☐ N/A, I don't require any help  
☐ I pay someone to help me  
☐ A friend or neighbor helps me  
☐ A family member helps me  
☐ Someone else helps me (please specify): \_\_\_\_\_  
☐ I need help but have no one to assist me
19. **Over the last month**, how often did you feel sad, depressed, or "down in the dumps?" (**Check one**)  
☐ Never  
☐ Rarely  
☐ Sometimes  
☐ Often  
☐ Always



20. How many times did you visit a medical doctor or other health care professional in **the last 12 months**?

- ☐ 0 times  
☐ 1 – 2 times  
☐ 3 or more times

<b>Section E. Marshfield Council on Aging Services</b>
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21. The following are activities and services currently offered by the Marshfield Council on Aging. Please evaluate the importance of each, where “1” is “not very important” and “3” is “very important”. Please circle your response.

<b>Activities/Services</b>	<b>not very important</b>	<b>somewhat important</b>	<b>very important</b>
Meal programs, such as Meals on Wheels	1	2	3
Support groups	1	2	3
Volunteer programs	1	2	3
Social events	1	2	3
Fitness programs	1	2	3
Nutrition & wellness programs	1	2	3
Entertainment and recreation programs, such as art classes, movies, and trips	1	2	3
Educational and job training programs	1	2	3
Professional services, such as tax preparation, legal service, and health insurance counseling (SHINE)	1	2	3
Social and human services, such as fuel assistance, information and referrals	1	2	3

22. Thinking of your current or future needs, what other programs or services could the Marshfield Council on Aging offer that you think would benefit you?

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23. How familiar are you with the Marshfield Senior Center? (**Check all that apply**)

- ☐ I have participated in Senior Center activities  
☐ Someone else in my household has participated in Senior Center activities  
☐ I know quite a bit about Marshfield Senior Center programming.  
☐ I know very little about Marshfield Senior Center programming.

24. Below is a list of problems one could encounter when accessing Council on Aging programs. Which of the following, if any, have you experienced?

**(Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Lack of transportation                              | <input type="checkbox"/> Location of the Senior Center                |
| <input type="checkbox"/> Lack of adequate facilities                         | <input type="checkbox"/> Problem with Staff                           |
| <input type="checkbox"/> I don't know what is available                      | <input type="checkbox"/> N/A, I have not encountered any difficulties |
| <input type="checkbox"/> I don't know how to access the services or programs | <input type="checkbox"/> Other: _____                                 |

### Section F. Community & Neighborhood

25. How many years have you lived in Marshfield?: \_\_\_\_\_

26. Do you live in Marshfield year-around?

- ☐ Yes ☐ No

27. How important is it to you to remain living in Marshfield as long as possible?

- ☐ Extremely important  
☐ Very important  
☐ Somewhat important  
☐ Not very important  
☐ Not at all important

28. Please indicate your level of agreement with the following statement about your neighborhood: "This is a neighborhood where I feel safe."

- ☐ Strongly agree  
☐ Somewhat agree  
☐ Neither agree nor disagree  
☐ Somewhat disagree  
☐ Strongly disagree

29. What are your greatest concerns about living in Marshfield as you grow older? \_\_\_\_\_

### Section G. Transportation

30. The Marshfield Council on Aging provides transportation services. Prior to this survey, were you aware of these services?

- ☐ Yes ☐ No

31. Prior to this survey, were you aware that Marshfield had a public bus service, called the GATRA?

- ☐ No ☐ Yes → If yes: Have you used the GATRA bus?

☐ Yes

☐ No → If no, why not?: \_\_\_\_\_

32. Do you drive?

☐ No

☐ Yes → If yes: In the future, if you were no longer able to drive, how would you meet your transportation needs? **(Check all that apply)**

☐ My spouse or child(ren) would drive me

☐ Friends or neighbors would drive me

☐ GATRA bus

☐ Council on Aging transportation services

☐ Taxi

☐ Other (please specify): \_\_\_\_\_

33. Below is a list of possible difficulties one might face when traveling. Which have you experienced when traveling **locally**, if any? **(Check all that apply)**

☐ N/A, I have experienced no difficulties

☐ Council on Aging transportation is unavailable or inconvenient

☐ GATRA buses are unavailable or inconvenient

☐ There is no one I can depend on for help

☐ Physical or other limitations

☐ No door-to-door assistance

☐ Other: \_\_\_\_\_

34. In the **past 6 months**, when you have traveled outside of your home what has been your means of transportation? **(Check all that apply)**

☐ Family

☐ Walking on foot/Riding a bike

☐ Taxi

☐ Council on Aging transportation services

☐ GATRA bus

☐ Other (please specify): \_\_\_\_\_

☐ Friends or neighbors

☐ Your own private automobile

35. The GATRA bus service currently runs Monday through Friday from 6:00 AM to 7:10 PM, and Saturday from 8:30 AM to 6:50 PM. Below is a list of potential expansions of GATRA bus service in Marshfield. In your opinion, which of the following would be of interest to people like you? **(Check all that apply)**

☐ Availability of bus service on Sundays

☐ Dial-a-ride system (an advanced reservation ride for seniors and people with disabilities)

☐ Other improvements (please specify): \_\_\_\_\_

#### Section H. Current & Future Retirement Plans

36. Are you retired?

☐ No

☐ Yes → If yes, go to question #40.

37. When do you plan to retire?

- ☐ Within the next 3 years
- ☐ In 3-5 years
- ☐ In 5-10 Years
- ☐ In 10 or more years
- ☐ Not Sure
- ☐ I do not anticipate ever retiring

38. Have you done any financial planning for your retirement? Financial planning activities include consulting a financial or legal professional, taking a seminar, or taking other steps to ensure you will have adequate income when you retire.

- ☐ Yes, I have done extensive financial planning for retirement
- ☐ Yes, I have done some financial planning but I need to do more
- ☐ No, I have not done any financial planning for my retirement

39. Please indicate your level of agreement with the following statement: "I expect to have adequate resources to meet my financial needs in retirement."

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

<b>Section I. Demographic Information</b>
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40. Are you (check one)?

- ☐ Male              ☐ Female

41. How old are you? \_\_\_\_\_

42. Are you?

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian
- ☐ Other (please specify): \_\_\_\_\_

43. Do you consider yourself to be Hispanic/Latino?

- ☐ Yes              ☐ No

44. What is your marital status?

- ☐ Married
- ☐ Widowed
- ☐ Divorced/Separated
- ☐ Never married
- ☐ Living with a partner as though married

45. What is the highest level of education you completed?

- ☐ Less than a high school degree
- ☐ High school diploma or GED
- ☐ Some college
- ☐ Four year college degree
- ☐ Post-graduate degree

46. Are you currently employed in your own business, or at a job that pays you a wage or salary?

- ☐ No    ☐ Yes → How many hours per week do you work? \_\_\_\_\_

47. What was your total family income from all sources before taxes last year?

- ☐ Less than \$15,000
- ☐ \$15,000-\$34,999
- ☐ \$35,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000 or more

48. Were there any times in **the past 12 months** when you did not have enough money to (**check all that apply**)?

- |   |   |
|---|---|
| <input type="checkbox"/> Buy food   | <input type="checkbox"/> Pay for car repairs or home repairs                        |
| <input type="checkbox"/> Pay for medical needs (such as dental care, eyeglasses, hearing aids, or a prescription) | <input type="checkbox"/> Pay utility bills (such as oil, electricity, or telephone) |
| <input type="checkbox"/> Pay rent, mortgage, or real estate taxes   | <input type="checkbox"/> N/A, I did not lack money for any of the above needs       |
|   | <input type="checkbox"/> Other: _____   |

If you are willing to be contacted by phone should we need additional information please include your phone number here: \_\_\_\_\_

**Thank you for your participation. We appreciate your time and support.**

Key Informant Focus Group

Wednesday, May 18, 2011

10:00 – 12:00 pm

Bill Dodge, Veteran's Agent

Lt. Paul Taber, Police Department

Paul Halkiotis, Town Planner

Rocco Longo, Town Administrator

Deputy Chief William Hocking, Fire Department

Rev. Barbara Peterson, Clergy Association

Atty. Kathleen Mulvey, Elder Law

Elaine Dolan, Marshfield Housing Authority

Keith Polansky, Advisory Board Chair

Jim Hewitt, Food Pantry Director

Peter Falabella, Board of Health Director

Community Focus Group

Wednesday, May 18, 2011

1:00 – 3:00 pm

Cindy Castro

Joan Cleary

Atty. Tom Kramer

Annie Federico

Dr. James Lyng

Polly Smith

William Scott

Harriet Archer

John Amore

The Collins Center and the Gerontology Institute are located within the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston. The McCormack Graduate School was founded in 2003 to create a dynamic academic and research center in policy studies. The school has built upon the foundation of its predecessor, the McCormack Institute, established in 1983 and named in honor of U.S. House of Representatives Speaker John W. McCormack. For more information visit the McCormack Graduate School website: [www.mccormack.umb.edu](http://www.mccormack.umb.edu).

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## About The Collins Center

The Edward J. Collins, Jr. Center for Public Management in the McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston is dedicated to improving the efficiency and effectiveness of all levels of government, with a particular focus on regionalization and performance management. The Center has developed a comprehensive set of services to increase the productivity, performance and accountability of government. Such services include: performance management system development, technical assistance and consulting; educational products and services; charter reform assistance; regionalization and collective activities facilitation; executive recruitment and interim management services; grant application assistance and applied research and analysis. The Center has provided these services to scores of the Commonwealth's cities and towns, as well as to several state agencies.

The Collins Center was established in July 2008 and was named for Edward J. Collins, Jr. Throughout his long public career in the Commonwealth, Collins served as an important mentor to hundreds of past and present municipal and state officials. For more information visit the Collins Center web-site: [www.collinscenter.umb.edu](http://www.collinscenter.umb.edu).

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## About The Gerontology Institute

The Gerontology Institute addresses social and economic issues associated with population aging. The Institute conducts research, analyzes policy issues and engages in public education. It also encourages the participation of older people in aging services and policy development. In its work with local, state, national and international organizations, the Institute has five priorities: 1) productive aging, that is, opportunities for older people to play useful social roles; 2) health care for the elderly; 3) long-term care for the elderly; 4) economic security for older adults; and 5) social and demographic research on aging. The Institute pays particular attention to the special needs of low-income and minority elderly.

The Gerontology Institute was created in 1984 by the Massachusetts Legislature. In 2003, the Gerontology Institute became a founding member of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston. For more information visit the Gerontology Institute web-site: [www.gerontologyinstitute.umb.edu](http://www.gerontologyinstitute.umb.edu).





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