

University of Massachusetts Boston

ScholarWorks at UMass Boston

Gerontology Institute Publications

Gerontology Institute

2-2013

Aging in Hingham: A Community Affair

Jan Mutchler

University of Massachusetts Boston, jan.mutchler@umb.edu

Caitlin Coyle

University of Massachusetts Boston, caitlin.coyle@umb.edu

Hayley Gravette

University of Massachusetts Boston, Hayley.Gravette@umb.edu

Follow this and additional works at: https://scholarworks.umb.edu/gerontologyinstitute_pubs



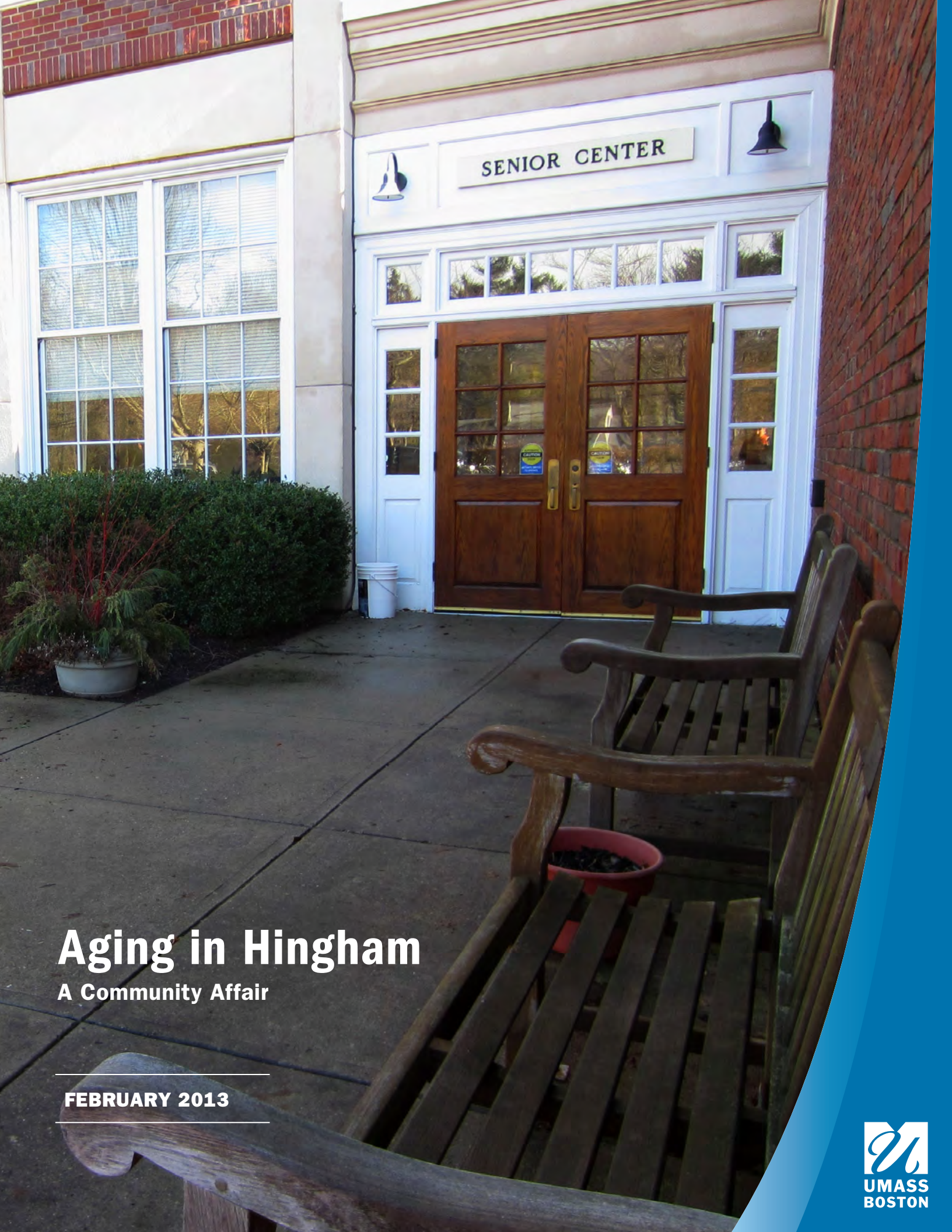
Part of the [Gerontology Commons](#), [Policy Design, Analysis, and Evaluation Commons](#), [Public Administration Commons](#), [Public Affairs Commons](#), [Public Policy Commons](#), [Social Policy Commons](#), [Urban Studies Commons](#), and the [Urban Studies and Planning Commons](#)

Recommended Citation

Mutchler, Jan; Coyle, Caitlin; and Gravette, Hayley, "Aging in Hingham: A Community Affair" (2013). *Gerontology Institute Publications*. 78.

https://scholarworks.umb.edu/gerontologyinstitute_pubs/78

This Research Report is brought to you for free and open access by the Gerontology Institute at ScholarWorks at UMass Boston. It has been accepted for inclusion in Gerontology Institute Publications by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact scholarworks@umb.edu.



Aging in Hingham

A Community Affair

FEBRUARY 2013

Aging in Hingham: A Community Affair

**Commissioned by the Town of Hingham
Department of Elder Services**

Barbara Farnsworth, Director

February 2013

Jan E. Mutchler, PhD
Caitlin Coyle, MS
Hayley Gravette, MSW

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



January 31, 2013

Dear Citizens of Hingham,

On behalf of the Department of Elder Services, I am pleased to present the findings of the "Needs Assessment Study" that was intended to be proactive in obtaining basic demographic data along with a comprehensive profile of Baby Boomers and Seniors in Hingham. The impetus for this project grew out of the self-assessment process that was conducted in preparation for our 2012 application for National Senior Center Accreditation through the National Institute of Senior Centers.

In 2007, the Department of Elder Services was awarded National Senior Center Accreditation for a five year period. In 2011, we began the process to retain this Accreditation which involved a self-assessment based on national standards and criteria. To accomplish this task, a Self-Assessment Committee comprised of Council on Aging members, staff, other Town officials, representatives from various community agencies, and interested citizens was formed. During the self-assessment process, we identified weaknesses within our current planning document and the need to develop a comprehensive strategic plan that would better meet the social and human service needs of Hingham's growing adult population as identified in the 2010 US Census.

Following the completion of the self-assessment process, the Council on Aging (the advisory body to the Department of Elder Services) decided that the first step in the development of a strategic plan was to obtain basic demographic data along with a comprehensive profile of Hingham residents 45 and older. In the spring of 2012, the Gerontology Institute at the University of Massachusetts Boston was commissioned to conduct a "Needs Assessment Study" with the findings culminated into a final report. The results will help us to identify the underserved and the unmet needs and insure that we provide the social and human services.

Where do we go from here?

The study will aid the Department of Elder Services 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, budgeting, outreach and public relations.

There were various themes identified by the survey that not only have implications for the Department of Elder Services but for other Town services as well. The increase in the aging population and demand for services in the next decade are of great concern. Providing transportation options in Hingham with its geographically widespread area will remain a top priority. There was a demonstrated commitment among respondents to remain living in Hingham for as long as possible. However, there was trepidation among respondents of all ages regarding the affordability of their homes and the ability to maintain their homes. Many Seniors and Boomers reported that they knew very little about the services provided by the Department of Elder Services. The study also indicated that participating in caregiving activities while meeting other work and family responsibilities was “very” or “somewhat” difficult for Senior and Boomer caregivers. This information provides us not only with challenges but also with opportunities on how to best plan for future programs and services as identified in this study.

At the present time the Department of Elder Services is operating with the same number of staff we had in place 15 years ago and in the same location. We have witnessed growth in programs. Participation in some Senior Center programs is limited because of physical space constraints. Our Outreach Program has grown and more individuals are seeking assistance and information about the decisions that they must make regarding medical insurance and other financial benefits. These programs and others are now more complex because of changes in operational regulations in federal and state programs. 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 the doors. Will we have the resources or 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 upon town, state and federal budgetary constraints. These fluctuations and limitations will most certainly have an impact on what we are able to do at the local level both at the Department of Elder Services and complimentary Town services.

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

On behalf of the Department of Elder Services, I would like to thank the Gerontology Institute for doing an exceptional job on the project. Thank you to the Executive Office of Elder Affairs and the Town of Hingham for their participation and financial support. Special thanks to the members of the Council on Aging Long Range Planning Committee chaired by Gretchen Condon, and to the entire Council on Aging chaired by Chrisanne Gregoire, not only for their work on this project but for their vision and understanding of the importance of the project to the planning process.

Sincerely,



Barbara Farnsworth
Director of Elder Services

Executive Summary

Introduction

The purpose of this needs assessment is to investigate the needs, interests, and opinions of mature residents of Hingham, Massachusetts, relating to their aging experiences and needs for age-related services. This assessment was undertaken by the Gerontology Institute of the McCormack Graduate School at UMass Boston on behalf of the Town of Hingham Department of Elder Services (hereinafter referred to as the Department of Elder Services). The focus of this report is on Hingham 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 conducted to obtain feedback on the survey results and generate recommendations. Key informant interviews with six Town officials and community leaders were conducted to provide expert input on the implications of the aging population for the Town as a whole, and the functioning of the Department of Elder Services. The content of this report is intended to be useful to the Department of Elder Services, other Town offices, and organizations that provide services within Hingham, advocates, and community members.

Results

Hingham includes more than 22,000 residents, many of whom are part of the large and growing Boomer and Senior populations. The 2010 Census indicates that 5,735 Hingham residents are aged 60 and over, representing 26% of the Hingham population. Another 5,139 residents (23%) are aged 45 to 59, poised to move into later life within the coming decade. Hingham has also experienced strong growth of its older population in recent decades. Between 2000 and 2010, the number of Hingham residents aged 60 and over rose from 3,700 to 5,735 (an increase of 55%), and the number of Hingham residents aged 45-59 grew from 4,575 to 5,139 (an increase of 12%). Over the next ten years, the aging of the Boomer cohort will continue to swell the size of the 60+ population in Hingham.

Data from the American Community Survey suggests that the older population represents a substantial presence within Hingham, with 46% of households including at least one person aged 60 or older. One-third of Hingham’s residents aged 65 and over live alone, and more than half of these individuals are homeowners. Although a sizable share of Hingham’s households report relatively high incomes, many Hingham 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. More than one-third of Hingham’s residents aged 75 and over report a disability.

Results from the Hingham community survey suggest that most Boomer and Senior residents have lived in Hingham for many years, although Linden Ponds and Allerton House attract some seniors from outside of Hingham, with the result that a sizable share of the oldest-old Seniors (aged 80 or more) are relatively new to the community. Across the board, Seniors and Boomers are highly committed to remaining in Hingham as they grow older. Yet some challenges to successfully aging in place are reported. Most survey respondents are actively engaged in social activities and enjoy good support from their social networks. Good health is common, with more than 60% of the Boomers and 30% of the Seniors reporting excellent health. Although most respondents in both age groups report that they are rarely depressed, approximately 5% of the respondents report feeling this way "often" or "always." Consistent with the good health shared by most of the respondents to the community survey, relatively few report needs for assistance with daily activities. A larger share reports needing help with household activities such as doing routine household chores, especially among those aged 80 and older. Among those who need support, nearly all report receiving it, and a large number of the recipients pay for these services. Many respondents report providing unpaid care or assistance to a disabled, ill, or elderly spouse, relative or friend. Providing caregiving activities while meeting other work and family responsibilities is described as very or somewhat difficult by most of the Boomers and one-third of the Seniors.

Driving and transportation concerns are key issues in Hingham. The vast majority of the community survey respondents drive, and driving themselves is the primary form of transportation used by most. Most Boomers drive themselves without modification, but a sizable share of Seniors modify their driving to some extent, by avoiding driving at night, avoiding driving in bad weather, or other adaptations to driving behavior. Nearly three-quarters of the respondents are aware that the Department of Elder Services provides transportation services, but very few report having used these services. About one-quarter of non-drivers have used Elder Services transportation over the past 6 months; half of the drivers who responded report that they would use this service if they could not drive in the future. If unable to drive in the future, most respondents indicate that they would rely on family members, friends, or neighbors, with one-third or less being willing to use The Ride, public transportation or taxi.

The Department of Elder Services offers a wide range of services and programs, many of which generate high participation levels. Usage statistics collected by the Senior Center suggest that as many as one-third of Hingham Seniors participated in Senior Center activities during FY 2012, a figure that aligns well with community survey findings, which show that 35% of Seniors report participating in Senior Center programs. Participation levels are higher among older Seniors who do not live in one of the residential communities that provide services and programs, such as Linden Ponds. Expanded service demands associated with growth of the older population may soon exceed available programming space and parking, which are already deemed inadequate by some participants in the study. Programs associated with the largest usage in FY 2012 are fitness/exercise programs, social activities, and transportation. In the community survey, respondents were asked to evaluate Senior Center programs in terms of their importance; fitness classes and recreational programs were rated most positively by Seniors and Boomers, with transportation services not far behind. Few respondents reported any difficulties accessing

Senior Center programs. However, 18% of Seniors report lack of parking as a challenge, and 8% report not knowing what is available as a problem. Segments of the older population lack familiarity with the Senior Center. Forty-four percent of the Seniors and 83% of the Boomers report that they know "very little" about Hingham Senior Center programming. However, among the Seniors most likely to use the Senior Center—those aged 70 and older who do not live in Linden Ponds or Allerton House—knowledge is good.

Looking ahead to the future, respondents voice a number of concerns as they age in place. Many respondents are concerned about the high cost of living in Hingham, and whether limited retirement funds will stretch to meet expenses. A sizable number of respondents express concern that transportation options will be unavailable or inadequate 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, transportation impediments, or 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 maintaining their homes and property.

Information from two focus groups held to review preliminary results from the demographic and survey analyses highlight conclusions drawn from the community survey. One focus group was composed of representatives from a variety of community organizations. This group described a collaborative and positive relationship between their organizations and the Department of Elder Services. Participants highlight transportation issues as key concerns for older residents, pointing out that a lack of transportation can lead to social isolation and form a barrier to obtaining needed services. Caregiving was also mentioned as an important issue by this group, and cited as an issue on which the Senior Center can exercise leadership for the community. Other issues discussed include the need for affordable housing, stigma associated with asking for and accepting help, and the importance of strong marketing of Senior Center services and programs.

The second focus group was composed of community members aged 45 and over. Members of this group commented favorably on the Senior Center's publicity efforts, and suggested that expanding into social media may be a vehicle for raising awareness among Boomers as well as many Seniors who may have insufficient awareness. This group also mentioned the challenge of providing adequate transportation options, and cited especially the need for more paid drivers through the Senior Center. Making a strong case for the value of a strong Senior Center for the community at large was recommended by this group.

Interviews were conducted with six representatives from Town offices and organizations. Each person interviewed described ways in which the older population shapes the work that they do. All interviewees acknowledged that economic challenges and transportation barriers are key issues facing Hingham's Seniors. These individuals described numerous ways in which Town offices and organizations work effectively together to support the older population. As well, they described collaborative and effective working relationships with the Department of Elder Services. According to these community leaders, Elder Services is well known and has meaningful impact within the community. They reported that the Department of Elder Services plays a valued leadership role in addressing the issues and

concerns of seniors. In all of the interviews, it was conveyed that Hingham has a strong commitment to valuing and supporting seniors in the community. Despite the unanimous commitment to seniors aging in Hingham, conversations with these informants yielded no common understanding about the best way to promote and maintain Hingham as a community that effectively supports an ever-growing Senior population. Some Town offices anticipate experiencing growing demands for services that may strain their available resources. Others suggest that new ways of delivering necessary services may need to be devised. Learning more about the evolving composition of the Senior population is an important step in this process.

Acknowledgements

The authors gratefully acknowledge the contributions of the Town of Hingham Department of Elder Services. Barbara Farnsworth, Director of Elder Services, the Council on Aging Long Range Planning Committee and the full Council on Aging provided valued leadership in defining the scope and focus of the project. Collectively they collaborated with the researchers to bring the project to a successful conclusion, helping to identify key research questions, secure funding, and determine the content of the community survey.

We thank the Hingham Department of Elder Services and the Massachusetts Executive Office of Elder Affairs for their financial support of the project.

We appreciate the contributions and insights of the many Town officials and community members who participated in interviews and focus groups. We especially thank the many residents of Hingham who completed a survey in support of our data collection.

Jan Mutchler, Caitlin Coyle, and Hayley Gravette, from the Gerontology Department & Institute, University of Massachusetts Boston, are responsible for the contents of this report.

COUNCIL ON AGING

Gretchen Condon

Edward Ford

June Freedman

Leah Godfrey

Chrisanne Gregoire, Chairman

Joan Iovino

Norma Jackson

Arthur LeMay

Dick Ponte

Beth Rouleau

Photography by Kate Richardson.

Table of Contents

I. Introduction	10
II. Background	10
III. Methodology	13
IV. Results	16
Demographic results from Census 2010	16
Social and Economic Results from the American Community Survey	21
Results from the Hingham Community Survey of Boomers and Seniors.....	26
Results from the Focus Groups	48
Results from the Key Informant Interviews.....	50
V. Summary and Recommendations	53
VI. References	54
VII. Appendices	55
Appendix A: Community Survey.....	56
Appendix B: Detailed tables from the Hingham community survey	64

Aging in Hingham: A Community Affair

I. Introduction

The purpose of this needs assessment is to investigate the needs, interests, and opinions of mature residents of Hingham, Massachusetts, relating to their aging experiences and needs for age-related services. This assessment was undertaken by the Gerontology Institute of the McCormack Graduate School at UMass Boston on behalf of the Town of Hingham Department of Elder Services (hereafter referred to as the Department of Elder Services). The Department of Elder Services is a human service department within the Town, and serves as a resource to Hingham's Senior population, facilitating the delivery of services and activities. This project:

- develops a demographic profile of the population of Hingham, 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 sample of adults aged 45+, regarding their housing, health, service use, and transportation needs;
- identifies community members' concerns relating to aging in Hingham, and their ideas for ways in which the quality of life could be improved for older individuals living in the community; and
- summarizes input from key informants, including Town officials and community leaders, about the implications of the aging population for the Town as a whole, and the functioning of Elder Services.

The content of this report is intended to be useful to the Department of Elder Services, other Town offices, organizations that provide services within Hingham, advocates, and community members.

II. Background

Hingham is a community of more than 22,000 residents on the South Shore of Massachusetts. Similar to other communities throughout the country, Hingham 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 Department of Elder Services 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 maintain 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, a community 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 Hingham’s residents aligns with efforts to identify ways in which communities may become more “livable”: features that allow seniors “to maintain their independence and quality of life as they age and retire” (Nelson and 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 residents 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 their neighborhoods. 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. In Hingham, as in many communities, the Department of Elder Services provides leadership in identifying and promoting community features and services that respond to seniors' evolving needs, including programs and services offered through its Senior Center. National research has linked participation in senior centers to health benefits, reduced social isolation, and increased life satisfaction (Pardasani and Thompson 2012).

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 Hingham. Also presented is a profile of the *characteristics and resources* of the current population of Hingham, 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, for the Department of Elder Services as well as for other Town offices and nonprofit agencies within the community.

III. Methodology

Needs assessments are common vehicles through which research efforts may contribute to 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 Hingham residents and key informants. The primary research tool used in this project is a mail survey distributed to a sample of Hingham residents aged 45 and over. Information obtained through this survey, along with publicly available information obtained through the U.S. Census Bureau, is used to generate a profile of the older population in Hingham. The goal is to help the Department of Elder Services understand the support needs of the aging population of Hingham, and identify the services offered by the Department of Elder Services that are most valued by Hingham residents. All aspects of the data collection received approval through the University of Massachusetts Boston Institutional Review Board.

Hingham demographic analysis

A demographic profile of Hingham 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 Hingham 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 2007-2011 American Community Survey, the most current data available.

Hingham resident mailed survey

Survey Development

A survey instrument, including both quantitative and open-ended questions, was developed by the research team at the Gerontology Institute, University of Massachusetts Boston, in collaboration with the Department of Elder Services. 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 Town. 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 Elder 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 Hingham were used to identify residents of Hingham aged 45 and over. A mailing list of all town residents, including name, address, and date of birth, was obtained through the Hingham Town Clerk. The names and addresses on this list were updated by the mail house service used by the Department of Elder Services (Ryan Weaver Mailing Services). From the updated list, researchers randomly selected a sample of 3,400 residents, or approximately 30% of the residents aged 45 and older on the corrected address list.

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 Barbara Farnsworth, Director of Elder Services, and was designed to make participants aware that they would receive a mailing in the coming week. In October 2012, we distributed the questionnaire accompanied by a cover letter signed by Barbara Farnsworth. 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. 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 ten Hingham Downtown Association \$50 gift cards. These gift cards were donated in part by the Hingham Downtown Association. Identification numbers were included on each questionnaire 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 October and November of 2012, a total of 749 surveys were received, resulting in an overall response rate of 22% (see **Table 1**).¹ The return rate was higher for Seniors (28%) than for Boomers (15%), and was especially high for those aged 80 and older (34%).² Only 2% of the responses were returned online.

¹ Time and budget constraints precluded issuing follow-up mailings as a means of increasing the overall response rate. Although our return rate is within acceptable limits for surveys of this type, it is lower than we had hoped for. Surveys were received in selected homes on about October 18-21. About this time, Hurricane Sandy was being tracked on its path toward the east coast; it made landfall in the New England area on October 29th. Although Sandy had limited impact on Hingham, we speculate that preparations and media surrounding the hurricane may have reduced participation to the survey.

² “Baby Boomers” refer to the cohort of individuals born following World War II. In the U.S., this cohort is typically defined as those born between 1946 and 1964. As a result, in 2012 the Baby Boom cohort was aged 48 to 66. We use the term “Boomers” in this report to refer to residents aged 45 to 59. This draws a distinction between “Boomers” and “Seniors” (defined as residents age 60 and older, consistent with language used in the Older Americans Act). As well, this approach facilitates comparison of the data presented from the community survey with data drawn from the U.S. Census Bureau, which reports data for the 45-59 population, but not for those aged 48-59.

Table 1: Hingham Community Survey Response Rates

	Total	Boomers	Seniors
Surveys mailed	3,400	1,539	1,861
Incorrect address, deceased, or moved out of Hingham	60	27	33
Surveys received (baseline)	3,340	1,512	1,828
Surveys returned	749	231	518
Response rate	22%	15%	28%

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 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 aged 45 and older; 69% were aged 60 or more and 19% were aged 80 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 53% of the Hingham residents aged 45+ are aged 60 and over and 16% are aged 80+. Respondents to the community survey are therefore more likely to be Seniors (as compared to Boomers), relative to the community at large.

Key informant interviews

One-on-one interviews were conducted with six individuals who play leadership roles in the community: the Town Administrator; a member of the Hingham Board of Selectmen; representatives of the Police Department; the Fire Chief; the Town nurse; and a representative from the Hingham Interfaith Food Pantry. These interviews focused on ways in which Hingham's aging population is affecting the community at large and other Town offices and organizations, and to provide input on the perceived effectiveness of the community in responding to elders' needs.

Focus groups

Two focus groups were held in Hingham to preview the draft results from the Hingham data analysis and to share insights. A goal of holding these focus groups was to engage in in-depth discussion on topics relating to the report, and to involve community members and Town offices in the process of designing the Recommendations section of the report. One focus group (N= 10) was composed of representatives of Town offices and nonprofit organizations. The other focus group (N= 5) was composed of community members aged

45 and older. Focus groups were held at the Hingham Senior Center in December, 2012, and were approximately 1-1/2 hours in duration.

IV. Results

Demographic results from Census 2010

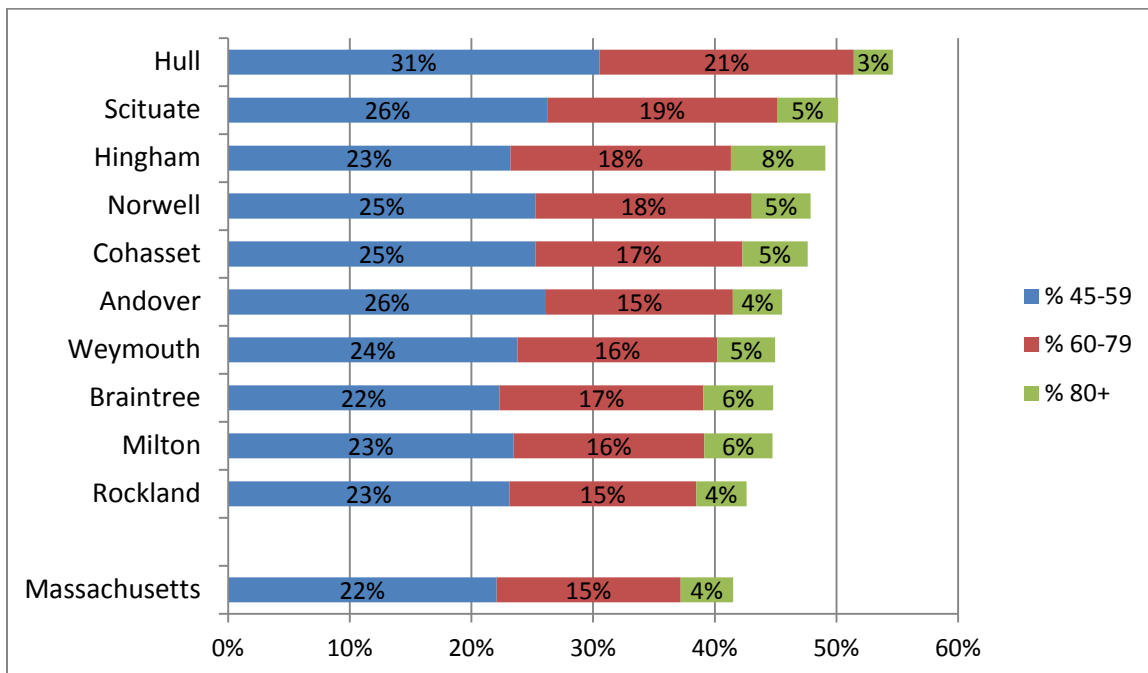
The 2010 Census enumerated 22,157 residents of the town of Hingham. Among these residents are large and growing Boomer and Senior populations. According to the 2010 Census, 4,020 Hingham residents are aged 60-79 (18% of the Hingham population) and 1,715 are aged 80 and older (8%; see **Table 2**). Another 5,139 residents (23%) are aged 45 to 59, poised to move into later life within the coming decade (U.S. Census Bureau, 2010). Compared to the Commonwealth of Massachusetts overall, a larger share of Hingham's population is aged 45 or older (see **Figure 1**). Forty-two percent of the Massachusetts population is aged 45 or older, compared to 49% of Hingham's population. In comparison to surrounding communities, Hingham has a similar or slightly higher percentage of its population aged 45+. Cohasset, Norwell, and Scituate all have between 48% and 50% of their populations in this age range. Rockland, Milton, Braintree, Weymouth, and Andover all have somewhat smaller shares (43-46%), and Hull has 55% of its population aged 45 and older. With respect to all of these communities, the share of Hingham's population that is 60+, and especially the share aged 80 and older, is considerably higher. Twenty-six percent of Hingham's population was aged 60 and older in 2010, compared to just 19% of the population of Massachusetts, and 8% was aged 80 or older, compared to just 4% in Massachusetts.

Table 2: Percentage distribution of Hingham population by age group, 2010 Census

Age group	Number	Percentage
Under age 18	6,032	27%
Age 18-44	5,251	24%
Age 45-59	5,139	23%
Age 60-79	4,020	18%
Age 80 and older	1,715	8%
TOTAL	22,157	100%

Source: U.S. Census 2010, Table DP-1, American FactFinder. www.census.gov

Figure 1: Age distribution in Hingham and comparison areas, 2010



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

Hingham has experienced strong growth of its older population in recent decades. Between 2000 and 2010, the number of Hingham residents aged 60 and over increased from 3,700 to 5,735 (an increase of 55%; see **Table 3**). The corresponding level of growth for Massachusetts was 16%. In contrast, the number of Hingham residents aged 45-59 rose

Table 3. Population Growth between 2000 and 2010

Community	All ages			Boomers, aged 45-59			Seniors, aged 60+		
	Population 2010	Population 2000	Percentage growth	Population 2010	Population 2000	Percentage growth	Population 2010	Population 2000	Percentage growth
State of Massachusetts	6,547,629	6,349,097	3%	1,445,257	1,183,355	22%	1,273,271	1,096,567	16%
Hingham	22,157	19,882	11%	5,139	4,575	12%	5,735	3,700	55%
Norwell	10,506	9,765	8%	2,656	2,399	11%	2,374	1,651	44%
Hull	10,293	11,050	-7%	3,142	2,623	20%	2,481	1,834	35%
Andover	33,201	31,247	6%	8,675	7,149	21%	6,477	5,045	28%
Scituate	18,133	17,863	2%	4,758	3,921	21%	4,334	3,597	20%
Cohasset	7,542	7,261	4%	1,905	1,638	16%	1,688	1,411	20%
Rockland	17,489	17,670	-1%	4,045	3,172	28%	3,408	2,958	15%
Milton	27,003	26,062	4%	6,338	5,377	18%	5,743	5,144	12%
Weymouth	53,743	53,988	-<1%	12,781	10,447	22%	11,386	10,508	8%
Braintree	35,744	33,828	6%	7,972	6,498	23%	8,044	7,751	4%

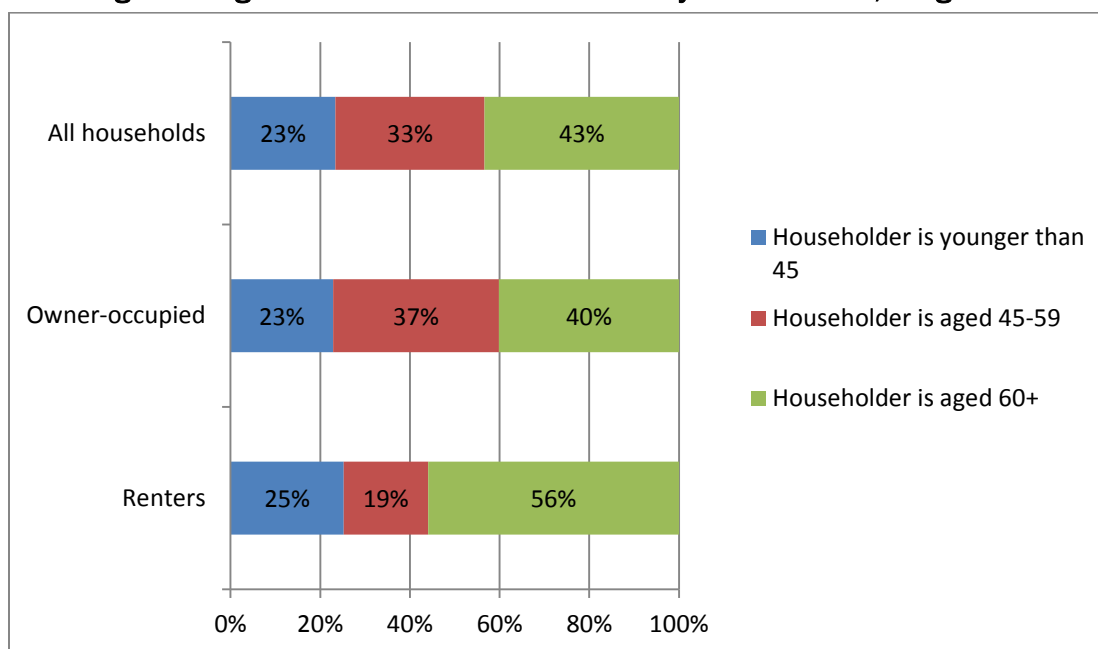
Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; and 2000 Census, Summary File 1, Table QT-P1.

from 4,575 to 5,139 (an increase of 12%), a considerably lower rate than the 22% increase for Massachusetts. Using surrounding communities as a comparison, it is evident that the percentage growth for the population aged 60 and over was substantially greater in Hingham than in all of the comparison communities listed in Table 3. Some, but not all, of this growth was no doubt a result of the buildup of Linden Ponds, which opened in 2004 and includes approximately 1,200 seniors. Over the next ten years, the aging of the Boomer cohort will continue to swell the size of the 60+ population in Hingham and throughout the Commonwealth.

Results from the 2010 Census highlight the racial homogeneity of Hingham relative to the state as a whole. For all ages combined, 95% of Hingham residents report their race as White, and do not report Hispanic ethnicity. In comparison, 76% of the Commonwealth residents report non-Hispanic and White backgrounds (see DP-1, U.S. Census 2010). In Hingham as well as in Massachusetts, the majority of seniors are women (59% in Hingham and 57% in Massachusetts). This is largely due to the greater longevity of women than of men.

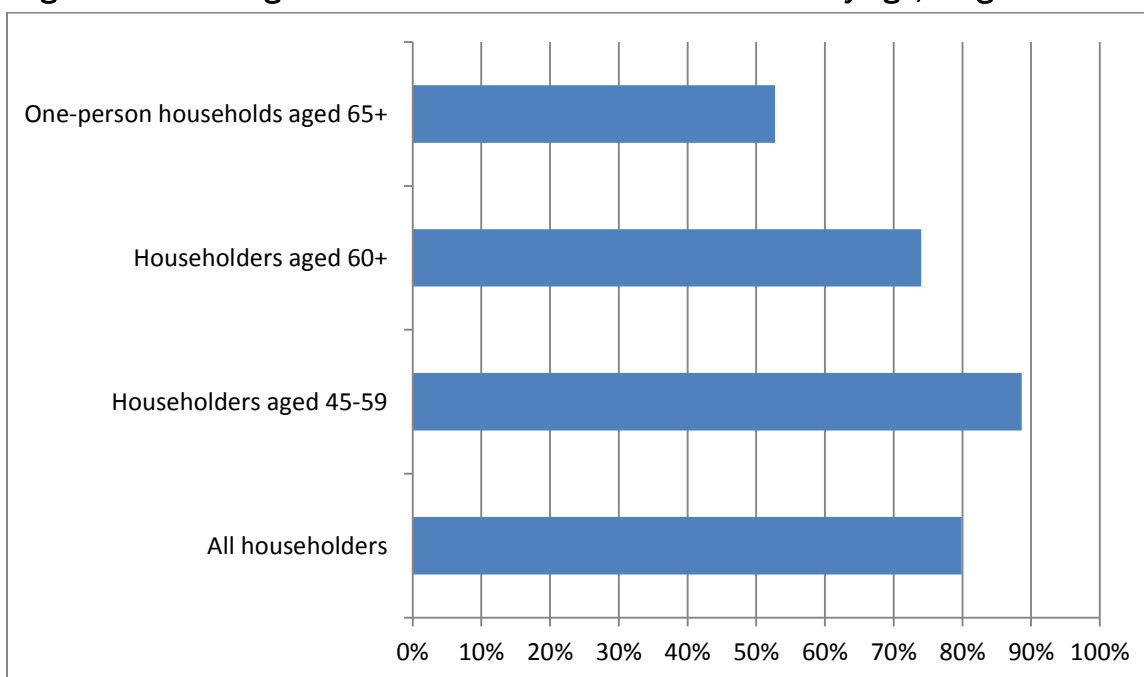
The senior population represents a substantial presence in Hingham, with 46% of its nearly 8,500 households including at least one person aged 60 and over (ACS, 2007-2011). Among all households in Hingham, 77% are owned or rented by a resident who is aged 45 or over (see **Figure 2**). Rental units are slightly more commonly headed by someone under age 45, but within owner-occupied housing 37% of the householders are aged 45-59, and 40% are aged 60 and over. (A “householder” is the person reported as the head of household, 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 Hingham. Homeownership is very common among Hingham residents, with 80% of all households living in homes that they own or are purchasing (see **Figure 3**). Nearly 9 out of 10 householders aged 45-59 own a home, as do 74% of the householders aged 60 and over. Homeownership is commonly reported even among seniors living alone. More than half of residents aged 65 and over and who live alone own their homes. Many of these individuals—the 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.

Figure 2: Age distribution of householders by owner status, Hingham 2010



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

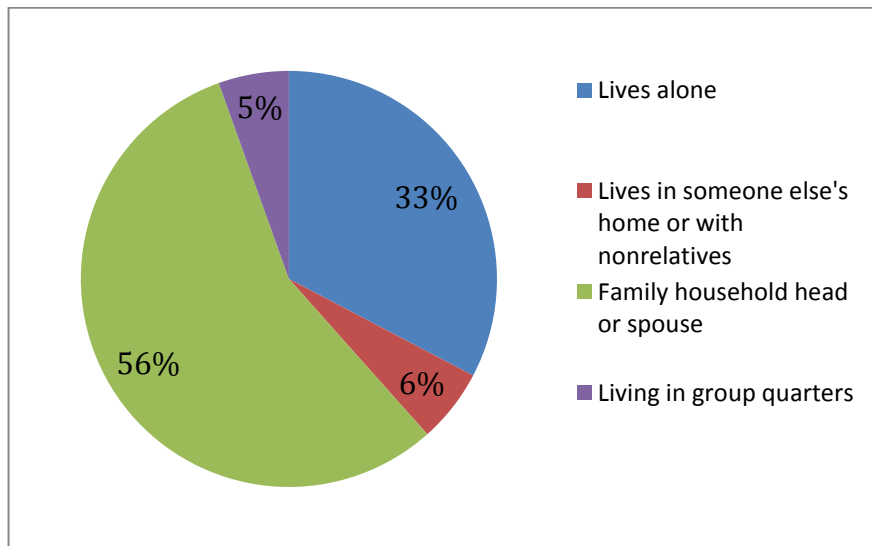
Figure 3: Percentage of householders who are homeowners by age, Hingham 2010



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

Although 33% of Hingham residents aged 65 and over³ live alone (see **Figure 4**), more than half live with a spouse and/or with others in their own homes. Only 6% live in someone else's home—most typically the home of a grown child and his or her family—and a similar share (about 5%) live in group quarters such as nursing homes.

Figure 4: Living arrangements of Hingham residents aged 65+, 2010



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

Social and Economic Results from the American Community Survey

Data from the American Community Survey (ACS) may be used to further describe the older population of Hingham.⁴ Data presented in **Figure 5** illustrate the comparative economic disadvantage experienced by many seniors in Hingham. Median household income ranges well 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 \$51,000. Seniors living alone have lower median incomes yet, at \$38,750 for men and \$33,125 for women living alone. The economic profile of Seniors, relative to Boomers, is further illustrated in **Figure 6**, which shows that one-fifth of senior households report under \$25,000 in annual income, compared with just 4% of Boomer households. While a segment of the Senior population is quite affluent—21% report incomes of \$100,000 or greater—this income level is reported by more than half of the Boomer households. Hingham's reputation as a well-educated community is reflected in the Senior population, 43% of whom has earned a bachelor's, graduate, or professional degree.⁵ More than one-third of seniors aged 65-74, and 10% of those aged 75 or more, are in the labor

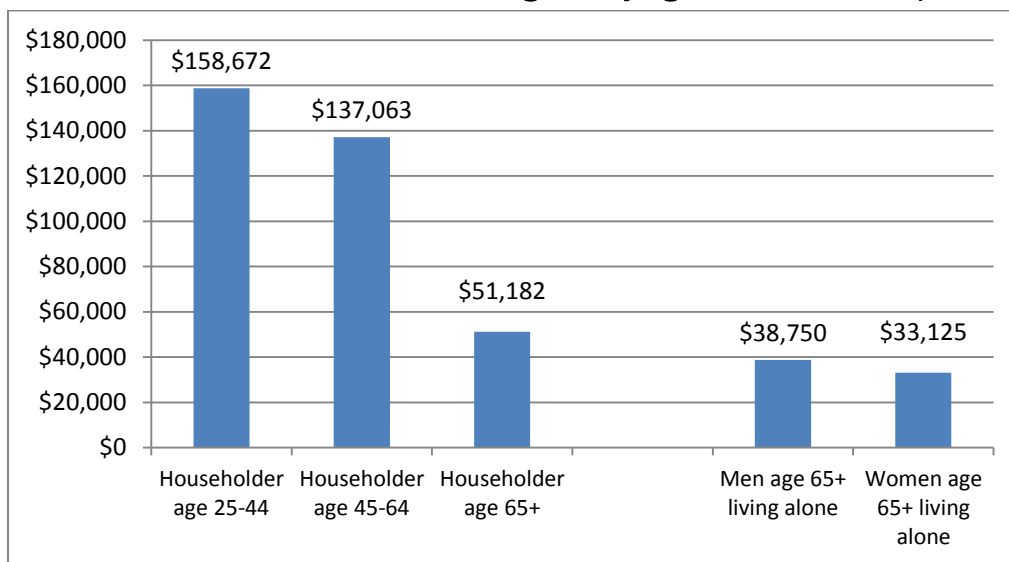
³ Most data on the senior population that is available for Hingham from the Census Bureau uses age 65 as the reference point rather than age 60, as is used in the remaining sections of this report.

⁴ For smaller communities such as Hingham, data from the American Community Survey are available only through multi-year files. Most of the data presented here are drawn from the 2007-2011 American Community Survey five-year file, which is the most recent available. Data on disability are obtained from the 2009-2011 ACS three-year file, which is the most recent source for disability data.

⁵ 2007-2011 American Community Survey, Table B15001.

force.⁶ More than 6 out of 10 among Hingham's men aged 65 and older are veterans (63%)⁷; many of these men, and their wives, may be entitled to some benefits or programs as a result of their service.

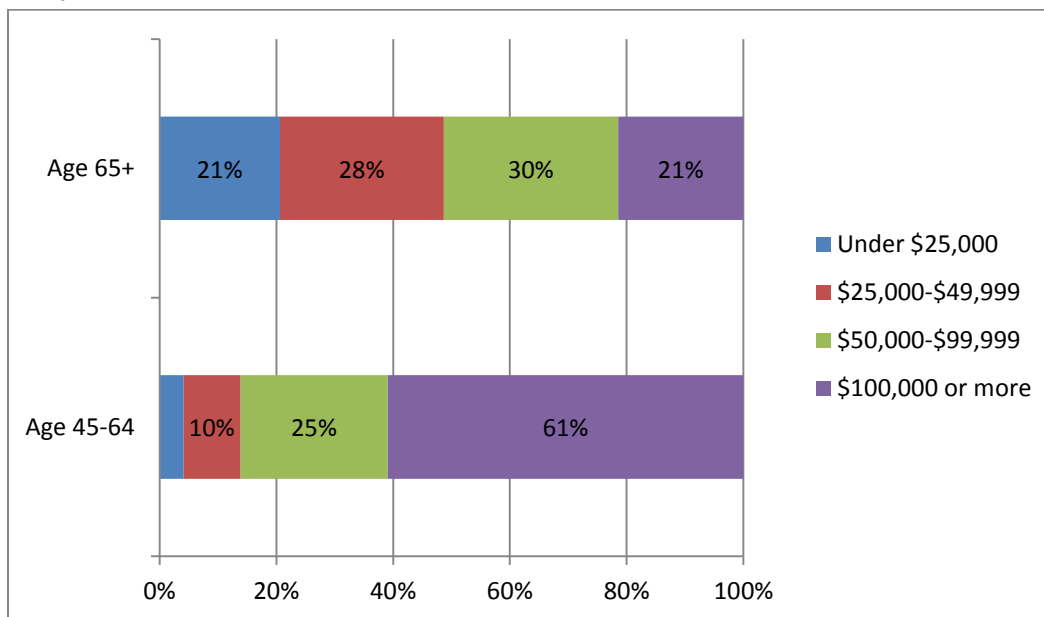
Figure 5: Median household income in Hingham by age of householder (in 2011 dollars)



Source: U.S. Census Bureau. 2007-2011 American Community Survey, Tables B19049 and B19215.

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

Figure 6: Household income distribution in Hingham by age of householder (in 2011 dollars)



Source: U.S. Census Bureau. 2007-2011 American Community Survey, Table B19037.

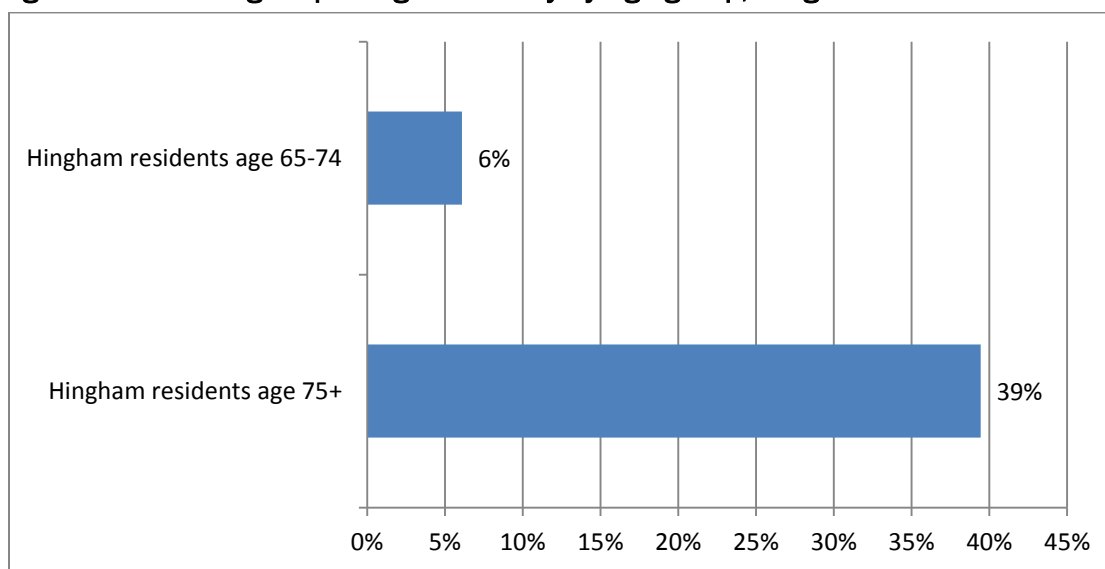
Note: Includes only community households, not group quarters such as nursing homes.

⁶ 2007-2011 American Community Survey, Table B23004.

⁷ 2007-2011 American Community Survey, Table B21001.

Many Seniors experience some level of disability that 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.⁸ **Figure 7** highlights the frequency with which seniors report some level of disability, and reveals that this varies substantially by age group. Six percent of the Hingham residents aged 65-74 report at least one type of disability in the ACS, as do more than one-third of the residents aged 75 and over. Among the types of disability assessed, the most commonly named were ambulatory limitations (difficulty walking or climbing stairs) mentioned by 12% of those aged 65 and over, and independent living limitations (difficulty doing errands alone such as visiting a doctor's office or shopping), also reported by 11%. These rates of disability are lower than those suggested by the ACS for Massachusetts as a whole (22% for those 65-74 and 47% for those 75+).

Figure 7: Percentage reporting a disability by age group, Hingham



Source: U.S. Census Bureau. 2009-2011 American Community Survey, Table B18108.

About Hingham Department of Elder Services

The Department of Elder Services offers a wide range of services and programs intended to meet the many different needs and interests of Hingham's older population. The Senior Center serves as the focal point for the delivery of services and programs. All programs and services are open to any Hingham resident 60 and older and where space permits, seniors from other communities are welcome to participate. Programs offered through Hingham Department of Elder Services include the following⁹:

⁸ The questions asked in the American Community Survey are as follows: a. "Is this person deaf or does he/she have serious difficulty hearing? Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?" b. "Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Does this person have serious difficulty walking or climbing stairs? Does this person have difficulty dressing or bathing?" c. "Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?"

⁹ Content of this section is drawn from a document provided by Hingham Department of Elder Services.

Health and Wellness: These programs consist of regularly scheduled fitness classes, health clinics, and a variety of health education programs scheduled throughout the year. Support groups for individuals living with a variety of health conditions and for caregivers of Alzheimer's and related dementias are also held.

Transportation: Door-to-door transportation to medical appointments, shopping, necessary errands, hair appointments, social outings, and to the Senior Center, is available on a pre-arranged schedule Mondays through Fridays.

Financial Assistance/Benefits Programs/Professional Services: Income tax preparation, help with completing fuel assistance applications, financial assistance with utility bills and items of necessity for those who are in need but do not meet the guidelines for other assistance programs, Property Tax Work-Off Program, and educational programs on financial topics are offered through the Senior Center.

Nutrition/Meals Programs: Twice a week a Title III-C lunch is held at the Senior Center; home delivered meals are available 5 days a week based on eligibility. Monthly community lunches provided by churches and organizations in Hingham, and a monthly Men's Breakfast are also held at the Senior Center.

Outreach Program: Information and referral, assessment of needs, assistance with completing benefit application forms, and advocacy are provided through the Outreach Program.

In-Home Support Services: Minor home repairs are provided to assist seniors with remaining in their own homes.

S.H.I.N.E. (Serving Health Information Needs of Elders): This program assists seniors with questions and problems that they may have with their medical bills, changes in health care coverage, and general educational programs about health plan options.

Recreational and Cultural Programs: A variety of programs are offered on a weekly, monthly, or on an as scheduled basis including a current events discussion group (World Affairs), quilting, knitting, oriental rug making, drawing classes, opera group, various board and card games, O.P.A.L.S. Singing Group, and cultural trips.

Community Education Programs: Various community education programs are scheduled throughout the year including a Lifelong Learning Program and Wisdom Works, a job search skills training program.

Volunteer Opportunities: Opportunities are provided to individuals in the community to utilize their talents, skills, and knowledge through the Senior Center's Volunteer Program. Volunteer opportunities include teaching classes, driving the vans for non-medical transportation, staffing the Senior Center, serving as Council on Aging members, coordinating the monthly mailing of the newsletter, and staffing the nutrition program.

Participation in Elder Services programs has remained at high levels for the most recent three-year period. **Table 4** displays usage statistics, provided by the Department of Elder Services. The number of seniors who have participated in Elder Services programs has been stable at 1,800-

1,900 individuals each year for FY2010 through FY2012. The number of service units (discrete activities) that these individuals participated in varied between 21,000 (in FY2011) and 25,619 (in FY2012). The calculations displayed at the bottom of Table 4 indicate a ratio of service units to senior participants between 12.0 and 13.5 for the three years shown. Taking a ratio of unduplicated participants to the estimated Town population aged 60+ suggests that roughly one-third of the Senior population of Hingham participated in Elder Services programs during each of these three years.

Additional statistics provided by Elder Services indicate that about 70% of the Senior Center participants are women. According to the 2010 Census, 59% of the population aged 60 and older in Hingham is female, suggesting that women are disproportionately represented among Senior Center participants. Elder Services data also suggest that approximately 46% of Senior Center participants are over the age of 75. The 2010 Census shows that 43% of the Senior population in Hingham is aged 75 and older, suggesting that residents under and over age 75 are participating in the Senior Center at levels consistent with their numbers in the community.

Table 4: Usage statistics, Town of Hingham Elder Services, 2010-2012

	FY2010	FY2011	FY2012	Change, 2010-2012
Unduplicated seniors participating	1,828	1,780	1,892	+3.5%
Units of service	23,475	21,335	25,619	+9.1%
Town population aged 60+	5,297*	5,735**	5,735**	+8.3%
Ratio of service units to unduplicated seniors participating	12.8	12.0	13.5	
Estimated percentage of population aged 60+ participating	34.5%	31.0%	33.0%	

Source: Hingham Department of Elder Services.

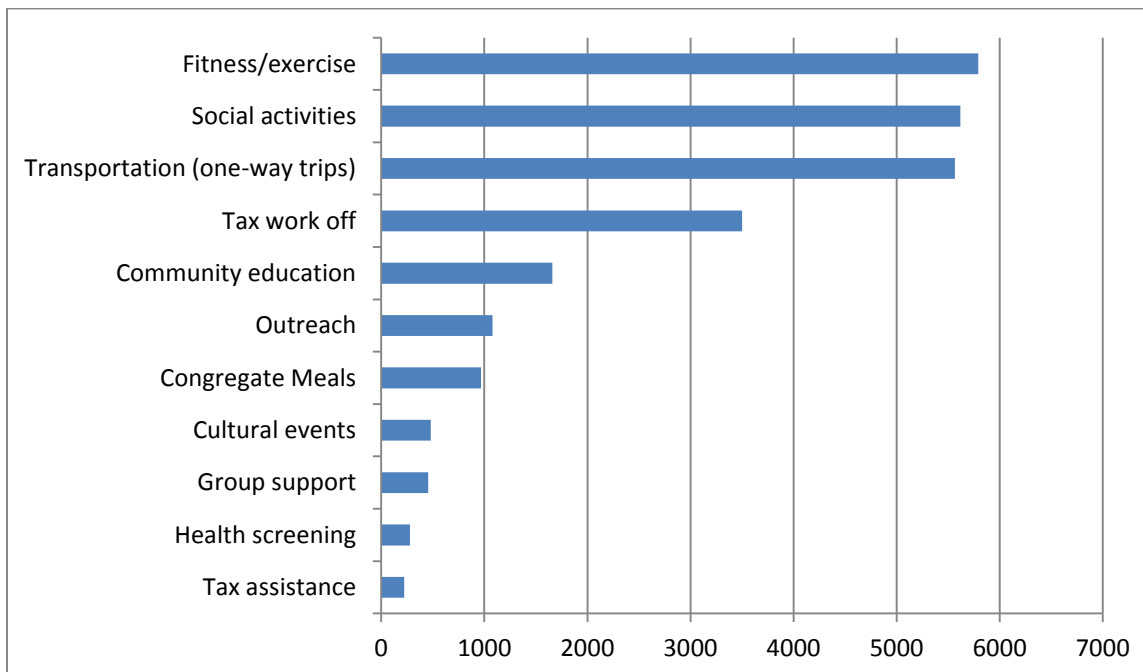
*Based on Town census

**Based on 2010 U.S. Census

Figure 8 shows units of service by program for the most recent year with complete data available, FY2012. The programs with the highest volume of participation are fitness and exercise

programs, social activities, and transportation. The tax work-off program also reflects a high level of participation. Participation levels are lower for the other program groups.

Figure 8: Units of service by program, Town of Hingham Elder Services, FY 2012



Source: Hingham Department of Elder Services

Results from the Hingham Community Survey of Boomers and Seniors

The community survey conducted in Fall 2012 gathered unique information not available through existing data sources. As noted above, samples were drawn from the pool of Hingham residents aged 45-59 (the Boomers) as well as from Hingham residents aged 60 and over (the Seniors). Consistent with the demographic characteristics of Hingham as a whole, very few of the respondents to the community survey were non-White or Hispanic.¹⁰ All respondents were aged 45 and over, and a majority (66%) was female.¹¹

Commitment to Hingham

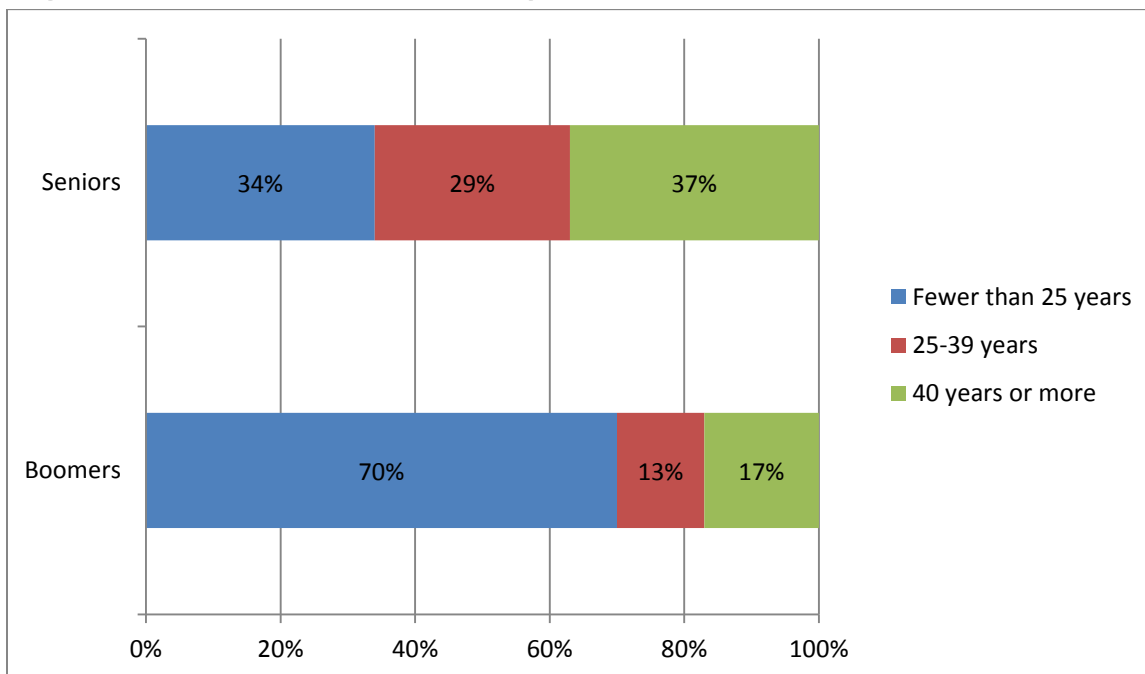
Boomer and Senior residents alike are highly committed to remaining in Hingham as they grow older. As shown in **Figure 9**, 30% of Boomers have lived in Hingham for 25 years or more, as have two-thirds of Seniors. Detailed inspection of the data for respondents aged 80 and older show that two segments of roughly equal size are included—those aged 80+ who do not live in Linden Ponds or Allerton House, 68% of whom have resided in Hingham for 40 years or more, and those 80+ who do live in one of these communities, 87% of whom have lived in Hingham for fewer than 10 years (see **Table 5**). When asked how important it is for them to remain living in Hingham "as long as possible," a sizable majority report feeling that it is "extremely" or "very" important to do so (67% of Boomers and 82% of Seniors, including 95% of those age 80+; see **Figure 10**). This high

¹⁰ For detailed tables summarizing the results of the Hingham community survey, see Appendix B.

¹¹ Respondents to the community survey are somewhat more likely to be female than would be expected based on the gender distribution in Hingham. In the community survey, 66% of the respondents are women; in the 2010 Census of Population, 56% of the population aged 45 and over is female.

level of commitment to aging in place provides a backdrop against which the characteristics, activities, and challenges of residents may be interpreted.

Figure 9: Duration of residence in Hingham, Boomers and Seniors



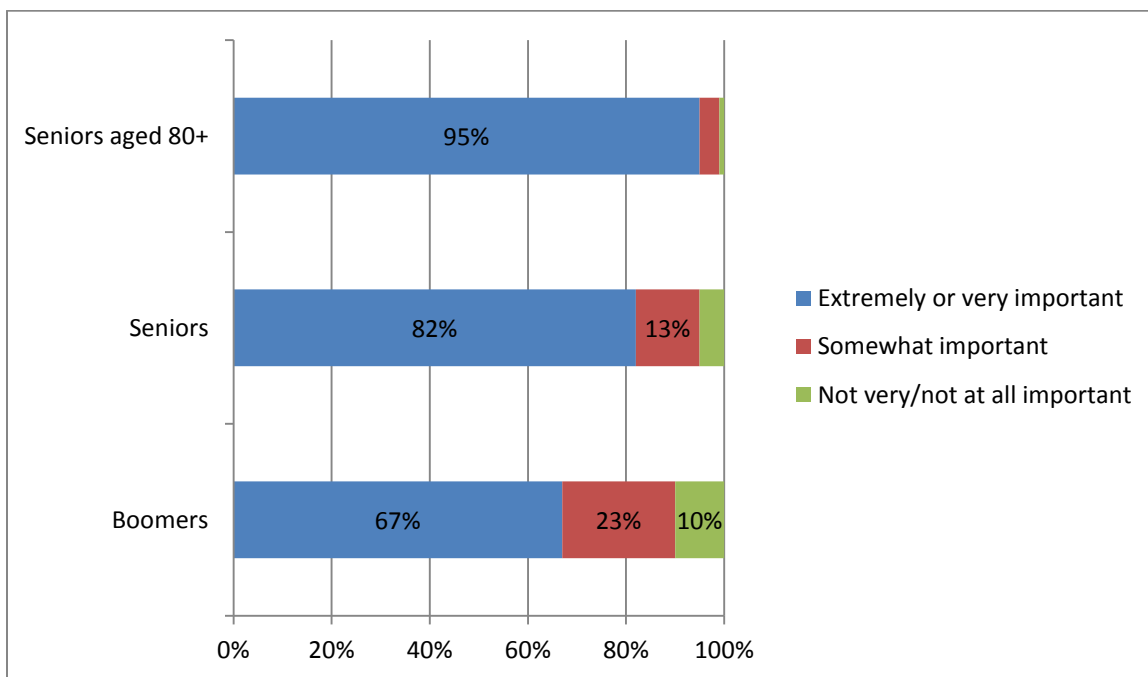
Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Table 5: Detailed duration of residence in Hingham, seniors aged 80 and older

Years of residence in Hingham	Age 80+, not living in Linden Ponds or Allerton House	Age 80+, living in Linden Ponds or Allerton House
Fewer than 5 years	0%	36%
5-9 years	4%	51%
10-14 years	5%	0%
15-24 years	13%	2%
25-39 years	10%	3%
40 years or more	68%	8%
TOTAL	100%	100%

Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Figure 10: Importance of remaining in Hingham for as long as possible, by age group



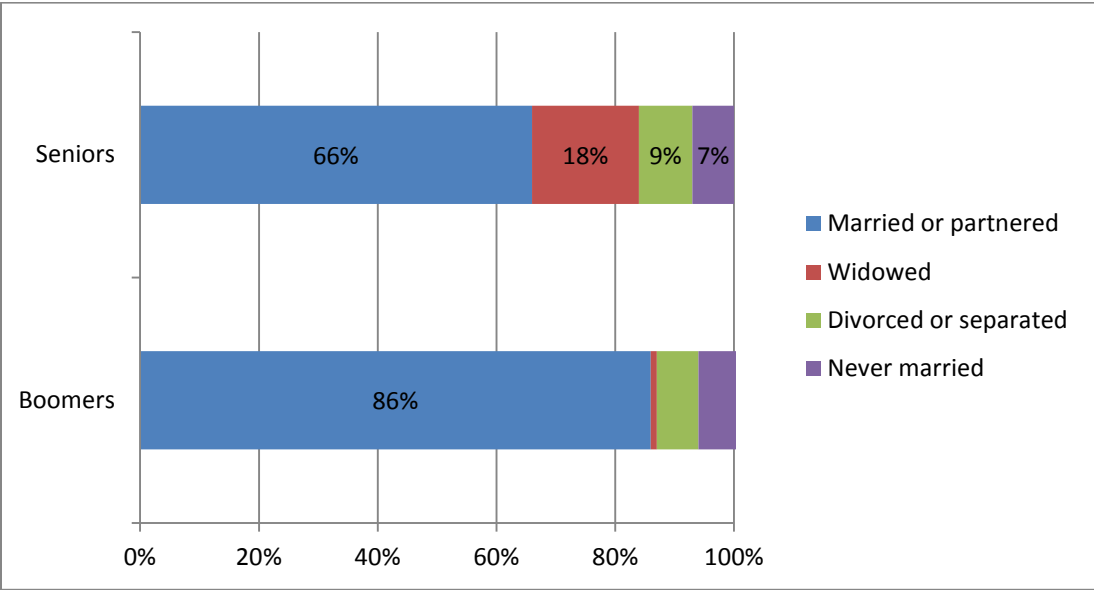
Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Social Support

As discussed above, social support is important to the health and well-being 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 Hingham residents are actively 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**, more than 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 8%—live alone, while the rest live in households that include a spouse, children, and/or other relatives (**Figure 12**). Living alone is far more common among Seniors, with nearly 30% living in one-person households.¹² The most common living situation for Seniors in Hingham is living in a household including a spouse but no other residents, reported by 58% of Seniors.

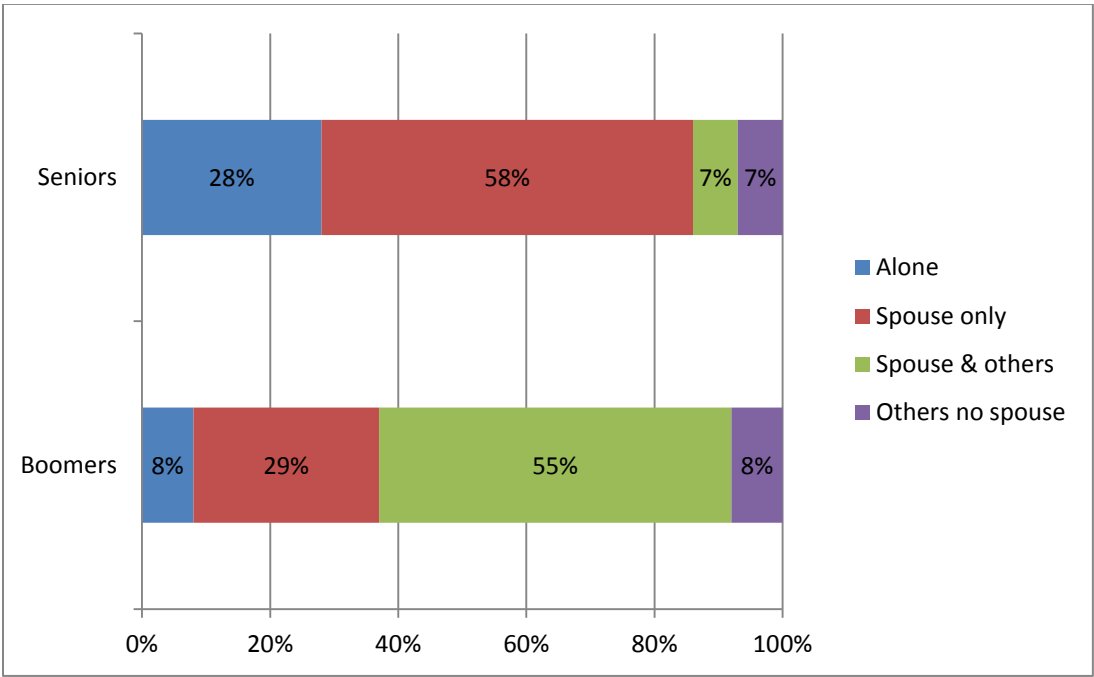
¹² This statistic from the Hingham community survey refers to those who responded to the survey and were aged 60 and over. Data from the American Community Survey, cited earlier, suggests that a somewhat larger share (33%) of those aged 65 and older lives alone. The difference between these two statistics 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.

Figure 11: Marital status among Hingham Boomers and Seniors



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Figure 12: Living arrangements among Boomers & Seniors in Hingham

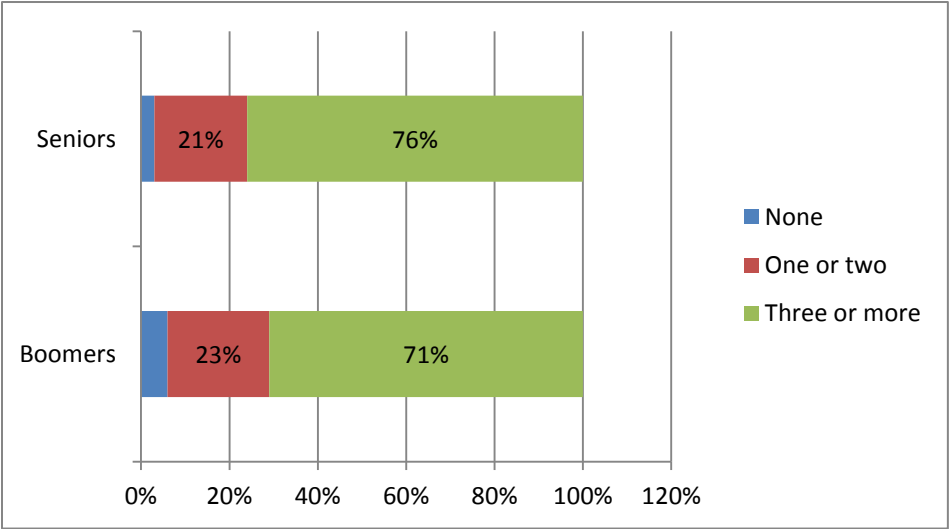


Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Other indicators of social support and engagement provide an equally positive view. About three-quarters of both Boomers (71%) and Seniors (76%) report having at least three friends or relatives on whom they could call for assistance, but 6% of Boomers and 3% of Seniors report that they have no such social supports (see **Figure 13**). More than half of Seniors report talking on the

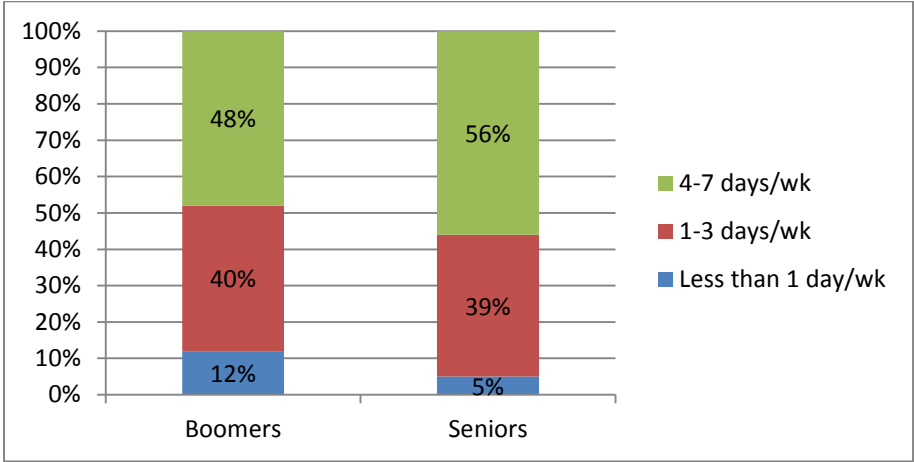
phone, emailing, or getting together with friends or relatives four or more days per week (**Figure 14**), with 5% reporting participating in these social activities less than 1 day per week. Boomers are somewhat less likely to report high levels of communication and visiting with friends and relatives (12% of Boomers talk on the phone or get together with friends or relatives less than 1 day per week, and 48% 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.

Figure 13: Number of friends or relatives one could call for assistance, by age cohort



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Figure 14: Social activity, by age cohort
(Frequency of talking on the phone, emailing, or getting together with friends or relatives)

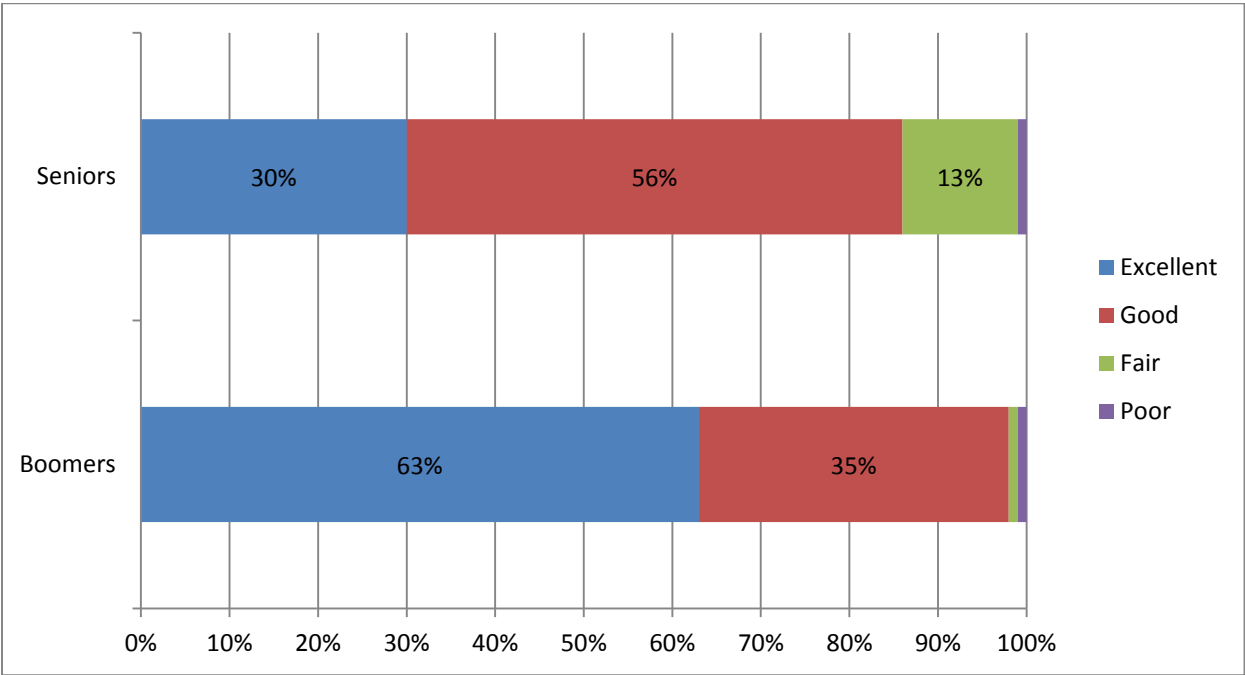


Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Health and Medical Status

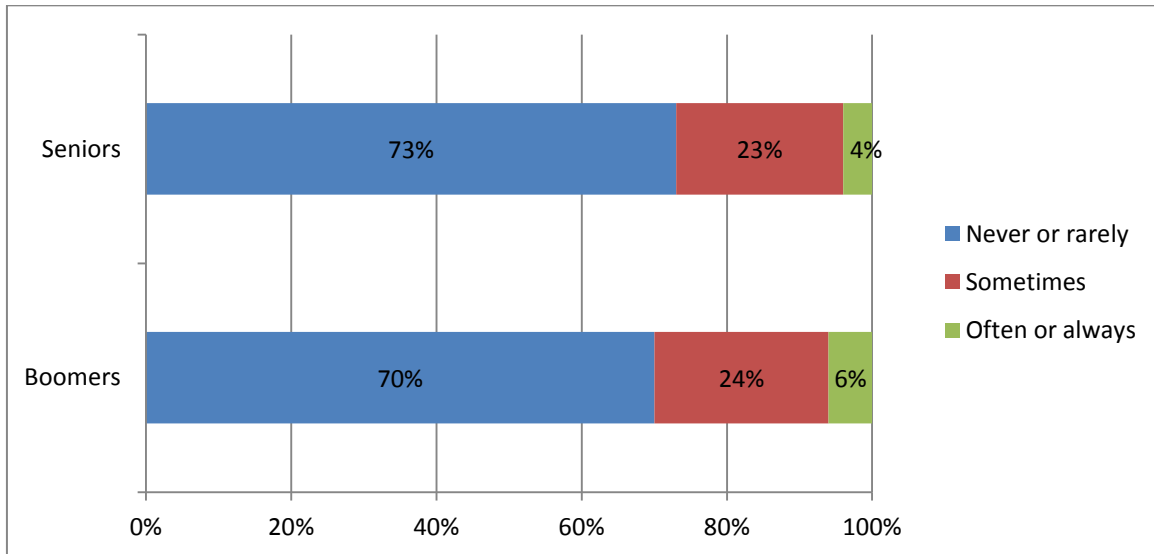
More than half of Hingham’s Boomers enjoy excellent health, as do nearly one-third of the Seniors (see **Figure 15**). When asked to rate their overall health on a four-point scale, ranging from poor to excellent, 63% of the Boomers and 30% of the Seniors report "excellent" and an additional 35% of Boomers and 56% of Seniors respond "good." Although just 2% of Boomers report their health as "fair" or "poor," a larger share (14%) 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. Among those aged 80 and older, 18% report their health as fair or poor (see Appendix B). With respect to feeling "sad, depressed, or 'down in the dumps'," Boomers and Seniors are quite similar (see **Figure 16**). Seventy percent of Boomers and 73% of Seniors report that they "never" or "rarely" feel depressed, while 4-6% of each group report feeling this way "often" or "always."

Figure 15: Self-rated health status, by age cohort



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

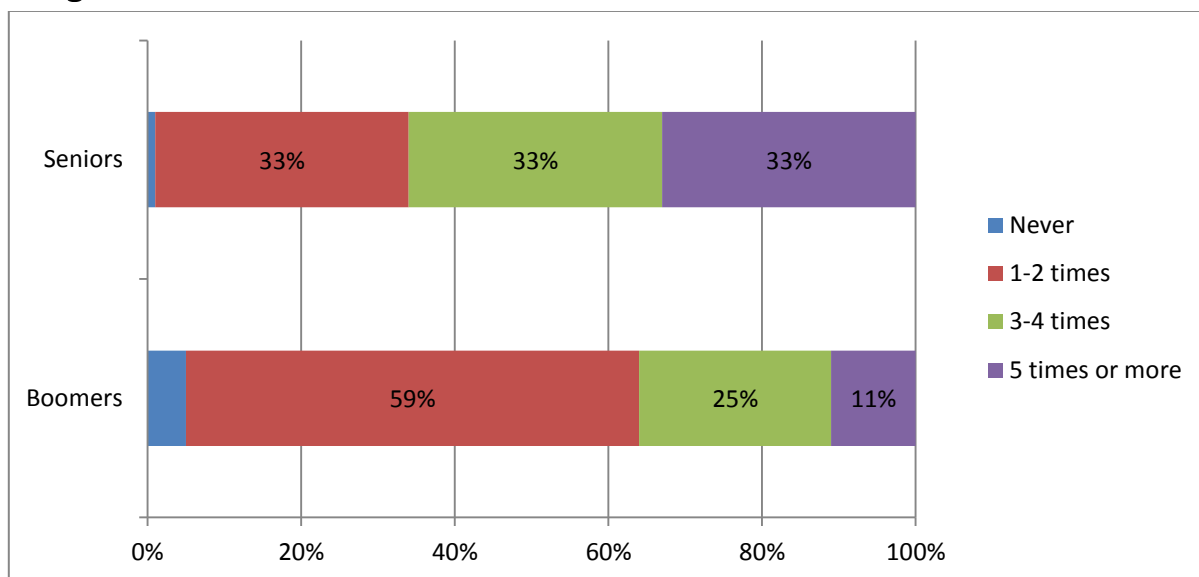
Figure 16: Percentage reporting feeling sad or depressed in the past month



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

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 (96% of each group 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 5% of Boomers and 1% of Seniors report no medical visits during the previous year; 11% of Boomers and one-third of the Seniors report five or more visits (see **Figure 17**).

Figure 17: Medical visits in the last 12 months



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Giving and Receiving Care

Consistent with the good health shared by most respondents to the community survey, relatively few report needs for care. Three questions were asked about needs for help, focusing on needs

for assistance with household activities such as cleaning or yard work, with daily activities such as taking medications, or with personal activities such as bathing. Only 8% of the Boomers report needing help with any of these activity clusters. A larger share of the Seniors—31%—report needing help with one or more of these activities¹³ (see **Table 6**). The most commonly reported need for assistance is with household activities. Among those who need support, most report receiving it (less than 1% report not receiving needed help). For those receiving help, relatively few rely on unpaid help only. Most Boomer and Senior recipients of assistance use paid help only (50% or more), or a combination of paid and unpaid help.

Table 6: Receiving assistance* at home, by age cohort

Help received	Boomers	Seniors	Seniors aged 80+
No help needed	92%	69%	51%
Need help only for household activities	7%	27%	39%
Need help for daily or personal activities	1%	4%	10%
TOTAL	100%	100%	100%

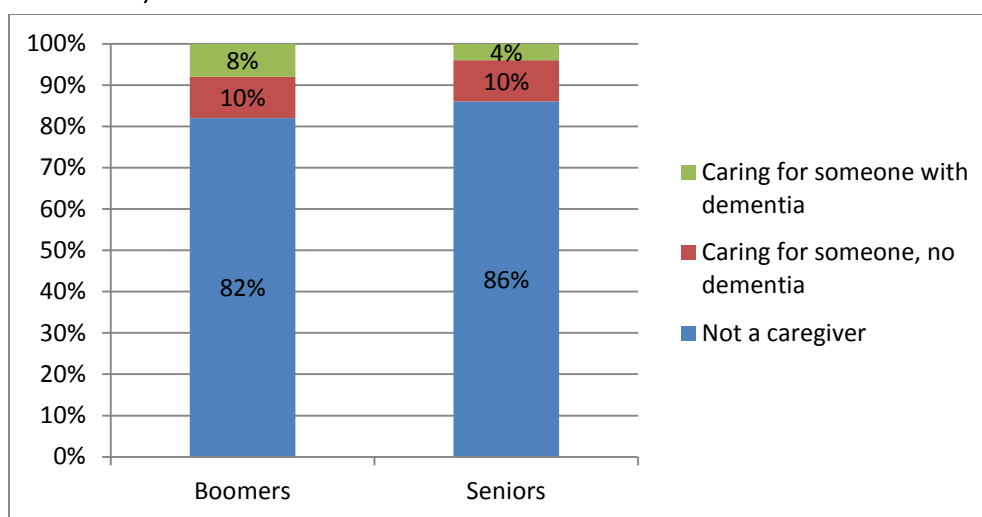
*Assistance with household activities (eg, cleaning or yard work); daily activities (eg, using the phone or taking medication); or personal activities (eg, bathing).

Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Providing unpaid care or assistance to a disabled, ill, or elderly spouse, relative or friend is reported by 18% of the Boomers and 14% of the Seniors (**Figure 18**). Eight percent of Boomers and 4% of Seniors provide care for someone with dementia (reflecting 44% of the Boomer caregivers, and 29% of the Senior caregivers). Participating in caregiving activities while meeting other work and family responsibilities is described as "very" or "somewhat" difficult by 37% of the Senior caregivers, and 68% of the Boomer caregivers (see **Figure 19**).

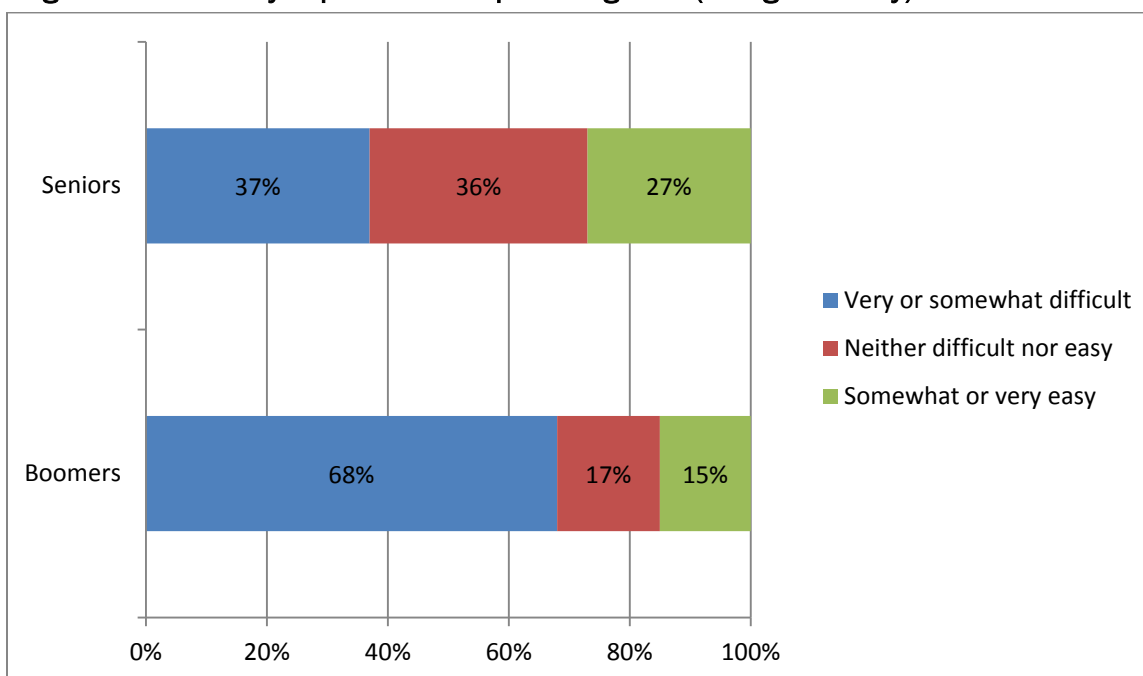
¹³ The rate of persons needing help for daily or personal activities compares favorably to the American Community Survey results for Hingham seniors aged 65+, which indicate that 4% of those 65 and over have difficulty dressing, bathing, or getting around inside the home.

Figure 18: Providing unpaid care to a disabled, ill, or elderly spouse, relative, or friend



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Figure 19: Difficulty experienced in providing care (caregivers only)



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

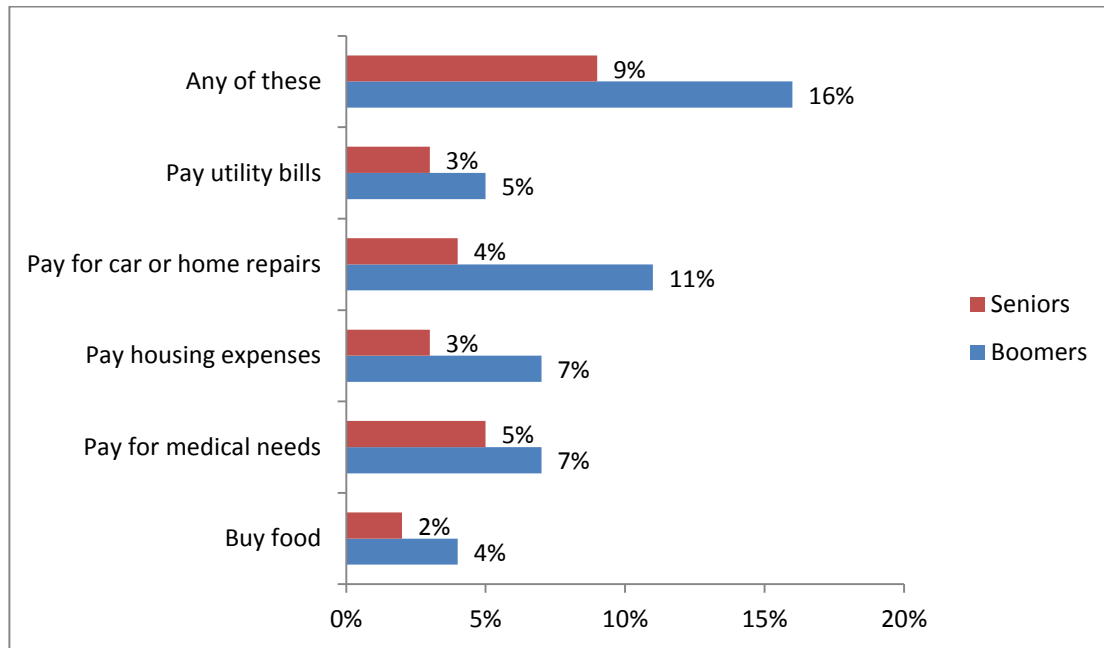
Economic Security and Planning Ahead

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 (see Appendix B). Yet experiencing economic shortfalls in the previous year is not uncommon among either cohort. Sixteen percent of the Boomers and 9% 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 20**). These figures reflect the economic diversity within the Hingham population, and suggest that some Boomers in particular may be struggling to make ends meet in the current economic environment.

Figure 20: Economic shortfalls experienced in the past 12 months

("Were there any times in the past 12 months when you did not have enough money to...?")

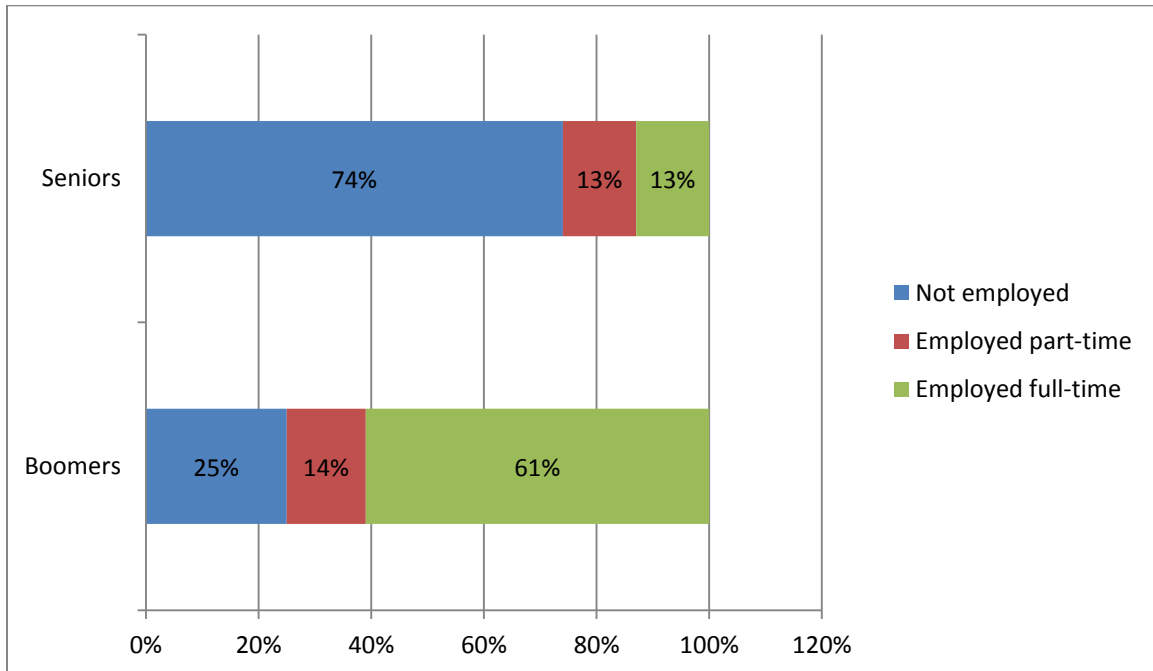


Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Many Hingham residents, including many Seniors, are actively engaged in the paid workforce. As shown in **Figure 21**, more than 60% of those aged 45-59 are working full time, and another 14% are working part time (that is, fewer than 30 hours per week). Twenty-six percent of the sample aged 60 and over works, 13% on a full-time basis. Additional responses suggest that only 6% of Boomers but more than two-thirds of Seniors report that they are retired.¹⁴ A series of questions about plans for retirement, 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 46% of them planning to work a decade or more. In contrast, half of those aged 60-79 and over plan to retire within 5 years. (Respondents aged 80 and older are excluded from these tabulations. Only five individuals aged 80 or more are not retired.) More than 20% of each age group are not sure when or if they will retire, 29% of those aged 45-59 and 22% of those aged 60-79 responding that they are "not sure" when they will retire, or that they do not anticipate ever retiring (**Figure 22**).

¹⁴ Many individuals who work for pay nonetheless consider themselves retired, especially if they are working in a part-time position, or are receiving Social Security or pension income.

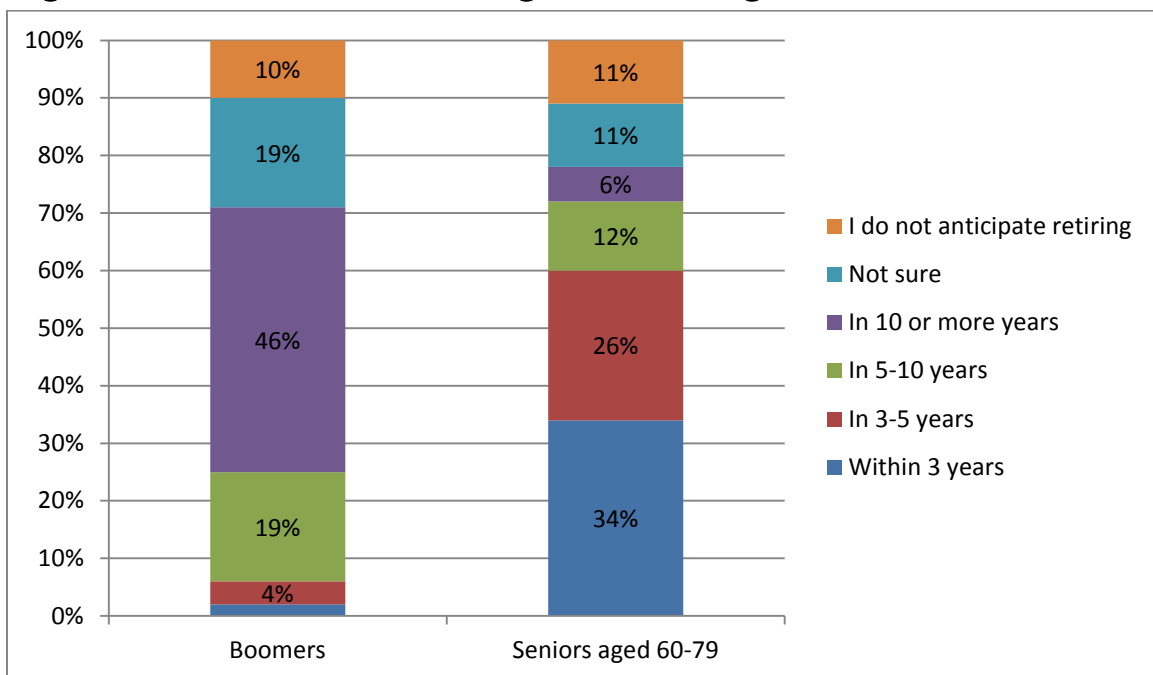
Figure 21: Work status by age cohort



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Note: Part-time employment is indicated by working less than 30 hours per week.

Figure 22: Plans for retirement among non-retired Hingham residents



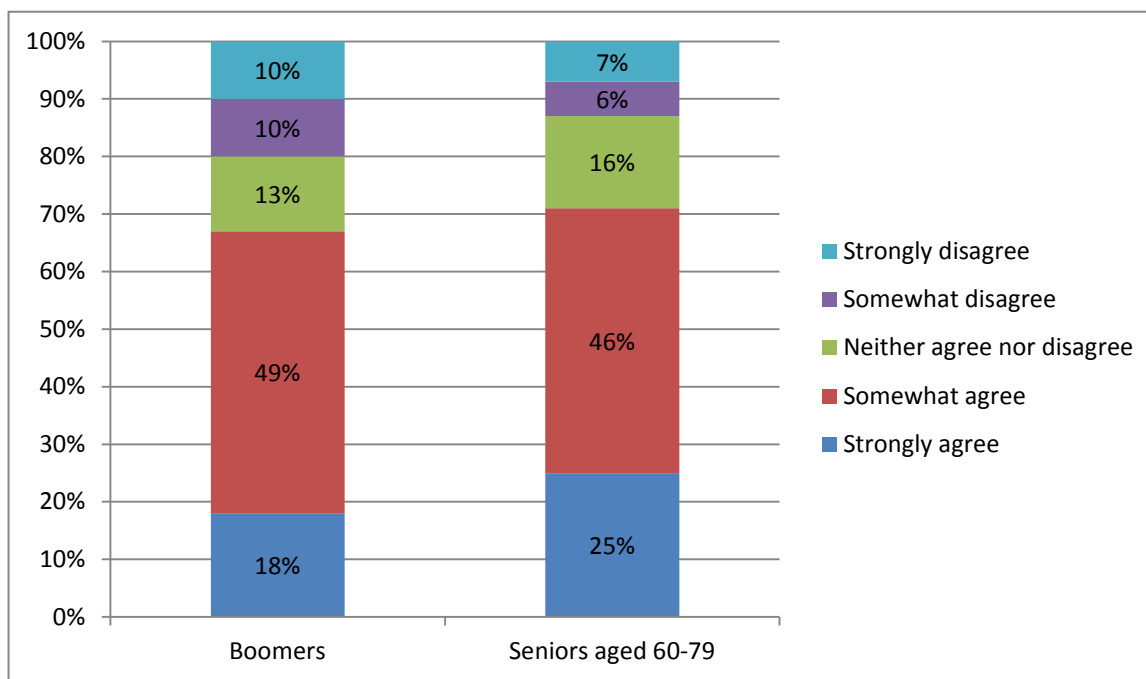
Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

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 25% of the Seniors strongly agree with this statement, the remaining respondents having some uncertainty on this issue (**Figure 23**). Indeed, 20% of the

Boomers and 13% of the Seniors either strongly or somewhat *disagree* with the statement. When non-retired Boomers and Seniors are asked if they had done any financial planning for retirement, about one-third report having done extensive financial planning¹⁵ (**Figure 24**). However, more than half of each cohort reports that despite having done some financial planning, they need to do more. This distribution of responses was quite similar for non-retired Boomers and Seniors (see Appendix B).

Figure 23: Confidence in being able to meet financial needs in retirement, non-retired Boomers and Seniors

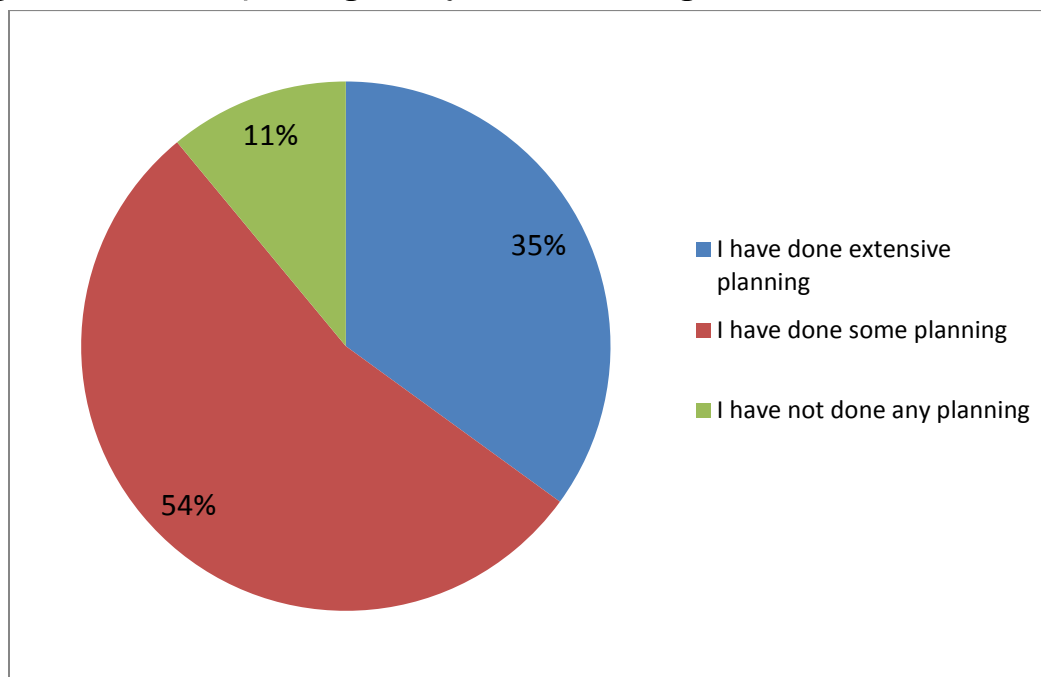
["I expect to have adequate resources to meet my financial needs in retirement"]



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

¹⁵ 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."

Figure 24: Financial planning activity, non-retired Hingham Boomers and Seniors



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

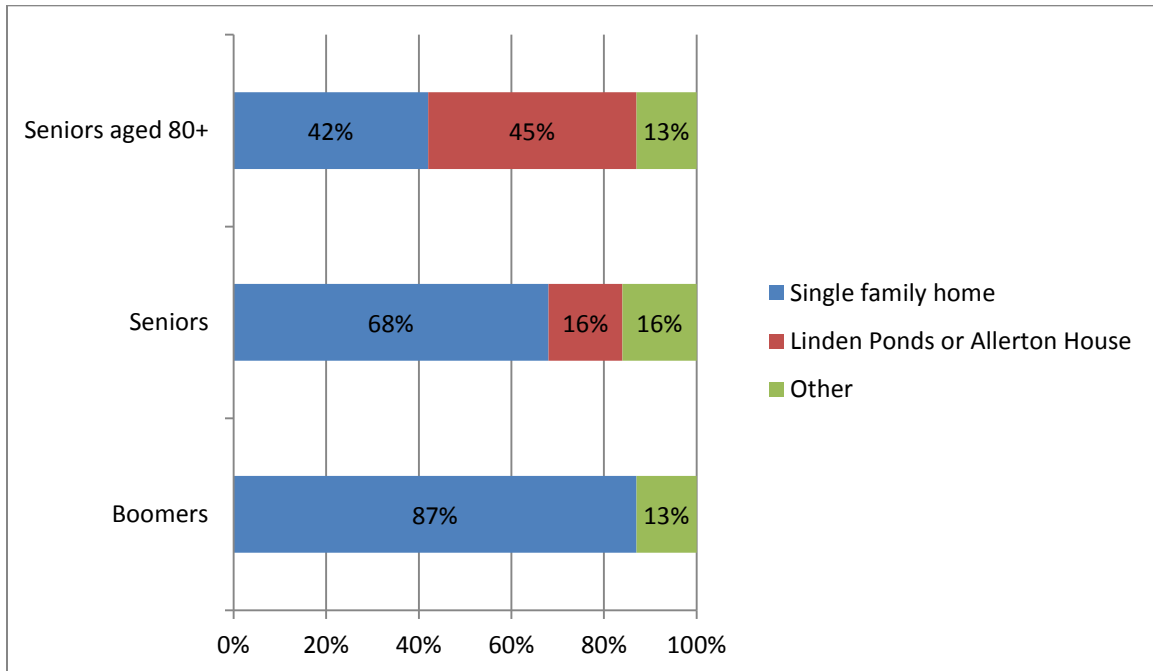
Note: Statistics refer to all non-retired Boomers and non-retired Seniors aged 60-79.

Home and Neighborhood

Consistent with data from the Census Bureau reported above, most respondents to the community survey are homeowners. More than 90% of Boomers, and 84% of Seniors report that the residence in which they live is owned by them and/or by their spouse. Homeownership rates are similar for Boomers and those Seniors aged 60-79, but drops to 64% among those aged 80 and older. Many of the individuals aged 80 and older reside in communities such as Linden Ponds and other apartment-style dwellings. A large majority of both age cohorts lives in a single family home. Eighty-seven percent of Boomers live in a single family home, while 13% live in a condo, town house, or other type of home. A smaller share of Seniors—68%—live in a single family home, with 16% living in a condo, town house or other type of residence, and 16% living in Linden Ponds or Allerton House (**Figure 25**). Among survey respondents aged 80 and older, 45% live in Linden Ponds or Allerton House.¹⁶ 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 them over the next 5 years (see **Figure 26**). However, 15% of Seniors and 19% of Boomers say that their homes need repair or modification. Nine percent of the Seniors and 13% of the Boomers say that they can't afford needed repairs or modifications.

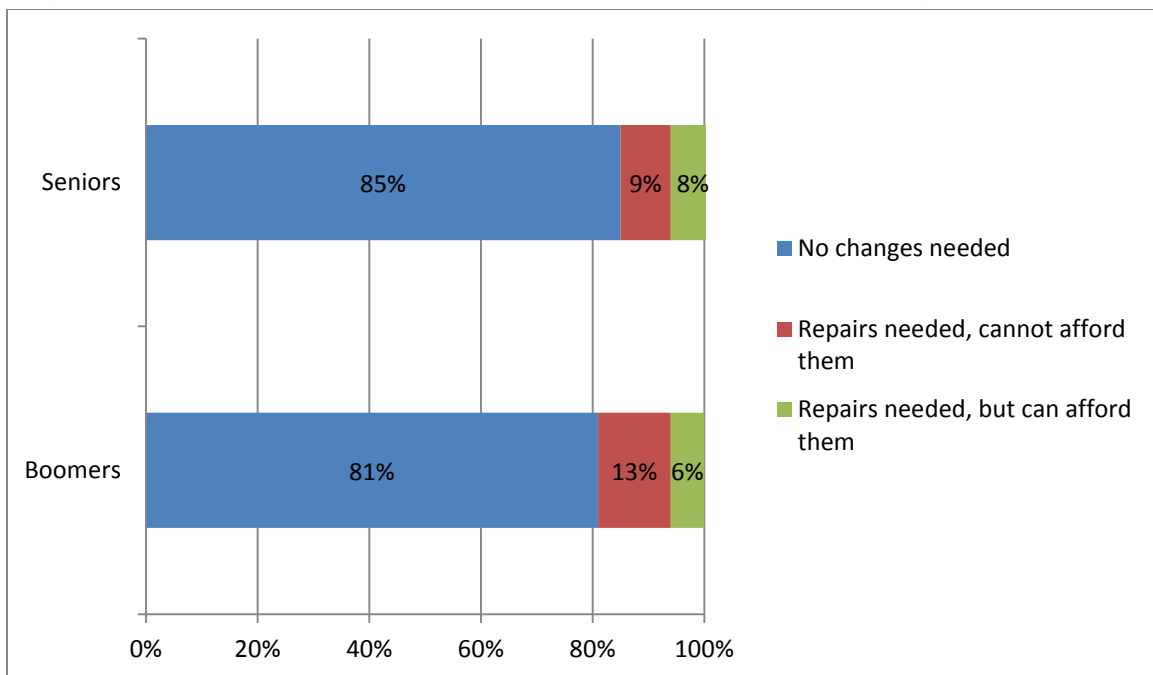
¹⁶ Although this large share of survey respondents aged 80 and older live in Linden Ponds or Allerton House, data are not available to ascertain whether this is reflective of the 80+ population in Hingham overall.

Figure 25: Type of residence, Hingham Boomers and Seniors



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

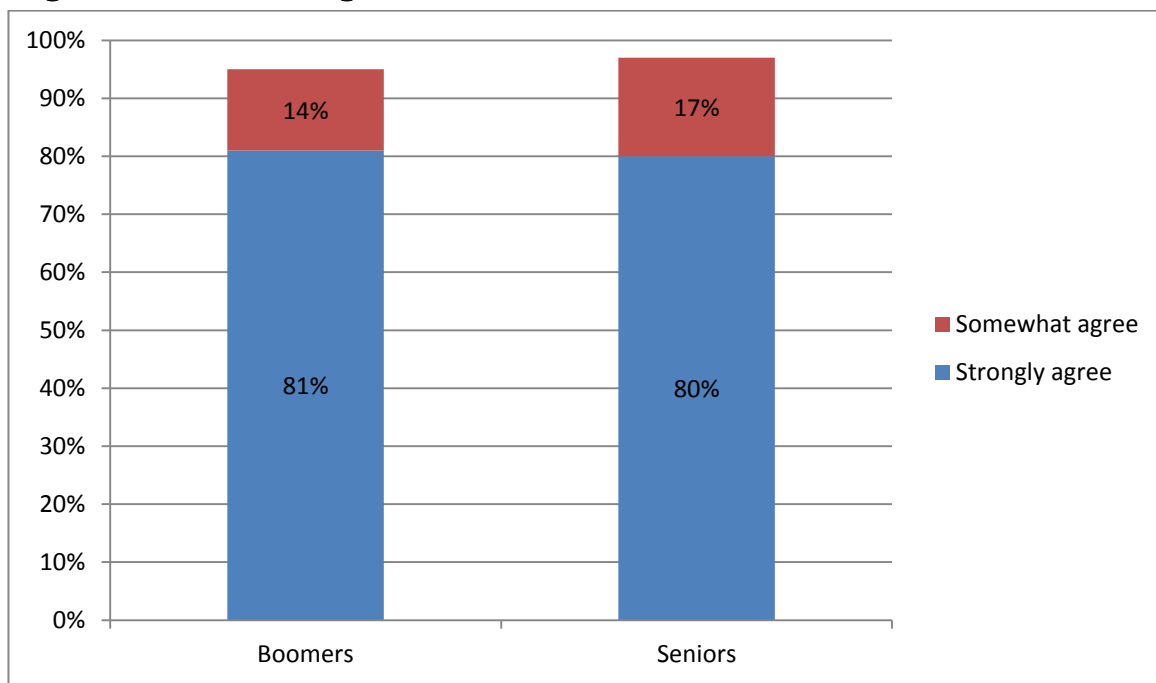
Figure 26: Needs for repairs or modifications to home in order to age in place



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

A large majority of Hingham respondents feel safe in their neighborhoods (**Figure 27**). Respondents were asked to indicate their level of agreement with the following statement: "This is a neighborhood where I feel safe." Ninety-five percent of the Boomers and 97% of the Seniors report that they "strongly" or "somewhat" agree with that statement. Only 1% of each cohort report somewhat or strongly disagreeing.

Figure 27: “This is a neighborhood where I feel safe”

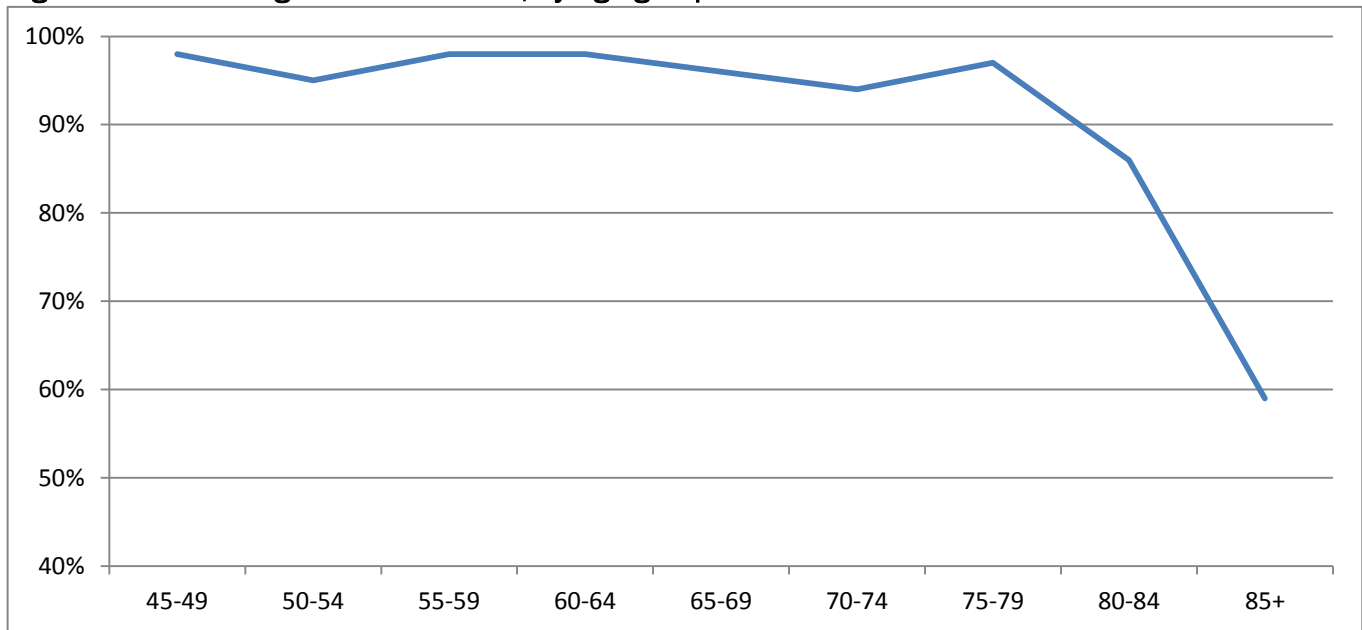


Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

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 respondents report driving, and the share who are drivers does not fall below 90% until age 80 and above (see **Figure 28**). Other common forms of transportation include family, friends and neighbors, walking or riding a bike. About one-fifth used public transportation options within the previous 6 months (see Appendix B). Those who do not drive rely primarily on family, friends or neighbors for transportation, but 40% reported using a taxi and 26% used Elder Services transportation services.

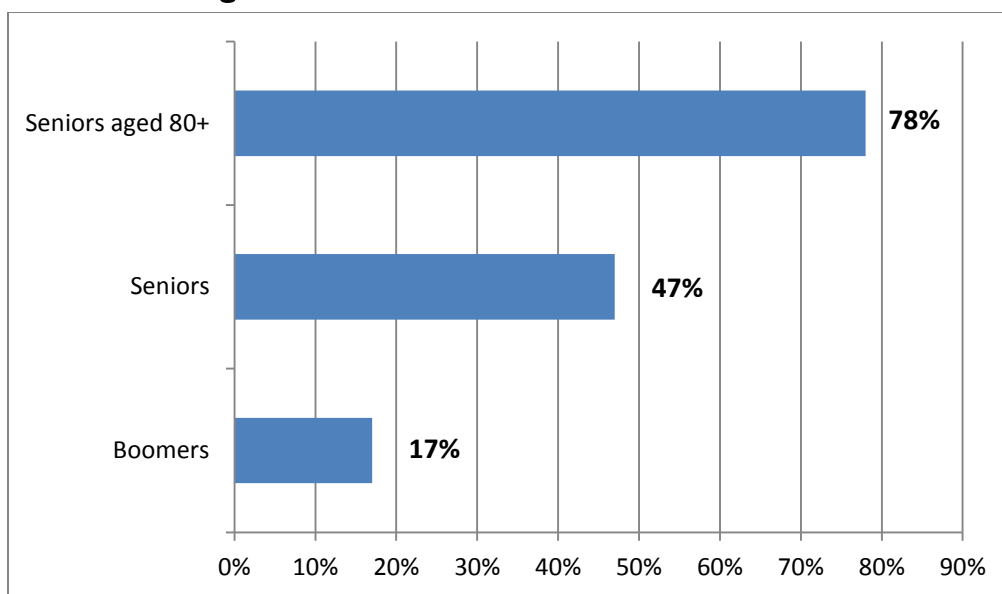
Figure 28: Percentage who are drivers, by age group



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Respondents who drive were asked if they ever modify their driving behavior by avoiding night driving, making left-hand turns, driving in bad weather, expressway driving, or driving in unfamiliar areas or for long distances. Seventeen percent of the Boomers who drive report making some modifications, as do nearly half of the Seniors (see **Figure 29**). More than three-quarters of drivers aged 80 and older report modifying their driving in some way. Most respondents—79% of Seniors and 59% of Boomers—are aware that the Department of Elder Services provides transportation services (see Appendix B), and about half of the drivers report that they would use those services if they were unable to drive in the future. Indeed, a larger share of drivers report they would meet their transportation needs using the Department of Elder Services transportation than say they would use The Ride, taxi service, or public transportation (see **Figure 30**). These figures suggest high potential demand for transportation assistance through the Department of Elder Services as more seniors reduce or stop driving themselves.

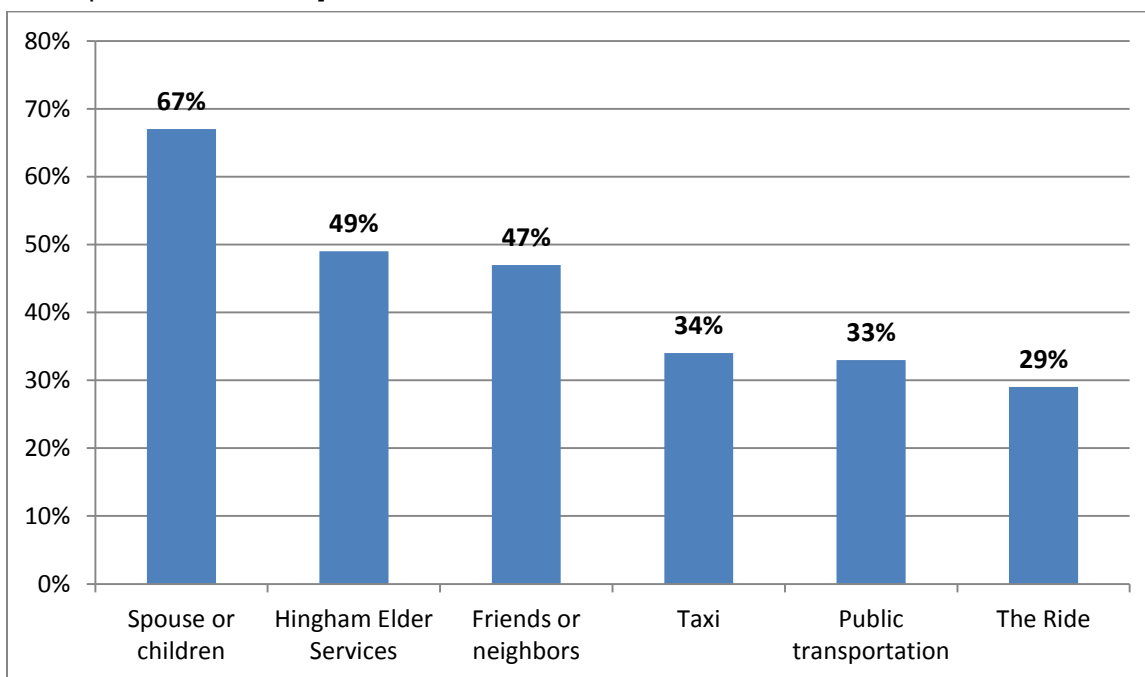
Figure 29: Percentage modifying driving behavior, among Boomer and Senior drivers in Hingham



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Note: modifications listed include avoiding night driving, making left-hand turns, driving in bad weather, expressway driving, driving far distances or in unfamiliar areas.

Figure 30: Strategies for meeting transportation needs if could not drive (current drivers only) ["In the future, if you were no longer able to drive, how would you meet your transportation needs?"]



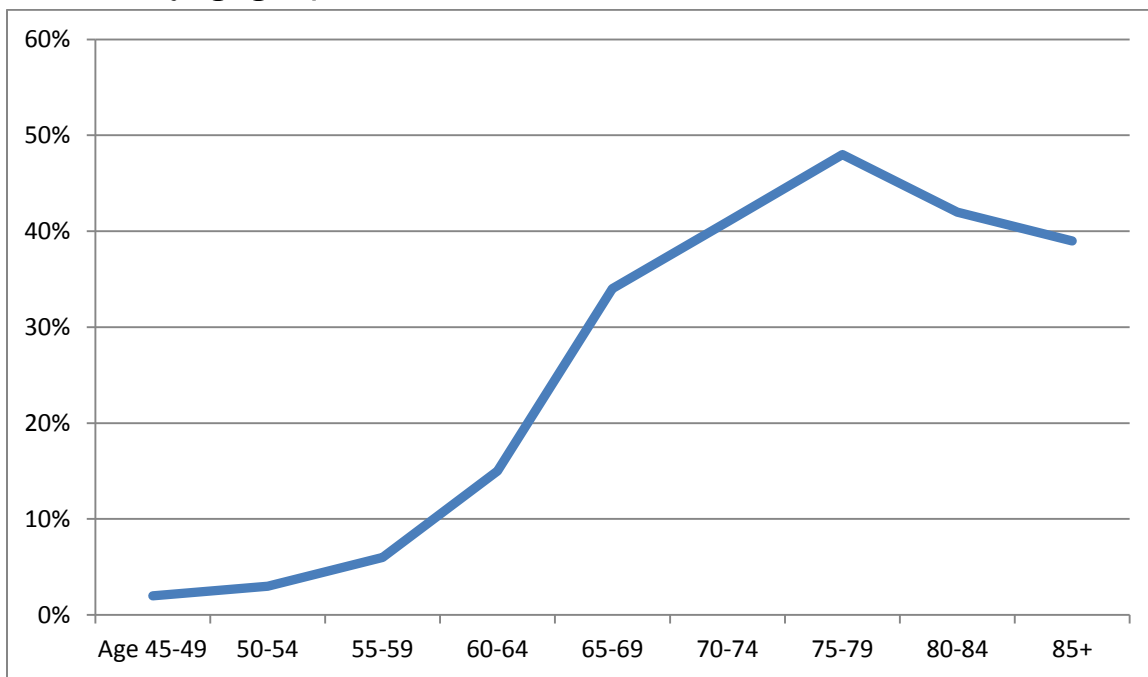
Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Elder Services Activities

The Department of Elder Services offers a wide range of services and programs intended to meet the many different needs and interests of Hingham's seniors aged 60 and over.

Results from the community survey suggest that participation in the Department of Elder Services programs reaches high levels especially among seniors in their 70s. As shown in **Figure 31**, participation rates are very low among respondents under age 60, but are substantially higher among older age groups. Participation rates peak among those aged 75-79, nearing 50% for that age group, and declines in participation rates are observed for respondents in their 80s. As noted above, a sizable share of survey respondents aged 80 and older live in Linden Ponds or Allerton House, which have their own programming and services available for residents. Indeed, survey results suggest that participation rates remain high at more than 50% for those aged 80 or more, among Hingham residents who do not live in one of those two housing developments (see *Appendix B*).

Figure 31: Percentage of survey respondents participating in Hingham Senior Center activities, by age group

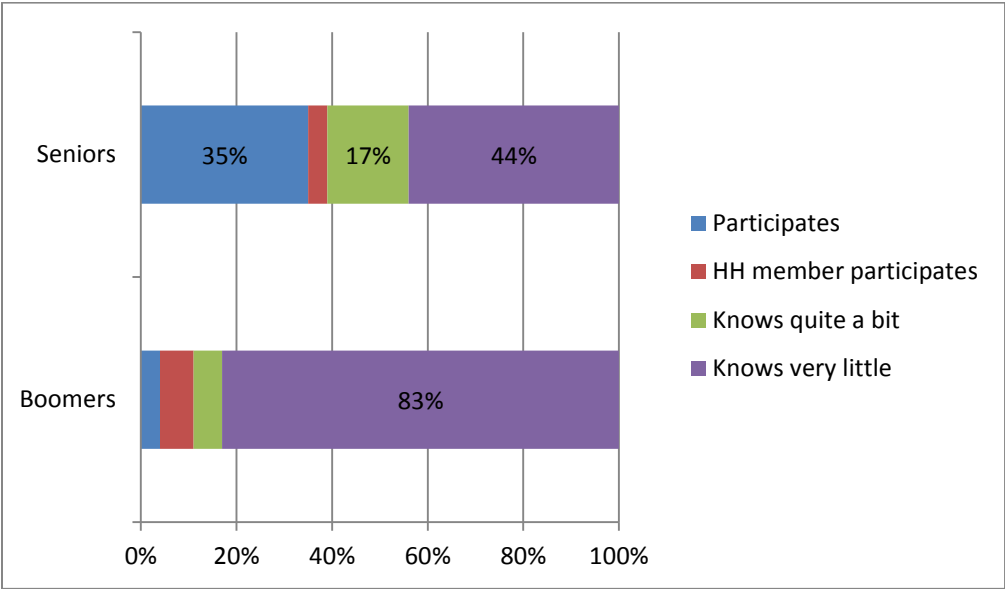


Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

A sizable share of the respondents has limited knowledge about the Senior Center, especially among younger age groups. When asked "How familiar are you with the Hingham Senior Center?" 44% of the Seniors and 83% of the Boomers say that they know "very little" about Hingham Senior Center programming. Overall, 10% of the Boomers and 52% of the Seniors report either having participated or knowing "quite a bit" about Senior Center programming (see **Figure 32**). As shown in **Figure 33**, residents of Linden Ponds and Allerton House typically report that they know "very little" about the Senior Center. Seniors living elsewhere in the community are far less likely to report knowing little about programming, with just 30-35% of those aged 70 and older offering this response. However, working to build greater awareness of Senior Center programs and

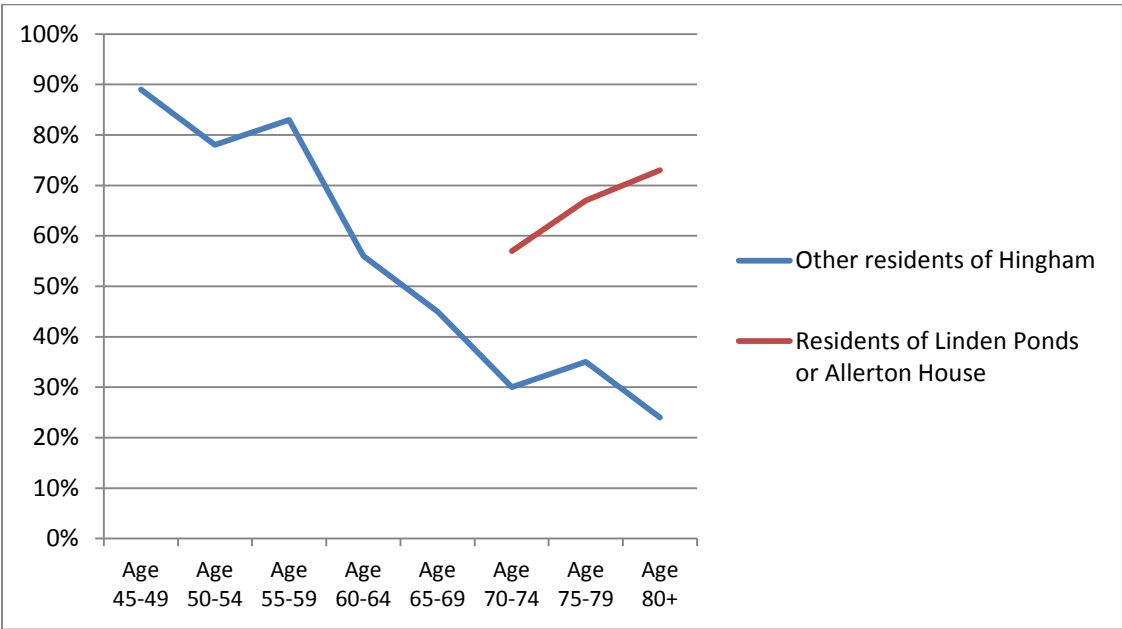
services throughout the community may be helpful, especially among the Boomer and young Senior populations who may benefit from the Senior Center within the next several years.

Figure 32: Knowledge of Hingham Senior Center, by age group



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Figure 33: Percentage knowing “very little” about Hingham Senior Center



Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

Respondents were asked to evaluate the importance of each of ten clusters of activities and services currently provided through the Hingham Senior Center, rating each as "not very important," "somewhat important," or "very important" (see **Table 7**). All program categories receive support, with the strongest support being reported for fitness classes (71%), recreational and cultural programs (71%), professional services (67%), and health and wellness programs (65%). The strongest level of support across the board is reported by Boomers, very few of whom

had participated in any Senior Center activities. This pattern suggests broad community support for the programs, including but not limited to participants.

Table 7: Percent rating activities and services currently offered by the Hingham Senior Center as “very important” or “somewhat important”

	Age 45-59	Age 60+	Total
Fitness classes	82%	66%	71%
Recreational and cultural programs, such as art classes, movies, and trips	78%	68%	71%
Professional services, such as tax preparation, legal service, and health insurance counseling (SHINE)	77%	63%	67%
Health & wellness programs, such as blood pressure clinics, acupuncture, and reflexology	76%	61%	65%
Transportation services to medical appointments, errands, or social outings	75%	58%	63%
Volunteer opportunities at the Senior Center	70%	58%	61%
Support services, such as help with home repairs and property tax work-off programs	73%	57%	61%
Community education or Life-Long Learning Programs, including job skills training programs (Wisdom Works)	71%	54%	60%
Support groups	71%	53%	59%
Social and human services, such as fuel assistance, information and referrals	63%	48%	57%
Meal programs, such as lunches at the Senior Center and Meals on Wheels	70%	46%	54%

Source: Town of Hingham Department of Elder Services Survey of Residents Age 45 & Over, 2012

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

- help with finances, taxes, legal or insurance issues
- additional clubs and educational classes
- help finding home assistance and assistance with yard work or jobs around the house
- additional exercise or fitness programs
- additional socialization programs.

Respondents were asked if they had experienced any problems when accessing Senior Center programs. Few respondents checked any of the listed problems. However, nearly one in five Seniors noted lack of parking as a problem. The only other challenge mentioned by more than a few people is “I don’t know what is available,” mentioned by 8% of the Seniors.

An additional survey question asked about other local senior programs, services, or activities in which respondents participate. Leading responses included fitness activities, activities at Linden Ponds, activities through religious congregations (including volunteering), and clubs or voluntary associations.

Concerns for the Future

Respondents were asked "What are your greatest concerns about living in Hingham as you grow older?" A range of responses were provided by respondents. Many of the concerns echo the themes developed elsewhere in this report: 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 Hingham, especially on a fixed income. While some respondents specifically mention taxes or housing costs, others refer more broadly to the cost of living relative to stagnant incomes. As examples:

“The cost of living here exceeds my income. My daughter gives me money to make ends meet.” (Female, age 90)

“That I will be able to afford to stay where 6 generations of my family have lived.” (Female, age 75)

“Property taxes and being able to afford to stay in Hingham.” (Male, age 79)

“Having the fiscal means to pay taxes and maintain a reasonable lifestyle. Our children cannot afford Hingham.” (Female, age 62)

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:

“How will I get around for errands and social activities when I can no longer drive?” (Female, age 52)

“Getting to the doctor and shop if my son wasn’t here.” (Female, age 90)

“Transportation: maintaining relationships, and accessing health care.” (Male, age 48).

“Getting to stores and other places that are moving farther away from Hingham Square and Center.” (Female, age 54)

Loneliness, social engagement, and isolation. Another set of concerns related to anticipated loneliness and isolation as family members and friends die or move away. These concerns stem from an awareness of the potential for shrinking social networks with age, challenges with transportation, and other factors that may impact the ability to socialize and maintain relationships. For example,

“(I am concerned about) isolation when I stop working, and safely living alone.” (Female, age 62)

“(I am concerned about) winter, and my ability to stay connected and social.” (Female, age 49)

“Too far away from my children who live out of state.” (Female, age 86)

“Someone to check on me” (Female, age 72)

“That my spouse will die and leave me” (Male, age 82)

Concerns about housing and aging in place. Aging in place and remaining independent are mentioned as concerns. Many respondents look ahead to a time when they may struggle to maintain upkeep on their homes and yards. Should they become physically unable to provide maintenance themselves, they express concerns about being able to locate and pay for home and lawn services. Finding themselves “overhoused”—that is, living in a home that is too large for their current needs—is a concern. A number of respondents voice concern that opportunities in Hingham for downsizing are limited, or too expensive. For example,

“Not being able to remain in my own home and care for myself” (Female, age 75)

“Finding a condominium that meets our needs when we decide to sell our single family home” (Male, age 66)

“My house is too big and too much work.” (Female, age 64)

Other concerns related to aging in place in Hingham included concerns about traffic and congestion; access to services; concerns about crime and concerns about weather. As well, the vulnerability associated with potentially declining health and resulting needs for support were mentioned by a number of respondents. For example,

“Having someone (maybe a professional) who would recognize when I can no longer function on my own and get help. I have long term care insurance ... but no one who could get me into a care facility and take care of the insurance and other details that I usually do myself.” (Female, age 64)

“Getting mind and body to the end at the same time.” (Female, age 85)

The broad range of concerns includes 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 the 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 assess the needs of seniors living in Hingham as well as to review preliminary results from the demographic and survey analyses. The first group was composed of representatives from service providers and other community organizations. The second group was composed of community members aged 45 and over.

Focus Group 1: Service Provider & Community Organization Representatives

The first focus group was comprised of representatives from a variety of community organizations including: visiting nurse associations (VNA), the Housing Authority, Town Offices/Committees—Advisory Council, Community Planning, Recreation and Veterans’ Services—and a local church. Overall, the group described a collaborative and positive relationship between their organizations and the Department of Elder Services.

A number of transportation issues were noted by members of the group. Participants pointed out that people can become homebound quickly following a decline in health (e.g. cognitive decline), because they become isolated and need support, but don’t get it partially due to transportation challenges. This cycle of health, transportation challenges and isolation was echoed by others in the group. The scheduling and distance of travel were identified as important aspects of transportation options that are challenging. For example, one participant mentioned that the Department of Elder Services does have vans but that they only travel locally. Many Hingham residents have medical appointments in Boston but have few options to get there. Volunteer transport is often not willing to go to Boston. Scheduling alternate transportation was also mentioned as being challenging. The times available do not always match with the needs of elders, and scheduling is often required weeks in advance of the appointment. One participant mentioned trying to avoid having seniors being driven to appointments by their peers or non-authorized individuals because of the liability concerns, but reported that this sometimes occurs anyway in emergency situations.

Caregiving was also mentioned as an important issue. Participants reported that most people don’t even identify themselves as a “caregiver,” and that using this term without proper definition is part of the problem in providing support to caregivers. For example, a person may help her mother weekly with basic tasks yet not identify herself as being a “caregiver”—just a daughter fulfilling her responsibilities. One participant suggested that there will never be enough support for caregivers and that caregiver support should be a target for outreach. This same group member runs an Alzheimer’s Disease (AD) caregiver group which includes many Hingham participants. One thing she notices is that even though Hingham participants often have more financial resources than the average client, care for a loved one with AD is so costly that it drains family members both financially and emotionally. Obtaining sufficient resources to get help for respite is difficult. Adult day health or private hire help is encouraged but people worry about the expense. Outreach

to younger residents who could volunteer on behalf of seniors, perhaps residents who are home while their children are in school, may be helpful.

Some specific housing issues were mentioned. The need for affordable housing is increasing: for example, Thaxter Park has over 200 people on a waiting list (not all of these individuals are currently living in Hingham). One group member predicted that the housing issues will continue to be significant in the years to come, as rising medical and housing costs place increased demands on seniors' budgets. Another group member mentioned a number of issues that concern residents in Thaxter Park, including insufficient walkways and isolation. Concerns about emergency transportation for seniors living in Housing Authority residences were also voiced.

Increasing awareness was cited as a key to improving elder well-being in Hingham. One group member explained that once a Senior is connected to a resource, he or she may overcome fear and other obstacles to accepting help. A broad fear of being put in a nursing home was discussed as a barrier to participating in Senior Center activities and using services. Middle-aged adults were identified as being a market to be targeted with educational material about the services available to them as caregivers and for those older adults that they support. It was said by one group member that middle-aged residents are overwhelmed and can't find out what's available in the community. Ideas for marketing were also discussed, including blogs, putting information in tax bills, or hiring marketing consultants.

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 Hingham for many years (25-50 years of residency). They described Hingham as being a great place to live and a raise a family.

The group was surprised by the number of survey participants who reported knowing "not much" about the Senior Center. Group members felt that the Senior Center gets a lot of publicity, particularly via word of mouth, and that the programs are widely known. Members of the group enjoy the newsletter, feel that it includes a wealth of good information, and has wide dissemination. The group shared ideas for expanding awareness of the Senior Center and its programs, including supplementing the familiar newsletter with use of electronic media. Several participants suggested that the Senior Center create a Facebook page that would appeal to the many computer-literate Seniors as well as Boomers who use this technology. Participants also acknowledged that the stigma of seeking out and using services targeting so-called "seniors" may keep some residents from participating in or learning more about Senior Center programs that they might enjoy and benefit from.

Transportation was cited by this group as a very important issue for older residents. While participants mentioned that the Senior Center does a good job offering transportation, they also noted that it is limited in its capacity to serve the growing population needing alternative transportation. The group agreed that both a lack of flexibility and availability of transportation for older adults in Hingham is an issue. They noted that more paid drivers are needed, because volunteer drivers can be used for social events and trips but are not capable of providing medical transportation.

The group also cited high real estate taxes and other expenses—fuel for home heating, as an example—as creating challenges for residents to stay in their homes comfortably. The number of Hingham residents who are characterized as being "house rich and cash poor" is increasing, in this group's judgment. And although various forms of tax abatement are available, these

mechanisms were described by the group as being good programs but not as well known as they could be.

The group agreed that Hingham is a very supportive community, with good neighborhoods, which may account for the low level of isolation reported in the community survey. Yet they agreed that even the few that are identified as isolated should be of concern. A challenge for the Senior Center moving forward is explaining to the larger community what the Senior Center offers. Group members noted that Senior Centers are sometimes seen as “fluff”—a service that is nice to have, but not required—and that it is important to make the case for the value of the Senior Center to the community. The group speculated that being social and active is beneficial for mental health and healthy aging—one example of how benefits of the Senior Center could be highlighted.

Results from the Key Informant Interviews

One-on-one interviews were conducted with members of six Town offices and organizations: Mr. Ted Alexiades, the Town Administrator; Mr. Bruce Rabuffo from the Board of Selectmen; Chief Peraino and Deputy Chief Olsson from the Police Department; Chief Duff from the Fire Department; Ms. Kathy Crowley, Public Health Nurse; and Ms. Susan Kiernan, from the Hingham Interfaith Food Pantry. Each of these individuals generously shared their time and insights with the researcher during interviews that lasted an hour or more.

The purpose of conducting these interviews was to gain additional perspective on the impact of the aging of Hingham’s population on the community as a whole and to learn about how the community is responding to the shifting age composition. Additional goals were to obtain input on how other organizations in Hingham perceive the role played by the Department of Elder Services, and to identify any opportunities for the Town to improve its efforts to meet the needs of Seniors in the community. **Table 8** outlines some of the unique ways in which the aging of the population impacts each organization, as described by the informant. The summarization in this table is generated by the researcher based on the interview and is not a verbatim quote from the informant. Each town official describes ways in which the aging of Hingham’s population has impacted his or her office, the Town, and/or the work that they do. The impact of the demographic shifts in Hingham has been realized by Town organizations in somewhat unique ways.

Several cross-cutting themes are drawn from the interviews. A summary of these themes follows:

Economic challenges and transportation barriers are key issues facing Hingham’s Seniors. Two key issues facing Seniors in Hingham were highlighted by the key informants: economic concerns and transportation. These issues echo results from the community survey. Economic challenges for seniors occur on two levels: at the macro level, broad economic challenges have threatened the well-being of some seniors living on fixed incomes, while changes to Medicare and the health care delivery system have resulted in greater difficulty paying for medical expenses. At the community level, the home values in Hingham and associated property tax expenses place financial pressure on those with fixed incomes as well. Transportation was also noted as an issue for seniors in Hingham. Few viable alternatives to self-driving exist in Hingham, and the available options can be expensive. The inability to find or afford transportation prevents some seniors from accessing needed services (such as coming to the Food Pantry), participating in the community

Table 8: Summary of ways in which Hingham’s aging population shapes the Town and Town offices

Town office or organization	Summarization: How the aging of Hingham’s population has impacted this office and the Town
Town Administrator	The aging of the community impacts many town issues and offices, not just senior services. The aging of the population is ideally taken into consideration as a matter of course in Town decision-making. For example, does a growing senior population have implications for the design of valued Town amenities? Seniors are resources who play critical volunteer roles and contribute extensively to town leadership.
Board of Selectmen	The aging of Hingham’s population has broad implications for the Town. Responding to this issue, and providing needed services, must be considered within the context of how to maintain Hingham as a community that is strong and economically viable moving forward. Thoughtful consideration of how best to meet needs, and openness to a broad range of strategies, is important.
Police Department	The Police Department has experienced an increase in service calls associated with the aging population. Some of this is linked to large new housing developments in the community, but much of the increase occurs broadly throughout the community. Examples of issues on the upswing include scams targeting seniors; driving concerns involving seniors; and issues resulting from the isolation of some seniors, especially those living alone without children in the area.
Fire Department	EMS calls have increased considerably. Some increase in calls relating to older people falling is also noted.
Town Nurse	Increased demands on public health nursing are observed. Services geared toward seniors, such as specialized flu clinics, as well as programs offered in collaboration with the Senior Center, are noted. Additional issues observed are mental health issues and limitations among some seniors that threaten their ability to stay home safely.
Interfaith Food Pantry	An increase in use of the Food Pantry is noted across the board. Older people represent a sizable share of their clientele, but the relative share of their clients who are older has remained stable.

(such as taking advantage of socialization opportunities at the Senior Center), or obtaining needed medical care. As a result, transportation barriers can lead to a cascade of difficulties for seniors, including social isolation, food insecurity, and poor management of health conditions. In one interview, the town official describes an example: an older community member needed dental care for a painful tooth. She was unable to drive herself; her daughter had to work and could not take her to the dentist; and a taxi was out of reach for her financially. With no affordable

alternatives for transportation, this woman had to schedule her dental work for a time when her daughter could drive her, and struggled through another week in pain.

Town offices and organizations work effectively together to support the older population. Without exception, each interviewed Town official described strong and effective working relationships with the Department of Elder Services staff. The informants discussed relationships with specific individuals in Elder Services, and described specific examples in which their offices had worked well together. Communicating across offices to address residents' concerns appears to be the norm in Hingham; many of the interview subjects ascribe this to the community culture, which values strong community participation and support. The Town Administrator highlights this cross-office collaboration as a valued goal, and describes ways he has supported this (e.g., inviting staff from several different Town offices to serve together on committees). Several examples of the value of this communication and awareness were offered in conversation. For example, members of the Police Department described the popular Citizens Police Academy program they offer. Many of the participants in this program are seniors, and Senior Center space is used for some of the events. As another example, the Fire Chief described his positive experience with the property tax work-off program, which is administered by Elder Services. The Fire Department has saved money and benefitted from the experience and skills of the support they have obtained through that program.

The Department of Elder Services is well known and working effectively, but faces some challenges. Each of the informants reported favorably on the performance of the Department of Elder Services within the community. From these individuals' perspectives, Elder Services plays a valued leadership role in addressing the issues and concerns of seniors in the community. Several officials specifically mentioned the multifaceted role played by the Department of Elder Services, citing both the social service aspect of its mission (e.g., providing information and referral; providing transportation services) as well as the broad activity and programmatic aspects (e.g., offering fitness and educational programs designed for seniors). Some specific challenges for the Department of Elder Services were cited. One informant suggested that inadequate space and parking formed obstacles for expansion of Elder Services' programming. Staffing shortfalls, especially around transportation services, were also mentioned as challenges.

Hingham has a strong commitment to valuing and supporting Seniors in the community. Many of the individuals interviewed have been working and living in Hingham for many years. The core values of volunteerism, neighborliness, and collective support for community members are strong among these individuals and the organizations they represent. They highlight the importance of facilitating opportunities for residents of all ages to be involved in community decision-making as a key step in ensuring that residents' needs are met. Despite their unanimous commitment to seniors aging in Hingham, these informants offered no common understanding about how best to generate and maintain Hingham as a community that effectively supports an expanding Senior population. Some Town offices anticipate growing demands for services that may strain available resources. Others suggest that new ways of delivering necessary services may need to be devised. Balancing demands for services among different Town constituencies, while adhering to Hingham's core values and maintaining a strong financial footing for the Town, may require thoughtful decision-making and being open to exploring new ways of providing services to the community. Learning more about the evolving composition of the Senior population is an important step in this process.

V. Summary and Recommendations

Hingham 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 Hingham Elder Services, Boomers and Seniors in Hingham report a strong commitment to aging in place. This is good news—but how will the Town respond?

The research presented in this report suggests that Hingham offers many advantages for aging in place. A large share of the Senior and Boomer population is committed to staying in the community, and has in place the resources and supports necessary to do so. Yet segments of the older population experience health challenges, gaps in social networks, or affordability concerns that threaten their ability to stay. Older residents who are economically secure and physically active at the present time are keenly aware that the coming years may bring economic shortfalls or mobility losses that would make it difficult to remain in Hingham, given its high cost of living and limited transportation options.

Hingham Elder Services provides a range of services and programs that provide support to seniors, and a large share of older Hingham residents participate in the Senior Center. Many of the oldest residents (aged 80+) live in communities that offer transportation and services (e.g., Linden Ponds) and as a result, do not rely heavily on the Senior Center. Yet high levels of participation are reported by other residents, especially those aged 70 and older. Based on the expected growth in the senior population in Hingham, these participation rates are likely to result in expanded demands on Hingham Elder Services in the near future. Current space and parking availability, already deemed inadequate by some respondents in this study, may be stretched well beyond their limits.

In developing new programs, or expanding existing ones, Hingham Elder Services may wish to consider the relatively sizable share of the community survey respondents who report having caregiving responsibilities. One way in which Hingham Elder Services can support the senior population is by serving as a resource for caregivers, including those who are not yet aged 60. These individuals may benefit from receiving information about supplemental care support, such as adult day care and respite care. 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. Expanded options for senior transportation, including both medical and non-medical transportation within Hingham as well as to Boston, are frequently cited needs in our data collection. Because many residents, especially those under age 60, are not well informed about Town-provided services and programs, Hingham Elder Services may wish to seek additional opportunities to make younger residents aware of its programs, possibly including supplementing its current newsletter and other advertising strategies with outreach through social media.

The implications of an aging population span far beyond the scope of Hingham Elder Services. Virtually all aspects of community life will be affected by continued growth of the senior population, including housing, businesses, and recreation as well as other Town offices. Hingham seniors benefit from a positive culture of cross-department communication, with the result that many Town offices incorporate recognition of the growing Senior population in their planning, and work together to make Hingham "senior friendly." Moreover, community leaders and residents identify seniors as a positive resource for the town, consistent with the high value attached to

volunteerism in Hingham. Strengthening opportunities for seniors to participate in the community, through the Senior Center as well as through other organizations, may be beneficial.

More broadly, the community of Hingham may wish to consider a number of ways in which the town can respond to its aging demographic profile. The rising cost of living, concerns about obtaining and maintaining appropriate housing, and concerns about transportation are key issues for older residents. Additional strategies for maintaining affordability for town residents on fixed income may be explored, including thoughtful development of affordable housing. As another example, the Town may wish to consider expansion of its property tax work-off program. Promoting the wider availability of public transportation options as well as Senior Center transportation services could ease many residents' concerns about aging in place.

VI. References

AARP (2005). Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging. Washington DC: AARP Public Policy Institute. Available online: http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf

Nelson, Brittne M. and Terri Guengerich. (2009). Going from Good to Great: A Livable Communities Survey in Westchester County, New York. Washington DC: AARP.

Nolin, JoAnn, Sharon T. Wilburn, Kenneth T. Wilburn, and Dax Weaver (2006). Health and social service needs of older adults: Implementing a community-based needs assessment." *Evaluation and Program Planning*, 29, 217-226.

Pardasani, M and P Thompson (2012). Senior centers: Innovative and emerging models. *Journal of Applied Gerontology*, 31, 52-77.

Salomon, Nancy (2010). Housing Solutions to Support Aging in Place. AARP Fact Sheet 172, AARP Public Policy Institute. Washington DC: AARP.

Vincent, Grayson K. and Victoria A. Velkoff (2010). The Next Four Decades: The Older Population in the United States: 2010 to 2050. Current Population Reports, P25-1138. Washington DC: U.S. Census Bureau.

VII. Appendices

Appendix A: Community Survey



TOWN OF HINGHAM ELDER SERVICES

SURVEY OF RESIDENTS AGE 45 & OVER

The town of Hingham Elder Services would like to learn more about its residents and is asking for your help. By answering some questions about yourself, your experience living in Hingham, 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, including subsidized apartment housing
 - ☐ Linden Ponds or Allerton House
 - ☐ 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 housemates)
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. About how many friends or relatives do you have whom you could call on for assistance if you needed it?
- ☐ None
☐ One or Two
☐ Three or more
6. How often do you talk on the phone, email, or get together with friends or relatives?
- ☐ Never
☐ Less than one day per week
☐ 1-3 days per week
☐ 4-7 days per week

Section C. Caregiving

7. 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 #10.**
8. Has the person you provide unpaid care for been diagnosed with dementia or any other kind of memory impairment?
- ☐ Yes ☐ No ☐ N/A ☐ Missing
9. How difficult is it 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

Section D. Health

10. How would you rate your overall health at this time?
- ☐ Excellent
☐ Good
☐ Fair
☐ Poor
11. Do you have a primary care doctor whom you normally see when you have medical concerns?
- ☐ Yes ☐ No

12. Do you require help with household activities? For example: doing routine household chores like cleaning or yard work.

☐ Yes ☐ No

13. Do you require help with daily activities? For example: using the telephone or preparing your meals, food shopping, taking medication, or keeping track of bills.

☐ Yes ☐ No

14. Do you require help with personal activities? For example: using the toilet, taking a bath or shower, or getting dressed.

☐ Yes ☐ No

15. Referring to any of the activities in questions 12 - 14 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

16. **Over the last month**, how often did you feel sad, depressed, or "down in the dumps?" (**Check one**)

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

17. How many times did you visit a medical doctor or other health care professional for any reason, in **the last 12 months**?

☐ 0 times

☐ 1 – 2 times

☐ 3 –4 times

☐ 5 or more times

Section E. Hingham Elder Services

18. The following are activities and services currently offered by the Hingham Elder Services. Please evaluate the importance of each, where “1” is “not very important” and “3” is “very important”. Please circle your response.

Activities/Services	not very important	somewhat important	very important
Transportation services to medical appointments, errands, or social outings	1	2	3
Meal programs, such as lunches at the Senior Center and Meals on Wheels	1	2	3
Support groups	1	2	3
Volunteer opportunities at the Senior Center	1	2	3
Health and wellness programs, such as blood pressure clinics, acupuncture, and reflexology	1	2	3
Fitness classes	1	2	3
Support services, such as help with home repairs and property tax work-off programs	1	2	3
Community education or Life-Long Learning Programs, including job skills training programs (Wisdom Works)	1	2	3
Recreational and cultural programs, such as art classes, movies, and trips	1	2	3
Professional services, such as tax preparation, legal service, and health insurance counseling (SHINE)	1	2	3

19. Thinking of your current or future needs, what other programs or services could the Hingham Senior Center offer that you think would benefit you?

20. Outside of the Hingham Senior Center, what other local senior programs, services or activities do you participate in?

21. How familiar are you with the Hingham 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 Hingham Senior Center programming.
- ☐ I know very little about Hingham Senior Center programming.

22. Below is a list of problems one could encounter when accessing Senior Center programs. Which of the following, if any, have you experienced? (**Check all that apply**)

- | | |
|--|---|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of parking |
| <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"/> Hours of Senior Center are inconvenient |
| <input type="checkbox"/> I don't know how to access the services or programs | <input type="checkbox"/> N/A, I have not encountered any difficulties |
| <input type="checkbox"/> Inconvenient location of the Senior Center | <input type="checkbox"/> Other: _____ |

Section F. Community & Neighborhood

23. How many years have you lived in Hingham?: _____

24. Do you live in Hingham year-around?

- ☐ Yes ☐ No

25. How important is it to you to remain living in Hingham as long as possible?

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

26. 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

27. What are your greatest concerns about living in Hingham as you grow older? _____

Section G. Transportation

28. The Hingham Elder Services provides transportation services including medical rides and local shuttle service. Prior to this survey, were you aware of these services?

- ☐ Yes ☐ No

29. Do you drive?

☐ No → **If no, please skip to question #31**

☐ 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

☐ The Ride

☐ Public transportation

☐ Hingham Elder Services transportation services

☐ Taxi

☐ Other (please specify): _____

30. Do you ever modify your driving by engaging in any of the following behaviors?

(**Check all that apply**)

☐ N/A, I don't regulate my driving at all

☐ I avoid driving at night

☐ I avoid making left-hand turns

☐ I avoid driving in bad weather

☐ I avoid expressway driving

☐ I avoid driving far distances or in unfamiliar areas

☐ Other changes to driving behaviors (please specify): _____

31. 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

☐ Elder Services transportation is unavailable or inconvenient

☐ Public transportation is inconvenient

☐ There is no one I can depend on for help

☐ Physical or other limitations

☐ No door-to-door assistance

☐ Other: _____

32. In the **past 6 months**, when you have traveled outside of your house what means of transportation have you used? (**Check all that apply**)

☐ Family

☐ Taxi

☐ Public transportation

☐ Friends or neighbors

☐ Driving my own private automobile

☐ Elder Services transportation services

☐ Walking on foot/Riding a bike

☐ Other (please specify): _____

Section H. Current & Future Retirement Plans

33. Are you retired?

☐ No ☐ Yes → If yes, go to question #37.

34. 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

35. 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

36. 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

Section I. Demographic Information

37. Are you (check one)?

☐ Male ☐ Female

38. How old are you? _____

39. Are you?

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

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

☐ Yes ☐ No

41. What is your marital status?

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

42. 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

43. 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? _____

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

- ☐ Less than \$25,000
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ \$75,000-\$99,999
- ☐ \$100,000-\$149,999
- ☐ \$150,000 or more

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

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

If you are willing to be contacted by phone should we need additional information,
OR if you would like more information about the Town of Hingham Elder
Services, please include your name and phone number here:

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

Appendix B: Detailed tables from the Hingham community survey

Percentage distributions are reproduced below for variables included in the Hingham community survey. Percentages are provided separately for Boomers (age 45-59) and Seniors (age 60+), and subsetting for two age groups within the Senior population (those 60-79 and those 80+). Readers are cautioned against drawing strong conclusions based on differences between small age groups.

Q1. Residence type

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Single family home	74%	87%	68%	79%	42%
Linden Ponds or Allerton House	11%	0%	16%	4%	45%
Other (Condominium, town house, multi-family home or apartment complex)	15%	13%	16%	17%	13%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	747*	231	488	344	144

*Includes some individuals who did not provide an age.

Q2. Do you and/or your spouse own the residence you live in?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Respondent or spouse owns home	87%	93%	84%	92%	64%
Respondent or spouse does not own home	13%	7%	16%	8%	36%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	733*	228	477	340	137

*Includes some individuals who did not provide an age.

Q3. Who do you live with? (Check all that apply)

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Respondent lives alone	22%	8%	28%	22%	44%
Respondent lives with spouse only	49%	29%	58%	64%	43%
Respondent lives with spouse plus others	22%	55%	7%	9%	2%
Respondent lives with others but no spouse	7%	8%	7%	5%	11%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	742*	230	484	342	142

*Includes some individuals who did not provide an age.

Q4. Does your current residence need major repairs, modifications, or changes to improve your ability to live in it over the next 5 years? [If yes]: Can you afford to make these changes?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Home does not need repair or changes	84%	80%	85%	84%	89%
Home needs repair or changes but respondent cannot afford them	10%	14%	8%	8%	8%
Home needs repair or changes and respondent can afford them	6%	6%	7%	8%	3%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	733*	228	479	337	142

*Includes some individuals who did not provide an age.

Q5. About how many friends or relatives do you have who you could call on for assistance if you needed it?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
None	4%	6%	3%	4%	1%
One or two	22%	23%	21%	19%	27%
Three or more	74%	71%	76%	77%	72%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	734*	228	479	341	138

*Includes some individuals who did not provide an age.

Q6. How often do you talk on the phone, email or get together with friends or relatives?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Less than one day per week	7%	12%	5%	7%	2%
One to three days per week	39%	40%	39%	36%	45%
Four to seven days per week	54%	48%	56%	57%	53%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	738*	229	482	343	139

*Includes some individuals who did not provide an age.

Q7. Do you provide unpaid care or assistance to a disabled, ill, or elderly spouse, relative, or friend?

Q8. (If yes to Q7): Has the person you provide unpaid care for been diagnosed with dementia or any other kind of memory impairment?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Not a caregiver	85%	82%	86%	85%	88%
Provide care for someone who does not have dementia	10%	10%	10%	11%	7%
Provide care for someone with dementia	5%	8%	4%	4%	5%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	722*	228	467	331	136

*Includes some individuals who did not provide an age.

Q9. (If yes to Q7): How difficult would you say it is for you to care for this person and meet your other responsibilities with family and/or work? (caregivers only)

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Very difficult	8%	7%	9%	10%	6%
Somewhat difficult	41%	61%	28%	28%	29%
Neither difficult nor easy	29%	17%	36%	34%	41%
Somewhat easy	12%	12%	12%	12%	12%
Very easy	10%	3%	15%	16%	12%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	111*	41	67	50	17

*Includes some individuals who did not provide an age.

Q10: How would you rate your overall health at this time?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Excellent	41%	63%	30%	37%	16%
Good	49%	35%	56%	51%	66%
Fair	9%	1%	13%	11%	17%
Poor	1%	1%	1%	1%	1%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	717*	217	473	335	138

*Includes some individuals who did not provide an age.

Q11. Do you have a primary care doctor whom you normally see when you have medical concerns?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Yes	96%	96%	96%	95%	99%
No	4%	4%	4%	5%	1%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	722*	219	476	337	139

*Includes some individuals who did not provide an age.

Q12-14. Do you require help with household activities (for example, doing routine household chores like cleaning or yard work); with daily activities (for example, using the telephone or preparing your meals, food shopping, taking medication, or keeping track of bills); or with personal activities (for example, using the toilet, taking a bath or shower, or getting dressed)?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
No help needed with any of these	77%	92%	69%	77%	51%
Need help only for household activities	20%	7%	27%	22%	39%
Need help for daily or personal activities	3%	1%	4%	1%	10%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	739*	229	483	343	140

*Includes some individuals who did not provide an age.

Q15: Referring to any of the activities in questions 12-14 for which you answered “Yes”: Who helps you with these activities? [Check all that apply. Options include: I pay someone to help me; A friend or neighbor helps me; A family member helps me; Someone else helps me.]

Tabulated only for those reporting that they need and receive help	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Paid help only	56%	50%	56%	63%	47%
Paid and unpaid help	16%	17%	17%	12%	22%
Unpaid help only	28%	33%	27%	25%	31%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	148*	18	127	68	59

*Includes some individuals who did not provide an age. A very small number of respondents (N=2) report needing help, but not receiving it.

Q16. Over the last month, how often did you feel sad, depressed, or “down in the dumps”?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Never	31%	28%	32%	33%	30%
Rarely	41%	42%	41%	42%	38%
Sometimes	23%	24%	23%	21%	29%
Often	4%	5%	4%	4%	3%
Always	1%	1%	<1%	<1%	<1%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	736*	229	480	342	138

*Includes some individuals who did not provide an age.

Q17. How many times did you visit a medical doctor or other health care professional, for any reason, in the last 12 months?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Never	2%	5%	1%	1%	1%
One or two times	41%	59%	33%	35%	27%
Three or four times	31%	25%	33%	35%	29%
Five or more times	26%	11%	33%	29%	43%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	738*	229	482	343	139

*Includes some individuals who did not provide an age.

Q18. The following are activities and services currently offered by the Hingham Elder Services. Please evaluate the importance of each, where “1” is “not very important” and “3” is “very important.”

Percentage rating senior center services and programs as “somewhat” or “very” important	All ages*	Age 45-59	Age 60+
Transportation services to medical appointments, errands, or social outings	63%	75%	58%
Meals programs, such as lunches at the Senior Center and Meals on Wheels	54%	70%	46%
Support groups	59%	71%	53%
Volunteer opportunities at the Senior Center	61%	70%	58%
Health and wellness programs, such as blood pressure clinics, acupuncture, and reflexology	65%	76%	61%
Fitness classes	71%	82%	66%
Support services, such as help with home repairs and property tax work-off programs	61%	73%	57%
Community education or Life-Long Learning Programs, including job skills training programs (Wisdom Works)	60%	71%	54%
Recreational and cultural programs, such as art classes, movies, and trips	71%	78%	68%
Professional services, such as tax preparation, legal service, and health insurance counseling (SHINE)	67%	77%	63%

*Includes some individuals who did not provide an age.

Q19. Thinking of your current or future needs, what other programs or services could the Hingham Senior Center offer that you think would benefit you?

Write-in response	Times mentioned
Satisfied with current offerings/cannot think of any	20
Financial help, tax credits, housing assistance, help with medical expenses	14
Education programs, Life Long learning, speakers, book club	13
Help finding home assistance, yard work, snow removal, odd jobs	11
Exercise, fitness, sports, dance classes	10
Socializing	10
Computer classes/assistance	9
Too soon to tell/don't need right now	9
More transportation services	7
Legal help, financial planning, tax prep	5
Evening hours	5
None-use Linden Ponds	4
Charlie Cards	4
Intergenerational programs, opportunities for service exchange	4
Cooking classes, food planning, food assistance	4
Health care—eg flu shots	4
Volunteer opportunities	4
More trips	3
Programs related to Alzheimers and memory loss, respite	3
Outdoor programs and activities	3
Men's programs and activities	2
Pet assistance	2

*List includes only those issues mentioned by two or more respondents. Some respondents wrote in more than one program or service.

Q20. Outside of the Hingham Senior Center, what other local senior programs, services or activities do you participate in?

Programs mentioned	Times mentioned
Linden Ponds or Allerton House	33
Fitness/gym	29
Church activities, including church volunteering	27
Clubs and voluntary associations	18
Work and/or caring for children or others	10
Volunteer work	8
Classes, OLLI	5
Library	5
Veterans groups	3
Weymouth Senior Center	2

*List includes only those mentioned by two or more respondents. Some respondents wrote in more than one program or service.

Q21: How familiar are you with the Hingham Senior Center?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Respondent has participated in Senior Center activities	25%	4%	35%	33%	40%
Respondent has not participated, but another household member has participated in Senior Center activities	5%	7%	4%	4%	3%
Respondent has not participated, and knows quite a bit about Hingham Senior Center programming	13%	6%	17%	19%	12%
Respondent has not participated, and knows very little about Hingham Senior Center programming	57%	83%	44%	44%	45%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	724*	228	471	333	138

*Includes some individuals who did not provide an age.

Q21: Expanded content: How familiar are you with the Hingham Senior Center?

	Age 80+, resident of Linden Ponds or Allerton House	Age 80+, not a resident of Linden Ponds or Allerton House
Respondent has participated in Senior Center activities	15%	60%
Respondent has not participated, but another household member has participated in Senior Center activities	2%	4%
Respondent has not participated, and knows quite a bit about Hingham Senior Center programming	10%	13%
Respondent has not participated, and knows very little about Hingham Senior Center programming	73%	24%
TOTAL	100%	100%
Number of respondents	59	79

Q22: Below is a list of problems one could encounter when accessing Senior Center programs. Which of the following, if any, have you experienced? (Check all that apply)

Percentage reporting having experienced these problems	All ages	Age 60+
Lack of transportation	3%	4%
Lack of adequate facilities	1%	1%
I don't know what is available	10%	8%
I don't know how to access the services or programs	5%	5%
Inconvenient location of the Senior Center	<1%	0%
Lack of parking	13%	18%
Problem with staff	<1%	<1%
Hours of Senior Center are inconvenient	2%	2%

Other problems listed (write-in): definite lack of close parking; driving there; services not provided for people living in Linden Ponds; I live at Linden Ponds; treated unfairly, upset; the center communicates its offerings very well; remarkable place; would like additional programs for younger seniors; only a few people can participate in trips due to van limit; I still work and your programs are during the day; feeling welcomed.

Q23: How many years have you lived in Hingham?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Fewer than 25 years	45%	70%	34%	27%	52%
25 to 39 years	24%	13%	29%	38%	7%
40 years or more	31%	17%	37%	35%	41%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	739*	228	484	341	143

*Includes some individuals who did not provide an age.

Expanded information on years lived in Hingham, for aged 80+, by residence in Linden Ponds

	Age 80+ not living in Linden Ponds	Age 80+ living in Linden Ponds
Fewer than 5 years	0%	36%
5 to 9 years	4%	51%
10 to 14 years	5%	0%
15 to 24 years	13%	2%
25 to 39 years	10%	3%
40 years or more	68%	8%
TOTAL	100%	100%
Number of respondents	79	64

Q24: Do you live in Hingham year-around?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
No	5%	2%	6%	7%	3%
Yes	95%	98%	94%	93%	97%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	746*	231	488	343	145

*Includes some individuals who did not provide an age.

Q25. How important is it to you to remain living in Hingham as long as possible?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Extremely important	48%	37%	53%	48%	62%
Very important	29%	30%	29%	28%	33%
Somewhat important	16%	23%	13%	17%	4%
Not very important	4%	7%	3%	4%	0%
Not at all important	3%	3%	2%	3%	1%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	742*	231	484	342	142

*Includes some individuals who did not provide an age.

Q26. Please indicate your level of agreement with the following statement about your neighborhood:
“This is a neighborhood where I feel safe.”

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Strongly agree	80%	81%	80%	79%	82%
Somewhat agree	16%	14%	17%	18%	15%
Neither agree nor disagree	3%	4%	3%	3%	2%
Somewhat disagree	1%	1%	<1%	<1%	1%
Strongly disagree	0%	0%	0%	0%	0%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	744*	230	488	343	145

*Includes some individuals who did not provide an age.

Q27. What are your greatest concerns about living in Hingham as you grow older?

Issue mentioned	Number of times mentioned
Affordability, cost of living, taxes	330
Transportation	62
Ability to stay in home, maintain home, live on own, suitability of home to age in place, challenges of downsizing	52
Loneliness, isolation, social engagement (including: family far away; inability to participate as get older; friends/spouse die off)	47
Traffic, congestion, overbuilding	26
Access to and quality of services (medical + other services)	18
Maintaining good health	17
Crime	12
Winter, weather	7

Q29. Hingham Elder Services provides transportation services including medical rides and local shuttle service. Prior to this survey, were you aware of these services?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
No	28%	41%	21%	18%	30%
Yes	72%	59%	79%	82%	70%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	742*	229	486	343	143

*Includes some individuals who did not provide an age.

Q29: [Asked of respondents who drive]: In the future, if you were no longer able to drive, how would you meet your transportation needs? (Check all that apply)

<i>Percent marking yes</i>	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
My spouse or child(ren) would drive me	67%	69%	66%	68%	62%
Friends or neighbors would drive me	47%	52%	45%	48%	36%
The Ride	29%	23%	33%	32%	36%
Public transportation	33%	37%	32%	36%	18%
Hingham Elder Services transportation services	49%	44%	53%	58%	37%
Taxi	34%	25%	40%	43%	30%

*Asked only of those who drive. For the sample as a whole, only 43 respondents state that they do not drive.

Q29 write-in: Other means of transport if drivers were unable to drive in the future

Means of transportation write-in	Number of responses
Linden Ponds transportation	29
Bike, walk	17
Don't know	14
Hire someone, other public transport	13
Would move	6

Q30. [Asked of respondents who drive]: Do you ever modify your driving by engaging in any of the following behaviors? [Listed modifications include: I avoid driving at night; I avoid making left-hand turns; I avoid driving in bad weather; I avoid expressway driving; I avoid driving far distances or in unfamiliar areas; I make other changes to driving behaviors (specified)].

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Yes, some modification(s) listed	36%	17%	47%	37%	78%
No, I don't regulate my driving at all	64%	83%	53%	63%	22%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	683	224	440	331	109

*Asked only of current drivers. More than one modification can be listed.

Other modifications to driving mentioned, current drivers only: Using more awareness, concentration; avoiding turns, using back-roads, staying on main streets; driving more slowly; driving with spouse; do not drive very far; avoid bad neighborhoods; drinking less; maintaining automobile

Q31: 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)

% marking yes*	Non-drivers	Drivers Age 45-59	Drivers Age 60+	<i>Drivers Age 60-79</i>	<i>Drivers Age 80+</i>
Elder Services transportation is unavailable or inconvenient	12%	1%	1%	1%	2%
Public transportation is inconvenient	12%	7%	10%	11%	9%
There is no one I can depend on for help	7%	1%	3%	3%	3%
Physical or other limitations	16%	1%	4%	4%	6%
No door-to-door assistance	5%	2%	1%	1%	2%
Number of respondents	43	224	440	331	109

*More than one difficulty could be marked. Non-drivers are not split out by age due to the small number of respondents who are not drivers.

Other difficulties reported: Confidence in driving on highways; I just do the best I can; low vision; no names on streets; weather; weekend train and boat service cancelled!; no boats/trains on weekends, closing of Quincy Center T garage; train & boat

Q32: In the past 6 months, when you have traveled outside of your house what means of transportation have you used? (Check all that apply)

% marking yes*	Non-drivers	Drivers Age 45-59	Drivers Age 60+	<i>Drivers Age 60-79</i>	<i>Drivers Age 80+</i>
Family	77%	23%	34%	33%	39%
Taxi	40%	9%	9%	8%	12%
Public transportation	21%	22%	21%	24%	11%
Friends or neighbors	42%	16%	20%	19%	23%
Driving my own private automobile	12%	95%	97%	98%	95%
Elder Services transportation services	26%	0%	1%	1%	3%
Walking on foot/riding a bike	23%	46%	31%	34%	20%
Number of respondents	43	224	440	331	109

*More than one means of transportation could be marked. Non-drivers are not split out by age due to the small number of respondents who are not drivers.

Q32 write-in: other means of transportation used in past 6 months (reported by 2 or more)

Other means of transportation reported	Number of responses
Allerton House, Linden Ponds	12
Medical transportation; the Ride	10
Boat, train, MBTA	5
Airplane	3
Limo service, taxi	3
Shared rides	2
Motorcycle, scooter	2

Q33. Are you retired?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
No	46%	94%	23%	31%	3%
Yes	54%	6%	77%	69%	97%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	738*	230	487	343	144

*Includes some individuals who did not provide an age.

Q34. [Asked of those who are not retired]: When do you plan to retire?

	All ages	Age 45-59	Age 60-79
Within the next 3 years	12%	2%	34%
In 3-5 years	11%	4%	26%
In 5-10 years	18%	19%	12%
In 10 or more years	32%	46%	6%
Not sure	17%	19%	11%
I do not anticipate ever retiring	10%	10%	11%
TOTAL	100%	100%	100%
Number of respondents	319*	209	98

*Includes some individuals who did not provide an age. Only 5 individuals aged 80+ were not retired; figures not shown.

Q35. [Asked of those who are not retired]: 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.

	All ages	Age 45-59	Age 60-79
Yes, I have done extensive financial planning for retirement	35%	36%	31%
Yes, I have done some financial planning but I need to do more	54%	53%	58%
No, I have not done any financial planning for my retirement	11%	11%	11%
TOTAL	100%	100%	100%
Number of respondents	323*	210	100

*Includes some individuals who did not provide an age. Only 5 individuals aged 80+ were not retired; figures not shown.

Q36. [Asked of those who are not retired]: Please indicate your level of agreement with the following statement: “I expect to have adequate resources to meet my financial needs in retirement.”

	All ages	Age 45-59	Age 60-79
Strongly agree	21%	18%	25%
Somewhat agree	48%	49%	46%
Neither agree nor disagree	13%	13%	16%
Somewhat disagree	9%	10%	6%
Strongly disagree	9%	10%	7%
TOTAL	100%	100%	100%
Number of respondents	321*	208	100

*Includes some individuals who did not provide an age. Only 5 individuals aged 80+ were not retired; figures not shown.

Q37. Gender: Are you (check one)?

	All ages	Boomers Age 45-59	Seniors Age 60+	<i>Age 60-79</i>	<i>Age 80+</i>
Male	34%	36%	33%	35%	27%
Female	66%	64%	67%	65%	73%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	739*	230	489	344	145

*Includes some individuals who did not provide an age.

Q38. Age: How old are you?

	All ages
Age 45-49	9%
Age 50-54	11%
Age 55-59	12%
Age 60-64	13%
Age 65-69	15%
Age 70-74	11%
Age 75-79	9%
Age 80-84	12%
Age 85 and older	8%
TOTAL	100%
Number of respondents	720

Q39. Race: Are you ?

Q40. Do you consider yourself to be Hispanic/Latino?

	All ages
White/Caucasian	99%
Black/African American	<1%
Asian	<1%
Other	1%
Hispanic/Latino	1%
Number of respondents	737*

* More than one race could be reported; Hispanic/Latino may be of any race.

Q41. What is your marital status?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Married or living with a partner as though married	73%	86%	66%	74%	48%
Widowed	13%	<1%	18%	9%	40%
Divorced/Separated	8%	7%	9%	11%	3%
Never married	6%	7%	7%	6%	9%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	746*	231	487	342	145

*Includes some individuals who did not provide an age.

Q42. What is the highest level of education you completed?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Less than a high school degree	1%	0%	1%	1%	3%
High school diploma or GED	10%	5%	13%	8%	23%
Some college	25%	19%	29%	27%	34%
Four year college degree	30%	37%	26%	28%	22%
Post-graduate degree	34%	39%	31%	36%	18%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	748*	231	489	344	145

*Includes some individuals who did not provide an age.

Q43. Are you currently employed in your own business, or at a job that pays you a wage or salary? [If yes, respondent was asked to report the number of hours worked per week]

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Not employed	59%	25%	74%	65%	96%
Employed part-time (less than 30 hours per week)	13%	14%	13%	16%	4%
Employed full-time (30 hours or more per week)	28%	61%	13%	19%	0%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	720*	219	475	334	141

*Includes some individuals who did not provide an age.

Q44. What was your total family income from all sources before taxes last year?

	All ages	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Less than \$25,000	8%	4%	10%	8%	14%
\$25,000-\$49,999	15%	6%	20%	17%	27%
\$50,000-\$74,999	16%	11%	18%	16%	21%
\$75,000-\$99,999	11%	10%	12%	14%	9%
\$100,000-\$149,999	15%	18%	13%	15%	8%
\$150,000 or more	23%	43%	14%	18%	4%
No response	12%	8%	13%	12%	17%
TOTAL	100%	100%	100%	100%	100%
Number of respondents	749	231	489	344	145

*Includes some individuals who did not provide an age.

Q45. Were there any times in the past 12 months when you did not have enough money to (check all that apply)?

% marking yes	All ages*	Boomers Age 45-59	Seniors Age 60+	Age 60-79	Age 80+
Buy food	3%	4%	2%	3%	0%
Pay for medical needs (such as dental care, eyeglasses, hearing aids, or a prescription)	6%	7%	5%	6%	4%
Pay rent, mortgage, or real estate taxes	5%	7%	3%	3%	3%
Pay for car repairs or home repairs	6%	11%	4%	5%	3%
Pay utility bills (such as oil, electricity, or telephone)	4%	5%	3%	4%	3%
Other listed	2%	3%	2%	2%	2%
One or more listed	11%	16%	9%	10%	8%

*Includes some individuals who did not provide an age.

Other needs (write-in): activities & entertainment; savings; general financial caution; credit card or other debt

The Gerontology Institute is 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.

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. The Center for Social and Demographic Research in Aging was established as a research unit within the Gerontology Institute in 2012. Its work focuses on economic security in later life, well-being and quality of life, community supports for seniors, and demography and diversity in aging. For more information visit the Gerontology Institute website: www.gerontologyinstitute.umb.edu.



TOWN OF HINGHAM DEPARTMENT OF ELDER SERVICES

224 Central Street
Hingham, MA 02043
Phone 781.741.1458

UNIVERSITY OF MASSACHUSETTS BOSTON GERONTOLOGY INSTITUTE

100 Morrissey Boulevard
Boston, MA 02125-3393
Phone 617.287.7300
www.umb.edu/gerontologyinstitute