



Aging in Barnstable:

Striving for High Livability in a Cape Cod Community

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Dear Citizens of Barnstable,

It is with great pleasure that I present to you the findings of the needs assessment study. In 2014, the Senior Services Division commissioned the University of Massachusetts Boston's Gerontology Institute to conduct a needs assessment study to research and document the needs, interests, preferences and opinions of Barnstable residents aged 50 and over with respect to living and aging in the town of Barnstable. The needs assessment was prompted by the rapid increase in the number of older adults who reside in Barnstable, as well as demographic projections for the future. Based on Census 2010 data, 28% of our population is aged over 60. By 2030, this is projected to grow to over 40%. As you can imagine, this will result in a growing need for services for our older residents and will place an increased demand on the Senior Services Division to adequately provide those services.

The needs assessment process was both comprehensive and exhaustive in scope. A variety of tools and instruments were used by the research team at UMass including community forums, focus groups, key informant interviews, peer comparison reviews, demographic analysis, an asset mapping project and, finally, a survey that received a 29% response rate. Viewed collectively, these individual elements provide us with a broad and detailed understanding of the met and unmet needs of our older residents. This information will be invaluable to us as we prepare and plan for our future growth and development and will guide us as we move forward to successfully implement the recommendations contained in the study.

The Barnstable Senior Services Division has a long history of providing excellent service to older adults in our community. Our programs and services are designed to enhance and enrich the quality of life for seniors and help them maintain their independence so they may successfully age in place and remain active and engaged in the community. Barnstable is extremely fortunate to have a first-class senior center that is regarded as one of the finest in Massachusetts and to provide a diverse array of programs and services that benefit many seniors in our community. However, given the demographic projections for the next fifteen years, it is essential that we be proactive in ensuring that our programs and services continue to meet the needs of our aging residents. To that end, it was imperative that we include the baby boomers in this study, as they are the next generation of senior citizens. Their input into this study is crucial in terms of helping us to evolve so we can effectively and appropriately respond to their needs and interests.

We are very proud of the results of this effort and of the strong community support we received for the project. It is an overwhelming acknowledgement of the important work that is performed by the Senior Services Division and the critical role we play in improving the lives of our older citizens. I would like to thank all who made this project possible including the Town of Barnstable and the Friends of the Barnstable Council on Aging for their financial support, the Barnstable Town Council, Barnstable Council on Aging, Town Manager Thomas Lynch, Director of Community Services Lynne Poyant, the Senior Services team, the research team at UMass Boston led by Professor Jan Mutchler for their exceptional and thorough work and, most importantly, all of the citizens of Barnstable who took the time to participate in the study. It is affirming to know that so many members of our community let their voices be heard. I welcome your feedback and comments and look forward to continuing the conversation and working with you to create a shared vision to ensure that the Senior Services Division can continue to provide meaningful, valued, and vital services to our older residents.

Sincerely,

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Aging in Place in the Town of Barnstable: Striving for High Livability in a Cape Cod Community

Commissioned by the Town of Barnstable
Senior Services Division

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Executive Summary

This report describes collaborative efforts undertaken by the Town of Barnstable Senior Services Division and the Center for Social and Demographic Research on Aging, within the Gerontology Institute at the McCormack Graduate School, University of Massachusetts Boston. Beginning in Fall 2014, these organizations partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town’s older resident population, with respect to living and aging in Barnstable. The focus of this report was on two cohorts of Barnstable residents—those aged 50 to 59 (referred to as “Boomers”), and the cohort of individuals who are currently aged 60 and over (“Seniors”).

During this assessment, several research methods were utilized in order to sketch a multidimensional impression of the Town’s older residents that could be used to plan and implement current and future services in the Town of Barnstable. We began the process by examining public data from the U.S. Census Bureau to describe basic demographic characteristics, as well as economic characteristics, disability status, and living situations of older people in the Town. Early in the project we invited Town residents to attend a community forum, to better understand how residents perceived current and future aging-related needs of the Town. We used information gathered at this meeting to develop a survey instrument to be administered to a randomly selected sample of residents from both age cohorts. We conducted two focus groups to obtain feedback from stakeholders who regularly interact with older residents, regarding issues and concerns about aging in Barnstable. We conducted interviews with six key informants to acquire input from local experts on the implications of the aging population, and the functioning of the Senior Center. In addition, we produced three maps depicting town resources that are perceived as assets to facilitate aging in place in Barnstable by older adult residents. Finally, we conducted a comparison of Senior Centers in four communities that are similar to Barnstable in order to assess resources available and how needs of older adults are met in other nearby communities. Collectively, the content of this report is intended to inform the Town of Barnstable Senior Services Division, along with other offices within the Town with a stake in the aging of Barnstable, and organizations that provide services to older residents, as well as those who advocate for older people, and community members at large.

Summary of Demographic Profile

In 2010, the Town of Barnstable had more than 45,000 residents, many of whom were age 50 and older. According to the U.S. Census, there were 7,723 residents age 50 to 59 who will begin moving into later life during the coming decade, and another 12,845 people age 60 and over living in Barnstable who currently are eligible for programs and services provided by the Senior Services Division and Senior Center. Barnstable has experienced steady growth in the size of its older population, with the number of persons age 60 and over increasing by about 7% between 2000 and 2010, compared to a net loss of about 5% in the Town overall. In general, the

Town's population is becoming older through a combination of long-term residents aging in place, and newcomers who have moved to Barnstable to spend their retirement years.

Residents who are age 60 or older are heads of 42% of Barnstable's households. According to data from the American Community Survey (2009 – 2013), nearly half (48%) of households have at least one member who is age 60 or older. A sizeable share (27%) of residents who are age 65 and older live alone, with a large percentage of these living in homes that they own. Barnstable's households headed by residents who are age 65 and older have a slightly higher median income (\$44,441) relative to older people in Massachusetts overall (\$38,325); however, many older adults in Barnstable experience economic disadvantages that could lead to economic insecurity. For example, 30% of residents age 65 and older report household incomes under \$25,000 annually. Finally, many older people in Barnstable experience some level of disability, which could limit their functioning and impact their ability to live independently in their homes and community. Overall, nearly four out of ten residents age 75 and older experience at least one disability.

Summary of Community Forum Results

We conducted a community forum, as part of the process of developing key concepts and instruments to be used in the study. The discussion was structured on participants' perceptions of *strengths, challenges, and opportunities* with respect to aging optimally in the Town. As strengths, many residents cited the Town's transportation options, its natural and recreational amenities, a supportive municipal government, and their access to programs and services at the Senior Center. Challenges that were mentioned revolved around the high cost of living in Barnstable, including taxes and daily living expenses. Some participants stated that the diversity of Barnstable's older population made it somewhat difficult to provide adequate and appropriate programs to the many groups who could benefit from them. Most participants in the forum viewed the aging of Barnstable's population optimistically, and recognized the opportunity for older people in the Town to contribute to building a community that is highly livable for all of Barnstable's residents.

Summary of Survey Results

Results from the resident survey suggest that a large proportion of the Town's older residents have lived in Barnstable for many years. About half of respondents who are age 50 and older reported living in Barnstable for 25 years or longer. Thus, much of the growth in the older population has occurred as a result of Barnstable residents aging in place. Additionally, 10% of respondents reported living in Barnstable for fewer than 5 years, suggesting that a substantial part of the Town's population aging is due to older adults who have moved to Barnstable to retire. By and large, aging in place is a common goal in Barnstable, as indicated by the 91% of Senior respondents who stated it is important to them to stay in Barnstable as long

as possible, and 88% of Seniors who said it is important to remain in their current village as long as possible. The vast majority of survey respondents (89%) reported that they lived in single-family homes. Nevertheless, in the event that a change in their health required that respondents move in the next 5 years, single family homes and condominiums were the most common preferences for Boomers (51% and 34%, respectively); whereas Seniors age 60 to 79 preferred senior independent living options and condominiums (40% and 33%, respectively); and respondents age 80 and older favored senior independent living facilities (43%) and assisted living facilities (29%) in the event that they needed to move.

The vast majority of survey respondents (95%) rated their emotional wellbeing as good or excellent. For the most part, older people in Barnstable remain well connected to family and friends, via forms of frequent communication including in-person visits, telephone conversations, and email exchanges. Nevertheless, some survey respondents suggested that they might not have adequate social/emotional support. Results indicated that a small percentage of residents might be at risk for social isolation due to their limited community connections and inadequate access to goods and services outside of their homes.

Similarly, most older residents in Barnstable are seemingly in good health but some, especially the oldest, require help. The majority (89%) of survey respondents reported that their health was excellent or good. Relatively few said they needed assistance with activities around the house (21%), or with daily activities or personal care (4%), though the percentage needing help in these areas was much higher among respondents age 80 and older. For those who required help, most had someone who was available to give assistance, including family members or paid helpers. A small share of all respondents indicated that they had no one to assist them when they need help. Additionally, many survey respondents (44%) reported that they currently, or have in the past five years, served as caregivers to others who are disabled or frail, with many indicating that their caregiving was highly challenging given their other life responsibilities. The vast majority of those who were caregivers were not compensated monetarily for their assistance.

Most survey respondents of all ages (92%) indicated that they still drive themselves, although many noted that they use strategies to modify their driving and make their driving safer and easier (such as avoiding driving in bad weather). About 38% of respondents reported high levels of satisfaction with transportation options in Barnstable and in their villages; however, many transportation challenges remain, especially for those who do not drive, including public transportation options that are perceived as inadequate or inconvenient, and issues pertaining to the “walkability” of Barnstable. As a result, a significant number of Seniors, many of whom live alone, and who do not have reliable transportation or large social networks, may be at risk for isolation, which, over time, can influence their health, wellbeing, and their ability to live independently in Barnstable.

Most Senior respondents indicated that they were retired (70%); whereas only 7% of Boomers indicated they were retired. A significant proportion of those age 60 and older said that they continued to work full-time (15%) or part-time (17%). Of those who were still working, many stated that they intended to retire in the next 3 years; however, a large share indicated that they were not sure or did not anticipate ever fully retiring. The vast majority (85%) of all respondents indicated that they had done some financial planning for retirement, but the rest had not, including 17% of Boomers. Indeed, only 60% of all respondents are confident that they will have adequate resources to meet their financial needs in retirement.

The Town of Barnstable Senior Services Division provides a wide variety of services and programs that generate high participation levels, especially among residents age 80 and older (33%). The majority of survey respondents reported high satisfaction with the available programs and services in the Town. Many Seniors who stated that they do not use services said it was because they were not interested (26%); they did not identify with the word “senior” (17%); or that they participated in programs elsewhere (15%). Many survey respondents also acknowledged that they were unaware of what services were available or how to access them. Most respondents in both age cohorts stated that they were likely to use programs and services provided by the Senior Services Division in the future. Despite varying rates of utilization and planned utilization between individuals and age cohorts, all available services were rated as very important or important by large proportions of respondents, with small differences by age group. Among the oldest Seniors (age 80 and older), the most important services offered were health and wellness activities (51%), fitness activities (45%), and Senior Center transportation services (45%). Younger Seniors (age 60 to 79) also placed high importance on health and wellness activities (62%), and fitness activities (58%). Given the value that many residents hold for the Town of Barnstable Senior Services Division and Senior Center in general, expanded service demands associated with the growth of the older population are a near certainty. In addition, some programming priorities may shift, as utilization by Boomers increases, requiring continued development of appropriate programs and services that consumers desire and prefer.

Looking ahead, many survey respondents voiced concerns as they age in place in Barnstable. Many participants indicated their continued support for the Town’s Adult Supportive Day Program, which is currently housed in the lower level of the Senior Center. More generally, some participants described a need for extended operating hours of the Senior Center, or at least, adjusting hours, so that many who still work, could attend and participate in the evenings or on weekends. Many residents are anxious about whether they will have access to quality services that help them maintain their health and remain independent when they need them in the future, especially when their families are far away. Many survey participants indicated that their reason for not currently using services was that they did not need them, but many foresaw needing them in the future. Finally, there was a strong desire expressed to remain active in the community, and concerns were voiced that

opportunities to do so could be restricted by transportation limitations, poor health and disability, or a lack of programs.

Summary of Focus Groups

Participants in both focus groups shared many concerns. Public safety and town officials indicated that a major change they had observed as a result of the aging of Barnstable's population is an increase in the number of interactions with older people that they had seen. For some divisions, such as the Town's Fire Departments, the types of calls received have qualitatively changed, requiring that first responders learn new skills to address aging-related issues specifically. In the group of young active Baby Boomers, a sentiment was expressed that many of the services that are currently available from the Senior Services Division and Senior Center are for older and more needy residents. Discussants did not imagine themselves fitting in well with current Senior Center users. Recommendations were offered about how to "rebrand" the Senior Center as a place where younger Baby Boomers can come to participate in activities they enjoy.

Summary of Key Informant Interviews

Key informant interviews revealed that town leaders feel prepared to meet challenges associated with Barnstable's changing demographic profile. Nevertheless, the increasing older population has prompted leaders in the community to make consideration of older residents a central component in their decision-making processes. Leaders understand that older residents contribute extensively to the vitality of the community, via volunteerism and civic activism, as well as by contributing significantly to the Town's tax base. Thus, interviewees recognized the importance of facilitating engagement by older residents for strengthening the community as a whole. Key informants recognized many of the concerns raised in other sections of this study. Affordable year-round housing options, transportation, and reducing isolation are all important priorities among those interviewed.

Summary of Asset Mapping

We conducted an asset mapping exercise to identify and map assets of the Town that residents feel help them to age in place. Participants identified places where they socialize, get involved in the community, or go for arts and recreation, to receive health care, or other aging-related services. We also identified and mapped town assets that are known to improve livability in communities, including public safety amenities, health facilities, schools and libraries. Resulting maps suggest that many valued amenities are clustered near the Senior Center, and in commercial districts in the Town, such as the Village of Hyannis. In many cases, assets are located somewhat distantly from the immediate areas where large numbers of older people reside.

Summary of Peer Community Interviews

Finally, we compared attributes of the Town of Barnstable Senior Center to senior centers in Falmouth, Plymouth, Salem, and Yarmouth. The Town of Barnstable Senior Services Division and Senior Center and its peer senior centers differ in history and size. The oldest senior center of the five is in Salem, established in 1937. The newest senior center is in Plymouth, which was built in 2012 as a stand-alone facility. Barnstable's Senior Center is the second newest facility, built in 1999. The senior center in Barnstable is among the largest, at 20,654 square feet, similar in size to Plymouth and Salem. Directors at all of the senior centers stated that they do not have adequate space to conduct the full range of programs and services they would like. The Barnstable Senior Center has the largest staff with 10 full-time and 3 part-time staff, which is due in large part to staffing requirements of their adult day program. All of the senior centers rely heavily on volunteers to conduct their daily business.

Collectively, these results guided recommendations developed to aid the Town of Barnstable Senior Services Division, as well as other Town offices as they continue to plan for the future. Foremost, the Town must approach issues associated with the aging of its population broadly and with a far-reaching vision. In considering the future need for services, staff, and infrastructure, planners must bear in mind both projections of a rapidly growing older population and potential changes in needs and preferences of older residents in the Town. The goal of achieving a highly livable town for all residents, regardless of age, can be achieved by improving communication structures and encouraging collaboration between agencies and service providers that serve the Town's older residents. In this process, the Senior Services Division and Senior Center can serve as a hub to strengthen linkages between other Town offices and community organizations around issues relating to the older adult population.

Key Findings in Brief

Demographics

- Over the next few decades, the number of residents who are age 60 and older will increase to make up about 42% of the population in the Town of Barnstable.
- Nearly half (48%) of Barnstable's households have at least one person who is age 60 and over.
- Greater than one in four (27%) residents age 65 and older lives alone in their household.

Community & Neighborhood

- Fifty percent of survey respondents who are age 50 and older have lived in Barnstable for 25 years or longer.
- Ninety-one percent of survey respondents who are age 60 and older say it is important to them to remain living in Barnstable as long as possible.
- Eighty-two percent of survey respondents who are age 60 and older feel completely/very safe in Barnstable.
- Concerns about staying in Barnstable include keeping up with the Cape's high cost of living, crime and drugs in Barnstable, dealing with weather emergencies, and having access to good work and volunteer opportunities.

Housing & Living Situation

- Most survey respondents (88%) live in single-family homes that require maintenance and may need home modifications to enhance their safety.
- Thirty-one percent of respondents age 60 to 69, and 30% of those 80 and older are unable to afford home modifications they say they need.
- Survey respondents who are age 60 and older would prefer independent living (41%) and condominium (30%) options in the event that changes in their health required that they move.

Social Activities & Relationships

- Ninety-five percent of survey respondents rate their emotional wellbeing as excellent or good.
- About 24% of survey respondents who are age 80 and older leave home to visit with friends or family once a month or less.
- Older residents enjoy a variety of activities including social activities (75%), media-related activities (69%), individual/solitary activities (68%), and food-related activities like cooking and eating out (68%).

Your Health

- Eighty-nine percent of survey respondents indicated their health was excellent or good.
- Twenty-one percent indicated they needed help with activities around the house.
- Among all respondents, the largest share relied on family members to help them with activities.

Caregiving

- In the last 5 years 44% of survey respondents have provided caregiving to a person who is disabled or frail.
- Of those who provided care, the vast majority (91%) of respondents were not paid for their caregiving.
- The majority (65%) of survey respondents who provided help indicated that it was challenging given their other responsibilities.

Transportation

- Most respondents (92%) meet their transportation needs by driving themselves.
- Many older residents modify driving habits by not driving at night or in bad weather.
- Transportation challenges exist for those who do not drive, including walkability issues in the Town.

Current & Future Retirement Plans

- Twenty-four percent of survey respondents who are age 60 and older are still working full time.
- Of those respondents age 60 and older who are still working, 46% said they are not sure when or if they will ever retire.
- Sixty percent of survey respondents expect to have adequate resources to meet their financial needs in retirement.

Programs & Services at the Senior Center

- Thirty-three percent of respondents 80 years and older participate in Senior Center activities.
- Reasons for non-participation include not being interested, or going to activities elsewhere.
- All services were rated as high priorities by all age groups. The most highly rated services include fitness activities and health and wellness programs.

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In addition, we owe thanks to many residents of Barnstable who supported our data collection efforts, and who provided their thoughtful responses to our queries. We thank the hundreds of residents who took the time to complete our survey, and many who gave their time graciously to participate in focus groups and asset mapping sessions.

We are also indebted to Sara Cushing (Town Council Liaison to the Council on Aging); Mark Ells (Assistant Town Manager); Thomas Lynch (Town Manager); Ed Merigan (Director of Veterans Services); Jo Anne Miller Buntich (Director of Growth Management); and Lynne Poyant (Director of Community Services), who each shared their individual perspectives on aging in Barnstable.

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The authors, Bernard A. Steinman, Ceara R. Somerville, Hayley Gleason, Maryam Khaniyan, Mai See Yang, and Jan E. Mutchler from the University of Massachusetts Boston are responsible for the contents of this report; however, the project could not have been completed without the cooperation and efforts of all those mentioned above.

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Introduction

Like many municipalities across Massachusetts, the population in the Town of Barnstable is getting older, with its proportion of residents age 60 and over expected to grow more rapidly than any other age group over the next two decades. Currently, many older residents benefit from programs and services designed to address their aging-related needs, and prolong their independence in the community. As a municipal entity, the Town of Barnstable's Senior Services Division is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful aging and fulfilling lives.

As the demographics of Barnstable shift toward a population that is older and living longer, demand for senior services will likely increase over time. Planning is necessary to assure that the Town is adequately prepared to meet the challenges and to capitalize on opportunities that an aging population presents. It is increasingly relevant and necessary for those who provide services and amenities in the Town to understand different stakeholder perspectives with regard to the aging-related needs of Barnstable's residents. Additionally, given the high rates of public engagement among adults age 65 and older, policymakers who are in tune and proactive about addressing the needs of older adults will benefit from awareness of shifting demographic trends and their implications for town policy.

This report presents results of a comprehensive examination of issues relating to aging and older adults in Barnstable. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including town residents, municipal officials and other town leaders. The assessment has as its primary focus the current and future consumers of Senior Center services. The goals of this project were to identify the characteristics and needs of Barnstable residents age 50 to 59 (the cohort referred to hereafter as "Boomers") and those age 60 and older (hereafter "Seniors"); to identify specific concerns of community members related to aging in Barnstable, and to make explicit their ideas regarding how quality of life could be improved for older adults who live in the Town; to explore the current and potential role of the Senior Center in the lives of older residents; and to outline the implications of an aging population for the Town of Barnstable as a whole. The contents of this report are intended to inform planning by the Town's Senior Services Division, as well as other town offices, private and public organizations that provide services and advocate for older people within Barnstable, and the community at large.

Background

The Town of Barnstable is a community of approximately 45,000 year-round residents located on Cape Cod, in Massachusetts. Similar to other communities throughout the country, Barnstable expects to experience continued growth in its

population of residents who are age 60 and older, as the generation of Baby Boomers (those born between 1946 and 1964) age into later life (Vincent & Velkoff, 2010). Census 2010 counted 12,845 Barnstable residents age 60 and older, making up 28% of the total population; another 7,723 residents were between the ages of 50 to 59, poised to move into later life within the coming decade (U.S. Census Bureau, 2010). Growth of the older resident population of the Town of Barnstable will occur at a rapid pace in coming years as current residents “age in place”. Growing numbers of older people may also be supported by an influx of recent retirees who choose Barnstable as a permanent retirement destination, or who convert to year-round residency after having summered in Barnstable for years.

A number of common aging-related circumstances have been identified that place unique demands on the resources that communities have available as they plan to accommodate greater numbers of older people. Among them are changes in the health and service needs of older people. Many may experience physical and social changes that could threaten their independence and wellbeing, if not addressed by specialized and targeted services. In addition, some retirees may experience constraints associated with living on fixed incomes that could limit their choices, and reduce their quality of life in retirement. Insofar as many services required by older populations are provided either publicly or through public-private partnerships, many towns like Barnstable find it necessary to adapt to changing age profiles within their populations. To this end, the Town of Barnstable Division of Senior Services seeks to plan for the continued expansion of its older population by learning about the current and expected needs and experiences of its aging residents.

A commonly expressed goal of older adults is to remain living in their homes as long as possible. The current buzz-term “aging in place” implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, and in community, older people are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote “successful aging,” by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions. By proactively taking steps to support the goals of older people in terms of successful aging and aging in place, Barnstable can retain a larger share of its older population in the community and benefit from the experiences and local commitment that vital long-term residents offer, while reducing potential demands on resources associated with frailty and dependence.

In this report, we describe recent activities conducted to assess the aging-related needs of current and future older adult residents in the Town of Barnstable. Our approach aligns with efforts to identify ways in which communities may become more “livable” for residents of all ages. Livable communities are said to have features that allow older adults “to maintain their independence and quality of life as they age and retire” (Nelson & Guengerich, 2009). Key components that facilitate

livability include adequate and appropriate housing and transportation options, along with community services that target the needs of older people.

Housing

The availability and affordability of housing that is suitable to meet the changing capacity of older people is a key factor that influences the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many prominent studies point to the well-documented preference of older adults to remain in their existing homes as long as possible (e.g., AARP, 2005). For many, the home serves not only as a source of shelter, but also as the platform for maintaining social networks and connecting residents to neighborhood amenities. The home may also be the basis for long-standing memories that connect older individuals to their past. As well, homes are an important source of financial security, as home equity and/or ownership may represent one of the most significant sources of wealth held by many older people. Consequently, the attachment that many have to their homes is often substantial.

Nevertheless, as people age, the “fit” between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too cumbersome or expensive to maintain on a fixed income. Some older adults will develop functional impairments and disabilities; for these individuals, outdated home features may not provide adequate support for their changing physical and cognitive capacities. Design features of homes, such as the number of stories and manageability of stairs, may challenge an older resident’s ability to remain living safely in her home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support the resident’s 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 accommodating features, such as home modifications or universal design features, and housing that blends shelter and services, such as assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in the community (AARP, 2005), or at least delay the move into more supportive and expensive institutional alternatives. Aging in the community can be facilitated 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.

Transportation

Along with housing, adequate transportation is also needed to maintain social ties, obtain needed goods and services, access community amenities and be engaged with others. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old

age. Many communities have limited public transportation options, and those that do exist may be inconvenient, expensive, or unreliable. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting high quality, reliable and convenient local travel options, communities can promote quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives.

Community Features & Services

Livable communities also require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term care services. Older adults with mobility limitations or who experience challenges with driving may need medical and social services that can be easily accessed or delivered within their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and their yards can help protect the value of investments and improve the neighborhoods of older people. Safe and “walkable” shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence and improve quality of life. Research has demonstrated that social support is a key component of wellbeing in later life, and that continued engagement in social and community activities promotes successful aging (Pardasani & Thompson, 2012).

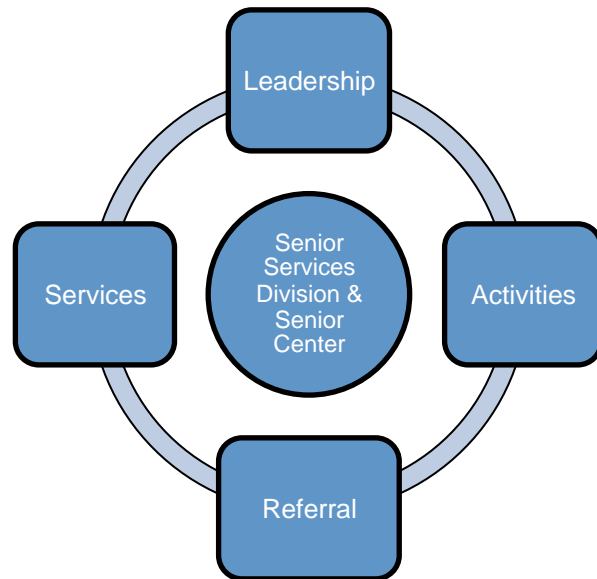
The Town of Barnstable Senior Services Division & Senior Center

In the Town of Barnstable, the Senior Services Division is charged with establishing priorities and offering opportunities to older residents, their families, and their caregivers. Programs and services offered through the Senior Center are designed to support the transition of residents through later life, and help promote their wellbeing.

When considering the mission of senior centers within communities, observers commonly think of two distinct responsibilities. First, senior centers promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting, and that promote personal growth and social engagement. Reading clubs, exercise classes, late-life learning programs, and many other programs are good examples. Second, senior centers provide services to older residents and their families that meet needs in the community and promote physical

and emotional wellness. For example, blood pressure clinics, support groups for family caregivers, and transportation services are common examples. Many observers are not aware of two additional important responsibilities of senior centers. The staff at senior centers link older residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help seniors apply for income support programs or health insurance made available through the state or federal government. Finally, COAs and senior center staff provide leadership within the community around senior issues, by serving on Town boards, interacting with other Town offices, and serving as resources to residents and organizations.

The Barnstable Senior Center operates Monday thru Friday from 8:00 a.m. to 4:30 p.m. Its staff includes 10 full-time and 3 part-time employees. Currently, the Town of Barnstable Senior Center offers an array of programs and services to residents who are aged 60 and older. According to its annual report to the Town, in fiscal year (FY) 2015, the Senior Services Division recorded 24,779 duplicate visits, from 1,962 unique members. Specific programs offered through the Town of Barnstable Senior Center included:



- Adult Supportive Day Program: Provided supportive day services to 49 older residents and provided much-needed respite for their caregivers.
- Outreach Services: Outreach staff saved 1,020 older residents \$1,587,716 through assistance with Medicare/Medicaid, fuel assistance, real estate tax abatements, food stamps and other programs.
- Transportation: “Silver Express” vans drove 24,500 miles and provided 5,545 one-way trips to transport 124 seniors. Door-to-door transport to medical appointments, grocery stores, pharmacies, banks, and to and from the Senior Center.
- Volunteer Opportunities: Volunteers provide invaluable support to the Senior Center, assisting with many of the programs and activities including: volunteer medical transportation, friendly visitor program, reassurance phone calls, assisting or leading activities or administrative tasks and serving or supporting the Friends Group. In FY 2015, 168 volunteers donated their time and expertise to provide 6,149 hours of service.

- *Nutrition Programs:* Coordinates nutrition support via referrals for home-delivered meals and congregate meals. In FY 2015, 39,075 Meals on Wheels and 4,091 congregate meals were served to 389 older Barnstable residents through Elder Services of Cape Cod and the Islands nutrition program.
- *Health and Wellness Activities:* Regularly scheduled fitness classes, such as strength training, yoga, and Zumba, are offered.
- *Social, Crafts and Education Activities:* A variety of activities are offered on a weekly, monthly, or special occasion basis, such as card or board games, art programs, such as oil painting or crafting, and social clubs.
- *Special Programs, Seminars and Social Events:* Medical, educational and social functions are offered on an occasional basis depending on availability of space and resources.
- *Medical Services:* SHINE Counseling (Securing the Health Information Needs of Elders) is offered to provide older residents with assistance with medical insurance questions, including selection of new plans or concerns about billing or payment.
- *Non-Medical Services:* Support with tax preparation through the AARP Foundation Tax Aide Program and the AARP Safe Driving Classes are offered.
- *Marketing the Senior Center:* Various media are used to inform residents about available programs and services. In FY 2015, the quarterly *Compass Magazine* was mailed to approximately 4,000 households, in addition to a weekly e-newsletter with almost 1,700 subscribers, a Facebook page, community presentations and regular cable programming on Channel 18.
- *Website:* Maintains up-to-date website on the Town of Barnstable's server, listing current services and programs, and providing links to relevant local, state, and national aging services.

In general, the Town of Barnstable Senior Services Division plays an instrumental role in providing key services to older adults in the Town, or guiding older residents to those services. Currently, the Senior Center is able to effectively fill a crucial niche; however, as the number of older residents increases, the need for resources dedicated to this segment of the population will also continue to grow and change. Thus, it is crucial that the Senior Services Division plan in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town.

Purpose of Study

This report represents the collaborative efforts by the Town of Barnstable Senior Services Division and University of Massachusetts Boston (UMass Boston) to assemble information from a number of sources. In the following pages, we present a profile of the characteristics and resources of the current population of Barnstable— those who are at and approaching later life (age 60 and older) as well

as those who will be moving into later life over the next two decades (the population age 50 to 59). Knowledge of these characteristics provides an important basis for planning by the Senior Services Division, as well as for other town offices and organizations within the community.

Methods

Mixed evaluation methods are often used to assess the needs of older residents and to aid organizations in planning and prioritizing the programs and services they provide in the community. Collecting data from multiple sources is a good strategy for converging on accurate and multifaceted representations of community needs from the perspective of a diverse set of stakeholders (Royse, Thyer, & Padgett, 2010). In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, quantitative and qualitative data collected directly from the Town of Barnstable's older residents, and administrative data from Councils on Aging in similar communities on Cape Cod and the greater Boston area. All research methods and instruments used in this project were approved by the University's Institutional Review Board, which is charged with protecting the rights and welfare of human subjects who take part in research conducted at UMass Boston.

Our goal early in this study was to prioritize the concerns of stakeholders and identify research questions, which when approached systematically, could shed light on the support needs of the older population, and identify services and town qualities that are most valued by the Town of Barnstable's residents. In addition, data collection instruments were developed with an eye toward identifying future needs and preferences of a younger cohort—specifically, those who will become eligible for services over the next decade.

In general, assessment goals identified at the outset of this study related to how the Town and the Senior Services Division could better facilitate aging in place by older adults in the community. This goal is consistent with efforts to identify ways in which communities may become more "livable" by supporting the independence and quality of life of older people as they age (Nelson & Guengerich, 2009). In the following sections, we describe methods used in this needs assessment, including development of appropriate instruments, selection and recruitment of study participants, and a brief section on data analysis strategies.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Barnstable's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2009-2013), along with U.S. Census data for the Town of

Barnstable to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Community Forum

Early in the needs assessment process (October 2014), we solicited participatory input from public stakeholders, including community members representing the Town of Barnstable’s older population, via a forum conducted on the premises of the Senior Center. Participation in the forum was open to all adult residents of Barnstable. In total, about 100 individuals participated in two hour-long sessions.

The specific purpose of the forum was to develop a better understanding of the need for aging programs as experienced by current and future consumers of services provided by the Town of Barnstable Senior Services Division, and to inform subsequent development of survey and interview instruments used in this assessment. Discussion at the forum focused on the perceived *strengths, challenges, and opportunities* available to community members in the Town of Barnstable to facilitate aging in place and wellbeing in later life. The lead researcher, Bernard Steinman, moderated the discussion, and two note-takers attended in order to capture key points raised by participants.

Resident Survey

The central component of our data collection effort was a resident survey instrument developed by the research team at UMass Boston in consultation with the Town of Barnstable’s Senior Services Division staff. The instrument included quantitative and open-ended questions chosen based on their importance with respect to the planning needs of the Senior Services Division as they relate to the Town’s aging population. In addition to a paper/pencil version of the instrument, the survey was made available online via the Internet.

The full resident survey (reproduced in **Appendix A**) was composed of sections relating to the following areas of interest:

- Community & Neighborhood
- Housing & Living Situation
- Social Activities & Relationships
- Health
- Caregiving
- Transportation
- Retirement Plans
- Programs & Services
- Demographics

Resident Survey Sampling and Rate of Response

At the request of the Director of the Senior Services Division (hereafter, “the Director”), the Town Clerk’s Office provided the UMass Boston research team with a list of prospective study participants based on municipal census records that

included names, addresses, and dates of birth for all residents of the Town of Barnstable who were age 50 and older on the date the list was requested. After removing residents who lived in nursing homes from the list, we selected a simple random sample of 4,300 residents representing 21% of Barnstable’s population in that age range.

Prior to contacting sampled residents, we conducted preliminary analyses to verify that the Town of Barnstable’s seven villages were adequately represented in our sample relative to their share of the older adult population of the Town. Proportions of each village in the total population, the sampling distribution, and response distribution are shown in **Table 1**, and suggest that the simple random sample and response proportions were adequately representative of the population, with respect to villages.

Table 1. Percent of Town of Barnstable residents age 50+ in population and survey sample by village

Village	% of Town Census	% of Sample	% of Response
Barnstable	7%	8%	8%
Centerville	25%	24%	26%
Cotuit	9%	9%	10%
Hyannis	25%	25%	24%
Marstons Mills	16%	17%	15%
Osterville	10%	10%	11%
West Barnstable	8%	7%	6%
Total	100%	100%	100%

We mailed a personally addressed postcard to selected residents intended to inform them that they were chosen for the study and would receive a mailed survey in the coming week. Approximately one week after the postcard, we sent the survey packet with a postage-paid return envelope and cover letter signed by the Director, which outlined the purpose of the survey and the measures taken to protect the rights and privacy of participants. All materials in this mailing clearly identified UMass Boston and the Town of Barnstable Senior Services Division as research partners in the project.

Table 2. Town of Barnstable resident survey sample description and rates of response

	Total Age 50+	Boomers Age 50 to 59	Seniors Age 60 to 79	Seniors Age 80+
Sampling Frame	20,568	7,723	9,986	2,859
Percent of Sampling Frame	100%	37%	49%	14%
Sample Size	4,300	1,451	2,280	569
Percent of Sample	100%	34%	53%	13%
Valid Responses	1,254*	224	808	214
Response Representation	100%	18%	65%	17%
Response Rate	29%	15%	35%	38%
Returned Online	38*	13	24	0
Returned “Undeliverable”	11	5	4	2

**Includes individuals who did not provide an age.*

During the approximately month-long data collection period from late May to early June 2015, a total of 1,254 completed surveys were returned, resulting in an overall response rate of 29% (see **Table 2**). The response rate for Boomers (15%) was lower than that of Seniors age 60 to 79 (35%), and Seniors age 80 and older (38%). Compared to their representation in the sampling frame, Boomers were under-represented, making up 18% of responses. Seniors age 60 to 79 made up 65% of responses, and Seniors age 80 and older made up 17% of responses. Given that the contents of the survey were primarily oriented toward older people, bias toward over-representation of Senior residents is not surprising (Fowler, 2014); however, results that show totals for the entire sample should be examined and interpreted with consideration to this bias. Only 38 responses (3%) were submitted online—of those, 13 were submitted by Boomers and 24 were submitted by Seniors age 60 to 79. Eleven surveys were returned in the mail as “undeliverable”.

Due to the short timeline of this project we did not re-contact those who initially did not respond. We compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the research team at UMass Boston.

Focus Groups

During the month of October 2014, we conducted two focus groups with a range of stakeholders who were hand-selected and recruited by the Director. Each focus group lasted approximately an hour and a half. Generally, discussions focused on attributes of the community that promote aging in place; perceived challenges to aging in place in the Town of Barnstable; and opportunities that an aging population

affords the community to improve its livability for people of all ages. Specific topics for each discussion were developed beforehand in consultation with the Director.

Focus Group #1 consisted of public officials (including the Building commissioner, the Zoning Enforcement Officer, and representatives from the Barnstable Housing Authority, and the Department of Public Health), and public safety personnel (including representatives from 3 Fire Districts in Barnstable; and the Police Department).

Focus Group #2 consisted of active residents who are age 50 and older (i.e., Baby Boomers) representing younger prospective consumers of programs and services offered by the Senior Services Division.

Most participants in both groups were longtime residents of the Town of Barnstable, and all were knowledgeable about the Town's programs and services that are available for older residents.

Key Informant Interviews

We conducted telephone interviews with six individuals who serve in leadership roles in the Town of Barnstable. Questions focused on ways in which the Town has been shaped by the aging of its population; identifying challenges and opportunities for the Town associated with the aging population; and identifying ways in which the community could respond more effectively to its changing demographics. The Director identified interviewees, and encouraged them to participate. Interviews lasting 30 to 45 minutes each were conducted with the following people: Sara Cushing (Town Council Liaison to the Council on Aging); Mark Ells (Assistant Town Manager); Thomas Lynch (Town Manager); Ed Merigan (Director of Veterans Services); Jo Anne Miller Buntich (Director of Growth Management); and Lynne Poyant (Director of Community Services).

Asset Mapping

We conducted an asset mapping exercise, which entailed two sessions attended by 18 community stakeholders who were recruited by the Director to be representative of the Town's seven villages. In the first session, participants were introduced to the project, and given training in the data-collection format. Community participants used data collection notebooks to gather and record the geographic locations of community attributes that they perceived as assets to older people in the community, as well as other qualitative observations (both positive or negative) about each resource.

After a weeklong data collection period, the group was reassembled to discuss the assets that they recorded. The process of mapping a community's attributes has been likened to a "focus group around a map". We discussed and mapped identified assets using geographic information system (GIS) software. Our goal was to create

maps that depicted important networks of resources, and to reveal structures of opportunity, and new possibilities for service delivery in Barnstable.

Peer Community Questionnaire

We conducted telephone interviews with directors of Councils on Aging (COAs)/senior centers in Falmouth, Plymouth, Salem, and Yarmouth. With input from the Director, these “peer” communities were selected based primarily on population size, and their number of residents age 60 and older. Participants were asked about features of the senior centers they administered, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. Additional information on selected COAs was retrieved from websites and other publicly available documents.

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and crosstabs, and are reported in full in tables contained in **Appendix B** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., responses to survey question 5: "What are your greatest concerns about your ability to continue living in the Town of Barnstable as you get older?"). Notes taken during the study’s qualitative components (i.e., town forum, focus groups, key informant interviews, and asset mapping sessions) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in the Town of Barnstable. Information collected from COA directors in peer communities were compared side-by-side with information collected from Barnstable’s Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Description of Barnstable

Age Structure and Population Growth

According to the U.S. Census Bureau, in 2010, there were 45,193 residents living in Barnstable. Nearly half (45%) of the population was age 50 and older (See **Table 3**). Residents who are aged 50 to 59 comprised 17% of the population; whereas those age 60 and older made up 28% of the population, including 22% who were age 60 to 79, and another 6% of residents who were aged 80 and older. The remaining 55% of Barnstable's population was under age 50.

Table 3. Number and percentage distribution of Barnstable's population by age category, 2010

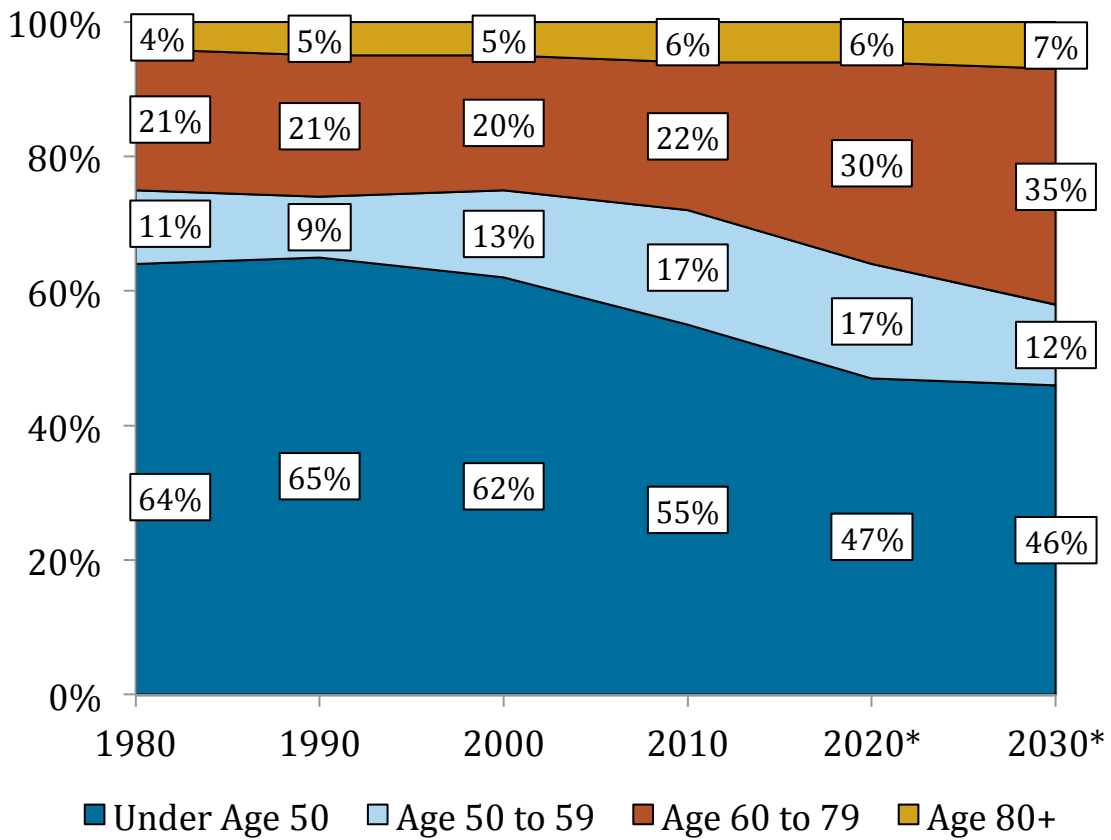
	Number	Percentage
Under age 18	8,284	19%
Age 18-49	16,341	36%
Age 50-59	7,723	17%
Age 60-79	9,986	22%
Age 80 and older	2,859	6%
Total	45,193	100%

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

The age distribution of the Town of Barnstable's population across time is shown in **Figure 1**, including U.S. Census figures from 1980 to 2010, and population projections to 2030¹. In 1980, about 36% of the Town's population was age 50 and older. This percentage increased significantly to 45% by 2010. According to the Donahue Institute projections, this trend toward an older population is expected to continue. By 2030, up to 54% of Barnstable residents will be age 50 and older, including 12% age 50 to 59, 35% age 60 to 79, and 7% age 80 and older.

¹ Population projections are shaped by assumptions about birth rates and death rates, as well as

Figure 1. Recent and Projected Age Distribution of Barnstable, 1980 to 2030

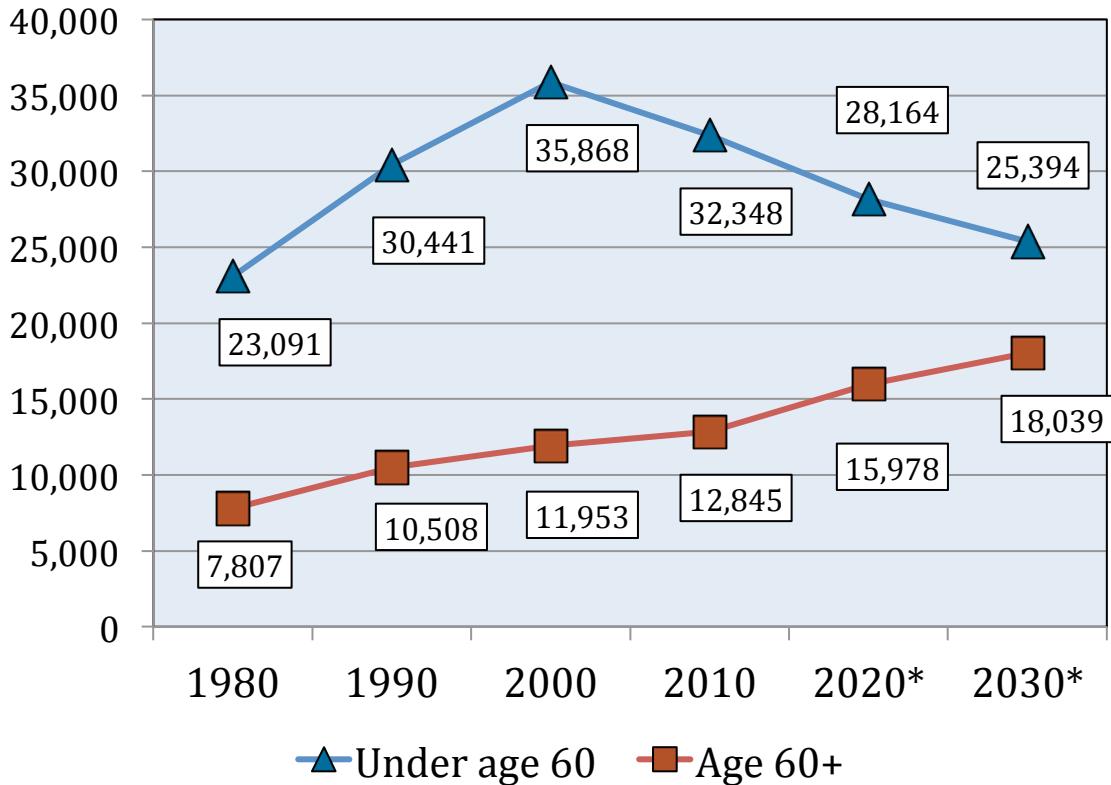


Source: U.S. Census Bureau, Census of Population for 1980 thru 2010.

* Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: See <http://pep.donahue-institute.org/>

Figure 2 shows population trends by age group, using U.S. Census data (1980 thru 2010) and projections based on Census data (2020 and 2030). The population under age 60 peaked in 2000—between 2010 and 2030, this segment of the population is expected to decline by about 21%. In contrast, the population of residents who are age 60 and older has grown steadily since 1980, and is expected to continue growing in the future—between 2010 and 2030 the number of older residents is expected to grow by about 40%.

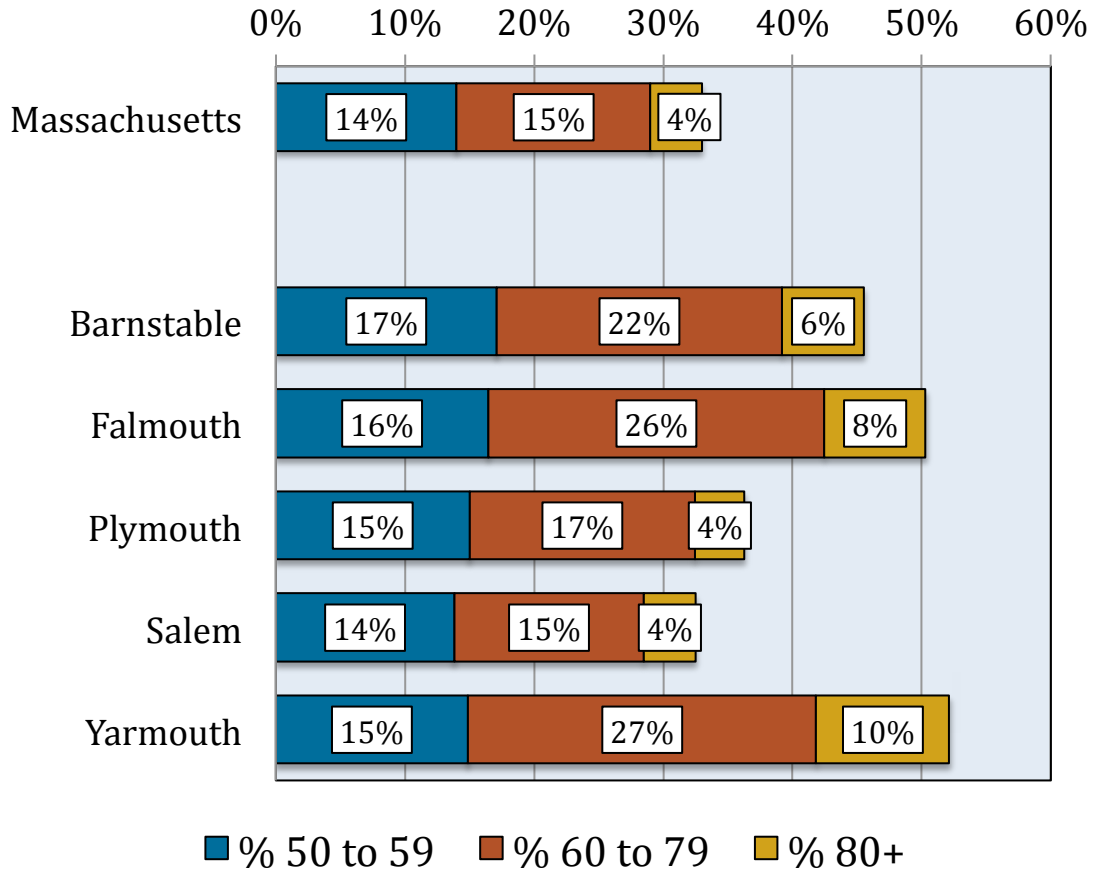
Figure 2. Change in the number of Barnstable residents under age 60, and age 60 and older, 1980 to 2010 with projections to 2030*



Source: Current and past population figures are from the U.S. Census, 1980 thru 2010.
 * Figures for 2020 and 2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Compared to the Commonwealth of Massachusetts overall, a much greater share of Barnstable’s population is aged 50 or older (**Figure 3**). In 2010, about 33% of the population in Massachusetts was in this age group, compared to 45% of Barnstable’s population. In relation to comparison communities, Barnstable falls in the middle of the distribution with respect to its population share age 50 or older. Only Falmouth (51%) and Yarmouth (52%) have greater shares of residents in this age group. Twenty-eight percent of Barnstable’s population was 60 and older in 2010, including 6% that was age 80 and older. This compares to just 19% of the population of Massachusetts who were aged 60 and older, including 4% aged 80 and older.

Figure 3. Age distribution in Barnstable and comparison areas



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

As shown in **Table 4**, the total population of the Town of Barnstable declined between 2000 and 2010. Compared to the population of Massachusetts, which grew by approximately 3% during this period, Barnstable experienced a 5% decline in its population. Despite this loss, the absolute number of older Barnstable residents grew markedly. The segment of the population age 50 to 59 increased in size by 25%— a rate that is similar to the 29% growth seen in Massachusetts overall. The population age 60 and older increased by 7% in Barnstable, compared to a 16% increase for the state. In general, growth of the older population has occurred in many communities in Massachusetts and on Cape Cod. In Plymouth, for example, the senior population grew by 59% between 2000 and 2010; and in Falmouth the number of residents age 60 and older grew by 17%. Over the next ten years, the aging of the Baby Boomer cohort will likely continue to swell the proportion of older residents in the Town of Barnstable, in the Commonwealth, and in the U.S. in general.

Table 4. Population growth between 2000 and 2010: Massachusetts, Barnstable, and comparison communities

Community	All Ages			Boomers, age 50 to 59			Seniors, age 60+		
	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth
Massachusetts	6,349,097	6,547,629	3%	721,410	929,823	29%	1,096,567	1,273,271	16%
Barnstable	47,821	45,193	-5%	6,161	7,723	25%	11,953	12,845	7%
Falmouth	32,660	31,531	-3%	4,603	5,187	13%	9,265	10,857	17%
Plymouth	51,701	56,468	9%	6,541	8,470	29%	7,559	12,016	59%
Salem	40,407	41,340	2%	4,527	5,710	26%	7,173	7,732	8%
Yarmouth	24,807	23,793	-4%	3,098	3,539	14%	8,908	8,862	-1%

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

A community’s older population can grow when existing residents become older and “age in place,” as well as when older individuals move into the community from somewhere else. Both processes appear to have contributed to the growth of Barnstable’s older population. The extent to which Barnstable attracts new middle aged and older residents is evident from an examination of the age composition of recently arrived Barnstable residents. In most communities throughout the United States, new residents are largely young adults and their families; older adults are far less likely to move and as a result, they generally make up a smaller share of movers overall. Nevertheless, a relatively large share of new arrivals to Barnstable is middle aged or older compared to Massachusetts overall.

Table 5. Age distribution of recent movers to Barnstable, and to Massachusetts

	Barnstable	Massachusetts
Under age 24	26%	42%
Age 25-44	41%	44%
Age 45-59	18%	7%
Age 60 and older	15%	7%

Source: American Community Survey, 2009-2013, Table B07001.

Note: Figures exclude movers within the same county.

Above, **Table 5** shows the age distribution of recent movers to the Town of Barnstable compared to the age distribution of movers to Massachusetts overall. Compared to movers to Massachusetts, recent movers to Barnstable are much more likely to be age 45 to 59 (18%, compared to 7%), and more likely to be age 60 or older (15%, compared to 7%). This pattern suggests that the aging of the Barnstable’s population is likely coming about through a combination of long-term residents “aging in place” and the arrival of new residents who are already middle aged or older.

Demographic Composition of Barnstable’s Older Population

In the Town of Barnstable, the gender distribution is identical to that of Massachusetts as a whole— in both cases, the majority of residents who are age 60 and older are women (56%; *ACS, 2009 – 2013, Table S0102*). The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

Barnstable is much less diverse than the state with respect to race. For all ages combined, about 89% of Barnstable residents report their race as White, and do not report Hispanic ethnicity. By comparison, 76% of the Commonwealth’s residents report White, non-Hispanic backgrounds (Census, 2010). **Table 6** displays the race and ethnicity of Barnstable and Massachusetts residents age 60 and older. The majority of Barnstable residents in this age group (96%) are White—compared to

90% in Massachusetts. The largest racial minority group among older Barnstable residents is Black (2%). An additional two percent of Barnstable seniors report “other” race; many of these individuals are Native American. There are also fewer Hispanics (of any race) age 60 and older in Barnstable than in the state overall (1% and 4%, respectively).

Table 6. Race distribution of residents who are age 60 and older, in Barnstable and Massachusetts

Race	Barnstable		Massachusetts	
	Number	%	Number	%
White	13,317	96%	1,188,611	90%
Black	263	2%	55,284	4%
Asian	41	<1%	39,489	3%
Other	208	2%	32,907	3%
Total	13,829	100%	1,316,291	100%
Hispanic	152	1%	47,387	4%

Source: American Community Survey, 2009-2013, Table S0102. Numbers are calculated from survey estimates.

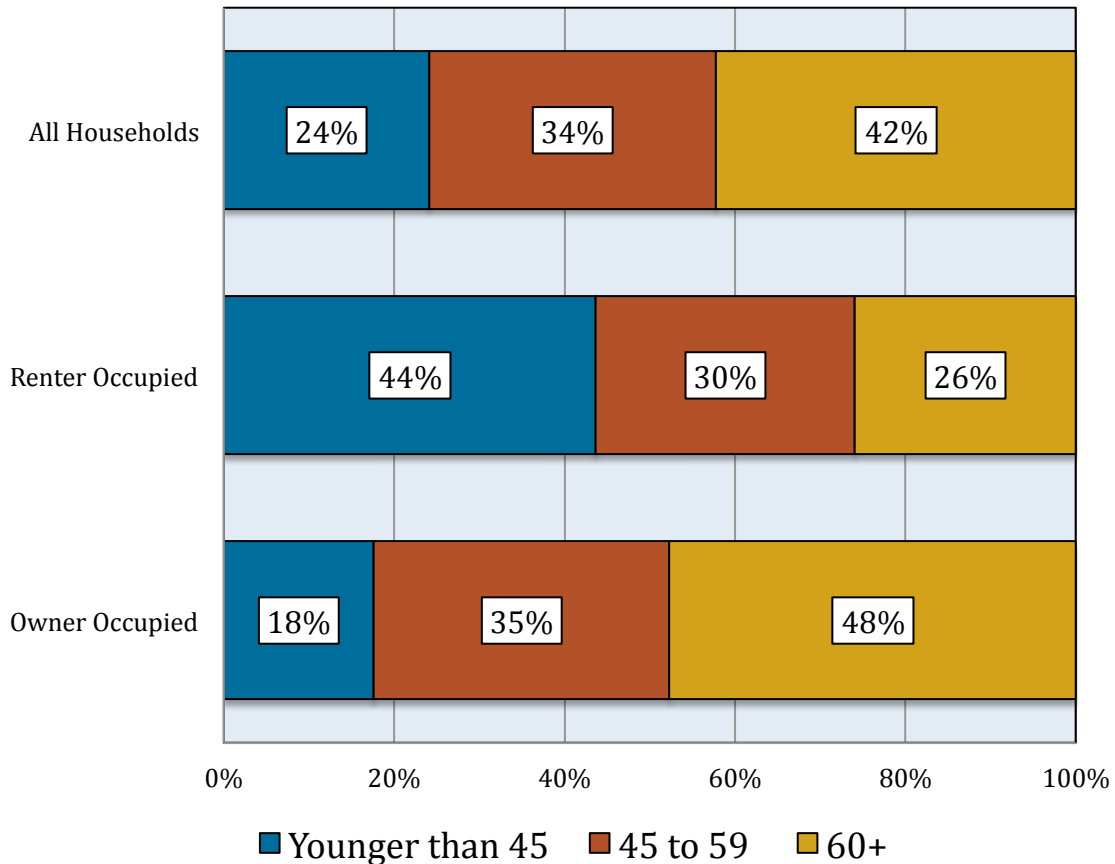
The older Barnstable population is somewhat diverse with respect to the languages spoken. Among residents age 60 and older, 8% speak a language other than English at home (ACS, 2009 – 2013, Table S0102). Among the all-age Barnstable population, many different languages are spoken with the most frequently spoken including Portuguese and Spanish (ACS, 2009 – 2013, Table B16001).

American Community Survey estimates on education suggest that Barnstable residents are well educated on average. About 39% of residents aged 45 to 64 have either a bachelor’s degree or a graduate/professional degree (ACS, 2009-2013, Table B15001). A similar share of residents aged 65 and older (36%) have also attained this level of education. This educational profile contributes to the community’s vitality and character, which depends on older adults who value opportunities to be engaged in their communities through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often valued in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion (30%) of Barnstable residents aged 65 to 74 remain in the workforce—8% of those 75 and older are in the workforce (ACS, 2009-2013, Table B23004). A sizeable share (53%) of men aged 65 and older in Barnstable report veteran status, as do a small percentage (1%) of Barnstable’s older women (ACS, 2009-2013, Table B21001). As a

result, many of the Town’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Figure 4. Age structure of householders by owner status, Barnstable 2010

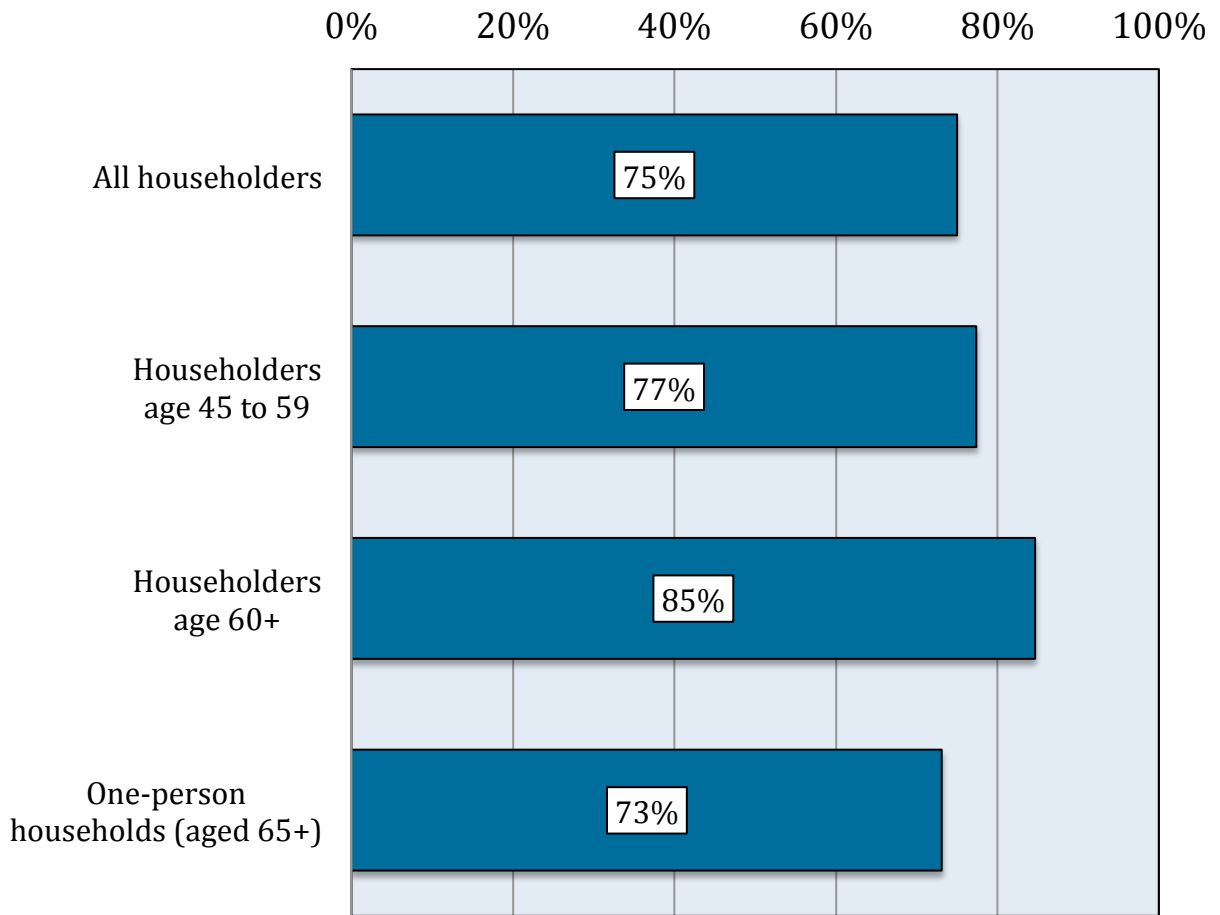


Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table H17.

According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Most of the Town of Barnstable’s 19,225 households have householders who are middle-aged or older. Residents aged 45 and older are householders of 76% of all households in Barnstable² (**Figure 4**). Among renter occupied households, residents younger than 45 are heads of 44%, compared to 30% for residents aged 45 to 59 and 26% for residents aged 60 and older. Only 18% of owner occupied households are headed by residents younger than 45; 35% of owner occupied homes are headed by residents aged 45 to 59, and nearly half (48%) by residents 60 or older. The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by the community.

² Many available Census data on the older population of Barnstable are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used in most sections of this report.

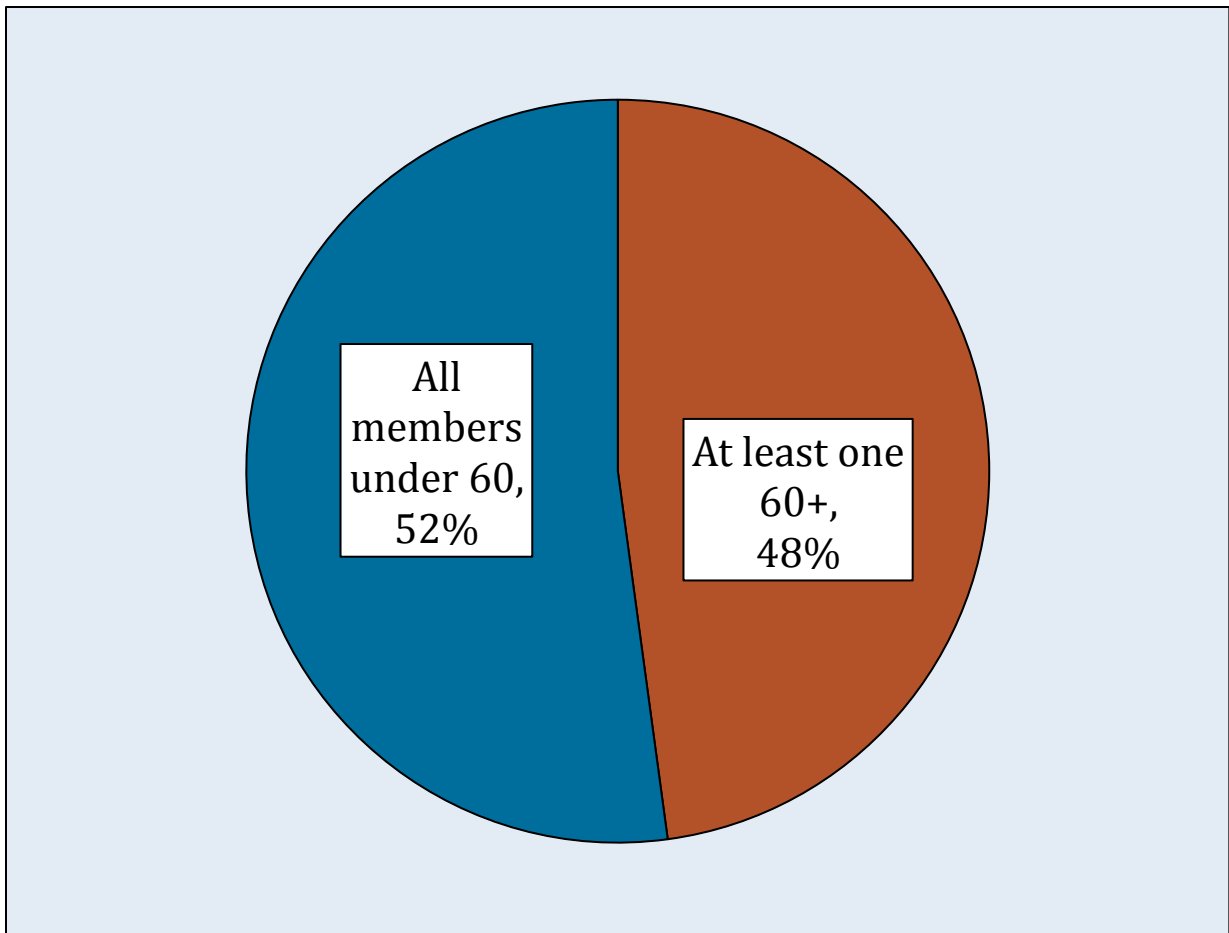
Figure 5. Percent of Barnstable householders who live in owner-occupied housing by age category



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

The majority of all Barnstable residents live in homes that they own or are purchasing (75%; see **Figure 5**). About 77% of residents age 45 to 59 live in homes they own, and 85% of householders 60 and older own their homes. Nearly 3 out of 4 (73%) Barnstable residents who are 65 and older and who live alone also own their homes. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—to maintain comfort, accessibility, and safety in their homes.

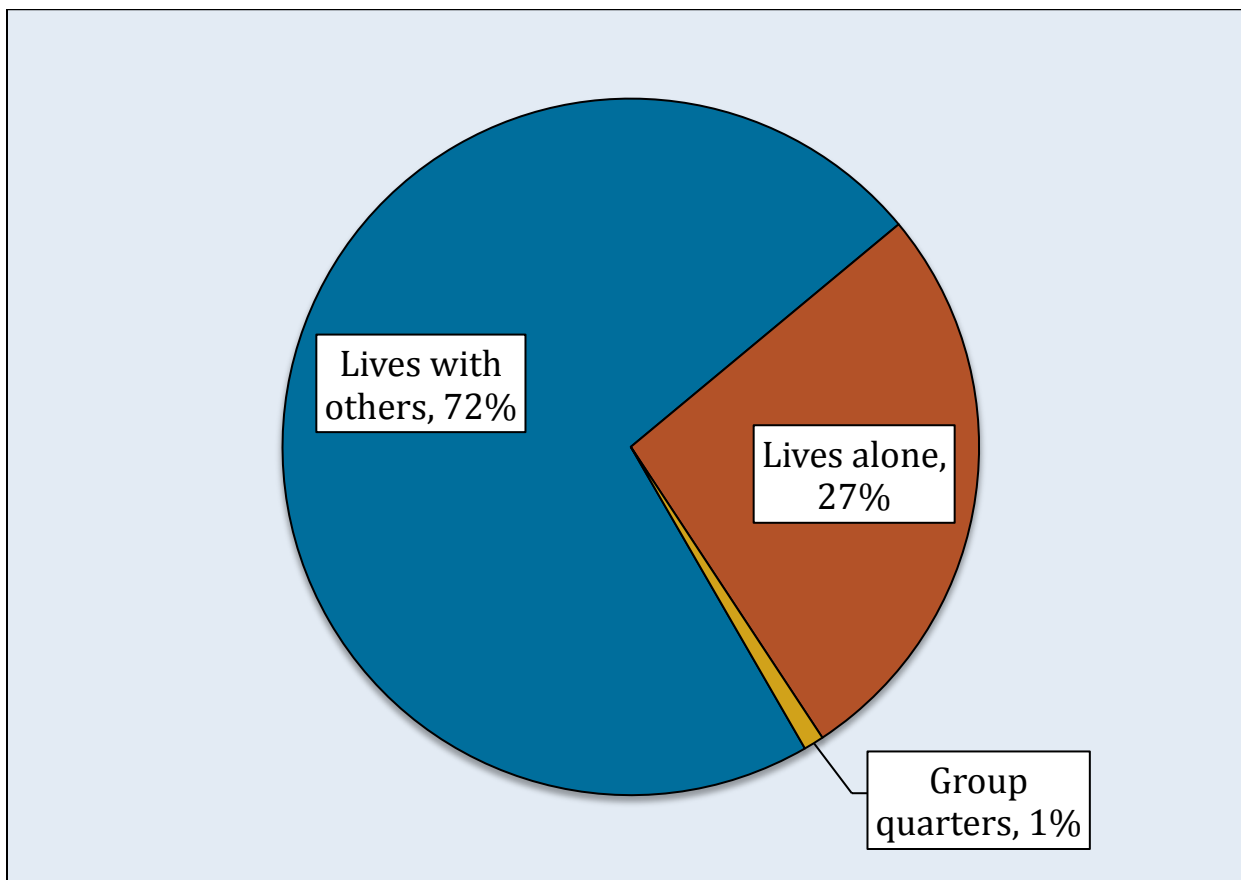
Figure 6. Households in Barnstable with at least one member age 60 or older



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

An estimated 48% of Barnstable’s nearly 20,000 households have at least one individual who is age 60 or older (**Figure 6**). This high proportion, which is likely to increase in the future, generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns of older adults and their families, including health and caregiving needs, transportation options, and safe home environments.

Figure 7. Living arrangements of Barnstable residents, age 65 and older

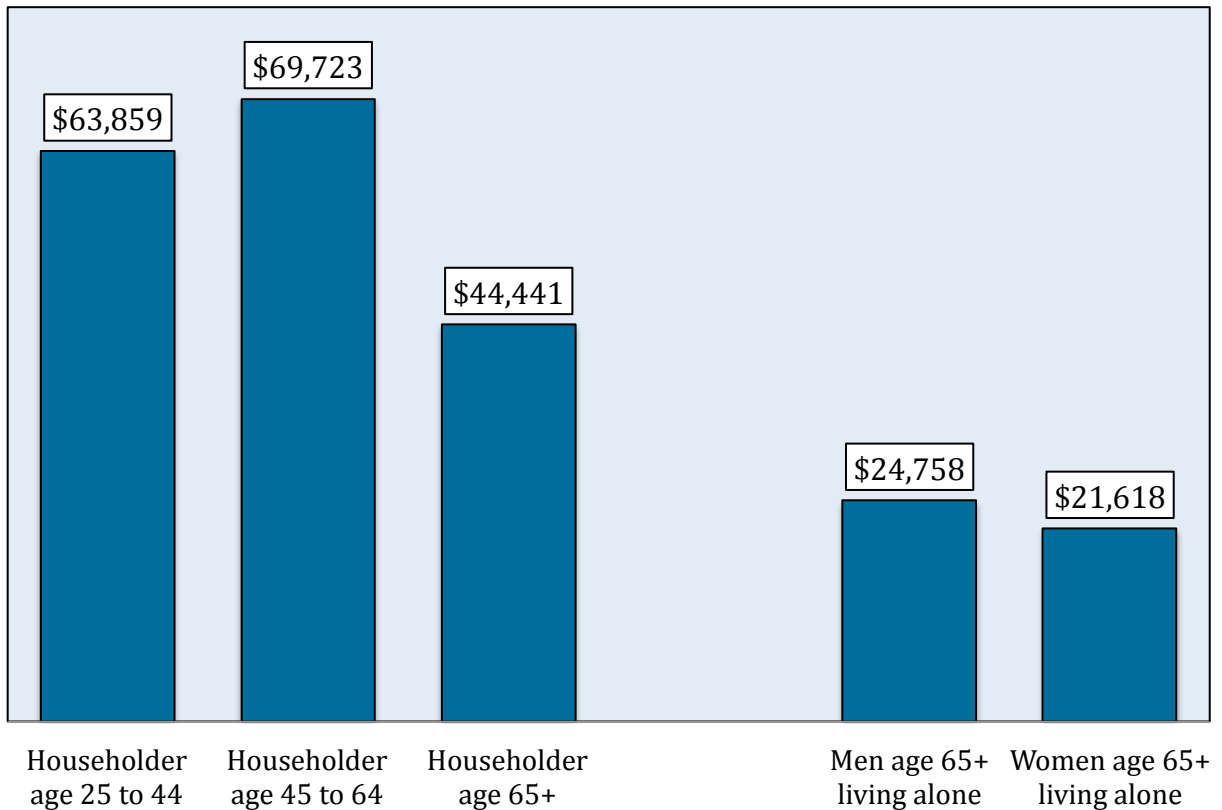


Source: U.S. Census 2010; Table SF-1, P34.

Many Barnstable residents age 65 and older—greater than 1 in 4 (27%)—live alone (**Figure 7**); whereas 72% live in households that include other people, such as a spouse, parents, children, or grandchildren. Just 1% of older Barnstable residents reside within group quarters.

Figure 8 illustrates the comparative disadvantage of some older Barnstable residents with respect to household income. Among all age groups, households headed by individuals who are aged 45 to 64 have the highest median income at \$69,723—this amount is substantially less than the statewide median for this age group (\$82,433). Among Barnstable households headed by persons aged 65 and older, the median income is \$44,441—this amount is slightly greater than the statewide median of \$38,325, but far less than for younger households in Barnstable. Older residents who live alone have notably lower household incomes—the median income for older men who live alone is \$24,758, whereas older women who live alone are slightly worse off, with a median income of \$21,618. Insofar as more than a quarter of older residents aged 65 and older live alone in Barnstable, these figures suggest that a sizable number of older residents could be at risk of economic insecurity.

Figure 8. Median household income in Barnstable by age and living situation of householder (in 2013 inflation-adjusted dollars)

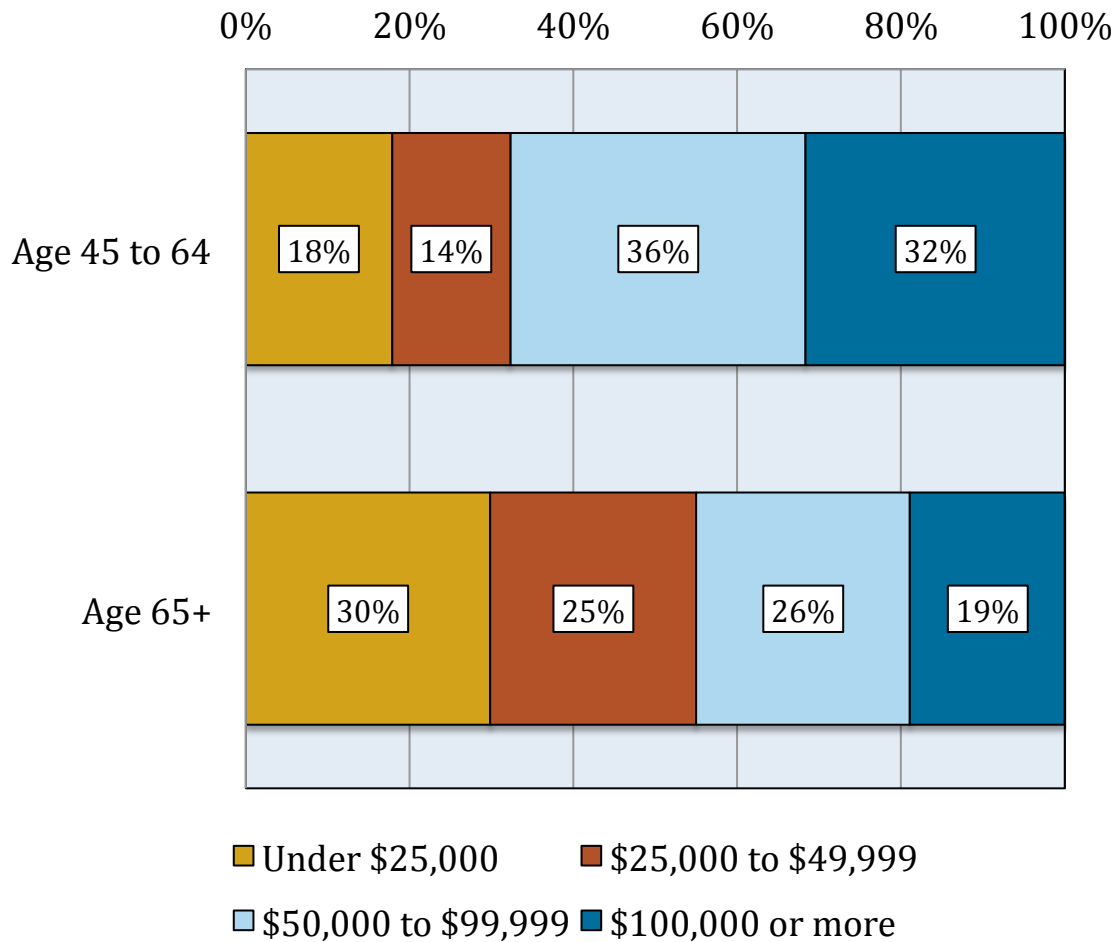


Source: U.S. Census Bureau; American Community Survey, 2009-2013, Tables B19049 and B19215.

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

The economic profile of older Barnstable residents relative to younger Baby-Boomers is further illustrated in **Figure 9**, which shows that many older residents are quite affluent—19% of Barnstable residents age 65 and older report incomes of \$100,000 or more. By comparison, about a third (32%) of households headed by younger residents report this level of income. Nevertheless, 30% of households headed by someone age 65 and older report annual incomes under \$25,000. This compares with 18% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Barnstable’s older population that could be at risk of economic insecurity or disadvantage.

Figure 9. Household income distribution in Barnstable by age of householder (in 2013 inflation-adjusted dollars)

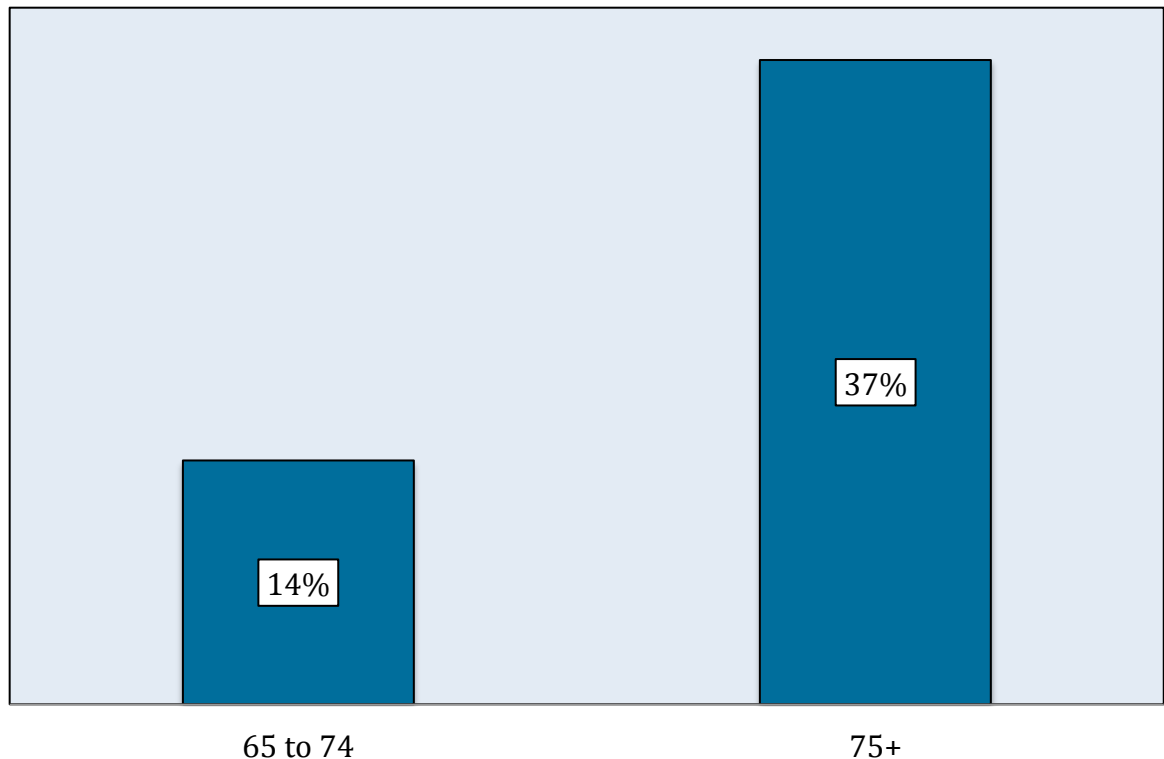


Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B19037.

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

The increased likelihood of acquiring disability with age is substantial. Many older Barnstable residents age 65 and older experience some level of disability that could impact their capacity to function well and independently in their community. **Figure 10** depicts the proportions of older adults who report some level of disability. Among residents aged 65 to 74, about 14% report at least one disability. The risk of acquiring disability more than doubles after age 75—in Barnstable, almost four out of ten individuals in this age group experience one or more disabilities. These rates of disability are slightly lower than those estimated for Massachusetts as a whole. At the state level, 22% of persons 65 to 74 experience at least one disability, as do 48% of persons 75 and older (not shown).

Figure 10. Percentage of Barnstable residents reporting one or more disability by age group



Source: U.S. Census Bureau; American Community Survey, 2009-2013, Table B18101.

Among the different types of disability that were assessed in ACS, the most commonly cited by older Barnstable residents were difficulties with ambulation (difficulty walking or climbing stairs, reported by 13% of Barnstable residents age 65+) and hearing problems (13%); independent living limitations (difficulty doing errands alone such as visiting a doctor’s office or shopping) reported by 8%; cognitive difficulty (6%); self-care difficulty reported by 5%; and vision problems (3%) (ACS, 2009-2013, Table S1810). Individuals who have disabilities often have greater difficulty accessing transportation, or getting from one place to another due to other mobility difficulties, thus limiting their ability to participate fully in the community.

Community Forum

Early in the study (October 2014), we conducted a community forum at the Town of Barnstable Senior Center to acquire a better understanding of the Town’s residents and their priorities, with respect to current and future aging in Barnstable. The session was well attended, and participants were eager to share their thoughts and opinions with members of the UMass Boston research team. The forum was structured in three parts—participants were asked to consider the Town’s *strengths*, its *challenges*, and to describe perceived *opportunities* that are available within the Town of Barnstable to improve the ability of residents to age optimally in

the community. Key themes that emerged based on these three areas of focus are summarized below.

Strengths

Participants were able to cite many attributes of the Town of Barnstable that they considered to be strengths in the Town, with respect to aging in the community. Among them, the transportation system, and its array of modes available to older adults, were viewed by many as being very strong. For instance, the Dial-a-Ride Transportation (DART) services are highly valued. This service, provided by the Cape Cod Regional Transit Authority, offers transportation to medical appointments, and other services that are important to older people. Similarly, the Senior Center's Silver Express also provides transportation to appointments. Several forum participants expressed how important these services were for helping them to remain independent. Although many in the group communicated the sense that transportation services are strong in the region, transportation will remain a significant issue, in need of consideration as demand increases.

Older residents themselves are also viewed as a valued commodity in the Town. As indicated in the demographics overview above, Barnstable's share of residents who are older is substantial and expected to grow. Some participants in the forum expressed concern about the Town's ability to maintain basic services with the proportion of younger residents getting smaller. Some participants stated that in order for the Town to continue functioning well, it would be necessary to integrate the skills and time that many older residents have to offer. Thus, forum participants stated that it is necessary to think of older residents as a resource, and the aging of the population as an opportunity, rather than as a "problem" to be solved.

Many forum participants cited the Town's natural amenities and recreational facilities as being central reasons for wanting to remain in Barnstable. The Town's natural beauty and environmental surroundings are important contributors to the Town's *livability*, and help to foster Barnstable's image as a desirable place to retire. Access to beaches and many greens spaces, as well as golf courses provide older residents with motivation and opportunities to be active in the outdoors. Additionally, the Town's cultural activities, including access to concerts, classes at Cape Cod Community College, and public libraries located in each village are all valued strengths of the Town. Many participants also praised the community's access to medical services, including the excellent care provided by physicians and staff at the Cape Cod Hospital, and the Veterans Outpatient Clinic. Convenience of accessing quality local medical services was viewed as a boon to residents, often making travel to Boston or to neighboring communities to receive services unnecessary.

Finally, participants in the community forum sensed a strong commitment within town offices and agencies to addressing the needs and concerns of older residents, and involving them in decisions that will affect all residents in the Town. One example of this commitment is the *Citizens Leadership Academy* offered through the Town Manager's office. This 11-week course is free to all who live and work in

Barnstable, and is designed to educate residents about where their tax dollars go and inform them about the Town's government. Several participants also mentioned discounts on property taxes that are available to many Seniors, as an example of the Town's commitment to older residents. The Town's tax-abatement program has potential to substantially alleviate financial pressures, which could otherwise push many out of the community. Others cited the wide availability of programs and services such as the Meals on Wheels program, and the services provided by the Senior Services Division as evidence of a town that is proactive in developing a highly livable community for all residents.

Challenges

Like most communities in the U.S., the Town of Barnstable currently faces many challenges associated with meeting the needs of its aging population. Town forum participants cited several challenges that impacted their ability to age well in the community. For instance, some participants stated that the community's seasonal population created challenges on an array of fronts, including increasing the cost of living, as well as the effects on taxes, housing, and driving. Getting around easily in the Town is a challenge, particularly during the summer months, when tourists and summer-only residents are in town. Although participants saw transportation options as a strong asset of the Town, traffic can become a burden that exacerbates difficulties experienced by some older people.

Limited housing options are also seen as a challenge in Barnstable. Affordability, in particular, is a problem due in part to taxes. Some participants noted that at some point they may need to move into senior housing in order to remain relatively independent, but there are not enough alternatives to meet the diverse preferences of people in the Town when this need arises. Apartments are hard to come by, and according to one participant, there are few over-50 or retirement communities in Barnstable. There is also a shortage of rental housing, leaving many with no place to go if they want or need to move from their owned home. Because there are so few senior housing options, those that exist are difficult to get into and expensive, and as such many may be forced to move to other communities where options are more plentiful.

Another challenge mentioned by forum participants is associated with the difficulty of providing programs and services to a highly diverse population whose needs may vary dramatically. For instance, the needs of residents around age 50 is likely to be much different from those who are age 90 or older—nevertheless, the Senior Services Division is charged with serving *all* older individuals, and must do so within the constraints of their budget and other limited resources. One area where this issue is most dramatically observed relates to the adult day program that functions in the lower level of the Senior Center. Participants in this program are older and typically much frailer—their service needs are more intense than those of younger Senior Center users. Thus, there is ongoing discussion about how to disperse limited resources most equitably to meet the greatest amount of need in the Town.

Finally, forum participants noted the challenge that many have in acquiring information about the programs and services that are available. Some participants worried that many residents in the Town may be unaware of the services to help people age in place in the community. Many resources were mentioned, including the Senior Center's magazine, *The Compass*, as being effective media for distributing information; however others believed there is a remaining need to increase outreach and access to services. One participant recommended that the Town publish a resource directory that could be useful to town agencies and residents alike.

Opportunities

Despite citing many challenges, most town forum participants viewed demographic changes and the aging of Barnstable's population as an opportunity to make their community an exemplary location in which to age in place. The growing proportions of residents over the age of 60, and their contributions to the tax-base, are seen by many as adequate justification for shifting a larger share of resources to this segment of the population. Many in the group restated the importance of participating in decision making, lobbying for their own causes, and raising awareness about their current and future service needs. Some participants emphasized the need to bring the public at large into the "circle of issues" experienced by older people who want to age in place. Creating "buy-in" on a wide-scale basis, and educating the general public about aging issues was viewed by many as a first step toward capitalizing on the opportunities that the aging population affords.

Participants cited the rich array of resources that are currently available in the Town of Barnstable that can be expanded and/or built upon to improve the wellbeing of older residents. One participant emphasized the continued importance of developing programs that appeal to an increasingly diverse spectrum of older people. In the future, as Baby Boomers continue to enter retirement, there will be increased need to accommodate older residents who are relatively young and active, at the same time that the needs of older, potentially frailer, people are being addressed. The perception of many forum participants is that the demographic imperative of aging in the community, above all, provides the Town of Barnstable with an opportunity to create a civic environment that promotes quality of life among all residents, through providing services and programs that are valued and appropriate for older people in Barnstable.

Resident Survey

Sample Demographics

Of the original 4,300 residents who were sampled, 1,254 returned surveys with usable data, representing a response rate of about 29% (see **Table 2** above).

Participants³ included 224 (18%) Boomers, and 1,022 (82%) Seniors (see **Figure 11**). Eight respondents (<1%) did not indicate their age⁴. Nearly two-thirds (65%) of respondents who provided their age were age 60 to 79, and 17% were age 80 and older. Relative to the population, the age distribution of respondents is disproportionately skewed toward the age category of 60 to 79⁵. This response pattern reflects the larger proportion of residents in this age range who responded to the survey. To account for biased response rates in the survey data, we present selected results separately by age cohort (i.e., Boomers and Seniors) and/or by age category (i.e., age 50 to 59; age 60 to 79; and age 80 and older). Complete survey results are presented in tables in **Appendix B**.

The majority of respondents to the resident survey were women: 67% of Boomer respondents, 62% of respondents between the ages of 60 and 79, and 55% of respondents who were age 80 and older were women (see **Table A38, Appendix B**). By comparison, data from the 2010 U.S. Census indicate that just 52% of Barnstable residents age 50 to 59 are women; 54% who are age 60 to 79 are women, and 60% of residents age 80 and older are women, suggesting that our sample of Boomers and respondents 60 to 79 have greater representation of women than the population; whereas women are slightly underrepresented in the 80 and older age category. Readers are urged to bear these discrepancies between the sample and the population in mind as they read and interpret the remaining results.

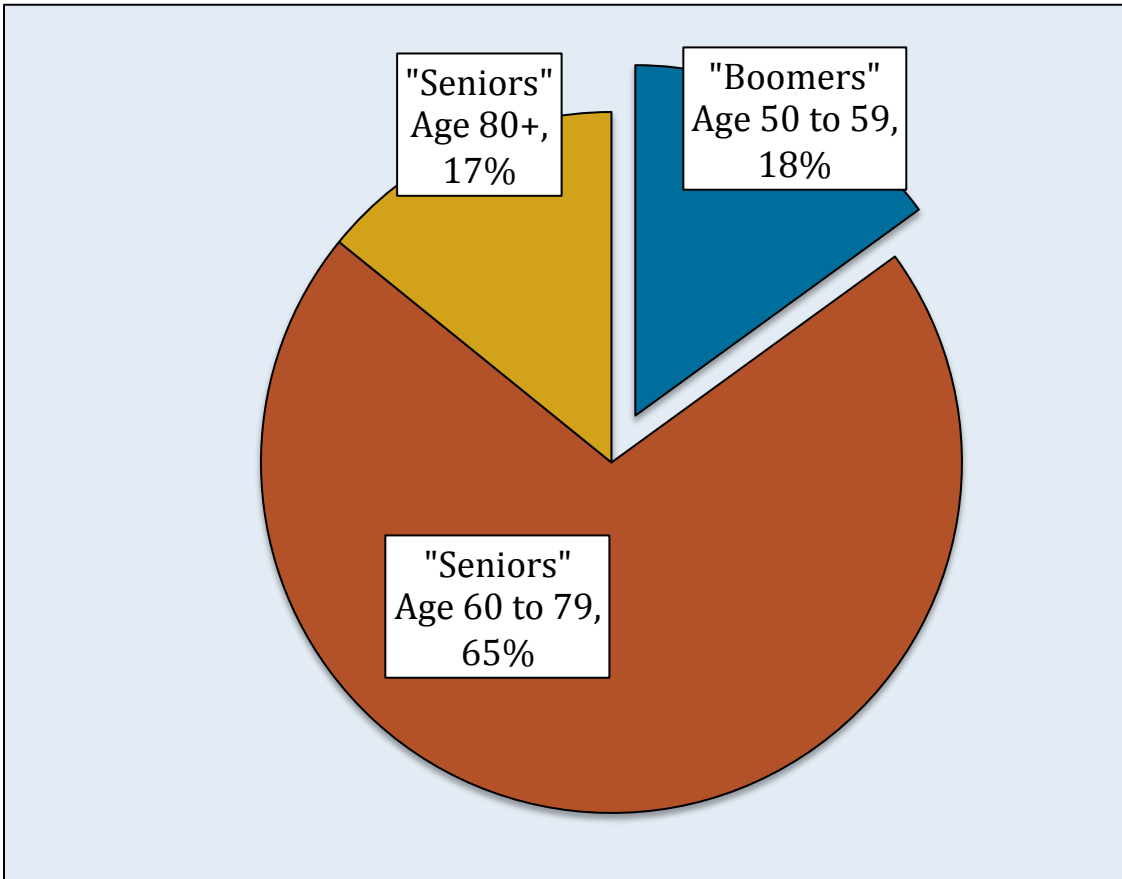
Finally, the vast majority (93%) of respondents to the resident survey indicated that their race was White; 1% was Black, and 1% of respondents were Asian race. The proportion of Whites was slightly higher among the older age groups—93% of those age 60 to 79, and 95% of those age 80 and older reported White as their race (see **Table A42, Appendix B**). According to data from the U.S. Census Bureau, about 96% of Barnstable residents who are age 60 and older are White; whereas less than 2% is Black, and less than 1% is Asian (see **Table 6** above). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

³ In referring to survey results, we use the terms “Boomers” and “Seniors” to refer specifically to study cohorts. Three age categories (i.e., 50 to 59; 60 to 79; and 80 and older) are sub-categories of these cohort designations.

⁴ Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures that depict “all ages” include all survey respondents, including those who did not indicate their age.

⁵ According to U.S. Census Bureau 2010 figures, the Barnstable population age 50 and older is composed of 37% individuals 50-59, 49% individuals age 60 to 79, and 14% individuals who are age 80 and older.

Figure 11. Town of Barnstable resident survey respondents by age category



Note: Excluded are 8 respondents who did not provide their age.

Section I: Community & Neighborhood

One outcome of communities being highly livable is that once residents are established, they tend to place high priority on staying in their communities as they age. A noteworthy characteristic of survey respondents is the length of time that most have resided in the Town of Barnstable. **Figure 12** shows that many respondents (73%) have been residents for 15 years or longer and 18% have lived in Barnstable for 45 years or longer. Additionally, 27% of all respondents are relative “newcomers,” indicating that they lived in Barnstable for fewer than 15 years, including 10% who lived in Barnstable for fewer than 5 years. About 27% of Seniors age 60 and older indicated that they lived in Barnstable for fewer than 15 years (**Table A1, Appendix B**), highlighting the observation that the growth of Barnstable’s older population is likely a result of in-migration of older adults to Barnstable, combined with long-term residents aging in place.

Figure 12. Number of years that respondents have lived in Barnstable, age 50 and older

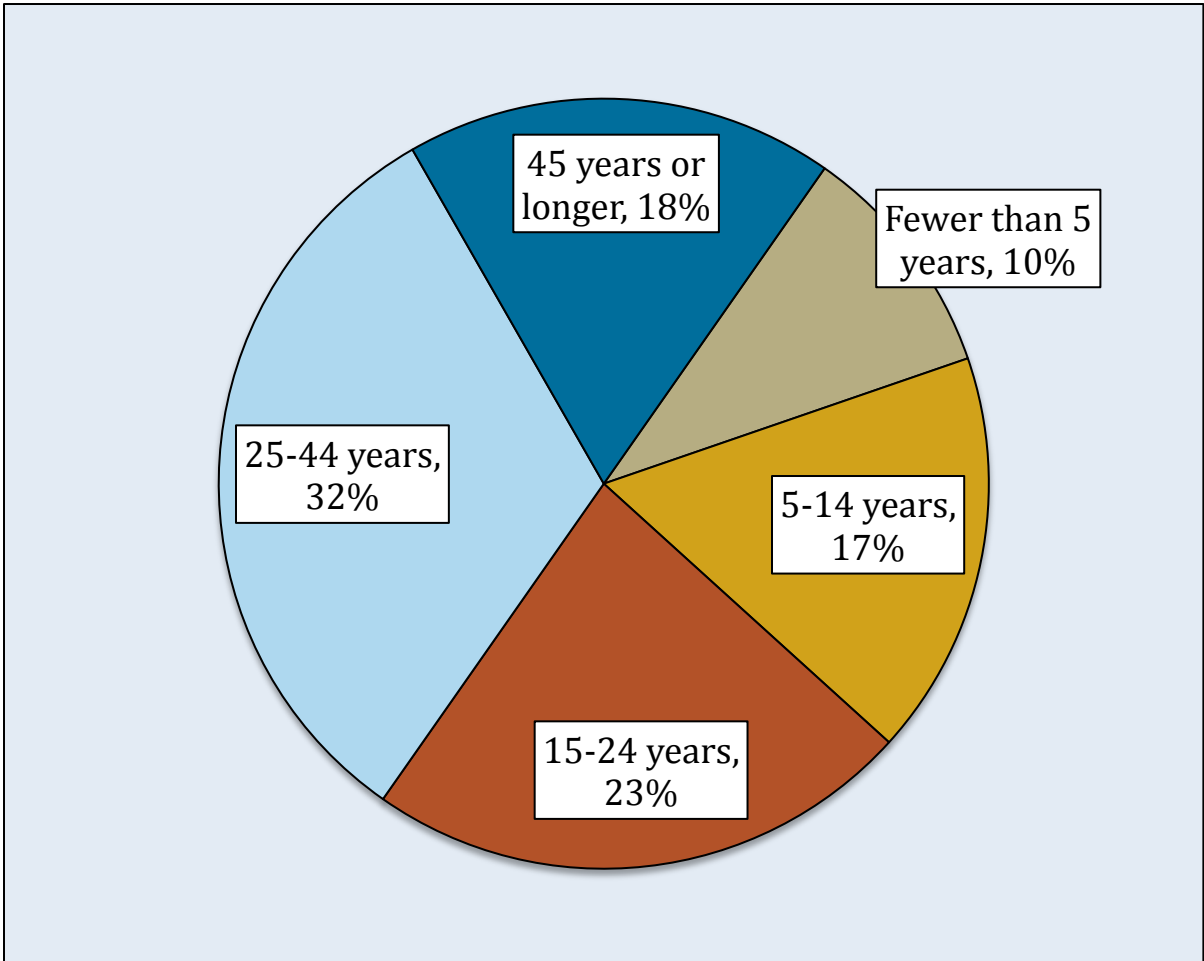
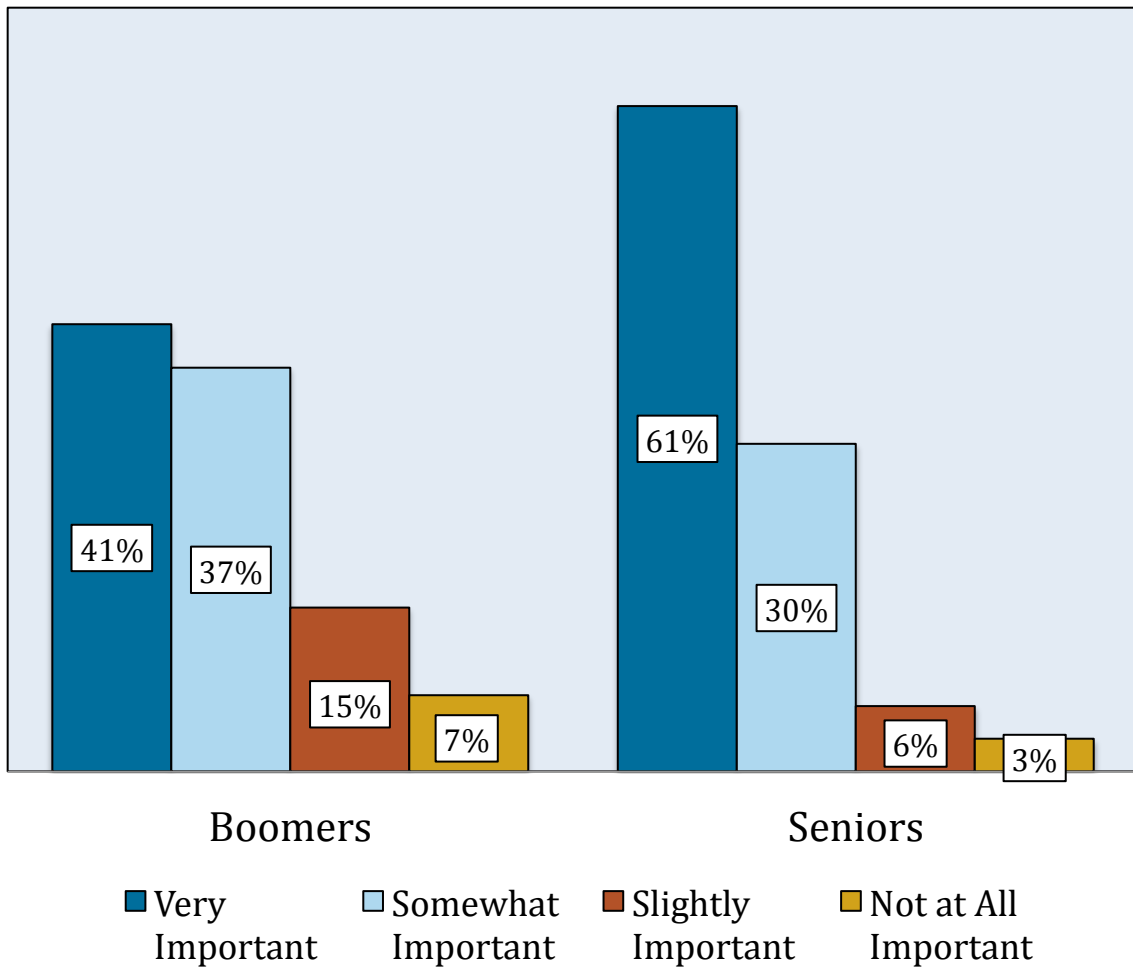
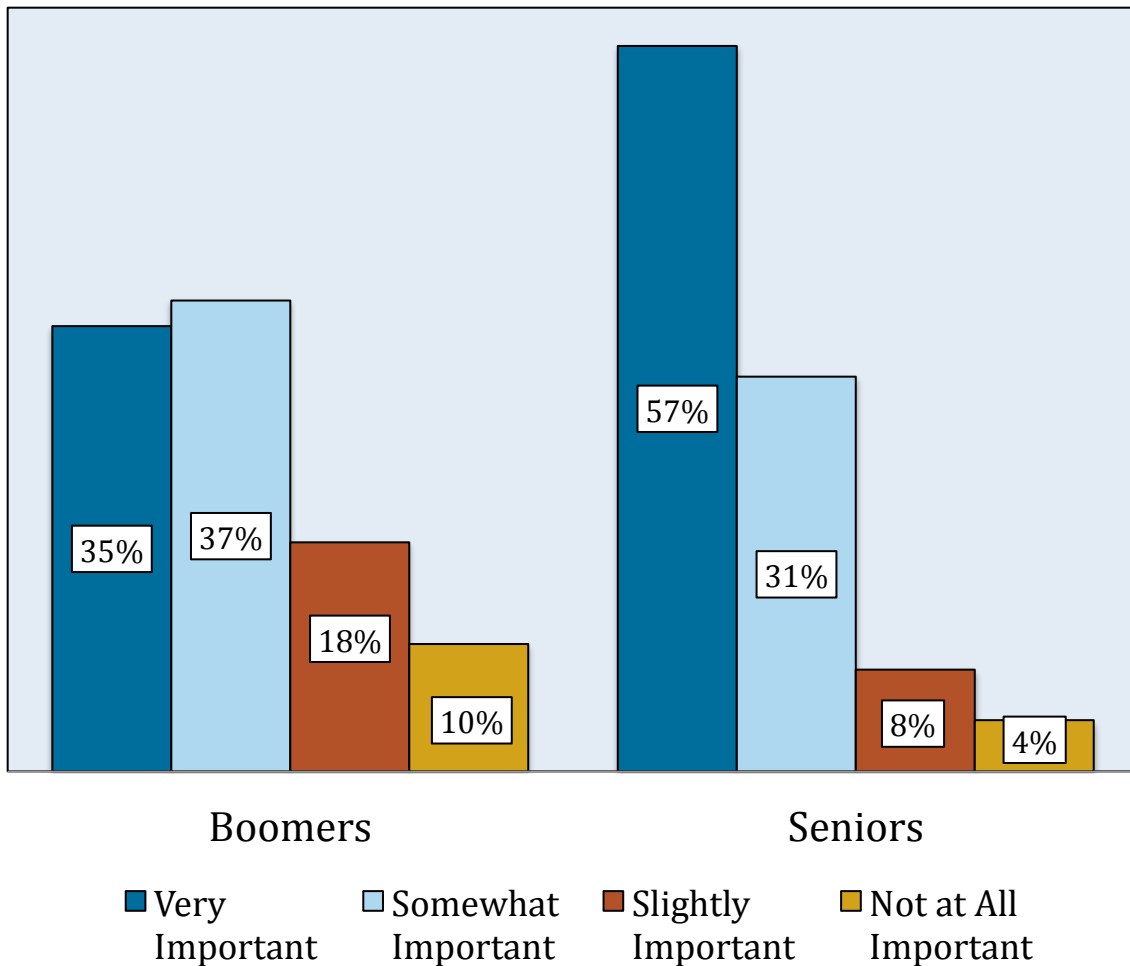


Figure 13. Rated importance of living in the Town of Barnstable as long as possible by age category



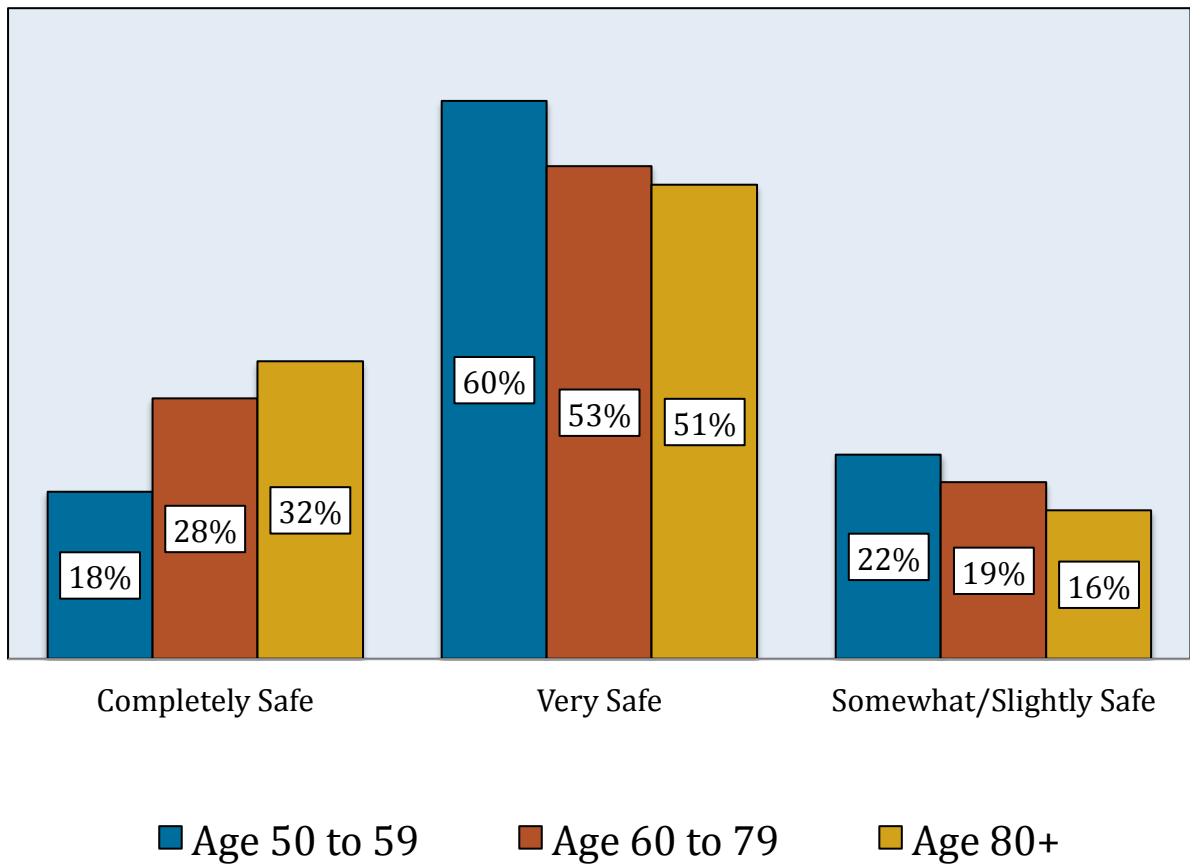
Given that many survey respondents are long-time residents of the community, it is not surprising that a large majority of Boomers (78%) and Seniors (91%) indicated that it was “very important” or “somewhat important” to remain living in the Town of Barnstable as long as possible in the future (**Figure 13**). **Table A2 (Appendix B)** indicates that 90% of survey respondents age 60 to 79 shared this goal, and that the proportion of Barnstable residents who desired to age in the community is even greater among persons age 80 and older. Among these oldest respondents, 92% said that staying in the Town of Barnstable was an important priority for them. Just 3% of Seniors indicated that living in the Town as long as possible was not at all important to them.

Figure 14. Rated importance of living in current village within Barnstable as long as possible by age category



Similarly, most respondents rated the importance of remaining in their current village within Barnstable as “very important” or “somewhat important” (**Figure 14**). To many Barnstable residents, the villages in which they live hold special significance. Each of the seven villages has a unique character, and differences exist in terms of the accessible public transportation that is available, and the commercial districts and amenities contained within them. Thus, for many Town of Barnstable residents, remaining in the same village is a high priority, with origins in civic pride, as well as practical concerns about quality of life and access to goods and services they will need as they get older. Above, **Figure 14** illustrates that among Senior respondents, a sizeable proportion (88%) indicated that staying in their village within Barnstable as long as possible was “very important” or “somewhat important” to them. Among respondents age 80 and older, 91% said it was “very important” or “somewhat important” to them to stay in their village, compared to 72% of Boomers and 88% of respondents age 60 to 79 (**Table A3, Appendix B**). Relatively few Seniors—just 4% indicated that remaining in their village was “not at all important” to them.

Figure 15. Ratings of perceived safety in Barnstable by age category



The sense of safety and security that individuals perceive in their villages is another important factor associated with quality of life, and the livability of one's community. Overall, survey results suggest that the Town of Barnstable is perceived as a safe and secure environment in which to age. The majority (81%) of survey respondents of any age reported feeling "completely safe" or "very safe" in their neighborhoods (see **Table A4, Appendix B**). Smaller percentages (22% or less in each age category) reported feeling only "somewhat" or "slightly" safe (**Figure 15**). Not shown in the figure is the very small percentage (less than 1%) of the respondents who stated that they did not feel safe at all in the Town of Barnstable.

Across the Town of Barnstable’s seven villages, large proportions of survey respondents reported feeling “completely safe” or “very safe” in the neighborhoods where they live. **Table 7** displays the highest levels of perceived safety, reported in the village of Barnstable (97%) and Cotuit (92%). Just 61% of all respondents who live in Hyannis reported feeling completely or very safe.

Table 7. Percent of respondents who report feeling “Completely Safe” or “Very Safe” by village and age category

	Total	Boomers	Seniors
Barnstable (village)	97%	100%*	95%
Centerville	83%	78%*	85%
Cotuit	92%	95%*	91%
Hyannis	61%	57%*	61%
Marstons Mills	87%	85%*	88%
Osterville	86%	81%*	87%
West Barnstable	87%	90%*	86%

**Note: Percentages based on fewer than 50 cases.*

Survey participants were asked to reflect on their greatest concerns about their ability to continue living in the Town of Barnstable, as they grow older. **Table 8** shows themes raised by respondents, as well as verbatim examples of each theme. Above all others, the most commonly cited theme was related to the affordability of living in Barnstable and on Cape Cod on a fixed income. Many respondents were concerned about keeping up with everyday expenses, including food, fuel, and other bills. Other themes frequently mentioned by respondents pertained to their ability to downsize when the time comes into desirable housing options within the Town; concerns about maintaining health and independence; safety considerations (namely, concerns about crime and drugs in the community) and avoiding isolation; transportation issues; implications of the winter climate in Barnstable; having access to adequate services; and the possibility of moving to take care of, or be taken care of by other family members.

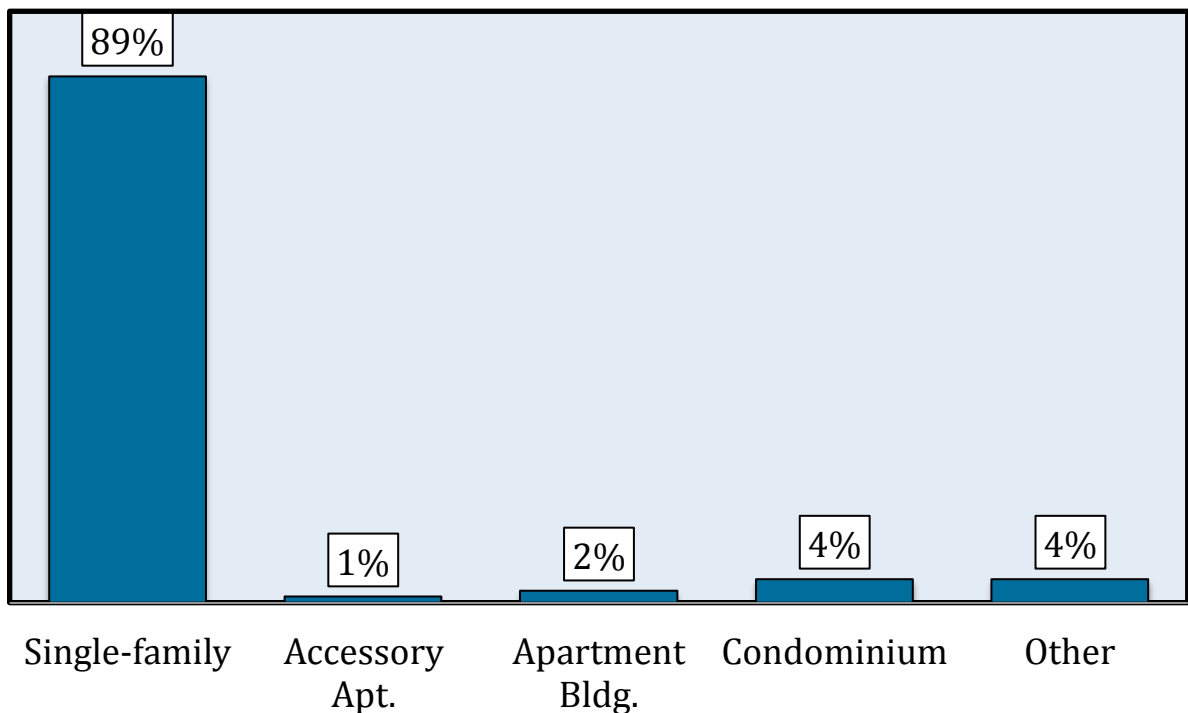
Table 8. Most prevalent issues concerning the ability to age in place in the Town of Barnstable

Issue Mentioned
<p>Affordability, cost of living, taxes</p> <ul style="list-style-type: none"> • <i>As I get older, living on a “fixed income”, I’m afraid taxes will affect my ability to remain in Barnstable.</i> • <i>Being able to afford the cost of living on Cape Cod—price of food, electricity, medical and home maintenance.</i>
<p>Availability of housing, downsizing</p> <ul style="list-style-type: none"> • <i>My home is old and inaccessible. We need a smaller home that is practical and affordable.</i> • <i>I’m disabled. I’m always worried I’ll be cut off, and left homeless.</i>
<p>Maintain good health, remain independent, needing assistance</p> <ul style="list-style-type: none"> • <i>Not being able to maintain my home up to standards.</i> • <i>I’m afraid I won’t know when is the right time to move, due to my poorer health.</i>
<p>Safety and physical environment</p> <ul style="list-style-type: none"> • <i>I’m afraid of the drug problems, and the resulting crime. The Cape seems to have a bigger problem than other places in Massachusetts.</i> • <i>The Town should (and does) maintain a safe and sustainable environment, but I would like to see more of the roads improved.</i>
<p>Transportation concerns</p> <ul style="list-style-type: none"> • <i>I want to remain at home and not feel isolated when I can no longer drive.</i> • <i>I’m concerned about the lack of transportation options, both locally, and off-Cape.</i>
<p>Weather conditions and emergencies</p> <ul style="list-style-type: none"> • <i>Difficult weather recently has made it rough... keeping roads clear and safe from snow and ice is a concern.</i> • <i>There is only one way in and one way out from where I live. I am concerned that if a hurricane or snow storm happens, emergency vehicles can’t get in.</i>
<p>Access to and quality of services (medical and other)</p> <ul style="list-style-type: none"> • <i>Support services to stay in home and to have activities to help me remain socially and medically able to get help.</i> • <i>Will there be services available for housebound seniors?</i>
<p>Being close to family, family health and well-being</p> <ul style="list-style-type: none"> • <i>I am far away from the network of people who would provide help to me if I need it.</i> • <i>My extended family lives elsewhere; I’ll need to move closer to my children.</i>
<p>Availability of appropriate jobs</p> <ul style="list-style-type: none"> • <i>My husband and I need to find jobs—no professional jobs on Cape Cod. This is a place for retired wealthy now—not those who must work.</i> • <i>Employment opportunities will be important.</i>

Section II: Housing & Living Situation

According to the U.S. Census Bureau, the majority (86%) of all occupied housing units in the Town of Barnstable are single-family attached or detached homes; approximately 14% are apartment buildings or condominiums; and less than 1% are other types of housing (*ACS Table S2504, 2009-2013*). **Figure 16** indicates that an overwhelming majority (89%) of survey respondents reported living in single-family homes. Some respondents lived in condominiums (4%), apartment buildings (2%), or accessory apartments (1%). The remaining 4% lived in other types of housing, including multi-family homes (1%), senior independent living facilities (1%), assisted living facilities (1%), and non-profit housing for seniors and people with disabilities (1%). The majority of survey respondents who are age 80 and older (89%) also reported living in single-family homes (see **Table A6, Appendix B**).

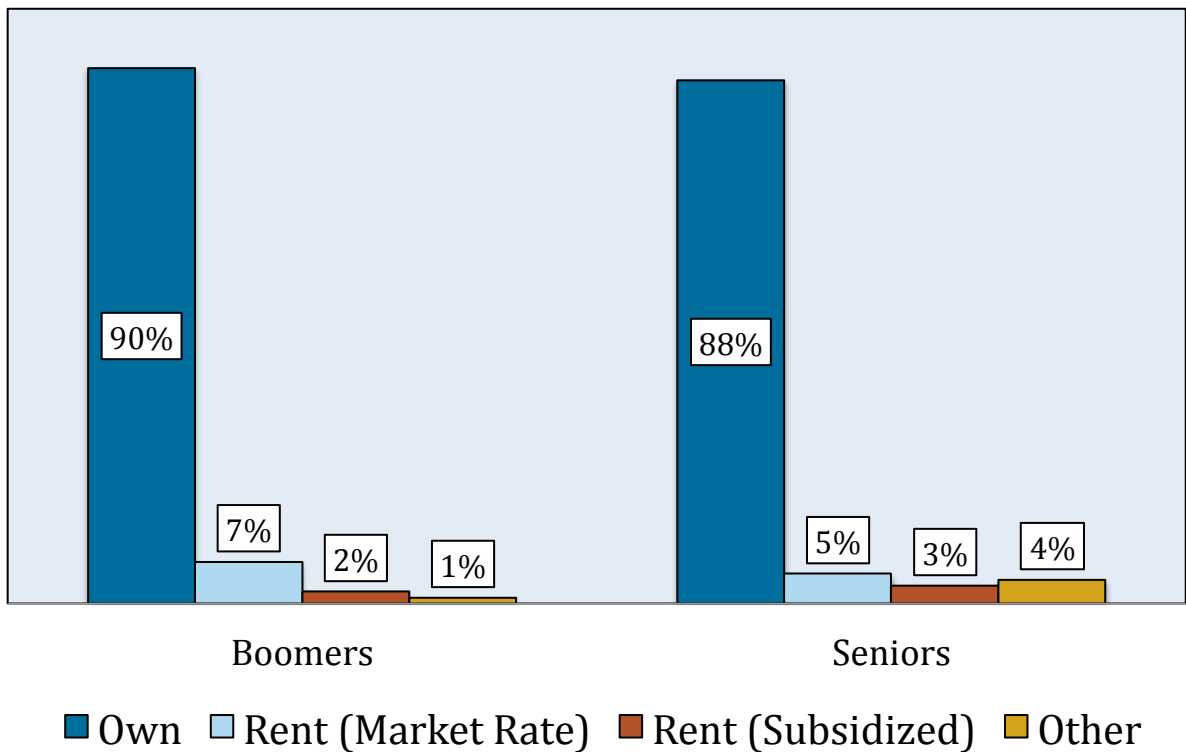
Figure 16. Current type of residence reported by respondents



For many older residents, living in single-family structures may become a greater burden with age, as home maintenance becomes more challenging and keeping up with expenses becomes more difficult on fixed incomes during retirement. Living in single-family homes may also become less practical, as family situations change. Thus, the process of aging in the community may often require difficult decisions about whether to leave one's residence for housing alternatives that are a better fit with current and future health and social situations. The extent to which older people live in single-family houses because there are limited alternatives (e.g. available condominiums or other downsizing options) is not known.

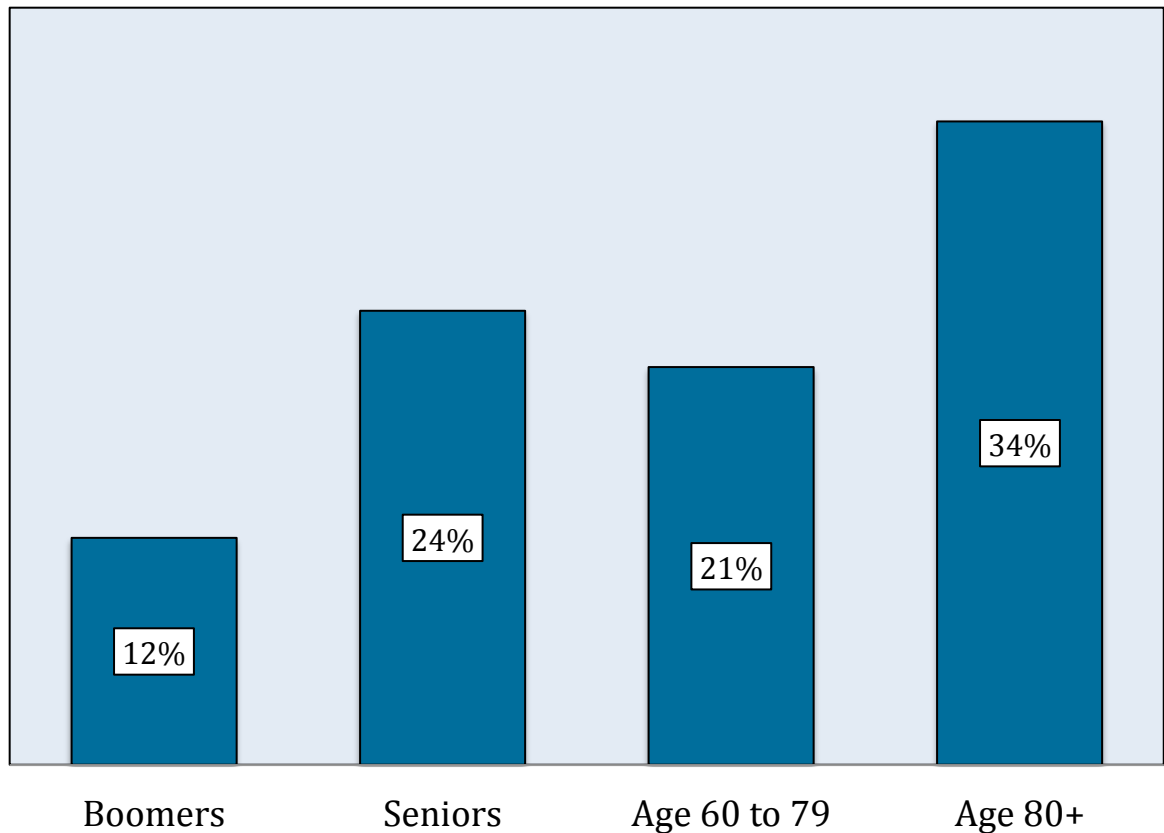
Consistent with demographic data from the Census Bureau, most survey respondents (89%) indicated that they lived in homes that they owned, or on which they held a mortgage, including 90% of Boomers and 88% of Seniors (**Figure 17**). Only a small proportion of the sample (8%) indicated that they lived in rented homes, including a small percentage whose rents were subsidized (see **Table A7, Appendix B**).

Figure 17. Percent of Barnstable respondents living in owned or rented homes by age category



An owned home is often seen as a valued economic asset among older adults. Nevertheless, some structural features (especially in older homes and homes that are poorly designed), as well as expenses associated with maintaining or modifying homes, may make it difficult for some older adults to remain in their residences, as they get older.

Figure 18. Percent of Barnstable respondents who live alone by age category



The most common living situation reported by respondents in all age groups is to reside with a spouse or partner, including 76% of Boomers and 69% of Seniors (see **Table A8 Appendix B**). Other common living situations by survey respondents included living with adult children, grandchildren, and other relatives. **Figure 18** displays the percentage of survey respondents who lived alone by age cohort and age category. Compared to 12% of Boomers who indicated that they lived alone, about one in four (24%) Senior respondents lived alone.⁶ Of the respondents who are age 80 and older, 34% lived alone.

In general, people who live by themselves, especially older people, are more likely to experience health conditions and impairments that make travel into the community more difficult, and are associated with greater risk for isolation and economic insecurity (White, Philogene, Fine, & Sinha, 2009). These individuals will likely have greater need for support services (such as transportation and/or targeted outreach) that facilitate their continued involvement with friends and family in the community.

⁶ Note that the percentage living alone among our sample of seniors (24%) is similar to the 27% reported above based on U.S. Census Bureau data.

Most individuals, regardless of age, could likely improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications. Nevertheless, appropriate resources to address needed changes are often limited. About 30% of survey respondents indicated that their homes required modifications to facilitate their aging in place, with a larger share of Seniors (31%) than Boomers (20%) reporting that modifications to their homes were needed (**Table A9, Appendix B**).

Table 9. Percent of respondents who indicated needing home modifications, and being unable to afford them, by home ownership and age category

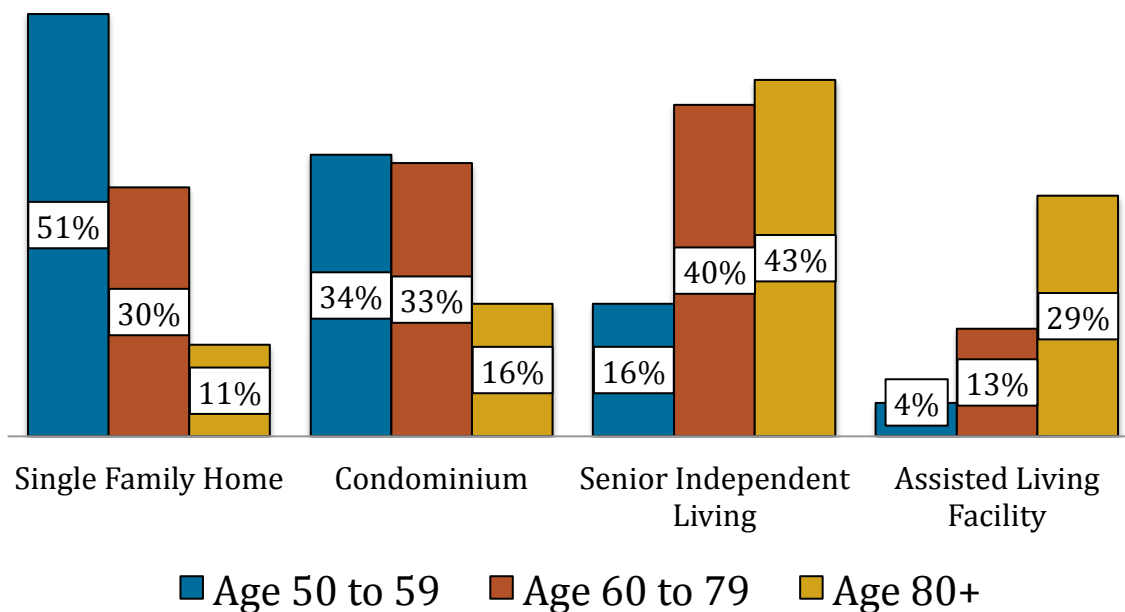
	Home needs modifications	Unable to afford modifications
All Respondents		
Age 50 to 59	22%	49%*
Age 60 to 79	31%	31%
Age 80+	32%	30%*
Home Owners		
Age 50 to 59	21%	49%*
Age 60 to 79	32%	28%
Age 80+	33%	21%*

* Percent based on 50 or fewer total cases

Among renters *and* owners (all respondents) whose homes needed modification, 49% of Boomers reported being unable to afford to make needed modifications, along with 31% of residents age 60 to 79, and 30% of those age 80 and older (**Table 9**). Of the respondents who owned their homes, many in each age category reported that their homes needed modification to facilitate aging in place, including 21% of Boomers, 32% of respondents age 60 to 79, and 33% of respondents age 80 and older. Forty-nine percent of Boomers who owned their homes were unable to afford the modifications they needed. Among respondents age 60 to 79, and age 80 and older, 28% and 21%, respectively, could not afford to make needed modifications to their homes.

Future housing preferences are difficult to predict, and it is impossible to say with certainty what circumstances individuals will face in the future that could influence their housing choices and decisions. However, understanding how individuals currently perceive their future needs and preferences can be informative in planning, at least tentatively, to provide desirable housing options that accommodate the tastes and physical and environmental needs of different cohorts of older residents.

Figure 19. Housing preference, if in the next 5 years a change in health required a move from current residence, by age category



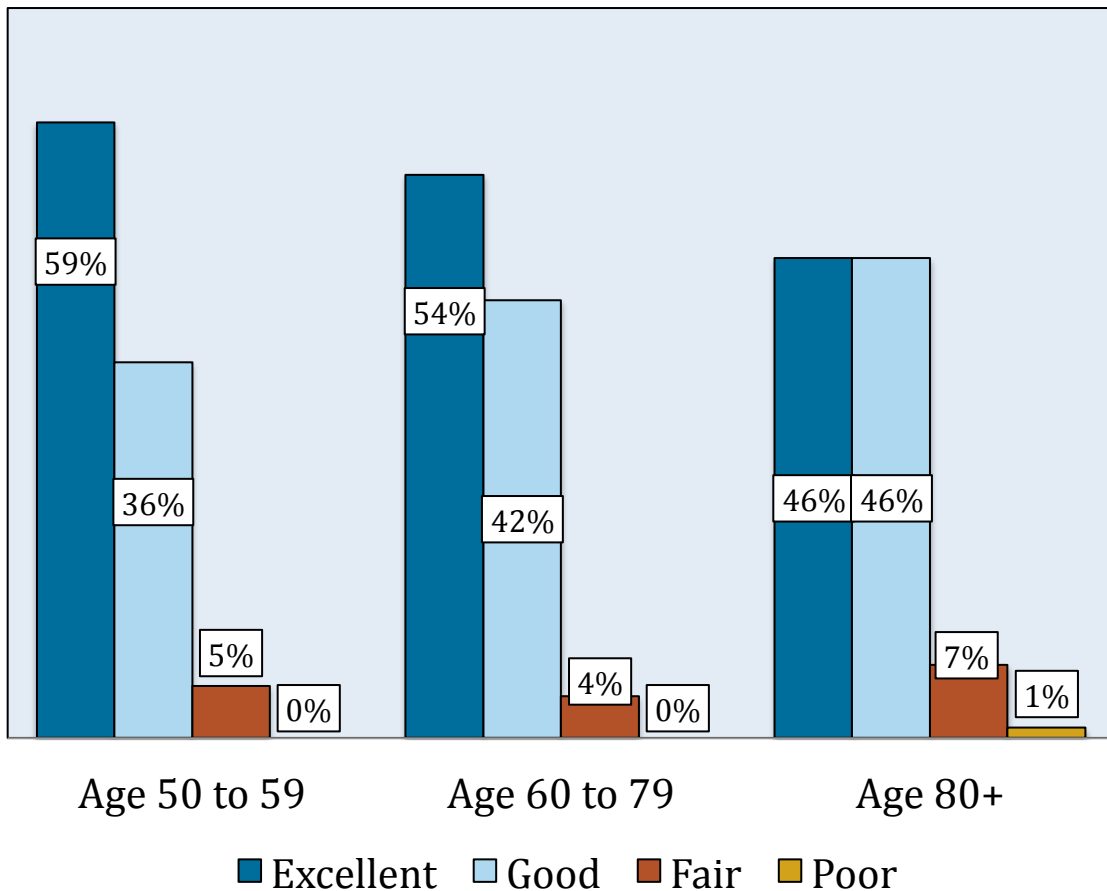
Note: Participants could choose all options that applied, therefore totals by age category do not equal 100%.

Survey participants were asked to select the types of housing units they would prefer to live in if in the next five years they experienced a change in their health that required them to move from their current residence. As shown in **Figure 19**, the most common preferences indicated by respondents varied by age category. Among Boomers, more than half (51%) indicated that they would prefer to live in single-family homes; 34% would prefer to live in a condominium. Among Seniors age 60 to 79, 40% would prefer to live in an independent living setting, and 33% indicated that they would prefer a condominium. Similarly, the oldest respondents—Seniors age 80 and older—indicated a preference to live in a senior independent living community (43%), or within an assisted living facility (29%). Thus, respondents age 60 and older seemed receptive to senior independent living, and those 80 and older are highly receptive to independent living and assisted living as options if health changes require that they move.

Section III: Social Activities & Relationships

Overall, survey respondents reported high levels of emotional wellbeing. This dimension of social/emotional health is shown by age category in **Figure 20**. Roughly equivalent proportions of respondents age 50 to 59 (5%), age 60 to 79 (4%), and age 80 and older (8%) reported “fair” or “poor” emotional wellbeing. Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good”, including 95% of Boomers, 96% of respondents age 60 to 79, and 92% of respondents who are age 80 and older.

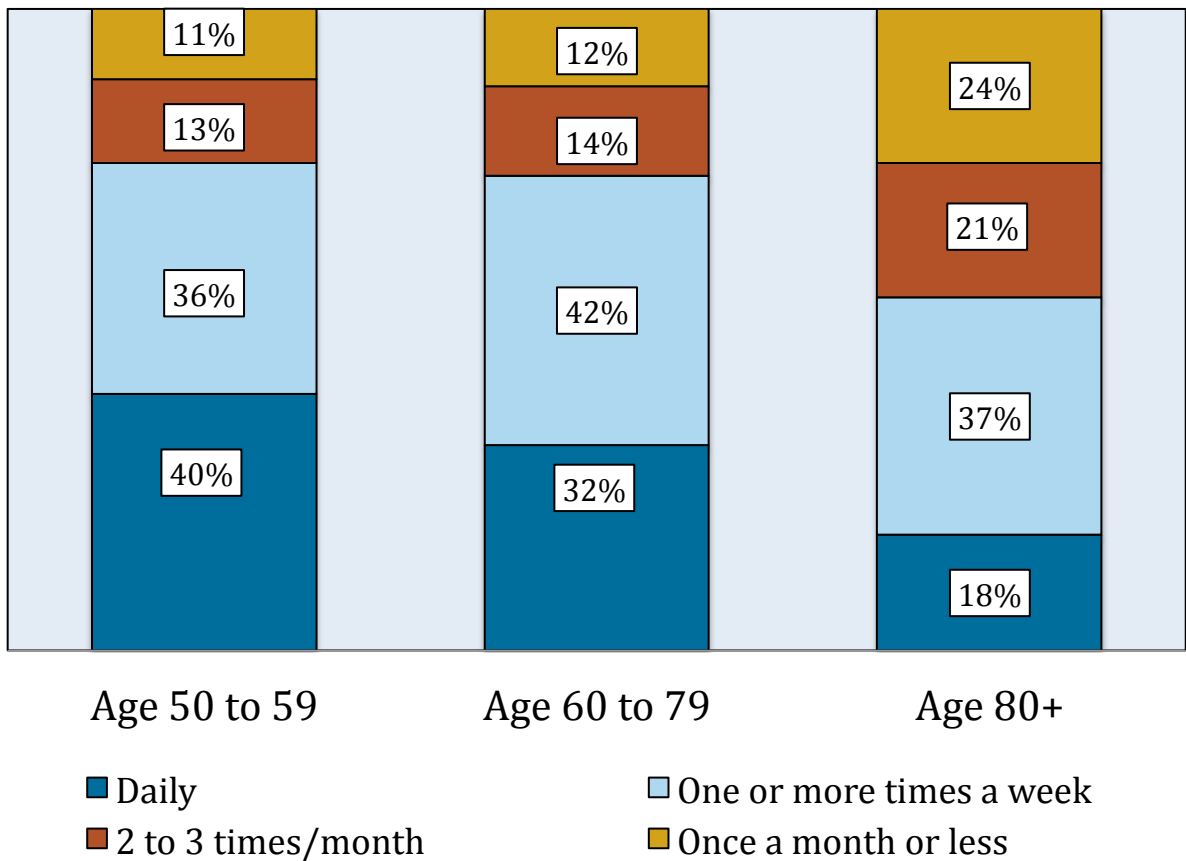
Figure 20. Self-ratings of emotional wellbeing by age category



Social/emotional health, as a dimension of wellbeing, is dependent on many factors. Among them is the degree of connectedness that individuals maintain within their social networks. **Figure 21** suggests that the majority of Barnstable’s older residents remain active and engaged in their community although a segment, especially among the oldest respondents, are at risk for social isolation. Participants were asked how often they left their homes to visit with family, friends, relatives, or neighbors. Large proportions of respondents age 50 to 59 (76%), age 60 to 79

(74%), and age 80 and older (55%) reported leaving their homes “At least daily” or “One or more times a week”.

Figure 21. Frequency of leaving home to visit others

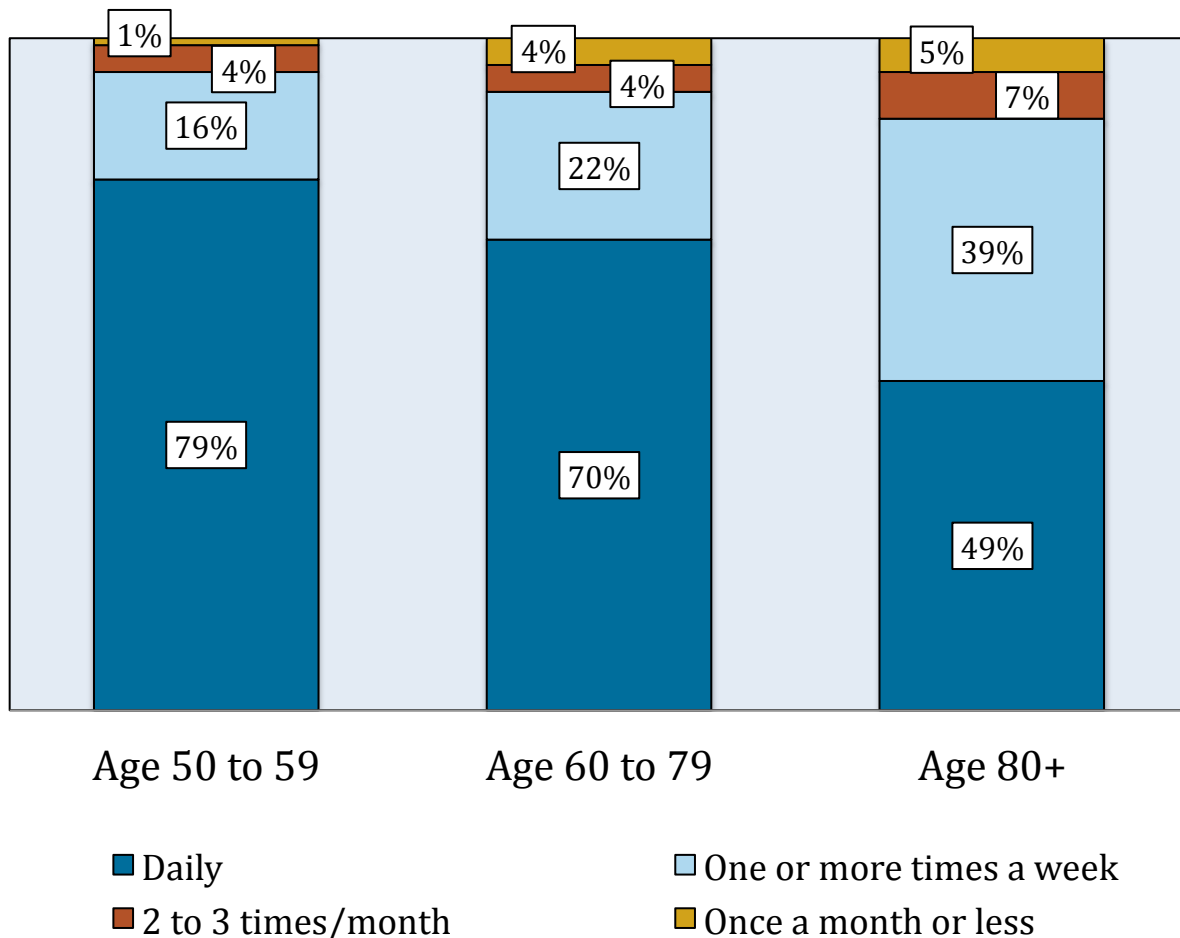


Many older adults are at high risk for social isolation, especially if their health and social networks begin to break down and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes. At greatest risk of isolation are the 12% of respondents age 60 to 79, and the 24% of respondents who are age 80 and older who reported leaving their homes to visit with family, friends, relatives or neighbors fewer than 2 or 3 times per month.

In many cases, particularly when friends and family are not nearby, older Barnstable residents may rely on alternative communications media to remain in contact with their social networks. Survey respondents were asked how often they talk on the phone, send email, or use social media such as Facebook, to communicate with family, friends, relatives and neighbors. As shown in **Figure 22**, just 1% of respondents age 50 to 59 said they used these media fewer than two or three times a month; 4% of respondents age 60 to 79, and 5% of respondents age 80 and older reported using these media fewer than two or three times a month. Individuals who

do not communicate with others frequently, as well as those who do not leave their homes, represent an important group to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

Figure 22. Frequency of using phone, email, and/or social media to communicate with others



Older Barnstable residents participate in various activities that could facilitate their social connectedness with others in the community. Survey participants were asked to indicate which activities they currently participate in and enjoy. **Table 10** illustrates some similarities in current activity preferences by age group. The greatest proportions of all respondents indicated that they currently enjoy social activities (75%), media (69%), individual/solitary activities (68%), food-related activities (68%), active outdoor activities (65%), and travel or outings (62%). The least popular activities for combined cohorts were intergenerational programs (8%), faith-based activities (27%), and arts and crafts (28%). Differences across age groups suggest that Boomers report enjoying more active options and educational activities, potentially suggesting that this cohort will be looking for a greater emphasis on active and educational programming from the Senior Center in the future.

Table 10. Percent indicating activities they currently enjoy by age cohort and age category

	All Ages	Boomers	Seniors
Volunteering	34%	36%	34%
Active indoor activities	44%	58%	41%
Individual/solitary activities	68%	67%	69%
Travel or outings	62%	72%	60%
Education	34%	45%	32%
Media	69%	71%	69%
Active outdoor activities	65%	80%	62%
Social activities	75%	80%	74%
Arts & crafts	28%	34%	27%
Food (e.g., cooking, dining out)	68%	76%	66%
Intergenerational programs	8%	8%	8%
Faith-based activities	27%	28%	27%
Other	14%	11%	15%

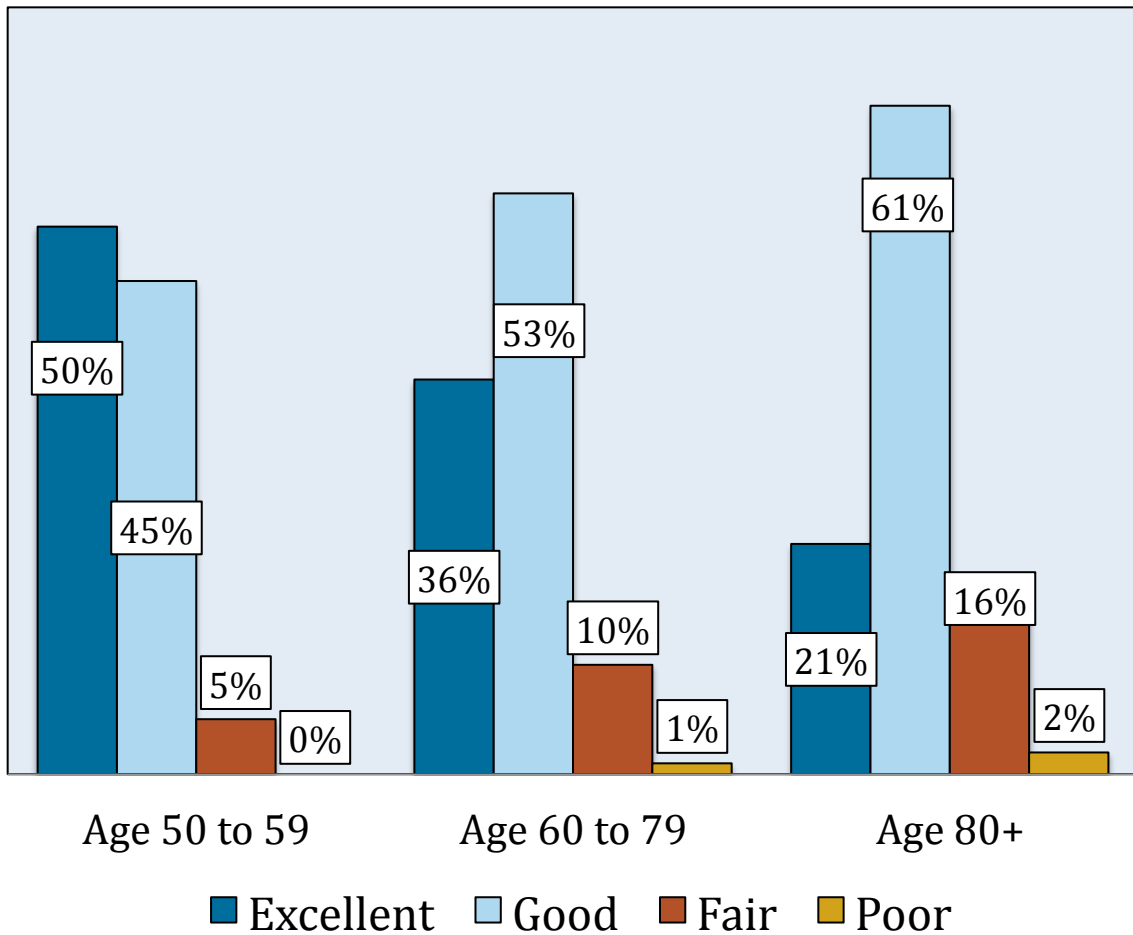
Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

Section IV: Your Health

Large shares of survey respondents reported good physical health. The majority (89%) of all respondents rated their health as “excellent” or “good”, whereas just 10% rated their health as “fair”, and only 1% said their health was “poor” (see **Table A15, Appendix B**).

Below, self-ratings of physical health by age category are shown in **Figure 23**. Nearly all respondents age 50 to 59 (95%) reported “excellent” or “good” physical health. Within the Senior age cohort, 89% of respondents age 60 to 79, and 82% of respondents age 80 and older said their physical health was “excellent” or “good”. This suggests that most of Barnstable’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, appear to experience some declines in their health.

Figure 23. Self-ratings of physical health by age category



Beyond reflecting the potential need for medical care, self-ratings of physical health may also be indicative of the need for additional assistance with various activities in and around the home. **Figure 24** shows percentages of respondents in each age category who indicated that a health issue required them to seek help with *household activities* (such as doing routine chores like cleaning or yard work), and with *personal care activities* (such as taking a bath or shower, or getting dressed) and/or *daily activities* (such as preparing meals or taking medications). Needing help with these sorts of daily living activities was much more common among residents who are 80 and older. Nearly half (49%) in the oldest age category required assistance with activities around the house; and 10% required assistance with personal care and/or daily activities.

Figure 24. Percent who need assistance due to a health issue by age category

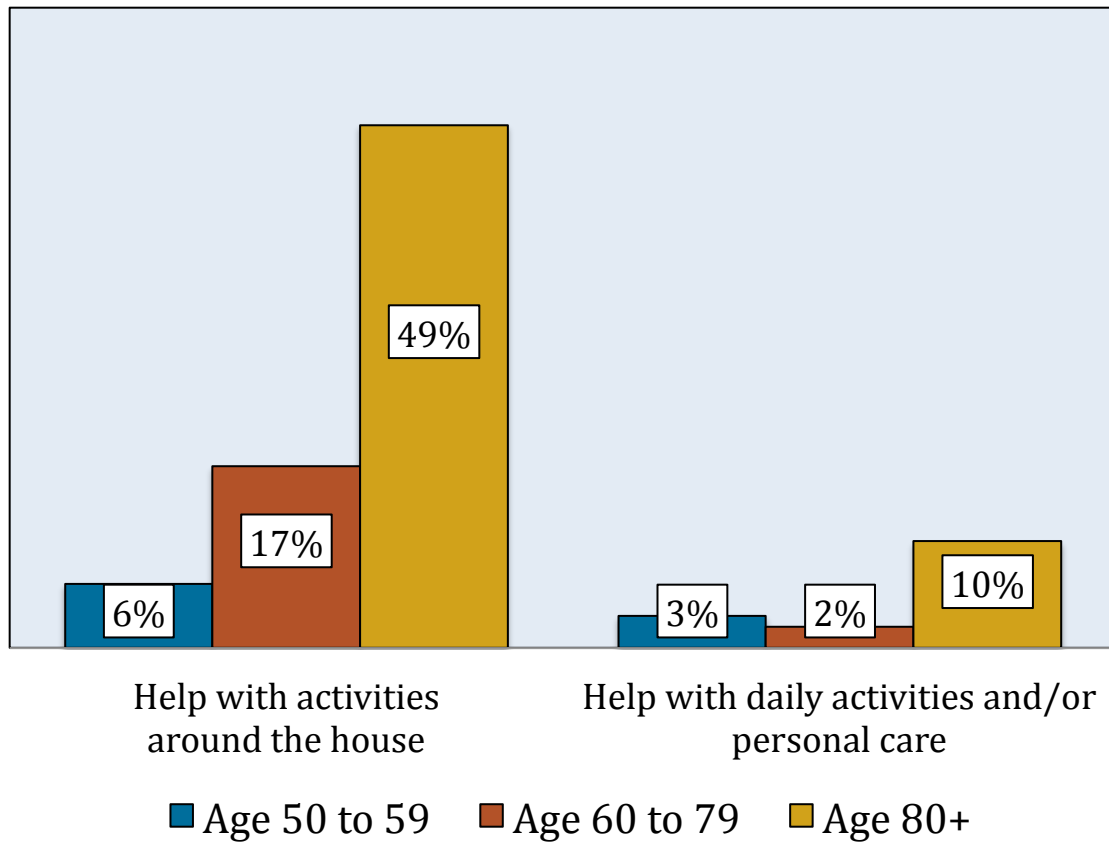
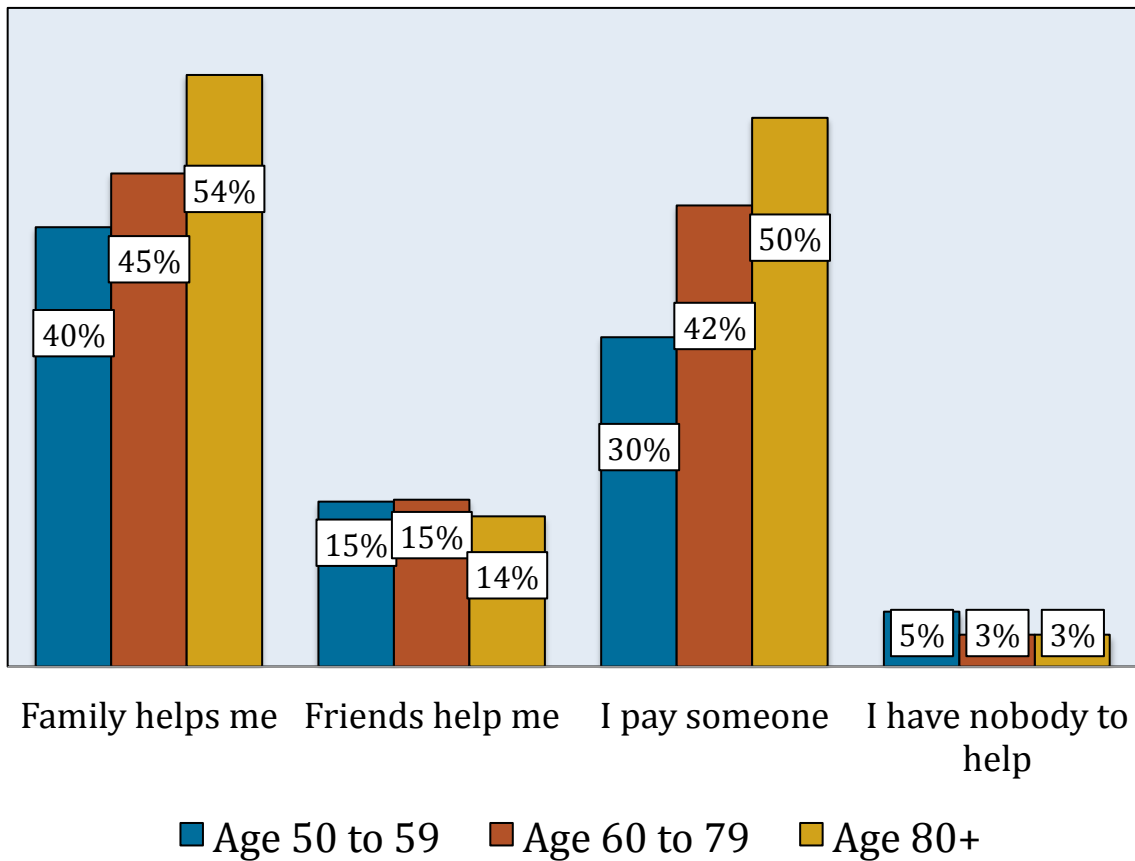


Figure 25 shows sources of assistance that older Barnstable residents may draw upon when extra help is needed. Among those who reported needing help sometimes, many respondents in all age categories have family members on whom they can rely (48%, not shown). For respondents who are age 80 and older, family members are the most common source of assistance (54%). Just 3% of the respondents reporting that they need help, including 3% of Seniors who are age 80 and older, reported having nobody who could provide help (also see **Table A18, Appendix B**).

Figure 25. Source of assistance with activities by age category



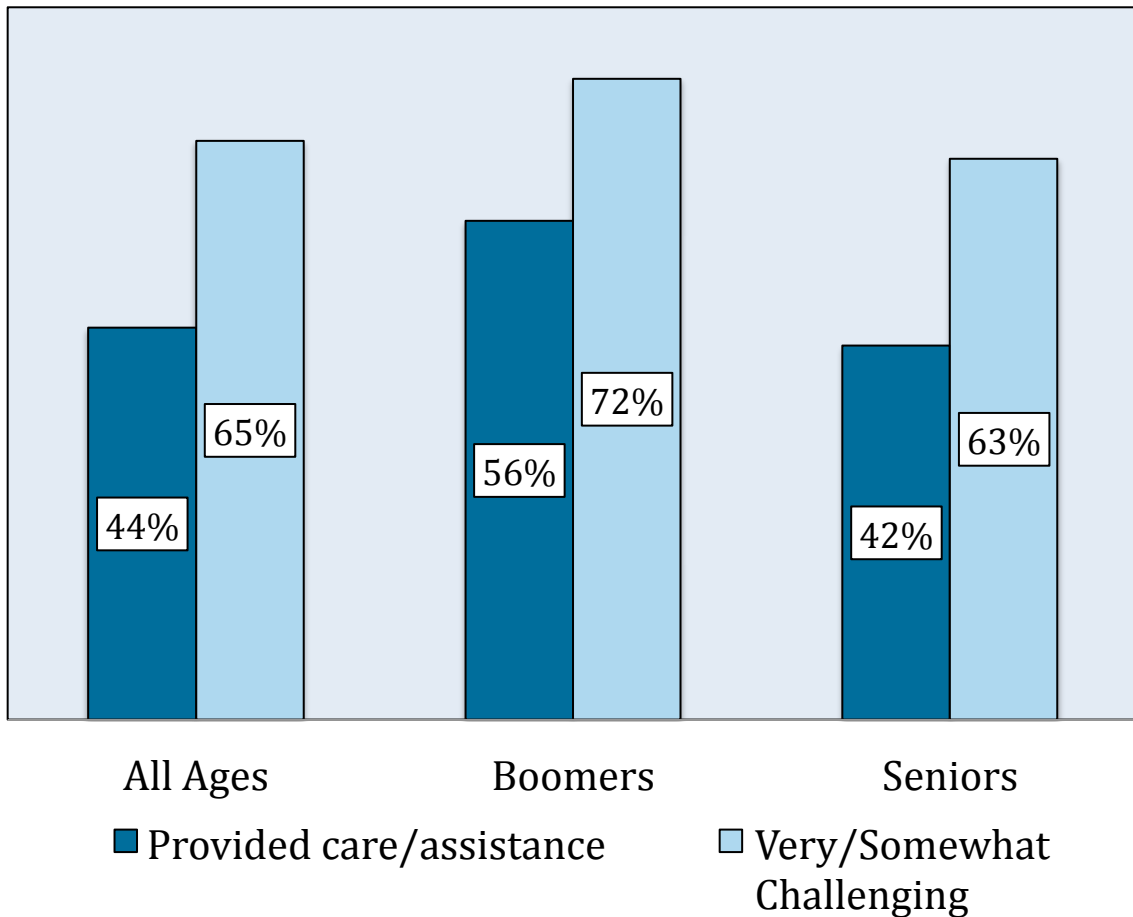
Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

One of the more common problems facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by family and friends. Commonly cited issues expressed by many older people regarding their difficulty in gaining access to available services include not knowing where or who to contact for help and being unaware of what services exist. An important function of the Town of Barnstable’s Senior Services Division is to connect people to needed resources for caregiver support and home services, among other types of assistance.

Section V: Caregiving

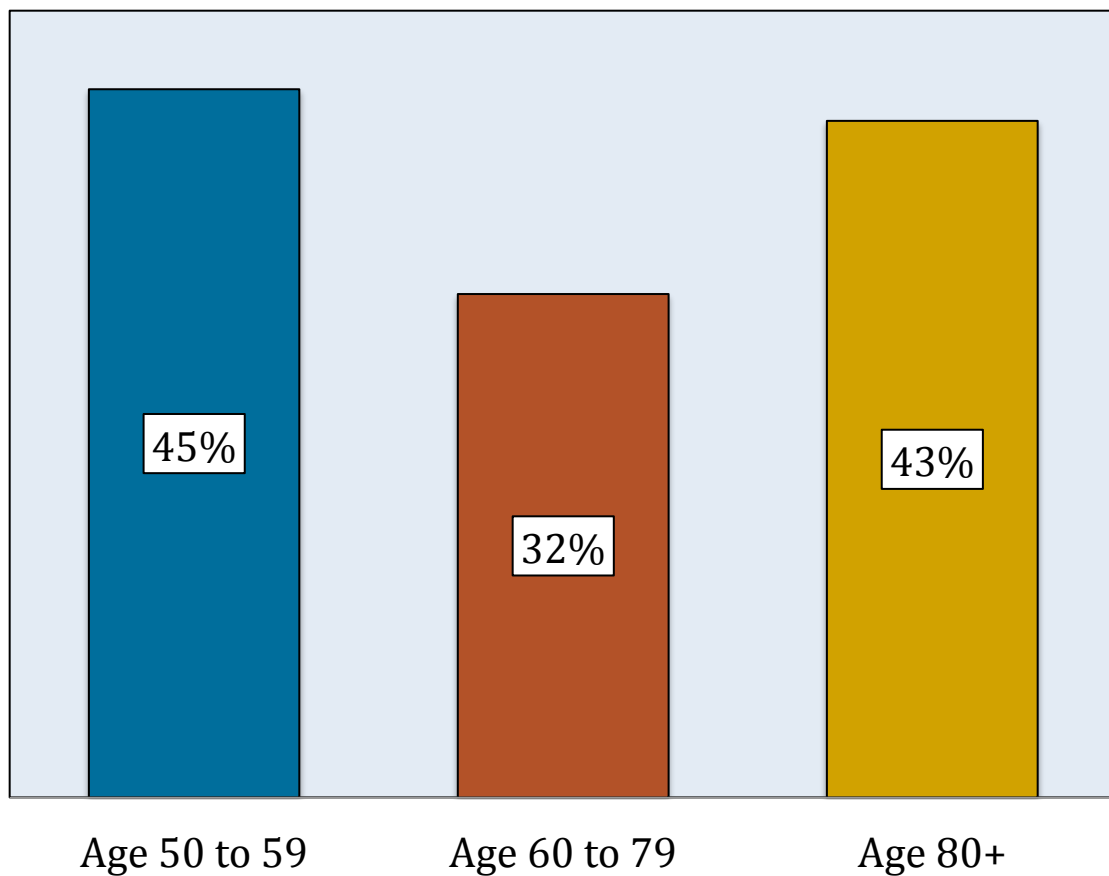
In many cases, older residents in the Town of Barnstable provide informal care and assistance to individuals who are frail or disabled, while managing other aspects of their lives such as family and work. Indeed, 44% of all survey respondents said that they had provided care or assistance to a spouse, parent, relative, or friend who is disabled or frail within the past 5 years, including 56% of Boomers and 42% of Seniors (see **Figure 26**).

Figure 26. Caregiving experience in the last 5 years and degree of challenge by age cohort



Overall, nearly two thirds (65%), including 72% of Boomers and 63% of Seniors found it “very challenging” or “somewhat challenging” to provide care and to meet their other responsibilities with family and/or work. Additionally, of those who provided care, the vast majority of respondents (91%) were not paid for it (see **Table A19a, Appendix B**).

Figure 27. Percent indicating that a caregiver respite program or support group would be helpful to them or their family



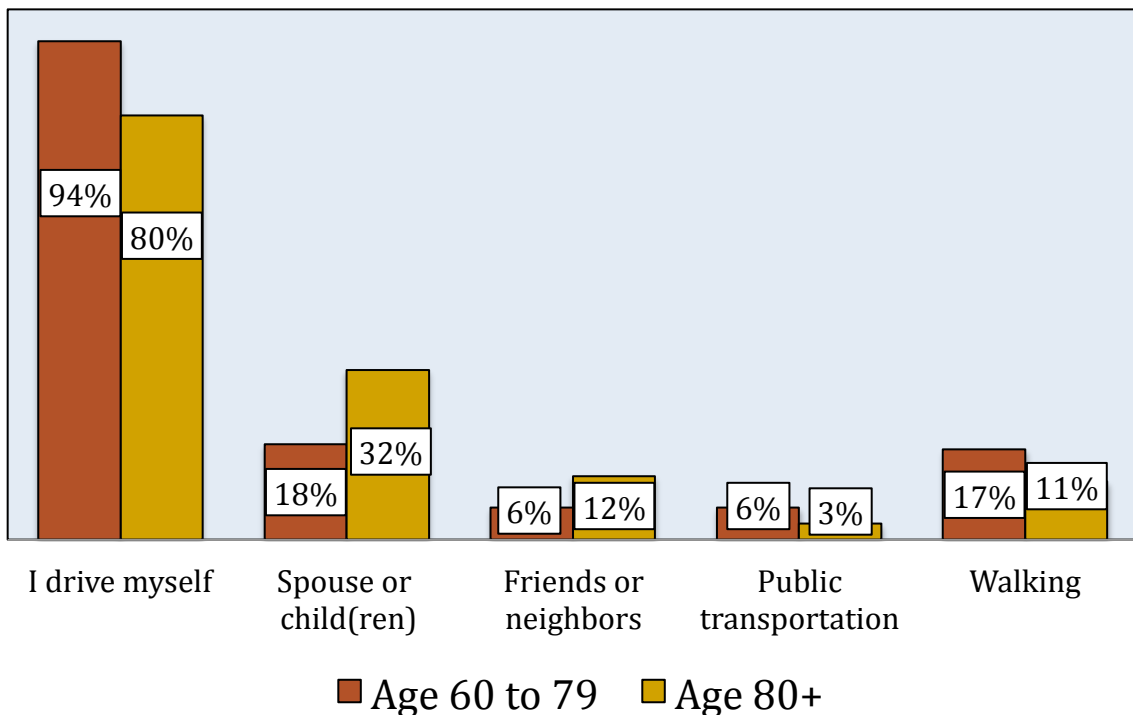
Providing care to frail or disabled friends and family members is often a stressful endeavor that can impact the health, wellbeing and quality of life of caregivers. **Figure 27** shows the percentage of respondents in each age category who said that a caregiver respite program or support group would be helpful to themselves or their families, if it were available. A relatively large share of Boomers (45%) said that these programs would be helpful. Many times, members of the Boomer cohort have caregiving responsibilities for their own children, while simultaneously providing care to an aging parent. On the other hand, 43% of respondents who are age 80 and older said that caregiver respite and support programs would be helpful. Many of these respondents may be responsible for providing care to an aging spouse or friend.

Section VI: Transportation

Transportation is a fundamental need for people of all ages who strive to lead independent, meaningful, and socially engaged lives. For older people in particular, lack of adequate and appropriate transportation can complicate their efforts to meet material and social needs and make it difficult to remain active participants in their communities.

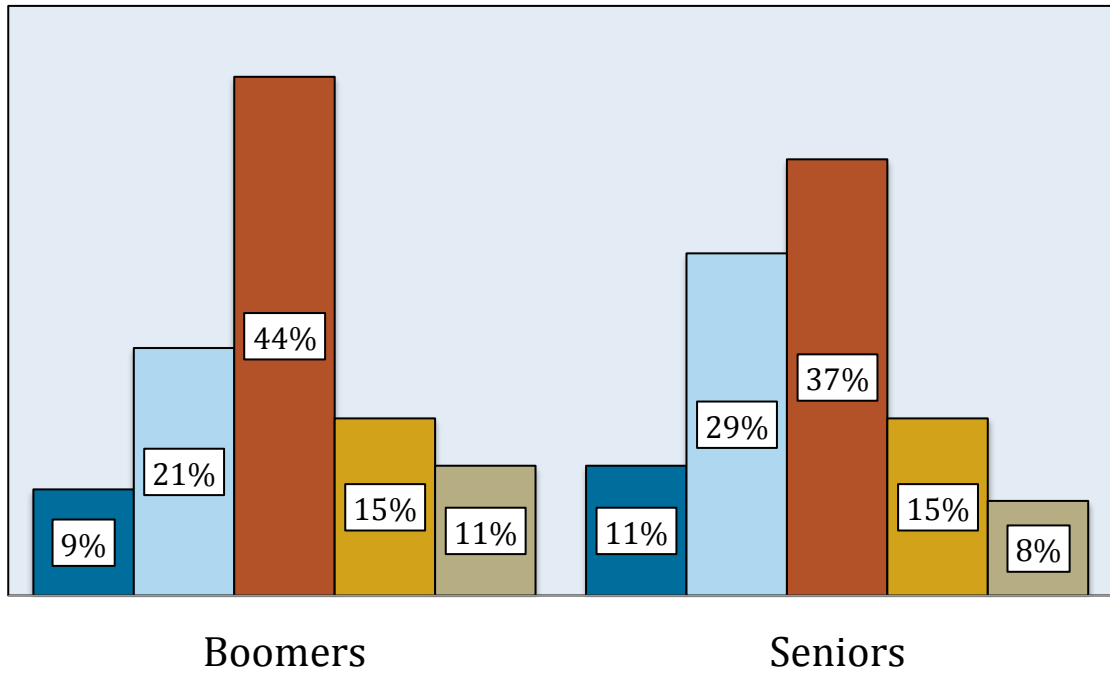
Figure 28 suggests that older residents in the Town of Barnstable rely on a wide variety transportation modes to meet their travel needs. By far, the most commonly cited means of transportation by Seniors was driving themselves, though the percentage is somewhat smaller for respondents age 80 and older. Among respondents in the oldest age group, 80% currently drive themselves, whereas 32% rely on spouses or children, 12% rely on friends or neighbors, 11% rely on walking, and 3% rely on public transportation to meet their transportation needs. Thus, residents who are 80 and older are not especially drawn to public transportation, and may not view it as a good option for them, at least relative to younger residents. In addition, relatively large shares of respondents age 80 and older rely on other options such as taxis (6%) and transportation services provided by the Senior Center (4%; the “Silver Express”) to meet their transportation needs (see **Table A21, Appendix B**).

Figure 28. Modes of transportation by age category (Seniors only)



Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

Figure 29. Satisfaction with transportation options in the Town of Barnstable by age cohort



■ Completely Satisfied
 ■ Very Satisfied
 ■ Somewhat Satisfied
 ■ Slightly Satisfied
 ■ Not at All Satisfied

Most survey participants indicated some degree of satisfaction with transportation options available to them in the Town of Barnstable, including 38% of all respondents who reported that they are “completely satisfied” or “very satisfied”. Another 53% are either “somewhat satisfied” or “slightly satisfied”. Nine percent of all survey respondents indicated that they are “not at all satisfied” with transportation options in Barnstable (see **Table A22, Appendix B**). **Figure 29** shows roughly comparable rates of satisfaction with transportation by age cohort, though a slightly greater percentage of Seniors (40%) compared to Boomers (30%) indicated that they were “completely” or “very satisfied”.

Some variation in satisfaction with transportation options in the Town of Barnstable is apparent in data that is stratified by village (see **Table 11**). Overall, the greatest level of satisfaction (i.e., “Completely Satisfied” or “Very Satisfied”) was reported in the villages of West Barnstable (46%) and Osterville (45%). Among Seniors, the cohort that is most likely to rely on alternatives to driving their own cars, the lowest satisfaction with transportation options was reported in the villages of Barnstable (33%) and Centerville (35%). Areas where residents are the least satisfied may be candidates for expanded or extended transportation services, or other program considerations that target older adults whose driving restrictions may leave them at risk of being stranded in their homes and socially isolated.

Table 11. Percent of respondents who report being “Completely Satisfied” or “Very Satisfied” with transportation options in the Town of Barnstable by village and age cohort

	Total	Boomers	Seniors
Barnstable (village)	24%*	0%*	33%*
Centerville	34%	33%*	35%
Cotuit	32%*	25%*	38%*
Hyannis	37%	30%*	46%
Marstons Mills	26%*	20%*	37%*
Osterville	45%*	53%*	43%*
West Barnstable	46%*	36%*	52%*

**Note: Percentages based on fewer than 50 cases.*

Among those who depend on driving to meet their transportation needs, physical challenges associated with aging (e.g., poor vision status) may sometimes require that individuals modify their driving to increase ease and safety of community travel. **Table 12** shows strategies reported by respondents to make their driving easier and safer.

A large share of Seniors age 60 to 79 reported making at least one modification to their driving, including avoiding driving at night (23%), avoiding driving in bad weather (23%), and avoiding driving far distances (10%). Among Seniors age 80 and older, 81% reported either not driving at all, or using at least one strategy to make their driving safer and easier—the most commonly cited modifications were avoiding driving at night (48%) and avoiding driving in bad weather (33%). Other strategies that were mentioned included avoiding driving on and off the Cape during peak traffic times, taking back roads to avoid crowds, making regular stops to rest on long trips, and generally driving slower and allowing more time to reach a destination.

Table 12. Modifications to driving by age category

Modifications to driving	Age 50 to 59	Age 60 to 79	Age 80+
I do not modify my driving at all	61%	55%	19%
I avoid driving at night	12%	23%	48%
I avoid making left hand turns	8%	7%	9%
I avoid driving in bad weather	17%	23%	33%
I avoid highway driving	3%	4%	9%
I avoid driving far distances	5%	10%	26%
I avoid driving in unfamiliar areas	4%	7%	14%
Other	5%	6%	5%

Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

The use of such strategies by many older people likely contributes to their increased safety while driving; however, limiting driving could also place constraints on independence and options available to older residents, especially when alternate transportation choices are not available, are inaccessible, or prohibitively costly or inconvenient. For instance, the large percentages of people who avoid driving at night may be discouraged by their limitations from participating in activities that occur within the community during the evening.

Survey respondents were asked about the difficulties they experienced getting around in the Town of Barnstable. Although nearly two thirds (64%) of all respondents indicated that they had experienced no difficulties (see **Table A24, Appendix B**), many residents, especially those age 80 and older (48%) reported at least one problem meeting their transportation needs (**Table 13**). The most common issues for the oldest respondents were related to physical challenges or limitations (15%), “walkability” issues such as poorly maintained sidewalks and interrupted or non-existent walkways where they are needed (14%), and public transportation routes that did not go where residents needed to go (13%). In addition, 6% of respondents age 80 and older mentioned other problems travelling in Barnstable, including the traffic congestion, safety issues (e.g., ice- and snow-covered walkways, crossing major thoroughfares safely, and poorly lit streets at night), as well as unpredictable motorists who do not observe rules of the road.

Table 13. Challenges getting around locally by age category

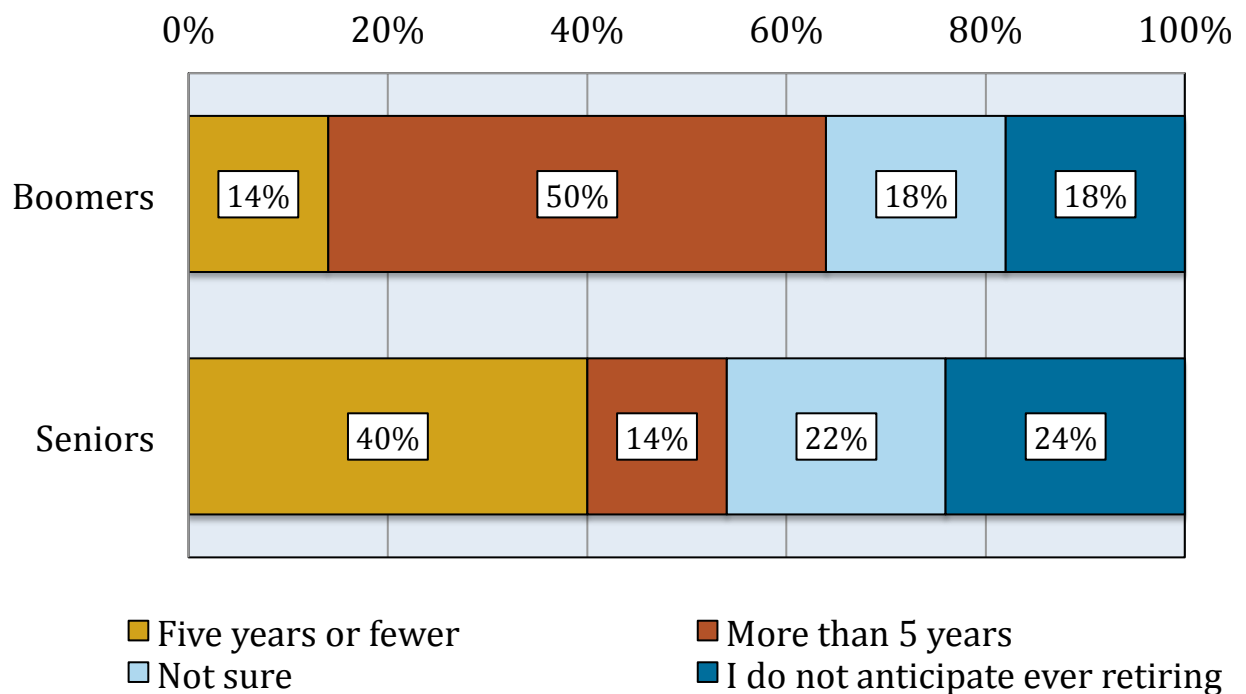
	Age 50 to 59	Age 60 to 79	Age 80+
None	65%	68%	52%
Physical environment issues	7%	4%	8%
Physical challenges or other limitations	2%	4%	15%
Public transportation service not available where I need to go	5%	7%	13%
No door-to-door assistance	2%	2%	5%
Lack of public transportation services throughout the day and evening	5%	5%	8%
Lack of public transportation services on a reliable schedule	6%	6%	8%
Senior Center transportation ("Silver Express") not available/inconvenient	0%	2%	4%
Walkability issues	20%	14%	14%
Other	10%	8%	6%

Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

Section VII: Current & Future Retirement Plans

For many older adults, working either a part time or full time job is necessary or desired even after the traditional retirement age. Making ends meet on a fixed income, or keeping engaged in the community through paid employment are common goals of older people who work later in life. A large majority (70%) of Senior respondents indicated that they were already retired; and 7% of Boomers were retired (see **Table A25, Appendix B**). Nevertheless, 18% of Seniors who are age 60 to 79 said that they were still working full time, and 4% of Seniors age 80 and older said that they were working part time. About 7% of all respondents indicated "other" as their employment status—this response category included participants who were engaged in volunteer work, working as homemakers, individuals who were in the workforce but were currently unemployed, individuals who had been forced from the workforce, individuals who are disabled, and those who are working as caregivers.

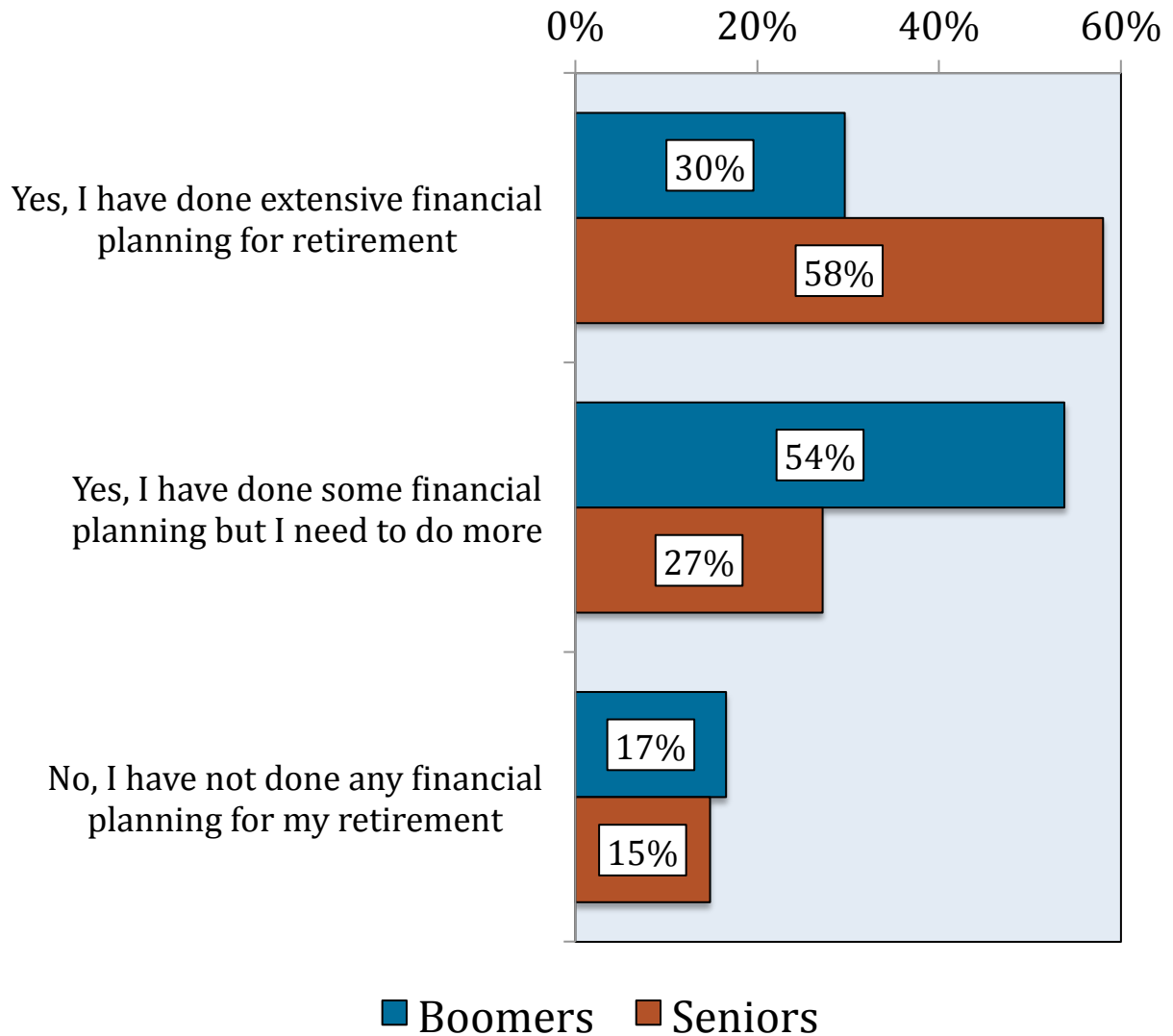
Figure 30. Timeframe for retirement of respondents not currently retired by age cohort



For respondents who are not yet retired, **Figure 30** shows the timeframe in which respondents said they planned to retire by age cohort. Few Boomers (14%) stated that they planned to retire within 5 years. By contrast, among Seniors who had not yet retired, many (40%) indicated that they planned to retire within five years. Notably, large proportions of both Boomers (36%) and Seniors (46%) indicated that they were not sure when they would retire, or did not anticipate ever retiring. These findings correspond with wide concerns that many older workers experience about the post-retirement resources they will have available, resulting in considerable uncertainty about the timing of retirement.

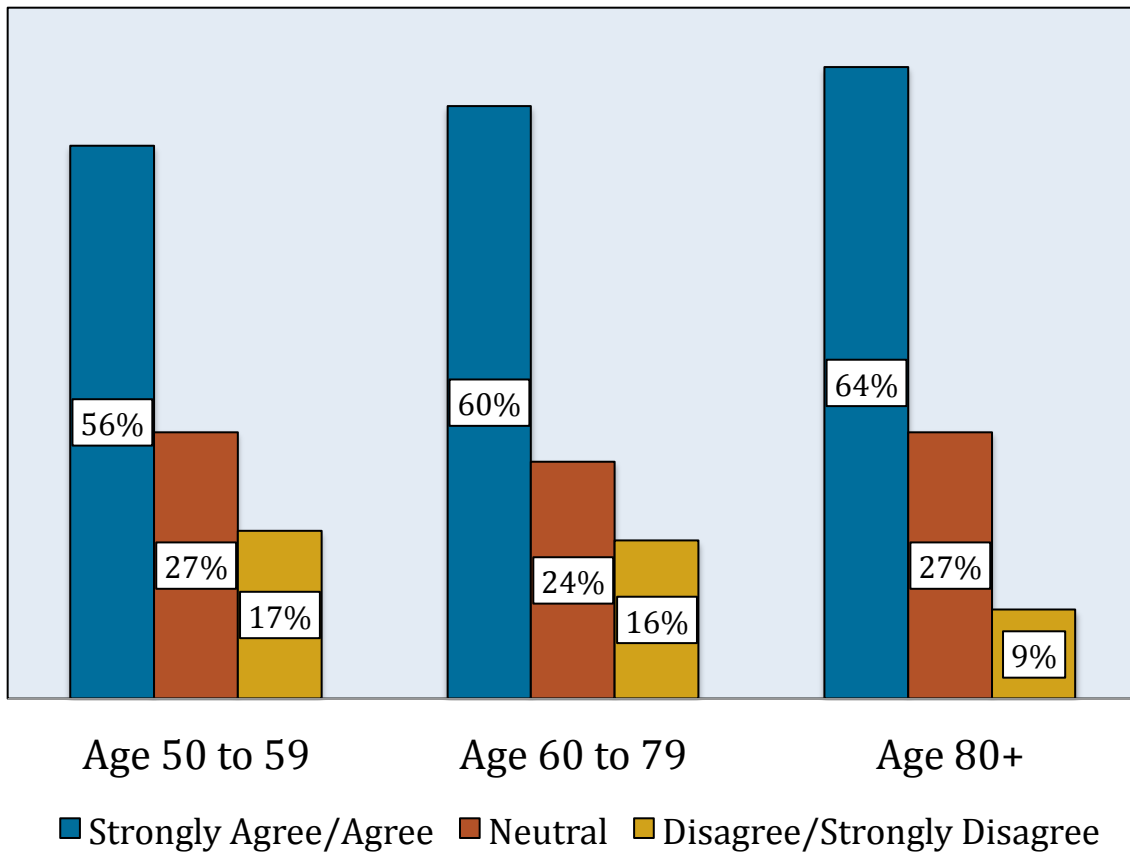
As another measure of “preparedness” to retire, survey participants were asked whether they had done any financial planning for their retirement years. Financial planning activities could include consulting a financial or legal professional, taking a seminar, or taking other steps to ensure they have enough income to last. **Figure 31** suggests that the majority in both the Boomer and Senior cohorts have taken steps to plan for their retirements. About 1 in 3 (30%) Boomers indicated that they had done extensive financial planning; compared to 58% of Seniors. Just 17% of Boomers and 15% of Seniors indicated that they had not done any financial planning for their retirements. As time goes along, these individuals in particular may be at risk for economic insecurity.

Figure 31. Percentage that have done financial planning, by age cohort



The majority of survey respondents in all age groups expect to have sufficient assets to sustain them during their retirements (**Figure 32**). About 56% of respondents age 50 to 59 expect to have enough resources to afford home maintenance, real estate taxes, healthcare and other expenses. Similarly, 60% of Seniors age 60 to 79, and 64% of Seniors age 80 and older expect to have adequate resources to meet these expenses. Although most reported positive expectations, a sizable share (17% of Boomers and 15% of Seniors) did not anticipate having sufficient resources in retirement (see **Table A28, Appendix B**). This finding points to the heightened risk of economic insecurity in later life for some. Many, especially Boomers, are concerned not only about their own savings but also about the future availability of other public resources that often supplement savings and other assets in retirement.

Figure 32. Expectations about having adequate resources to meet financial needs during retirement by age category



Section VIII: Programs & Services at the Senior Center

The Town of Barnstable Senior Services Division and the Senior Center are important resources for many older residents striving to age in place in their homes and communities. Part of the Division’s stated mission is to be a place of many opportunities, where services support positive aging and a high quality of life, and where educational, recreational and fitness programs enrich the lives of elders and the community. Toward these worthy ends, a broad range of programs and services that target a diverse population of older residents are available, including services for information and referral to other agencies in and around the Town, outreach, health services, transportation, education and recreation programs and various group activities. These programs and services emphasize promotion of healthy aging and enhance quality of life for older adults and their supporting family members.

An important goal of the survey was to assess the value and importance of programs and services that are currently offered, or could be offered in the future to older adults and their families in the Town of Barnstable. Survey respondents were asked

to prioritize 26 programs and services with respect to themselves or someone in their families (see **Table A29, Appendix B**). The highest priority⁷ items for all age groups combined included *health and wellness activities* (61%) and *fitness activities* (58%). Also rated highly was *professional services* (50%), *Senior Center transportation* (49%), *health insurance counseling* (48%), and *educational opportunities* (48%).

Table 14 suggests evidence that priorities differ by age category. For example, whereas *caregiving services* were highly prioritized by 56% of respondents age 50 to 59 (i.e., Boomers), Seniors evaluated these as having somewhat lower priority (44% among those age 60-79, and 36% of Seniors age 80 and older). Similarly, *volunteer opportunities* were highly prioritized by 51% of respondents age 50 to 59, but only 37% of respondents age 60 to 79, and 26% age 80 and older. These differences may reflect differences in the importance attached to specific programs and services as people age. Observed differences may also reflect inter-cohort differences in tastes and interests. Respondents age 80 and older rated nearly all listed programs as having a lower priority than did younger respondents (the exception being fall prevention programs). Yet despite differences across age groups in the share ranking programs as high priority, substantial commonality exists in terms of which programs were rated most highly. For example, all age groups ranked fitness activities and health and wellness programs as the top two priority programs. The groups under age 80 also put education and life-long learning in the top 5, along with health insurance counseling. Both groups of seniors (age 60+) rated transportation as in the top 5 programs, and professional services were rated among the top 5 programs by respondents age 50-59 as well as those age 80 and older.

As Baby Boomers age, many gerontologists believe they will transform programs and services by operating as proactive consumers who are less likely to accept services passively, or without registering their preferences (Pruchno, 2012). Therefore, it remains important for the Town of Barnstable's Senior Services Division to maintain an open, proactive approach to planning and development to assure that programs and services remain appropriate and desired by current and evolving cohorts. Understanding differences in how individuals value programs and services, depending on their age group can facilitate planning and assist the Senior Center in its decision-making about what programs and services to provide. The generally higher rating assigned by Boomers may indicate greater receptivity to programs offered through the Senior Center, which could result in higher levels of participation in the future.

⁷ "Highest priority" is operationalized here as having rated items as "1" or "2" on a five point scale, where "1" is "HIGH priority" and 5 is "LOW priority".

Table 14. Percent of respondents who rate programs/services as high priority* by age category.

	Age 50 to 59	Age 60 to 79	Age 80+
Assistance with local or state programs	56%	46%	36%
Brain training program	41%	32%	20%
Caregiving services	56%	44%	36%
Education and life-long learning	59%	48%	32%
Evening dinner dances/social functions	31%	19%	17%
Fall prevention program	36%	33%	38%
Fitness activities	65%	58%	45%
Friendly visitor program	35%	21%	18%
Grandparent raising grandchildren support	22%	17%	8%
Health and wellness	65%	62%	51%
Health insurance counseling	60%	47%	35%
Home safety assessment	41%	35%	31%
Information, referral & outreach	49%	39%	28%
Intergenerational programs	20%	14%	10%
LGBT programming	12%	9%	4%
Mental health counseling and support	46%	30%	25%
Minor home repair	48%	41%	33%
Nutrition/Meals on Wheels	43%	37%	28%
Outdoor fitness equipment	38%	21%	9%
Professional services	59%	50%	38%
Senior Center transportation	56%	56%	45%
Social activities	47%	42%	37%
Support groups	44%	35%	30%
Technology training	44%	43%	30%
Travel	47%	43%	26%
Volunteer opportunities	51%	37%	26%

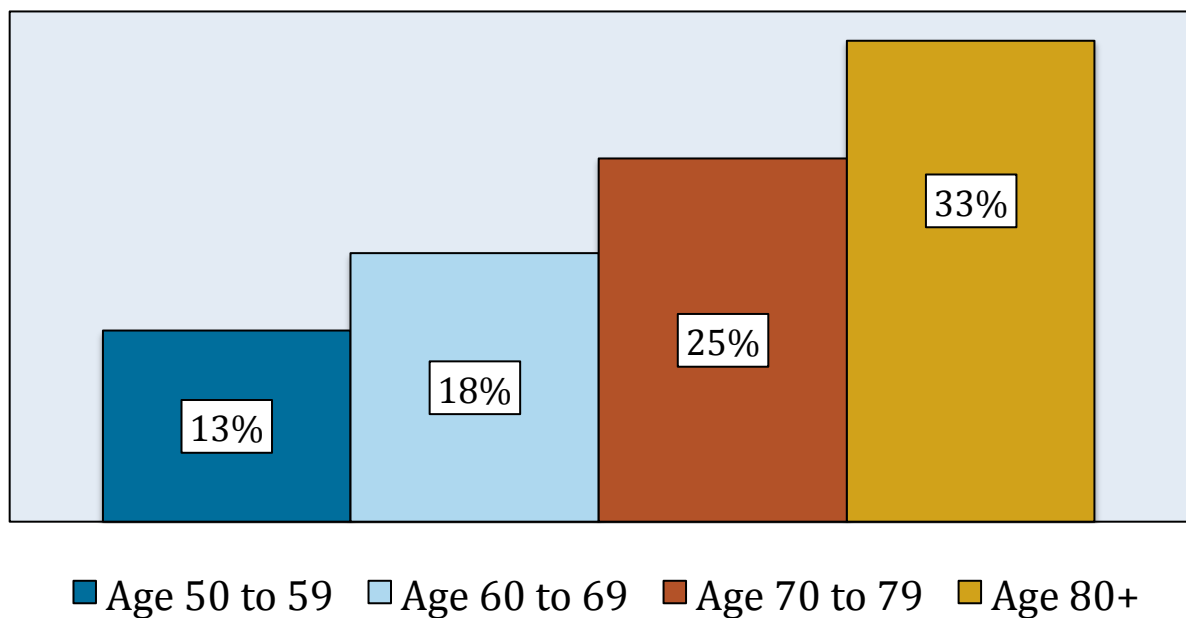
Note: Percentages indicate participants who rated items as “1” or “2” on a five point scale, where “1” is “HIGH priority” and 5 is “LOW priority”.

In an open-ended question, survey participants were asked what other programs and services not currently offered through the Senior Services Division and the Senior Center they would like to see available. Survey respondents offered a mix of recommendations including seminars to help residents who are preparing to retire; support groups for Gay/Lesbian/Transgender residents designed to reduce isolation among individuals from these groups; improving opportunities to advocate for issues important to older people (e.g. housing issues); programs to assist “ailing seniors” with adequate services at the end of life; and special programs for people with disabilities such as vision or hearing loss. Many stated that they felt the adult day program was vital and needed, and should be continued within the Senior Center. Finally, many residents touted the Senior Center’s array of programs and services, and found it difficult to offer suggestions about additional services that could be added, reflecting the depth and breadth of current options that are available.

In follow-up to items assessing how survey respondents prioritized programs and services, participants were asked about their familiarity with the offerings of the Senior Center. Just 36% of respondents said that they were “very familiar” or “somewhat familiar” with programs and services that are currently available, including 22% of participants age 50 to 59, 35% of respondents age 60 to 79, and 53% of those age 80 and older (see **Table A31, Appendix B**). Similarly, a large proportion of survey respondents age 80 and older (55%) indicated that in general, Senior Center programs and services were “very important” or “somewhat important” to themselves or their families, compared to 33% of Boomers, and 45% of Seniors age 60 to 79 who reported that level of personal importance (see **Table A32, Appendix B**).

Despite the benefits that many older Barnstable residents could potentially realize by participating in programs and services provided, a relatively small percentage of survey respondents said that they currently used these resources (see **Table A33, Appendix B**). **Figure 33** shows the percentage of respondents who indicated that they currently use programs and services offered by the Senior Services Division and the Senior Center by age category. Among all Seniors, only 24% of respondents said that they currently use programs and services offered. A larger proportion of Seniors who are age 80 and older (33%) said they used programs and services, compared to Seniors age 60 to 69 (18%), and age 70 to 79 (25%) (**Figure 33**).

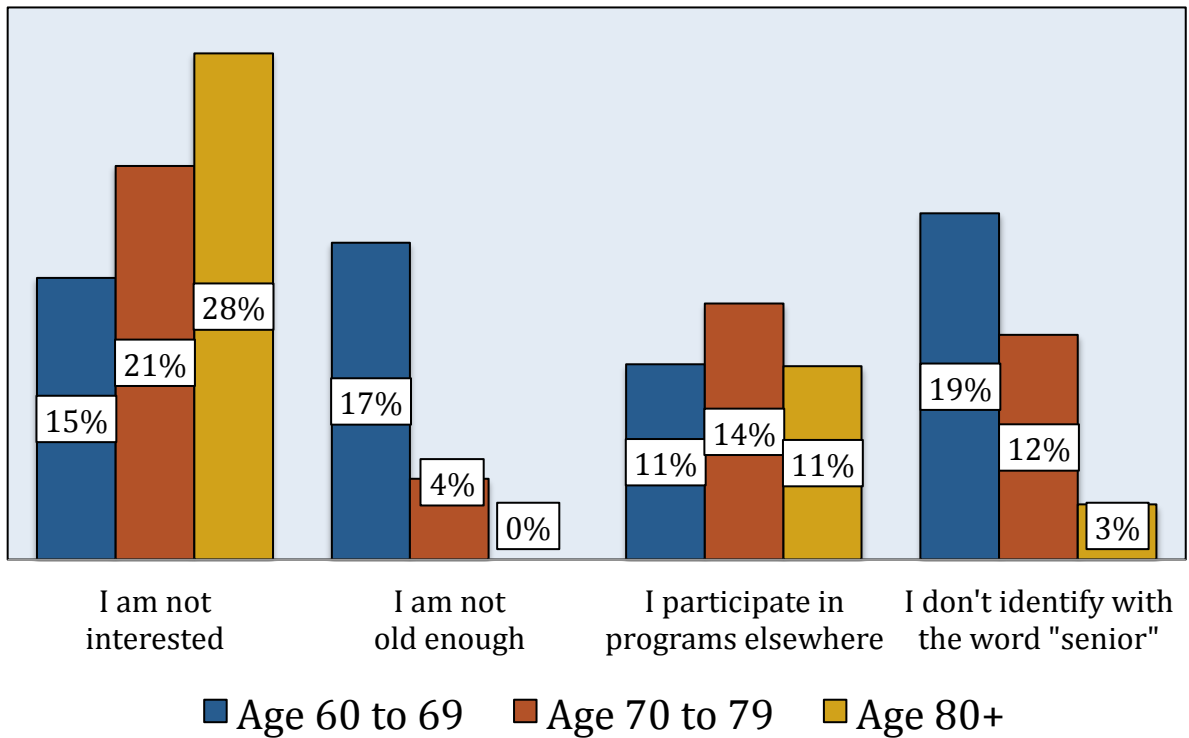
Figure 33. Percent of respondents who currently use programs and services offered by the Senior Services Division and Senior Center by age category*



**Note: In this figure, the age cohort of Seniors is stratified into three age categories, rather than the two categories used elsewhere in this report.*

Among Seniors who said that they do not currently participate in programs and services, 26% stated that they were “not interested”; 12% stated that they were “not old enough”; 15% said they “participated in programs elsewhere”; and 17% stated that they “do not identify with the word ‘senior’” (see **Table A33a, Appendix B**). Below, **Figure 34** shows that Seniors who are age 80 and older most commonly stated that they did not participate in programs and services because they were not interested (28%). Among Seniors age 60 to 69, a large share (19%) also indicated that they did not participate because they did not “identify with the word ‘senior’”.

Figure 34. Reasons for not currently using programs or services offered by the Town of Barnstable Senior Services Division and Senior Center, by age category.



Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%. In this figure, the age cohort of Seniors is stratified into three age categories, rather than the two categories used elsewhere in this report.

Nearly 33% of all Senior respondents gave other reasons for not participating, such as being busy with other activities, including working; having health problems or disabilities that prevented them from participating; and having family responsibilities that take up a lot of time. In some cases, responses to this item may point to misperceptions about what services are provided by the Senior Services Division and the Senior Center. For instance, many residents may feel that services are targeted only to the oldest and most frail residents in the Town of Barnstable, and that they themselves are too “young” and too active to participate.

All survey participants were asked to identify factors that would increase the likelihood of their using the Town of Barnstable Senior Center more often. The largest proportion of all respondents (35%) stated that they would be more likely to use the Senior Center if they had more knowledge about the programs and services available there (See **Table A34, Appendix B**). Among Seniors age 60 to 79, 24% said they would be more likely to use the Senior Center if programs were better suited to their interests, and 24% indicated they would be more likely to participate if there were more people like themselves there (**Table 15**).

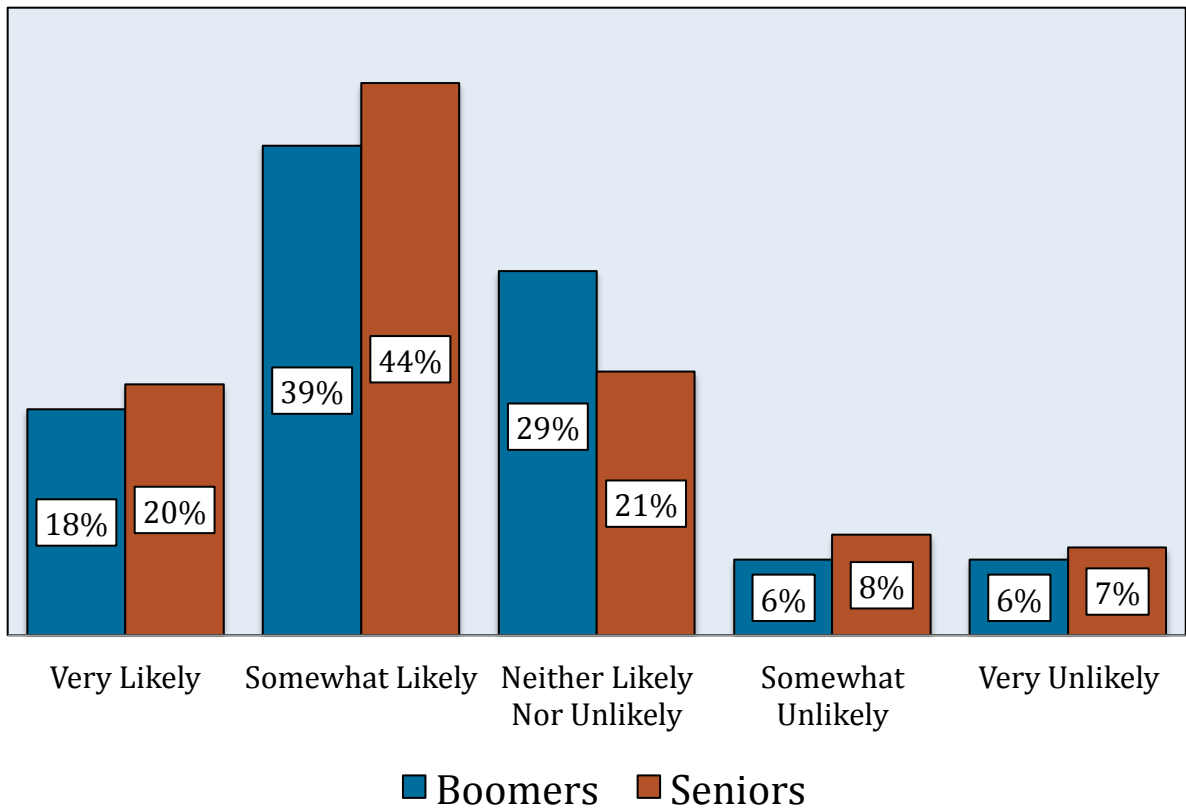
Table 15. Percent indicating factors that would increase their participation at the Senior Center

	Age 60 to 79	Age 80+
If transportation options to Senior Center were more convenient	6%	15%
If I had more knowledge about programs and services that are available	37%	27%
If programs and services were better suited to my interests	24%	23%
If the hours of the Senior Center were more convenient	8%	7%
If programs and services were less expensive	12%	12%
If it were easier to access the Senior Center	3%	7%
If there were more people like myself there	24%	15%

Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

Many older residents in the Town of Barnstable are receptive to participating in programs and services offered by the Senior Services Division and Senior Center. Survey respondents were asked how likely they were to participate in programs and services in the future. **Figure 35** indicates that 57% of Boomers and 64% of Seniors are “very likely” or “somewhat likely” to use programs and services at some time in the future. Notably, about 14% of all respondents indicated that they were “somewhat unlikely” or “very unlikely” to participate in programs and services in the future (see **Table A35, Appendix B**). Additional analyses (not shown in figures and tables) suggest that among those who currently do not use services, about half (46%) are either “very likely” or “somewhat likely” to participate in programs and services in the future.

Figure 35. Likelihood of participating in programs and services in the future by age cohort



Given the diversity of the older population in the Town of Barnstable, many programs and services may not be universally needed or desired. In addition, the large degree of uncertainty about using services may point to the importance of marketing to a broader range of potential consumers who may not recognize the scope and value of activities provided at the Senior Center or who may have inaccurate perceptions about the programs and services provided by the Town of Barnstable’s Senior Services Division.

Survey respondents were asked to report their level of satisfaction with the programs and services offered by the Senior Services Division and the Senior Center, without regard to their current usage. In **Figure 36**, satisfaction levels are reported by age categories. Among Seniors age 80 and older, 45% were either “completely satisfied” or “very satisfied” with programs and services. Satisfaction levels were slightly lower among younger Seniors age 60 to 79, with 36% reporting being “completely satisfied” or “very satisfied”. Only 2% to 4% of respondents stated that they were “not at all satisfied” with the programs and services provided by the Town of Barnstable Senior Services Division and Senior Center (Also see **Table A36, Appendix B**).

Figure 36. Satisfaction with programs and services offered by the Town of Barnstable Senior Services Division and Senior Center, by age category

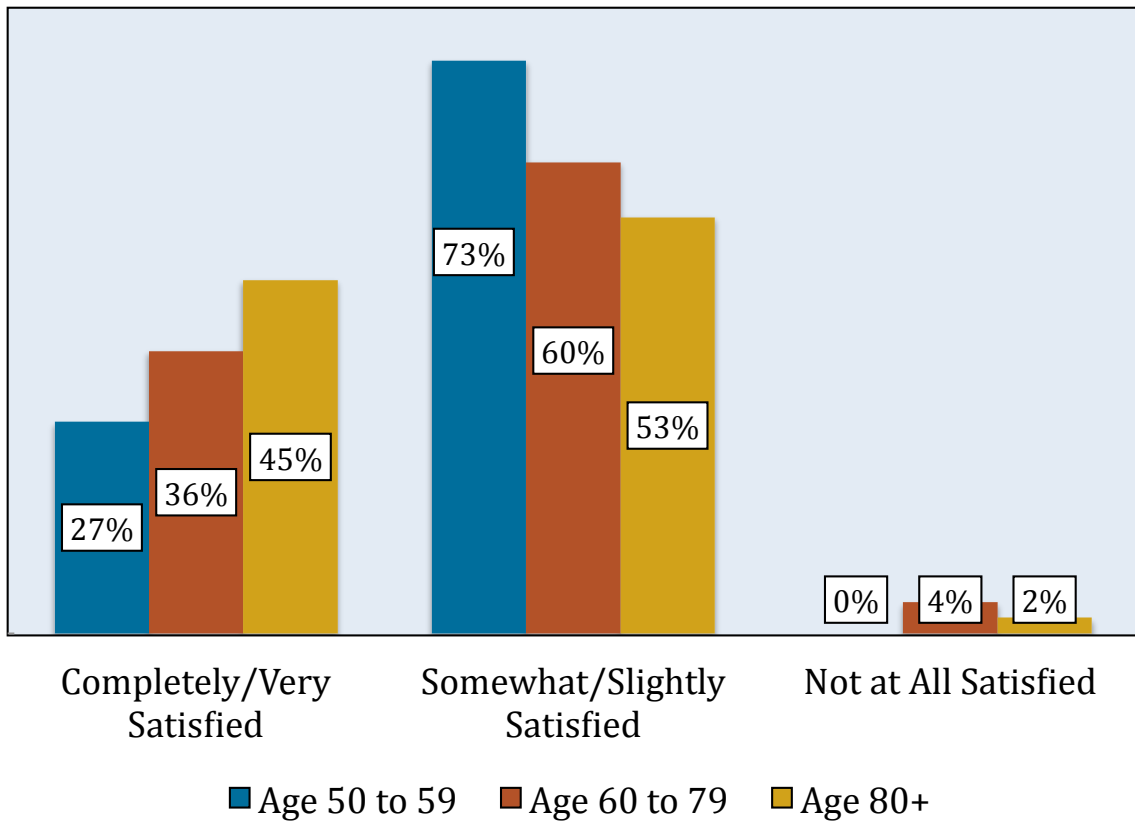
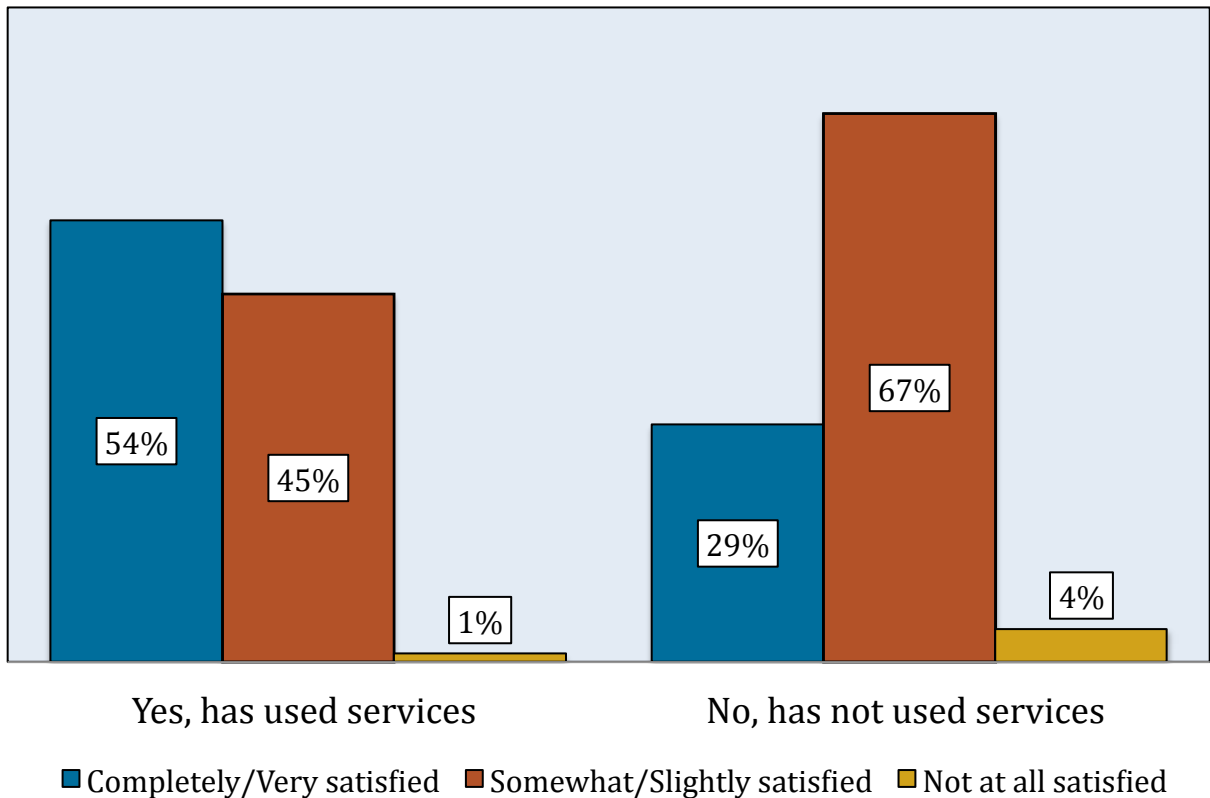


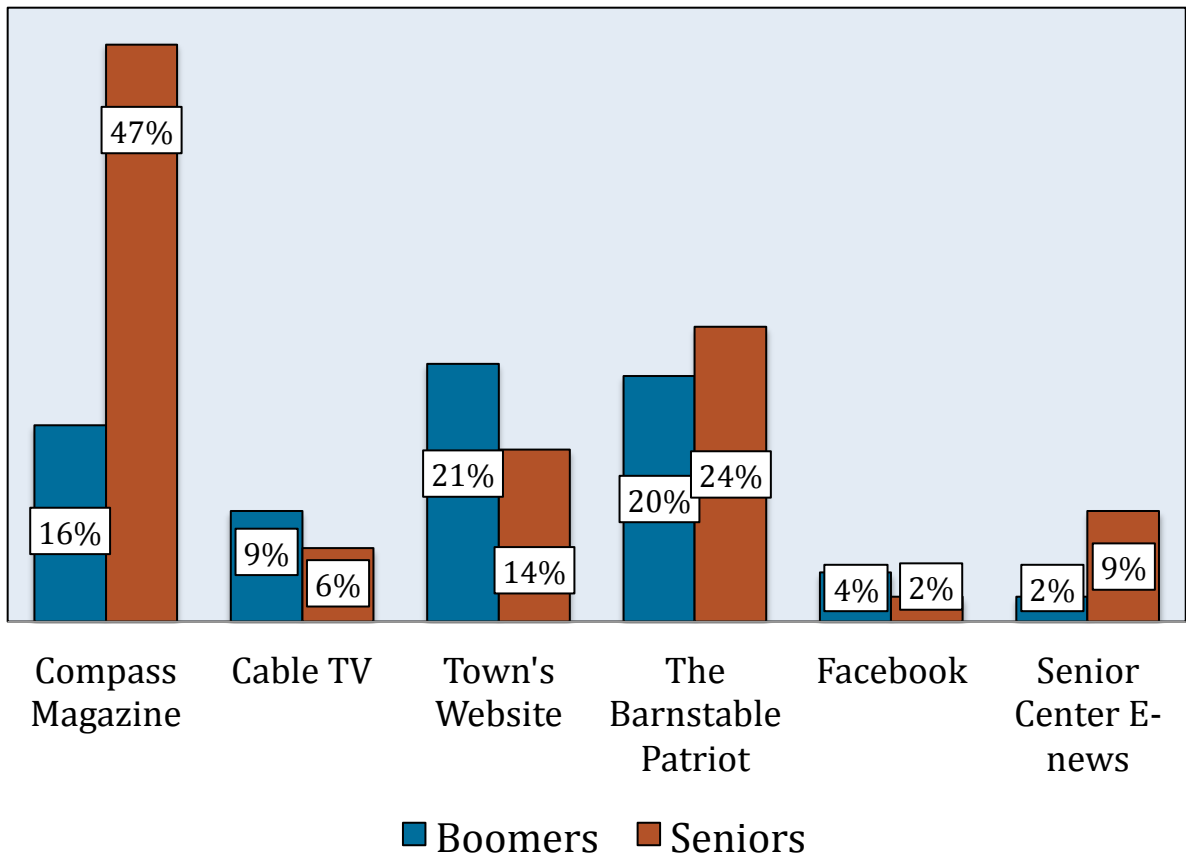
Figure 37 shows satisfaction levels by participation (i.e., whether or not respondents currently use or have used programs and services offered by the Senior Services Division and Senior Center). Among those who reported using programs and services, 54% reported being “completely satisfied” or “very satisfied”, whereas only 29% of respondents who do not use services reported this level of satisfaction. Just 1% of respondents who have used programs and services said they were “not at all satisfied,” compared to about 4% of non-participants who reported dissatisfaction with programs and services.

Figure 37. Satisfaction with programs and services offered by the Town of Barnstable Senior Services Division or the Senior Center, by participation



Older residents of the Town of Barnstable can become aware of activities and services offered by the Senior Services Division and Senior Center through various media. Awareness about the preferences of current and prospective consumers of Senior Services Division offerings can improve marketing and outreach to targeted age cohorts. **Figure 38** shows different media that survey respondents report using to acquire information about activities and services. Among Seniors, the most popular media include the Senior Center’s quarterly publication, *The Compass Magazine*, cited by 47% of respondents. Large shares of Seniors also cited *The Barnstable Patriot* newspaper (24%) and the Town of Barnstable website (14%) as sources of information about activities and services. Boomers rely primarily on the Town’s website (21%), and the newspaper (20%) to find out information about activities and services. Very small percentages of Boomers and Seniors— just 4% and 2%, respectively— rely on the Senior Center’s Facebook page to get information. (Also see **Table A37, Appendix B**).

Figure 38. Source of information about activities and services offered by Senior Center, by age cohort



Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.

Finally, survey participants were given the opportunity to offer open-ended comments about the Town of Barnstable Senior Services Division and the Senior Center. **Table 16** shows common themes mentioned by respondents, as well as verbatim examples of each. One of the more frequently raised themes reflected the appreciation that residents have for staff at the Senior Center and the programs and services they provide. Many respondents explicitly acknowledged the dedication and planning that goes into providing programs and services to the Town’s older adult population. As well, many respondents stated their beliefs that staff genuinely cared for their wellbeing, and perceived a strong sense of belonging at the Senior Center.

Table 16. Open-ended thoughts relating to the Town of Barnstable Senior Services Division and Senior Center

Issue Mentioned
Importance of Adult Supportive Day program <ul style="list-style-type: none">• <i>“The adult day care is a <u>vital</u> service that is not offered any place else.”</i>• <i>“I could not have kept my mother at home nearly as long as I was able to without the benefit of the Adult Supportive Day program.”</i>• <i>“My mother was cared for with love and kindness, kept active and her brain challenged on a daily basis. Care that cannot be found elsewhere or afforded.”</i>
Senior Center programs and staff <ul style="list-style-type: none">• <i>“Our senior citizen programs are wonderful. The many people who help are angels.”</i>• <i>“From everything I have heard from friends and neighbors the Senior Center is doing a great job and is a valuable resource for seniors.”</i>
My current and future needs <ul style="list-style-type: none">• <i>“A great place for those who use it. I will probably use it at some point. Hard to meet the needs/desires of older and younger seniors and all income levels.”</i>• <i>“At this time I am not interested in the senior center as I am completely independent and have community involvement but I respect the programs; in the distant future I may be involved.”</i>
Hours of programs and services <ul style="list-style-type: none">• <i>“There is a need for programs provided after 5p.m. Not everyone is fully retired, some of us still work and would like to be part of the activities!”</i>• <i>“Change the hours of our senior center so that ‘young’ seniors who are still working can attend.”</i>
Advocacy for housing and transportation needs <ul style="list-style-type: none">• <i>“There are not enough options in Hyannis for affordable housing for seniors, too dangerous, we need more condos-1st floor. We need housing in Centerville, Marstons Mills and assisted living complexes.”</i>• <i>“Public transportation for all who have no vehicle is extremely lacking, at times younger people are rude to elders who take more time getting on and off the bus.”</i>
Marketing the Senior Center <ul style="list-style-type: none">• <i>“I have always found the staff to be helpful, friendly, and welcoming. Perhaps some village based programs would enable more people to participate.”</i>• <i>“If these services are aimed to people 50+, and not 60+, you might want to change the name from ‘senior center’.”</i>• <i>“They need greater outreach to let people know how many great programs they offer.”</i>

Many survey participants recommended that the Senior Services Division and the Senior Center continue to be proactive in implementing programs and services that are appropriate and attractive to its evolving user-base. Several respondents felt that the Senior Center could increase utilization through better “marketing” of their programs to a range of prospective users. Indeed, many survey participants stated that they were not very knowledgeable about what was available, and felt that services were not really for them. Although several younger respondents reported that they were open to the possibility of using programs and services in the future, many felt that they did not currently have a need for them. Thus, marketing to the segment of the older population that is relatively young, healthy, and active is important to establish accurate perceptions of services from which younger users often can benefit. The range of responses highlights the challenges associated with providing services to a diverse older population whose needs and preferences can vary widely.

Focus Groups

Focus Group #1: Representatives of Public Safety and Town Agencies

Focus Group #1 consisted of public officials (including the Building Commissioner, the Zoning Enforcement Officer, and representatives from the Barnstable Housing Authority, and the Department of Public Health), and public safety personnel (including representatives from 3 Fire Districts in Barnstable; and the Police Department).

The discussion began with a question posed to participants about how the aging of Barnstable’s population had affected their organizations. According to a representative from the West Barnstable Fire Department, the aging of Barnstable has resulted in a greater volume of calls that are qualitatively different from the types of calls received in the past. In recent years, Fire Departments have seen an increase in the number of “public assist” types of calls, in addition to calls to medical emergencies and/or calls to fires. For instance, during snowstorms the previous winter, many older residents called the Fire Department to assist them in getting out of their homes. Barnstable’s Fire Departments are obligated to respond to these types of calls; however, according to the participant, the greater call volume has resulted in greater costs and strain on limited fire district budgets.

According to the representative from the Barnstable Police Department, the changes he has observed are not directly related to the demographic shift that is occurring in the Town. Instead, he described a change in the types of problems that are seen in Barnstable, which may affect the lives of the Town’s older residents. For instance, this participant noted a change in the types of crimes that are committed, citing an increased number of scams, in person and on the Internet; whereas other types of crimes, such as breaking and entering, or larceny are generally down. Thus, there has been an increased victimization of vulnerable and frail older people who are often the targets of scam artists. Unfortunately, according to the participant, there is often little that the Police Department can do to address these types of crimes after

they have been committed, especially when they are committed over the Internet. Instead, this participant felt that it is important to take a preventive approach, by educating older residents about the various scams and steps that can be taken to protect themselves from becoming victims.

All representatives from the public safety departments agreed that a major problem facing the town and its older residents, are increased issues associated with mental health. Participants reported dealing with incidents virtually every day related to drugs and alcohol addiction, homelessness, and mental health issues that are often associated with older adults, such as dementia and hoarding. According to participants, part of the problem relates to the lack of facilities that are adequately equipped to deal with these problems. Thus, there are many vulnerable residents who go without sufficient care and treatment for their mental health issues. These problems can lead to difficulties aging in place for those who experience them directly, and can also influence the perceptions of safety that residents have in the Town. Indeed, concerns about crimes associated with drugs and homelessness also emerged as a theme in open-ended responses to survey questions about aging in Barnstable, although most respondents reported feeling safe in their neighborhoods.

In all Villages, the availability of adequate housing is a major determinant of whether residents are able to age in place as their physical needs change. According to representatives from the Town's Building Division, Barnstable is on the leading edge in terms of providing appropriate housing for their older residents. Indeed, according to the Building Commissioner, the aging of the population has resulted in few big changes in how the Division plans and conducts its business. According to the Zoning Enforcement officer, the Town has always encouraged "in-law apartments", and they have advocated for an "affordable accessory" program that can help supplement the incomes of homeowners, while potentially providing housing for older individuals wishing to downsize or move nearer to their children.

Despite having a strong housing infrastructure in the Town, representatives from the Barnstable Housing Authority noted that large gaps in housing availability remain, particularly for low-income residents. Indeed, the Executive Director of the Housing Authority described long waiting lists for the limited housing they have available. According to this participant, her department sees many individuals—even older individuals—who are homeless or under-housed due to foreclosures, addiction problems, or other personal problems such as domestic abuse situations and family problems. Thus, all participants in Focus Group #1 acknowledged the need to continue monitoring housing needs and preferences to assure that the stock remains adequate and appropriate to the tastes and desires of older residents of all income levels.

Participants in Focus Group #1 also reported changes in older residents themselves that have influenced how the Town's organizations have planned and delivered services. For instance, the Director of Public Health noted changes in the way that older people in the Town seek services that were formerly provided by his Division. For example, he has noted a small decline in demand for Flu Clinics, as more and

more older adults opt to receive their flu shots in pharmacies, where they purchase their other medications. This participant cited the importance of understanding such preferences so that resources can be shifted to where they are needed. Focus Group participants also noted a shift in how Barnstable's older adults communicate with entities outside of their homes. For example, participants from the public safety departments cited the decrease in the number of landline telephones. Indeed, many older residents have migrated to using cell phones and other high tech means to meet their communication needs. Nevertheless, a number of older people rely on land lines, which can become dysfunctional when power is lost. To address this issue, public safety officials have increased wellbeing checks during inclement weather and other emergencies. Finally, all participants noted an improved vibrancy of the current cohort of older Barnstable residents. One participant noticed that residents seem to be living longer, healthier, and more independent lives for longer. Most do not experience great levels of need until very late in life. Many remain extremely mobile and tech savvy; they require and desire much less assistance than previous cohorts. According to another participant, many older Barnstable residents are independent minded and do not want help even when it is readily available.

Next, participants in Focus Group #1 were asked about unmet needs of older residents in the Town. The representative from the Fire Department covering Centerville-Osterville-Marstons Mills said that many older residents required guidance to let them know about all of the services and opportunities that the Fire Department has available. For instance, grant money can be used to go into homes and do voluntary home inspections, and to advise residents regarding fire safety. According to this participant, older adults are at the highest risk for harm resulting from home fires. Thus, programs such as this, and the *File of Life* program (which makes the medical information of older adults readily available to emergency responders), are very important and have life-saving potential. Nevertheless, this participant noted that staff and budget demands have limited the scope of these programs.

Similarly, participants from public safety departments discussed the importance of training their staff to address the specific needs of older people. Previously, emergency responders have been trained to treat adults more generally; however, recently there is a move to train those who provide ambulance services on what to do with geriatric patients—for instance, what to do in emergencies related to medications and/or falls. Additionally, representatives from public safety spoke about the growing trend toward providing community para-medicine, in which emergency responders are able provide some treatments within the homes of older adults. The goal of this program is to reduce transports to hospitals when possible. Although these types of programs are new, and will likely represent substantial change to the public safety professions, participants generally agreed that community para-medicine would be a lasting trend into the future.

According to the Town's Zoning Enforcement Officer, there is a significant problem with providers themselves having inadequate information about the programs and services that are available to older adults in Barnstable. Many times service providers from Town organizations may come across issues that are outside of the

scope of their agencies. Although they may wish to intervene, it is often unclear what the best way to move forward is. For example the Zoning Enforcement Officer described coming across a hoarder whose housing situation had become so extreme, that it was impossible to even enter the house. In this case, the officer had difficulties knowing whom to call, or who would take action to assist the resident. Thus, many participants in Focus Group #1 agreed there are often large gaps that occur between services and connections between organizations.

Finally, related to the issue of coordination between town agencies, participants in Focus Group #1 were asked what could be done to help organizations work together more effectively. Several participants acknowledged that their own agencies had relatively little contact with the Senior Center. As such, participants believed that in many cases organizations might be duplicating efforts. Participants viewed the potential duplication of services as a good rationale for improving cooperation and collaboration between organizations. Participants cited several examples of collaborations between departments in the Town that could be used as models for future relationships. For instance, the Deputy Chief of Police described the collaboration between Police, Fire, and Housing Departments, in which members of these groups worked closely together to address issues in which all departments have a stake. Participants of Focus Group #1 saw a need to draw the Senior Services Division into these types of relationships when issues pertain to older residents—particularly cases relating to public safety and public health.

Focus Group #2: Baby Boomers (Residents Age 50+)

Focus Group #2 consisted of residents who are age 50 and older (i.e., Baby Boomers) representing younger prospective consumers of programs and services offered by the Senior Services Division and Senior Center. Participants in this group were hand-chosen by the Director because of their status as healthy active members of the community. A primary goal of Focus Group #2 was to acquire a better understanding of the preferences and types of programming that are desirable to this cohort. Most participants did not currently use the Senior Center, so much of the discussion was focused on how to make the Senior Center more attractive to this generation of Barnstable residents.

Most participants in Focus Group #2 acknowledged knowing very little about the Senior Center and its programs; however, there was general consensus among the group that they did not relate with its current users, whom they perceived to be much older, frailer, and more needy than themselves. According to one participant, many Baby Boomers are not “ready to be seniors”. Currently, many of the programs and services provided by the Senior Center are viewed as being for “old people”, and many in Focus Group #2 indicated that they did not desire to “hang out” with individuals who are much older than them. Some participants felt that it would be difficult to provide comprehensive services under one roof to a group that is as diverse as the “older population” of Barnstable, noting that “the difference between a 50 year old and a 90 year can be an entire lifetime”. To this point, others stated that the Senior Center needed to explicitly acknowledge that “young-old” residents are different from “old-old” residents in virtually every aspect, and that programs

needed to be specifically tailored to both groups to be successful. Although participants acknowledged the diverse service needs in the community, the general feeling among the group was that the Senior Center did not currently have much to offer them. In fact, some participants indicated that they were “turned off” by the image they had of themselves participating at the Senior Center.

To change this perception, participants in Focus Group #2 recommended a “rebranding” effort by the Senior Center to attract younger users. Some cited the “stigma” of the word “senior” and recommended removing the word from the Center’s name. Indeed, one participant stated that she was aware of the *Compass Magazine*, but had rarely read it because she associated it with “senior issues,” which she did not believe reflected her needs or interests. Thus, participants emphasized the marketing of the Senior Center as a place of active living and learning, if younger people are to be drawn into the Center. Additionally, many participants thought some services could be “repackaged” as “community efforts”, rather than as “senior efforts” or “youth efforts”. According to one participant, this could be accomplished partly by collaborating with other institutions in the Town, such as the High School or Community College, the Hyannis Youth and Community Center, or the recreation division. Holding activities in these venues could help reduce the stigma that currently exists, and increase participation by those eligible residents who are less inclined to become involved in the Senior Center.

Next, participants in Focus Group #2 discussed aspects of the Town that facilitated aging in place for themselves and others they knew. Generally, participants believed that Barnstable has a strong network of programs and services available to address the needs of its relatively high concentration of older residents. According to one participant, there are nearly 1,200 Social Service agencies on Cape Cod, and “if you can’t find what you need, then it probably doesn’t exist.” Another participant shared an anecdote about her 90-year-old mother who has few concerns about remaining in her home and aging in Barnstable since she is confident in the quality of services that are available in the region. Nevertheless, some participants noted the absolute importance of disseminating information to as wide an audience as possible. As one participant phrased it, “as long as you know how to get access to them, most of the services one would need are already here.” To this point, participants in Focus Group #2 thought the Senior Center should play a larger role in sharing information and making all residents of the Town aware of what is available.

The sentiment that Barnstable is well equipped to serve its older adult population was unanimous among discussants in Focus Group #2. Nevertheless, participants also shared concerns that they had about aging in the Town. For instance, one participant shared her concern about safety issues. According to this person, it is important for her to be able to get out and be active in the community without worrying about the high rates of crime and her physical safety. Additionally, participants spoke about the importance of facilitating “walkability” of the Town—making it safe and convenient for all by providing well lit, well maintained sidewalks and paths where they are desired.

Participants also discussed their concerns about who would provide services to older residents in the future. As was noted by one discussant, the demographic shift toward a larger older population means that there will be relatively fewer people to conduct the day-to-day business of the Town. Compounding this problem is the tendency for younger residents to leave Cape Cod seeking secure and regular employment. This is a concern because of the role adult children often fill as caregivers for aging parents. Thus, some participants of Focus Group #2 worried there could be a shortage of caregivers when they are most needed.

Finally, there were also concerns mentioned about housing in the Town. Participants confirmed that most of Barnstable's housing stock is composed of single-family homes, and many have large lots that could be difficult to maintain if their owners began to have physical problems. According to one discussant, the Town is open to the prospect of zoning accessory apartments for aging family members; however, the process is somewhat onerous, and often the apartments cannot legally be rented after they are no longer needed within the family. Another problem related to housing has to do with the seasonal population. As noted by one participant, older individuals who live in small neighborhoods with many seasonal homes, may be at risk of being relatively isolated for long stretches of the year. Issues such as these may point to the need for openness to different housing options in the Town. According to Focus Group participants, there is a continued need on Cape Cod to develop affordable housing, and supportive housing options, such as Continuing Care Retirement Communities, and Assisted Living facilities.

Key Informant Interviews

Key informant interviews were conducted to explore the perspectives of six individuals who hold leadership positions in the Town. Specifically, we spoke with Sara Cushing (Town Council Liaison to the Council on Aging), Mark Ells (Assistant Town Manager), Thomas Lynch (Town Manager), Ed Merigan (Director of Veterans Services), Jo Anne Miller Buntich (Director of Growth Management), and Lynne Poyant (Director of Community Services). These participants were encouraged to share their insights both as professionals in the community and as long-time residents of the Town. We conducted one-on-one interviews, lasting between 30 and 45 minutes, with each participant over the telephone. The UMass Boston research team developed several broad, open-ended questions to guide each conversation with key informants. We were interested in common themes that would emerge between participants in response to our questions. The following discussion presents salient points that arose across the six interviews.

At the start of each discussion, we asked key informants how the recent aging of Barnstable's population had impacted the Town and their departments. Several discussants cited areas where they had observed change. For instance, the Director of Veterans Services indicated that he had seen many more older individuals with low incomes, seeking benefits through his department, such as income benefits and *aid in attendance* federal benefits, which assist in paying for services such as visiting nurses, and home health aides. The Director of Community Services reported noticing an increase in the numbers of individuals using the Senior Center since its

construction in 1999. As well, she reported a qualitative change in type of services people have looked for at the Senior Center. According to this discussant, many more vibrant older adults are using services that help them to stay physically fit, and that stimulate their minds. According to some key informants, this change toward a more healthy and active user base has challenged their previous perceptions about the purpose and potential of the Senior Center to affect quality of life in the community.

Other key informants stated that the Town of Barnstable has experienced a longer-term demographic shift over the past 30 to 40 years that has readied them for the expected growth in the number of older residents. Town government offices have had to plan within the context of an aging population for several decades, leaving them in many cases better prepared to handle the current and expected influx of older residents in the future. Indeed, according to the Town Manager, much of the infrastructure that is currently in place, including the Senior Center (built in 1999), and the long-standing meal delivery services that are available exist because of the Town's early and continued planning and due to its on-going commitment to accommodate a population that is composed of a significant number of older people. Along these lines, the Assistant Town Manager stated that recent demographic trends do not really affect planning that much, because the Town has always had large numbers of older people who are taken into account as municipal departments look to improve quality of life, financial security, health and safety, education, and management of the Town's infrastructure. He contrasted Barnstable with other towns where populations include predominantly younger families. In those cases, priorities may be directed to public schools or to other youth-oriented resources, since younger residents have different types of issues and priorities. According to the Assistant Town Manager, within many of Barnstable's municipal government offices, aging has historically been part of a "programmatic theme"; and thus most decisions have required only minimal adjustments to policy as demographics continue to change.

According to most key informants, the implicit knowledge that many in the Town have about Barnstable's unique demographic composition results in decision-making that can benefit all residents in the Town. As an example, several key informants cited the Town's new Hyannis Youth and Community Center, in which design considerations for the needs of older residents were included to improve the final structure for everyone in the Town. Recognizing the need for a safe place for older people to exercise, particularly in the winter, designers included a 1/12-mile indoor elevated walking track as part of the 105,000 square foot multi-use space, which also includes two ice-skating rinks, and a gymnasium. This combination of features that draw people of all ages has facilitated the possibility of multigenerational activities occurring at the center.

Next, key informants were asked to think about unmet aging-related needs of older residents who live in the Town. Several discussants worried about isolated seniors who may live alone, and cited improved transportation as a remedy for this problem. Although the Senior Center's *Silver Express*, and other public transportation options are available to bring people to the Center, many issues remain for individuals who do not drive themselves (including general availability,

costs, and hours of services). Many progressive solutions to fill this gap have been proposed and undertaken in the Town. For example, according to the Town Council's Liaison to the Council on Aging, the Senior Center was recently awarded an electric vehicle and charging station funded by the Senior Center's Friends Group. This high-tech addition to the Senior Center fleet will allow more volunteers to drive, and reduce costs relative to the more expensive shuttles. Additionally, according to the Assistant Town Manager, perceptions of public transportation in the Town have noticeably changed over time, as private companies have identified the market and filled the niche. Compared to the recent past, public transportation services are a more commonly used mode of transport to destinations that are important to older residents, such as medical clinics and hospitals.

Key informants also mentioned affordable year-round housing as an unmet need in Barnstable, and throughout Cape Cod. Housing issues on the Cape are unique because of the seasonal influx of many part-time residents and tourists who converge onto the peninsula during the summer months. According to key informants, one problem of seasonal housing relates to the increased demand—particularly for rental homes—and the competition for housing between older lower-income year-round residents, workers who provide goods and services only during the summer months, and part-time residents and vacationers, who often have greater financial resources available for renting. For many homeowners on the Cape, renting their homes to others in the summer represents a substantial income source, and the increased demand and cost for temporary housing can potentially squeeze out many residents who would prefer to stay in Barnstable year-round. Thus, for many lower-income people who must rent their homes from others, staying in Barnstable may be difficult or impossible, especially as their finances become fixed and more limited. As well, if homeowners convert from seasonal to year-round residents in retirement, new challenges may arise in maintaining their homes as they age.

According to the Town Manager, a separate housing issue relates to the preference of many younger permanent residents to have their parent(s) living nearby them. For many residents who are in their 40s and 50s, the prospect of "importing" family members to be nearer can provide peace-of-mind and offer easier access and facilitate provision of needed support to aging parents. According to this discussant, affordable options are somewhat limited and usually have long waiting lists. Although the Town has historically been well situated with respect to long-term care options such as nursing homes and assisted living facilities, affordable options that support independent living have been much more scarce. In the past, the Town has implemented innovative models, such as congregate housing, and strategies such as increasing zoning for "in-law" apartments, as means to fill this gap; however, according to the Town Manager, many of these options have lost favor among many residents in more recent years. This discussant believes that as the current cohort of vibrant and healthy Baby Boomers continues to age in Barnstable, most will prefer to stay in their single family homes as long as possible. Nevertheless, all key informants recognized the need to continue thinking about proactive solutions to housing shortages that could arise in the future. To this end, the Town's Department

of Growth Management recently commissioned a housing needs assessment (December 2014), that included sections on housing supply characteristics, such as housing unit growth and building activity, affordable housing in the Town, and identified housing needs and potential solutions.

Several key informants identified caregiving concerns as an unmet need in the Town. Specifically, discussants described the need to maintain the Adult Supportive Day Services that are currently housed in the lower level of the Senior Center. The program is designed to provide supportive, professional services and engaging activities to older residents who cannot stay at home alone during the day. In addition, the program provides needed respite from the stresses that many caregivers experience. According to the Director of Community Services, the program is certainly needed in the Town; however, placement within the Senior Center has been a subject of some controversy, due to space demands and concerns about safe egress from the Senior Center in the event of an emergency. Additionally, funding for the program has been inadequate to support its costs, according to the Town Council's Liaison to the Council on Aging; however this discussant stated that the Town has begun to look at different financial models to ensure the solvency of the program, and there has been discussion about alternative spaces for housing it.

Key informants offered a number of reflections on how the offices and organizations within Barnstable work together to promote the wellbeing of older residents. According to most discussants, there is adequate communication between the Town's departments, as the sharing of information is encouraged during regular meetings with department heads in the Town Manager's office. All key informants seemed well informed about the Senior Center programs and services, referred clients to the Senior Center readily, and received client referrals to their organizations frequently. Participants were aware of strong working relationships linking the Senior Center and emergency services, including the police department, the fire department, and EMS. Constructive and mutually beneficial linkages were also identified between the Senior Center and the Veterans Services office, and the Department of Growth Management.

Finally, we asked key informants about their impressions of the Senior Center and its effectiveness. All participants evaluated the Senior Center in very positive terms, citing its excellent staff and volunteers and its value to the community. Key informants were also well informed about media that are used to disseminate information about services to the Town's residents, including the *Compass Magazine*, an eNews originating in the Town Manager's office, the local cable television station which airs announcements about events in the Town, and social media pages maintained by the Senior Center. Yet, in spite of their high levels of knowledge about the Senior Center, key informants and the organizations that they represent remain highly receptive to learning about innovative strategies for enhancing the quality of life among older residents living in Barnstable and providing needed senior services. They encourage planning for an older population, that will not only be larger in the future, but may also have different interests and needs. As a result, planning that incorporates a considerable amount of flexibility and adaptability is valued.

Asset Mapping

Ideally, needs assessments in towns such as Barnstable help to identify gaps in programs and services within the context of existing strengths and resources that are available to residents in the community. Asset mapping represents a logical extension of needs assessment projects in that it provides information about resources available to address specific areas of need. During the process of asset mapping, researchers can conduct inventories of assets that address areas that facilitate aging in place, such as those related to community safety, health and wellness, lifelong learning, volunteer or recreation opportunities, or citizen associations and local institutions.

Asset mapping techniques are especially helpful in depicting the resources and assets across relatively large and complex geographic spaces, relative to the distribution of older residents. When community resources are viewed on asset maps, it is often easier to identify networks and to visualize community capacities within wider contexts and in new combinations (Kretzmann & McKnight, 1993), to reveal structures of opportunity, and new possibilities for economic production and service delivery.

Following are three examples of asset maps showing resources that are currently available in the Town of Barnstable. The maps depict 1) assets identified by older residents, 2) public safety; health facilities; and 3) schools; libraries. In each map, assets are each shown along with the distribution of older adults in each Block Group, which are geographies defined by the U.S. Census Bureau. Block Groups may extend into more than one of the seven villages of Barnstable.

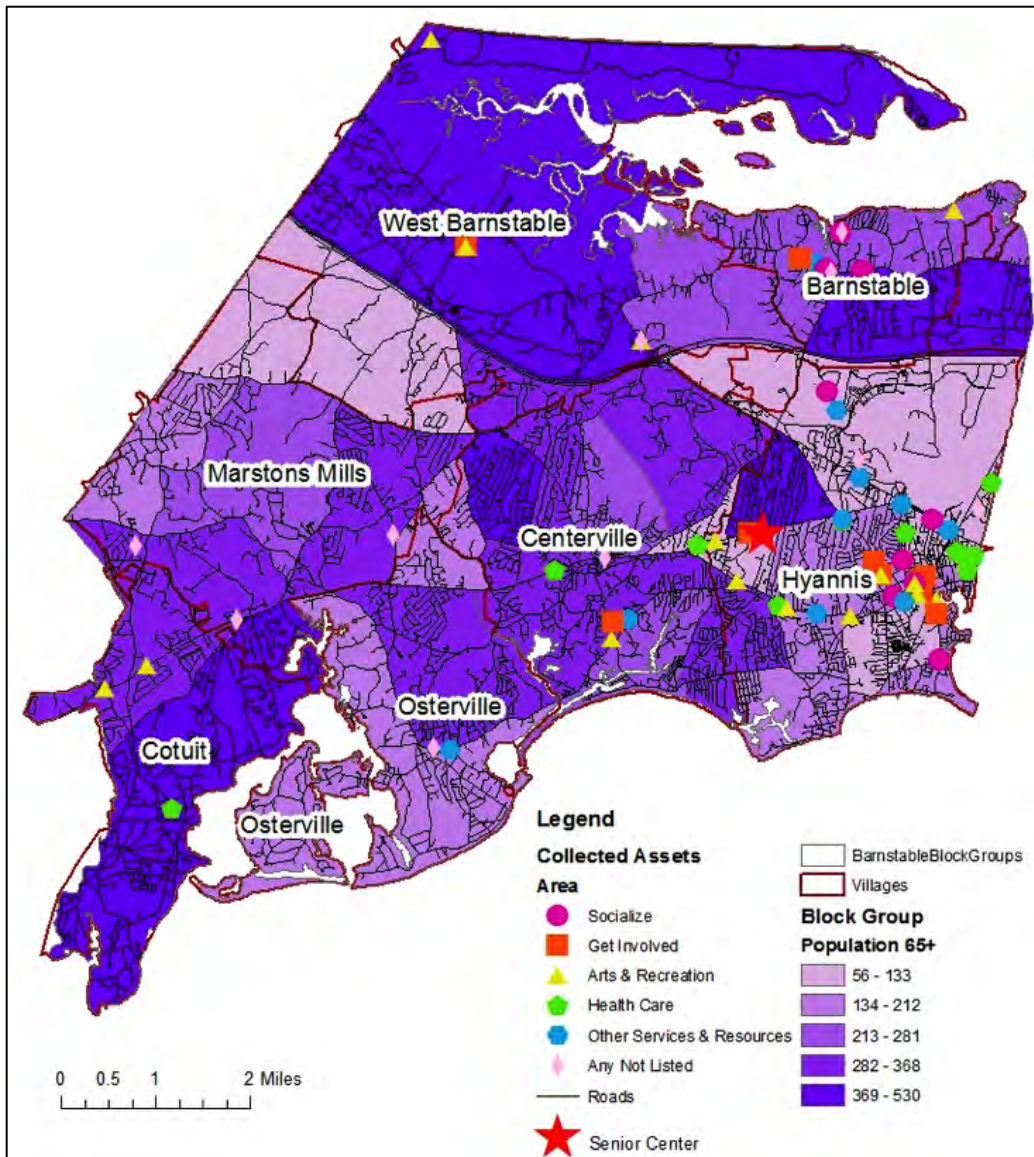
Map 1 shows six categories of assets identified during a mapping exercise that took place at the Senior Center. Stakeholders in the community were asked to identify places that they believed were assets to the Town and that contributed to their ability to age in place in Barnstable. Types of assets included places residents go to 1) socialize and get together with friends; 2) get involved in the community; 3) enjoy arts and recreation; 4) receive health care; and 5) seek other services and resources.

Attributes of assets in all categories that contributed to their use included available parking, accessible structures, and affordable services/activities. A majority of the participants also noted the importance of a senior-friendly atmosphere. For example, a few participants felt strongly that a local chain restaurant was an essential asset for aging in Barnstable because they never felt rushed to leave and felt welcome to sit and chat for long periods of time with their friends. Many restaurants also offer a “senior discount” on certain food and drink items, which was important to some participants.

Most of the assets collected are located in and around the Hyannis village. Some locations were mentioned as assets for a number of domains, represented by overlapping symbols. West Barnstable, Marstons Mills, and Cotuit have the fewest assets named for aging in place, yet host large numbers of older residents. Hyannis

seems to be the more commercial village compared to those three villages, which are more residential. Nevertheless, accessing assets in Hyannis from West Barnstable, Marstons Mills, and Cotuit may be difficult for many older adults who no longer drive, or who are constrained due to somewhat limited public transportation on the Cape.

Map 1. Assets in the Town of Barnstable identified by older residents, relative to the Senior Center and number of older residents



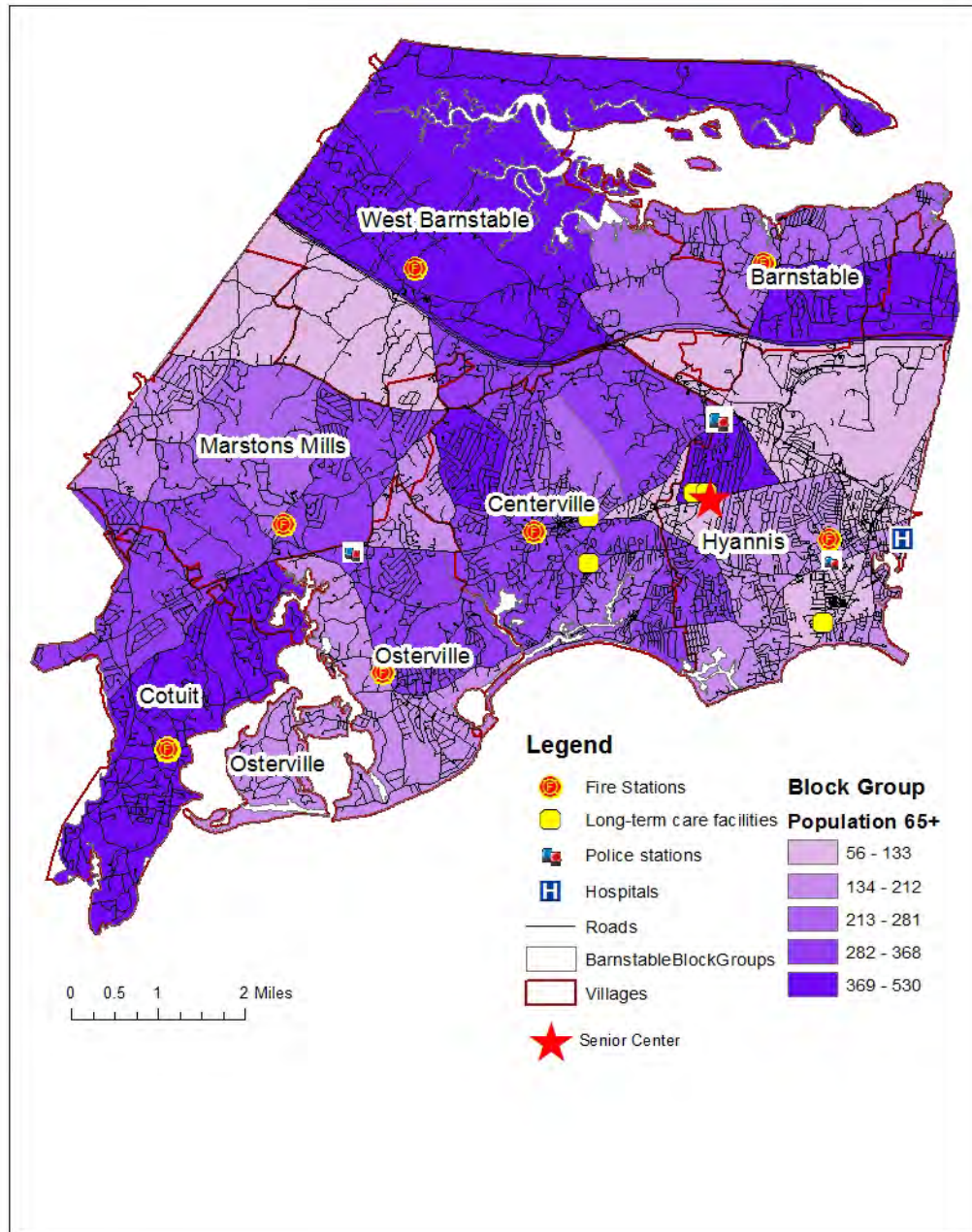
In viewing **Map 1**, it is apparent that assets that facilitate aging in place are dispersed widely across the Town. Nevertheless, residents particularly value many assets that are clustered in Hyannis, near the Senior Center, and where the fewest numbers of older residents are distributed.

Map 2 shows the distribution of police and fire stations and the distribution of older residents within the Town of Barnstable. According to a study conducted by AARP (2014), increasing police presence ranked first among actions that communities could take to make them more “livable”. Fire districts are also valued as amenities that contribute to feelings of safety and security in neighborhoods. Low rates of crime and neighborhoods where individuals feel they can walk safely (especially after dark) are likely attributes of communities that are age friendly. In Barnstable, there is 1 police headquarters, with two substations in Osterville and Hyannis; however, there are 5 fire districts distributed across the seven villages.

The distributions of health services that are available in the Town are also represented on **Map 2**. The map displays the placement of the hospitals and health centers, as well as long-term care facilities, such as assisted living, and nursing homes. According to the study conducted by AARP, a large majority of people age 50 and older (72%) said they prefer to live within five miles of medical facilities. Barnstable has one hospital, located in Hyannis on the border with the Town of Yarmouth, and somewhat distant from villages on the western side of the Town. There are 5 long-term care facilities in Barnstable, including a nursing home and assisted living facility located across the street from the Senior Center. Like other assets, these are also located relatively close together in the Centerville and Hyannis areas.

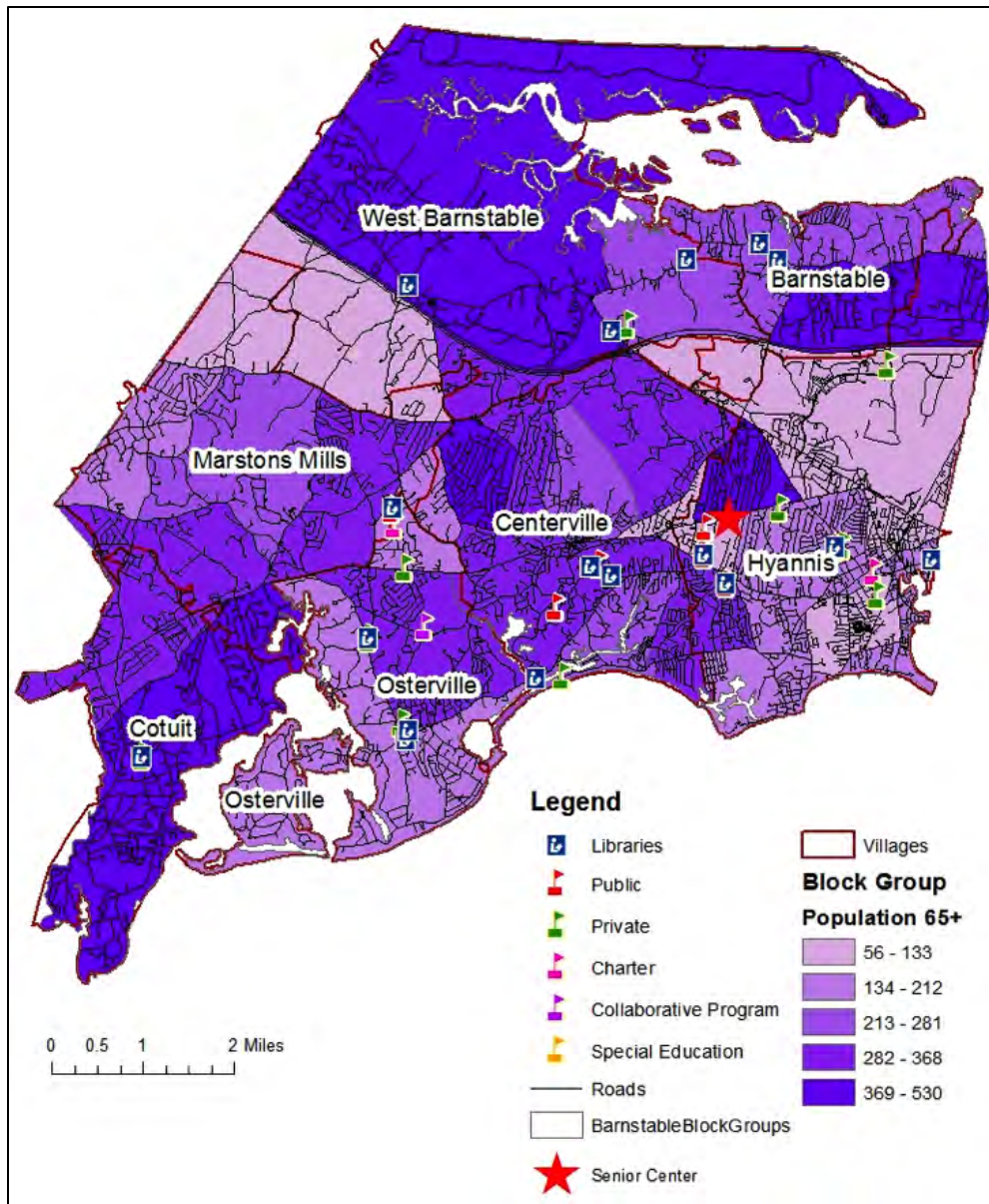
Finally, **Map 3** shows schools and libraries and the distribution of older residents within the Town of Barnstable. According to AARP (2014), improving schools ranked second (after increasing police presence) among actions that communities could take to make them more livable. In addition, schools often afford opportunities for towns to arrange interactions between older and younger people in the community. Public libraries are also valued amenities, and serve in many communities as places where residents can come together and socialize, and participate in programs. In lieu of other nearby organizations that target older residents specifically, libraries can also serve as a vital resource for disseminating information, and may often provide space for senior-specific activities.

Map 2. Distribution of public safety providers (police/fire), and health and long-term care facilities, relative to the Senior Center and number of older residents in Barnstable villages



Source: Accessed via Office of Geographic Information (MassGIS) website, http://maps.massgis.state.ma.us/map_ol/oliver.php

Map 3. Distribution of schools and libraries relative to the Senior Center, and number of older residents in Barnstable villages



Source: Accessed via Office of Geographic Information (MassGIS) website.
http://maps.massgis.state.ma.us/map_ol/oliver.php

In Barnstable, there are 21 schools attended by students in pre-kindergarten through high school, including public, private, charter, collaborative programs, and approved special education. Barnstable has 17 libraries that are registered with the Massachusetts Board of Library Commissioners, including public, private, and college/university libraries. As shown in **Map 3**, these highly valued amenities are not uniformly distributed in the villages. West Barnstable has a single private school, while the rest of the schools are clustered in the southern-most parts of the Town.

Community Comparison

In order to compare the Town of Barnstable Senior Services Division and Senior Center with other comparable COAs/senior centers, we included a peer comparison of four municipalities with the Town of Barnstable. The towns were selected because of similarities in their older adult populations demographically. The communities selected were the Town of Falmouth, The Town of Plymouth, the City of Salem, and the Town of Yarmouth. Data were collected through a brief interview completed with directors of COAs/senior centers in each municipality. Interview questions were focused on several key areas including staffing, the senior center’s physical space, programming, and marketing.

Table 17. Demographic traits of the Town of Barnstable and comparison communities

Town	Population All Ages	Population Age 60+	% Age 60+	Median Household Income	% w/ Bachelor’s Age 65+
Barnstable	45,193	12,845	28%	\$60,135	36%
Falmouth	31,531	10,857	34%	\$61,685	43%
Plymouth	56,468	12,016	21%	\$76,565	28%
Salem	41,340	7,732	19%	\$55,780	22%
Yarmouth	23,793	8,862	37%	\$53,089	33%

Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; ACS 5 year files, 2009 – 2013, tables S1901 & S1501.

As **Table 17** illustrates, the five communities range in terms of population size, the number and percent age 60 and older, median household incomes, and the percent of senior residents with bachelor’s degrees. Of these five municipalities, Plymouth has the largest population (56,468), followed by Barnstable (45,193), Salem (41,340), Falmouth (31,531), and Yarmouth (23,793). The percentage of each population that is age 60 and older ranges between 19% and 37%. Median household incomes in the five municipalities are comparable to the state median (\$66,866). Plymouth has the highest median household income at \$76,565, and Yarmouth has the lowest (\$53,089). Among the five towns, Barnstable has the second highest percentage of senior residents with bachelor’s degrees (36%), slightly behind Falmouth (43%).

Size and Staffing of Peer Comparison Senior Centers

The Town of Barnstable Senior Center and its peer senior centers differ in history and size (**Table 18**). The oldest senior center is in Salem, established in 1937, sharing space with the Parks and Recreation Department. The newest senior center is in Plymouth, which was built in 2012 as a stand-alone facility. The Town of Barnstable’s Senior Center is the second newest facility, built in 1999. Three of the 5 senior centers have about 20,000 square feet, while Yarmouth’s senior center is

12,000 square feet. Falmouth has the smallest senior center space with just over 4,022 square feet. Though the majority of senior centers are relatively large, none of the facilities was identified as having adequate space to accommodate the programs and services that their director and staff want to provide. For example, the Salem Senior Center is contained in an old building, which is divided into spaces that are inconvenient for programming, making it a challenge to host activities. Some communities, such as Falmouth and Plymouth, work around space limitations at their senior centers by hosting programs and events at other locations in the community.

Table 18. Comparison community senior center characteristics

City/Town	Year Opened	Square Feet	Adequate Space per Senior	Tax Work Off Program Positions	Staff FT/PT	Vol. Hours per week
Barnstable	1999	20,654	No	20	10/3	118
Falmouth	1977	4,022	No	N/A	3/5	65
Plymouth	2012	20,000	No	NP	8/2	1,084 ^a
Salem	1937	20,000	No	25	5/5	40
Yarmouth	1987	12,000	No	50	5/6	200

*Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time
a. Includes Meals on Wheels hours*

Three of the peer communities—Falmouth, Salem, and Yarmouth—are actively seeking to increase the amount of space they have available. The Town of Falmouth is evaluating existing locations in the community as part of a feasibility study for a new senior center, after bringing data from their needs assessment report to Town officials and community members, and creating the dialog necessary to start the process of expanding the senior center space. By 2017, the City of Salem expects to have a larger, better-organized space as part of a new Community Life Center, focused on serving all generations in the City. While the Town of Yarmouth begins its Age-Friendly Initiative through the World Health Organization (WHO), discussion of an improved space is focused on a community center, though, according to the director, there is still a strong need for dedicated space for older residents.

The total number of paid staff at the Barnstable Senior Center and senior centers in peer communities ranges from 8 to 13, with different mixes of full-time and part-time staff. Falmouth has the fewest paid staff members, with 3 full-time and 5 part-time. Barnstable has the greatest number of staff members with 13, a majority (10) of whom work full-time. The large number of paid staff at the Barnstable Senior Center is driven by the need for increased staffing required to operate the adult day program. All of the senior centers depend on volunteers to accomplish their day-to-day business and meet the long-term goals of their facilities. The number of hours

per week committed by volunteers varies by senior center, though tasks completed by volunteers are similar across communities. Volunteers are largely responsible for reception and greeting, administrative tasks and data entry, leading groups, assisting with food programs, driving, serving on boards, and helping at special functions. Volunteers are critical to the continued functioning of senior centers by supporting paid staff and maintaining essential programs and services.

Barnstable and its peer communities offer a wide variety of programs and services. Popular among all the senior centers were exercise groups, various card games, arts and crafts classes, and support groups for caregivers. Though there seems to be an interest among peer communities for extended hours and programming, none of the senior centers contacted currently provide activities on nights or weekends. In the past, the Plymouth Senior Center recognized the interest and began providing activities at night; however, these extra activities were soon cancelled due to low attendance. Similarly, Falmouth has recognized interest for night and weekend programming, but is not yet providing services afterhours due to staffing limitations. All of the senior centers contacted are considering night and weekend programming in the future. Additionally, as the senior centers continue to offer traditional programs and services, the directors look to expand and improve upon what they can offer to better meet the needs of community seniors.

Two of the peer communities have programs targeting isolated seniors. The Yarmouth Senior Center recently hired a social worker to be in charge of providing home visits to residents who are otherwise at high risk for isolation. An immediate goal is to talk with those older adults so the senior center can better understand the needs of isolated older adults. Information collected from home visits can inform the senior center on programming needs—whether or not there is demand for a targeted program like *Friendly Visitors*, or if they need to adjust current programs or transportation to accommodate residents who are more frail. The Falmouth Senior Center currently offers a *Friendly Visitor* program, comprised of volunteers who visit homebound residents. At the senior center, both a sing-along program, as well as discussion groups for men and women are offered to encourage inclusion of potentially isolated seniors in social activities. None of the peer communities, except Barnstable, currently offers an adult day program within the facility, though all have local medical-based programs to which residents may be referred.

Both print and electronic methods of advertisement are utilized by the senior centers. All communities distribute a newsletter, and utilize social media (such as Facebook) as an important marketing tool. Directors are interested in advertising their senior centers efficiently to attract not only older residents, but also younger Boomers and adults who may be less familiar with the offerings that communities make available to their older residents. In efforts to improve marketing of its facility, the Plymouth Senior Center and its Friends group are partnering with a marketing company to rebrand the senior center in a manner that is appealing to the community-at-large, as well as the Town's current seniors. Many directors in peer communities emphasized the importance of involving the entire community, and raising interest in aging issues. The Falmouth Senior Center has begun to garner attention and interest within the community after presenting results from its own

needs assessment study completed in early 2014. A similarly unique opportunity has presented itself in Yarmouth, where the Council on Aging has spearheaded a community-wide Age-Friendly Initiative, which is designed to improve livability of the Town for people of all ages, while raising awareness about its aging population.

Summary and Recommendations

The Town of Barnstable's older population has grown during the last decade. The number of residents age 50 and older increased by about 14% between 2000 and 2010 and today about 45% of Barnstable residents are included in that age range. On the basis of this growth, demand for programs and services that are offered by the Town of Barnstable Senior Services Division and the Senior Center is greater today than ever before. Furthermore, demographic projections suggest that the need for services will continue to increase in the future as the Town's "Baby Boomers" become eligible to participate.

The purpose of this study was to assess needs and describe preferences of two cohorts of older residents in the Town of Barnstable. To inform its planning process the Town's Senior Services Division, along with the research team from UMass Boston, solicited input from residents age 60 and over, who are currently eligible to participate in programs and services; and a cohort of younger residents age 50 to 59, who will become eligible for services during the next decade. Methods were designed to assess whether programs and services are appropriate and adequate to address specific current and future aging-related needs of the Town's population.

Results of this study suggest that older Barnstable residents are highly committed to aging in their community. Many are long-time residents who have a vested interest in maintaining Barnstable as a safe and highly livable locale in which to grow older. Additionally, many newcomers to the Town may have chosen Barnstable because of its many attributes that make it a community that is highly livable and amenable to aging in place. For the most part, older residents of Barnstable perceive the Town to be a very safe place to live. Therefore, it is not surprising that many respondents reported a strong desire to remain living in Barnstable, and in their villages within Barnstable, as long as they can. Many older residents perceive the Town as a resource-rich community, where it is possible and desirable to successfully age in place.

Despite many positive findings across the areas we assessed, there remain significant segments of Barnstable's older population who may be at risk due to declining health, inadequate and/or diminishing social networks, transportation limitations, and economic insecurity. Most notably, survey participants age 80 and older reported being less likely to drive themselves, and more likely to report problems in getting around Barnstable. Additionally, the Town's oldest residents were more likely to report lower levels of physical health and social wellbeing. As well, many older residents who are financially secure, healthy, and active participants in the community at present still maintain concerns about the future. The Town of Barnstable Senior Services Division can continue to support older

residents and target outreach to Seniors, especially those age 80 and older, who are at high risk for social isolation or who are particularly vulnerable to economic insecurity and uncertainties related to housing.

In this study we reported some differences between age cohorts that may be helpful in planning for the future. For example, in developing new programs and expanding existing ones, the Town of Barnstable Senior Services Division may wish to bring additional focus on the significant proportion of younger respondents who have caregiving responsibilities. The Senior Services Division can support current older residents of Barnstable by serving as a resource for caregivers, and providing continued support for the Town's oldest and most frail residents. Similarly, Boomers and Seniors who live in the Town could benefit from receiving information and referrals to supplemental care support, such as the Town's adult supportive day care and respite care. By reaching out to different cohorts and offering services that they currently need, and that they find important and valuable, the Senior Services Division could also achieve the goal of raising awareness among all residents who may need services themselves as they grow older.

The Town of Barnstable Senior Services Division and the Senior Center are central in the larger network of agencies and organizations that support the Town's older residents as they strive to age in place. Results from this study suggest that a barrier to utilization of services is lack of knowledge about what is available or how to access services. Many residents, especially those under age 60 are not well informed about services and programs for which they and their families may be eligible. Therefore, the Senior Services Division may wish to seek new in-roads to reach younger people to make them aware of its programming. Strategies for achieving this aim could include outreach supplementing the current quarterly magazine and advertising through media that are likely to be accessed by these target groups (such as social media platforms or targeted print media).

Older residents of the Town of Barnstable are fortunate to live in a community that recognizes its ongoing commitment to strengthen services, and to provide opportunities for older residents to participate and remain engaged in the community through activities supported by the Senior Services Division. Nevertheless, planning must continue, with an eye toward addressing many issues raised in this report, including increasing availability of transportation options; cultivating adequate, desirable, supportive, and affordable housing options; improving access to appropriate services and assistance when needed; and supporting facilities that can accommodate a growing older adult population. In addition, we offer the following recommendations, based on our research, to assist the Town of Barnstable Senior Services Division in planning to achieve their mission and to meet their goals.

- Plan for substantial growth of the number of older residents in coming years. By 2030, residents who are age 60 and older will constitute 42% of the entire population of the Town of Barnstable. Recognize that expanding numbers of older residents will impact virtually every aspect of the community, not just the Senior Services Division.

- Continue to promote quality of life and social engagement among older people by supporting and expanding convenient, affordable, and reliable local transportation options for residents who are unable to drive safely or who prefer alternatives to driving themselves, including walking and cycling.
- Arrange for opportunities to develop creative solutions to address the shortage of supportive and affordable housing for older residents, including reviewing zoning regulations, and exploring the viability of implementing cutting-edge senior housing options (e.g., The Village model, accessory units, and group living options).
- Use planning for the expanding older population as an opportunity to promote livability of the community for all residents. Protecting natural amenities, facilitating walkability, and promoting programs that help older residents maintain their properties are ways in which the entire community may benefit by making the Town of Barnstable even more “livable”.
- Recognize as a significant priority the need for the Senior Center to expand knowledge of existing programs and services within the community. Engage in aggressive outreach to make residents of all ages more aware of the Senior Services Division and its mission.
- Although many older residents are financially secure, healthy, and socially engaged, significant segments are not. The Senior Services Division is charged with serving all segments of the community, with widely varying needs. Targeting those with limited or inadequate resources for programs and services can ensure that resources are optimized to achieve the broader goals set forth in the Older Americans Act.
- Continue seeking ways to strengthen programs and services that support the active, healthy-aging goals of older adult residents in Barnstable. Prioritize the most valued and needed programs and services and let those programming needs direct discussions about changes in space and staffing requirements.
- Plan to expand services to accommodate the increased number of Barnstable residents who will seek services to help them age in place. Improvements in space, staffing, services and programming will generate even *higher* rates of participation, with the result that an overly modest allocation of resources will be outgrown quickly.
- Consider and encourage new and innovative ways within the Town to support the Senior Services Division and Senior Center, to ensure their vitality into the future, and to facilitate the mission to improve the quality of life for seniors in the community through the design and implementation of needed programs and services.

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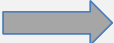
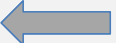


**Town of Barnstable Senior Services Division
University of Massachusetts Boston
Survey of Residents Age 50 & Over**

The Town of Barnstable Senior Services Division requests that residents age 50 and over share their views in order to assess the needs of the Town's older population and improve programs and services. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this survey.**

If you prefer to respond online, please visit our secure site at:
https://www.surveymonkey.com/r/barnstable_senior

If you would like assistance completing this survey please call 617-287-7413 to arrange a time. We thank you in advance for your participation.

 **Please Return Your Survey by June 12, 2015.** 

Section I: Community & Neighborhood

1. How long have you lived in the Town of Barnstable? (Check only one)

- | | |
|---|---|
| <input type="checkbox"/> Fewer than 5 years | <input type="checkbox"/> 25-34 years |
| <input type="checkbox"/> 5-14 years | <input type="checkbox"/> 35-44 years |
| <input type="checkbox"/> 15-24 years | <input type="checkbox"/> 45 years or longer |

2. How important is it to you to remain living in the Town of Barnstable, as you get older? (Check only one)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Important | Somewhat Important | Slightly Important | Not at All Important |

3. How important is it to you to remain living in the village within the Town of Barnstable where you currently live, as you get older? (Check only one)

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Important | Somewhat Important | Slightly Important | Not at All Important |

4. How safe do you feel in the village where you live? (Check only one)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completely Safe | Very Safe | Somewhat Safe | Slightly Safe | Not at All Safe |

5. What are your greatest concerns about your ability to continue living in the Town of Barnstable as you get older?

PLEASE CONTINUE TO THE NEXT PAGE

1

Section II: Housing & Living Situation

6. Which of the following best describes your current place of residence? (Check only one)

- Single family home
- Multi-family home (2, 3, or more units)
- Accessory apartment (add-on apartment to an existing home)
- Apartment building
- Condominium
- Senior Independent Living Facility
- Assisted Living Facility
- Other (Please specify) _____

7. Do you rent or own your current place of residence? (Check only one)

- I own
- I rent (Market rate)
- I rent (Subsidized)
- Other (Please specify) _____

8. With whom do you live? (Check all that apply)

- I live alone
- A spouse/partner
- My adult child(ren) (age 18 or older)
- Another relative
- Someone else (including housemates or caretakers)
- My child(ren) (under age 18)
- My grandchildren
- My parent(s)

9. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to make it safer to live in over the next 5 years?

- Yes (**Continue to question 9a**)
- No (**Skip to question 10**)



9a. Are you able to afford to make the modifications your home needs?

- Yes
- No

10. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)

- Single family home
- Multi-family home (2, 3, or more units)
- Accessory apartment (add-on apartment to an existing home)
- Apartment building
- Condominium
- Senior Independent Living Facility
- Assisted Living Facility
- Other (Please specify) _____

PLEASE CONTINUE TO THE NEXT PAGE

2

Section III: Social Activities & Relationships

11. How would you rate your overall emotional well-being? (Check only one)
 Excellent Good Fair Poor
12. How often do you talk on the phone, send email, or use social media to communicate with family, friends, relatives, or neighbors? (Check only one)
 Never Two to three times a month
 Very rarely (e.g., only on holidays) One or more times a week
 Once a month At least daily
13. How often do you leave your home to visit with family, friends, relatives, or neighbors? (Check only one)
 Never Two to three times a month
 Very rarely (e.g., only on holidays) One or more times a week
 Once a month At least daily
14. Which activities do you currently enjoy doing? (Check all that apply)
 Volunteering
 Active indoor activities (e.g., exercise, water activities)
 Individual/solitary activities (e.g., reading)
 Travel or outings (e.g., day-trips)
 Education (e.g., cultural activities, lifelong learning)
 Media (e.g., film, television, concerts, lectures)
 Active outdoor activities (e.g., hiking, cycling, gardening)
 Social activities (e.g., spending time with family and friends)
 Arts & crafts (e.g., painting, knitting)
 Food (e.g., cooking, dining out, nutrition)
 Intergenerational programs
 Faith-based activities
 Other (Please specify) _____

Section IV: Your Health

15. How would you rate your overall physical health? (Check only one)
 Excellent Good Fair Poor
16. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?
 Yes No
17. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?
 Yes No

PLEASE CONTINUE TO THE NEXT PAGE

3

18. Referring to the activities in questions 16 and 17 for which you answered "Yes": Who helps you with these activities? (Check all that apply)

- N/A: I don't require any help
- I have no one to assist me when I need help
- I need help but can't afford to pay someone to help me
- I pay someone to help me
- A family member helps me
- A friend or neighbor helps me
- Someone else helps me (Please specify) _____

Section V: Caregiving

19. Do you now or have you in the past 5 years provided care or assistance to a person who is **disabled or frail** (e.g., a spouse, parent, relative, or friend)?

- Yes (**Continue to question 19a**) No (**Skip to question 20**)



19a. Are/were you ever paid to provide this care?

- Yes No

19b. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

- Very Challenging Somewhat Challenging Neither Challenging Nor Easy Somewhat Easy Very Easy

20. If it were available, would a caregiver respite program or support group be helpful to you and your family?

- Yes No

Section VI: Transportation

21. How do you meet your transportation needs? (Check all that apply)

- I drive myself
- My spouse or child(ren) drive(s) me
- Friends or neighbors drive me
- Volunteer medical transportation
- Transportation provided by the Senior Center ("Silver Express")
- Other (Please specify) _____
- Public transportation
- Taxi
- Bicycle
- Walking

22. How satisfied are you with the transportation options available to you in Barnstable? (Check only one)

- Completely Satisfied Very Satisfied Somewhat Satisfied Slightly Satisfied Not at All Satisfied

PLEASE CONTINUE TO THE NEXT PAGE

4

23. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Not applicable—I do not drive | <input type="checkbox"/> I avoid driving in bad weather |
| <input type="checkbox"/> I do not modify my driving at all | <input type="checkbox"/> I avoid highway driving |
| <input type="checkbox"/> I avoid driving at night | <input type="checkbox"/> I avoid driving far distances |
| <input type="checkbox"/> I avoid making left hand turns | <input type="checkbox"/> I avoid driving in unfamiliar areas |
| <input type="checkbox"/> Other (Please specify) _____ | |

24. Which of the following challenges have you experienced while getting around locally? (Check all that apply)

- None
- Physical environment issues (e.g., signage, lighting)
- Physical challenges or other limitations (e.g., vision, hearing)
- Public transportation service not available where I need to go
- No door-to-door assistance
- Lack of public transportation services throughout the day and evening
- Lack of public transportation services on a reliable schedule
- Senior Center transportation (“Silver Express”) not available/inconvenient
- Walkability issues (e.g., lack of or interrupted sidewalks)
- Other (Please specify) _____

Section VII: Current & Future Retirement Plans

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

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Working full time | <input type="checkbox"/> Working part time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other (Please specify) _____ | | |

26. When do you plan to fully retire? (Check only one)

- | | |
|--|--|
| <input type="checkbox"/> N/A, I am already fully retired | <input type="checkbox"/> In more than 10 years |
| <input type="checkbox"/> Within the next 3 years | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> In 3 to 5 years | <input type="checkbox"/> I do not anticipate ever fully retiring |
| <input type="checkbox"/> In 6 to 10 years | |

27. Have you done any financial planning for your retirement? (Financial planning activities include consulting a financial or legal professional, taking a seminar, or taking steps to ensure you will have adequate income when you retire.) (Check only one)

- 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

28. Please indicate your level of agreement with the following statement: “*During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.*” (Check only one)

- | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly Agree | Agree | Neither Agree Nor Disagree | Disagree | Strongly Disagree |

PLEASE CONTINUE TO THE NEXT PAGE

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Section VIII: Programs & Services at the Senior Center

29. The following items refer to specific programs and services that are currently offered through the Barnstable Senior Center or may be offered in the future. Please rate these options **from HIGH priority (1) to LOW priority (5)** (Check only one box per item)

	High Priority		Low Priority		
	(1)	(2)	(3)	(4)	(5)
Assistance with local or state programs (e.g., financial, fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational and life-long learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening dinner dances/social functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly visitor program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent raising grandchildren support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and wellness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Safety Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, referral & outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intergenerational programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor home repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/Meals on Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor exercise gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional services (e.g., tax, legal, & financial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Center Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. What other programs or services not currently offered through the Town of Barnstable Division of Senior Services and/or the Senior Center would you like to see available?

PLEASE CONTINUE TO THE NEXT PAGE

31. How familiar are you with programs or services offered by the Town of Barnstable Division of Senior Services, including those provided by the Senior Center? (Check only one)

- Very Familiar Somewhat Familiar Slightly Familiar Not at All Familiar

32. How important are programs and services that are currently offered through the Barnstable Division of Senior Services and/or the Senior Center to you and/or your family?

- Very Important Somewhat Important Neither Important Nor Unimportant Somewhat Unimportant Very Unimportant

33. Do you currently use programs or services offered by the Town of Barnstable Division of Senior Services, including those provided by the Senior Center? (Check only one)

- No (**Continue to question 33a**) Yes (**Skip to question 34**)



33a. What is the reason that you do not currently use programs or services offered by the Town of Barnstable Division of Senior Services or the Senior Center? (Check all that apply)

- I am not interested I participate in programs elsewhere
 I am not old enough I do not identify with the word "senior"
 Other (Please specify) _____

34. Below, please check all factors that would increase the likelihood of your using the Town of Barnstable Senior Center more often: (Check all that apply)

I would be more likely to use the Senior Center...

- If transportation options to the Senior Center were more convenient
 If I had more knowledge about the programs and services that are available
 If programs and services were better suited to my interests
 If the hours of the Senior Center were more convenient
 If programs and services were less expensive
 If it were easier to access the Senior Center (e.g., more ample parking)
 If there were more people like myself there
 Other (Please specify) _____

35. In the future, how likely are you to participate in programs and services offered by the Barnstable Division of Senior Services and/or the Senior Center? (Check only one)

- Very Likely Somewhat Likely Neither Likely Nor Unlikely Somewhat Unlikely Very Unlikely

PLEASE CONTINUE TO THE NEXT PAGE

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36. How satisfied are you with the programs and services offered through the Division of Senior Services and/or the Senior Center? (Check only one)

- Completely Satisfied Very Satisfied Somewhat Satisfied Slightly Satisfied Not at All Satisfied

37. Where have you found information about the activities and services offered by the Senior Center? (Check all that apply)

- Senior Center's *Compass Magazine* The Barnstable Patriot Newspaper
 Cable TV Facebook (or other social media sites)
 Town of Barnstable Website Senior Center E-News
 Other (please specify): _____

Section IX: Demographic Information

38. Please select your gender. Female Male

39. What is your age range? (Check only one)

- 50 to 59 60 to 69 70 to 79 80 to 89 90+

40. Do you live in the Town of Barnstable year-round?

- Yes No

41. What is your marital status? (Check only one)

- Married Widowed Divorced/
Separated Never Married Living with partner

42. Which of the following best describes your race/ethnicity? (Check all that apply)

- White/Caucasian Black/African American
 Asian Hispanic/Latino
 Other (Please specify) _____ Do not care to respond

43. Was there any time **in the past 12 months** when you did not have money for the following necessities? (Check all that apply)

- N/A, I did not lack money Pay for car repairs or home repairs
 Pay rent, mortgage, real estate taxes Pay utility bills (e.g., oil or electricity)
 Pay for medical needs (e.g., prescriptions) Buy food
 Other (Please specify) _____

44. If you have any other thoughts or comments about the Town of Barnstable Division of Senior Services and/or the Senior Center, please include them here:

Thank you for taking the time to participate. If you have any questions or concerns regarding this survey, please contact the lead researcher:

Bernard A. Steinman, PhD Email: Bernard.Steinman@umb.edu
University of Massachusetts Boston Phone: 617-287-7413

YOU HAVE COMPLETED THE SURVEY? THANKS! ☺

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Appendix B—Complete Survey Results

Section I: Community & Neighborhood

Table A1. How long have you lived in the Town of Barnstable? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Fewer than 5 years	10%	10%	10%	11%	5%
5 to 14 years	17%	17%	17%	19%	7%
15 to 24 years	23%	23%	23%	21%	35%
25 to 34 years	18%	25%	17%	16%	18%
35 to 44 years	14%	11%	15%	16%	12%
45 years or longer	18%	14%	18%	17%	23%
Total %	100%	100%	100%	100%	100%
# of respondents	*1249	224	1017	806	211

*Includes respondents who did not provide their age category.

Table A2. How important is it to you to remain living in the Town of Barnstable, as you get older? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Important	57%	41%	61%	60%	64%
Somewhat Important	31%	37%	30%	30%	28%
Slightly Important	8%	15%	6%	7%	5%
Not at All Important	4%	7%	3%	3%	3%
Total %	100%	100%	100%	100%	100%
# of respondents	*1252	224	1020	807	213

*Includes respondents who did not provide their age category.

Table A3. How important is it to you to remain living in the village within the Town of Barnstable where you currently live, as you get older? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Important	53%	35%	57%	55%	65%
Somewhat Important	32%	37%	31%	33%	26%
Slightly Important	10%	18%	8%	8%	6%
Not at All Important	5%	10%	4%	4%	3%
Total %	100%	100%	100%	100%	100%
# of respondents	1251*	223	1020	806	214

*Includes respondents who did not provide their age category.

Table A4. How safe do you feel in the village where you live? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Completely Safe	27%	18%	29%	28%	32%
Very Safe	54%	60%	53%	53%	51%
Somewhat Safe	17%	19%	16%	17%	15%
Slightly Safe	2%	3%	2%	2%	1%
Not at All Safe	0%	0%	0%	0%	1%
Total %	100%	100%	100%	100%	100%
# of respondents	1251*	224	1019	805	214

*Includes respondents who did not provide their age category.

Section II: Housing & Living Situation

Table A6. Which of the following best describes your current place of residence? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Single family home	89%	90%	89%	89%	89%
Multi-family home	1%	3%	1%	1%	1%
Accessory apartment	1%	2%	1%	1%	2%
Apartment building	2%	2%	2%	2%	3%
Condominium	4%	3%	4%	4%	3%
Senior Independent Living Facility	1%	0%	1%	1%	0%
Assisted Living Facility	1%	0%	1%	1%	2%
Other	1%	0%	1%	1%	0%
Total %	100%	100%	100%	100%	100%
# of respondents	1247*	223	1017	807	210

*Includes respondents who did not provide their age category.

Table A7. Do you rent or own your current place of residence? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I own	89%	90%	88%	90%	84%
I rent (Market rate)	5%	7%	5%	5%	5%
I rent (Subsidized)	3%	2%	3%	3%	3%
Other	3%	1%	4%	2%	8%
Total %	100%	100%	100%	100%	100%
# of respondents	1242*	220	1014	805	209

*Includes respondents who did not provide their age category.

Table A8. With whom do you live? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I live alone	22%	12%	24%	21%	34%
A spouse/partner	70%	76%	69%	73%	54%
My adult child(ren) (age 18+)	11%	23%	8%	7%	13%
Another relative	3%	6%	2%	2%	1%
My child(ren) (age <18)	3%	12%	1%	1%	1%
My grandchildren	2%	4%	2%	2%	1%
My parent(s)	2%	5%	1%	2%	1%
Someone else	1%	2%	1%	1%	1%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A9. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to make it safer to live in over the next 5 years?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	30%	22%	31%	31%	32%
No	70%	78%	69%	69%	68%
Total %	100%	100%	100%	100%	100%
# of respondents	1230*	222	1001	798	203

*Includes respondents who did not provide their age category.

Table A9a. If Yes on question 9: Are you able to afford to make the modifications your home needs?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
No	34%	51%	31%	31%	30%
Yes	66%	49%	69%	69%	70%
Total %	100%	100%	100%	100%	100%
# of respondents	333*	45	287	226	61

*Includes respondents who did not provide their age category.

Table A10. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Single family home	31%	51%	26%	30%	11%
Multi-family home	3%	4%	3%	3%	2%
Accessory apartment	6%	6%	6%	6%	5%
Apartment building	6%	6%	6%	6%	5%
Condominium	30%	34%	30%	33%	16%
Senior Independent Living Facility	36%	16%	41%	40%	43%
Assisted Living Facility	14%	4%	16%	13%	29%
Other	8%	8%	8%	8%	10%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Section III: Social Activities & Relationships

Table A11. How would you rate your overall emotional well-being? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Excellent	54%	59%	53%	54%	46%
Good	41%	36%	42%	42%	46%
Fair	5%	5%	5%	4%	7%
Poor	0%	0%	0%	0%	1%
Total %	100%	100%	100%	100%	100%
# of respondents	1245*	224	1013	803	210

*Includes respondents who did not provide their age category.

Table A12. How often do you talk on the phone, send email, or use social media to communicate with family, friends, relatives, or neighbors? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Never	0%	0%	0%	0%	1%
Very rarely	2%	1%	2%	2%	3%
Once a month	1%	0%	1%	2%	1%
Two to three times a month	4%	4%	5%	4%	7%
One or more times a week	25%	16%	26%	22%	39%
At least daily	68%	79%	66%	70%	49%
Total %	100%	100%	100%	100%	100%
# of respondents	1240*	224	1008	803	205

*Includes respondents who did not provide their age category.

Table A13. How often do leave your home to visit with family, friends, relatives, or neighbors? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Never	2%	1%	2%	1%	3%
Very rarely	7%	6%	7%	6%	14%
Once a month	5%	4%	6%	5%	7%
Two to three times a month	15%	13%	15%	14%	21%
One or more times a week	40%	36%	41%	42%	37%
At least daily	31%	40%	29%	32%	18%
Total %	100%	100%	100%	100%	100%
# of respondents	1237*	222	1007	802	205

*Includes respondents who did not provide their age category.

Table A14. Which activities do you currently enjoy doing? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Volunteering	34%	36%	34%	35%	28%
Active indoor activities	44%	58%	41%	44%	28%
Individual/solitary activities	68%	67%	69%	70%	62%
Travel or outings	62%	72%	60%	66%	37%
Education	34%	45%	32%	36%	17%
Media	69%	71%	69%	69%	66%
Active outdoor activities	65%	80%	62%	68%	37%
Social activities	75%	80%	74%	75%	68%
Arts & crafts	28%	34%	27%	29%	20%
Food (e.g., cooking, dining out)	68%	76%	66%	70%	54%
Intergenerational programs	8%	8%	8%	9%	6%
Faith-based activities	27%	28%	27%	25%	33%
Other	14%	11%	15%	15%	15%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Section IV: Your Health

Table A15. How would you rate your overall physical health? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Excellent	36%	50%	33%	36%	21%
Good	53%	45%	54%	53%	61%
Fair	10%	5%	12%	10%	16%
Poor	1%	0%	1%	1%	2%
Total %	100%	100%	100%	100%	100%
# of respondents	1249*	224	1017	807	210

*Includes respondents who did not provide their age category.

Table A16. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	21%	8%	23%	17%	49%
No	79%	92%	77%	83%	51%
Total %	100%	100%	100%	100%	100%
# of respondents	1236*	223	1005	800	205

*Includes respondents who did not provide their age category.

Table A17. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	4%	3%	4%	2%	10%
No	96%	97%	96%	98%	90%
Total %	100%	100%	100%	100%	100%
# of respondents	1246*	223	1015	807	208

*Includes respondents who did not provide their age category.

Table A18. Referring to the activities in question 16 and 17 for which you answered “Yes”: Who helps you with these activities? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
N/A: I don't require any help	7%	10%	7%	9%	4%
I have no one to assist me when I need help	3%	5%	3%	3%	3%
I need help but can't afford to pay someone to help me	8%	15%	7%	8%	6%
I pay someone to help me	45%	30%	45%	42%	50%
A family member helps me	48%	40%	49%	45%	54%
A friend or neighbor helps me	15%	15%	15%	15%	14%
Someone else helps me	13%	25%	12%	12%	12%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Section V: Caregiving

Table A19. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled* or *frail* (e.g., a spouse, parent, relative, or friend)?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	44%	56%	42%	43%	35%
No	56%	44%	58%	57%	65%
Total %	100%	100%	100%	100%	100%
# of respondents	1225*	221	996	796	200

*Includes respondents who did not provide their age category.

Table A19a. If Yes on question 19: Are/were you ever paid to provide this care?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	9%	12%	8%	9%	3%
No	91%	88%	92%	91%	97%
Total %	100%	100%	100%	100%	100%
# of respondents	525*	118	403	336	67

*Includes respondents who did not provide their age category.

Table A19b. If Yes on question 19: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Challenging	23%	29%	21%	21%	20%
Somewhat Challenging	42%	43%	42%	43%	33%
Neither Challenging Nor Easy	21%	16%	22%	21%	32%
Somewhat Easy	9%	7%	10%	10%	10%
Very Easy	5%	5%	5%	5%	5%
Total %	100%	100%	100%	100%	100%
# of respondents	*526	119	403	337	66

*Includes respondents who did not provide their age category.

Table A20. If it were available, would a caregiver respite program or support group be helpful to you and your family?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	36%	45%	34%	32%	43%
No	64%	55%	66%	68%	57%
Total %	100%	100%	100%	100%	100%
# of respondents	*1151	214	933	745	188

*Includes respondents who did not provide their age category.

Section VI: Transportation

Table A21. How do you meet your transportation needs? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I drive myself	92%	96%	91%	94%	80%
My spouse or child(ren)	19%	11%	21%	18%	32%
Friends or neighbors	7%	2%	7%	6%	12%
Volunteer medical transportation	1%	0%	1%	1%	1%
Transportation provided by the Senior Center ("Silver Express")	1%	0%	2%	1%	4%
Public Transportation	5%	4%	5%	6%	3%
Taxi	4%	2%	4%	4%	6%
Bicycle	5%	9%	5%	6%	1%
Walking	16%	17%	16%	17%	11%
Other	3%	2%	3%	2%	5%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A22. How satisfied are you with the transportation options available to you in Barnstable? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Completely Satisfied	10%	9%	11%	11%	10%
Very Satisfied	28%	21%	29%	29%	26%
Somewhat Satisfied	38%	44%	37%	36%	42%
Slightly Satisfied	15%	15%	15%	16%	14%
Not at All Satisfied	9%	11%	8%	8%	8%
Total %	100%	100%	100%	100%	100%
# of respondents	1039*	197	837	669	168

*Includes respondents who did not provide their age category.

Table A23. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Not applicable— I do not drive	7%	5%	8%	5%	18%
I do not modify my driving at all	50%	61%	48%	55%	19%
I avoid driving at night	25%	12%	28%	23%	48%
I avoid making left hand turns	8%	8%	8%	7%	9%
I avoid driving in bad weather	24%	17%	25%	23%	33%
I avoid highway driving	5%	3%	5%	4%	9%
I avoid driving far distances	12%	5%	14%	10%	26%
I avoid driving in unfamiliar areas	8%	4%	8%	7%	14%
Other	6%	5%	6%	6%	5%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A24. Which of the following challenges have you experienced while getting around locally? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
None	64%	65%	64%	68%	52%
Physical environment issues	5%	7%	5%	4%	8%
Physical challenges or other limitations	6%	2%	6%	4%	15%
Public transportation service not available where I need to go	8%	5%	8%	7%	13%
No door-to-door assistance	3%	2%	3%	2%	5%
Lack of public transportation services throughout the day and evening	6%	5%	6%	5%	8%
Lack of public transportation services on a reliable schedule	6%	6%	6%	6%	8%
Senior Center transportation ("Silver Express") not available/inconvenient	2%	0%	3%	2%	4%
Walkability issues	15%	20%	14%	14%	14%
Other	8%	10%	8%	8%	6%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Section VII: Current & Future Retirement Plans

Table A25. What is your employment status? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Working full-time	24%	66%	15%	18%	1%
Working part-time	17%	18%	17%	20%	4%
Retired	59%	7%	70%	63%	95%
Other	7%	12%	6%	8%	2%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A26. When do you plan to fully retire? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
N/A, I am already fully retired	54%	8%	64%	57%	94%
Within the next 3 years	7%	3%	8%	10%	1%
In 3 to 5 years	7%	11%	6%	7%	0%
In 6 to 10 years	8%	24%	4%	5%	0%
In more than 10 years	5%	22%	1%	1%	1%
Not sure	9%	16%	8%	10%	2%
I do not anticipate ever fully retiring	10%	16%	9%	10%	3%
Total %	100%	100%	100%	100%	100%
# of respondents	1169*	218	944	758	186

*Includes respondents who did not provide their age category.

Table A27. Have you done any financial planning for your retirement? (Financial planning activities include consulting a financial or legal professional, taking a seminar, or taking steps to ensure you will have adequate income when you retire.) (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes, I have done extensive financial planning for retirement	53%	30%	58%	57%	61%
Yes, I have done some financial planning but I need to do more	32%	54%	27%	29%	22%
No, I have not done any financial planning for my retirement	15%	17%	15%	14%	17%
Total %	100%	100%	100%	100%	100%
# of respondents	1200*	223	972	775	197

*Includes respondents who did not provide their age category.

Table A28. Please indicate your level of agreement with the following statement: “During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.” (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Strongly Agree	19%	13%	20%	20%	22%
Agree	41%	43%	41%	40%	42%
Neither Agree Nor Disagree	25%	27%	25%	24%	27%
Disagree	11%	12%	11%	12%	7%
Strongly Disagree	4%	5%	4%	4%	2%
Total %	100%	100%	100%	100%	100%
# of respondents	1228*	220	1001	795	206

*Includes respondents who did not provide their age category.

Section VIII: Programs & Services at the Senior Center

Table A29. The following items refer to specific programs and services that are currently offered through the Barnstable Senior Center or may be offered in the future. Please rate these options from HIGH priority (1) to LOW priority (5). (Check only one box per item)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Assistance with local or state programs (e.g., financial, fuel)					
High Priority (1)	32%	40%	30%	31%	24%
(2)	15%	16%	15%	15%	12%
(3)	18%	17%	18%	19%	14%
(4)	13%	14%	12%	12%	13%
Low Priority (5)	23%	13%	25%	22%	37%
Total	100%	100%	100%	100%	100%
# of respondents	1034*	205	822	673	149
Brain training program					
High Priority (1)	13%	19%	11%	13%	5%
(2)	19%	22%	19%	19%	15%
(3)	29%	31%	28%	30%	18%
(4)	15%	12%	15%	15%	15%
Low Priority (5)	24%	16%	27%	23%	46%
Total	100%	100%	100%	100%	100%
# of respondents	1019*	205	808	670	138
Caregiving services					
High Priority (1)	24%	34%	22%	24%	14%
(2)	21%	22%	20%	20%	22%
(3)	23%	21%	23%	24%	22%
(4)	13%	11%	13%	14%	10%
Low Priority (5)	19%	13%	21%	19%	31%
Total	100%	100%	100%	100%	100%
# of respondents	1023*	204	812	665	147

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Educational and life-long learning opportunities					
High Priority (1)	23%	27%	21%	24%	11%
(2)	25%	32%	23%	24%	21%
(3)	28%	28%	27%	29%	22%
(4)	11%	6%	13%	12%	14%
Low Priority (5)	14%	6%	16%	12%	33%
Total	100%	100%	100%	100%	100%
# of respondents	1025*	204	814	667	147
Evening dinner dances/social functions					
High Priority (1)	7%	11%	6%	6%	4%
(2)	14%	20%	13%	13%	13%
(3)	29%	31%	29%	30%	22%
(4)	23%	23%	23%	24%	21%
Low Priority (5)	27%	15%	29%	27%	41%
Total	100%	100%	100%	100%	100%
# of respondents	1007*	202	799	657	142
Fall Prevention Program					
High Priority (1)	15%	14%	14%	14%	15%
(2)	20%	22%	20%	19%	23%
(3)	28%	29%	28%	31%	17%
(4)	16%	14%	17%	18%	13%
Low Priority (5)	21%	21%	21%	18%	32%
Total	100%	100%	100%	100%	100%
# of respondents	1022*	204	811	660	151

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
<u>Fitness Activities</u>					
High Priority (1)	28%	32%	27%	29%	18%
(2)	30%	33%	29%	29%	27%
(3)	25%	25%	25%	27%	19%
(4)	7%	5%	7%	7%	9%
Low Priority (5)	11%	6%	12%	9%	27%
Total	100%	100%	100%	100%	100%
# of respondents	1060*	208	845	690	155
<u>Friendly visitor program</u>					
High Priority (1)	8%	12%	7%	8%	3%
(2)	16%	23%	14%	13%	15%
(3)	30%	29%	30%	32%	25%
(4)	20%	18%	20%	21%	14%
Low Priority (5)	27%	18%	29%	26%	44%
Total	100%	100%	100%	100%	100%
# of respondents	995*	202	787	648	139
<u>Grandparent raising grandchildren support group</u>					
High Priority (1)	7%	9%	6%	7%	5%
(2)	10%	13%	9%	10%	3%
(3)	18%	24%	16%	16%	12%
(4)	17%	18%	17%	17%	17%
Low Priority (5)	49%	37%	52%	50%	63%
Total	100%	100%	100%	100%	100%
# of respondents	990*	207	778	645	133

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Health and wellness programs					
High Priority (1)	30%	35%	29%	30%	22%
(2)	31%	30%	31%	32%	29%
(3)	22%	21%	23%	23%	20%
(4)	6%	7%	6%	5%	7%
Low Priority (5)	11%	7%	12%	9%	23%
Total	100%	100%	100%	100%	100%
# of respondents	1059*	207	845	690	155
Health insurance counseling					
High Priority (1)	26%	35%	23%	25%	14%
(2)	22%	25%	21%	22%	21%
(3)	18%	20%	18%	19%	12%
(4)	12%	10%	13%	13%	13%
Low Priority (5)	22%	10%	24%	21%	40%
Total	100%	100%	100%	100%	100%
# of respondents	1030*	205	819	673	146
Home safety assessment					
High Priority (1)	14%	17%	13%	14%	12%
(2)	21%	24%	20%	21%	19%
(3)	29%	31%	29%	30%	25%
(4)	14%	11%	15%	15%	13%
Low Priority (5)	21%	16%	23%	21%	31%
Total	100%	100%	100%	100%	100%
# of respondents	1026*	207	812	668	144

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Information, referral & outreach					
High Priority (1)	17%	18%	16%	17%	13%
(2)	23%	31%	21%	22%	15%
(3)	29%	27%	29%	29%	30%
(4)	12%	9%	13%	13%	11%
Low Priority (5)	20%	16%	21%	19%	31%
Total	100%	100%	100%	100%	100%
# of respondents	1014*	205	803	585	103
Intergenerational programs					
High Priority (1)	5%	6%	4%	4%	2%
(2)	11%	14%	9%	10%	8%
(3)	31%	33%	31%	31%	28%
(4)	22%	22%	22%	23%	17%
Low Priority (5)	32%	24%	34%	31%	45%
Total	100%	100%	100%	100%	100%
# of respondents	991*	202	784	645	139
LGBT programming					
High Priority (1)	4%	6%	4%	4%	1%
(2)	5%	6%	5%	5%	3%
(3)	22%	24%	22%	22%	21%
(4)	19%	20%	19%	20%	15%
Low Priority (5)	49%	44%	51%	49%	60%
Total	100%	100%	100%	100%	100%
# of respondents	887*	191	692	579	113

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Mental health counseling and support					
High Priority (1)	12%	17%	11%	12%	8%
(2)	21%	29%	18%	18%	17%
(3)	25%	23%	26%	28%	18%
(4)	15%	14%	16%	16%	16%
Low Priority (5)	26%	17%	29%	26%	41%
Total	100%	100%	100%	100%	100%
# of respondents	1011*	206	799	657	142
Minor home repair					
High Priority (1)	16%	19%	15%	16%	11%
(2)	26%	29%	25%	25%	22%
(3)	25%	27%	25%	25%	25%
(4)	13%	11%	14%	15%	11%
Low Priority (5)	20%	14%	22%	20%	31%
Total	100%	100%	100%	100%	100%
# of respondents	1047*	209	831	678	153
Nutrition/Meals on Wheels					
High Priority (1)	18%	23%	17%	18%	11%
(2)	19%	20%	18%	19%	17%
(3)	21%	26%	19%	19%	20%
(4)	15%	11%	16%	16%	14%
Low Priority (5)	28%	20%	30%	28%	39%
Total	100%	100%	100%	100%	100%
# of respondents	1019*	207	806	656	150

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Outdoor exercise gym					
High Priority (1)	9%	20%	6%	7%	1%
(2)	14%	18%	13%	14%	8%
(3)	28%	30%	27%	29%	19%
(4)	19%	15%	20%	20%	21%
Low Priority (5)	31%	17%	34%	31%	50%
Total	100%	100%	100%	100%	100%
# of respondents	995*	205	785	646	139
Professional services (e.g., tax, legal, & financial)					
High Priority (1)	24%	31%	23%	24%	16%
(2)	26%	28%	25%	26%	22%
(3)	22%	24%	22%	23%	19%
(4)	10%	8%	11%	11%	9%
Low Priority (5)	18%	8%	20%	17%	34%
Total	100%	100%	100%	100%	100%
# of respondents	1041*	205	831	679	152
Senior Center transportation					
High Priority (1)	26%	31%	25%	31%	22%
(2)	23%	25%	23%	25%	23%
(3)	20%	22%	20%	22%	16%
(4)	11%	9%	11%	9%	10%
Low Priority (5)	20%	14%	22%	14%	29%
Total	100%	100%	100%	100%	100%
# of respondents	1035*	207	822	665	157

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Social activities					
High Priority (1)	16%	18%	16%	17%	10%
(2)	26%	29%	25%	25%	27%
(3)	29%	31%	28%	29%	26%
(4)	11%	9%	12%	13%	8%
Low Priority (5)	18%	12%	19%	17%	30%
Total	100%	100%	100%	100%	100%
# of respondents	1043*	206	830	679	151
Support groups					
High Priority (1)	13%	16%	13%	14%	7%
(2)	23%	28%	22%	21%	23%
(3)	29%	31%	29%	30%	23%
(4)	13%	13%	14%	14%	10%
Low Priority (5)	21%	13%	24%	21%	36%
Total	100%	100%	100%	100%	100%
# of respondents	1022*	207	809	663	146
Technology training					
High Priority (1)	17%	18%	17%	18%	10%
(2)	25%	26%	24%	25%	20%
(3)	28%	34%	26%	27%	22%
(4)	12%	11%	13%	13%	11%
Low Priority (5)	18%	11%	20%	17%	37%
Total	100%	100%	100%	100%	100%
# of respondents	1028*	208	814	673	141

*Includes respondents who did not provide their age category.

Table A29. (cont.)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
<u>Travel</u>					
High Priority (1)	16%	18%	15%	18%	5%
(2)	25%	29%	24%	25%	21%
(3)	25%	28%	25%	25%	21%
(4)	13%	11%	13%	13%	14%
Low Priority (5)	21%	14%	23%	19%	38%
Total	100%	100%	100%	100%	100%
# of respondents	1032*	208	817	670	147
<u>Volunteer opportunities</u>					
High Priority (1)	16%	21%	15%	16%	10%
(2)	22%	30%	20%	21%	16%
(3)	33%	31%	34%	35%	28%
(4)	11%	8%	12%	12%	11%
Low Priority (5)	18%	11%	20%	16%	35%
Total	100%	100%	100%	100%	100%
# of respondents	1022*	210	806	659	147

*Includes respondents who did not provide their age category.

Table A31. How familiar are you with programs or services offered by the Town of Barnstable Division of Senior Services, including those provided by the Senior Center? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Familiar	6%	4%	7%	5%	11%
Somewhat Familiar	30%	18%	32%	30%	42%
Slightly Familiar	33%	33%	33%	35%	29%
Not at All Familiar	31%	45%	28%	30%	18%
Total %	100%	100%	100%	100%	100%
# of respondents	1227*	221	1000	796	204

*Includes respondents who did not provide their age category.

Table A32. How important are programs and services that are currently offered through the Barnstable Division of Senior Services and/or the Senior Center to you and/or your family? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Important	15%	13%	15%	15%	15%
Somewhat Important	30%	20%	32%	30%	40%
Neither Important Nor Unimportant	35%	40%	34%	35%	33%
Somewhat Unimportant	12%	13%	12%	12%	8%
Very Unimportant	8%	14%	7%	8%	4%
Total %	100%	100%	100%	100%	100%
# of respondents	1209*	222	981	783	198

*Includes respondents who did not provide their age category.

Table A33. Do you currently use programs or services offered by the Town of Barnstable Division of Senior Services, including those provided by the Senior Center? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	22%	13%	24%	21%	33%
No	78%	87%	76%	79%	67%
Total	100%	100%	100%	100%	100%
# of respondents	1219*	222	991	791	200

*Includes respondents who did not provide their age category.

Table A33a. If No on question 33: What is the reason that you do not currently use programs or services offered by the Town of Barnstable Division of Senior Services of the Senior Center? (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
I am not interested	22%	10%	26%	22%	41%
I am not old enough	18%	44%	12%	14%	0%
I participate in programs elsewhere	13%	7%	15%	15%	15%
I do not identify with the word "senior"	19%	28%	17%	19%	5%
Other	31%	21%	34%	34%	35%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A34. Below, please check all factors that would increase the likelihood of your using the Town of Barnstable Senior Center more often: (Check all that apply)*

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
If transportation options to Senior Center were more convenient	7%	6%	7%	6%	15%
If I had more knowledge about programs and services that are available	35%	37%	35%	37%	27%
If programs and services were better suited to my interests	22%	15%	24%	24%	23%
If the hours of the Senior Center were more convenient	8%	11%	8%	8%	7%
If programs and services were less expensive	12%	9%	12%	12%	12%
If it were easier to access the Senior Center	4%	2%	4%	3%	7%
If there were more people like myself there	23%	27%	22%	24%	15%
Other	24%	33%	22%	24%	16%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A35. In the future, how likely are you to participate in programs and services offered by the Barnstable Division of Senior Services and/or the Senior Center? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Very Likely	20%	18%	20%	20%	21%
Somewhat Likely	43%	39%	44%	45%	40%
Neither Likely Nor Unlikely	23%	29%	21%	21%	22%
Somewhat Unlikely	8%	8%	8%	7%	10%
Very Unlikely	6%	6%	7%	7%	7%
Total %	100%	100%	100%	100%	100%
% of respondents	1223*	219	998	795	203

*Includes respondents who did not provide their age category.

Table A36. How satisfied are you with the programs and services offered through the Division of Senior Services and/or the Senior Center? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 65+	60 to 79	80+
Completely Satisfied	7%	4%	8%	6%	13%
Very Satisfied	29%	23%	31%	30%	32%
Somewhat Satisfied	51%	61%	48%	50%	44%
Slightly Satisfied	10%	12%	9%	10%	9%
Not at All Satisfied	3%	0%	4%	4%	2%
Total %	100%	100%	100%	100%	100%
# of respondents	867*	138	724	560	164

*Includes respondents who did not provide their age category.

Table A37. Where have you found information about the activities and services offered by the Senior Center? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Senior Center's <i>Compass Magazine</i>	41%	16%	47%	57%	38%
Cable TV	6%	9%	6%	6%	6%
Town of Barnstable Website	15%	21%	14%	15%	10%
<i>The Barnstable Patriot</i> Newspaper	23%	20%	24%	24%	24%
Facebook (or other social media sites)	3%	4%	2%	3%	1%
Senior Center E-News	7%	2%	9%	8%	11%
Other	22%	34%	19%	20%	15%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Section IX: Demographic Information

Table A38. Please select your gender.

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Female	61%	67%	60%	62%	55%
Male	39%	33%	40%	38%	45%
Total %	100%	100%	100%	100%	100%
# of respondents	1230*	223	1005	794	211

*Includes respondents who did not provide their age category.

Table A39. What is your age range? (Check only one)

	All Ages	50 to 59	60 to 69	70 to 79	80 to 89	90+
Total %	100%	18%	35%	30%	14%	3%
# of respondents	1246	224	439	369	179	35

Table A40. Do you live in the Town of Barnstable year-round?

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Yes	96%	100%	95%	95%	97%
No	4%	0%	5%	5%	3%
Total	100%	100%	100%	100%	100%
# of respondents	1242*	224	1014	807	207

*Includes respondents who did not provide their age category.

Table A41. What is your marital status? (Check only one)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
Married	67%	72%	66%	70%	54%
Widowed	12%	4%	14%	9%	34%
Divorced/Separated	12%	11%	12%	13%	7%
Never Married	6%	9%	6%	6%	3%
Living with partner	3%	4%	2%	3%	1%
Total %	100%	100%	100%	100%	100%
# of respondents	1243*	224	1015	803	212

*Includes respondents who did not provide their age category.

Table A42. Which of the following best describes your race/ethnicity? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
White/Caucasian	93%	92%	94%	93%	95%
Asian	1%	0%	1%	1%	2%
Black/African American	1%	0%	1%	1%	0%
Hispanic/Latino	1%	0%	1%	1%	1%
Do not care to respond	3%	4%	3%	3%	1%
Other	1%	1%	1%	2%	1%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

Table A43. Was there any time in the past 12 months when you did not have money for the following necessities? (Check all that apply)

	All Ages	Boomers 50 to 59	Seniors 60+	60 to 79	80+
N/A, I did not lack money	79%	70%	81%	81%	83%
Pay rent, mortgage, real estate taxes	5%	9%	4%	5%	3%
Pay for medical needs (e.g., prescriptions)	6%	9%	5%	6%	2%
Pay for car repairs or home repairs	10%	17%	8%	9%	5%
Pay utility bills (e.g., oil or electricity)	6%	11%	4%	5%	3%
Buy food	3%	5%	3%	4%	1%
Other	4%	5%	4%	4%	4%

*Respondents could choose all that apply; therefore, columns do not add to 100%.

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