

Aging in Norwell: A Community Needs Assessment

May 2023

Commissioned by The Town of Norwell &
The Norwell Council on Aging

Center for Social and Demographic Research on Aging
Gerontology Institute
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Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston's McCormack School. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies through the Commonwealth.

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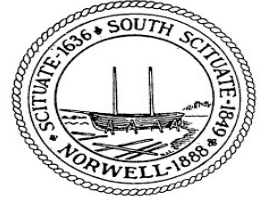
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Dear Norwell Residents and Community Members,

As we look at the population trends across the Commonwealth and in Norwell, it's clear that communities need to be positioned to address the unique needs of an ever-changing older adult population. I am pleased to present the report *Aging in Norwell: A Community Needs Assessment*, researched and written by the expert team at the University of Massachusetts Boston Gerontology Institute. This report is the result of many months of coordination and planning both within the community and with outside partners. While this initiative may be new to some, over the last year, many of Norwell's residents, community and municipal leaders shared their time to participate in various discussion groups and surveys. I'm grateful to everyone who shared their insights, opinions, and ideas during this process.

The purpose of the project was to assess the needs and preferences of Norwell's adult residents. While we know there are challenges in supporting older residents as they age in our community, there are also great opportunities for innovation. The study will aid the Council on Aging in setting priorities, developing both short and long term plans, and implementing specific strategies related to services, programming, outreach, space, staffing, and budgeting. We also hope that the information will influence other municipal departments, Town and community leaders with future planning, to improve how older residents live and thrive in Norwell.

On behalf of the Council on Aging, thank you to everyone who was involved in this assessment and shared their insight on how to make the Town of Norwell, including the Council on Aging's Senior Center, a strong and vibrant place to be. We are grateful to the Gerontology Institute, specifically Caitlin Coyle, PhD, and her team—from coordinators and graduate research assistants to undergraduate interns— for doing an outstanding job on this project. Thank you to the Massachusetts Executive Office of Elder Affairs for providing financial support to conduct this assessment. And finally, I thank to the Council on Aging Board and the community at large for your ongoing support, vision, and engagement. I hope you enjoy reading this report and are inspired to engage in the community as we truly make Norwell a place for all ages!

Sincerely,

Susan Curtin

Susan Curtin, MS, Gerontologist, Director, Norwell Council on Aging

Table of Contents

Contributors and Acknowledgements	i
Executive Summary.....	1
Introduction.....	11
The Norwell Council on Aging and Senior Center	11
Methods.....	14
Demographic Profile.....	14
Key Informant Interviews	14
Focus Groups.....	15
Community Survey.....	15
Data Analysis.....	15
Results.....	16
Insights from Key Informants	25
Results from Focus Groups.....	28
Results from the Community Survey	33
Conclusion.....	68
Appendix A: Community Survey Results	69

Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Norwell Council on Aging. The goals of this project were to investigate the needs, interests, preferences, and opinions of Norwell's residents age 50 or older. The contents of this report are meant to inform the Town of Norwell, the Norwell Council on Aging and Senior Center, and organizations that work with and on behalf of older residents of Norwell for the purposes of planning and coordination of services. The report will also help to build awareness about issues facing Norwell among community members at large.

Already, estimates suggest that 35% of Norwell's population is age 50 or older and this trend stands to continue. This results from a number of factors—that adults who have lived and made Norwell home want to continue living in the community with which they are familiar and near to their family and friends and perhaps residents who are moving to Norwell to be closer to adult children or grandchildren. Another contributing factor includes the out-migration of young people seeking employment, education, or lower costs of living elsewhere. Regardless of the reason, this central overarching observation—that the older population of Norwell is already large and will continue to expand—makes clear the importance of considering how well features of the Town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward.

In preparing for this demographic shift, the Norwell Council on Aging and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 50 and older. As part of this assessment, we conducted interviews and focus groups to hear from Norwell leadership, key stakeholders in the community, and a diverse group of residents. In addition, a survey was developed and administered to year-round Norwell residents age 50 and older. A total of 1,081 questionnaires were returned, reflecting a strong return rate of 25%. Data from the U.S. Census Bureau and other sources were examined in support of the project aims.

A broad range of findings are reported in this document, highlighting the many positive features of Norwell as well as concerns expressed by older residents. The COA plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents. The 2022 Needs Assessment process coincided with the Norwell Senior Center's 40th birthday. Town leaders and residents gathered to celebrate the COA's

40-year impact on the community and look forward to the future. The COA also launched their Dementia Friendly initiative in 2022, in response to planning needs related to the increasing prevalence of dementia, and other health challenges associated with aging. This needs assessment will inform the COA, and collaborative partners, in planning that builds upon the success of past efforts and continues to benefit the community of Norwell.

While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Norwell Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

We summarize key findings and make the following recommendations to the Norwell Council on Aging:

➤ **Residents view the Norwell COA as a vital resource to the community, both now and in the future. Continued support and expanded space could grow its impact in the community.**

- 75% of survey respondents affirmed that the Norwell COA plays a role in the lives of themselves, their loved ones, or neighbors.
- Among respondents that wrote in their thoughts on the Norwell COA, about one-third mentioned that the Norwell COA is doing great things; and is only limited by its physical space.
 - One respondent wrote, *"the current COA does a great job with what they have to work with but the facility is inadequate. The physical space does not encourage active participation or desire to even participate among town residents."*
- Many survey respondents wrote in about the fact that they do not currently participate at the Norwell COA; but they plan to in the future and are comforted to know about its operations.
 - One respondent illustrated this sentiment by writing, *"...when I am retired...I will use their services. But I am so glad to have them in Town."*
- The desire, among Town staff and residents, to address capacity and scheduling limitations at the Senior Center is reflected in collective planning to create a Community Center in Norwell.
 - More than half (55%) of survey respondents would support a multigenerational community center where space and programming are integrated for residents of all ages.

Recommendations:

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
- Advocate for more dedicated space for older adult programming. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Norwell residents.
- As the space for additional programming becomes available, expand the programming staff to include an additional “activities coordinator” position that assists with scheduling and planning the programming aspects of the Senior Center.

➤ Demand for community-based social programs and access to information and referral services is expected to escalate in coming years.

- Estimates from the U.S. Census Bureau show that in 2021, there were 2,073 residents age 60 or older living in Norwell—comprising 19% of the total population. Projections suggest that by 2030, nearly 33% of Norwell will be age 60 or older. Local census numbers from 2022 indicate that 2,792 of Norwell residents (25%) is age 60 or older—suggesting that the community is on its way towards this increasing older adult population
- Not only is the size of the older population growing in Norwell, but the complexity of their needs is increasing. In addition to basic needs (food, housing, transportation), participants identified lifelong learning, access to arts and culture, and maintaining physical health as key elements of community living.
 - Among survey respondents in their 50s, 60s, and 70s, the most important service offered by the Norwell COA is professional services like health insurance counseling, access to a notary etc. For those in their 80s, the most important program currently offered are the meal programs (e.g., lunches, grab ‘n’ go meals).
 - In-home support services and information and referral services were named as priorities for expanding services offered by the Norwell COA by nearly half of respondents who currently participate at the Norwell COA (48%; 49% respectively) and were also the top two priorities for those who do not use the Norwell COA (47%; 42% respectively).

Recommendations:

- Currently, the Norwell Senior Center provides the only public social services in the Town. As needs for social services are expected to increase in quantity and complexity, address the need for additional resources to provide mental and behavioral health support for current and future older residents and their families.

- Consider monthly discussion panels with the Community Services coordinator and guest speakers. Explore a partnership with a local university to enlist social work interns who can support social service staff
- Having more outreach staff dedicated to community outreach and education could widen awareness of the Senior Center's offerings. Consider an informational insert in a utility bill to inform residents of how to access programs such as the confidential application process to learn about the Supplemental Nutrition Assistance Program (SNAP).

➤ **The perception of the Norwell COA is that it is “needs-based”—which deters participation.**

- 65% of survey respondents report never participating at the Norwell COA. Among those 35% who do, most of them (63%) report only participating a few times a year.
- For those in their 50s and 60s, most respondents report that the number one reason why they do NOT participate at the Norwell COA is because they are working or because they are not old enough. For those in their 70s and 80s, the number one reason was “other”, and they wrote in a reason in their own words.
 - For those who wrote in a response, the most common responses centered on “not needing” to visit the Senior Center or “not being interested” in what goes on at the Senior Center, suggesting that communicating the purpose of the Senior Center and defining its target audience is a possible future step that could draw in a wider range of residents.
- Similarly, among respondents in their 50s and 60s, having more knowledge about what is offered would increase the likelihood of participation. For those in their 70s and 80s, having programs that were better suited to their interests would make it more likely for them to participate at the Norwell COA.
- Respondents used terms like “stigma” and “negative context” “think of the COA as an organization for the very needy” to describe what prevents them and their peers from participating. These sentiments suggest that a “reinvention” of the Norwell COA is needed to continue attracting residents as they age.

Recommendations:

- Consider changing the name to be more inclusive. Creating an image that reframes aging as a positive and active experience may empower residents to participate.
 - Consider soliciting ideas for a new name by facilitating a Town-wide contest.
- Form an ambassadors program where informed residents can promote the COA to their networks and clarify the offerings of the Norwell COA.

- Continue to grow partnerships with the library, local businesses, and schools to help meet the needs for additional programming opportunities targeted for older adults and offer intergenerational opportunities.
 - Consider occupying a table or two at a local coffee shop or the library and offer “technology drop-in” help for residents looking to learn more about their devices or how to hone their technology skills. Consider recruiting local residents with technology backgrounds to serve as the coaches.

➤ **Continued input from residents is needed to ensure that programming aligns with interests of the community. As well, outreach and education about the broad range of available programs is an ongoing effort.**

- For those in their 50s, 60s, and 80s the most important program offered is fitness activities and for those in their 70s, educational opportunities were most important. The Senior Center currently offers a variety of on-site classes and virtual learning via Zoom. Norwell’s Senior Center was the first in Massachusetts to partner with the Senior Learning Network in 2013.
- When asked about future desires, respondents who currently use the Norwell COA would like to see more day trips and meal programs—particularly the grab ‘n’ go meals. For those who do not currently use the Norwell COA, indoor and outdoor exercise were most commonly reported, followed by a desire for performances and visual arts programming.
- Given the opportunity to write in their own ideas, respondents focused on programs that enabled them to develop or hone a skill (e.g., woodworking, gardening, cooking, cheese making, or business) and holistic wellness and mental health promotional programs (e.g., mindfulness, meditation, Reiki, massage).

Recommendations:

- Advocate for new space that includes ample space for indoor exercise classes that can accommodate large groups and offers access to exercise equipment (e.g., weights, stationary bikes etc.). Also consider a walking track that is available to all residents.
- Consider a community wide contest that provides an opportunity for residents to share programming ideas that reflect their interests and talents.
- Extend the satellite model to the business community through a partnership with the local Chamber of Commerce to increase socialization, while supporting local business infrastructure.
 - Explore opportunities with local restaurants and performance theaters such as The Company Theater or the Duxbury Performing Arts Center to create dine and engage events that include lectures, entertainment, and wellness programs.

- Build upon existing and successful efforts to expand outdoor programming through the creation of an “outdoor explorers” initiative.
 - Construct, or incorporate at an existing playground, intergenerational fitness and play features with accessible gathering spaces for residents of all ages and abilities.
 - Consider a walking trail or labyrinth; partner with the Recreation department or local businesses to offer outdoor yoga and meditation programs; kayaking and hiking.
- Coordinate with residents to identify topics and skills they can share with others and pilot-test a lifelong learning program.
 - Perhaps COA Board members could facilitate special interest groups to develop programs.
 - Consider a series, or otherwise ongoing program, with the Norwell Public Library that would function like a course for residents.
- Continue to build upon successful intergenerational engagement with the schools. Consider a “Reverse Mentorship” or a “Sages and Seekers”¹ program. Create and publicize shared theater, educational, and recreation events among residents. Consider an intergenerational book club, debate team, or choir group that is led by adult mentors.

Rising property taxes and related housing costs is causing financial insecurity for older residents—causing many to leave the community.

- Cost of living, particularly rising property taxes, is named as a top concern among respondents as they think about being able to stay in Norwell as they age.
 - One respondent illustrated this by writing that, *“I can’t afford to live here in retirement...”*
- One out of five residents age 65 or older is living on less than \$50,000/year. This is compared to just 6% of those age 45-64.

Recommendations:

- Continue to promote awareness of existing property tax relief programs including: the local senior circuit breaker abatement that was adopted at Town Meeting, 2022 and tax work off program. There are between 30 and 45 people enrolled in the property tax work off program each year.
 - Document the number of residents who are “turned away” from existing programs due to eligibility requirements or other reasons to measure unmet needs and establish recommendations for expanding eligibility or creating new solutions.

¹ <https://sagesandseekers.org>

- Broaden awareness of financial support programs through an informational insert in a utility bill and highlighted section on the Council on Aging website. Create an email that includes a website link for other town departments to share with their distribution lists.
 - Enlist local builders, landscapers or contractors to support the Council on Aging's recently launched Norwell Neighbors, a volunteer based home repair resource network.
 - Explore other cash or discount incentive programs for volunteers.
- **There is a longstanding need to expand and diversify housing options in Norwell. In addition to new development, continued support for modifications to existing homes and properties will contribute to affordable, supportive, and accessible housing inventory.**
- 46% of respondents do not have a bedroom and a bathroom on the entry level of their current home—an important feature as occupants age and mobility becomes more challenging.
 - 41% report needing a home repair or modification in the near future to be able to age in place safely. Among them, 11% report not being able to afford such changes.

Recommendations

- Foster development of Accessory Dwelling Units (ADUs), a housing solution that is allowed by right in Norwell since the adoption of zoning changes at Town Meeting 2022. Consider a workshop to highlight ADUs as a means to support aging in place and provide an overview of planning considerations. See Housing Assistance Corporation of Cape Cod² to learn about technical and financial supports that address obstacles to foster the creation of ADUs.
- Expand funding opportunities for home modifications and repairs. Consider a fundraising event for Habitat for Humanity to support their critical home repair program. The program provides opportunities for residents in Norwell to apply for funding home modifications and volunteer contractor time.
- Continue to host “housing choice” lunch and lecture series with local experts (e.g., real estate agents, contractors, disability commission members, lawyers, financial professionals) to encourage pro-active thinking about aging in place and inform residents of local creative resources that support housing needs.

² <https://haconcapecod.org/adu>

➤ **Many Norwell residents need support due to physical or cognitive conditions, and many caregivers need help.**

- Forty percent of survey respondents stated that they currently, or have in the past two years, provided care or assistance to a person who was disabled or frail. That number is highest among those age 50-59 (52% reporting having provided care) and those in their 60s (44% reporting having provided care).
- Among caregivers, 77% in their 50s and 75% in their 60s reported that it is challenging to provide care and complete their daily responsibilities.
- Most are caring for persons with mobility challenges (56%), and 34% are caring for someone living with dementia.

Recommendations:

- Look at options to expand supports for caregivers and create new ways of providing information about referral resources available through the COA.
 - Consider hosting a family caregiver “resource fair” as an opportunity to connect the Norwell COA with family caregivers.
 - Consider developing a volunteer respite program, which would require space and staff oversight, to offer residents a few hours of respite.
 - Explore ability to create an adult day program. Secure additional funding, potentially through the MBTA assessment reimbursement, to facilitate the expansion of existing transportation services provided by South Shore Community Action Council, to neighboring area social day programs.
 - Consider launching a Momentia³ initiative among caregivers, individuals with dementia, and volunteers to foster social engagement and learning in a supportive environment.
 - Host an educational series at the library where caregivers can share their experiences during lectures, webinars, and wellness events that offer strategies and tools to support their experience as caregivers. See Elderwise⁴ and Alzheimer’s Association for free online learning and opportunities to explore in person workshops.⁵
- Guided by the COA, continue to conduct community-wide dementia friendly training among Town Staff and residents Dementia training was recently conducted among first responders and the CERT team. The collaborative training experience with COA staff led to the creation of an exceptional needs registry; this tool will allow residents to self-identify with challenges that EMS should be aware of when responding to an emergency.

³ [Seattle’s Dementia-Friendly ‘Momentia’ Movement Grows - ChangingAging](#)

⁴ <https://www.elderwise.org/edutools-01>

⁵ [Alzheimer’s & Dementia Training & Education Center](#)

- Similar to dementia friendly training, explore opportunities to establish Mental Health First Aid training. See Dementia Friends,⁶ a training initiative that raises awareness while expanding capacity to support residents through a train the trainer model.
- Leverage Norwell's S.A.F.E and Senior Safe programs to design intergenerational events which build awareness of safety challenges that affect residents of all ages, such as cyber security and fire safety. The programs bring trained firefighter educators and residents together to discuss fire and life safety lessons.
- Build volunteer support through a multigenerational approach⁷ or an informal arrangement⁸ for gardening programs, including dementia friendly, through the existing partnership with Donovan Farms. Off season, conduct flower arrangement or wreath making classes. Consider obtaining donations from local event venues or funeral homes that may have excess flowers.
- Promote musical engagement. Leverage existing partnership with South Shore Conservatory to incorporate Creative Arts Therapies (CAT) such as Music Therapy, Dance Therapy, and accessible yoga for all ages and levels of ability. Potentially feature music therapy during a future memory café program that will be conducted with grant funding provided by South Shore Elder Services.

➤ **Given its rural nature, the risk of social isolation is high in Norwell.**

- There are features of life in Norwell that can make it easy to lose touch or self-isolate—large property sizes, rural nature, lack of transportation and walkability, and periods of bad weather.
- As well, some survey respondents report modifying their driving in some ways to maintain safety (26%) and a small share report not driving at all (4%). This includes 15% of those respondents age 80 or older.
- According to American Community Survey data, 18% of Norwell residents age 65 and older live alone (18%). Among survey respondents, this rate of living alone is highest among those in their 80s (35%).
- 14% of survey respondents get together in-person with someone once a month or less.

Recommendations:

- Promote the COA's telephone reassurance and friendly visitor programs through additional channels in Norwell (such as the Schools and Library) to reach more older residents and caregivers.

⁶ <https://dementiafriendsusa.org/>

⁷ <https://www.aarp.org/livable-communities/livable-in-action/info-2015/how-to-create-maintain-intergenerational-community-garden.html>

⁸ <https://www.capecodtimes.com/story/lifestyle/2011/08/14/treehouse-community-garden-bring-neighbors/49935281007/>

- Explore opportunities to launch a Village in Norwell that will support growing needs related to companionship, transportation, and home maintenance supports. See Seaglass Village in Swampscott.⁹
- Engage local faith communities¹⁰, restaurants, and nonprofits to host a monthly community dinner to provide a regular opportunity for residents to come together in a social setting.
- Work together with the Public Works Department to install new, or dedicate existing, “Chat Benches¹¹” to create public spaces where socializing is encouraged.
- For residents with family out of Town, consider creating an “Adopt-a-grandparent¹²” program in which local residents can meet up with younger families and do things together like celebrate Grandparents Day with a luncheon or bake cookies for the holidays.

Consider celebrating National Good Neighbor Day (9/28) or Older Americans Month (May) with a series of “Let’s Talk, Norwell” programs¹³ in which residents come together to be in conversation with one another that are exhilarating, inspiring, and meaningful.

⁹<https://www.itemlive.com/2022/02/14/it-takes-a-village-of-seniors-in-swampscott/?fbclid=IwAR1l809JuBG5G4XJD7yDLCIMN23xHUX-R5VogVwspfdVHqKlgXPL4-ZkVxQ>

¹⁰ <https://www.saintlukesscitate.com/community-dinner>

¹¹ <https://www.bostonglobe.com/2022/09/17/metro/happy-chat-benches-encourage-strangers-sit-stay-while/>

¹² <https://adoptgrandparent.org/>

¹³ <https://conversationsnewyork.com/>

Introduction

Over the coming years, the population of older adults in Norwell will continue to be a large share of the population as residents contemplate their choice to age in Norwell. Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, offered through the Norwell Council on Aging and the Norwell Senior Center. As a municipal entity, Norwell's Senior Center is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful and fulfilling lives. Growth of the older adult population therefore has special significance for the Senior Center and increasing demand for its services and programs can be expected moving forward.

This report presents results of a comprehensive examination of issues relating to aging in Norwell. A need assessment was undertaken to support planning efforts of the Norwell Council on Aging (COA) and the community as a whole. Results presented here focus on the characteristics and needs of Norwell residents who are age 50 and older, considering their needs and preferences both now and in the future. While the primary goal of this report is to support planning on the part of the COA, a secondary goal is to present information that will be useful to other Norwell offices and organizations interacting with older residents.

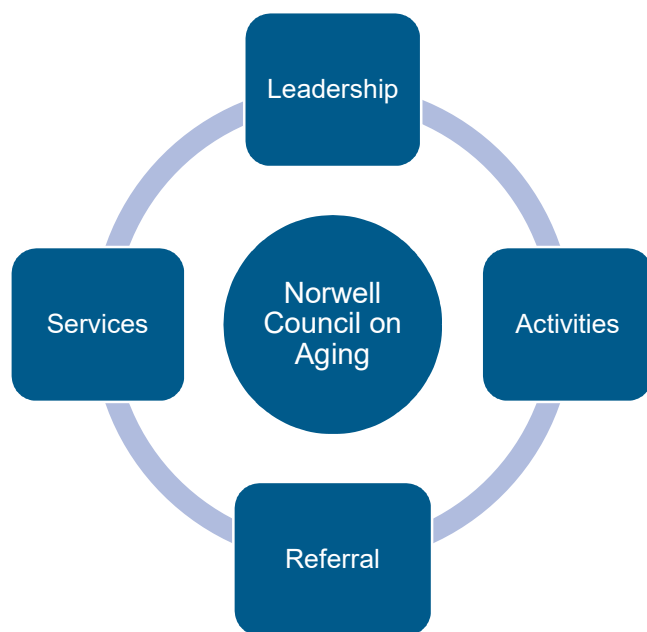
The Norwell Council on Aging and Senior Center

In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities, they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a senior center, a community facility housing senior services and programs, along with the staff and volunteers offering them. The Norwell Council on Aging is tasked with providing information and some direct services to Norwell residents aged 60 and older. The COA has been in existence since 1966 and offers a wide variety of programs and support services. The NCOA's mission¹⁴ is to be a resource to the community and to offer programs and services in a safe, welcoming and open environment that fosters learning, social interaction, volunteerism and to enhance dignity and a connection to the community.

¹⁴ <https://www.townofnorwell.net/council-aging>

In general, when considering the mission of Councils on Aging, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, late-life learning programs, and informational programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services. Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible by providing needed information and referring residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through the state or federal government. Finally, COAs provide leadership within the community around issues faced by older adults, by serving on municipal boards, interacting with other municipal offices, and serving as resources to residents and organizations.

The COA plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents. COA services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and other sources including gifts and donations, and nominal fees charged for some activities.



The Norwell Council on Aging (NCOA) is a municipal department. It includes seven-member board of town-appointed residents. They advise the Norwell Senior Center as they provide multi-purpose programs, transportation, and outreach to the community. Staff of the Council on Aging includes one full-time Director, one part-time Community Services Coordinator, one full-time Program Coordinator, three part-time drivers and three on-call drivers, three part-time receptionists and 1 part-time custodian. COA staff actively look to partnerships with other Town departments, community organizations, and local businesses to build programming and resources in Norwell. The COA and high school partner each year to host a Senior-to-Senior day in September and also hold an annual book discussion. Together with

the Recreation and Conservation departments, a walking group was created and nature walk and talk events are held. The COA also co-sponsors events with the library.

The Norwell Senior Center operates Monday through Friday from 8:30 a.m. to 4:30 p.m. They offer an on-demand van transportation service that takes residents within Norwell and to surrounding towns to destinations like grocery stores, pharmacies, libraries, and shopping. Transportation to medical appointments is also available by appointment.

In addition to dedicated staff, and the COA Board, the Senior Center is supported by the Friends of the Norwell Council on Aging (FNCOA), a 501(c)(3) nonprofit, run by dedicated volunteers. The Senior Center is a better place because of the “Friends” volunteerism and generosity; and their funds subsidize the programs offered by the NCOA and supplement other financial needs of the organization.

The Norwell Senior Center celebrated its 40th birthday in 2022 and marked the occasion with a public celebration. The day included a display of old photos and scrapbooks on loan from the Historical Society. Sen. Patrick O’Connor and Rep. David DeCoste presented proclamations recognizing the event. Visitors included members of the COA Board, Friends, Fire and Police personnel, Select Board members, Town Administrator and many residents. During 2022, the Norwell Senior Center continued to be a site for COVID-19 vaccinations and distributed COVID test kits to residents. The COA also launched their Dementia Friendly initiative with a five-part community education series. With support from the Dementia Friends Action team and partnerships with the Alzheimer’s Association, local memory care facilities, and home care providers, additional dementia friendly programming is being developed. As well, the Norwell COA was selected as a case study for an MCOA Small & Rural conference presentation on Understanding the Physical Infrastructure of a Dementia Friendly Community. The presentation highlighted the use of universal design with dementia friendly components to improve built space for those living with dementia. Norwell was recognized for best practices that included the use of contrasting colors and ensuring that surroundings feel home like or familiar. Norwell’s Senior Center will be included in future presentations to architectural groups. Social events, lifelong learning courses, and exercise programs are among the most popular programs that the NCOA offers---despite their physical limitation of accommodating no more than 50 people in the current space.

- 7,027 social service or outreach interactions (remote/in-person) were conducted with seniors and/or their family members connecting them with needed supports and information about aging in the community.
- 6,676 meals were delivered to residents in their homes. As well, 1,612 meals were distributed via on-site meals at the NCOA or via a “grab and go” option.

- 2,040 round trip rides were provided to medical appointments, hospitals, grocery, and drug stores.
- Residents participated 1,374 times in a recreational or educational program at the NCOA.
- Residents participated 1,092 times in fitness activities at the NCOA.
- Residents under age 60 were helped by the NCOA over 500 times with requests related to information and referral, programming, and transportation.

Methods

Methods used in compiling this report include analysis of existing data. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey), from projections generated by the Donahue Institute at the University of Massachusetts, and from the Healthy Aging Data Report for Norwell (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the Norwell COA was retrieved from material drawn from the COA's 2021 Annual Report as well as original data collected for this study.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Norwell'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 (2017-2021), along with U.S. Census data for the Town of Norwell 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.

Key Informant Interviews

In the Fall of 2022, we conducted interviews with seven individuals who currently hold leadership positions in Norwell. We spoke with the Recreation Superintendent, the Chiefs of Police and Fire, the Town Administrator, the Director of Planning and Community Development, a select board member, and the Assistant Town Manager and Finance Director. Interviews focused on the interviewees' perceptions relating to unmet, as well as foreseeable community needs; and potential solutions that promote aging in place and wellness among residents. All interviews were conducted remotely via telephone or video conference. Interviews ranged from 35-90 minutes.

Focus Groups

During the Fall of 2022, we conducted three focus groups with residents and stakeholders who were recruited by the Director of the COA, with input from the COA board of directors. Two groups of residents were convened. One group was comprised of “current seniors” in Norwell (n=14). A second group of residents was comprised of “rising seniors” (n=9). Caregivers were represented in both groups. A third focus group was made up of municipal staff and community stakeholders (n=12). This group included representatives from local housing sites, long-term care facilities, Veteran’s services, and local nonprofits. The current seniors and community stakeholder focus groups were held at the NCOA and the focus group of “rising seniors” was held via ZOOM.

Community Survey

In collaboration with the COA Board members, a community survey was developed for this study and mailed to all residents aged 50 and over (N=4,378). A mailing list was obtained from the Norwell Town Clerk, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to Norwell residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was made available via the Town’s website. A total of 1,081 responses to the survey were obtained, representing a strong return rate of 25% (see **Table 2**). Twelve percent (n=130) were returned online, and the rest of the responses were returned by mail.

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in **Appendix A** 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., “What are your greatest concerns about your ability to continue living in Norwell?”). Notes taken during the study’s qualitative components (e.g., focus groups, key informant interviews) 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 Norwell. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Age Structure and Population Growth

According to American Community Survey (ACS) estimates, there were about 11,258 residents living in the Town of Norwell in 2021. About 35% of the population (3,818 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (1,745 individuals) made up 16% of the population; residents age 60 to 79 (1,655 individuals) comprised around 15%, and another 418 residents (4%) were age 80 and older.

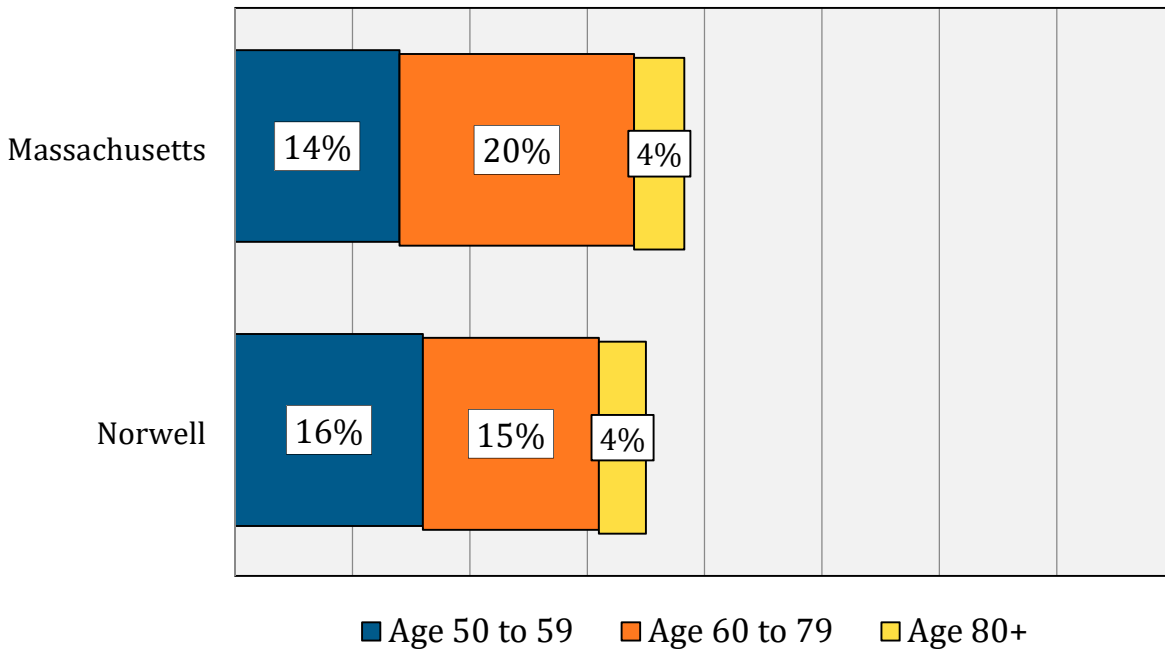
Table 1. Number and percentage distribution of Norwell's population by age category, 2021

Age Category	Number	Percentage
Under age 18	3,305	29%
Age 18 to 49	4,135	37%
Age 50 to 59	1,745	16%
Age 60 to 79	1,655	15%
Age 80 and older	418	4%
Total	11,258	100%

Source: American Community Survey, 2017-2021, Table B01001. Numbers are calculated from 5-year survey estimates.

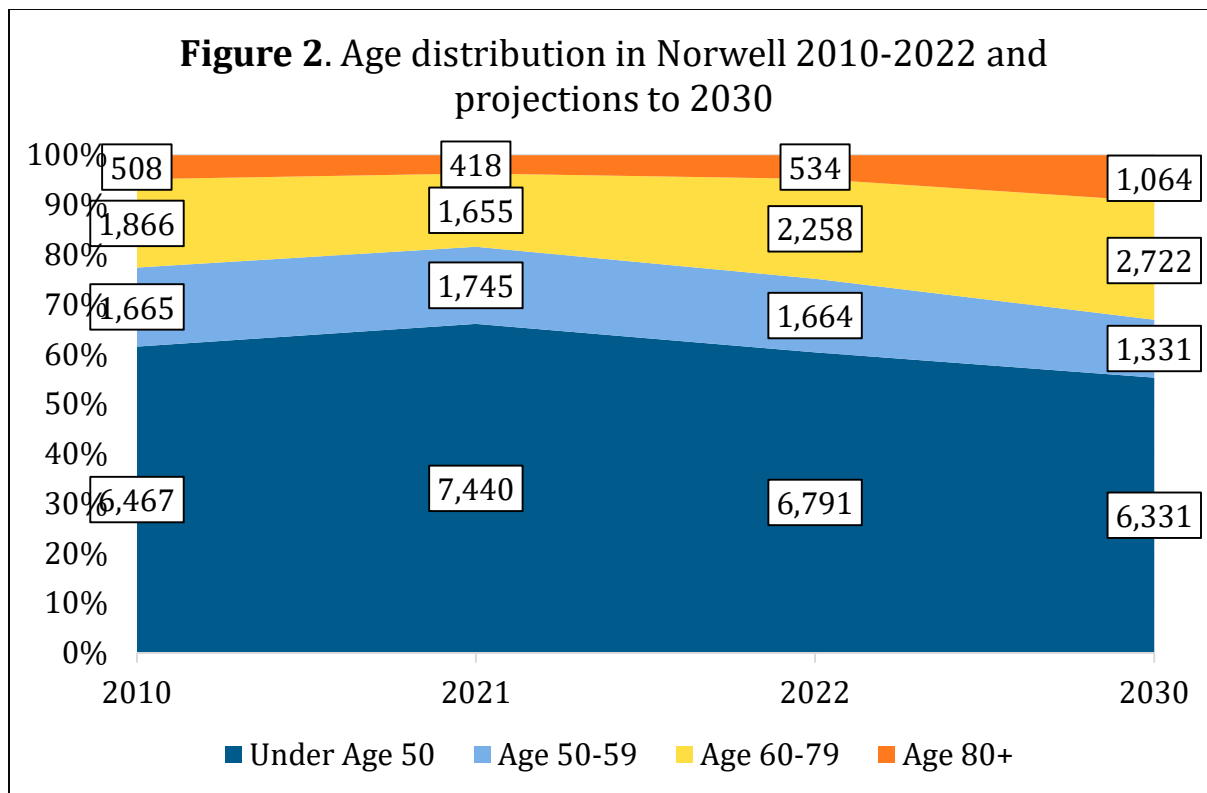
The share of Norwell's population age 50 and older is slightly smaller than the overall state of Massachusetts (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2021, compared to 35% of the Norwell population. The share of Norwell residents age 60 and over is close to 20% less than the state of Massachusetts as a whole and the share of Norwell residents age 80 and over is the same as the estimated amount for the state as a whole. In 2021, Massachusetts residents age 60 and over comprised about 24% of the population, including 4% age 80 and over. In Norwell, about 19% of the population was age 60 or older, including 4% who were 80 years or older.

Figure 1. Age Distribution in Norwell and Massachusetts



Source: American Community Survey, 2017-2021, Table B01001. Numbers are calculated from 5-year survey estimates

As shown in **Figure 2**, between 2010 and 2021, it is estimated that the growth of the Norwell population grew by 7%. Estimates from the U.S. Census Bureau show that in 2021, there were 2,073 residents age 60 or older living in Norwell—comprising 19% of the total population. Local census numbers from 2022 indicate that 2,792 of Norwell residents (25%) is age 60 or older. Projections suggest that by 2030, nearly 33% of Norwell will be age 60 or older, suggesting that the community is on its way towards this increasing older adult population.



Source: 2010 data from U.S. Census, 2021 data from American Community Survey, 2017-2021, Table B25007, 2022 data from the Norwell Town Census. Projections to 2030 are calculated by the UMass Donahue Institute.

Socio-Demographic Characteristics of Norwell's Older Population

Norwell is less diverse than the state with respect to race. For all ages combined, about 93% of Norwell residents report their race as White non-Hispanic, compared to 71% in Massachusetts (ACS, 2017-2021, Table B01001). Among older adults, Norwell is less diverse. The majority of older residents (96%) report White race and ethnicity.

The remaining percentage of the population age 65 and older reported 2 or more races (2%), Hispanic or Latino race/ethnicity 2%, Asian race/ethnicity (1%), and less than (<1%) report Black or Hawaiian/Pacific Islander race/ ethnicity.

Additionally, almost 3% of older Norwell residents speak a language other than English at home (ACS, 2017-2021, Table B16004). Those who speak another language other than English at home most commonly speak an Indo-European language (2%) and (<1%) report speaking Spanish or an Asian or Pacific language at home.

American Community Survey estimates on education suggest that Norwell residents are well educated on average. About 42% of persons 65 and older have either a bachelor's degree

(27%) or a graduate/professional (15%); *ACS, 2017-2021, Table B15001*). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities.

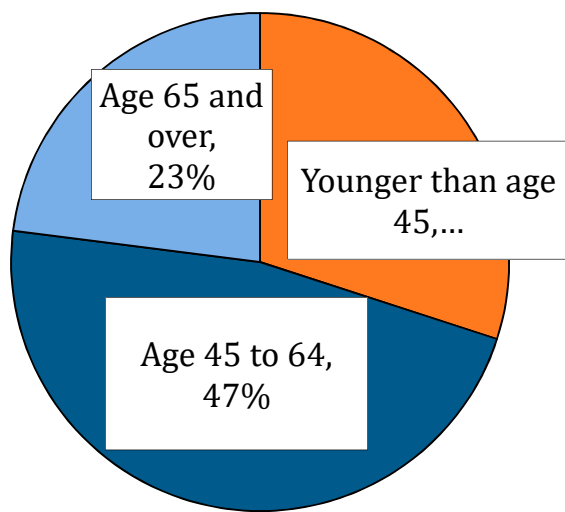
Similar to older adults living in communities throughout the U.S., a large proportion of Norwell residents aged 65 and over remain in the workforce. More than 28% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, nearly 9% remain in the workforce (*ACS, 2017-2021, Table S2301*).

Nearly 18% of residents age 65 and older report veteran status (*ACS, 2017-2021, 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. Senior Center staff work closely with the Veteran Service Officer of Norwell to assist veterans, their dependents, and survivors with benefits and other resources.

Living arrangements and housing costs of Norwell's Older Population

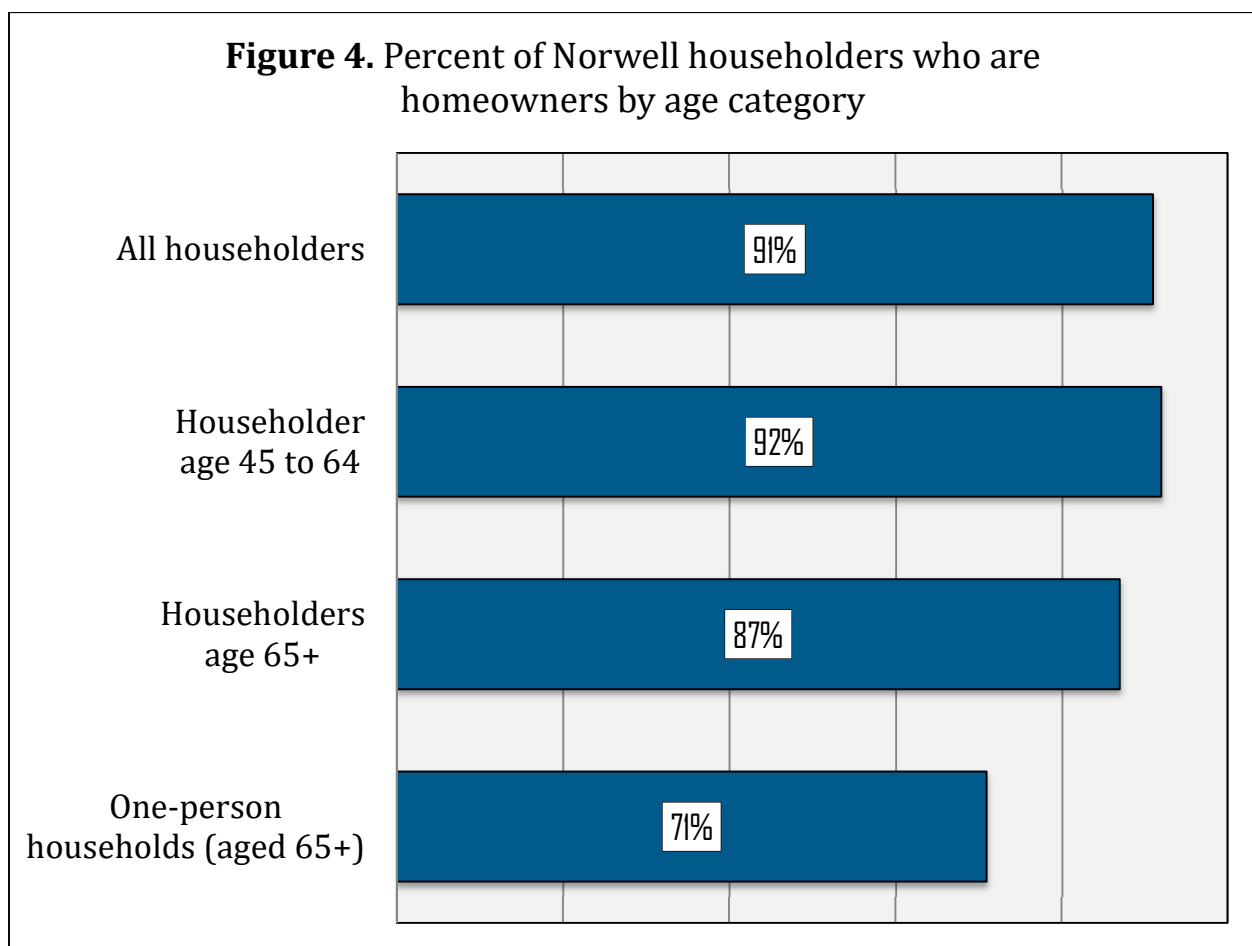
A majority of Norwell's 3,567 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. In fact, about 70% of all households in Norwell are headed by someone age 45 or older, including 23% of those who are age 65 and over (**Figure 3.**)

Figure 3. Age structure of Norwell householders



Source: American Community Survey, 2017-2021, Table B25007. Numbers are calculated from 5-year survey estimates.

Most Norwell residents live in homes that they own or are purchasing (91%; **Figure 4**). Nearly 92% of residents age 45 to 64 own their homes, and 87% of householders 65 and older own their homes. A sizeable share of Norwell residents who are 65 and older and live alone, also own their home (71%). The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

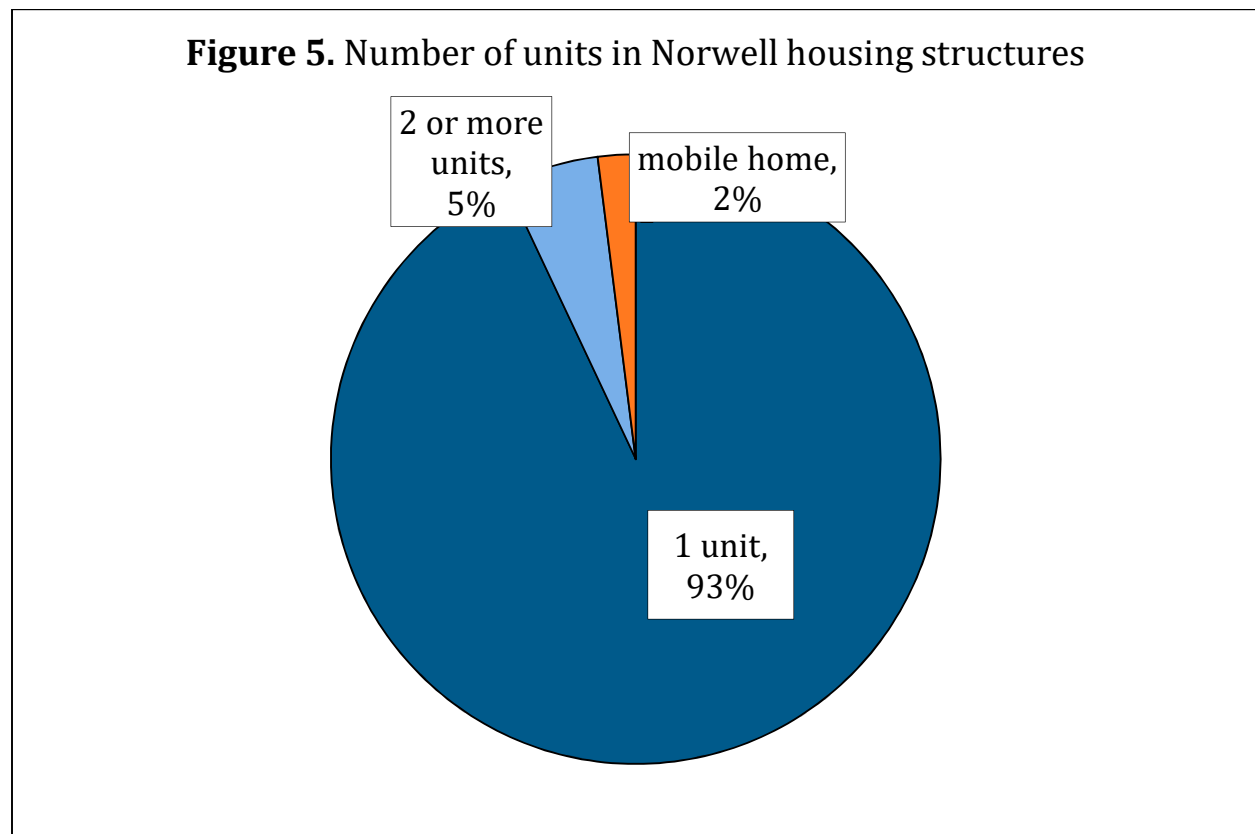


Source: American Community Survey, 2017-2021, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 35% of Norwell's 3,567 households have at least one individual who is age 60 or older (ACS 2017-2021), Table B11006). 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, including health and caregiving needs, transportation options, and safe home environments.

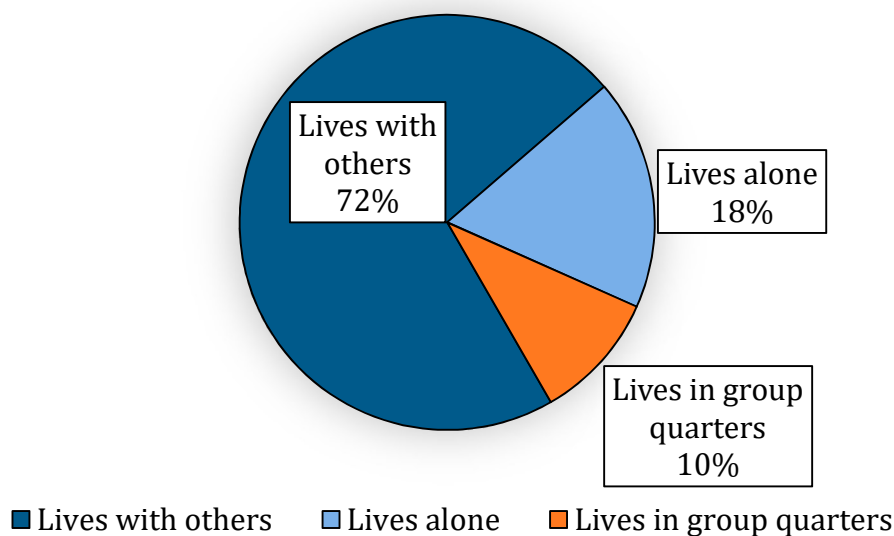
Among the 3,720 housing structures in Norwell (**Figure 5**), 93% are single unit structures, close to 5% are housing structures that contain more than 2 housing units and the remaining 2% are mobile homes.



Source: American Community Survey, 2017-2021, Table B25024. Numbers are calculated from 5-year survey estimates.

A large proportion of Norwell residents who are age 65 and older (18%) live alone in their household whereas 72% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 6**). Additionally, 10% of Norwell residents live within group quarters.

Figure 6. Living arrangements of Norwell residents, age 65 and older

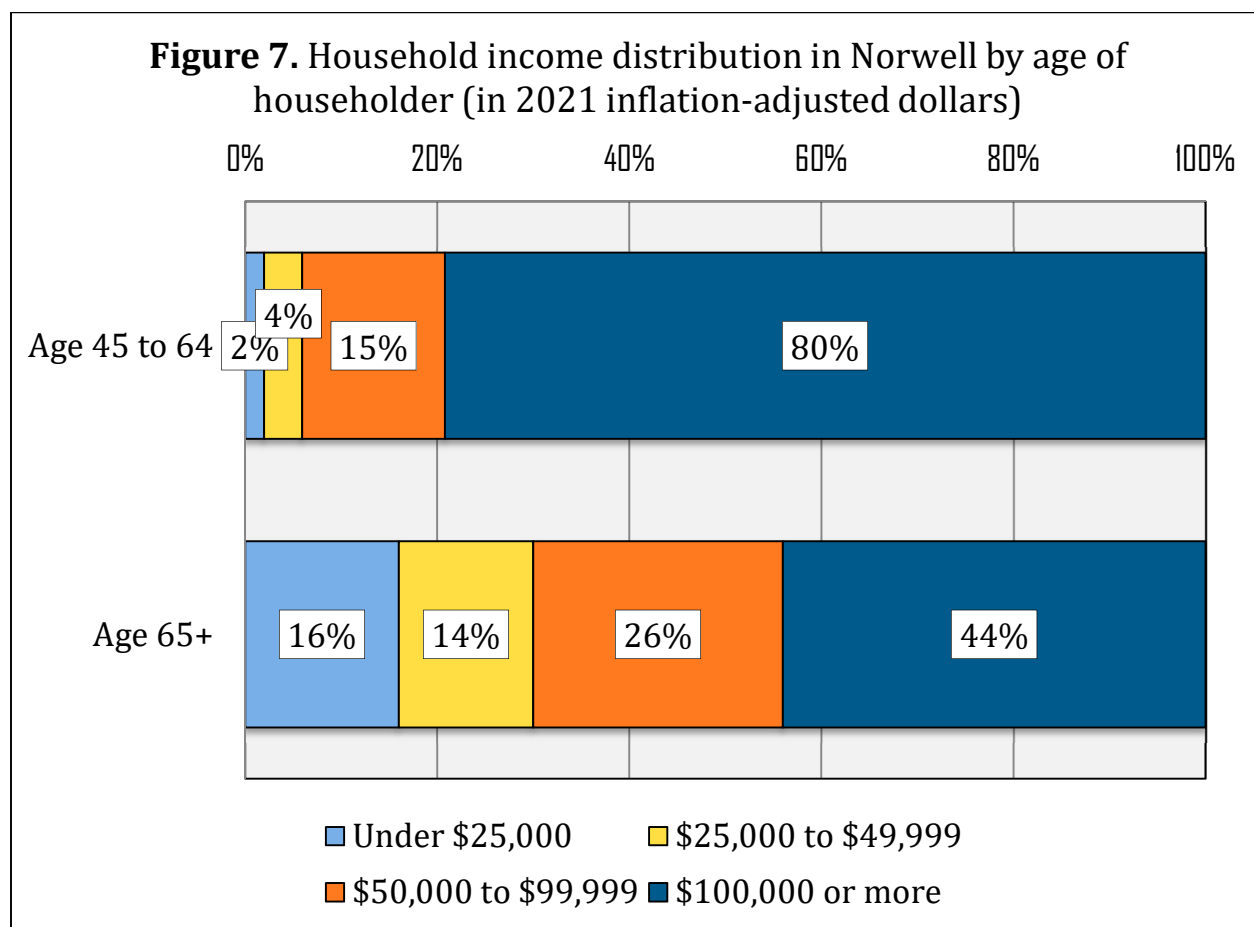


Source: American Community Survey, 2017-2021, Table B09020. Numbers are calculated from 5-year survey estimates.

With respect to household income, Norwell residents' median household income is higher than the one estimated for Massachusetts as a whole, \$172,022 compared to \$89,026. Among Norwell's householders those aged 45-64 have the highest median income at \$215,737—which is also more than the statewide median for this age group (\$109,641). Among householders 65 and older, the median income is \$89,107, higher than the statewide median for this age group (\$56,483), but lower than the median income of younger Norwell householders. Older residents living alone are at the greatest disadvantage in terms of household income. Given that close to 18% of residents age 65 and older live alone in Norwell, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

The economic profile of older Norwell residents relative to younger residents is further illustrated in **Figure 7**, which shows that the older adult population lives on a modest income. It is estimated that 44% of Norwell residents age 65 and older report incomes of \$100,000 or more. By comparison, 80% of households headed by younger residents report this level of income. Nevertheless, a share of households headed by someone age 65 and older (16%) report annual incomes under \$25,000. This compares with 2% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Norwell's older population that is at risk of financial insecurity or economic disadvantage.

As well, costs associated with housing make up a significant share of monthly costs for older householders. Estimates indicate that 36% of householders age 65 and overspend 35% of their monthly household income on housing costs (ACS 2017-2021, Table B25093).

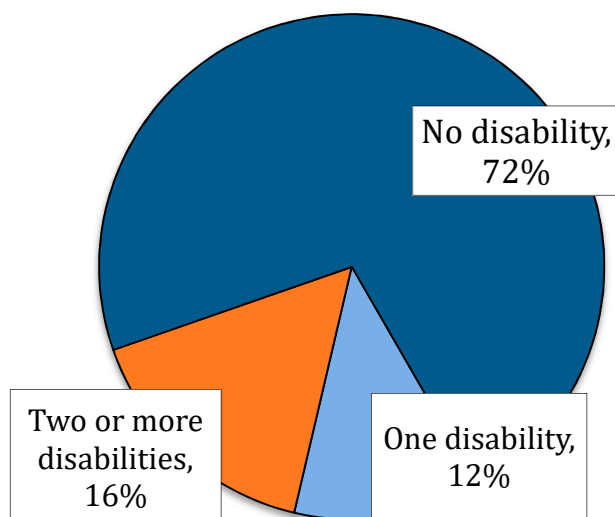


Source: Source: American Community Survey, 2017-2021, Table B19037. Numbers are calculated from 5-year survey estimates.

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

The increased likelihood of acquiring a disability with age is evident in data from the ACS. 28% of Norwell residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 12% of Norwell's residents age 65 and older have one disability, and nearly 16% report two or more disabilities (**Figure 8**). Among the different types of disability that are assessed in ACS, the most commonly cited by older Norwell residents 65 and older were ambulatory (17%), hearing difficulties (15%), and independent living difficulties (15%) (ACS 2017-2021, Table S1810). Other disabilities experienced by older Norwell residents include cognitive difficulty (6%), self-care difficulties (7%) and vision difficulties (2%).

Figure 8. Percentage of Norwell residents age 65+ reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2017-2021, Table C18108.

Insights from Key Informants

The community of Norwell offers several desirable features to residents of all ages, from its rural setting and idyllic outdoor spaces to the services and resources provided by the Town. These features contribute to the desire among longtime and new residents to build continuity and age in the community. Key informant discussions reflected their work experiences and meaningful interaction with older residents, many of whom were described as highly effective in advocating for themselves and harmonizing with other agencies and departments. Key Informants also acknowledged the importance of Norwell's Dementia Friendly planning initiative which responds to the increasing prevalence of dementia, and other health challenges associated with aging.

During the key informant interviews, Town leaders stressed the need to focus on prominent issues related to aging including economic insecurity, housing, community supports, transportation, and opportunities for community engagement. Anticipation and recognition of needs are evident in Town planning initiatives that seek to leverage the Town's strengths to create an environment that is supportive and engaging for all ages.

Outlets for community engagement are already constrained by demand.

The Council on Aging's comprehensive range of programs and services has evolved over the years from a drop-in center to a multifaceted organization supporting older adults and caregivers. During the pandemic, recognition of the COA's valuable impact and capacity to support the community, in person and remotely, grew significantly. Despite its value, Town leaders are aware that the Senior Center's existing space is inadequate and limits the scope of operations. In addition to limited physical capacity, the COA's reach is impacted by the perception among a number of residents that the COA's offerings are not aligned with their interests and needs, particularly those of the younger senior demographic. Key Informants acknowledged that the needs and preferences of residents aging in Norwell are changing and are various---suggesting that the current COA space is not a sufficient outlet for community members to gather and continue their pursuit of healthy aging.

Key informants acknowledged that the community has not only outgrown existing COA space but also acknowledged that the Recreation Department is experiencing similar space constraints. The Recreation Department has close to 5,500 registered program participants. While over 2,000 registrants are enrolled in summer youth programming, the interests and needs of older adults are considered in program design and there is a recognized need to reach a broader portion of the population over age 50. Adult programs include yoga, meditation, basketball, volleyball, pickleball, painting, photography, and jewelry making. The high number of recreation visits at multiple makeshift sites in town suggests an opportunity to bring the community together for multiple offerings in one accessible location.

Together, the challenges, and goals of the COA and Recreation departments suggest a strong opportunity to build a shared facility with innovative features and increased capacity in a central location. Collaborative planning efforts are underway to create a Community Center, where programs and services would be offered to the entire community of Norwell. With a strong presence of longtime residents and young families, this model offers an opportunity to build community enhancing intergenerational engagement while also designating space related to the interests and needs of older adults. Key informants expressed that there is a sense of synergy and willingness among generations that will contribute to the support and success of Norwell's initiative to build a Community Center.

Cost of property taxes combined with limited downsizing options is forcing some residents to leave Norwell.

Affordability---related to rising costs of living and property taxes-- was woven throughout the key informant discussions as a significant concern in Norwell. The tax rate is one of the highest in the Commonwealth of Massachusetts and the commercial tax base is small. For retired residents and those living on a fixed income, the burden of paying for health care and housing can impact quality of life. The town is exploring tax relief programs and building efforts to inform residents of exemption and abatement opportunities. At 2022 Town Meeting, an article passed to create a local senior circuit breaker abatement. The Town of Norwell offers a 10% discount on water utility costs for eligible residents over age 60 and an overlay account is maintained to offset real estate and motor vehicle exemptions. The tax work program is successful and provides an opportunity for residents to share their experience with the community in return for up to a \$1,500 reduction on their property taxes.

With limited options for downsizing, the ability to remain in the community where they are rooted, have contributed, and envision their future becomes a challenge. Inventory consists predominantly of single-family homes, many of which reside on large lots, and were built before 1950. These features are often associated with expensive maintenance and modifications that allow residents to safely remain in their homes. Through grant funding and donations, the COA is addressing related needs through funding and pro bono work for eligible residents.

There is limited rental housing, no assisted living facility, one 55+ community, a housing property on River Street, and one memory café facility. The housing crisis was characterized as dramatic due to an enormous shortfall of housing created in the last decade due to the economy, construction costs, and pandemic disruptions. With a growing population of older adults there will be a need for an accompanying increase in housing options that are affordable, supportive, and accessible. Conversations around the need to diversify inventory have continued for years in Norwell. Resistance to change is a barrier to the development of

housing and has limited proposals for additional senior and affordable options in the past. Key informants shared related planning and zoning efforts underway. To support aging in place, an article was approved at 2022 Town Meeting allowing homeowners to create accessory dwelling units (ADUs) by right, provided eligibility requirements are met. Additionally, the use of a village residential overlay district with a density bonus is being explored to expand 55+ housing inventory.

Community based supports are a crucial tool in helping residents age in place.

The COA provides a range of health-related supports and transportation to healthcare providers in neighboring towns. As well, the COA offers classes to encourage residents to age well. However, as people age, they are more likely to develop health conditions or a disability that limits their ability to participate in the community. Key informants described ways that the community is supporting some of these more vulnerable households and emphasized that continued outreach and awareness is needed to ensure that residents can be supported before crises arise. For example, proactive outreach is coordinated among the COA, CERT (Community Emergence Response Team), Board of Health, Police and Fire. These departments have conducted training, including dementia friendly, to respond to needs and health conditions of older residents. Additionally, there are collaborative efforts to increase public education, conduct home safety evaluations, and leverage several tools including: Commuter Aided Dispatch and the Vial for Life program. These programs support the management of data that has been shared by residents and contribute to their care. Key informants also shared that the caregiver support network is fragile, especially overnight. Challenges are expected to grow in the coming years, prompting the need to identify resources for a sustainable caregiver support network. In response to projected needs related to the increasing prevalence of dementia, a volunteer team is being assembled to support Norwell's Dementia Friendly initiative. The initiative's goal is to ensure that the community is sophisticated in its response and provision of services for the growing population impacted by dementia.

Accessing the community via transportation options or walking is very limited—keeping Norwell a car dependent community.

There is no public transportation in Norwell. Transportation services are available through the COA and demand for services is generally met. The Town has enhanced its ability to meet needs through additional drivers and grant funding for vehicles; however, there is a need to increase access for on demand services during flexible timeframes, including evenings and weekends. Key informants acknowledged there are likely many residents who are unaware of available transportation options or who are unlikely to utilize transportation options due to stigma or pride. Expansion of transportation options would offer flexibility, affordability, and foster independence for residents who are no longer driving and at risk of becoming isolated. MBTA access does not exist in Norwell but an action plan has been submitted to be

recognized as an adjacent MBTA district, which will contribute to housing and transit-oriented development.

Norwell is challenged by the limited network of sidewalks and lack of walkability to basic amenities. Opportunities for residents to engage in exercise, feel connected to their neighbors, and to safely access the community in which they live are restricted. Norwell's Traffic Committee communicates challenges with decision makers and seeks grant funding for projects to enhance existing infrastructure. Through participation in the Massachusetts DOT Complete Streets program, the Town is addressing improvements to increase accessibility, safety, and walkability through the prioritization of sidewalk enhancements and new construction. As sidewalk expansion occurs, efforts will be made to build walkable connections to Norwell's extensive trail network.

Communication about what is available, and for whom, is an ongoing challenge.

While efforts are made among departments to coordinate community outreach, there is an opportunity for the Town to evaluate and improve existing channels to ensure residents are aware of services, and how to access them. The COA shares comprehensive information via their newsletter and website; other department channels, and Norwell Spotlight TV. Feedback from the Needs Assessment suggests that there are awareness gaps related to existing services including financial counseling that informs residents of available tax relief programs and tools such as a reverse mortgage. For older adults, technology barriers can increase the risk of missing valuable communication from the Town. The COA offers equipment and Wi-Fi support through an iPad loaner program, which is grant funded by the Coronavirus Aid, Relief and Economic Security (CARES) Act and Massachusetts Executive office of elder affairs. Key informants stressed the need to communicate through multiple channels, including paper based, and continue to inform residents of technology support programs currently provided by the COA.

Results from Focus Groups

Themes from the three focus groups were synthesized and are described in this section. Many of the issues overlap with the issues identified by key-informants; but the perspective on the issues among residents is more nuanced.

Focus group participants widely characterized Norwell as a safe community with a beautiful landscape and access to many outdoor recreation opportunities, including pathways that are accessible for all ages and abilities. Participants value Norwell's location, which offers convenient access to Boston and proximity to several amenities including hospitals, healthcare providers, shopping, and restaurants. A strong sense of community is heightened by the presence of many longtime residents and the network of faith organizations. Social connections are valued, and these relationships contribute to the desire to stay in Norwell

and contribute to the community. Town Departments were recognized for the range of services provided to residents; the Council on Aging was specifically mentioned as an asset for older adults while the school system was recognized as a strength for families in Norwell. The new Library offers a range of programs to meet diverse interests in the community.

Together, the strengths shared by participants contribute to the strong appeal of living in Norwell and in turn to strong levels of housing appreciation. While this itself is seen as a strength, it simultaneously contributes to a significant challenge that was shared by focus group participants, affordability. Focus group participants recognized that Town leaders are responding to this challenge through property related tax supports that reduce cost burdens associated with rising property values. While Norwell's strengths, years of friendships, and opportunities to volunteer in the community are valued, they must increasingly be weighed against future concerns related to affordability and other challenges, which are described below.

Challenges

Affordability and personal struggles are not always visible.

Focus group participants echoed the concerns shared throughout the key informant interviews related to affordability. With limited commercial activity in Norwell, the resident tax base has historically been high compared to neighboring communities. The impact of existing tax relief programs is limited by eligibility restrictions, pride, and lack of awareness. There is an opportunity to connect more residents to Norwell's Community Preservation Committee (CPC) tax relief, tax deferment, and Senior Circuit Breaker programs. A circuit breaker resource flyer was recently distributed to the community to increase access to this underutilized resource. Costs related to housing and property maintenance often prompt a need to move away from Norwell, disrupting plans for residents who have lived in the community their entire lives. Members of the faith community shared that conversations with residents related to struggles include financial challenges, health concerns, and mental, emotional, spiritual changes occurring among older residents. At times, residents lack a local support network and pastoral care must extend to concerned out-of-state family members. These struggles prompt the need for meaningful support for residents who are navigating the loss of health, loss of home, and loss of their support networks.

The Senior Center's space is inadequate.

Inadequate space limits opportunities to expand programming, which in turn lessens participation among residents who do not feel drawn, or a need, to explore offerings at the Senior Center. There is a segment of the population where residents are seeking engagement opportunities because they are no longer aligned with the school or yet aligned with the Senior Center. There is an opportunity to re-brand the COA and minimize the perception that

you *need a need* to participate – getting people there is the hardest part of building appreciation for the COA’s valued offerings. While it is difficult to increase programs in the existing space, creative solutions, including continued partnerships, are needed to offer programming that is appealing to a broader age group.

Norwell’s rural infrastructure increases the risk of isolation.

Limited opportunities for engagement relate to the mapping of Norwell’s housing stock, which includes homes that are set back from the road on sprawling lots; a limited number of walkable neighborhoods; and no public transit. Building opportunities for mobility and places to congregate are critical means to facilitate interaction among residents. For the inclusion of older adults, there is a need to re-frame the sense of community around seniors in a way that highlights shared interests and opportunities to create gathering spaces and activities for all ages. One participant shared the need to provide guidance for individuals living and aging alone and support for individuals and caregivers living with dementia. Another participant with a family member living with dementia expressed gratitude toward the Town of Norwell for efforts related to building dementia friendly training and features in the community.

Housing options are limited; waitlists are long, and costs are high.

Disparities exist related to housing availability and affordability as people age. There are limited options for downsizing in Norwell and a dire need to build diverse options to meet the needs and preferences of the community. With increasing property valuations, the property gap and associated financial benefits that once occurred while downsizing have shrunk over the years. Access to affordable housing in Norwell is hindered by current practices that require interaction at the state level. Improvements, where the state’s role will be minimized, are developing and will increasingly allow local housing authorities to connect residents with properties in Norwell, instead of forcing residents to relocate to other locations in the state. Efforts to develop additional 55+ housing have not been successful. With limited housing options there are implications: people stay in homes that are unsafe and do not meet their needs, or they uproot and leave town. A resident shared the hope that Norwell will be a visionary community in creating diverse options, including clusters of smaller homes, with access to supports and programming for residents to age in the community.

Demands for home maintenance and modification services are unmet.

In addition to housing inventory limitations, real estate professionals shared that inquiries related to home maintenance needs are frequent. This suggests that additional communication channels beyond strong efforts of the Council on Aging would be helpful in communicating resources including: Habitat for Humanity’s Critical Repairs Program, which provides opportunities for residents in Norwell to apply for funding home modifications and

volunteer contractor time; and The Community Preservation Committee's Small Housing Grant. During a recent downsizing event at the library, seasonal yardwork and snow removal were identified as community needs. A suggestion to incentivize students or invite volunteers to be connected with properties that require help during these seasonal periods.

There is a need for an expanded network of accessible and supportive transportation services.

Norwell is a car dependent community; access to reliable on demand transportation is critical for residents who are no longer driving or restrict their driving. There is a need to address growing demands on the COA amidst budget constraints that impact staffing levels and the number of available vehicles. Transportation for medical needs is available; however, unique needs exist. Due to limited schedule availability among healthcare providers and Medicare coverage changes for home-based dialysis, access to treatment is challenging. Funding support is being sought to increase efficiency for patients who spend excessive time at dialysis due to lack of transportation. Additionally, the need for flexible transportation to places of worship and social events - movies, book clubs, library events, etc.- should be prioritized. Participants also cited parking limitations, traffic concerns, excessive speeds, and narrow winding roads as challenges that inhibit mobility.

Access to Home Care is challenged by lack of awareness, staffing shortages and costs—family caregivers are shouldering this burden.

Resident participants shared concerns related to accessing health and community-based supports, critical determinants of healthful aging in place. Barriers that inhibit accessibility include lack of awareness, navigation difficulties, and healthcare staffing shortages. For some, there is a disconnect between their needs and knowing where to turn. Others are aware of resources; however, they find application processes to be overwhelming. Forms for utilities, Social Security, Supplemental Nutrition Assistance Program (SNAP), Veterans related benefits, MA Health, and Medicare are often complex. Also, residents may avoid reaching out and sharing vulnerability due to fear of consequences such as loss of independence. Stakeholders, including COA staff, South Shore Elder Services, and Norwell's Veteran Service Officer are leading efforts to foster access to these resources.

Home care costs have increased significantly in recent years and staffing shortages are dire. Norwell Visiting Nurse Association provides services covered through insurance; however, the coverage period is small and in-home programming is limited. The continuum of care that existed in the past is fractured. Many nursing homes in Massachusetts are on the verge of closing and average costs are estimated to be close to \$12K per month. The caregiver network is fragile, and many individuals are overwhelmed. Caregivers often travel long distances across the state and more remote towns are less likely to have coverage. A resident, who is also a caregiver, shared that caregiving is a full-time role due to the complex process

of accessing resources; those without an advocate are at risk of being left behind. Continued collaboration, staffing increases, and outreach efforts among providers are essential to ensure that adequate resources are available and communicated to Norwell's aging population in the coming years.

Communication gaps and lack of awareness inhibit access to resources.

Current communication channels include the COA's monthly newsletter, Recreation Department's quarterly newsletter, Town websites, and social media. The COA newsletter is currently mailed to approximately 1,425 residents; an additional 1,650 copies are printed and distributed throughout Norwell. The newsletter is also distributed via email and through social media. Town wide distribution is cost prohibitive. Distribution can be efficiently broadened by having the online copy shared by other departments such as Recreation and the Library. Additional paper copies and sign up for the newsletter could also be made available at local businesses and the post office.

Being aware of and having the tools to navigate resources is a challenge that is intensified by barriers related to fear, pride, and technology, including poor Wi-Fi service in parts of Norwell. The COA offers valuable technology support for residents, but demand has the potential to exceed available support. There is a need for a diverse communication strategy that meets residents at multiple comfort levels and includes traditional phone and paper-based vehicles. Participants shared that additional technology support and a communication strategy that is not age segregated would broadly connect the community to resources. Additionally, challenges related to readability and accessibility of information resources exist. Participants shared that there is a need to improve the content of agendas and minutes shared by town committees, so residents are better informed without having to attend meetings. The content of the COA newsletter is highly valued; however, the formatting is dense, making it difficult to navigate. An annual COA resource directory (paper and online) was suggested to reduce monthly newsletter content and improve readability.

Results from the Community Survey

In this section we report key findings from each section of the survey. Tables illustrating results in detail are included in **Appendix A**.

Respondents to the community survey included 1,081 individuals aged 50 and older, representing a response rate of 25% (see **Table 2**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Norwell as a whole, we heard from fewer residents in their 50s and from more residents over age 70¹⁵. To facilitate comparison of younger and older segments of the population with respect to needs and interests, we often present results grouped into four age groups: age group 50-59, age group 60-69, age 70-79, and age 80 or older.

Table 2. Community Survey Respondents

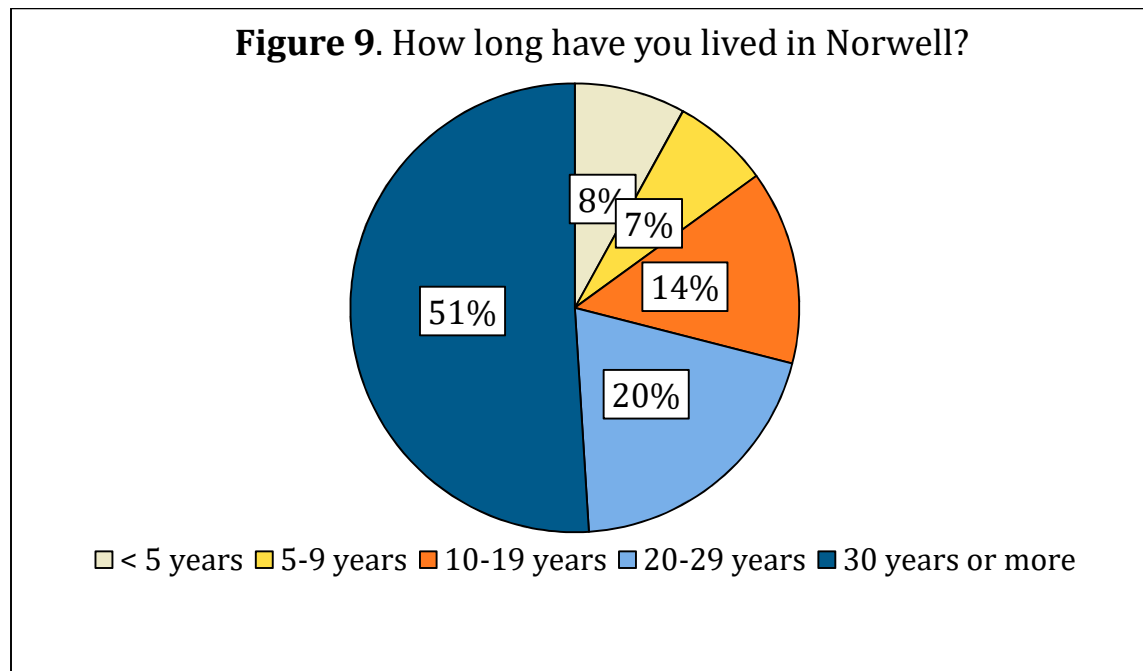
	Number of Responses	Age Distribution of Responses
Age 50-59	239	23%
Age 60-69	314	29%
Age 70-79	329	30%
Age 80+	175	16%
No Response	24	2%
TOTAL	1,081	100%

¹⁵ Among residents age 50+ in Norwell, 58% are age 50-59, 30% are 60-69, 25% are 70-79, and 14% are age 80+ (Source: American Community Survey, 2017-2021, Table B01001. Numbers are calculated from 5-year survey estimates).

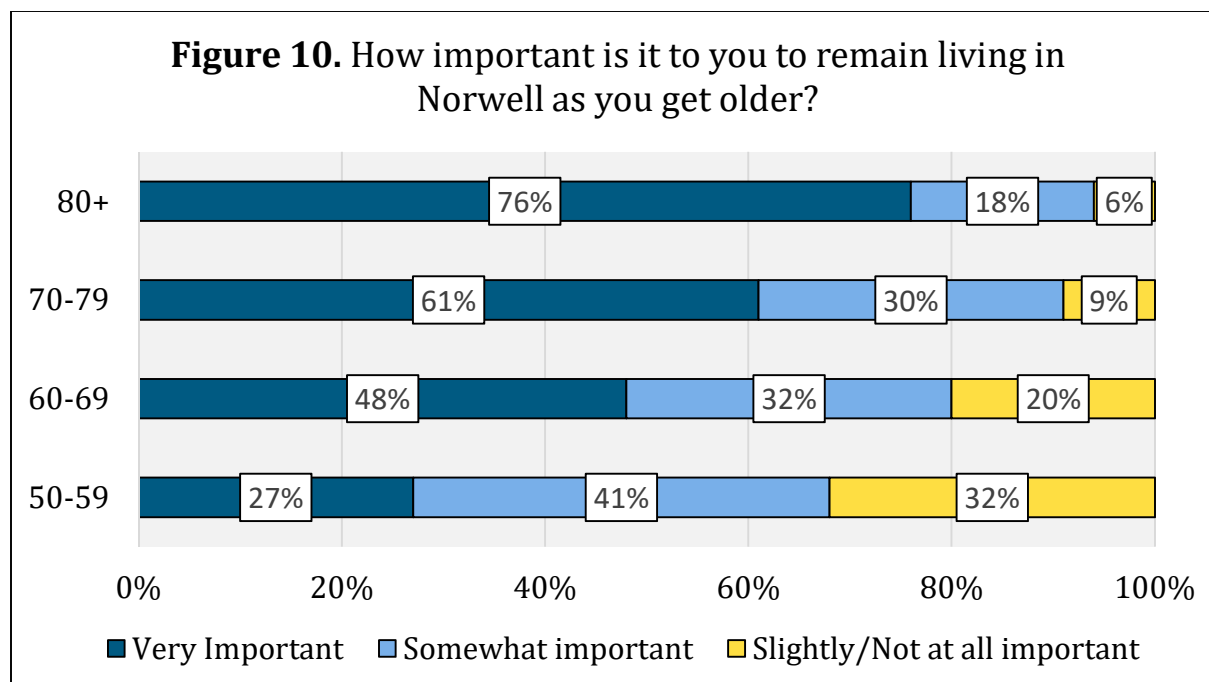
Community and Neighborhood

A commonly expressed goal of older adults is to remain living in their own homes for as long as possible. 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, older adults can retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote wellness by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions.

Survey respondents included residents who have lived in Norwell for many years, as well as relative newcomers. Duration of residing in Norwell varies from 15% of respondents who have been in Town less than 10 years compared to 51% who have lived in Norwell for more than 30 years (see **Figure 9**). These individuals offer insight based on their years of experience of living in Norwell. It is also helpful, however, to hear from those who are new to Norwell. Interestingly, 19% of survey respondents age 80+ have been in Norwell for less than 10 years (see **Appendix A**).



Survey data suggests more than two-thirds of respondents are committed to remaining in Norwell as they age (see **Figure 10**).

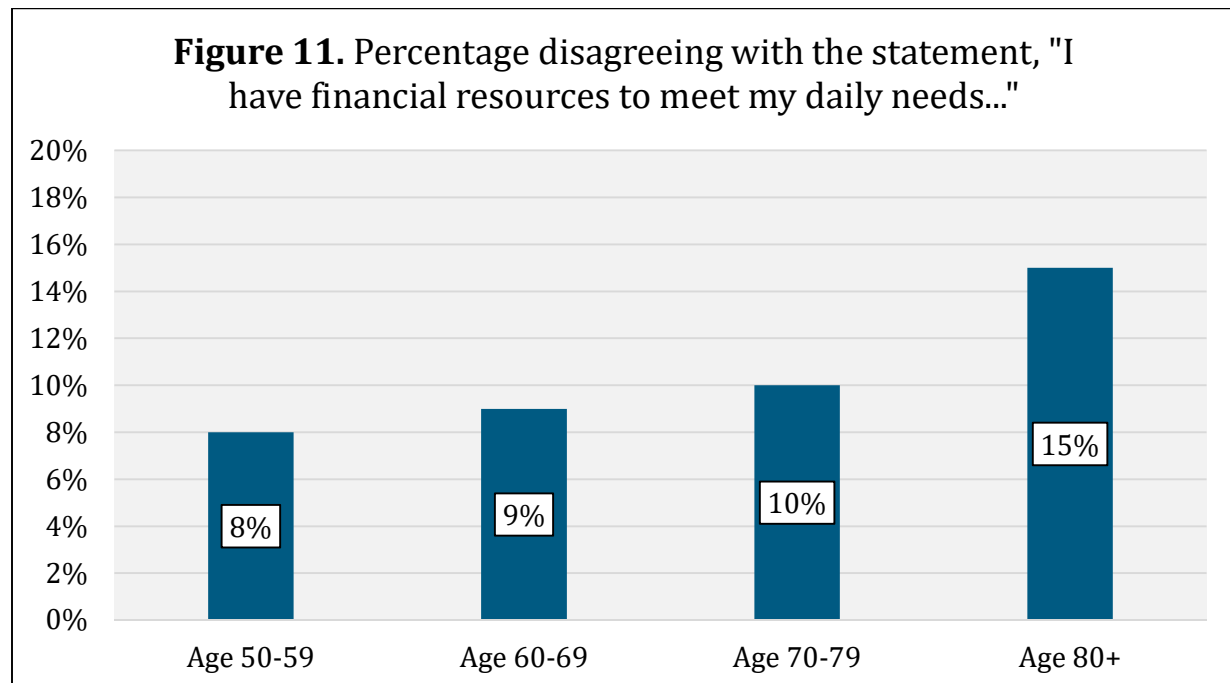


A majority of survey participants took the time to respond to the open-ended question, “What are your greatest concerns about your ability to continue living in Norwell?” Despite the high number of comments, they could readily be categorized into four key areas of concern: 1) cost of property taxes—and concern about being able to remain in their homes/community as a result; 2) costs of living more broadly; 3) ability to maintain current home due to lack of downsizing options; 4) maintaining health and quality of life. **Table 3** summarizes these concerns, drawing on verbatim responses from the survey.

Table 3. Sample responses to question, “What are your greatest concerns about your ability to continue living in Norwell?”

Cost of Property Taxes
Being able to afford to stay here. Taxes are extraordinary with little commercial base to generate additional tax revenue...
Can't afford to live here in retirement...
Being taxed out of my home...
Costs of living, broad concerns about affordability
Expenses are getting higher, both products and services
Finances. I am 92 and hope my money lasts as long as I do.
Increased cost of electricity – food
I won't be living here much longer. It's too expensive
The taxes are too high!! mostly for older people who no longer have other incomes. Taxes are main reason people decide to leave Norwell
Home upkeep and lack of housing options
My physical ability to maintain a 300 year old home and 2.4 acres of property and taxes
Keeping up with maintenance of home
Being able to navigate our two-story home when we develop mobility issues and maintaining our home, inside and out
My husband's legs are getting weaker. If he eventually needs a wheelchair, I am not sure our doorways, halls etc. would be wide enough to accommodate one.
Maintaining health and quality of life
Keeping physically fit, keeping my wife physically fit. ability to drive a car
Not being able to live alone and having to make plans of where to go to live.
Staying well enough to remain in my home. At some point I will need help to stay independent. Our COA has wonderful programs to make that possible
My physical ability, ability to drive, ability to make decisions regarding my well being

Given that the number one concern about aging in Norwell is the cost of property taxes and living, it is important to note that 11% of survey respondents (about 105 people) do not believe they have the financial resources to meet their basic needs (see **Figure 11**).

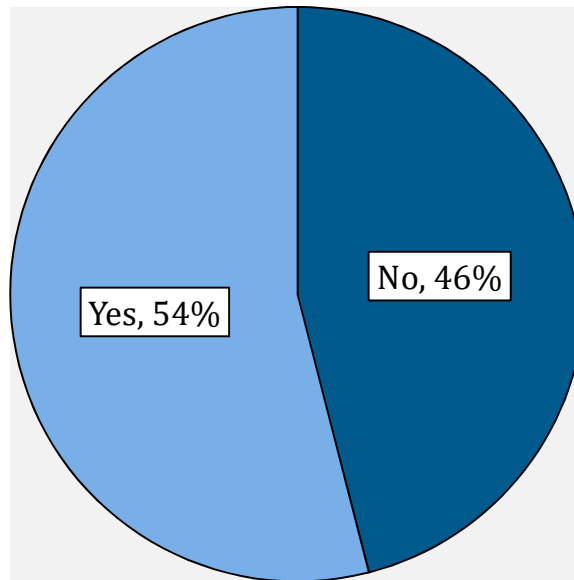


Housing and Living Situation

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases. Homes may become too large for current needs or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge older residents’ ability to remain living safely in their 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 residents’ safety and facilitate aging in place. Programs that connect older homeowners with affordable assistance for maintaining and modifying their homes and their yards can help protect the value of investments, improve the neighborhoods in which older people live, and support safe living. The availability of affordable housing options, especially those with accommodating features, including assisted living, may allow residents who are no longer able to stay in their existing homes to remain in their community.

To assess the “age-friendliness” of the housing stock in Norwell, respondents were asked if they currently had a bedroom and bathroom on the entry-level of their home—an important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 12** shows that half do have this feature in their home (54%) and 46% do not have this feature—suggesting that home modifications or a residential move may be needed for these residents to age safely and well.

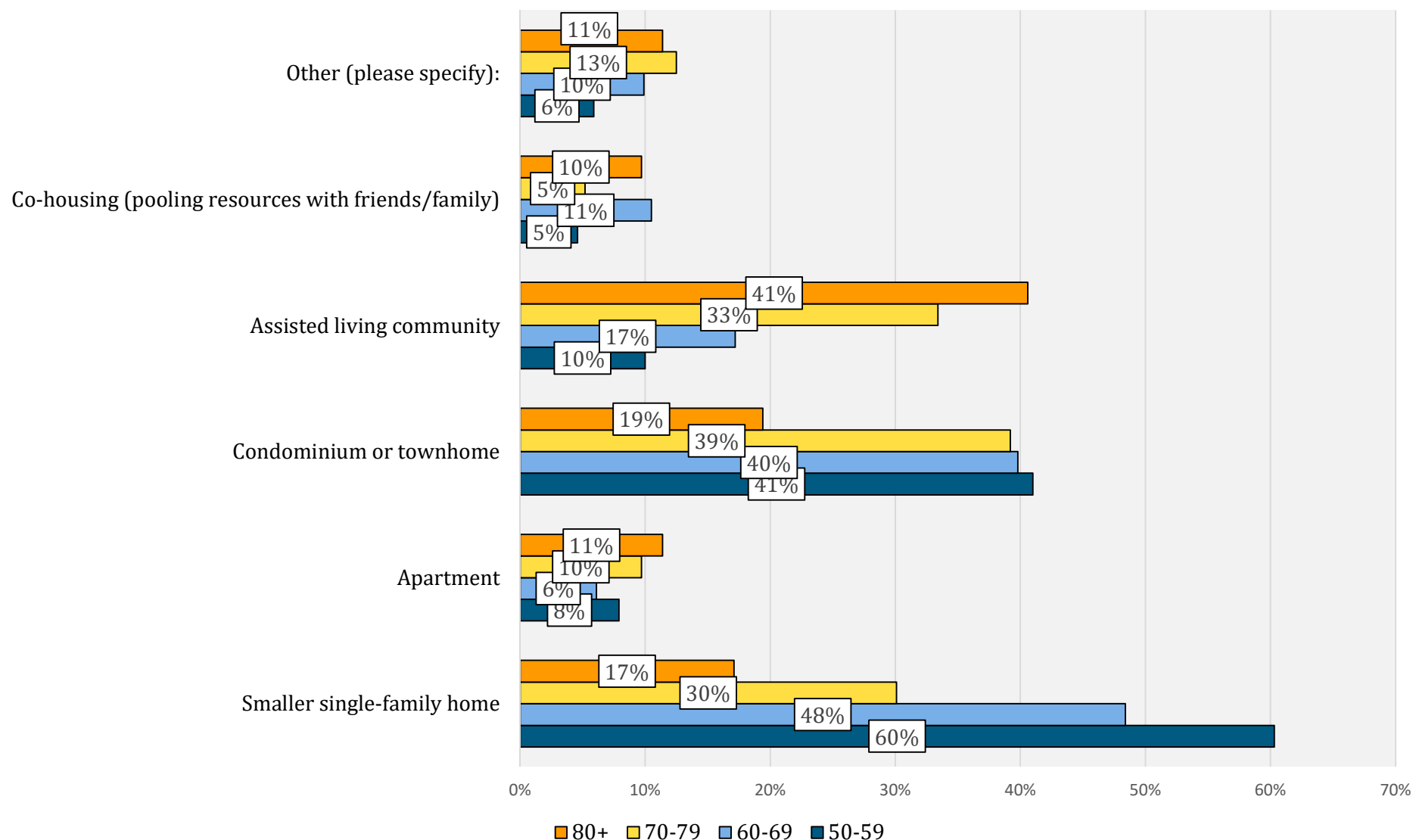
Figure 12. "Does your current residence have a bedroom and bathroom on the entry-level?"



Most survey respondents own their current home. Among homeowners, 50% report not having a mortgage while 45% currently have a mortgage on their home—including 36% of those in their 70s and 22% of those in their 80s (see **Appendix A**).

Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group (see **Figure 13**). Among the youngest respondents, the highest rated type of future housing is smaller single family homes (preferred by 60% of those in their 50s; and 48% of those in their 60s). Condos or townhomes were preferred options for those in their 70s (39%) and assisted living was a preferred alternative for those in their 80s (41%).

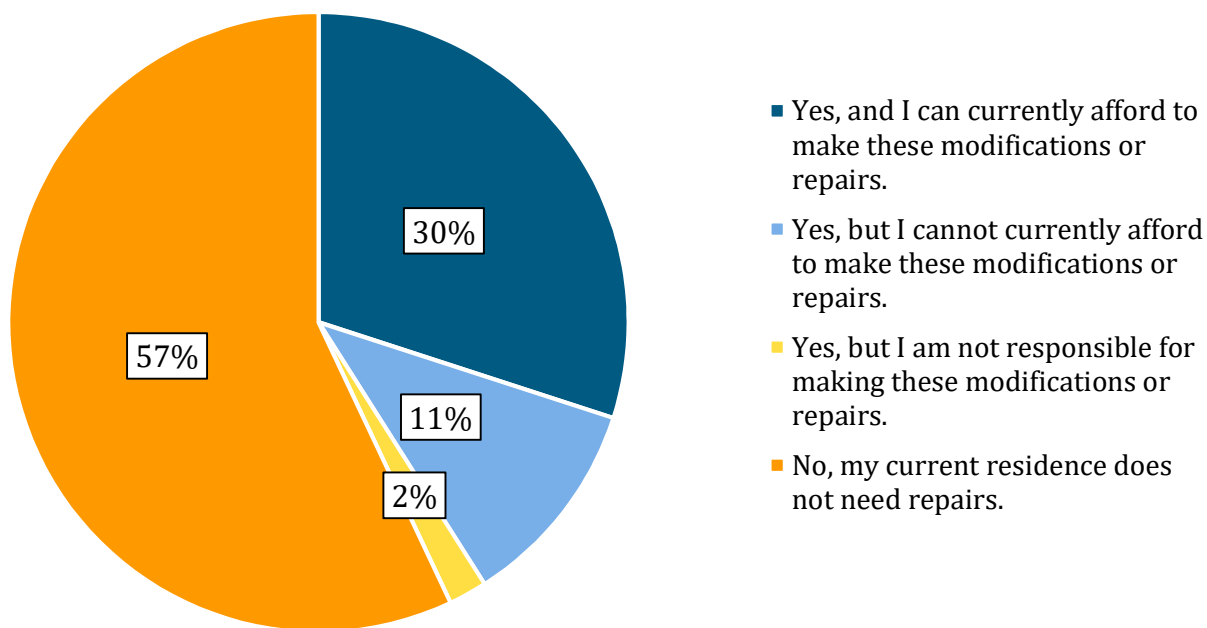
Figure 13. In the next 5 years, if a change in your/your partner's health or physical ability required that you move from your current residence, what kind of housing would you prefer in Norwell?



The majority of survey respondents live with a spouse or partner (76%), and 22% live with an adult child, including 14% of those in their 70s and 80s. 15% of respondents live alone, including 14% of those in their 70s and 35% of those in their 80s. Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the Norwell population. Additionally, 13% of respondents reported living with another relative (e.g., children, grandchildren, or parents). This suggests that for a small percentage of Norwell's older residents, significant childcare or other family responsibilities could play a role in their lives.

Modifying one's home (e.g., installing railings or grab bars in showers) in response to changing needs and preferences can promote independence and quality of life. As well, making repairs to a home can ensure that safety and quality of life is enjoyed. While a majority of respondents do not need such modifications as this time, 43% report that modifications are needed (see **Figure 14**). Among them, 11% cannot afford to make these changes. Given the share that need such repairs and modifications and have the resources to implement them, suggestions for connecting residents with handy-person services or information about taking action are made.

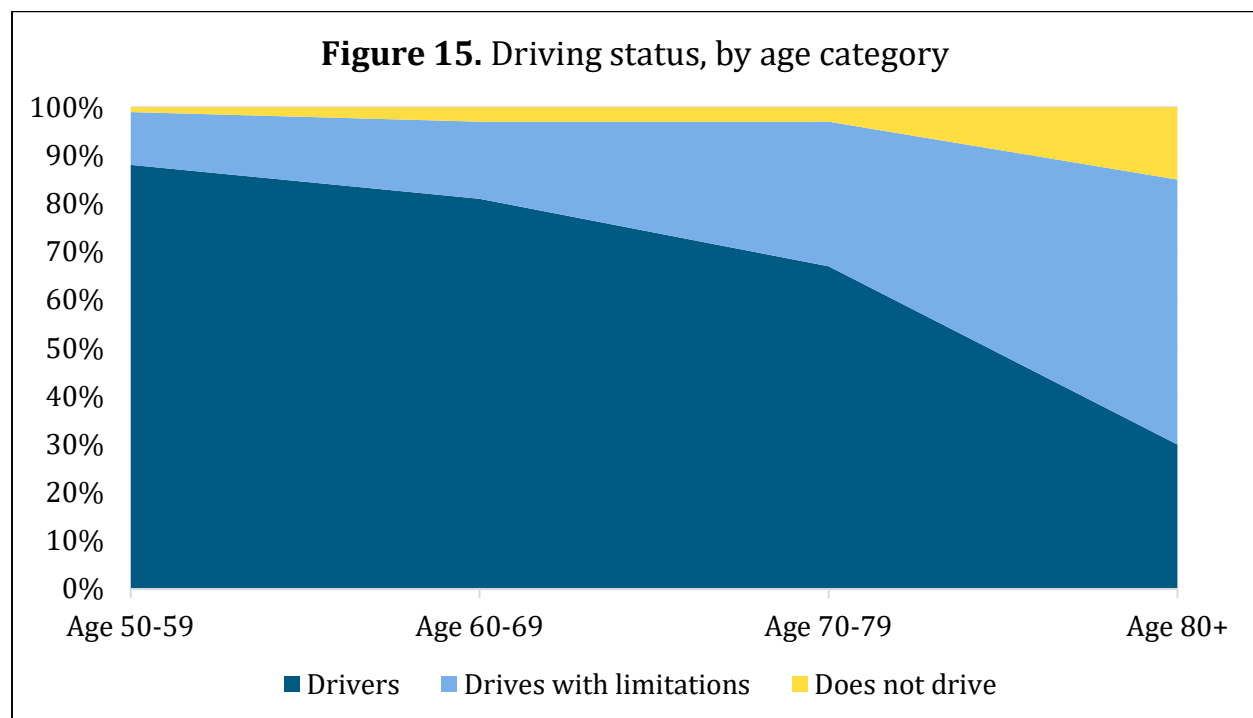
Figure 14. Does your current residence need modifications or repairs to improve your ability to live in it safely for the next five years?



Transportation

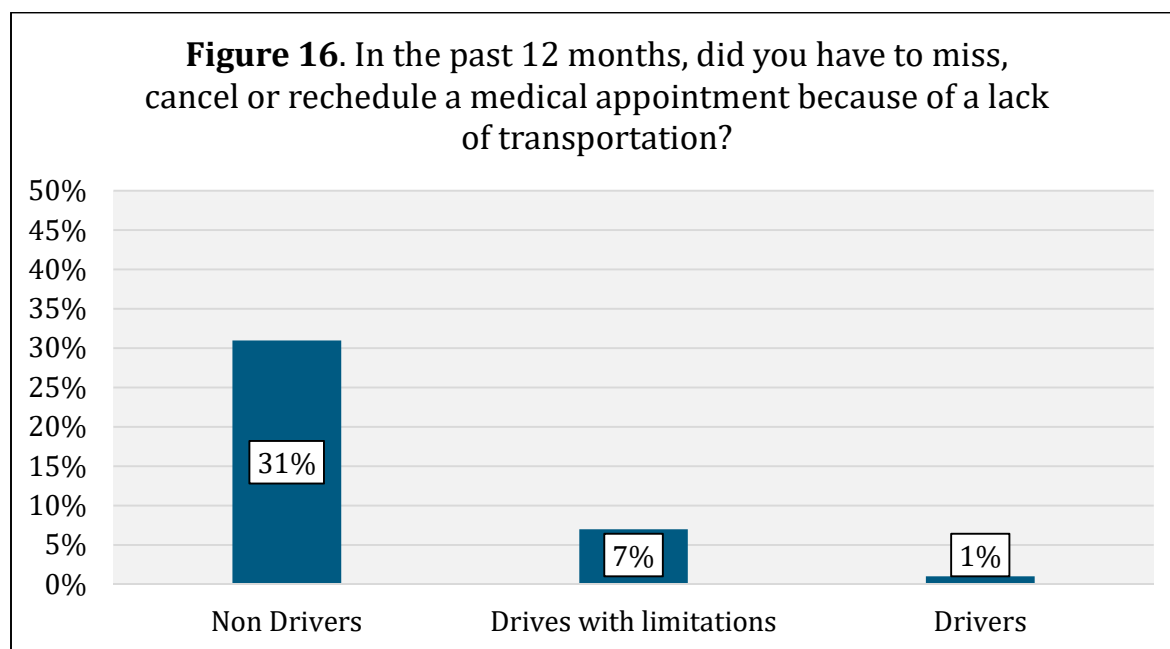
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. 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.

Survey results suggest that most respondents (96%) drive themselves. Survey results show that only 4% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 15% of this older segment of the population do not drive (see **Figure 15**).



More than one out of four respondents (26%) who do drive modify their driving to make it easier or safer. Modifications include avoiding driving at night, in rush hour, or during bad weather. Modifying driving habits promote safety, but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during the winter months.

Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled, or rescheduled a medical appointment because of a lack of transportation. Among all respondents, only 4% reported this experience, and even among those who drive with modification, 7% indicated that this had occurred (see **Figure 16**). However, 31% of respondents who don't drive missed, cancelled, or rescheduled a medical appointment within the past year. These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Norwell's older resident community.

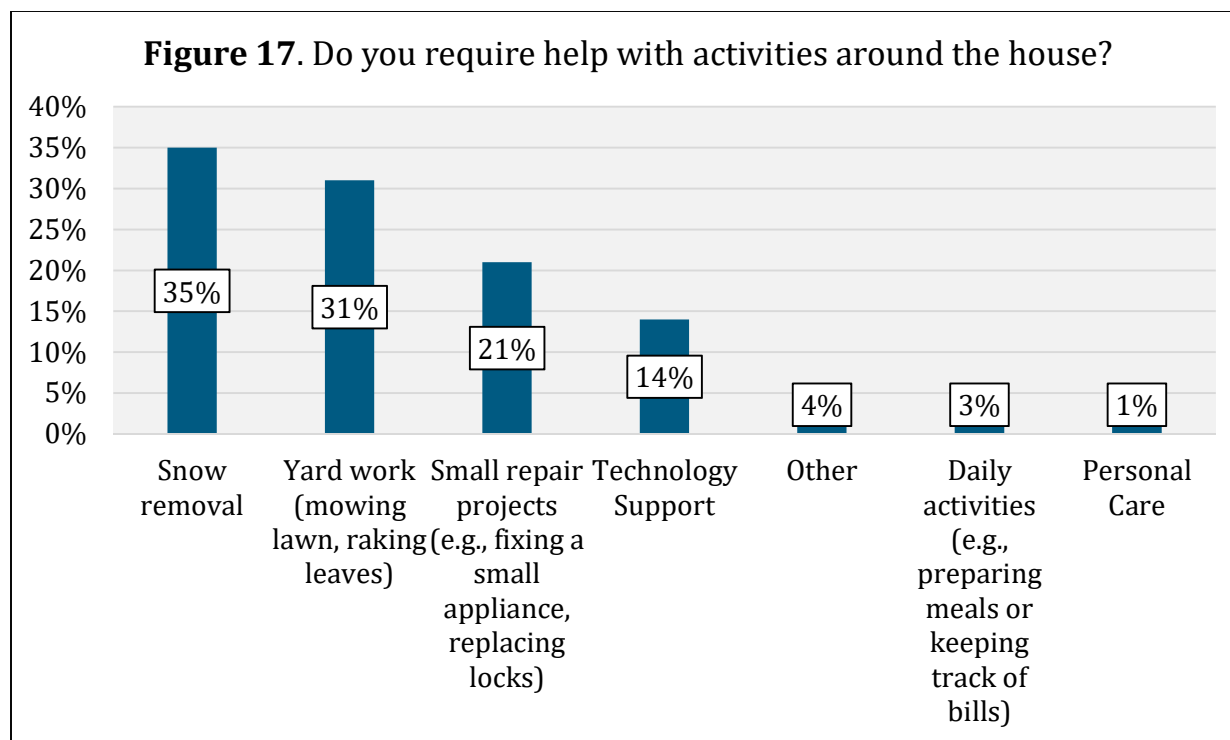


Health & Caregiving

Physical ability to engage in one's environment is key component to aging well in the community. With age can come different and new health needs and preferences. Having access to opportunities to engage in health promoting activity and seek medical and mental health care is crucial to keeping residents living active, meaningful, and independent lives.

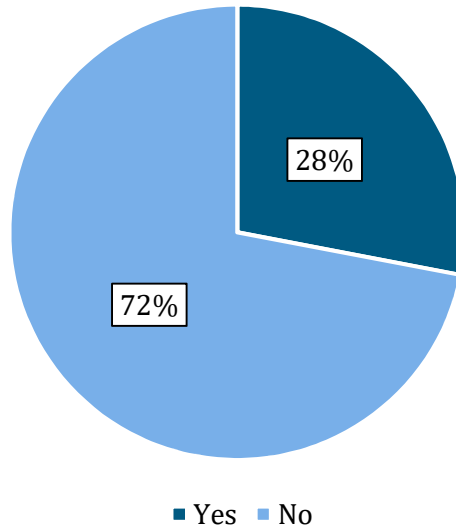
Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation.

More than half (54%) of survey respondents reported needing help with activities around the house. **Figure 17** shows that the most common types of help needed is with snow removal (35%), yard work (31%), small repairs (21%), and technology support (14%). Small numbers of residents need help with personal care (1%) or daily living tasks (3%). Overall, the trend is that older respondents report needing help at higher rates (see **Appendix A**). Respondents were asked who would assist them around the house when they need help (see **Appendix A**). More than two-thirds (65%) of respondents reported that a family member would help and 58% reported that they would pay someone to help. Smaller shares would have a friend (23%), or neighbor (18%) help them and 6% (n=72) report not knowing who would help them around the house when they needed it (see **Appendix A**).



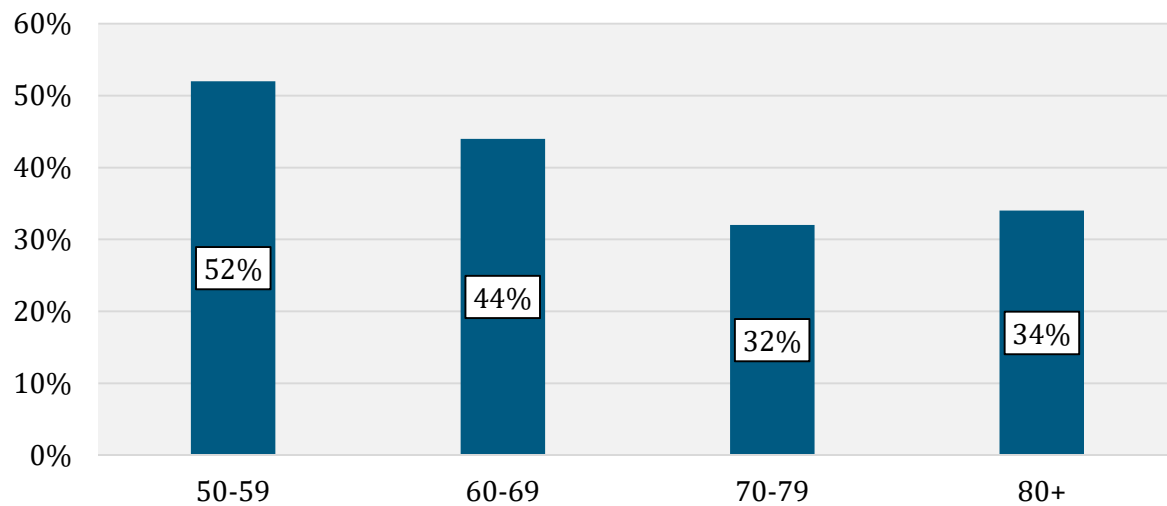
Being able to access the community to access basic amenities or social activities is a crucial factor shaping healthy aging. For 86 survey respondents, 33 of which are in their 80s, this is limited by an impairment of some kind (see **Appendix A**). Another challenge for families and older adults is substance misuse. According to survey respondents, 28% have been individually affected by substance misuse (**Figure 18**). These rates are highest among those in their 50s (38%) and 60s (33%). This substantial proportion signals the need for additional attention to be paid to the challenges that face older residents and their families.

Figure 18. I have been, or have friends or family members who have been, affected by substance misuse.

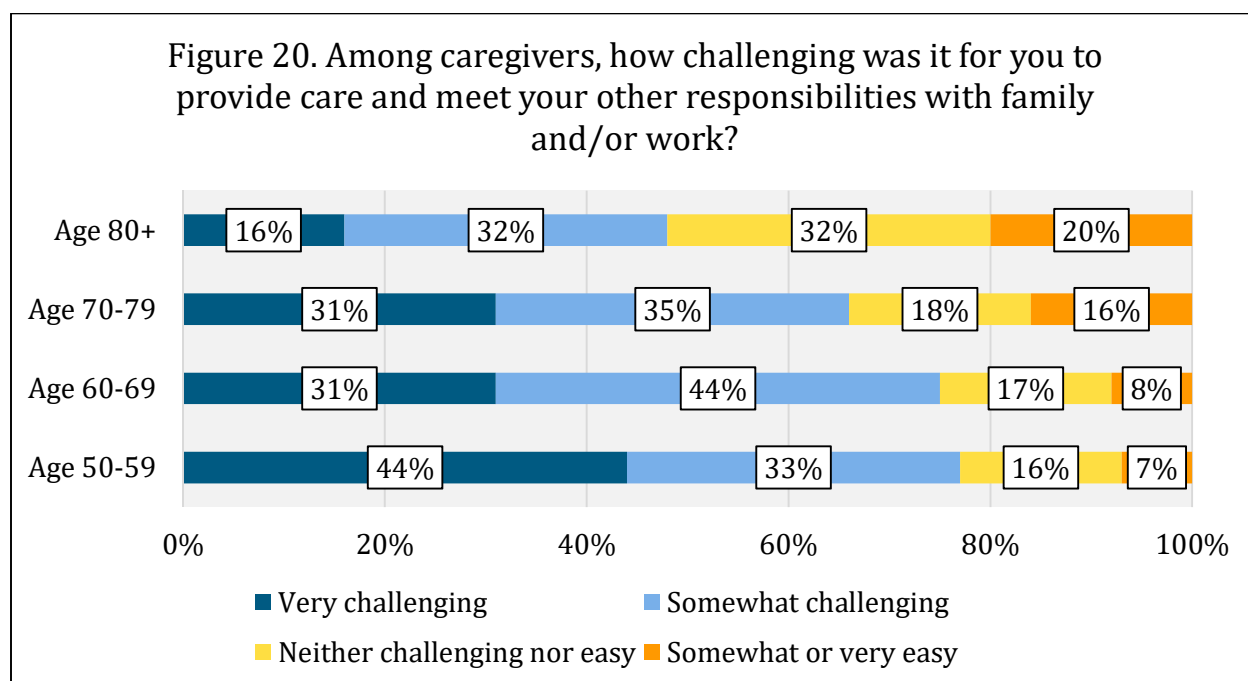


Forty percent of survey respondents stated that they currently or have in the past two years provided care or assistance to a person who was disabled or frail (see **Appendix A**). As shown in **Figure 19**, the rate of caregiving is highest among those age 50-59 (52% reporting having provided care) and those in their 60s (44% reporting having provided care). Notably, 34% of respondents over age 80 have reported recent caregiving experience.

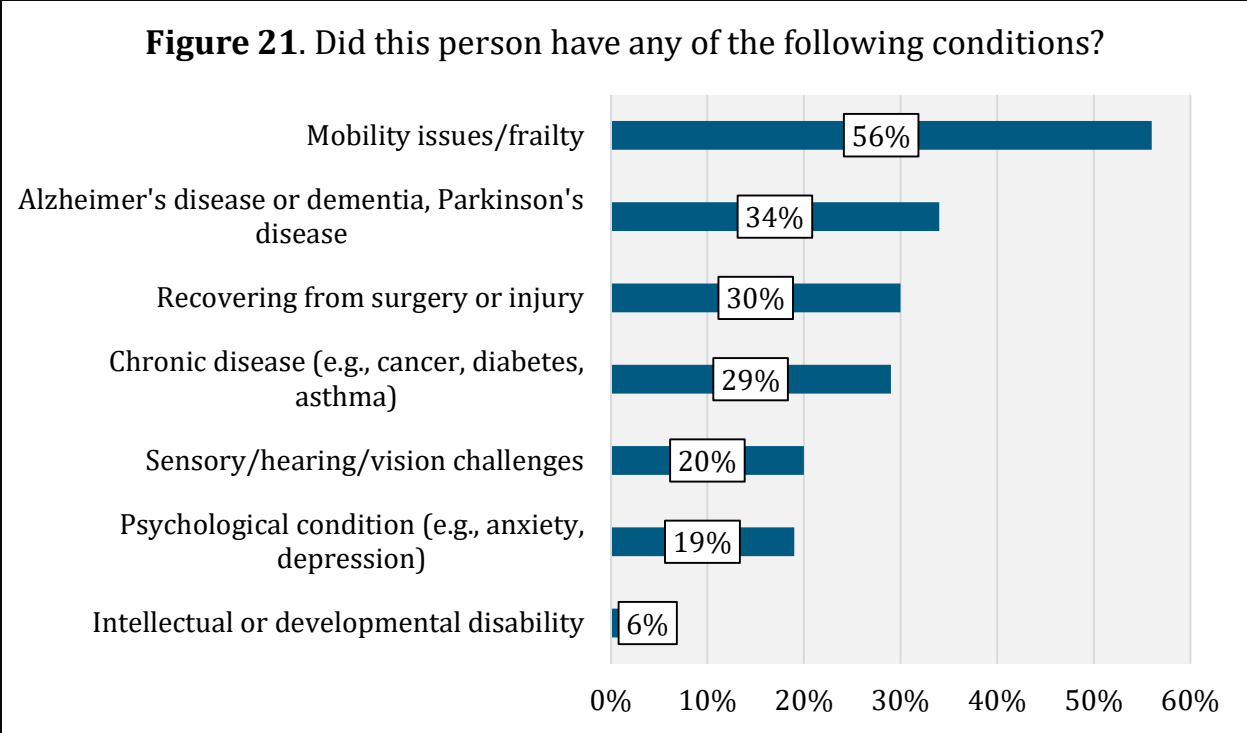
Figure 19. Do you now or have you in the past 2 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)



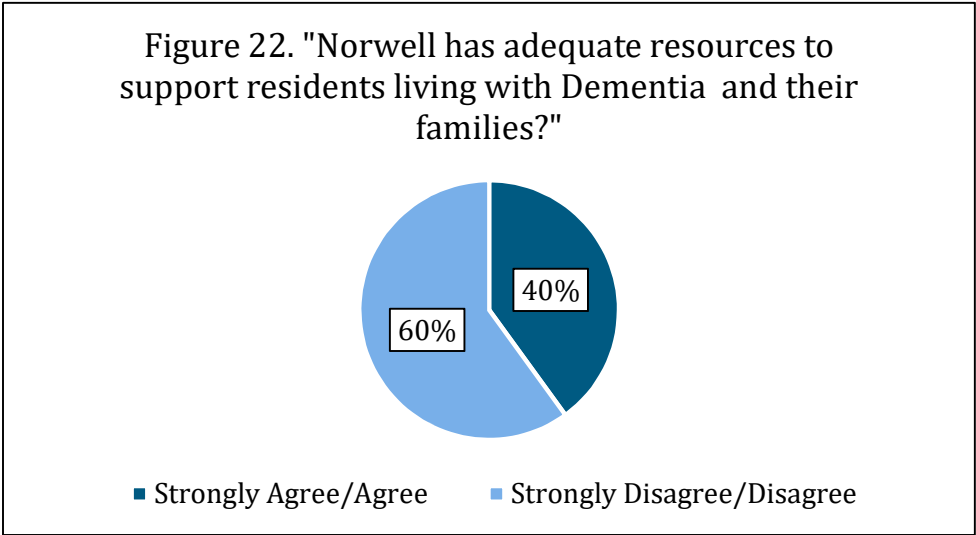
Many of those who have provided care or assistance to someone within the past two years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 50-59, where 77% of those providing care reported this was very or somewhat challenging and among those in their 60s as 75% report this was very or somewhat challenging for them (see **Figure 20**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, more than half of those who provide care find it very or somewhat challenging. Services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be needed to support caregivers.



Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs) (56%; see **Figure 21**), while 34% of the people the survey respondents cared for were living with Alzheimer's or dementia. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability. At the community level, it is estimated that 13% of residents age 65 or older have been diagnosed with Alzheimer's disease or dementia ([Massachusetts Healthy Aging Collaborative Community Profiles](#)).



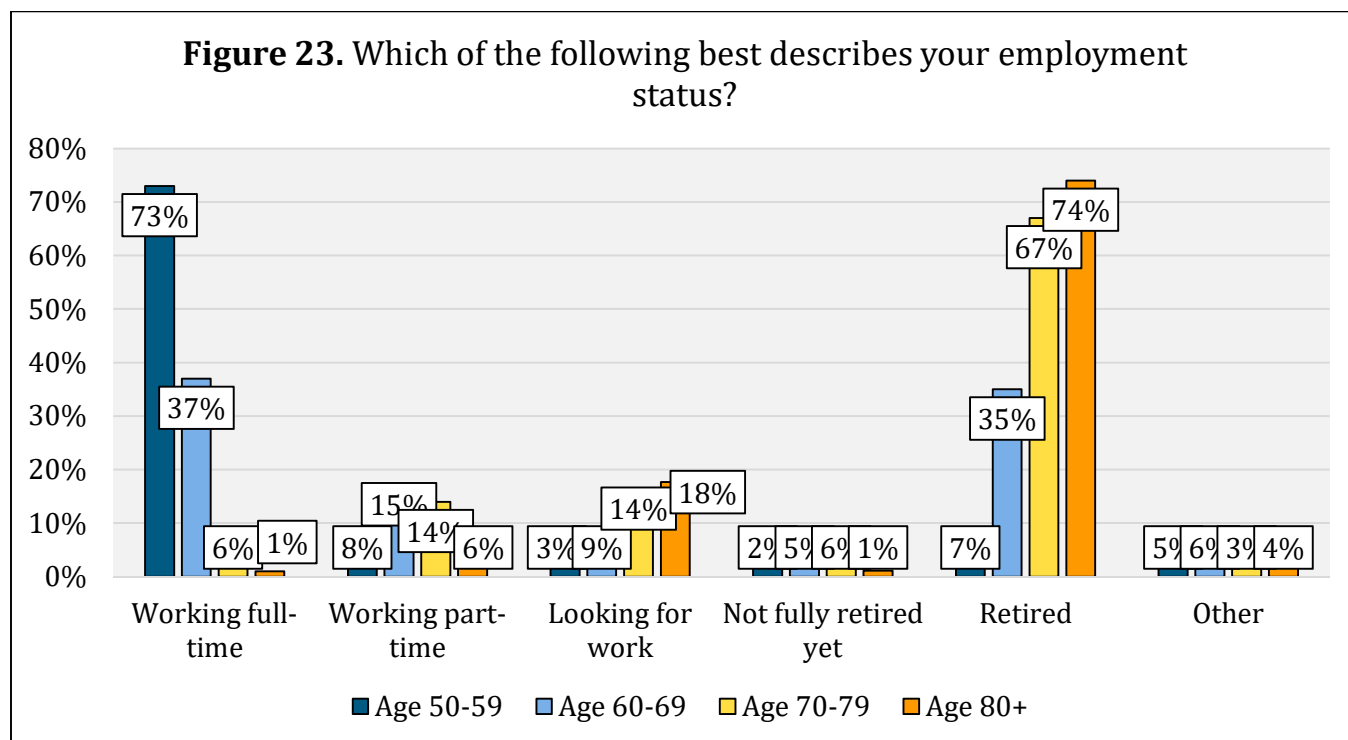
Given the Town of Norwell’s pursuit of becoming a more Dementia Friendly community, survey respondents were asked to rate their level of agreement with the following statement, “Norwell has adequate resources to support residents living with dementia and their families.” **Figure 22** shows that 60% of respondents disagree or strongly disagree with this statement. This finding both supports the Towns current pursuits but also indicates that there is more to be done when it comes to supporting persons with dementia and those who love them.



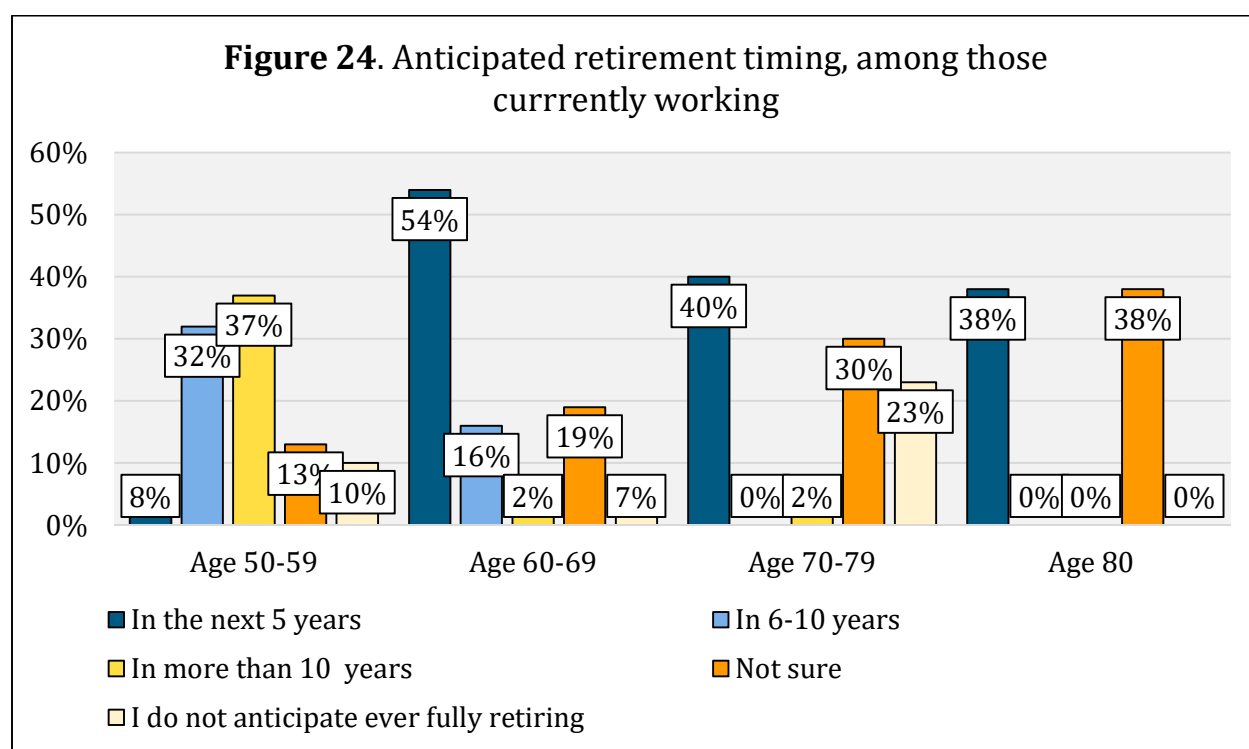
Employment and Retirement

Remaining in the workforce due to financial necessity or personal preference is a decision that shapes later life for most older people. For those still working, their experiences can mean less hours, different schedules, and an interest in maintaining professional relationships. For those who have chosen retirement, maintaining active lifestyles and contributing to the world around them can be important factors when considering how to spend their time. Regardless of employment status, the ability to pay for necessary expenses and maintain quality of life can be challenging due to age-related shifts in health, ability, costs, and streams of income.

Many people across the country continue to work beyond the traditional retirement age of 65, and this is evident in Norwell. **Figure 23** shows 73% of respondents in their 50s and 37% of those in their 60s are working fulltime. These results suggest that a large share of survey respondents may have time to pursue personal interests and activities. Interestingly, 14% of those in their 70s and 18% of those in their 80s report “looking for work” suggesting an opportunity to engage older residents in connecting with appropriately flexible job opportunities.



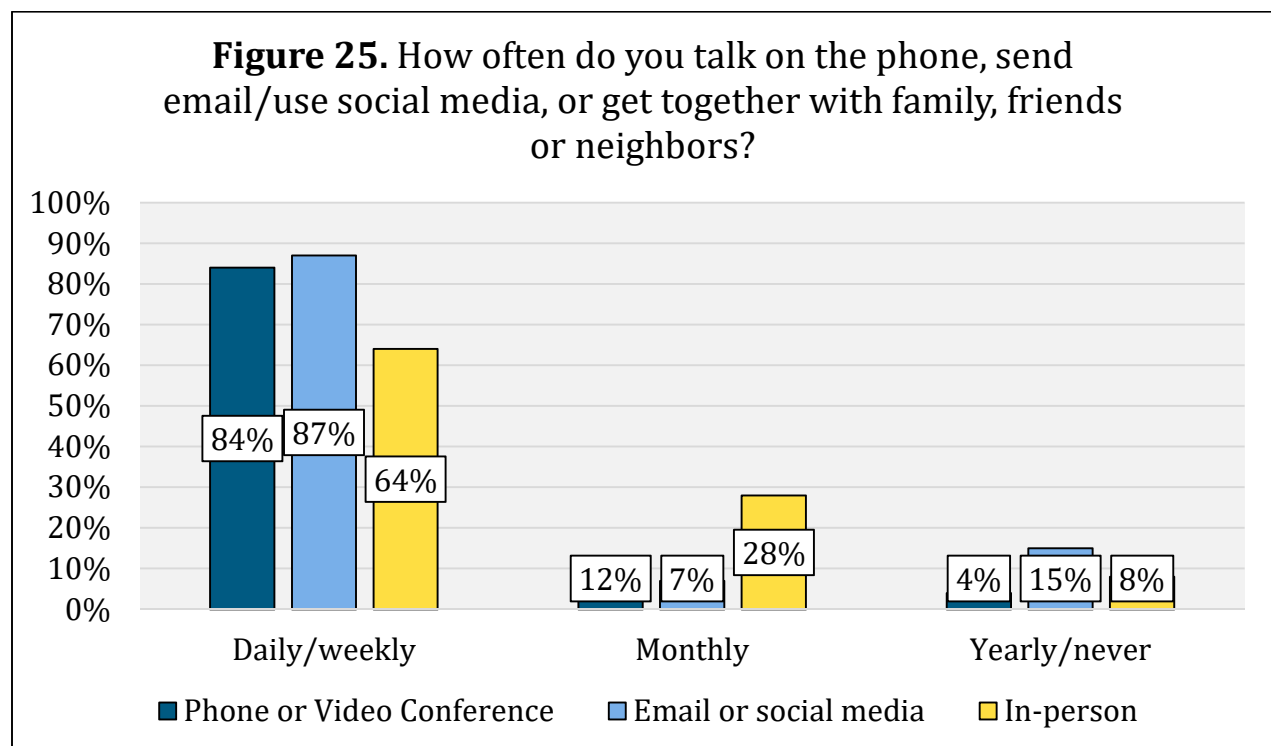
For those who responded they are still working, more than half of those in their 60s and 40% of those in their 70s report plans to retire within the next 3-5 years. (see **Figure 24**). Thus, the Norwell Senior Center could experience an increase in attendance, which has implications for the capacity of senior center. Interestingly, many older adults who are still working do not know when they expect to retire. For example, 53% of those in their 70s who are still working report not knowing when they will retire or predict not being able to ever fully retire. Implementing evening and weekend programming might be one way to engage older workers with the Norwell Senior Center. Additionally, developing new programs that would particularly attract older workers would be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.



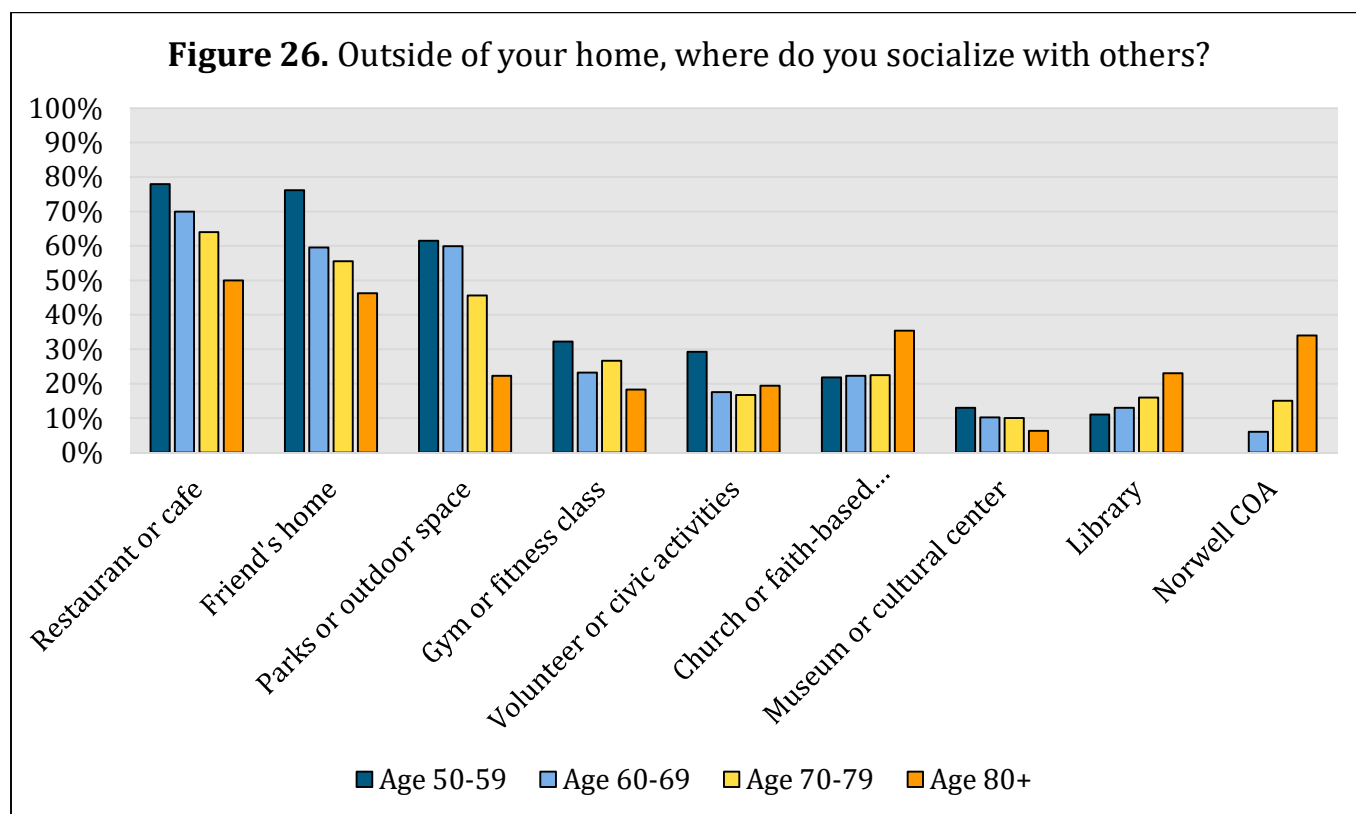
Social Activities and Relationships

Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health behaviors such as smoking or overeating. Many older adults are at high risk for social isolation, especially if their health and social networks break down. These risks are exacerbated if accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes. 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.

The majority of survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 25**). Although 64% of the respondents get together in person with someone at least weekly, more than one-third only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.



As shown in **Figure 26**, survey respondents reported that when they spend time socializing ---it is most commonly done at restaurants or cafes, at a friend’s home, or in parks or outdoor spaces.



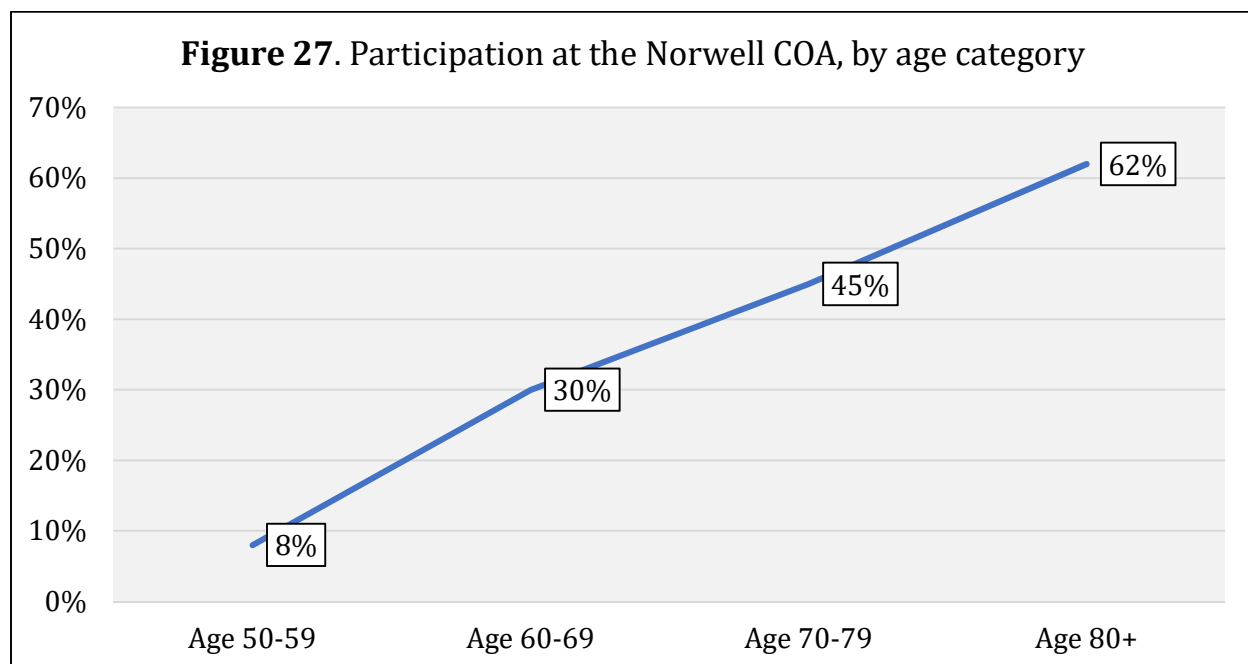
Overall, small portions of survey respondents reported experiencing exclusion or discrimination in Norwell (see **Appendix A**). For example, 12% of those in their 50s report feeling excluded because of their income and 5% of those in their 70s report having been excluded because of their age. Overall, 8% of respondents selected an “other” reason and wrote in their experiences. Mostly commonly reported reasons for feeling excluded or discriminated against included political views, appearance, and overall sense of being excluded in Norwell for not being a lifetime resident or having children in the schools—in other words, respondents used words like “cliques” and “not very welcoming”. While only reported by a small number of respondents, it is a serious matter to consider.

Respondents were asked if they knew someone living within a 1-hour travel distance on whom they could rely for help if needed (see **Appendix A**). Only 8% reported not having someone like this in their life, with slightly higher rates among those in their 50s (10%) (see **Appendix A**). For those without social support providers in close proximity, the Norwell COA can be a crucial resource.

Norwell Senior Center

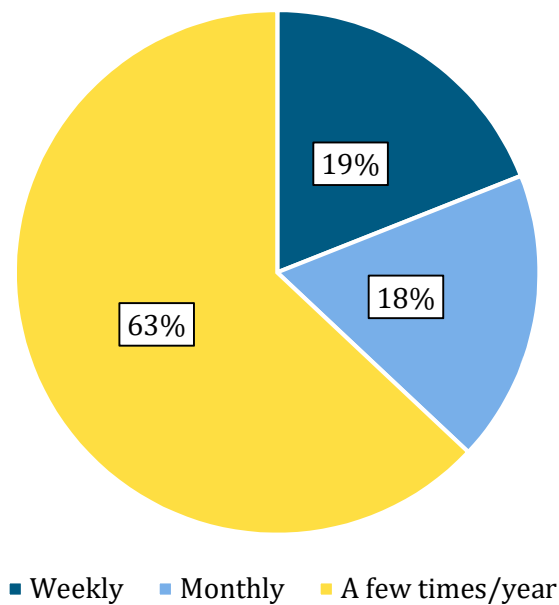
Local senior centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. There are approximately sixty volunteers supporting the Senior Center in a variety of roles including meal delivery, assembling the newsletter, and supporting trips and programs. These involvements can help community members maintain social support, remain active, prolong independence, and improve quality of life. Some research suggests that participating in a Senior Center may reduce one's

A majority (75%) of survey respondents report that the Norwell Senior Center plays a role in their lives or the lives of their loved ones, neighbors, or friends—making it clear that the Norwell Senior Center is a revered community asset for many (see **Appendix A**). Survey results suggest that participation in the Norwell Senior Center is considerably more common among older residents. As shown in **Figure 27**, just 8% of those age 50-59 and report ever using programs or services offered by the Norwell COA, while 62% of the respondents age 80 and older indicated they have participated in the Norwell Senior Center. This age-graded pattern of participation is not unusual in senior centers and may reflect the increasing value of the Norwell Senior Center to older residents.



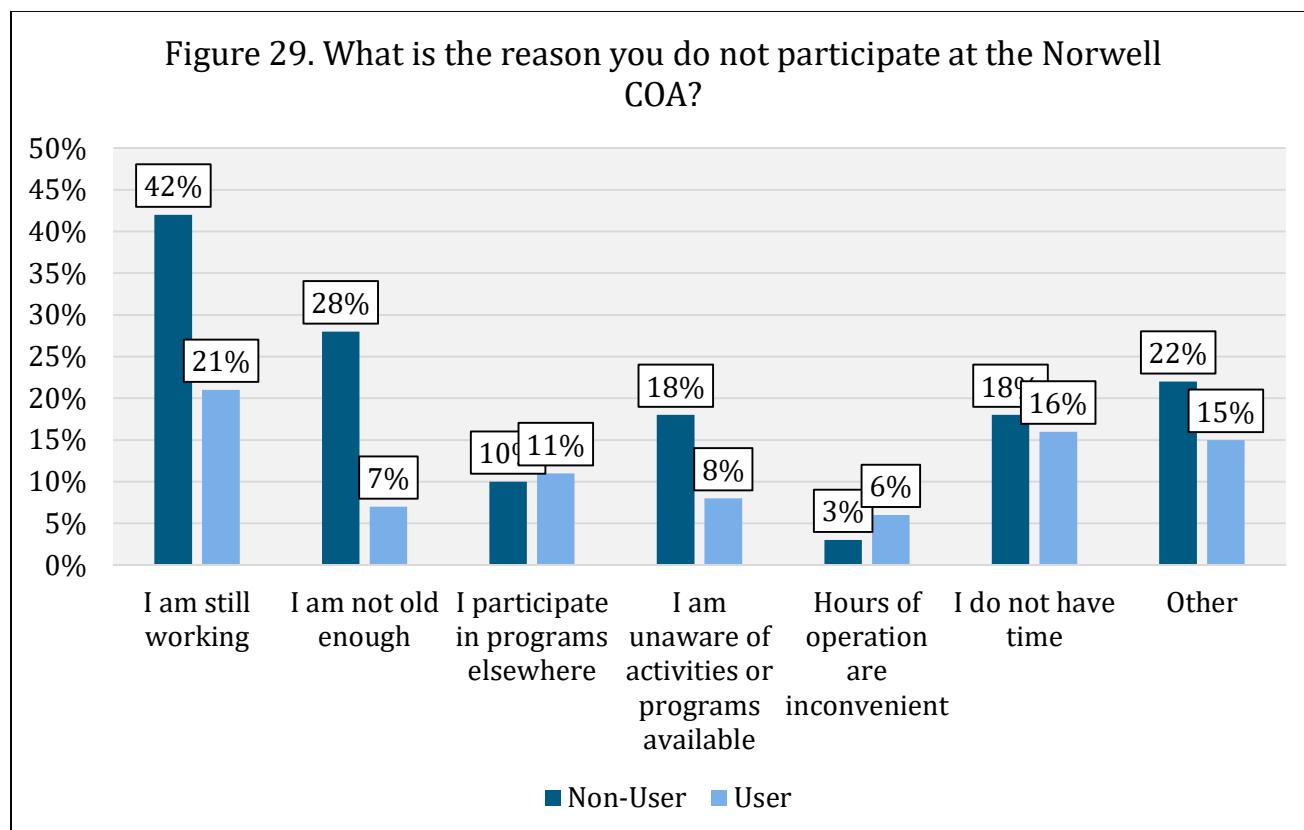
Of those who do use the Norwell COA, 63% only visit the Center a few times a year, while 19% of COA users participate at least weekly (**Figure 28**). This range of participation levels highlights the broad continuum of affiliation with the Norwell COA, with many residents participating just periodically, while others include visits to the Norwell COA as part of their regular weekly schedule. Note that participation on a weekly

Figure 28. How frequently do you participate at the Norwell COA?



or more frequent basis was reported by 0% of respondents who are age 50-59 and 16% among those age 60-69 while 28% of those age 80 and older participate weekly, suggesting that older participants attend more frequently during the course of a month or a year (**Appendix A**).

Survey respondents were asked why they do not use the NCOA. For those in their 50s and 60s, the top two reasons for not participating were that they are still working and that they report not being old enough to participate (see **Appendix A**). Similar trends are observed among those who do NOT currently use the NCOA (see **Figure 29**). For those who do currently use the NCOA, still working and not having time were the top reasons for not attending more frequently.



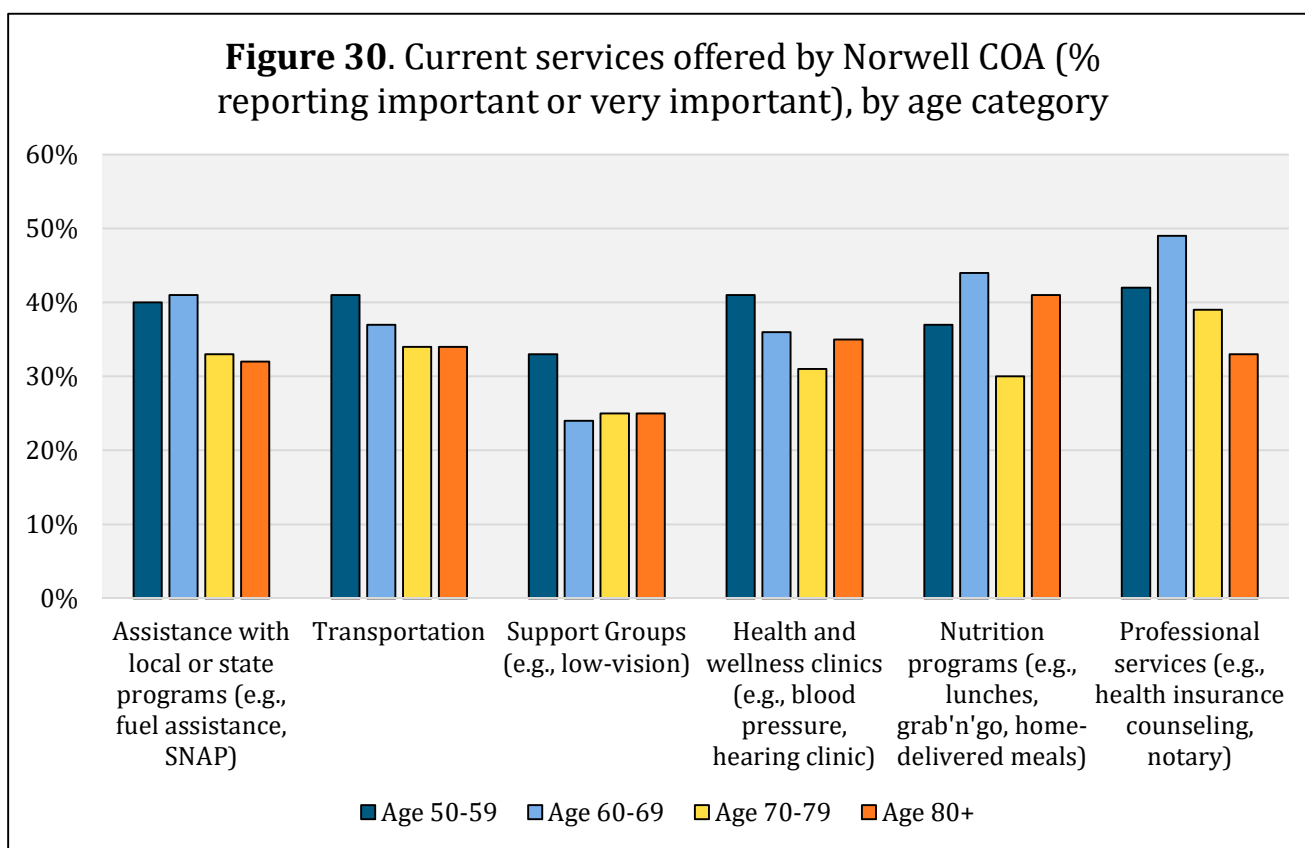
For those 19% who wrote in a response, the most common responses centered around not having time and still working. In addition, the perception of “not needing” to visit the Senior Center or “not being old enough...yet” was extracted from these write-in responses, suggesting that communicating the purpose of the Senior Center and defining its target audience is a possible future step that could draw in a wider range of residents. See **Table 4** with sample comments regarding why survey respondents don’t use the COA.

It is not uncommon for residents to visit other, often neighboring, COAs to participate in a particular program, attend with friends, or simply for a change of scenery. Overall, 14% of survey respondents reported having visited another COA to participate in their programs. Among those in their 70s, 21% have visited other COAs and for those in their 80s, 19% have done so.

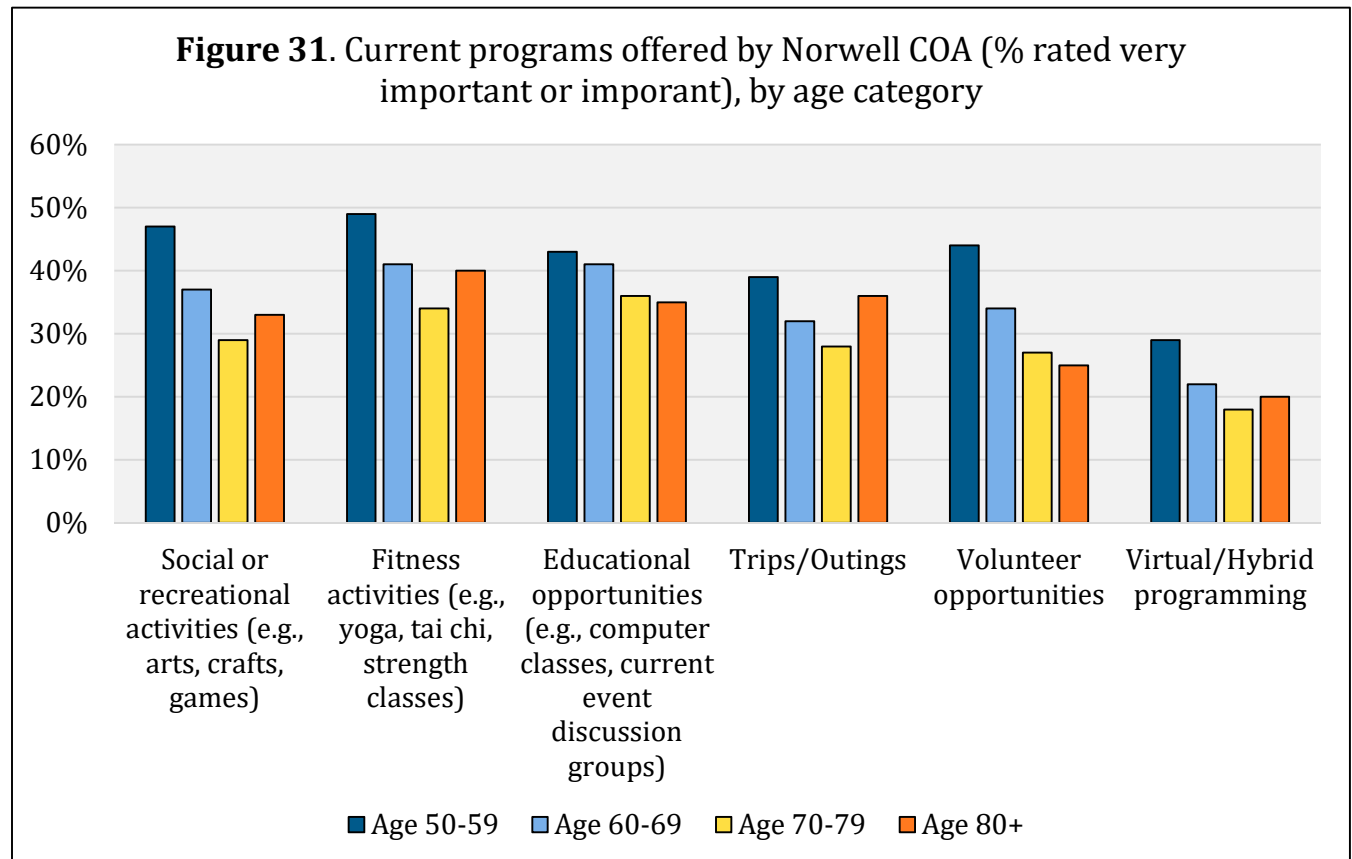
Table 4. Sample responses to question “What is the reason that you do not currently use programs or services offered by the Norwell Senior Center”

Too busy with family or other responsibilities
Currently still active in volunteer and family travel but as those activities diminish I'll more likely participate
Commitments to aging parents occupies us
Husband has dementia, dependent on me for everything
If I had a “need”
If I had less independence/ mobility
Programs seem to be for much older people or more physically restricted
If didn't have other alternatives (YMCA, church, etc.) for being socially and physically active
I will participate when I get older
When the time comes I will utilize the programs and services
Maybe when I am retired and older I will use their services. But so glad to have them in town
I see myself using COA in the future

There are a few ways that respondents were asked to identify their preferences for programs and services. First, respondents were asked to rate the importance of existing programs and services offered by the Norwell Senior Center. **Figure 30** shows the percentage of respondents who identified services as being very important or important to themselves or someone in their family. The top-rated service for respondents age 50-79 was professional services like health insurance counseling or notary services, which was rated important by 39-49% of respondents across those age groups. Among those in their 80s, the most important service provided is nutrition programs like lunches, grab ‘n’ go meals, and home delivered meals rated important by 41% of respondents in that age group. Among respondents in their 50s, the second most important service provided by the Norwell COA is transportation and health and wellness clinics (rated important or very important by 41% and 41%, respectively). For those in their 60s, nutrition programs and assistance with state and local programs were rated important or very important by 44% and 41% respectively. For those in their 70s, transportation and assistance with local and state programs were rated important or very important by 34% and 33% respectively. For those in their 80s, transportation and health and wellness clinics were rated important or very important by 34% and 33% respectively.



When it comes to programs, fitness programs are valued by those in their 50s and 60s (see **Figure 31**). Educational programming was rated important or very important by the 36% of respondents in their 70s and trips and outings were rated important or very important by 35% of those in their 80s or older.

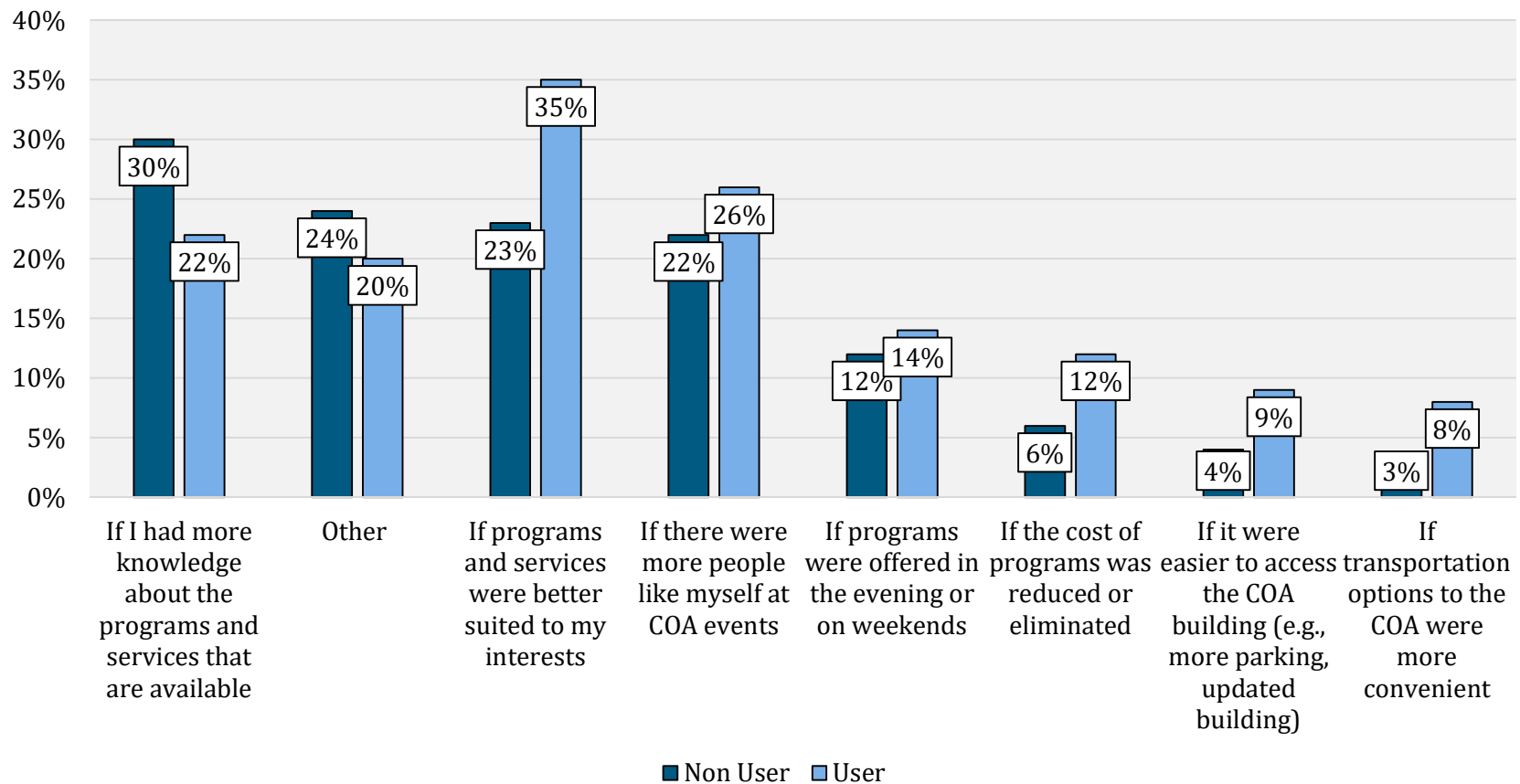


The second way respondents were asked about their preferences for programs and services was by asking them to select the factors that would increase likelihood of participating at the Norwell Senior Center (**Figure 32**). For those who do not participate at the Norwell Senior Center (“non-users”), the most commonly reported factor that would increase their likelihood of participating was “If I had more knowledge about the programs and services offered” (39%). For those who have participated at the Norwell COA, the most commonly reported factor that would increase their likelihood of participating was “If programs and services were better suited to my interests”.

Given that a sizeable share of respondents (24% of respondents who do NOT currently participate at the Norwell COA; and 20% of those who do participate at the Norwell COA) selected “other” and wrote in a factor that would increase their likelihood of participating, those responses were reviewed. Upon reviewing responses, the most common theme related to “having a need” for participation. For example, one respondent wrote *“If I could not do my current daily activities (I would be more likely to attend)”* and a different respondent wrote they would be more likely to participate *“If I lived alone and needed social opportunities the COA would be a valuable resource”*.

Understanding reasons for lack of participation provides direction and opportunities for change. Overcoming the obstacle of unfamiliarity, increasing outreach, adapting programming to meet the broad interests of the older adult population, and exploring strategies to update the image and space of the Senior Center may be areas to consider as future Norwell COA goals.

Figure 32. I would be more likely to use the Norwell Senior Center programs and services if..."



Another way that the survey assesses the preferences for future programming was by asking, “Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available through the Norwell Senior Center”. **Figure 33** illustrates how responses vary between those who currently participate at the Norwell Senior Center compared to those who have not yet visited the center. Among users, the highest priority for expanding programming was given to indoor fitness classes (47%), educational programming (44%), and performances, day trips, and physical health and wellness programs (40%).

Figure 34 shows which type of services respondents would prioritize in expanding. Comparatively, among those who do not participate at the Norwell Senior Center, priority was given to indoor exercise programming (45%), educational programs (40%), and outdoor fitness opportunities (37%). Interestingly, 34% of non users reported an interest in lunch programs, compared to just 20% among users—suggesting that the addition of lunch programming could draw in new participants. These results indicate an overall preference for active programming that promotes physical health, intellectual stimulation, and active engagement in the world around them—and obviously facilities that would allow for such programs to be delivered comfortably and safely.

Figure 33. Thinking about your own future interests, which of the following areas would you prioritize in expanding the programs available through the Norwell COA?

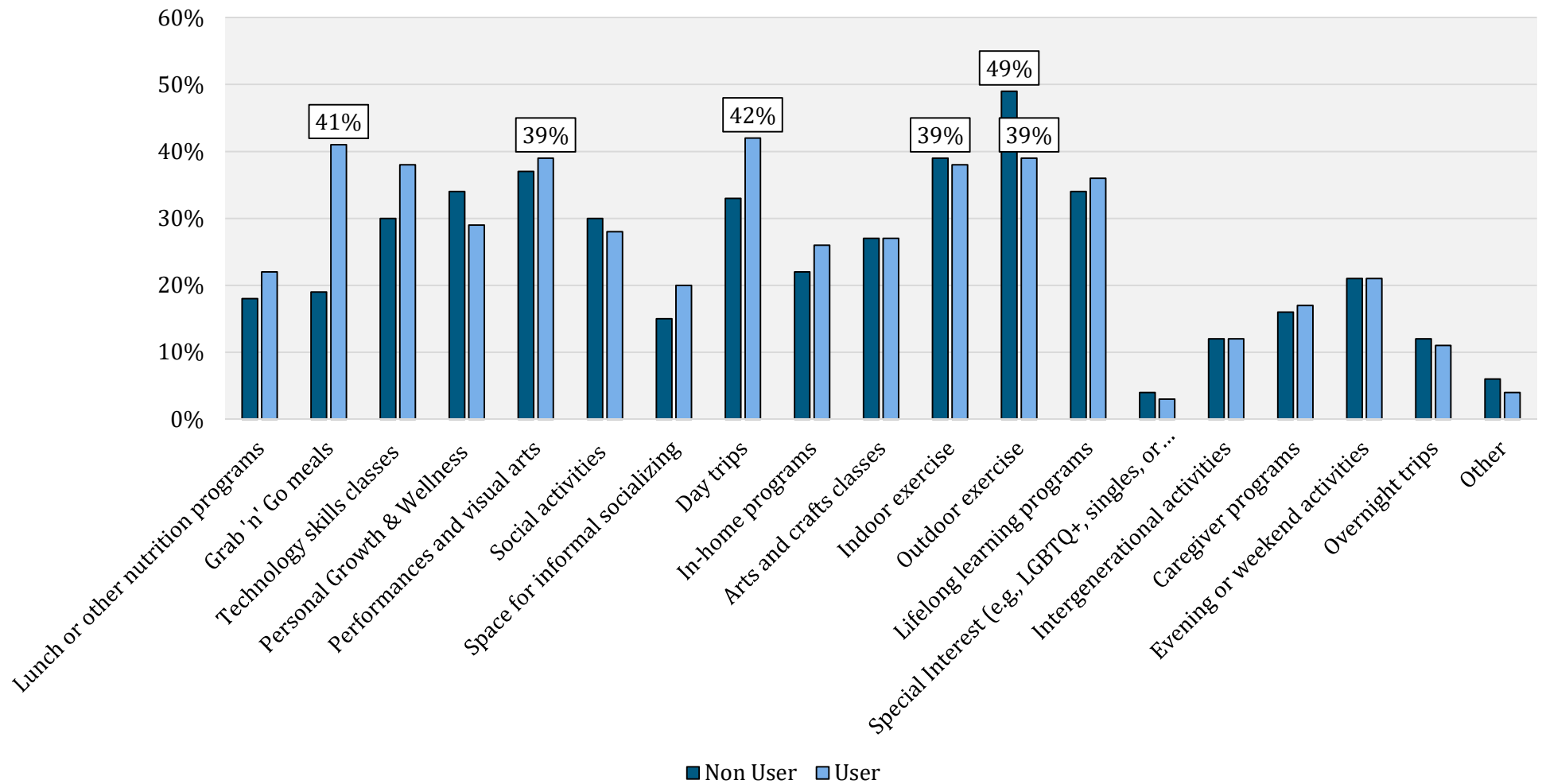
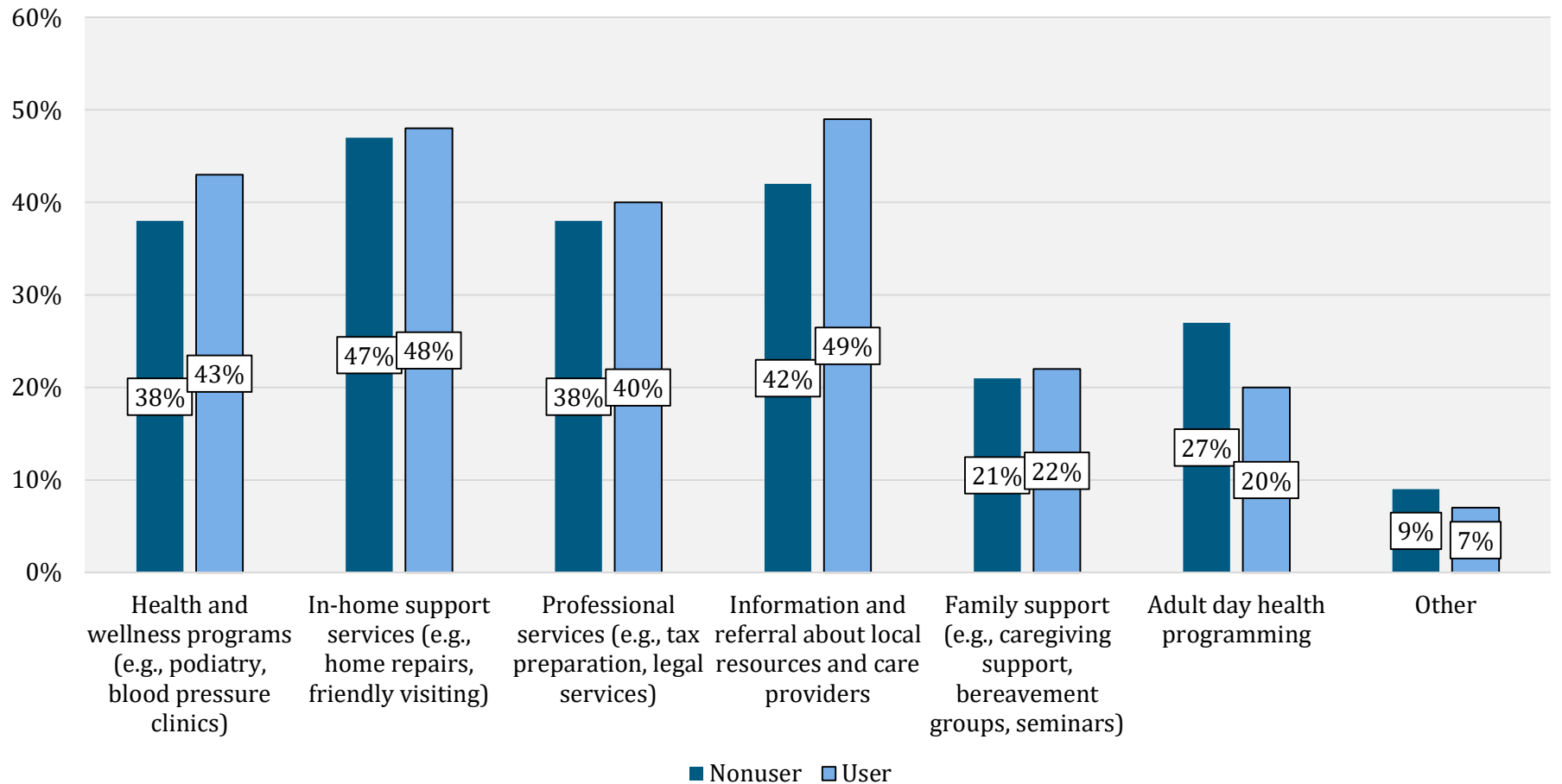
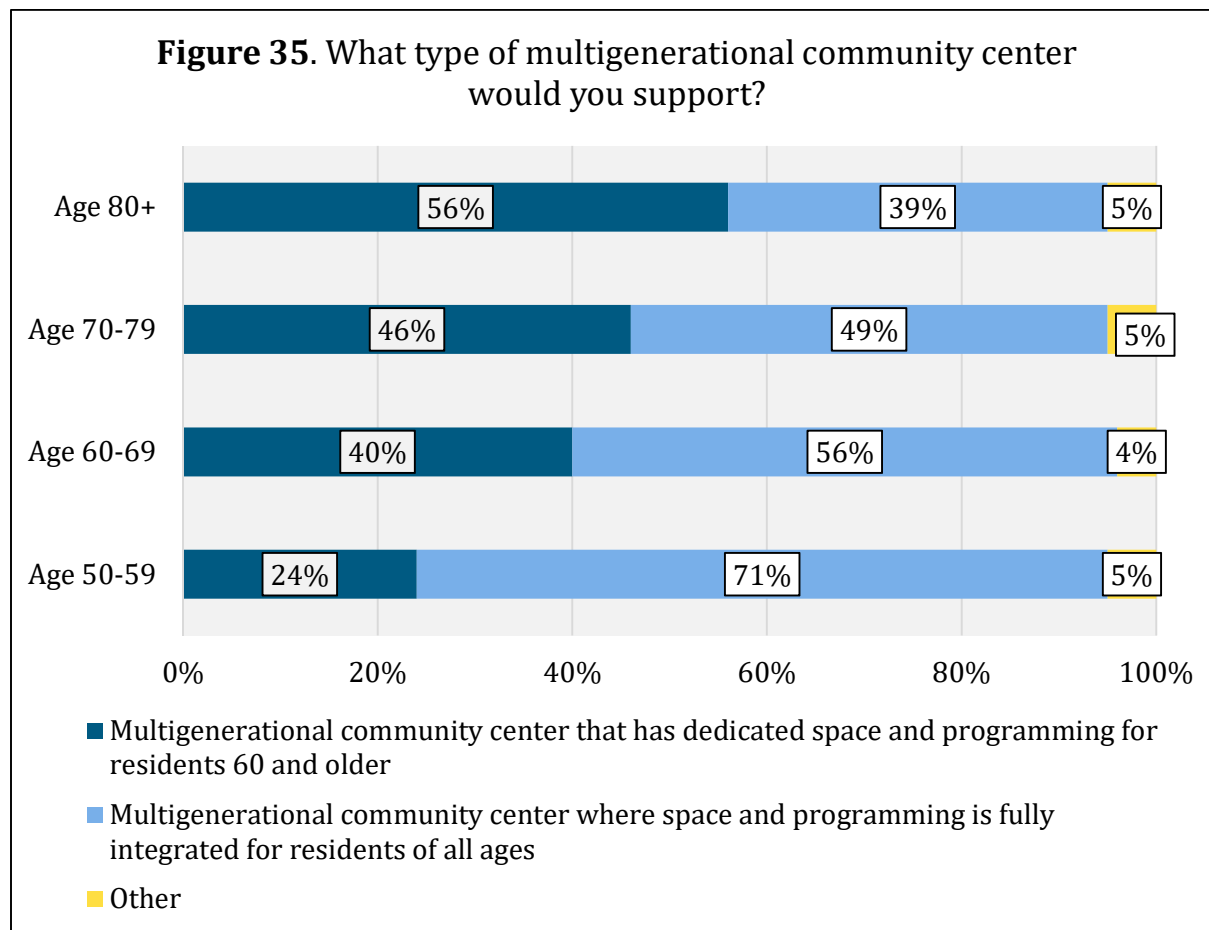


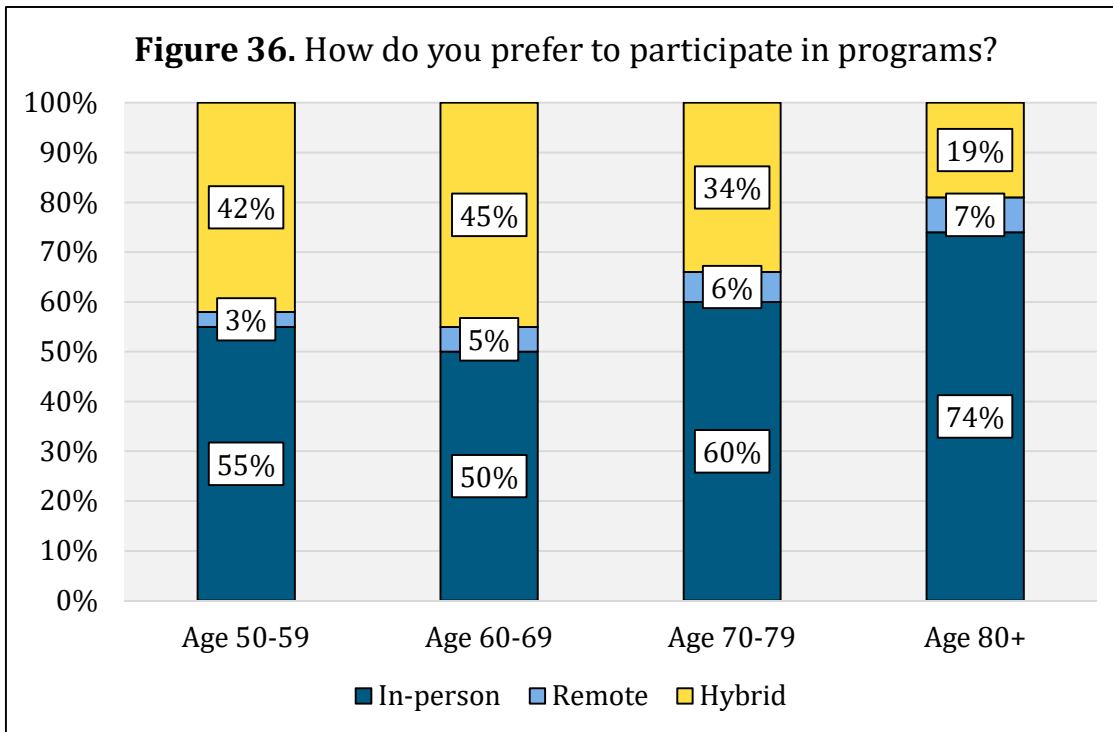
Figure 34. Thinking about your own future needs, which of the following areas would you prioritize in expanding services offered by the Norwell COA?



Survey respondents were asked the following question, “The Town of Norwell is considering a new multigenerational community center. What type of multigenerational community center would you support?” Regardless of age, there was substantial support for a center that was fully integrated for residents of all ages to participate in programming and access services, with 55% of all respondents responding favorably (see **Figure 35**).

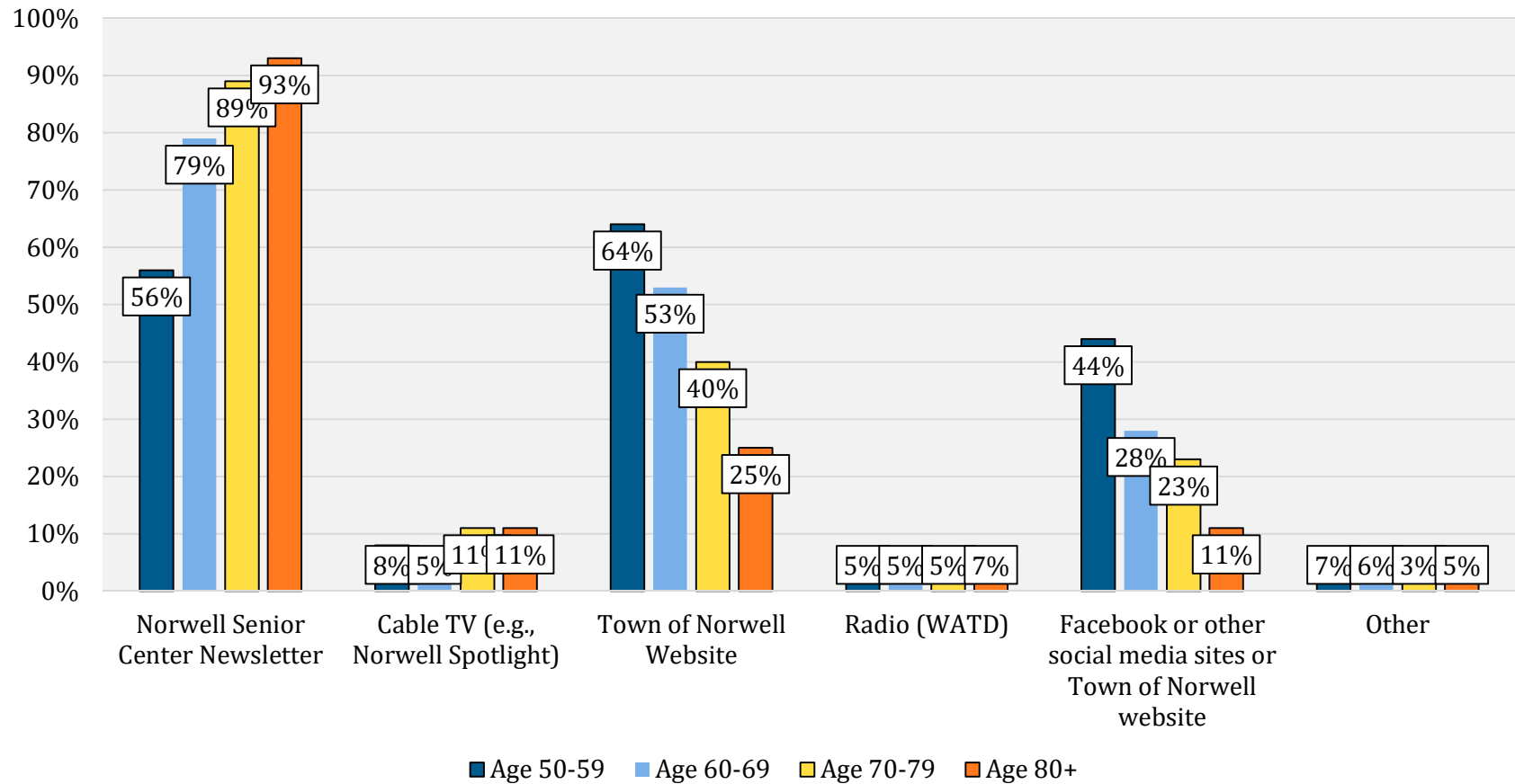


There is desire for continued availability of hybrid programs (see **Figure 36**). For younger respondents, 45% of those in their 50s and 50% of those in their 60s prefer to participate remotely or in a hybrid format. Given the number of respondents who report still being in the workforce and busy with other commitments, this finding is expected given the flexibility of participating from a remote location and at varied times of day.



Communication and accessing information regarding activities and programs emerged as a theme from the focus groups. There was one question included on the survey related to preferred method of getting information. Preference for email, website, or social media communication varied by age (see **Figure 37**). Among respondents age 60 or older, the Senior Center newsletter is the most consistently preferred source of information. That share increases with each age category, with 79% in their 60s, 89% in their 70s, and 93% of those age 80 and older choosing the newsletter. Among respondents age 50-59, 64% prefer to find information about activities and services on the Town website. Given that current Norwell Senior Center participants are somewhat older; thus we conclude that continuing to make information about the Senior Center available through print media remains important. Considering ways to amplify the distribution of the Senior Center Newsletter in conjunction with expanding the existing digital presence will aid in effectively reaching both older and younger residents.

Figure 37. Where would you prefer to find information about the activities and services offered by the Norwell Senior Center?



While most community survey respondents do have access to the Internet from their home via computer (97%), it is important to note that 10% of respondents age 80+ choose not to have internet access at this time (see **Appendix A**). This is important information both for outreach mechanisms but also to highlight the need for public access to Internet services for those who do not have connectivity in their homes.

At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the Town of Norwell and more than 300 participants took the time to provide additional feedback. A sample of additional comments are presented on **Table 5**. The majority of the comments were praising the Norwell Senior Center. It is evident from the comments that while some of those who complimented the Senior Center take advantage of the programs and services, others do not at this time, but are comforted to know that the Senior Center is available for their future needs.

In addition, the second most commonly reported topic was, again, related to the rising costs of living and property taxes in Norwell that make it nearly impossible for residents to age well in Norwell without significant financial means. This theme emerged as a top concern in every type of data collected for this project. As well, the third most commonly reported theme was related to ideas for additional programs and services that would be of interest. Some respondents provided specific ideas, such as using the COA as a location for things like flu shots, obtaining a transfer station sticker etc. to incentivize residents to actively go to the NCOA; and increase their likelihood of returning for a program or service. Coordinating with other departments and local organizations for music or performances, evening lectures, handy-person services, more gardening and exercise activities, and intergenerational opportunities were among the other suggestions.

Table 5. Additional thoughts or comments about the Town of Norwell or about current or future needs of older residents in Norwell

COA is valued by current and future users
COA was very helpful when first looking at Medicare. Notary service is helpful. Generally, a great resource, even if not one I've used a lot. Kudos to the staff for their efforts!
Doing great work. I am confident that when the time comes, you will be a great resource for myself and my wife
Although I don't use the NCOA I think it is a very worthy association and I think they do a good job meeting senior needs
Recognition that for the COA to increase its community impact, space is needed
The current COA does a great job with what they have to work with but the facility is inadequate. The physical space does not encourage active participation or desire to even participate among town residents
Norwell's COA is not keeping up with the needs of it's aging residents compared to neighboring towns and needs significant upgrades.
Right now, it is the people who work at the COA that makes it exceptional... A better facility would be good
Property taxes causing people to consider aging elsewhere
I hope I can stay in Norwell. I raised my 4 boys here taxes and cost of living will make it a challenge, but I enjoy living here it is HOME.
I truly believe living in Norwell is wonderful but will become cost prohibitive to many seniors unless steps are taken to provide assistance and lower taxes.
Suggestions for programing that would align with resident interests
Many people think of the COA as an organization for the very elderly or needy. The COA building certainly doesn't help. If you have programs that draw young seniors in, you will get more town/center support.
Offer space for socializing, talks on topics: mobility, exercises, gardening, men's/women's book club, diet advice (like healthy and cheap), energy conservation, real estate (reverse mortgages), estate planning, tax preparation, computers / smartphones, rehabbing home for safety, local - state - federal help programs, education.

Conclusion

The population of Norwell is comprised of nearly one-quarter older adults; and, *if they can afford to stay*, growth in the number of older Norwell residents is expected within the next few years. This central, overarching observation—that the older population of Norwell is already large and will continue to expand—makes clear the importance of considering how well features of the Town, the services, and amenities available, and virtually every aspect of the community align with the age demographic moving forward.

Appendix A: Community Survey Results

Note: Appendix tables are based on 1,081 responses to the Town of Norwell Survey of residents age 50 and over, conducted in Fall 2022. 12% of respondents completed the survey online and the rest were returned by mail. See text for additional details.

Section I: Community and Neighborhood

Q1. How long have you lived in the Town of Norwell?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Fewer than 5 years	8%	11%	9%	8%	5%
5-9 years	7%	10%	8%	6%	4%
10-19 years	14%	30%	14%	5%	7%
20-29 years	20%	34%	27%	10%	7%
30 years or longer	51%	15%	42%	71%	77%
Total	100%	100%	100%	100%	100%

Q2. How important is it to you to remain living in Norwell as you get older?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important	52%	27%	48%	61%	76%
Somewhat Important	31%	41%	32%	30%	18%
Slightly Important	11%	19%	13%	7%	3%
Not at All Important	6%	13%	7%	2%	3%
Total	100%	100%	100%	100%	100%

Section II: Housing and Living Situation

Q5. With whom do you live? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I live alone	15%	7%	10%	14%	35%
I live with a spouse or partner	76%	82%	83%	78%	51%
I live with my adult children (age 18 or older)	22%	41%	21%	14%	14%
My children (under age 18)	8%	33%	3%	1%	--
My grandchildren	4%	--	1%	8%	5%
My parents	2%	5%	1%	1%	--
Another relative	2%	4%	3%	1%	--

**Figures do not sum to 100%*

Q6. How many people do you live with, including yourself?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
1	15%	7%	10%	14%	35%
2	55%	24%	66%	70%	52%
3	12%	17%	16%	8%	8%
4	10%	33%	4%	2%	2%
5	6%	15%	4%	3%	2%
6	2%	3%	--	3%	1%
7	1%	1%	1%	--	--
8	--	--	--	1%	--

Q7. How many adults age 60+ live in your household?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
0	18%	79%	1%	--	1%
1	25%	17%	24%	22%	42%
2	57%	3%	75%	79%	57%
3	1%	1%	1%	--	1%
4	--	--	--	--	--

Q8. How many children (under age 18) live in your household?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
0	88%	64%	96%	92%	96%
1	6%	16%	3%	3%	3%
2	5%	15%	1%	4%	1%
3	2%	5%	--	1%	--

Q9. Does your current residence have a bedroom and full bath on the entry level?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	54%	38%	50%	61%	70%
No	46%	62%	50%	39%	30%
Total	100%	100%	100%	100%	100%

Q11. Do you rent or own your current home?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
My home is owned by me or someone with whom I live, with no mortgage.	50%	25%	46%	60%	72%
My home is owned by me or someone with whom I live, with a mortgage.	45%	70%	48%	36%	22%
My home is rented by me or someone with whom I live.	3%	5%	4%	4%	4%
My home is rented, with a subsidy, by me or someone with whom I live.	2%	--	2%	--	2%
Total	100%	100%	100%	100%	100%

Q10. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) or repairs (e.g., new roof, electrical work etc.) to improve your ability to live in it safely for the next five years?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these repairs	30%	24%	26%	38%	29%
Yes, but I cannot afford to make these repairs	11%	10%	10%	12%	13%
Yes, but I am not responsible for making these modifications or repairs.	2%	2%	3%	2%	4%
No, my current residence does not need repairs	57%	64%	61%	48%	54%
Total	100%	100%	100%	100%	100%

Q12. In the next 5 years, if you needed to move from your current home, what kind of housing would you prefer in Norwell? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Smaller single-family home	40%	60%	48%	30%	17%
Apartment building	9%	8%	6%	10%	11%
Condominium, or townhome	37%	41%	40%	39%	19%
Assisted Living community	25%	10%	17%	33%	41%
Co-housing (pooling resources with friends/family)	7%	5%	11%	5%	10%
Other	10%	6%	10%	13%	11%

**Figures do not sum to 100%*

Q13. Do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Daily activities (e.g., preparing meals or keeping track of bills)	3%	--	2%	3%	10%
Yard work (mowing lawn, raking leaves)	31%	15%	24%	38%	53%
Snow removal	35%	16%	29%	41%	62%
Small repair projects (e.g., fixing a small appliance, replacing locks)	21%	13%	12%	25%	43%
Technology support (e.g., cable settings or connecting to Wi-Fi)	14%	3%	10%	17%	32%
Personal care (e.g., getting dressed)	1%	--	1%	2%	3%
No, I do not require any help	54%	75%	64%	47%	22%

**Figures do not sum to 100%*

Q14. If you ever needed help around your home, who would assist you? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Family members	65%	65%	60%	68%	71%
Friends	23%	34%	22%	22%	11%
A neighbor	18%	22%	14%	21%	16%
I would pay someone	58%	64%	60%	56%	52%
I don't know	7%	5%	8%	7%	7%
Someone else (please specify):	2%	1%	3%	2%	3%

**Figures do not sum to 100%*

Q15. Do you have an impairment that limits your ability to participate in the community?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	8%	3%	7%	8%	20%
No	92%	97%	93%	92%	80%
Total	100%	100%	100%	100%	100%

Q16. I have been, or I have friends or family members who have been, affected by substance misuse (e.g., misuse of alcohol or prescription drugs)?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	28%	38%	33%	22%	15%
No	72%	62%	67%	78%	85%
Total	100%	100%	100%	100%	100%

Section IV: Social Activities & Relationships

Q17. In the past month, how often did you talk on the phone, send email or use social media, or get together to visit with family, friends, or neighbors? (Check only one per item)

Talk on the phone, FaceTime, or Zoom or FaceTime with family, friends, or neighbors

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Every day	49%	51%	48%	51%	45%
One or more times a week	35%	35%	37%	30%	41%
More than once a month	9%	9%	9%	11%	7%
About once a month	3%	4%	2%	3%	2%
A few times a year (e.g., holidays)	2%	1%	3%	2%	4%
Never	2%	--	1%	3%	1%
Total	100%	100%	100%	100%	100%

Send email or use social media with family, friends, or neighbors

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Every day	66%	81%	67%	64%	47%
One or more times a week	21%	13%	24%	21%	25%
More than once a month	5%	3%	4%	5%	9%
About once a month	2%	1%	1%	3%	4%
A few times a year (e.g., holidays)	2%	1%	2%	2%	2%
Never	4%	1%	2%	5%	13%
Total	100%	100%	100%	100%	100%

Get together in person with family, friends, or neighbors

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Every day	19%	26%	17%	16%	21%
One or more times a week	45%	42%	43%	48%	47%
More than once a month	22%	21%	25%	22%	17%
About once a month	6%	7%	8%	5%	5%
A few times a year (e.g., holidays)	7%	4%	6%	8%	9%
Never	1%	--	1%	1%	1%
Total	100%	100%	100%	100%	100%

Q18. Do you know someone living within a 1-hour distance on whom you can rely for help when you need it?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	92%	90%	91%	94%	95%
No	8%	10%	9%	6%	5%
Total	100%	100%	100%	100%	100%

Q19. Outside of your home, where do you socialize with others? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Norwell COA	12%	--	6%	15%	34%
Library	15%	11%	13%	16%	23%
Restaurant or café	67%	78%	70%	64%	50%
Church or faith-based organization	24%	22%	22%	23%	35%
Volunteer or civic activities	20%	29%	18%	17%	19%
Museum or cultural center	10%	13%	10%	10%	6%
Gym or fitness class	26%	32%	23%	27%	18%
Friend's home	60%	76%	60%	56%	46%
Parks or outdoor space	50%	62%	60%	46%	22%
Other	17%	13%	18%	19%	18%

****Figures do not sum to 100%***

Q20. In the past five years, have you ever felt excluded in Norwell because of any of the following?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Skin color, race, or ethnicity	1%	3%	1%	--	--
Sexual orientation	--	1%	--	--	--
Age	3%	1%	3%	5%	2%
Gender	--	--	--	--	1%
Religious or cultural background	1%	2%	1%	1%	--
Income	6%	12%	5%	4%	2%
Disability	1%	1%	1%	1%	1%
Other	4%	8%	3%	4%	3%

**Figures do not sum to 100%*

Section V: Caregiving

Q21. Please indicate your level of agreement with this statement: Norwell has adequate resources to support residents living with dementia and their families.

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	3%	6%	2%	2%	4%
Agree	36%	37%	34%	32%	47%
Disagree	49%	45%	54%	50%	40%
Strongly Disagree	12%	12%	10%	16%	9%
Total:	100%	100%	100%	100%	100%

Q22. Do you now or have you in the past 2 years provided care or assistance to a person who is *disabled, frail, or struggling with a physical or mental health condition (e.g., a spouse, parent, relative, or friend)*?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	41%	52%	44%	32%	34%
No	59%	48%	56%	68%	66%
Total	100%	100%	100%	100%	100%

Q23. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Challenging	33%	44%	31%	31%	16%
Somewhat Challenging	37%	33%	44%	35%	32%
Neither Challenging Nor Easy	19%	17%	16%	18%	32%
Somewhat Easy	7%	4%	5%	12%	13%
Very Easy	4%	2%	4%	4%	7%
Total	100%	100%	100%	100%	100%

**This table only includes respondents who reported providing care to someone now or in the last 12 months.*

Q24. If yes: Did this person have any of the following conditions?

	All Ages
Mobility issues/frailty	56%
Alzheimer's disease or dementia	34%
Chronic disease	29%
Sensory/hearing/vision challenges	20%
Psychological condition	19%
Intellectual or developmental disability	6%

**Figures do not sum to 100%*

Section VI: Transportation

Q25. Which of the following strategies do you use to modify your driving to make it easier or safer?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Not Applicable -- I do not drive	4%	1%	3%	3%	15%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	26%	11%	16%	30%	55%
I drive with no limitations	70%	88%	81%	67%	30%
Total	100%	100%	100%	100%	100%

Q26. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of lack of transportation?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	4%	2%	4%	3%	6%
No	96%	98%	96%	97%	94%
Total	100%	100%	100%	100%	100%

Section VII: Programs & Services at the Norwell COA

Q27. Do you see the Norwell Senior Center as playing a role in the lives of yourself, loved ones, or neighbors?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	75%	65%	74%	78%	87%
No	25%	35%	26%	22%	13%
Total	100%	100%	100%	100%	100%

Q28. The following items refer to programs and services that are offered through the Norwell Senior Center. Please rate the importance of each program/service to you or a member of your family:

Assistance with local or state programs (e.g., fuel assistance, SNAP)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	31%	35%	33%	27%	29%
(2)	6%	5%	8%	6%	4%
Moderately Important (3)	15%	14%	12%	18%	14%
(4)	5%	6%	6%	4%	4%
Not at all important (5)	30%	27%	28%	34%	30%
I don't know	13%	13%	13%	11%	19%
Total	100%	100%	100%	100%	100%

Transportation

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	31%	36%	27%	30%	31%
(2)	6%	5%	10%	4%	3%
Moderately Important (3)	14%	16%	12%	13%	17%
(4)	6%	4%	8%	7%	5%
Not at all important (5)	32%	29%	31%	37%	30%
I don't know	11%	10%	12%	9%	14%
Total	100%	100%	100%	100%	100%

Support Groups (e.g., low-vision)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	19%	24%	17%	17%	22%
(2)	7%	9%	7%	8%	3%
Moderately Important (3)	19%	15%	21%	21%	13%
(4)	8%	9%	9%	9%	6%
Not at all important (5)	33%	30%	31%	35%	36%
I don't know	14%	13%	15%	10%	20%
Total	100%	100%	100%	100%	100%

Health and Wellness Clinics (e.g., blood pressure, hearing clinic)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	25%	28%	24%	25%	25%
(2)	10%	13%	12%	6%	10%
Moderately Important (3)	25%	21%	25%	29%	21%
(4)	6%	4%	8%	6%	3%
Not at all important (5)	24%	24%	21%	25%	27%
I don't know	10%	10%	10%	9%	14%
Total	100%	100%	100%	100%	100%

Nutrition programs (e.g., lunches, grab 'n' go, home-delivered meals)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	24%	28%	22%	21%	30%
(2)	10%	9%	12%	9%	11%
Moderately Important (3)	20%	16%	20%	22%	22%
(4)	7%	6%	7%	9%	5%
Not at all important (5)	28%	30%	28%	31%	21%
I don't know	11%	11%	11%	8%	11%
Total	100%	100%	100%	100%	100%

Professional services (e.g., health insurance counseling, notary)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	32%	32%	35%	31%	29%
(2)	10%	10%	14%	8%	4%
Moderately Important (3)	23%	20%	19%	24%	29%
(4)	6%	6%	7%	6%	5%
Not at all important (5)	20%	22%	17%	23%	19%
I don't know	9%	10%	8%	8%	14%
Total	100%	100%	100%	100%	100%

Social or recreational activities (e.g., arts, crafts, games)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	26%	35%	23%	20%	26%
(2)	11%	12%	14%	9%	7%
Moderately Important (3)	24%	17%	24%	31%	24%
(4)	9%	7%	11%	8%	8%
Not at all important (5)	21%	20%	20%	24%	23%
I don't know	9%	9%	8%	8%	12%
Total	100%	100%	100%	100%	100%

Fitness activities (e.g., yoga, tai chi, strength classes)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	27%	37%	26%	21%	27%
(2)	13%	12%	15%	13%	13%
Moderately Important (3)	25%	19%	25%	30%	25%
(4)	6%	4%	7%	7%	6%
Not at all important (5)	20%	19%	18%	21%	20%
I don't know	9%	9%	9%	8%	9%
Total	100%	100%	100%	100%	100%

Educational opportunities (e.g., computer classes, current event discussion groups, lectures)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	26%	30%	25%	23%	26%
(2)	13%	13%	16%	13%	9%
Moderately Important (3)	26%	24%	25%	29%	25%

(4)	7%	6%	8%	7%	6%
Not at all important (5)	19%	18%	18%	20%	20%
I don't know	9%	9%	8%	8%	14%
Total	100%	100%	100%	100%	100%

Trips and outings

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	22%	26%	20%	17%	24%
(2)	12%	13%	12%	11%	12%
Moderately Important (3)	25%	22%	25%	29%	24%
(4)	9%	8%	10%	10%	4%
Not at all important (5)	23%	21%	25%	25%	25%
I don't know	9%	10%	8%	8%	11%
Total	100%	100%	100%	100%	100%

Volunteer Opportunities

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	21%	30%	18%	18%	18%
(2)	12%	14%	16%	9%	7%
Moderately Important (3)	26%	26%	27%	28%	18%
(4)	7%	3%	8%	11%	5%
Not at all important (5)	23%	17%	21%	24%	34%
I don't know	11%	10%	11%	10%	18%
Total	100%	100%	100%	100%	100%

Virtual/Hybrid Programming

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important (1)	14%	22%	11%	10%	15%
(2)	8%	7%	11%	8%	5%
Moderately Important (3)	24%	24%	25%	25%	17%
(4)	8%	7%	8%	10%	4%
Not at all important (5)	28%	24%	26%	31%	33%
I don't know	18%	16%	19%	16%	26%
Total	100%	100%	100%	100%	100%

Q29. Over the last 12 months, how frequently have you used services or attended programs offered by the Norwell COA, either in-person or remote?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Two or more times a week	2%	--	1%	3%	7%
About once a week	4%	--	4%	4%	11%
A few times a month	4%	--	2%	4%	11%
About once a month	3%	--	2%	5%	5%
A few times a year (e.g., special events only)	22%	8%	21%	30%	28%
Never	65%	92%	70%	54%	38%
Total	100%	100%	100%	100%	100%

Q30. How do you prefer to participate in programs?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
In-person	58%	55%	49%	60%	74%
Remotely	5%	3%	6%	6%	7%
Hybrid	37%	42%	45%	34%	19%
Total	100%	100%	100%	100%	100%

Q31. What is the reason that you do not currently use programs or services offered by the Norwell COA? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am still working	34%	67%	47%	15%	4%
I participate in programs elsewhere	11%	5%	8%	19%	9%
I am unaware of activities or programs available	15%	21%	18%	10%	8%
I am not old enough	20%	57%	17%	6%	--
Hours of operation are inconvenient	4%	4%	2%	6%	3%
I do not have time	17%	16%	21%	17%	14%
N/A, I currently use programs or services offered by the Norwell COA	13%	--	10%	18%	29%
Other	19%	10%	15%	26%	27%

**Figures do not sum to 100%.*

Q32. Have you ever traveled to senior centers in other towns to participate in their programs?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	14%	6%	10%	21%	19%
No	86%	94%	90%	79%	81%
Total	100%	100%	100%	100%	100%

Q33. Please check all factors that would increase the likelihood of your using the Norwell Senior Center programs and services more often...

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
If transportation options to the Senior Center were more convenient	5%	3%	2%	6%	9%
If I had more knowledge about programs and services that are available	27%	39%	29%	21%	16%
If the cost of programs was reduced or eliminated	8%	5%	7%	10%	9%
If programs and services were better suited to my interests	27%	16%	26%	37%	25%
If programs were offered in the evening or on weekends	13%	20%	16%	9%	5%
If it were easier to access the COA building (e.g., more parking, updated building)	6%	3%	4%	9%	8%

**Figures do not sum to 100%*

Q34. Thinking about your own future needs, which of the following areas would you prioritize in expanding the services offered through the Norwell COA? (Check all that apply)

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Transportation services to medical appointments, grocery shopping, errands	43%	47%	40%	43%	41%
Health and wellness programs (e.g., podiatry, blood pressure clinics)	40%	49%	42%	36%	30%
In-home support services (e.g., home repairs, friendly visiting)	47%	56%	43%	48%	41%
Professional services (e.g., tax preparation, legal services)	38%	45%	43%	36%	24%
Information and referral about local resources and care providers	44%	49%	48%	44%	34%
Family support (e.g., caregiving support, bereavement groups, seminars)	21%	34%	21%	18%	11%
Adult day health programming	18%	23%	21%	14%	13%
Other	8%	8%	7%	9%	9%

**Figures do not sum to 100%.*

Q35. Thinking about your own future interests, which of the following areas would you prioritize in expanding the programs offered through the Norwell COA? (Check all that apply).

	All ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Lunch or other nutrition programs	22%	25%	20%	19%	27%
Grab 'n' Go Meals	27%	25%	23%	27%	38%
Technology skills classes (e.g., smartphone applications)	33%	32%	30%	36%	35%
Personal Growth & Wellness (e.g., meditation, financial planning)	32%	42%	43%	24%	10%
Performances and visual arts (e.g., concerts, lectures)	38%	44%	44%	34%	27%
Social activities (e.g., games or parties)	29%	46%	31%	21%	15%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	23%	28%	23%	22%	19%
Space for informal socializing	17%	23%	17%	15%	8%
Day trips	36%	41%	35%	37%	29%
Arts and crafts classes (e.g., photography, acting, music)	27%	33%	33%	24%	14%
Indoor exercise (e.g., yoga, aerobics)	38%	51%	40%	37%	21%
Outdoor exercise (e.g., hiking/walking, kayaking)	45%	61%	60%	38%	14%
Lifelong learning programs (e.g., history, writing, languages, cultural courses)	34%	36%	39%	35%	21%
Special Interest (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	3%	8%	3%	2%	1%
Intergenerational activities	12%	19%	12%	10%	3%

Caregiver programs (e.g., respite, support groups)	16%	26%	15%	14%	11%
Evening or weekend activities	21%	32%	20%	17%	11%
Overnight trips	12%	16%	12%	11%	7%
Other	5%	7%	3%	7%	3%

**Figures do not sum to 100%.*

Q36. The Town of Norwell is considering a new multigenerational community center. What type of multigenerational community center would you support?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Multigenerational community center that has dedicated space and programming for residents 60 and older	41%	24%	40%	46%	56%
Multigenerational community center where space and programming is fully integrated for residents of all ages	54%	71%	55%	49%	39%
Other	5%	5%	5%	5%	5%
Total:	100%	100%	100%	100%	100%

Q37. Where do you prefer to find information about the activities and services offered in the Town of Norwell? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Norwell Senior Center Newsletter	79%	56%	79%	89%	93%
Cable TV (e.g., Norwell Spotlight)	8%	8%	5%	11%	11%
Town of Norwell Website	47%	64%	53%	40%	25%
Radio (WATD)	5%	5%	5%	5%	7%
Facebook or other social media sites or	27%	44%	28%	23%	11%
Other	5%	7%	6%	3%	5%

**Figures do not sum to 100%.*

Section VIII: Demographic information

Q38. Please select your gender identity?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Male	40%	65%	59%	43%	39%
Female	60%	35%	41%	57%	41%
Other	--	--	--	--	--
Total	100%	100%	100%	100%	100%

Q39. What is your age range?

Age	Percentage Responded
50-59	23%
60-69	29%
70-79	30%
80-89	14%
90+	2%
No response	2%
Total	100%

Q40. Are you able to access the internet from your home?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	97%	99%	99%	98%	88%
No, I cannot afford internet	1%	1%	1%	1%	2%
No, I choose not to have internet	2%	--	--	1%	10%
Total	100%	100%	100%	100%	100%

Q41. What is your total household income (from all sources)?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Less than \$25,000	5%	2%	6%	4%	10%
\$25,000 - \$49,999	8%	1%	6%	8%	22%
\$50,000 - \$74,999	11%	2%	6%	17%	23%
\$75,000 - \$99,999	10%	3%	9%	17%	11%
\$100,000 - \$149,999	17%	20%	17%	16%	11%
\$150,000 - \$199,999	9%	12%	12%	7%	1%
\$200,000 or more	18%	40%	19%	8%	2%
Prefer not to answer	22%	20%	25%	23%	20%
Total	100%	100%	100%	100%	100%

Q42. What is your employment status?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Working full-time	30%	73%	37%	6%	1%
Working part-time	12%	8%	15%	14%	6%
Retired	45%	7%	35%	67%	74%
Not fully retired	4%	2%	5%	6%	1%
Looking for work	11%	3%	9%	14%	18%
Other	5%	5%	6%	3%	4%

**Figures do not sum to 100%*

Q43. When do you plan to fully retire?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
N/A, I am already fully retired	46%	4%	35%	71%	91%
Within the next 3 years	9%	2%	19%	8%	3%
In 3 to 5 years	7%	6%	17%	3%	--%
In 6 to 10 years	10%	29%	8%	--	--%
In more than 10 years	9%	32%	1%	1%	--
Not sure	12%	17%	15%	9%	3%
I do not anticipate ever fully retiring	7%	10%	5%	8%	3%
Total	100%	100%	100%	100%	100%

Q44. Please indicate your level of agreement or disagreement with the following statement: *"I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses."*

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	35%	43%	36%	33%	28%
Agree	54%	49%	54%	57%	57%
Disagree	8%	6%	8%	7%	11%
Strongly Disagree	3%	2%	2%	3%	4%
Total	100%	100%	100%	100%	100%