

Aging in Hingham: A Community Needs Assessment

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Department of Elder Services & Council on Aging

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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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Dear Hingham Residents and Community Members,

I am very excited to share with you the report *Aging in Hingham: A Community Needs Assessment*, researched and written by the expert team at the University of Massachusetts Boston Gerontology Institute.

The purpose of the project was to assess the needs and preferences of Hingham's adult residents as it relates to their aging in our community and to inform the planning processes of Hingham's Department of Elder Services, the Senior Center, and other municipal departments. This report is the result of many months of coordination and planning within the community as well as with outside partnerships. While some of you may have just heard about this initiative, many of Hingham's residents and seniors have participated in a number of programs, discussions, and surveys over the last year that have contributed to the report. I am excited to share in this report the culmination of feedback and ideas from Hingham's residents who have provided their time, energy, and ideas.

We are deeply grateful to the Hingham residents, community leaders, and municipal leaders who shared with us their time and insight into what can be done to make the Town of Hingham, including the Department of Elder Services and the Hingham Senior Center, a strong and vibrant place to be. I hope you enjoy reading this report and are stimulated to engage in the community around seniors' needs. I learned a great deal from it myself, and it stimulated new directions in the effort to improve the lives of older residents of Town. We intend to distribute this report to all the stakeholders and use the information to advance relevant projects that will have demonstrable impacts on how older adults live and thrive in Hingham. We also are indebted to Caitlin Coyle, PhD, and her team—from coordinators and graduate research assistants to undergraduate interns—for their time and expertise in creating such a polished and readable document.

Thank you for your support, vision, and engagement as we truly make Hingham a community for all ages!

Sincerely,

Jennifer Young
Director of Elder Services

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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 Town of Hingham. The goals of this project were to investigate the needs, interests, preferences, and opinions of Hingham's residents aged 45 or older. The contents of this report are meant to inform the Department of Elder Services, the Hingham Council on Aging and Senior Center, and the Senior Center Building Committee that was appointed in 2020. As well, organizations that work with and on behalf of older residents of Hingham will find this information useful for the purposes of planning and coordination of services. The report will also help to build awareness about issues facing Hingham among community members at large.

Substantial growth in the number of older Hingham residents has been growing. Already, more than 1 out of 4 residents of Hingham is age 60 or older. Future estimates suggest that by the year 2035, older residents will make up 39% of the community's population. This central overarching observation—that the older population of Hingham 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 responding to this demographic shift and anticipating future growth of older residents, the Hingham Council on Aging (COA) 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 45 and older. As part of this assessment, we conducted key-informant interviews to hear from Hingham leadership. In addition, a sample survey was developed and administered to 5,000 Hingham residents age 45 and older. A total of 1,179 questionnaires was returned, reflecting a strong return rate of 24%. Data from the U.S. Census Bureau and other sources were examined in support of the project aims. Information from peer community Senior Centers was reviewed, as well.

A broad range of findings are reported in this document, highlighting the many positive features of Hingham as well as concerns expressed by older residents. The report is intended to inform planning by the Hingham Senior Center as well as other Town offices, private and public organizations that provide services and advocate for older people within Hingham, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Hingham 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 Hingham Council on Aging:

- **The physical space and location of the Hingham Senior Center does not currently meet the needs of the range of ages and interests of the Hingham older adult population and is far smaller than the spaces occupied by its peers. As well, the preference for programming and services is placed on promoting physical health as well as personal growth and enrichment.**
 - The Hingham Senior Center is the only one of its 6 peers that has not invested in a new senior center space or renovation of existing space; and it currently occupies the least amount of space—even with comparable size populations of older adults.
 - Excluding residents of Linden Ponds, who have access to many amenities on-site, 40% of survey respondents would prefer the renovation of the existing senior center space over other options like a new standalone building in another location.
 - Among survey respondents who use the senior center, additional parking is the number one (reported by 32% of users) factor that would increase the likelihood of their continued or increased participation in programs and services offered by the Hingham Senior Center.
 - Among survey respondents who use the senior center, 32% report traveling to other senior centers to attend programs or access services.
 - Of survey respondents who never use the Hingham Senior Center, 30% of all ages state it is because they are still working and 24% report the reason for not attending is that they are not old enough.
 - Among survey respondents who do not use the senior center, offering more indoor exercise, lifelong learning courses, and more performances would increase the likelihood of their participating at the Hingham Senior Center. These kinds of programs, and the increased demand for programs, have implications for the type and size of space that is needed to adequately meet the needs of the community.

Recommendations:

- Make plans for increasing space for programming to accommodate growing demand for programs and services. Cost to residents and adequate parking are necessary. As well, consider prioritizing the following types of spaces:
- Large rooms for indoor exercise classes that can accommodate many participants.

- Classrooms and program rooms that have the technology for audio and visual presentations and also the capability to receive participants who are participating virtually.
 - Multiple rooms will be needed so that more than one program can happen at a time.
 - Consider lifelong learning opportunities that bring residents together over a period of time so that social relationships can be built and maximum learning can occur.
 - Space for music or dance performances or to play films.
 - Drop-in space for residents to meet informally and socialize in a café style environment.
 - Pilot-test evening or weekend programs to attract residents who are still in the workforce.
 - Consider the role of coordinating and planning for high quality programs and trips and plan for staffing and volunteers to aid in that task.
 - Facilitate outdoor activities for older residents. Consider partnerships with the recreation departments or other local groups to organize walking, hiking, biking, or bird-watching groups.
- **Additional staff is needed to maximize the capacity of the center as it evolves to meet the needs and preferences of older adults in Hingham.**
- The Hingham Senior Center is the only one of its peers without a staff position dedicated to programming
 - As well, all peers except for Lexington have at least 1 part-time staff dedicated to volunteer coordination to ensure that maximum benefit is being attained from resident talents, skills, and time.

Recommendations:

- Create a full-time position dedicated to programming and activities coordination position to directly oversee and maintain programming needs and scheduling of programs at the Hingham Senior Center.
 - Develop a position for 1 part-time staff dedicated to volunteer coordination to ensure that maximum benefit is being attained from resident talents, skills, and time.
- **Awareness and understanding of the Hingham Senior Center is uneven among residents, particularly those under the age of 70.**
- Among those respondents who do not participate at the Hingham Senior Center, the number one factor (reported by 42% of nonusers) that would increase participation is having more knowledge about what is available.

- A lack of familiarity with the Hingham Senior Center is another deterrent that was commonly reported by survey respondents. For example, one wrote: “(I) don’t know anyone that goes” and another wrote “I don’t like to go alone”.
- Among those who do not currently participate at the Hingham Senior Center, the second-most reported factors that would increase the likelihood of participation (reported by 21% of nonusers) are “If there were more people like myself at the Hingham Senior Center” and “if it included residents of all ages and functioned more like a community center”.

Recommendations:

- Consider developing an “ambassador program” and coach residents to actively encourage new participants. Perhaps this could function as a property-tax work-off position or offer an incentive for the number of new participants they can recruit.
 - Create a “newcomers” group at the Hingham Senior Center so participants feel connected to a group when they first arrive.
 - Establish a “civic academy”, in partnership with other Town Departments, to educate community members about local government processes, resources (e.g., property tax relief programs) and volunteer opportunities. Graduates can serve as a pipeline to serve on Boards, Committees and as volunteers.
 - Host programming for newly retired residents or those considering retirement. Topics could include financial planning, health insurance coverage, volunteer work etc.
 - In order to avoid the deterrence of financially insecure residents from participating, consider noting on any promotional materials that if a resident is unable to pay the requested amount that they can contact the Hingham Senior Center to make other arrangements.
- **Economic insecurity is a concern for many older adults in Hingham.**
- The number one concern for being able to remain in Hingham as they age is being able to afford the increasing property tax amounts and overall costs of living in the Town. For example, one resident wrote eloquently, “Affordability is my greatest concern and worry. Every day I live on a fixed income, and it has become increasingly difficult each year to live in Hingham.”
 - The increasing financial gap is a concern that was noted by Hingham leaders when it comes to residents, many of whom have spent their lives in Hingham, aging in their community.
 - According to American Community Survey (2016-2020) estimates, a substantial share of households headed by someone age 65 and older (24%) report annual incomes under \$25,000. This compares with just 7% of households headed by individuals aged 45 to 64 having incomes under \$25,000.

Recommendations:

- Continue strategizing ways to relieve property taxes for older residents who are living on a fixed income. Consider property tax freezes¹ or widening income eligibility for property tax-relief programs that already exist. Focus outreach efforts on existing property tax relief programs, including a proxy option for the property tax work off program so that a family member or friend can work on behalf of a resident who is not able to work.
- Consider hosting a program like “How to Cut the Cord” to educate residents how they can access streaming or other online media in order to eliminate or reduce their cable bill.
- Develop a “help a neighbor” fund that would allow for small grants to be given for home repair projects, subsidizing snow removal or lawn care for older adults who cannot afford it. Engage local fraternal organizations, faith communities, and the COA Friends Group to coordinate.
- Engage local businesses or Chambers of Commerce to connect older residents with part-time or flexible employment.

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

- Thirty percent of survey respondents stated that they currently or have in the past 12 months provided care or assistance to a person who was disabled or frail and that number is highest among those age 45-59 (35%).
- Among caregivers age 45-70, at least 70% reported that providing this care and maintaining their daily responsibilities was very or somewhat challenging.
- The number one condition prompting care was Alzheimer’s or dementia, as well the Massachusetts Healthy Aging Collaborative reports that rates of dementia in Hingham (16%) are higher than rates of the state as a whole (14%).

Recommendations:

- A memory café is a welcoming place for people with forgetfulness or other changes in their thinking and for their family and friends. Memory cafés meet at a variety of places including coffeehouses, museums, or community organizations. Consider co-hosting a memory café in Hingham or nearby.
- Develop a “Volunteer Respite Program” in which residents are vetted to assist Hingham caregivers by serving as a companion to the person receiving care while the caregiver has a few hours to themselves.

¹ <https://www.maine.gov/revenue/taxes/tax-relief-credits-programs/property-tax-relief-programs/stabilization-program>

- Consider a “Caregivers Night Out” in which a meal and entertainment are provided for caregivers while their care partners are in the care of others. Perhaps a partnership with South Shore Elder Services or local home care agencies to coordinate.
 - Explore collaborations between local emergency response services and community based organizations to improve the health and quality of life of those living with dementia and/or their care partners. This model could be expanded to include those with vulnerabilities to falling or other behavioral health conditions.
 - Encourage town staff to become “Dementia Friends” by completing a training program².
- **Obtaining supplementary and accessible transportation is a concern for some of Hingham’s residents as they age.**
- Maintaining independence is a major concern for survey respondents and one key facilitator of this independence is transportation. For example, one respondent wrote that their major concerns for the future include, *“My overall health, ability to maintain my property. Also, ability to lead an independent lifestyle, to include ability to drive routinely.”*
 - Only 7% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 26% of this older segment of the population do not drive. Many residents (31%) who do drive, modify their driving to make it easier or safer.
 - Among those who do not currently drive, 19% have missed or needed to reschedule a medical appointment because of a lack of transportation within the past 12 months. This is compared to only 1% of those who drive themselves and 8% of those who drive with some modifications.

Recommendations:

- Conduct targeted, proactive, outreach to raise awareness of the existing volunteer driver programs that provide transportation to medical appointments and for other trips.
- Target information to communities within Hingham who may have particular need for transportation services including those living alone and those with disabilities. Consider additional outreach for transportation when inclement weather is anticipated.

² <https://dementiafriendsma.org/>

Introduction

Over the coming years, the older adult³ population of Hingham is expected to increase substantially, with growth rates outpacing those of younger segments of the population. Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, offered through the Hingham Council on Aging and the Hingham Senior Center. As a municipal entity, Hingham'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.

As well, in August of 2020, the Town of Hingham established a Senior Center Building Committee to determine if an additional 10,000 square feet to the existing footprint of the Hingham Senior Center will meet the needs of Hingham seniors. The Town purchased property to construct a new Public Safety building, creating 10,000 square feet of space to be allocated to the senior center if the space is feasible for senior programming needs. The Committee is charged with overseeing the design, engineering and renovation of the Senior Center in Town Hall and the adjacent space. The committee consists of 7 members, four residents of the Town appointed by the moderator and three residents of the Town appointed by the Board of Selectmen—with the Director of Elder Services serving as an ex officio, non-voting member.

This report presents results of a comprehensive examination of issues relating to aging in Hingham. A need assessment was undertaken in order to support planning on the part of the Hingham Council on Aging (COA), the Department of Elder Services, and the Senior Center Building Community and the Town of Hingham. Results presented here focus on the characteristics and needs of Hingham residents who are age 45 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 Hingham offices and organizations interacting with older residents.

The Hingham Council on Aging and Senior Center

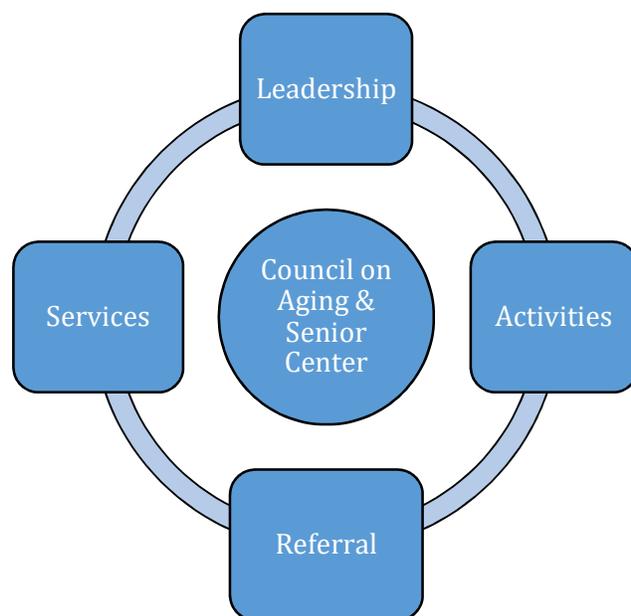
In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities, they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many

³ For the purposes of this report, "older adults" and "seniors" are defined as individuals aged 60 and older. This is consistent with the Older Americans Act, the legislation authorizing many services meant for older adults, which also uses age 60 and over to define the population covered by its provisions.

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 Hingham Council on Aging is tasked with providing information and some direct services to Hingham residents aged 60 and older. The Hingham Department of Elder Services and Council on Aging “supports the independence and ongoing personal development of Hingham's population 60 and older, advocates for their needs and works to enhance the quality of their lives.”⁴

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. Senior Center 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.

Figure 1. Functions of a Council on



The Hingham Council on Aging offers programs and services at the Senior Center located in the heart of Hingham and collocated with the Town Hall and Police Department. An array of services, resources, and programs are offered for free or at low cost to

⁴ Mission statement retrieved from: <https://www.hingham-ma.gov/353/Elder-Services#:~:text=Mission%20Statement,the%20quality%20of%20their%20lives>

community members who are age 60 and older. Staff at the Hingham Senior Center also refer eligible residents to services and programs available through other offices 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, gifts and donations, and nominal fees charged for some activities.

The Hingham Senior Center operates five days per week. On Mondays, Wednesdays, and Thursdays it is open from 8:30 a.m. to 4:00 p.m., on Tuesdays it is open from 8:30 a.m.-6:30 p.m., and on Fridays it is open 8:30-1:00 p.m. Its staff includes a Director an outreach coordinator, an office assistant, an administrative assistant as well as one transportation coordinator and two medical van drivers. The Hingham Senior Center Board of Directors is made up of Town-appointed volunteers who live in the community. Its ten members act as an advisory committee to the Director of Elder Services. Many others volunteer to support the senior center in a variety of ways.

Complete information about programs and services, including a monthly schedule, are available online at <https://www.hingham-ma.gov/325/Council-on-Aging> . Data regarding number of participants served by the Hingham Senior Center was gathered through the 2021 annual report, which covers July 1, 2020, through June 30, 2021. It is important to note that due to the COVID-19 pandemic, on-site programming was reduced, and numbers reported in this report are not “typical” compared to other years.

Programs and services offered through the Hingham Senior Center include:

- *Outreach Services:* The Hingham Senior Center assists older adults and their family members with their concerns and needs on a daily basis. Social services staff provide residents with information and referrals such as housing options, in-home services, and caregiver information. Outreach and case management services were provided to more than 450 residents. As well, more than 4,000 inquiries were made to the Hingham Senior Center seeking information and referral to resources for home care, food, medications, or social support.
- *Volunteer Opportunities:* Volunteers provide invaluable support to the COA, assisting with many of the programs, activities, and administrative tasks such as delivering Meals on Wheels, front desk activities, and organizing the medical equipment loan closet. Pre and during the pandemic volunteers are an invaluable and critical support for the senior center. During FY2021 a team of 22 regular volunteers contributed 1,100+ hours.

- *Health & Wellness Services:* SHINE Counseling (Serving the Health Information Needs of Everyone) was provided to 152 older residents and included assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. Other health services such as walk-in blood pressure clinics and nutrition programs.
- *Social and Recreational Activities and Programs:* Regularly scheduled drop-in fitness classes, such as Chair Yoga, Cardio, Low-Impact Exercise, Qi Gong, Tai Chi as well as recreational programs like presentations, games like Mah Jongg, and Cards are a significant function of the Hingham Senior Center. More than 2,000 programs were offered in FY21 and were attended by 282 unduplicated residents.
- *Transportation:* More than 500 hours were spent providing trips to Hingham residents in FY21. This included regularly scheduled in-town trips as well as transportation to medical appointments.

As the numbers of older residents increase, the need for resources dedicated to this segment of the population will also continue to grow and to change. Thus, it is crucial that the Department of Elder Services plan in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town. The purpose of this report is to describe the research process and key findings of the study. The report concludes with a set of recommendations for the Hingham Department of Elder Services, the Senior Center Building Committee and the Hingham Senior Center as they move ahead.

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 Hingham (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the Hingham Senior Center 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 Hingham'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 (2016-2020) 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

During May and June 2022, we conducted interviews with ten individuals in Hingham town leadership positions relevant to older adults. Interview prompts focused on the participant's perceptions about older residents' unmet needs, concerns for the future of aging in Hingham, and ideas about how the Town could improve life for its older residents. We spoke with the Chief of Police, the Fire Chief, the Town Administrator and two Assistant Town Administrators, a member of the Selectboard, the chair of the Council on Aging board, the chair of the Building Committee, the town social worker, and the Community Planning Director. The interviews were held in person or over Zoom. Interviews lasted approximately an hour, and, in several cases, two participants were included in a single interview conversation.

Community Survey

In collaboration with the COA Board members, a community survey was developed for this study and mailed to a sample of residents aged 45 and over (N=5,000). A mailing list was obtained from the Hingham 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 the sample of Hingham residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was available on a web-based platform. A total of 1,179 responses to the survey were obtained, representing a strong return rate of 24% (see **Table 3**). Ten percent were returned online, and the rest of the responses were returned by mail. In **Appendix A**, response distributions are shown by age group.

Peer Community Comparison

We conducted interviews with directors of Councils on Aging (COAs)/senior centers in Lexington, Marblehead, Wellesley, Scituate, Duxbury, and Marshfield. Participants were asked about features of the senior centers they administer, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. The informal interviews lasted between 45 and 90 minutes. Additional information on selected COAs was retrieved from their websites.

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 Hingham?”). Notes taken during the study’s qualitative components (e.g., focus group, 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 Hingham. Information collected about the selected COAs was compared side-by-side with information collected from Hingham’s Director of Elder Affairs. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Hingham

According to American Community Survey (ACS), there were about 23,983 residents living in the Town of Hingham in 2020. About 44% of the population (10,501 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (3,342 individuals) made up 14% of the population; residents aged 60 to 79 (5,188 individuals) comprised around 22%, and another 1,971 residents (8%) were age 80 and older.

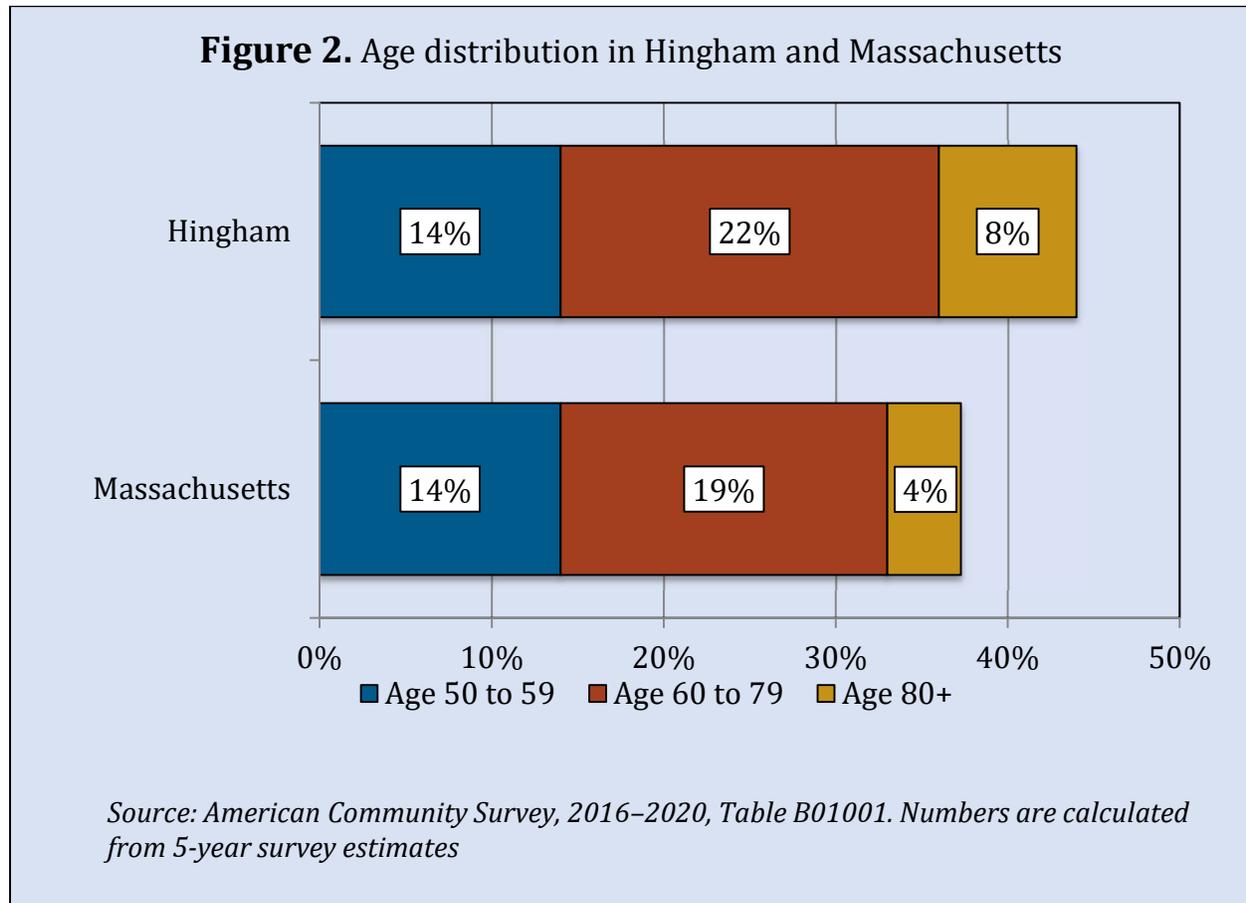
Table 1. Number and percentage distribution of Hingham’s population by age category, 2020

Age Category	Number	Percentage
Under age 18	5,905	25%
Age 18 to 49	7,577	31%
Age 50 to 59	3,342	14%
Age 60 to 79	5,188	22%
Age 80 and older	1,971	8%
Total	23,983	100%

Source: American Community Survey, 2016-2020, Table B01001. Numbers are calculated from 5-year survey estimates.

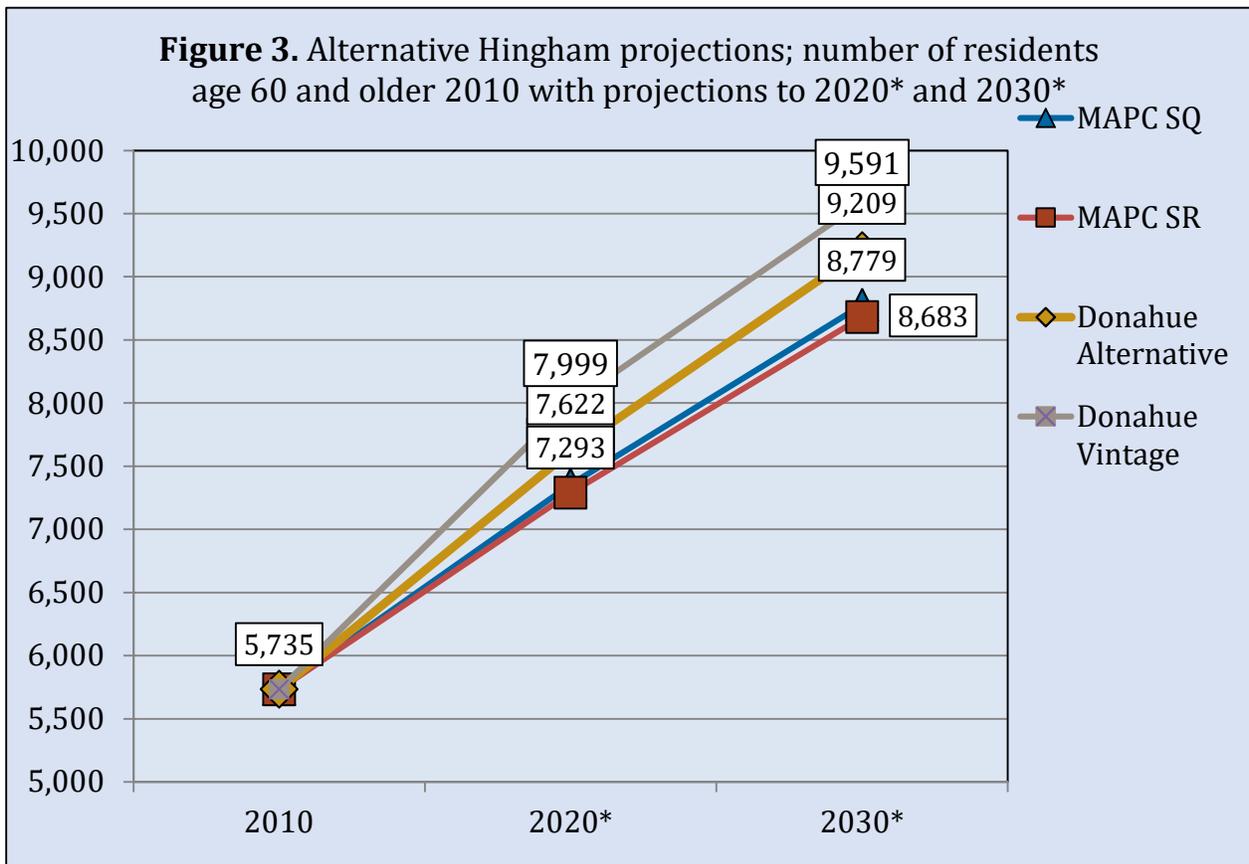
The share of Hingham’s population age 50 and older is slightly larger than the overall state of Massachusetts (**Figure 2**). About 37% of the Massachusetts population was in the 50+ age

group in 2020, compared to 44% of the Hingham population. Compared to the Commonwealth, Hingham had also a higher portion of residents aged 60 and older, and in particular, the share of Hingham residents aged 80 and over is almost twice than the one estimated for the state as a whole. This is due, in large part, to the presence of the Linden Ponds senior living community that occupies 108 acres in Town and houses more than 1,300 residents. In 2020, Massachusetts residents aged 60 and over comprised about 23% of the population, including 4% age 80 and over. In Hingham, about 30% of the population was 60 or older, including 8% who were 80 years or older.



Population growth in both Massachusetts and the Town of Hingham has been concentrated in older age groups. Between 2000 and 2010, the population of all ages increased by 11% in Hingham and 3% in the state as whole. In both Hingham and Massachusetts, the absolute numbers of residents aged 50 and over also grew substantially during this time period (*US Census, Table QT-P1*). The segment of Hingham’s population age 50 to 59 increased in size by 10%, a rate of growth lower than in Massachusetts overall (29%). The population of residents who are age 60 and older increased by 55% in Hingham, compared to a 16% increase for the state.

The increments in the share of older population are projected to continue in the following decades. **Figure 3** shows four sets of projections for Hingham’s population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest steady increments in the share of older population between 2010 and 2030.



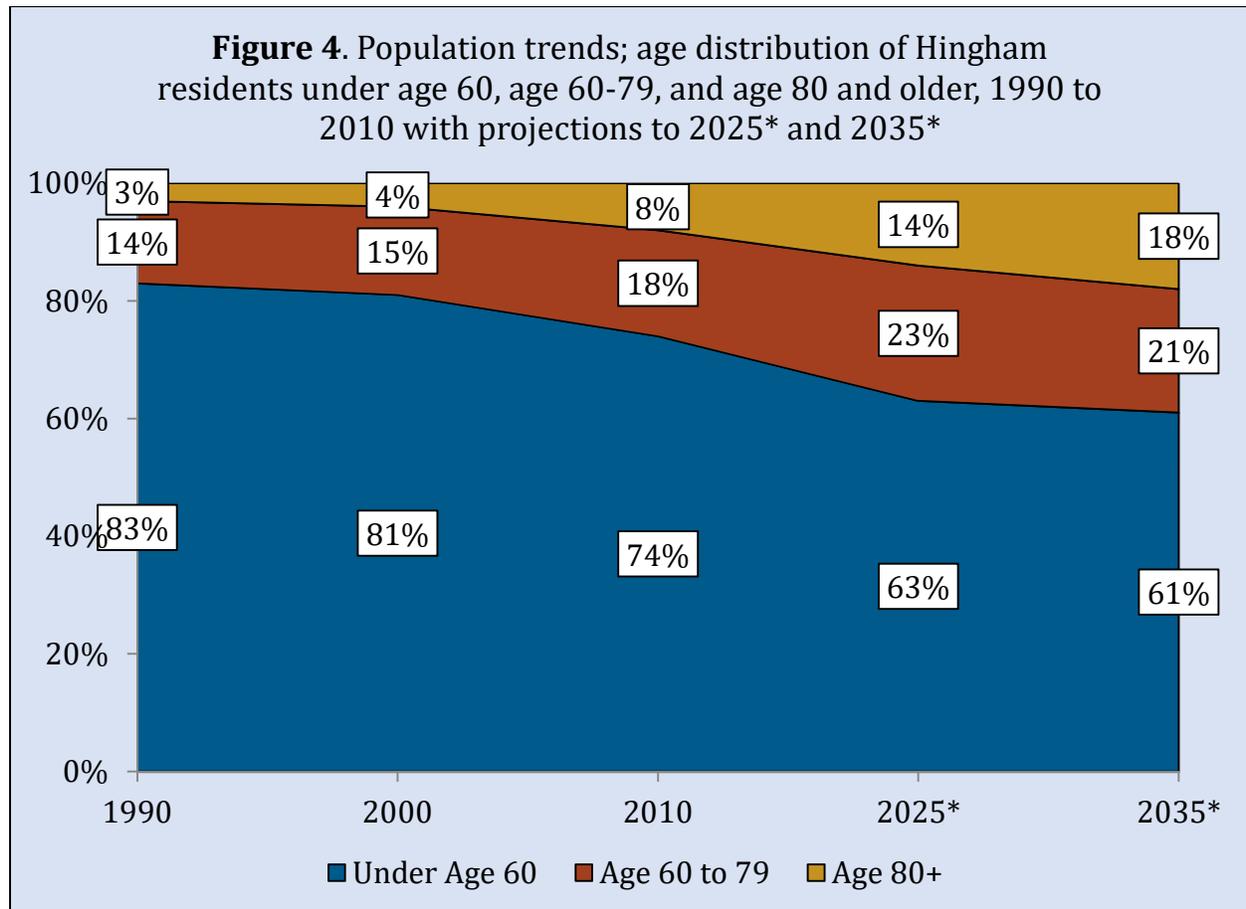
Source: Population figures for 2010 are from the U.S. Census.

* The four sets of projections for 2020 and 2030 are from two different sources: 1. Donahue Alternative and Vintage projections are estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/> 2. MAPC Status Quo (SQ) and Stronger Region (SR) Scenarios projections are prepared by the Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

Figure 4 shows the age distribution of Hingham’s population from 1990 to 2010, and population projections for 2025 and 2035⁵. In 1990, about 17% of the Town’s population

⁵ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline

was age 60 and older; this percentage increased by 2000 (19%) and even more by 2010 (26%). According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Donahue Institute vintage projections suggest that by 2035, more than one out of each three Hingham residents will be age 60 or older—21% of the Town’s population will be between the ages of 60 and 79, with an additional 18% age 80 and older.



Source: Population figures for 1990 thru 2010 are from the U.S. Census.

* Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

Socio-Demographic Composition of Hingham’s Older Population

Hingham is less diverse than the state with respect to race. For all ages combined, about 95% of Hingham residents report their race as White non-Hispanic, compared to 71% in Massachusetts (*ACS, 2016–2020, Table B01001A-I*). Among older adults in particular, Hingham is also less diverse. **Table 2** displays the race and ethnicity of Hingham residents aged 65 and older. The large majority of older residents reported white race/ethnicity (96%). The remaining percentage of the population 65 and older reported Asian race/ethnicity (2%), two or more races (1%), or Black race/ethnicity (<1%).

Table 2. Race distribution of residents who are age 65 and older in Hingham

Race	Number	Percent
White	5212	96%
Asian	110	2%
2+ races	82	1%
Black	10	<1%
Total	5414	100%

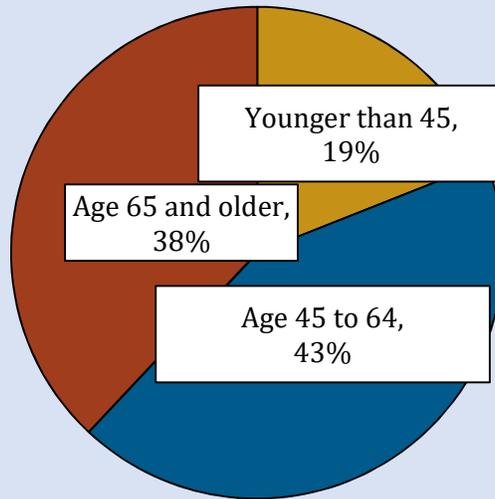
Source: American Community Survey, 2016–2020, Tables B01001A-I. Numbers are calculated from 5-year survey estimates.

Additionally, about 6% of older Hingham residents speak a language other than English at home (*ACS, 2016–2020, Table B16004*). Those who speak another language other than English at home most commonly speak an Indo-European language (4%) followed by an additional 2% who speak an Asian and/or Pacific Island language.

A majority of Hingham’s 9,121 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. Residents aged 45 and older are householders of 81% of all households in Hingham⁶ including 38% who are age 65 and over (**Figure 5**).

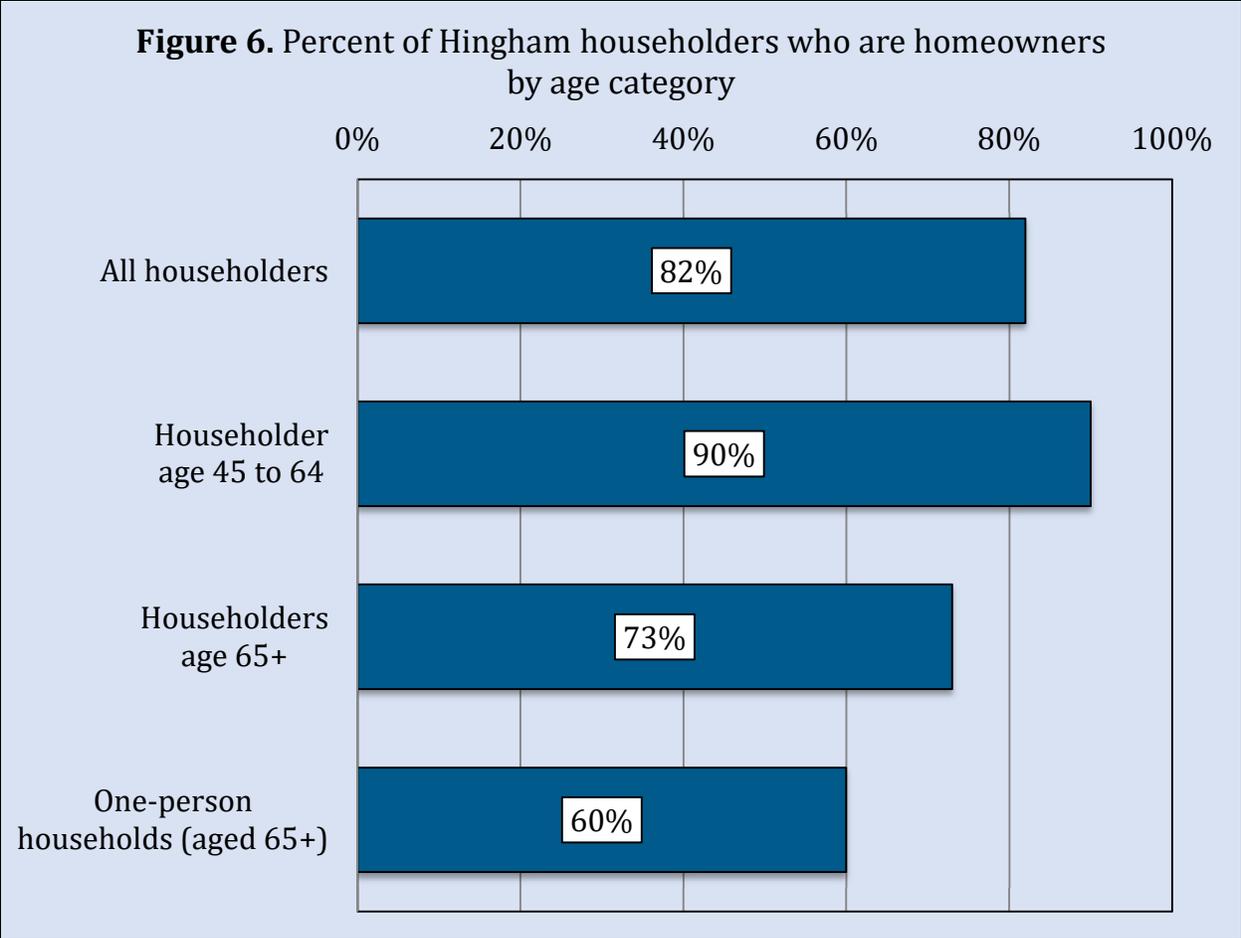
⁶ Many available Census data on the older population of Hingham are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

Figure 5. Age structure of Hingham householders



Source: American Community Survey, 2016–2020, Table B25007. Numbers are calculated from 5-year survey estimates.

Most of all Hingham residents live in homes that they own or are purchasing (82%; **Figure 6**). About 90% of residents aged 45 to 64 own their homes, and about 73% of householders 65 and older own their homes. A sizeable share of Hingham residents who are 65 and older and live alone, also own their home (60%). The high 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.

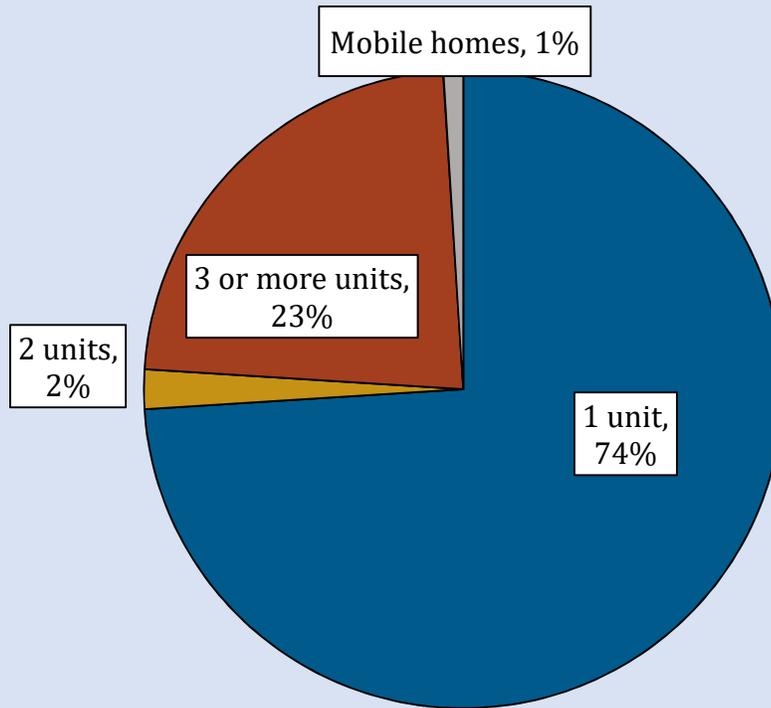


Source: American Community Survey, 2016–2020, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 53% of Hingham’s 9,121 households have at least one individual who is age 60 or older (ACS 2016–2020, 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 9,414 housing structures in Hingham (Figure 7), 74% are single unit structures. The remaining 26% are housing structures that contain two or more housing units, including apartment complexes (25%), and mobile homes (1%).

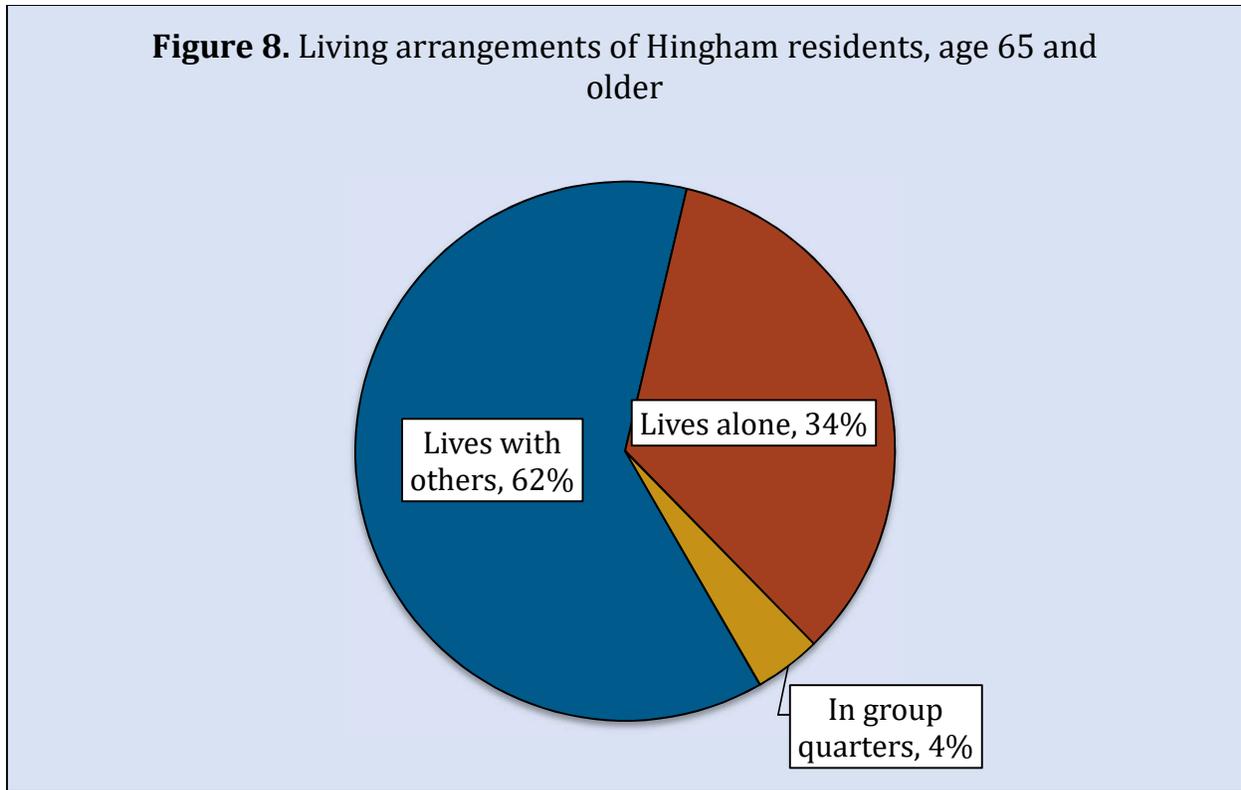
Figure 7. Number of units in Hingham housing structures



Source: American Community Survey, 2016–2020, Table B25024. Numbers are calculated from 5-year survey estimates.

A substantial proportion of Hingham residents who are age 65 and older (34%) live alone in their household whereas 62% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 8**). Additionally, around 4% of older Hingham residents live within group quarters.

Figure 8. Living arrangements of Hingham residents, age 65 and older



Source: American Community Survey, 2016–2020, Table B09020. Numbers are calculated from 5-year survey estimates.

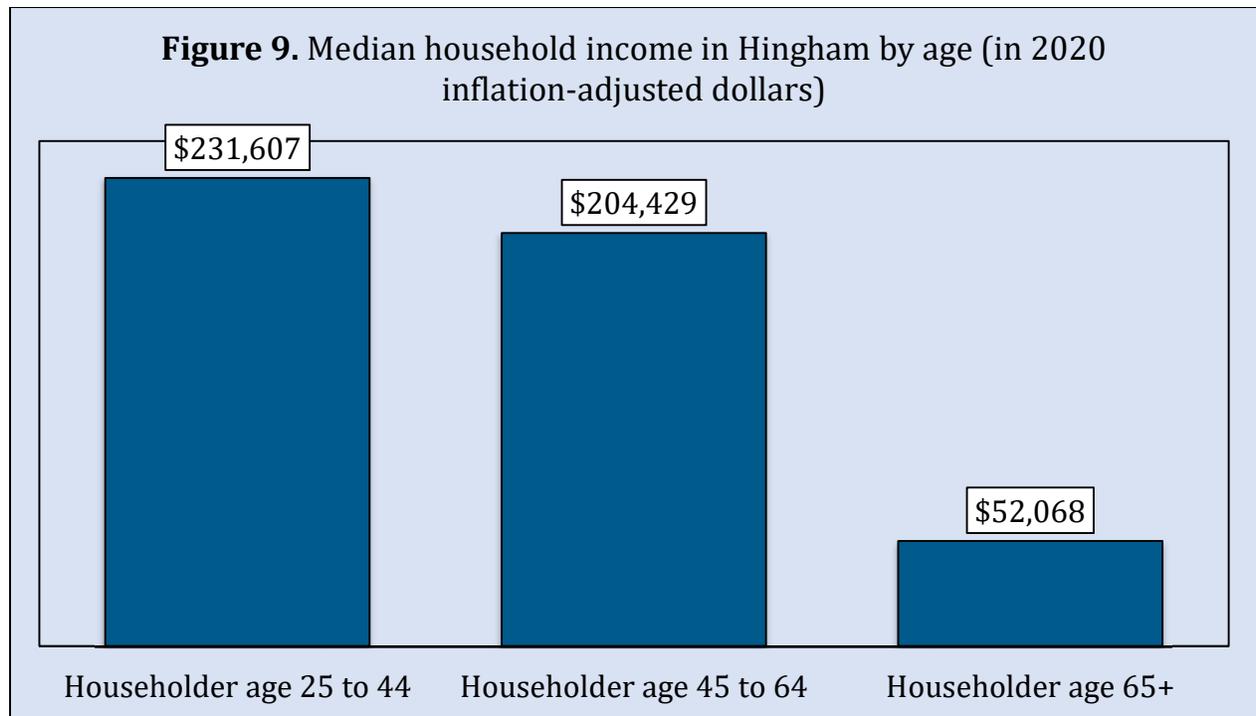
American Community Survey estimates on education suggest that Hingham residents are well educated on average. About 59% of persons 65 and older have either a bachelor’s degree (27%) or a graduate/professional degree (31%; ACS, 2016–2020, Table B15001). This educational profile contributes to the vitality 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 (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a substantial proportion of Hingham residents aged 65 and over remain in the workforce. About 38% of adults aged 64 to 74 are participating in the labor force. Of those age 75 and older, about 5% remain in the workforce (ACS, 2016–2020, Table S2301).

Nearly 30% of men aged 65 and older report veteran status (ACS, 2016–2020, 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.

With respect to household income, there is some comparative disadvantage of some older residents in Hingham (**Figure 9**). Hingham residents’ median household income is

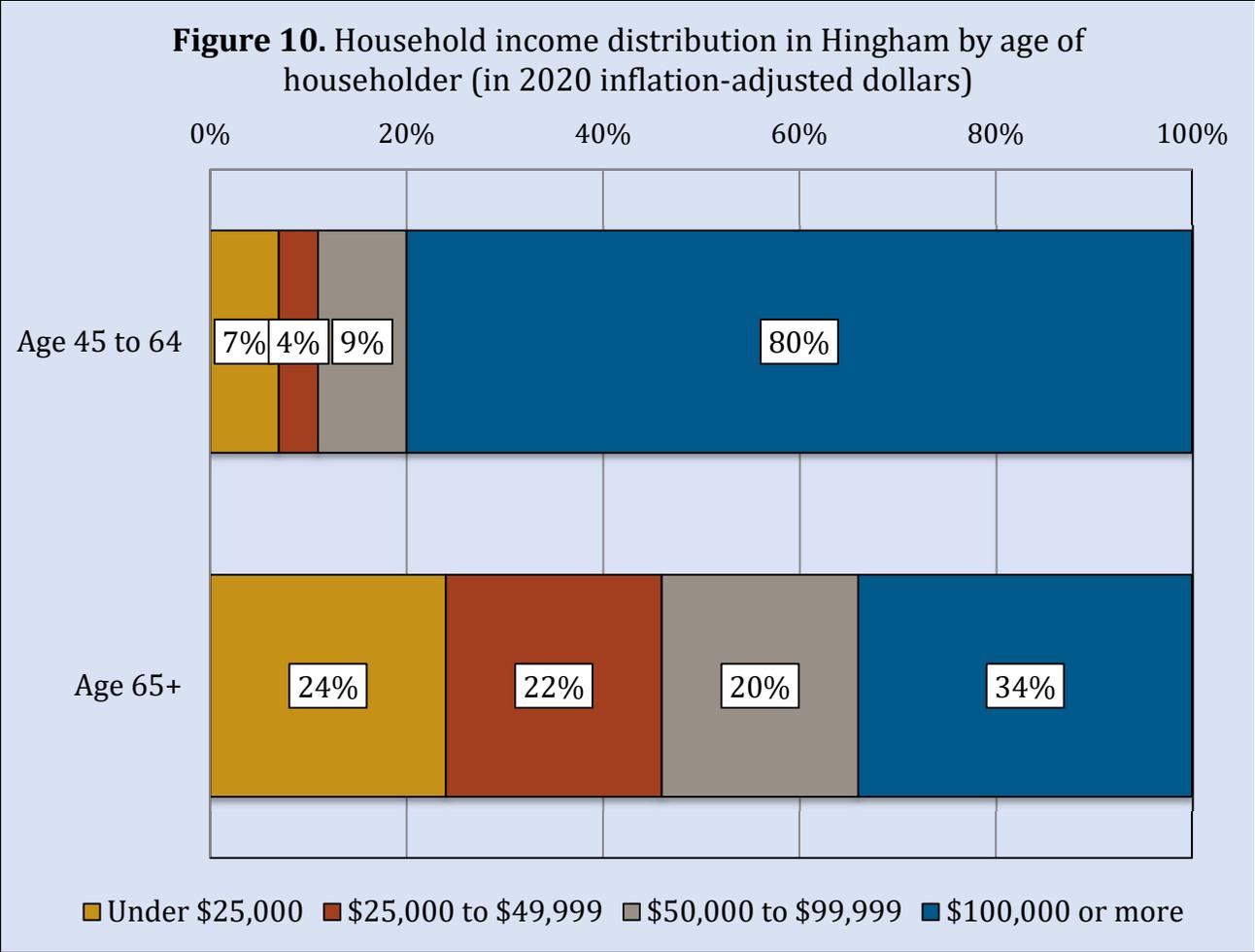
considerably higher than the one estimated for Massachusetts as a whole (\$147,520 compared to \$84,385). Among Hingham’s householders, those aged 25-44 have the highest median income at \$231,607—which is also much greater than the statewide median for this age group (\$96,311). Among Hingham householders 65 and older, however, the median income is \$52,068, which is comparable with the statewide median for this age group (\$52,973), and much lower than the median income of younger Hingham householders.



Source: American Community Survey, 2016–2020, Table B19049. Numbers are calculated from 5-year survey estimates.

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

The economic profile of older Hingham residents relative to younger residents is further illustrated in **Figure 10**, which shows that the older adult population lives on a modest income. About a third of Hingham residents aged 65 and older report incomes of \$100,000 or more. By comparison, 80% of households headed by residents aged 45-64 report this level of income. A substantial share of households headed by someone age 65 and older (24%) report annual incomes under \$25,000. This compares with just 7% of households headed by individuals aged 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Hingham’s older population that is at risk of financial insecurity or economic disadvantage. Indeed, 36% of Hingham’s householders aged 65 or older spend more than 30% of their income on housing, compared with 24% of adult householders of all ages (ACS, 2016–2020, Table B25093).

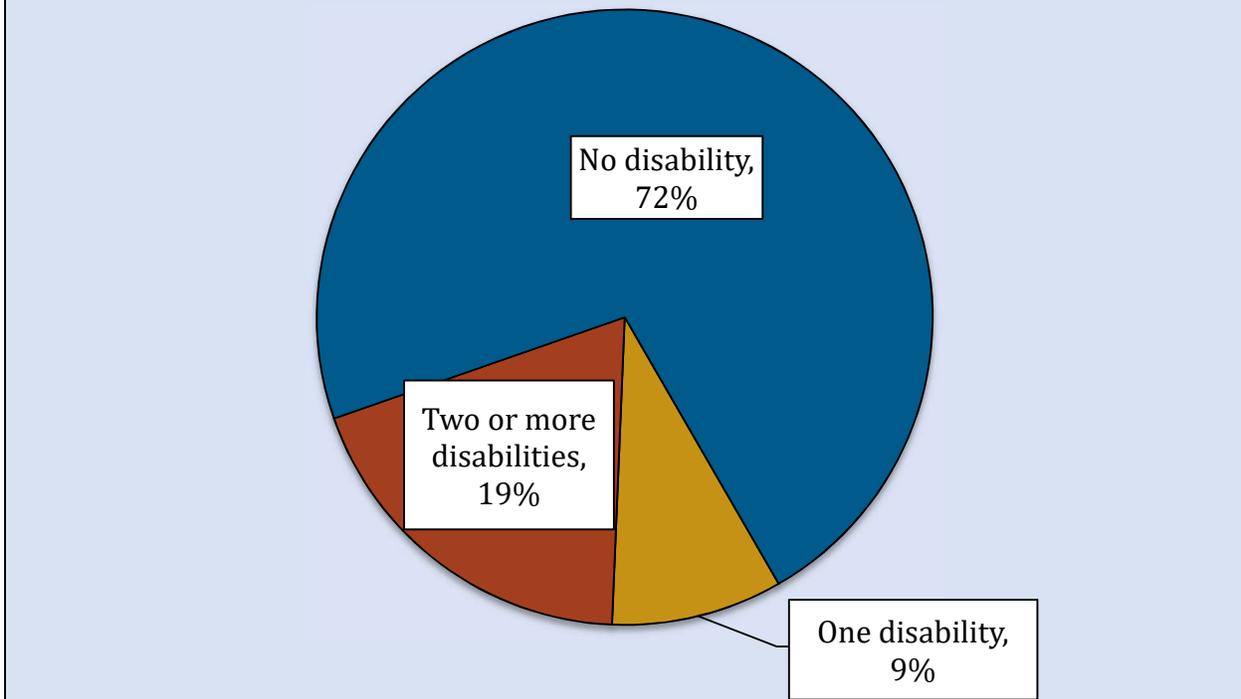


Source: American Community Survey, 2016–2020, Table B19037. Numbers are calculated from 5-year survey estimates.

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

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Hingham residents aged 65 and older experience some level of disability that could impact their ability to function independently in the community. About 9% of Hingham’s residents aged 65 and older have one disability, and about 19% report two or more disabilities (**Figure 11**). Among the different types of disability that are assessed in ACS, the most commonly cited by Hingham residents 65 and older were hearing problems, ambulatory difficulties (difficulty walking or climbing stairs), and independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping). Each difficulty was reported by 10% or more of the older population in Hingham (ACS 2016–2020, Table S1810). Other disabilities experienced by older Hingham residents include cognitive difficulty (9%), vision difficulties (9%), and self-care difficulties (5%).

Figure 11. Percentage of Hingham residents age 65+ by disability



Source: U.S. Census Bureau; American Community Survey, 2016–2020, Table C18108.

Findings from Key Informant Interviews

Key informants described a variety of challenges Hingham’s older residents experience. Older adults in the community frequently fall victim to scams, residents in need are not always “visible” to public servants, and behavioral/mental health concerns are prevalent and exceed available resources. Hoarding is one such concern, and even for those who save items more sparingly, downsizing can feel overwhelming. Some older residents are hesitant to ask for help and feel ashamed doing so. Taxes, especially property taxes, have reached levels in Hingham that are onerous for older adults living on a fixed income. While tax relief programs exist in town, key informants agreed they do not reach many of the individuals who need them, and tax exemptions can be hard for the layperson to understand. Hingham is also a largely car-dependent community, which isolates non-drivers. Other challenges that affect community members of all ages include a shortage of workers, housing stock that is unaffordable, and inadequate sidewalk infrastructure, according to key informants.

The Hingham Senior Center also faces challenges. Its space constraints are significant, resulting in the center having to cap participation in certain programs. Parking at the current senior center space is also considered inadequate. Passersby may not see the senior center

on their way elsewhere and do not always know where it is located. Meanwhile, as a need for a larger senior center space develops, other big-ticket capital projects are also badly needed in Hingham, including a new public safety facility and a rebuilt elementary school. Key informants voiced both a desire to give older residents the best possible senior center, but at the same time, keep “town affordable for the very group that would benefit” from an improved senior center, as one participant put it. Many expressed a wish to find the “right fit” for Hingham’s senior center, balancing the need for programs and services and the need for affordability.

When asked about how the town is changing, key informants noted a widening economic inequality in Hingham. The town, which used to be largely working class, has an increasingly large wealthy population. Older, long-time residents in particular are now often priced out of their homes and some “feel detached from the town.” One key informant noted both economic and cultural changes at play in Hingham. Another change key informants noted was the increasing level of activity of older adults and the fact that older residents ask for a more diverse range of programming than they did in the past. Key informants noted that they saw this as a strength of the older population, despite the new demands it places on services.

Some challenges related to the aging of Hingham’s population directly affect the work of municipal offices. The growth of the Linden Ponds community and other private long-term care facilities has increased demand for emergency services, as a disproportionate number of 911 calls tend to come from older adults. Town staff also struggle to find a day and time for town meetings when all age groups can be represented, as sometimes different demographic segments have competing needs. Accessibility, both of buildings and of informational materials, has become paramount.

Key informants had several ideas of ways to enable and improve aging in Hingham. Transit-oriented development, smaller housing options, multigenerational housing, education about scams, and “mobile integrated health” programs were all mentioned as potential solutions to some of the aforementioned challenges. Expanded transportation could reduce social isolation while alleviating some of the parking strains on the senior center. Key informants also saw opportunities to work more closely with Linden Ponds and voiced a desire to develop a more connected working relationship. Hingham’s “exceptional” level of volunteerism was praised as a unique asset of the town, but key informants thought it could go even farther: one mentioned a hope to get older volunteers more involved in schools, to share their life experiences and forge intergenerational connections that benefit both groups. Greater publicity of the tax relief program could ease the burden on some of Hingham’s fixed-income residents. Several key informants expressed gratitude that town departments already work well together, which paves the way for additional collaboration.

When asked about solutions to improve utilization of the senior center itself, key informants were aware of the general stigma attached to senior center participation and praised the senior center’s recent efforts to rebrand itself. They also mentioned that activities like blood drives had successfully reconnected some older adults with the center. One key informant said that several older adults he met at the blood drive told him, “I haven’t been here in a long time, you know, this place is great!” Others recommended the senior center circumvent some of its space constraints by “using the full town campus” and offering services at the library, schools, country club, or other sites.

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 1,179 individuals aged 45 and older, representing a response rate of 24% (see **Table 3**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Hingham as a whole, we heard from slightly fewer residents from the age 45-54 age group and from more residents in age the age 70-79 age group and the 80+ age group⁷. A total of 172 respondents identified themselves at living at the Linden Ponds senior living community, including 50% of the respondents age 80 or older (results not shown). 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 45-59, age group 60-69, age 70-79, and age 80 or older.

Table 3. Community Survey Respondents

	Number of Responses	% Age distribution for responses
Age 45-54	138*	12%
Age 55-59	115	10%
Age 60-69	272	23%
Age 70-79	378	31%
Age 80+	276	24%
TOTAL	1,179	100%

*Includes 23 reporting ages under 45.

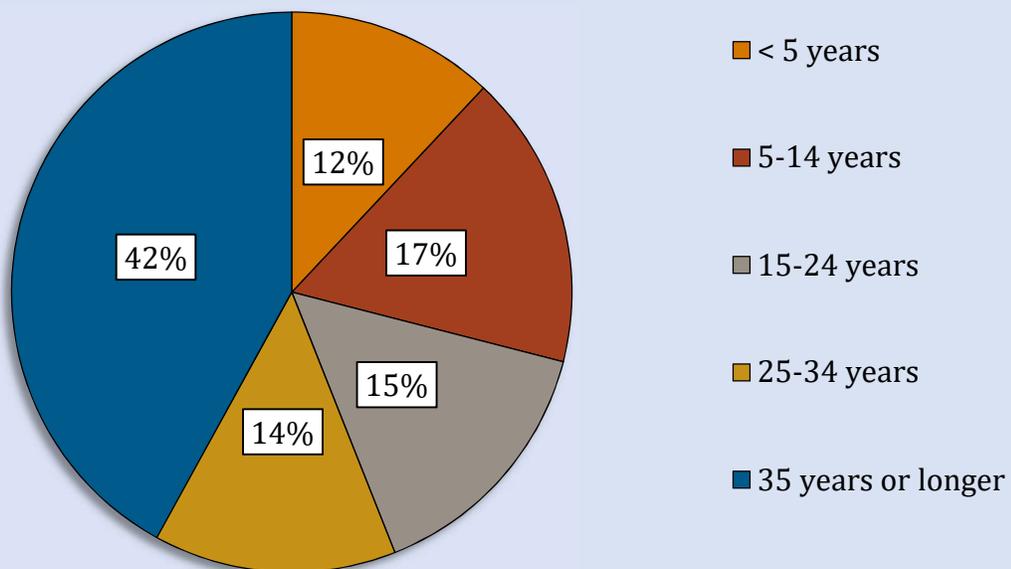
⁷ Among residents age 45+ in Hingham, 30% are age 45-54, 13% are 65-59, 26% are 60-69, 32% are 70-79, and 16% are age 80+ (Source: American Community Survey, 2016-2020, Table B01001. Numbers are calculated from 5-year survey estimates).

Community and Neighborhood

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

Survey respondents included residents who have lived in Hingham for many years, as well as relative newcomers. Duration of residing in Hingham varies from 29% of respondents who have been in Town less than 15 years compared to 42% who have lived in Hingham for more than 35 years (see **Figure 12**). These individuals offer insight based on their years of experience of living in Hingham. It is also helpful, however, to hear from those who are new to Hingham. Interestingly, 40% of survey respondents aged 80 or older have been in Hingham for less than 15 years. This is likely a reflection of the number of respondents who move to Hingham to live at the Linden Ponds senior living facility.

Figure 12. How long have you lived in Hingham?



Survey respondents were asked what they value most about living in Hingham. **Table 4** describes themes that emerged from the hundreds of responses that were written and offers verbatim quotes from survey respondents who took the time to write. Valuable aspects of living in Hingham include the proximity (and transport) to Boston and to the ocean as well as local amenities, including outdoor spaces and the kinds of activities that bring people together. This is reinforced by the survey data that suggests a majority of survey respondents aged 60 or older are committed to remaining in Hingham as they age (see **Figure 13**). Among those respondents aged 45-59, a significant share (64%) find it only slightly or not at all important to stay in Hingham.

Table 4. Sample responses to the question, “What do you value most about living in Hingham?”

Outdoor Spaces and Walkability
<i>Diversity of outdoor options- walking, biking, golf, tennis, boating etc.; long term relations with other town residents who have raised families with us.</i>
<i>Open spaces especially parks - Wampatuck & Bare Cove specifically access to waterfront, community & shopping/restaurants.</i>
<i>Water/beach/boating. Protected natural areas for walking/hiking/biking. Transportation/proximity to Boston.</i>
Size and Location
<i>- my property - it is where I was raised and means a great deal to me - the towns people in general, my lifelong friendships in particular - the parks, waterfront, + town facilities and their good management -proximity to Boston+ transportation to get there esp. Ferry</i>
<i>Convenience of seaside culture and shopping along with accessibility to Boston and other south shore communities.</i>
<i>It is location (proximity to Boston, the ocean, vibrant community) and near downtown! Derby shops. Hingham gives you a feeling of living in an upscale community. People take pride in their ownership of housing.</i>
Access To Amenities
<i>Bare Cove Park. World's End; access to commuter rail and commuter boat, downtown stores, services. Leering Hall, the variety of places of worship, the shipyard + all its beauty + amenities; the beauty of Hingham itself.</i>
<i>Convenience. Derby shopped, the shipyard, MBTA, pharmacies, Gas stations, etc., south shore Health facilities and others.</i>
<i>Good services, especially Hingham Public Library. Events such as, 4th of July Parade and fireworks, taste of Hingham, historic tours, etc.</i>
Sense of Community: “home”
<i>Community responses to weather and services for kids.</i>
<i>Community activities, (fourth of July parade, taste of Hingham, Christmas in the square)</i>

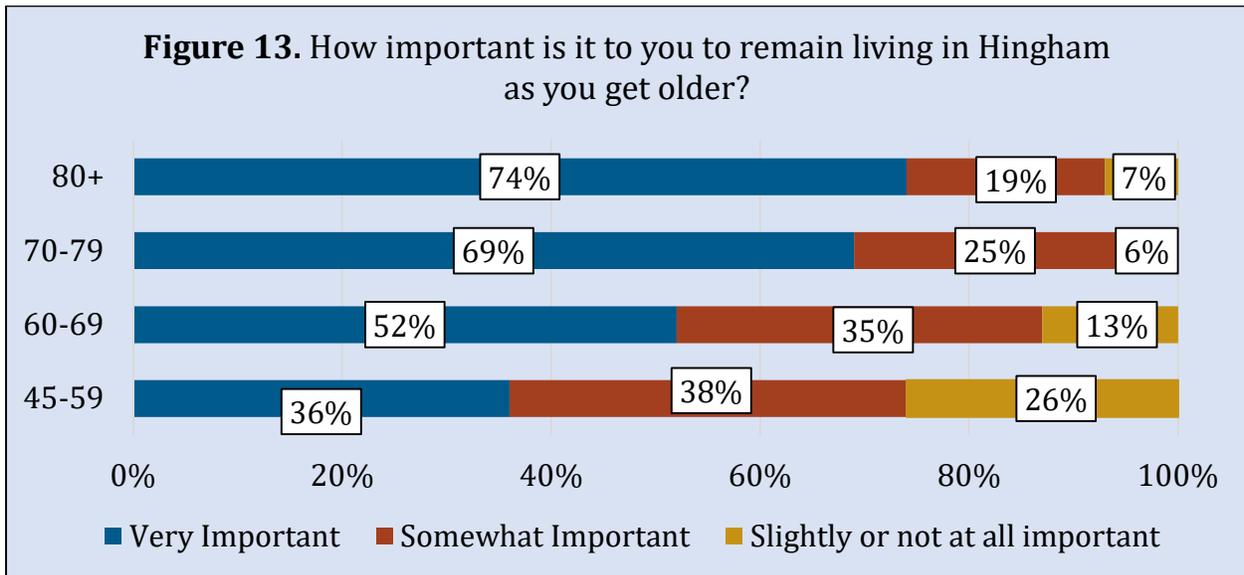
I grew up here and I consider many fellow residents to be family in one way or another. It is where my roots are, and I feel lucky to have been able to raise my son here.

Transportation

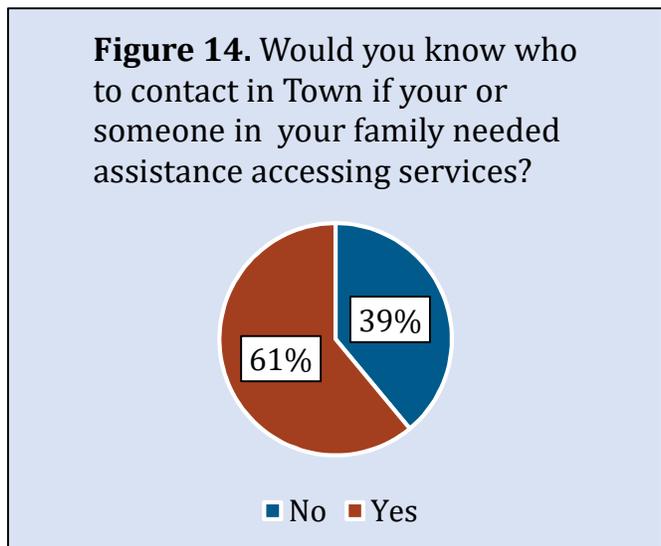
Good town services and administration, proximity to Boston, good transportation options (highway, commuter boat & Greenbush train line, MBTA bus service) All of these things attract good people!

Small town. Good schools. Historic center, buildings. close to ocean public transportation (ferry, train, MBTA Quincy).

Church community, water access, public transportation-- rail and ferry.



In order to understand survey respondent’s awareness of local resources, we asked them if they would know who to contact in the Town if they or someone in their family needed assistance (see **Figure 14**). While a majority said yes, 39% of respondents reported not knowing who to contact in Hingham. Interestingly, among younger respondents (age 45-59), this rate was highest with 53% reporting that they did not know who to contact should their family need assistance (see **Appendix A**). While it may be that these survey respondents have never had the need for services—and therefore have not looked into the matter, it may also be indicative of a need for continued outreach about basic functions of both municipal departments but also



local organizations. And to consider targeting some outreach to younger residents or newcomers to the Town.

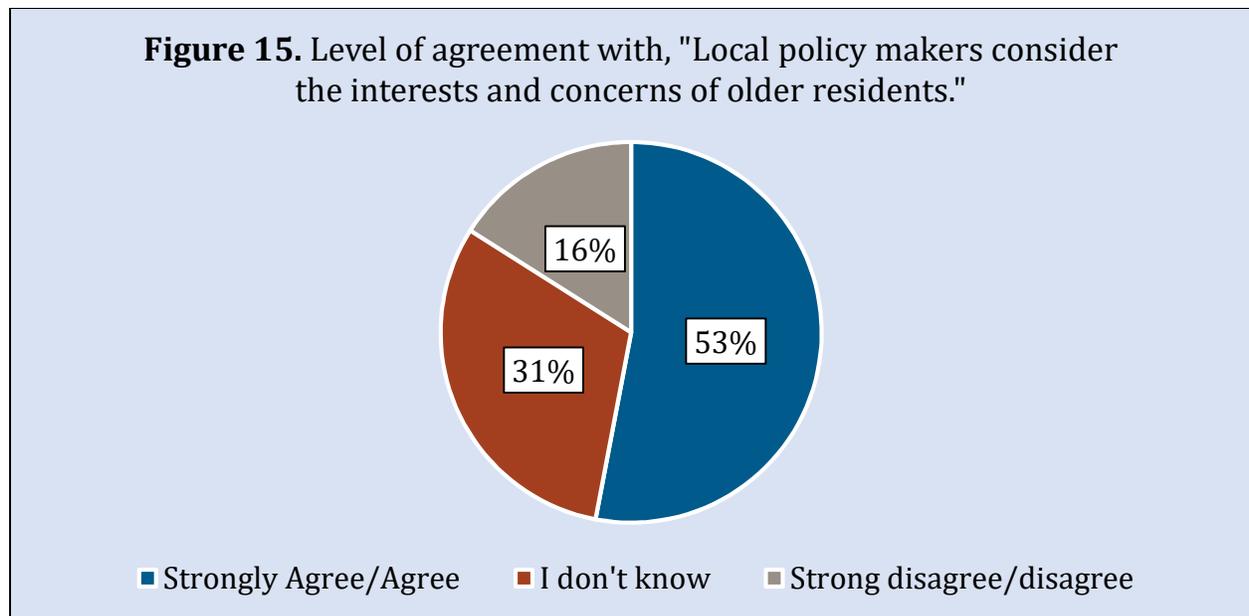
A large majority of survey participants took the time to respond to the open-ended question, “What are your greatest concerns about your ability to continue living in Hingham?” Despite the high number of comments, they could readily be categorized into five key areas of concern: 1) cost of living; 2) housing options; 3) maintaining independence; 4) access to support services—including senior center programs; and 5) lack of transportation options. **Table 5** summarizes these. When it comes to affordability, it is important to note that 14% of survey respondents (about 165 people) do not believe they have the financial resources to meet their basic needs (see **Appendix A**).

Table 5. Sample responses to question “What are your greatest concerns about your ability to continue living in Hingham as you get older?”

Cost of Living/Affordability/Taxes
<i>1) RE taxes keep going up, 2) water/sewer bill inexplicably higher although my usage of anything is lower. 3) Electrical bill stable but a vulnerability esp. as AC more needed due to global warming and my electrical bill > my heating bill due to sweltering summer months (annually)</i>
<i>Affordability is my greatest concern and worry. Every day I live on a fixed income, and it has become increasingly difficult each year to live in Hingham.</i>
<i>Affordable independent living - getting priced out. Too expensive to live in Hingham - large houses. More resources are going to schools, infrastructure, large apartment buildings. Not the Hingham we moved to in 1993.</i>
Housing Options
<i>I need other choices besides "high-rise" senior living. Senior living on one floor. Now there is only high rise living.</i>
<i>Housing options- affordability + design to assist as one ages something between mega mansions + apartments buildings.</i>
<i>I want this community to be a place where all can live and feel welcome, so I worry about diversity- people leave here because it is rich white people. We need to improve housing options and community culture, especially in schools.</i>
Remaining Independent
<i>Arthritis related disability will compromise my independence - but there are good services available so it should be OK!</i>
<i>Loss of independence with no nearby relatives to offer oversight of care.</i>
<i>My overall health, ability to maintain my property. Also, ability to lead an independent lifestyle, to include ability to drive routinely. Ever increasing property taxes.</i>
Access to/Presence of Services
<i>Connections and services I want to have constructive things to do once I retire.</i>

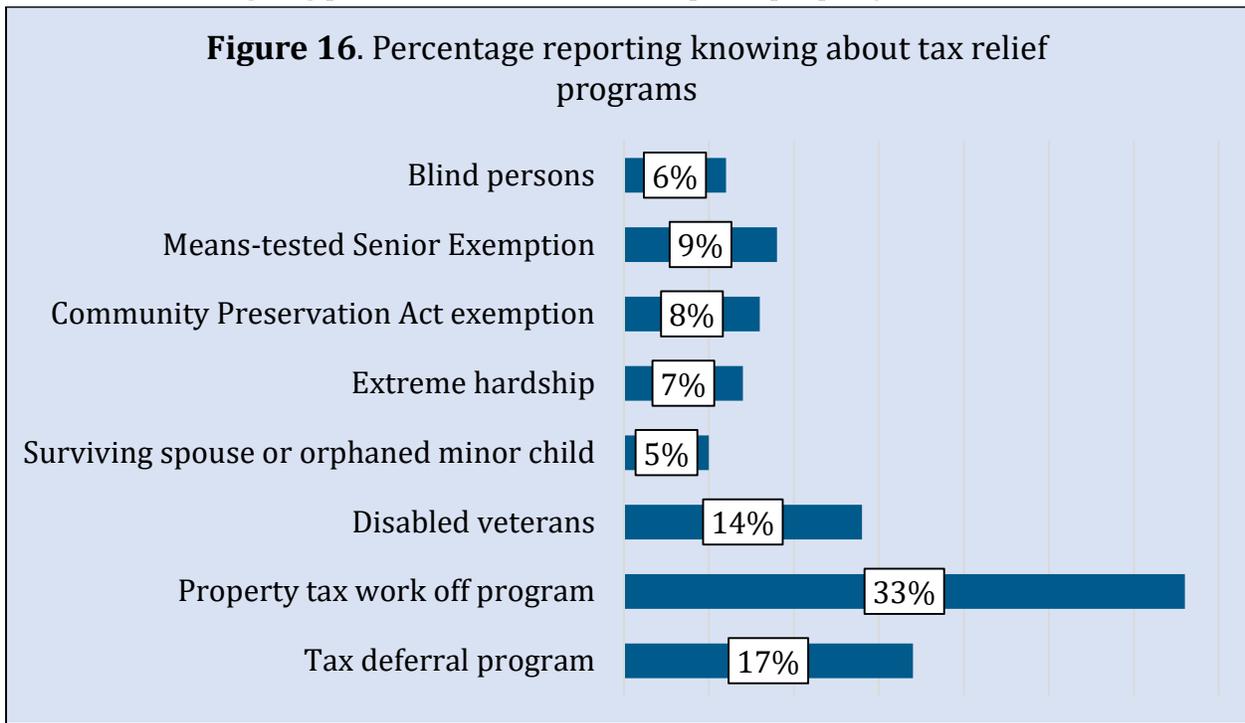
<i>Ability to add on to historic home-- attached garage, first floor living/limited steps, activities + services for seniors including a pool, community open to all-diversity, schools not fully funded.</i>
<i>I am already "older." I do wish there were more options for living on your own more cooperative community services - better senior center activities.</i>
Transportation
<i>How to get around. Transportation (buses etc.) do not cover most areas.</i>
<i>Once I am living alone (spouse deceased) and no longer driving how will I meet my transportation, social, shopping, medical needs.</i>
<i>The town could plan on increases in senior friendly transportation services for both access to activities and medical appointments.</i>

Lastly, survey respondents were invited to rate their level of agreement with the various aspects of living in Hingham. When asked about the availability of flexible volunteer opportunities, a vast majority of respondent were in agreement that these opportunities were available; *but nearly 1 out of 4 respondents reported not knowing enough to assess the availability of options* (see **Appendix A**). Similarly, 31% of respondents reported not knowing if local policymakers took into consideration the needs and interests of older residents, see **Figure 15**. Taken together, these results suggest that awareness of current events and opportunities in Hingham is uneven across adult residents.



Survey respondents were also asked if they knew about a number of property tax relief programs available to residents of Hingham. Relatively low rates of awareness were reported across age groups. See **Figure 16**. While it is true that many of these programs are only available to residents who meet specific eligibility requirements, and therefore are not

relevant to a vast majority of residents, it is still an indicator that there is an opportunity for additional and ongoing public awareness on the topic of property tax relief.

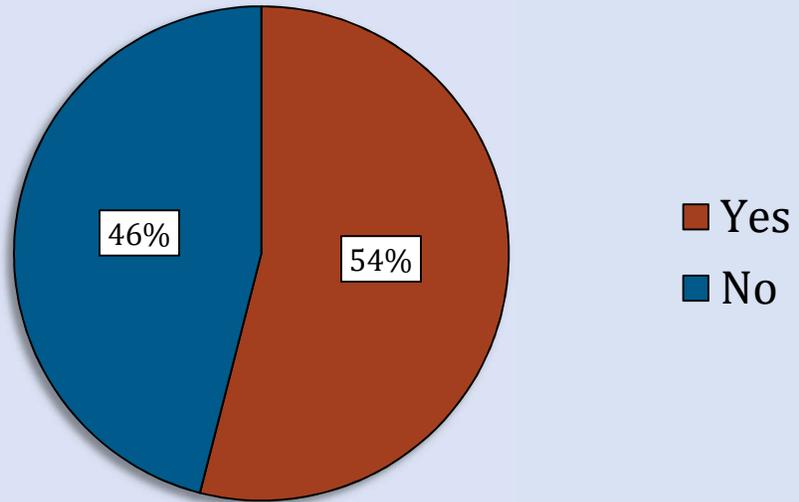


Housing and Living Situation

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 (Pynoos, Steinman, Nguyen, & Bressette, 2012). 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 or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in their community (AARP, 2005).

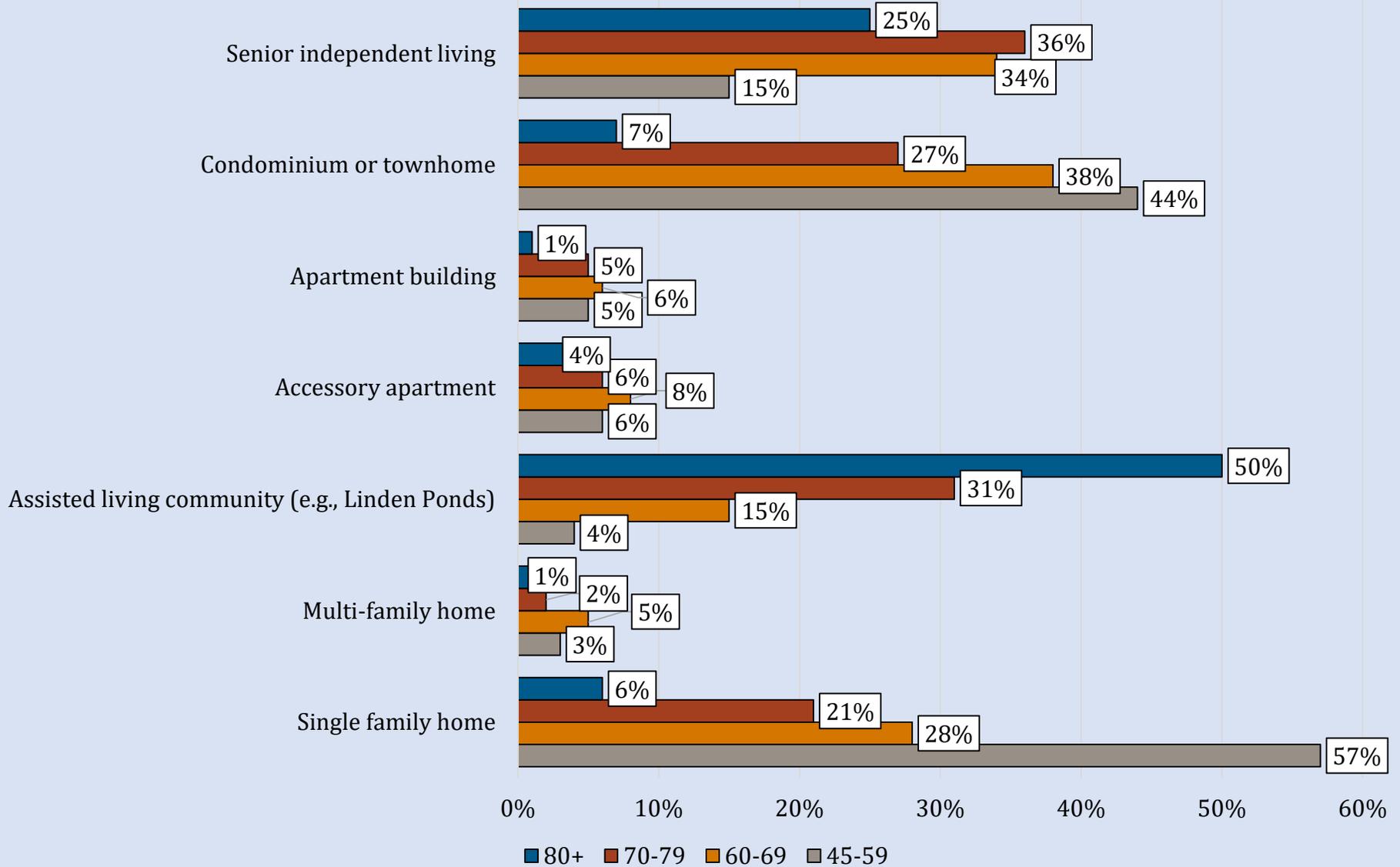
The large majority of survey respondents currently live in single family homes (67%), 13% report living in a condominium or townhome and 15% live at Linden Ponds or another senior living community in Hingham (including 49% of respondents aged 80 or older) (**Appendix A**). In order to assess the “age-friendliness” of the housing stock in Hingham, 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 17** shows that although a majority of respondents do have this feature in their home---a significant share (46%) does not. This is particularly true for those in their sixties where 46% do not have this feature currently (see **Appendix A**). This has implications for those individual’s ability to stay in the residence as they age and signals potential future demand on downsizing options or home modifications.

Figure 17. "Does your current residence have a bedroom and bathroom on the entry-level?"



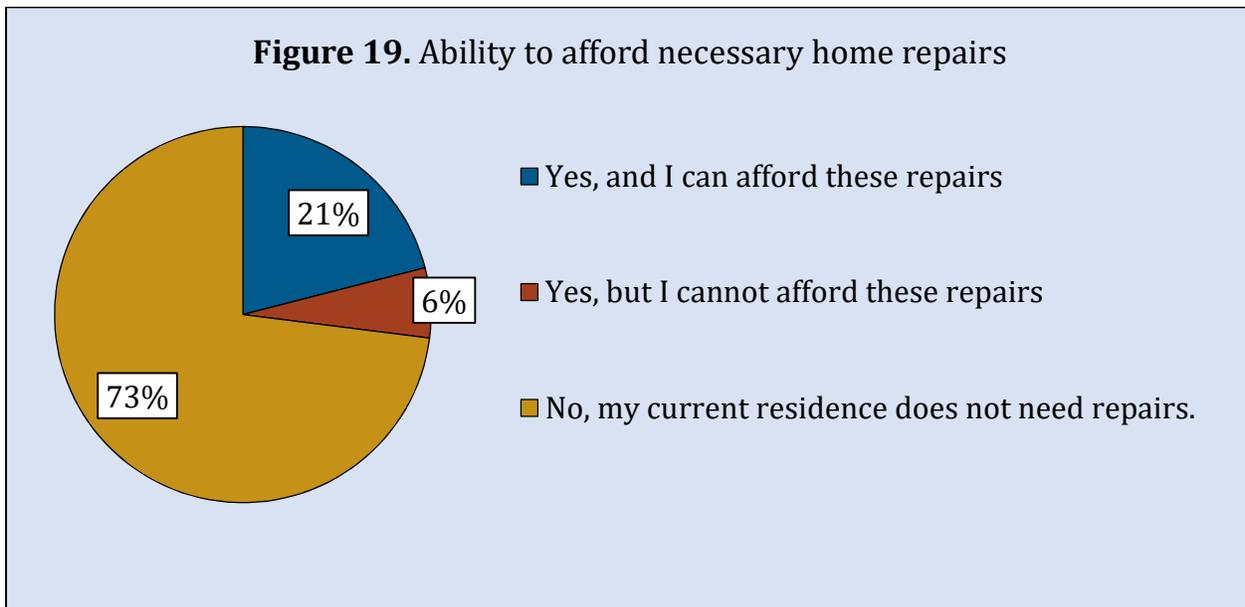
Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group. For those under age 60, 57% would prefer a single-family home in Hingham. Among those in their 60's, a condominium or townhome is most preferred (38%) and for those respondents in their 70's, a senior independent living community is most preferred (36%) and for those age 80+, an assisted living community was preferred by half of respondents (see **Figure 18**). This interest in supportive housing options by those age 60 and older has implications for housing stock needs in Hingham. Most survey respondents (78%) report that they plan to stay in Hingham as they age (**Appendix A**).

Figure 18. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (check all that apply)



The majority of survey respondents live with at least one other person (77%), but not surprisingly, this number is smaller for the older cohorts. While only 17% of age 60-69 live alone about 55% of people aged 80 and older do. 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 Hingham population. Additionally, 12% (n=46) of respondents aged 70 or older reported living with an adult child. These multigenerational homes can indicate sharing of care and housing expenses and often occupies much of the older adult's time.

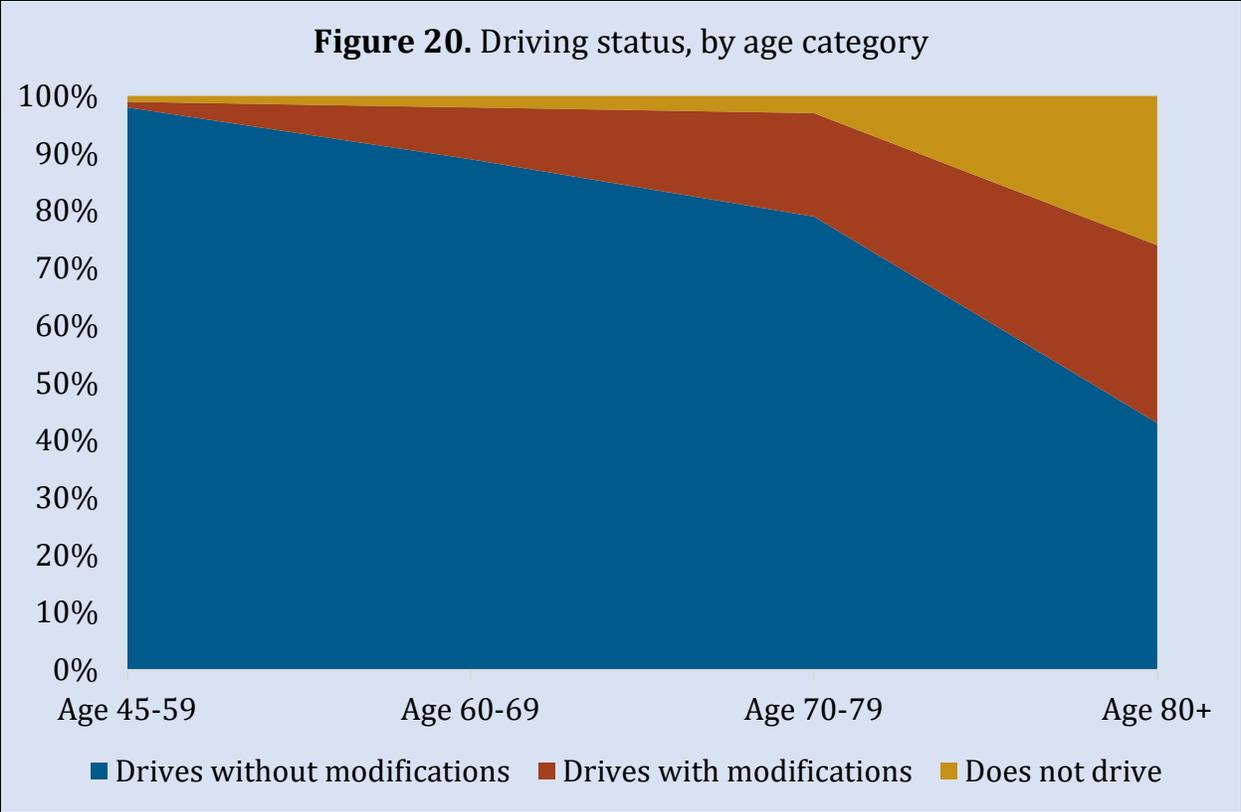
Maintaining a home requires resources, including people who can make repairs and the finances to pay for these repairs. In response to the question, "Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?" and 27% respondents stated that their home would need repairs (**Appendix A**). Of those whose current residence needs repairs, 6% stated that they could not afford these repairs (see **Figure 19**). It is of interest to note that the number of respondents reporting being unable to afford necessary repairs doubles among those in their 60s (see **Appendix A**).



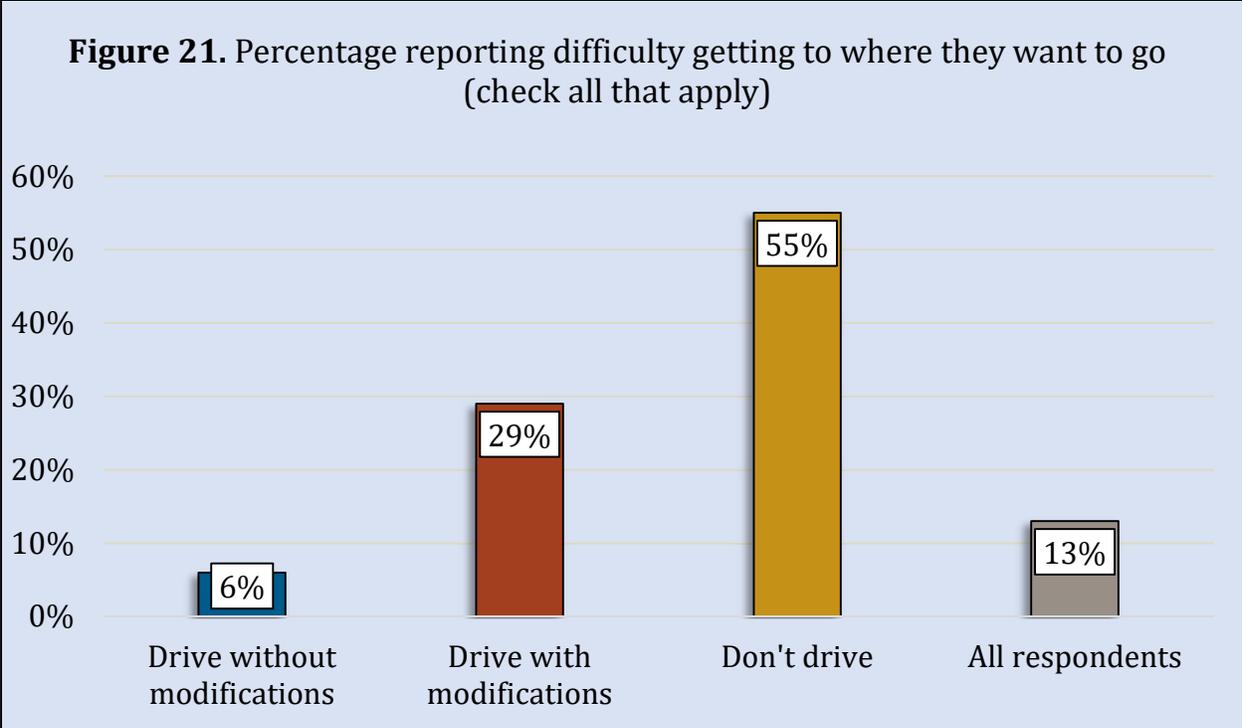
Transportation

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.

There were several questions on the survey related to transportation. Hingham is a Town with some public transportation options. In addition to a commuter rail station, Hingham has a commuter boat to Boston and one public bus route. There is a paratransit service that is operated by the MBTA, and the Hingham Senior Center does offer transportation for its participants. Survey results suggest that most respondents (91%) drive themselves. Using the commuter boat (27%) and walking or biking (35%) were among the other primary ways that respondents meet their transportation needs (see **Appendix A**). Survey results show that only 7% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 26% of this older segment of the population do not drive (see **Appendix A**). Many residents (31%) 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. While nearly all respondents aged 45-59 (98%) and those age 60-69 (89%) and 79% of respondents aged 70-79 drive without modification, only 43% of those age 80 and older drive without making any modifications (see **Figure 20**). 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.

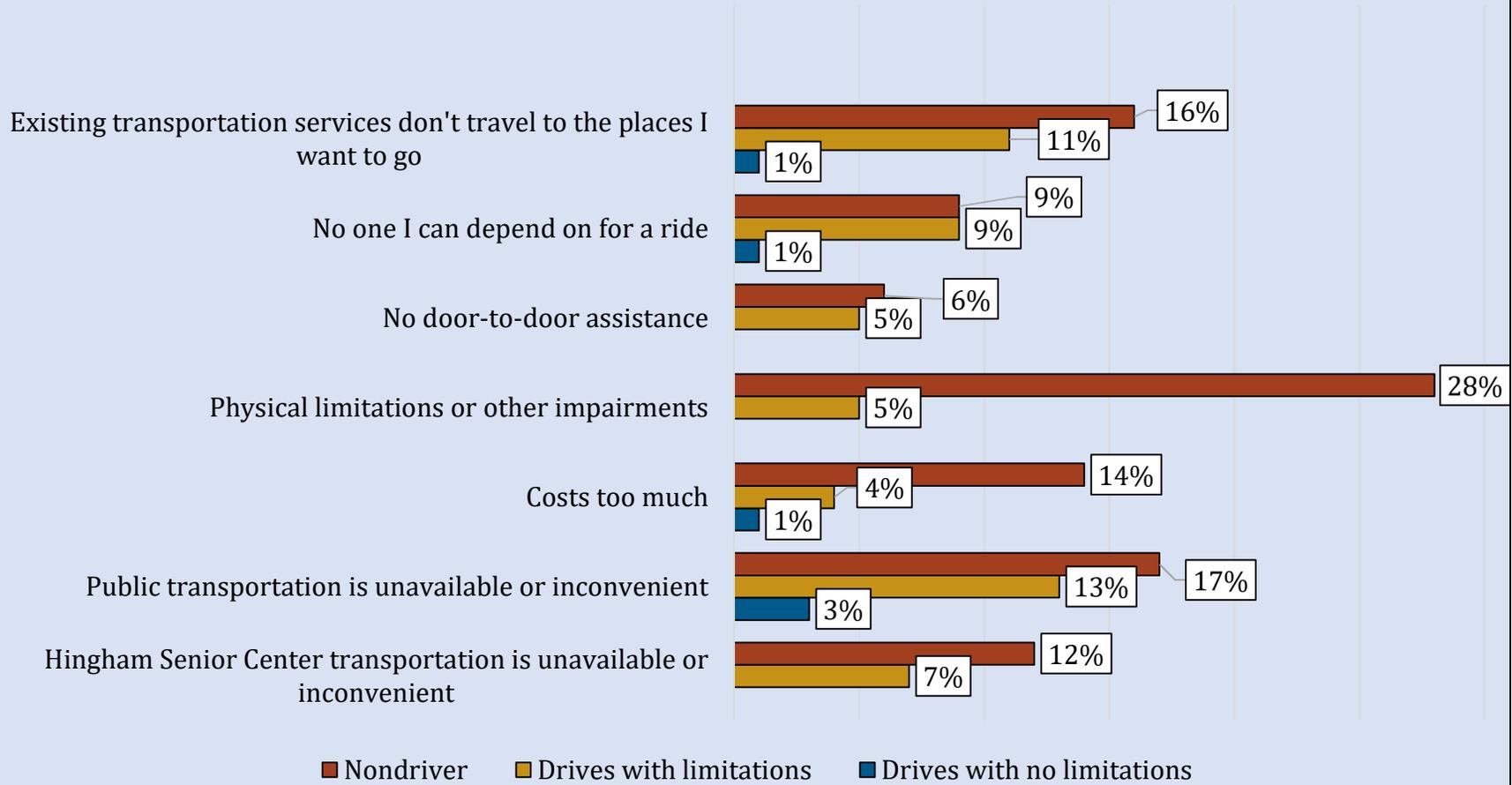


In response to the survey question, “What kind of difficulties do you have in getting where you want to go?” 13% of all survey participants reported at least one challenge (see **Figure 21**). Those who drive without modifications had the least difficulty getting where they want to go, while 55% of respondents who do not drive and 29% of those who drive with modifications mentioned at least one obstacle to them getting around.

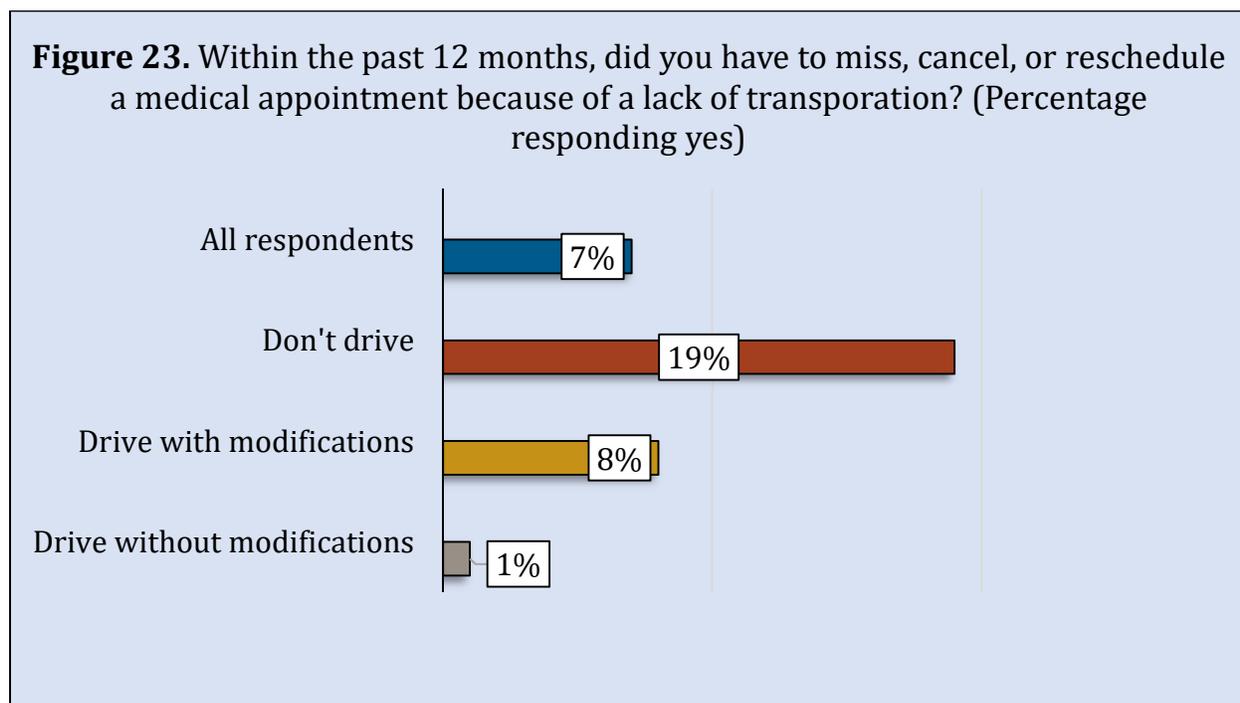


For those who do not drive, having physical limitations that impede access to transportation and for those who drive with some modifications, transportation being unavailable or inconvenient was the most common reasons for transportation difficulties (**Figure 22**). For this group of individuals who don't drive, where transportation options are critical, the third most common barrier was that the destination was too far (16%). This could include out-of-town travel to medical appointments—which for this population is crucial. Five percent of respondents marked “other” in response to the question regarding difficulties getting where they want to go and provided a reason. Write-in responses included use of the Linden Ponds shuttle, taxis, or depending on family or friends for transportation—which can be inconsistent. It is clear that transportation is a need for Hingham residents who need it the most.

Figure 22. Difficulties getting where you want to go, by driving status



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 3% reported this experience and even among those who drive with modification, few indicated that this had occurred (see **Figure 23**). However, 19% 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 Hingham’s older resident community.

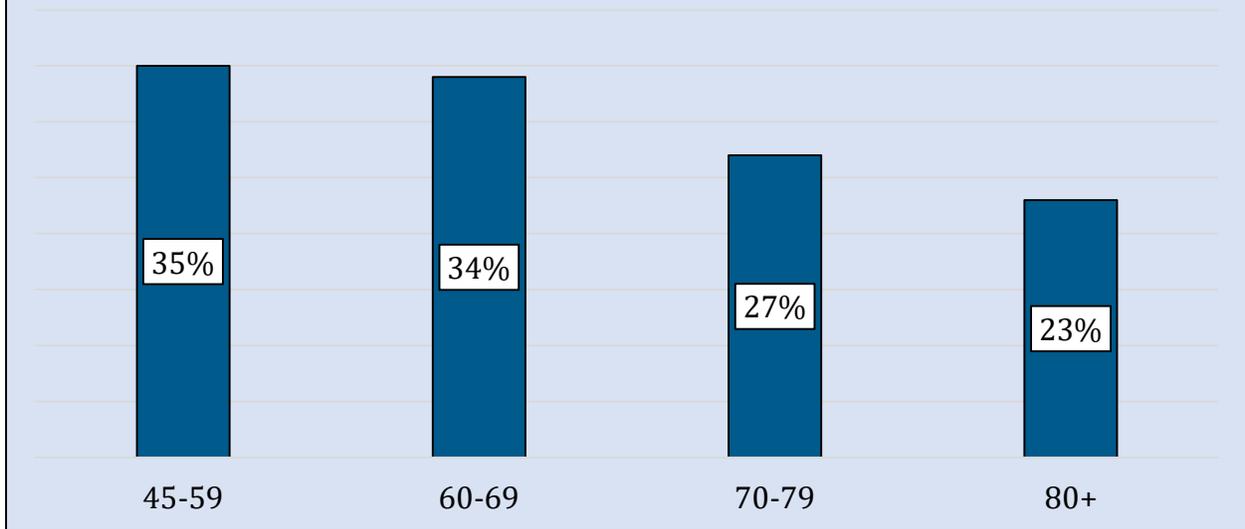


Caregiving

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 (see statistics through the Family Caregiver Alliance).

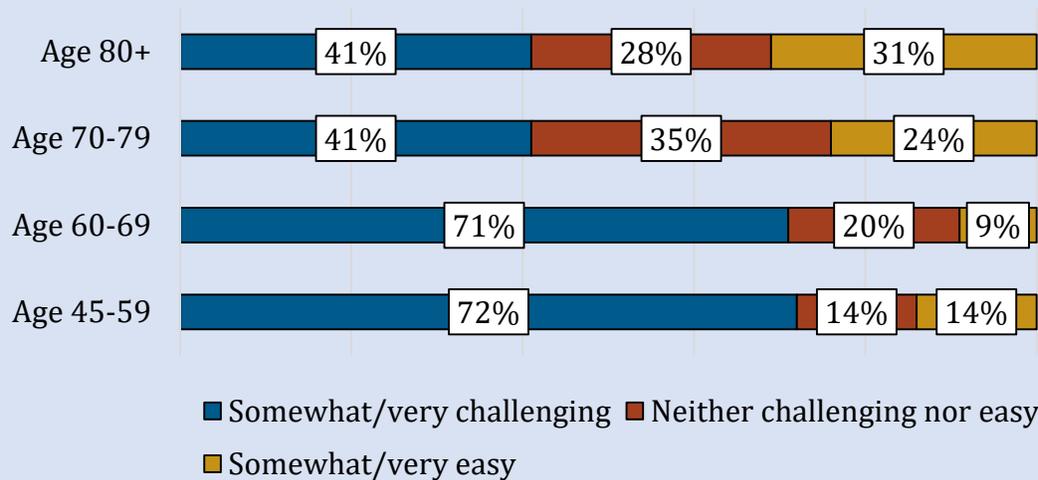
Thirty percent of survey respondents stated that they currently or have in the past 12 months provided care or assistance to a person who was disabled or frail and that number is highest among those age 45-59 (35%) (see **Figure 24**).

Figure 24. Percentage having provided care or assistance to a person who is frail or disabled the last 12 months, by age



Many of those who have provided care or assistance to someone within the past 12 months 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 45-59 and 60-69, where more than 70% of those providing care reported this was very or somewhat challenging (see **Figure 25**). 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, 41% 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.

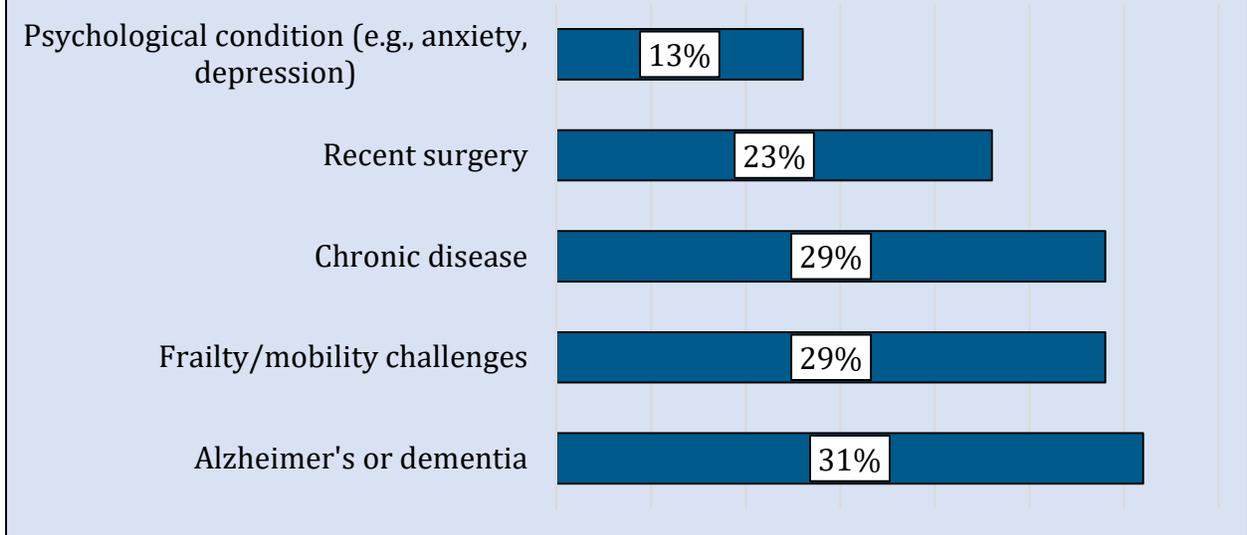
Figure 25. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?", by age



Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was Alzheimer’s or dementia (31%) followed by mobility impairment (such as difficulty walking or climbing stairs) or chronic diseases like diabetes, arthritis, or heart disease (29%) (see **Figure 26**). Relatedly, according to the Massachusetts Healthy Aging Data reports, 16% of Hingham residents age 65 and older have been diagnosed with Alzheimer’s or a related dementia⁸. This is higher than the rates of diagnosis statewide (14%).

⁸https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode131_Hingham.pdf

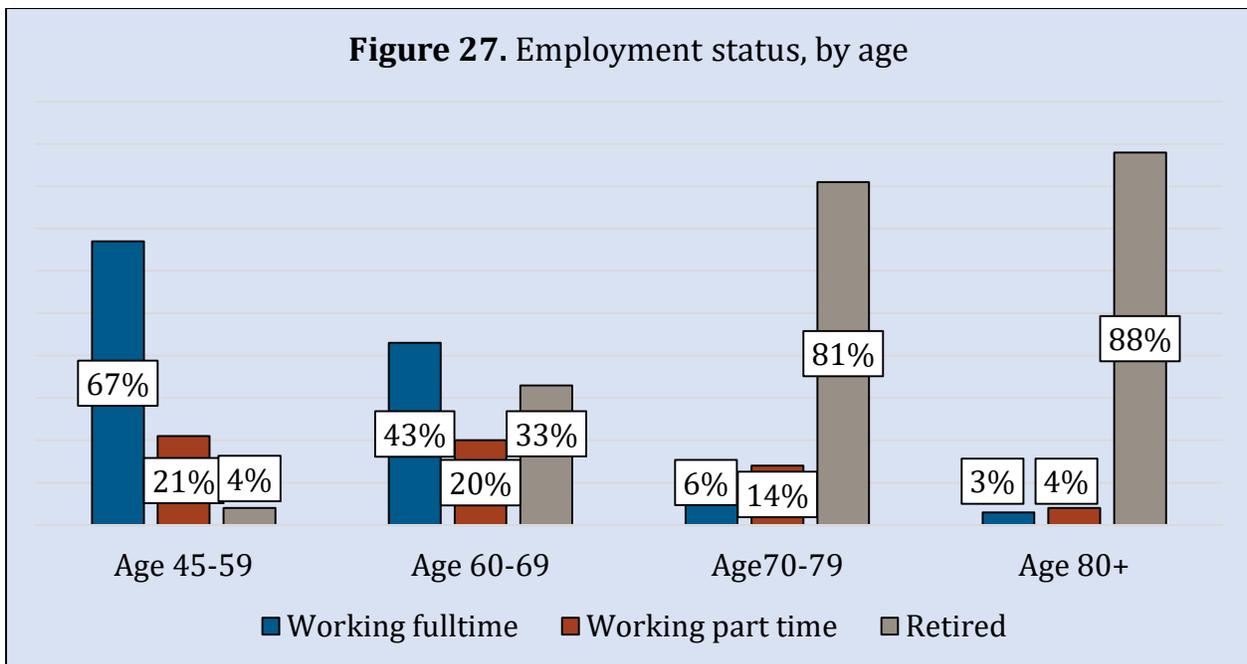
Figure 26. Did the care recipient have any of the following conditions? (Check all that apply)

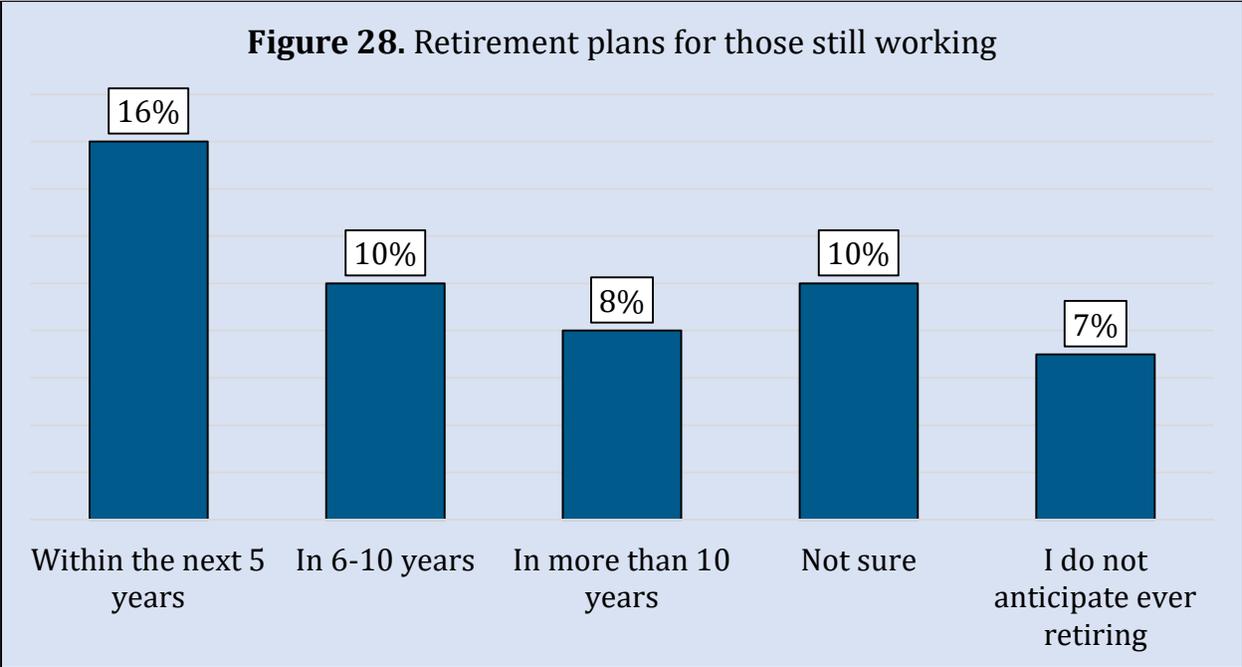


Employment and Retirement

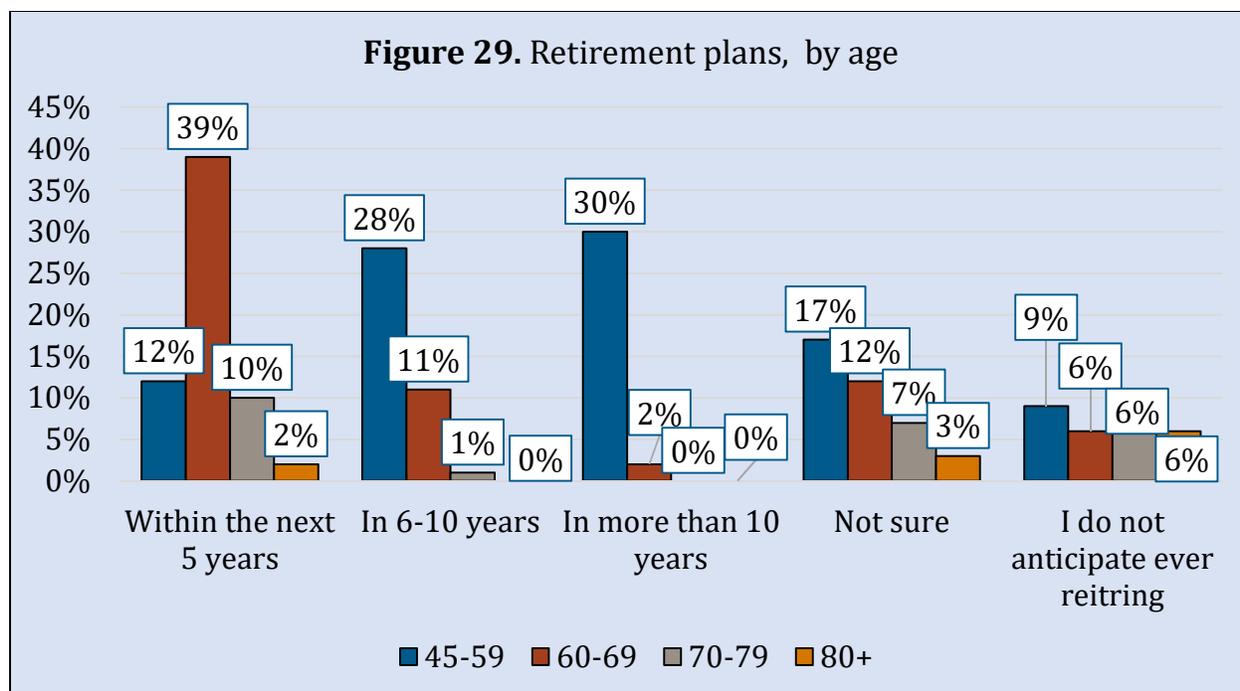
Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in Hingham survey results, as well. **Figure 27** shows that a majority of respondents in their 60s are still working, and 20% of those in their 70s are also working. These results are similar to results from the American Community Survey (presented on page 41 of this report) indicating that many of Hingham’s residents over age 60 remain in the workforce.

Figure 27. Employment status, by age





For those who responded they are still working, 33% of those are 60-69 (see **Figure 29**). This has implications for the Hingham Senior Center that could experience and increase in attendance as a result. Interestingly, many older adults do not know when they expect to retire. Implementing evening and weekend programming might be one way to engage these older workers with the Hingham 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.

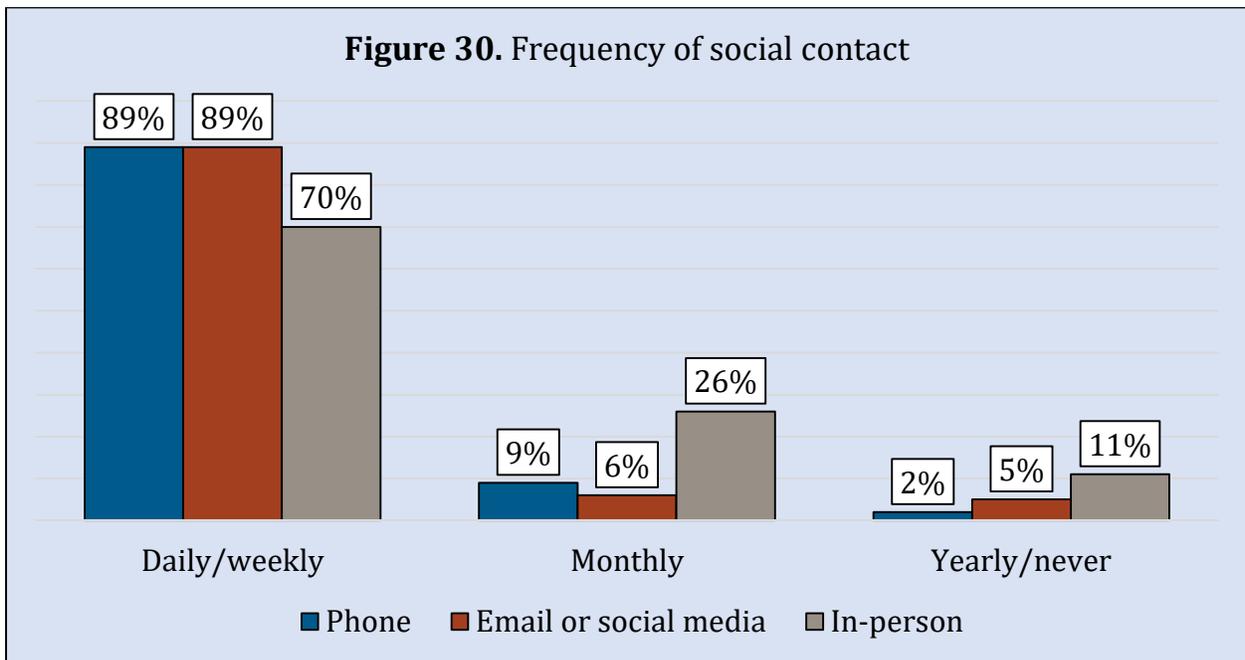


Social Activities and Relationships

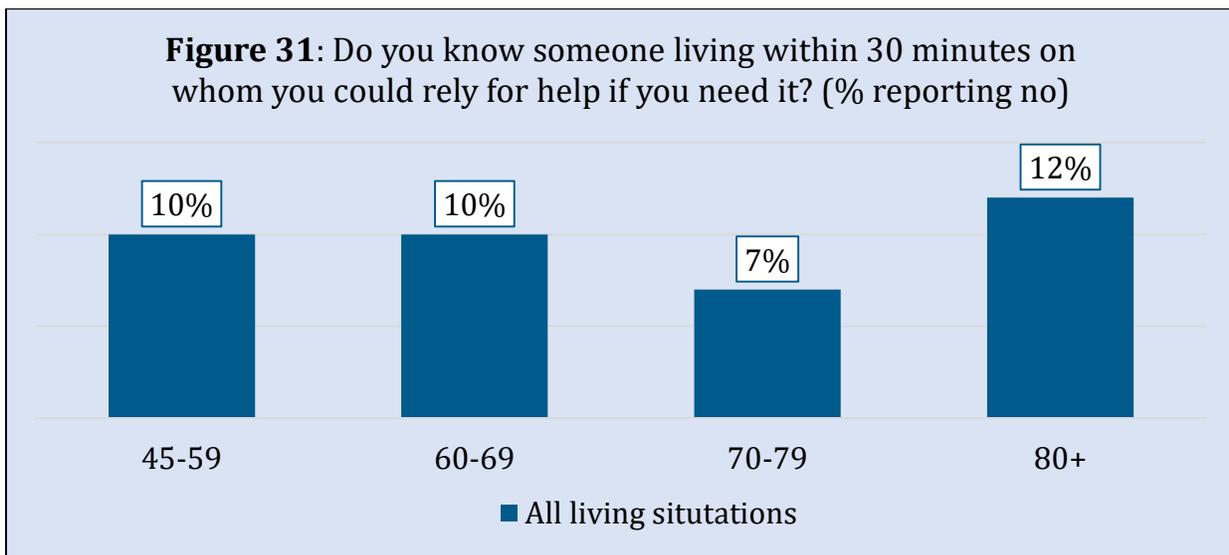
Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overeating (Qualls, 2014). Some older adults are at high risk for social isolation, especially 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, prolong independence, and improve quality of life (Pardasani & Thompson, 2012).

The majority of survey respondents speak with someone and use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 30**). Although 70% of the respondents get together in person with someone at least weekly, more 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. It is also worth noting that only 5% of respondents never use email or social media to connect with people.

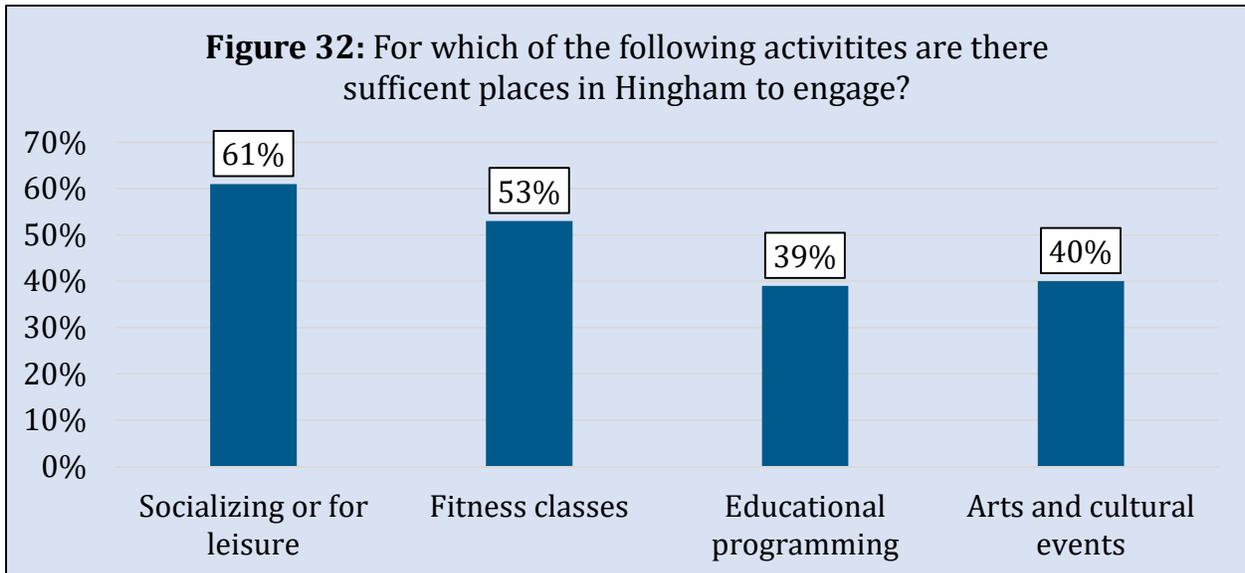
This finding has implications for strategies to communicate with the oldest segment of the Hingham population.



A vast majority (91%) of survey participants responded yes to “Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?” (**Appendix A**). However, for those age 80 or older we observe higher rates (12%) of respondents reporting that they do not know someone living close by on whom they can rely (**Figure 31**). Taken together, these findings highlight that in lieu of availability of family or friends to help in a time of need, some residents of Hingham may be at risk of social isolation or crises.

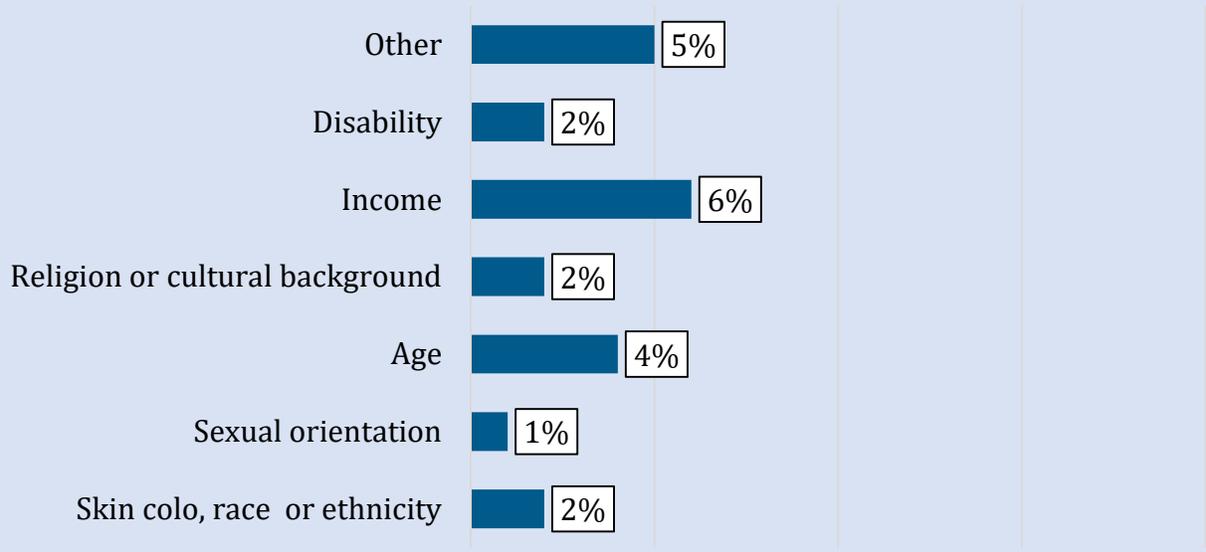


Survey respondents were asked to assess the adequacy of places to go for socializing, fitness, educational opportunities and arts and cultural events. **Figure 32** suggests that a majority of respondents believe there are adequate places for socializing and to access fitness opportunities, fewer respondents find that there are adequate places to engage in educational programming or arts and cultural events.



Lastly, survey respondents were asked about their experiences in feeling excluded in Hingham for any reason. Overall, 144 respondents reported some experience of feeling excluded in Hingham (results not shown). **Figure 33** indicates that very few respondents have had an exclusionary experience in Town and the highest rated reason for discrimination was income and others wrote in about feeling excluded because of their appearance and/or weight. While these results do not suggest that a large number of resident's experience exclusion, it is important to recognize that continued efforts to promote social inclusion are needed.

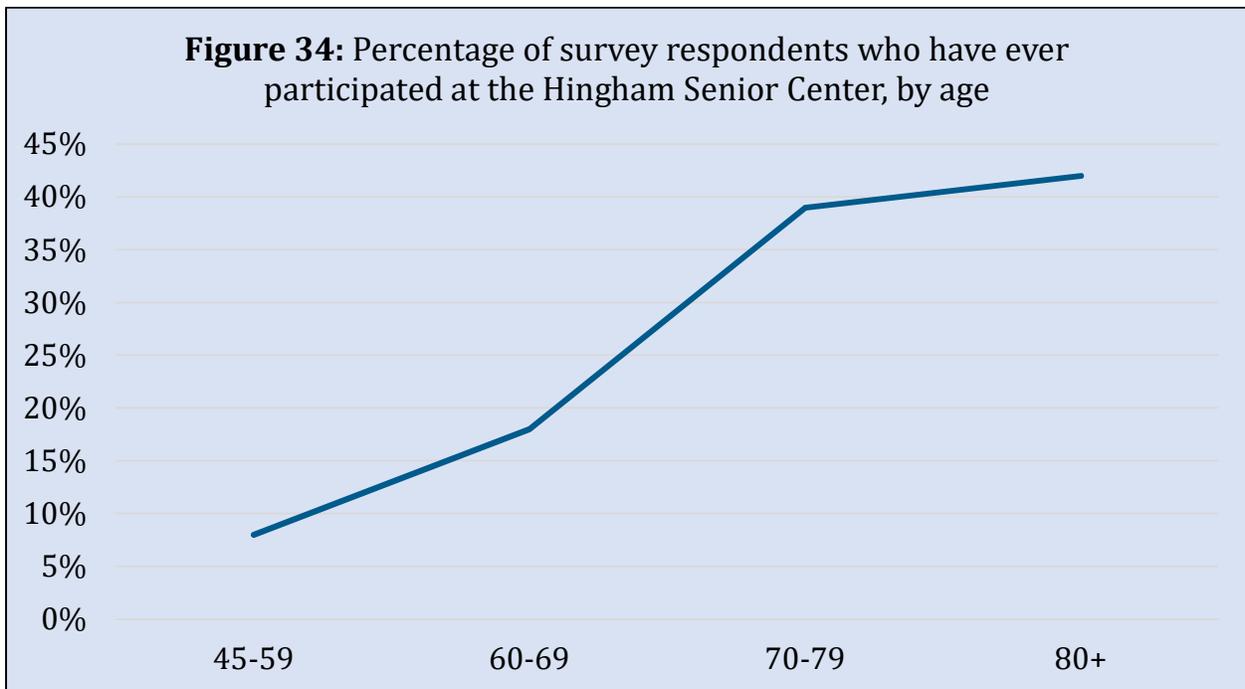
Figure 33: Have you ever felt excluded in Hingham because of your....



Hingham 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. 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 sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017).

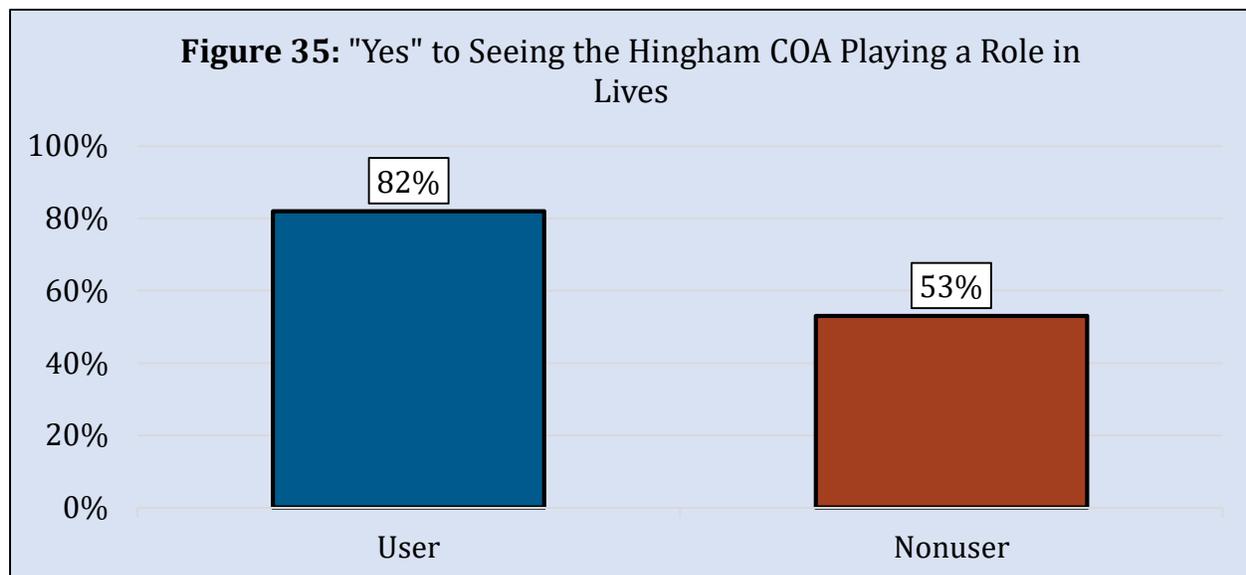
Survey results suggest that participation in the Hingham Senior Center is considerably more common among older residents. As shown in **Figure 34**, 18% of those age 60-69 have ever used programs or services offered by the Hingham Senior Center, while 42% of the respondents aged 80 and older indicated they have participated in the Hingham Senior Center. This age-graded pattern of participation is not unusual in Senior Centers and may reflect the increasing value of the Hingham Senior Center to older residents. ⁹



⁹In this section, analyses were performed for a sample that excluded the 172 Linden Ponds residents (results not shown). Patterns reported in Figures 33 through Figure 40 remained the same.

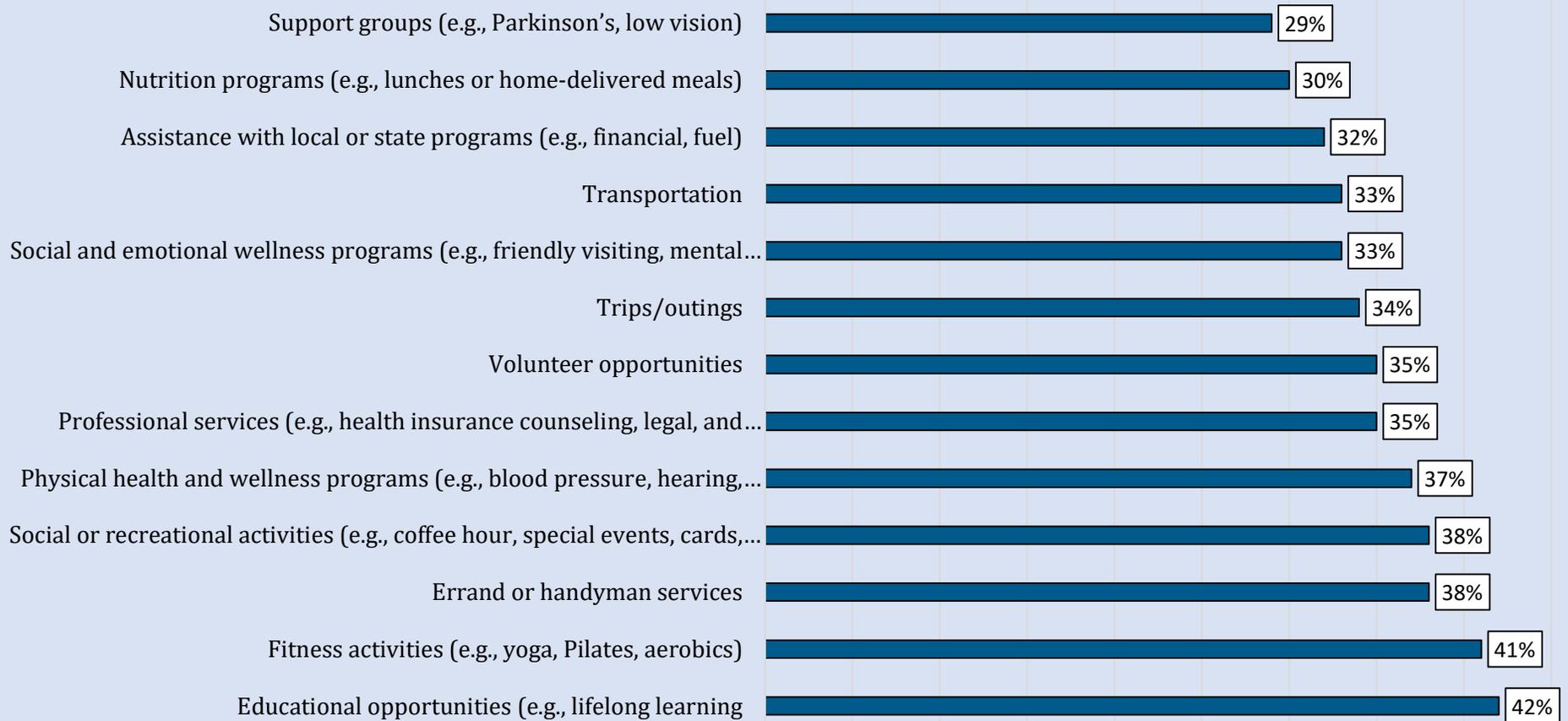
Of those respondents who do use the Hingham Senior Center, 63% only visit the Center a few times a year, while 16% of COA users participate at least weekly (tabulations not shown). This range of participation levels highlights the broad continuum of affiliation with the Hingham Senior Center, with many residents participating just periodically, while others include visits to the Hingham Senior Center as part of their regular weekly schedule.

A majority (61%) of survey respondents report that the Hingham Senior Center plays a role in their lives or the lives of their loved ones, neighbors or friends—making it clear that the Hingham Senior Center is a revered community asset for many (see **Appendix A**). **Figure 35** shows that among those respondents who participate at the Hingham Senior Center, 82% report perceiving the Hingham Senior Center as playing a role in their lives or the lives of someone they know.

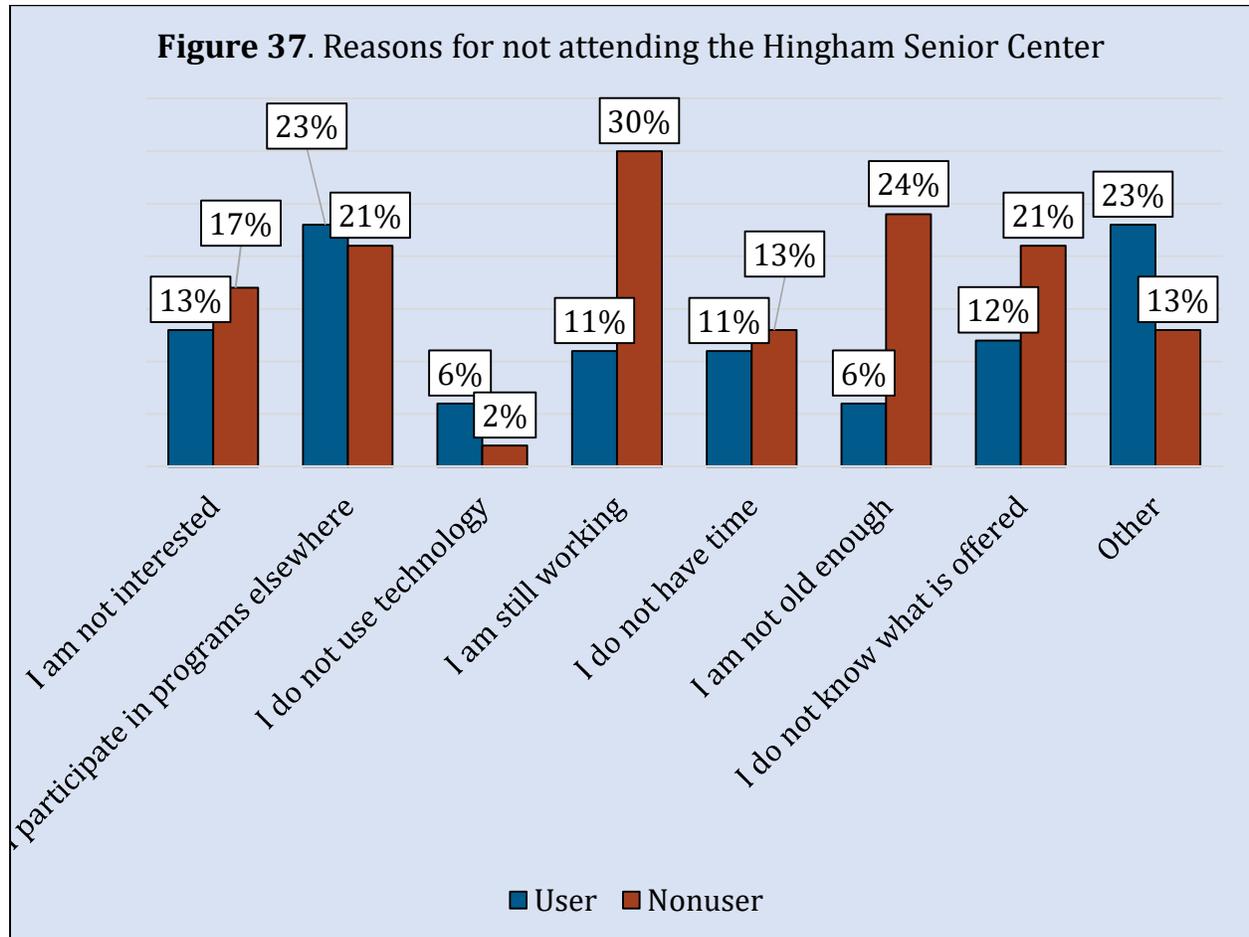


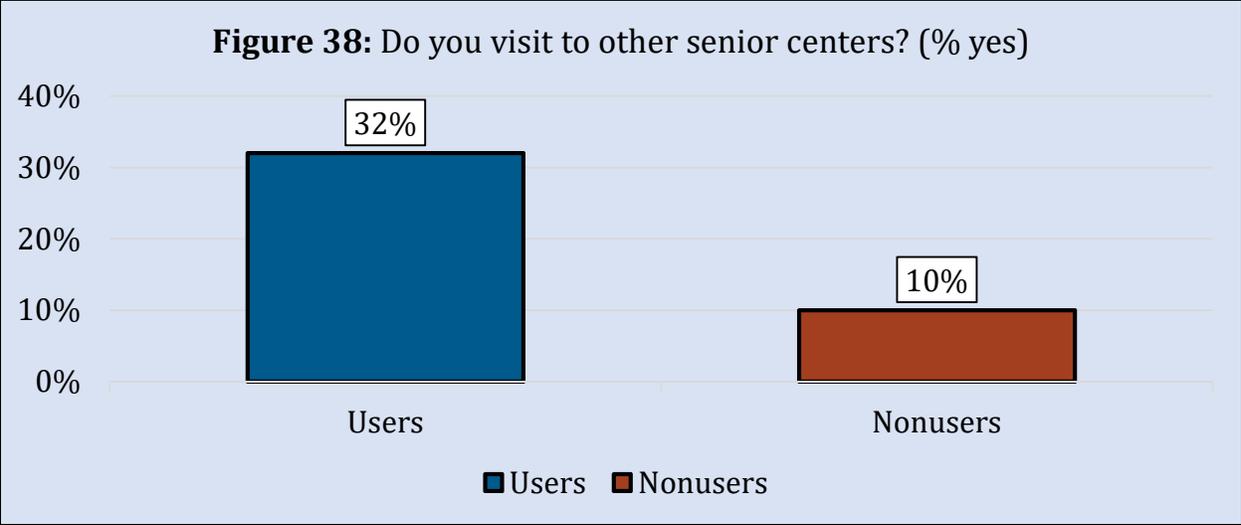
We asked survey respondents to rate the importance of a variety of existing programs and services offered by the Hingham Senior Center, regardless of if they participate there or not. **Figure 36** suggests that educational opportunities (41%), fitness activities (41%), errand or handyman services (38%), and social and recreational opportunities (38%) were rated of highest importance by survey respondents. This pattern was similar across age groups (see **Appendix A**).

Figure 36. Rating Importance of Existing Programs and Services



Of survey respondents who never use the Hingham Senior Center, 30% of all ages state it is because they are still working and 24% report the reason for not attending is that they are not old enough (see **Figure 37**). Among those who have participated at the Hingham Senior Center, reasons for not attending or not attending more frequently include and participating in activities elsewhere (23%) and “other” (23%) (see **Figure 37**). In fact, among those who use the Hingham Senior Center, 32% report traveling to other senior centers to access programs and services (see **Figure 38**).





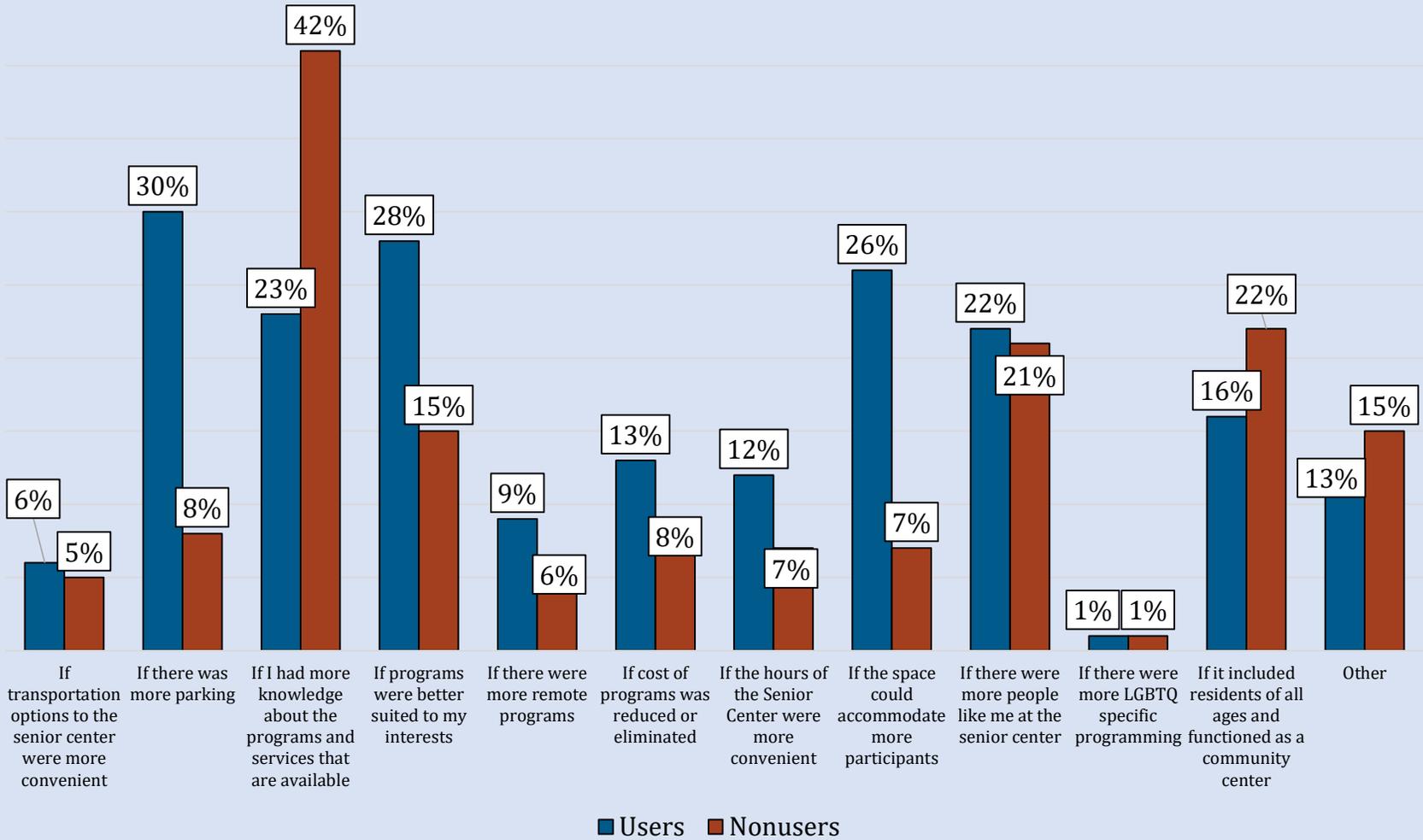
For those who wrote in a response, the most common responses centered around being concerned about COVID-19. As well, many wrote in about not being interested in what is currently offered or not having adequate space to accommodate all interested residents in programming or being able to physical accommodate very many participants due to building and parking constraints. See **Table 6** with sample comments regarding why survey respondents don't use the COA.

Table 6. Sample responses to question “What is the reason that you do not currently use programs or services offered by the Hingham Senior Center”

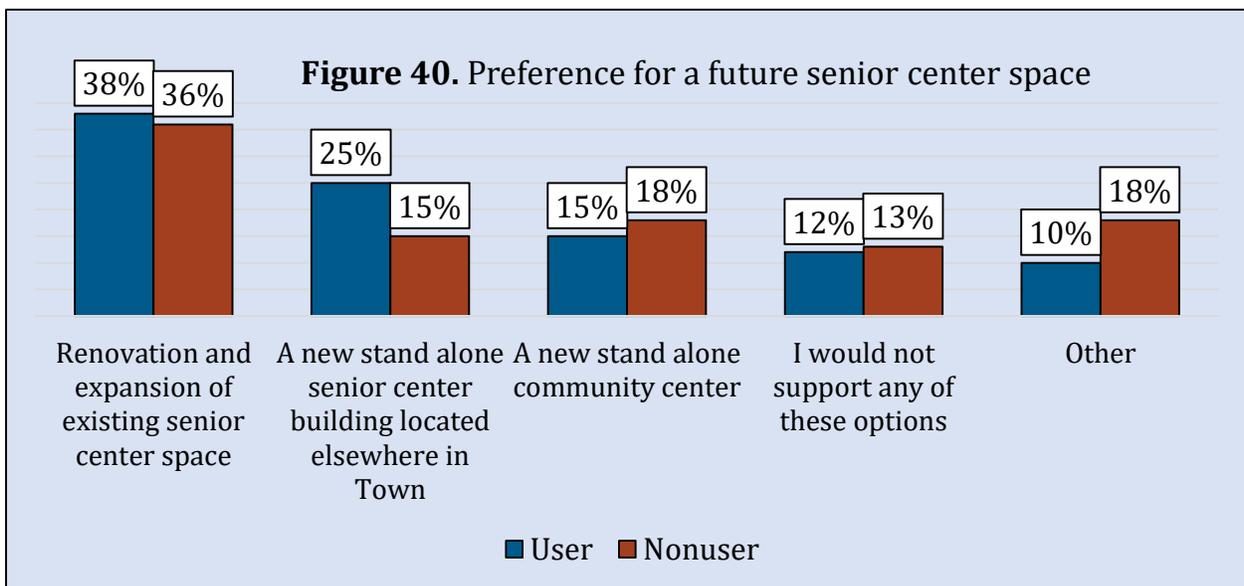
Not needed
<i>I have no need for them at this time but anticipate the need in the future.</i>
<i>I feel no urgent need yet.</i>
<i>Inertia - not yet ready</i>
Too busy
<i>I am busy enough with family, friends, church.</i>
<i>I am busy with my grandkids.</i>
<i>I am still working 55 hours a week. Work full time.</i>
Facility Deters Participation
<i>Parking is an issue! Building very outdated!</i>
<i>Too small a gathering place</i>
<i>Lack of parking, unattractive facility, poor selection of programs.</i>
<i>Most programs do not appeal to me + parking is challenging</i>
Lack of familiarity
<i>Don't know anyone that goes</i>
<i>Don't like to go alone</i>
<i>I don't feel welcomed there.</i>
<i>I just retired</i>

We asked respondents to select the reasons that would increase likelihood of participating at the Hingham Senior Center. Across age groups, the number one factor that would increase the likelihood of attending was having more knowledge about what is offered and available to residents (see **Appendix A**). **Figure 39** shows that among those who report participating at the Hingham Senior Center, the factors most that would increase the likelihood of participation include more parking (30%), programs that are better suited to interests (28%), and if the space could better accommodate more participants (26%). Among those who do not participate at the Hingham Senior Center, factors that would increase the likelihood of participation include having more knowledge about what is available (42%), if it included residents of all ages and functioned as a community center (22%), and if they could better identify with the people who do participate (22%). 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 Hingham Senior Center goals.

Figure 39: Factors that would increase the likelihood of participation at the Hingham Senter, by user status

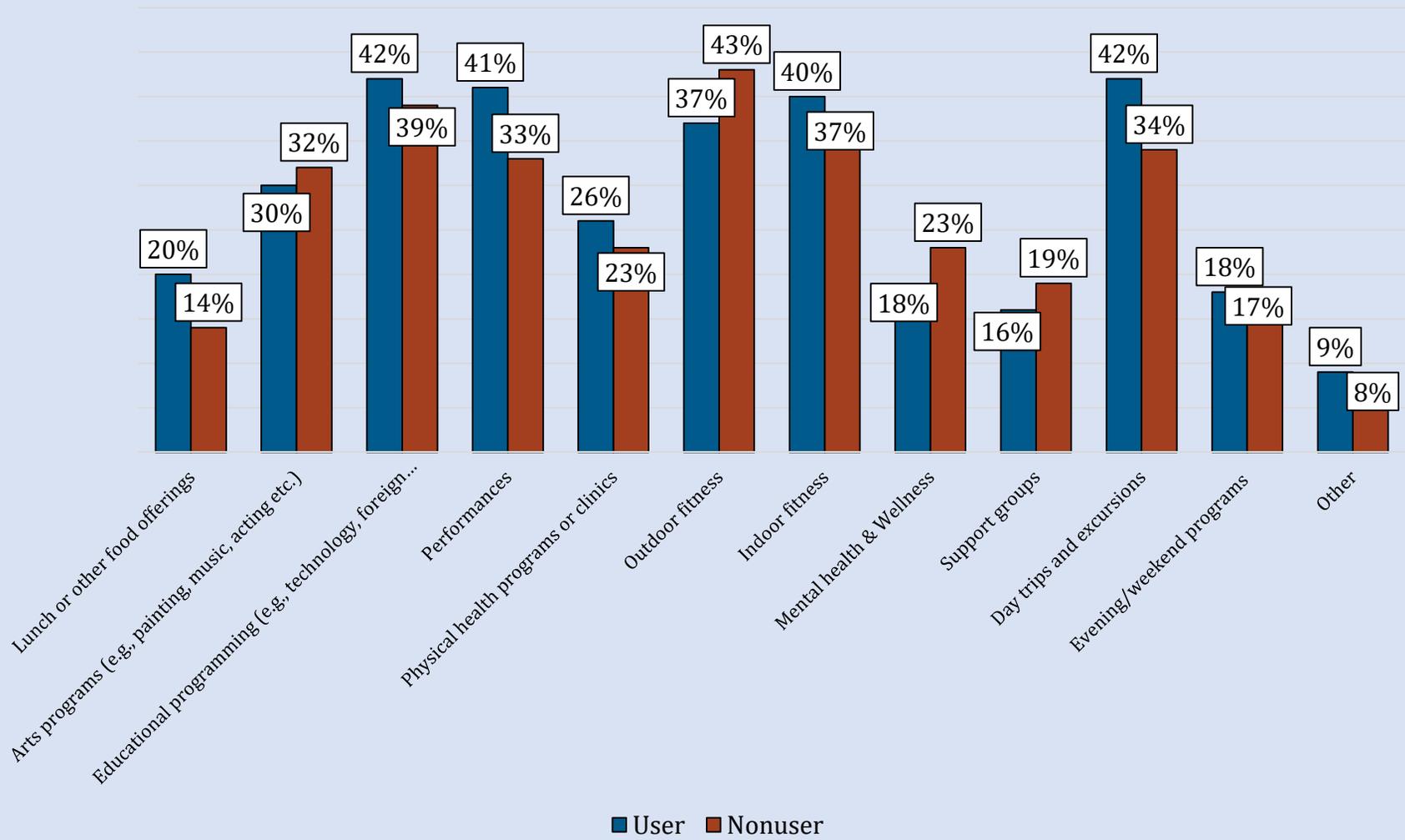


In alignment with the Town’s effort to execute planning for a future senior center, respondents were asked to choose their most preferred scenario for that future space. **Figure 40** shows that regardless of user status, more than one-third of respondents would prefer renovation and expansion of the current senior center space. Among users of the Hingham Senior Center, a second choice is for a stand alone senior center building located elsewhere in Hingham. Among non-users of the Hingham Senior Center, a second-most preferred choice is for a new stand alone community center (18%). As well, a number of respondents wrote in their preference for other options, which mostly included calls for more information or not having an opinion. When residents of Linden Ponds are excluded from analysis, rates of preference for renovation and expansion of existing senior center space increases slightly to 40% among non users and 39% among current users (results not shown).

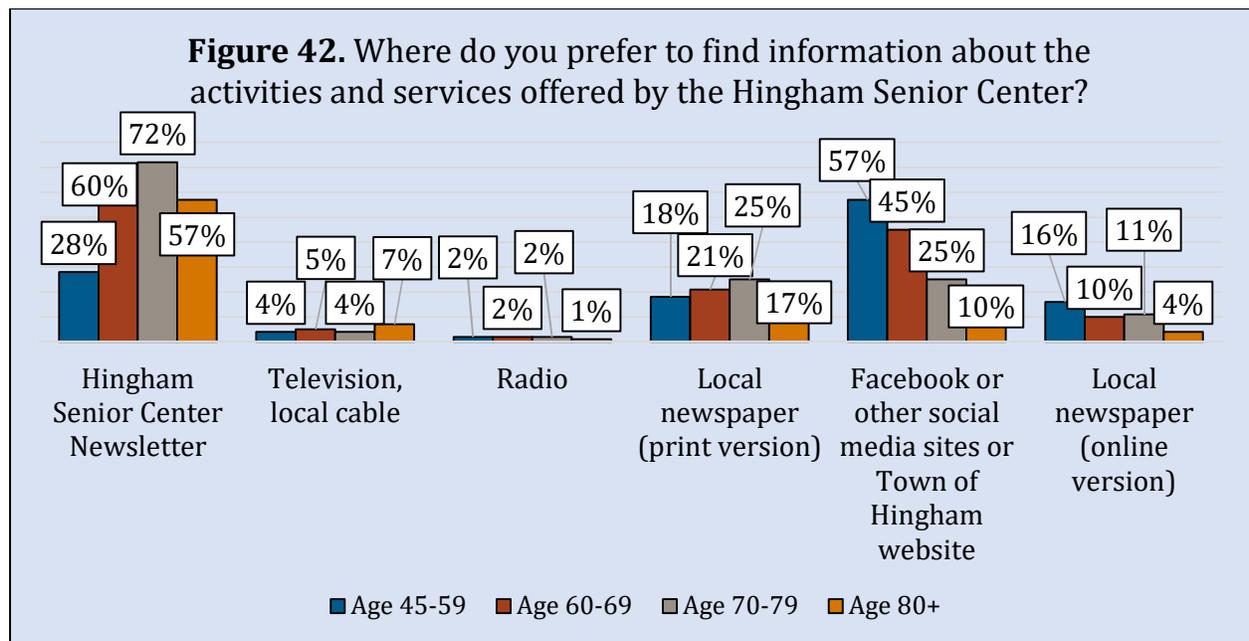


Respondents were asked to indicate the types of programming they would prioritize in expanding the programs and services available through the Hingham Senior Center (**Figure 41**). Preferences varied slightly by user status. For example, among those who use the Hingham Senior Center, day trips and excursions (42%), educational programming (42%), and performances (41%) were the top rated preferences for future expansion. For those who do not currently utilize the Hingham Senior Center outdoor fitness activities (43%), educational programming (39%), and indoor fitness activities (37%) were most commonly rated as priorities. These results point to a need for the Hingham Senior Center to consider its current capacity to provide things like technology training and trips.

Figure 41: Which of the following would you prioritize in expanding the programs available through the Hingham Senior Center?



Accessing Hingham Senior Center information: There was one question included in the survey related to preferred method of getting information. Preference for email, website, or social media communication varied by age (see **Figure 42**). Half of respondents aged 60 or older prefer to find information about activities and services offered by the Hingham Senior Center through the Hingham Senior Center Newsletter, whereas only 28% of those age 45-59 do. Conversely, 57% of those age 45-59 prefer to find out information via social media or the Town’s website. Very few people get information about the Hingham Senior Center from the television and radio although between 17%-25% do access information from the local newspaper. Given that current Hingham Senior Center participants are somewhat older, 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 could be useful as well as planning for expansion of existing digital presence will aid in effectively reaching younger residents.



While most community survey respondents (87%) do use a smartphone, it is important to note that 40% of respondents aged 80 and older do not (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 Hingham Senior Center or future needs of older residents and 355 participants took the time to provide additional feedback. The majority of the comments were positive, about the Hingham Senior Center, more specifically. 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, there were many suggestions regarding additional programs and services. Some respondents provided specific ideas, such as evening socials, handy-man services, dog-walking clubs, or flower arranging. Other suggestions focused on broader issues such as reaching a more diverse population of residents. Many commented on the limited, affordable options for downsizing and the costs of property taxes that burdens older residents in particular. As for services, the most mentions included a call for better transportation options in Hingham, including transportation to and from the Senior Center and more on-demand transportation services (e.g., taxies or ride-sharing service). Medical transportation to Boston was a key concern for many respondents.

Many survey respondents commented on the capacity of the current Hingham Senior Center—both building and staff. Parking at the Senior Center is something that clearly deters residents from participating. While many suggestions included ways to increase the number of residents who participate at the Senior Center, others recognized that the current space and staffing are not adequate to accommodate the growing number of older residents in Hingham. When asked why they do not currently attend the Senior Center, one person wrote “Lack of parking, unattractive facility” and another wrote “more parking -having to park on the street is not acceptable neither is walking and crossing the busy streets”. Many respondents wrote-in about the building being too small to accommodate a lot of residents and the types of programming that they would be interested in. More outreach to the community and more mental health support are things that respondents identified as needs—but would require additional workforce capacity. A sample of additional comments are presented on **Table 7**.

Table 7. Additional thoughts or comments about Hingham.

Positive feedback regarding the Hingham Senior Center
<i>The YMCA, the Senior Center + the library are resources that I rely on. It is important that they are available to me when I am unable to drive. The senior center provided a wheelchair when I became disabled for 10 mos. I am very grateful.</i>
<i>When I was able to visit the Hingham Senior Center, I found the people working there very friendly and always willing to help in any way they could. The activities are great for many interests. The lunches are very good.</i>
<i>Wonderful, friendly people. They helped us with our Medicare med choices and taxes. Very grateful.</i>
<i>The advocacy of the Hingham Senior Center is unsurpassed in the County. More full-time staff and outreach workers are needed.</i>

<i>The director and associates are very pleasant and accommodating. We need to reach out to seniors to become more involved. Best medicine is friends and laughter.</i>
Programs and services
<i>The programs need to be updated with programs that are geared toward baby boomers. Would love evening socials, need to have programs that attract diverse audiences. senior center is too white and too old fashioned.</i>
<i>Please include Spanish-speaking programs.</i>
<i>Healthy foods for seniors in need.</i>
<i>Want more educational opportunities-work with Bridgewater State, Bristol Community College, Wheaton, Brown, Providence College, Rhode Island College, Johnson and Whales, etc.</i>
<i>Want more "age in place" programs</i>
<i>Want more legal aid help.</i>
<i>Transportation was difficult to find when I had a cast on my arm and couldn't drive. No taxi service in-town anymore and bus pickup is not always on time so can't be used for doctor or dentist appointments. See #28 - had to rely on many friends who are elderly too.</i>
<i>Transportation to + from council on Aging events seems to be a concern for many participants.</i>
Capacity of Existing Senior Center
<i>The building is small- all activities appear to be in areas of dining room- no quiet place for socializing with TVs going, exercise class. Not a place to meet with friends for casual conversations. Should one day like to see separate arts and crafts room, game room, so more than one program going on at a time.</i>
<i>Senior center would have to be larger facility in the future if more programs are added and more people attended these and present programs.</i>
<i>(I would be more likely to attend if...) it was a one level building with large parking lot and function room.</i>
<i>Need to change the perception of the Hingham Senior Center as a place focused primarily on low-income seniors who need assistance to survive. They Town needs to increase their budgetary level of the COA to provide programs that will meet the future needs of this steadily growing segment of the Town.</i>

Peer Community Comparison

In an effort to benchmark the Hingham Senior Center against similar operations, information from six regional senior centers in Massachusetts was collected in June and July 2022. Hingham and its peers Duxbury, Marshfield, and Scituate are located along the South Shore of Massachusetts, while Lexington and Wellesley are located west of Boston and Marblehead is on the North Shore. All six senior centers serve suburban towns with considerable financial resources, the total land area served ranging from about 10 square miles (Wellesley) to more than 37 square miles (Duxbury). Data from the Census Bureau, the Massachusetts Councils on Aging (MCOA) Database, web searches, and interviews with senior center staff is compiled below.

Demographic Characteristics

Hingham shares some socio-demographic characteristics with its peer regions (**Table 8**). The populations of the peer communities range from about 15,000 to about 33,000 residents, with Hingham in the middle at 23,983. The number of older adults in each of the towns ranges from 4,652 in Duxbury to about 8,490 in Lexington, and the share of the total population that is aged 60 or older ranges from only 20% in Wellesley to 35% in Scituate. The median household income for Hingham and all of its peers falls above the State median (\$84,385), ranging from around \$105,000 in Marshfield to more than \$210,000 in Wellesley. The towns' older adults vary in average level of education: the percentage of adults age 65+ with a college degree ranges from 46% in Marshfield to 75% in Lexington.

Table 8. Demographic features, Hingham and peer communities

	All-age population	# Age 60+	% 60+	Median Household Income	% 65+ with a college degree
Hingham	23,983	7,159	30%	\$ 147,520	59%
Duxbury	15,912	4,652	29%	\$ 126,889	59%
Lexington	33,304	8,490	25%	\$ 185,686	75%
Marblehead	20,530	6,020	29%	\$ 131,293	60%
Marshfield	25,937	6,386	25%	\$ 105,067	46%
Scituate	18,839	6,658	35%	\$ 122,241	51%
Wellesley	28,747	5,685	20%	\$ 213,684	71%

Note: Data came from the 2020 American Community Survey 5-year file

Spatial Characteristics

Hingham is the only center of its peers that has not engaged in a renovation or new building project in recent years. Spatial characteristics about Hingham's senior center and its peer centers are provided in **Table 9**. Because Hingham is considering changes to its senior center space, the peer communities chosen all had either renovated/expanded their existing buildings or constructed new senior center buildings within the last ten years. The results of these conversations, discussed below, may help Hingham as it considers its options for moving into a larger senior center space.

Duxbury and Marshfield expanded existing senior center buildings, while Scituate and Wellesley constructed entirely new centers. Lexington and Marblehead have shared rather than dedicated senior center spaces which have been recently renovated. Compared with its four peers that have dedicated senior center spaces, Hingham has a distinctly lower square-foot-per-older-resident ratio: Hingham has access to 0.70 square feet per resident aged 60

or older, while its peers’ ratios range from 2.25 to 3.74. As well, Hingham has the fewest number of dedicated parking spots for the senior center building.

Table 9. Spatial characteristics, Hingham and peer senior centers

	Type of change to space	Year of Project	Cost of Project	Type of Space	Dedicated Square Footage	Square Feet per Resident 60+	Parking Spots
Hingham	N/A	N/A	N/A	Dedicated space in shared building	5,000	0.70¹⁰	18
Duxbury	Renovation/expansion	2019	\$2.25M	Stand-alone building	16,660	3.58	105
Lexington	Renovation/expansion	2015	\$6M	Community center shared with Rec Dept.	N/A	N/A	40
Marblehead	Renovation/expansion	2016	\$60K	Community center shared with Parks & Rec Dept	N/A	N/A	68
Marshfield	Renovation/expansion	2022	\$7M	Stand-alone building	23,863	3.74	181
Scituate	New building	2021	\$10M	Stand-alone building	15,000	2.25	105
Wellesley	New building	2017	~\$9M	Stand-alone building	13,000	2.29	45

Note: Data came from conversations with senior center staffers and online searches.

Among those peers with dedicated space, all had access to a kitchen and to a casual “drop-in” space where older people could visit comfortably. Other highly popular spaces within these centers included fitness centers, cafés, tech labs, libraries, outdoor patios, and bocce courts. Despite many of these centers having access to much more space than Hingham currently does, many senior center staffers expressed concern that as the population ages, their current space will nonetheless not be sufficient to meet older adults’ needs and preferences for programming. A few acknowledged that even now, some rooms are small enough that particular classes or programs have to have participation caps or rely on some seniors using virtual participation options.

¹⁰ When 1,304 residents of Linden Ponds were removed from analyses, this ratio increased slightly to 0.85 square foot per older resident.

Staffing and Programming Characteristics

The peer senior centers varied widely in their dedicated staffing resources, from four staffers (Lexington) to 21 (Duxbury). It is important to note that Lexington's Senior Center shares space and staffing with a broader community center serving residents of all ages. The Hingham Senior Center is the only one of its peers without a staff position dedicated to programming. In Duxbury, Lexington, and Wellesley there is a full-time position dedicated to programming and activities coordination; and in Lexington there are two part-time positions working on programming and in Scituate, the activities and volunteer coordinator is considered part-time, but works approximately 30 hours per week. As well, all peers except Hingham and Lexington have at least 1 part-time staff dedicated to volunteer coordination to ensure that maximum benefit is being attained from resident talents, skills, and time.

Most centers charged some programming fees but tried to keep costs to the user limited. In particular, classes with paid, outside instructors or that had costs for materials (e.g., quilting) often had fees of about \$5 or \$10 to participate. Staff reported putting most of the funds from programming fees back into other programming. No centers charged non-resident seniors extra fees for participation that resident seniors did not have to pay, with the exception of Lexington, where the community center charges non-residents a modest \$12 per year to participate.

Peer senior centers were sensitive to the need to market their senior centers and connect older adults who might not be aware of existing services and programs. For example, because people are often hesitant to understand themselves as "old," peer communities have found younger seniors to be more amenable to volunteering at the senior center than to participating in programs. Peer communities found that getting people who "don't think of themselves as seniors yet" to volunteer there was a good way to connect them with the senior center long-term. Hosting activities during evenings and weekends that cover a wide range of topics also attracted younger seniors.

Across age brackets, the most in-demand programs at these centers were generally exercise and fitness programs, lectures on unconventional topics (e.g., monarch butterflies, opera), any events serving food, and out-of-town trips. Additional information on programs and services provided by these centers, including adult day programs and transportation, is shown in **Table 10**.

Table 10. Staffing and programming characteristics, Hingham and peer senior centers

	Staff FT/PT	Transportation?	Adult Day?
Hingham	3/4	Yes	No
Duxbury	9/12	Yes	Yes, social and health
Lexington	2/2	Refers to transportation department	No
Marblehead	5/6	Yes	No
Marshfield	5/11	Yes	Yes, social only
Scituate	5/3	Yes	Coming soon, social only
Wellesley	6/5	Yes	No

Note: Data came from conversations with senior center staffers.

Budget and Financial Characteristics

In all of the six peer communities, the largest two sources of funding were municipal dollars and formula grants from the Massachusetts Executive Office of Elder Affairs (EOEA). Several also reported receiving financial support through grants from private foundations and other government agencies, in-kind donations, “friends groups”, and local transit authorities (specifically, those in the service area of the Greater Attleboro and Taunton Regional Transit Authority [GATRA] received funding and support from GATRA for their in-house transportation programs).

Five of the six peer communities had active “friends of the COA” groups that host fundraisers. Successful fundraiser activities included casino nights, golf outings, health fairs and craft fairs, bake sales, trivia nights, raffles, live and silent auctions, sales of cookbooks containing recipes from local residents, walks, house tours, and pre-marathon taper runs. Other tactics like annual appeals, membership drives, and opportunities to “adopt” a room in the senior center were also successful.

New Spaces: Lessons Learned

When asked about their experiences moving into new spaces, senior center staff had several pieces of advice to share. First, up-to-date technology was found to be paramount. One new center which opened before COVID emerged found the center was much better prepared to adapt to changing circumstances because of recent technology upgrades that had been embedded in senior center rooms. Another staffer advised that a larger building alone is not enough to have a successful and thriving senior center; but that the quality of staff and programming is as important as the type of space or building.

While some new centers enjoyed widespread community support, other major senior center projects encountered public opposition. “People didn’t think it was necessary or that it would be used, or that the need existed,” one peer senior center staffer explained. However, some expressed that after the new center was built, the public felt much more favorably about it. In the face of limited funds, projects are often pitted against one another—one town explicitly avoided this issue by bundling several major capital projects together, each benefitting a different constituency/department, and refusing to split them up. Direct community education on the projects also convinced some residents of the importance of the construction.

Conclusion and Recommendations

Hingham has experienced a substantial growth in its older adult population. Older adults are expected to continue making up a significant portion of the community in coming years. This central, overarching observation—that the older population of Hingham 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 Hingham 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 45 and older. As part of this assessment, we conducted interviews to hear from Hingham leadership and communities that are similar in size and location as Hingham. In addition, a survey was developed and administered to Hingham residents age 45 and older. A total of 1,179 questionnaires was returned, reflecting a strong return rate of 24%. 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 Hingham as well as concerns expressed by older residents. The report is intended to inform planning by the Hingham Senior Center as well as other Town offices, private and public organizations that provide services and advocate for older people within Hingham, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Hingham 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 Hingham Council on Aging:

- **The physical space and location of the Hingham Senior Center does not currently meet the needs of the range of ages and interests of the Hingham older adult population and is far smaller than the spaces occupied by its peers. As well, the preference for more programming and services related to promoting physical health as well as personal growth and enrichment.**

Recommendations:

- Make plans for increasing space for programming to accommodate growing demand for programs and services. Minimizing costs to residents for the building project and installation of adequate parking are necessary. As well, consider prioritizing the following types of spaces:
 - Large rooms for indoor exercise classes that can accommodate many participants.
 - Classrooms and program rooms that have the technology for audio and visual presentations and also the capability to receive participants who are participating virtually.
 - Multiple rooms will be needed so that more than one program can happen at a time.
 - Consider lifelong learning opportunities that bring residents together over a period of time so that social relationships can be built and maximum learning can occur.
 - Space for music or dance performances or to play films.
 - Drop-in space for residents to meet informally and socialize in a café style environment.
 - Consider the role of trips and outings out of town, or even to utilize other spaces in Hingham, and plan for staffing and volunteers to aid in that task.
 - Facilitate outdoor activities for older residents. Consider partnerships with the recreation departments or other local groups to organize walking, hiking, biking, or bird-watching groups.
-
- **Additional staff is needed to maximize the capacity of the center as it evolves to meet the needs and preferences of older adults in Hingham.**
 - The Hingham Senior Center is the only one of its peers without a staff position dedicated to programming
 - As well, all peers except for Lexington have at least 1 part-time staff dedicated to volunteer coordination to ensure that maximum benefit is being attained from resident talents, skills, and time.

Recommendations:

- Create a full-time position dedicated to programming and activities coordination position to directly oversee and maintain programing needs and scheduling of programs at the Hingham Senior Center.
- Develop a position for 1 part-time staff dedicated to volunteer coordination to ensure that maximum benefit is being attained from resident talents, skills, and time.

➤ **Awareness and understanding of the Hingham Senior Center is uneven among residents, particularly those under the age of 70.**

Recommendations:

- Consider developing an “ambassador program” and coach residents who already attend the Hingham Senior Center to actively encourage new participants. Perhaps this program could function as a property-tax work-off position or offer an incentive for the number of new participants that each person can recruit.
- Create a “newcomers” group at the Hingham Senior Center so participants feel connected to a group when they first arrive.
- Establish a “civic academy”, in partnership with other Town Departments, to educate community members about local government processes, resources (e.g., property tax relief programs) and volunteer opportunities. Graduates can serve as a pipeline to serve on Boards, Committees and as volunteers.
- Host programming for newly retired residents or those considering retirement. Topics could include financial planning, health insurance coverage, volunteer work etc.
- In order to avoid deterring financially insecure residents from participating, consider noting on any promotional materials that if a resident is unable to pay the requested amount that they can contact the Hingham Senior Center to make other arrangements.

➤ **Economic insecurity is a concern for many older adults in Hingham.**

Recommendations:

- Continue strategizing ways to relieve property taxes for older residents who are living on a fixed income. Consider property tax freezes¹¹ or widening income eligibility for property tax-relief programs that already exist. Promote existing property tax relief programs, including a proxy option for the property tax work off program so that a family member or friend can work on behalf of a resident who is not able to work.

¹¹ <https://www.maine.gov/revenue/taxes/tax-relief-credits-programs/property-tax-relief-programs/stabilization-program>

- Consider hosting a program like “How to Cut the Cord” to educate residents on how they can access streaming or other online media to eliminate or reduce their cable bill.
- Develop a “help a neighbor” fund that would allow for small grants to be given for home repair projects, subsidizing snow removal or lawn care for older adults who cannot afford it. Engage local fraternal organizations, faith communities, and the COA Friends Group to coordinate.
- Engage local businesses or Chambers of Commerce to connect older residents with part-time or flexible employment.

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

Recommendations:

- A memory café is a welcoming place for people with cognitive impairment or memory loss and for their family and friends. Memory cafés meet at a variety of places including coffeehouses, museums, or community organizations. Consider co-hosting a memory café in Hingham or nearby.
- Develop a “Volunteer Respite Program” in which residents are vetted to assist Hingham caregivers by serving as a companion to the person receiving care while the caregiver has a few hours to themselves.
- Consider a “Caregivers Night Out” in which a meal and entertainment are provided for caregivers while their care partners are in the care of others. This could be a partnership with South Shore Elder Services or local home care agencies.
- Encourage town staff to become “Dementia Friends” by completing a training program¹².
- Explore collaborations between local emergency response services and community based organizations to improve the health and quality of life of those living with dementia and/or their care partners. This model could be expanded to include those with vulnerabilities to falling or other behavioral health conditions.

➤ **Obtaining supplementary and accessible transportation is a concern for some of Hingham’s residents as they age.**

Recommendations:

- Develop a volunteer driver program¹³, not limited to medical appointments.
- Target information to communities within Hingham who may have particular need for transportation services including those living alone and those with disabilities.

¹² <https://dementiafriendsma.org/>

¹³ <https://www.mass.gov/info-details/develop-a-volunteer-driver-program>

Consider additional outreach for transportation when inclement weather is anticipated.

- Consider the use of Hingham Senior Center, or other Town-owned, vehicles for use on evenings and weekends to facilitate transportation for those wishing to participate in the community during these times.
- For older residents who could use “fixed-route” public transportation but may have some trepidations, consider developing or connecting residents with a travel training or “bus buddy” program.¹⁴

¹⁴https://www.boston.gov/sites/default/files/document-file-09-2017/boston_seniority_-_october_2017_website.pdf

Appendix A: Community Survey Results

Note: Appendix tables are based on 1,179 responses to the Town of Hingham Survey of residents aged 45 and over, conducted in Spring 2022. 10% of respondents completed the survey online and the rest were returned my mail. See text for additional details.

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

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Fewer than 15 years	29%	36%	21%	23%	40%
15-24 years	15%	35%	11%	4%	13%
25-34 years	14%	12%	35%	10%	3%
35 years or longer	42%	17%	33%	63%	44%
Total	100%	100%	100%	100%	100%

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

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Very Important	59%	36%	52%	69%	74%
Somewhat Important	29%	38%	35%	25%	19%
Slightly Important	8%	17%	8%	4%	4%
Not at All Important	4%	9%	5%	2%	3%
Total	100%	100%	100%	100%	100%

Section II: Housing and Living Situation

Q5. Which of the following best describes your current place of residence?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Single-family home	66%	91%	78%	68%	31%
Multi-family home	2%	1%	1%	2%	1%
Accessory apartment	--	--	--	--	2%
Apartment building	2%	2%	3%	2%	1%
Senior subsidized housing	1%	--	1%	2%	1%
Condominium or townhome	13%	4%	16%	15%	14%
Linden Ponds Senior Living Community	15%	--	1%	10%	49%
Other	1%	2%	--	1%	1%

Q6. Does your current residence have a bedroom and full bath on the entry level?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	54%	37%	45%	56%	75%
No	46%	63%	55%	44%	25%
Total	100%	100%	100%	100%	100%

Q7. Who do you live with? (Check all that apply)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
I live alone	23%	5%	17%	23%	45%
I live with a spouse or partner	69%	85%	70%	70%	44%
I live with my adult children (age 18 or older)	13%	33%	12%	5%	7%
My children (under age 18)	12%	54%	3%	--	--
My grandchildren	2%	1%	2%	2%	2%
My parents	1%	3%	2%	--	--
Another relative	1%	2%	2%	1%	--
Someone else	1%	1%	1%	--	1%

**Figures do not sum to 100%*

Q8. Do you plan to stay in Hingham for the next 5 years or more?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes, I plan to stay in Hingham in my current home	91%	87%	86%	94%	94%
Yes, I plan to stay in Hingham but move to a different home	5%	8%	5%	4%	4%
No, I plan to move out of Hingham	4%	5%	9%	2%	2%
Total	100%	100%	100%	100%	100%

Q9. Does your current residence need home 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 45-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these repairs	21%	29%	26%	20%	10%
Yes, but I cannot afford to make these repairs	6%	5%	10%	5%	4%
No, my current residence does not need repairs	73%	66%	64%	75%	86%
Total	100%	100%	100%	100%	100%

Q10. In the next 5 years, if you needed move from your current home, what kind of housing would you prefer in Hingham? (Check all that apply)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Single-family home	27%	57%	28%	21%	6%
Multi-family home (2, 3, or more units)	3%	3%	5%	2%	1%
Apartment building	4%	5%	6%	5%	1%
Condominium, or townhome	29%	44%	38%	27%	7%
Senior independent living community	29%	15%	34%	36%	25%
Accessory apartment	6%	6%	8%	6%	4%
Assisted Living community	26%	4%	15%	31%	50%
Other	8%	4%	9%	9%	10%

**Figures do not sum to 100%*

Please select your level of agreement with each statement below.

Q11. There are flexible opportunities for residents to volunteer in my community?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	29%	28%	27%	28%	31%
Agree	47%	50%	42%	46%	48%
Disagree	3%	3%	5%	1%	2%
Strongly Disagree	--	--	1%	1%	--
I don't know	21%	19%	25%	24%	19%
Total	100%	100%	100%	100%	100%

Q11. Local policy makers take into account the interests and concerns of older residents?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Strongly Agree	12%	9%	10%	19%	12%
Agree	41%	38%	40%	44%	41%
Disagree	12%	15%	15%	5%	12%
Strongly Disagree	4%	7%	5%	2%	4%
I don't know	31%	31%	30%	30%	31%
Total	100%	100%	100%	100%	100%

Q12. Would you know whom to contact in Hingham should you or someone in your family need help accessing social services, health services, or other municipal services?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	61%	47%	56%	65%	72%
No	39%	53%	44%	35%	28%
Total	100%	100%	100%	100%	100%

Q13. Are you aware of the following property tax relief programs that are currently available in Hingham? (% yes)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Tax Deferral program	17%	11%	16%	24%	16%
Property Tax Work-off Program for Residents 60+	33%	21%	36%	44%	25%
Disabled Veterans	14%	17%	11%	17%	9%
Surviving Spouse or orphaned minor child	5%	5%	2%	9%	4%
Extreme hardship	7%	8%	4%	9%	5%
Community Preservation Act exemption	8%	7%	4%	12%	6%
Means-tested Senior Exemption	9%	6%	6%	14%	9%
Blind persons	6%	7%	4%	8%	6%

Q14. What are the primary ways in which you meet your transportation needs?
(Check all that apply)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
I drive myself	89%	98%	96%	93%	69%
Walk or bike	17%	25%	20%	19%	5%
Taxi or ride sharing service (e.g., Uber, LYFT)	9%	14%	7%	6%	11%
My spouse or child(ren) drive me	22%	14%	18%	22%	33%
Friends or neighbors drive me	6%	2%	5%	8%	7%
The MTBA 222 bus route	2%	2%	2%	4%	--
Commuter rail/commuter boat	18%	32%	19%	18%	5%
Hingham Link	--	--	--	--	--
Transportation provided by the Hingham Senior Center (e.g., transportation grant)	2%	--	--	2%	4%
Other	5%	3%	2%	5%	13%

**Figures do not sum to 100%*

Q15. Which of the following strategies do you use to modify your driving to make it easier or safer?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Not Applicable -- I do not drive	7%	--	2%	3%	26%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	15%	2%	9%	18%	31%
I drive with no limitations	78%	98%	89%	79%	43%
Total	100%	100%	100%	100%	100%

Q17. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of lack of transportation?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	3%	2%	3%	2%	7%
No	97%	98%	97%	98%	93%
Total	100%	100%	100%	100%	100%

Q16. What kind of difficulties do you have in getting the transportation that you need? (Check all that apply)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Public transportation is unavailable or inconvenient	5%	3%	3%	5%	10%
Hingham Senior Center transportation is unavailable or inconvenient	2%	--	--	1%	6%
Rideshare service are unavailable or inconvenient					
Transportation options cost too much	2%	2%	2%	2%	3%
Physical limitations or other impairments make accessing transportation options difficult	35%	--	1%	2%	10%
No door-to-door assistance	1%	--	1%	1%	3%
Existing transportation services don't travel to the places I want to go	4%	1%	2%	2%	9%
No one I can depend on for a ride	3%	--	3%	3%	4%
I have no difficulties	85%	94%	92%	87%	66%
Other	3%	3%	1%	4%	5%

**Figures do not sum to 100%*

Section IV: Caregiving

Q18. Do you now or have you in the past 12 months 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 45-59	Age 60-69	Age 70-79	Age 80+
Yes	30%	35%	34%	27%	23%
No	70%	65%	66%	73%	77%
Total	100%	100%	100%	100%	100%

Q19. 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 45-59	Age 60-69	Age 70-79	Age 80+
Very Challenging	15%	23%	14%	11%	11%
Somewhat Challenging	43%	49%	57%	30%	30%
Neither Challenging nor Easy	24%	14%	20%	35%	28%
Somewhat Easy	10%	5%	6%	17%	14%
Very Easy	8%	9%	3%	7%	17%
Total	100%	100%	100%	100%	100%

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

Q20. If yes: Did this person have any of the following conditions?

	All Ages
Alzheimer's disease or dementia	31%
Chronic disease	29%
Recent surgery	23%
Psychological condition	13%
Frailty/mobility	29%

**Figures do not sum to 100%*

Section V: Your Health

Q21. Do you have an impairment that limits your ability to participate in your community?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	13%	3%	7%	9%	34%
No	87%	97%	93%	91%	66%
Total	100%	100%	100%	100%	100%

Q22. Given your experience with COVID, how comfortable are you gathering indoors for programs at this time?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
I am comfortable gathering indoors no matter what	56%	75%	54%	49%	47%
I am comfortable gathering indoors but only if everyone is masked	24%	16%	27%	26%	25%
I am comfortable gathering indoors but only if the group is no larger than 10 people	18%	10%	20%	22%	18%
I am not comfortable gathering in person	8%	4%	5%	10%	12%

**Figures do not sum to 100%*

Section VI: Social Activities & Relationships

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)

Q23. Talk on the phone, FaceTime, or Zoom or FaceTime with family, friends, or neighbors

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Every day	51%	51%	51%	54%	45%
One or more times a week	38%	33%	41%	35%	43%
More than once a month	7%	8%	4%	9%	7%
About once a month	2%	4%	2%	1%	2%
A few times a year (e.g., holidays)	1%	3%	2%	1%	1%

Never	1%	1%	--	--	2%
Total	100%	100%	100%	100%	100%

Q23. Send email or use social media with family, friends, or neighbors

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Every day	62%	68%	68%	62%	45%
One or more times a week	27%	23%	26%	25%	33%
More than once a month	4%	4%	2%	3%	7%
About once a month	2%	1%	2%	2%	1%
A few times a year (e.g., holidays)	1%	2%	1%	4%	1%
Never	4%	2%	1%	4%	13%
Total	100%	100%	100%	100%	100%

Q23. Get together in person with family, friends, or neighbors

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Every day	23%	25%	20%	22%	24%
One or more times a week	46%	42%	47%	50%	46%
More than once a month	19%	20%	23%	20%	15%
About once a month	7%	7%	7%	6%	8%
A few times a year (e.g., holidays)	4%	5%	3%	2%	5%
Never	1%	1%	--	--	2%
Total	100%	100%	100%	100%	100%

Q24. For which of the following are there sufficient places in Hingham to engage?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Socializing or for leisure activities	61%	68%	63%	62%	50%
Fitness classes	53%	63%	50%	52%	51%
Educational programming	39%	36%	35%	42%	42%
Arts and cultural events	40%	38%	37%	42%	42%

**Figures do not sum to 100%*

Q25. Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	91%	90%	90%	93%	88%
No	9%	10%	10%	7%	12%
Total	100%	100%	100%	100%	

Q26. In the past five years, have you ever felt excluded in Hingham because of your:

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Skin color, race, or ethnicity	2%	4%	2%	1%	--
Sexual orientation	1%	--	2%	--	--
Age	4%	1%	6%	4%	6%
Gender	1%	1%	1%	--	1%
Religious or cultural background	2%	4%	4%	1%	1%
Income	6%	10%	10%	2%	2%
Disability	2%	3%	1%	1%	3%
Other	5%	9%	5%	4%	1%

**Figures do not sum to 100%*

Section VII: Programs & Services at the Senior Center

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

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	61%	55%	64%	70%	52%
No	39%	45%	36%	30%	48%
Total	100%	100%	100%	100%	100%

Q28. Currently, how frequently have you used services or attended programs offered by the Hingham Senior Center?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Two or more times a week	3%	--	1%	5%	3%
About once a week	2%	--	2%	4%	2%
A few times a month	2%	--	1%	3%	4%
About once a month	2%	--	2%	2%	2%
A few times a year (e.g., special events only)	15%	2%	9%	24%	23%
Never	76%	98%	85%	62%	66%
Total	100%	100%	100%	100%	100%

Q29. If never or only a few times per year: What is the reason that you do not currently use programs or services offered by the Hingham Senior Center? (Check all that apply)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
I am not interested	15%	11%	15%	18%	14%
I participate in programs elsewhere	20%	6%	12%	28%	30%
I do not know what is offered	18%	19%	19%	20%	13%
I am still working	24%	43%	47%	10%	4%
I am not old enough	18%	60%	15%	4%	1%
I do not have time	12%	14%	17%	10%	6%
Other	14%	5%	10%	18%	23%

**Figures do not sum to 100%.*

Q30. In the last 12 months, how have you attended Hingham Senior Center programs?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Only online/remotely	5%	1%	1%	9%	6%
Only in person	5%	1%	5%	6%	8%
A mix of in-person and online/remotely	5%	1%	4%	7%	5%
Neither. I have not attended any programs at the Hingham Senior Center in the last 12 months	85%	97%	90%	78%	81%
Total	100%	100%	100%	100%	100%

Q31. Have you ever traveled to senior centers in other towns to participate in their programs?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	16%	4%	10%	24%	22%
No	84%	96%	90%	76%	78%
Total	100%	100%	100%	100%	100%

Q32. The following items refer to programs and services that are offered through the Hingham Senior Center. Please rate the importance of each program/service to you or a member of your family: (% rated “very important” or “important”).

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Assistance with local or state programs (e.g., financial, fuel)	32%	45%	39%	26%	16%
Transportation	33%	48%	32%	25%	26%
Fitness activities (e.g., yoga, Pilates, aerobics)	41%	56%	47%	35%	22%
Physical health and wellness programs	37%	55%	43%	30%	22%

(e.g., blood pressure, hearing, reflexology)					
Social and emotional wellness programs (e.g., friendly visiting, mental health counseling)	33%	55%	38%	23%	18%
Nutrition programs (e.g., lunches or home-delivered meals)	30%	48%	35%	22%	17%
Professional services (e.g., health insurance counseling, legal, and financial)	35%	53%	40%	28%	18%
Social or recreational activities (e.g., coffee hour, special events, cards, games)	38%	59%	42%	27%	26%
Support groups (e.g., Parkinson's, low vision)	29%	48%	32%	20%	17%
Educational opportunities (e.g., lifelong learning)	42%	58%	51%	35%	21%
Trips/outings	34%	53%	39%	26%	21%
Volunteer opportunities	35%	59%	41%	25%	14%
Errand or handyman services	38%	57%	45%	27%	23%

**Figures do not sum to 100%*

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

	All ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
If transportation options to the Senior Center were more convenient	5%	3%	2%	3%	15%
If there was more parking	14%	6%	10%	23%	15%
If I had more knowledge about programs and services that are available	64%	39%	39%	36%	31%
If there were more remote programs	7%	4%	6%	9%	9%
If the cost of programs was reduced or eliminated	10%	7%	11%	11%	8%
If programs and services were better suited to my interests	19%	11%	24%	24%	16%
If the hours of the Senior Center were more convenient	8%	6%	11%	10%	5%
If the space could accommodate more participants (e.g., larger class sizes or more variety of programs)	13%	6%	9%	23%	9%
If there was more LGBT-specific programming at the Senior Center	1%	2%	3%	1%	1%

If there were more people like myself at Senior Center events	21%	20%	31%	23%	12%
If it included residents of all ages and functioned as a community center	21%	32%	26%	20%	6%
Other	15%	18%	14%	12%	17%

**Figures do not sum to 100%*

Q34. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available through the Hingham Senior Center? (Check all that apply).

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Lunch or other food offerings	16%	19%	18%	17%	11%
Arts programs (e.g., painting, music, acting, digital photography)	32%	47%	40%	28%	15%
Educational programming (e.g., technology, foreign language courses, or bird watching)	41%	51%	49%	42%	21%
Performances (e.g., music, theater, comedy)	36%	40%	37%	39%	26%
Physical health programs (e.g., healthy eating or fall prevention)	24%	29%	30%	22%	16%
Outdoor fitness (e.g., walking, hiking, kayaking)	41%	57%	57%	39%	14%
Indoor fitness (e.g., strength training, yoga, Zumba)	39%	48%	49%	42%	15%
Mental health & Wellness (e.g., counseling,	22%	36%	27%	18%	10%

meditation, acupuncture)					
Support groups (e.g., caregiving, dementia, grief)	19%	30%	22%	16%	10%
Day trips and excursions	37%	40%	40%	37%	30%
Evening or weekend activities	18%	25%	25%	15%	7%
Other	8%	6%	4%	10%	12%

Q35. Which of the following scenarios would you be most likely to support?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Renovation and expansion of existing Senior Center Space	37%	39%	40%	36%	31%
A new standalone senior center building located elsewhere in Town	17%	13%	19%	22%	16%
A new standalone community center building	17%	24%	16%	18%	10%
I would not support any of these	13%	7%	12%	11%	22%
Other	16%	17%	13%	13%	21%
Total:	100%	100%	100%	100%	100%

Section VIII: Current & Future Retirement Plans

Q36. What is your employment status?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Working full-time	27%	67%	43%	6%	3%
Working part-time	15%	21%	20%	14%	4%
Retired	55%	4%	33%	81%	88%
Other	4%	8%	4%	4%	2%

**Figures do not sum to 100%*

Q37. When do you plan to fully retire?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
N/A, I am already fully retired	49%	4%	30%	76%	89%
Within the next 3 years	8%	3%	21%	5%	1%
In 3 to 5 years	8%	9%	18%	5%	1%
In 6 to 10 years	10%	28%	11%	1%	--
In more than 10 years	8%	30%	2%	--	--
Not sure	10%	17%	12%	7%	3%
I do not anticipate ever fully retiring	7%	9%	6%	6%	6%
Total	100%	100%	100%	100%	100%

Section IX: Demographic Information

Q38. Where do you prefer to find information about the activities and services offered in the Town of Hingham? (Check all that apply)

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Hingham Senior Center Newsletter	56%	28%	60%	72%	57%
Television, local cable	5%	4%	5%	4%	7%
Radio	2%	2%	2%	2%	1%
Local newspaper (print version)	21%	18%	21%	25%	17%
Facebook or other social media sites or Town of Hingham website	33%	57%	45%	25%	10%
Local newspaper (online version)	10%	16%	10%	11%	4%
Other	11%	13%	9%	11%	12%

**Figures do not sum to 100%.*

Q39. Do you use a smartphone (that is, do you have a cellular phone that provides access to the Internet)?

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	87%	99%	97%	89%	60%
No	13%	1%	3%	11%	40%
Total	100%	100%	100%	100%	100%

Q40. Please select your gender.

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Male	39%	38%	37%	38%	41%
Female	61%	62%	63%	62%	59%
Other	--	--	--	--	--
Total	100%	100%	100%	100%	100%

Q41. What is your age range?

Age	Percentage Responded
45-54	12%*
55-59	10%
60-69	23%
70-79	31%
80-89	19%
90+	5%
Total	100%

**Includes 23 reporting ages under 45.*

Q42. Do you have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses."

	All Ages	Age 45-59	Age 60-69	Age 70-79	Age 80+
Yes	96%	96%	92%	98%	97%
No	4%	4%	8%	2%	3%
Total	100%	100%	100%	100%	100%