

Age & Dementia Friendly Plymouth: A Community Needs Assessment

November 2023

Commissioned by the Town of Plymouth

Center for Social and Demographic Research on Aging
Gerontology Institute
University of Massachusetts Boston





TOWN OF PLYMOUTH

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November 22, 2023

Dear Resident of Plymouth,

We are excited to share with you the report *Aging in Plymouth: A Community Needs Assessment*. The report is the culmination of a yearlong partnership with the Center for Social and Demographic Research on Aging (CSDRA), at the Gerontology Institute, University of Massachusetts Boston. In 2022, the Town of Plymouth partnered with the CSDRA to conduct a needs assessment of the experiences, interests, and long-term needs of residents living and aging in Plymouth. During the project, research staff conducted a community survey, community forums, focus groups, and interviews to gather feedback from residents, town leaders, and community stakeholders. The focus areas of the project included housing; outdoor spaces and public buildings; transportation options; respect for diversity and social inclusion; communication and public information; social participation; civic participation and employment; and community health supports.

The study reflects what the Town of Plymouth is doing well and where there are opportunities to strengthen programs and policies that will support Plymouth's growing population of older adults. The findings of the report will guide town-wide planning efforts to address needs and build momentum on Plymouth's path toward becoming an Age & Dementia Friendly designated community.

We are grateful for the guidance and expertise provided by the Gerontology Institute and the leadership of the Senior Task Force throughout the last year. We would also like to thank the residents, community leaders, service providers, business owners, and municipal leaders who shared their time, energy, and ideas to complete this needs assessment. We hope you enjoy reading this report and will be inspired to engage in continued efforts to make Plymouth a strong, vibrant community for people of all ages!

Sincerely,

Richard J. Quintal

Derek Brindisi

Michelle Bratti

Chair, Plymouth Select Board

Plymouth Town Manager

Chair, Senior Task Force

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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. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies throughout the Commonwealth.

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We would like to thank the Town of Plymouth for supporting this project. Specifically, we offer our appreciation to Michelle Bratti, Director of the Center for Active Living, who provided leadership that enabled the project's success. Also, we are grateful to the Plymouth Senior Task Force for their guidance and participation throughout this process. Members are listed below.

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Finally, we are deeply grateful to every Plymouth resident who took time to participate in this endeavor. **For more information, contact:**

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Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging (CSDRA) within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Town of Plymouth. The goals of this project were to investigate the needs, interests, preferences, and opinions of Plymouth's residents age 55 or older in support of the Council on Aging's (COA's) objective to identify and serve the needs of all Plymouth citizens 55 and older. The contents of this report are meant to inform the Town of Plymouth, the Plymouth COA, the Center for Active Living, and organizations that work with and on behalf of older residents of Plymouth for the purposes of COA mission fulfillment alongside planning and coordination of services for current and future needs of residents. The report will also help to build awareness about issues facing Plymouth among community members at large.

A broad range of findings are reported in this document, highlighting the many positive features of Plymouth as well as concerns expressed by older residents. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Plymouth 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 to the Town of Plymouth. Specific ideas for action are listed in each section of the report.

- **The population of older adults has increased in recent years, including newcomers to Plymouth. These trends are expected to continue.**
 - In 2010, about 21% of the Town's population was age 60 and older; this percentage grew by 2021 (31%). Projections suggest that by 2030, more than one-third (37%) of Plymouth residents will be 60 or older—29% of the Town's population will be between ages 60 and 79, with an additional 8% age 80 and older.
 - Of note, the population of residents age 80 and older is expected to double between 2020 and 2030.
 - Among survey respondents, 44% report having lived in Plymouth for less than 15 years and 30% reported having lived in Plymouth for more than 35 years.
 - For more than half of all survey respondents, it is very important to remain in Plymouth as they age.
- **Financial security is paramount to aging well and in Plymouth it is a pervasive need that affects all aspects of life for older residents.**
 - 19% of residents between 45-64 report living on median household incomes of less than \$50,000 compared to 33% of those over age 65.
 - Financial security is most significant among those who are living alone. In Plymouth, this is 21% of the population age 65 or older.

- Among survey respondents, 38% report having worried about their ability to pay for basic living costs in the past year. Among specific costs, home repairs (46%), utilities (32%), and medical needs like dental care (29%) or prescription drugs (27%) were among the costs that were of most concern.

➤ **Opportunities to adapt current housing or downsize affordably are perceived as challenging in Plymouth.**

- More than half of survey respondents wrote in about the burden of property taxes and costs of housing as their primary concern about being able to age in Plymouth. For example, one resident wrote *“with all the new apartments going in around Plymouth we are not providing houses for seniors. Just went through an extensive search for 83-year mother. Now we have to help pay her rent!!”*
- Nearly one-third (32%) of survey respondents report not having a home with a bedroom and bathroom on the entry-level.
- More than one in four survey respondents (26%) report needing a home repair to remain living safely over the next 5 years. Among them, 12% who need a home repair report not being able to afford to make needed repairs.
- Thirty percent of survey respondents report needing a home modification to remain living safely over the next 5 years. Among them, 13% report not being able to afford these needed changes to their current home.
- When asked about preference for type of future housing, smaller single family homes were preferred by those in their 50s (51%) and in their 60s (40%). Senior independent living communities are preferred by those in their 70s (33%) and 80s (40%).

➤ **Obtaining supplementary and accessible transportation around Plymouth is a top concern for residents as they age.**

- Interviewees and focus group participants emphasized that transportation to get around Plymouth is lacking and presents a major concern about being able to age well in the Town. For example, one resident said, *“(my major concern about aging in Plymouth is...) getting around in such a geographically large town if or when I can no longer drive.”*
- Among survey respondents, driving status diminishes with age: 93% of those age 50-59 drive without limitations, compared to 81% of those in their 70s and 61% of those age 80 and older. Among those in their 80s or older, 15% of respondents reported not driving.
- When considering driving status, 11% of those who drive with limitations and 30% of those who do not drive reported having to cancel or reschedule a medical appointment in the past year due to a lack of transportation.
- Most survey respondents report driving themselves as their primary mode of transportation (93%). However, having a spouse or child drive (22%) and walking or biking (14%) were among the other primary ways that respondents meet their transportation needs.

➤ **Availability of outdoor spaces is among Plymouth's most valued characteristics---ensuring that these resources are accessible and walkable is key to livability for persons of all ages and abilities.**

- Access to outdoor spaces is among Plymouth's most valued features and it is integral that these spaces remain physically accessible to residents as they age. For example, one resident wrote in, *"I love the beauty of the area, the water, the forests, and natural areas. It is clean, quiet, and a haven for wildlife. I truly love living here."*
- Only about half of survey respondents are satisfied with both the availability and ease of parking around Plymouth. This suggests that additional parking for older residents could widen community engagement
- While a majority of respondents are satisfied with local features like wayfinding and crosswalks---close to 50% of respondents are not satisfied with handicap accessibility of outdoor spaces and buildings and lighting along sidewalks and trails.
- Two-thirds of survey respondents are not satisfied with the availability of public restrooms in Plymouth—a feature that can be integral in promoting community participation and engagement in outdoor activities.

➤ **Among older residents of Plymouth, there is much potential in terms of civic engagement and volunteering.**

- Overdevelopment of the community is among the top concerns of survey respondents as they contemplate staying in Plymouth as they age; and it is an area that could engage concerned residents in activating solutions.
 - For example, one resident wrote, *"Town is not looking at long-range. Growth needs to slow down and costs in long term are going to spiral out of control."*
 - Plymouth's Master Plan gap analysis recognized that Plymouth's growth has associated land use challenges related to housing, energy, climate resilience, and access to water.
- Among those survey respondents who are still working, 32% expect to retire within the next three years.
- When asked about preferred types of volunteering, one-time or special events were the most desirable.

➤ **Many Plymouth residents need support due to financial, physical or mental health conditions, and many caregivers need help.**

- Among survey respondents, 16% report having a condition that limits their ability to participate in the community. This proportion grows with age, among those respondents age 80 or older, 35% report such a condition.
- 44% of survey respondents have themselves, or their loved ones, been affected by substance misuse.
- More than half of survey respondents under age 70 report being a caregiver to someone who is frail or disabled. Among them, more than half reported that this was very or somewhat challenging for them to provide care and meet their own daily responsibilities.

- Mobility limitation (53%), chronic disease (33%), and dementia (27%) are the most common reasons for needing care.
- Among survey respondents reporting some level of financial insecurity, 15% reported that within the past 12 months they worried about their food running out before they had money to buy more.

➤ **Being physically, mentally, and intellectually active are priorities for how residents engage with social programming in Plymouth. Ensuring that these opportunities are equitable and accessible can combat the epidemic of social isolation.**

- 21% of survey respondents report getting together in person with friends or family once a month or less.
- 14% of survey respondents report not knowing someone living nearby on whom they could rely for help when needed.
- More than two-thirds (68%) of survey respondents report having *never been* to the Center for Active Living.
- When it comes to programmatic preferences, some age differences emerged. Among those in their 50s outdoor exercise and volunteer opportunities are most attractive. For those in their 60s, outdoor exercise and performances are most interesting and for those in their 70s, performances and lectures or cultural programs are most attractive. For the oldest old respondents, day trips and performances are most interesting.
- When it comes to needs for services some additional age differences emerged. For those in their 50s, mental health counseling was the most prioritized service to expand upon. Among those in their 60s, transportation around Plymouth was most important and for those in their 70s, information and referral to supports and services was most important. For those respondents in their 80s, transportation around Plymouth was identified as the service to prioritize in expanding.

➤ **Political representation and perceptions of ageism are challenges to inclusion in Plymouth.**

- While most survey respondents have never felt excluded in Plymouth, the most commonly cited reason for exclusion is age (7%).
- About one-third of survey respondents disagree that local policymakers take into account the needs and interests of older adults. Interestingly, 37% of survey respondents responded “I don’t know” when asked for their opinion on local policymakers.

➤ **Continuous communication is needed. Exploring personalized information and activating resident networks are opportunities for innovation.**

- For those who do not currently use the Center for Active Living, word of mouth is the most preferred way of obtaining information about what is available in the community (49%).
- Most survey respondents (97%) report having access to the internet at home.

- Among survey respondents, approximately one-half do NOT know who to contact in Plymouth if they, or someone in their family, should need help accessing services—including 60% of those in their 50s.

Introduction

Plymouth, the largest municipality by area in Massachusetts, is located 40 miles south of Boston on the coast of Cape Cod Bay. Home to beautiful beaches and ample greenspaces as well as a hospital, an airport, theaters, restaurants, and museums—making Plymouth a peaceful, yet practical, community in which to live. Some say that Plymouth has “everything you need, right here in Town”. Strong public schools and ease of access to Boston make it attractive to working families. Proximity to Cape Cod and the recent development of age-restricted housing has also made Plymouth a retirement destination. In addition to those who live in Plymouth, attractions like Plymouth Plantation, Plymouth Rock, and Myles Standish State Forest bring many tourists to Plymouth, particularly in the summer months. As a municipal entity, Plymouth’s Center for Active Living (CAL) and Council on Aging (COA) 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. Therefore, the growth of the older adult population has special significance for CAL, and increasing demand for its services and programs can be expected moving forward.

In response to the changes in Plymouth’s demographics, namely, growth in the older adult population, the Town appointed a Senior Task Force comprised of resident leaders, community stakeholders, and municipal employees. This group was charged with identifying the needs of older residents and developing plans for taking action to address those identified needs best.

This report presents the results of a comprehensive examination of issues relating to aging in Plymouth. A needs assessment was undertaken in order to support planning on the part of the Town of Plymouth, the Plymouth Senior Task Force, and the community as a whole. Results presented here focus on the characteristics and needs of Plymouth residents who are age 55 and older. While the primary goal of this report is to support planning, a secondary goal is to present information that will be useful to other Plymouth offices and organizations interacting with older residents.

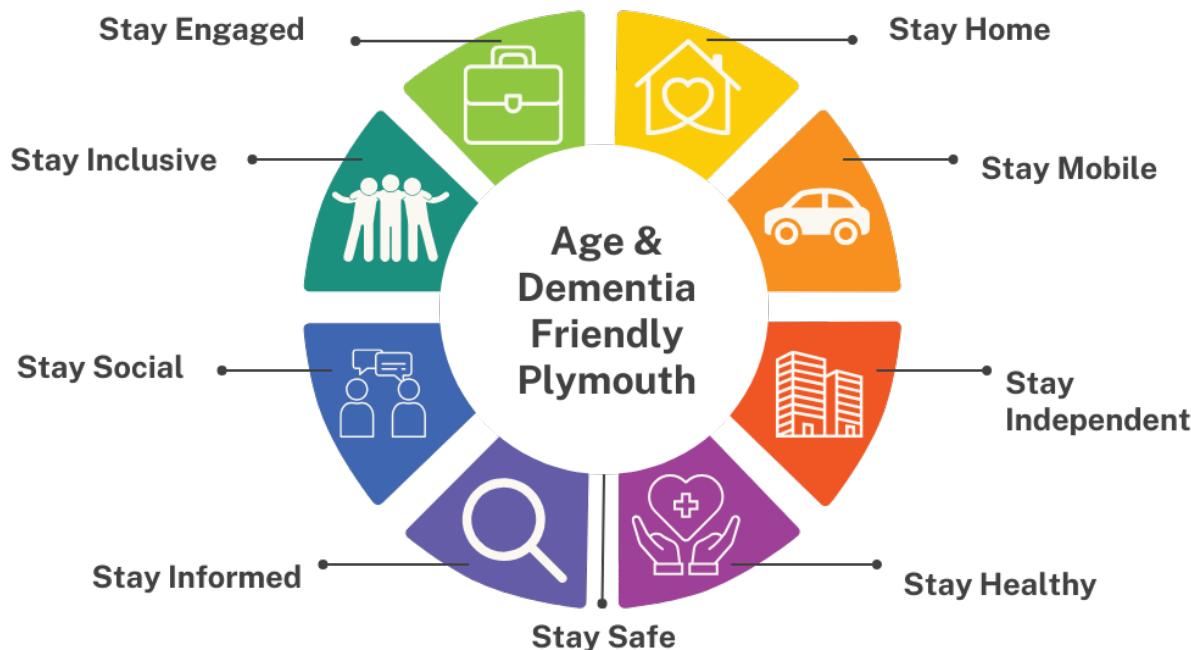
Becoming an Age & Dementia Friendly Community

The Age-Friendly framework was developed by the World Health Organization (WHO). According to WHO, an age-friendly community is one where people participate, are connected, remain healthy and active, and feel they belong—no matter their age or ability. Relatedly, a dementia friendly community is a village, town, city, or county that respects individuals living with dementia, their families, and caregivers while providing supportive options that foster quality of life. According to Dementia Friendly Massachusetts, Dementia Friendly Communities promote awareness of dementia, educating citizens about how to best support people touched by dementia and introducing systematic changes within businesses, government, and neighborhoods. Both initiatives draw on multi-sectoral collaborations and are each strengthened when

pursued in conjunction with one another. Through assessment, planning, action, and evaluating progress, communities all over the world are taking steps to improve their social and physical environments as a strategy for promoting health and well-being throughout the life course. The Age-Friendly model includes a conceptual framework (domains) for describing areas within a community relevant to healthy aging. The model also outlines a process to ensure repeated consultation with the community, collective reflection, action, and evaluation.

The Age-Friendly framework includes eight domains of community life that intersect with livability, accessibility, and the ability to thrive within the community. These domains are used to organize the remainder of this report: housing, transportation, outdoor spaces, and buildings, community supports and health services, communication and information, social participation, respect and social inclusion, civic engagement and employment, and safety. Within each domain, elements are identified relevant to affordability, appropriateness, and accessibility such that community members can maintain healthy and vibrant lives. (See **Figure 1** below.)

Figure 1. Goals of an Age & Dementia Friendly Plymouth



Experiences of communities throughout the world make clear that each community will pursue its Age-Friendly initiative in a somewhat unique way. Local conceptualizations will shape the initiatives, programs, and partnerships and the research and measurement used to support the effort. Ultimately, the Age-friendly framework requires that environmental

features are defined and evaluated relative to the characteristics and resources of residents actually living in the community.

This report contains the results of a comprehensive needs assessment of the age and dementia friendly components of living in Plymouth. The outcomes of this assessment will guide the planning and action of the initiative.

Methods

This assessment utilized qualitative and quantitative data collection methods alongside rigorous analyses to capture a broad and deep understanding of the Town of Plymouth and its older residents. Methods used in compiling this report include analysis of existing data and primary data collected through qualitative and quantitative methods. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including public resident forums, key informant interviews, focus groups, and a community survey. Additional information about the Town of Plymouth was retrieved from existing reports done in Plymouth recently.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Plymouth'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 Bureau¹. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2017-2021), along with U.S. Census data for the Town of Plymouth to summarize demographic characteristics, including the growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Key Informant Interviews

In the winter of 2023, we conducted small group interviews with twenty individuals currently holding Plymouth leadership positions. Six groups were formed based on the following areas of expertise: Community Leadership (Town Manager, Town Planner, and Director of Information Technology); first responders; Elder Affairs; Business Community; Health Care; and Aging in Place. Interviews focused on the interviewees' perceptions relating to the unmet needs of older adults in the community, how the growing size of the older population impacts Plymouth, and the key informants' work. All interviews were conducted in person and were audio recorded for accuracy.

¹ <https://www.census.gov/programs-surveys/acs>

Focus Groups

During the Fall of 2023, research staff from the Center for Social and Demographic Research on Aging conducted four focus groups to engage and learn from residents of Plymouth. Center for Active Living staff and members of the Senior Task Force supported recruitment efforts and informed participants of the purpose of the focus groups. Each focus group discussion lasted close to 90 minutes. In-person, remote via Zoom, afternoon, and evening options were offered to foster participation among rising seniors, residents of senior housing properties, and caregivers. A total of 75 residents participated and shared insights related to their interests, needs, and experiences as residents, community stakeholders, and caregivers of Plymouth.

Community Survey

In collaboration with representatives of the Town, a community survey was developed and mailed to a random sample of residents age 50 and over (N=5,000). A mailing list was obtained from the Plymouth 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 residents age 50 and older, along with a postage-paid return envelope. The survey was also made available online, accessible through the Town of Plymouth website homepage and was open to residents age 18 and older. About 42% of responses were returned online, and the rest of the responses were returned by mail.

Survey Respondent Characteristics

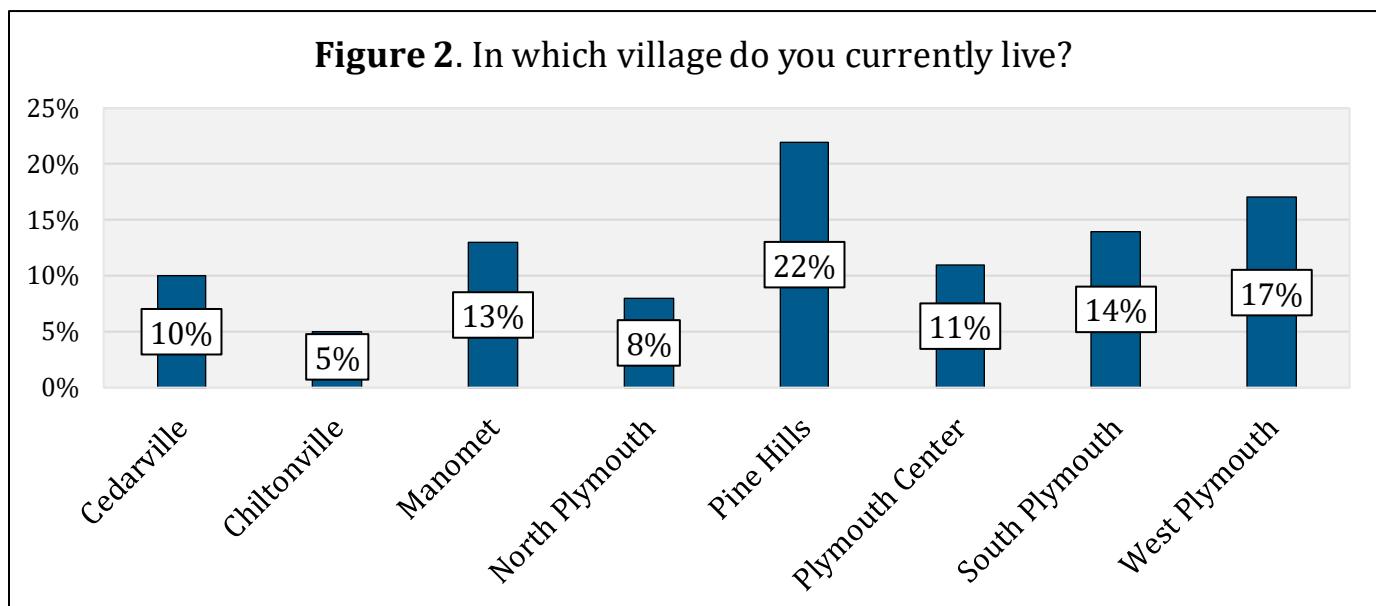
Respondents to the community survey included 1,972 Plymouth residents, representing a 39% response rate (**Table 1**). This is an extremely strong return rate and reflects interest among community residents. Compared to the age distribution of Plymouth as a whole, we heard from a smaller share of residents Age 50-59; survey response rates were higher among those age 60-69 and older. Given the small number of respondents reporting age 90 or older, results will be reported for age groups 50-59, 60-69, 70-79, and 80+ throughout this report. Response distributions by age group are shown for all survey questions in **Appendix A**.

Table 1. Community Survey Respondents

	Number of responses	Age distribution (%), survey responses	Number of total residents	Age distribution of 55+ population
Age 50-59*	258*	13%	5,218	21%
Age 60-69	519	27%	10,370	42%
Age 70-79	751	38%	6,299	26%
Age 80+	298	15%	2,732	11%
Age not provided	146	7%	--	--
TOTAL	1,972	100%	24,619	100%

*9 respondents reported ages under 50 and were included in this group.

Figure 2 shows the distribution of respondents' residences across Plymouth. Nearly 40% of respondents lived in either Pine Hills (22%) or West Plymouth (17%). The fewest respondents reported living in Chiltonville (5%) and North Plymouth (8%).



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 **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 Plymouth?"). Detailed notes taken during the study's qualitative components (i.e., interviews and focus groups) were reviewed by multiple project staff and used to characterize and categorize how aging issues impact older adults and individuals who work with older adults in Plymouth. We used information from all data sources to develop recommendations reported in this report.

Results

In discussing results, findings are presented by domain, starting with the features associated with the built environment (housing, transportation, outdoor spaces, and buildings), followed by domains involving the availability of appropriate services and supports (social participation, involvement in work and civic life, information access, and inclusiveness of the community). We note that items discussed under domains often overlap with one another. For example, inadequate knowledge within a community about local amenities – say, opportunities for recreational activities – represents a challenge under the participation domain, but also reflects shortfalls in the communication and information domain.

Within each domain, findings draw on all sources of information gathered for this study. In many cases, related observations emerged from multiple sources in our data collection – from interviews, focus groups, and survey responses, for example – and are presented in an integrated way. We make every effort to be clear about the source of information but do not explicitly segment information by source, as the goal is to emphasize common findings that emerge across sources. Text in italics and within callouts are verbatim comments drawn from write-ins on the community survey or notes from interviews or focus groups.

We also note some important themes that do not strictly align with any specific domain. One such theme focuses on financial security, which emerged throughout our research, intersecting with many of the named domains. Content focusing on the pandemic experience and other issues outside the age-friendly domains are addressed in highlighted boxes.

Community Context

While the overall population of Plymouth has grown significantly, key informants also described Plymouth as a retirement destination and noted that the continued development of 55+ communities will drive further growth of the 55+ demographic (currently 40% of Plymouth's population). Plymouth's shift to a retirement destination has resulted in the community having large segments of longtime residents and new residents with a range of diverse needs. There is recognition among key informants that this growth and development

of 55+ housing has happened without adequate incorporation of property amenities and transportation---and now the Town is facing consequences in terms of infrastructure and facilities—including water. Key informants recognize that these disparities and challenges in the community continue to be the focus of Plymouth's dedicated and collaborative planning initiatives.

According to American Community Survey (ACS) estimates, there were about 60,987 residents living in the Town of Plymouth in 2021. About 47% of the population (29,189 individuals) were age 50 and older (See **Table 2**). Residents who were age 50 to 59 (9,788 individuals) made up 16% of the population; residents age 60 to 79 (16,669 individuals) comprised around 27%, and another 2,732 residents (4%) were age 80 and older.

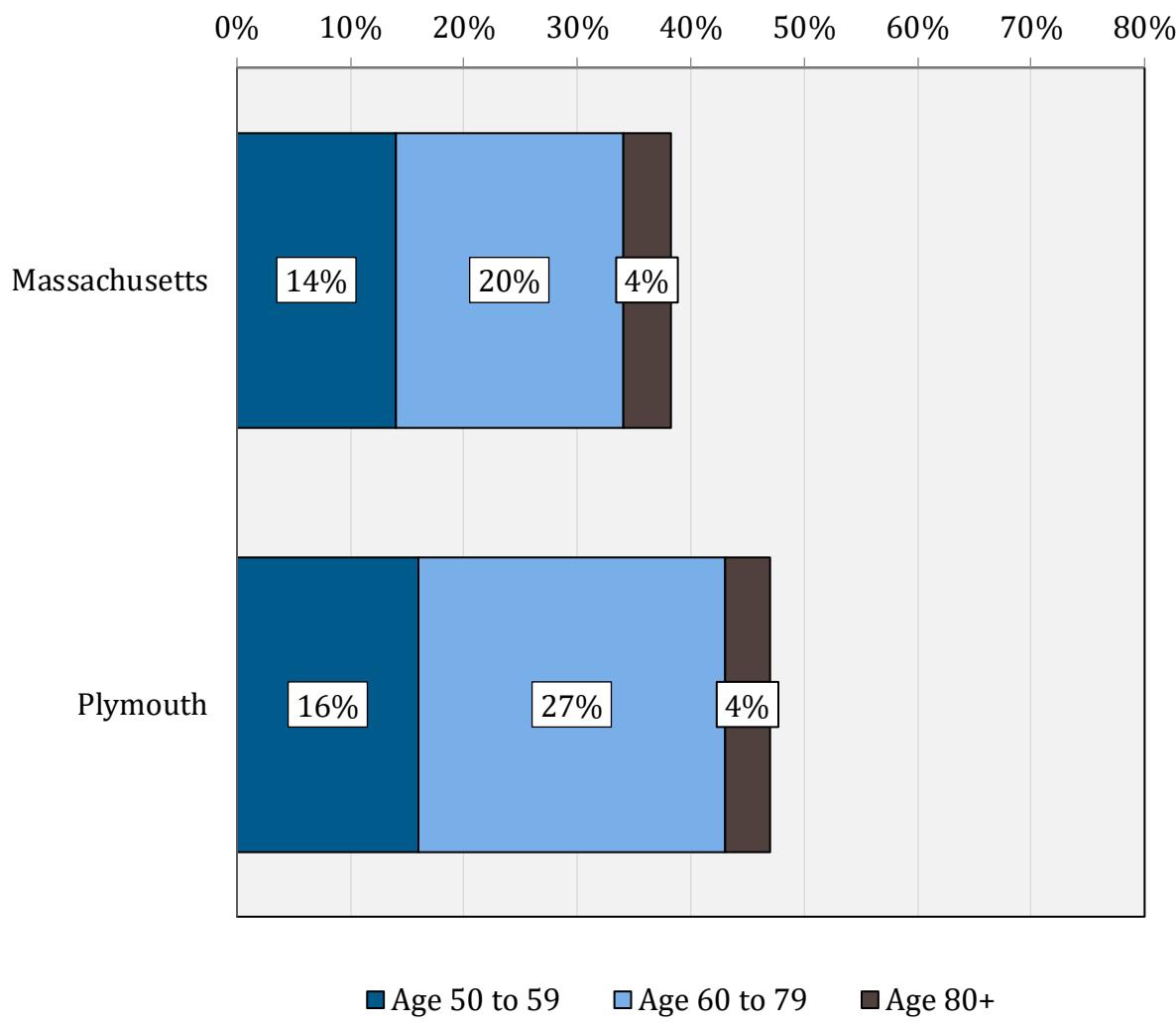
Table 2. Number and percentage distribution of Plymouth's population by age category, 2021

Age Category	Number	Percentage
Under age 18	10,396	17%
Age 18 to 49	21,402	35%
Age 50 to 59	9,788	16%
Age 60 to 79	16,669	27%
Age 80 and older	2,732	4%
Total	60,987	100%

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

The share of Plymouth's population age 50 and older is larger than the overall state of Massachusetts (**Figure 3**). About 38% of the Massachusetts population was in the 50+ age group in 2021, compared to 47% of the Plymouth population. The share of Plymouth residents age 60 and over is larger than the state of Massachusetts as a whole, and the share of Plymouth residents age 80 and over is the same as the estimated amount for the state as a whole. In 2021, Massachusetts residents age 60 and over comprised about 24% of the population, including 4% age 80 and over. In Plymouth, about 31% of the population was age 60 or older, including 4% who were 80 years or older.

Figure 3. Age distribution in Plymouth and Massachusetts

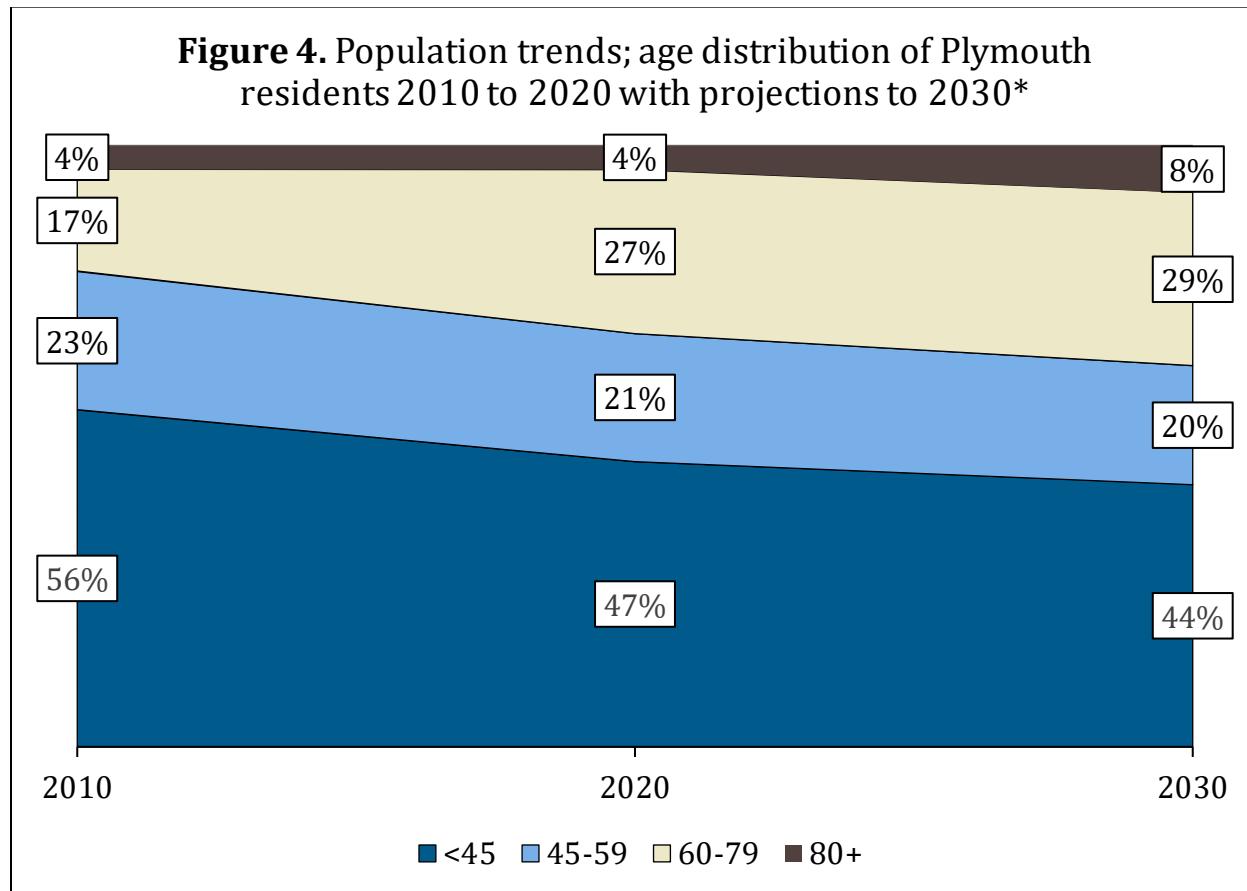


Source: American Community Survey, 2017-2021, Table B01001. Numbers are calculated from 5-year survey estimates.

Figure 4 shows the age distribution of Plymouth's population from 2010-2020 and population projections for 2030². In 2010, about 21% of the Town's population was 60 and older; this percentage grew by 2020 (31%). 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 2030, more than one-third (37%) of Plymouth residents will be 60 or older—29% of the Town's population

² 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 of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

will be between 60 and 79, with an additional 8% age 80 and older. Of note, the population of residents age 80- and older is expected to double between 2020 and 2030.



Socio-Demographic Characteristics of Plymouth's Older Population

Plymouth is less diverse than the state with respect to race. About 91% of Plymouth residents of all ages reported their race as White non-Hispanic, compared to 71% in Massachusetts (ACS, 2017-2021, *Table B01001*). Among older adults, Plymouth is less diverse. The majority of older residents (97%) report White race and ethnicity.

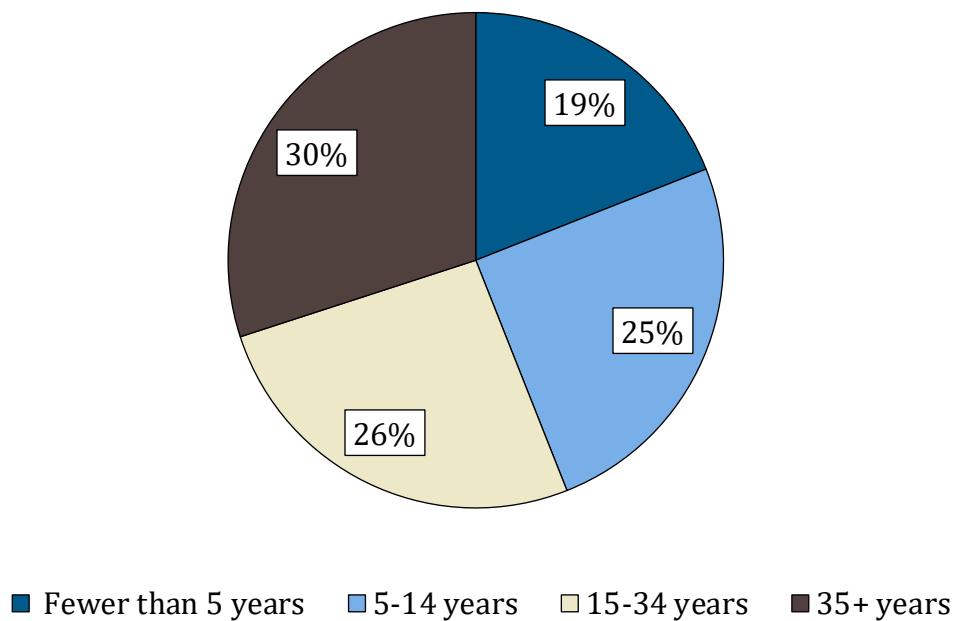
The remaining percentage of the population age 65 and older reported 2 or more races (1%), Asian race/ethnicity (1%), and Black race/ ethnicity (1%).

Additionally, almost 5% of older Plymouth residents speak a language other than English at home (ACS, 2017-2021, *Table B16004*). Those who speak another language other than English at home most commonly speak an Indo-European language (3%), and (2%) report speaking Spanish or an Asian or Pacific language at home.

Attachment to Plymouth

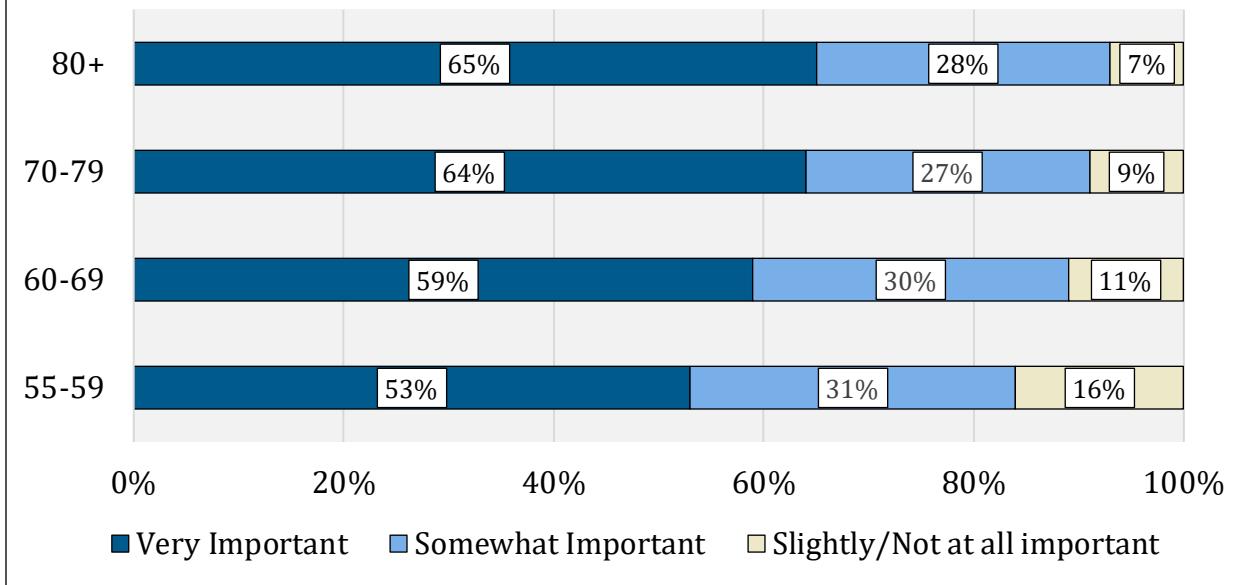
Nearly all (97%) of respondent's report living in Plymouth year-round (see **Appendix A**), and 58 respondents report spending winters elsewhere and living in Plymouth for the remainder of the year. Survey respondents included residents who have lived in Plymouth for many years, as well as relative newcomers. Duration of residing in Plymouth varies from 19% of respondents who have been in Town less than 5 years compared to 30% who have lived in Plymouth for more than 35 years (see **Figure 5**). These individuals offer insight based on their years of experience living in Plymouth. It is also helpful, however, to hear from those who are new to Plymouth.

Figure 5. How long have you lived in Plymouth?



As seen in **Figure 6**, survey respondents were asked, "How important is it to you to remain living in Plymouth as you get older." Sixty-five percent (65%) of residents 80 and older and 64% of residents between the ages of 70 and 79 indicated that it was very important to them to continue living in Plymouth as they age. This is compared to 53% of residents aged 55-59 and 59% of those age 60-69 who reported that it is very important to them to remain living in Plymouth as they age.

Figure 6. How important is it to you to remain living in Plymouth as you get older?



Nearly 17% of residents age 65 and older report veteran status (*ACS, 2017–2021, Table B21001*). As a result, many of the Town’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

The vast majority of respondents (87%) took time to respond to the open-ended question, “What do you value most about living in Plymouth?” Responses are summarized into major themes with demonstrative quotes in **Table 3**. Most write-in responses emphasized the importance of Plymouth’s geographic location, both in terms of outdoor spaces and natural resources (49%), and in relation to other communities and needed amenities, such as shopping and healthcare (19%). An additional 25% of write-in responses noted value related to “small-town charm,” citing close-knit connections having “all that you need” within the Town. Others also described their personal connections to the Town, many citing long histories living in Plymouth and being nearby friends and family (16%) and overall safety and sense of community (16%).

Table 3. Sample responses to question, “What do you value most about living in Plymouth?”

Outdoor Spaces
I love the beauty of the area, the water, the forests, and natural areas. It is clean, quiet, and a haven for wildlife. I truly love living here.
It's a great lifestyle - lots of recreational options from golf, pickleball, kayaking, boating to great hiking trails. There is a nice variety of dining options and an active cultural mix
Peace and quiet, being surrounded by and being part of the natural world
Fishing, swimming, walking trails, long beach, dog walking, restaurants, entertainment.
Access to local amenities
Good variety of businesses (i.e. grocery stores, restaurants, etc.) as well as excellent medical facilities and doctors.
Great access to everything without having to live in a city
What it has to offer: nature, symphony, the arts, history, proximity to Boston/Cape Cod/ Rhode Island, activities through CAL
Everything is easily accessible: grocery stores, malls e.t.c
All the events to attend, memorial hall, spire theatre.
The people and community
I have raised my children and worked here for so long that I have to say I value the memories we made in the community
I love Plymouth. The town has so much to offer. I live among the most giving people who give back to Plymouth despite not coming from Plymouth. They help out where and when they can.
I actually like to find ways to connect and get involved with people and the community. Something I need but do not necessarily find easy
Even though Plymouth is growing, it still has a town feeling - most people are helpful and friendly
I value the sense of community, the closeness of my children and grandchildren...
Having my church, NEW HOPE, be here. Therefore, I have many people who care for me as I am a widow since last year.
Safety
A clean and friendly environment with beach access
America's hometown- need I say more?
Clean and safe community living
Safety - Crime is almost nonexistent here; the streets and neighborhoods are safe!!
A nice, quiet neighborhood

Similarly, 88% of respondents wrote about their greatest concerns about aging in Plymouth. Commonly cited concerns with sample quotes are included in **Table 4**. More than 40% of responses focused on the cost of property taxes and other municipal costs being of concern to them as they consider being able to stay in Plymouth. An additional 20% wrote in about

costs of living more broadly (e.g., utilities, food, transportation) as being concerning. About 15% of respondents are concerned about the overdevelopment of the Town and its related consequences (e.g., traffic, crowds, and drain on available resources). As well, transportation concerns were reported by 13% of respondents. This includes concerns about being able to drive later in life as well as availability of and safe infrastructure for alternative modes of transportation. Concerns about transportation most often referred to being able to get to where respondents need to go—healthcare services, shopping, social engagements, and others. Respondents were not only concerned about getting to these places, but also making sure they exist in or around Plymouth. Another primary concern for those who responded was that they could remain healthy and active in later life. Worries about physical health changes that could limit mobility and independence and concerns about having ample opportunity to stay active and engaged in the community were described. Lastly, several respondents communicated challenges with housing: maintaining current homes could become physically and financially burdensome, but the ability to affordably downsize within Plymouth is limited.

Table 4. Sample responses to question, “What are your greatest concerns about your ability to continue living in Plymouth?”

Affordability, cost of living, and taxes -52%
Property taxes increase yearly for several years, which impacts our retirement funds
Taxes are going to ruin me financially. I am 81 with no breaks
With all the new apartments going in around Plymouth we are not providing houses for seniors. Just went through an extensive search for 83-year mother. Now we have to help pay her rent!!
Cost to pay taxes, excessive garbage disposed costs, lack of town services such as sewer and trash pick-up, My house is valued per tax records greater than it is assessed on zillow. Ridiculous how high taxes here are occupied to services offered by the town.
Real estate taxes will be forcing me to sell. There should be a cap on the amount of real estate taxes. Also, little things like free beach passes would be nice.
Access and transportation to amenities and services -14%
Cost of living increasing taxes increasing, lack of public transportation, lack of free parking lack of regular access to our beaches
Cost of living, limited public transportation; dangerous to walk and cycle, taxes, environmental degradation
Getting around in such a geographically large town if/when I can no longer drive.
Overdevelopment/Growing town-15%
Continuing development, too many condos are being constructed. Concerned about overdevelopment.
Too many apartments and buildings, and too many cars on Long Pond Road. Currently, it's like a speedway. The building at Home Depot has lights that are horrible for traffic.

Town is not looking at long-range. Growth needs to slow down and costs in long term are going to spiral out of control.
Living independently—8%
Size of my house. Our ability to keep up the general maintenance. The number of stairs in our house.
I have begun to transition my home to accommodate my aging process, still I worry about being able to stay in my home independently or with some support.
Being isolated when becoming very ill and unable to live on my own
At some point, my current residence will become too difficult to live in. (It is not conducive to aging in place). I will have to move, so affordable housing will be very important

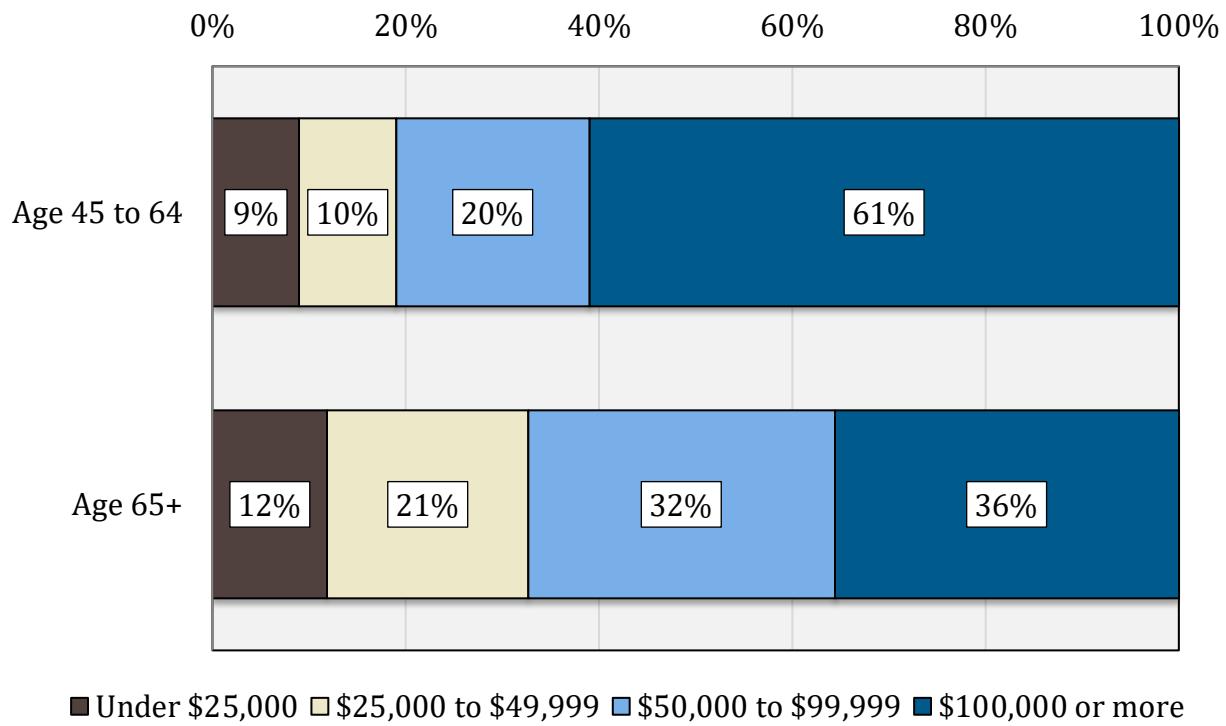
Focus group participants comment on both the costs of housing options keeping many people “stuck” in their homes as they age; and the fact that the costs of living in Plymouth have made it impossible for their adult children or other family members to call Plymouth home. This has implications for social engagement and caregiving when family members who want to live near one another cannot due to costs.

Financial Security

The economic profile of older Plymouth residents relative to younger residents is further illustrated in **Figure 7**, which shows that the older adult population lives on a modest income. It is estimated that 36% of Plymouth residents age 65 and older report incomes of \$100,000 or more. By comparison, 61% of households headed by younger residents report this level of income. Nevertheless, a share of households headed by someone age 65 and older (12%) report annual incomes under \$25,000. This compares with 9% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, a sizeable segment of Plymouth’s older population is at risk of financial insecurity or economic disadvantage.

Also, housing costs make up a significant share of monthly costs for older householders. Estimates indicate that 30% of householders age 65 and over spend 35% of their monthly household income on housing costs (ACS 2017-2021, Table B25093).

Figure 7. Household income distribution in Plymouth by age of householder (in 2021 inflation-adjusted dollars)

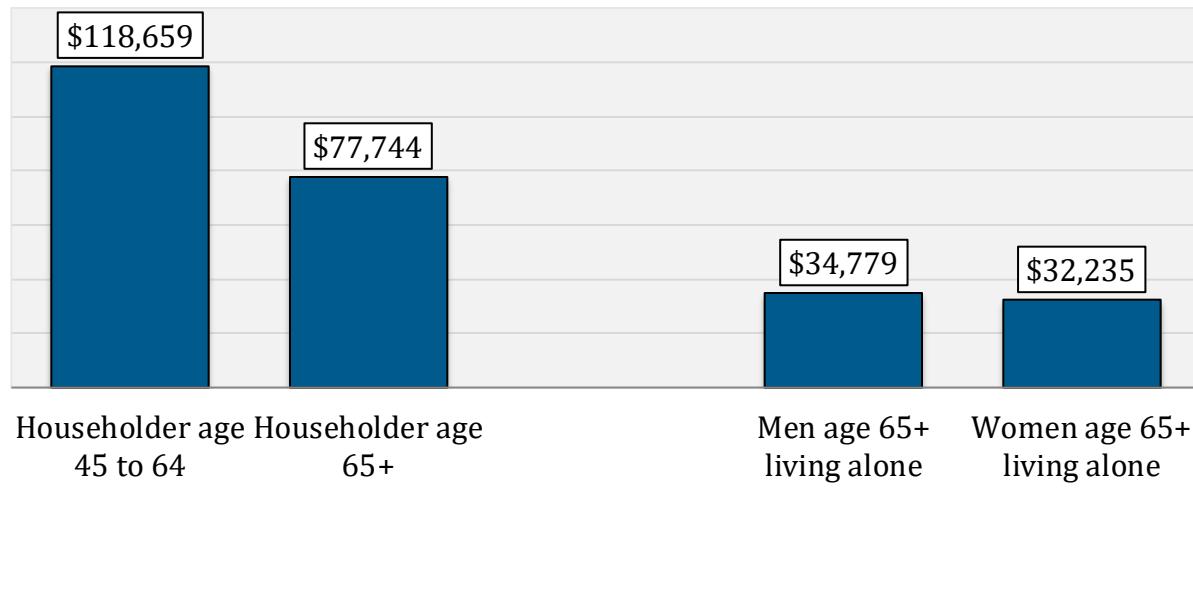


Source: American Community Survey, 2017-2021, Table B19037. Numbers are calculated from 5-year survey estimates.

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

With respect to household income, there is a comparative disadvantage of some older residents in Plymouth (Figure 8). Plymouth residents' median household income is slightly higher than the one estimated for Massachusetts as a whole, \$97,956 compared to \$89,026. Among Plymouth's householders, those aged 45 to 64 have the highest median income at \$118,659—which is also higher than the statewide median for this age group (\$109,641). Among householders 65 and older, the median income is \$77,744, also higher than the statewide median for this age group (\$56,4833). Older residents living alone are at the greatest disadvantage in terms of household income. Older men living alone have a median income (\$34,779) only slightly higher than women living alone (\$32,235). Given that about 21% of older residents age 65 and older live alone in Plymouth, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

Figure 8. Median household income in Plymouth by age and living



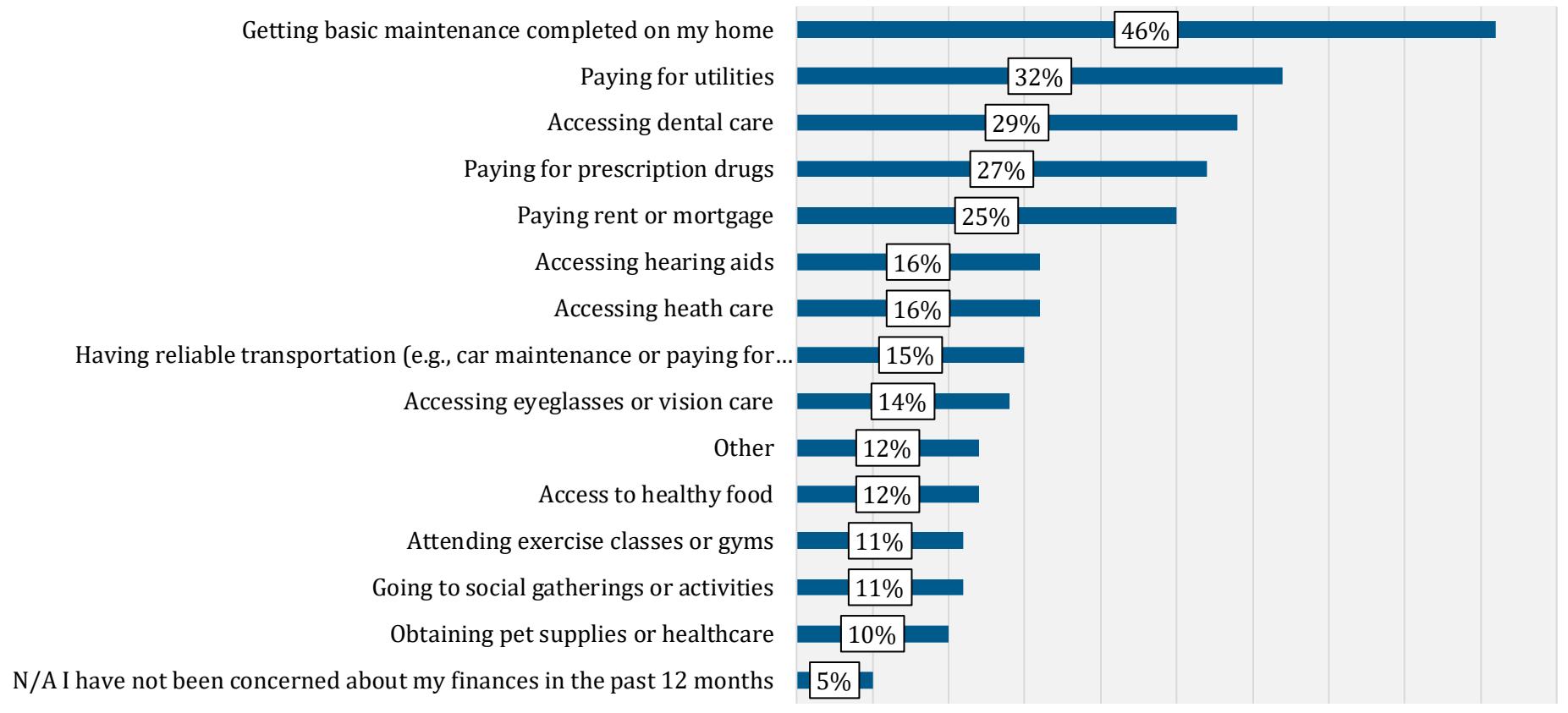
Source: American Community Survey, 2017–2021, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates.

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

A common benchmark for household finances is that no more than 30% of household income should be spent on housing costs (e.g., rent or mortgage, taxes, insurance, other fees). In Plymouth, about 34% of households spend 30% or more of their monthly income on housing costs (ACS, 2017-2021, Table S2503). Furthermore, there is a higher share of renters spending more than 30% of their income on housing costs compared to owners, regardless of income level. About 47% of renter-occupied households spend more than 30% of their income on housing costs compared to 31% of owner-occupied households. Renter-occupied are at greater risk of financial insecurity, with large shares of their income going toward housing.

Respondents were asked if they worried about paying for basic needs over the past year. More than one third (38%) reported that they had worried about their ability to pay for at least one basic cost of living. Among those who reported some concern about their ability to pay, the types of needs that were most difficult to pay for are displayed in **Figure 9**. Among the top concerns include maintenance to their home (46%), paying for utilities (32%) and obtaining dental care (29%) or prescription medications (27%). One out of four respondents with financial concerns was also worried about their ability to pay for rent or mortgage---one of the most basic human needs. These findings suggest that financial stability is a fragile thing for many older residents of Plymouth.

Figure 9. Types of financial concerns reported



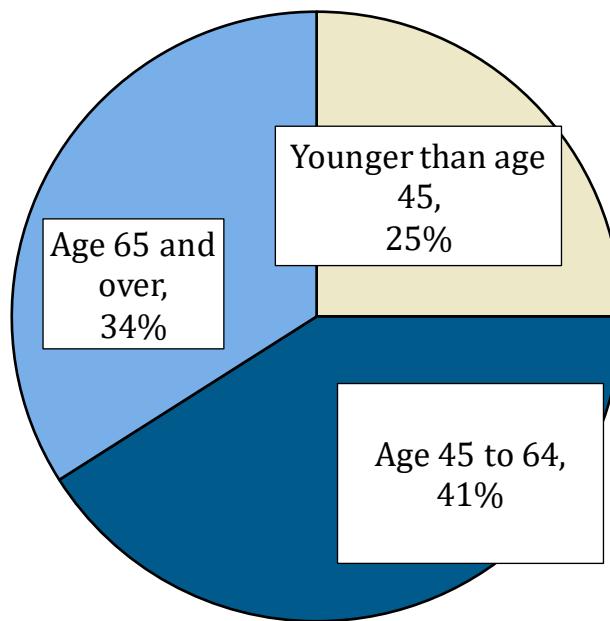
Housing

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

Focus group participants illustrated that the cost of housing (rents, mortgages, and property taxes) is unaffordable. One participant said, *“How do I live here and not stress about the cost of housing?”*. While moving to an apartment or smaller home would be helpful in terms of accommodating mobility changes and lifestyle—focus group participants report that anything affordable has a waitlist. Residents of senior public housing who participated in focus groups also highlighted that the accessibility and maintenance/repair of the property are in disarray.

A majority of Plymouth’s 24,985 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. In fact, about 75% of all households in Plymouth are headed by someone age 45 or older, including 34% of those who are age 65 and over (**Figure 10**).

Figure 10. Age structure of Plymouth householders

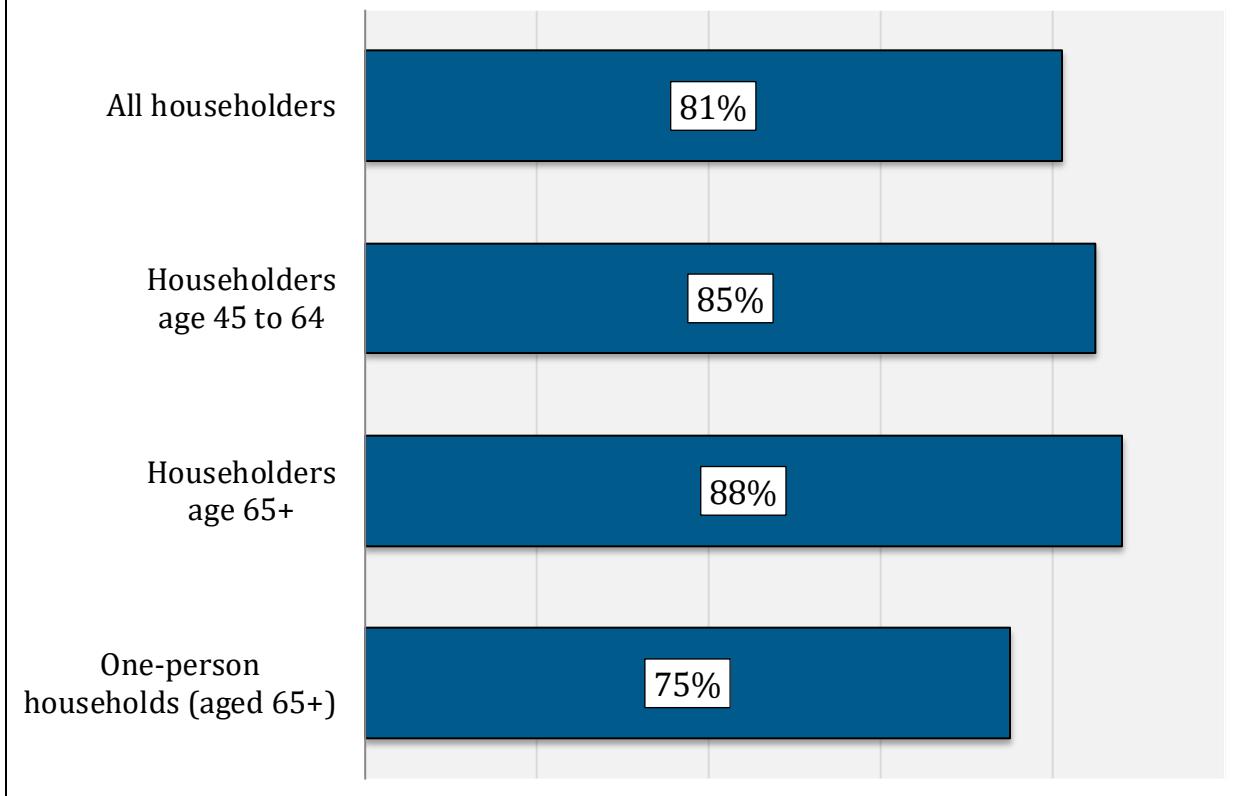


Source: American Community Survey, 2017-2021; Table B25007. Numbers are calculated from 5-year survey estimates.

Most Plymouth residents live in homes that they own or are purchasing (81%; **Figure 11**). Nearly 85% of residents age 45 to 64 own their homes, and 88% of householders 65 and older own their homes. This is consistent with community survey results that indicate 89% of respondents own their home and only 6% rent their current residence (see **Appendix A**).

A sizeable share of Plymouth residents who are 65 and older and live alone, also own their home (75%). The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by community members. 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.

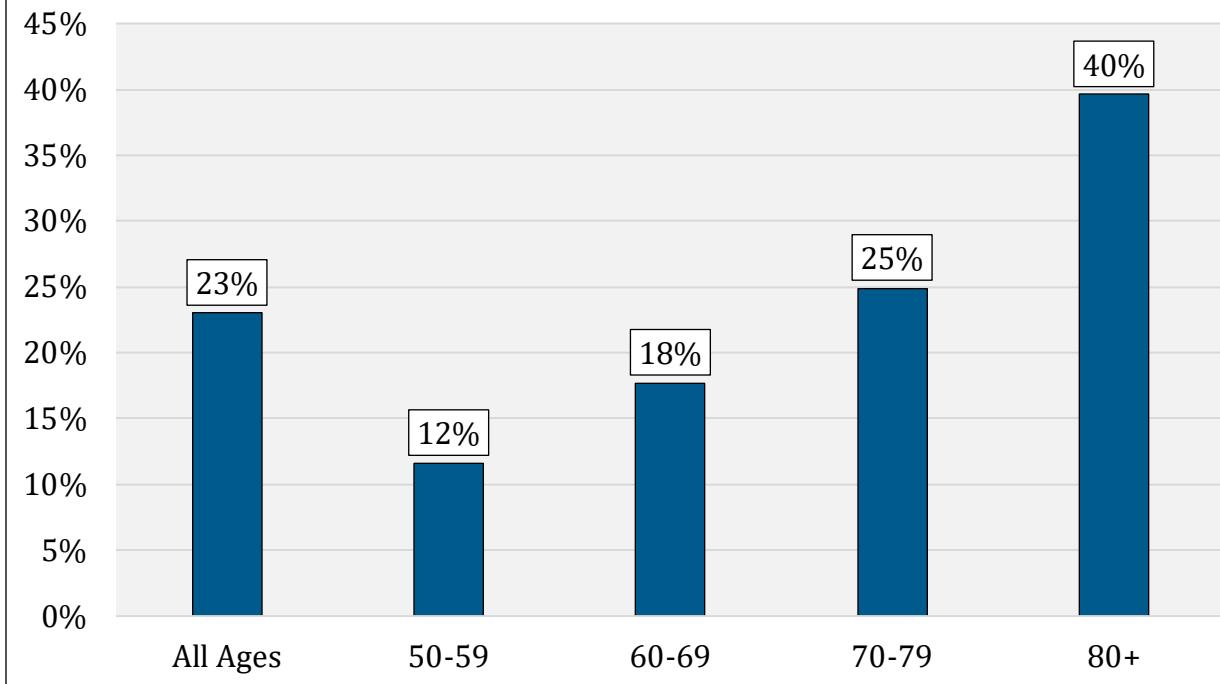
Figure 11. Percent of Plymouth householders who are homeowners by age category



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

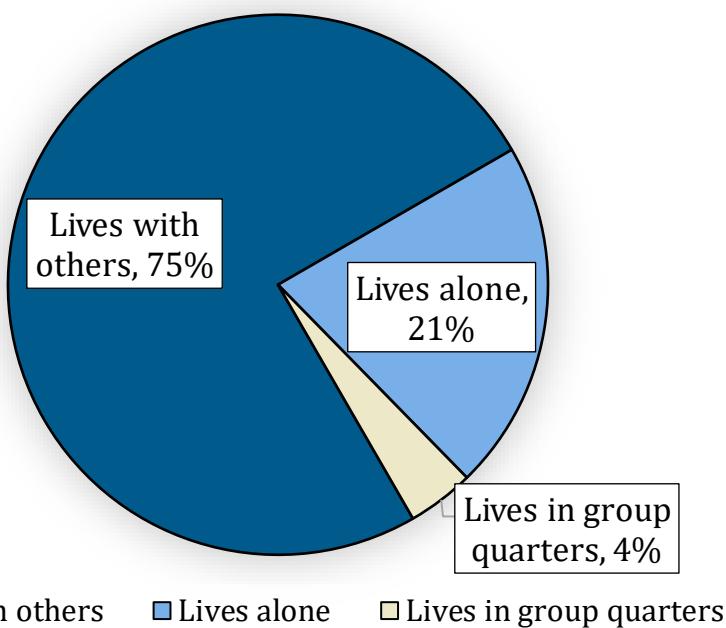
Shown in **Figure 12**, 40% of those 80 and older in Plymouth report living alone compared to only 12% of those Age 50-59. Living alone has the potential to lead to social isolation and has implications for services that the older segment of the population may need. Living alone does not, on its own, indicate social isolation. However, considering the type and quantity of support services required with age, living alone is an important factor to consider. About 18% (n=339) report living in a multigenerational household (e.g., with parents, grandchildren, adult children or other relative) (results not shown).

Figure 12. Respondents living alone, by age



A large proportion of Plymouth residents who are age 65 and older (21%) live alone in their household whereas 75% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 13**). Additionally, 4% of Plymouth residents live within group quarters.

Figure 13. Living arrangements of Plymouth residents, age 65 and older

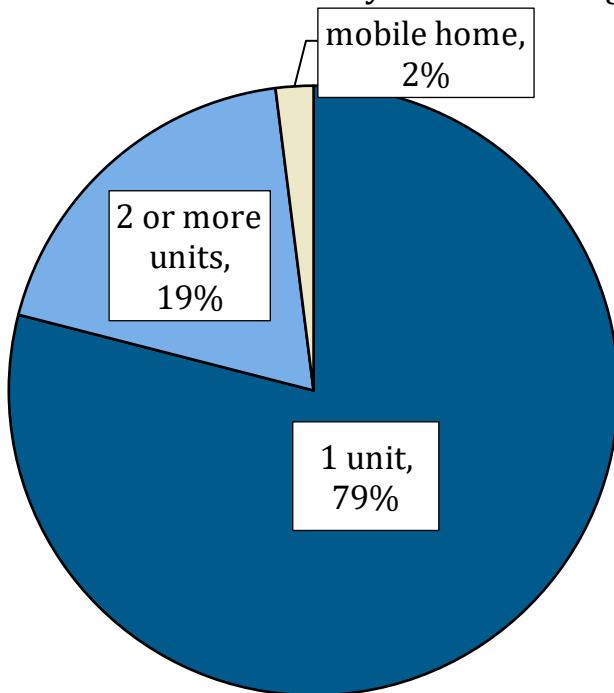


Source: American Community Survey, 2017-2021, Table B09020. Numbers are calculated from 5-year survey estimates.

Additionally, 50% of Plymouth's 24,985 households have at least one individual who is age 60 or older (ACS 2017-2021), Table B11006). This high proportion—which is likely to increase in the future—generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

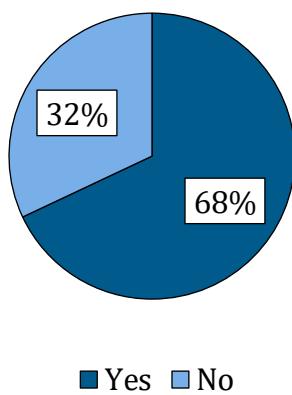
Among the 28,353 housing structures in Plymouth (Figure 14), 79% are single unit structures, close to 19% are housing structures with more than 2 housing units and the remaining 2% are mobile homes.

Figure 14. Number of units in Plymouth housing structure



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

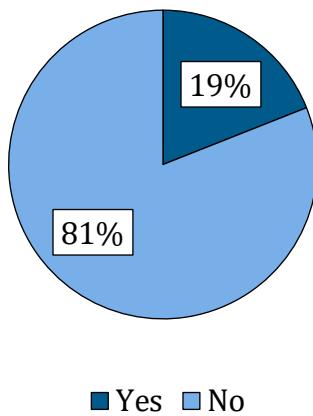
Figure 15. Does your current residence have “first-floor living” with a bedroom and a bathroom on the entry level?



Most respondents currently live in single-family homes (65%), and 17% live in an apartment, condo, or townhome (see **Appendix A**). In order to assess the “age-friendliness” of the housing stock in Plymouth, 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 15** shows that most respondents have this feature

in their home (68%). When asked whether their current residence has step-free access from the ground level, only 19% of survey respondents reported having this feature (**Figure 16**).

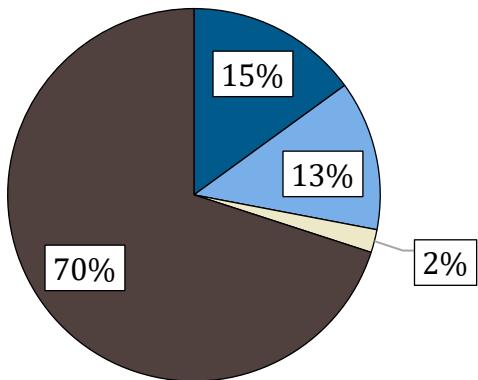
Figure 16. Does your current residence have step-free access (no stairs) at the front of the property or up to the property from ground-level?



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 modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?" 13% of respondents stated "yes" but could not afford these modifications (**Figure 17**). Of those whose current residence needs repairs, 12% stated that

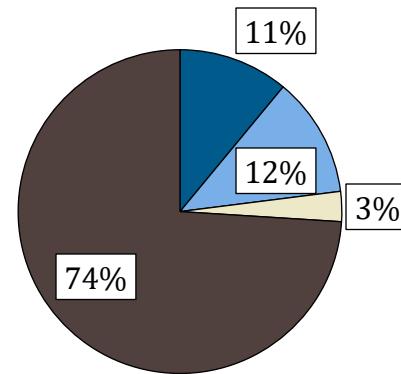
they needed repairs but could not afford to make these repairs (see **Figure 18**).

Figure 17. Does your current residence need home modifications to improve your ability to live in it safely for the next five years?



- Yes, and I can afford to make these modifications.
- Yes, but I cannot afford to make these modifications.
- Yes, but I am not responsible for making these modifications (e.g., I rent my current residence).
- No, my residence does not need modifications.

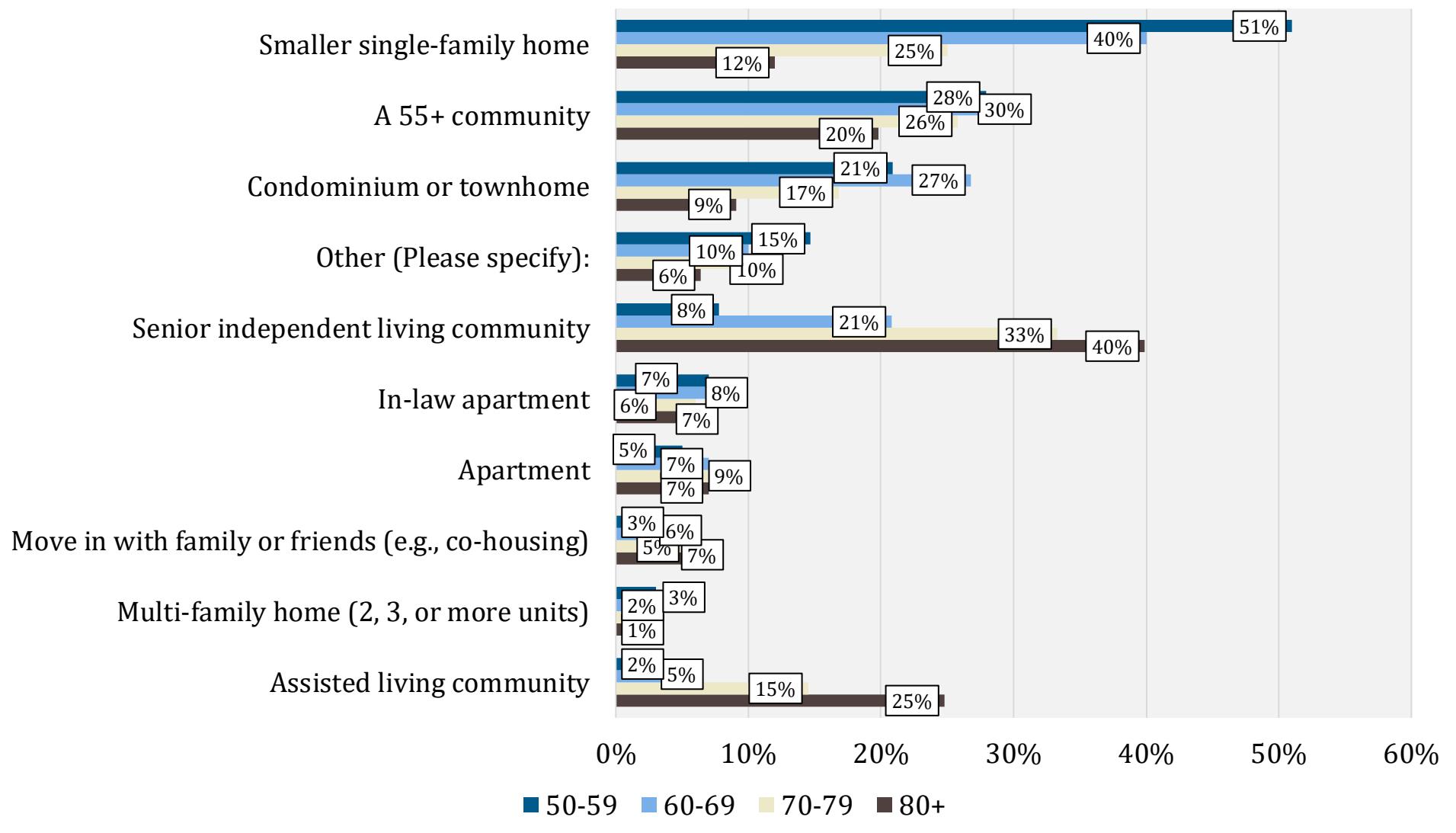
Figure 18. Does your current residence need significant home repairs to improve your ability to live in it safely for the next 5 years?



- Yes, and I can afford to make these repairs.
- Yes, but I cannot afford to make these repairs.
- Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).
- No, my current residence does not need repairs.

Survey participants were asked what type of housing they would prefer if a health or physical ability change required moving from their residence in the next five years. Responses varied greatly by age group. Nearly half (51%) of respondents Age 50-59 would choose a smaller single-family home over other options, as would 40% of those age 60-69 (see **Figure 19**). Similarly, 26% of those Age 50-59 and 34% of those age 60-69 would choose an apartment, condominium, or townhome if a change in health required moving from their current residence. Senior independent living communities were selected by 33% of respondents age 70-79 and 40% of respondents 80 and older, and assisted living communities (e.g., Stafford Hill or Sunrise) were selected by 15% of those age 70-79 and 25% of those age 80 and older. These preferences for alternative senior living options by those age 50 and older have implications for Plymouth's future housing policy decisions. Interestingly, only 13% of residents over age 70 preferred an accessory apartment to an existing home.

Figure 19. Preference for future housing type, by age



Current momentum in Plymouth:

- The Town's Housing Production Plan, updated in 2019, recognizes that the Town's housing inventory does not respond to the diverse housing needs of the community. One of the plans featured goals is to promote diverse housing options in Plymouth to meet the needs of the aging population, many of whom are seeking downsizing options; grown children who are looking to return to Plymouth; and town employees. A diverse selection of housing options will create affordable and suitable choices while encouraging a socio-economically diverse population. Strategies include creating multi-generational housing options and progressive senior facilities; building resources to foster aging in place; and adopting zoning changes to allow Accessory Dwelling Units.
- The Town of Plymouth supports local housing initiatives by leveraging funding from the Municipal Affordable Housing Trust (AHT), The Office of Community Development (OCD), Plymouth Redevelopment Authority (PRA) and Community Development Block Grants (CDBG). The Town supports the Housing Rehab Loan Program to provide resources for home maintenance and repairs for households in need and conducts redevelopment activities focused on remediation and affordable housing.
- Plymouth received Housing Choice Designation in 2018, opening an opportunity to leverage new financial resources, including exclusive access to new Housing Choice Capital Grants, and state grant and capital funding programs, including Mass Works, Complete Streets, MassDot Capital Projects and Parkland Acquisitions and Renovations for Communities (PARC) and Local Acquisitions for Natural Diversity (LAND) grants.

Potential Age and Dementia Friendly actions:

1. Continue advocacy for accessory dwelling unit (ADU) zoning permissions. To encourage uptake, develop a guide for residents considering this option.
2. Identify additional resources to offset costs of home repair and modifications for residents and make these available to residents.
 - a. Consider developing a tax relief incentive for residents completing age-friendly home modifications or the creation of an ADU
 - b. Collaborate with partners to investigate the feasibility of a creating a program matching residents with repair persons/services. Include eligibility criteria, vetting process, scheduling process, payment options etc.
3. Expand the benefit amount for property tax work-off program to incentivize more participation; and continue to develop impactful volunteer opportunities for these residents to fulfill.

4. Work with local banks, financial institutions and government agencies to promote informational programs on all home loan programs, including mortgages, reverse mortgages, home equity loans, etc.
5. Work with Plymouth Housing Authority on presenting informational programs on how the public housing system works, including the process beginning with application procedure and following through what actions to take upon acceptance.
6. Work with the Plymouth Affordable Housing Trust to explore the possibility of pilot-testing a tiny-home model in Plymouth to accommodate young and old residents.
7. Provide annual announcements at public meetings about tax deferral options. Hold information sessions at the Senior Center to educate the community about these options and provide flyers to the local library, senior center, and Chelmsford Housing Authority. Topics will include home modification programs, Senior Circuit Breaker Tax Credit and Tax Deferral Program.

Transportation

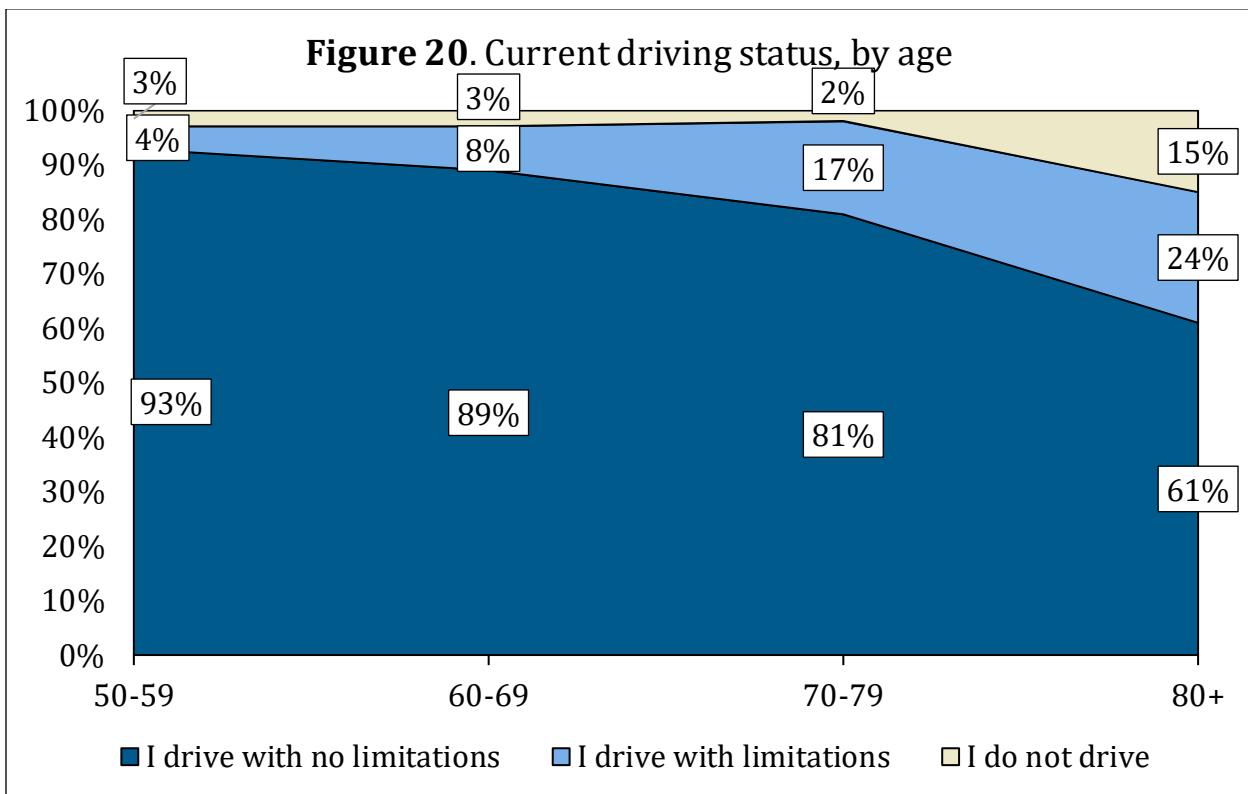
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast 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.

Focus group participants and key informants alike made clear that if a person no longer drives, or even reduces their driving, they can no longer participate in the community due to lack of transportation options. There is no taxi service, ride-sharing services require access and comfort with smartphone applications, and transportation options are limited in routes and times of day. Being able to freely, or at least conveniently, travel to take care of errands, see friends, shop, or access medical care is a core component of maintaining independence and quality of life—and in Plymouth, that is lost after a person's ability to drive, comfort level with driving, or access to a vehicle are impacted.

Plymouth is connected to Boston via the commuter rail on the Kingston line. The Greater Attleboro Taunton Regional Authority (GATRA) also operates paratransit and dial-a-ride services in Plymouth. Recently, a collaboration with GATRA and the Plymouth Center for Active Living (CAL) offered free, roundtrip transportation to the CAL for all Plymouth residents via a program called CAL Express. Lastly, the CAL and GATRA offer some transportation to medical appointments. Residents can arrange these rides directly with GATRA, or staff at the CAL will also arrange transportation for senior residents.

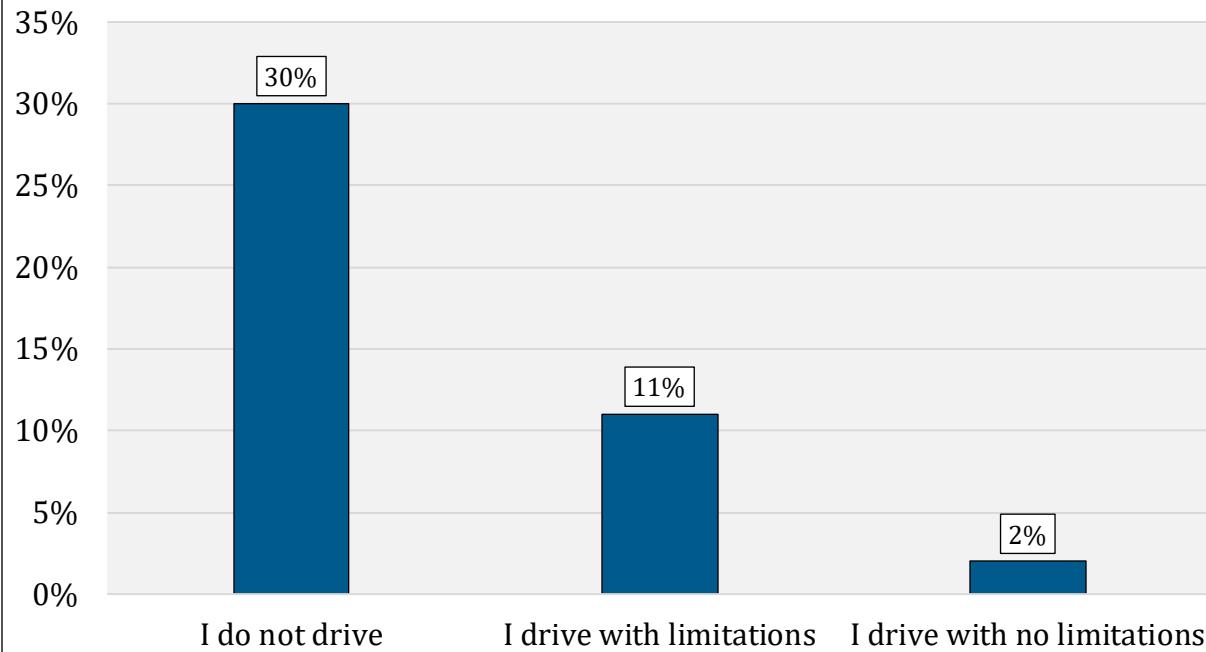
Most survey respondents reported active driving status, with 82% driving without limitations and 4% not driving at all. **Figure 20** demonstrates that driving status diminishes with age: 93% of those age 50-59 drive without limitations, compared to 81% of those in their 70s and 61% of those age 80 and older. Among those in their 80s or older, 15% of respondents reported not driving.

Survey results suggest that most respondents (93%) drive themselves as a primary mode of transportation. Having a spouse or child drive (22%) and walking or biking (14%) were among the other primary ways that respondents meet their transportation needs (see **Appendix A**). Other primary ways respondents meet their transportation needs include the commuter rail (5%), taxi or ride sharing (3%), transportation provided by the Plymouth Center for Active Living (CAL) (1%), and Via GATRA (4%). The percentage of respondents using transportation provided by CAL increases to 3% for those age 80 and older.



A small share of respondents (4%) reported “yes” when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (**Appendix A**). When considering driving status, however, 11% of those who drive with limitations and 30% of those who do not drive reported “yes” to this question (**Figure 21**). These findings suggest that transportation limitations negatively impact accessing medical care for the most vulnerable segments of Plymouth’s older resident community.

Figure 21. Percentage reporting missed, canceled, or rescheduled medical appointment in the past 12 months due to lack of transportation, by driving status



More specifically, lack of public transportation options and physical ability to access existing transportation options are the most commonly reported barriers to transportation (see **Figure 22**). This is particularly true for those who do not drive at all or who drive with some limitations. Interestingly, even among those who drive themselves, 19% report that a lack of transportation options is a difficulty they face in getting the transportation they need or prefer.

Figure 22. What kind of difficulties do you have in getting the transportation that you need, by driving status

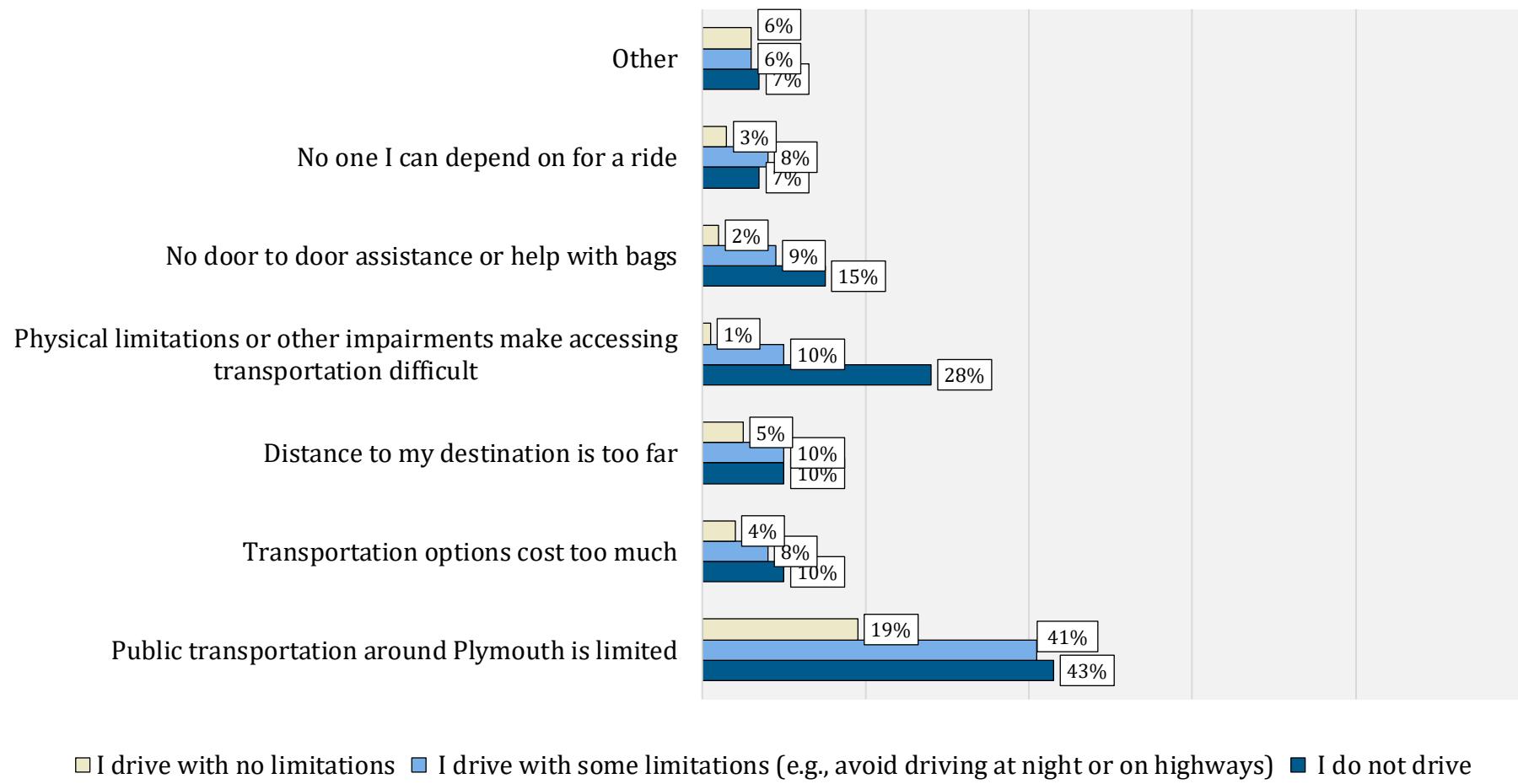
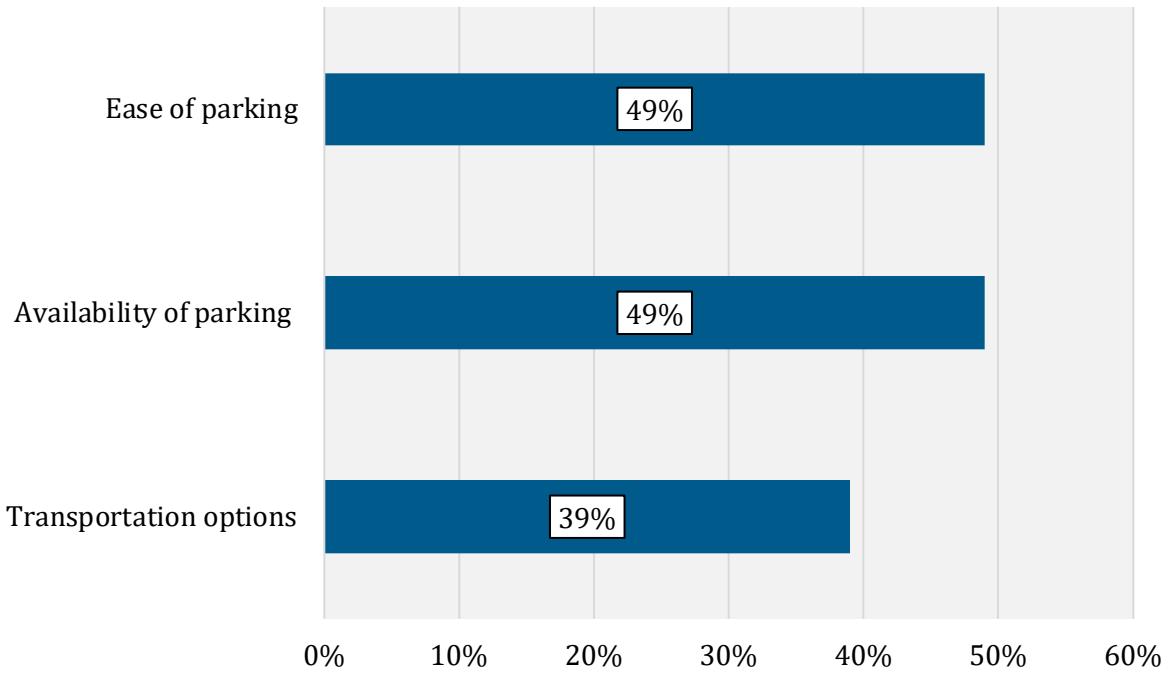


Figure 23. Rates of satisfaction with parking and transportation options in Plymouth



About half of survey respondents are satisfied with both the availability and ease of parking around Plymouth (see **Figure 23**). This suggests that additional parking for older residents could widen community engagement among older residents who may otherwise refrain from participating due to a lack of transportation. Slightly fewer (39%) survey respondents report satisfaction with transportation options—this echoes prior findings about a lack of transportation options and the implications of that for persons who are physically limited or frail.

Current momentum in Plymouth:

- CAL Express provides free transportation to and from CAL through a partnership with GATRA and Taking People Places.
- Medical Transportation is provided locally for seniors through CAL's volunteer program. CAL is seeking to re-establish funding for the medical transportation coordinator at the Center for Active Living to increase capacity amidst unmet needs and growing demand for medical transportation.
- Additionally, non-emergency long-distance medical transportation for seniors and people with disabilities is available through GATRA's grant-funded MedWheels Program.
- Dial-a-Ride is a curb-to-curb transportation service available to eligible passengers in each of GATRA's towns.

- GATRA ADA Paratransit provides paratransit service to individuals with disabilities who cannot use the fixed route bus system.
- Plymouth adopted a Complete Streets Policy in 2013. The MassDOT Complete Streets Funding Program provides technical assistance and construction funding to communities making roadway improvements. The goal is to create a safe and accessible transportation network for all travel modes and people of all ages and abilities.

Potential Age & Dementia Friendly Action Items:

1. Assemble a transportation resource directory and build outreach to publicize an overview of existing options. Highlight contact information, schedules, costs, accessibility features, and available resources (e.g., discount programs, travel training).
2. Explore communities that have successfully engaged resident volunteers to meet transportation needs through the creation of a Neighbor to Neighbor transportation network. See Nauset Neighbors³ for information and guidance.
3. Host a series of transportation workshop that encourages access to underutilized resources such as Uber, Lyft, and GoGo⁴. GoGo is a dispatch service that can be used with a landline to access Uber/Lyft, groceries, and prescription medications.
4. Explore funding opportunities to pilot a subsidized on demand ride service program for eligible residents aged 60 and over. See TRIPPS⁵ for examples and educational resources.
5. Advocate for expansion of the Ride Flex to meet needs in Plymouth. The Ride Flex grew from a partnership between the MBTA's paratransit service and on demand providers Uber and Lyft. The service is a flexible, on-demand travel option for eligible customers.

³ [Home - Nauset Neighbors](#)

⁴ [GoGoGrandparent | On-Demand Uber & Lyft Rides for Seniors](#)

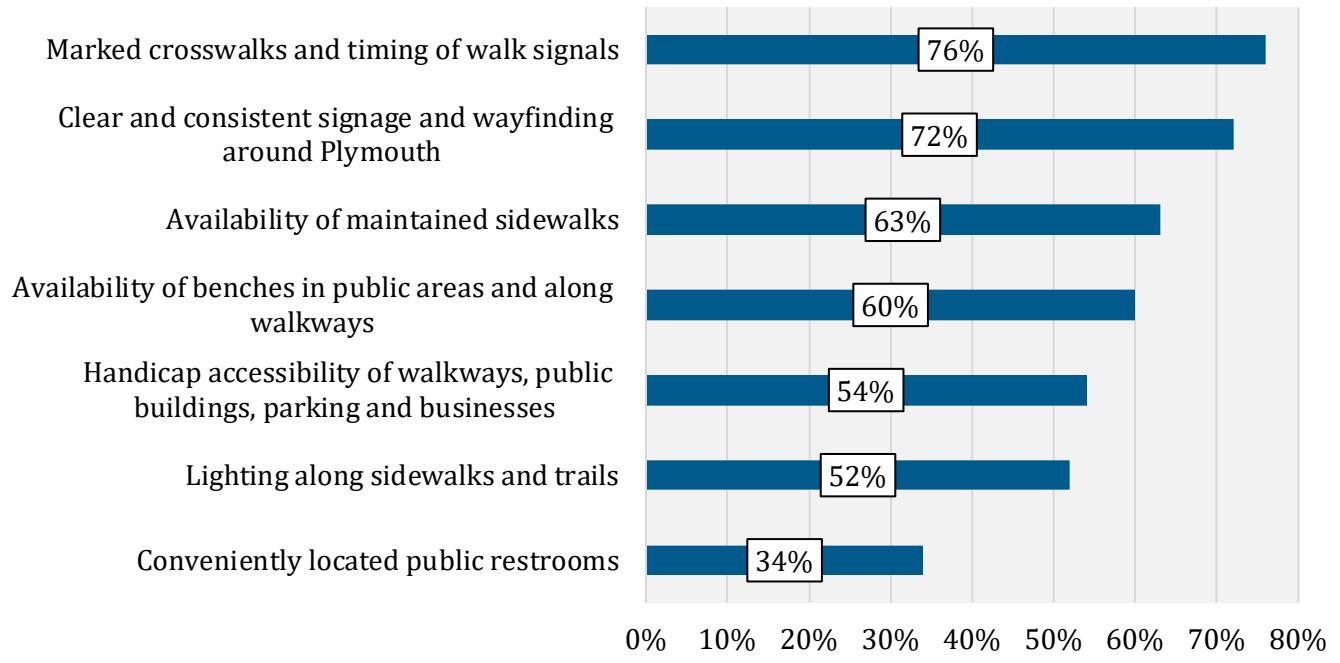
⁵ [Senior Transportation Services | Brookline, MA - Official Website \(brooklinema.gov\)](#)

Outdoor Spaces & Buildings

Key informants were clear that the geography of Plymouth is both a strength and a challenge for the community. It offers a variety of outdoor spaces but also means that pockets of Plymouth are relatively isolated from the rest of Town and that traveling in and around Plymouth---can take time and requires driving. Key informants also identify parks around Plymouth where outdoor fitness equipment for all ages could be installed and adequate seating with shade to encourage residents of all ages to be outside. Focus group participants comment primarily on the lack of accessibility of Plymouth for persons with disabilities. A lack of handicap parking spots was noted, the lack of color contrast of crosswalk markings on streets, and the fact that sidewalks are limited.

As previously mentioned, access to outdoor spaces is among Plymouth's most valued features and it is integral that these spaces remain physically accessible to residents as they age. Continuing efforts to establish the community's walkability will also enhance its age friendliness. **Figure 24** indicates that while a majority of respondents are satisfied with local features like wayfinding and crosswalks---close to 50% of respondents are not satisfied with handicap accessibility of outdoor spaces and buildings and lighting along sidewalks and trails. Two-thirds of survey respondents are not satisfied with the availability of public restrooms in Plymouth—a feature that can be integral in promoting community participation and engagement in outdoor activities.

Figure 24. Satisfaction with current aspects of the built environment in Plymouth



Current momentum in Plymouth:

- Plymouth's 2017 Open Space and Recreation Plan (OSRP) recognizes the large and growing population of older adults with associated challenges related to accessibility. The goal for new facilities, or updates to existing facilities, is to incorporate age friendly and handicapped-accessible features into future designs. The Town is also attentive to the need to make improvements to Village Centers and expand access to coastal areas and ponds for residents of all ages and abilities.
- The OSRP Plan stresses the need to build and enhance outdoor features and recreation activities in response to the demographic of older adults. The Town of Plymouth is exploring ways to expand the range of recreational opportunities with soft surface walking and running tracks, pickleball courts, badminton, and indoor swimming.
- Plymouth's Master Plan gap analysis recognized that Plymouth's growth has associated land use challenges related to housing, energy, climate resilience, and access to water. In 2023, Plymouth was recognized as one of 290 Massachusetts Green Communities by the Massachusetts Department of Energy Resources (DOER). The designation included a grant of \$270,000 and eligibility for future funding and technical assistance for projects that reduce energy use, costs, and carbon emissions.

Potential Age & Dementia Friendly actions:

1. Conduct periodic audits of walkable routes for residents. Using AARP audit guides for assessing routes or other similar tools, create maps of routes available to residents.
 1. Document areas where additional sidewalks can create more connectivity between neighborhoods.
2. Systematically review pedestrian crosswalks for adequate lighting, color contrast, and other age friendly features.
3. Work with other Town departments to identify "Age & Dementia Friendly" priority parking spots in the downtown area.
4. Work with other departments to consider the creation of walkable and accessible greenspaces that include shaded "age friendly" seating and exercise equipment for multigenerational use. See Grandparents Park as an example⁶.
 1. Consider the dedication of an existing bench or the installation of a new bench as a "happy to chat" bench—signaling to the community the importance of social connection across the lifespan.
 2. Promote and create opportunities for seniors to use public parks and playgrounds. Market programs for older adults to "walk in the park" or "coffee in the park."
5. Document and map all available public restrooms in Plymouth and make this map available to the public.

⁶ <https://www.aarp.org/livable-communities/info-2014/grandparents-park-wichita-kansas.html>

Civic Engagement & Employment

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

Key informants detail the challenges with engaging residents of all ages in Town Meetings and on boards and committees. In addition to the amount of responsibility required to serve on boards and committees and the lack of time of those in the workforce but also limited awareness of major issues facing the community—it was established that current Town decision-making processes are inadequate. Interviewees also mentioned that there is a low percentage of those who work in Plymouth who also live in town—due primarily to costs of living. Opportunities were identified in tapping the entrepreneurial spirit of both young people and older adults to engage residents in solving local problems and identifying ways to draw business to Plymouth, perhaps through investments in transportation or establishing a local event space to draw people to Town.

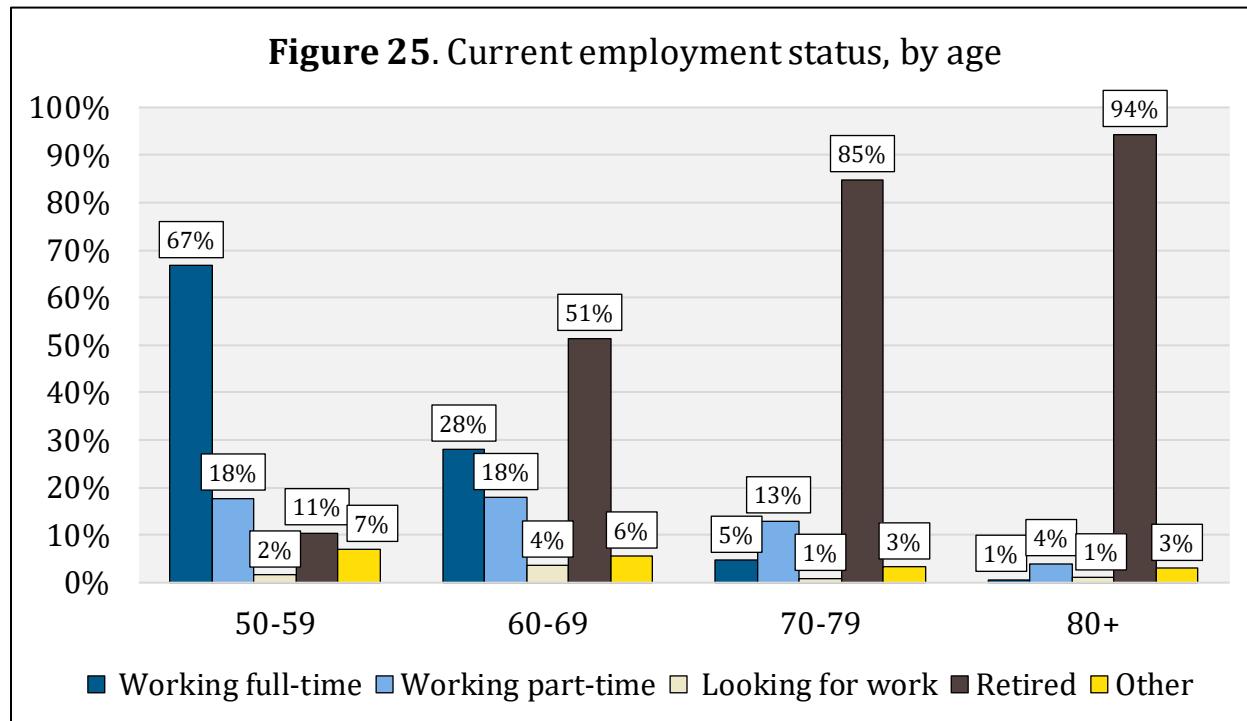
Focus group participants emphasized the value of older adults as a voting bloc, and they encouraged the idea of organizing older residents as self-advocates to help effect change on issues that matter most to them.

American Community Survey estimates on education suggest that Plymouth residents are well-educated on average. About 41% of persons 65 and older have either a bachelor's degree (23%) or a graduate/professional (18%); *ACS, 2017-2021, Table B15001*). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities and late-life learning opportunities—activities often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of Plymouth residents aged 65 and over remain in the workforce. More than 36% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, nearly 10% remain in the workforce (*ACS, 2017-2021, Table S2301*).

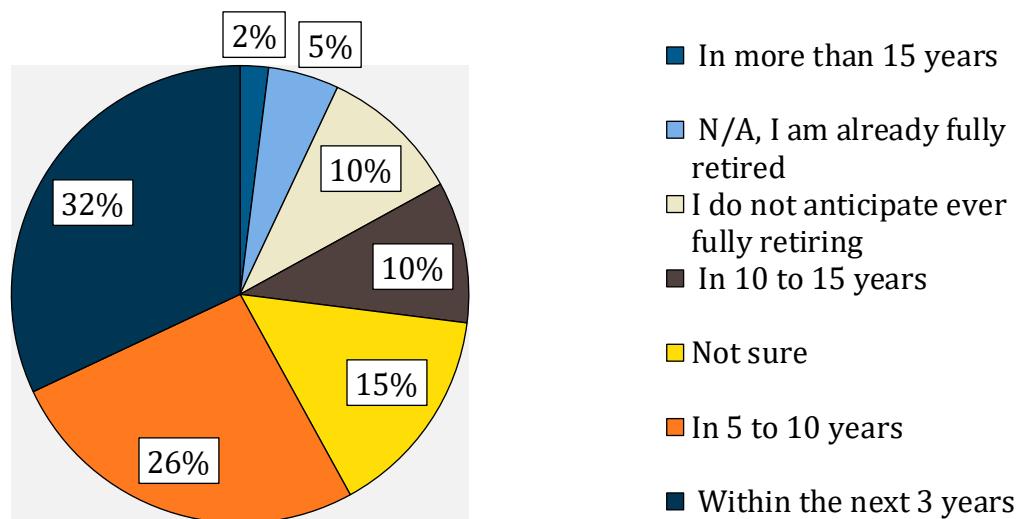
Many people across the country continue to work beyond the traditional retirement age of 65, which is evident in the Plymouth survey results. Among all survey respondents, about a third (33%) are still working (**Appendix A**). **Figure 25** shows that a majority of respondents in their 60s are still working full or part-time (46%), and 18% of those in their 70s are also

working. These results are similar to results from the American Community Survey, which reports that almost 44% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, more than 3% remain in the workforce (*ACS, 2017–2021, Table S2301*). These results indicate that many Plymouth residents over age 60 remain in the workforce.



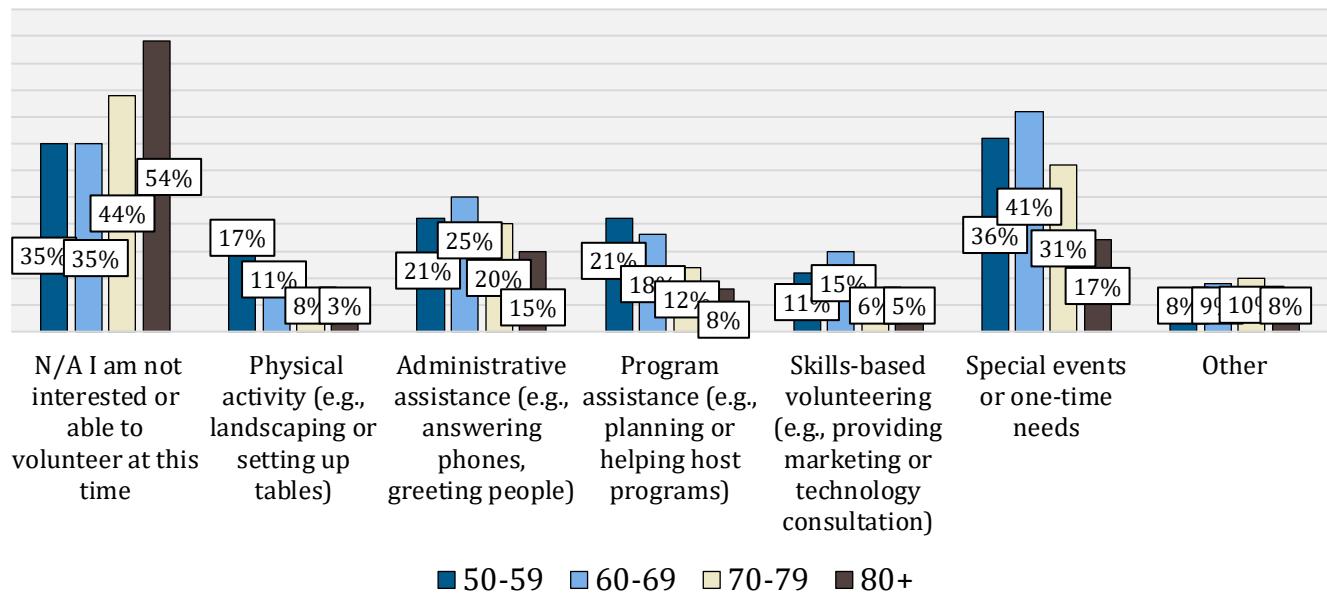
Of those who responded that they are still working full or part-time, 32% expect to retire within the next 3 years (see **Figure 26**). Interestingly, many older adults still working do not know when they expect to retire or do not anticipate ever retiring. Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

Figure 26. Anticipated retirement timing, among those currently working



Older people can gain fulfillment from active involvement in voluntary activities or work, as it provides satisfaction and keeps them socially engaged. In addition, volunteers play a vital role in delivering essential services to older adults and other community members. Investing in volunteers' recruitment, placement, and management can yield positive impacts for residents on multiple levels. **Figure 27** suggests that one-time events are the most preferred way of volunteering among those who can volunteer.

Figure 27. What kind of volunteering would you be most interested in?



Current momentum in Plymouth:

- Feedback during the Needs Assessment acknowledged strong dedication to volunteerism among Plymouth residents. In addition to many committees and organizations, CAL relies on the talents and time of volunteers to support the community. Monthly orientations are conducted to foster volunteerism. In 2021, 222 active volunteers provided 13,482 hours of service - a 34% increase in hours from the previous year.
- Town leaders are working to establish innovative programs that engage residents of all ages and provide opportunities for individuals to share their respective experiences and expertise with the community.
- A micro village is under development in one of Plymouth's 55+ communities. Based on the national village movement, the goal is to build a network of volunteers who will respond to a range of needs in the community, including transportation and home maintenance tasks. The Senior Task Force aims to leverage the success of the micro village to engage residents and expand this model throughout Plymouth.

Potential Age & Dementia Friendly Action Items:

1. In order to ensure representation of residents on local boards, committees, and initiatives, consider establishing a "citizen's civic academy". This educates residents about local policymaking and governance basics and empowers them with self-advocacy skills.
2. Support the organization of older voters by creating a Plymouth County Chapter of Mass Senior Action Council or other group to ensure representation of older voters at local board and committee meetings to provide consistent input.
3. Organize a job and volunteer fair for retirees to learn about their options for community involvement. Engage local businesses and organizations to be available to assist with online job applications or other enrollment processes.

Community Supports & Health Services

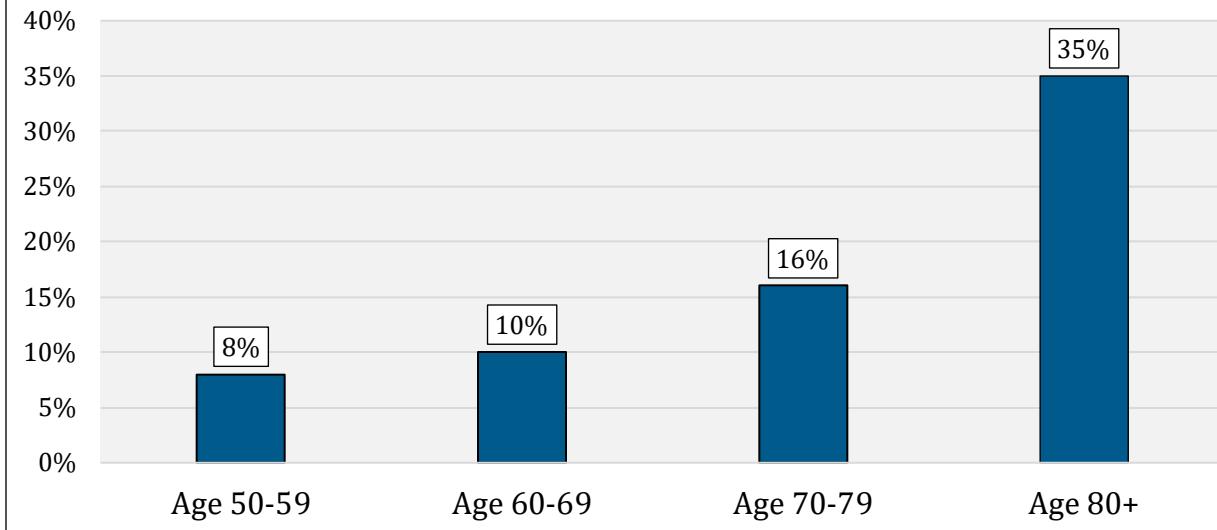
Accessible and affordable community and health services are crucial in keeping seniors healthy, independent and active. This involves an appropriate supply of aged care services conveniently located close to where older people live. This includes the spectrum of health care services and in home supports and services provided by professionals but also families. 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](#)).

Focus group participants reinforced the challenges presented by a lack of health care workforce at the physician level (primary care and specialty) and in-home care workers. This creates an additional burden for families who are left solely to support their loved ones while also maintaining their own daily lives. The need for caregiver respite, education, and adult day supports are cited as key resources to consider in the future. Focus group participants also expressed the need for continued information about resources like durable medical equipment loans, lock boxes, or lifelines that can help ensure safety as one ages in place.

Interviewees from the health field recognized the challenges of meeting healthcare needs amidst staffing shortages and an overburdened workforce. These challenges can lead to delays in care and minimize opportunities for proactive, preventative solutions. Healthcare shortages have had a tremendous impact on mental health needs. They highlight the rise in demand for mental health and substance misuse support for residents of all ages. While interviewees commented on the incredible support that the Police, Fire, and Brewster ambulance provide – they recognize the rise in demand for these services as they relate to more social issues and cite the fact that Brewster has had to increase the number of ambulances in Plymouth twice in recent years to accommodate this rising need. Access to a community health pharmacy is limited in Plymouth as the closest location is in Hyannis due to the restrictions put in place by the landlords of the local community health center. This results in people paying more for prescriptions than necessary, going without medications, or having to arrange for transportation to and from Hyannis during a time of medical need.

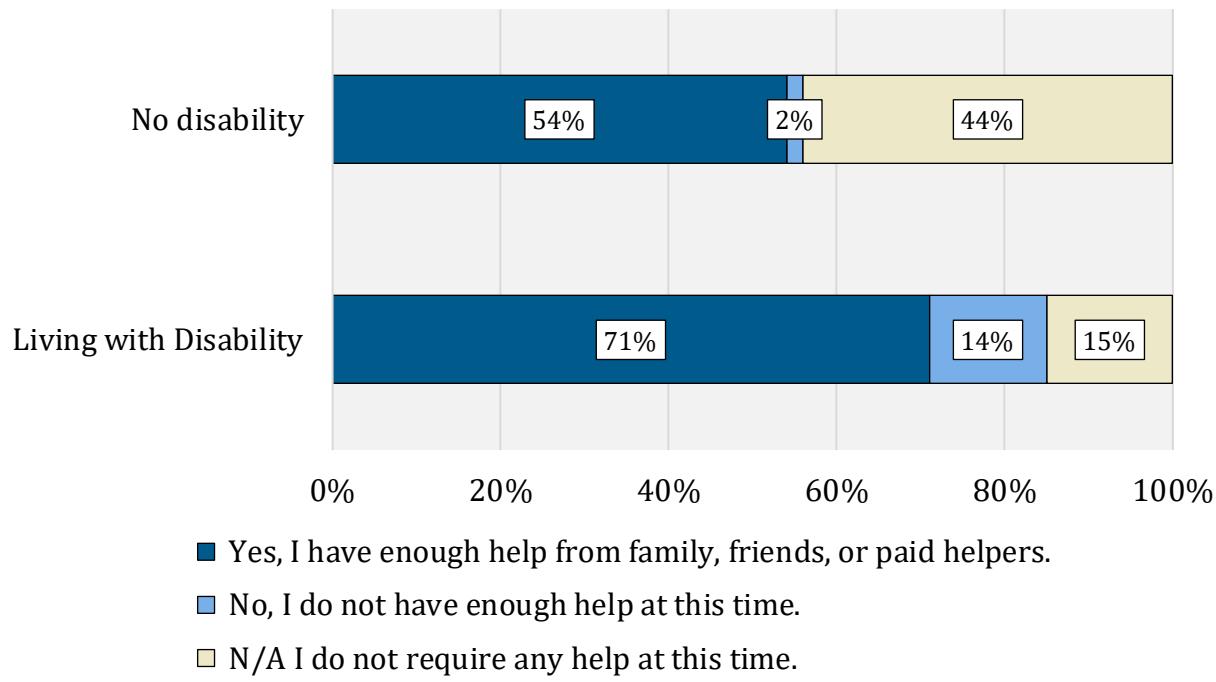
Survey participants were asked to report whether they had an impairment that limited their ability to participate in community activities. Although 16% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 10% of those in their 60s reported having an impairment that limits their ability to participate in the community. This share increases to 16% for respondents in their 70s and 35% for respondents age 80 or older (see **Figure 28**).

Figure 28. Do you have an impairment or condition that limits your ability to participate in your community? (%yes)



Among those reporting an impairment that limits their ability to participate in the community, 14% report not having sufficient help at this time (Figure 29). While this is likely a small number of individuals, it signals the need for additional community support for those with physical limitations.

Figure 29. Do you have sufficient help to meet your needs?



Figures 30 and 31 show that most respondents report excellent or very good physical and mental health. When it comes to physical health, rates of fair/poor increase with age.

Interestingly, rates of fair/poor mental health slightly decrease with age, suggesting that the need for mental health supports is crucial for planning as the Town considers how to support older residents now and in the future.

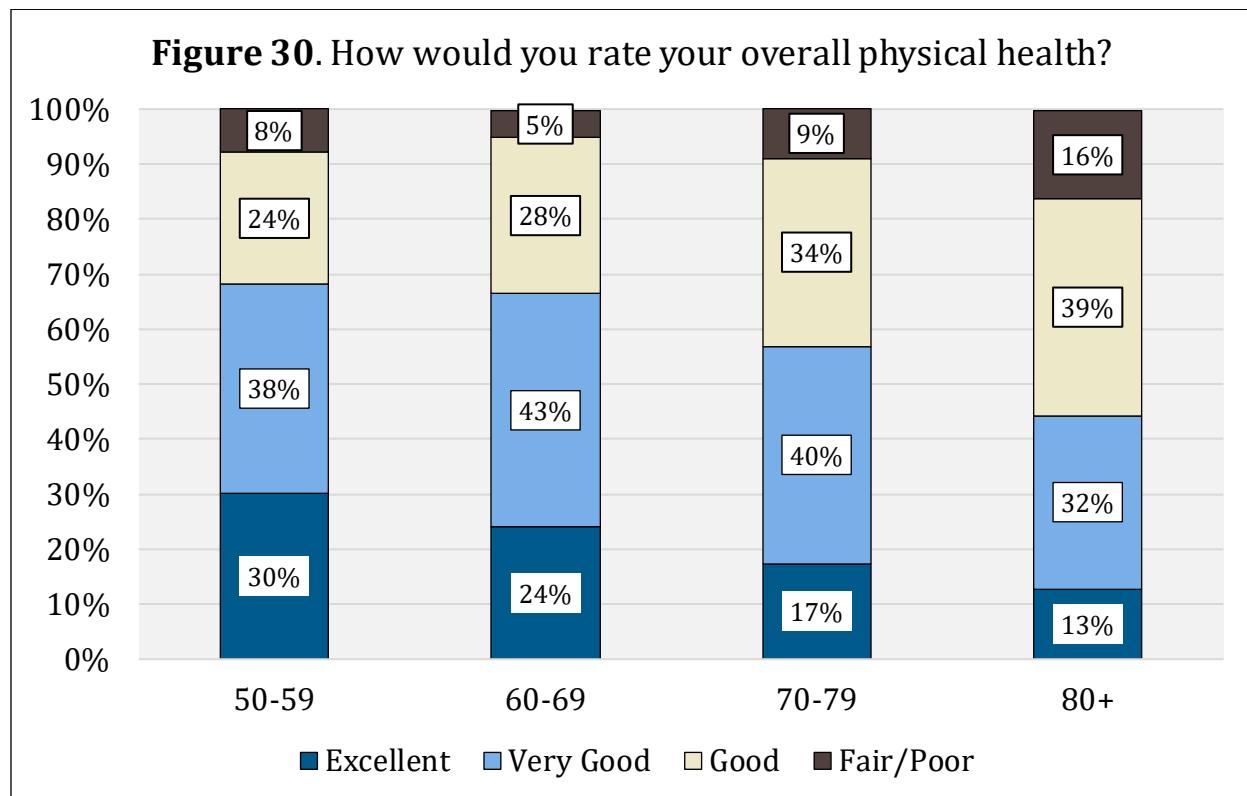
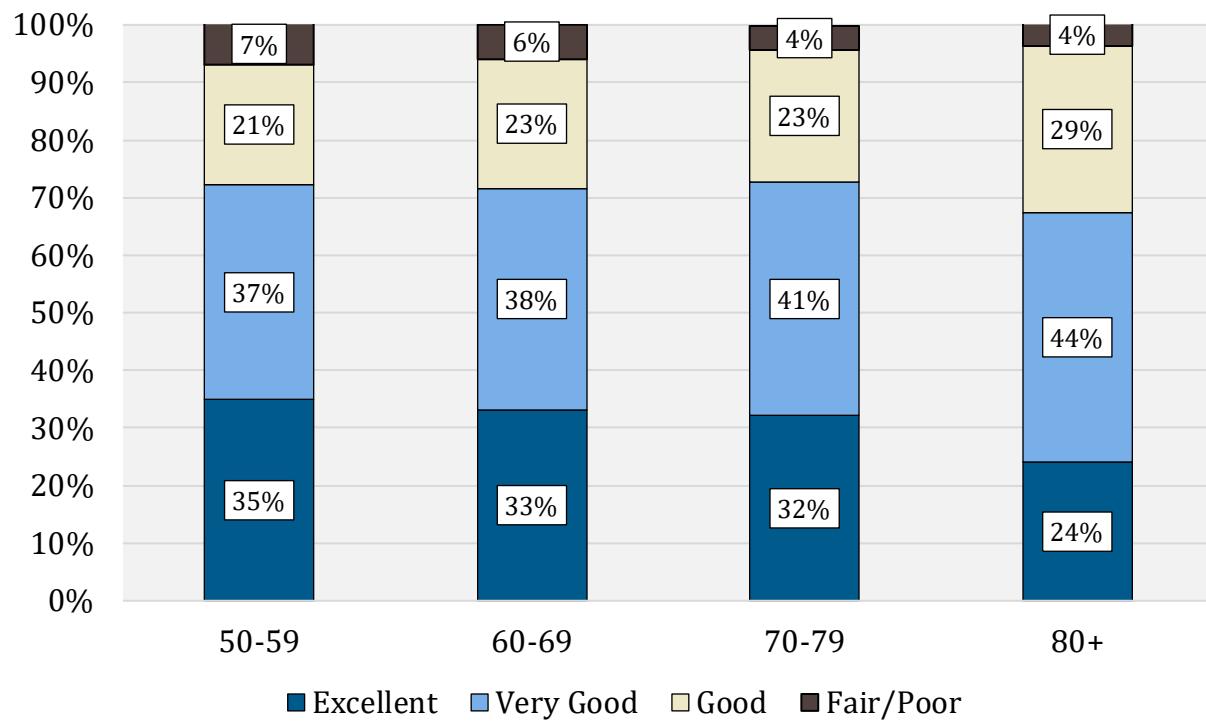
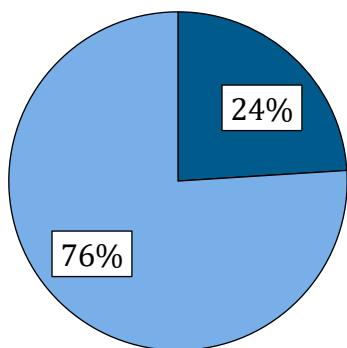


Figure 31. How would you rate your overall mental health?



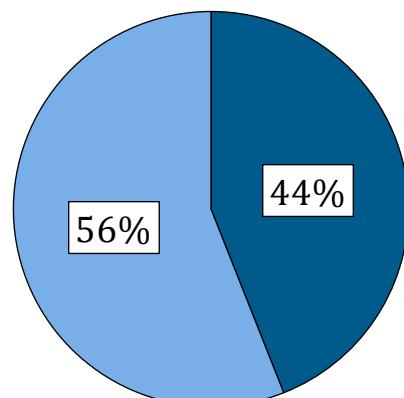
Behavioral outcomes often associated with underlying mental health concerns include substance misuse and suicide. Among survey respondents age 55 and older in Plymouth, nearly 1 in 4 have been affected by suicide (see **Figure 32**), and 44% have been affected by substance misuse (**Figure 33**).

Figure 32. “I have been, or I have friends or family members who have been, affected by suicide.”



■ Yes ■ No

Figure 33. “I have been, or I have friends or family members who have been, affected by substance misuse.”

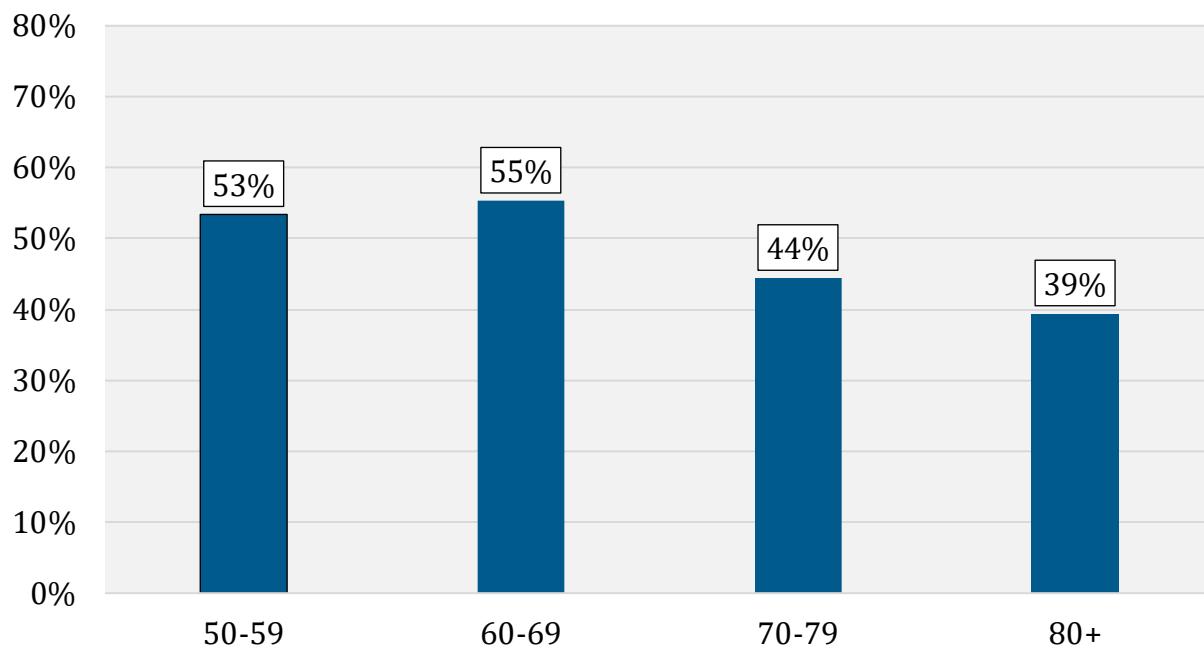


■ Yes ■ No

According to the Centers for Disease Control (CDC), the number of caregivers increased from 43.5 million in 2015 to 53 million in 2020. By 2030, an estimated 73 million people will be 65 or older, and many will require daily assistance from at least one caregiver. Studies show that caregiving can lead to physical, emotional, and financial strain for many individuals.⁷

Just over one-third of survey respondents stated that they are currently providing care or have provided care or assistance to a person who was disabled or frail in the past 5 years (see **Appendix A**). That percentage is highest among those age 60-69 (55%) and those age 50-59 (53%) (see **Figure 34**).

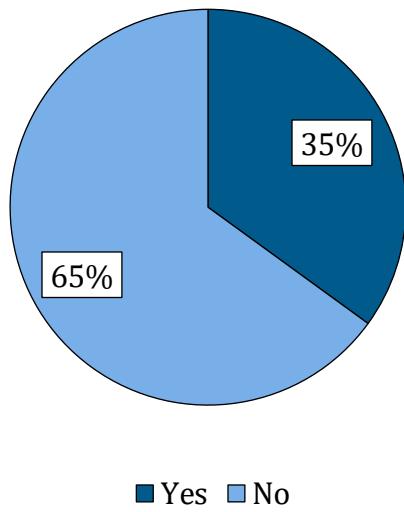
Figure 34. Percentage having provided care or assistance to a person who is disabled or frail in the past 5 years.



Among those who provided this type of care, 35% lived with the person receiving care (see **Figure 35**). Co-residence with the care recipient has been associated with more perceived burden and feelings of conflict or interruption to daily life by the caregiver. Likely, this is due to a lack of respite from the caregiving work, both emotional and physical.

⁷ <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>

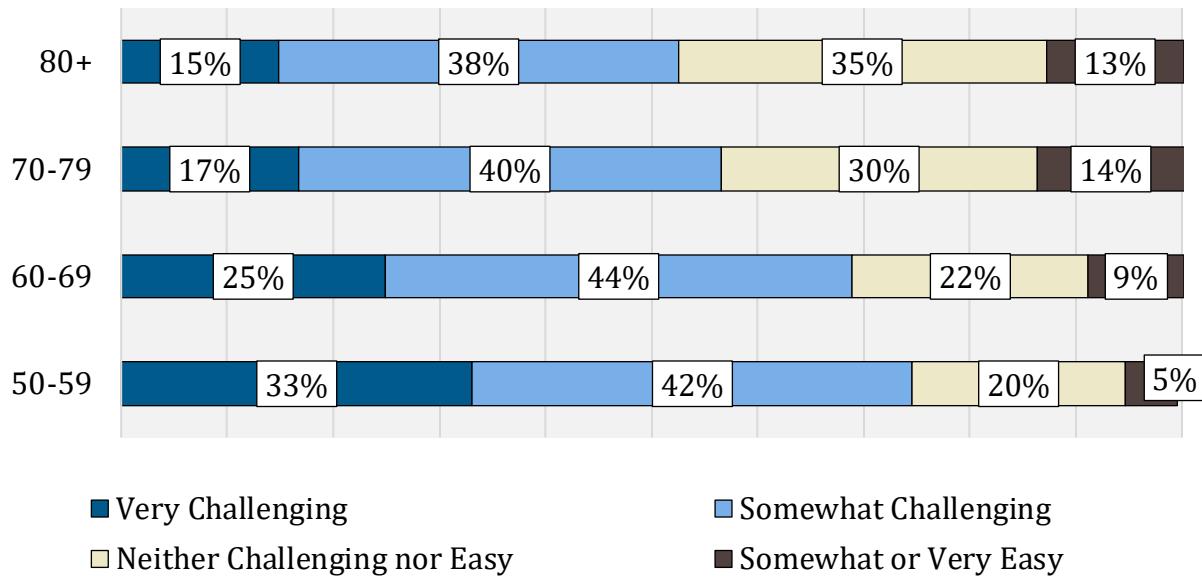
Figure 35. Did this person live with you?



Many caregivers who responded to the Plymouth survey, when asked how challenging it was to provide care and meet other family/work responsibilities, stated that it was very or somewhat challenging. This was especially true for those Age 50-59 and 60-69, where more than 63% of those providing care reported this was very or somewhat challenging (see **Figure 36**). Many in this age group are likely still working and, therefore, may struggle to meet the demands of caregiving and work. Even for the other age

groups, 50-60% of those providing care find it very or somewhat challenging. Services (e.g., transportation to adult day programs), connections to local or state caregiving supports, and programming (e.g., support groups) might be needed to support caregivers.

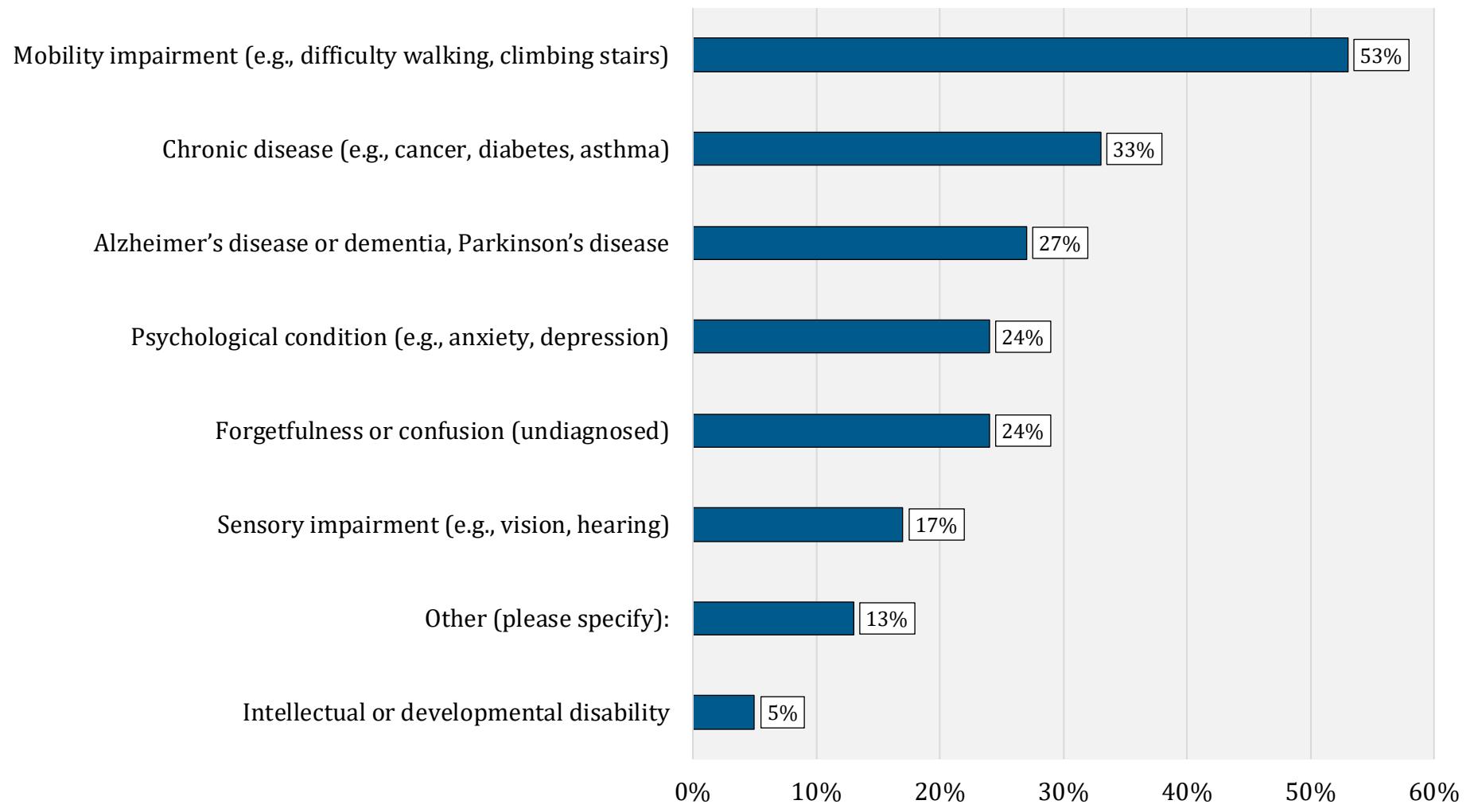
Figure 36. Among caregivers, how challenging was it for you to provide care and meet your other responsibilities?



Caregivers were asked to indicate which conditions were experienced by their care recipient. The most frequently reported condition was mobility impairment (such as difficulty walking or climbing stairs) at 53%, followed by chronic diseases like diabetes, arthritis, or heart disease (33%) or Alzheimer's or dementia (27%) (see **Figure 37**). According to the Massachusetts Healthy Aging Community Profiles, more than 11% of Plymouth residents age 65 or older report a diagnosis of Alzheimer's disease or dementia⁸. Given the challenges with receiving a diagnosis, this figure is likely an underestimate of the disease prevalence.

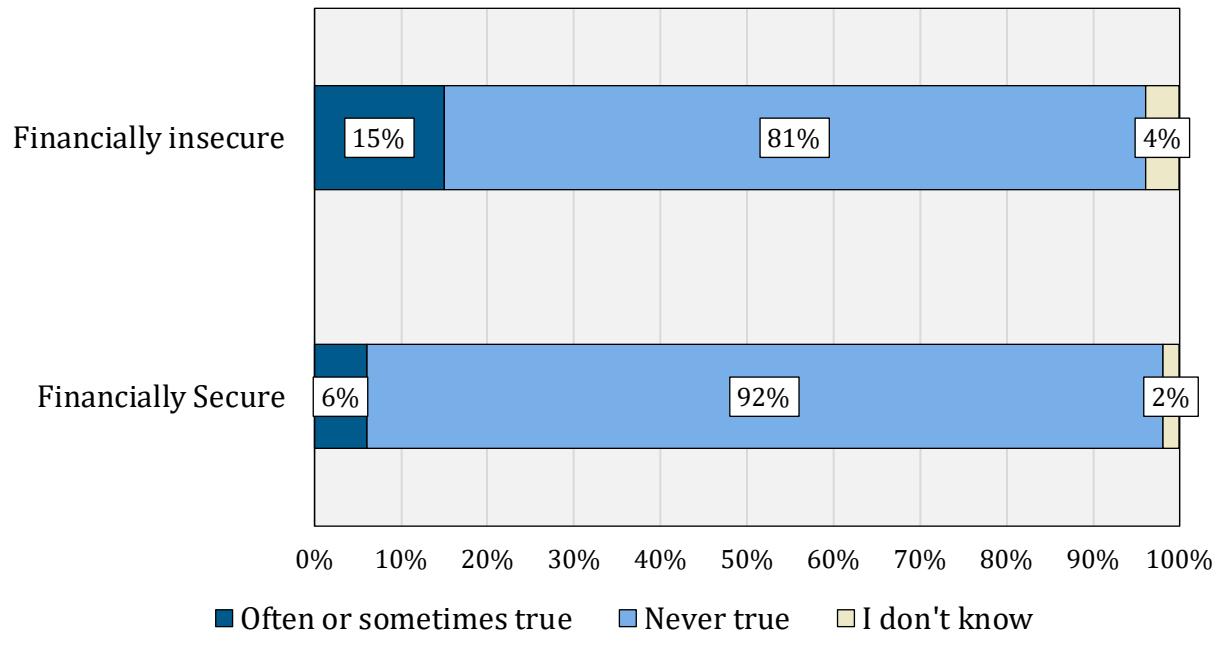
⁸ https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode239_Plymouth.pdf

Figure 37. What condition is the primary reason for needing care?



Among those with some amount of financial insecurity, 15% report that they often or sometimes worry about whether their food will run out before they get money to buy more (**Figure 38**). Food is a basic need that is not only linked to health outcomes, but also this type of worry can be stressful and deteriorate quality of life for older residents.

Figure 38. In the past 12 months, I worried whether my food would run out before I got money to buy more



Current momentum in Plymouth:

- The Center for Active Living, a hub of activity and information, offers a robust range of supportive programs, services, and workshops to meet the community's diverse needs. Offerings, highlighted below, are continuously enhanced and expanded through CAL's collaboration with an extensive network of aging service providers.
- Old Colony Elder Services provides a variety of services to those individuals most in need. Programs offer significant life-supporting care, contributing to an individual's ability to live within the community as independently as possible while preserving dignity and quality of life. OCES is the largest provider of these in-home and community-based services for older adults and people living with disabilities in Southeastern Massachusetts.
- South Shore Community Action Council is a regional organization that collaborates with hundreds of community partners to provide a range of programs to meet household needs, including childcare, transportation, housing and utility assistance, food, and nutrition.
- Establishing a Health and Human Services department allows for coordinating and centralizing critically important services that the Town requires and expects. These

services span the entire scope of the Town and have an impact that can be felt interpersonally and throughout our community.

- HUB in Plymouth County is dedicated to facilitating partnerships with community resources to identify persons or families at risk and connect them with these resources to reduce and prevent the risk of harm.

Potential Age & Dementia Friendly action items:

1. Explore the possibility of a discount program for residential trash and recycling collection for older residents.
2. Convene local partners to establish a local medical equipment loan program to serve residents of all ages.
3. Host a “crash course in caregiving” to provide families with necessary information about services and supports.
4. Consider co-hosting a “caregiver’s night out” where respite is provided along with a meal and entertainment.
5. Pursue ongoing and simple education about access to resources like lockbox and lifeline.
6. Investigate strategies for developing a “village” in Plymouth⁹. This model allows older residents to come together to share resources for services and increase social interaction. Resource sharing may include transportation, meals, and errands.
7. Collaborate with other Town departments to create a peer support specialist program for residents to be trained as mental or behavioral peer specialists to serve as a volunteer resource for residents.
 - a. Consider offering this as a property tax work off position.
8. Work with local partners to create a fund to offset pet care needs.
9. Host a virtual workshop about “how to talk to aging parents” without being ageist.

⁹ <https://www.vtvnetwork.org/>

Social Participation & Center for Active Living

Social activities and relationships shape wellbeing for individuals of all ages. Indeed, the absence of social relationships may have a substantial negative impact on health as behaviors such as smoking or overeating occur. Many older adults are at high risk for social isolation, especially if their health and social networks break down. These risks are exacerbated if accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence, and improve quality of life.

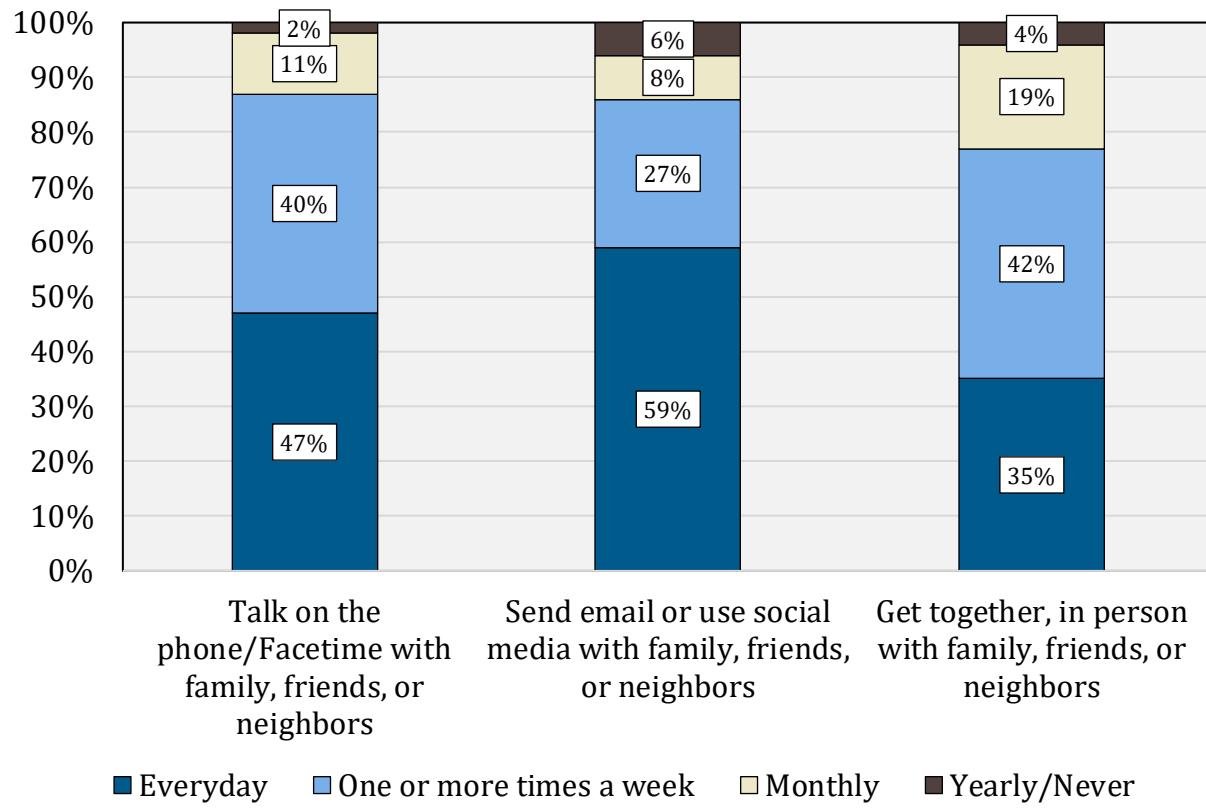
Key informants praise the CAL, Recreation department, and Library as successfully building social engagement and wellness opportunities. They also cite the number of cultural programs available through the museums, Pilgrim Hall, Spire Center, Arts Center and growing cultural scene in Plymouth, but considering accessibility to these resources in terms of hours of operation and available transportation could broaden the positive impact. Interviewees also linked these resources to the idea of developing a lifelong learning program. In addition to transportation, to try and link residents from across Plymouth with these resources, it was mentioned that if programs for older adults were provided in different villages (similar to how youth camps are run) the staff of the CAL would need additional resources to accommodate these additional operations.

Focus group participants identified the exclusion of persons aging in public housing from many social programs and suggested efforts be made to engage these residents in either on-site programming or with invitation and transportation to CAL for events. There was also recognition of additional barriers faced by residents living alone in apartment buildings with limited interaction with neighbors or the community and the slippery slope to social isolation that can occur. Some focus group participants commented on the value of the exercise programming offered through CAL and that the costs associated were prohibitive to many (as is the capacity of the classes). Considering opportunities to expand these exercise programs was suggested.

The majority of survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 39**). Although 77% of the respondents get together in person with someone at least weekly, almost a quarter (23%) only get together monthly or less frequently. Of note, 31% of respondents age 80 or older reported getting together with loved ones daily, which is less than all other age groups (**Appendix A**). Individuals who have infrequent contact with friends or relatives

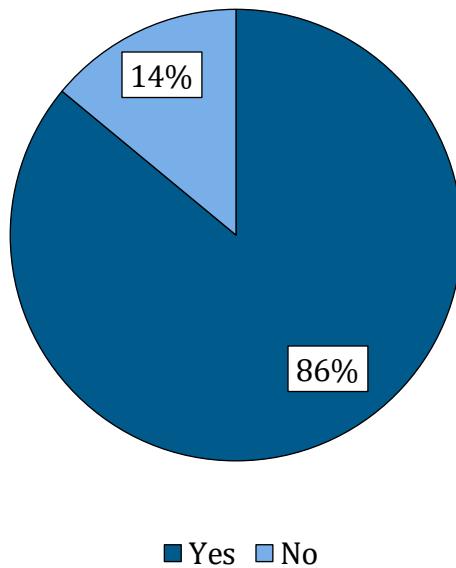
represent important groups to target efforts to reduce isolation and, more generally, improve emotional wellbeing.

Figure 39. How often do you talk on the phone, send email or use social media, or get together in person to visit family, friends or neighbors?



Openness to helping others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they knew someone living nearby on whom they could rely for help when needed, 14% of all respondents said they did not (**Figure 40**).

Figure 40. Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?

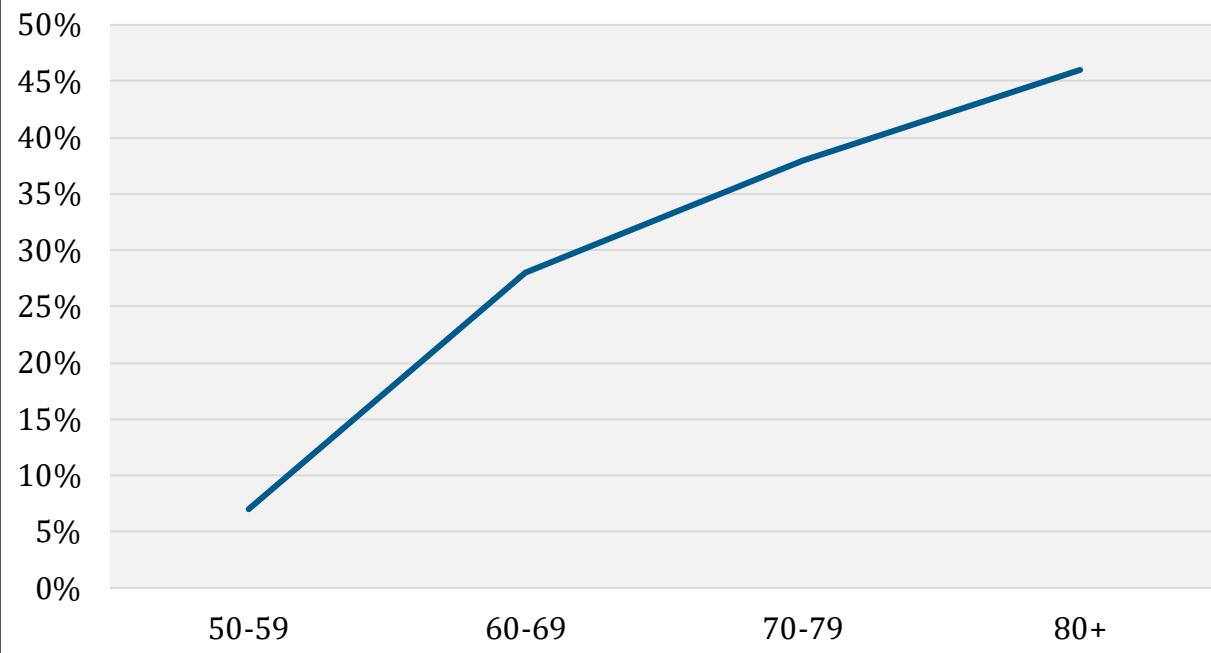


Current & Future Programs & Services at the Center for Active Living

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.

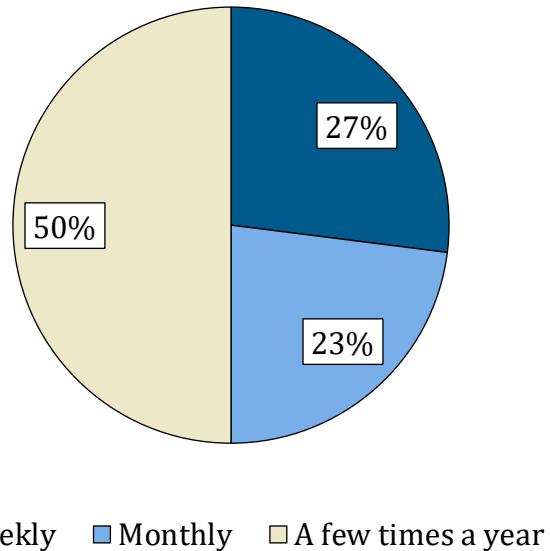
About two-thirds of respondents see the Plymouth Center for Active Living (CAL) as playing a role in their or their loved one's lives—making it clear that the Plymouth CAL is a revered community asset for many (**Appendix A**). Survey results suggest that participation in the Plymouth CAL is considerably more common among older residents. As shown in **Figure 41**, just 8% of those Age 50-59 and 28% of respondents in their 60s report ever using programs or services offered by the Plymouth CAL. Then, 38% of respondents in their 70s and 46% of respondents age 80 and older indicated they had participated in the Plymouth CAL. This age-graded pattern of participation is not unusual in senior centers and may reflect the increasing value of the Plymouth CAL to older residents.

Figure 41. Participation at the Plymouth CAL, by age



Among respondents who participate at the Plymouth CAL, 50% only visit a few times a year, while 27% attend weekly (**Figure 42**). This range of participation levels highlights the broad continuum of affiliation with the Plymouth COA, with many residents participating just periodically, while others include visits to the Plymouth COA as part of their regular weekly schedule. Note that participation on a weekly or more frequent basis was reported by just 2% of respondents Age 50-59 and 8% among those age 60-69, while 13% of those age 80 and older participate weekly, suggesting that older participants attend more frequently during the course of a month or a year (**Appendix A**).

Figure 42. Frequency of participation at the Plymouth Center for Active Living, among attendees

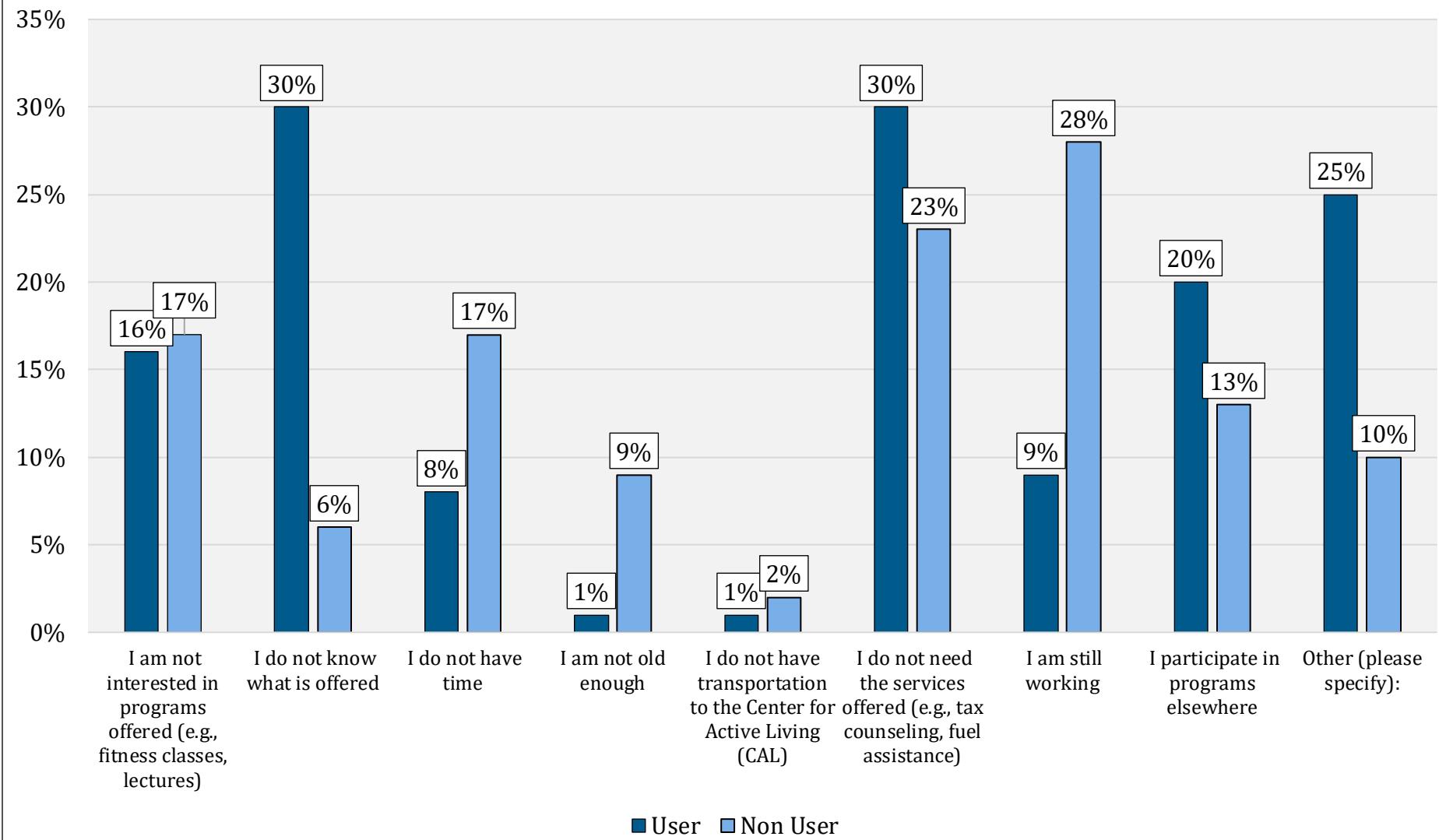


The following three figures present findings related to barriers and facilitators to participation at the Plymouth CAL. Results are presented for both attendees and non-attendees (respondents who never attended the Senior Center). Results for all respondents and by age group can be found in **Appendix A**.

Figure 43 presents the factors that limit participation at the Plymouth CAL. The top factors limiting participation among those who never attended included still working (28%) and not needing services (23%). Similarly, the top two factors limiting participation reported by respondents who do attend the Senior Center were not needing the services (30%) and not knowing what is offered (30%).

Between 23%-30% of both groups of respondents cited not needing services offered as a factor that limits their participation at the CAL. These results suggest that there is a perception that one has to "need" to attend the senior center, not just desire, and that accessibility to community resources for those in the workforce is crucial to participation. Among users, 25% wrote in other reasons for limiting their participation at CAL. Upon review, these reasons include having an expectation of using the CAL in the future. For example, one respondent wrote, *"planning on it (participating at CAL), but just haven't gotten to it yet."* And also a variety of accessibility issues including the hours not being accessible to those who are still working or caring for children as well as living too far away from the location of CAL to participate regularly.

Figure 43. Factors that limit participation at the Plymouth Center for Active Living



Taking into consideration future needs and interests, survey participants were asked to prioritize what features or offerings of the Plymouth CAL they would like to see expanded (see **Figure 44**). Attendees and non-attendees responded to this question similarly. When comparing across age groups, some differences are relevant to note. Among those in their 50s outdoor exercise and volunteer opportunities are most attractive. For those in their 60s, outdoor exercise and performances are most interesting and for those in their 70s, performances and lectures or cultural programs are most attractive. For the oldest old respondents, day trips and performances are most interesting.

When it comes to needs for services some additional age differences emerged (see **Figure 45**). For those in their 50s, mental health counseling was the most prioritized service to expand upon. Among those in their 60s, transportation around Plymouth was most important and for those in their 70s, information and referral to supports and services was most important. For those respondents in their 80s, transportation around Plymouth was identified as the service to prioritize in expanding.

Figure 44. Thinking about your own future needs and interests, which of the following programs would you prioritize in expanding availability through the Center for Active Living?

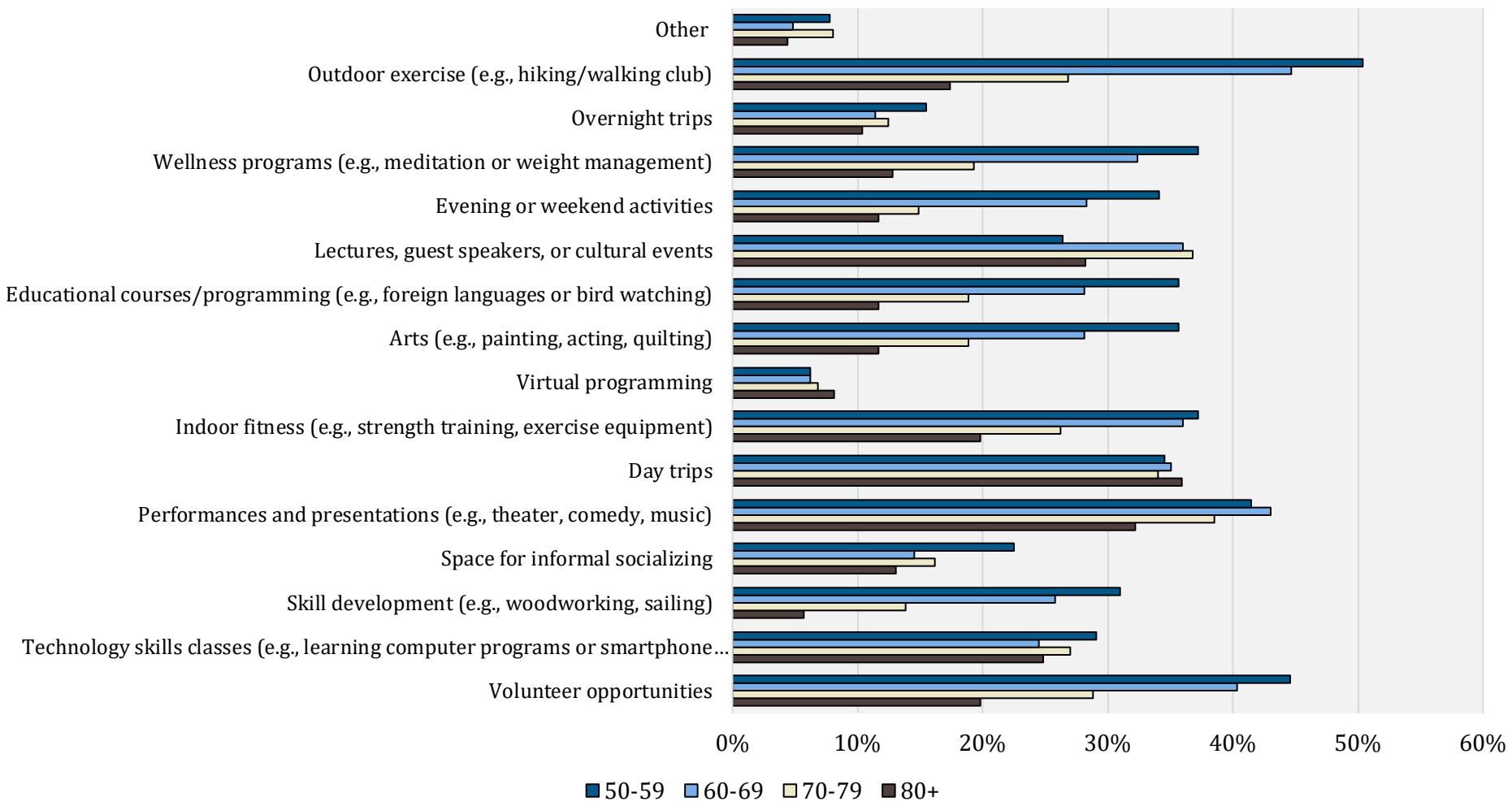
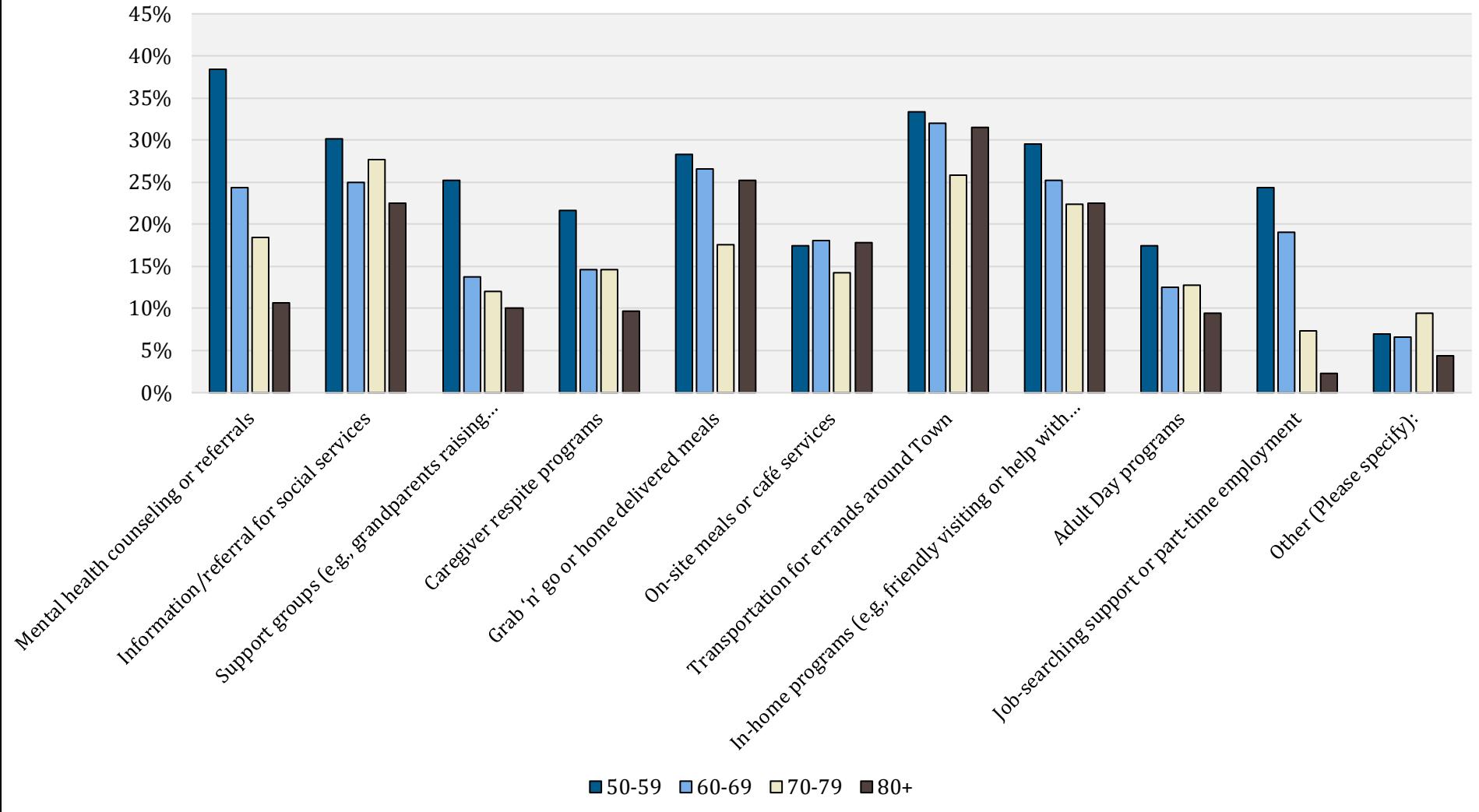


Figure 45. Thinking about your own future needs and interests, which of the following services would you prioritize in expanding availability through the Center for Active Living



Current momentum in Plymouth:

- The Center for Active successfully builds opportunities for social engagement among residents. During the 2021 National Institute of Senior Centers accreditation process, CAL was cited for outstanding leadership, innovative and replicable programming, and partnerships. CAL, and the COAs in Duxbury, Pembroke, and Kingston, creators of the PACTV Guide, won 1st place in the 2021 national awards of excellence.
- CAL's impact is further demonstrated through:
 - Partnerships with over 100 local businesses, agencies, and municipal departments
 - A strong intergenerational program with the public schools. A Hot Topics Debate Program and Art in the Community program are conducted with students.
 - A marketing committee was created by the Advisory Board to enhance CAL's name recognition, increase participation in CAL programs, and increase utilization of CAL services by reaching a wider community audience.
 - A feature film documentary, "Our seniors speak - resilience in hard times," was funded by the Executive Office of Elder Affairs and produced in partnership with PACTV.

Potential Age & Dementia Friendly actions:

1. Establish physical spaces, or "hubs," in each village where information about social activities can be shared and "drop-in" space is available.
 - a. CAL, and other organizations, can utilize these spaces for occasional programming and consistent outreach across the areas of Plymouth
 - b. Consider partnerships with 55+ communities that have existing space.
2. Create low-cost social events during evenings or on weekends. For example, plan hyper local "generations over dinner" where each village hosts a community dinner and is challenged to get as many generations around the table as possible. Or plan for a "senior prom" that offers an evening of food and dancing (and a reason to get dressed up).
3. Support the creation of a "Trailblazers Club" of older residents who wish to explore outdoor activities like kayaking, hiking, and cold-plunging together.
4. Identify indoor spaces for residents to walk together for social connection and physical activity.
5. Consider hybrid ways to engage in lifelong learning programs. For example, free online courses are available from Harvard or Stanford. Groups could meet at the CAL or library to learn as a group. Alternatively, virtual courses on topics like brain health and navigating retirement can be offered to engage residents virtually.

6. Consider creating an educational partnership with the Chamber of Commerce to include access to museums or galleries for first Friday discounts, quiet shopping hours, or to feature public art themes to create age friendly awareness.

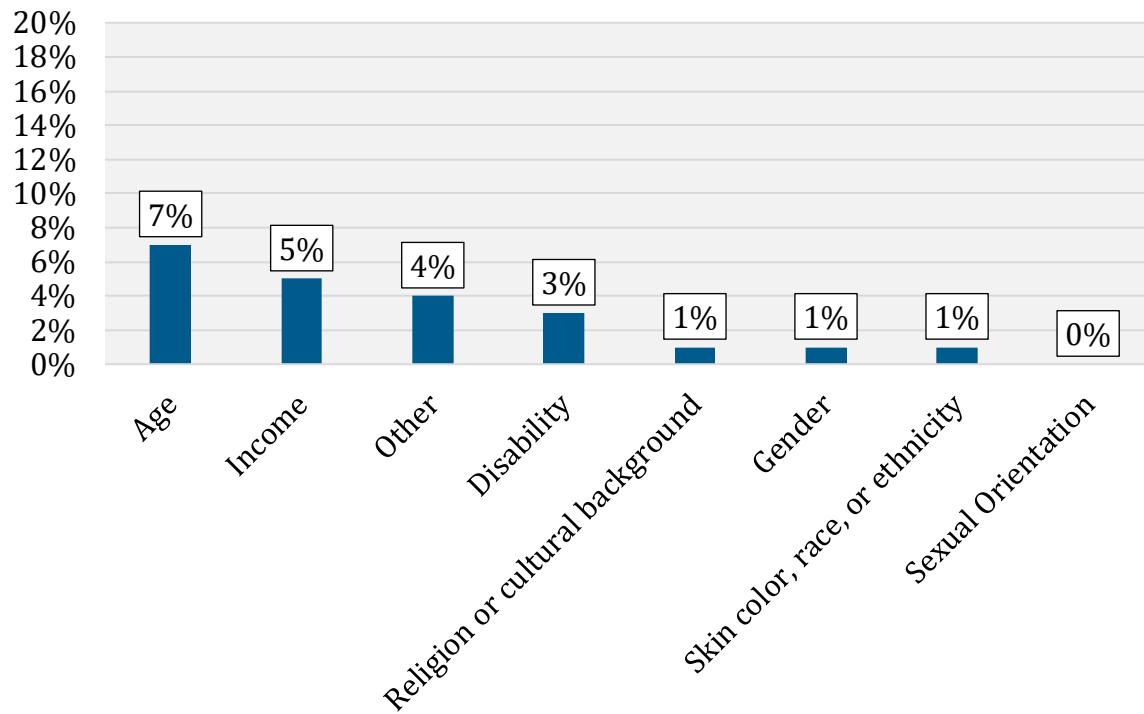
Respect & Inclusion

Feeling respected and included promotes participation in the community and facilitates effective use of services. In addition, it creates an environment in which all people have equal access to thrive.

While interviewees and focus group participants commented on Plymouth residents' friendliness, they realized that not all residents are well-connected. An interviewee shared that a segment of the population has become isolated, and at times, there is a level of discomfort stemming from changes in new vs. old residents and sometimes a clash of attitudes between new residents and those who have called Plymouth home for most of their lives. As well, Plymouth's geography, diversity of financial needs and physical function also contribute to isolation. A telephone check-in service was suggested as a helpful resource that could be implemented in Plymouth.

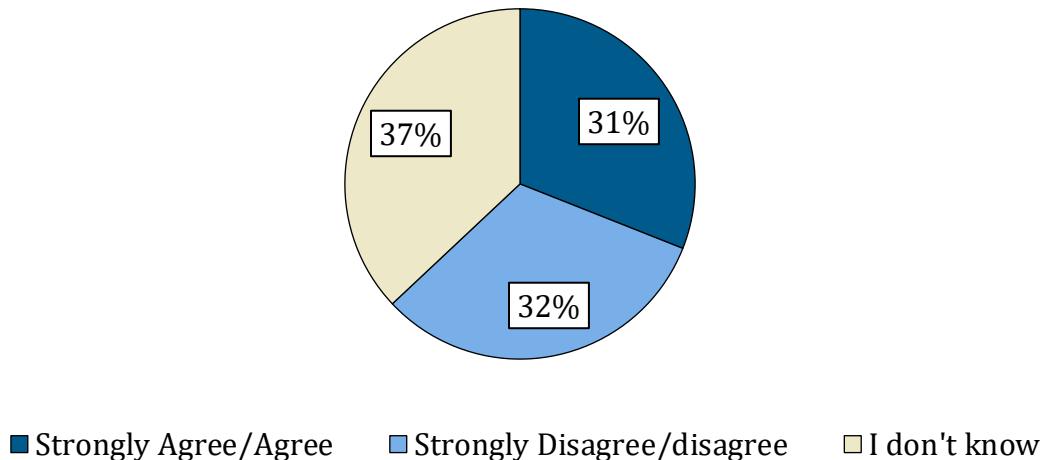
Respondents were asked if they have felt excluded in Plymouth because of personal characteristics over the last five years (**Appendix A**). Although the majority (85%) have not felt excluded, of the 278 respondents who report having felt excluded in Plymouth, respondents cited age (7%), income (5%), or other (4%) as reasons for feeling excluded (**Figure 46**).

Figure 46. In the past 5 years, have you ever felt excluded in Plymouth because of any of the following?



Across all ages, 37% of respondents reported “I don’t know” when asked whether “Local policymakers consider the interests and concerns of older residents.” Another 31% indicated they agreed or strongly agreed with the statement, and 32% indicated that they disagreed or strongly disagreed with this statement. Results were consistent across age groups, though agreement among those 80+ was slightly higher compared to younger respondents (**Figure 47**).

Figure 47. Local policy makers consider the interests and concerns of older residents.



Current momentum in Plymouth:

- The Town of Plymouth’s support for the Community Needs Assessment and commitment to future designation as an Age and Dementia Friendly signifies the value and impact of recognizing the needs and interests of all ages and abilities. Led by CAL, and the Senior Task Force, the community of Plymouth has engaged in critical collaborative planning that reflects the diverse needs of residents and from which age and dementia friendly features will continue to grow.
- In response to the diverse needs of the community, CAL continues to establish and nurture partnerships that facilitate the creation of programming and resources that are inclusive, accessible, affordable, and suitable. This collaborative network contributes to recognition and respect and is impactful for residents as they navigate opportunities and challenges related to aging.
- Town leaders and the business community are exploring programs and services that will generate understanding, compassion, and support for individuals and caregivers living with dementia.

Potential Age & Dementia Friendly actions:

1. Encourage all municipal staff to complete the Dementia Friends training.

- Expand this training to high school students

2. Implement multigenerational programming to reduce ageism. Examples include:
 - Disrupt Aging Classroom¹⁰: Disrupt Aging Classroom is a two-hour interactive curriculum that challenges students to examine their aging perceptions and consider how the growing aging population is relevant to their lives and future careers.
 - Reverse mentorship: Reverse mentoring is when a more junior resident takes on the role of a mentor for a senior employee. The idea is that the junior employee can share their expertise and experience with the senior resident, who may be less familiar with these areas.
 - Sages & Seekers¹¹: Sages & Seekers brings teens (Seekers) and older adults (Sages) together to share their unique gifts through authentic conversation. Intergenerational programs are designed to develop empathy and diminish social isolation and ageism, while meeting the universal and compelling need of both young adults and elders to find meaning and purpose in their lives. Seekers develop social-emotional skills while enhancing their interviewing, listening, writing, and public speaking skills. Sages feel a renewed sense of relevance and value as community members.
3. Partner with the Chamber of Commerce to establish an Age & Dementia Friendly business designation¹². An “age-friendly” business considers the needs of older adults and creates a barrier-free environment that enables people of all ages and abilities to visit, shop, and fully access the location’s spaces and use the offered services. Features include: seating, training of frontline staff, and discount programs.
4. Partner with local real estate agents to establish a “new resident welcome packet” to include information about the CAL and other basic information.

¹⁰ <https://www.aarp.org/disrupt-aging/about-us/classroom/>

¹¹ <https://www.sagesandseekers.org/>

¹² <https://www.boston.gov/departments/age-strong-commission/age-friendly-businesses>

Communication & Information

An age and dementia friendly community provides opportunities for residents to stay connected and informed. Promoting widespread awareness of local services, programs and resources maximizes the impact of community assets.

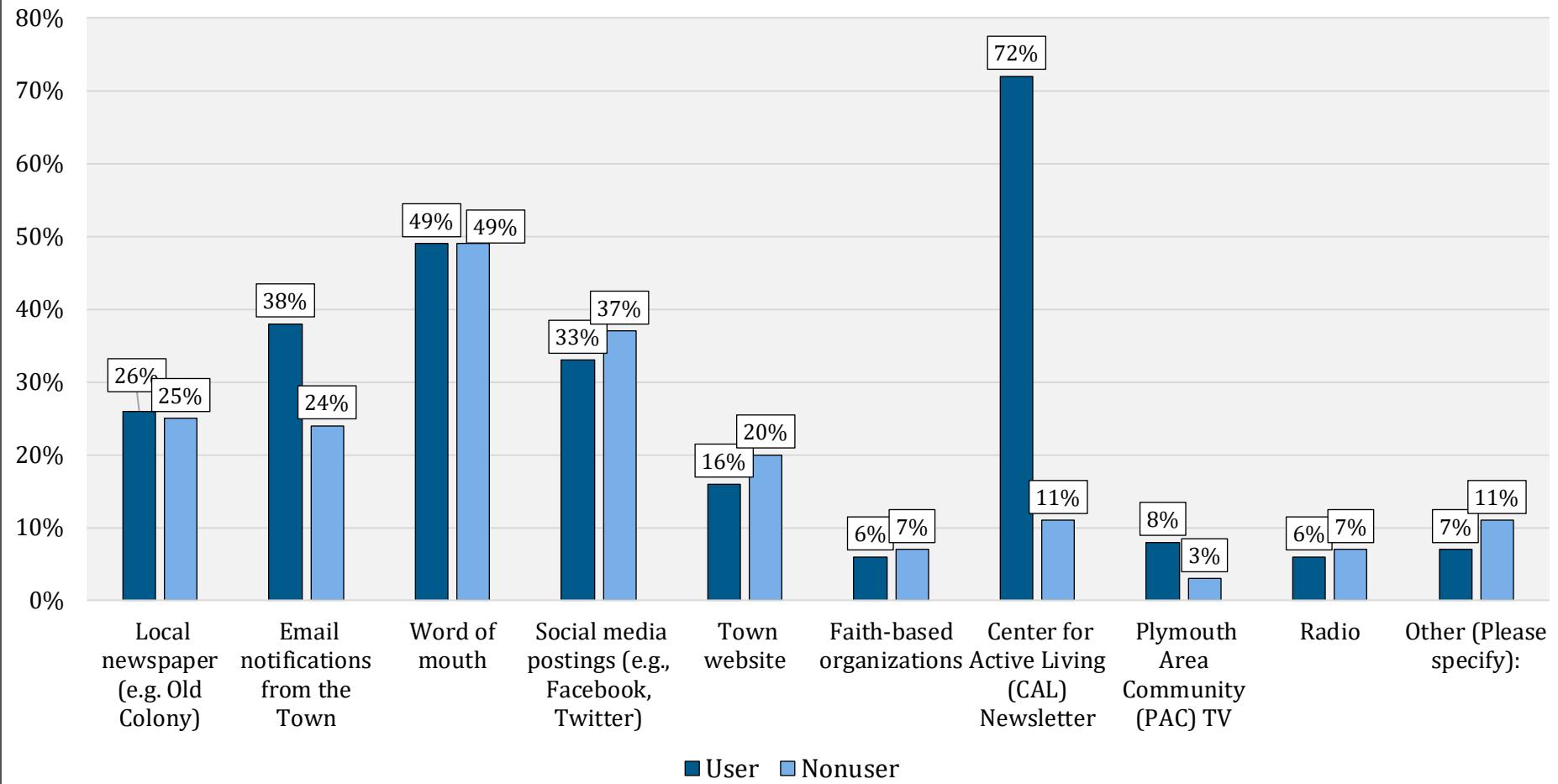
Focus group participants and interviewees acknowledge that there can never be enough communication and outreach about available programs and resources. For example, focus group participants recounted that people access information through social media, Wicked Local, PAC TV (lots of shows and information); the town website, and word of mouth; but all sources are needed simultaneously. In the absence of a local newspaper, residents rely on social media. Interviewees shared that segments of the population are not interested in computers or deterred by fees and security concerns; many residents continue to value in-person interaction.

Key informants recognize that the Town does not have a 311 program and that many older residents call the Chamber of Commerce because someone answers the phone – people get frustrated calling the town hall. Not to mention, the Town has no way to track calls from particular age groups to try and assess priorities and trends in needs/requests.

Lastly, focus group participants suggested refreshing the image and narrative around the CAL to attract those who do not identify as “older residents”. In addition to maintaining multiple means of communication, there is growing attention to ensuring that language barriers are addressed online and in person for the growing population of residents who speak another language, including Brazilian Portuguese, Spanish, and Haitian Creole

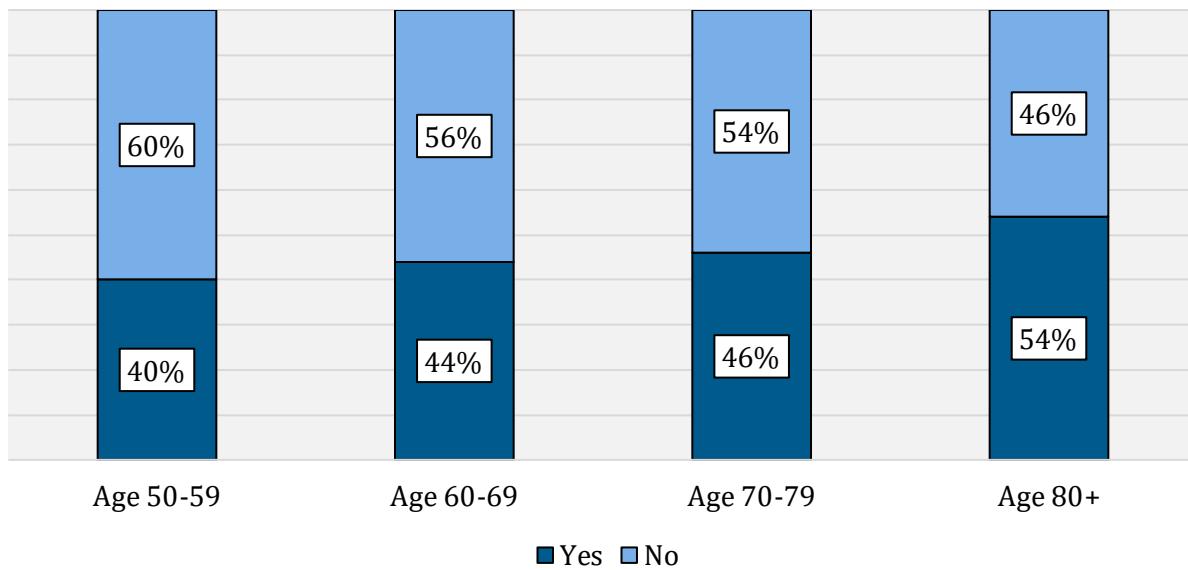
Figure 48 shows the variety of ways people obtain information about what programs or activities are offered in Plymouth. For those who participate at the CAL, the newsletter is the preferred way of learning about what is happening around the community. However, for those not connected to CAL, word of mouth (49%) and social media postings (37%) are the most effective ways of communicating local happenings.

Figure 48. How do you currently obtain information about the activities and services offered in the Town of Plymouth?



When it comes to accessing information, knowing where to start can be an important step. Among survey respondents, approximately one-half do NOT know who to contact in this instance—including 60% of those in their 50s (see **Figure 49**). Regardless of age, most respondents report having access to the internet at home (e.g., 97% of all respondents) see **Appendix A**.

Figure 49. Do you know who to contact in Plymouth should you or someone in your family need help accessing social services, health services, or other municipal services?



Current momentum in Plymouth:

- The Center for Active Living distributes its newsletter, the CALEgram, via mail and email each month to inform older residents of available resources, programs, services, and events.
- Senior Voices, an outreach mechanism created by members of the CAL Advisory Board, travels throughout the community to share information about programs and services at CAL. Special guests are often featured to encourage conversations among residents and resource providers.
- Local and state representatives host monthly forums at CAL to promote conversations among older residents related to future town planning efforts.
- Plymouth's Police and Fire Departments hold regularly scheduled discussions during breakfast meetings at the Center for Active Living to share information and foster communication with older residents.
- In Spring, 2023, a newly designed Town website was introduced; and a 311 program is underway.
- PACTV provides coverage of town issues and includes a weekly broadcast from the Town Manager.

- CodeRED is used for emergency alerts throughout Plymouth County, and locally, a resident can sign up for notices via email or text message about Town news.

Potential Age & Dementia Friendly actions:

1. Consider developing a resident ambassador program to educate residents with information about existing resources to be conduits between the Senior Center and the community at large, this could even be a property tax work off position.
2. Partner with the library or schools to provide basic online safety training, including password management.
3. Establish a mobile Town Hall that can be equipped with information about available resources and spends time in the various villages of Plymouth.
4. Pilot test a Communications Director position within the Town to lead ongoing communication and outreach efforts.

Conclusion

The vision of the Age & Dementia Friendly Plymouth initiative is to inspire change in the Town so that residents of all ages and abilities can thrive. The success of this initiative is dependent on the involvement of a dedicated and passionate group of residents and stakeholders that will proactively spearhead this effort. These individuals will actively collaborate with civic, business and non-profit organizations as well as state and local government officials to heighten awareness of the age and dementia friendly movement and develop the action plan based on the contents of this report—all to spur positive change for the Town of Plymouth. This report signifies a milestone in the continued efforts and calls for community involvement in the age-friendly process to improve the quality of life for Plymouth residents across generations.

Appendix A: Community Survey Results

Note: Appendix tables are based on 1,972 responses to the Town of Plymouth Survey of residents age 50 and over, conducted in Spring 2023. 42% of respondents completed the survey online, and the rest were returned by mail. See text for additional details.

Section I: Community and Neighborhood

Q1. Which of the following best describes your status as a resident of Plymouth?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I live in Plymouth year-round	97%	99%	97%	96%	97%
I primarily live in Plymouth, but spend winters living elsewhere	3%	1%	3%	4%	3%
I primarily live elsewhere, but spend parts of the year living in Plymouth	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%

Q2. How long have you lived in the Town of Plymouth?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Fewer than 5 years	18%	20%	26%	15%	13%
5-14 years	25%	17%	23%	29%	22%
15-24 years	16%	18%	10%	16%	24%
25-34 years	11%	26%	12%	7%	9%
35 years or longer	30%	19%	29%	33%	32%
I do not live in Plymouth	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%

Q3. How important is it to you to remain living in Plymouth as you get older?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Important	62%	54%	60%	65%	65%
Somewhat Important	28%	31%	30%	27%	29%
Slightly Important	6%	8%	6%	5%	3%
Not at All Important	4%	7%	4%	3%	3%
Total	100%	100%	100%	100%	100%

Section II: Housing and Living Situation

Q6. Do you rent or own your current place of residence?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
The home is owned by me or someone who I live	89%	92%	92%	91%	79%
My home is rented, with a subsidy, by me or someone who I live.	6%	7%	5%	5%	9%
Other	5%	1%	3%	4%	12%
Total	100%	100%	100%	100%	100%

Q7. Which of the following best describes your current place of residence?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Single-family home	65%	85%	73%	61%	46%
Multi-family home	2%	4%	1%	1%	3%
In-law apartment	1%	0%	1%	1%	1%
Apartment	4%	3%	3%	4%	6%
Condominium or townhome	13%	6%	13%	16%	15%
55+ Community	13%	2%	8%	15%	25%
Assisted living community (e.g., Stafford Hill, Sunrise)	1%	0%	0%	0%	1%
Other	1%	0%	1%	2%	3%
Total	100%	100%	100%	100%	100%

Q8. Who do you live with? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I live alone	23%	12%	18%	25%	40%
I live with a spouse or partner	68%	77%	75%	69%	46%
I live with my adult children (age 18 or older)	13%	28%	13%	8%	12%
My parents	1%	4%	3%	0%	0%
My grandchildren	2%	1%	2%	2%	2%
My children (under age 18)	2%	12%	1%	0%	0%
Pets	13%	21%	17%	9%	8%
Another relative	2%	4%	2%	1%	1%
Someone else	1%	2%	1%	1%	1%

**Figures do not sum to 100%*

Q9. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these modifications	14%	9%	15%	17%	12%
Yes, but I cannot afford to make these modifications	13%	14%	14%	12%	11%
Yes, but I am not responsible for making these modifications.	3%	2%	3%	2%	5%
No, my current residence does not need modifications	70%	75%	68%	69%	72%
Total	100%	100%	100%	100%	100%

Q10. Does your current residence need significant home repairs to improve your ability to live in it safely for the next 5 years?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these repairs	11%	10%	11%	12%	10%
Yes, but I cannot afford to make these repairs	12%	14%	12%	12%	13%
Yes, but I am not responsible for making these modifications or repairs.	3%	3%	3%	2%	5%
No, my current residence does not need repairs	74%	73%	74%	74%	72%
Total	100%	100%	100%	100%	100%

Q11. Does your current residence have “first-floor living” with a bedroom and a bathroom on the entry level?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	68%	52%	66%	72%	78%
No	32%	48%	34%	28%	32%
Total	100%	100%	100%	100%	100%

Q12. Does your current residence have step-free access (no stairs) at the front of the property or up to the property from ground-level?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	19%	11%	19%	17%	31%
No	81%	89%	81%	83%	69%
Total	100%	100%	100%	100%	100%

Q13. In the next 5 years, if you needed to move from your current home, what kind of housing would you prefer in Plymouth? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Smaller single-family home	31%	51%	40%	25%	12%
Multi-family home	2%	3%	2%	1%	1%
In-law apartment	7%	7%	8%	6%	7%
Apartment	7%	5%	7%	9%	7%
Condominium, or townhome	19%	21%	27%	17%	9%
Assisted Living community	12%	2%	5%	15%	25%
Senior independent living community	27%	8%	21%	33%	40%
Move in with family or friends (e.g., co-housing)	5%	3%	6%	5%	7%
Other	10%	15%	10%	10%	6%

**Figures do not sum to 100%*

Section III: Transportation and Public Spaces

Q14. Please rate your level of satisfaction with each of the following features of Plymouth.

Transportation Options

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	8%	8%	6%	8%	10%
Satisfied	31%	35%	26%	32%	37%
Dissatisfied	16%	11%	19%	15%	14%
Very Dissatisfied	9%	8%	12%	9%	7%
I don't know	36%	38%	37%	36%	32%
Total	100%	100%	100%	100%	100%

Availability of Parking

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	7%	6%	6%	6%	10%
Satisfied	42%	44%	46%	39%	39%
Dissatisfied	33%	32%	32%	36%	30%
Very Dissatisfied	15%	15%	14%	16%	15%
I don't know	3%	3%	2%	3%	6%
Total	100%	100%	100%	100%	100%

Ease of Parking

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	7%	6%	6%	6%	10%
Satisfied	42%	41%	45%	40%	44%
Dissatisfied	33%	34%	33%	35%	27%
Very Dissatisfied	15%	15%	14%	15%	14%
I don't know	3%	4%	2%	4%	5%
Total	100%	100%	100%	100%	100%

Handicap accessibility of walkways, public buildings, parking and businesses

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	8%	9%	7%	7%	12%
Satisfied	46%	44%	44%	46%	53%
Dissatisfied	10%	7%	9%	12%	12%
Very Dissatisfied	3%	3%	3%	4%	3%
I don't know	33%	37%	37%	31%	20%
Total	100%	100%	100%	100%	100%

Availability of maintained sidewalks

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	8%	7%	6%	8%	10%
Satisfied	55%	58%	55%	54%	55%
Dissatisfied	21%	17%	23%	21%	19%
Very Dissatisfied	6%	8%	7%	6%	4%
I don't know	10%	10%	9%	11%	12%
Total	100%	100%	100%	100%	100%

Lighting along sidewalks and trails

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	6%	6%	4%	6%	9%
Satisfied	47%	48%	47%	46%	47%
Dissatisfied	23%	23%	26%	23%	18%
Very Dissatisfied	5%	7%	5%	5%	3%
I don't know	19%	16%	18%	20%	23%
Total	100%	100%	100%	100%	100%

Availability of benches in public areas and along walkways

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	8%	10%	8%	8%	8%
Satisfied	52%	54%	52%	51%	50%
Dissatisfied	22%	16%	22%	25%	21%
Very Dissatisfied	4%	3%	4%	5%	3%
I don't know	14%	17%	14%	11%	18%
Total	100%	100%	100%	100%	100%

Clear and consistent signage and wayfinding around Plymouth

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	9%	9%	9%	7%	12%
Satisfied	63%	68%	65%	62%	60%
Dissatisfied	15%	11%	15%	17%	14%
Very Dissatisfied	3%	3%	3%	3%	2%
I don't know	10%	9%	8%	11%	12%
Total	100%	100%	100%	100%	100%

Conveniently located public restrooms

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Satisfied	4%	4%	5%	3%	5%
Satisfied	30%	37%	33%	26%	25%
Dissatisfied	33%	31%	34%	35%	31%
Very Dissatisfied	11%	8%	9%	14%	10%
I don't know	22%	20%	19%	22%	29%
Total	100%	100%	100%	100%	100%

**Q15. What are the primary ways in which you meet your transportation needs?
(Check all that apply)**

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I drive myself	93%	95%	96%	96%	79%
My spouse or child(ren) drive me	22%	15%	19%	22%	31%
Friends or neighbors drive me	7%	5%	5%	7%	15%
Plymouth Center for Active Living (CAL) transportation	1%	0%	1%	1%	3%
Commuter rail	5%	4%	5%	6%	3%
Walk or bike	14%	16%	20%	13%	8%
Taxi or ride-sharing service (e.g., Uber or Lyft)	3%	4%	3%	2%	1%
GATRA Transportation	4%	3%	4%	2%	8%
Other	3%	4%	3%	2%	4%

**Figures do not sum to 100%*

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

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Public transportation in Plymouth is limited	23%	17%	23%	24%	25%
Transportation options cost too much	4%	3%	5%	4%	5%
Distance to my destination is too far	6%	2%	7%	6%	6%
I have no difficulties	66%	77%	67%	64%	57%
Physical limitations or other impairments make accessing transportation options difficult	4%	1%	2%	4%	10%
No door-to-door assistance or help with bags	3%	2%	3%	4%	3%
No one I can depend on for a ride	3%	2%	3%	4%	4%
Other	6%	4%	6%	7%	5%

**Figures do not sum to 100%*

Q17. Which of the following best describes your driving status?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I do not drive	4%	3%	3%	2%	15%
I drive with some limitations (e.g., avoid driving at night or on highways)	14%	4%	8%	17%	24%
I drive with no limitations	82%	93%	89%	81%	61%
Total	100%	100%	100%	100%	100%

Q18. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of lack of transportation?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	4%	3%	4%	3%	9%
No	96%	97%	96%	97%	91%

Total	100%	100%	100%	100%	100%
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Section IV: Social Activities & Relationships

Q19. How often do you talk on the phone or video call, send emails, use social media, or get together to visit with family, friends, or neighbors?

Get together in person with family, friends, or neighbors

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
<i>Every day</i>	35%	36%	37%	34%	31%
<i>One or more times a week</i>	42%	41%	41%	42%	49%
<i>More than once a month</i>	14%	14%	11%	16%	13%
<i>About once a month</i>	5%	4%	5%	4%	4%
<i>A few times a year (e.g., holidays)</i>	4%	5%	5%	4%	3%
<i>Never</i>	0%	0%	1%	0%	0%
Total	100%	100%	100%	100%	100%

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

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
<i>Every day</i>	47%	52%	50%	45%	41%
<i>One or more times a week</i>	40%	36%	37%	41%	45%
<i>More than once a month</i>	8%	7%	8%	8%	11%
<i>About once a month</i>	3%	2%	2%	3%	2%
<i>A few times a year (e.g., holidays)</i>	1%	2%	1%	1%	1%
<i>Never</i>	1%	1%	2%	2%	0%
Total	100%	100%	100%	100%	100%

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

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
<i>Every day</i>	59%	66%	63%	58%	45%
<i>One or more times a week</i>	27%	23%	25%	30%	31%
<i>More than once a month</i>	6%	5%	5%	6%	7%
<i>About once a month</i>	2%	3%	3%	2%	2%
<i>A few times a year (e.g., holidays)</i>	2%	0%	1%	1%	3%
<i>Never</i>	4%	3%	3%	3%	12%
Total	100%	100%	100%	100%	100%

Q20. 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 50-59	Age 60-69	Age 70-79	Age 80+
Yes	86%	84%	86%	85%	89%
No	14%	16%	14%	15%	11%
Total	100%	100%	100%	100%	100%

Q21. In the past five years, have you ever felt excluded in Plymouth because of any of the following? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Skin color, race, or ethnicity	1%	3%	2%	1%	1%
Sexual orientation	0%	1%	0%	0%	0%
Age	7%	4%	6%	6%	6%
Gender	1%	2%	2%	1%	0%
Religious or cultural background	1%	4%	1%	1%	0%
Income	5%	5%	6%	4%	4%
Disability	3%	2%	4%	2%	5%
Other	4%	5%	2%	5%	1%

**Figures do not sum to 100%*

Q22. Please indicate your level of agreement with the following statement: "Local policymakers consider the interests and concerns of older residents."

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Strongly agree	3%	3%	2%	3%	2%
Agree	29%	26%	29%	28%	34%
Disagree	22%	15%	22%	23%	23%
Strongly disagree	10%	11%	11%	10%	9%
I don't know	36%	45%	36%	36%	32%
Total	100%	100%	100%	100%	100%

Section VII: Programs & Services at the Plymouth COA

Q23. Over the last 12 months, how frequently have you used services or attended programs offered by the Plymouth Center for Active Living (CAL), either in-person or remote?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Two or more times a week	4%	2%	4%	5%	6%
About once a week	5%	0%	4%	6%	7%
A few times a month	4%	1%	4%	4%	5%
About once a month	3%	1%	3%	4%	5%
A few times a year (e.g., special events only)	16%	4%	13%	19%	23%
Never	68%	92%	72%	62%	54%
Total	100%	100%	100%	100%	100%

Q24. Which of the following factors limit your use of the Plymouth Center for Active Living? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
I am not interested in programs offered	17%	9%	12%	19%	25%
I do not know what is offered	22%	28%	24%	21%	15%
I do not have time	11%	10%	14%	12%	7%
I am not old enough	7%	32%	5%	1%	0%
I do not have transportation to the Center for Active Living (CAL)	2%	0%	2%	1%	5%
I do not need the services offered (e.g., tax counseling, fuel assistance)	28%	22%	24%	31%	30%
I am still working	22%	57%	32%	10%	3%
I participate in programs elsewhere	15%	5%	13%	18%	20%
Other	15%	5%	15%	16%	20%

**Figures do not sum to 100%.*

Q25. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available in Plymouth? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Volunteering	33%	45%	40%	29%	20%

Technology skills classes	26%	29%	24%	27%	25%
Skill development (e.g., woodworking, sailing)	18%	31%	26%	14%	6%
Space for informal socializing	16%	23%	15%	16%	13%
Performances and presentations (e.g., theater, comedy, music)	39%	42%	43%	39%	32%
Day trips	35%	35%	35%	34%	36%
Indoor fitness (e.g., strength training, exercise equipment)	30%	37%	36%	26%	20%
Virtual programming	7%	6%	6%	7%	8%
Arts (e.g., painting, acting, quilting)	23%	36%	28%	19%	12%
Educational courses/programming (e.g., foreign languages or bird watching)	28%	31%	36%	26%	17%
Lectures, guest speakers, or cultural events	34%	26%	36%	37%	28%
Evening or weekend activities	21%	34%	28%	15%	12%
Wellness programs (e.g., meditation or weight management)	25%	37%	32%	19%	13%
Overnight trips	12%	16%	11%	13%	10%
Outdoor exercise (e.g., hiking/walking club)	34%	50%	45%	27%	17%
Other	7%	8%	5%	8%	4%

**Figures do not sum to 100%.*

Q26. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the services available in Plymouth? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Mental health counseling or referrals	22%	38%	24%	19%	11%

Information/referral for social services	27%	30%	25%	28%	23%
Support groups (e.g., grandparents raising grandchildren, caregivers, singles)	14%	25%	14%	12%	10%
Caregiver respite programs	15%	22%	15%	15%	10%
Grab 'n' go or home-delivered meals`	23%	28%	27%	18%	25%
On-site meals or café services	16%	17%	18%	14%	18%
Transportation for errands around Town	30%	33%	32%	26%	32%
Transportation to medical appointments	32%	35%	33%	29%	36%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	30%	25%	22%	23%	24%
Adult Day programs	13%	17%	13%	13%	9%
Job-searching support or part-time employment	12%	24%	19%	7%	2%
Other (Please specify):	7%	7%	7%	10%	4%

**Figures do not sum to 100%.*

Q27. What kind of volunteering would you be most interested in? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
N/A I am not interested or able to volunteer at this time	42%	35%	35%	44%	54%
Physical activity (e.g., landscaping or setting up tables)	9%	17%	11%	8%	3%
Administrative assistance (e.g., answering phones, greeting people)	21%	21%	25%	20%	15%

Program assistance (e.g., planning or helping host programs)	14%	21%	18%	12%	8%
Skills-based volunteering (e.g., providing marketing or technology consultation)	9%	11%	15%	6%	5%
Special events or one-time needs	32%	36%	41%	31%	17%
Other	9%	8%	9%	10%	8%

**Figures do not sum to 100%.*

Q28. How do you currently obtain information about the activities and services offered in the Town of Plymouth? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Local newspaper (e.g., Old Colony)	26%	19%	20%	28%	34%
Email notifications from the Town	29%	22%	30%	31%	28%
Word of mouth	50%	52%	46%	52%	47%
Social media postings (e.g., Facebook, Twitter)	37%	56%	46%	31%	20%
Town website	19%	21%	26%	18%	9%
Faith-based organizations	7%	8%	6%	7%	11%
Center for Active Living (CAL) Newsletter	31%	7%	27%	38%	40%
Plymouth Area Community (PAC) TV	5%	4%	3%	5%	8%
Radio	7%	12%	7%	6%	6%
Other (Please specify):	10%	8%	10%	10%	10%

**Figures do not sum to 100%.*

Q29. Are you able to access the internet from your home?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
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Yes, I have access to the internet at home.	97%	100%	99%	98%	88%
No, I cannot afford to have access to the internet at home.	1%	0%	1%	1%	2%
No, I choose not to have access to the internet at home.	2%	0%	0%	1%	10%
Total	100%	100%	100%	100%	100%

Q30. Would you know whom to contact in Plymouth should you or someone in your family need help accessing social services, health services, or other municipal services?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	46%	40%	44%	46%	54%
No	54%	60%	56%	54%	46%
Total	100%	100%	100%	100%	100%

Q31. How would you rate your overall physical health?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Excellent	20%	30%	24%	17%	13%
Very Good	39%	38%	43%	40%	32%
Good	32%	24%	28%	34%	39%
Fair	8%	6%	5%	9%	14%
Poor	1%	2%	0%	0%	2%
Total	100%	100%	100%	100%	100%

Q32. How would you rate your overall mental health?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Excellent	32%	35%	33%	32%	24%
Very Good	40%	37%	38%	41%	44%
Good	23%	21%	23%	23%	29%
Fair	5%	6%	6%	4%	2%
Poor	0%	1%	0%	0%	1%
Total	100%	100%	100%	100%	100%

Q33. Do you have an impairment that limits your ability to participate in the community?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	16%	8%	10%	16%	35%
No	84%	92%	90%	84%	65%
Total	100%	100%	100%	100%	100%

Q34. Do you have sufficient help to meet your needs?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes, I have enough help from family, friends, or paid helpers.	57%	49%	51%	60%	68%
No, I do not have enough help at this time.	5%	4%	5%	4%	6%
N/A I do not require any help at this time.	38%	47%	44%	36%	26%
Total	100%	100%	100%	100%	100%

Q35. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled, frail, or struggling with a physical or mental health condition (e.g., a spouse, parent, relative, or friend)*?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	48%	53%	55%	44%	39%
No	52%	47%	45%	56%	61%
Total	100%	100%	100%	100%	100%

Q36. Did or does this person live with you?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	36%	28%	31%	37%	52%
No	64%	72%	69%	63%	48%
Total	100%	100%	100%	100%	100%

Q37. If yes: Did this person have any of the following conditions? (Check all that apply)

	All Ages
Mobility issues/frailty	49%

Alzheimer's disease or dementia	25%
Forgetfulness or confusion (undiagnosed)	21%
Chronic disease	30%
Sensory/hearing/vision challenges	15%
Psychological condition	22%
Intellectual or developmental disability	5%
Other	11%

**Figures do not sum to 100%*

Q38. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Very Challenging	22%	32%	25%	17%	15%
Somewhat Challenging	41%	42%	45%	39%	39%
Neither Challenging Nor Easy	26%	20%	22%	30%	33%
Somewhat Easy	7%	4%	5%	10%	6%
Very Easy	4%	2%	3%	4%	7%
Total	100%	100%	100%	100%	100%

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

Q39. I have been, or I have friends or family members who have been, affected by substance misuse (e.g., misuse of alcohol or prescription drugs).

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	44%	51%	54%	39%	32%
No	56%	49%	46%	61%	68%
Total	100%	100%	100%	100%	100%

Q40. I have been, or I have friends or family members who have been, affected by suicide.

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Yes	24%	39%	28%	20%	14%
No	76%	61%	72%	80%	76%
Total	100%	100%	100%	100%	100%

Section VIII: Demographic information

Q41. What is your employment status?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Working full-time	19%	67%	28%	5%	1%
Working part-time	14%	18%	18%	13%	4%
Retired	66%	10%	51%	85%	94%
Student	0%	0%	0%	0%	0%
Looking for work	2%	2%	4%	1%	1%
Other	4%	7%	3%	3%	4%

**Figures do not sum to 100%*

Q42. When do you plan to fully retire?

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
N/A, I am already fully retired	64%	9%	50%	82%	95%
Within the next 3 years	12%	12%	24%	8%	1%
In 5 to 10 years	9%	35%	11%	2%	0%
In 10 to 15 years	4%	20%	2%	0%	0%
In more than 15 years	1%	5%	0%	0%	0%
Not sure	6%	11%	9%	4%	1%
I do not anticipate ever fully retiring	4%	8%	4%	4%	3%
Total	100%	100%	100%	100%	100%

Q43. In the past 12 months have you been concerned about any of the following due to finances? (Check all that apply)

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Paying rent or mortgage	9%	15%	10%	8%	5%
Getting basic maintenance completed on my home	17%	17%	17%	17%	15%
Paying for utilities	12%	13%	13%	11%	11%
Accessing health care	6%	6%	8%	5%	5%
Accessing hearing aids	6%	3%	3%	8%	11%
Going to social gatherings or activities	4%	7%	4%	3%	4%

Attending exercise classes or gyms	4%	5%	5%	4%	1%
Access to healthy food	4%	7%	6%	3%	3%
Having reliable transportation (e.g., car maintenance or paying for ride-share services)	5%	6%	4%	5%	7%
Paying for prescription drugs	10%	10%	10%	10%	8%
Accessing dental care	11%	9%	11%	11%	10%
Accessing eyeglasses or vision care	5%	5%	5%	5%	6%
Obtaining pet supplies or healthcare	4%	5%	5%	2%	3%
Other	5%	5%	5%	5%	4%
N/A I have not been concerned about my finances in the past 12 months	61%	55%	62%	63%	61%

**Figures do not sum to 100%*

Q44. "In the past 12 months, I worried whether my food would run out before I got money to buy more."

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Often true	1%	1%	2%	1%	2%
Sometimes true	5%	6%	6%	4%	5%
Never true	92%	91%	90%	93%	92%
I don't know	2%	2%	2%	2%	1%
Total	100%	100%	100%	100%	100%

Q45. Please select your gender.

	All Ages	Age 50-59	Age 60-69	Age 70-79	Age 80+
Male	35%	35%	34%	35%	38%
Female	65%	65%	66%	65%	62%
Non-binary	0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%

Q46. What is your age range?

All Ages

25-39	0%
40-49	1%
50-59	14%
60-69	28%
70-79	41%
80+	16%

Q47. In which village do you currently live?

	All Ages
Cedarville	11%
Chiltonville	5%
Manomet	13%
North Plymouth	8%
Pine Hills	21%
Plymouth Center	11%
South Plymouth	14%
West Plymouth	17%