

# **Aging in Hull: A Community Needs Assessment**

March 2022

---

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

---

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



# Town of Hull

---

**Council on Aging**

Tel: 781-925-1239

Fax: 781-925-8814

197A Samoset Ave

Hull, MA 02045

Dear Hull Residents,

In an effort to better serve and plan for the evolving needs of Hull's older adult population (55+), the Town of Hull and the Hull Council on Aging, commissioned the Center for Social and Demographic Research on Aging, University of Massachusetts Boston to conduct a community wide, multi-phased, study focusing on the needs and interests of Hull's adult population.

From the 2019 Street Listing-Town Census there are over 3,122 residents 65+, of Hull's 10,549 residents which constitute 29.6% of the Town's population. This means that 47% of the town's population is age 55+. Although we have been well aware of the growth in our senior population, this study allowed seniors and the community to share their voice. This report is historic because it pulls together demographic information along with what residents see as important to them as they age in Hull.

The Report will help shape both short-term and long term planning and development of Hull's Council on Aging and Senior Center, related to services, programming, staffing, budgeting, space, public relations, and outreach. Feedback from residents, Hull's Select Board, municipal department leaders, and key community stakeholders, shed light on the critical issues facing Hull's aging residents.

On behalf of the Hull Council on Aging, I would like to thank the Center for Social and Demographic Research on Aging, University of Massachusetts Boston for their exceptional work on this project. I am grateful to the Hull Council on Aging Board for understanding the importance of the project as a critical first step. I would also like to thank the Hull Community, the Senior Center Staff, and Town Departments for their overwhelming participation and support throughout the process. Thank you to Town Manager, Phil Lemnios and the Hull Select Board for their support and necessary funding in making this study a reality. The increased knowledge we gain will enable us to be better prepared to meet the needs of residents as they age in this beautiful and unique seaside community.

I look forward to joining with you in moving forward in a positive direction and creating a vision with the Hull community that reflects your needs and interests in promoting healthy active aging, social engagement and purposeful living.

Sincerely,

Lisa Thornton, Director

## Contributors and Acknowledgements

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

Caitlin Coyle, PhD and Beth Rouleau, MA are primarily responsible for the contents of this report. Others contributing to the project include Nidya Velasco Roldan and Ceara Somerville. We offer our appreciation to Lisa Thornton, Director of the Hull Council on Aging, for her leadership and guidance and to the Hull COA Board Members: Jim Richman (co-chair), Robert Goldstein (co-chair), Hannah Taverna (secretary), Brian McCarthy, Maureen O'Brien, Mimi Leary, and Michael Maloon. We acknowledge with gratitude the Town of Hull, which provided funding for the project. As well we are deeply grateful to the Hull leaders and the many residents who shared their thoughts as part of the data collection.

Thanks also to Peer Community directors: Brenda Vazquez, Dennis; Karen Gregory, Marion; Jacqueline Couccci, Mattapoissett; Cindy Currier, Newbury; Rose Cogliano, Oak Bluffs, and Kathryn Dixon, Winthrop for sharing information about their respective Senior Centers.

### **For more information, contact:**

The Center for Social and Demographic Research on Aging  
Gerontology Institute  
University of Massachusetts Boston  
[CSDRA@umb.edu](mailto:CSDRA@umb.edu) | 617.287.7413

### **Recommended Citation**

Coyle, Caitlin and Beth Rouleau, "Aging in Hull" (March 2022). *Center for Social and Demographic Research on Aging Publications*.

## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>Introduction .....</b>	<b>12</b>
<b>Methods .....</b>	<b>15</b>
<b>Results .....</b>	<b>17</b>
<b>Demographic Profile of Hull .....</b>	<b>17</b>
<b>Socio-Demographic Composition of Hull's Older Population .....</b>	<b>21</b>
<b>Findings from Key Informant Interviews and Focus Groups .....</b>	<b>28</b>
<b>Results from the Community Survey .....</b>	<b>33</b>
Community and Neighborhood .....	33
Housing and Living Situation .....	38
Transportation .....	42
Caregiving .....	47
Employment and Retirement .....	49
Social Activities and Relationships .....	51
Hull Senior Center .....	53
<b>Peer Community Comparison .....</b>	<b>64</b>
<b>Conclusion and Recommendations .....</b>	<b>69</b>
<b>Appendix A: Community Survey Results .....</b>	<b>78</b>

## Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Hull Council on Aging. The goals of this project were to investigate the needs, interests, preferences, and opinions of Hull's residents age 55 or older. The contents of this report are meant to inform the Town of Hull, the Hull Council on Aging and Senior Center, and organizations that work with and on behalf of older residents of Hull for the purposes of planning and coordination of services. The report will also help to build awareness about issues facing Hull among community members at large.

Substantial growth in the number of older Hull residents is expected within the next decade. Already, estimates suggest that nearly half of Hull's population is age 50 or older and this trend stands to continue. This central overarching observation—that the older population of Hull is already large and will continue to expand—makes clear the importance of considering how well features of the Town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward.

In preparing for this demographic shift, the Hull Council on Aging and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 60 and older. As part of this assessment, we conducted interviews and focus groups to hear from Hull leadership, key stakeholders in the community, and specific cohorts of residents. In addition, a survey was developed and administered to Hull residents age 55 and older. A total of 1,750 questionnaires was returned, reflecting a strong return rate of 35%. Data from the U.S. Census Bureau and other sources were examined in support of the project aims. Information from peer community Senior Centers was reviewed, as well.

A broad range of findings are reported in this document, highlighting the many positive features of Hull as well as concerns expressed by older residents. The report is intended to inform planning by the Hull COA as well as other Town offices, private and public organizations that provide services and advocate for older people within Hull, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Hull Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

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

➤ **The demand for Senior Center programs and services is expected to escalate in coming years.**

- Estimates from the U.S. Census Bureau show that in 2019, there were 3,684 residents age 60 or older living in Hull. Projections suggest that by 2030, there will be between 4,200 and 4,300 residents age 60 or older in the Town.
  - Residents who are expected to enter old age in Hull are also a sizable group. Together, residents age 50 or older make up more than half (55%) of Hull's population. Comparably, residents age 50+ make up only 37% of the state's population.
- A majority of respondents in their 50s (84%) and 60s (50%) are still working full- or part-time and among them, 79% expect to retire within the next 5 years.
- Not only is the size of the older population growing in Hull, but the complexity of their needs is increasing. In addition to basic needs (food, housing, transportation), participants identified meaningful opportunities to be engaged in their community and maintain physical health as key elements of community living.
- The number one reason (40%) that would draw more participants to the Senior Center is if they had more knowledge about what is offered.

**Recommendations:**

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
- Explore opportunities to acquire additional space to host programs or to build new space.
  - Consider a site-study or evaluation of existing properties in Hull.
- Currently, the Hull Senior Center provides the only public social services in the Town. As needs for social services are expected to increase in quantity and complexity, address the need for additional social service staff to meet the needs of current and future older residents and their families.
  - Given the need for an increase in outreach staff, perhaps a new hire might be an LICSW who could offer clinical guidance to residents and provide supervision to social work interns.
  - Having outreach staff dedicated to community outreach and education could widen awareness of the Senior Center's offerings.
- As the space for additional programming becomes available, expand the programming staff to include additional "activities coordinator" position that assists with scheduling and planning the programming aspects of the Senior Center.

- Consider selectively increasing the involvement of volunteers in staffing the Senior Center. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort.

➤ **The physical space and programming of the Hull COA does not currently meet the needs of the range of ages and interests of the Hull older adult population. Opportunities to be physically and intellectually active are desired.**

- One out of four current users of the Senior Center reported that if there were more accessible parking, they would likely attend more frequently.
- When asked what kinds of programs they would like to see expanded, the highest rated program for expansion was indoor exercise programs (43%). Physical space to expand exercise programming is clearly needed.
- Additionally, the fourth highest rated program for expansion was presentations and performances (33%). These types of programs may require technology capabilities and large spaces with quality sound environments.
- The Hull Senior Center is the only one of its peer communities that relies entirely on volunteers for program delivery. It is also the smallest and oldest Senior Center among its neighboring communities. These findings suggest that additional capacity (space and staff) is needed in Hull to ensure that the strongest offering is being made to older residents.

**Recommendations:**

- Work with other Town Departments or other local organizations to identify solutions to the parking shortage at the current Senior Center. Consider reserving street parking spots or spots in parking lots that are not used during daytime hours for Senior Center participants only or the implementation of a shuttle service that will pick residents up at their home and drop them off at the Senior Center to limit the number of vehicles. Another possibility would be to encourage participants to car-pool by offering an incentive.
- Advocate for more dedicated space for older adult programming. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Hull residents.
- Ensure that all programming space is equipped with the ability for residents to participate via video conferencing.
- If additional space becomes available, consider equipment for a small fitness center.
- Consider changing the name to be more inclusive. Consider soliciting ideas for a new name by facilitating a Town-wide contest. Creating an image that reframes aging as a positive and active experience may empower residents to participate in the community.

- Consider ways to host satellite programming around the Town to promote Senior Center programs and draw-in a wider range of residents. Alternatively, partnerships with the library, local businesses, and schools could help meet the needs for additional programming opportunities targeted for older adults.
- Support the development of a Trailblazers club<sup>1</sup> to connect with adults seeking to connect via outdoor activities.
- Work with other departments to consider the creation of walkable and accessible greenspaces that include “age friendly” seating and exercise equipment for multi-generational use.
  - 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<sup>2</sup>.
- In order to further encourage walkability, identify existing restrooms that could be used for public use and make that information available to residents in map form.
- Create a “local leaders office hours” at the Hull Senior Center where residents can drop in regularly to hear about current developments related to housing, climate readiness, and planning.
- Identify museums, events, historical sites, performances, or outdoor spaces to visit and coordinate group travel and related programming.
- Coordinate with residents to identify topics and skills they can share with others and pilot-test a lifelong learning program.
  - Connect with the Osher Lifelong learning program<sup>3</sup> that is facilitated at the Hingham Library to identify ways for transporting and connecting Hull residents with that existing program.

➤ **Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Hull.**

- 41% of survey respondents reported that they do not currently live in a home that has a bedroom and bathroom on the entry level—signaling that their ability to stay in their home as they age would require modifications to ensure accessibility and safety.
  - 47% of survey respondents reported that their home currently needs some type of repair or modification to make it a safe place to age. Among them, 14% reported being unable to afford these changes.
- When asked about preferences for type of housing, nearly half (49%) of respondents aged 55-59 would prefer to live in a smaller single family home as would 40% of those

---

<sup>1</sup> <https://www.facebook.com/SouthboroughTrailBlazers/>

<sup>2</sup> <https://www.apartmenttherapy.com/poland-happy-to-chat-benches-37007127>

<sup>3</sup> <https://www.umb.edu/olli/contact>



respondents aged 70-79. Among the oldest old (age 80 or older), a 55+ independent living community is preferred (23%).

- When asked about their concerns about being able to remain in Hull as they age, one of the most commonly reported concerns was a lack of affordable downsizing options in the Town.

#### Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for Hull residents to learn about home modifications that can promote safety in the home.
- Improve communication about and knowledge of the contractor list that the COA has available. Continue to keep that list updated and accessible for older adults in need of services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home. Help residents identify trustworthy sources of assistance (e.g., handyman services or contractors).
- Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Hull. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Assisted living communities and senior independent living units are desirable housing options.
- Promote awareness of various housing options across the lifespan. Consider hosting a “housing choice” planning seminar to encourage pro-active thinking about aging in place. Invite local experts (e.g., real estate agents, contractors, disability commission members, lawyers, financial professionals) who can share their perspective about future housing options based on a wide range of individual scenarios.
- Advocate for the upkeep and maintenance of local public housing to ensure that all residents can live safely. Consider contacting the Attorney General’s office for support.

#### ➤ **Obtaining supplementary and accessible transportation is a concern for Hull’s residents as they age.**

- 27% of survey respondents report modifying their driving in some way (e.g., not driving at night or on highways) and 6% report not driving at all. Among respondents aged 80 or older, 25% report not driving at all.
- 7% of survey respondents reported having to miss or reschedule a medical appointment due to a lack of transportation. Among those who do not drive, 41% reported having to do so.
- When asked about barriers to using existing transportation in Hull, not having enough information about what is available and having physical mobility challenges

that make accessing transportation difficult were the top barriers reported by non-drivers.

### Recommendations:

- Explore the development of a formal volunteer transportation program (e.g., F.I.S.H.<sup>4</sup>) to expand door-to-door transportation to the Senior Center or other social gatherings or shopping excursions and appointments.
- Consider collaboration with neighboring COAs to coordinate medical transportation to Boston.
- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents aged 80 and older, non-drivers, and those with significant mobility limitations.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with the flexibility they value. Consider ride-share options or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for “refresher” driving courses and car safety programs as ways to support safe driving for as long as possible. AARP offers a Smart Driver course<sup>5</sup>, an educational program that offers older adults the opportunity to check how well their personal vehicles “fit” them. The program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.
- Hull is in a unique situation to consider ways to coordinate use of Town vehicles for multi-generational use. For example, obtain smaller busses with handicap accessibility that can be used for transporting students and residents needing door-to-door transportation.
- Promote use of on-demand ride services by offering informational sessions about programs like Uberhealth<sup>6</sup>, GoGoGrandparent<sup>7</sup> or the Transportation Resources, Information, Planning & Partnership for Seniors (TRIPPS) program<sup>8</sup>.
- Conduct a “walk audit” to identify areas of Town to prioritize for improved walkability.

---

<sup>4</sup> <https://www.wayland.ma.us/council-aging/pages/fish-friends-service-helping>

<sup>5</sup> <https://www.aarpdriversafety.org>

<sup>6</sup> <https://www.uberhealth.com/>

<sup>7</sup> [https://gogograndparent.com/gogostart?msclkid=93b745cca3fc115b3b9427f15d0b1491&utm\\_source=bing&utm\\_medium=cpc&utm\\_campaign=GoGoGrandparent\\_Brand\\_Pure\\_US\\_Exact\\_Desktop&utm\\_term=gogograndparent&utm\\_content=Brand\\_Pure](https://gogograndparent.com/gogostart?msclkid=93b745cca3fc115b3b9427f15d0b1491&utm_source=bing&utm_medium=cpc&utm_campaign=GoGoGrandparent_Brand_Pure_US_Exact_Desktop&utm_term=gogograndparent&utm_content=Brand_Pure)

<sup>8</sup> <https://www.mass.gov/doc/tripps-0/download>

- Consider a feasibility study or pilot-test of making a fixed route local transportation service available year-round. A route that connects the commuter boat to the commuter station and makes regular stops in between<sup>9</sup>.
- Offer “travel training” events for residents to familiarize themselves with transportation options in Hull. Consider the development of Rider-training on MTBA/the Ride.

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

- The number one concern about being able to remain living in Hull is the cost of taxes and utilities.
- 14% of survey respondents disagreed that they have adequate resources to meet their basic needs.
- The median household income for residents aged 45-54 is \$105,285 compared to the median household income for residents aged 65 or older which is \$62,742 in 2019 inflated dollars.

**Recommendations:**

- Expand and formalize the network of support systems to strengthen the existing Senior Center efforts and begin to bridge the gap in knowledge of available resources, financial assistance, and general support in navigating housing issues. If more are working together to maintain the current safety net for those who have housing insecurity, the stronger and more visible the safety net will be.
- Educate the community about currently available programs to support aging in place on a limited income (e.g., property tax exemptions, tax work-off program, small grants for home repairs).
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.
- Engage the local chamber of commerce to promote discounts for older adults. This could promote socialization and offset costs.
- Create a “summer jobs” program that employs retirees to supplement income—including working as parking attendants, beach clean-up workers, or other needed positions.

➤ **Fear of social isolation is a key issue facing Hull residents aging in place.**

- 36% of Hull residents aged 60 or older live alone.

---

<sup>9</sup>[https://www.salemma.gov/sites/g/files/vyhlf3756/f/uploads/2018.08.06\\_salem\\_feasibility\\_and\\_existing\\_transit\\_study.pdf](https://www.salemma.gov/sites/g/files/vyhlf3756/f/uploads/2018.08.06_salem_feasibility_and_existing_transit_study.pdf)

- 1 out of 4 (26%) survey respondents under age 70 report not knowing someone within 30 minutes of them to call on for help, if needed. This increases to 34% of those under age 70 who live alone.
- 40% of survey respondents report not knowing who to contact in Hull should they or someone in their family need help with social, health, or municipal services.

#### Recommendations:

- Consider developing an initiative to reach out to older residents of Hull who are living alone. For example, a “Door Knock 600” project that would include a committee or group of volunteers that is tasked with contacting 600 single person households in Hull to identify them, their needs, and request contact information.
- Explore the adoption of an opt-in electronic system for systematically identifying and communicating with at-risk and vulnerable adults and families during emergencies.
- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a “new member day” or a “bring a buddy” program to welcome new participants).
- Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology or making “friendly visits” by telephone. For example, a suggestion was made by key informants to develop an intergenerational connectivity program through assignment of a local youth to check-in on a single older resident. The bonding nature of the pairing could serve as an early alert to predicaments before they become a crisis while providing social connection and mentorship. The opt-in program could be managed through social media with oversight by public safety (e.g., Fire or Police) with consent from parent/young adult and the older person.
- Consider implementing a “surrogate grandparent” program that matches older adults with local families for mentorship and socialization to those whose families live out-of-town or are otherwise absent. Consider hosting a grandparent’s day luncheon to celebrate the participants.
- In order to ensure representation of residents on local boards, committees, and initiatives, consider establishing a “citizen’s civic academy<sup>10</sup>”. This educates residents about the basics of local policymaking and governance and empowers them with self-advocacy skills.
- Consider hosting a quarterly breakfast for local organizations to come together. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.

---

<sup>10</sup> <http://www.healthy-waltham.org/waltham-senior-civic-academy/>

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

- 10% of all residents in Hull aged 60 or older have been diagnosed with Alzheimer’s disease or related dementia.
- 47% of survey respondents reported having been a caregiver within the past 5 years, including 58% of respondents aged 55-59.
  - Among caregivers, 65% reported that it is challenging to provide care and complete their daily responsibilities.
  - Among caregivers, 31% are caring for someone living with dementia.
- 40% of survey respondents have personal experience with substance misuse—either themselves or someone close to them.

**Recommendations:**

- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available through the COA. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Hull COA with family caregivers.
- Consider hosting a “Caregiver’s Night Out” to provide residents of Hull who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
- Encourage Town staff to participate in Dementia Friends<sup>11</sup> training to raise awareness about residents and families living with dementia.
- Consider developing a Memory Café or providing referrals to nearby Cafés for residents and their caregivers to attend.

---

<sup>11</sup> <https://dementiafriendsusa.org/>

## Introduction

Over the coming years, the senior<sup>12</sup> population of Hull is expected to increase substantially, with growth rates far outpacing those of younger segments of the population. Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, offered through the Hull Council on Aging and the Anne Scully Senior Center. As a municipal entity, Hull's Senior Center is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthful and fulfilling lives. Growth of the older adult population therefore has special significance for the Senior Center and increasing demand for its services and programs can be expected moving forward.

This report presents results of a comprehensive examination of issues relating to aging in Hull. A need assessment was undertaken to support planning on the part of the Hull Council on Aging (COA) and the community as a whole. Results presented here focus on the characteristics and needs of Hull residents who are age 55 and older, considering their needs and preferences both now and in the future. While the primary goal of this report is to support planning on the part of the COA, a secondary goal is to present information that will be useful to other Hull offices and organizations interacting with older residents.

## The Hull Council on Aging and Senior Center

In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a senior center, a community facility housing senior services and programs, along with the staff and volunteers offering them. The Hull Council on Aging is tasked with providing information and some direct services to Hull residents aged 60 and older. The Hull Council on Aging will "identify needs and implement programs that enhance quality of life and assist (with maintaining) valued independence for the Hull residents over 60 years of age."<sup>13</sup>

---

<sup>13</sup> Mission statement retrieved from:

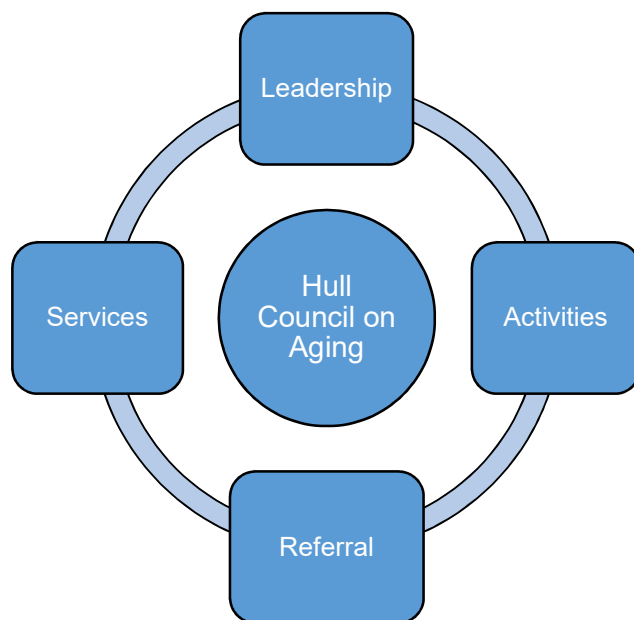
[https://www.town.hull.ma.us/sites/g/files/vyhlf3286f/uploads/2022\\_marapr\\_hull\\_heartbeat\\_final\\_pdf.pdf](https://www.town.hull.ma.us/sites/g/files/vyhlf3286f/uploads/2022_marapr_hull_heartbeat_final_pdf.pdf)

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

The Hull Council on Aging offers programs and services at the Anne Scully Senior Center located in the heart of Hull on Samoset Ave. An array of services, resources, and programs are offered for free or at low cost to community members who are age 60 and older. Staff at the COA also refer eligible residents to services and programs available through other offices and organizations. The COA plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in

the community, and collaborating on initiatives broadly beneficial to residents. COA services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and other sources, gifts and donations, and nominal fees charged for some activities.

The Hull Senior Center operates Monday through Thursday from 9:00 a.m. to 4:00 p.m. Its staff includes a full-time Director and a full-time administrative assistant as well as one full-time outreach coordinator, one part-time outreach coordinator, three part-time van drivers and one part-time SHINE counselor. The Hull COA Board of Directors is made up of Town-





appointed volunteers who live in the community. Its six members act as an advisory committee to the COA Director. Many others volunteer support the Senior Center in a variety of ways.

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

Programs and services offered through the Hull Senior Center include:

- *Outreach Services:* The Hull COA assists older adults and their family members with their concerns and needs on a daily basis. Social services staff provide residents with information and referrals such as housing options, in-home services, and caregiver information. As well, 3,600 wellness calls were made to Hull residents to identify needs for food, medications, or social support.
- *Volunteer Opportunities:* Volunteers provide invaluable support to the COA, assisting with many of the programs, activities, and administrative tasks such as delivering Meals on Wheels, front desk activities, and organizing the medical equipment loan closet. Before and during the pandemic, volunteers are an invaluable and critical support for the Senior Center. During 2020, volunteers contributed 2,600+ hours.
- *Health & Wellness Services:* SHINE Counseling (Serving the Health Information Needs of Everyone) is offered to provide older residents assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. The COA loans Durable Medical Equipment such as walkers, wheelchairs, and shower chairs, as needed. Other health services include walk-in blood pressure clinics, on-site podiatry appointments, free dental screenings, and nutrition programs.
- *Health and Wellness Activities and Programs:* Regularly scheduled drop-in fitness classes, such as Chair Yoga, Cardio, Low-Impact Exercise, Qi Gong, Tai Chi, Bingo, and Cards (752 units of service).
- *Special programming:* Two pandemic programs were launched by outreach and volunteers to address growing concerns of isolation and loneliness. A total of 485 gifts were delivered for ‘Moments of Joy’ during the holidays and 150 “Senior Santa” gift bags were delivered during December. These gifts were made possible by very generous



donations by community members, volunteers, businesses, and community organizations.

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

## **Methods**

Methods used in compiling this report include analysis of existing data. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey), from projections generated by the Donahue Institute at the University of Massachusetts, and from the Healthy Aging Data Report for Hull (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the Hull COA was retrieved from material drawn from the COA's 2020 Annual Report as well as original data collected for this study.

## **Demographic Profile**

As an initial step toward understanding characteristics of the Town of Hull's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2015-2019), along with U.S. Census data for the Town of Hull to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

## **Key informant Interviews**

In the Fall of 2021, we conducted individual interviews with five individuals who currently hold leadership positions in Hull. We spoke with the Town Manager, a member of the Police department, the Town Planner, a member of the select board, and former chair (and current member) of the Council on Aging board of directors. Interviews focused on the interviewees' perceptions relating to unmet needs of older adults in the community, and how the growing size of the older population is impacting Hull and the work that the key informants do. All interviews were conducted remotely via telephone or video conference. Interviews ranged from 35-90 minutes.

## Community Survey

In collaboration with the COA Board members, a community survey was developed for this study and mailed to all residents aged 55 and over (N=5,067). A mailing list was obtained from the Hull 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 Hull residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was made available via the Town's website. A total of 1,750 responses to the survey were obtained, representing a strong return rate of 35% (see **Table 3**). Thirteen percent (n=234) were returned online, and the rest of the responses were returned by mail. In **Appendix A**, response distributions are shown by age group.

## Peer Community Comparison

We conducted interviews with directors of Councils on Aging (COAs)/Senior Centers in Dennis, Marion, Mattapoisett, Newbury, Oak Bluffs, and Winthrop. Participants were asked about features of the senior centers they administer, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. The informal interviews lasted between 45 and 90 minutes. Additional information on selected COAs was retrieved from their websites.

## Focus Group

During the Fall of 2021, we conducted four focus groups with residents and stakeholders who were recruited by the Director of the COA, with input from the COA board of directors. Two groups of residents were convened. One group was comprised of residents who consider themselves seasonal residents of Hull (n=7) and was conducted via video conference technology (e.g., ZOOM). A second group of residents who live in Hull fulltime (n=18) were convened in person at the Hull Senior Center. A third focus group was made up of municipal staff who have regular interactions with Hull residents (n=13), this conversation was facilitated via video conference as well. The fourth focus group, convened on-site at the Hull Senior Center included representatives from local organizations, all of whom have regular interactions with Hull older adult residents (n=9). Participants in this focus group included three current volunteers at the Senior Center, including a COA board member, representatives from South Shore Elder Services, local faith communities, and a state representative.

## Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in

**Appendix A** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., “What are your greatest concerns about your ability to continue living in Hull?”). Notes taken during the study’s qualitative components (e.g., focus groups, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Hull. Information collected about the selected COAs was compared side-by-side with information collected from Hull’s COA Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

## Results

### Demographic Profile of Hull

According to American Community Survey (ACS) estimates, there were about 10,455 residents living in the Town of Hull in 2019. About 55% of the population (5,790 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (2,106 individuals) made up 20% of the population; residents age 60 to 79 (3,279 individuals) comprised around 31%, and another 387 residents (4%) were age 80 and older.

**Table 1.** Number and percentage distribution of Hull’s population by age category, 2019

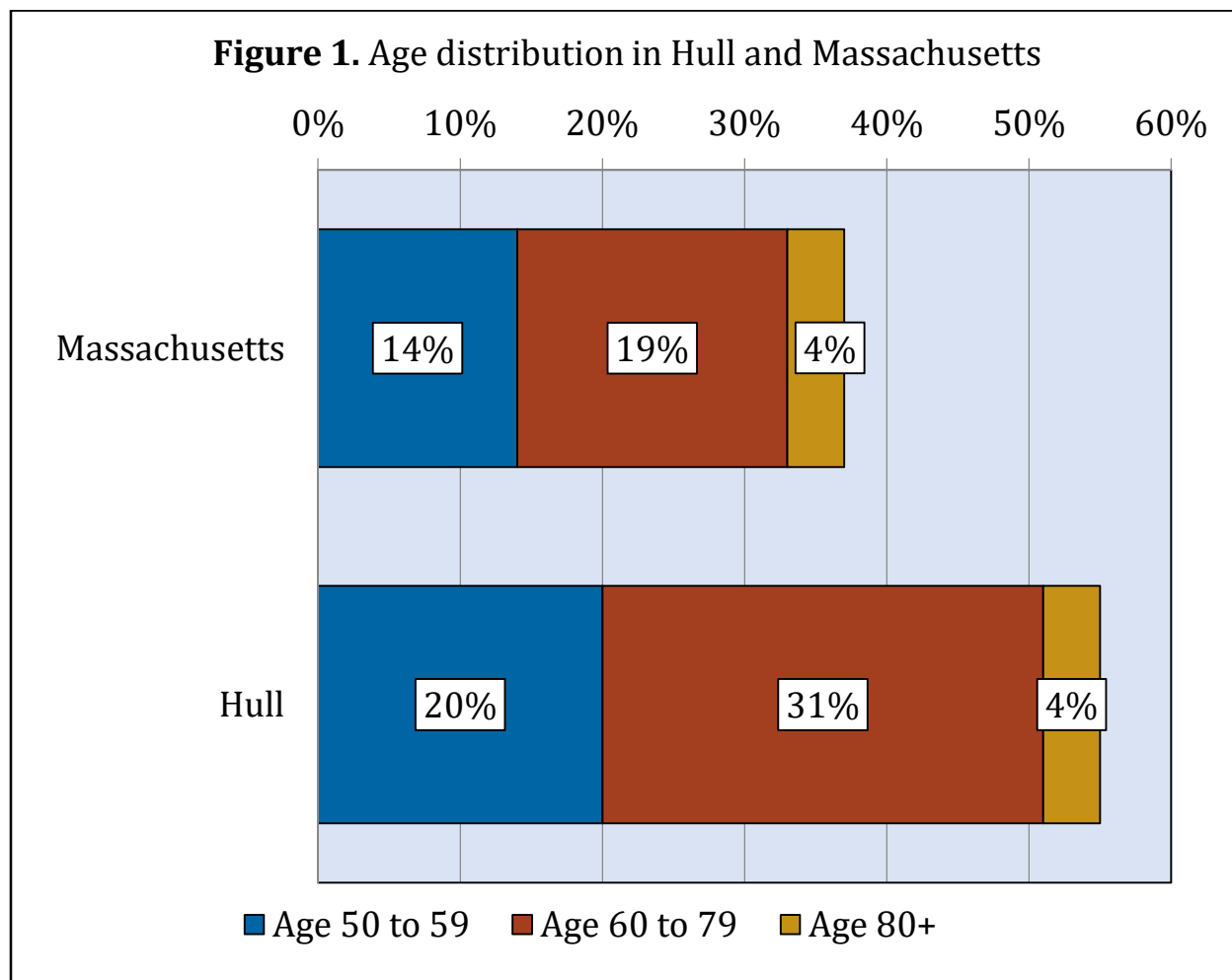
Age Category	Number	Percentage
Under age 18	1,363	13%
Age 18 to 49	3,302	32%
Age 50 to 59	2,106	20%
Age 60 to 79	3,297	31%
Age 80 and older	387	4%
<b>Total</b>	<b>10,455</b>	<b>100%</b>

*Source: American Community Survey, 2015-2019, Table B01001.  
Numbers are calculated from 5-year survey estimates.*

Population growth in both Massachusetts and the Town of Hull has been concentrated in older age groups. During 2000 and 2010, population of all ages decreased by 7% in Hull while increased by only 3% in the state as whole. In both Hull and Massachusetts, the absolute numbers of residents age 50 and over, grew substantially during this time period (*US Census*,

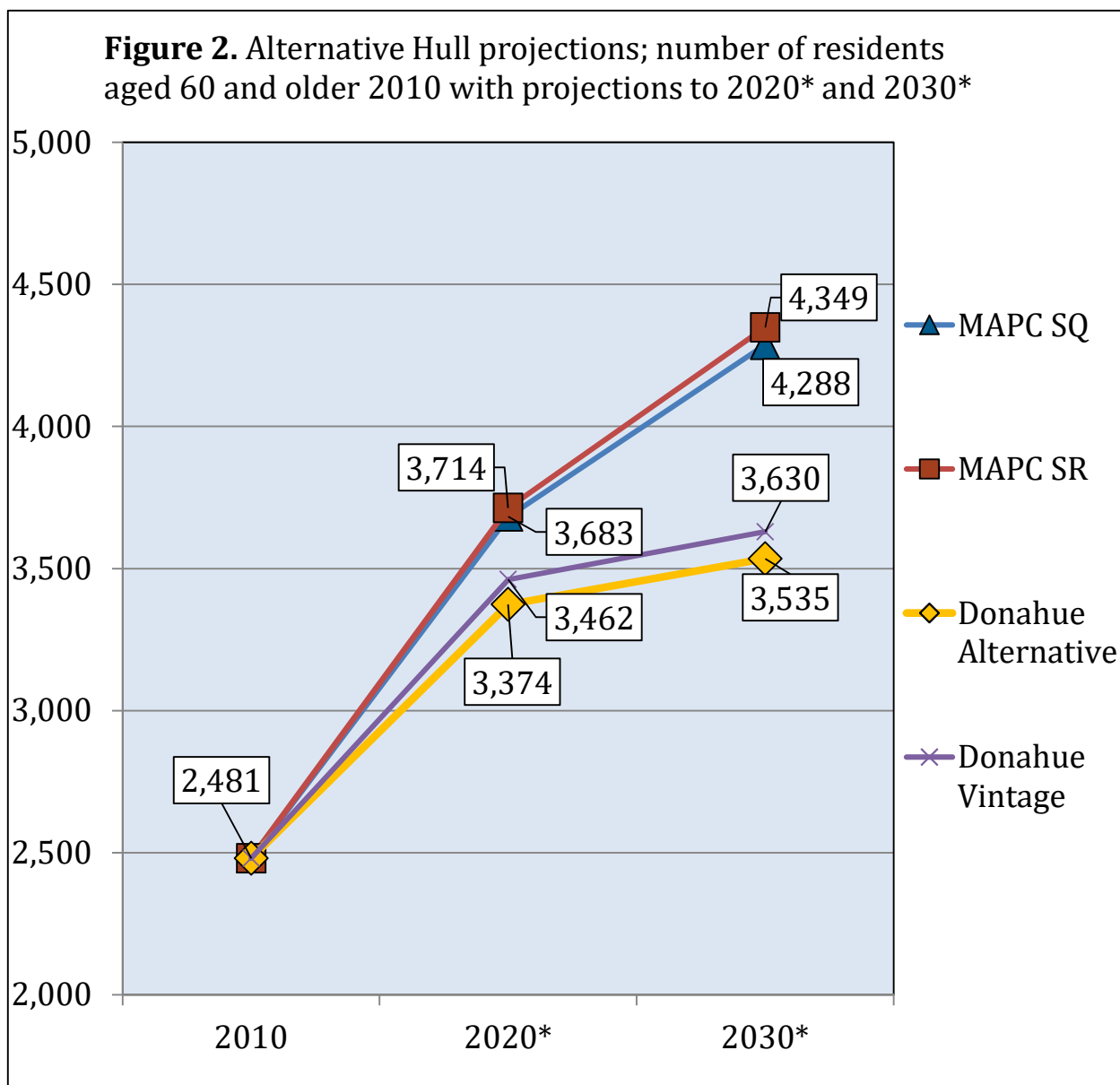
*Table QT-P1*). The segment of Hull’s population age 50 to 59 increased in size by 31%, a rate of growth higher than in Massachusetts overall (29%). The population of residents who are age 60 and older increased by 35% in Hull, more than twice the rate of growth for the state (16%).

The share of Hull population age 50 and older is larger than the overall state of Massachusetts (**Figure 1**). About 37% of the Massachusetts population was in the 50+ age group in 2019, compared to 55% of the Hull population. Compared to the Commonwealth, Hull had also a significantly higher portion of residents age 60 and older. In 2019, Massachusetts residents age 60 and over comprised about 23% of the population, including 4% age 80 and over. In Hull, about 35% of the population was 60 or older, including 4% who were 80 years or older.



*Source: American Community Survey, 2015-2019, Table B01001. Numbers are calculated from 5-year survey estimates*

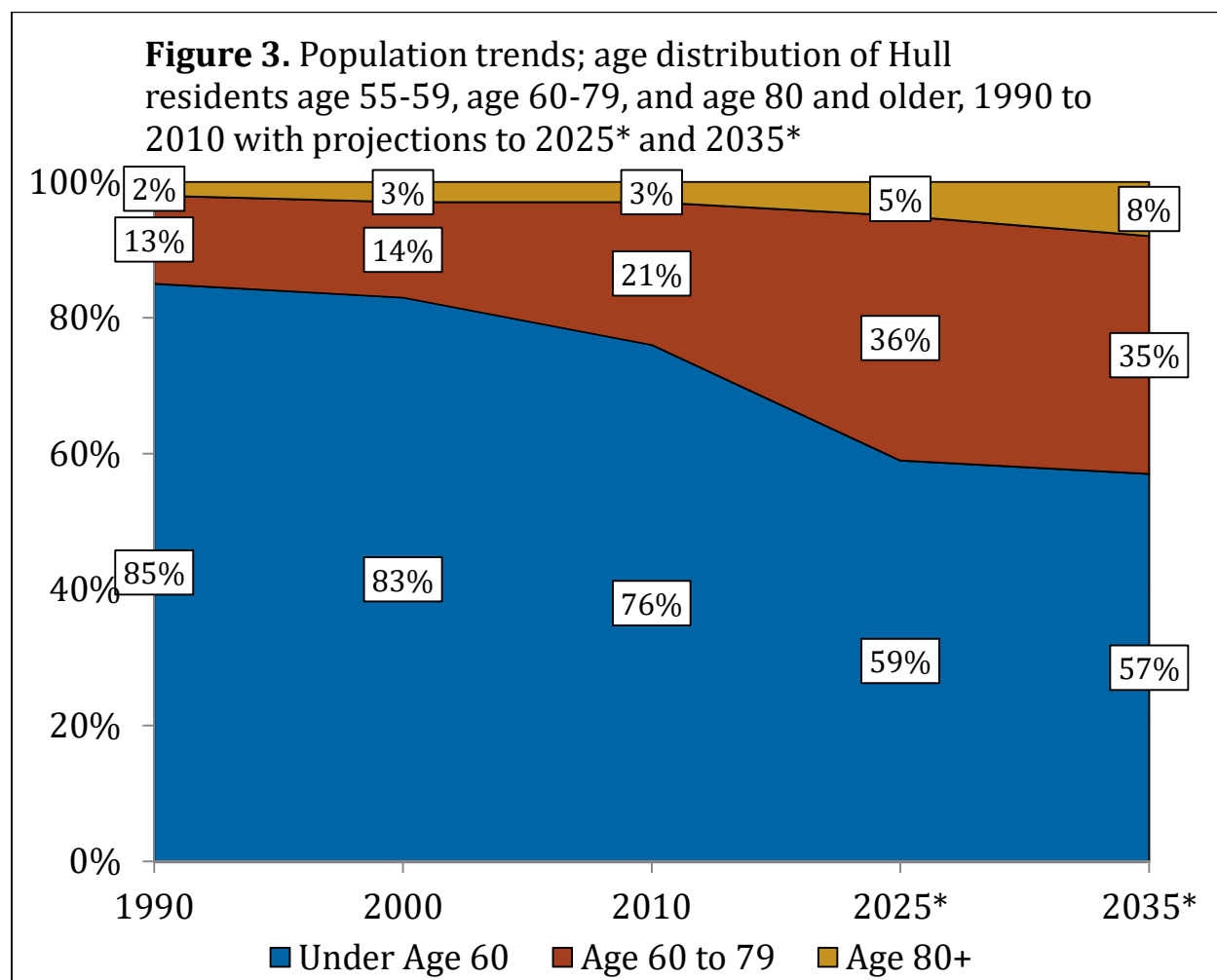
The increments in the share of older population are projected to continue in the following decades. **Figure 2** shows four sets of projections for Hull population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest steady increments in the share of older population between 2010 and 2030.



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

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

**Figure 3** shows the age distribution of Hull's population from 1990 to 2010, and population projections for 2025 and 2035<sup>14</sup>. In 1990, about 15% of the Town's population was age 60 and older; this percentage steadily increased by 2000 (17%) and 2010 (24%). According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Donahue Institute vintage projections suggest that by 2035, over 2 out of 5 Hull residents will be age 60 or older—35% of the Town's population will be between the ages of 60 and 79, with an additional 8% age 80 and older.



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

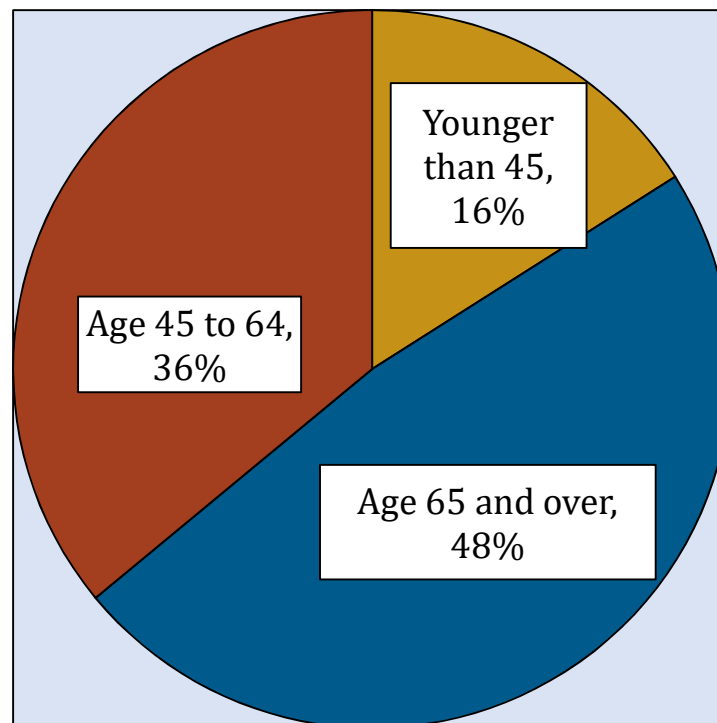
\* Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

<sup>14</sup> 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).

### Socio-Demographic Composition of Hull's Older Population

Hull is less diverse than the state with respect to race. For all ages combined, about 87% of Hull residents report their race as White non-Hispanic, compared to 72% in Massachusetts (ACS, 2015-2019, Table B01001). Among older adults, Hull is even less diverse. Over 99% of Hull residents age 65 and older report White race and non-Hispanic ethnicity (ACS, 2015-2019, Tables B01001A-I). The remaining less than 1% report other as their race and ethnicity. Additionally, only 2% report Hispanic ethnicity. As well, most older Hull residents do not speak a language other than English at home (94%; ACS, 2015-2019, Table B16004). The remaining 6% who speak another language other than English at home most commonly speak an Indo-European language (5%) followed by an additional 1% who speak some other language.

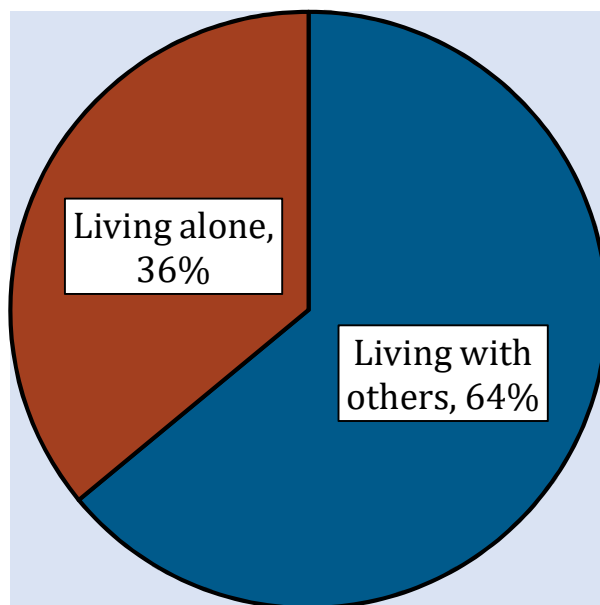
**Figure 4.** Age structure of Hull householders



Source: American Community Survey, 2015-2019, Table B25007. Numbers are calculated from 5-year survey estimates.

A majority of Hull's 4,765 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 84% of all households in Hull<sup>15</sup> including 36% of those who are age 65 and over (**Figure 4**). **Figure 5** indicates that there are no group quarters (e.g., nursing homes) in Hull and that more than one-third of residents age 65 or older live alone.

**Figure 5. Living arrangements of residents age 65+**



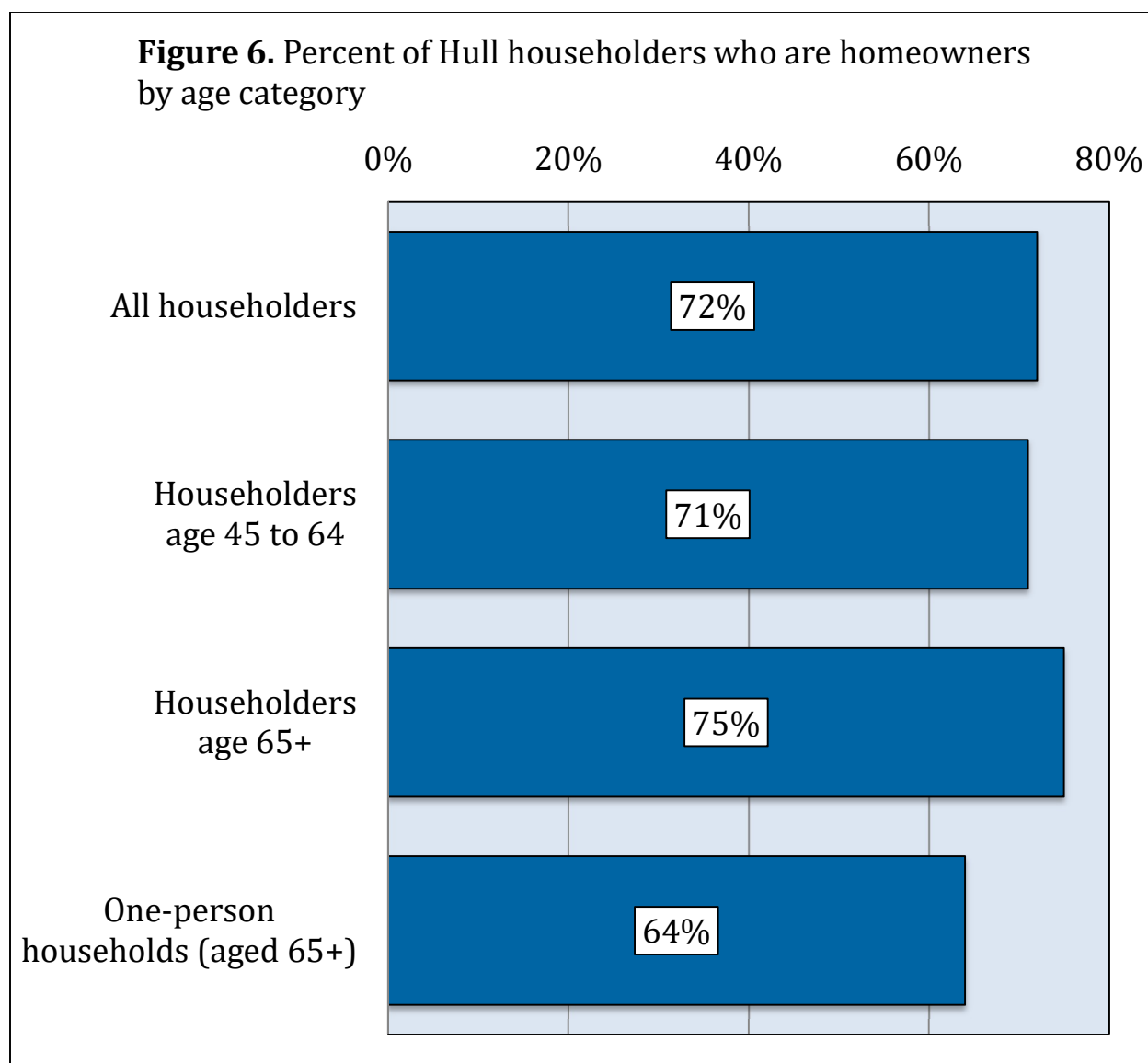
*Source: American Community Survey, 2015-2019, Table B09020, Numbers are calculated from 5-year estimates.*

Most of all Hull residents live in homes that they own or are purchasing (72%; **Figure 6**). Nearly 71% of residents age 45 to 64 own their homes, and 75% of householders 65 and older own their homes. A sizeable share of Hull residents who are 65 and older and live alone, also own their home (64%). The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

---

<sup>15</sup> Many available Census data on the older population of Hull are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.



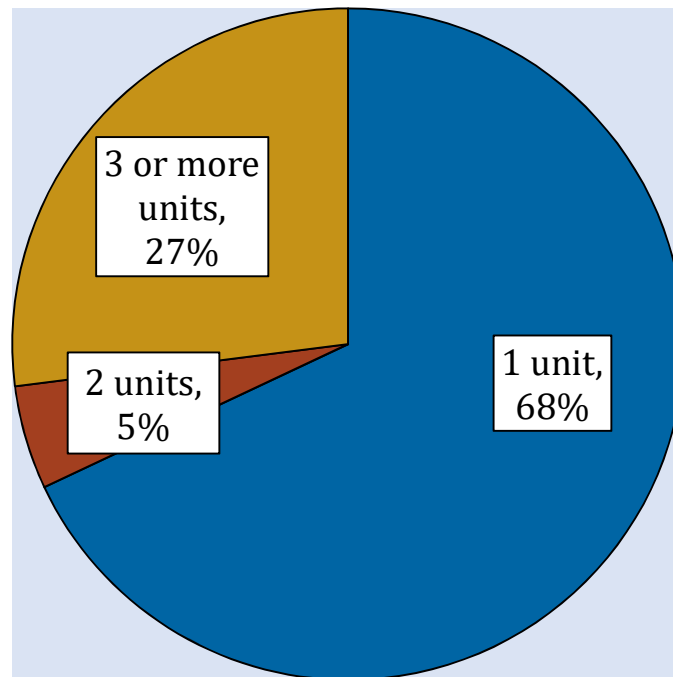


Source: American Community Survey, 2015-2019, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 57% of Hull's 4,765 households have at least one individual who is age 60 or older (ACS 2015-2019, 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 5,907 housing structures in Hull (**Figure 7**), 68% are single unit structures and the remaining 32% are housing structures that contain two or more housing units, which include apartment complexes.

**Figure 7.** Number of units in Hull housing structures



*Source: American Community Survey, 2015-2019, Table B25024. Numbers are calculated from 5-year survey estimates.*

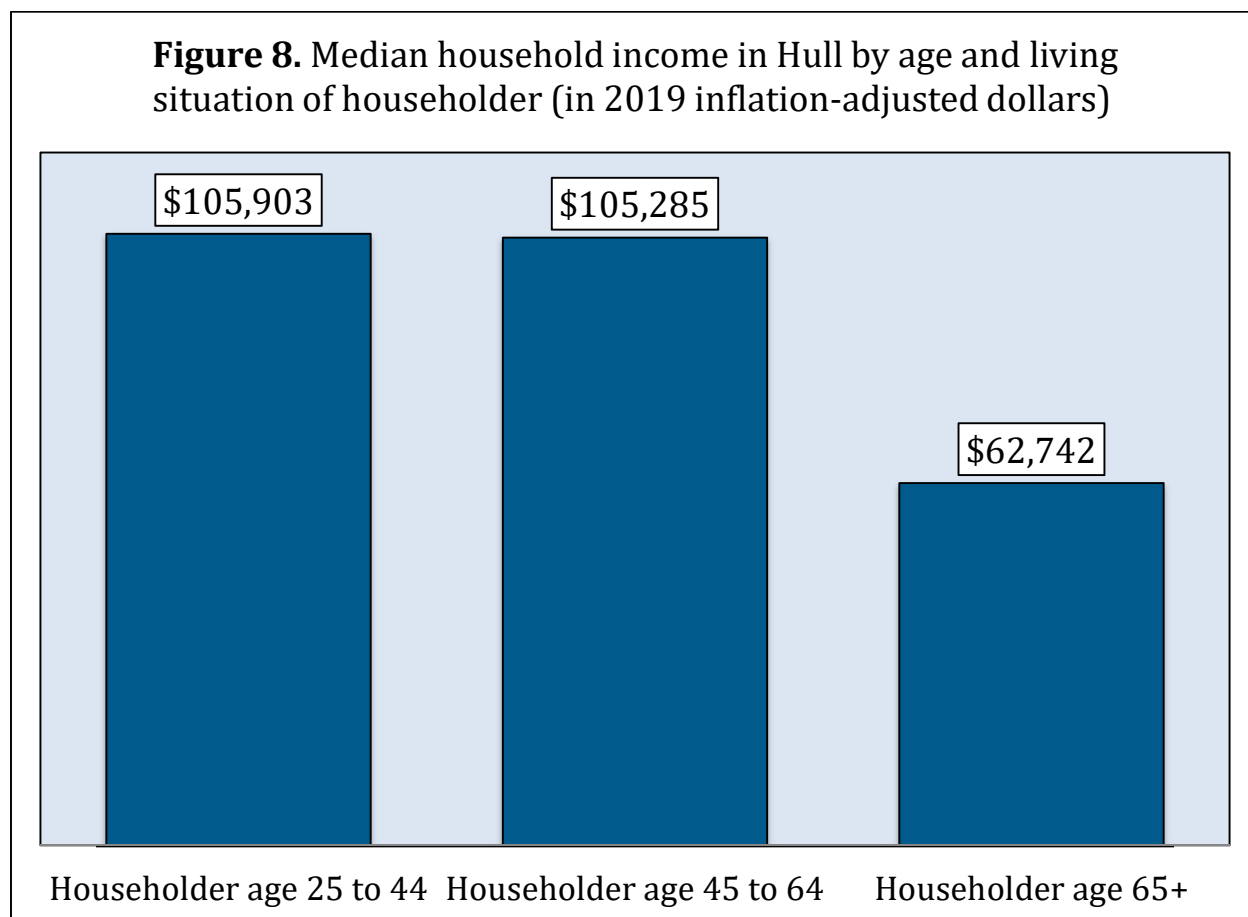
A large proportion of Hull residents who are age 65 and older (36%) live alone in their household, whereas 64% live in households that include other people, such as a spouse, parents, children, or grandchildren (ACS 2015-2019, Table B09020).

American Community Survey estimates on education suggest that Hull's older residents are well educated on average. About 46% of persons 65 and older have a bachelor's degree or more including 17% who have a graduate/professional degree (ACS, 2015-2019, Table B15001). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of Hull residents aged 65 and over remain in the workforce. Almost 44% 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, 2015-2019, Table S2301).

Nearly 32% of men and 2% of women age 65 and older report veteran status (*ACS, 2015-2019, Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

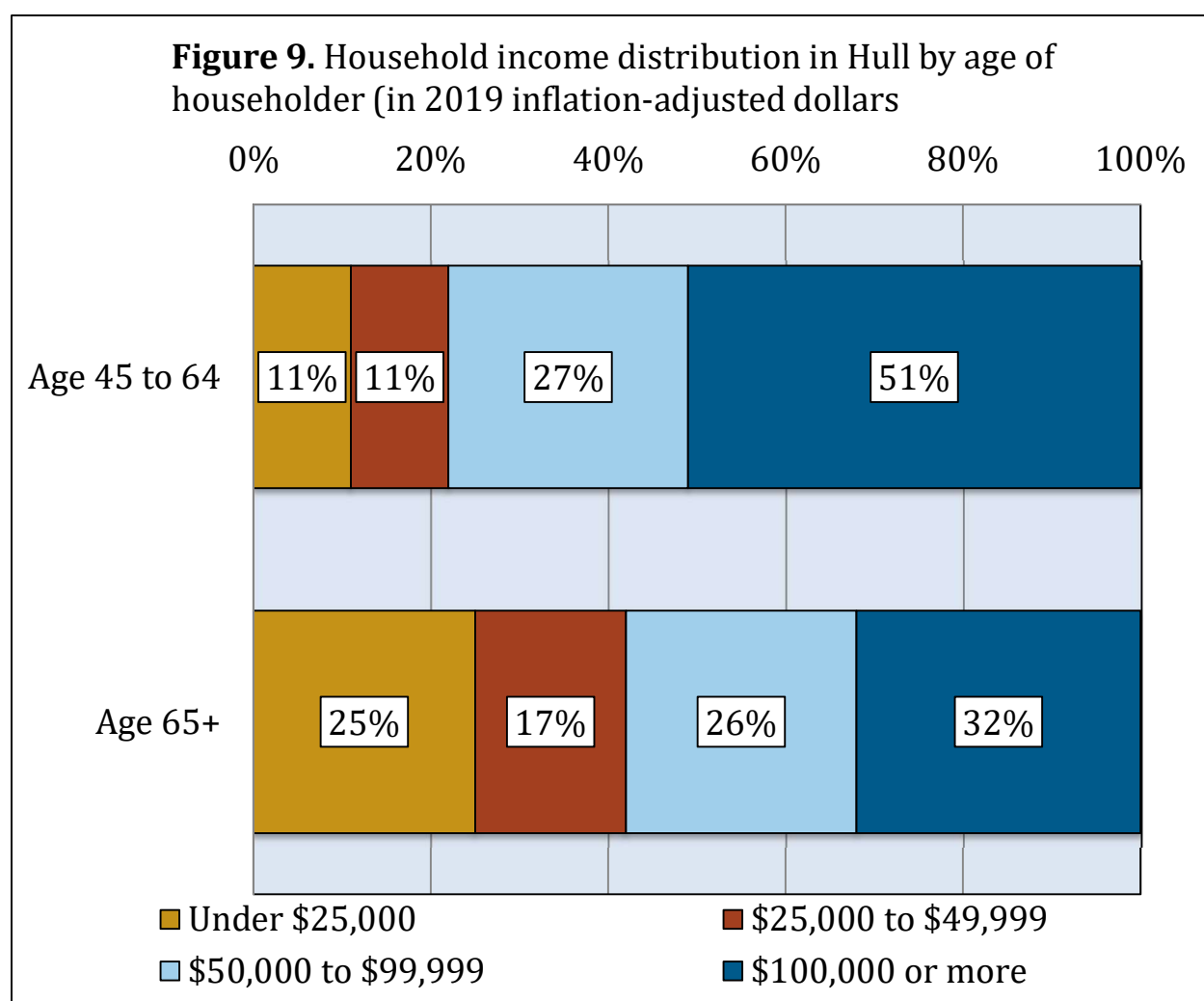
With respect to household income, there is some comparative disadvantage of some older residents in Hull (**Figure 8**). Hull residents' median household income is higher than the one estimated for Massachusetts as a whole, \$88,476 compared to \$81,215. Among Hull's householders, those aged 45 to 64 have the highest median income at \$105,285—which is also greater than the statewide median for this age group (\$100,386). Among householders 65 and older, the median income is \$62,742, also higher than the statewide median for this age group (\$50,475), and much lower than the median income of younger Hull householders. Older residents living alone are at the greatest disadvantage in terms of household income. Given that about 36% of older residents age 65 and older live alone in Hull, these figures suggest that a sizeable number of residents are at risk of economic insecurity.



Source: American Community Survey, 2015-2019, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates.

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

The economic profile of older Hull residents relative to younger residents is further illustrated in **Figure 9**, which shows that the older adult population lives on a modest income. About 1 out of 3 Hull residents age 65 and older report incomes of \$100,000 or more. By comparison, more than half of households headed by younger residents report this level of income. Nevertheless, a large share of households headed by someone age 65 and older (25%) report annual incomes under \$25,000. This compares with just 11% of households headed by individuals age 45 to 64 having incomes under \$25,000. As well, housing costs comprise a large monthly expense for residents living on a fixed income. According to recent estimates, 57% of renters age 65 or older are spending more than 30% of their monthly income on housing—making them “cost burdened”. Comparatively, 35% of older homeowners in Hull are cost burdened by their housing (ACS, 2015-2019, Tables B02572, B02593). Thus, there is a sizeable segment of Hull’s older population that is at risk of financial insecurity or economic disadvantage.

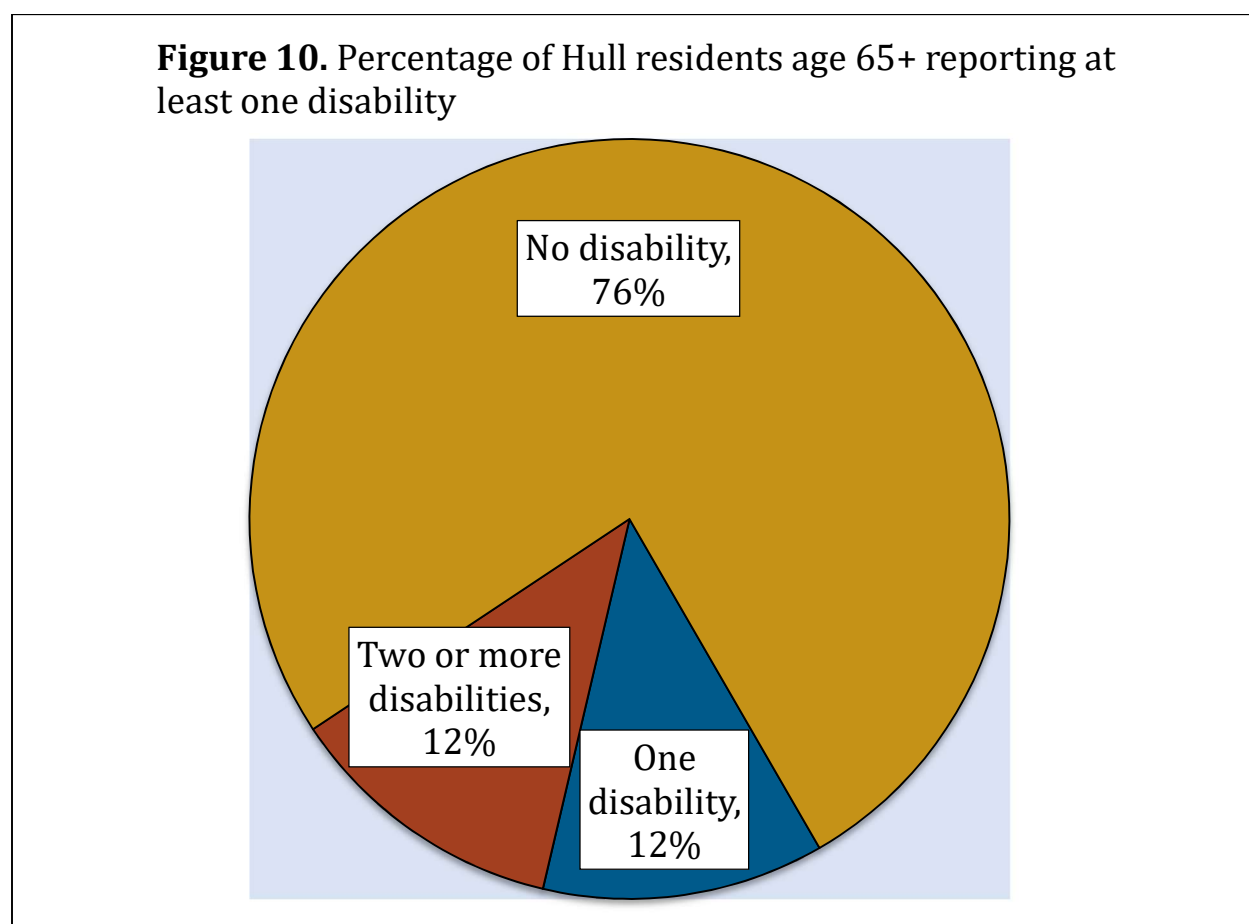


Source: American Community Survey, 2015-2019, Table B19037. Numbers are calculated from 5-year survey estimates.

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

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many of Hull's residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 12% of Hull's residents age 65 and older have one disability, and nearly 12% report two or more disabilities (**Figure 10**).

Among the different types of disability that are assessed in ACS, the most cited by older Hull residents 65 and older were ambulatory difficulties—16% reported difficulty walking or climbing stairs—followed by independent living limitations, with 8% reporting difficulty doing errands alone, such as visiting a doctor's office or shopping, and 8% reporting hearing problems (*ACS 2015-2019, Table S1810*). Other disabilities experienced by older Hull residents include cognitive difficulty (6%), self-care difficulties (5%), and vision difficulties (3%).



Source: U.S. Census Bureau; American Community Survey, 2015-2019, Table C18108.  
Percentages by age group do not sum to 100% because people may report multiple difficulties and do not include those with no difficulties assessed by the ACS.

## Findings from Key Informant Interviews and Focus Groups

The intersection between community and aging is changing in Hull, prompting the need to consider diverse needs and interests during Town planning and implementation of initiatives. Increased focus on housing, transportation, public spaces, and communication features that facilitate aging in place are underway. Additionally, planning efforts that facilitate the expansion of programming and outreach provided by the COA will be crucial for supporting those currently aging in Hull, while also creating a vibrant community that is attractive to future residents of all ages.

Key informant interviews were conducted to explore the perspectives of five individuals who hold leadership positions in the Town. These participants were encouraged to share their insights both as professionals in the community and as residents of the Town. We conducted one-on-one interviews, lasting between 30 and 45 minutes, with each participant over the telephone. The UMass Boston research team developed several broad, open-ended questions to guide each conversation with key informants. As well, 4 focus groups were facilitated with various cohorts of residents and community stakeholders. Common themes that emerged among participants in response to our questions are summarized below.

It is important to note that a resounding theme emerging from the resident focus groups was the need for continued transparency of local government and the opportunity for residents to participate as part of the decision-making process. Acknowledgement that the characteristics of residents are changing—both among those who have lifelong ties to Hull and those who are relative newcomers. For progress to be made, a renewed effort in community engagement was identified as key.

## Housing

For Hull's large and rapidly growing population of older adults housing related challenges are becoming more pronounced. Residents aiming to age in place are met with limited affordable choices for downswing. Community leaders acknowledge the need to explore how the Town is addressing the aging population's needs relevant to housing and other planning initiatives. Several shared concerns related to Hull's evolving housing market are highlighted below.

### *Affordability*

- Similar to other communities, housing valuations and related housing costs have increased significantly, exacerbating challenges related to limited choices for downsizing.
- During 2020-2021, Hull's property values rose 17%, in part due to increasing demand among first-time residents moving from other communities. During the pandemic,

many individuals purchased 2<sup>nd</sup> homes in Hull and there was a significant uptick in permitting for renovations.

- Historically, Hull offered affordability in comparison to neighboring towns. The affordability gap has shrunk in recent years leaving many residents struggling with higher costs of living.
- Much of Hull's smaller housing stock is conducive to aging in place; however, affordability is impacted by taxes associated with rising housing values and cost increases related to maintenance and other home supports.
- Many older homes require home safety modifications and maintenance. CDBG (Community Development Block Grant) home rehabilitation funding was available before 2010 for residents to apply for zero interest loans or grant funds for home modifications. The Town is monitoring additional opportunities for funding.
- Affordability is further challenged by insurance and home modification costs related to weather events and flooding that prompts the need to raise homes.
- Homes that are elevated due to storm risk present a challenge for older residents and those at risk for developing mobility issues.

#### *Limited inventory and lack of suitable housing choices*

- Residents interested in downsizing, particularly longtime residents, have very limited options. Inventory is further impacted by an increasing number of newcomers purchasing and renovating homes in Hull to be close to the ocean.
- Hull's homogenous housing market consists primarily of single-family year-round homes and apartment rentals. There are no nursing homes, independent senior living properties, or assisted living facilities in Hull. The Town's housing stock is incredibly dense and land is fairly built out. Environmental constraints further limit opportunities for new development.
- Hull Housing Authority, built in the 1940's, has very limited capacity, long waiting lists, and the property is in need of modernized and accessibility features.
- As new housing development is considered, there is a need to recognize the aging demographics' diverse needs related to affordability and design features in their homes.
- Several housing projects including condominiums, micro units, and mixed-use developments are under consideration or development in the district zoned for high density use; however, none of these properties have units designated for older adults.
- Hull has not adopted an Accessory Dwelling Unit (ADU) bylaw. There is growing interest in revitalizing earlier conversations about this downsizing option. Discussions relevant to affordable housing have highlighted ADUs as a means to enable people to stay in their homes with rental income that support taxes, and other expenses.

- In-law apartments were created in the past among intergenerational families and homeowners seeking summer rental income. Today, there are existing legally registered units; however, there are illegal units with potential health and safety issues.
- Seasonal rentals continue to prompt the need to control traffic and noise in residential neighborhoods. Short-term rentals are not allowed, and rental terms must be 30 days or more.

## Transportation

Hull is often perceived as a car dependent community. It can be challenging to access resources and activities in and around Hull due to limited transportation resources and other challenges highlighted below.

- There is a need to consider accessibility to current transportation resources among older adults. Transportation (via public transit or a shuttle) that supports attendance at the Senior Center and all Town buildings is important.
- There is one local bus route that runs the length of Nantasket Avenue with a stop at the ferry but not the commuter rail. The bus requires access from Nantasket Avenue and is not conveniently accessible for older adults.
- Lack of knowledge related to transit schedules is a barrier to accessing resources. There is a need to build awareness related to existing transport options including The Ride and bus service offered by the MBTA, as well as services offered by the Council on Aging.

## Community Supports

- There are varying health and social services needs among Hull's aging population prompting the need to increasingly facilitate access to supportive community-based resources for vulnerable residents and their caregivers.
- With increasing attendance at town meetings there is growing interest and advocacy for improvements that support older adult residents.
- While the Senior Center and Wellspring offer many valuable resources, there are opportunities to increase awareness and access to these supportive services.
- Police Department safety and crime prevention officers are visible and actively involved at the Senior Center and housing authority property where they conduct information sessions for residents.
- As a coastal community, Hull is vulnerable to the harmful impact of climate change, intense weather events, and flooding. Significant storms have the potential to impact Hull's housing, transportation, and utilities infrastructure. Hull's emergency response planning efforts recognize the needs of those who are at greater risk during weather events, including older residents and those with mobility issues.



## Social Engagement and Programming

- Hull's Senior Center space and parking are inadequate, in terms of size and design features, to meet the diverse needs and interest of Hull's older residents.
- Despite these limitations the Senior Center provides valuable programs and services to a limited number of residents in the community.
- With very low levels of participation, there is recognition that residents may not align with the Senior Center concept and there is strong desire to understand what offerings are meaningful, relevant, and appealing to older residents for future planning efforts.
- The COA has made efforts to reach more residents through partnerships in Hull that offer additional capacity. These larger events have been well attended and suggest there is interest in additional programming and events at alternate locations in the community.
- Other communities have demonstrated that senior centers are highly used and valued. Limitations at the existing Center have prompted exploration of features in neighboring towns that are drawing higher levels of participation.
- There are opportunities to expand programming through partnerships with other Town departments including the Library, Parks and Recreation, and the School Department. Parks and Recreation staff have increasingly recognized the demographic of older adults, most recently through the creation of pickle ball courts and outdoor aerobic equipment.
- Because there is no room for expansion at the existing location, conversations are centering around potential to identify a larger facility that can be designed to meet the most pressing needs and interests of Hull's older residents.

## Access to Natural Resources and Outdoor Recreation

- Hull's natural resources, idyllic coastal views, and beach access are widely appealing to residents and visitors; however, barriers exist that restrict access to outdoor community assets.
- Hull completed their ADA transition plan in 2016. Public buildings are ADA compliant but there are challenges due to older infrastructure that prompt the need for continued accessibility Improvements.
- There is interest in age friendly collaborative planning that explores opportunities for intergenerational resources such enhanced outdoor gathering spaces, parklets, and fitness parks for residents of all ages and abilities.
- Additional signage, benches, and shade throughout parks and recreational trails would increase usage and accessibility for older adults.

- The beach, an enormous asset for the community, is becoming less accessible for older adults in the community. There is frustration surrounding the need to improve accessibility to areas that are inundated with rocks and inhibit access to walking and swimming.
- There is a reconstructed ADA ramp and Mobi-mat at the A Street beach access. Additional Mobi-mats at the dune crossings and other access points would improve accessibility.
- Hull, a Complete Streets community, prioritized a highly trafficked section of Nantasket Avenue to enhance walkability and will incorporate ADA compliance, walkability, and bicycle safety consideration in future projects

### Honoring Hull's History

- Intergenerational families and lifelong residents fondly remember their history in Hull and seek engagement opportunities that match or exceed those that existed in the past.
- Years ago, the seaside community of Hull was a favorite destination for summer stays and day trips to Nantasket beach. Generations of families have vacationed in Hull for many years; older residents fondly remember their childhood vacations and today, they reminisce from the same homes that they enjoyed nearly 100 years ago.
- Proximity to the ocean continues to attract many first-time residents and retirees to the community. Over time, Hull has evolved from a seasonal community with many densely situated cottages to a predominantly year-round community where homes are renovated to increase square footage and incorporate protective elements for weather events and coastal flooding.
- Longtime residents seek opportunities in the community that promote social engagement and health promoting activities while at the same time preserving Hull's character and treasured features.

## Results from the Community Survey

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

Respondents to the community survey included 1,750 individuals age 55 and older, representing a response rate of 35% (see **Table 3**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Hull as a whole, we heard from slightly fewer residents from the age 55-59 age group and from more residents in age the 70-79 age group and the 80+ age group<sup>16</sup>. To facilitate comparison of younger and older segments of the population with respect to needs and interests, we often present results grouped into four age groups; age group 55-59, age group 60-69, age 70-79, and age 80 or older.

**Table 3.** Community Survey Respondents

	Number of Responses	Age Distribution of Responses
Age 55-59	229*	14%
Age 60-69	698	41%
Age 70-79	576	34%
Age 80+	201	11%
<b>TOTAL</b>	<b>1,704</b>	<b>100%</b>

\*46 respondents did not report their age

## Community and Neighborhood

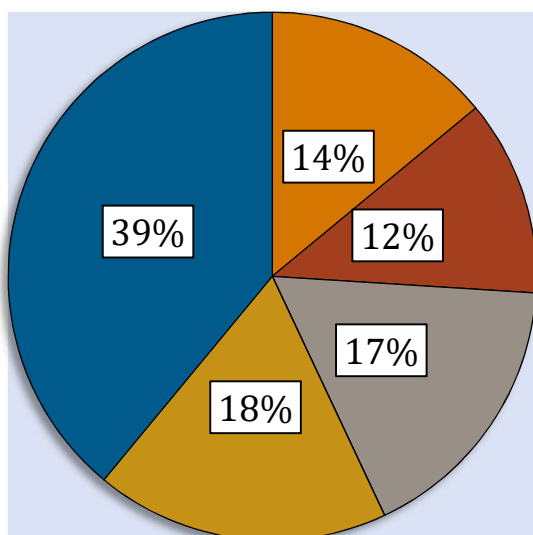
A commonly expressed goal of older adults is to remain living in their own homes for as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, older adults can retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote wellness by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions.

Survey respondents included residents who have lived in Hull for many years, as well as relative newcomers. Duration of residing in Hull varies from 26% of respondents who have been in Town less than 10 years compared to 39% who have lived in Hull for more than 30 years (see **Figure 11**). These individuals offer insight based on their years of experience of

<sup>16</sup> Among residents age 55+ in Hull, 25% are age 55-59, 46% are 60-69, 2% are 70-79, and 4% are age 80+ (Source: American Community Survey, 2015-2019, Table B01001. Numbers are calculated from 5-year survey estimates).

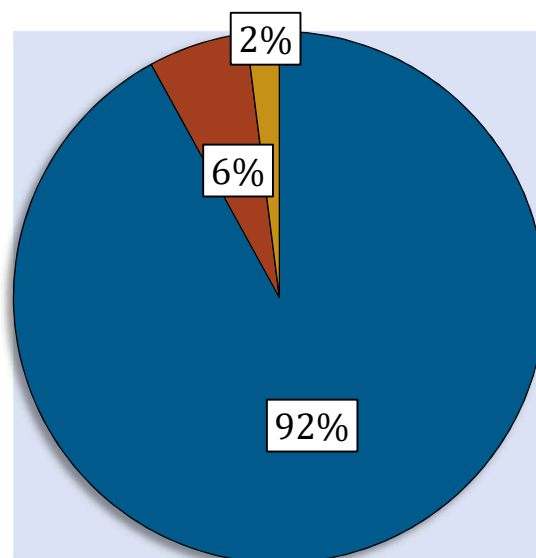
living in Hull. It is also helpful, however, to hear from those who are new to Hull. Interestingly, 40% of survey respondents age 55-59 have been in Hull for less than 10 years.

**Figure 11.** How long have you lived in Hull you lived in Hull?



- < 5 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30 years or more

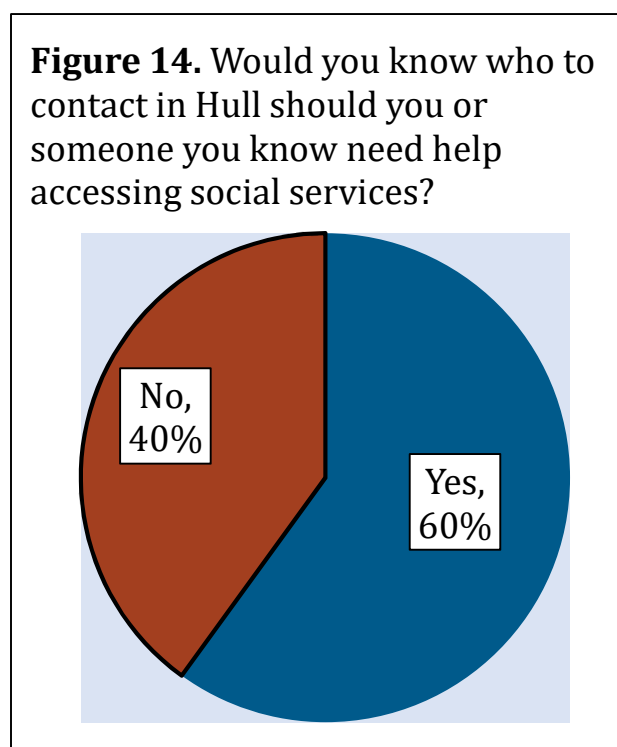
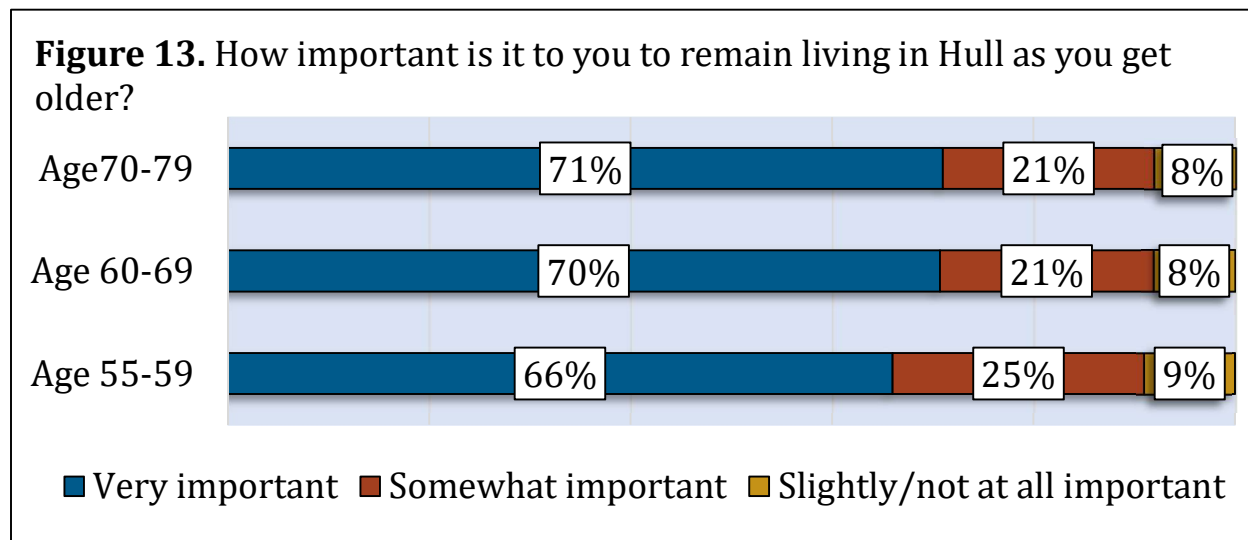
**Figure 12.** Seasonal residency of survey respondents



- I live in Hull year-round
- I primarily live in Hull but spend Winters elsewhere
- I primarily live elsewhere and spend parts of the year in Hull

Most survey respondents (92%) live in Hull year-round (see **Figure 12**). One focus group of seasonal residents emphasized the importance of having ways to ease back into the community and connect with peers and neighbors. During the focus groups, Hull residents shared many benefits of living in Hull, discussing reasons why they love Hull and want to remain living in Hull as they age. One reason is safety of the community. When asked about feeling safe in the neighborhood where they live, 97% of survey respondents reported feeling safe “always” or “most of the time” (see **Appendix A**). Given the coastal location of Hull, it is important to consider preparations for responding to weather and other local emergencies. Respondents were asked if they felt informed about what to do in case of such emergency and a majority responded “yes” (89%; **Appendix A**). Feeling safe and prepared to respond to emergencies are among some reasons why respondents are committed to aging in Hull.

This finding is reinforced by the survey data that suggests more than two-thirds of survey respondents are committed to remaining in Hull as they age (see **Figure 13**).



In order to understand survey respondents' awareness of local resources, we asked them if they would know who to contact in the Town if they or someone in their family needed assistance (see **Figure 14**). While a majority said yes, more than 1 out of 4 respondents (40%) reported not knowing who to contact in Hull. Interestingly, among younger respondents (age 60-69), this rate was highest with 48% reporting that they did not know who to contact should their family need assistance compared to 34% of those over age 80 (see **Appendix A**). It may be that these survey respondents have never had the need for services—and therefore have not investigated the matter. It may also be indicative of a need for continued outreach about basic functions of both municipal

departments but also local organizations to consider targeting some outreach to younger residents or newcomers to the Town.

A large majority of survey participants took the time to respond to the open-ended question, "What are your greatest concerns about your ability to continue living in Hull?" Despite the high number of comments, they could readily be categorized into six key areas of concern:

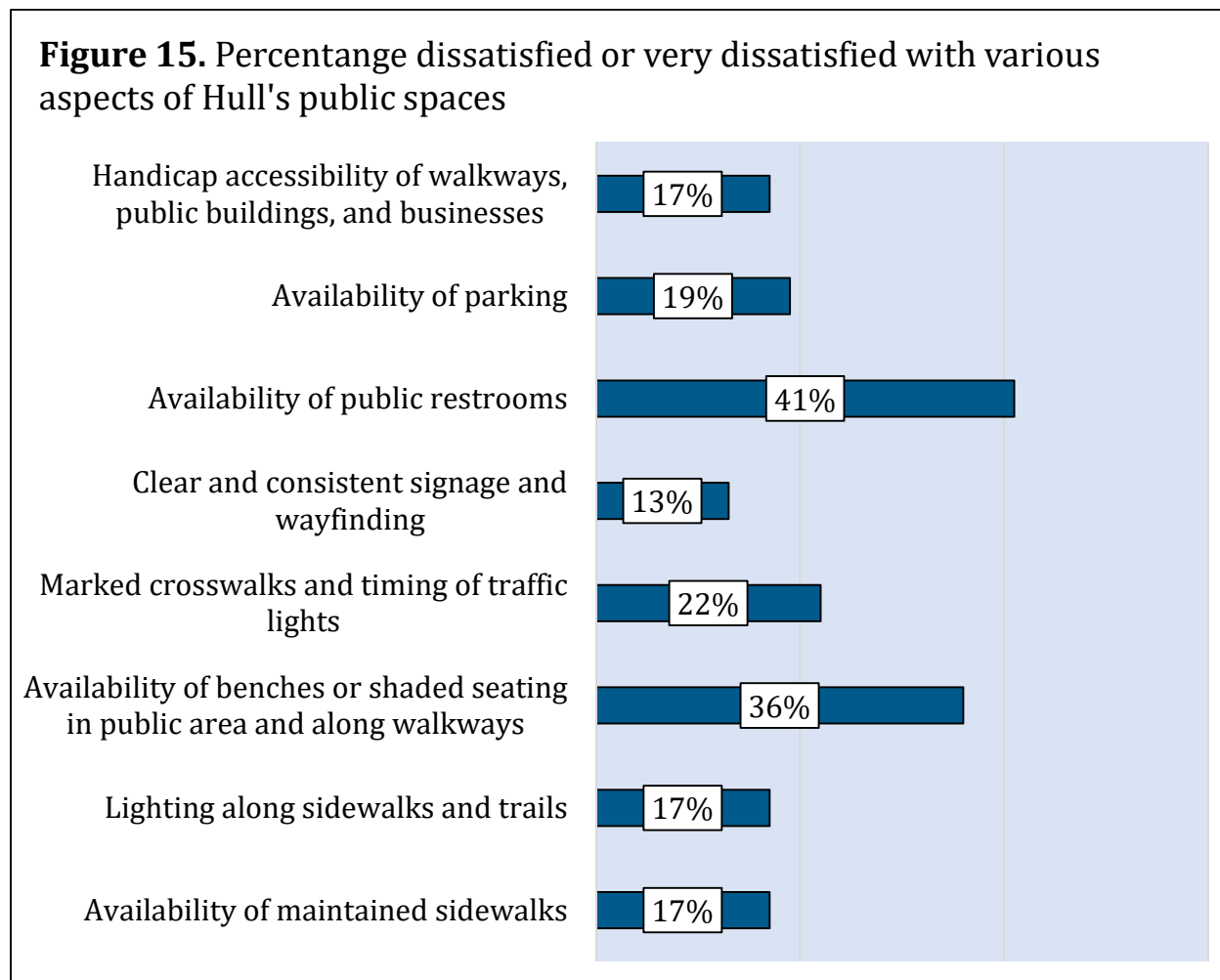
1) cost of living; 2) transportation; 3) climate change/natural disasters; 4) Traffic and local infrastructure; 5) health and independence; and 6) senior housing options. **Table 4** summarizes these concerns, drawing on verbatim responses from the survey.

Given that the number one concern about aging in Hull is the cost of property taxes and living, it is important to note that 14% of survey respondents (about 245 people) do not believe they have the financial resources to meet their basic needs (see **Appendix A**).

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

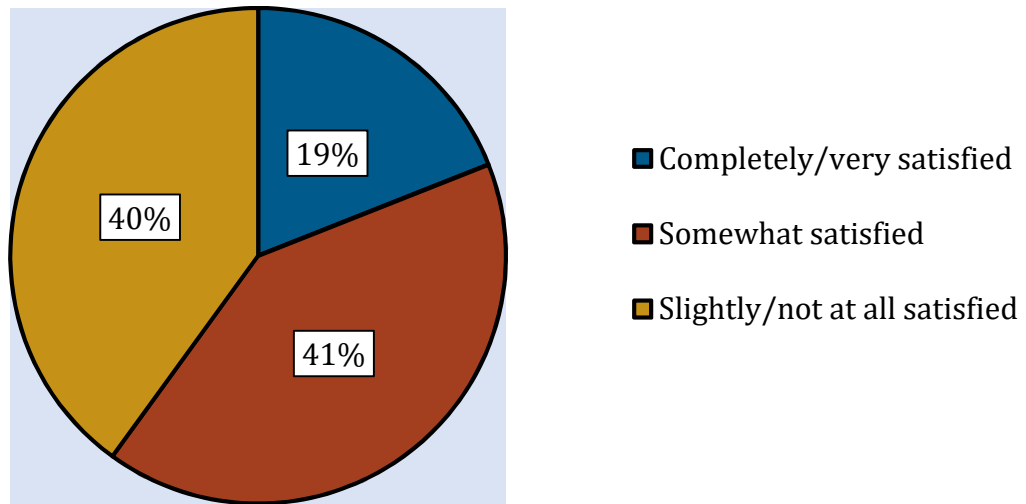
<b>High property taxes and cost of living</b>
“Ability to afford the increasing taxes. This would force me out of town as it has others who have moved out.”
Affordability. The cost of housing is rapidly increasing, and becoming out of reach”
“Being able to afford a place to live here, however small... definitely a challenge & would be heartbroken to have to move away, but realistically may be forced to (aged 62)”
<b>Limited Transportation Options</b>
“Consistent and dependable public transportation via ferry service to Boston and frequent town bus or shuttle service”
“Transportation to appointments opportunities for socialization keeping access to Beach available to people w/ disabilities mobility problems”
“My health - and do not drive, so and love transportation through the Senior Center”
<b>Availability of Appropriate Housing for Older Residents</b>
“Affordable housing. I am desperately looking to find a small apartment. I can’t afford them. I’m starting to look in Weymouth.”
“Affordable 1 level housing or being able to adapt my home to accommodate my disability”
<b>Staying healthy and mobile</b>
“Ability to stay in my home due to physical/mental impairment”
“At my age, its the ability to be able to wake up each morning”
“Loneliness if I am no longer able to get around Town”
“Limited health resources to help me age at home”
<b>Climate change/Natural Disasters</b>
“Climate change. Sea level rise, particularly allowing more and more building in areas that will become chronically inundated with water in the next few decades.”
“I am concerned about the town's plans to mitigate risks to our homes from floods and storm surges. Does the town have such a plan? Also, I want to know how the town will deal with sea level rise caused by climate change.”
“cost of flood insurance and the effects of climate change on the ocean and air”
<b>Local Infrastructure</b>
“Falling in pot holes - broken sidewalks and 6ft weeds to climb over to walk on sidewalks...”
“Road conditions, lack of on-street parking for residents who may need it and have town stickers. Sidewalk-lack of or poor condition...”

To assess aspects of the physical environment that can enable mobility, survey respondents were invited to rate their level of agreement with the various aspects of living in Hull (**Figure 15**). Dissatisfaction was highest regarding the availability of public restrooms (41%), availability of shaded seating in public areas (36%) and marked crosswalks and timing of signals (22%). Improvements to the built environment can encourage residents to stay active and foster social connections.



As an increasingly large portion of the community, it is imperative that local policymakers understand and act on the needs and preferences of those choosing to make Hull their home in later life. When asked, more than 1 out of 4 respondents reported being dissatisfied or very dissatisfied with the extent to which they felt their voices, and the voices of their peers, were being heard by local leaders (see **Figure 16**).

**Figure 16.** How satisfied are you with the extent to which local policymakers take into account the interests and concerns of older adults?



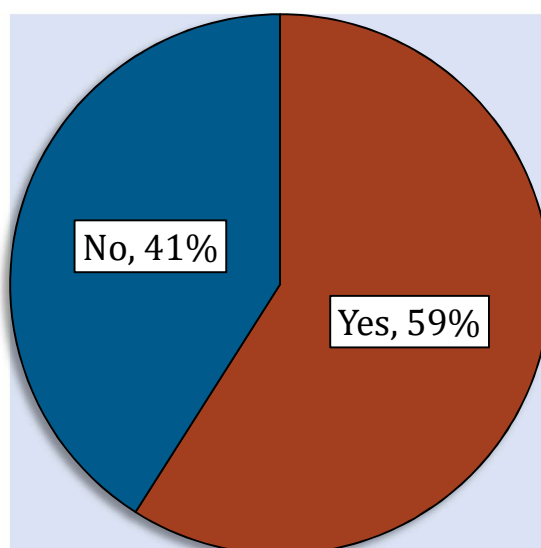
## Housing and Living Situation

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge older residents’ ability to remain living safely in their home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support residents’ safety and facilitate aging in place. Programs that connect older homeowners with affordable assistance for maintaining and modifying their homes and their yards can help protect the value of investments, improve the neighborhoods in which older people live, and support safe living. The availability of affordable housing options, especially those with accommodating features, including assisted living, may allow residents who are no longer able to stay in their existing homes to remain in their community (AARP, 2005).



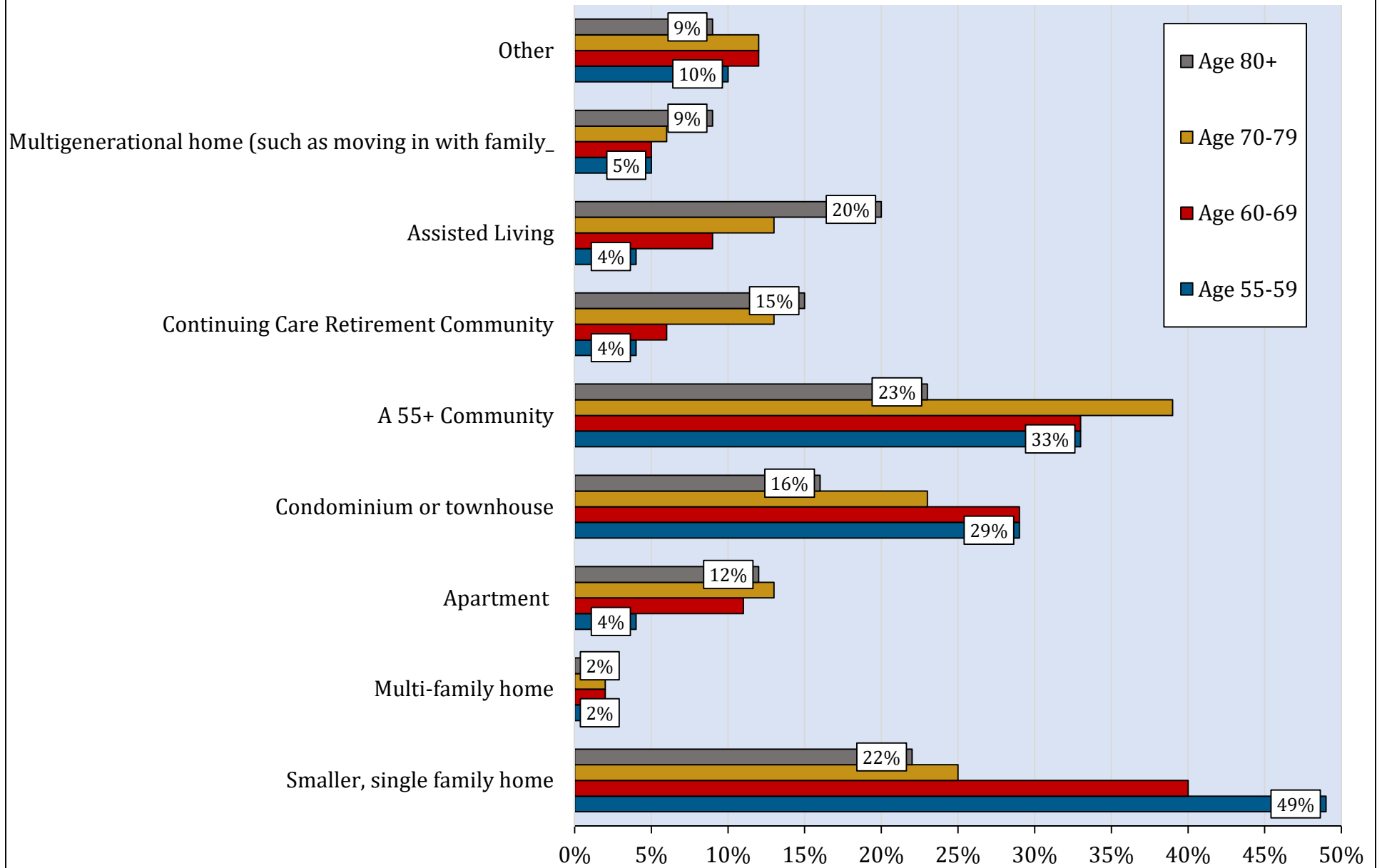
The large majority of survey respondents currently live in single family homes (70%), 19% report living in a condominium or townhome and 10% live in an apartment or a unit within a multi-unit structure (**Appendix A**). In order to assess the “age-friendliness” of the housing stock in Hull, respondents were asked if they currently had a bedroom and bathroom on the entry-level of their home—an important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 17** shows that although a majority of respondents do have this feature in their home---a significant share (41%) do not. This is particularly true for those in their sixties where 46% do not have this feature currently and those who live alone, among whom 30% do not have a bedroom and bathroom on the entry level. This has implications for an individual’s ability to stay in the residence as they age and signals potential future demand on downsizing options or home modifications.

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



Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group. Nearly half (49%) of respondents age 55-59 chose a smaller single family home to other options, as did 40% of those age 60-69(see **Figure 18**). Senior living (55+) communities were considered by 39% of those age 70-79. This interest in senior housing options by those age 60 and older has implications for housing stock needs in Hull.

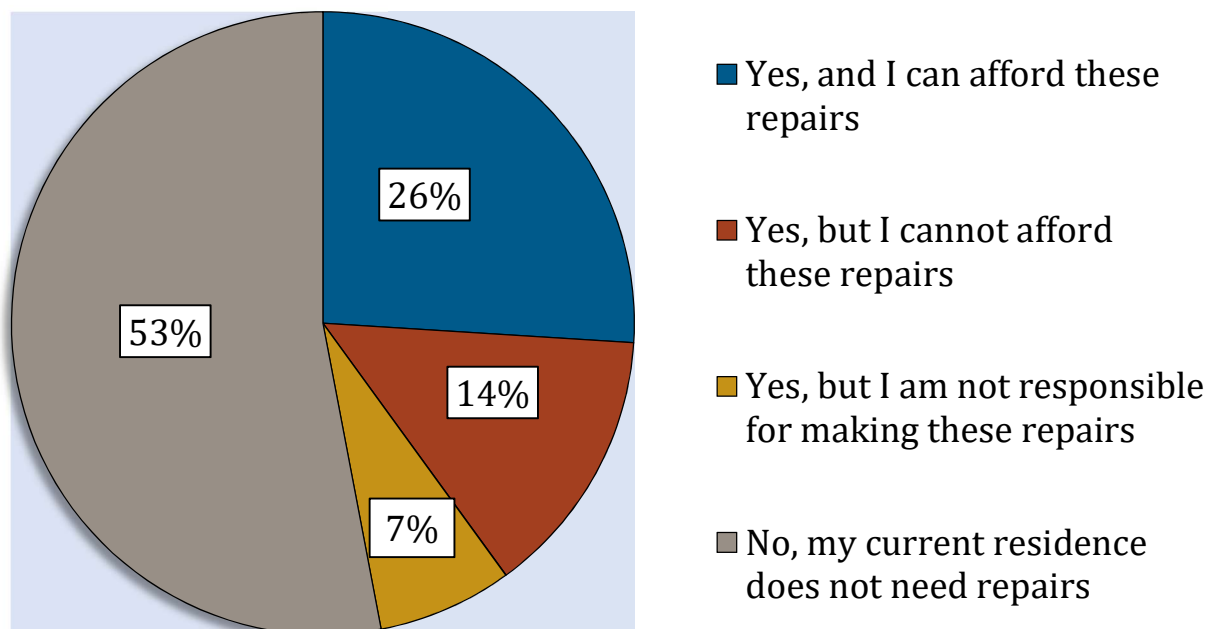
**Figure 18.** In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (check all that apply)



The majority of survey respondents live with at least one other person (72%), but not surprisingly, this number is smaller for the older cohorts. Eighty-eight percent of participants age 60-69 live with someone else whereas about 56% of people age 80 and older do. In contrast, 23% of survey respondents age 60-69 report living alone and among respondents age 80 and older, this proportion is significantly higher (38%). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the Hull population. Additionally, 11% of respondents reported living with another relative (e.g., children, grandchildren, or parents). This suggests that for a small percentage of Hull's older residents, significant childcare or other family responsibilities could play a role in their lives.

Maintaining a home requires resources, including people who can make repairs and the finances to pay for these repairs. In response to the question, "Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?", 47% respondents stated that their home would need repairs (**Appendix A**). Of those whose current residence needs repairs, 14% stated that they could not afford these repairs (see **Figure 19**).

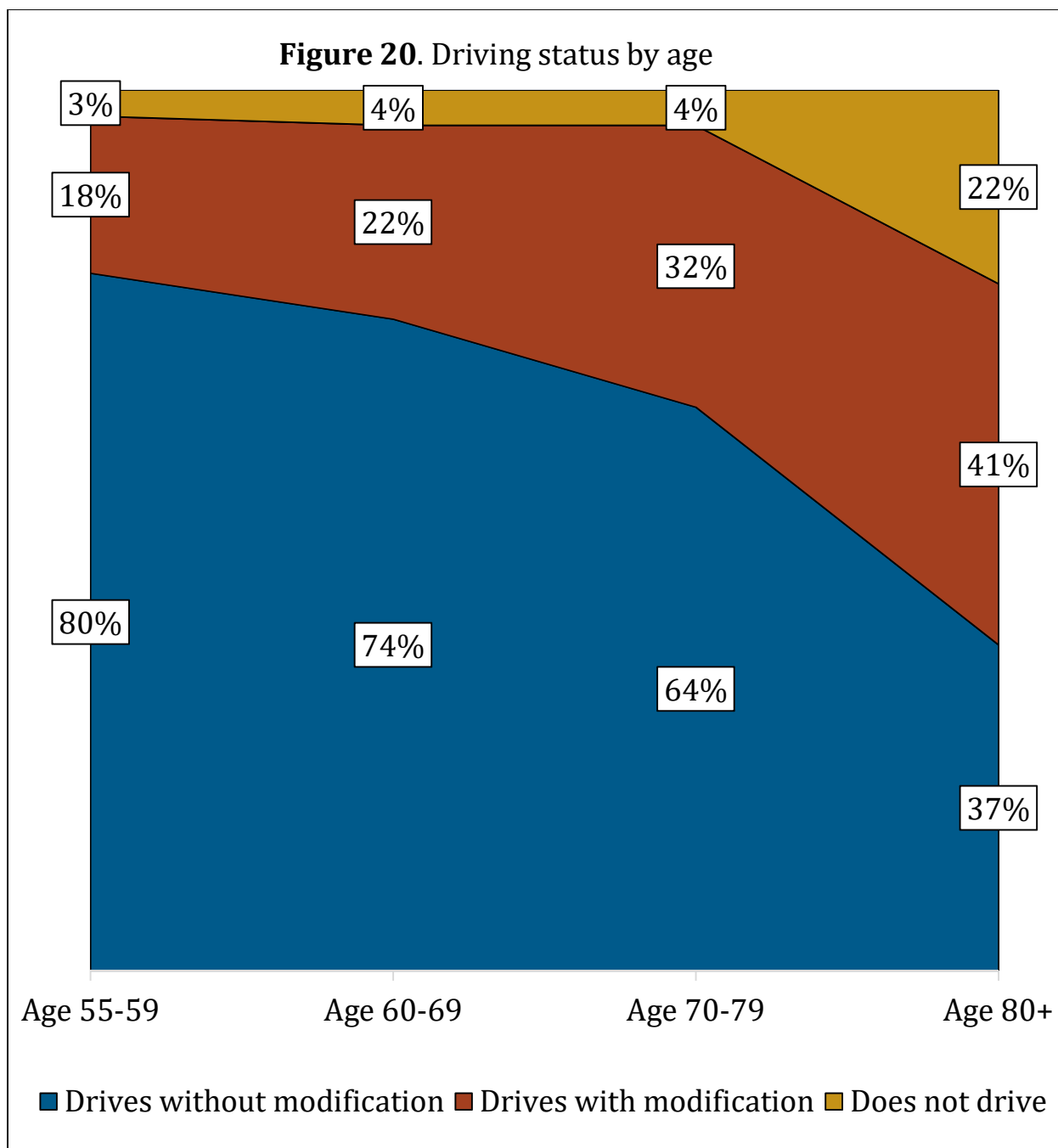
**Figure 19.** Ability to afford necessary home repairs



## Transportation

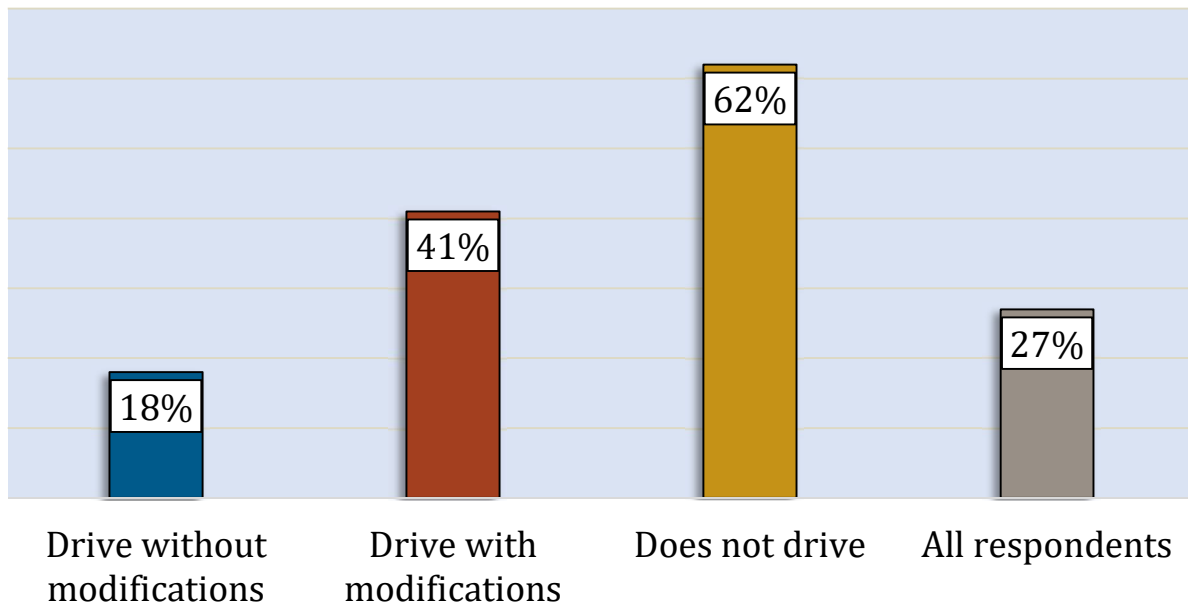
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation.

There were several questions on the survey related to transportation. Hull is a town with limited public transportation options. In addition to access to the commuter rail station, Hull has a commuter boat to Boston and one public bus route. There is a paratransit service that is operated by the MBTA, and the Hull Senior Center does offer transportation for its participants. Survey results suggest that most respondents (91%) drive themselves. Using the commuter boat (27%) and walking or biking (35%) were among the other primary ways that respondents meet their transportation needs (see **Appendix A**). Survey results show that only 6% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 22% of this older segment of the population do not drive (see **Appendix A**). More than one out of four respondents (27%) who do drive modify their driving to make it easier or safer. Modifications include avoiding driving at night, in rush hour, or during bad weather. While 74% of survey respondents age 60-69 and 64% of respondents age 70-79 drive without modification, only 37% of those age 80 and older drive without making any modifications (see **Figure 20**). Modifying driving habits promote safety, but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during the winter months.



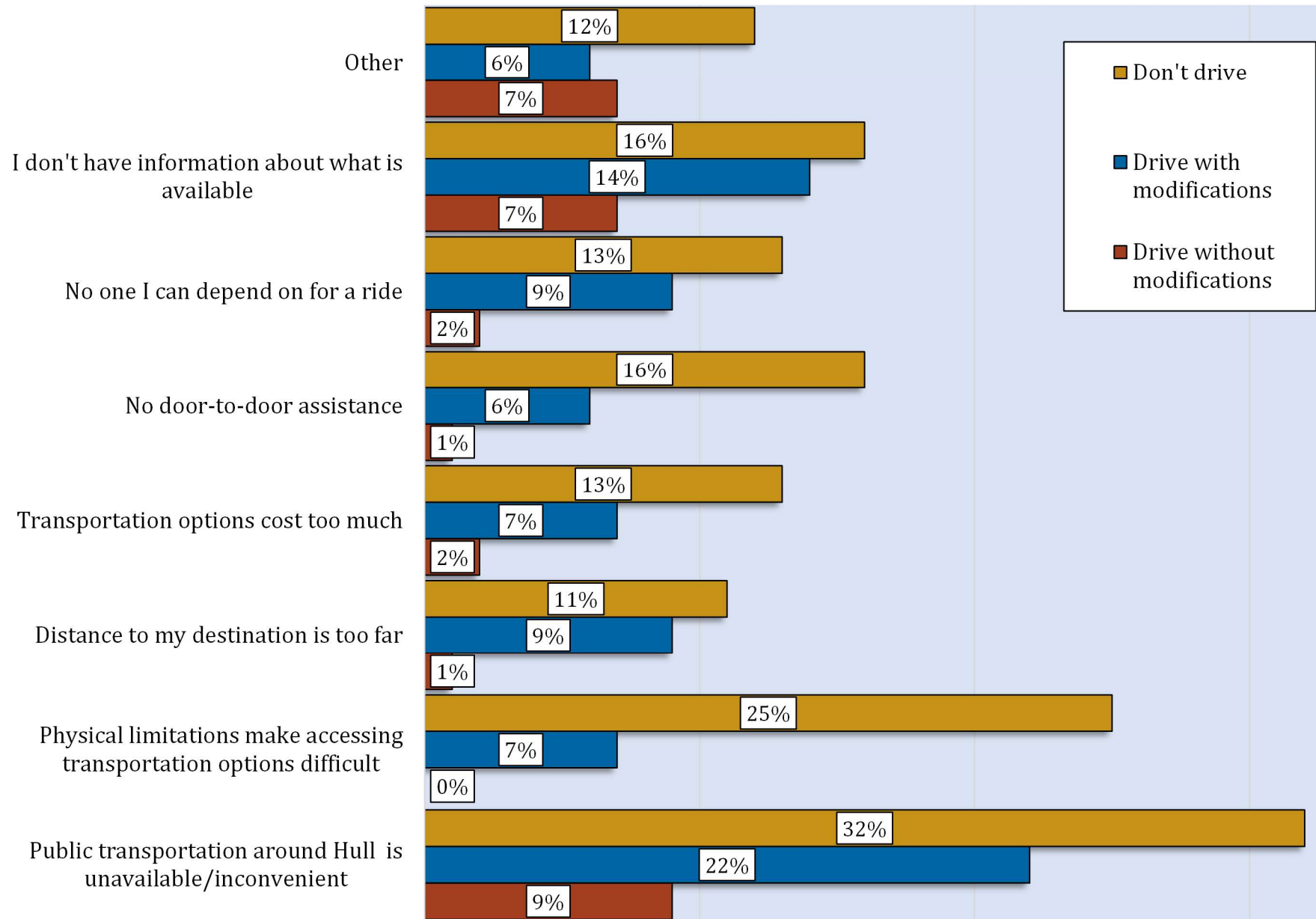
In response to the survey question, “What kind of difficulties do you have in getting where you want to go?” 27% of all survey participants reported at least one challenge (see **Figure 21**). Those who drive without modifications had the least difficulty getting where they want to go, while 62% of respondents who do not drive and 41% of those who drive with modifications mentioned at least one obstacle to them getting around.

**Figure 21.** Percentage reporting difficulty getting to where they want to go (check all that apply)



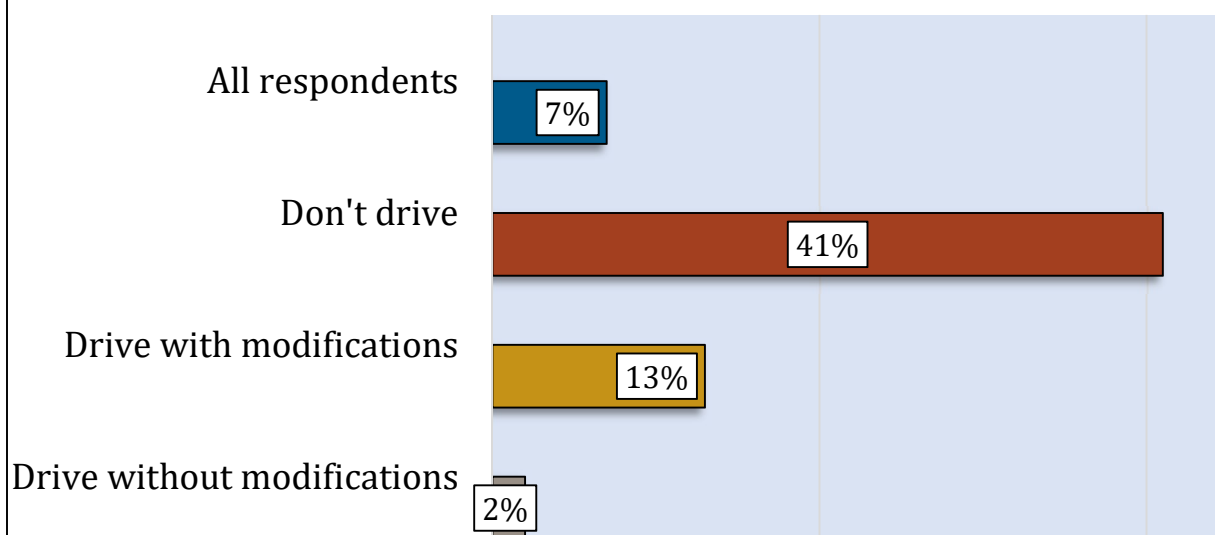
For those who do not drive and those who modify their driving habits, transportation being unavailable or inconvenient was the most common reasons for transportation difficulties (**Figure 22**). For the group of individuals who don't drive, where transportation options are critical, the second most common barrier was having physical limitations that impede access to transportation. For those who modify their driving, not having enough information about what is available is the second most common barrier experienced in Hull

**Figure 22.** Difficulties getting where you want to go (check all that apply)



Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled, or rescheduled a medical appointment because of a lack of transportation. Among all respondents, only 7% reported this experience, and even among those who drive with modification, few indicated that this had occurred (see **Figure 23**). However, 41% of respondents who don't drive missed, cancelled, or rescheduled a medical appointment within the past year. These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Hull's older resident community. This is particularly salient in Hull as often residents have to travel to other communities to access healthcare.

**Figure 23.** Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation? (Percentage responding yes)



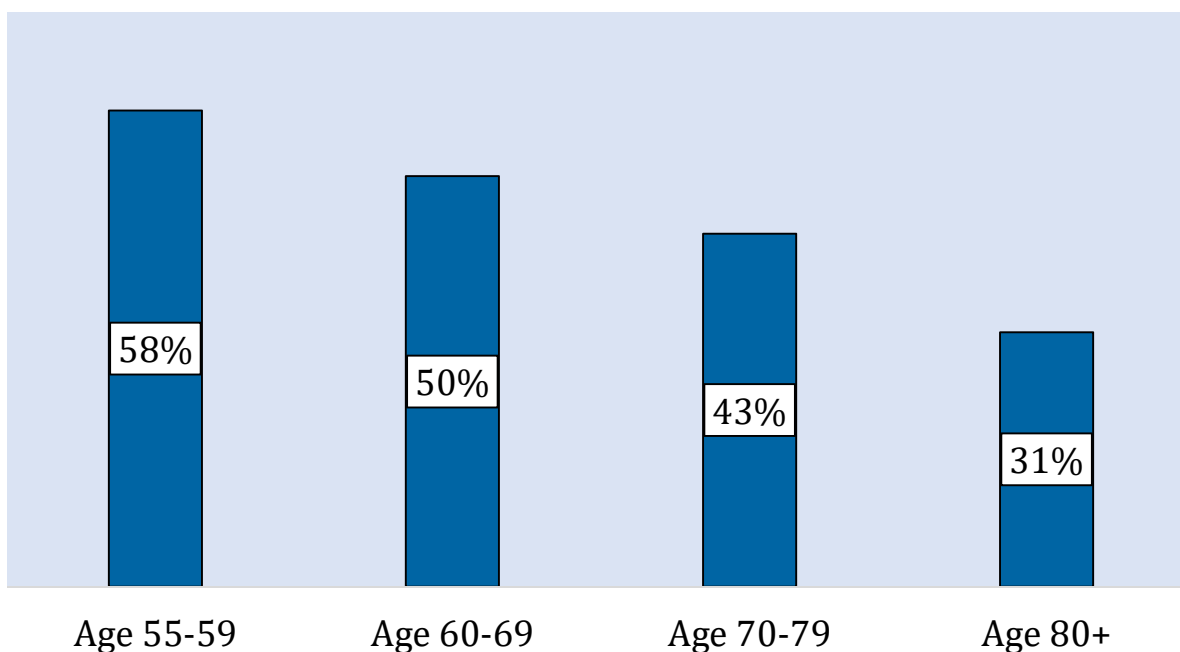


## Caregiving

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

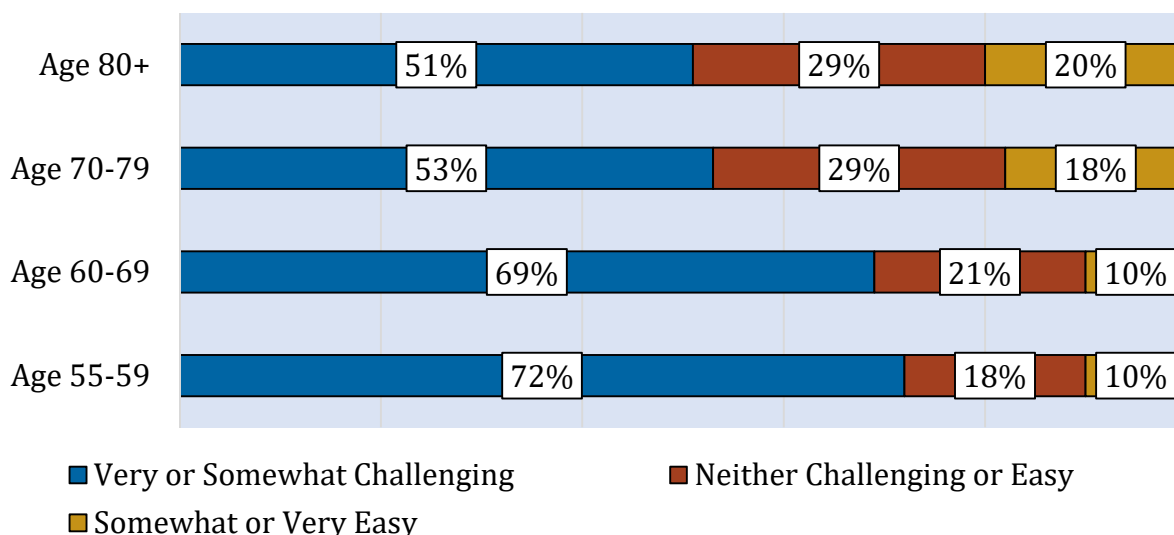
Nearly half (47%) of survey respondents stated that they currently or have in the past 5 years provided care or assistance to a person who was disabled or frail and that number is higher among those age 60-69 (58% reporting having provided care) (see **Figure 24**).

**Figure 24.** Percentage having provided care or assistance to a person who is disabled or frail within the past 12 months



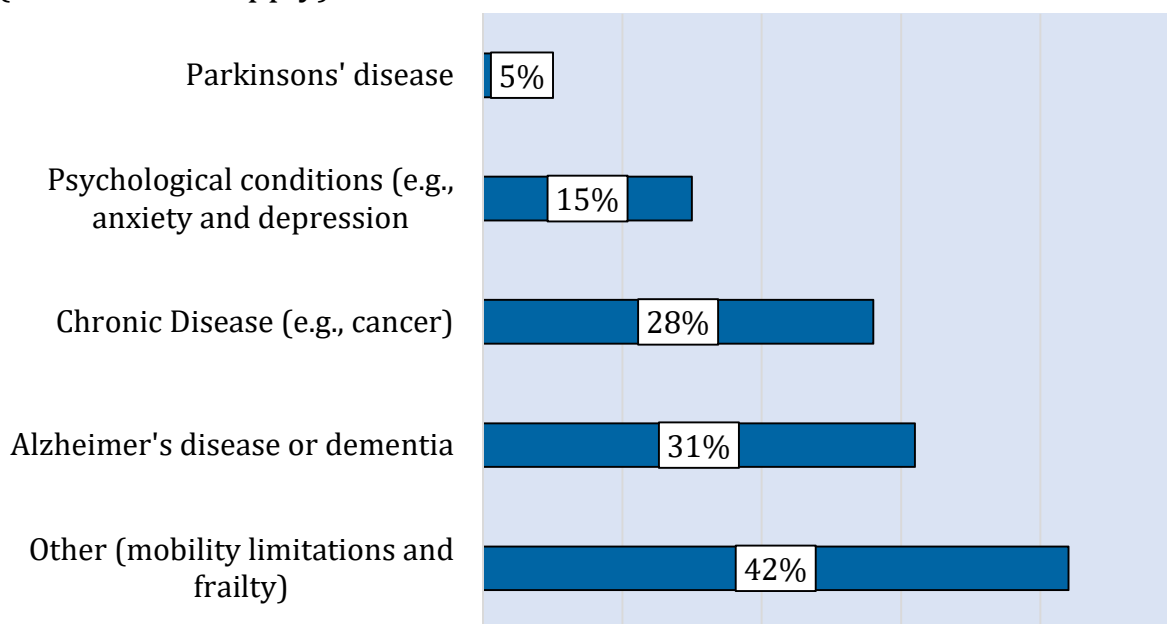
Many of those who have provided care or assistance to someone within the past 12 months stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 55-59, where 72% of those providing care reported this was very or somewhat challenging (see **Figure 25**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, more than half of those who provide care find it very or somewhat challenging. Services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be needed to support caregivers.

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

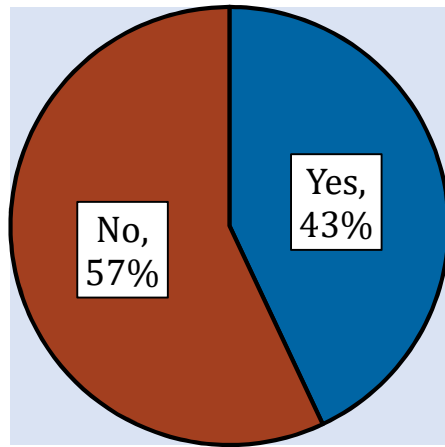


Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs) (42%; see **Figure 26**), while 31% of the people the survey respondents cared for were living with Alzheimer's or dementia. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.

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



**Figure 27.** Have you or someone you know been affected by substance misuse?

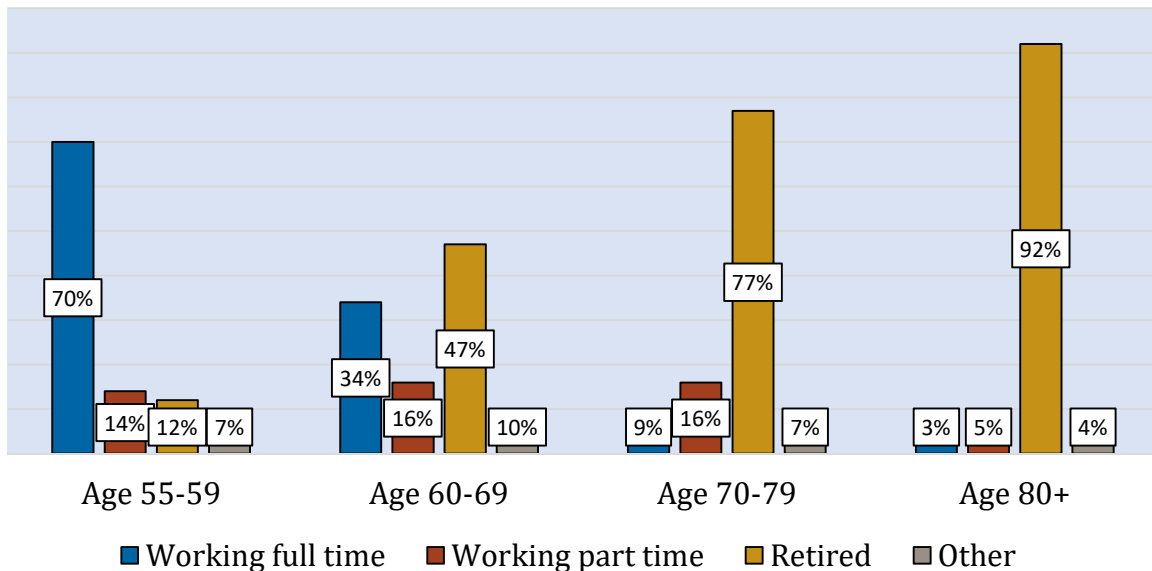


Another challenge for families and older adults is substance misuse. According to survey respondents, 43% have been individually affected by substance misuse (**Figure 27**). This high proportion signals the need for additional attention to be paid to the challenges that face older residents and their families.

## Employment and Retirement

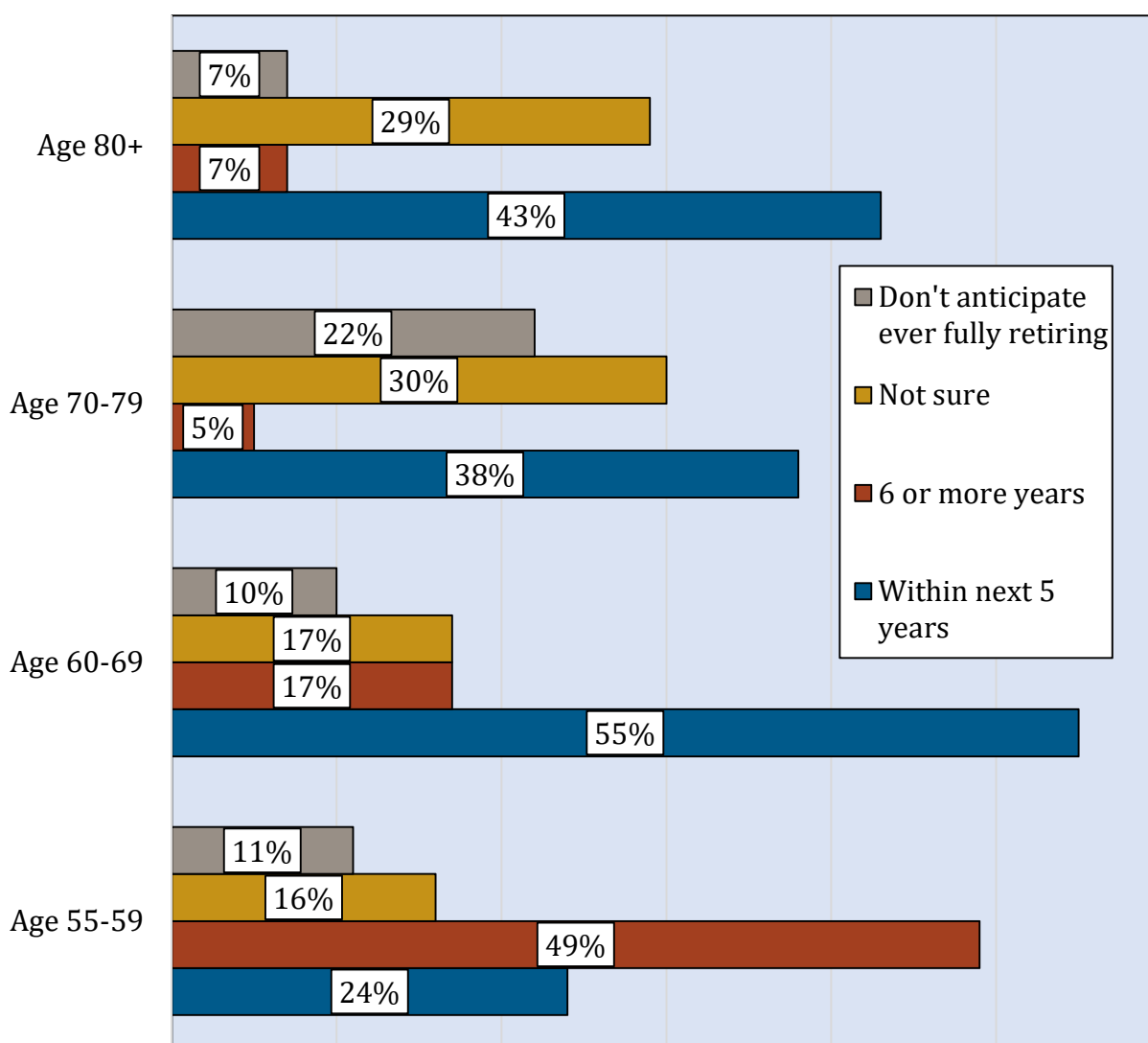
Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in Hull survey results. **Figure 28** shows that a majority of respondents in their 50s (84%) and 60s (50%) are still working. These results are similar to results from the American Community Survey (presented on page 24 of this report) indicating that many of Hull's older residents remain in the workforce.

**Figure 28.** Which of the following best describes your employment status?



For those who responded they are still working, 55% of those 60-69 and 38% of those age 70-79 are considering retiring within the next 5 years (see **Figure 29**). This has implications for the Hull Senior Center that could experience an increase in attendance as a result. Interestingly, many older adults do not know when they expect to retire. Implementing evening and weekend programming might be one way to engage these older workers with the Hull Senior Center. Additionally, developing new programs that would particularly attract older workers would be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

**Figure 29.** Plans for retirement among those currently working\*



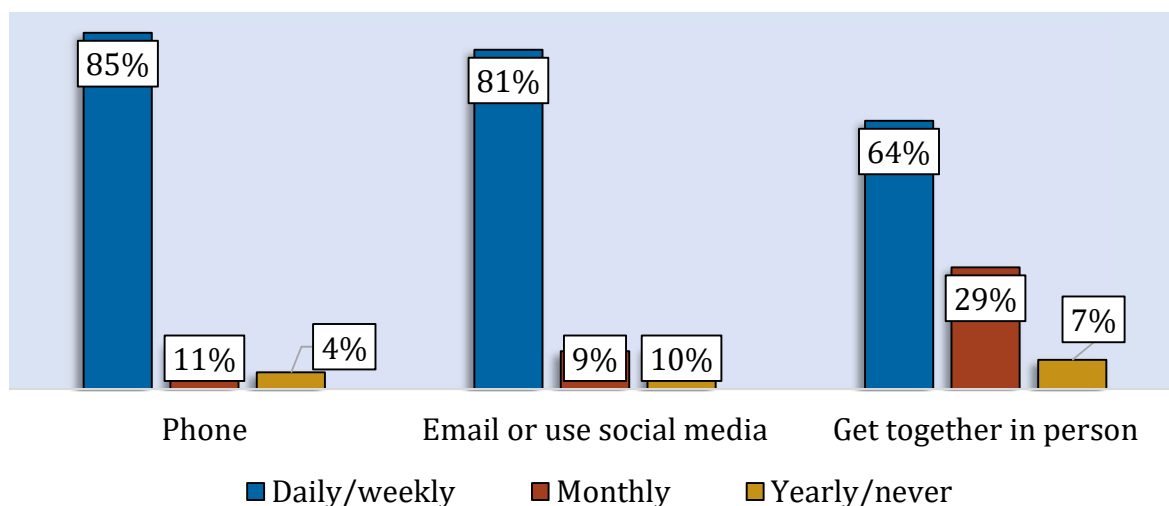
\*Due to twelve people responding that they are still working and also fully retired, the figures do not add up to 100%

## Social Activities and Relationships

Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overeating (Qualls, 2014). 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 (Pardasani & Thompson, 2012).

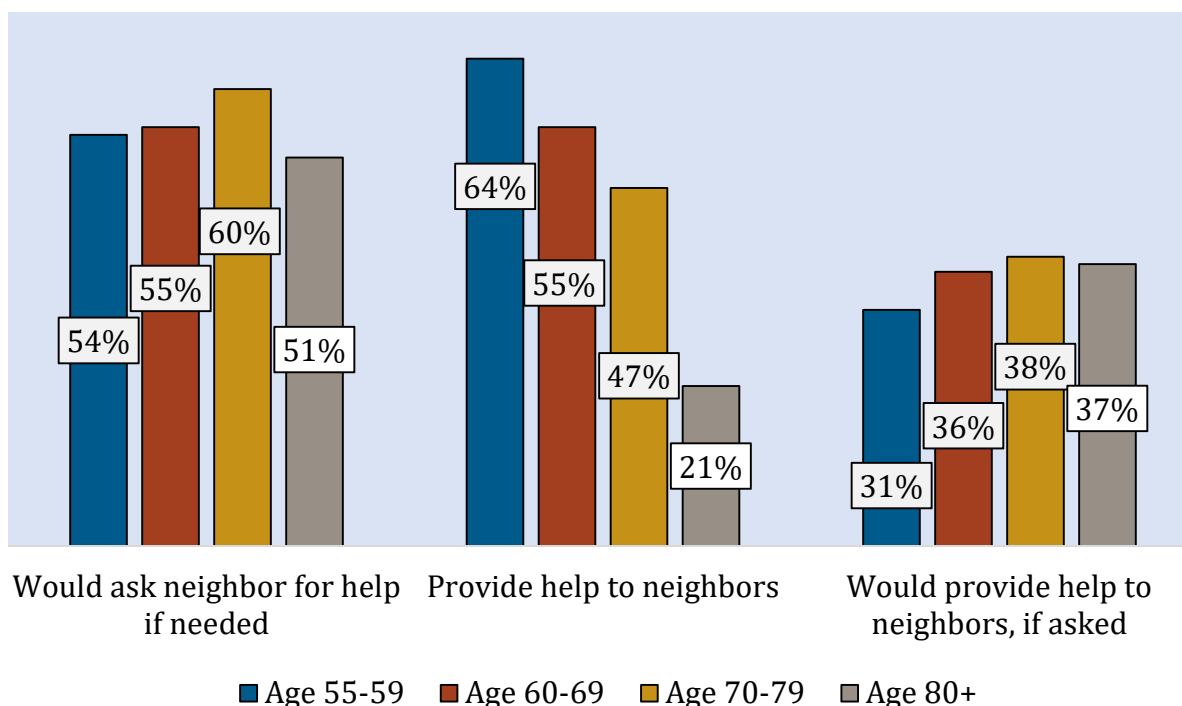
The majority of survey respondents speak with someone and use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 30**). Although 66% of the respondents get together in person with someone at least weekly, more than one-third only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing. It is also worth noting that 18% of respondents never use email or social media, or use it very infrequently, to connect with people. This finding has implications for strategies to communicate with the oldest segment of the Hull population.

**Figure 30.** How often do you talk on the phone, send email/use social media, or get together to visit family, friends, or neighbors?



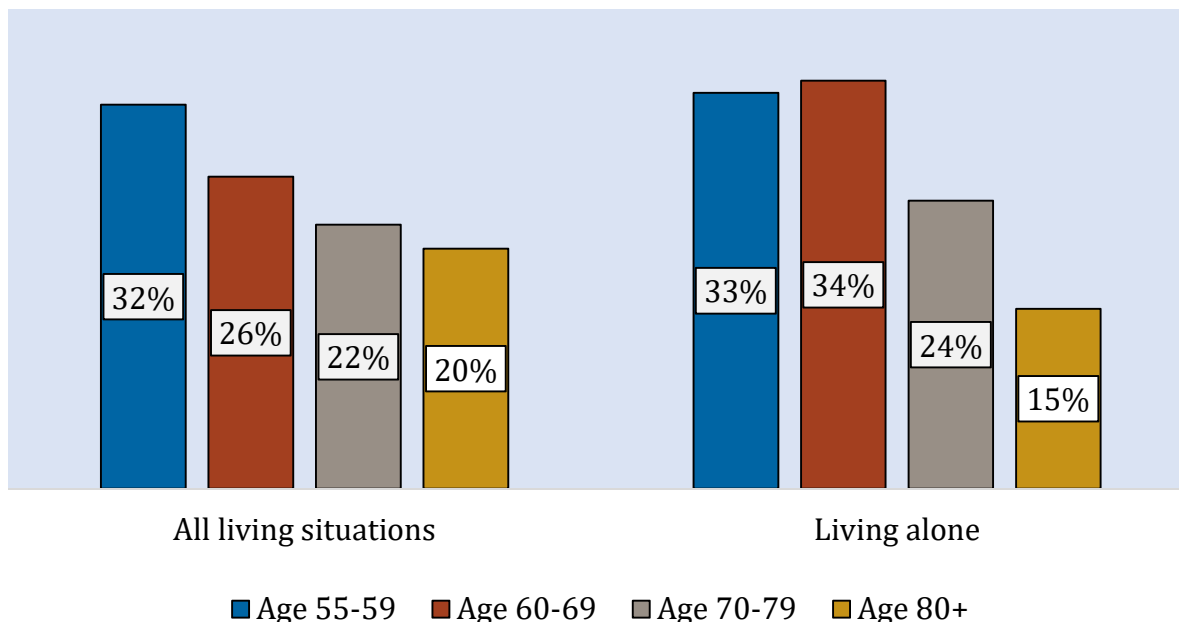
Survey participants were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand and 56% of respondents of all ages said they would (see **Appendix A**). In response to the survey question, “Do you provide any help to neighbors with minor tasks or errands?”, about half of respondents under age 80 do provide help and about one-third would if they were asked (see **Figure 31**). These findings illustrate a strong neighbor-to-neighbor connection in Hull and offer an opportunity to strengthen neighbor-to-neighbor relations in Hull as a way of supporting older residents wishing to age in place.

**Figure 31.** Percent of respondents who would ask a neighbor for help, provide help, or would provide help if needed



A vast majority (75%) of survey participants responded yes to “Aside from the Hull COA, do you know someone living close by on whom you can rely for help when you need it?” (see **Appendix A**). Notably, 1 in 4 respondents under age 70 don’t know someone nearby who they can ask for assistance and this rate lowers with age (see **Figure 32**). As well, for those living alone, we observe higher rates of respondents reporting that they do not know someone living close by on whom they can rely. Taken together, these findings highlight that in lieu of availability of family or friends to help in a time of need, some residents of Hull may be at risk of social isolation or crises.

**Figure 32.** Do you know someone living close by on whom you can rely for help when you need it? (Percentage indicating no)

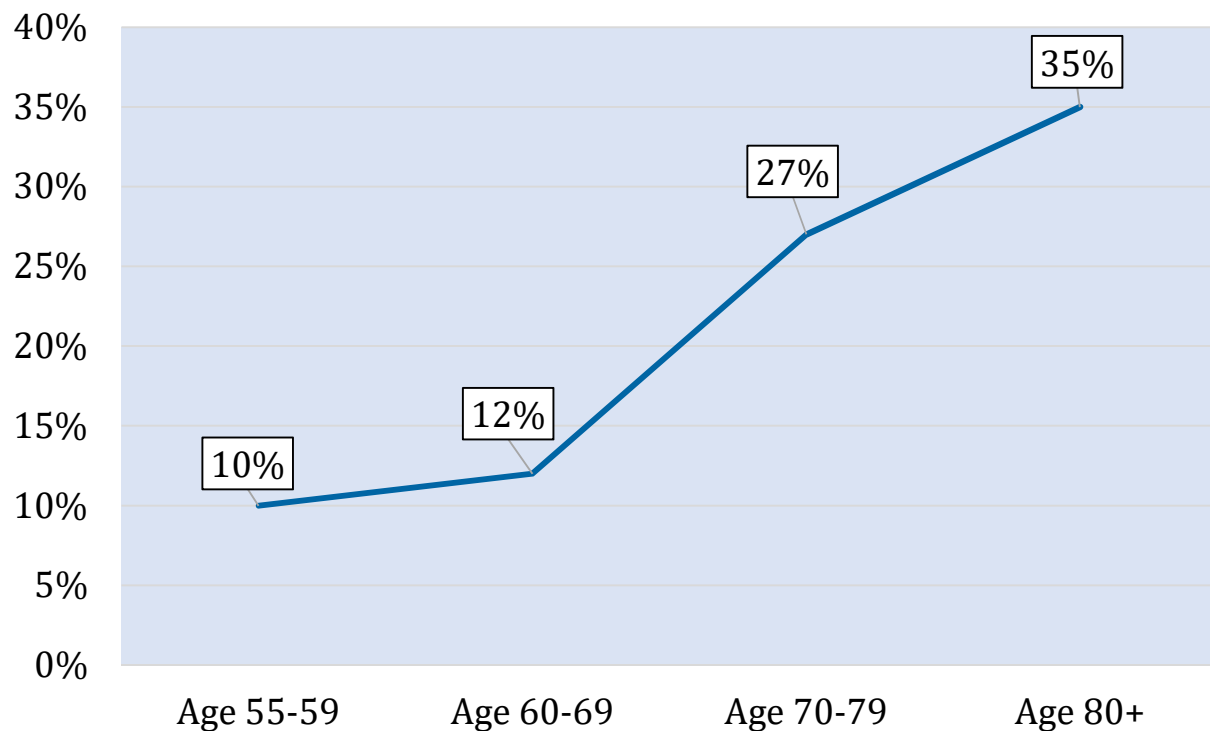


## Hull Senior Center

Local senior centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. These involvements can help community members maintain social support, remain active, prolong independence and improve quality of life. Some research suggests that participating in a Senior Center may reduce one's sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017).

A majority (59%) of survey respondents report that the Hull Senior Center plays a role in their lives or the lives of their loved ones, neighbors, or friends—making it clear that the Hull Senior Center is a revered community asset for many (see **Appendix A**). Survey results suggest that participation in the Hull Senior Center is considerably more common among older residents. As shown in **Figure 33**, just 10% of those age 55-59 and 12% of those age 60-69 have ever used programs or services offered by the Hull COA, while 35% of the respondents age 80 and older indicated they have participated in the Hull Senior Center. This age-graded pattern of participation is not unusual in Senior Centers and may reflect the increasing value of the Hull Senior Center to older residents.

**Figure 33.** Percentage of survey respondents who have ever attended programs or used services offered by the Hull COA

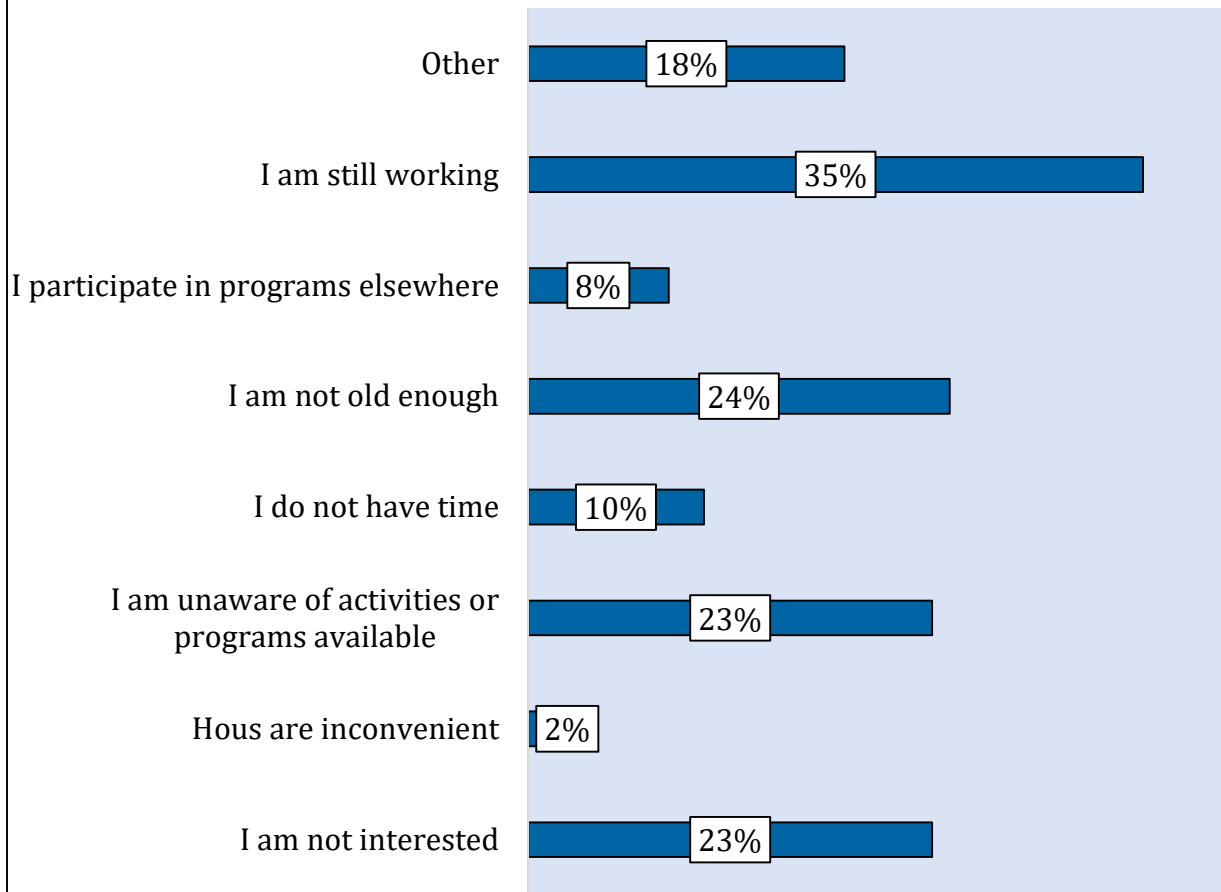


Of those who do use the Hull COA, 70% only visit the Center a few times a year, while 12% of COA users participate at least weekly (tabulations not shown). This range of participation levels highlights the broad continuum of affiliation with the Hull COA, with many residents participating just periodically, while others include visits to the Hull COA as part of their regular weekly schedule. Note that participation on a weekly or more frequent basis was reported by just 1% of participants who were age 60-69, 4% of those age 70-79, and 8% of those age 80 and older, suggesting that older participants attend more frequently during the course of a month or a year (**Appendix A**).

Of survey respondents who never use the Hull Senior Center, 35% are still working and cite that as a primary reason for not attending programs offered by the Hull Senior Center. As well, 23% respondents of all ages state it is because they are not interested or because they are unaware of activities or programs available (**see Figure 34**). Interesting to note is that 23% of respondents in their 60s report not being old enough to use the Senior Center. (**Appendix A**).



**Figure 34.** Reasons for not participating in programs or services at the Hull Senior Center



For those who wrote in a response, the most common responses centered around not having time and still working. In addition, the perception of “not needing” to visit the Senior Center or “not knowing” what goes on at the Senior Center was extracted from these write-in responses, suggesting that communicating the purpose of the Senior Center and defining its target audience is a possible future step that would allow a wider range of residents to be drawn in. See **Table 5** with sample comments regarding why survey respondents don’t use the COA.

**Table 5.** Sample responses to question “What is the reason that you do not currently use programs or services offered by the Hull Senior Center”

<b>Not needed</b>
“Don't need most of these services; if I were not married (i.e., single) I would access options more often.”
“I haven't taken the step to participate. I guess I don't feel the need yet though I'm in my early 70s.”
“Just retired last year. Am healthy, active and financially secure so haven't needed services.”
<b>Too busy</b>
“Family, wife, hobbies, helping my kids and my house keep me happy and busy.”
“I have many interests of my own at this time but like knowing that services and activities are available to others/to me if needed.”
“I just turned 70 and still am active in my own social circles, but I surely will be more interested as I age and my 'orbit' gets smaller.”
<b>Facility deters participation</b>
“Facility is a dump/ uninviting”
“Other towns really have invested in their senior centers.... Hull has not made this investment in their 55 and older population. It is a sad state of affairs when I have lived in the town my whole life and in my retirement years, I need to go another town's senior center because their town cares more about them.”
“The building appears to be decrepit and I have no interest in going there!”
“The facilities are woefully inadequate for the number of Seniors in our community”
<b>Not interested</b>
“Don't offer special gay activities like Duxbury, Braintree or Sharon.”
“I am male + there aren't many men there.”
“Programs & services are very limited & not broad enough to capture my interest.”
“The activities I see listed are uninteresting or unnecessary to me.”

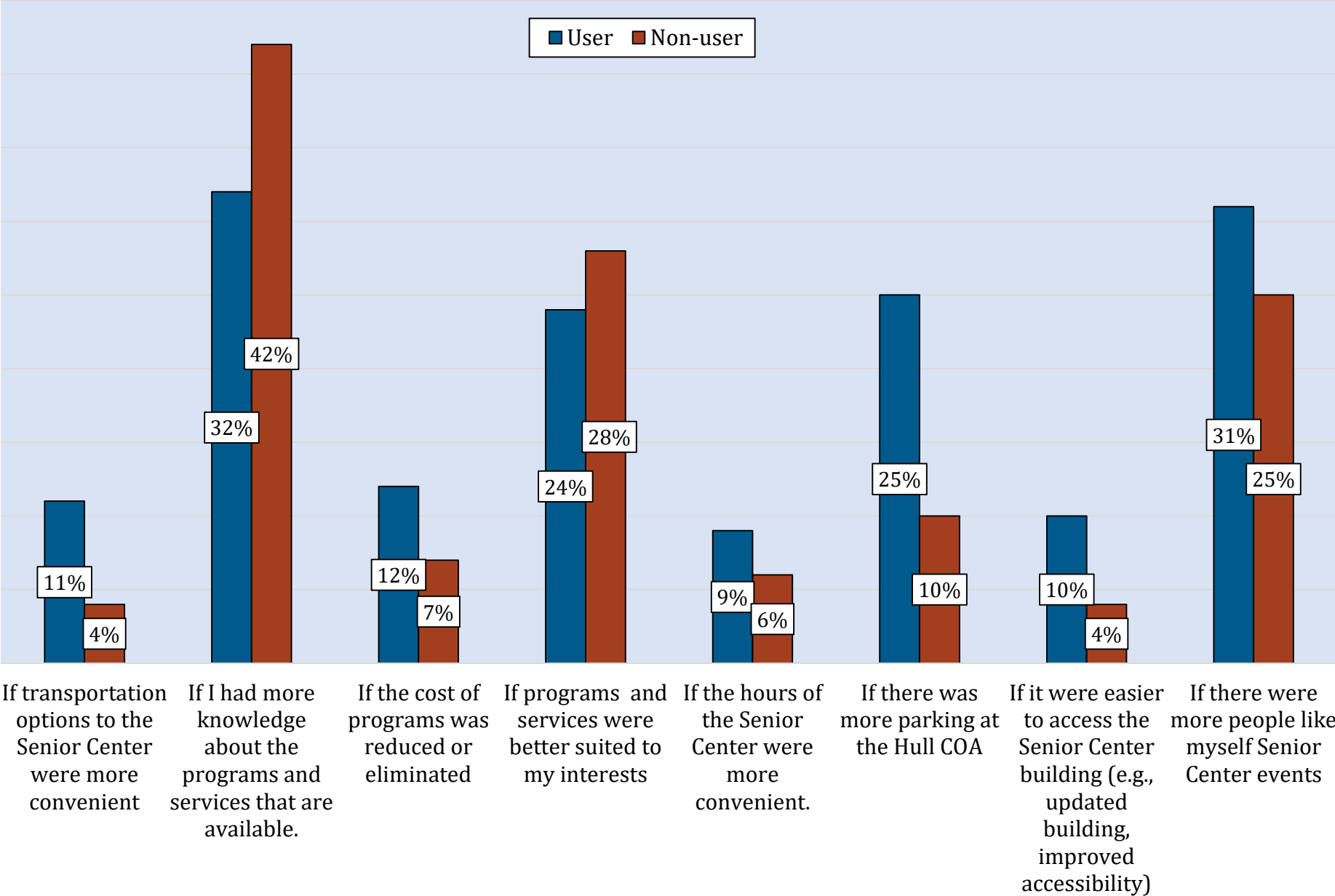
We asked respondents to select the reasons that would increase likelihood of participating at the Hull Senior Center (**Figure 35**). For both those who have participated at the Hull Senior Center and those who have never been to the Hull Senior Center, the most common response was “If I had more knowledge about the programs and services that are available”. As well, for those who have participated at the Hull Senior Center “If there were more people like myself at the Senior Center”, and for those who had never been to the Hull Senior Center the second most commonly reported response was “If programs and services were better suited to my interests”. Understanding reasons for lack of participation provides direction and opportunities for change. Overcoming the obstacle of unfamiliarity, increasing outreach, adapting programming to meet the broad interests of the older adult population, and exploring strategies to update the image and space of the Senior Center may be areas to consider as future Hull COA goals. Interestingly, the starkest different between users and

non-users was the perception of parking. One out of four participants report that more parking would increase their participation

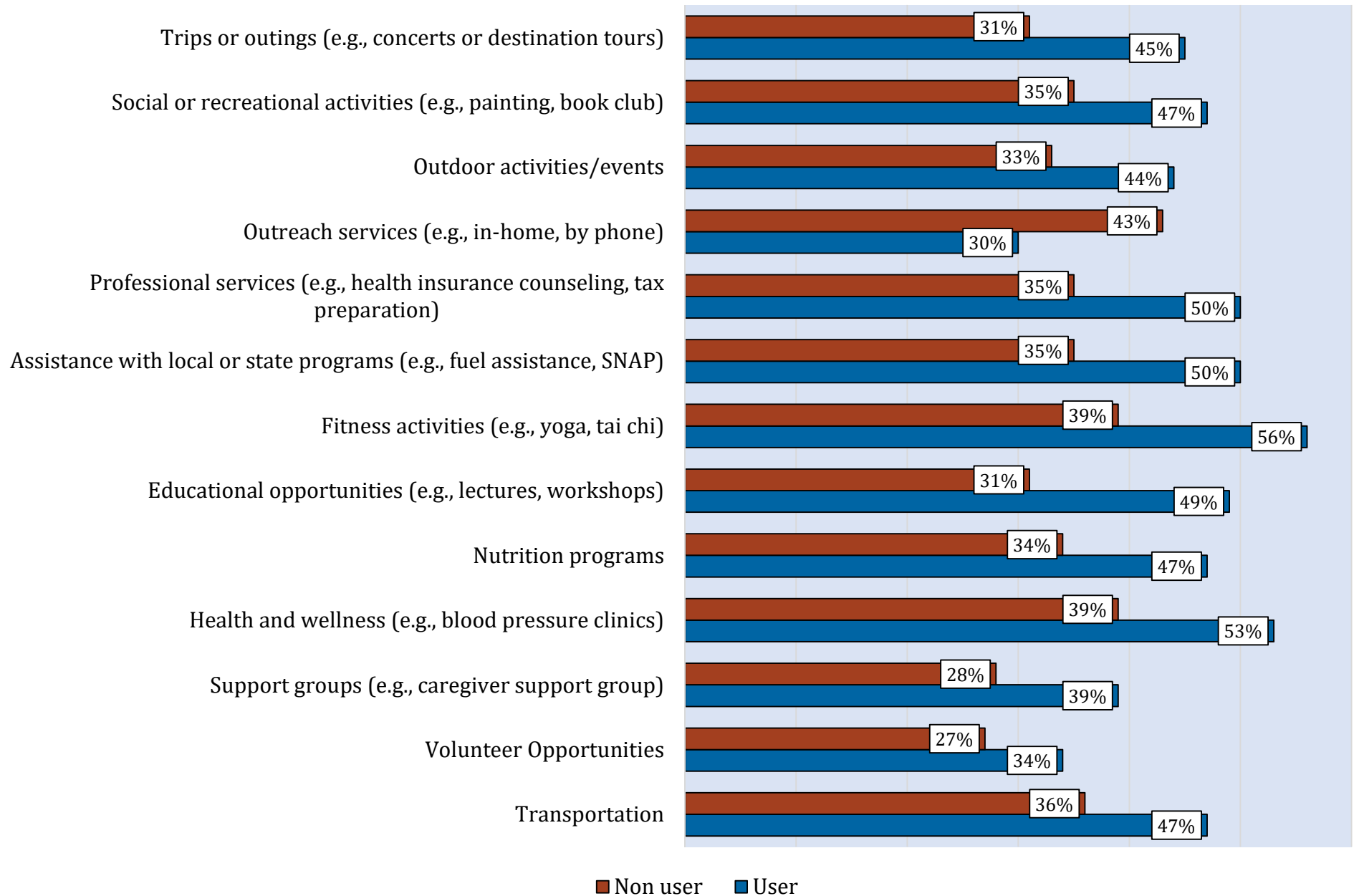
There are two ways that respondents were asked to identify their preferences for programs and services. First, respondents were asked to rate the importance of existing programs and services offered by the Hull Senior Center (**Figure 36**). Half (or more) of current users rate fitness activities (56%), health and wellness programming (53%), professional services (50%), and assistance with accessing state or local programs (50%) as most important to them or someone in their family. Among those who have not used the Hull Senior Center, outreach services (43%), fitness activities (39%), and health and wellness programs (39%) were rated most important. These results point to a need for the Hull Senior Center to consider its current space and staffing capacity to meet both the current demands of users and also the potentially added demand of new users coming to the Hull Senior Center.

Another way that the survey assesses the preferences for future programming was by asking, "Thinking about your own future needs and interests, which of the following interests, which of the following areas would you prioritize in expanding the programs available through the Hull Senior Center". **Figure 37** illustrates how responses vary across those who currently participate at the Hull Senior Center compared to those who have not yet visited the center. Among users, the highest priority for expanding programming was given to health and wellness programs (36%), day trips (32%), and performances and presentations (32%). Comparatively, among those who have not been to the Hull Senior Center priority was given to outdoor exercise programming (39%), health and wellness programs (38%), and day trips (35%). These results indicate an overall preference for active programming that promotes physical health, intellectual stimulation, and active engagement in the world around them.

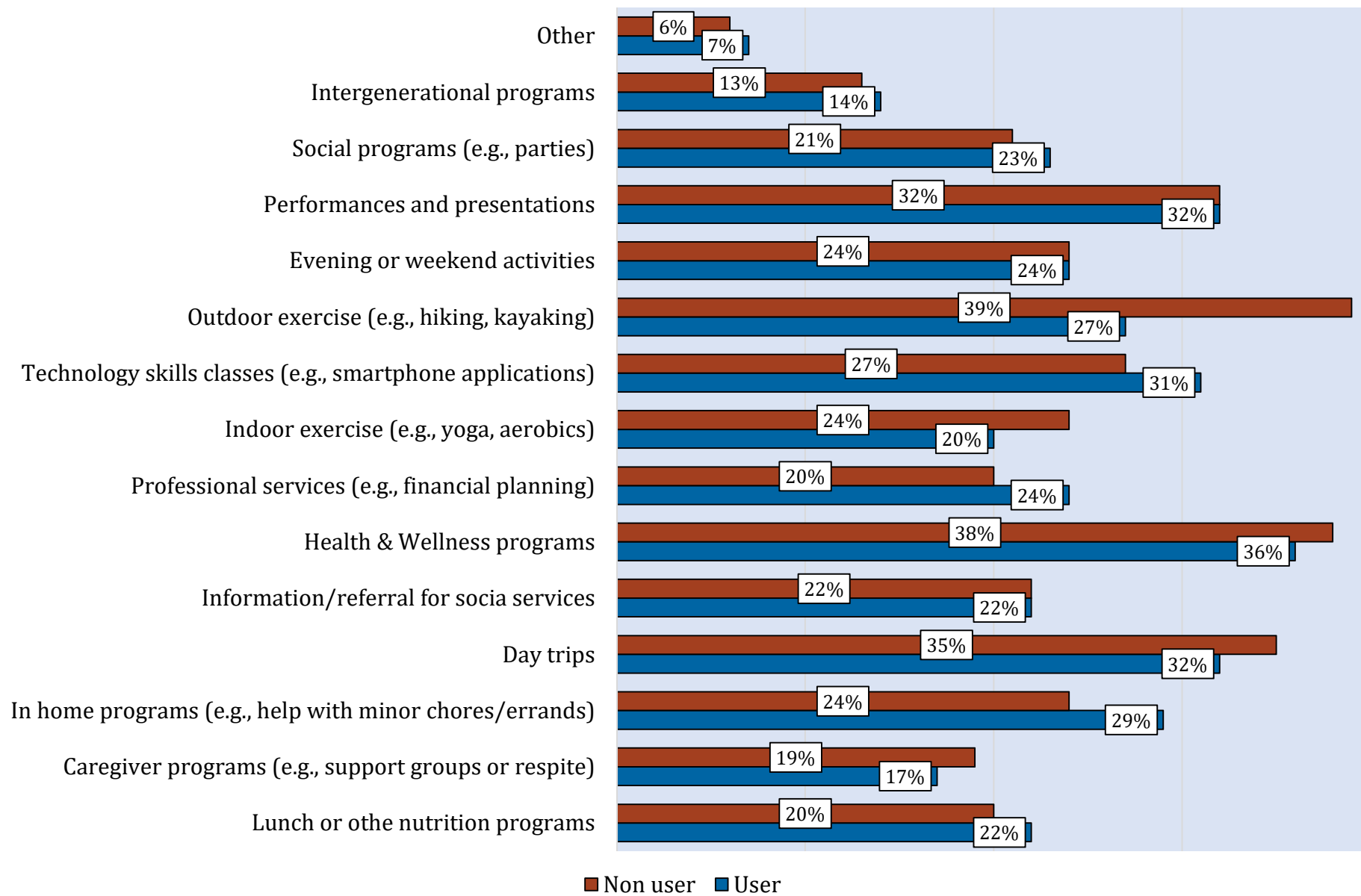
**Figure 35.** Which of the following would increase the likelihood of your participating at the Hull Senior Center?



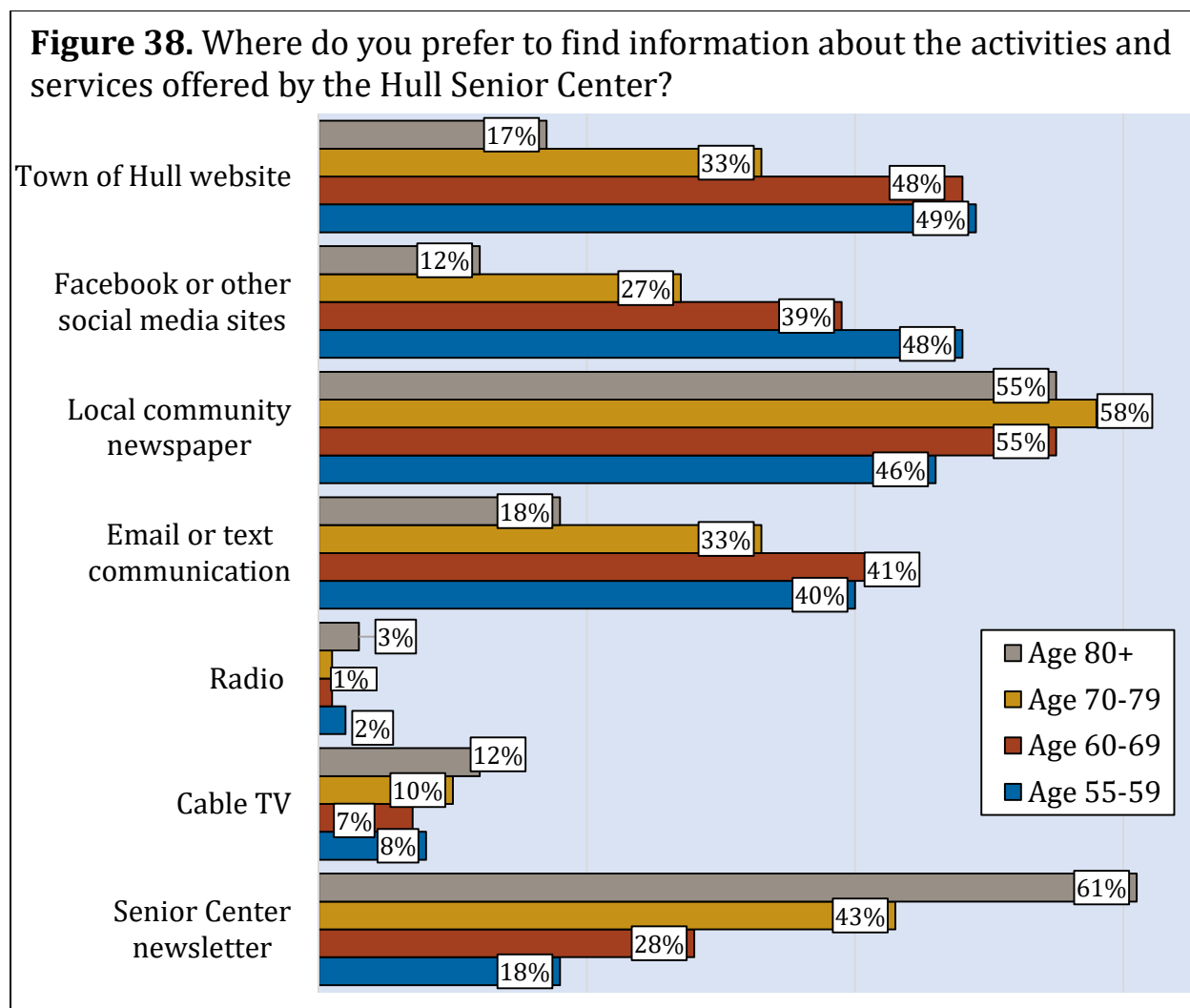
**Figure 36.** Importance of current programs and services, by user status (% rating very important/important)



**Figure 37.** Thinking about your own future needs and interests, which of the following interests, which of the following areas would you prioritize in expanding the programs available through the Hull Senior Center



Communication and accessing information regarding activities and programs emerged as a theme from the focus groups. There was one question included in the survey related to preferred method of getting information. Preference for email, website, or social media communication varied by age (see **Figure 38**). The most consistently reported source of information, across age groups, was the local community newspaper (e.g., the Hull Times) with about half of all age groups naming it as a preferred source of information. Nearly half of respondents age 55-59 prefer to find information about activities and services on the Town website compared to 33% of those age 70-79 and 17% of those 80 and older. Conversely, 61% of those age 80 and older prefer the Senior Center newsletter as a method for communication. Very few people get information about the Hull Senior Center from the television and radio. Given that current Hull Senior Center participants are somewhat older, we conclude that continuing to make information about the Senior Center available through print media remains important. Considering ways to amplify the distribution of the Senior Center Newsletter could be useful as well as planning for expansion of existing digital presence will aid in effectively reaching younger residents.



While most community survey respondents do have access to the Internet from their home via computer (85%) a majority also use smartphones (74%) (see **Appendix A**). It is important to note that 6% of respondents age 70-79 and 22% of those age 80 and older **do not**. This is important information both for outreach mechanisms but also to highlight the need for public access to Internet services for those who do not have connectivity in their homes.

At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the Town of Hull and more than 500 participants took the time to provide additional feedback. The majority of the comments were positive, about the Town of Hull in general, and about the Hull Senior Center, more specifically. It is evident from the comments that while some of those who complimented the Senior Center take advantage of the programs and services, others do not at this time, but are comforted to know that the Senior Center is available for their future needs.

In addition, there were many suggestions regarding additional programs and services. Some respondents provided specific ideas, such as evening socials, handy-man services, dog-walking clubs, or visiting local museums and parks. Other suggestions focused on broader issues such as reaching a more diverse population of residents. Many commented on the limited, affordable options for downsizing and the costs of property taxes that burden older residents in particular. As for services, the most mentions included a call for better gathering spaces in Hull for residents to socialize, partake in programming and collectively engage in the community as volunteers.

Many survey respondents commented on the capacity of the current Hull Senior Center—both building and staff. Parking at the Senior Center is something that clearly deters residents from participating. While many suggestions included ways to increase the number of residents who participate at the Senior Center, others recognized that the current space and staffing are not adequate to accommodate the growing number of older residents in Hull. When asked why they do not currently attend the Senior Center, one person wrote “Lack of parking, unattractive facility” and another wrote “more parking -having to park on the street is not acceptable neither is walking and crossing the busy streets”. Many respondents wrote-in about the building being too small to accommodate a lot of residents and the types of programming that they would be interested in. More outreach to the community and more transmission of information about existing resources are things that respondents identified as needs—but would require additional workforce capacity. A sample of additional comments are presented on **Table 6**.



**Table 6. Additional thoughts or comments about the Town of Hull**

<b>Positive feedback regarding the Hull COA</b>
"From what I have witnessed living in Hull, the Senior Center is much utilized and does a great job. But as we Boomers age, our numbers present challenges and I very much appreciate the Town of Hull's undertaking this research. Thank you."
"From what I hear, the Senior Center does an amazing job with the limited resources they have. Unfortunately, the Town of Hull could care less about our seniors, doesn't give them much budget, and doesn't really consider the needs of our seniors when they put together programs for investment. Hull is really "every person for themselves" and until we get better senior representation on our Selectboard, our seniors will continue to be neglected and underserved."
"I feel the Senior Center does an excellent job providing services to the elderly in town. I believe they could do so much more for those without family or services if their funds were increased. Maybe provide activities for those in the 55 - 65 age group. These people may connect with older residents and help them with home tasks and rides. Possibly have a Meet & Greet for those willing to help the elderly?"
"Keep up the good work. You are an essential part of our town."
<b>Programs and services</b>
"A "welcome" person to drop by when a person arrives initially. Like the old time "Welcome Wagon Lady" with flowers!"
"I've seen public outdoor parks with exercise equipment for seniors, which would be great."
"Book group at Senior Center, lunches at local restaurants."
"More programs for outdoor recreation; travel at sr. ctr.; also help w/ pets; dog walking, etc."
"Could there be opportunities for seniors to provide counseling guidance or experiences to younger people (ple mentoring or being substitute grandparent)"
"I think more should be done to challenge the minds of senior citizens. I also think more should be done to organize group physical events; like bowling leagues, golf, and hiking groups. Or a pickle ball training program—it is great exercise but intimidating."
"Volunteer opportunities—target younger seniors."
"I would love to see trips into Boston Museums, Theater or historical sites. Cape Cod adventures etc. College courses etc."
<b>Capacity of existing Hull Senior Center</b>
"My biggest concern is the Senior Center building - either a thorough clean up or a new building. Also - more staff for outreach and activities."
"New Direction! Poor old tired building. We need to treat our seniors better."
"No parking, poor location in Town and overall building failures."
"Please fix the building and make it FULLY accessible, welcoming and more functional. Several other centers have someone at a front desk helping with kind welcoming, plugging people in to whatever we are there to do. Please create affinity groups so that those of us who are eager to get more fit or stay active can be with people of like minds. Also for people infirm or with memory challenges. They too want to be where there is no pressure to be anything other than exactly as they are."

## Peer Community Comparison

In a final step to obtain insight about the Hull Senior Center and its future role, directors of six COAs/Senior Centers in nearby communities were interviewed. The communities chosen for this comparison were selected jointly by the Director of Hull's Council on Aging and research staff at UMass Boston. In January 2022, interviews were conducted by phone with Council on Aging Directors in Dennis, Marion, Mattapoisett, Newbury, Oak Bluffs, and Winthrop for comparison with the Town of Hull and its Senior Center resources. An overview summary of analogous characteristics, peer highlights and dissimilarities are detailed below.

Hull and its peer communities share some commonalities with respect to key demographic and socioeconomic features (see **Table 7**). The population size of these six communities ranges from 4,665 in Oak Bluffs to 18,542 in Winthrop. Hull is roughly in the middle of the size distribution among these communities. The percentage of the population 60 and older ranges between 27% (Winthrop) and 47% (Dennis); the percentage of adults over 60 in Hull falls in a position in this range at 35%, just slightly larger than the share age 60 and older in Marion. Median household income across all-age households in these communities is highest in Newbury, at \$101,875 with Dennis having the lowest median income (\$65,616). The age 65 and older population is better educated in Mattapoisett and Dennis compared to Hull's 65 and older population.

**Table 7.** Demographic features, Hull and peer comparison communities

	All-age population	# age 60+	% 60+ years	Median Household Income	% 65+ years with at least a Bachelor's degree
<b>Hull</b>	<b>10,455</b>	<b>3,684</b>	<b>35%</b>	<b>\$65,712</b>	<b>46%</b>
<b>Dennis</b>	13, 939	6,545	47%	\$65,616	50%
<b>Marion</b>	5,132	1,752	34%	\$81,928	42%
<b>Mattapoisett</b>	6,336	2,432	38%	\$94,360	64%
<b>Newbury</b>	7,060	1,975	28%	\$101,875	41%
<b>Oak Bluffs</b>	4,665	1,314	28%	\$75,294	45%
<b>Winthrop</b>	18,542	5,043	27%	\$74,069	25%

*Source: American Community Survey, 2015-2019. Numbers are calculated from 5-year survey estimates*

**Table 8** presents features of the senior center in Hull and in its peer communities. Almost all of the comparison communities are equipped with standalone senior centers or community centers. Senior centers in Newbury and Mattapoisett are connected to elementary schools. The senior centers vary considerably in age and available space. Dennis recently completed construction of a 10,000 square foot addition during the fall of 2021. The original 12,000 square foot building is currently being renovated. The Benjamin Cushing Community Center in Marion, formerly a VFW Hall, was donated for use as a Community Center and opened in renovated space during 2017. Prior to 2017, Marion's COA only had office space at Town Hall and there was no designated Senior Center. The new space includes a food pantry and is used for community events including art shows and health promoting activities. A small addition is planned for 2022 to increase storage space. Winthrop has occupied the same space for 31 years; the building has the capacity to hold two programs at once or have a larger event with 125 people. Newbury has occupied the same space since 2000 and Mattapoisett moved to its current location in 2009. Hull's senior center moved to its current location in 1991. Available space varies, with Dennis reporting 22,000 dedicated square feet, while Marion reports 4,600 dedicated square feet, with additional access to a large outdoor pavilion planned for summer 2022. Hull's senior center is estimated to be close to 5,000 square feet. Oak Bluffs reports between 3,000 and 5,000 square feet. Mattapoisett, Newbury, and Winthrop are the smallest centers with less than 3,000 square feet of space.

The number of paid staff persons among these COAs ranges from 6 in Dennis to 2 in Oak Bluffs. Each COA relies on volunteer staff to varying degrees. Across the centers of peer communities, volunteers appear to be heavily used to staff meals programs, including both on-site and home-delivered meal programs, for administrative support, and for selected other activities. All of these COAs offer transportation services with a combination of volunteer and paid drivers. COAs typically supplement van service by facilitating other transportation options, such as attempts to contract internet-driven ride sharing services to fill gaps created by over-taxed resources and limited weekday transport schedules. Each of Hull's peer communities has a "Friends of the COA" group that hosts fundraising events and activities.

**Table 8.** Senior Center features, Hull and comparison communities

	Senior Center Space in Square Feet	Year Senior Center Opened	Description of Space	Staff FT/PT	# of Tax Work Off Program Positions	Approximate % of programs offered that are volunteer-run
<b>Hull</b>	<b>4,970</b>	<b>1991</b>	<b>A stand-alone Senior Center</b>	<b>3/4</b>	<b>10-20</b>	<b>100%</b>
<b>Dennis</b>	22,000	1981 with 2021 expansion	Dedicated space within a community center building serving multiple purposes	4/2	41+	1-24%
<b>Marion</b>	4,600	2017	Dedicated space within a community center building serving multiple purposes.	2/2	10-20	1-24%
<b>Mattapoisett</b>	<3,000	2009	Dedicated space attached to elementary school (former classrooms).	4/0	Unlimited	1-24%
<b>Newbury</b>	<3,000	2000	Dedicated space attached to elementary school (former classrooms)	2/1	Unlimited	1-24%
<b>Oak Bluffs</b>	3,000-5,000	1977	A stand-alone Senior Center	2/0	Not reported	75-99%
<b>Winthrop</b>	<3,000	1990	A stand-alone Senior Center	4/0	31-40	25-59%

*\*Note: Data came from the 2020 Massachusetts Councils on Aging (MCOA) database*

While there is typically no membership fee to join these senior centers, fees are often associated with classes or events (e.g., fitness classes, medical clinics) to help pay for instructors or supplies, and most charge a fee or ask for a donation for special events. Most of the comparison communities offer a property tax work-off program, a mechanism by which an older resident can work in a Town office to defray part of his or her property tax bill.

The COAs described here offer a wide variety of programs and activities for seniors in the community. All of these COA directors described at least one program or activity meant to target isolated seniors, such as home delivered meals and outreach.

Caregiver support and respite is a commonly observed need in most communities, yet Dennis is the only COA among these communities to offer their own Supportive Day Care program. In Dennis, The Golden Age Day Center at the Center for Active Living is a safe, comfortable, and supportive place for older adults to spend the day. The program is available on Mondays, Tuesday, Wednesday & Friday from 10:00 a.m. to 2:00 p.m. The remaining comparison communities do not offer an on-site Supportive Day Care Program and instead, refer residents needing these services to programs in neighboring communities.

One of the senior center directors interviewed recognized that many residents are not aware of the services and programs that they offer. Directors and other staff make efforts to reach residents using traditional hard copy newsletters and eNewsletters, supplemented by other mechanisms such as a website, radio announcements, social media posts, cable TV notices and local newspaper notifications. Many directors strategically circulate hard copy newsletters to area merchants and medical provider offices to facilitate communication and awareness for center offerings.

The Center for Active Living in Dennis is the newest and largest peer comparison center. The Center is vibrant and active with high participation levels among Dennis residents as well as residents from neighboring towns. Staff have witnessed significant increases in registration by residents in the age 60 to age 70 cohort since opening the new addition space in 2021. Efforts are being made to increase participation among men and younger seniors. The Director noted that there is a spike in participation during the summer at which time additional staff would be helpful. Staff contacted in three of the communities reported space concerns limiting community participation, with Newbury indicating substantive challenges. In Mattapoisett and Winthrop there are no plans for expansion or modification to the existing space and the Directors are generally satisfied with their existing space. Mattapoisett relies on opportunities to hold large events and access additional parking at a church across from the Senior Center. Newbury has relied on available space external to the senior center at the Plum Island Hall, run by the Plum Island taxpayer's association, for large events. In Newbury, the Council on Aging's Expansion Committee evaluated the need for additional space in 2020.

The COA will relocate during 2022 to leased space for an estimated period of three to five years, during which time efforts will be made to increase programming and build recognition to support future planning efforts for new space. In Oak Bluffs, an addition was constructed several years ago to address challenges related to limited space.

At the request of the community, an additional community comparison was conducted. The purpose of this comparison was to illustrate how the region is addressing the needs of their own aging populations. To provide local context, Hull is compared to its neighboring communities (**Table 9**). Hull has the largest share of older residents and the smallest physical space for operating their Senior Center.

**Table 9.** Senior Center features, Hull and neighboring communities

	All-age population	% 60+ years	Median Household Income	Senior Center Square Footage
<b>Hull</b>	<b>10,455</b>	<b>35%</b>	<b>\$65,712</b>	<b>4,970</b>
<b>Cohasset</b>	8,484	25%	\$145,679	11,340
<b>Hingham</b>	23,652	27%	\$142,435	5,300
<b>Scituate</b>	18,720	32%	\$128,864	15,640
<b>Marshfield</b>	25,838	25%	\$102,560	23,000
<b>Plymouth</b>	62,978	29%	\$90,279	18,000
<b>Rockland</b>	17,953	23%	78,011	9,200
<b>Duxbury</b>	15,812	28%	\$128,173	14,460
<b>Weymouth</b>	56,734	26%	\$84,942	Not reported

## Conclusion and Recommendations

Substantial growth in the number of older Hull residents is expected within the next decade. This central, overarching observation—that the older population of Hull is already large and will continue to expand—makes clear the importance of considering how well features of the Town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward.

In preparing for this demographic shift, the Hull Council on Aging and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 60 and older. As part of this assessment, we conducted interviews and focus groups to hear from Hull leadership, key stakeholders in the community, and specific cohorts of residents. In addition, a survey was developed and administered to Hull residents age 60 and older. A total of 1,750 questionnaires was returned, reflecting a strong return rate of 35%. Data from the U.S. Census Bureau and other sources were examined in support of the project aims. Information from peer community Senior Centers was reviewed, as well.

A broad range of findings are reported in this document, highlighting the many positive features of Hull as well as concerns expressed by older residents. The report is intended to inform planning by the Hull COA as well as other Town offices, private and public organizations that provide services and advocate for older people within Hull, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Hull Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

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

- **The demand for Senior Center programs and services is expected to escalate in coming years.**
  - Estimates from the U.S. Census Bureau show that in 2019, there were 3,684 residents age 60 or older living in Hull. Projections suggest that by 2030, there will be between 4,200 and 4,300 residents age 60 or older in the Town.
    - Residents who are expected to enter old age in Hull are also a sizable group. Together, residents age 50 or older make up more than half (55%) of Hull's population. Comparably, residents age 50+ make up only 37% of the state's population.

- A majority of respondents in their 50s (84%) and 60s (50%) are still working full- or part-time and among them, 79% expect to retire within the next 5 years.
- Not only is the size of the older population growing in Hull, but the complexity of their needs is increasing. In addition to basic needs (food, housing, transportation), participants identified meaningful opportunities to be engaged in their community and maintain physical health as key elements of community living.
- The number one reason (40%) that would draw more participants to the Senior Center is if they had more knowledge about what is offered.

#### Recommendations:

- Plan for escalating demand for Senior Center programs and services –including the expansion of both staffing and space.
  - Explore opportunities to acquire additional space to host programs or to build new space.
    - Consider a site-study or evaluation of existing properties in Hull.
  - Currently, the Hull Senior Center provides the only public social services in the Town. As needs for social services are expected to increase in quantity and complexity, address the need for additional social service staff to meet the needs of current and future older residents and their families.
    - Given the need for an increase in outreach staff, perhaps a new hire might be an LICSW who could offer clinical guidance to residents and provide supervision to social work interns.
    - Having outreach staff dedicated to community outreach and education could widen awareness of the Senior Center’s offerings.
  - As the space for additional programming becomes available, expand the programming staff to include additional “activities coordinator” position that assists with scheduling and planning the programming aspects of the Senior Center.
  - Consider selectively increasing the involvement of volunteers in staffing the Senior Center. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort.
- **The physical space and programming of the Hull COA does not currently meet the needs of the range of ages and interests of the Hull older adult population. Opportunities to be physically and intellectually active are desired.**
- One out of four current users of the Senior Center reported that if there were more accessible parking, they would likely attend more frequently.
  - When asked what kinds of programs they would like to see expanded, the highest rated program for expansion was indoor exercise programs (43%). Physical space to expand exercise programming is clearly needed.



- Additionally, the fourth highest rated program for expansion was presentations and performances (33%). These types of programs may require technology capabilities and large spaces with quality sound environments.
- The Hull Senior Center is the only one of its peer communities that relies entirely on volunteers for program delivery. It is also the smallest and oldest Senior Center among its neighboring communities. These findings suggest that additional capacity (space and staff) is needed in Hull to ensure that the strongest offering is being made to older residents.

### Recommendations:

- Work with other Town Departments or other local organizations to identify solutions to the parking shortage at the current Senior Center. Consider reserving street parking spots or spots in parking lots that are not used during daytime hours for Senior Center participants only or the implementation of a shuttle service that will pick residents up at their home and drop them off at the Senior Center to limit the number of vehicles. Another possibility would be to encourage participants to car-pool by offering an incentive.
- Advocate for more dedicated space for older adult programming. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Hull residents.
- Ensure that all programming space is equipped with the ability for residents to participate via video conferencing.
- If additional space becomes available, consider equipment for a small fitness center.
- Consider changing the name to be more inclusive. Consider soliciting ideas for a new name by facilitating a Town-wide contest. Creating an image that reframes aging as a positive and active experience may empower residents to participate in the community.
- Consider ways to host satellite programming around the Town to promote Senior Center programs and draw-in a wider range of residents. Alternatively, partnerships with the library, local businesses, and schools could help meet the needs for additional programming opportunities targeted for older adults.
- Support the development of a Trailblazers club<sup>17</sup> to connect with adults seeking to connect via outdoor activities.
- Work with other departments to consider the creation of walkable and accessible greenspaces that include “age friendly” seating and exercise equipment for multi-generational use.

---

<sup>17</sup> <https://www.facebook.com/SouthboroughTrailBlazers/>

- 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<sup>18</sup>.
- In order to further encourage walkability, identify existing restrooms that could be used for public use and make that information available to residents in map form.
- Create a “local leaders office hours” at the Hull Senior Center where residents can drop in regularly to hear about current developments related to housing, climate readiness, and planning.
- Identify museums, events, historical sites, performances, or outdoor spaces to visit and coordinate group travel and related programming.
- Coordinate with residents to identify topics and skills they can share with others and pilot-test a lifelong learning program.
  - Connect with the Osher Lifelong learning program<sup>19</sup> that is facilitated at the Hingham Library to identify ways for transporting and connecting Hull residents with that existing program.

➤ **Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Hull.**

- 41% of survey respondents reported that they do not currently live in a home that has a bedroom and bathroom on the entry level—signaling that their ability to stay in their home as they age would require modifications to ensure accessibility and safety.
  - 47% of survey respondents reported that their home currently needs some type of repair or modification to make it a safe place to age. Among them, 14% reported being unable to afford these changes.
- When asked about preferences for type of housing, nearly half (49%) of respondents aged 55-59 would prefer to live in a smaller single family home as would 40% of those respondents aged 70-79. Among the oldest old (age 80 or older), a 55+ independent living community is preferred (23%).
  - When asked about their concerns about being able to remain in Hull as they age, one of the most commonly reported concerns was a lack of affordable downsizing options in the Town.

**Recommendations:**

- Distribute educational materials, hold workshops, or offer other opportunities for Hull residents to learn about home modifications that can promote safety in the home.
- Improve communication about and knowledge of the contractor list that the COA has available. Continue to keep that list updated and accessible for older adults in need of

---

<sup>18</sup> <https://www.apartmenttherapy.com/poland-happy-to-chat-benches-37007127>

<sup>19</sup> <https://www.umb.edu/olli/contact>

services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home. Help residents identify trustworthy sources of assistance (e.g., handyman services or contractors).

- Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Hull. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Assisted living communities and senior independent living units are desirable housing options.
- Promote awareness of various housing options across the lifespan. Consider hosting a “housing choice” planning seminar to encourage pro-active thinking about aging in place. Invite local experts (e.g., real estate agents, contractors, disability commission members, lawyers, financial professionals) who can share their perspective about future housing options based on a wide range of individual scenarios.
- Advocate for the upkeep and maintenance of local public housing to ensure that all residents can live safely. Consider contacting the Attorney General’s office for support.

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

- 27% of survey respondents report modifying their driving in some way (e.g., not driving at night or on highways) and 6% report not driving at all. Among respondents aged 80 or older, 25% report not driving at all.
- 7% of survey respondents reported having to miss or reschedule a medical appointment due to a lack of transportation. Among those who do not drive, 41% reported having to do so.
- When asked about barriers to using existing transportation in Hull, not having enough information about what is available and having physical mobility challenges that make accessing transportation difficult were the top barriers reported by non-drivers.

**Recommendations:**

- Explore the development of a formal volunteer transportation program (e.g., F.I.S.H.<sup>20</sup>) to expand door-to-door transportation to the Senior Center or other social gatherings or shopping excursions and appointments.
- Consider collaboration with neighboring COAs to coordinate medical transportation to Boston.

---

<sup>20</sup> <https://www.wayland.ma.us/council-aging/pages/fish-friends-service-helping>

- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents aged 80 and older, non-drivers, and those with significant mobility limitations.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with the flexibility they value. Consider ride-share options or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for “refresher” driving courses and car safety programs as ways to support safe driving for as long as possible. AARP offers a Smart Driver course<sup>21</sup>, an educational program that offers older adults the opportunity to check how well their personal vehicles “fit” them. The program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.
- Hull is in a unique situation to consider ways to coordinate use of Town vehicles for multi-generational use. For example, obtain smaller busses with handicap accessibility that can be used for transporting students and residents needing door-to-door transportation.
- Promote use of on-demand ride services by offering informational sessions about programs like Uberhealth<sup>22</sup>, GoGoGrandparent<sup>23</sup> or the Transportation Resources, Information, Planning & Partnership for Seniors (TRIPPS) program<sup>24</sup>.
- Conduct a “walk audit” to identify areas of Town to prioritize for improved walkability.
- Consider a feasibility study or pilot-test of making a fixed route local transportation service available year-round. A route that connects the commuter boat to the commuter station and makes regular stops in between<sup>25</sup>.
- Offer “travel training” events for residents to familiarize themselves with transportation options in Hull. Consider the development of Rider-training on MTBA/the Ride.

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

- The number one concern about being able to remain living in Hull is the cost of taxes and utilities.
- 14% of survey respondents disagreed that they have adequate resources to meet their basic needs.

---

<sup>21</sup> <https://www.aarpdriversafety.org>

<sup>22</sup> <https://www.uberhealth.com/>

<sup>23</sup> [https://gogograndparent.com/gogostart?msclkid=93b745cca3fc115b3b9427f15d0b1491&utm\\_source=bing&utm\\_medium=pc&utm\\_campaign=GoGoGrandparent Brand Pure US Exact Desktop&utm\\_term=gogograndparent&utm\\_content=Brand Pure](https://gogograndparent.com/gogostart?msclkid=93b745cca3fc115b3b9427f15d0b1491&utm_source=bing&utm_medium=pc&utm_campaign=GoGoGrandparent Brand Pure US Exact Desktop&utm_term=gogograndparent&utm_content=Brand Pure)

<sup>24</sup> <https://www.mass.gov/doc/tripps-0/download>

<sup>25</sup> [https://www.salemma.gov/sites/g/files/vyhlif3756/f/uploads/2018.08.06\\_salem\\_feasibility\\_and\\_existing\\_transit\\_study.pdf](https://www.salemma.gov/sites/g/files/vyhlif3756/f/uploads/2018.08.06_salem_feasibility_and_existing_transit_study.pdf)

- The median household income for residents aged 45-54 is \$105,285 compared to the median household income for residents aged 65 or older which is \$62,742 in 2019 inflated dollars.

#### Recommendations:

- Expand and formalize the network of support systems to strengthen the existing Senior Center efforts and begin to bridge the gap in knowledge of available resources, financial assistance, and general support in navigating housing issues. If more are working together to maintain the current safety net for those who have housing insecurity, the stronger and more visible the safety net will be.
  - Educate the community about currently available programs to support aging in place on a limited income (e.g., property tax exemptions, tax work-off program, small grants for home repairs).
  - Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.
  - Engage the local chamber of commerce to promote discounts for older adults. This could promote socialization and offset costs.
  - Create a “summer jobs” program that employs retirees to supplement income—including working as parking attendants, beach clean-up workers, or other needed positions.
- **Fear of social isolation is a key issue facing Hull residents aging in place.**
- 36% of Hull residents aged 60 or older live alone.
  - 1 out of 4 (26%) survey respondents under age 70 report not knowing someone within 30 minutes of them to call on for help, if needed. This increases to 34% of those under age 70 who live alone.
  - 40% of survey respondents report not knowing who to contact in Hull should they or someone in their family need help with social, health, or municipal services.

#### Recommendations:

- Consider developing an initiative to reach out to older residents of Hull who are living alone. For example, a “Door Knock 600” project that would include a committee or group of volunteers that is tasked with contacting 600 single person households in Hull to identify them, their needs, and request contact information.
- Explore the adoption of an opt-in electronic system for systematically identifying and communicating with at-risk and vulnerable adults and families during emergencies.

- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a “new member day” or a “bring a buddy” program to welcome new participants).
  - Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology or making “friendly visits” by telephone. For example, a suggestion was made by key informants to develop an intergenerational connectivity program through assignment of a local youth to check-in on a single older resident. The bonding nature of the pairing could serve as an early alert to predicaments before they become a crisis while providing social connection and mentorship. The opt-in program could be managed through social media with oversight by public safety (e.g., Fire or Police) with consent from parent/young adult and the older person.
  - Consider implementing a “surrogate grandparent” program that matches older adults with local families for mentorship and socialization to those whose families live out-of-town or are otherwise absent. Consider hosting a grandparent’s day luncheon to celebrate the participants.
  - In order to ensure representation of residents on local boards, committees, and initiatives, consider establishing a “citizen’s civic academy<sup>26</sup>”. This educates residents about the basics of local policymaking and governance and empowers them with self-advocacy skills.
  - Consider hosting a quarterly breakfast for local organizations to come together. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.
- **Many Hull residents need support due to physical or cognitive conditions, and many caregivers need help.**
- 10% of all residents in Hull aged 60 or older have been diagnosed with Alzheimer’s disease or related dementia.
  - 47% of survey respondents reported having been a caregiver within the past 5 years, including 58% of respondents aged 55-59.
    - Among caregivers, 65% reported that it is challenging to provide care and complete their daily responsibilities.
    - Among caregivers, 31% are caring for someone living with dementia.
  - 40% of survey respondents have personal experience with substance misuse—either themselves or someone close to them.

#### Recommendations:

---

<sup>26</sup> <http://www.healthy-waltham.org/waltham-senior-civic-academy/>

- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available through the COA. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Hull COA with family caregivers.
- Consider hosting a “Caregiver’s Night Out” to provide residents of Hull who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
- Encourage Town staff to participate in Dementia Friends<sup>27</sup> training to raise awareness about residents and families living with dementia.
- Consider developing a Memory Café or providing referrals to nearby Cafés for residents and their caregivers to attend.

---

<sup>27</sup> <https://dementiafriendsusa.org/>

## Appendix A: Community Survey Results

Note: Appendix tables are based on 1,750 responses to the Town of Hull survey of residents age 55 & over, conducted in Fall 2021. Thirteen percent of responses were received online with the rest of the responses received by mail. Total response rate was 35%. See text for additional details.

### Which of the following best describes your status as a resident of Hull?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I live in Hull year-round</b>	92%	93%	94%	89%	92%
<b>I primarily live in Hull but spend Winters elsewhere</b>	6%	4%	5%	9%	6%
<b>I primarily live elsewhere but spend parts of the year living in Hull</b>	2%	3%	1%	2%	2%
<b>Total</b>	100%	100%	100%	100%	100%

### How long have you lived in Hull? (Check only one)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Fewer than 5 years</b>	14%	26%	16%	9%	8%
<b>5-9 years</b>	12%	14%	14%	11%	3%
<b>10-19 years</b>	17%	12%	18%	18%	15%
<b>20-29 years</b>	18%	18%	18%	20%	17%
<b>30+ years</b>	39%	30%	34%	42%	57%
<b>Total</b>	100%	100%	100%	100%	100%

### How important is it to you to remain living in Hull as you get older?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Important</b>	70%	66%	70%	71%	74%
<b>Somewhat Important</b>	22%	25%	22%	21%	21%
<b>Slightly Important</b>	5%	5%	5%	5%	2%
<b>Not at All Important</b>	3%	4%	3%	3%	3%
<b>Total</b>	100%	100%	100%	100%	100%



**Which neighborhood do you live in?**

	<b>All ages</b>
<b>Atlantic Hill (Crescent Beach, Gunrock, Gest Corner, Green Hill)</b>	16%
<b>Nantasket Beach</b>	23%
<b>Kenberma</b>	20%
<b>Strawberry Hill</b>	4%
<b>Nantasket Ave. (alphabet streets)</b>	19%
<b>Allerton Hill (Windemere)</b>	6%
<b>Pemberton Point</b>	1%
<b>Hull Village</b>	9%
<b>Spinnaker Island</b>	2%
<b>Total</b>	100%

**How often do you feel safe in the neighborhood where you live?**

	<b>All ages</b>	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Always</b>	63%	56%	59%	70%	66%
<b>Most of the time</b>	34%	38%	38%	28%	32%
<b>Sometimes</b>	2%	5%	2%	1%	1%
<b>Rarely</b>	1%	1%	1%	1%	1%
<b>Never</b>	--	--	--	--	--
<b>Total</b>	100%	100%	100%	100%	100%

**Do you feel informed about what to do in the event of a weather or other local emergency?**

	<b>All ages</b>	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Yes</b>	89%	87%	88%	91%	86%
<b>No</b>	11%	13%	12%	9%	14%
<b>Total:</b>	100%	100%	100%	100%	100%

**Would you know whom to contact in Hull should you or someone in your family need help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home supports or access to mental health services)?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	60%	52%	57%	65%	66%
<b>No</b>	40%	48%	43%	35%	34%
<b>Total:</b>	100%	100%	100%	100%	100%

**Please rate your level of satisfaction with each of the following features of Hull.**

***Accessibility of parking***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	22%	15%	20%	24%	32%
<b>Satisfied</b>	57%	54%	59%	58%	47%
<b>Dissatisfied</b>	15%	24%	15%	12%	12%
<b>Very Dissatisfied</b>	4%	6%	4%	4%	5%
<b>I don't know</b>	2%	1%	2%	2%	4%
<b>Total</b>	100%	100%	100%	100%	100%

***Handicap accessibility of walkways, public buildings, and businesses***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	14%	5%	13%	15%	21%
<b>Satisfied</b>	47%	46%	44%	51%	50%
<b>Dissatisfied</b>	13%	13%	12%	14%	12%
<b>Very Dissatisfied</b>	4%	6%	3%	4%	6%
<b>I don't know</b>	22%	30%	28%	16%	11%
<b>Total</b>	100%	100%	100%	100%	100%

***Availability of maintained sidewalks***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	9%	3%	9%	11%	15%
<b>Satisfied</b>	40%	43%	39%	39%	39%
<b>Dissatisfied</b>	33%	32%	34%	33%	26%
<b>Very Dissatisfied</b>	14%	19%	15%	13%	15%
<b>I don't know</b>	4%	3%	3%	4%	5%
<b>Total</b>	100%	100%	100%	100%	100%

***Lighting along sidewalks and trails***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	10%	3%	9%	11%	17%
<b>Satisfied</b>	47%	42%	50%	46%	41%
<b>Dissatisfied</b>	26%	32%	25%	26%	21%
<b>Very Dissatisfied</b>	7%	10%	6%	7%	10%
<b>I don't know</b>	11%	13%	10%	10%	11%
<b>Total</b>	100%	100%	100%	100%	100%

***Availability of benches or shaded seating in public areas and along walkways***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	9%	5%	9%	9%	15%
<b>Satisfied</b>	44%	44%	46%	42%	38%
<b>Dissatisfied</b>	28%	27%	26%	30%	27%
<b>Very Dissatisfied</b>	8%	11%	7%	8%	10%
<b>I don't know</b>	11%	13%	12%	11%	10%
<b>Total</b>	100%	100%	100%	100%	100%

***Marked crosswalks and timing of walk signals***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	14%	12%	13%	15%	21%
<b>Satisfied</b>	59%	61%	62%	56%	49%
<b>Dissatisfied</b>	17%	16%	16%	16%	18%
<b>Very Dissatisfied</b>	6%	7%	5%	7%	6%
<b>I don't know</b>	4%	4%	4%	6%	6%
<b>Total</b>	100%	100%	100%	100%	100%

***Clear and consistent signage and wayfinding around Hull***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	12%	10%	11%	12%	17%
<b>Satisfied</b>	56%	56%	57%	59%	46%
<b>Dissatisfied</b>	19%	21%	19%	17%	23%
<b>Very Dissatisfied</b>	6%	7%	6%	5%	6%
<b>I don't know</b>	7%	6%	7%	7%	8%
<b>Total</b>	100%	100%	100%	100%	100%

***Conveniently located public restrooms***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	6%	4%	6%	6%	12%
<b>Satisfied</b>	37%	41%	40%	33%	28%
<b>Dissatisfied</b>	29%	27%	31%	28%	29%
<b>Very Dissatisfied</b>	12%	13%	10%	15%	12%
<b>I don't know</b>	16%	15%	13%	18%	19%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I live alone</b>	27%	18%	23%	30%	38%
<b>I live with a spouse or partner</b>	61%	70%	66%	60%	38%
<b>I live with a relative (e.g., children, grandchildren, parents)</b>	11%	13%	12%	8%	18%
<b>Other</b>	3%	4%	3%	3%	4%

*\*Figures do not sum to 100%*

**Which of the following best describes your current place of residence?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Single-family home</b>	70%	77%	72%	67%	66%
<b>Multifamily home (2 or more units)</b>	4%	8%	4%	4%	4%
<b>Apartment</b>	6%	3%	7%	5%	7%
<b>Condominium or townhome</b>	19%	12%	16%	23%	21%
<b>Other (Please specify):</b>	1%	--	1%	1%	2%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	59%	54%	57%	59%	70%
<b>No</b>	41%	46%	43%	41%	30%
<b>Total</b>	100%	100%	100%	100%	100%

**Does your current residence need home repairs (*e.g., new roof, electrical work etc.*) to improve your ability to live in it safely for the next five years?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes, and I can afford to make these modifications.</b>	26%	26%	25%	25%	28%
<b>Yes, but I cannot afford to make these modifications.</b>	14%	14%	14%	13%	18%
<b>Yes, but I am not responsible for making these repairs (<i>e.g., I rent my current residence</i>).</b>	7%	10%	6%	8%	6%
<b>No, my current residence does not need modifications.</b>	53%	50%	55%	54%	48%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Smaller single-family home</b>	34%	49%	40%	26%	22%
<b>Multi-family home (2 or more units)</b>	2%	2%	2%	2%	3%
<b>Apartment</b>	11%	4%	11%	13%	12%
<b>Condominium, townhome</b>	26%	19%	29%	23%	16%
<b>55+ Community</b>	31%	33%	33%	30%	23%
<b>Assisted living community</b>	11%	4%	9%	31%	20%
<b>Continuing Care Retirement Community</b>	9%	4%	6%	13%	15%
<b>A multigenerational home (such as moving in with family)</b>	6%	5%	5%	6%	9%
<b>Other</b>	11%	10%	12%	12%	9%

*\*Figures do not sum to 100%*

**I use the following methods of transportation to meet my travel needs. (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I drive myself</b>	91%	95%	94%	94%	72%
<b>My spouse/children drive me</b>	17%	9%	13%	17%	43%
<b>Commuter Boat</b>	27%	34%	31%	26%	11%
<b>Bus</b>	5%	5%	7%	4%	3%
<b>Taxi or ride sharing service (e.g., Uber, LYFT)</b>	5%	6%	5%	6%	4%
<b>Walk or bike</b>	35%	42%	42%	29%	16%
<b>Friends or neighbors drive me</b>	5%	3%	4%	6%	11%
<b>The MBTA Ride Paratransit</b>	1%	1%	1%	2%	2%
<b>Transportation provided by the COA</b>	2%	--	1%	2%	4%
<b>Other</b>	3%	2%	2%	3%	5%

*\*Figures do not sum to 100%*

**How satisfied are you with transportation options in Hull?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	12%	16%	13%	12%	8%
<b>Somewhat Satisfied</b>	26%	26%	30%	23%	18%
<b>Slightly Satisfied</b>	17%	18%	16%	18%	13%
<b>Not at all Satisfied</b>	11%	10%	9%	11%	18%
<b>Not applicable</b>	34%	30%	32%	36%	43%
<b>Total</b>	100%	100%	100%	100%	100%

**Which of the following best describes your driving status?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I drive with no limitations</b>	67%	79%	74%	64%	37%
<b>I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)</b>	27%	18%	22%	32%	41%
<b>I do not drive</b>	6%	3%	4%	4%	22%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	7%	5%	6%	7%	16%
<b>No</b>	93%	95%	94%	93%	84%
<b>Total</b>	100%	100%	100%	100%	100%

**Which kind of difficulties do you have in getting the transportation that you need?**  
*(Check all that apply)*

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Public transportation in Hull is unavailable or inconvenient</b>	14%	14%	13%	14%	20%
<b>Transportation options cost too much</b>	4%	5%	4%	3%	5%
<b>Physical limitations or other impairments make accessing transportation options difficult</b>	4%	1%	2%	4%	10%
<b>No door-to-door assistance</b>	3%	1%	1%	4%	10%
<b>Distance to my destination is too far</b>	4%	1%	3%	4%	9%
<b>No one I can depend on for a ride</b>	4%	3%	5%	4%	6%
<b>I don't have information about what is available</b>	9%	5%	9%	9%	16%
<b>I have no difficulties</b>	70%	73%	71%	72%	55%
<b>Other</b>	7%	7%	8%	7%	8%

*\*Figures do not sum to 100%*

**How often do you talk on the phone, send email or use social media, or get together to visit with family, friends, or neighbors? (Check only one per item)**

*Talk on the phone or video call (such as Zoom or FaceTime) with family, friends, or neighbors?*

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Every day</b>	53%	59%	52%	51%	48%
<b>One or more times a week</b>	33%	26%	33%	36%	33%
<b>More than once a month</b>	8%	8%	9%	7%	11%
<b>Once a month</b>	2%	4%	2%	2%	1%
<b>2-3 times a year (e.g., holidays)</b>	2%	2%	2%	2%	3%
<b>Never</b>	2%	1%	2%	2%	4%
<b>Total</b>	100%	100%	100%	100%	100%



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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Every day</b>	56%	66%	60%	54%	34%
<b>One or more times a week</b>	25%	20%	25%	28%	24%
<b>More than once a month</b>	7%	7%	6%	6%	8%
<b>Once a month</b>	2%	2%	2%	3%	2%
<b>2-3 times a year (e.g., holidays)</b>	2%	2%	2%	2%	3%
<b>Never</b>	8%	3%	5%	7%	29%
<b>Total</b>	100%	100%	100%	100%	100%

***Get together in person with family, friends, or neighbors***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Every day</b>	19%	25%	16%	21%	20%
<b>One or more times a week</b>	44%	43%	46%	43%	44%
<b>A few times a month</b>	23%	19%	25%	22%	18%
<b>About once a month</b>	7%	6%	7%	7%	9%
<b>A few times a year (e.g., holidays)</b>	5%	6%	4%	5%	5%
<b>Never</b>	2%	1%	2%	2%	4%
<b>Total</b>	100%	100%	100%	100%	100%

**Aside from the Hull COA, do you know someone living close by on whom you can rely for help when you need it?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	75%	68%	74%	78%	80%
<b>No</b>	25%	32%	26%	22%	20%
<b>Total</b>	100%	100%	100%	100%	100%

**Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	56%	54%	55%	60%	56%
<b>No</b>	17%	19%	16%	16%	17%
<b>No, but I would be willing to ask if needed.</b>	27%	27%	29%	24%	27%
<b>Total</b>	100%	100%	100%	100%	100%

**Do you provide any help to neighbors with minor tasks or errands (e.g., changing a light bulb, shopping, shoveling snow)?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	49%	63%	55%	47%	21%
<b>No</b>	14%	6%	9%	15%	36%
<b>No, but I would be willing to if asked.</b>	37%	31%	36%	38%	43%
<b>Total</b>	100%	100%	100%	100%	100%

**I have been, or I have friends or family members who have been, affected by substance abuse (such as misuse of alcohol, prescription medication or illegal drugs).**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	43%	50%	50%	36%	28%
<b>No</b>	57%	50%	50%	64%	72%
<b>Total</b>	100%	100%	100%	100%	100%

**How satisfied are you with the extent to which local policy makers take into account the interests and concerns of older residents?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Completely Satisfied</b>	3%	4%	3%	3%	5%
<b>Very Satisfied</b>	16%	15%	14%	16%	24%
<b>Somewhat Satisfied</b>	41%	41%	44%	37%	43%
<b>Slightly Satisfied</b>	22%	24%	21%	24%	14%
<b>Not at All Satisfied</b>	18%	16%	18%	20%	14%
<b>Total</b>	100%	100%	100%	100%	100%

**In the past 5 years, have you 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 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	47%	58%	50%	43%	31%
<b>No</b>	53%	42%	50%	57%	69%
<b>Total</b>	100%	100%	100%	100%	100%

**If Yes, 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
<b>Very Challenging</b>	24%
<b>Somewhat Challenging</b>	41%
<b>Neither Challenging Nor Easy</b>	23%
<b>Somewhat Easy</b>	7%
<b>Very Easy</b>	5%
<b>Total</b>	100%

*\*This table only includes respondents who reported providing care to someone now or in the last five years.*

**Did this person have any of the following conditions? (Check all that apply)**

	All ages
<b>Alzheimer's disease or dementia</b>	31%
<b>Parkinson's disease</b>	5%
<b>Psychological Condition (e.g., depression or anxiety)</b>	15%
<b>Chronic disease (e.g., cancer)</b>	28%
<b>Other</b>	21%
<b>Total</b>	100%

**Do you see the Hull Senior Center as playing a role in the lives of yourself, loved ones, friends or neighbors?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	59%	56%	59%	58%	59%
<b>No</b>	41%	44%	41%	42%	41%
<b>Total</b>	100%	100%	100%	100%	100%

Please rate the importance of the following programs and services to you or to your family? (%Very Important/Important)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Transportation</b>	38%	48%	42%	28%	39%
<b>Volunteer opportunities</b>	27%	35%	32%	22%	16%
<b>Support groups (e.g., caregiver support group, neuropathy, support)</b>	30%	38%	31%	24%	24%
<b>Health and wellness (e.g., blood pressure clinics, medical equipment loan, podiatry)</b>	42%	50%	47%	31%	36%
<b>Nutrition programs (e.g., lunches, food donations, Better Together, Meals on Wheels)</b>	36%	44%	40%	30%	30%
<b>Educational opportunities (e.g., lectures, workshops)</b>	35%	41%	40%	30%	27%
<b>Fitness activities (e.g., yoga, tai chi, Zumba, walking club)</b>	42%	48%	47%	36%	34%
<b>Assistance with local or state programs (e.g., fuel assistance, SNAP, farmers market coupons)</b>	38%	45%	42%	30%	35%
<b>Professional services (e.g., health insurance counseling, tax preparation)</b>	39%	45%	44%	30%	30%
<b>Information referral (e.g., food pantry, Wellspring Multiservice)</b>	33%	41%	39%	27%	26%
<b>Outreach services (e.g., in-home, by phone)</b>	33%	40%	38%	26%	28%
<b>Outdoor activities/events</b>	36%	46%	40%	27%	27%
<b>Social or recreational activities (e.g., painting, book club, dancing, music)</b>	37%	51%	59%	30%	26%
<b>Trips or outings (e.g., concerts of destinations tours)</b>	27%	44%	38%	26%	34%

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

**How frequently do you use programs or services offered by the Hull Senior Center?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Two or more times a week</b>	2%	1%	--	3%	4%
<b>About once a week</b>	2%	1%	1%	2%	4%
<b>A few times a month</b>	1%	--	--	2%	4%
<b>About once a month</b>	1%	1%	1%	1%	2%
<b>A few times a year (e.g., special events only)</b>	14%	7%	10%	19%	21%
<b>Never, I do not use programs or services offered by the Senior Center</b>	81%	90%	88%	73%	65%
<b>Total</b>	100%	100%	100%	100%	100%

**If never: What is the reason that you do not currently use programs or services offered by the Hull Senior Center? (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am not interested</b>	24%	17%	19%	31%	34%
<b>I am unaware of programs or services available</b>	23%	16%	25%	25%	17%
<b>I participate in programs elsewhere</b>	8%	2%	7%	13%	12%
<b>I am still working</b>	35%	59%	42%	21%	7%
<b>I do not have time</b>	10%	10%	11%	9%	12%
<b>Hours of operation are inconvenient</b>	2%	3%	3%	2%	2%
<b>I am not old enough</b>	24%	58%	28%	6%	3%
<b>Other</b>	19%	8%	18%	21%	31%

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

Below, please check all factors that would increase the likelihood of your using the Hull Senior Center. (Check all that apply).

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>If I had more knowledge about the programs and services that are available</b>	40%	38%	46%	38%	32%
<b>If the cost of programs was reduced or eliminated</b>	8%	9%	10%	6%	8%
<b>If programs and services were better suited to my interests</b>	25%	17%	27%	28%	22%
<b>If the hours of the Senior Center were more convenient</b>	7%	6%	8%	6%	5%
<b>If there was more parking at the Hull Senior Center</b>	14%	10%	13%	16%	16%
<b>If it were easier to access the Senior Center building (e.g., updated building, improved accessibility)</b>	6%	5%	5%	8%	7%
<b>If there were more people like myself at Senior Center events</b>	27%	20%	28%	32%	18%
<b>Other</b>	25%	33%	26%	23%	21%

*\*Figures do not sum to 100%*

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

	<b>All ages</b>	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Arts and crafts</b>	24%	30%	28%	20%	16%
<b>Lunch or other nutrition programs</b>	21%	33%	22%	17%	16%
<b>Caregiver programs (e.g., support groups, respite)</b>	19%	25%	22%	15%	12%
<b>In-home programs (e.g., help with minor chores/errands)</b>	28%	37%	30%	24%	26%
<b>Day trips</b>	33%	39%	34%	32%	27%
<b>Information/referral for social services</b>	22%	26%	26%	18%	15%
<b>Health and wellness programs</b>	38%	49%	43%	34%	23%
<b>Professional services</b>	24%	31%	32%	16%	10%
<b>Indoor exercise</b>	43%	51%	48%	39%	25%
<b>Technology skills (e.g., smartphone applications)</b>	28%	29%	29%	28%	26%
<b>Outdoor exercise (e.g., hiking, kayaking)</b>	37%	52%	46%	28%	12%
<b>Evening or weekend activities</b>	25%	38%	27%	20%	13%
<b>Performances and presentations</b>	33%	35%	33%	35%	21%
<b>Social programs (e.g., parties)</b>	22%	32%	23%	19%	14%
<b>Intergenerational programs</b>	13%	19%	16%	11%	6%
<b>Other</b>	6%	5%	6%	8%	5%

*\*Figures do not sum to 100%*

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Senior Center newsletter	36%	18%	28%	43%	61%
Cable TV	9%	8%	7%	10%	12%
Radio	2%	2%	1%	1%	3%
Email or text communication	35%	40%	41%	33%	18%
Local community newspaper	55%	46%	55%	58%	55%
Facebook or other social media sites	33%	48%	39%	27%	12%
Town of Hull website	40%	49%	48%	33%	17%
Other	6%	4%	6%	6%	5%

*\*Figures do not sum to 100%*

Are you able to access the internet from your home? *(Check all that apply)*

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Yes, using a smartphone ( <i>that is, a cellular phone that provides access to the internet</i> )	74%	82%	82%	70%	47%
Yes, using a home computer, laptop, or tablet	85%	85%	88%	87%	68%
No, I do not have internet access at home	6%	3%	2%	6%	22%

*\*Figures do not sum to 100%*

What is your age range?

	All ages
Under age 55	1%
55-59	13%
60-69	40%
70-79	34%
80-89	10%
90+	2%
Total	100%



Please select your gender.

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Male</b>	58%	54%	61%	57%	49%
<b>Female</b>	42%	46%	39%	43%	51%
<b>Other</b>	--	--	--	--	--
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Working full time</b>	27%	70%	34%	9%	3%
<b>Working part time</b>	14%	14%	16%	16%	5%
<b>Retired</b>	58%	12%	47%	77%	92%
<b>Other</b>	8%	7%	10%	7%	4%

*Figures do not sum to 100%*

When do you plan to fully retire?

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>N/A, I am already fully retired</b>	52%	12%	41%	71%	81%
<b>Within the next 3 years</b>	11%	9%	16%	8%	2%
<b>In the next 5 years</b>	10%	13%	16%	3%	10%
<b>In the next 10 years</b>	8%	33%	8%	1%	--
<b>In more than 10 years</b>	2%	9%	1%	--	1%
<b>Not sure</b>	10%	14%	11%	9%	3%
<b>I do not anticipate ever fully retiring</b>	7%	10%	7%	8%	3%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Strongly Agree</b>	38%	37%	35%	41%	41%
<b>Agree</b>	48%	48%	51%	46%	45%
<b>Disagree</b>	11%	12%	11%	10%	9%
<b>Strongly Disagree</b>	3%	3%	3%	3%	5%
<b>Total</b>	100%	100%	100%	100%	100%