

2016

Groton Council on Aging

Planning Committee
Report

[COUNCIL ON AGING PLANNING COMMITTEE REPORT 2016]

The Groton Council on Aging Planning Committee has been created to consider the future needs of the Groton citizens 60 years and older. Utilizing strategic planning, the committee will establish a rolling strategic plan for the next 5-7 years with an estimated completion date of February 2016.

**Groton Council on Aging
Planning Committee 2015**

Mihran Keosian, Chair
34 Flavell Rd
Groton, MA 01450
978-692-3715
mktkmm@verizon.net

Gail Chalmers, Vice Chair
PO Box 321
W. Groton, MA 01472
978-448-6613
chalmersnh@comcast.net

George Faircloth
61 Paquawket Path
Groton, MA 01450
978-448-3093
fairgeorge@verizon.net

Norma Garvin
59 Fitch Bridge
Groton, MA 01450
978-877-1086
normajoyibb@yahoo.com

Bob Lotz
163 Indian Hill Rd
Groton, MA 01450
978-448-6313
boblots@hotmail.com

Marie Melican
58A west Main Street Unit 101
Groton, MA 01450
978-448-8224
mmelican927@aol.com

**Peter Cunningham, Selectman
Liaison**
44 Smith Street
Groton, MA 01450
978-448-3497
brecca@charter.net

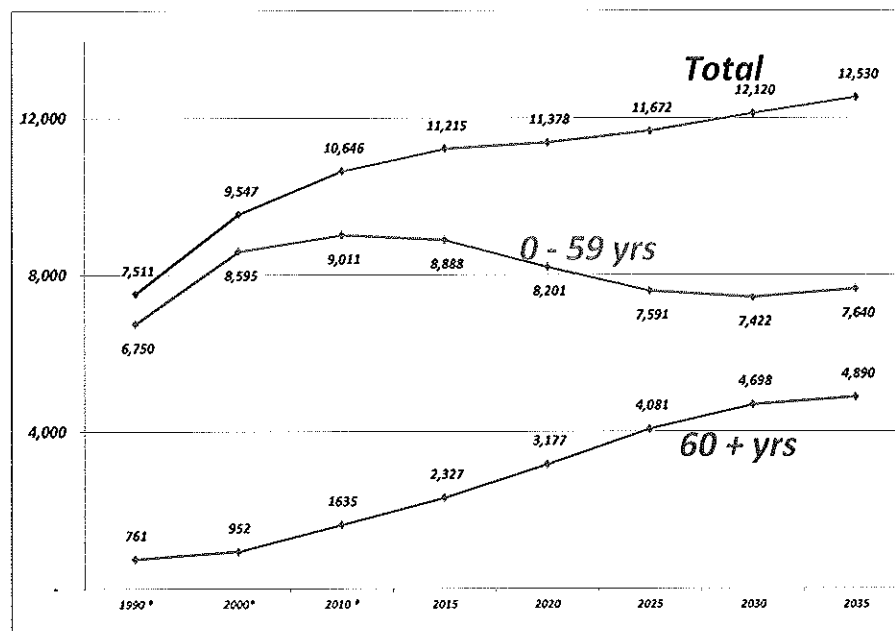
Kathy Shelp, Director (staff)
349 Brook Village Rd #32
Nashua NH 03062
607-321-1565 (cell)
kshelp@townofgroton.org
kathyshelp@yahoo.com

Council on Aging Planning Committee Report 2016

The Fall of 2014, the Groton Council on Aging initiated planning process to guide its planning for future programs, services and needed staffing levels with a focus planning for the future development of programs, staffing, facilities, and outreach. In order to do so we needed to understand where we are now insofar as the perceptions of the community at large, where do we need to go, and what do we need in order to get there.

Charged with the development of a 3-5 year strategic plan which included goals for programs, services and facility, the Council on Aging Board of Directors appointed a Planning Committee with Mihran Keoseian as chair. The Planning Committee initiated a strategic planning process in order to guide planning for future programs, services and staffing levels. First was a two page Utilization Survey that was distributed at the Fall 2014 Town Meeting and followed up in January 2015 with a town wide needs assessment distributed through the census. During the Spring of 2016 COA Director Kathy Shelp facilitated six focus groups representing senior center participants and non-participants, conducted interviews with community stakeholders in senior services and site visits to surrounding senior centers. Parallel to these studies George Faircloth led an in-depth population analysis while Chairman Keoseian led the committee in a SWOT analysis of the current COA programs, services and facilities. By the end of our study almost 800 Groton residents had contributed to the results.

Supported and enforced by an extraordinary amount of information, the Planning Committee commenced the work they were tasked to do—create a strategic plan (APPENDIX I) as blueprint for the development of programs and services and a senior citizens center that reflects the needs of Groton's current senior citizen population and the projected expanding population.



Council on Aging Planning Committee Report 2016

Several factors pointed to the need for thoughtful planning for the future. Nationally, our population is aging and this is reflected in the community of Groton, as well. The senior population has increased in the last twenty years and seniors are living longer than ever before. This results in a demographic group that spans four decades [see *appendix VII*]. We recognized that the impending growth of our senior citizens population provided us with both opportunities and challenges to reflect on what that might mean for programs for seniors.

The primary goals of our action plans are to identify and support policies and practices that strengthen the emotional, cognitive, physical, and social health of the Town's older adults. The plan provides the citizens and policy makers with a vision and a set of strategies to follow to build upon an existing successful program.

In order to keep the report interesting and focused, we allocated the data reports at the end of this report. By following this format, the reader can concentrate and focus on, what we believe is the most important parts of interest—what the data has told us, how the data helped frame our question, what are we going to do with the data, and how do we plan on getting there.

Council on Aging Planning Committee Report 2016

The Groton Council on Aging Planning Committee gathered information from a variety of sources:

Method	Description
2016 Long Term Planning Guide	Result of the cumulative findings of Appendixes II - IX
2015 Needs Assessment	8 page needs assessment was inserted in the 2015 census with 664 usable responses. See Appendix II
Focus Groups	Six focus groups were held in the Spring of 2015, See Appendix III
SWOT Analysis	Strengths, Weakness, Opportunities and Threats were analyzed by the COA Strategic Planning Committee See appendix IV
Senior Center Accreditation	The 2015 National Institutes of Senior Centers accreditation provided a report of GCOA deficiencies and standards achieved. See Appendix V
Interviews with Groton Stakeholders	COA staff met with stakeholders in services for seniors. See Appendix VI
Population Analysis	A variety of sources were used. See Appendix VII
Site visits	The COA Strategic Planning Committee visits 5 other senior centers to evaluate buildings. See Appendix VIII
Professional Conference	COA staff attended the Fall conference of the Massachusetts Council on Aging with sessions on senior centers vs community centers. See Appendix IX

FY16

**Groton
Council
on
Aging**

Appendix I

**LONG TERM PLANNING
GUIDE**

LONG TERM LISTENING
FOR LONG TERM PLANNING

“Long Term Listening—For Long Term Planning”**Groton COA [GCOA] 5 Year Groton Community Adult Center*
2-Phase Long Term Planning Guide**

The Groton Council On Aging [GCOA] Long Term Planning Guide is the result of the cumulative findings from a town-wide survey, census data, input from senior center experts, participants' input from over 5 focus groups, current staff expertise, COA Board input, research, and site visits to other senior and adult centers. By all measures, it is clear that the Groton Senior Center, as it currently exists, cannot optimally address the needs of Groton's current senior population nor meet the needs of Groton's imminent future senior population.

The 60 and older adult population has increased by 1% per year since 2010. In 2015 the older adult population (60 years and older) comprised 25% of Groton's adult population. Growth data and statistics show that growth will continue to increase by 1% per year and will reach 30% of the adult population by 2020.

The research unit of the Office of Elder Affairs 2002 projections estimates the Groton adult population 65 and older will increase from 668 in 2010 to 1455 in 2020. This is an increase of 117% in 10 years.

Based on these ever-changing needs of Groton's aging population and the imminent baby boomer inclusion, the need to increase and refine existing programs and develop ones that are needed must begin now.

The current center, originally designed to serve as Groton's VFW, is not optimally suited for use as a senior center from both facility and program perspectives. The building measures ~5,000 sq. ft. of space and prohibits optimal program offerings due to the lack of quiet, separate space and an inability to provide adequate programs for large groups (50 or more) due to limited room size and room configurations. Building accessibility is sub-standard. There is no elevator in the building requiring those attending programs in the basement to enter through an outside steel door that is not always easily accessible in the winter. Often times programs need to be split between the 2 levels creating obstacles and hardships for those with limited mobility.

**Groton Community Adult Center serves as a placeholder to illustrate the spirit and intent of the future building.*

Currently, participants must enter the building by walking around the building, through the parking lot (in all weather conditions) and up a lengthy ramp that is not doable for some. There are no automatic doors on the building that enable those with walkers or wheelchairs access with independence and dignity.

Based on our findings and to better align our Center with our Core Beliefs, the Planning Committee developed a 2 phase Long Term Planning Guide.

Center's Core Beliefs

1. ***Groton Community Adult Center*** is the focal point for support services to aid seniors to age in place and to navigate life's transitions. We will achieve this Core Belief by making the Center the primary community resource for support, information, and referral services to Groton's older adults, their caregivers and other Groton stakeholders who provide services for our seniors.
2. ***Groton Community Adult Center*** will be a dynamic, welcoming place where people gather and participate in activities and programs that promote healthy aging through physical, cognitive, social, outreach services, emotional, and vocational wellbeing.
3. ***Groton Community Adult Center*** will collaborate with participants and other community organizations to address needs and current concerns of older adults and their families as well as to be responsive to emerging needs in this diverse community.
4. ***Groton Community Adult Center*** will be a trendsetter to ensure that older adults and their care givers are educated and informed about issues and concerns that matter most in their lives.
5. ***Groton Community Adult Center*** will be a center for seniors to participate and engage in practices and activities that promote healthy minds and bodies to maintain their independence.

The Center's Mission, Vision, and Core Beliefs will be accomplished through a 2 phase Long Term Planning Guide.

Phase 1**Goal #1: Conduct a Facility Feasibility Study**

Prepare a Request for Proposal [RFP] for BOS review and ultimate approval by the voters at the Spring 2016 Town Meeting.

OBJECTIVES:

1. Evaluate the program and space [internal and external] needs of the Senior Citizens Center—present and planned.
2. Assess the benefits and challenges of relocating some or all programs and services to one or more existing town and/or private facilities.
3. Identify key limitations, deficiencies, and advantages in the existing facilities and its overall site (parking, handicapped access, safety, etc.).
4. Assess the feasibility and costs of remediation.
5. Assess the benefits, challenges, and/or downsides of co-locating to other sites or facilities.
6. Provide an assessment of the benefits and challenges of other identified sites for a new facility.
7. Prepare cost analysis and benefits of renovating/upgrading existing facility.
8. Prepare cost analysis for a new building with land acquisition if applicable.
9. Prepare a comparative analysis of the benefits of moving/building a new center vs. upgrading/renovating the existing Center.
10. Develop preliminary design drawings of the top 2 preferred recommended plans.
11. Provide a cost estimate for the top 2 preferred recommended plans and projected project completion timeline for each.
12. Meet with COA Director and other appropriate boards periodically as needed.
13. Be prepared to present and support findings to various town-wide groups.

Goal #2: Expand Public Awareness

Plan for and implement 4 town-wide informational sessions that will address:

OBJECTIVES:

1. Expand public awareness and knowledge about senior issues in Groton.
2. Present the rationale to support upgrading the Center's facility.
3. Provide opportunities for all residents to learn about the Facility Feasibility warrant.
4. Explain the benefits to the community at large of a 21st Century Center for Groton.

Goal #3: Form Feasibility Oversight Committee**OBJECTIVES:**

1. Assess and score Feasibility RFP.
2. Assess current building structure.
3. Help promote passage of the town-wide warrants.

Timeline: Phase I: January 2016 – April 2016

Phase 2: Following positive approval of Phase I at Spring Town Meeting

Goal #4: Secure Funding for Building Renovation/Building/and/or Expansion

OBJECTIVE

1. Feasibility Oversight Committee develops action plan and timeline for next step Center Renovation/Building/and/or Expansion

GOAL #5: DEVELOP and ENHANCE PROGRAMS & SERVICES

OBJECTIVES:

2. Identify unmet needs.
3. Explore evening programs.
4. Address program interests as indicated in the needs assessment.
5. Explore evening transportation options
6. Evaluate current and future programs as they relate to the six branches of service: Information and Referral, Health and Fitness, Intergenerational, Leisure and Education, Retirement and Family Care.

GOAL #6: STRENGTHEN ORGANIZATION

OBJECTIVES:

1. Change Center's name from Groton Senior Citizens Center to Groton Community Adult Center.
2. Create a comprehensive older adult volunteer database to address the needs of the Groton Community Adult Center and the Groton Community at large.
3. Recruit external advisors as needed.
4. Study present and future staffing issues based on existing and projected needs.
5. Benchmark other effective Senior Centers and/or other organizations.

GOAL #7 – BUILD FINANCIAL SUSTAINABILITY

OBJECTIVES:

1. Explore endowment possibilities.
2. Establish a friends group.
3. Work with town leaders to develop 2 – 4 year financial plan.

GOAL #8 – EXPAND PUBLIC AWARENESS

OBJECTIVE:

1. Develop a marketing/outreach plan for the Center.

TIMELINE PHASE II MAY 2016 – JUNE 2020

2015

Needs Assessment

Appendix II

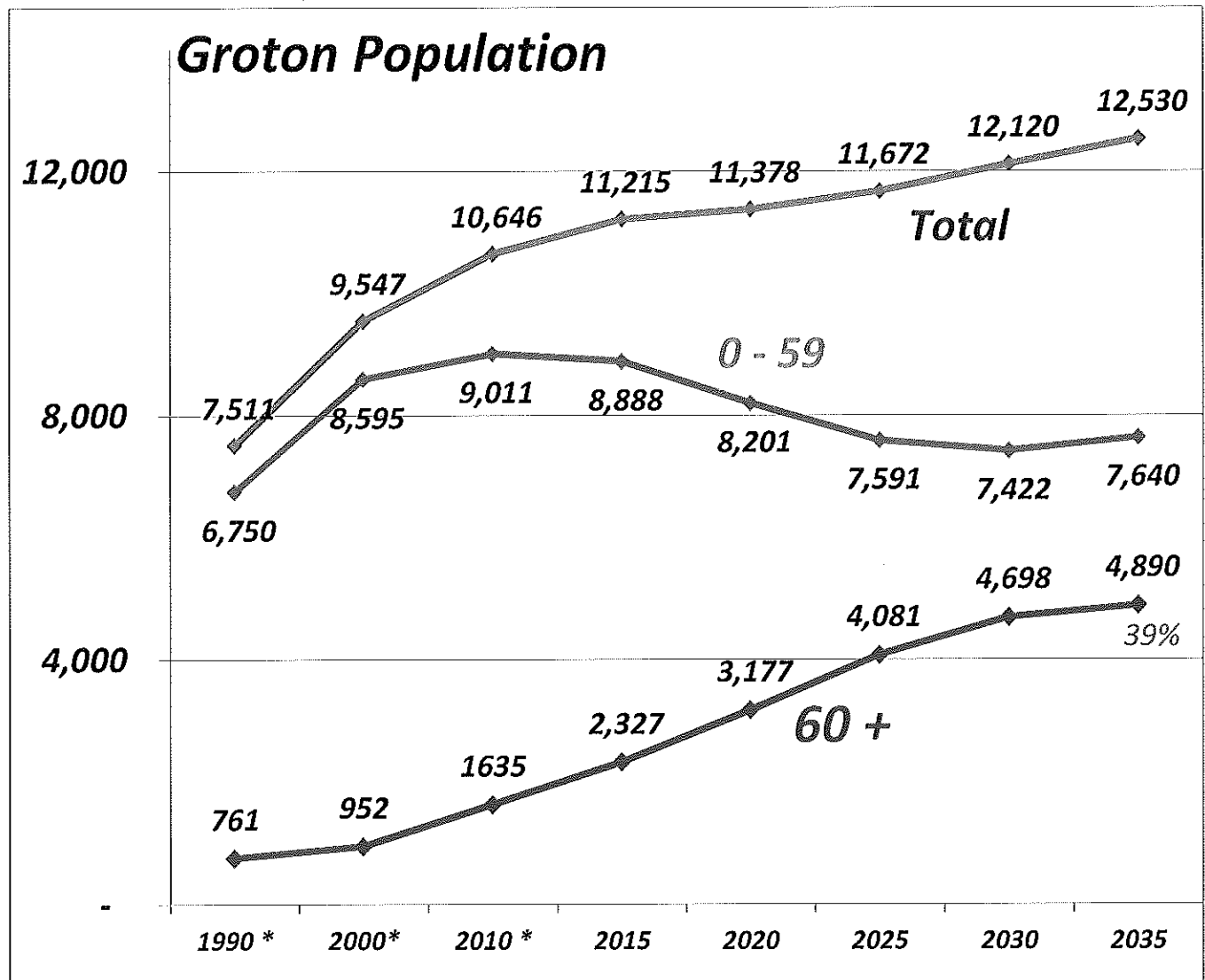
**[GROTON COUNCIL ON AGING
NEEDS ASSESSMENT]**

COA Needs Assessment Survey Results

Overview:

The Groton Council on Aging engaged the town in a conversation with Groton Seniors about center programs and services not only for current senior citizens but our future seniors as well..

By the next federal census it is estimated the senior population of Groton will be about 28% of the total population. The historical & projected senior population of Groton is:



As the Council on Aging prepares goals for the next three, five and ten years, we need to plan for this expected growth. Likewise we should consider possible modifications to current programs, activities and services.

The needs and expectations of current and future senior residents of Groton had to be understood and reflected in these plans. To obtain meaningful input regarding Groton's senior's needs we developed a comprehensive **Needs Assessment Survey** of our town's seniors..

We asked residents *60 and older* and *Caretakers for seniors* to complete this survey. We distributed our Assessment Surveys along with the 2015 Town census mailing. We advertised the need for survey responses and we provided additional survey questionnaires to as many Groton residents as we could.

683 residents over 60yrs returned their survey. This represents nearly 30% of Groton's seniors.

Some highlights resulting from this Survey are given below. Detailed data from the responses are included in Appendices A through F

Who are Groton's Seniors

- The respondents were:

57% Female

43% Male

Also see responses by Gender in Appendix C .

- Respondents Ages

Average age was 70 yrs with a range from 60 yrs to 103 yrs

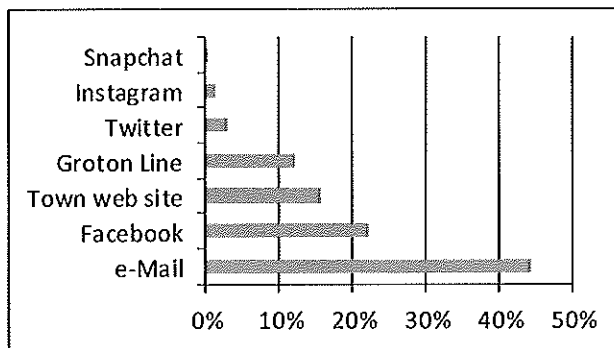
Also see responses partitioned by age in Appendices B &C.

- 91% of respondents have computers.

- Regarding use of social media:

Participation in Social Media

e-Mail	45%
Facebook	22%
Town web site	16%
Groton Line	12%
Twitter	3%
Instagram	2%
Snapchat	0%



- Length of time respondents have lived in Groton:

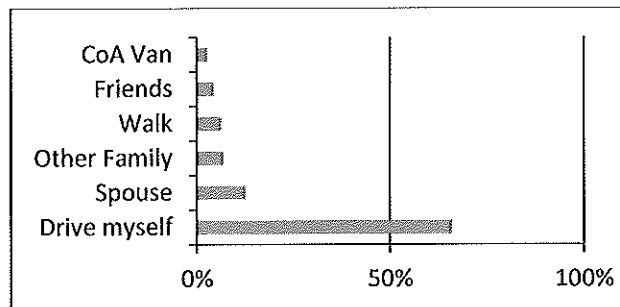
Years	
21-30	23%
31-40	23%
41+	15%
16-20	9%
11-15	9%
5-10	8%
<5	7%
lifetime	5%

51% of Groton's seniors have lived here over 20 years

- Living situations:
27% Live alone; 52% with a spouse or partner and 82% are in a single family home.
- 36% may need modifications to remain in their homes. 13% may need help paying for these modifications.
- 80% said it's important or somewhat important to stay in Groton.

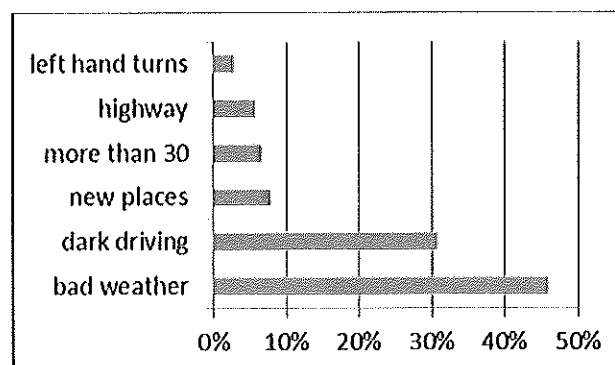
Transportation

- Sources of transportation & Driving avoidance behavior.



What driving do you avoid?

What Driving Do You Avoid?



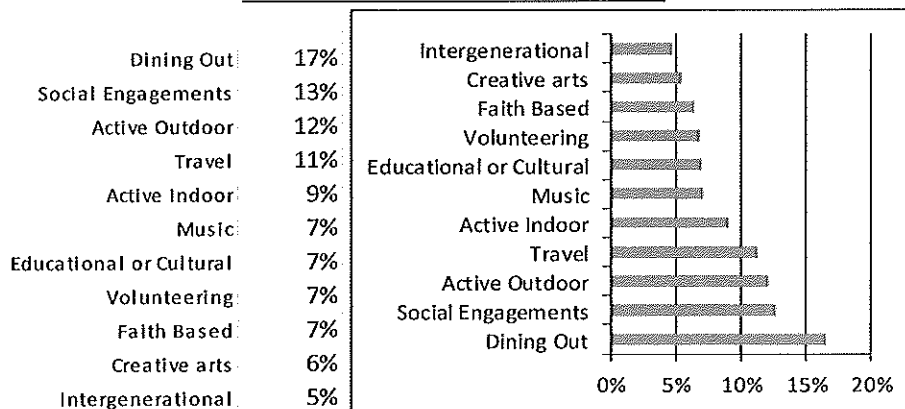
CoA Van usage

- 78% of respondents are aware of the CoA Van
- Only 8% have used the van &
- 89% would use the van if needed.

Health & Life in Groton

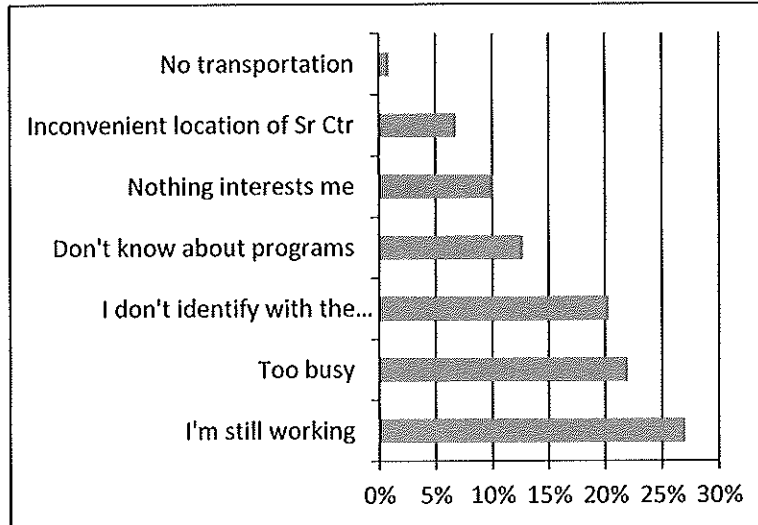
- Health & Family
 - 91% Consider their health Excellent or Pretty Good
 - 92% do not need help with activities or personal care &
 - 54% have provided care for another
- Groton Perceptions
 - 87% feel a sense of belonging in Groton.
 - 99% *feel safe in Groton.*
- Neighbor assistance
 - 30% received some help from Neighbors.
 - 46% have helped neighbors.
 - 90% would help their neighbor if needed.
- Engagement
 - 94% rate their emotional wellbeing as excellent or good
 - 88% Get together w family or friends at least weekly
 - Activities:

In What Activities Do You Participate?



The Senior Center

- Usage of the Senior Center
 - Only 21% now use the Senior Center.
 - Reasons why respondents did not use the Center



- 52% have read the Senior Soundings Newsletter
- Only 19% find the term "Senior" unpleasant &
- Only 10% would prefer to change the center's name.
- If we had a "Community Center" instead of a "Senior Center", Only 8% would participate less.

Later focus groups clarified this & indicated many indicated they wanted to avoid routine interface with teen agers.

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- Importance of current CoA Programs

	"Very" & "Somewhat" Combined	Not @ All
Social -meals,movies,cards,book club,games, entertainment	93%	7%
Educational Programs	93%	7%
Info & referral for Sr services	93%	7%
Fitness/exercise	92%	8%
Travel/Outings	92%	8%
Local transportation	91%	9%
Volunteer opportunities	91%	9%
Medical transportation to the VA, Boston, Emerson & Lahey	91%	9%
Health Education	90%	10%
Health Insurance Counseling	90%	10%
Assistance w/ minor home repairs/chores	90%	10%
Assistance w/Fuel , food stamps, state programs	89%	11%
Weekday Meals	88%	12%
Tax Prep	86%	14%
Art Programs	85%	15%

All rated important – with very little difference

- 64% view retirement as an opportunity to experience new things & 68% see it as an opportunity to increase activity they now do.

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- Activities in which respondents might participate – *ranked as to interest.*

Activities in which you might participate

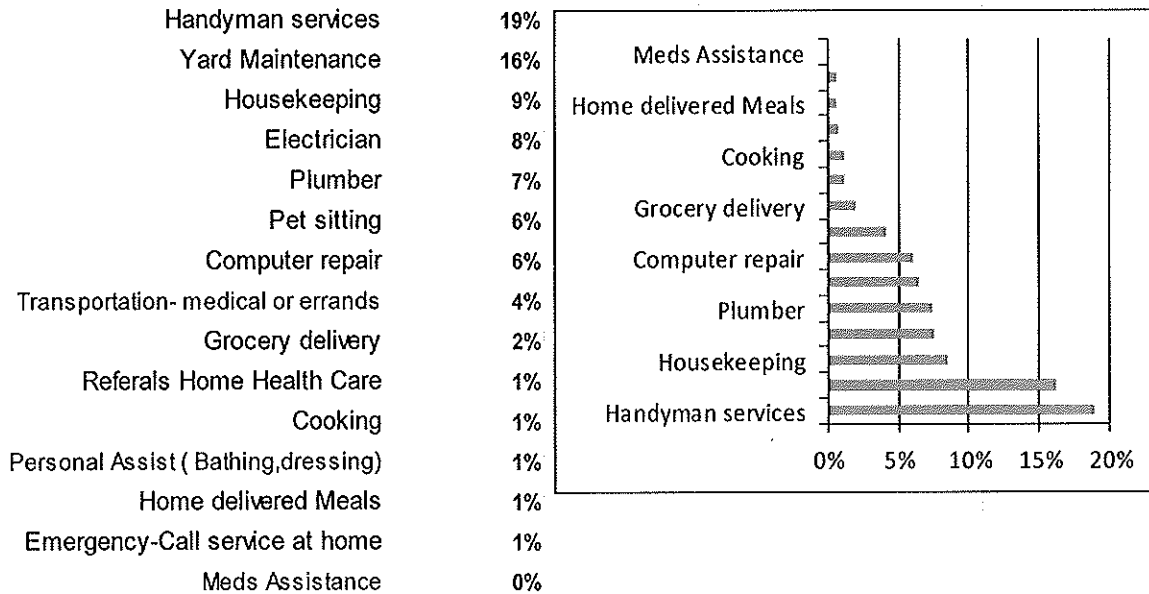
51% Travel
 38% Hiking
 35% Swimming
 33% Walking Groups
 32% Volunteer opportunities
 30% Arts & Crafts
 29% Computer Instruction
 28% Education Classes
 28% Personal Trainer
 27% Book Club
 27% Snowshoeing
 22% Electronics Instruction
 21% Foreign Language Lessons
 20% Financial Investment Strategies
 20% Dance
 20% Golf
 20% Discussion Groups on Current Events
 17% Fine Arts Instruction
 16% Ballroom Dancing
 16% Instrument Lessons
 15% Intergenerational Opportunities
 14% Zumba
 14% Target Shooting
 13% Bocci Ball
 13% Tennis
 12% Horse Riding
 11% Horseshoes
 9% Archery
 8% Volleyball
 6% Grief Support
 5% Skydiving

Also see Appendix B-2 for ranked listings separated for Females & Males

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- Services needed – prioritized most requested to least

For What Services Are You Looking ?



Detailed results of this Needs Assessment Survey are included in the appendices.

Appendices

- A – The Survey Questionnaire
- B – Selected/Interesting response data
 - * Interesting Stats Table
 - * Preferred Activity Comparison Female - Male
- C –Comparisons by Age & Gender
- D – Respondent Count Information
- E – Lists of responses to help the Director & staff understand Groton seniors' wants to better meet their expectations.
 - * What Education Topics would you want offered?
 - * What Instruments would you want to try?
 - * What modification to your home do you expect to need?
 - * Who helps you with your activities & personal care?
- F – Detailed Tally Results ([9] breakouts for age, gender & all)

2015

Focus Group Report

Appendix III

**[REPORT: GROTON COA FOCUS
GROUPS 2015]**

Report: Groton COA Focus Groups 2015

The objective of the Focus Groups was to meet with residents (60 and older), to complete our analysis of the current and future needs of our citizens. We invited residents who currently use the senior center and those who do not participate. The discussion concentrated on attitudes toward aging, community center vs senior center, future senior programs and services and building/facilities.

Participants were recruited through the COA newsletter, postings at the senior center, local newspaper, and the Town of Groton website. Interested participants received a form which gave a variety of dates to rank as to their availability and then grouped according to their responses. There was no consideration other than participant availability and group size when assigning time slots.

Each group was facilitated by the COA Director, Kathy Shelp and met on their assigned dates for approximately two hours each. The facilitator was assisted by either COA staff or a Board of Director member. All, with the exception of the October 22 group, produced viable information which was used in the data to follow.

Six focus groups were held in 2015

Monday, May 4, 9:30am

Thursday, May 7, 10am

Saturday, May 9, 9:00am

Tuesday, May 12, 6:30pm

Tuesday, October 20, 10am

Thursday, October 22, 11am

There were 34 participants (excluding 10/22)

21 Users of COA programs and services

10 Non-users of COA programs and services

3 Occasional users (less the 4 times per year) of COA programs and services

The average age was 73.5 years

Participant affiliations included:

COA Board of Directors

DCF case reviewer vol.

First Parish Church

Groton Women's Club

Board of Selectman

Loaves and Fishes

Prescott Building Committee

First Parish Church

Board of Elections

YMCA Nashua

Groton Local

Groton Garden Club

Nashua Watershed

Groton Sustainability

Groton Neighborhood

Historical Committee

GDC

Indian Hills Music

Friends of Groton Elders

GPL/ Lifelong learning

Friends of Prescott

Economic Dev Committee

American Chemical Society

Groton Food Project

Groton Historical Society.

Groton Neighbors

United Native Cultural Center

BOD Pre School

BOD Brooklyn Charter

Friends of Nashoba Hospital

Groton Board of Appeals

BOD Harlem Charter

Groton Conservation Trust

Groton Personnel Committee

Report: Groton COA Focus Groups 2015

What are the first three words that come to mind when you hear “senior citizen”?

The focus groups with the highest majority (90%) of COA participation, presented a higher number of positive responses as compared to non or occasional users of programs and services.

Users of the senior center:

50% *positive response*
25% *neutral responses*
25% *negative responses*

Non/Occasional senior center users:

25% *positive responses*
11% *neutral responses*
52% *negative responses*

What are the greatest challenges to aging?

These answers reflect not only physical and societal reactions to aging but also the inner struggles felt as we age. This was true across all focus groups, users and non-users of the COA programs and services.

- 20% of responses indicated loss as a challenge to aging, loss of; peer group, care group, driving, capacity, purpose, energy, mobility, time, loved ones, and memory.
- 20% of responses illustrate inner struggles with the acceptance of the aging process including acceptance of change, limitations, age, and status and also the fear of what's next and how to cope with what will come.
- 20% of responses find health issues as a challenge (including forgetfulness).
- 18% of responses saw society's response to aging as a challenge; acceptance, public conception, opinions not valued, treated as if fragile, credibility, respect, being invisible in society, not appreciated.
- 10% misc. responses: Long-term Care, Medicare, changing social norms, home repairs, downsizing.
- 6% of responses indicate money or financial concerns.
- 6% of responses find technology as a growing challenge.

Report: Groton COA Focus Groups 2015

What kind of activities would attract you to participate?

Opinions shared by one member of a group did not necessarily reflect the opinions of the entire group. The responses varied greatly however, the number of programs mentioned that the COA currently offers even among users, indicates a need for an increase in marketing. 31% of responses were programs currently offered by the COA. Responses also indicate a necessity to update the image and perception of the COA particularly with the occasional or non-user.

- Group #1** Consisted of majority (90%) users:
Gym with exercise equipment
Pool
Evening programs
Evening van transportation
Pool table
The COA currently offers the opportunity for pool use through collaboration with The Groton School.
- Group #2** Consisted of majority of non/occasional (less than 4X per year) users:
Biking groups
Memory enhancement
Physical fitness with trainer and equipment
Intergenerational (with adult generations)
Dance
Special discussion groups
Community choral group.
Also mentioned were programs currently offered by the COA; walking group, cribbage, and bridge.
This group also went in to a discussion on the barriers of participation at the senior center which included; image, perception for needy, building size, time of day of programs, and cliques.
- Group #3** Consisted of majority of non/occasional (less than 4X per year) users. This group focused on the image of the senior center:
Re-labeling the senior center
Being an intergenerational community center.
They also included two programs that would attract them, computer training, lifelong learning, both of which are currently offered through the COA.
- Group #4** Consisted of majority of users (90%) and responded;
Ukele lessons
Learn new language
Weight watchers
Current event discussion group
Financial planning
Board games
This group also listed programs they'd like to see that are currently being offered at the senior center; writing class, scrabble, music events.
- Group #5** Consisted of 100% users and stated they were "happy with everything" and added no activities.

What are the benefits and challenges of the current senior center (the building)?

Across all groups the accessibility of the building was found to be the biggest challenge. Access to downstairs, limited space, the ramp length, ice in the back of the building, no railing for the entrance downstairs, unwelcoming handicapped entrance to the downstairs were indicated. Also mentioned were poor acoustics and kitchen size. Location of the building was mentioned by two of the groups.

Participants found the garden and outdoor space as a benefit with the warm and friendly feel as a positive reflection. The location/setting was also cited as a benefit in two of the groups. The parking, lighting and reception area are positive amenities to the senior center and the fact that it is not a burden on the taxpayers was mentioned by one group.

What are the benefits and challenges of senior center vs a community center (community center defined as multi-generational)?

While universally the groups understood the benefits of an inter-generational community center the consensus leaned toward an adult community center which includes all generations of adults as opposed to a multi-generational center with children. A high percentage found multi-generationally (including children) conceptually positive however, they also expressed an understanding of its broad challenges. One entire group would not discuss the option wanting to keep the seniors separate and "special".

Benefits: intergenerational, broader base of support, less stigma, wider audience, opportunity to educate kids about elders, cross fertilization of ideas, do more with more people, broader marketing.

Challenges: disruptions, noise, kids driving cars, everyone wanting space at same time, become a child drop off, summer usage by kids, youth needs assessment, cost to manage, intergenerational. "been there, don't want to do it", maintenance/housekeeping.

#1 What are the first three words that come to mind when you hear "senior Citizen"?

4-May-15	9-May-15	14-May-15	4-Jun-15	4-Jun-15	20-Oct-15	22-Oct-15
positive response 41%	withdraw	dependent	appreciated	calm	Advice	Over 65
negative response 38%	65 and up	gray	content	calm	Fragile	Over 65
neutral response 21%	80-90 years	health	breaky	experienced	loneliness	
	active volunteer	limitations	elder	forgetful	Needy	
	age is just a number	limited cognitive ability	Freedom	laughter	old people	
	bored	limited mobility	friendly	leisurely	opinionated	
	frail	losses	fulfilled	levity	Us Guys	
	frumpish	me mature	fun	reminiscent		
	grandparents	memory loss	grandparent	teacher		
	gray hair	needy	gray hair	not taking things		
	having lots of time	not me	health issues	seriously		
	hearing loss	old	irrelevant	wise		
	immobile	opportunities	naps			
	isolated	respect	new adventures			
	lonely	restricted finances	new friends			
	medical issues	retired	new opportunities			
	needy	tired	old			
	often wisdom perspective	too busy	out dated			
	politically active	uncertainty	peaceful			
	prejudice	volunteer	priorities			
	say what they think - frank	wisdom	retirement			
	senior moments		sleepless			
	set in ways		slow			
	slow driver		travel			
	snow birds		useful			
	sphere becomes compress		what I am			
	travelers					

2 What is the greatest challenges to aging?

4-May-15	9-May-15	14-May-15	4-Jun-15	20-Oct-15	22-Oct-15
money	maintaining home	less mobility	moving around -balance	isolation	
forgetfulness	arthritis	loss of senses	loss	idle	Next phase of life
being bored	compromising lifestyle	general deterioration	downsizing	judgement by others	can't define
depression	income/financially challenged	driving limitations	loss of loved ones	called Q-tips	How to be self-
poor health	medical costs	balance	looking at "the end" of things	experience not appreciated	sufficient
acceptance by others	health concerns	loss of capacity	technology	being heard	How to define it
worry about alz/dementia	body maintenance: grooming	loss of purpose	knowing you years are	stay in current	What's my identity
lack of time	and fitness	loss of energy	running out	health mobility	alone again
mobility	contemplating longterm care	isolation	accepting things as they are		don't feel my age
time to achieve goals	shrinking care group	reduced choices	eating: What is better to eat		retirement
being treated as if you're	shrinking memory	what's next; fear anxiety	forgetfulness		can't define or describe
fragile	keeping up with tech	goal setting	short term memory loss		
opinions not valued	loss of driving	credibility	becoming invisible		
appear to be invisible to	shrinking peer group	sense of relevance/irrelav.	becoming irrelevant		
others	changing social norms	dependent on children	coping with family changes		
isolated	social network	respect	health		
	conception of learning	worry of what's to come	eye sight		
	abilities	keeping up with technology	finance		
	denial of needing help		taxes		
	accepting you status of being		looking older		
	a senior		anot enough energy		
	accepting your age		finding repair people		
	accepting your limitations		hearing		
	frustrations with change		inappropriate familiarity		
	medicare/SS complicated		lack of elder respect		
	public employee retirement				
	public conception				

5 What kind of activities would attract you to participate?

4-May-15	9-May-15	14-May-15	4-Jun-15	20-Oct-15	22-Oct-15
pool	bike group	re-lable senior center	scrabble	Happy with	support groups
gym with exercise equipment	walking group	life long learning	games	everything	life transitions
weekend/evening programs	intellectual stimulation	computer training	music events		how to move forward
evening van to programs	memory enhancement	would never see herself	interesting lectures		overwhelmed with challenges
pool table	advance physical fitness	here but will go to library	timely senior topic		exercise equip
gynasium	equipment	identify with being a comm.	current events		depression/mental
	trainer	center, not senior	legal issues		health issues
	intergenerational; not just seniors but all adults	community	ukele		letter writing /kids
	dance for memory	intergenerational community	languages		email support for
	special discussion groups	center	weight watchers		homebound
	learning new games:		schedule so they don't		
	cribbage		conflict with other prog.		
	bridge		writing class		
	address homebound w' programs ofr them		financial planning		
	community choral group				
	Barriers to using center				
	time of day of programs				
	too many old people -				
	intergenerational - other adults				
	building does not lend to multiple activities				
	perception for needy				
	energy level				
	cliques				
	patronizing (gibbet hill)				
	conception that it's your				
	parents senior center				

#9 If you could build a new senior center/community center what amenities would you include?

4-May-15	9-May-15	15-May-15	4-Jun-15	4-Jun-15	20-Oct-15	22-Oct-15
one floor	computer course space	elevator	taj mahal	good parking	lap pool	water aerobics
separate wing for seniors	honey feel	commercial kitchen	indoor pool	visible offices	exercise equipment	pool
kids upstairs	not institutional	classrooms	large windows	outdoor lighting	bigger	nutritionist
elevator	garden space	exercise space	natural light	golf carts from parkin	rooms for groups	gardens
exercise room w/equip.	outside trails	parking	cafeteria	art work display	stage	
commercial kitchen	locker rooms/showers	technology up to date	gracious inviting	green house	cafeteria	
meeting rooms 4-6	indoor track	conference room	dining hall	pond w/fountain	walking track	
100-150 event room	fitness center	large and small spaces	mini theater	chef	pool tables	
dance floor	bar/café	art gallery/studio	gym w/ wood or rubber floor		tennis court	
good acoustics	indoor pool	snack bar/café	massage room	multiple classrooms	state of art kitchen	
new carpet!	classroom space	homier/not institutional	jacuzzi	150 event room	Big Bus	
outside space	event room 150 people	not cuntry club	sauna	storage for chairs		
garden	pool table	119 awful	easy access	coat room		
hosehoes, bocci, picnic	flex for art classes	good parking	drive up with drop off			
some shaded	gym	safe access (Traffic)	sky lights			
reception area	industrial kitchen	walking distance to senior	walking paths			
2-3 offices	room for clothing exchange	housing	art room w/ sinks			
confidential meeting	adaquet parking	thoughtfulness to	commercial kitcher			
computer room	road access	intermingling generations	small library			
wifi/café	tennis court	music	computer lab			
lots of parking	bkie rakes	dancing	good building materials			
gym for exercise classes	outside walking space		one floor or elevator			
	shuffleboard tables		exercise equipment			
	massage		fitness prof for guidance			
	5-10 min walk to town		living room area comfy			
	rail trail access		showers			
			emergency shelter			
			covered parking			

Items wanted for senior center alphabetically

100-150 event room
119 awful
150 event room
2-3 offices
5-10 min walk to town
adaquet parking
art gallery/studio
art room w/ sinks
art work display
bar/café
Big Bus
bigger
bike rack
cafeteria
cafeteria
chef
classrooms
classtoom space
coat room
commercial kitchen
commercial kitchen
commercial kitcher
computer course space
computer lab
computer room
conference room
confidential meeting
covered parking
dance floor
dancing
dining hall
drive up with drop off
easy access
elevator
elevator
emergency shelter
event room 150 people
exercise equipment
exercise equipment
exercise room w/equip.
exercise space
fitness center
fitness prof for guidance

flex for art classes
garden
garden space
gardens
golf carts from parking
good acoustics
good building materials
good parking
good parking
gracious inviting
green house
gym
gym for exercise classes
gym w/ wood or rubber floor
homey feel
homier/not institutional
horsehoes, bocci, picnic
housing
indoor pool
indoor pool
indoor track
industrial kitchen
intermingling generations
jacuzzi
kids upstairs
lap pool
large and small spaces
large windows
living room area comfy
locker rooms/showers
lots of parking
massage
massge room
meeting rooms 4-6
mini theater
multiple classrooms
music
natural light
new carpet!
not coutry club
not institutional
nutritionist
one floor
one floor or elavator

outdoor lighting
outside space
outside trails
outside walking space
parking
pond w/fountain
pool
pool table
pool tables
rail trail access
reception area
road access
room for clothing exchange
rooms for groups
safe access (Traffic)
sauna
separate wing for seniors
showers
shuffleboard tables
sky lights
small library
snack bar/café
some shaded
stage
state of art kitchen
storage for chairs
taj mahal
technology up to date
tennis courst
tennis court
thoughtfullness
visible offices
walking distance to senior center
walking paths
walking track
water areobics
wifi/café

2016

**SWOT
Analysis**

Appendix IV

[COUNCIL ON AGING SWOT ANALYSIS]

Strengths

<u>Perception:</u> <u>Welcoming Tone</u>	<u>Services and</u> <u>programs: Agile</u>	<u>Governance:</u> <u>Empowering</u>	<u>Management:</u> <u>Effective</u>	<u>Site: Excellent</u>	<u>Town support:</u> <u>Broad</u>
Center-- Comfortable and home like	Responsive to needs	Support of town government	Can do/Can do now attitude pervasive	Location	Collaboration with other stakeholders and town organizations
Welcoming	Outreach programs	Autonomous	Committed team	Facility /site potential	Town-wide outreach
Friendly staff	Transportation services		Management track record		Community support
Equality to members and confidentiality			Maximizing programs in alignment with space and budget		
			Aggressive outreach to seek outside grant monies		
			Accreditation		
			Adaptability to needs		
			Future planning		

Weaknesses

<u>Perception:</u> <u>Limited Appeal</u>	<u>Services and</u> <u>programs:</u> <u>Limited Ride</u> <u>Hours</u>	<u>Governance:</u> <u>Capital</u> <u>vulnerability</u>	<u>Management:</u>	<u>Site/Physical Plant</u> <u>Major Constraint</u>	<u>Town support:</u>
Center marketing efforts questioned	Transportation [limited hours]	Capital budget availability		Facilities—space— footage—detriment to programs and programming	
Limited programs for males				Upkeep of building grounds and overall maintenance	
Elderly resistance to using Center				Handicapped accessibility	
				Condition of kitchen and related equipment	

Opportunities

<u>Perception:</u> <u>Even better brand communication</u>	<u>Services and programs:</u> <u>Computer Possibilities</u> Incoming computer/technology literate population Programs & services Broad spectrum of programs/programming	<u>Governance:</u>	<u>Management:</u> <u>Add staff hours</u>	<u>Site, Physical Plant</u> <u>Recognize, take advantage of potential</u>	<u>Town support:</u> <u>Leverage the work of others</u>
Social networking capacities			Expand hours to meet improvements & needs	Land/building resource	Increase volunteerism
Improve center marketing/ outreach			Existing Staff expertise		Additional collaboration
Rebranding [fine tuning]					Consortium cooperation
Increase visibility					

Threats

<u>Perception:</u> <u>"Old" Reputation</u>	<u>Services and programs:</u>	<u>Governance:</u> <u>Keep the good</u>	<u>Management:</u> <u>Don't lose what you've got</u>	<u>Site/Physical Plant</u> <u>Limitations</u> <u>Plus Security-safety</u>	<u>Town support:</u> <u>Improve media relations</u>
Stigma		Preconceived/ill informed directives	Lack of succession planning	Hacking/computer viruses	Inaccurate media portrayal
	Funding/operating budget Doing "nothing"—no site/program, etc. planning to meet future needs			Facility shortcomings	
	Loss of town administrative support			Building security	
	Change of governance				

2015

**NISC
Accreditation
Report**

Appendix V

**[NATIONAL INSTITUTE OF
SENIOR CENTERS
ACCREDITATION REPORT]**

Kathy Shelp, Director
Groton Senior Center
163 West Main Street
Groton, MA 01450

Dear Kathy,

I am pleased to officially inform you that the Accreditation Board met on May 28, 2015 and unanimously approved the recommendation for accreditation of the Groton Senior Center. Successfully achieving accreditation status takes the work of many people both in the senior center and in the community. When these two groups work together the rewards will be felt for many years to come. Your organization demonstrates outstanding leadership and commitment to quality programs and services. This letter is your official notification that Groton Senior Center has been accredited by NCOA/NISC for a period of five years (May 2015 – May 2020).

Your Peer Reviewer observed many strengths of the Groton Senior Center. These included:

- It is a warm and inviting Center with a very capable staff.
- There are a multitude of community partners. The Senior Center is an integral part of community life. Police, fire personnel and public safety staff all connect to the community's older adults.
- The center has an enthusiastic and invested Advisory Board. The nine member Advisory Board is actively engaged in current programming and future plans for the Center. Board members are strong advocates for the Center at Town meetings.
- There are sound and comprehensive HR policies in place.
- The Take Away Bench is strength for the community. Residents may come in, leave an item or two, and/or select an item or two.
- Rolling video footage found on both floors of the facility and outside is a key safety mechanism.

Suggestions for the future included:

- Continue to move forward and develop and enforce written policies and procedures.
- Enhance your Marketing Plan by adding more specifics; consider engaging focus groups for future planning and develop a Facebook page for Center.
- Formalize the Volunteer program.
- Explore a joint Lifelong Learning program with community leaders and encourage seniors to work on the development and implementation of programming.
- Use an Outcome Based Evaluation format for additional programming.
- Diversify revenue sources.
- Move forward with plans to move to a larger facility that is accessible and centrally located.
- While working on a relocation plan consider installing a chair lift on stairs to create a safe way for seniors with physical challenges to move from floor to floor.

We are pleased to have the Groton Senior Center on the list of more than 120 senior centers who meet the standards as developed by NISC. These are centers that are held up as models for others to follow. We know that you and your staff will continue to improve and adapt to meet the changing needs of the older population. We congratulate you and your staff in striving to meet the needs of the older population in your community.

Sincerely,

A handwritten signature in cursive script that reads "Maureen O'Leary". The signature is written in black ink and is positioned above the printed name and title.

Maureen O'Leary
NISC Program Manager

2015

**Stakeholders
Interviews**

Appendix VI

[COMMUNITY STAKEHOLDERS REPORT]

September 15

Groton Commons – HUD Housing

Present: Kathy Shelp, Stacey Shepard Jones, Susan Buczynski, Housing Manager

34 units

4 of which are handicapped accessible

Demographic served: 62 years and older or mobility impaired (HUD definition). When the building opened there was a broader spectrum for the “disabled”, at this time there are some living in the facility with disabilities that would not be currently classified as “mobility impaired”.

There is an application process which when complete, if the client is eligible, they are placed on a waiting list. Waiting time currently: (% of Groton residents on the list is 10%-20%.

1 bedroom – 50 persons

Studio- 10 persons

A client can bypass their turn on the waiting list no more than 3 times.

Turnover rate is slow – less than 3 a year. The list is updated yearly and often “cleaned out” after the calls.

There is no priority to housing unless it were a disaster situation – hurricane, flood, etc, - it is a rare placement

30% of income goes to rent with some consideration given to medical expenses. Only asset considered is income or income on savings.

\$33,600 limit income to live here. Fair market rent for the apartment is considered to be \$1,200 per month however residents pay 30% of income in rent.

When asked about holes in services for seniors Susan could not identify any however she gave one antidote of a resident in her building that wanted to go to his high school reunion in a nearby town but did not have transportation due to being wheel chair bound. We did tell her to always call the COA in those types of situations and, if it is at all possible, we would provide the transportation needed.

September 17

Petapaeaque – State Facility

Present: Kathy Shelp, Stacey Shepard Jones, and Lisa Larabee, Housing Manager

20 units Elderly and handicap housing (*no elevator*)

60 plus or disabled (disability documentation by physician however no drug or alcohol issues)

Minimum income:

\$44,750 one person

\$51,150 two persons

25% of income is applied to rent. Residents pays utilities.

State facility – budget is only what is collected in rents.

Waitlist:

2 years for Groton residents (Groton residents receive preference)

2-4 years for out of town

13.5% of non-elderly allowed by state (disabled)

Family Housing

5 units, rent is 27% adjusted income 5-10 year wait time

We asked Lisa if she could identify any unmet needs in Groton for her residents and she responded with: Housekeeping help (vacuuming and dishes) and shopping services for those that have difficulty getting out of the house.

September 20

Interfaith Council Meeting 2:30pm

Meeting with Groton Interfaith Council, we covered the census survey and the concern the COA has with unmet – those that didn't or couldn't complete the survey.

We talked about the services that are offered and many on the committee seem unaware. We agreed to collaborate as much as possible; the churches will help by putting information in their bulletins and we will add information in our newsletter.

This was a good beginning conversation and should be continued minimally once a year with quarterly contact by email with updates on our services.

Questions from the group were about additional affordable senior housing in Groton and Police lock-boxes on seniors homes for their easy access.

Contact from Unitarian Church: kjohnston@uugroton.org

2016

**Population
Statistics**

Appendix VII

[POPULATION STATISTICS

Report forecasts slow Mass. population growth, but spike in older residents



December 5, 2013

Overall population growth in Massachusetts will be slow for this decade and the next, while the number of residents over age 65 will grow sharply, according to a report released yesterday by the UMass Donahue Institute's Population Estimates Program.

The comprehensive study forecasts a 4.4 percent growth in the state's population from 2010 to 2030, with an increase of 290,589 residents, bringing the population to 6.84 million. The rate is far below projections of 15.6 percent growth for the nation as a whole, a dynamic that could result in a further watering-down of the state's clout on the national stage.

The bulk of the state's projected growth – 209,909 persons (3.2 percent) – is expected in the first 10 years of the study period, by 2020, while just 80,680 new residents are expected from 2020 to 2030.

The report provides detailed projections, at five-year intervals through 2030, by age and sex for each Massachusetts city and town and eight distinct Massachusetts regions.

An interactive website (<http://pep.donahue-institute.org>) allows users to look at population forecasts over time by city or town and to download the detailed datasets.

These are the first statewide, detailed population projections to be released publicly since 2003, according to the Donahue Institute.

The following are among the study's most significant findings:

- The population aged 65 and over will increase by over half a million (548,699) people, changing from 14 percent of the state's total population in 2010 to 21 percent by 2030.
- At the opposite end, the population aged 19 and under is expected to decrease by 84,000 people, changing from 25 percent of the state population to just 22 percent by 2030.
- Some areas of the state, including the Greater Boston, central, and MetroWest regions, are predicted to grow at rates well above the state average, while others, including regions in western Massachusetts, are expected to remain nearly level or even lose population if recent trends in migration, fertility and mortality continue.

Secretary of State William Galvin requested the report, and his office supported its development.

"This data will be a critical basis for thinking and planning by state and local officials as they look at where Massachusetts can be over the coming two decades," Galvin said.

The report, "Long-term Population Projections for Massachusetts Regions and Municipalities," was developed by researchers at the UMass Donahue Institute and Dr. Henry Renski, associate professor of regional planning and director for the UMASS Center for Economic Development at UMass Amherst.

The Population Estimates Program is funded by the secretary of state's office and is a project of the UMass Donahue Institute's Economic and Public Policy Research unit. The program functions as the State Data Center for Massachusetts and as the state liaison to the Population Division of the U.S. Census Bureau through the Federal-State Cooperative for Population Estimates.

Written by MMA Publications Editor & Web Director John Ouellette

Groton 55 and older data based on Groton census

2010 Ages

50-54	1104
55-59	852
60-69	985
70-79	393
80-89	226
90-104	63

Total 60 and older 1667
Total population 18 and older 8202
Senior population 20% of adult population

2013 Ages

50-54	1223
55-59	983
60-69	1161
70-79	447
80-89	248
90-104	82

Total 60 and older 1938
Total population 18 and older 8469
Senior population 23% of adult population

2015 Ages

50-54	1164
55-59	1059
60-69	1298
70-79	528
80-89	225
90-106	82

Total 60 and older 2122
Total population 18 and older 8535
Senior population 25% of adult population

Groton Age Change Over Time

SEX AND AGE	2010	2011	2012	2013	2014	Margin of Error	% change
Total population	10,327	10,478	10,687	10,842	10,997	+/-22	6.49%
Male	5,149	5,331	5,455	5,583	5,499	+/-227	6.80%
Female	5,178	5,147	5,232	5,259	5,498	+/-225	6.18%
Under 5 years	417	304	248	387	498	+/-188	19.42%
5 to 9 years	845	949	992	915	756	+/-210	-10.53%
10 to 14 years	1,211	1,177	1,066	1,007	986	+/-172	-18.58%
15 to 19 years	947	948	943	929	982	+/-190	3.70%
20 to 24 years	503	462	563	498	445	+/-145	-11.53%
25 to 34 years	435	430	399	497	558	+/-174	28.28%
35 to 44 years	1,567	1,593	1,479	1,493	1,408	+/-206	-10.15%
45 to 54 years	2,411	2,211	2,437	2,344	2,258	+/-254	-6.35%
55 to 59 years	714	926	1,012	1,081	1,111	+/-229	55.60%
60 to 64 years	405	462	497	557	601	+/-149	48.40%
65 to 74 years	510	544	610	743	824	+/-201	61.57%
75 to 84 years	290	350	310	314	427	+/-138	47.24%
85 years and over	72	122	131	77	143	+/-78	98.61%
Median age (years)	40.9	42.2	43.5	43.6	44.3		8.31%

Source: US Census > American Community Survey
Compiled by D Pitkin

Population and Housing Demand Projections for Metro Boston
Regional Projections and Municipal Forecasts
EXECUTIVE SUMMARY
January 2014



Go to page 5 for the projections for your municipality.

For interactive maps, data downloads, individual PDF reports for each municipality, and a detailed report:
www.mapc.org/data-services/available-data/projections

Metro Boston has been home to an ever-changing population since long before the Mayflower came ashore, and the coming decades will be no exception. The forces of aging, growing diversity, and changing household preference will intersect to create a region in 2040 markedly different from the one that exists today. The outcomes of certain key questions will determine those differences: How many young workers will choose to stay in the region? Where will new families want to settle? Will seniors want to downsize or age in place? The answers only time will tell, but it is possible to anticipate a range of feasible outcomes and to assess what different scenarios might mean for housing demand, economic growth, school enrollment, and land use. Moreover, it is possible to influence what future comes to pass through the choices made at the local, regional, and state levels.

To help plan for this uncertain future, the Metropolitan Area Planning Council (MAPC) has prepared a dynamic model of future population, household, and housing demand for Metro Boston and its municipalities, a region of 4.45 million people and 1.7 million households as of the year 2010. These projections can be used by local, regional, and state agencies to set policies and make investments that anticipate the region's future needs and help to achieve shared goals. These projections will also inform all of MAPC's work to implement *MetroFuture: Making a Greater Boston Region*, the regional plan for sustainable and equitable development adopted in 2008.

Status Quo, or a Stronger Region?

Since the future cannot be predicted with certainty, identifying a range of possible futures may prove more useful than a single forecast. Our projections include two scenarios for regional growth. Each scenario reflects different assumptions about key trends. The "Status Quo" scenario is based on the continuation of existing rates of births, deaths, migration, and housing occupancy. Alternatively, the "Stronger Region" scenario explores how changing trends could result in higher population growth, greater housing demand, and a substantially larger workforce. Specifically, the Stronger Region scenario assumes that in the coming years:

- the region will attract and retain more people, especially young adults, than it does today;
- younger householders (born after 1980) will be more inclined toward urban living than were their predecessors, and less likely to seek out single family homes; and
- an increasing share of senior-headed households will choose to downsize from single family homes to apartments or condominiums.

Together, the two scenarios, summarized below, provide different windows into possible futures for the region.

Scenario Comparison			
	2010	Status Quo, 2010 – 2040	Stronger Region, 2010 - 2040
Population	4,458,000	+ 6.6%	+12.6%
Households	1,719,000	+ 17%	+23%
Housing Units	1,827,600	+ 17%	+24%
Percent Multifamily	51%	48% of new units	62% of new units
Labor Force Population	2,516,000	+0.4%	+6.9%

Which scenario is more likely to occur depends on decisions yet to be made. Individual households will make their own choices about where to live, but they will do so in a context influenced by public sector actions and investments. Policies to promote housing construction will facilitate the higher in-migration rates that characterize

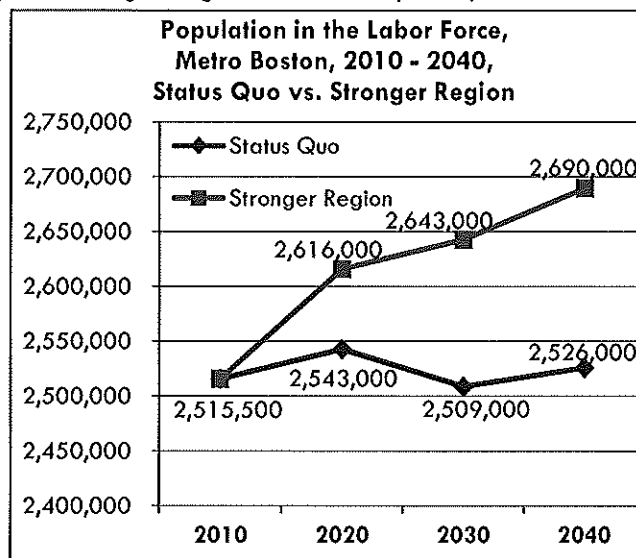
the Stronger Region scenario. Conversely, continued widespread opposition to new housing will likely result in less production and higher costs, thereby maintaining the Status Quo. In other words, decisions made by the region's cities and towns help to determine how the future unfolds. If those communities are all planning for a shared vision of the future, they can make it more likely for that vision to be achieved.

Of the two scenarios, Stronger Region is more consistent with the housing, land use, and workforce development goals of *MetroFuture* and has already been adopted by the Executive Office of Housing and Economic Development as the basis for the Commonwealth's multifamily housing production goal. As a result, **we recommend that municipalities, state agencies, and others use the Stronger Region scenario for planning purposes to ensure consistency across the many entities planning for the region's future.** By working together under the framework of a Stronger Region, communities will not only help ensure that every household in the region can afford a home, but will also help the region maintain a robust and growing workforce that forms the backbone of a competitive economy.

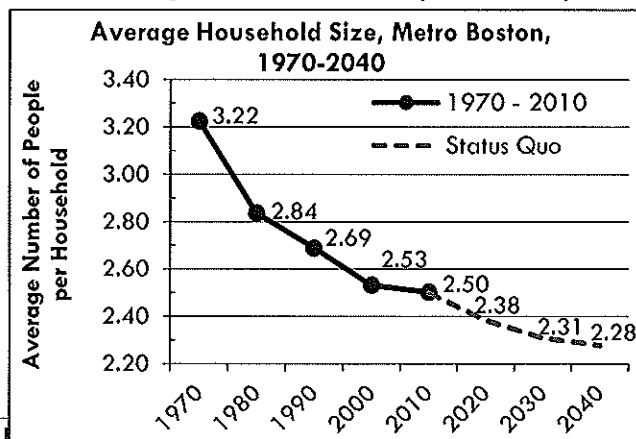
Key Findings

Slow growth is in store if the region keeps losing population to other states. The Status Quo scenario projects that the region will grow an average of 2.1% in each of the next three decades, one third more slowly than population growth over the last decade. Loss of population to other states is a major contributor to slow growth. Historically, more people move out of the region to other states or other parts of Massachusetts than the reverse; we estimate that this "net domestic outmigration" averaged about 10,000 people per year from 2000 to 2010. Births and international immigration were sufficient to keep the state growing over that same period, but both factors are likely to slow in the coming years.

Attracting more young people is critical to a growing economy. Over the coming decades, the Baby Boomers (born between 1945 and 1970) will be reaching retirement age, depleting the supply of our region's most critical asset: a skilled, well-educated workforce. By 2030, nearly one million workers now over the age of 40—39% of all workers in the region—will have left the labor force. The current population of young adults is barely sufficient to fill the positions vacated by retiring Baby Boomers, much less provide the labor force needed for robust economic growth. If the region stems the loss of population to other states and achieves a small net inflow (as the Stronger Region Scenario anticipates), the labor force could grow by 175,000 over the next 30 years, an increase of almost 7%.

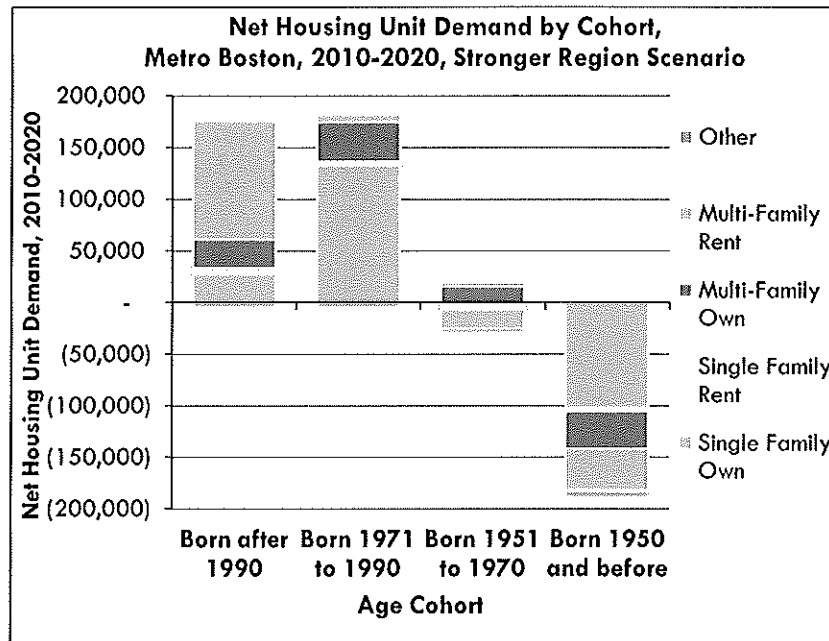


New housing demand will outpace population growth due to declining household size. Despite relatively slow population growth under the Status Quo scenario, the region will see substantial demand for new units. With more single-person households (especially seniors), more divorced households, and fewer children per family, average household size is likely to decline 10% by 2040 under either scenario. In other words, an average group of people will form 10% more households and require 10% more housing units than they do today. Under either scenario, declining household size alone will result in approximately 86,000 additional households over the next ten years, which accounts for



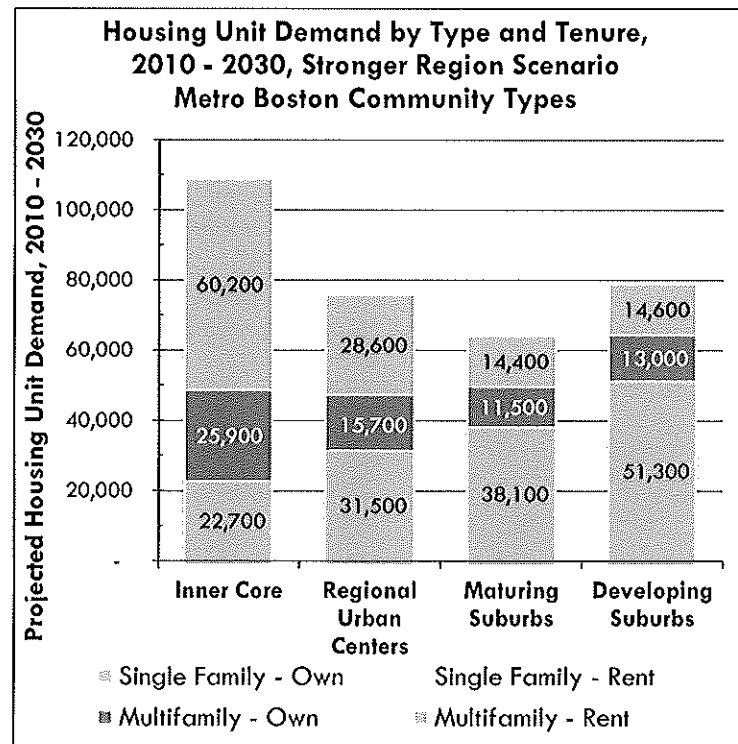
more than two-thirds of Status Quo housing demand over that same time period. This phenomenon will cause a number of suburban communities to experience population declines even as new housing units are constructed.

A “senior sell-off” may provide most of the single family homes needed by younger families. While the aging of the Baby Boomer generation will cause the number of seniors in the region to swell considerably, over time the same generation will need fewer homes—especially single family homes—than it does today as its members downsize, move elsewhere, or pass away. Stronger Region anticipates that all cohorts born before

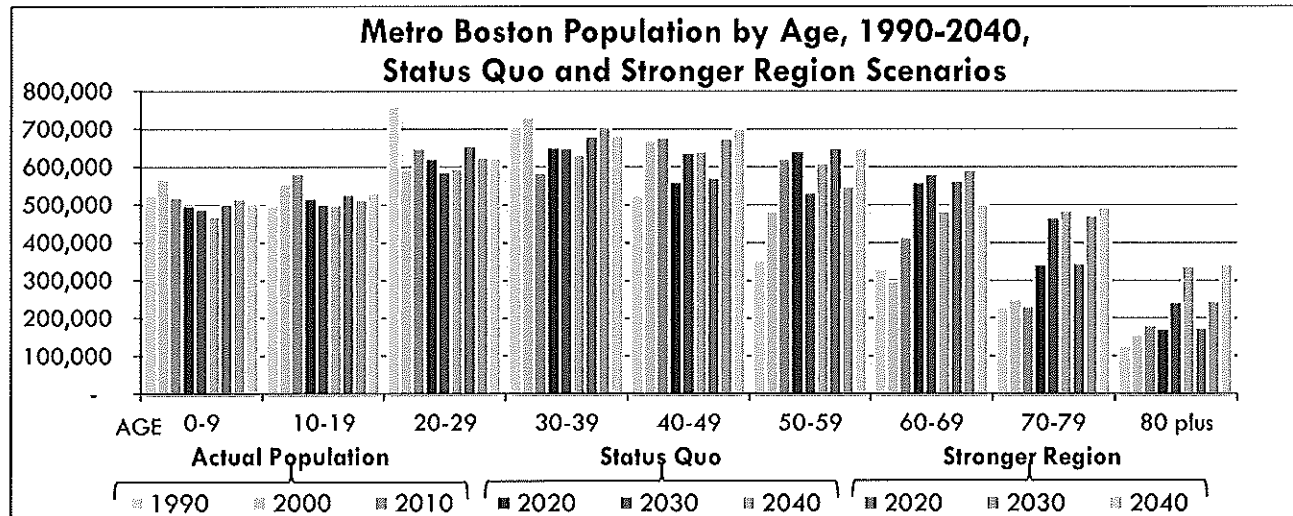


1971 will put 112,000 single family homes back on the market by 2020, enough to supply about 66% of demand from younger cohorts. Householders born between 1951 and 1970 will have a small net demand for condominiums in the next decade, but will free up even more single family homes in the subsequent decades. Meanwhile, the under-40 households critical to growing the labor force overwhelmingly prefer apartments and condominiums, but far fewer of these units will be freed up by older cohorts. As a result, nearly two-thirds of demand would be for multifamily housing in the Stronger Region scenario.

Many signs point to the resurgence of urban communities. Many urban municipalities—both the Inner Core and outlying Regional Urban Centers—experience a large influx of young people but lose them to suburban communities as those residents form families and settle down. However, these trends are changing. When compared to the 1990s, the last ten years saw more young people moving to urban communities and fewer of them moving out once they hit 30. An increasingly diverse population attracted by the job proximity, transit access, vibrancy, and cultural assets of urban areas is likely to drive continued population growth. Urban communities are projected to attract 52% (Status Quo) to 56% (Stronger Region) of new housing production, as shown in the chart on this page. This same chart also indicates that multifamily housing will be needed across the region, including 25% to 35% of production in suburban community types.



Under either scenario, the number of school-age children in the region and most municipalities peaked in 2000 and is likely to decline over the coming decades. As shown in the chart below, the region's school-age population peaked in 2000, when the Baby Boomers were in their prime child-rearing years (age 30 to 55). Now there are fewer adults in that age range so the number of births (and subsequent school-age children) has begun to decline. The population aged 5 to 14 is now 6% smaller than it was at the 2000 peak, and it is projected to fall another 8% to 9% by 2020 and decline more slowly thereafter under the Status Quo scenario. If the region attracts and retains more young adults under the Stronger Region scenario, the school-age population may rebound slightly but will remain 6% lower in 2040 than it was in 2010.



While we cannot be certain how the future will unfold, we can be sure that the region will change in interesting ways that impact the economic fortunes and quality of life for those living in it. The regional trends driving that change are powerful and not likely to be quickly reversed or altered. Nevertheless, not every community in the region will experience the same changes over the coming decades. Due to local circumstances, some will change a lot, while others may remain largely the same. MAPC's methods account for the diversity of communities across the region by using municipal-specific estimates of migration rates, fertility, mortality, and housing occupancy, giving these projections great local validity and relevance. However, we cannot account for all the unique dynamics of every city and town in the region, and those local dynamics may change more rapidly than large-scale regional trends. MAPC will continue to maintain and improve these projections over time as new data and new methods become available, and as we work with our member municipalities to track local growth patterns and to set policies that will encourage sustainable development over time.

About the Projections

Development of these projections was supported by an advisory team comprising academic experts, state agencies, neighboring regional planning agencies (RPAs), and member municipalities. MAPC reviewed reports from other regions nationwide to assess the current state of practice and also reviewed prior projections for our region to assess their accuracy and identify opportunities for improvement. The "Metro Boston" region refers to 164 cities and towns in Eastern Massachusetts, including the entire MAPC district as well as all or portions of five neighboring RPAs. This region coincides with the extent of the travel demand model used by the Boston Metropolitan Planning Organization.

Data sources for the projections include Decennial Census data from 1990, 2000, and 2010; American Community Survey (ACS) data from 2005 to 2011; fertility and mortality information from the Massachusetts Community Health Information Profile (MassCHIP); housing production information from the Census Building Permit Survey database; and MAPC's Development Database.

Metro Boston 2030 Population and Housing Demand Projections

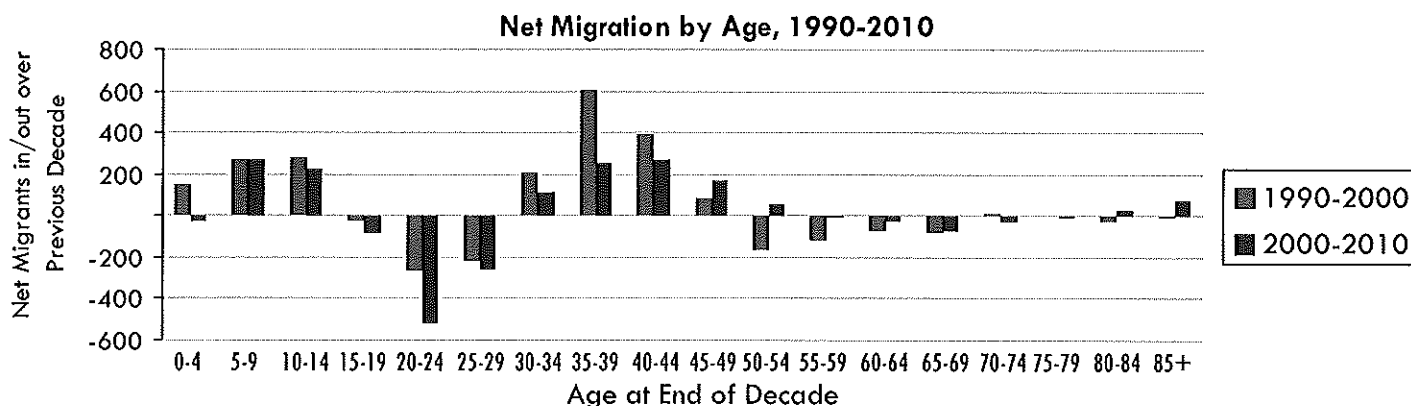
Municipal Report

Status Quo Scenario: Population

GROTON



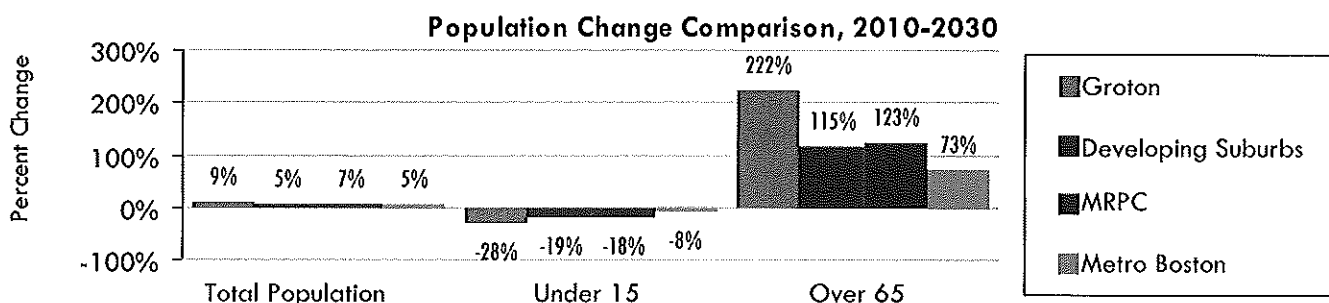
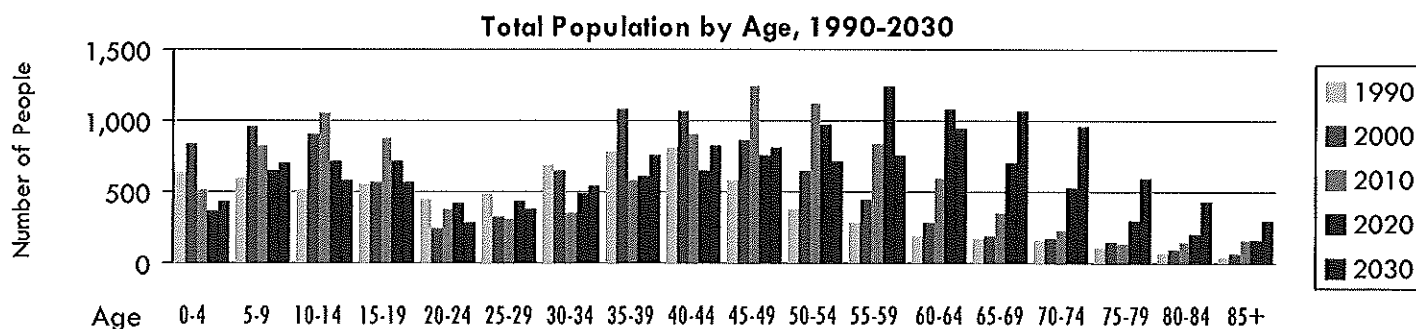
Migration is a key factor in the population projections for your community. The chart below depicts estimated migration by age for the past two decades, after accounting for births and deaths of residents. Positive values for a given age group indicate that more people moved in than moved out; negative values indicate net outmigration.



Population Summary, 1990-2030

	1990	2000	2010	2020	2030
Total Population	7,511	9,547	10,646	10,993	11,617
Population under 15	1,745	2,700	2,392	1,731	1,711
Population over 65	568	668	1,037	1,893	3,338

MAPC's population projections are based on current patterns of births, deaths, and migration, as well as assumptions about how those trends might change in the coming decades. The projections are summarized in the table to the left. The chart immediately below shows population by five-year age groups. At the bottom of the page is a chart that compares the percent change for your municipality to average rates for other cities and towns in your Community Type, your Subregion, and the region overall.



Metro Boston 2030 Population and Housing Demand Projections

Municipal Report

Status Quo Scenario: Housing

GROTON

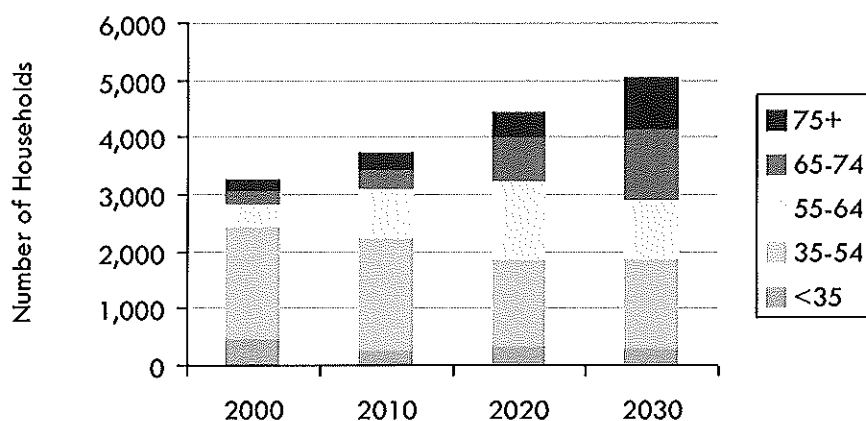


Households and Housing Demand, 2000-2030

MAPC projected the number of households using age-specific headship rates and municipal-specific housing occupancy patterns and vacancy rates. Total household change and housing unit demand are shown in the table on the right.

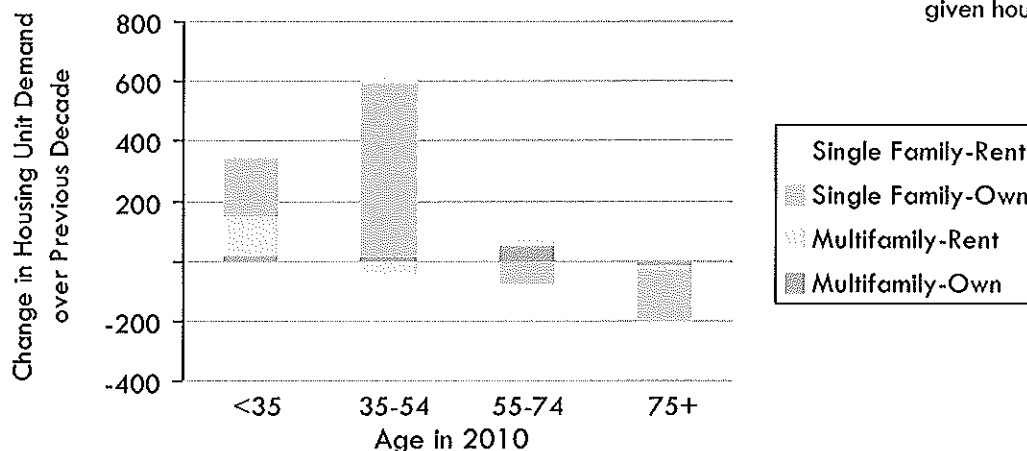
	2000	2010	2020	2030
Households	3,268	3,753	4,452	5,055
Housing Units	3,393	3,989	4,678	5,297

Households by Age of Householder, 2000-2030



The number of households by age of householder is shown in the chart below. The chart on the lower left shows the change in housing demand for four cohorts, according to their age in 2010. Unlike the chart above, which shows how many householders there will be in a certain age range in a given year, this chart shows how many new housing units will be needed or how many units will be vacated by householders of similar ages over the next ten years. Increases in demand are the result of new households forming, immigration, or increasing preference for certain types of housing. Decreases in demand are the result of outmigration, mortality, or decreased preference for a given housing unit type.

Housing Unit Demand by Cohort, 2010-2020



Change in Housing Unit Demand from 2010-2030

Housing Units	% Multi-family	% Rental
1,308	—	—
69,154	26%	15%
3,930	23%	15%
244,979	47%	30%

The table to the right compares housing demand for your municipality to demand for other municipalities in your Community Type, your Subregion (or regional planning agency), and the region overall.

Groton
Developing Suburbs
MRPC
Metro Boston

Metro Boston 2030 Population and Housing Demand Projections

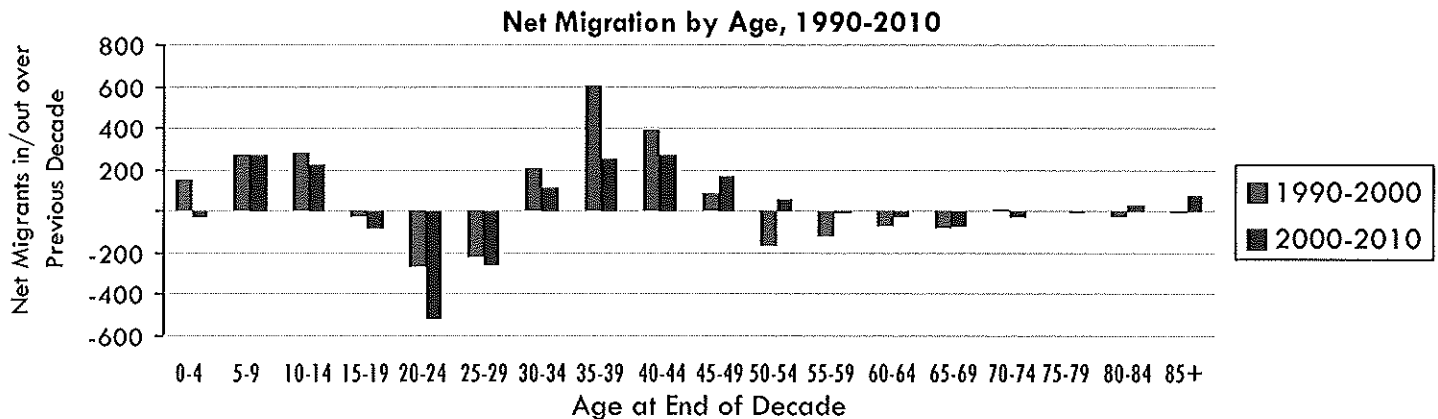
Municipal Report

Stronger Region Scenario: Population

GROTON



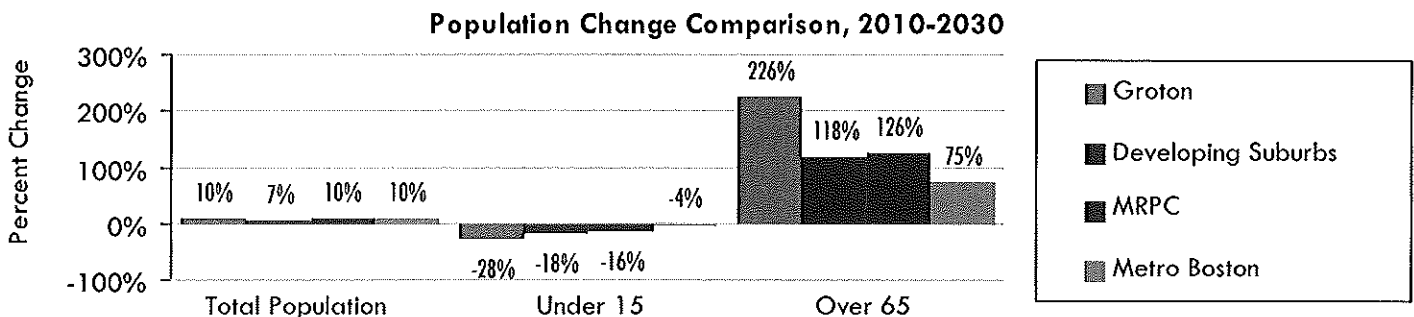
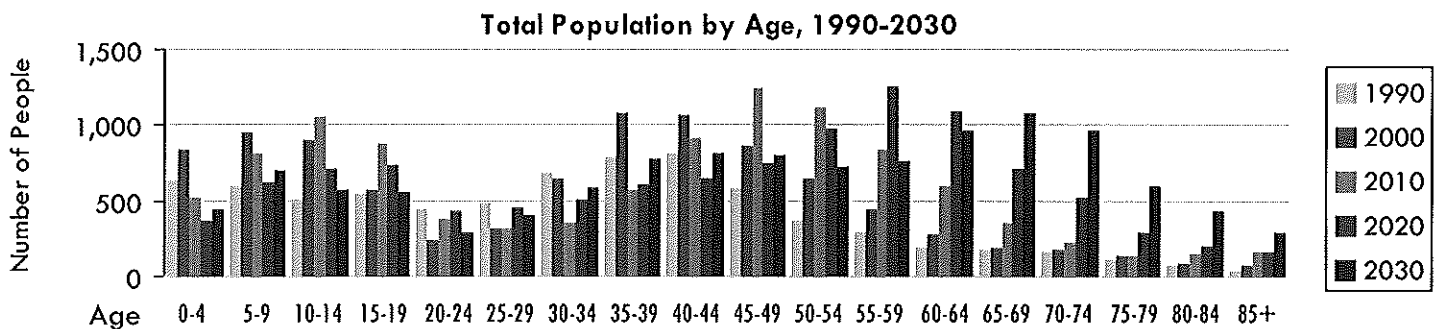
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Population Summary, 1990-2030

	1990	2000	2010	2020	2030
Total Population	7,511	9,547	10,646	11,073	11,754
Population under 15	1,745	2,700	2,392	1,699	1,711
Population over 65	568	668	1,037	1,910	3,383

MAPC's population projections are based on current patterns of births, deaths, and migration, as well as assumptions about how those trends might change in the coming decades. The projections are summarized in the table to the left. The chart immediately below shows population by five-year age groups. At the bottom of the page is a chart that compares the percent change for your municipality to average rates for other cities and towns in your Community Type, your Subregion, and the region overall.



Metro Boston 2030 Population and Housing Demand Projections

Municipal Report

Stronger Region Scenario: Housing

GROTON

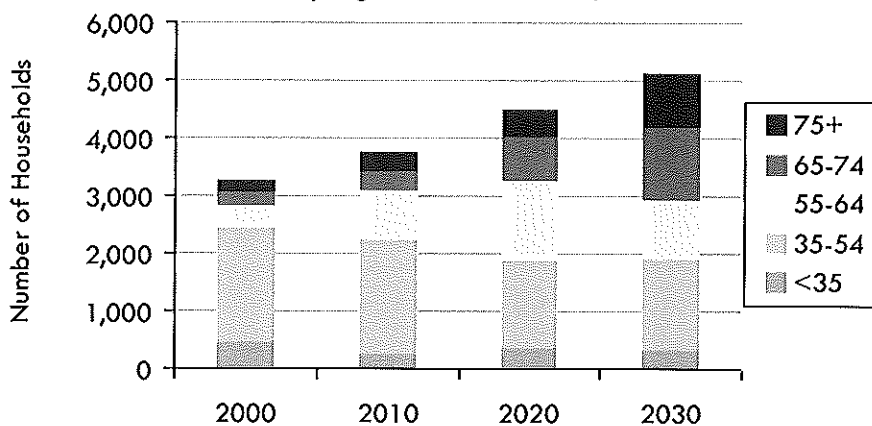


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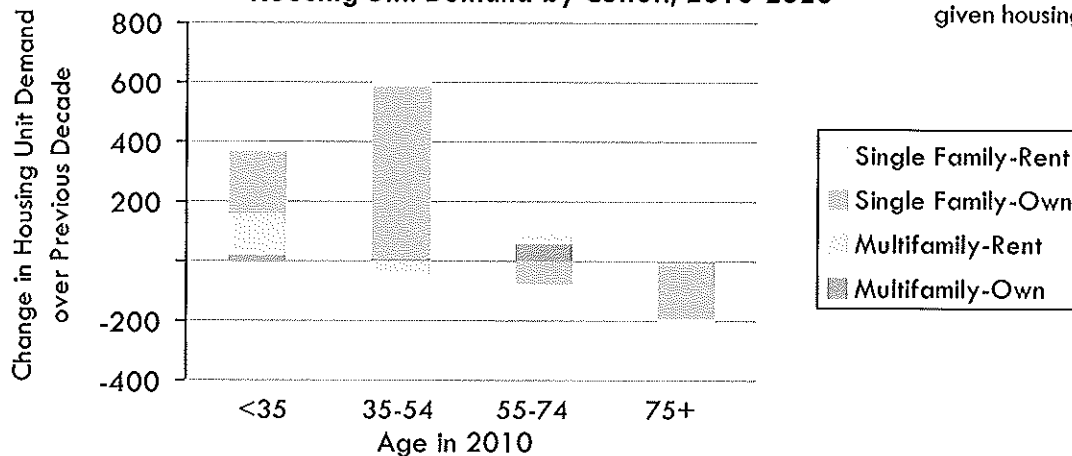
	2000	2010	2020	2030
Households	3,268	3,753	4,495	5,126
Housing Units	3,393	3,989	4,722	5,370

Households by Age of Householder, 2000-2030



The number of households by age of householder is shown in the chart below. The chart on the lower left shows the change in housing demand for four cohorts, according to their age in 2010. Unlike the chart above, which shows how many householders there will be in a certain age range in a given year, this chart shows how many new housing units will be needed or how many units will be vacated by householders of similar ages over the next ten years. Increases in demand are the result of new households forming, immigration, or increasing preference for certain types of housing. Decreases in demand are the result of outmigration, mortality, or decreased preference for a given housing unit type.

Housing Unit Demand by Cohort, 2010-2020



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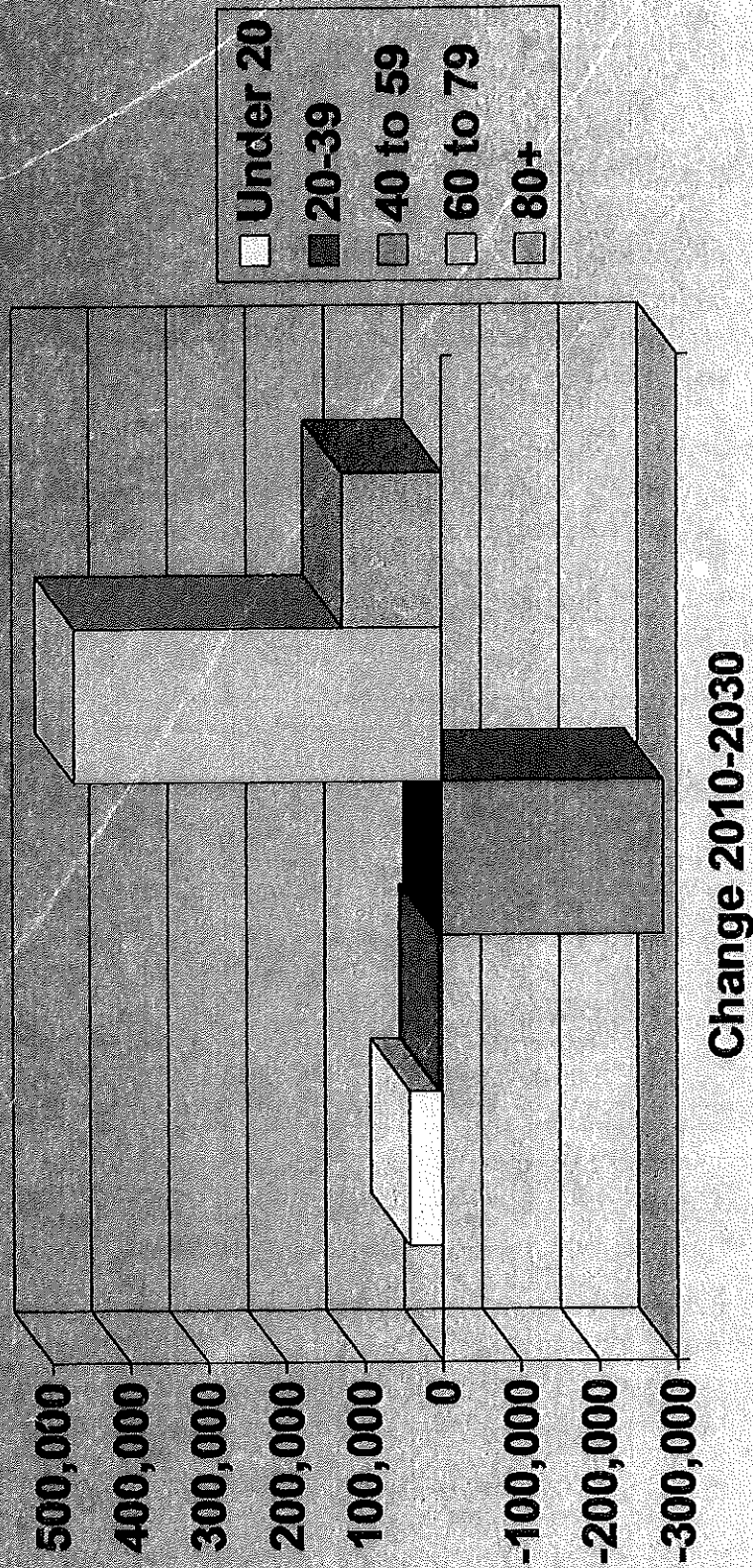
Groton
Developing Suburbs
MRPC
Metro Boston

Housing Units	% Multi-family	% Rental
1,381	—	—
79,495	34%	17%
4,559	32%	19%
328,762	58%	37%

UMASS Donahue Institute Projections

UMDI Region	COUNTY	MCD	MCD Name	AGE	SEX	Census 2010	Projection 2015	Projection 2020	Projection 2025	Projection 2030	Projection 2035
Northeast	Middlesex	115	GROTON	0-4	F	260	190	231	258	265	245
Northeast	Middlesex	115	GROTON	0-4	M	257	206	251	282	290	267
Northeast	Middlesex	115	GROTON	5-9	F	393	286	207	248	277	286
Northeast	Middlesex	115	GROTON	5-9	M	426	325	252	304	344	356
Northeast	Middlesex	115	GROTON	10-14	F	530	463	335	246	292	327
Northeast	Middlesex	115	GROTON	10-14	M	526	485	357	282	335	380
Northeast	Middlesex	115	GROTON	15-19	F	391	405	350	253	187	221
Northeast	Middlesex	115	GROTON	15-19	M	484	485	425	315	245	291
Northeast	Middlesex	115	GROTON	20-24	F	176	209	209	187	135	100
Northeast	Middlesex	115	GROTON	20-24	M	208	272	266	236	173	134
Northeast	Middlesex	115	GROTON	25-29	F	153	198	216	225	206	152
Northeast	Middlesex	115	GROTON	25-29	M	163	245	290	293	271	201
Northeast	Middlesex	115	GROTON	30-34	F	190	236	279	314	330	305
Northeast	Middlesex	115	GROTON	30-34	M	166	209	277	335	343	317
Northeast	Middlesex	115	GROTON	35-39	F	318	251	297	354	402	424
Northeast	Middlesex	115	GROTON	35-39	M	258	229	267	358	432	444
Northeast	Middlesex	115	GROTON	40-44	F	495	355	275	324	387	442
Northeast	Middlesex	115	GROTON	40-44	M	414	288	250	288	385	469
Northeast	Middlesex	115	GROTON	45-49	F	641	562	397	311	367	439
Northeast	Middlesex	115	GROTON	45-49	M	607	497	338	294	340	456
Northeast	Middlesex	115	GROTON	50-54	F	567	669	575	410	323	380
Northeast	Middlesex	115	GROTON	50-54	M	548	629	503	344	301	348
Northeast	Middlesex	115	GROTON	55-59	F	418	610	701	605	434	343
Northeast	Middlesex	115	GROTON	55-59	M	422	584	653	525	358	313
Northeast	Middlesex	115	GROTON	60-64	F	280	394	562	644	556	401
Northeast	Middlesex	115	GROTON	60-64	M	318	411	550	616	501	343
Northeast	Middlesex	115	GROTON	65-69	F	174	234	323	459	525	455
Northeast	Middlesex	115	GROTON	65-69	M	181	317	400	534	599	489
Northeast	Middlesex	115	GROTON	70-74	F	131	199	260	358	506	577
Northeast	Middlesex	115	GROTON	70-74	M	98	167	284	357	468	526
Northeast	Middlesex	115	GROTON	75-79	F	77	107	159	207	284	399
Northeast	Middlesex	115	GROTON	75-79	M	63	80	134	225	285	372
Northeast	Middlesex	115	GROTON	80-84	F	86	81	112	166	214	294
Northeast	Middlesex	115	GROTON	80-84	M	63	68	88	145	239	303
Northeast	Middlesex	115	GROTON	85+	F	102	172	190	231	319	417
Northeast	Middlesex	115	GROTON	85+	M	62	97	115	139	202	314
						1635	2327	3177	4081	4698	4890

Over the next 20 years, Massachusetts population growth will occur almost entirely in the 60+ age groups



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

2016

Sight Visits

Appendix VIII

**[COUNCIL ON AGING
PLANNING COMMITTEE SIGHT
VISITS]**

Planning Committee Senior Center sight visits 2016

	Likes	Dislikes	Interesting
Milford	Easy entrance	lobby like Dr office	trying to get men
	great storage	small lobby sitting area	man cave failed(one pool table)
	donated space (each room)	long hall	outgrew fitness room
	multi-purpose room	wasted space middle entrance	hair salon
	kitchen	locked office	
	patio	no tech room	
	fitness room		
	man cave intention		
Westford	poolroom	basement access	renovated school
	kitchen	stroage	comfortable feel
	entrance not open to weather	office space removed	made money thrift shop
	furnishings	no outdoors	community center seperat from
	staffing	multi purpose office space	senior center
	gift shop	immediate stairs	library quiet
	sitting room		
	library		
Tyngsborough	craft room		
	none	none	nothing
Pepperell	partio	High ceiling	High participation
	drop off area	small rooms	10 years old outgrown
	location	cold lobby	
	parking	no storage	
		exercise in dining room	
		clutter	
	Likes	Dislikes	Interesting
Townsend	outside access drop off	too small	building donated
	floors (rubber?)	not enough rooms	Share common space with library
	homey	rooms too small	
	warm	drafty entrance/lobby	
	beautiful	connecting hallway wasted space	
	community room can separate		
	outside access drop off		
	chalk board		

2016

**Conference
Report**

Appendix IX

[CONFERENCE REPORT

**The 6 W's leading to a Community Center for older adults.
They constitute a Formula for getting your project off the ground and built
Parts I and II**

Excellent presentation on building new center which included the ideal center design and what should be included and current trends. Presentation will be sent to us on a USB stick drive. *(A copy of the USB drive is available at the senior center)*

Notes: very little notes due to the expectation of the information forthcoming

Start with feasibility study it sets expectations, establishes program and evaluates sites and buildings

Minimum size 7,000 square feet.

15-17 square feet per person for dining

Room Categories:

- Offices

- Circulation

- Program

- Kitchen - public sector food

- Toilets

- Support space: storage indoor and outdoor

- Outdoor space

Defining as a shelter has more code – Recommend define as cooling/warming shelter. (Groton COA is defined as such)

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Mixed Age Group Community Centers: A broad approach to funding senior center facilities

Three examples of mixed age centers were given. Two are in old schools with shared space. Previously these centers have very limited space and this gave them additional area. Natick shares space with all town social services under one umbrella of Community Service Department with one director that oversees all departments.

Arlington combined with Health and Human Services and COA – the goal is to support the COA through room rentals – there were no viable senior programs prior to this.

Natick did it to increase funding options.

Salem was in the audience and reported their town it set up the same way and it is not working. There is a constant battle for space.

Take away from this is moving a senior center into an old school was beneficial for a community that does not have an existing senior center or a very sub-standard building/space. Natick has more town services including a rec department. Groton could be served by adding Veterans services and the Groton Channel to a new building.

Fitness Center: What to consider when outfitting a fitness/wellness area:

Equipment

- Vision of the room? Room flow
- One person running it?
- Who do we accommodate?
- What equipment is best?
- What services do we provide?
- Find experts
- Equipment that carries as people age
- Adaptable

Companies

- Are they responsive, their location, are they local?
- What do they offer?
 - Service equipment
 - Delivery – self or sub-contractor
 - Design of room
 - Services pre and post-sale

Considerations

- Vision
- Budget
- Demographics
- Room size
- Weights
- Stretching mats and stretching tubes

COA's they have outfitted

- Westford
- Billerica
- Needham

I found this session to be a 45 minutes sales pitch from Precision Fitness Equipment. There was very little valuable new information. However, they did bring a recumbent stepper that could be altered to be wheelchair accessible.