

# **Age & Dementia Friendly Bellingham:**

## **Assessment of Community Needs and Ideas for Action**

September 2025

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Commissioned by Town of Bellingham

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Center for Social and Demographic Research on Aging  
Gerontology Institute

Donna M. and Robert J. Manning College of Nursing and Health Sciences  
University of Massachusetts Boston





Dear Bellingham Residents and Community Members,

We are very excited to share the report *Aging in Bellingham: A Community Needs Assessment* with you.

This report is the result of many months of coordination and planning and is the culmination of feedback and ideas from Bellingham's residents who have provided their time, energy, and ideas. Over the past year, many Bellingham residents of all ages participated in interviews, focus groups, and a community survey.

The focus areas include outdoor spaces and public buildings; broader transportation options; respect for diversity and social inclusion; communication and public information; housing choices; social participation; civic participation and employment; community and mental and physical health services.

The report was researched and written by the expert team at the University of Massachusetts Boston Gerontology Institute. We would also like to thank Dr. Caitlin Coyle and her team at UMASS for their passion, enthusiasm, and dedication to this project.

We are grateful to everyone who participated in this process and provided thoughtful feedback, including Bellingham residents, community leaders, service providers, business owners, and municipal employees who gave their time and insights into how to make Bellingham a more vibrant community.

We trust you will find this report informative, and we encourage you to participate in the work ahead to meet our community's needs and improve the lives of Bellingham's residents. This report will be shared widely, and the information will be used to support strategic and program planning.

Thank you for your support, vision, and engagement as we work to make Bellingham a community for all ages.

Sincerely,

Age and Dementia Friendly Co-Leaders

Kay Page, Chair, Council on Aging Board

David Dunbar, Treasurer, Council on Aging Board

Jim Fitzpatrick, President, BESG

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## Contributors and Acknowledgements

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

Caitlin Coyle, Katherine Burnes, and Ceara Somerville are primarily responsible for the contents of this report. Other contributors include undergraduate students MaryJane Barron, Kyrie Chung, Bowofoluwa Fahuwa, Eli Mari Roman Lima, and Samaria Quinata.

We would like to acknowledge the Town of Bellingham for their support of this project. Specifically, we offer our appreciation to Kay Page, COA Chair, David Dunbar, Newsletter Editor, and Jim Fitzpatrick, President, Bellingham Elder Service Group who provided guidance and leadership that enabled the success of the project. Most importantly, we are deeply grateful to every Bellingham resident that took time to participate in this endeavor.

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## Introduction

Bellingham, Massachusetts located in Norfolk County, is surrounded by seven Massachusetts towns and Woonsocket, Rhode Island to its South end. The once manufacturing community has been transformed into a suburban destination that has undergone significant development over the last 20 years. Today the town has a mix of industry, major distribution centers as well as a large retail complex located off interstate 495. The town has the lowest residential tax rate in the area. Bellingham is governed by a five-member Board of Selectmen who appoint a Town Administrator to manage the day-to-day activities of the community. Residents of Bellingham enjoy a small-town, community environment with many outdoor opportunities and scenic landscapes.

Older residents (age 60 and older) currently represent 25 percent of the Bellingham population of 17,160 (*American Community Survey, 2018-2022, Table B01001*). By 2030, it is expected that 32 percent of Bellingham's population will be aged 60 or older. As a municipal entity, Bellingham's Council on Aging (COA) is an important and valued resource, operating as the Town's central point of contact for older residents who seek services to promote healthy and fulfilling lives. Growth of the older adult population therefore has special significance for the COA/Senior Center and increasing demand for its services and programs can be expected moving forward.

Volunteers and staff at the Senior Center were catalysts for learning about and applying for Age and Dementia Friendly certification. Concerned about the town's ability to communicate and offer services to older residents who do not use social media or have tech skills, they wanted to explore how to help create awareness and strategies for making Bellingham more age friendly. Recognition that some age friendly "fixes" (e.g. help with town communication for people without tech savvy) may require more money, residents believed that conducting a comprehensive needs assessment would provide solid ground for grant applications and pursuing other funds. Ultimately, pursuing an age and dementia friendly designation is an opportunity for the aging population to vocalize their needs.

Thus, the Town of Bellingham, the COA and the Bellingham Elder Service Group (BESG) have embarked on the journey to become a more Age and Dementia Friendly town. The Age and Dementia Friendly Bellingham initiative is focused on ensuring that Bellingham is, and remains, a place where older adults can comfortably and safely age in place. Age friendly community initiatives aim to build supportive physical and social environments for older adults and dementia-friendly initiatives to address the critical need of people living with dementia and their caregivers to be included in society. The actions taken to improve the well-being of older adults affect the welfare of people of all ages in the community.

In 2022 a steering committee of three Bellingham residents involved in the COA/Senior Center served as a catalyst in helping Bellingham attain the designation of Age and Dementia Friendly. A Task Force including an impressive mix of individuals from town government, schools, local organizations and older residents was formed to help Bellingham set and implement annual goals of activities designed to make Bellingham a good place to grow older for all residents.

This report describes research undertaken by the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston on behalf of the Town of Bellingham. It presents the results of a comprehensive examination of issues relating to aging in Bellingham. A needs assessment was undertaken to support planning on the part of the Town of Bellingham, the Council on Aging (COA)/Senior Center and Age and Dementia Friendly Task Force.

## **Becoming an Age & Dementia Friendly Community**

The Age-Friendly framework was developed by the World Health Organization (WHO). According to WHO, an age-friendly community is one where people participate, are connected, remain healthy and active, and feel they belong—no matter their age or ability. Relatedly, a dementia friendly community is a village, town, city or county that is respectful of individuals living with dementia, their families, and caregivers while providing supportive options that foster quality of life. According to Dementia Friendly Massachusetts, “dementia friendly communities promote awareness of dementia, educate citizens about best supporting people touched by dementia and introduce systemic changes within businesses, governments, and neighborhoods. Through assessment, planning, action, and evaluating progress, communities all over the world are taking steps to improve their social and physical environments as a strategy for promoting health and well-being throughout the life course. The Age-Friendly model includes a conceptual framework (domains) for describing areas within a community relevant to healthy aging. The model also lays out a process intended to ensure repeated consultation with the community, collective reflection, action, and evaluation.

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

## Goals of an Age & Dementia Friendly Bellingham



Experiences of communities throughout the world make clear that each community will pursue its Age-Friendly initiative in a somewhat unique way. Local conceptualizations will shape the initiatives, programs, and partnerships put in place; they will also shape the research and measurement used in support of the effort. Ultimately, the Age-friendly framework requires that environmental features are defined and evaluated relative to the characteristics and resources of residents actually living in the community. This report contains the results of a comprehensive needs assessment of the age and dementia friendly components of living in Bellingham. The outcomes of this assessment will guide planning and action of the initiative.

## Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses of existing and primary data to capture a broad and deep understanding of the Town of Bellingham and its older residents. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and from projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including key informant interviews, focus groups, and through a community survey.

## Demographic Profile

As an initial step toward understanding characteristics of the Town of Bellingham'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 (2019-2023), along with U.S. Census data for the Town of Bellingham 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

Key informant interviews were conducted with six Bellingham municipal and legislative leaders, including the Town Manager, chiefs of police and fire, elected officials, a representative from the Bellingham Board of Health, the director of the Bellingham Council on Aging/Senior Center and three volunteer leaders who are co-organizers of Bellingham's Age and Dementia Friendly initiative. Participants were asked to provide their experience and perspectives on several questions focused on the impact, needs and interests of the aging population of Bellingham.

## Focus Groups

During the Spring of 2024, research staff from the Center for Social and Demographic Research on Aging conducted three focus groups in Bellingham. Participants included residents and community stakeholders who provide services and interact with residents of Bellingham. All the focus groups were in person at Town Hall and lasted ninety minutes. A total of 31 participants shared insights related to their interests, needs, and experiences as residents and stakeholders in the community.

## Community Survey

In collaboration with the COA Board members, a community survey was developed for this study. A mailing list was obtained from the Bellingham Town Clerk, based on the current municipal census, residents aged 55 and were identified. Postcards were mailed to these residents alerting them to complete the survey online, by telephone, or by picking up a paper copy at various locations throughout Town. Subsequently, printed surveys were mailed, along with a postage-paid return envelope. The survey was also made available via the Town's website. A total of 1,374 responses to the survey were obtained, representing a strong return rate of 24% (see **Table 3**). 7% were returned online, and the rest of the responses were returned by mail.

## Data Analysis

Data collected for the resident survey was 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 Bellingham?"). 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 Bellingham. We used information from all sources of data to develop recommendations reported in the final section of this report.

## Results

### Demographic Profile of Bellingham

According to American Community Survey (ACS), there were about 17,160 residents living in the Town of Bellingham in 2023. About 37% of the population (6,354 individuals) were aged 50 and older (See **Table 1**). Residents who were aged 50 to 59 (2,705 individuals) made up 16% of the population; residents aged 60 to 79 (3,012 individuals) comprised around 18%, and another 637 residents (4%) were aged 80 and older.

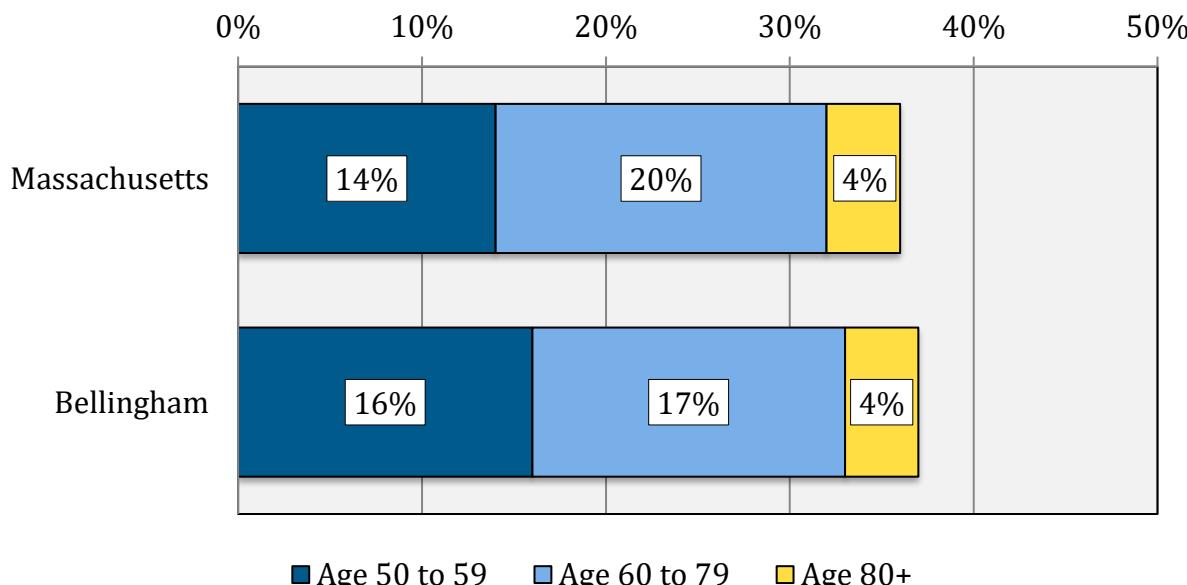
**Table 1.** Number and percentage distribution of Bellingham's population by age category, 2023

Age Category	Estimate	Percentage
Under age 18	3,822	22%
Age 18 to 49	6,984	41%
Age 50 to 59	2,705	16%
Age 60 to 79	3,012	17%
Age 80 and older	637	4%
<b>Total</b>	<b>17,160</b>	<b>100%</b>

*Source: American Community Survey, 2019-2023, Table B01001. Numbers are calculated from 5-year survey estimates.*

The share of Bellingham population age 50 and older is almost the same as the overall state of Massachusetts (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2023, compared to 37% of the Bellingham population. Compared to the Commonwealth (24%), Bellingham had a smaller portion of residents aged 60 and older (21%). The share of Bellingham residents aged 80 and over is also similar to the one estimated for the state as a whole. In 2023, Massachusetts residents aged 80 and over comprised 4% of the population and Bellingham had the same percentage of residents aged 80 and over.

**Figure 1.** Age distribution in Bellingham and Massachusetts

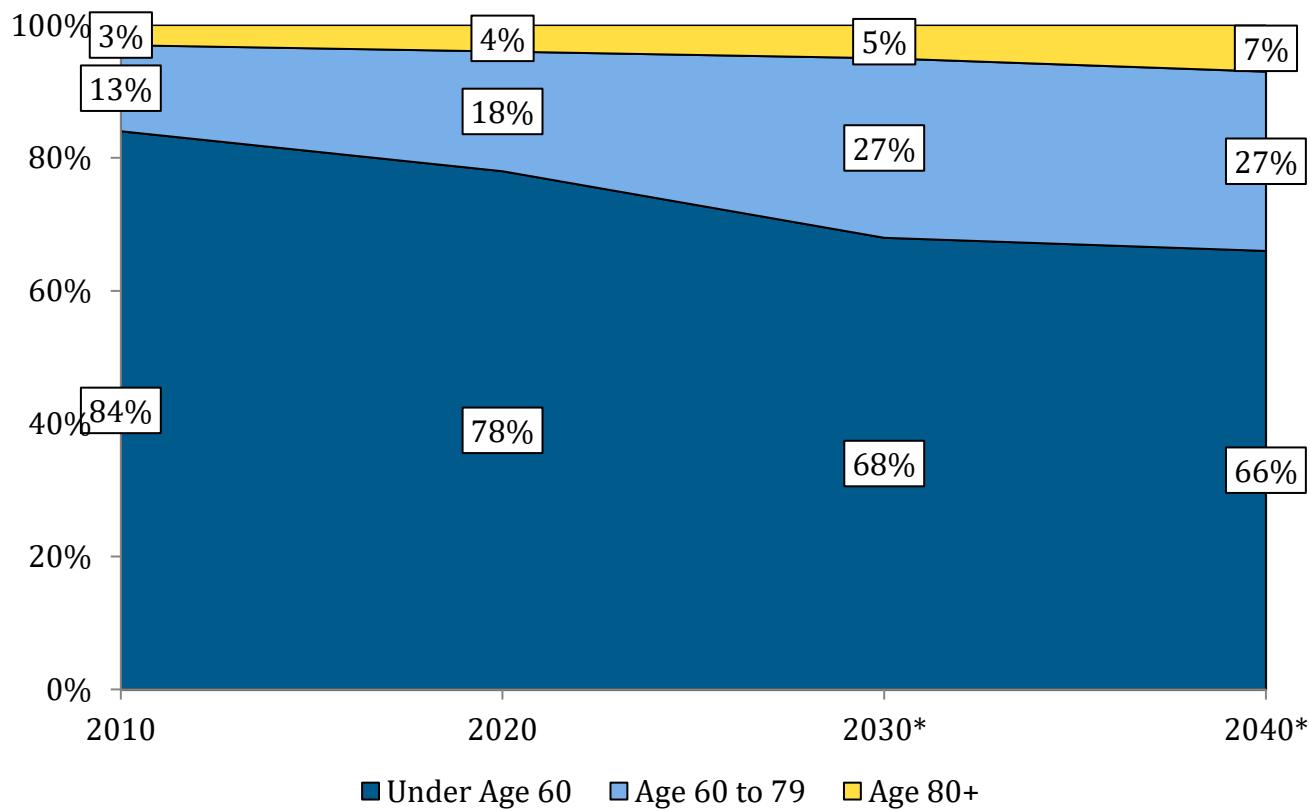


*Source: American Community Survey, 2019-2023, Table B01001. Numbers are calculated from 5-year survey estimates*

Population growth in both Massachusetts and the Town of Bellingham has been concentrated in the 60+ age group. Between 2010 and 2020, the population of all ages increased by 7% in Massachusetts and by 4% in Bellingham. Additionally, the rate of growth in Bellingham population age 50 and over was faster than in the state (*US Census, Table P12*). The segment of Bellingham's population age 50 to 59 increased in size by 23%, while the population in the same age group in the state as a whole increased by 4%. The population of residents who are age 60 and older increased by 43% in Bellingham, a considerably higher rate of growth compared to the 34% increase in population age 60 and over for Massachusetts.

**Figure 2** shows the age distribution of Bellingham's population from 2010 to 2020, and population projections for 2030, and 2040. In 2010, about 16% of the town's population was aged 60 and older. This percentage increased to 22% by 2020. According to projections created by the Donahue Institute at the University of Massachusetts, an increasing share of the older population in Bellingham is expected in future decades. Donahue Institute Vintage projections suggest that by 2040 about 34% of Bellingham's residents will be age 60 or older—27% of Bellingham's population will be between the ages of 60 and 79, with an additional 7% age 80 and older.

**Figure 2.** Population trends; age distribution of Bellingham residents under age 60, age 60-79, and age 80 and older, 2000 to 2020 with projections to 2030\*, and 2040\*



Source: Population figures for 2010 and 2020 are from the U.S. Census.

\* Figures for 2030, 2040, and 2050 are the 2024 Vintage Projections estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/>

## Socio-Demographic Characteristics of Bellingham's Older Population

Bellingham is less diverse than the state with respect to race. For all ages combined, about 83% of Bellingham residents report their race as White non-Hispanic, compared to 68% in Massachusetts (*ACS, 2019–2023, Table B01001H*). Moreover, among older adults, Bellingham is even less diverse. Most Bellingham residents aged 65 and older report their race as White race (97%). The remaining percentage of the population 65 and older reported other race or ethnicity (3%) which includes those reporting two or more races and about 1.5% reported Hispanic ethnicity.

Additionally, 12% of older Bellingham residents report speaking a language other than English at home (*ACS, 2019–2023, Table B16004*). Those who speak another language other than English at home most commonly speak an Indo-European language.

American Community Survey estimates on education show that 17% of Bellingham residents 65 and older have a bachelor's degree or more. (*ACS, 2019–2023, Table B15001*). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities.

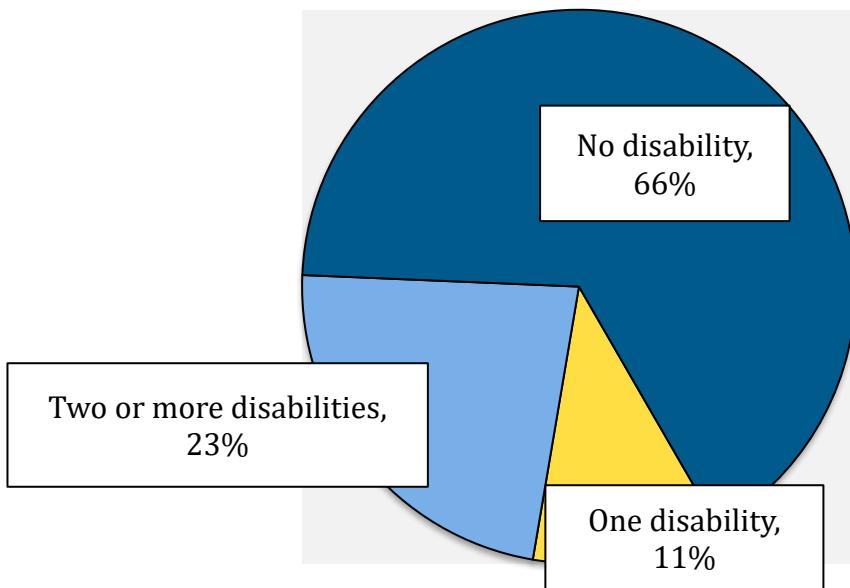
Similar to older adults living in communities throughout the U.S., a large proportion of Bellingham residents aged 65 and over remain in the workforce. About 46% of adults aged 65 to 74 are participating in the labor force. Of those age 75 and older, 2% remain in the workforce (*ACS, 2019–2023, Table S2301*).

Nearly 31% of men aged 65 and older in Bellingham report veteran status (*ACS, 2019–2023, 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.

Many Bellingham residents aged 65 and older experience some level of disability that could impact their ability to function independently in the community. About 11% of Bellingham's residents aged 65 and older have one disability, and 23% report two or more disabilities (**Figure 3**). Moreover, the increased likelihood of acquiring disability with age is evident in data from the American Community Survey.

Among the different types of disability that are assessed in the American Community Survey, the most commonly cited by older Bellingham residents 65 and older were ambulatory difficulties—difficulty walking or climbing stairs (24%), followed by hearing difficulties (18%), and independent living limitations -12% reported difficulty doing errands alone, such as visiting a doctor's office or shopping- (*ACS 2019–2023, Table S1810*). Other disabilities experienced by older Bellingham residents include self-care difficulties (5%), cognitive difficulty (9%), and vision difficulties (2%).

**Figure 3.** Percentage of Bellingham residents age 65+ reporting at least one disability

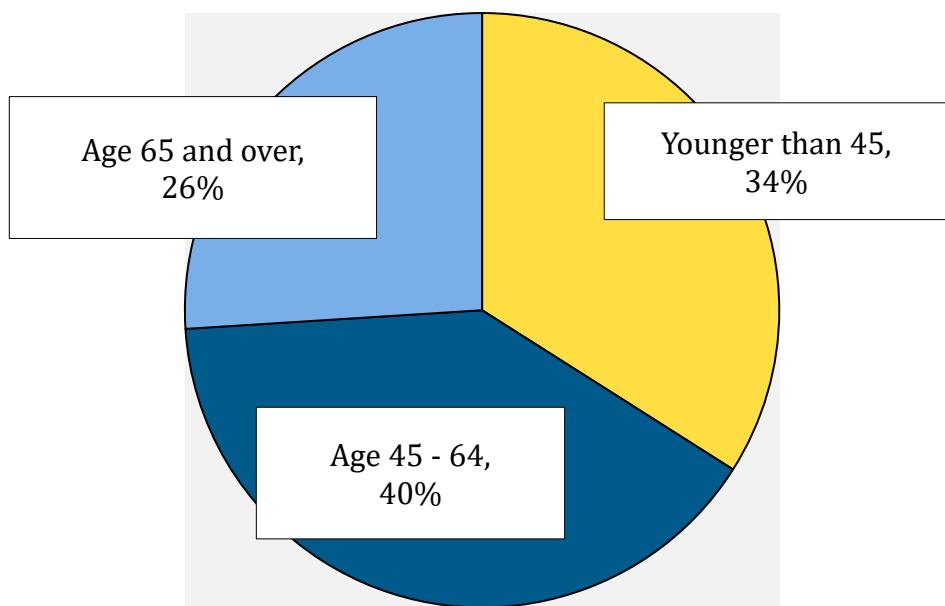


Source: U.S. Census Bureau; American Community Survey, 2019–2023, Table C18108

### Living Arrangements and Housing Costs of Bellingham's Older Population

A majority of Bellingham's 6,289 households have householders who are older than age 45. 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 66% of all households in Bellingham<sup>2</sup> including 26% of those who are age 65 and over (Figure 4).

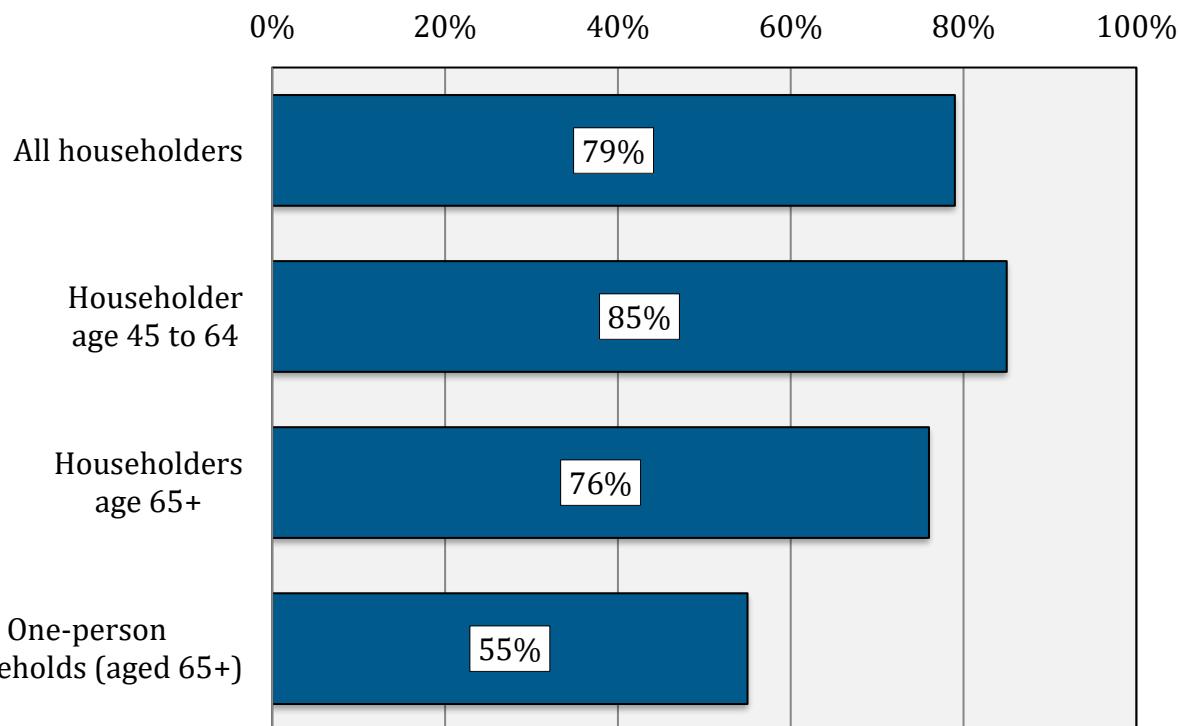
**Figure 4.** Age structure of Bellingham householders



Source: American Community Survey, 2019–2023, Table B25007. Numbers are calculated from 5-year survey estimates.

The majority of Bellingham residents live in homes that they own or are purchasing (79%) (**Figure 5**). About 34% of residents aged 45 to 64 and 20% of those age 65 and over own their homes. A sizeable share of Bellingham residents who are 65 and older and live alone also own their home (52%). 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.

**Figure 5.** Percent of Bellingham householders who are homeowners by age category



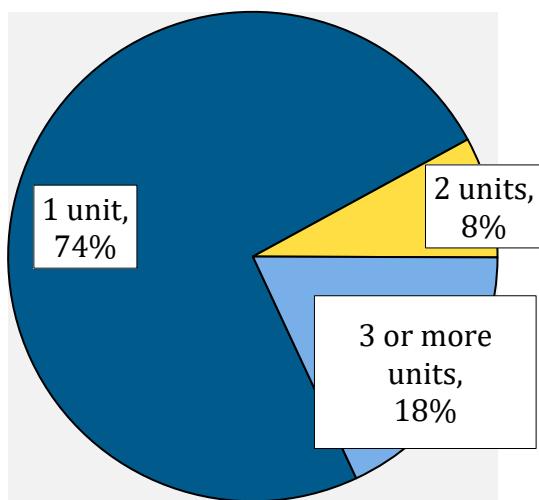
Source: American Community Survey, 2019–2023, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 41% of Bellingham's 6,289 households have at least one individual who is age 60 or older (*ACS 2019–2023, 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.

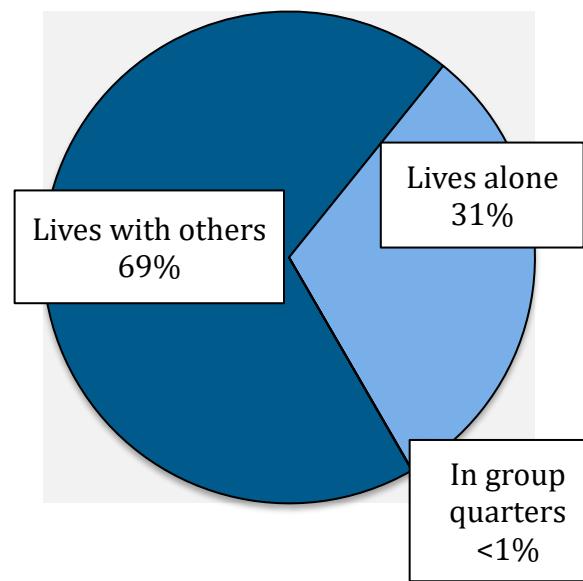
Among the 6,555 housing structures in Bellingham (**Figure 6**), 83% are single unit structures and the remaining 17% are housing structures that contain two or more housing units, which include apartment complexes. Older residents living in multi-unit structures may need different types of support as they age compared to those in single-unit dwellings. For example, a person living in an apartment building may have less need for home maintenance or repair resources but face additional barriers to aging in place like accessibility features (e.g., stairs) or unforeseeable rise in costs (e.g., rent).

A large proportion of Bellingham residents who are age 65 and older (69%) live in households that include other people, such as a spouse, parents, children, or grandchildren whereas 31% live alone in their household (**Figure 7**). Among renters age 65+ the vast majority (89%) live alone. Additionally, less than 1% of older Bellingham residents live within group quarters.

**Figure 6.** Number of units in Bellingham housing structures



**Figure 7.** Living arrangements of Bellingham residents, age 65 and older



Source: American Community Survey, 2019–2023, Table B25024. Numbers are calculated from 5-year survey estimates.

Source: American Community Survey, 2019–2023, Table B09020. Numbers are calculated from 5-year survey estimates.

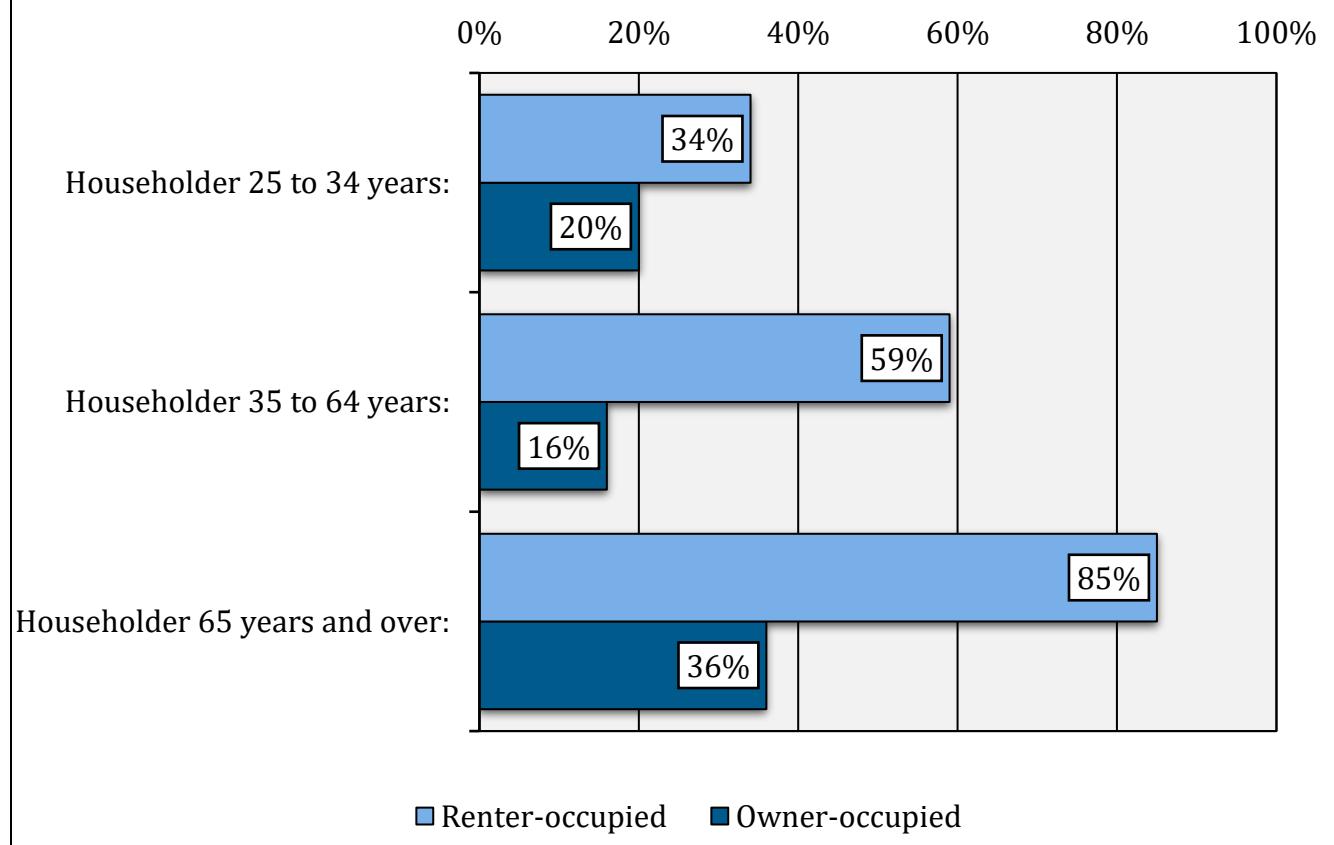
Many homeowners and renters in Bellingham experience housing cost burden, with 21% of all homeowners spending more than 30% of their income on monthly housing costs<sup>1</sup> and 65% of renters spending 30% or more of their income on gross rent<sup>2</sup>. **Figure 8** depicts the proportion of householders spending more than 30% of their income in housing costs by age group and tenure. The burden of housing costs increases with age among Bellingham's renters: over a third of renters age 25-34 spend 30% or more of their income on gross rent; this figure increases to 59% of renters age 35-64 and to nearly 85% of renters age 65+. Similarly, a larger share of older homeowners (36%) spends 30% or more on housing costs than homeowners age 35-64 (16%) and homeowners age 25-34 (20%).

<sup>1</sup> Monthly housing costs for homeowners is defined by the U.S. Census Bureau as “*the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)*” ([2022 Subject Definitions](#), p. 36).

<sup>2</sup> Monthly housing costs for renters is defined by gross rent, which is the “*contract rent plus the estimated average cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else)*” ([2022 Subject Definitions](#), p. 19).

Although the share of Bellingham homeowners spending 30% or more of their income on housing costs is comparable to that of the state as a whole, the proportion of renters experiencing housing cost burden is greater in Bellingham compared to renters across the state. Nearly half of renters across Massachusetts are housing cost burdened, compared to 65% of renters in Bellingham. Most notably, however, is the difference among older renters: 60% of renters age 65 or older across the Commonwealth spend 30% or more of their income on gross rent, but this is the case for 85% of older rents in Bellingham. In Bellingham, the risk of experiencing financial burden due to housing costs is greater for renters compared to homeowners, but older residents are at greater risk no matter their housing tenure.

**Figure 8.** Proportion of households spending more than 30% or more of income on housing costs by age and tenure

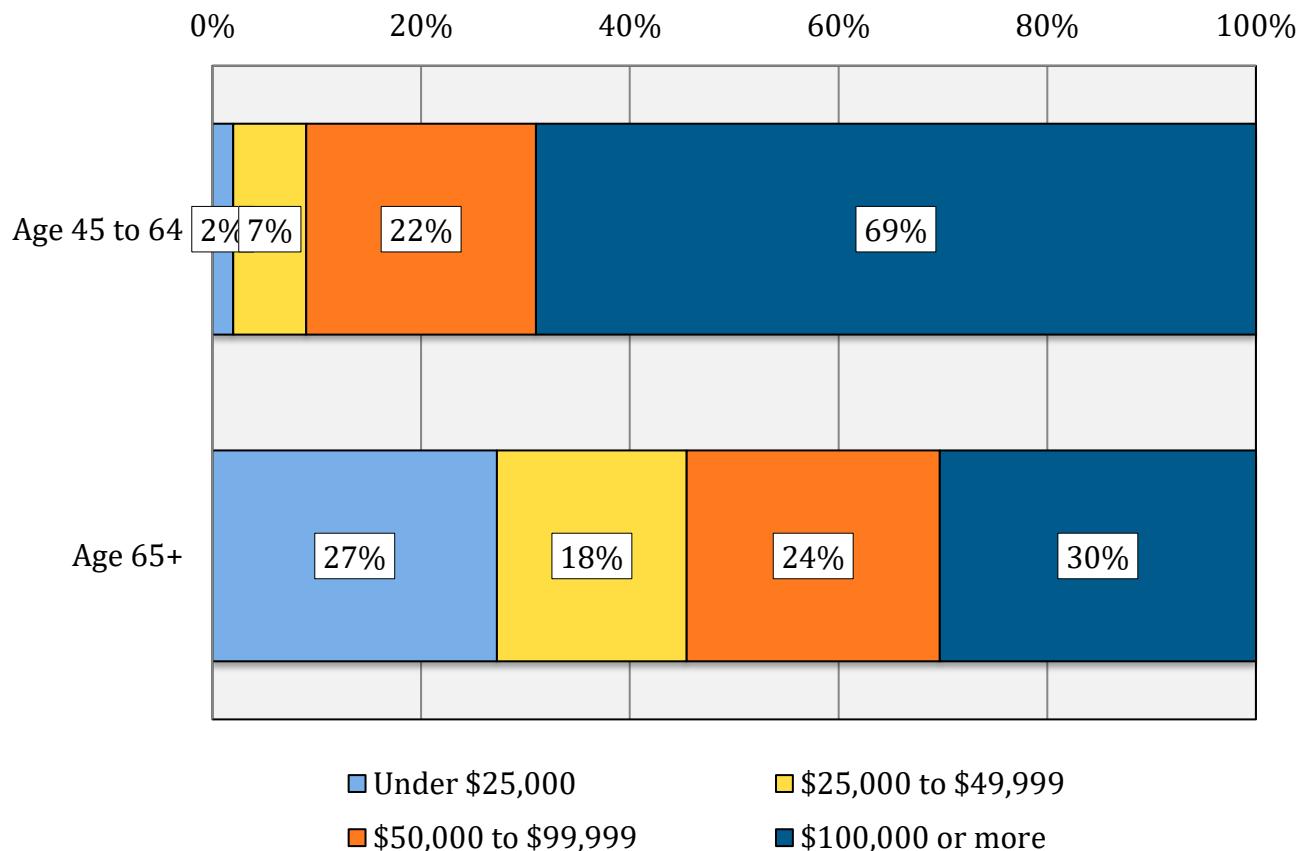


Source: American Community Survey, 2019–2023, Tables B25093 and B25072. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

With respect to household income, there is some comparative disadvantage of some older residents in Bellingham. Bellingham residents' median household income is considerably higher than the one estimated for Massachusetts as a whole, \$120,966 compared to \$101,341 (ACS 2019-2023, Table B19049). Among Bellingham's householders, those aged 25 to 44 have the highest median income at \$151,196—which is also greater than the statewide median for this age group (\$116,186). Among householders aged 65 and older, the median income (\$60,330) is lower than the statewide median for this age group (\$64,818), and much lower than the median income of householders 45 to 64 (\$138,500). Older residents living alone are at the greatest disadvantage in terms of household income.

The economic profile of older Bellingham residents compared to younger residents is further illustrated in **Figure 9**, which shows that the older adult population lives on a modest income. About 30% of Bellingham residents aged 65 and older report incomes of \$100,000 or more. By comparison, 69% of households headed by residents aged 45 to 64 report this level of income. Nevertheless, a large share of households headed by someone age 65 and older (27%) report annual incomes under \$25,000. This compares with just 2% of households headed by individuals aged 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Bellingham's older population that is at risk of financial insecurity or economic disadvantage.

**Figure 9.** Household income distribution in Bellingham by age of householder (in 2023 inflation-adjusted dollars)



Source: American Community Survey, 2019–2023, Table B19037. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

## Insights from Key Informant Interviews

Key informant interviews were conducted with five Bellingham municipal employees, an elected official and three volunteer Council on Aging/Senior Center leaders who are co-organizers of Bellingham's Age and Dementia Friendly initiative. These were one-hour interviews to discuss issues and themes related to the growing aging population in Bellingham.

The majority of those interviewed have lived in Bellingham all or most of their lives; and this familiarity plays an important role in fostering an age and dementia friendly community. Said one of the long-time residents, *"Bellingham has always been a welcoming and nice place to live. There are familiar faces. It's a community-oriented community. It's not really cliquey. There are many multi-generation families in Bellingham. It's a town where people want to "age in place". People continue to live in town. "We lean on other each through good times and bad." "Aging in Bellingham has really become a main priority for the town."*

A second important piece of context raised by these community leaders is that of growth for the town economically. One key-informant explained one of the implications of this development was creating a more united community, they said, *"there used to be a significant divide between North and South Bellingham but now that South Bellingham has been developed that's pretty much been squashed."* There has been tremendous commercial, industrial, and residential growth over the last 20 years. There are large distribution centers, mega warehouses (e.g. Dunkin Donuts, Best Buy, Amazon), and two large scale electric plants. There's a split tax rate allocating more tax burden on business. The current residential tax rate \$12 x 1,000 of value vs. a commercial rate of \$18 per thousand. Industry does bring traffic, but the bigger employers give back. They *"... definitely make contributions both public and private to organizations and to town. Amazon just provided \$100,000 to a playground"*. Bellingham has the lowest residential tax burden in Norfolk County and also in the region (west). The Select Board has reduced rates for water and trash including a discount for those age 65 and older. For those that want to decrease property taxes, the town has a robust senior tax work-off program.

### **Maintaining economic security and housing choice for older residents are top of mind.**

Despite some of the economic benefits of Bellingham, a topic discussed by several key informants is housing affordability and options. An example given is the 110-unit townhouses that were supposed to be an option for those wanting to stay in Bellingham as they age. They started out at \$400K and are now \$700K a unit. Builders met guidelines but now, rising costs are proving unhelpful to seniors looking for affordable options. It has spawned a lot of discussions in town. The Housing Authority has gotten involved in trying to figure out a way to get truly affordable (not state definition) housing for the many residents who have been here their whole lives and want to stay.

Bellingham exceeds, at 11.2%, the required 10% inclusionary requirement for affordable rates. But what is "affordable" does not necessarily mean that it is within reach of many residents. Said one participant, *"Everything is so expensive. A one-bedroom rental might be \$1,800 and that's affordable!?"* Some key informants suggested that turnover of housing is needed; but that is not happening. *"People can't afford to go into something like assisted living or something that's a better fit with their needs. People are holding on to their property that is paid off. Taxes are affordable in Bellingham, so*

*they are going to stay there but, even then, they still struggle because the cost of living has gone up.”* It was pointed out by several interviewees that Bellingham has lower taxes than other surrounding towns. Still one person shared, “*there are other towns that give tax breaks for seniors (e.g. when you are 65 you only pay 50% of your property taxes)*”.

Since affordable housing is not affordable, participants want new housing to be subsidized. There are waitlists of multiple years, for the two subsidized senior housing buildings in Bellingham – Wrentham Manor and Depot Court. The latest housing production plan for Bellingham has just been finalized. It highlights the need for affordable housing for households earning less than \$50K per year, housing designed for and affordable to seniors and/or disabled residents and more diverse housing styles (e.g. rental, moderate-priced step-up homes, and smaller housing units).

### **The Senior Center – a vibrant asset that more people need to discover.**

Every key informant cited the many contributions of the Senior Center. It is well respected by the town. Described as “*so eclectic; ensuring there is something for everyone*”, the Senior Center is also an important provider of transportation in a town where everyone drives and there is no public transportation. The Senior Center director is highly regarded and is an advocate for the needs of older adults in Bellingham. When a need is identified, for example, the dearth of resources to address mental health issues, the town has been supportive. There is now a part-time mental health counselor at the Senior Center.

One interviewee has recently gotten acquainted with the Senior Center. “*I love going in there for any meeting. They have the ‘coffee and conversations’, the new kitchen. It’s a breath of fresh air. It’s the complete opposite of what I expected. It’s unbelievable what they have accomplished.*”

A challenge for the town is to help ensure more people are aware of the programs and services the Senior Center provides. A particular focus should be on identifying people who live alone and may need services. “*We don’t serve enough people. How to find people who need and can use the services? If someone is an introvert or doesn’t think they are old enough for the Senior Center, how do we find them? There’s a demographic of 75+ who don’t use technology. How do we get to them?*” Caring for the needs of older adults is a concern as referrals to the ASAP (Tri-Valley) are met with a waitlist. “*How do we, in our own town take care of our people without having to send them to Tri-Valley?*”

The new kitchen will help attract more people. A challenge will be how to serve food and do programs since the dining room is multipurpose. Many ideas are percolating on how to integrate the kitchen and create a “new” space that brings people to the Senior Center. A related need is recruiting volunteers who are a very important component of the Senior Center. It’s time for a new generation of younger volunteers who are able to handle some of the physical work that is done at the Senior Center. The new kitchen will require the assistance of volunteers to help make it value added both in terms of a place to share a meal, a cup of coffee, and generate revenue to support the operation.

### **Need for a Review of Age & Dementia Friendly Aspects of Bellingham.**

The Senior Center has already brought the issue of dementia to the forefront by creating a Supportive Day Program that promotes the social, physical, and cognitive skills of participants. It recognizes the need for caregivers for respite knowing that the person with dementia is in a safe

and stimulating environment. *"There was initial reluctance to bring in a supportive day program because people thought it would turn people off."* Now it is full, with room for no more than 8-9 people. Some town leaders shared that it's important for the town to support and understand people living with dementia. *"It affects so many parts of peoples' lives. We want them engaging in our community, the fabric of what is Bellingham."* To help ensure that the Senior Center is age and dementia friendly, there's a desire to conduct an architectural/accessibility audit. What changes could be made to be more disability friendly, for example, for those with hearing and/or vision loss? Town police recognize the need to provide more training for the department (first responders). *"It's hard for police to tell if someone has dementia; the family is in denial; the person is in denial; more training is needed."*

Bellingham is a car-centric town. The Senior Center is the only available transportation for older people. However, Senior Center transportation is not available on Saturday or for doctor's appointments after 5:30 p.m. When using Senior Center transportation for food shopping, only three bags of groceries are permitted to be able to get on the van. When you get home, you're on your own. It's not easy if you live on the second floor. Said one person, *"We need fixed route transportation. It's a desert here."*

Accessibility is an important, overarching issue. Said one key informant, "We have some really good facilities that are well maintained and new(er). It's critical to look at where there are areas the town can improve on accessibility." The meeting room at the municipal center, for example, was identified as a place that does not accommodate people with hearing loss. The focus is usually around the schools, but there may be parts of town that seniors may want to use but can't because of accessibility. Said one interviewee, *"Gene the Baptist Cemetery is a popular walking area. Does it make sense for the town to acquire some land near there for parking."* These kinds of improvements can increase the age-friendliness of Bellingham and encourage residents of all ages and abilities to engage with the community.

### **Town leadership can be beacons of change.**

Some of the difficult conversations going on in Bellingham, particularly among older residents, are around the outgoing town manager who is beloved by many. *"You'll never find anyone like him."* One respondent said that older residents are concerned they'll be left by the wayside. *"That's the hot button for seniors."*

Some respondents spoke about the desire for first responders to have the resources to be able to be less reactive and more aggressive in dealing with issues. For example, the police and fire departments are working together to improve service delivery by addressing deficient technology. New software can help them more effectively interface with different systems to identify, for example, people in trouble due to dementia or autism. These are improvements that people don't think about, but which affect all aspects (e.g. records management, dispatch) of service delivery.

The need for training first responders is recognized as important but can be challenging given staff size and work shifts. An upcoming critical incident training (40 hours) will be dealing mainly with mental health issues, a growing issue the town is working to address. They point to older adults as being a demographic targeted around scams, a challenge that is only getting worse. Most first

responder calls (75%) are for emergency medical services, and many are for older adults. Falls are common leading one respondent to describe their work as “*professional people movers*.”

Several key informants are looking forward to educating town departments so that “*we can be the leaders in the town in how to become more age and dementia friendly*.” Right now, there are some departments moving in the direction of “Go to our website for more information.” They are not answering calls. There’s a need to interact with residents who don’t use social media or technology. This will change over time, but not addressing the issue now leaves many older residents unable to access town services.

Funding, of course, is a core issue. Said one town leader, “*We have to work together, and we do which is good. The fire department just requested an override for more paramedics. Public service is a very big aspect to this. Large amount of funds go to schools and doesn't affect the senior population.*”

### **More communication is needed, in different forms.**

For key informants in Bellingham, there is universal recognition that more and improved communication about services and activities in Bellingham is needed. It was pointed out that other similar sized towns have a communications director. Social media (e.g. Facebook, X, and Instagram) is used by town departments. However, there needs to be an awareness of the responsibility they have to serve those who do not use social media and/or who are not able to use technology (e.g. online applications) to access services. Supporting town departments in reaching all residents using online, telephone and written communication is an age friendly goal. Several key informants suggested that building awareness and involvement of the Select Board would be required to fund efforts to help those who do not have or cannot use technology. Bellingham CABLE’s station – ABMI Cable 8 – was identified as a good resource that may need to be highlighted and used to greater advantage in reaching Bellingham older residents with information about what’s going on in Bellingham. It can be a useful tool in rolling out the Age and Dementia Friendly Bellingham campaign.

## Insights from Focus Group Participants

Three focus groups with a total of 31 participants provided a window into the experience and perspectives of Bellingham older residents and community leaders. Participants were identified and invited by members of the Age & Dementia Friendly Bellingham Steering Committee. All focus groups were held at Bellingham Town Hall.

Twelve members of community organizations and government participated in a stakeholder focus group. They represented housing, banking, health, veterans, Aging Service Access Point (ASAP), faith community, food bank, emergency responders, senior services and memory care providers. Most were also or had been at one time, Bellingham residents. Two focus groups were conducted with a total of 19 older residents, most of whom have lived in Bellingham for many years or as life-long residents. The groups also included newcomers to Bellingham (three to seven years). One of the focus groups consisted mostly of older residents who live alone. In the U.S. and in MA there is a growing number of older adults who live alone.

Perspectives from participating stakeholders are described first, followed by those of the participating residents.

### **Stakeholders**

#### **Grandparents/relatives raising children is a developing trend.**

Discussed by both aging service providers and educators was the increasing number of grandparents or other relatives who are raising Bellingham school students. *"In the society we live in there's a lot of grandparents and aunts and uncles taking care of kids; a lot of our students are being taken care of not necessarily by their biological parents. They are not at a stage in life that they expected to be or taking on a role that's admirable but not what they expected."*

Participants familiar with this situation spoke about the need for educators to be sensitive to the needs of this population of older adults. Referring to technology, one focus group member said there needs to be *"more understanding that there's a much larger learning curve for adults who have already been there and done that. They raised their children and they're raising a generation that is vastly different."*

It was stressed that effectively communicating school policies and procedures needs to consider not only speakers of other languages but also providing information from a senior's point of view. *"Make sure we are communicating with that generation. Make sure they are as active and as vibrant in that role."*

Caregiver support groups provided by aging services are seeing more grandparents raising grandchildren. *"There's been a dramatic increase. With that comes a lot of financial instability because a lot of these grandparents are on a fixed income, or trying to go back to work, food insecurity, housing challenges."* Many of these grandparents are dual caregivers, raising grandchildren and a spouse with dementia.

### **Dementia is a concern that requires more education and support.**

Participants recognized the need for Bellingham to work on being more dementia friendly. The police department wants to help officers and staff learn more about ageing and about dementia. *“As first responders some people don’t know how to deal with these kinds of people.”* There’s a disconnect. Specifically with people experiencing memory loss who can be resistant. The average age of responders in the department is 28. There’s an experience gap that can be addressed through more training. Also, currently there is no wanderers program in Bellingham—these programs are created to prevent and respond to wandering behavior that is often associated with advanced dementias.

As is the situation everywhere, there is a growing problem with scams or family members taking financial advantage of older adults, many who are experiencing dementia. Banking personnel are aware, having developed long-term relationships with their older customers. People can hide the real physical and mobility challenges they face. *“We see the slow failure of whatever their ability might be (e.g. driving over curbs). They want to maintain their independence.”*

*“What we see more and more, unfortunately, are family members who are taking advantage of parents with dementia.”* The banks try to step in when they see it but must be careful because of strict privacy rules. They try to do as much community education as possible.

One participant familiar with the MA Alzheimer’s Act passed in 2014, indicated that there are going to be state dementia advocate positions. Hopefully a town dementia care navigator will help identify what people need. In Bellingham, *“Nobody knows where to go. How to get there. There’s no network. The town website could be beefed up.”*

### **Food insecurity offers a window into the need for townwide education and involvement.**

There was a lengthy discussion about food insecurity in Bellingham. The needs of the local food pantry, Loaves and Fishes were highlighted. The numbers of people using the food pantry are growing, the need is high and about half of the “guests” are older.

Among older “guests” are elders with grandchildren, caregivers of parents who are no longer capable of coming to the food pantry, and people who cannot get by on Social Security. They are also seeing a spike in the working poor. *“Ordinary people are struggling to take care of their families; these are the people who used to donate.”* They are averaging about 70 families a week. It’s a *“shifting process and it’s getting more challenging.”* For some people it takes a long time to overcome the feeling of shame associated with coming to the food pantry. But when they do come, they receive a warm welcome and people come back because of this.

The food pantry does not rely on the town but, rather, “kindness of our fellow citizens” to fund the work. They are trying to get the word out that there is a great need for funding. *“We’re struggling to feed the people that come to our doors.”* One of the obstacles to funding may be the misperception that, because it is housed at the St. Blaze church (the church has provided in-kind space for 30 years) it is also funded by the church. *“It’s not a religious thing. People who are coming... are so desperate.”* However, on the donation side, there’s a need for Bellingham residents of all persuasions to

contribute to meet the growing need. “*We need a way to have all of Bellingham embrace the food pantry.*”

### **Meeting the needs of older adults with changing capacities can be a challenge.**

First responders and professionals working in senior housing witness, first-hand, how needs change for many people as they age. One participant described seeing a lot of dementia and physical decline as “*being in the battleground every day.*” Tri-Valley Elder Services comes to Housing Authority seniors twice a week for case management. They also provide programs which is a valuable support. Sometimes the needs are too great for town officials who are tasked with following up on older adults who are having difficulty taking care of their property and/or themselves.

Most calls that first responders receive are from older adults. Some of the buildings where older adults live do not have elevators, making going up and down the stairs a challenge for residents experiencing physical difficulties and first responders.

For town officials who have resources they can provide for older adults in crisis, the challenge is convincing residents to accept the help. Said one first-responder participant, “*I am sometimes the last resort. I want to help but I can't help.*” That's often because the people who need help will not accept it. When called in hoarding situations, for example, town officials often are stymied. Said one participant, “*You're dealing with a very prideful generation that doesn't want to accept the help.*” And another added “*People don't want to do anything that might put their independence at risk.*”

The fire and police departments are, “building bridges” between the departments. They provide training and information at the Senior Center (there's an unofficial liaison to the Senior Center) and are working with the Housing Authority Council to identify needs there. The Senior Safe educator helps with smoke detectors and lock boxes.

A frequent topic of conversation is Bellingham's challenging traffic situation. Police report there are a lot of major and minor car accidents because of car dependence and proximity to highways.

The fire department has acknowledged the need for more staff training (e.g. for Senior Safe educator) on aging, specifically dementia, for staff. But time is at a premium making it difficult to coordinate training. With multiple demands and limited staffing, they are stretched thin.

### **Improving communication to older residents can move Bellingham forward.**

The town has exploded in the last decade, but infrastructure hasn't necessarily caught up compared to surrounding towns. “*We're starting to fall behind.*” There are some who think that there's a resistance to change that is partly because of the older population in Bellingham. Getting the word out is an issue. “*It's not for not wanting it or poor intentions. We're literally on the precipice of excellence. We just need this kind of situation to bring people together.*” Let people know how to utilize the resources, inform them about what's going on, or they will never vote for anything. “*Especially when you're on a fixed income and you're living from penny to penny. So those are the discussions we need to have. Now we're stuck.*” Another participant added, “*Utilize the resources (for communication) we already have and lean into them.*” For example, one town department gained recognition from older adults when an article was written in the *Bellingham Bulletin*. A “meet your town workers” series would go a long way to attach names and faces of key town workers.

When it comes to the Bellingham Senior Center, information and communication is a priority. Despite an effort to get people to know about services for older adults, “many people still don’t know that we’re (the senior center) there.” Or they think, for example, they are too young for the Senior Center. *“That’s for old people.”*

How do older adults get information and what more can be done? Said one participant, *“The way we communicate has to be really big picture. It depends on who we are talking to.”* It’s not one size that fits it all. An example of targeting communication to a particular audience is the monthly bulletin that residents of Bellingham Public Housing receive. It includes topics from the Town’s website, the senior center, puzzles, and other bits and pieces that might be useful.

For those who don’t “touch technology” communication must be in print. *“They come to the Senior Center for example to pay bills. Just renewing a license can be a nightmare.”* In addition to their newsletter, which is in print and online, the Senior Center does Robo calls. However, many people don’t listen to the message and end up calling the Senior Center, requiring that staff must be available to take calls.

One participant said, *“As a parent, I see all this communication coming from school. We should reach into the schools to help communicate important messages to reach the 50+ residents who have school age children or grandchildren. Maybe an information night at the school would be another option for school involvement in communicating about resources and issues.”*

Asked one participant, *“How are we reaching the isolated elders who are not at the Senior Center? That’s the untapped area.”* It will require a multifaceted approach that uses existing and new communication strategies to educate Bellingham residents about who to call and where to go when they want to help a neighbor, family, and themselves.

As part of the suggested strategies to improve communication and connection, there was a sense that more can be done to encourage intergenerational volunteering, particularly the schools. Said one participant, *“We’re in a society where we are not seeing intrinsic motivation; it would be nice to light that fire a bit as a global community. We have some really cool opportunities to do it.”*

### **Resident Focus Groups**

These focus groups reflected not only the experience of long tenure living in Bellingham but also a deep commitment to retaining the positive aspects of town. Additionally, there was a desire to continue progress in navigating the inevitable change that comes with development and the needs of multiple generations.

#### **The Senior Center is highly valued by those who experience it.**

The Senior Center and the transportation it provides are an important asset to Bellingham. Said one participant, *“I’m a city girl. I could walk out my house and go up the street and there’s a bus to take me to the train. I could take a taxicab. Here, there are no taxis. I take the van which I love. It takes me everywhere. It takes me to my doctor’s appointment, Market Basket.”*

Described as a welcoming, helpful place where being around people is a plus, the Senior Center also provides a lot of good programs. *“It’s run really well.”* The addition of “Coffee and Conversation” has been a vehicle for involving new people and for one person, *“It’s a real breakthrough in terms of learning about aging issues.”* *“We think we’re aging better than our parents. But we are now more aware of being older. Understand the temporariness of good health.”*

One person put it simply, the Senior Center is *“my place.”* In discussing the different services the Senior Center provides, one participant said *“I would like to give a shout out to the Senior Center for having the high school kids shovel us out. That is a big thing. I so appreciate that. It makes a big difference.”*

One area for improvement would be later hours (e.g. 8 – 4:30) during the week and staying open a couple of evenings, *“Coming in at 5 o’clock for a glass of lemonade wouldn’t hurt.”* There are those who live alone, in particular, who would appreciate some weekend entertainment periodically. Weekends are a time when others are with family and friends making it a lonelier time for those who don’t necessarily have plans. Some weekend activity and transportation would help *“get away from these four walls”* sometimes.

**Increased traffic and limited transportation for medical appointments are pressing needs. Development means excessive traffic.**

Concerns about traffic and safety were expressed by everyone. The warehouses have increased traffic. Though there were stipulations that it would not happen, one participant said that at 3 o’clock in the morning Dunkin Donuts trucks come over the hill in her neighborhood. People don’t pay attention to speed signs. Said one participant biking can be a hazardous “brace for impact” experience. *“18 wheelers go down Farm Street. It’s crazy. So narrow. Scary.”* Everyone had a story to share about different intersections, streets, etc. that have become dangerous because of traffic, speeders or the road conditions.

Since most drive and there is no public transportation, it’s very difficult for those without a car. Transportation is available via the senior center but not on weekends, nights and holidays. It makes it hard to socialize, get out. *“I’m home all weekend. I have no transportation.”* Some have used Uber, but some feel it’s not safe. *“I would not step foot in one of those,”* said one participant. One participant cited the upgrade to the Franklin MBTA station, which added 600 parking spaces. For those wanting to use the commuter rail, it’s close by and connects to Boston. The Senior Center vans are available between 8-4 during weekdays. If someone is coming back from day surgery a person is required to pick up someone following day surgery. This presents challenges for many people, particularly those who live alone.

One participant found out she was eligible for transport by Tri Valley. Having a list of transportation options is needed to help people who may not be aware of the Senior Center and other ways to get around. There was recognition that adding hours and/or days to the Senior Center transportation offerings would entail resources to manage logistics and pay drivers. But there was a hope that something could happen on a weekend every once in a while. It would give people something to look forward to.

### **More transparency and dialogue regarding taxes is desired.**

On the topic of taxes, one participant said *“Our fire station and police station, and changes to the library are paid for. We’ve never had our taxes go up that much. These improvements were approved as bond issues that raised taxes only for as long as it took to pay off the new buildings.”* More education about tax options (e.g. debt exclusion vs. prop 2 1/2) needs to be provided to residents so they understand where money is spent.

The consensus among participants was that there needs to be more information and responsiveness about work done around town. *“I don’t understand why they do what they do”* said one participant. More information on what is going on that affects people’s property and/or surrounding streets would be appreciated. A call or a note on your door to inform you about a new fire hydrant in front of your house, a telephone pole left in your yard would be helpful.

There was a recommendation that the town have an economic development committee. *“People think the planning board has power to decide on what gets built but that’s not accurate. They can’t do economic development.”* There used to be an economic development committee. Advice for a new committee was shared. *“In order for such a committee to be successful you have to give it clear direction and guidelines.”*

### **Housing adaptations and maintenance are crucial to safety and aging well.**

Everyone wants to see more affordable housing available in Bellingham. And more one floor living. Questions and comments about Accessory Dwelling Units (ADUs) made it evident that more education is needed about housing options to help residents plan for the future.

Depot Court and Wrentham Manor need upgrading. *“Invest in and expand upon these properties,”* said one participant. Another shared that new buildings should have elevators. As a person living on the second floor of Wrentham Manor, it’s difficult sometimes to manage the 13 stairs to the second floor. Another participant described life in senior housing as like a family. *“If you’re ill, you have two or three people coming to bring you meals or run errands. We take care of each other.”*

People living alone shared what made them fearful about growing older. Not being able to drive, not being able to continue living alone, losing independence and losing your mind were top of mind.

*“As I’ve gotten older, it’s a lot harder to take care of the house. Taking care of the yard gets much harder as I get older. At some point I might want to sell the place and move somewhere, but you have to have a place to go. Maybe a new apartment complex for the elderly. You want to decide it’s time to give up the house, but then, where do you go?”*

## Results from 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 1,374 Bellingham residents, representing a 24% response rate (see **Table 2**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Bellingham as a whole, we heard from a smaller share of residents age 55-59 and residents age 70-79. Throughout the remainder of this report, results will be reported for age groups 55-59, 60-69, 70-79, and 80+. Response distributions by age group are shown for all survey questions in **Appendix A**.

**Table 2.** Community Survey Respondents

	Number of responses	Age distribution (%), survey responses	Age Distribution of Bellingham's 55+ population
<b>Age 55-59*</b>	142	11%	28%
<b>Age 60-69</b>	462	34%	39%
<b>Age 70-79</b>	515	38%	21%
<b>Age 80+</b>	235	17%	13%
<b>TOTAL**</b>	1,374	100%	100%

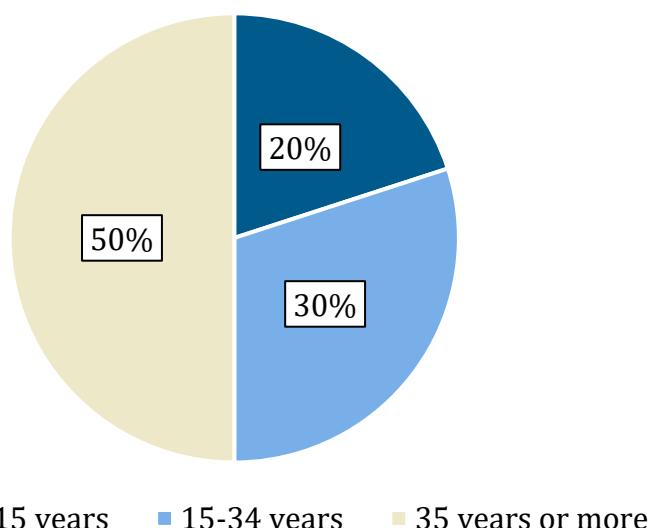
\*4 respondents reported ages under 55

\*\*20 respondents did not report their age.

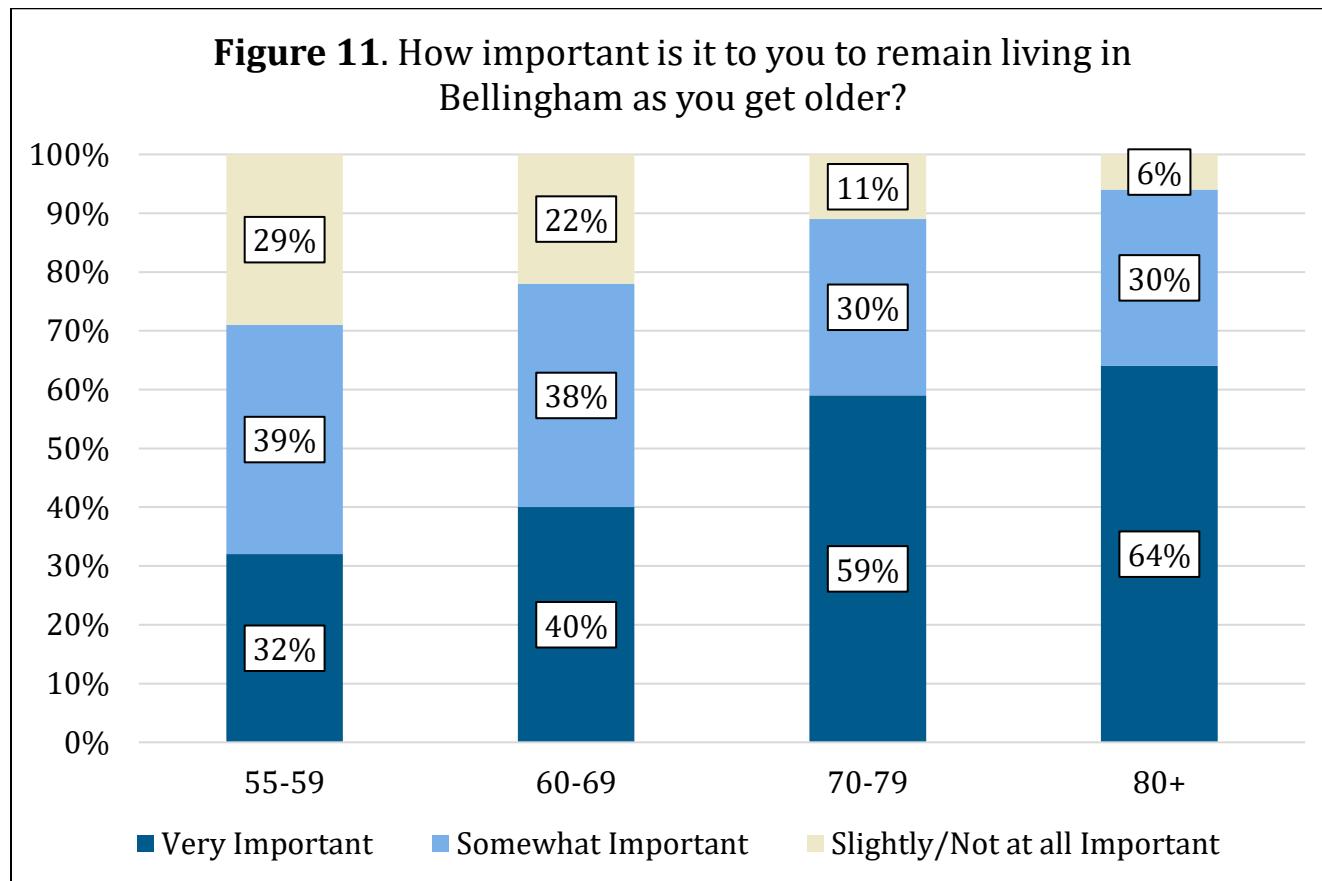
*Source: American Community Survey, 2019-2023, Table B01001. Numbers are calculated from 5-year survey estimates)*

**Figure 10** shows how long respondents have lived in Bellingham. Half (50%) have lived in the town for 35 years or more, 30% for 15-34 years, and 20% for less than 15 years. This indicates a largely long-term resident population.

**Figure 10.** How long have you lived in Bellingham?



A vast majority of residents (85%) report that it is very or somewhat important for them to remain in Bellingham as they get older (results not shown). **Figure 11** shows how important it is for different age groups in Bellingham to remain living in the community as they age. Importance increases with age, with the highest proportion of “very important” responses among those 80 and older. Among respondents aged 80+, about 64% rated it as “very important,” compared to 59% for ages 70–79, 40% for ages 60–69, and 32% for ages 55–59. Only about 10–20% across all groups considered it “slightly” or “not at all important.” Among respondents in their 50s and 60s, at least 1 out of 5 respondents rated it only slightly or not at all important to remain living in Bellingham—these age graded differences suggest that changes to the attachment to Bellingham is changing.



The vast majority of respondents took time to respond to the open-ended question “What do you value most about living in Bellingham?” Responses are summarized into major themes with demonstrative quotes in **Table 3**. This feedback highlights several reasons residents value living in Bellingham. Many appreciate its small-town community feel, friendly neighbors, and convenient access to shopping, highways, and medical care. Residents also value being close to family and friends, feeling safe due to low crime and strong public services, and benefiting from reasonable taxes, active town government, and reliable municipal services such as snow removal and senior programming.

**Table 3.** "What do you value most about living in Bellingham?"

<b>Small town community feeling with proximity to amenities</b>
"The small-town atmosphere and friendliness of the people and their readiness to help a newcomer."
"It is community oriented, quiet - safe - shopping areas and highways are conveniently located. Hospital and medical care easily accessible."
"Feeling of community. Safe place to raise a family. Easy access to many places. Nearby hospital, cancer center, and doctors. Great fire + police depts. Convenient local shopping; having to travel no further than 2-5 miles for all my essentials."
"The location, we are so near 495 to travel to Cape or New Hampshire. Short ride to Boston etc. Also the people are friendly and there is a sense of community."
<b>Being close to family and friends.</b>
"Living in a community, near my adult children and school age grandchildren, where I feel a sense of belonging."
"Living in a town that values its older residents and provides resources to age in place. Bellingham is a safe family friendly community that is close to my adult children and grandchildren, quality healthcare, and is more affordable than the surrounding area."
"I like the area and people are friendly. Closeness to family, friends and medical services."
<b>Safety of the Community</b>
"I feel more safer than living in big cities, more tranquility, less traffic, less crime, not so expensive to live here."
"The community of it. I love it being a small town. Excellent police, fire, and feel very safe."
"Small town living. Knowing my neighbors, feeling like a community, feeling safe."
<b>Town Government - taxes, services</b>
"It's financially reasonable to live in Bellingham, good tax rate, good schools and able to have access to grocery and home stores. It's safe, low crime."
"Memories of raising my kids here; relatively affordable compared to neighboring towns (e.g., taxes); great fire and rescue teams; great DPW in terms of managing snow removal during storms."
"Churches, great senior center, our police + fire dept, the best DPW take great care of our town, streets taken care - great snow plowing (best town around) Town hall - people always so helpful, history. We are blessed to have so much here - love the town."

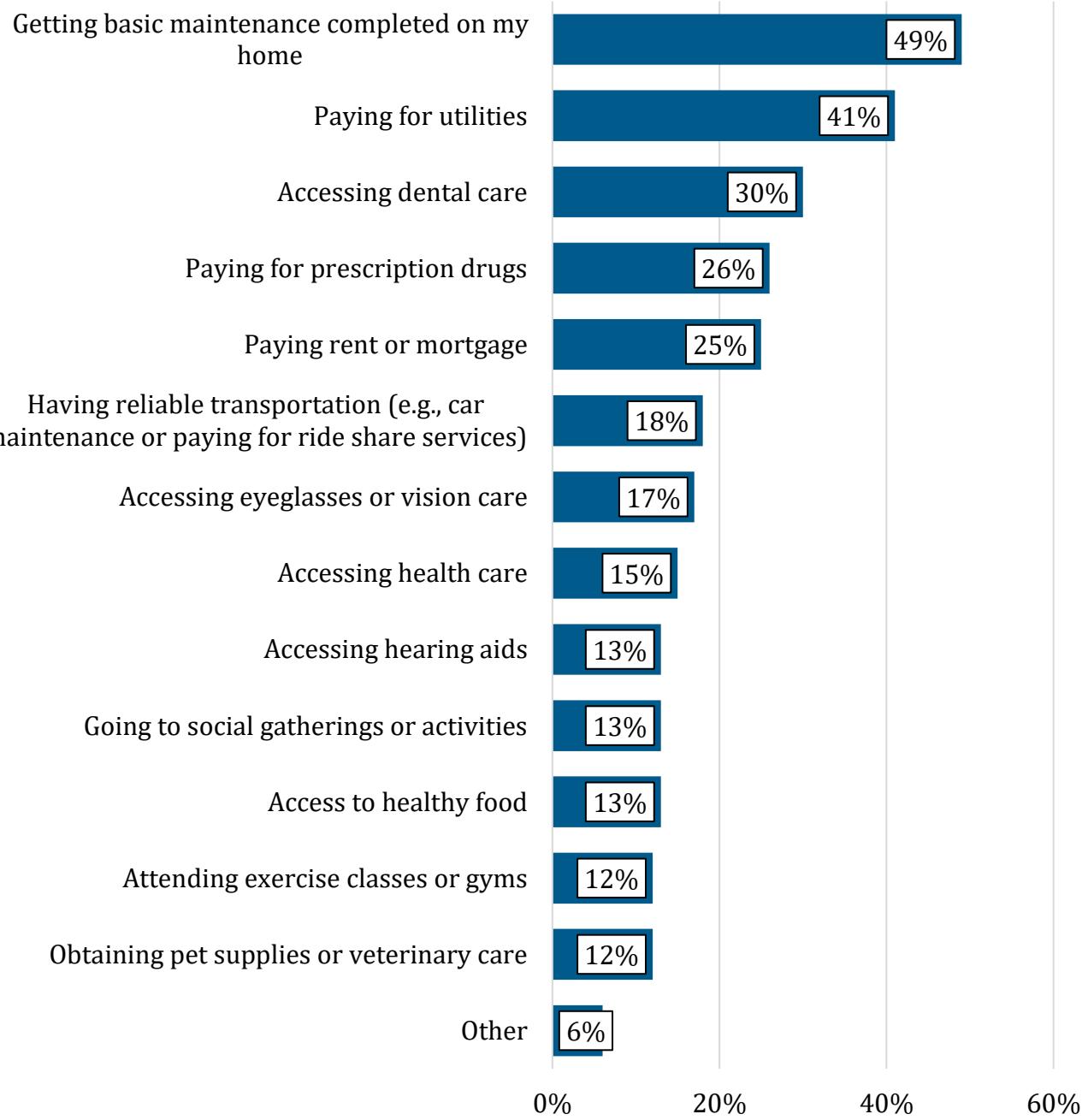
Similarly, 87% of respondents wrote about their greatest concerns about aging in Bellingham. Commonly cited concerns with sample quotes are included in **Table 4**. Most responses focused on the rising costs of living more broadly as well as increasing property taxes as being concerns as residents consider their ability to age in Bellingham. Concerns about maintaining current properties in the face of age-related changes and the lack of affordable downsizing options in Bellingham are another primary concern. Taking together the lack of transportation in Bellingham and the increased traffic and congestion in the town---accessibility getting where you need or want to go was another concern raised by survey respondents. They cited both limitations of current transportation options and the safety hazards of traffic.

**Table 4.** Sample responses to, “What are your greatest concerns about your ability to continue living in the Town of Bellingham as you get older?”

<b>Rising costs of living more broadly</b>
<i>“I am a disabled senior on a fixed income and I worry that SS payments will not allow me to keep up with property taxes and insurance. I no longer qualify for abatements as they are now but that doesn’t mean I have extra cash. Public assistance programs don’t keep up with the real world.”</i>
<i>“Being a Senior Citizen on a fixed income, taxes may force me to move. Been in my home for 50 years.”</i>
<i>“Financial issues. Paying off mortgage - taxes. Cost of living here, it’s getting out of control. Need to modify bathroom - its hard getting in shower. Need help getting up stairs in the house,”</i>
<i>“I’m concerned about my ability to pay bills once I am retired a living on a fixed income that is much less than I make now...”</i>
<b>Lack of housing options and supports</b>
<i>“My home is not set-up for an elderly person. Too many stairs; yard will be difficult to maintain.”</i>
<i>“Affordable housing. My husband and I are both disabled and are having a hard time staying in the house we have been renting for 28 years.”</i>
<i>“If taxes keep rising will need to move out of state. I plan to age in place if I can afford living alone so an in-law suite would be great + more cost effective for a single elderly person.”</i>
<i>“That my house will be condemned because it needs repairs I can’t afford. That my health will decline further and I will be unable to live in my home.”</i>
<i>“Probably unrealistic, but an affordable assisted living facility would be nice for those of us that aren’t ready for a nursing home, but sustaining a home is not feasible.”</i>
<b>Ability to maintain independence</b>
<i>“I live alone and have no family.”</i>
<i>“Ability to food shop, doctor appts, when no longer driving; living in a home without stairs. better and more housing for elderly with mobility issues. single level housing: no stairs and affordable.”</i>
<i>“Funds to keep and care for my home; physical ability to manage stairs and tasks going between 1st and 2nd floor or into basement; ability to drive to shopping, church, and elsewhere and ability to care for myself independently and continue to connect with friends.”</i>
<i>“I am having trouble w/ housework. I hate the idea of ending up in a nursing home, finding it hard to make up for too much couch sitting.”</i>
<b>Erosion of accessibility due to traffic and development</b>
<i>“loss of open space, traffic, loss of decent side walks (broken + cracked), building everywhere you look and taxes”</i>
<i>“It is no longer a small town. So much traffic. I enjoy walking and riding my bicycle. I like to stay active. The roads are extremely dangerous. Our small roads were never intended to handle this volume of traffic.”</i>
<i>“You definitely need to drive to access stores, events, as the layout of the town is not set up for walking, and there is no public transportation.”</i>
<i>“How long can I continue to drive, and the lack of public transportation.”</i>

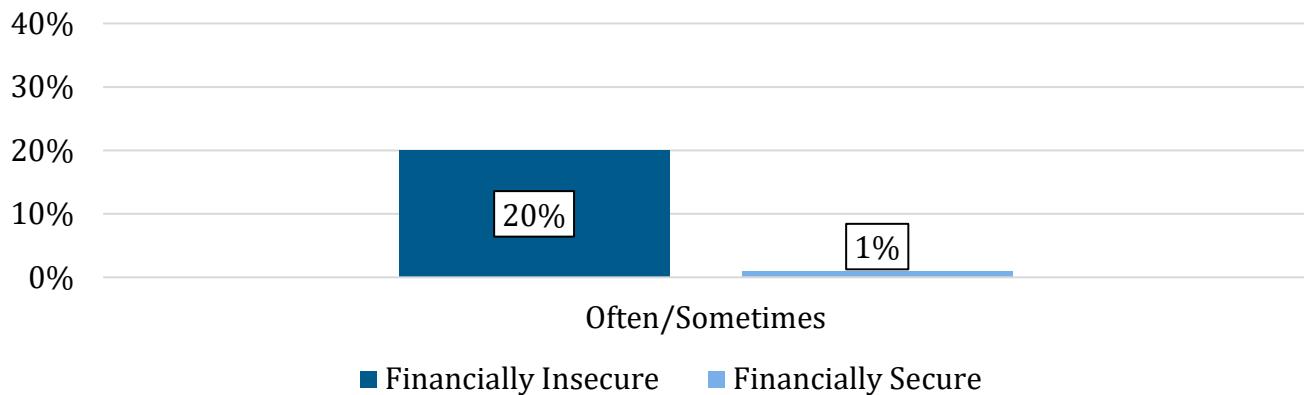
Respondents were asked if they worried about paying for basic needs during the past year. A total of 42% of respondents reported that they had worried about their ability to pay for at least one basic cost of living. Among those who reported some concerns about their ability to pay, the types of needs that were most difficult to pay for are displayed in **Figure 12**. Among the top concerns include maintenance to their home (49%), paying for utilities (41%) and obtaining dental care (30%). One out of four respondents with financial concerns were also worried about their ability to pay rent or mortgage—one of the most basic human needs. These findings suggest that financial stability is a fragile thing for many older residents of Bellingham.

**Figure 12.** In the past 12 months, have you been concerned about any of the following due to finances? Among those reporting any financial concern



**Figure 13** highlights that among respondents who report some level of financial security, 20% of them have worried about having enough food in the past year, “often or sometimes”. This worry adds to financial stress and also is a signal of food insecurity as a rising issue facing older residents in Bellingham.

**Figure 13.** In the past 12 months, I worried whether my food would run out before I got money to buy more

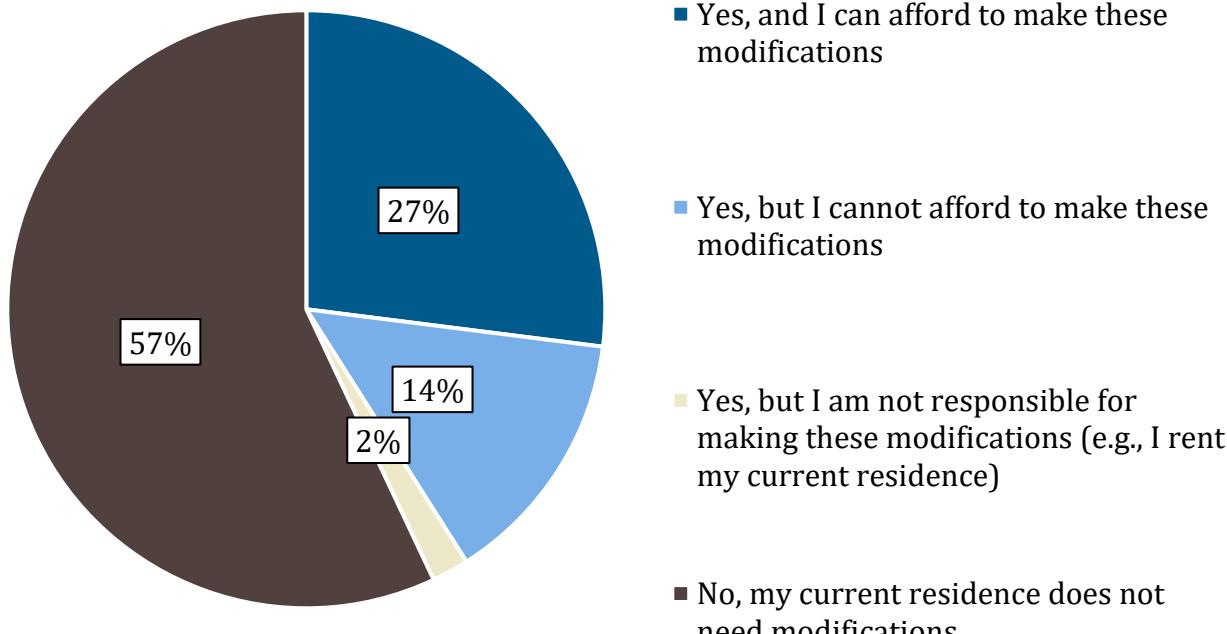


## Housing and Living Situation

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

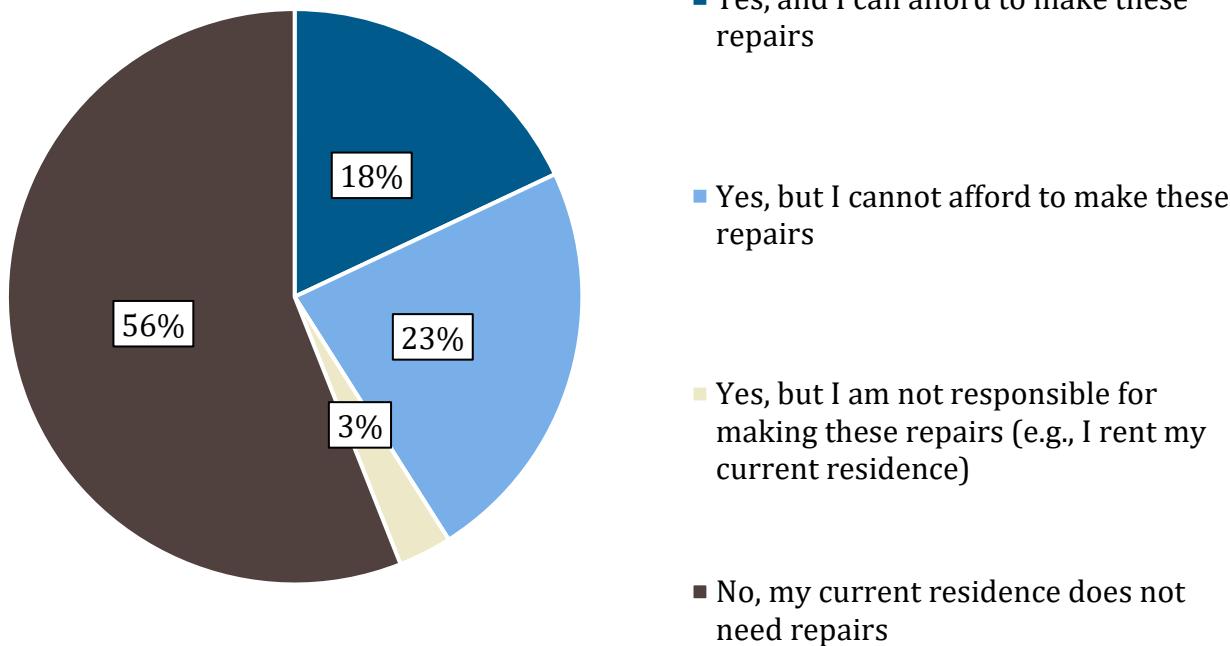
Most survey respondents reported owning the home they currently live in (90%) about 5% of survey respondents reported renting their current residence and an additional 5% reported having an “other” housing arrangement (see **Appendix A**). Home ownership has implications for aging in place. For example, survey respondents were asked about the need for home modifications or significant repairs that are needed to maintain their current property. Figure 14 shows that 43% of survey respondents report needing a home modification to improve their ability to live safely for the next 5 years. Among them, 14% report not being able to afford these modifications and 2% report needing these changes but not being responsible for making them (e.g., they are renters).

**Figure 14.** Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next 5 years?



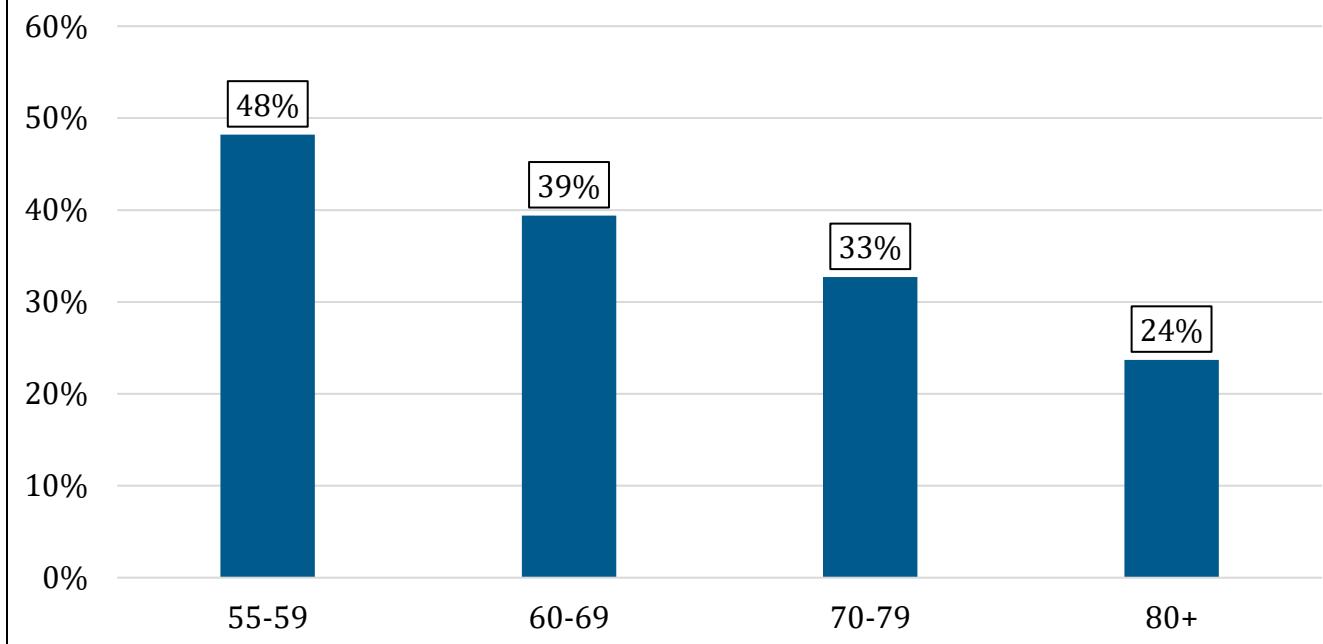
On a more acute note, **Figure 15** shows that 44% of survey respondents report needing a significant home repair to improve their ability to live safely for the next 5 years. Among them, 23% report not being able to afford these repairs and 3% report not being responsible for making such changes (e.g., they are renters).

**Figure 15.** Does your current residence need significant home repairs (e.g., septic system, new roof, electrical work, climate control/HVAC, etc.) to improve your ability to live in it safely for the next 5 years?



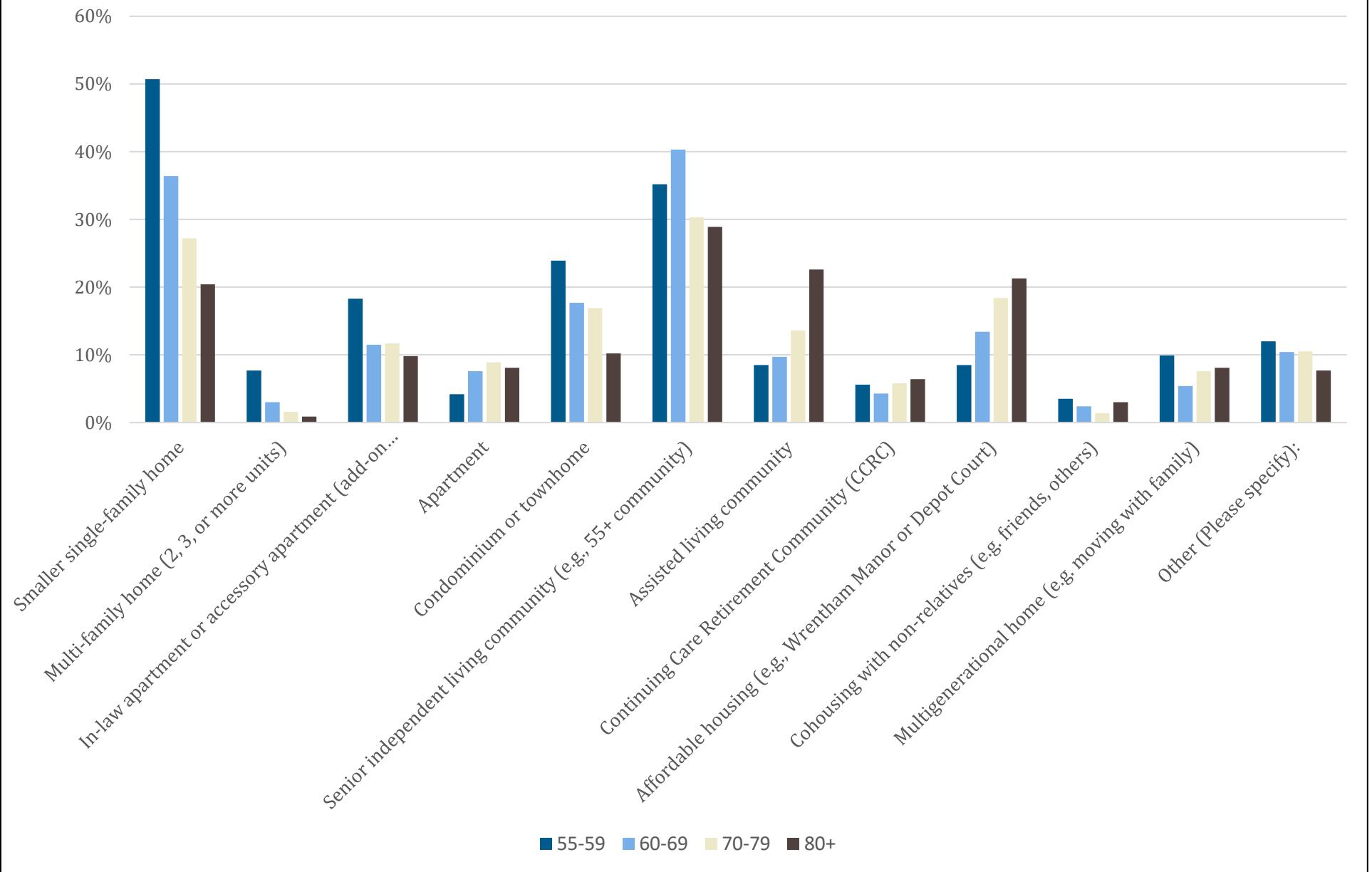
To assess the “age-friendliness” of the housing stock in Bellingham, respondents were asked if they currently had a bedroom and full bathroom on the entry-level of their home—an important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 16** shows that among residents in their 50s, nearly half do NOT have this type of entry to their home and that among those in their 60s, 39% do NOT have first-floor living. Rates of not having accessible housing do decline with age to one-third of those in their 70s do not have this feature and 24% of those in their 80s live without first-floor living. This highlights a need for significant shares of Bellingham’s older residents and also the need for preparation for the future by those in younger age cohorts.

**Figure 16.** Percentage reporting that their current residence does NOT have “first-floor living” with a bedroom and a full bathroom on the entry level such that you could meet your self-care needs as you age?



Survey respondents were asked what type of housing they would prefer if a health or physical ability change required moving from their current residence in the next five years (see Figure 17). Responses varied greatly by age group. More than half (51%) of respondents aged 55-59 would choose a smaller single-family home or a senior independent living community (35%) over other options. Among respondents 60-69, 40% would choose a senior independent living community, 36% would choose a smaller single-family home. Among respondents in their 70s, 29% would prefer a senior independent living community or a smaller single-family home (27%); and for those age 80 23% would prefer an assisted living community or a senior independent living community (29%). These preferences for alternative senior living options by those age 50 and older have implications for future housing policy decisions in Bellingham.

**Figure 17.** In the next 5 years, if you wanted or needed to move from your current residence, what kind of housing would you prefer in Bellingham?

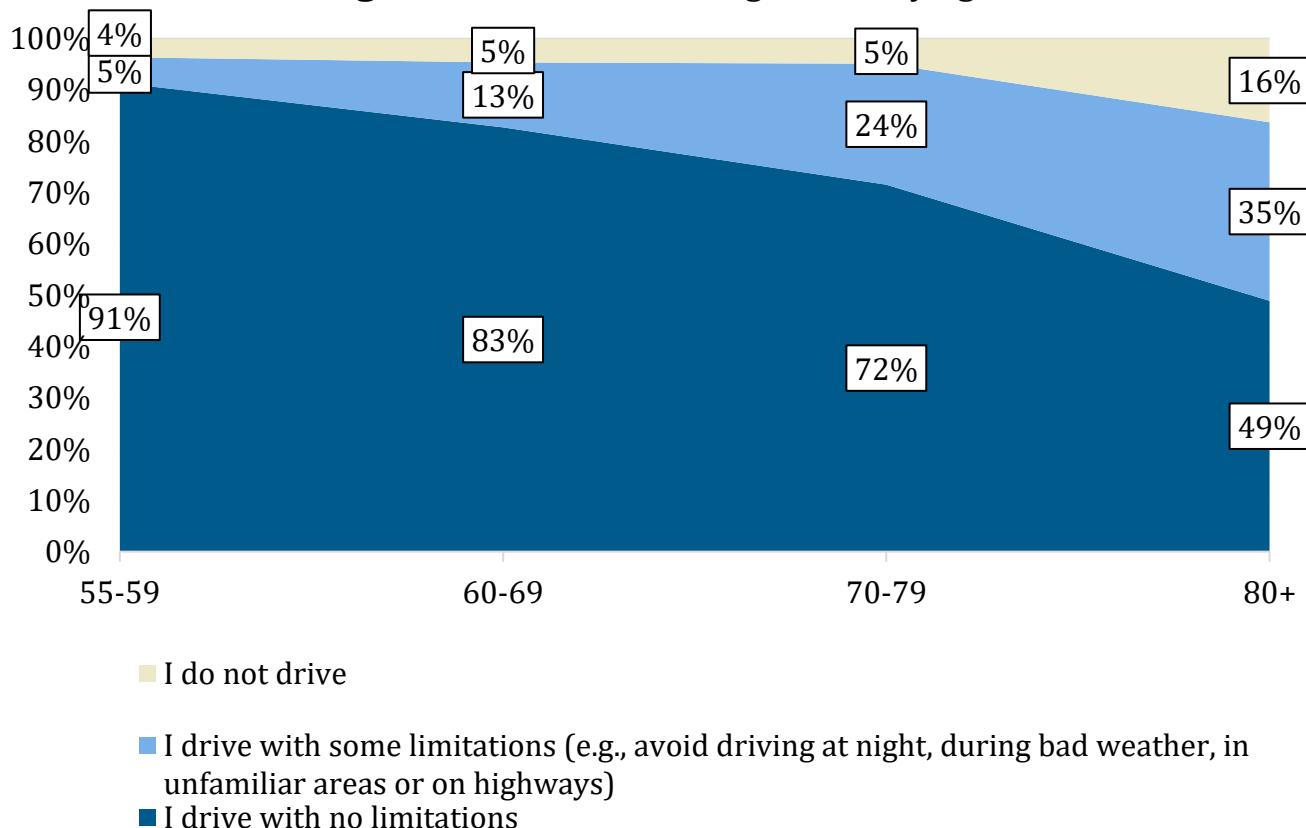


## Transportation & Accessibility

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.

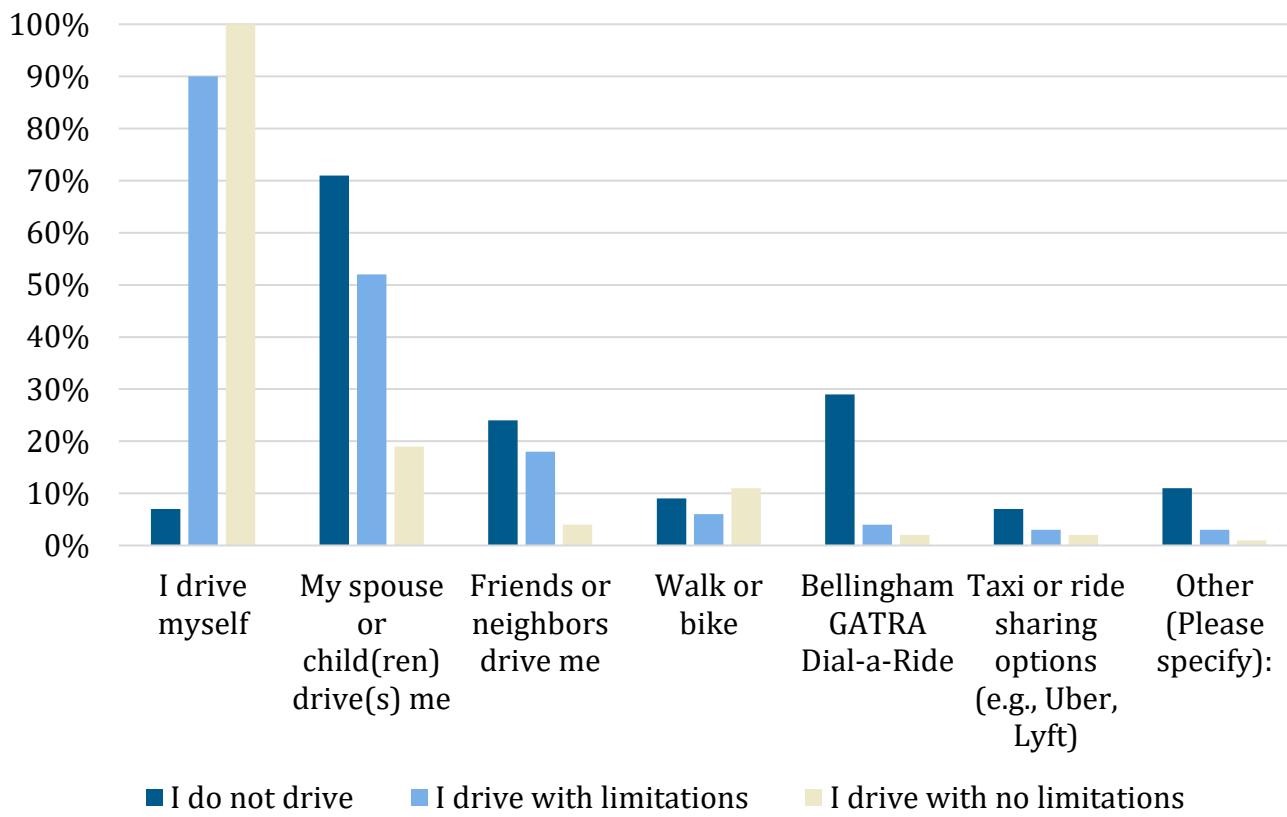
Most survey respondents reported active driving status, with 91% driving with no limitations, 5% driving with some limitations and 4% not driving at all (see **Appendix A**), although this number is significantly larger when looking at just those age 80 and older. **Figure 18** demonstrates that driving status diminishes with age: 83% of those aged 60-69 drive without limitations, compared to 72% of those in their 70s and 49% of those age 80 and older. Twelve percent (16%) of respondents aged 80 or older reported not driving and an additional 35% of respondents aged 80 and older reported driving with some limitations.

**Figure 18. Current Driving Status, by age**



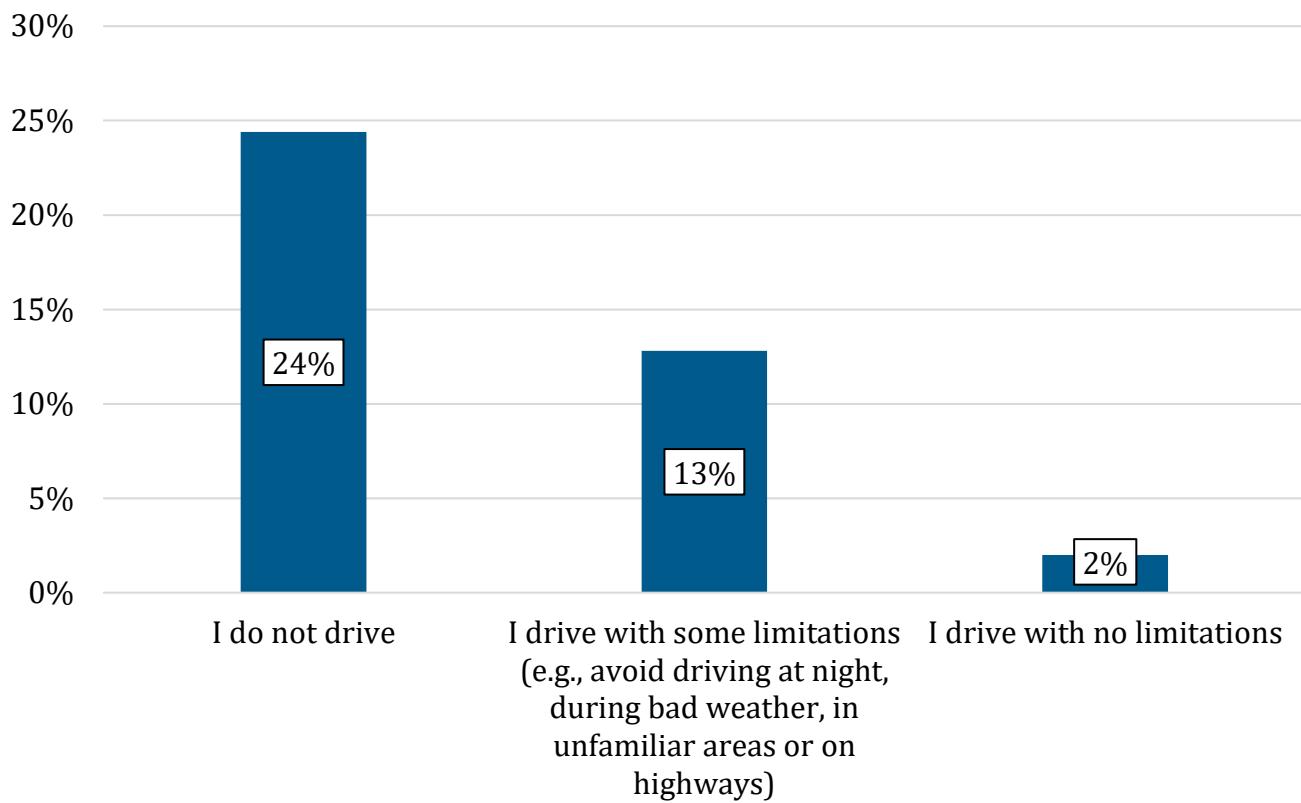
When it comes to how people get around in Bellingham—most drive themselves. Figure 19 also shows that for those who drive with some limitations—reliance on a spouse or child (52%) or friend or neighbor (24%) is how they supplement their transportation needs. For those who do not drive at all—they also rely on these informal supports but also 29% of them use the Bellingham GATRA service. Suggesting that for those who need it most, the Bellingham GATRA program is a life-line. As well, 11% of those who drive with some limitations report walking or biking and 9% of those who drive themselves or do not drive at all also report these modes of transportation.

**Figure 19.** What are the primary ways in which you meet your transportation needs



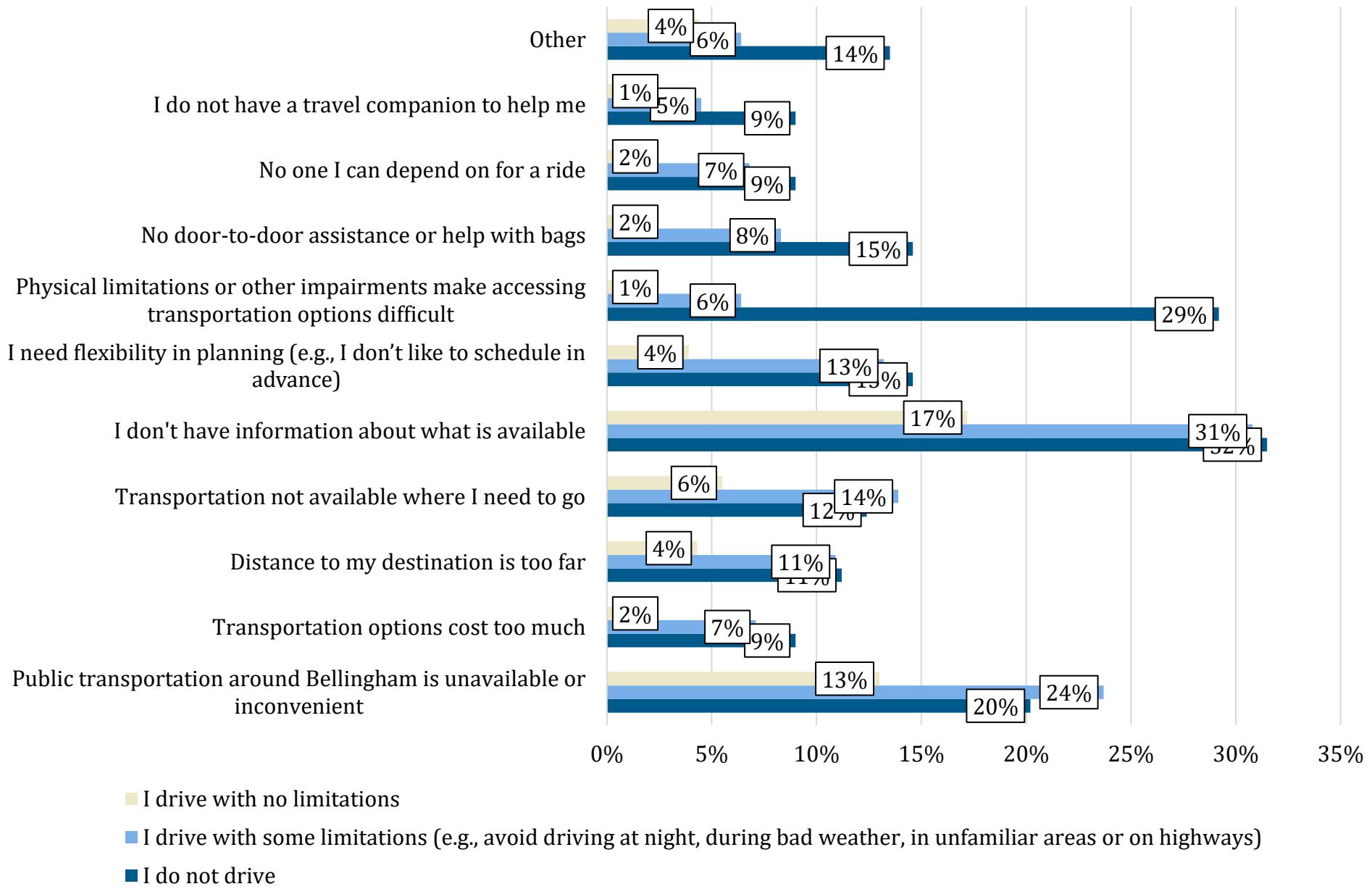
Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled, or rescheduled a medical appointment because of a lack of transportation. A small share of respondents (6%) reported "yes" when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (Appendix A). When considering driving status, however, 13% of those who drive with limitations and 24% of those who do not drive reported "yes" to this question (Figure 20). These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Bellingham's older resident community.

**Figure 20.** Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?



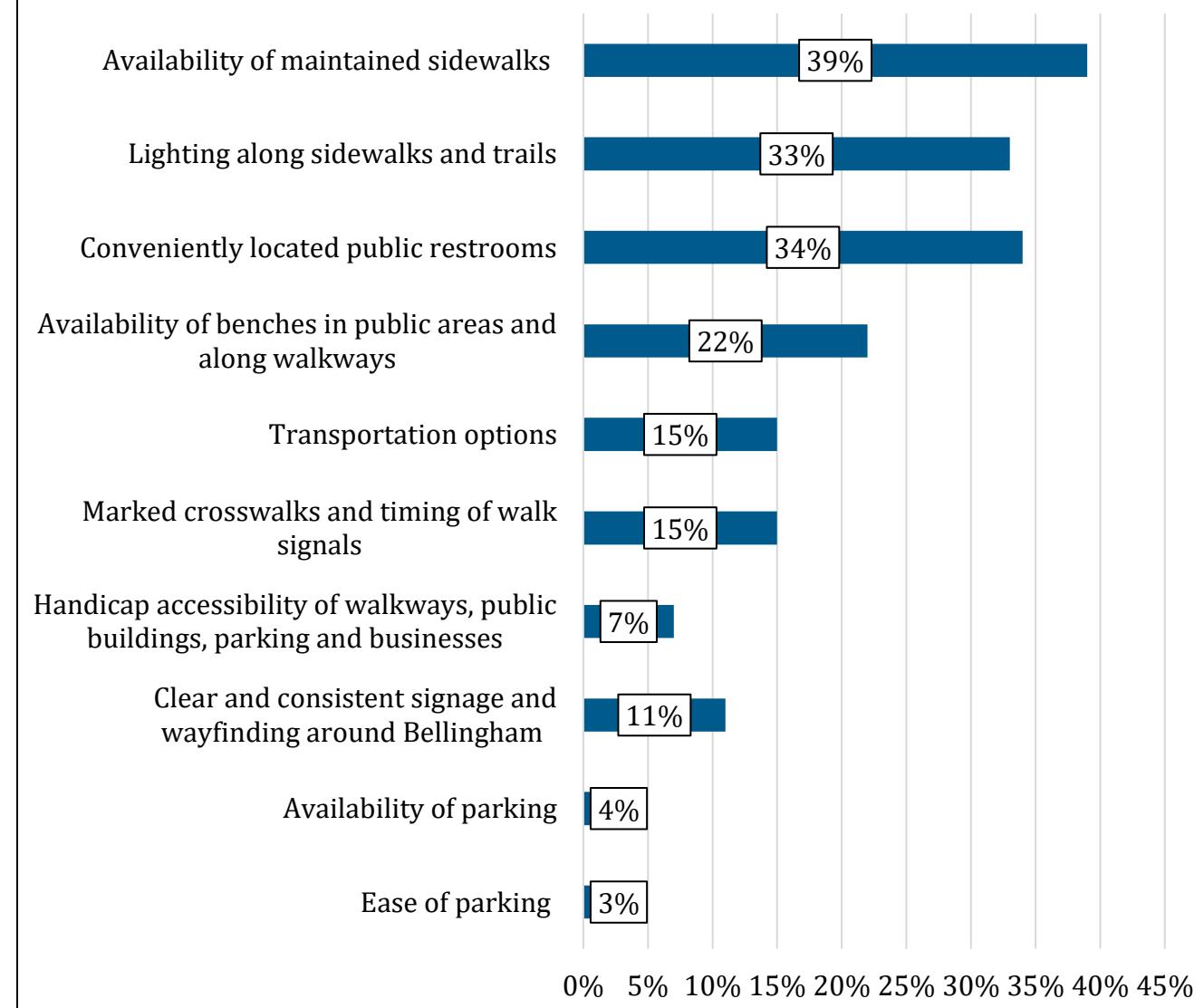
About 32% of respondents reported at least one difficulty getting needed transportation (n=445). Among those with difficulties, 51% reported that they did not have enough information about what was available, 42% reported that public transportation was not available or convenient in Bellingham. And 21% reported that transportation is not available where I need to go (results not shown). **Figure 21** shows that among non-drivers not having information about what is available (31%) and having physical limitations that prevent accessing transportation options (29%) as the most commonly reported difficulties with transportation. For those who limit their driving in some way, not having information about what is available (31%) and the fact that public transportation in Bellingham is unavailable or inconvenient (24%) are the most commonly reported barriers.

**Figure 21.** What kind of difficulties do you have in getting the transportation that you need?



When it comes to accessible spaces, survey respondents are most dissatisfied with the availability of maintained sidewalks (39%) and lighting along sidewalks and trails (33%) (see **Figure 22**). As well, 34% of survey respondents reported dissatisfaction with the availability of public restrooms. These features can encourage engagement and physical activity among older residents.

**Figure 22.** Levels of Dissatisfaction with the following features of Bellingham

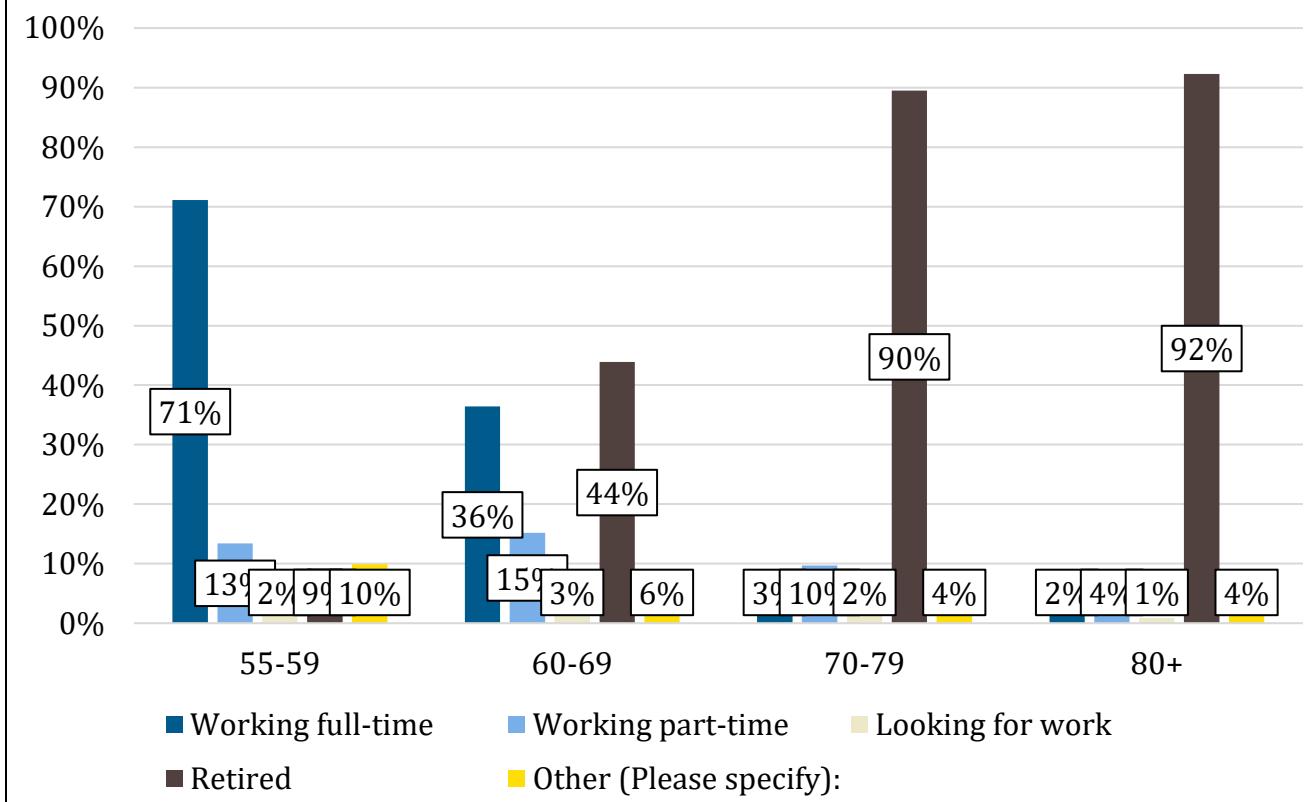


## Civic Engagement & Employment

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

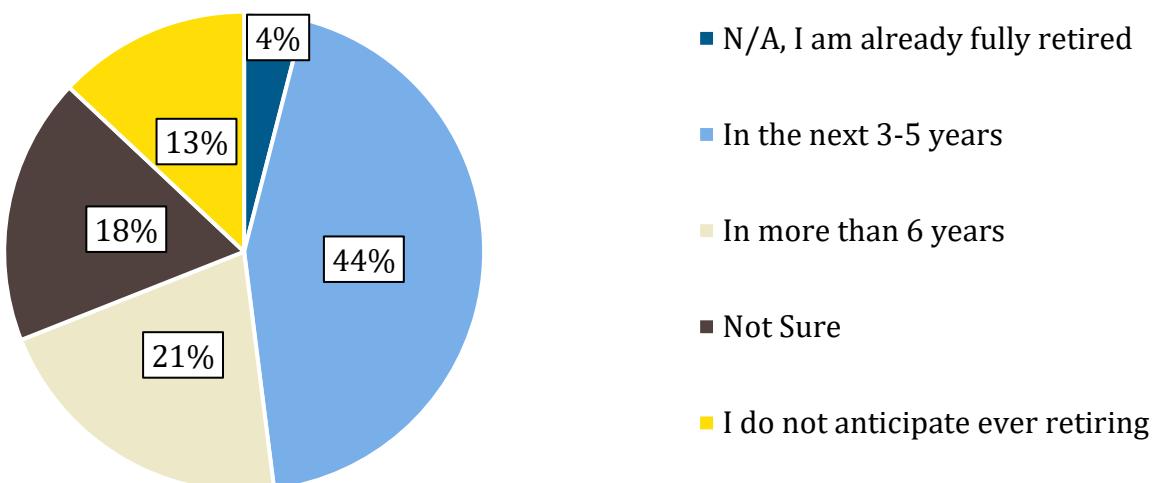
Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in the Bellingham survey results. Among all survey respondents, about a third (33%) are still working (**Appendix A**). **Figure 23** shows that a majority of respondents in their 60s are still working full or part-time (51%), and 13% of those in their 70s are also working.

**Figure 23.** What is your employment status?



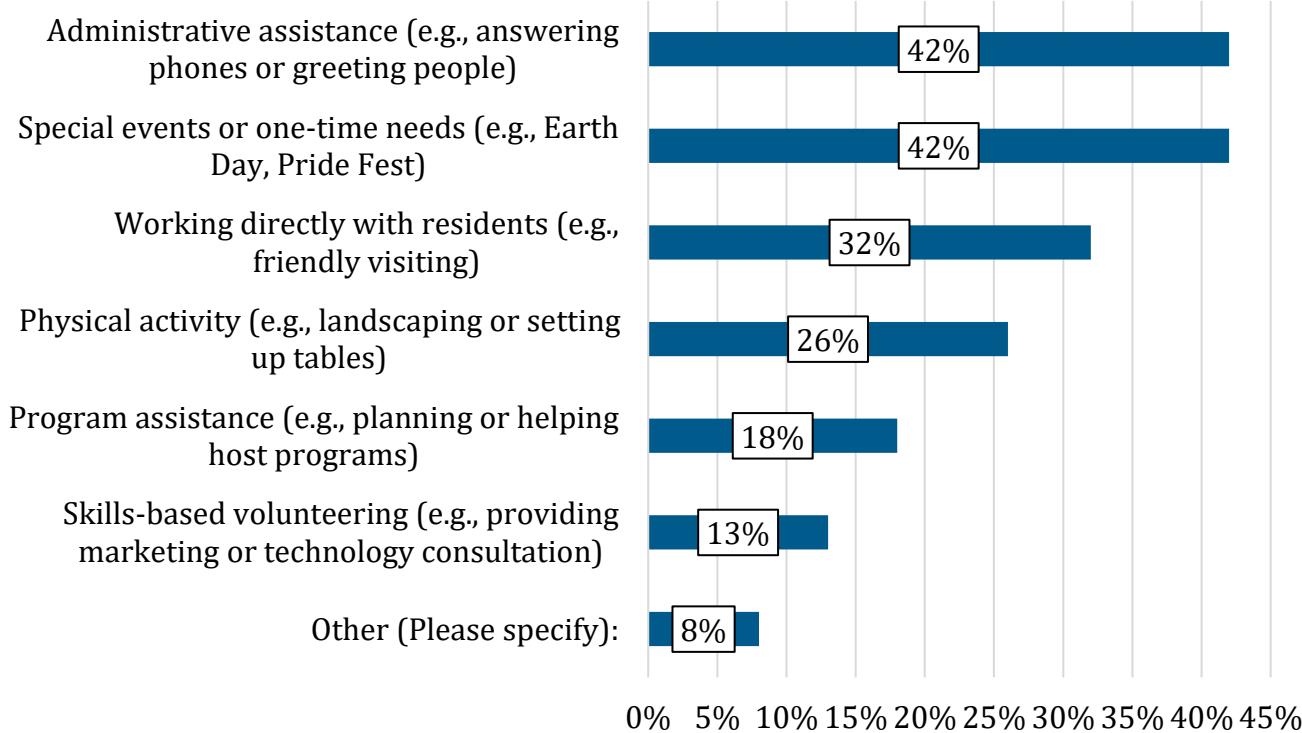
For those who responded that they are still working full or part-time, 44% expect to retire within the next 3-5 years (see **Figure 24**). Interestingly, many older adults who are still working do not know when they expect to retire (18%), or do not anticipate ever retiring (13%). Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

**Figure 24.** When do you plan to fully retire? Among those currently working



Older people can gain fulfilment from active involvement in voluntary activities or work, as it provides satisfaction and keeps them socially engaged. In addition, volunteers play a vital role in the delivery of essential services to older adults and other members of the community. Investing in the recruitment, placement, and management of volunteers can yield positive impacts for residents, on multiple levels. **Figure 25** suggests that among those who are able to volunteer—administrative assistance (42%) and one-time events (42%) are the most preferred way of volunteering.

**Figure 25.** What kind of volunteering would you be most interested in? Among those able to volunteer

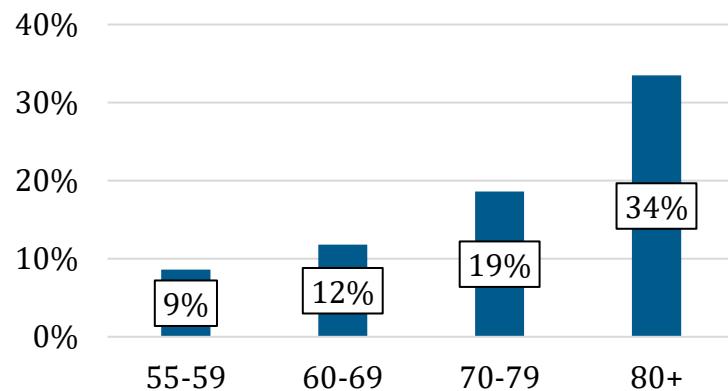


## Health and Caregiving

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).

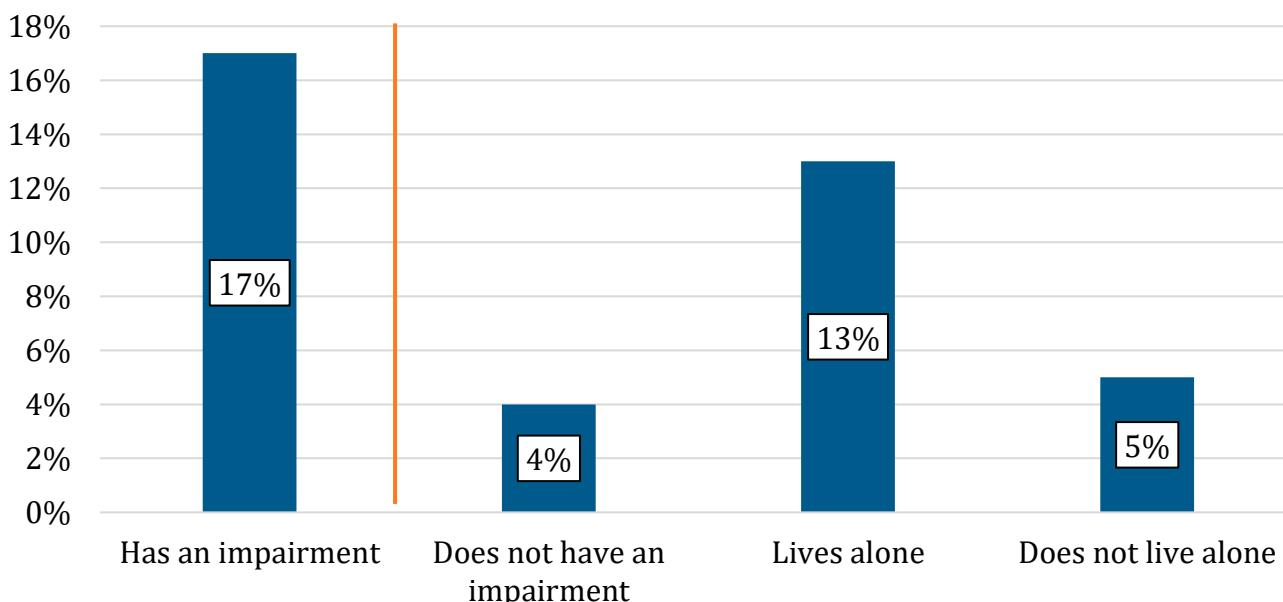
Survey participants were asked to report whether they had an impairment that limits their ability to participate in community activities. Although 9% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 12% of those in their 60s reported having an impairment that limits their ability to participate in the community. This share increases to 19% for respondents in their 70s and increases to 34% of respondents age 80 or older (see **Figure 26**).

**Figure 26.** Do you have an impairment or condition that limits your ability to participate in your community?

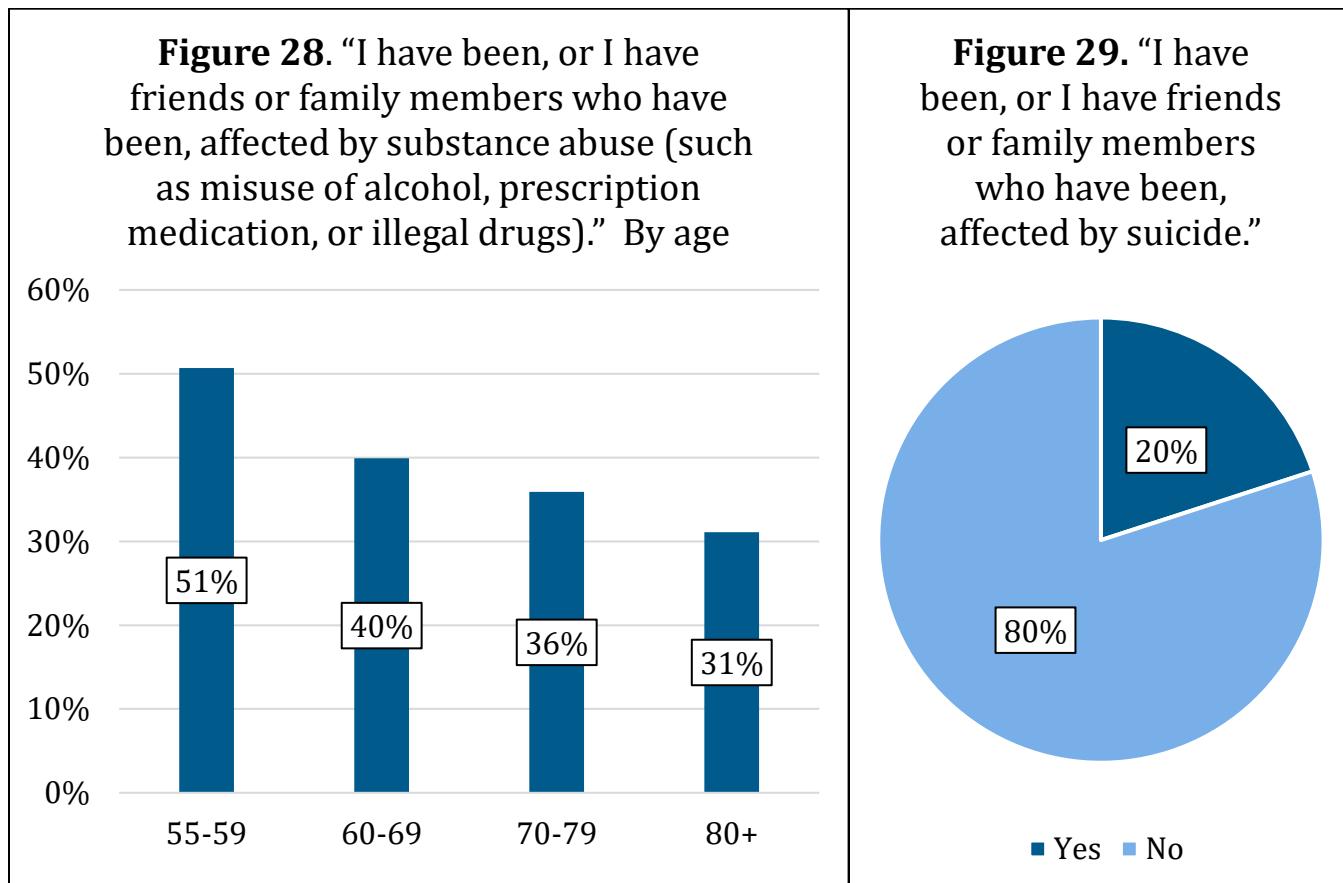


Among those reporting an impairment that limits their ability to participate in the community, 17% report that they do not have sufficient help at this time (**Figure 27**). While this is likely a small number of individuals, it does signal the need for additional supports in the community for those with physical limitations. On another note, 13% of those who live alone report not having enough help at this time—compared to 5% who do not live alone.

**Figure 27.** No, I do not have enough help at this time.



Overall, 31% of survey respondents report being affected by substance misuse (see **Appendix A**) there is a slightly higher prevalence of this issue among those age 55-59 (50%) and those age 60-69 (40%) (see **Figure 28**). Behavioral outcomes often associated with underlying mental health concerns include substance misuse and suicide. Among survey respondents age 55 and older in Bellingham, nearly 1 in 4 have been affected by suicide (see **Figure 29**).

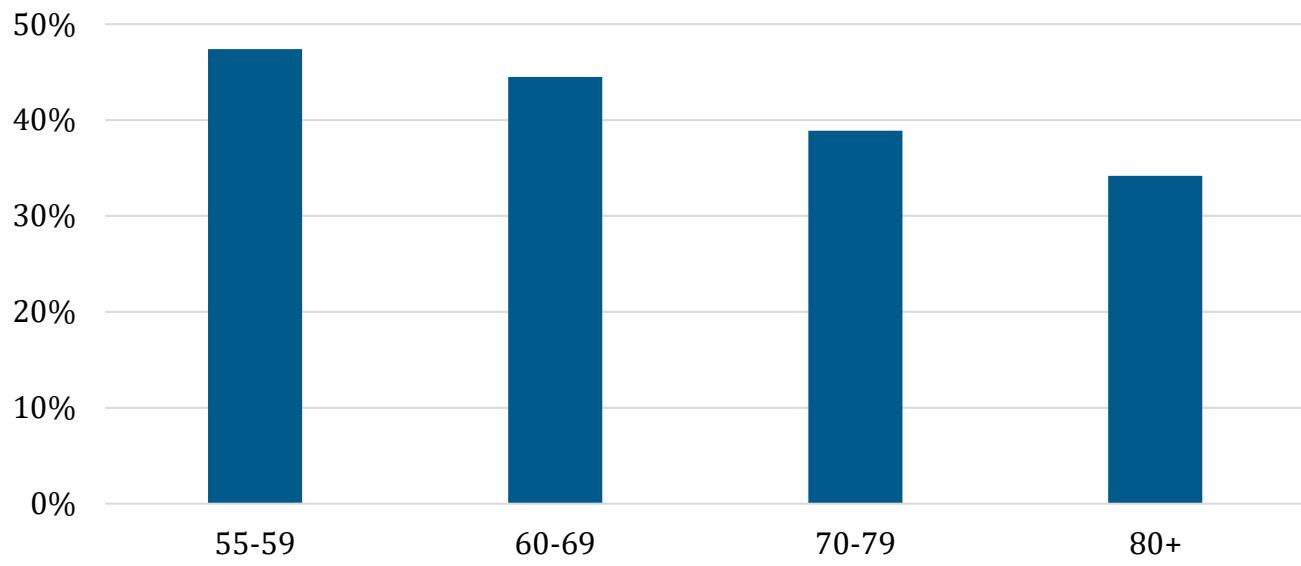


According to the Centers for Disease Control (CDC), the number of caregivers increased from 43.5 million in 2015 to 53 million in 2020. By 2030, an estimated 73 million people will be 65 or older and many will require daily assistance from at least one caregiver. Studies show that caregiving can lead to physical, emotional, and financial strain for many individuals.<sup>3</sup>

Just over one-third of survey respondents stated that they are currently providing care or have provided care or assistance to a person who was disabled or frail in the past 5 years (see **Appendix A**). That percentage is highest among those age 55-59 (47%) and those age 60-69 (45%) (see **Figure 30**).

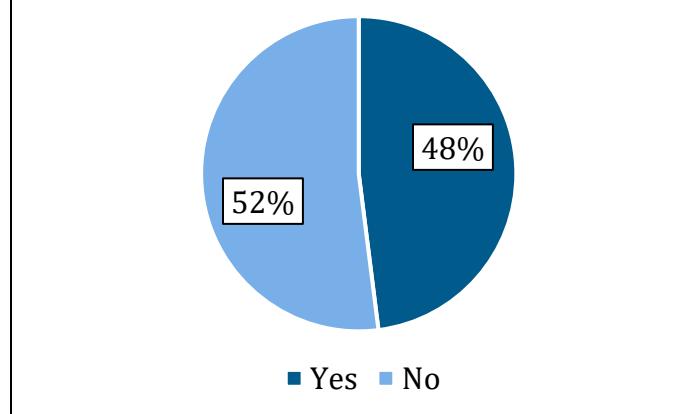
<sup>3</sup> <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>

**Figure 30.** Do you now or have you in the past 5 years provided care or assistance to a person who is disabled, frail, or struggling with a physical or mental health condition (e.g., a child, a spouse, parent, relative, or friend)?



Among those who provided this type of care, 48% were living with the person receiving care (see **Figure 31**). Co-residence with the care recipient has been associated with more perceived burden and feelings of conflict or interruption to daily life by the caregiver. Likely, this is due to a lack of respite from the caregiving work, both emotional and physical.

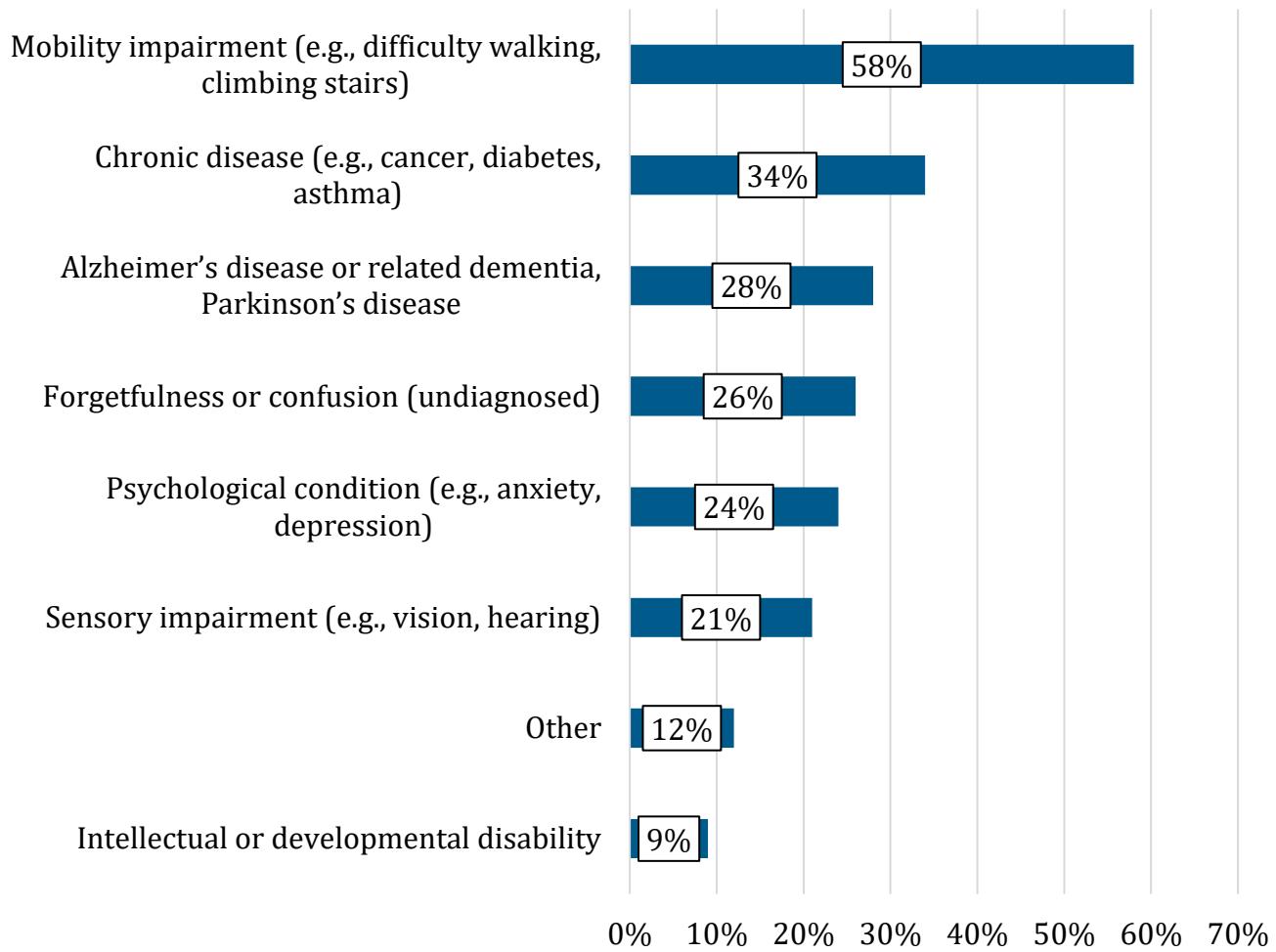
**Figure 31.** Did or does this person live with you?



Caregivers were asked to indicate which conditions were experienced by their care recipient. The most frequently reported condition was mobility impairment (such as difficulty walking or climbing stairs) at 58%, followed by chronic diseases like diabetes, arthritis, or heart disease (34%) or Alzheimer's or dementia (28%) (see **Figure 32**). According to the Massachusetts Healthy Aging Community Profiles, about 10% of Bellingham residents age 65 or older report a diagnosis of Alzheimer's disease or dementia<sup>4</sup>. Given the challenges with receiving a diagnosis, this figure is likely an underestimate of the disease prevalence.

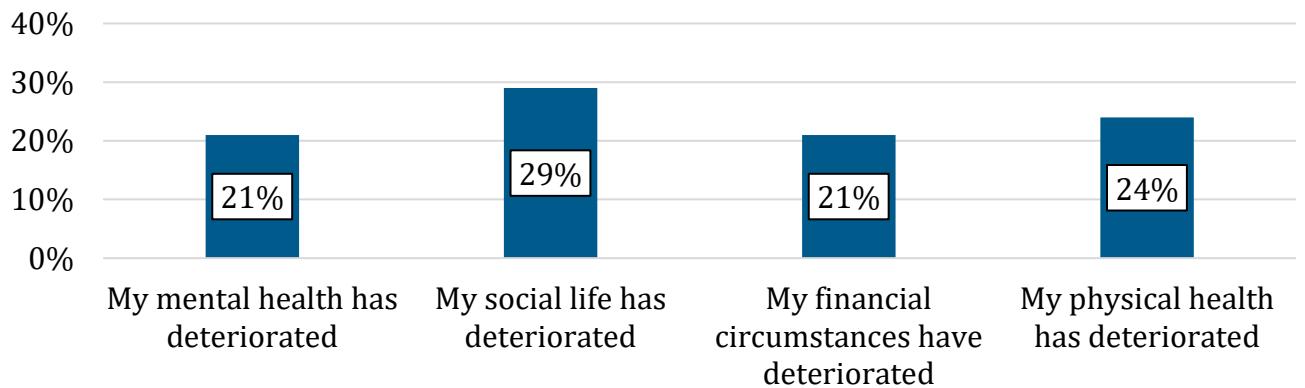
<sup>4</sup> [https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community\\_profiles/MA\\_Towncode25\\_Bellingham.pdf](https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode25_Bellingham.pdf)

**Figure 32.** Did this person have any of the following conditions?



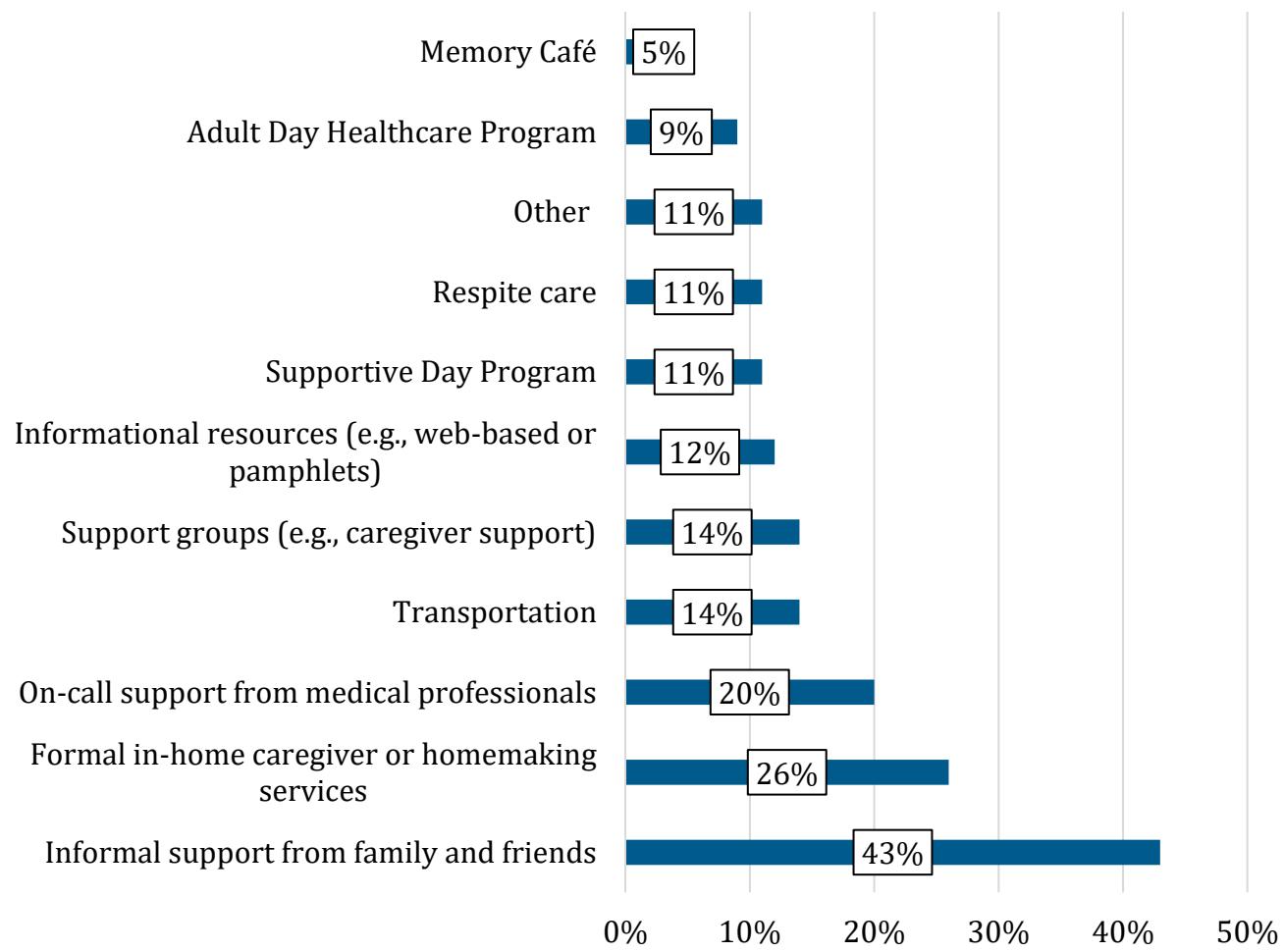
**Figure 33** shows the implications of what can sometimes be challenging caregiving scenarios. Among Bellingham caregivers, 29% report that their social life has deteriorated due to this caring responsibility and 24% report that their physical health has also deteriorated. Twenty-one percent of caregivers also report declines in their mental and financial wellness due to their caregiving duties.

**Figure 33.** In your role as a caregiver, have you experienced any of the following?



When asked, Bellingham caregivers reported that informal support from family and friends would be most useful to them (43%), followed by formal or paid in-home care support (26%) and on-call support from healthy professionals (20%). These findings lead to considerations of the types of supportive activities that an age and dementia friendly Bellingham can foster.

**Figure 34.** What supports were, or would have been, most valuable to you during your time providing care or assistance?

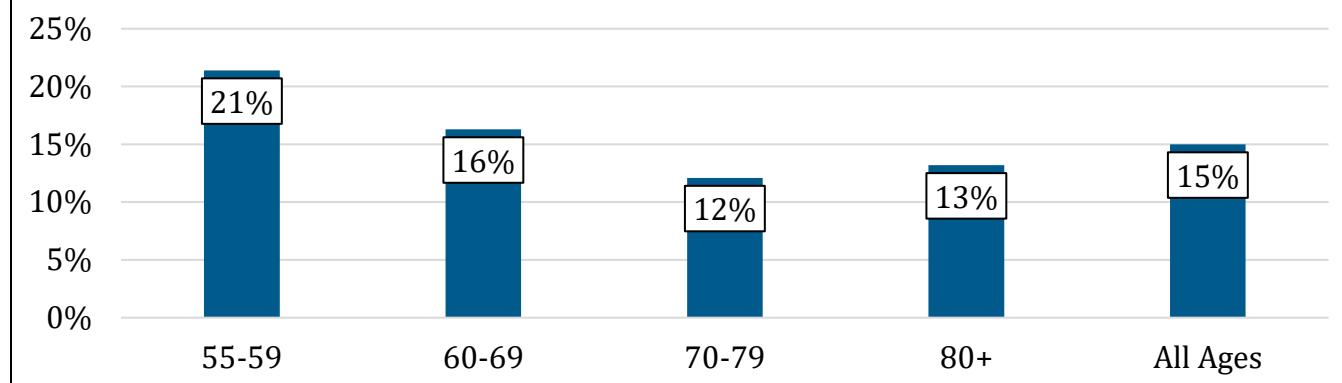


## Social Activities and Relationships

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

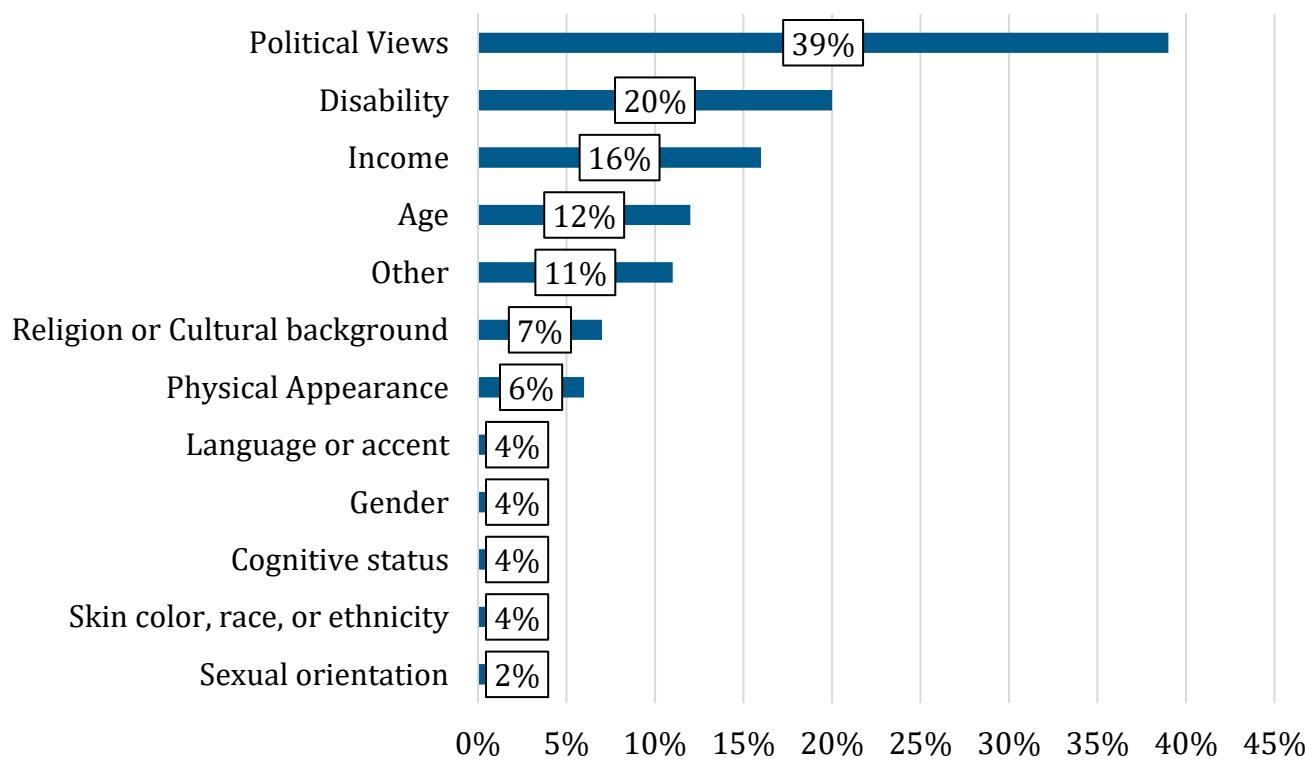
Openness to helping others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living nearby on whom they can rely for help when needed, 15% of all respondents said they did not (**Figure 35**).

**Figure 35.** Percentage who selected "No," in response to the question, "Do you know someone living nearby on whom you can rely for help when you need it?"

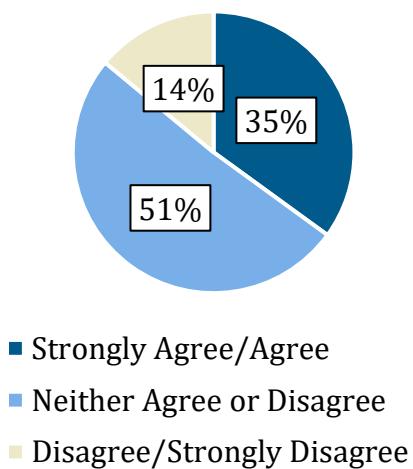


Overall, 12% of survey respondents reported feeling excluded in Bellingham in recent years (results not shown. Among them, political views (39%), disability (20%) and income (16%) were the most commonly reported reasons for being excluded.

**Figure 36.** In the past 5 years, have you ever felt excluded in Bellingham because of any of the following? Among those reporting feeling excluded



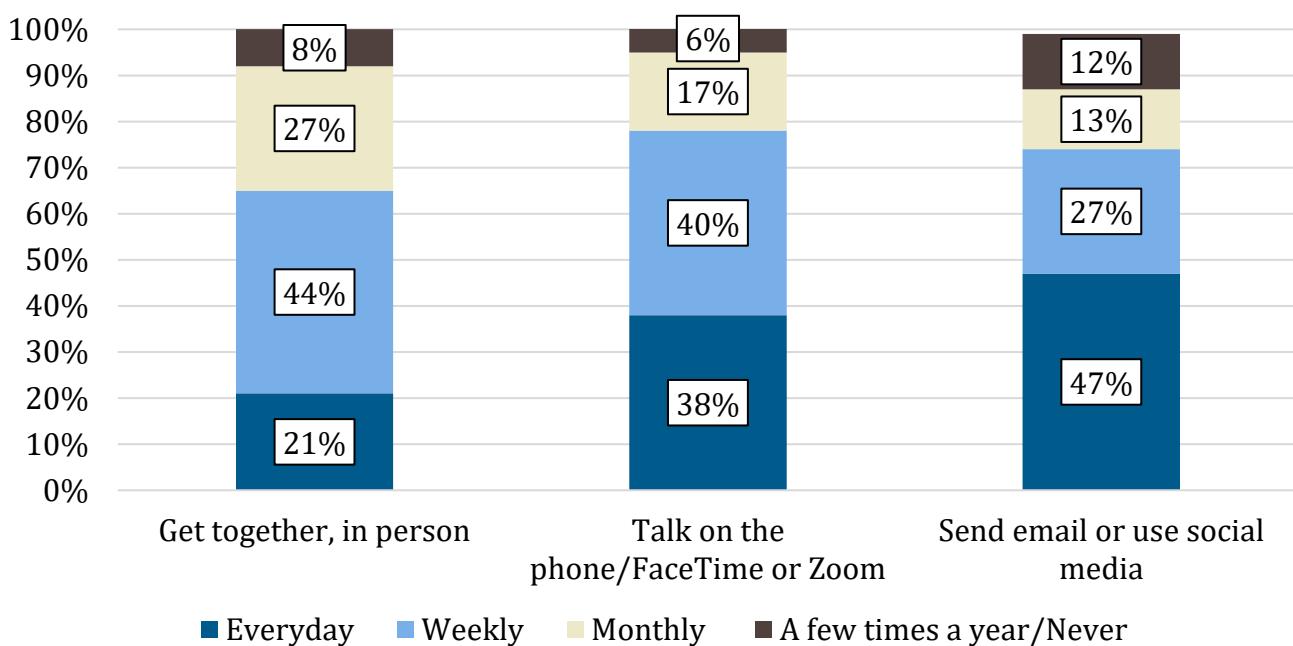
**Figure 37.** “Local policy makers consider the interests and concerns of older residents.”



Another signal of inclusion is whether or not residents feel heard and considered by local policymakers. When asked, 35% of survey respondents feel that Bellingham policymakers take into consideration the needs and concerns of older adults (see **Figure 37**). Interestingly, a majority (51%) report neither agreeing or disagreeing with this statement—indicating a level of indifference on the topic or lack of information upon which to form an opinion. Considering ways to educate residents and engage them in the local policy conversations could be an avenue for age friendly action.

The majority of survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 38**). Although 64% of the respondents get together in person with someone at least weekly, a quarter (25%) only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

**Figure 38.** How often do you get together to visit, talk on the phone or video call, send email or use social media with family, friends, or neighbors?



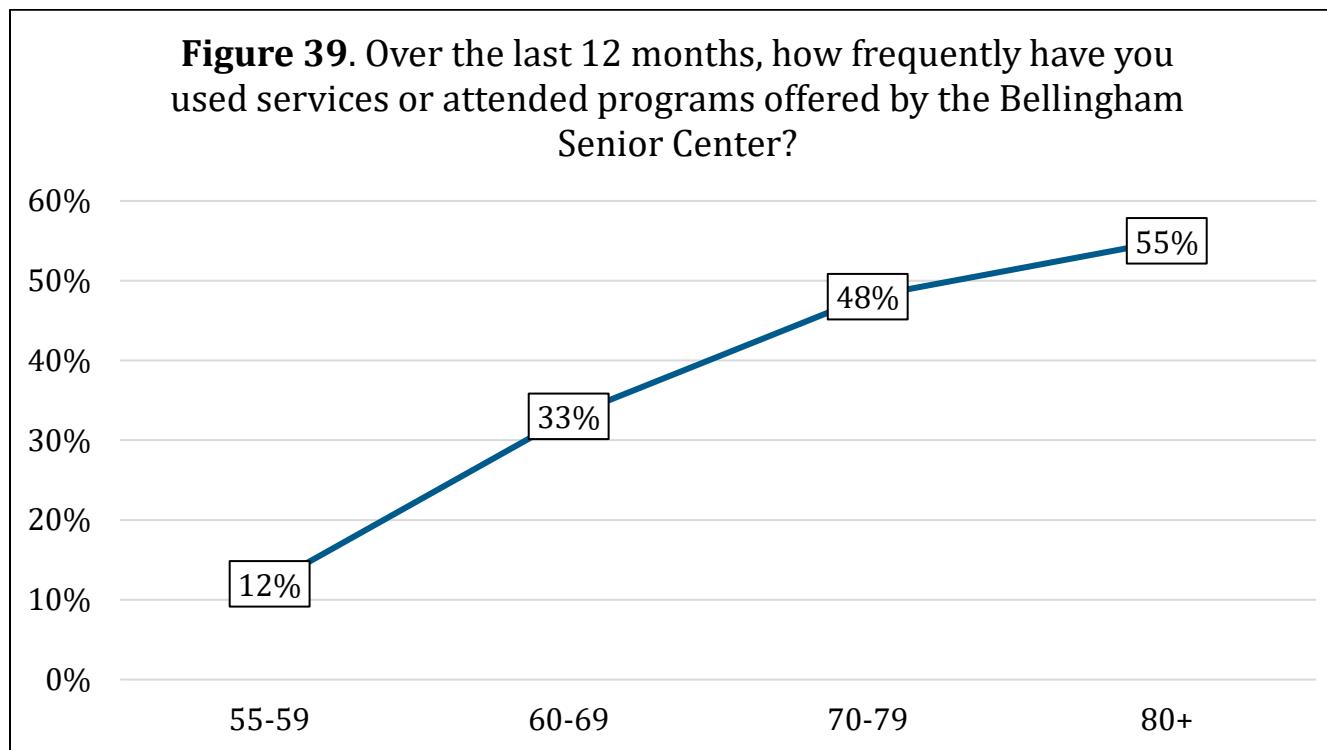
## Current & Future Programs & Services at the Bellingham Senior Center

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.

The Bellingham Council on Aging (COA) is a municipal department that connects older residents, caregivers, and younger adults with disabilities to resources, services, and programs that promote health, social engagement, and well-being. It operates the Senior Center, a central hub for information, referrals, transportation, wellness programs, and community activities. The COA collaborates with local and regional organizations, such as Tri-Valley Elder Services and the Massachusetts Council on Aging, to provide a wide range of services, including nutrition support, health insurance counseling, mental health referrals, transportation, and financial assistance programs. The Senior Center offers social, educational, and fitness programs—ranging from chair yoga and walking groups to music, crafts, cultural events, and holiday meals. It also operates a Supportive Day Program for residents with memory impairments or physical limitations, providing respite for caregivers. Programs are supported by state and federal grants, fundraising, partnerships, and volunteers, who contribute over 400 hours weekly. As the older population grows, the COA plans to adapt its resources to meet evolving needs and maintain Bellingham as a welcoming community for aging residents.

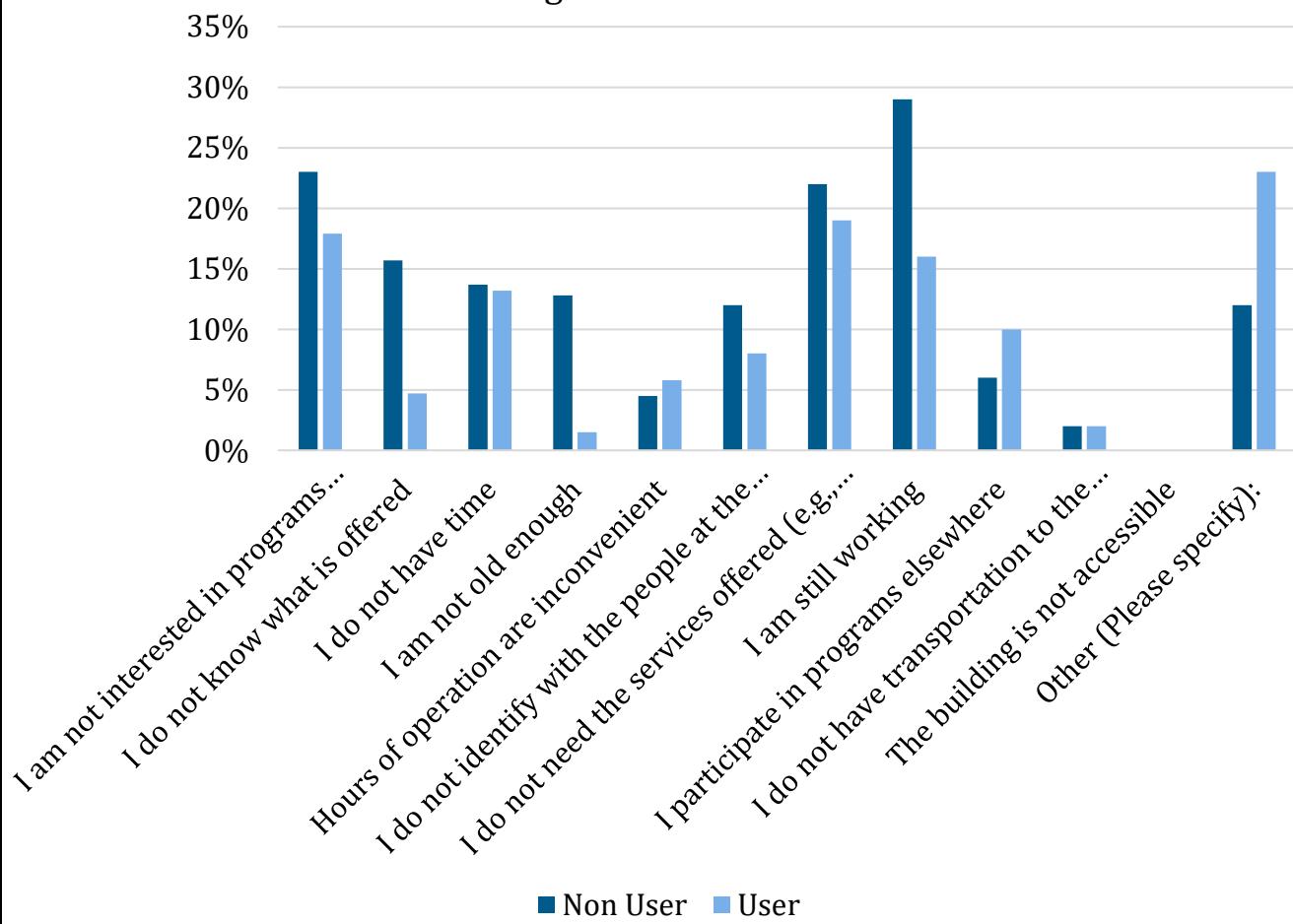
The Senior Center operates Monday through Thursday from 8:00 a.m. to 4:00 p.m. and on Friday from 8:00 a.m. to 3 p.m. There are 3 full-time employees (Director, Assistant Director, Social Services/Outreach Coordinator). Part-time employees include 3 Transportation Coordinators, Mental Health Counselor, Accountant, Supportive Day Program Coordinator, 2 Chefs, Custodian and Newsletter Editor. There are also 11 part-time van drivers. COA services and programs are funded by State Formula Grant, Title III B Federal Grant, fundraising done by the Bellingham Elder Services Group (BESG), earmarks from the state legislature, and more recently, American Rescue Plan Act (ARPA) Funds via the State government. Additional support is achieved through grants and many collaborations with local agencies and businesses for resources, referrals, in-kind support, emergency response reciprocity, and sponsorships.

According to survey respondents, a sizable share has been to the senior center in Bellingham before—including 33% of those in their 60s, 48% of those in their 70s and more than half (55%) of those in their 80s. This signals a strong relationship with the organization.



Given that a primary line of inquiry for the Bellingham Council on Aging is about why people do not participate at the Bellingham senior center, survey respondents were asked what limits their use. **Figure 40** shows that among those who have used the center before, “other” was the most commonly reported reason (23%) followed by not needing the services offered (19%) and not being interested in the types of programs offered (18%). Upon further investigation to the “other” responses, most write-in responses described being “too busy” to participate at the Center or having future plans to attend or “not yet” types of responses. However, among those who have never used the Bellingham Senior Center, still working (29%), not being interested in the types of programming offered (23%) and not needing the services offered (22%) are the most commonly reported limiting factors.

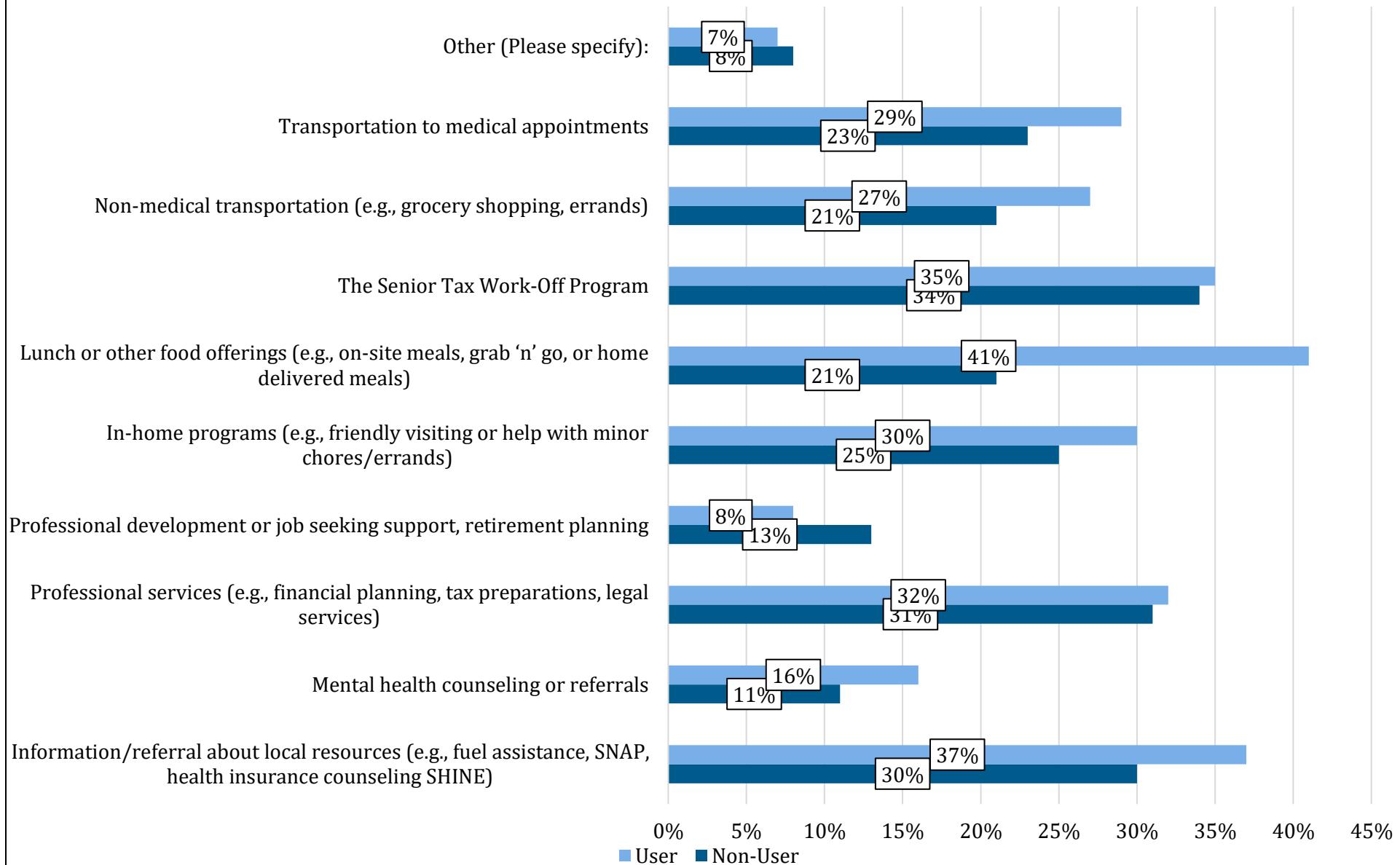
**Figure 40.** Which of the following factors limit your use of the Bellingham Senior Center?



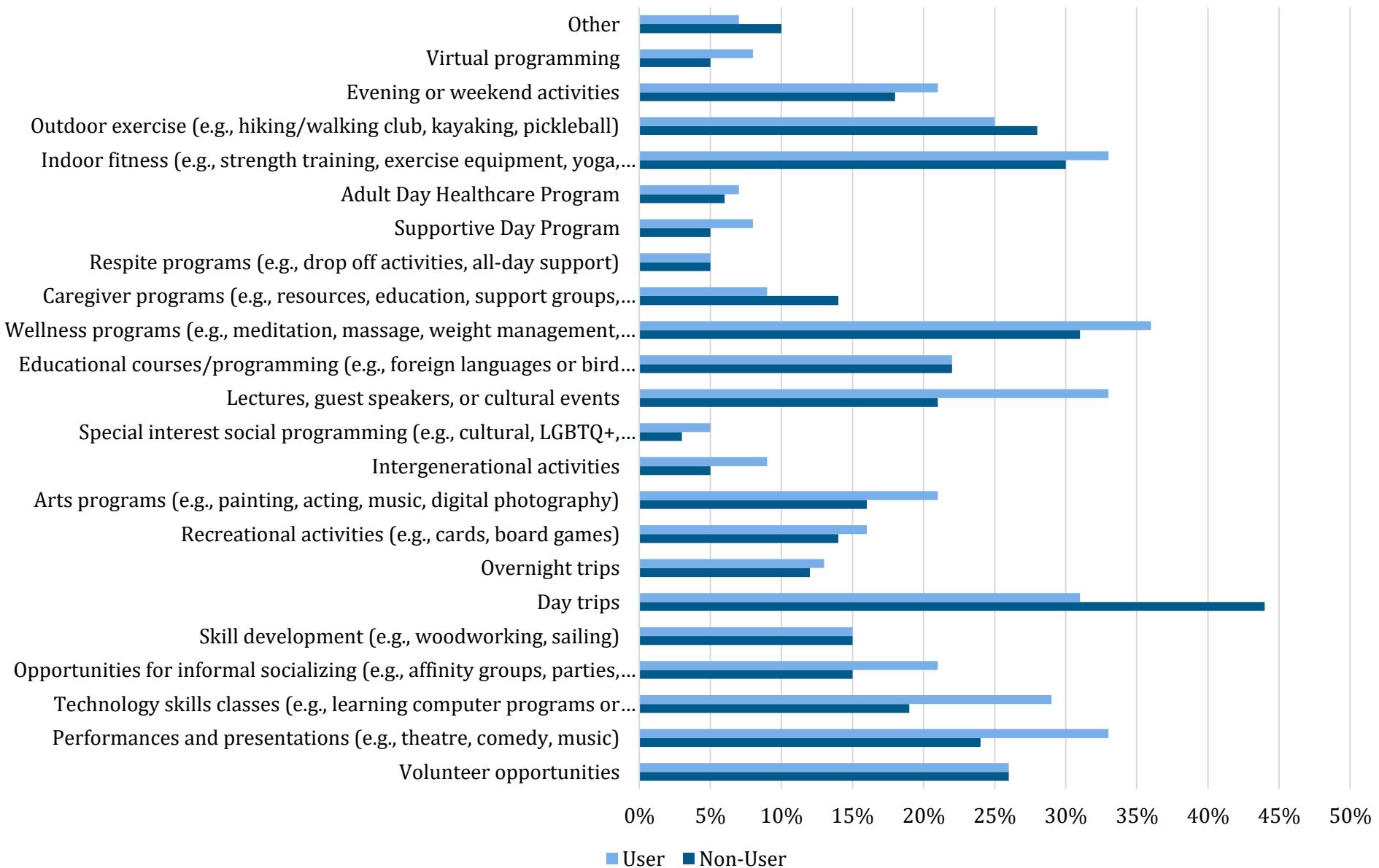
Taking into consideration future needs and interests, survey participants were asked to prioritize what services of the Bellingham Senior Center they would like to see expanded (see **Figure 41**). Attendees and non-attendees responded to this question similarly. Among current users of the Bellingham Senior Center, 41% report wanting more lunch or food offerings, 37% would like more information and assistance with social services programs, and 35% would like to see the senior tax work off program expanded. When it comes to non-users of the Bellingham Senior Center, 34% would like to see the property tax work off program expanded, followed by expanded access to professional services like legal aid or tax preparation (31%) and 30% would like to see expanded access to information about social service programs.

When it comes to programming, there were also some slight differences between these two groups. (see **Figure 42**). For those who do not currently participate at the Bellingham Senior Center 44% would like to see skill development programming expanded, 31% would like to see more wellness programs like weight management or meditation, and 30% would prefer to expand indoor exercise opportunities. Day trips were the number one programmatic priority for almost half of users and non-users also were interested in trips. When it comes to current users, 36% would like to see expanded wellness programs, 33% would like to see expanded performances or presentations, indoor fitness opportunities and lectures, guest speakers or cultural events.

**Figure 41.** Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the services available in Bellingham?



**Figure 42.** Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available in Bellingham?

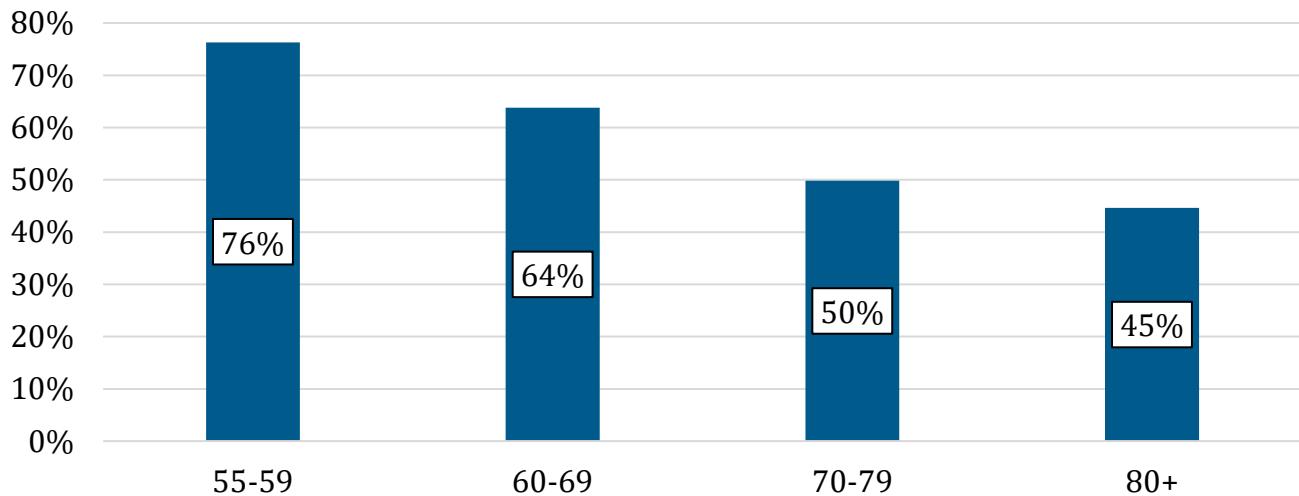


## Communication & Information

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

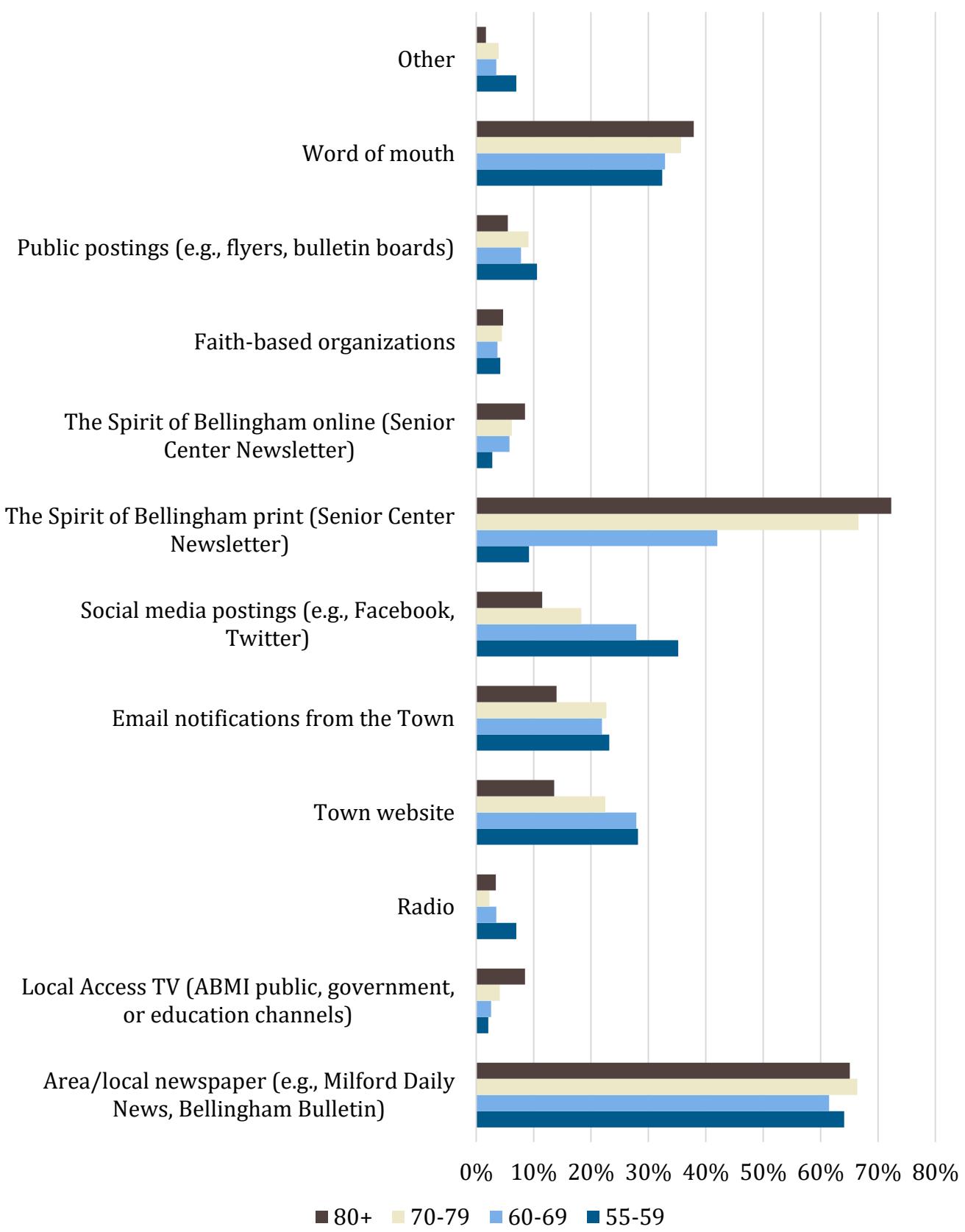
When it comes to accessing information, knowing where to start can be an important step. Among survey respondents, approximately 45% do NOT know who to contact in this instance—including 76% of those age 55-59 (see **Figure 43**).

**Figure 43.** Would you know whom to contact in Bellingham should you or someone in your family need help accessing social services? Percentage responding, "No"

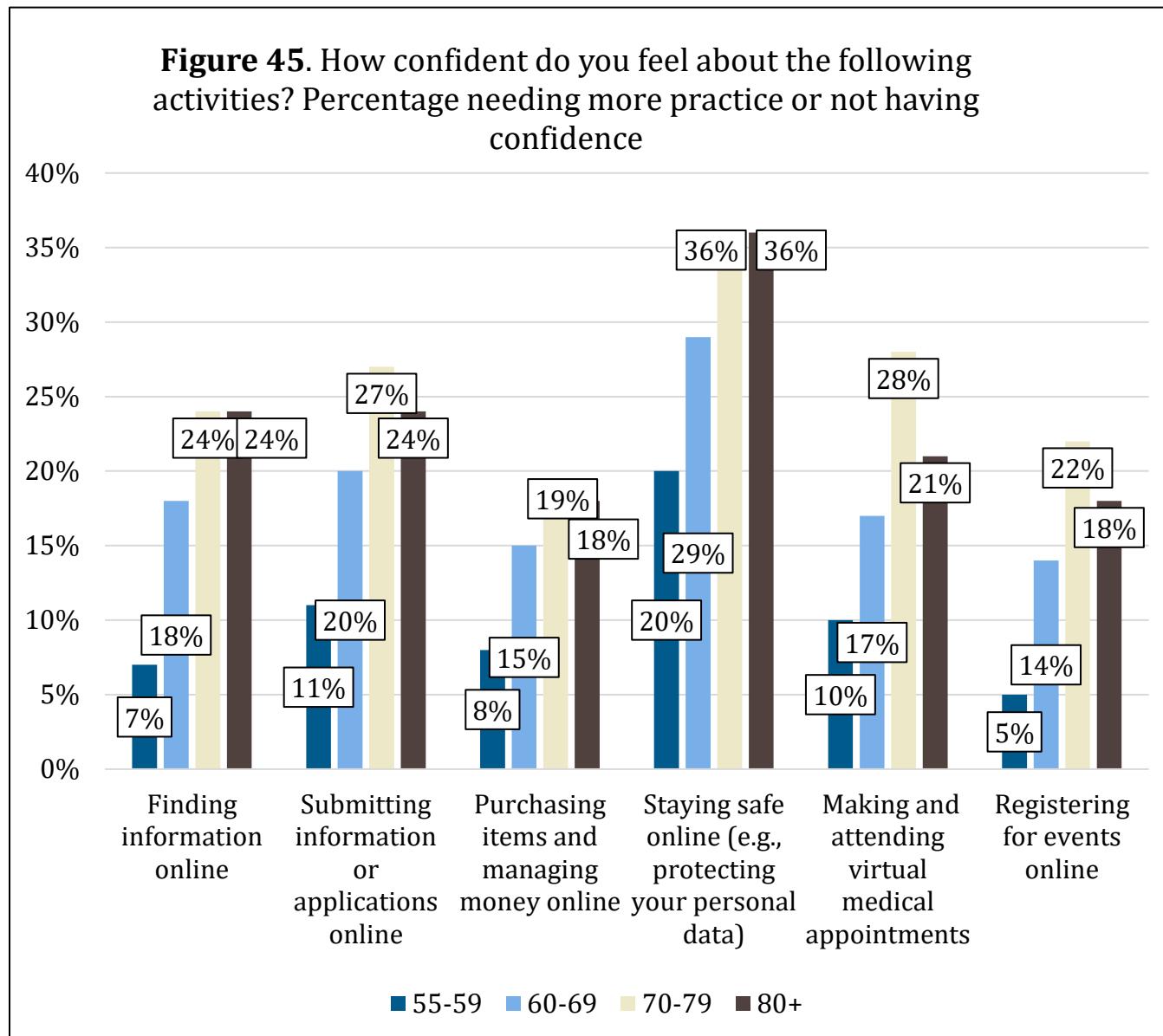


**Figure 44** shows the variety of ways that people obtain information about what programs or activities are being offered in Bellingham. For respondents in their 70s and 80s more than two-thirds use the print version of the senior center newsletter called "The Spirit of Bellingham" and 65% also prefer using the local newspapers to obtain information and 38% prefer to obtain information via word-of-mouth practices. When it comes to respondents age 55-69, most also prefer local newspapers and word-of-mouth. Thirty-five percent of respondents age 55-59 use social media to obtain information—signaling that a shift in coming years may be coming. For now, local and trusted sources of information are most preferred.

**Figure 44.** How do you currently obtain information about programs, activities, and services in your community?



**Figure 45** shows levels of confidence when as it relates to navigating web-based systems. Across ages, staying safe online had the highest rates of “need more practice” or “not having confidence” in doing this type of activity. For respondents in their 70s and 80s making and attending virtual medical appointments is another area where rates of “need more practice” or “not having confidence” is prevalent.



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the Town of Bellingham, and 412 participants took the time to provide feedback. Some comments mirrored support for topics learned during this needs assessment while many comments provided fresh insights. Most prominent themes that emerged are presented in **Table 5**, with sample quotes.

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

Town Improvements
<b>Traffic, infrastructure and transportation</b>
<i>"More thoughtful planning of the impact of traffic on quality of life (and safety of human life). The residential + business development of recent has impacted this significantly."</i>
<i>"The town's infrastructure is in need of repair. Taxes are way too high for what we get. Clean water for home use should be a priority but is never addressed."</i>
<i>"Biggest concerns are the dramatic increase in traffic and the condition of neighborhood roads. Avg life span of a tarred road is 15 years. many are over 30 yrs old. The roads are a real concern. I would love the sidewalks repaired so it would be safer to walk on the sidewalks. There are holes, chunks of asphalt, rocks. I wish someone would do something about the traffic, speeding and reckless driving in this town. It is my number one reason to dislike Bellingham."</i>
<i>"Keep main roads clean, clear signage, fix sidewalks (especially in neighborhoods). Have a town-wide yard sale weekend/day."</i>
<i>"Bellingham is losing its natural woodlands and beauty and building up too quickly with warehouses and condominiums. Traffic from all this has gotten me concerned for our safety."</i>
<i>"My number one priority at this time to make Bellingham more accessible for walkers, runners, strollers. Sidewalks are deplorable and very unsafe. It's dangerous to walk on my own street."</i>
<i>"More walking trails with well-maintained walking paths. More transportation options (bus service routes, options for evening &amp; weekend rides)"</i>
<i>"Add solar parking lots to town owned property and tax breaks for Bellingham businesses that have parking for customers. Connect the Snett Trail to other bike trails in area."</i>
<i>"Please limit growth. Enough is enough. It is extremely difficult to get around town due to all the traffic. I don't ever feel safe walking or riding my bike due to the sheer volume of traffic."</i>
<i>"Over the 50 years I have been in town I have watched + grow from a sleepy town to a very busy community - mostly good things - some questionable (too many empty warehouses) Hopefully the town will continue to take care of all the residents."</i>
Amenities and Access
<i>"An 'enclosed' dog park, to free run. The 'year round' weather here is the 'best' in the country."</i>
<i>"The benches at the park are all in the sun. More benches are needed where we can watch grandkids in park play area."</i>
<i>"Just a mention, we should have placement of (porta-john's) at entry point on walking paths in Bellingham."</i>
<i>"Please make Silverlake accessible... need wheelchair mats to get to beach area. Check out website: shop.mobi-mat.com"</i>
<i>"Provide ASL interpreters. Educate people about Deaf Awareness."</i>
<i>"I love living here. I would like to see planned housing development access to entertainment and social activities for all ages more intergeneration activities."</i>
<i>"Please put actual bathrooms in parks (town common, silver lake, etc). Porta-potties are unacceptable. Other towns are way ahead of you on this one!!"</i>
Taxes
<i>"Bellingham should have a freeze on taxes for elderly as many communities do. not every can do work off programs."</i>
<i>"Lower town taxes, especially property, vehicle, water/sewer."</i>
<i>"I love living here in town but being 77 and still working part time to pay property taxes and utilities is getting harder. I have accepted the last tax increases with the two overrides, which I thought were important, but the more housing I see being built, the more I feel just those two</i>

overrides, schools and fire/emt's will need even more, along with many services in town. I thought the increased homes and businesses would allow more revenue but it doesn't seem like that's the case. I would hate to have to move because of these increases which I just can't afford anymore. Maybe consider a tax break for seniors who have lived in town for a long time and paid their fair share? Just a suggestion but it sure would help. Thanks for listening."

## Communication

"Make it easy to find all the resources available in the town including volunteer opportunities."

"I think the town should know when someone turns 65 and auto enroll them into Senior Center newsletter."

"As technology pressures more of our seniors to transact online, we need to help them."

"I think a booklet for seniors to refer to for phone numbers both locally and area wide would be beneficial."

"There needs to be clearer and more available information about this town. As Milford News hardly ever publishes current or future news, neither does Bellingham Bulletin."

"do more to promote our history and work to grow the "small town" along with our future growth"

There are a lot of great programs and services provided by our Town. Residents often take the availability and continuity for granted. Being able to get involved in making community life better is one of our strengths. The need for ongoing outreach services to residents is extremely important. Thank you for asking.

## Housing Affordability and Maintenance Support

"Need more housing for the elderly that is affordable."

"Might be a service the town or council on aging could offer would be lawn mowing, snow removal, light landscaping, minor home repairs. I do not need that kind of assistance yet, but know of several elderly folks in town who could use assistance. I actually do this for a few of them. Would be great if there were something town wide, or something the town could help lower costs. Might keep a few more houses kept up."

"Being a caregiver is very hard to keep with all the work in our home (cooking, cleaning, etc.) plus all the work outside. Can't keep up with everything."

"Housing for seniors is scant and has 2 floors without elevators. Currently, there is a 4 year wait. This is unrealistic. I cannot depend on this option if my situation changed."

"I would like to know if there are free or very low cost options for home repair. it seems that for many programs, i am not poor enough. I would like more volunteers willing to perform tasks like yard work for free. I would pay if i could."

## Senior Center

"I wish the senior center had a room with a few treadmills or exercise bikes

"Have visited other senior centers and find Bellingham is better run and offers more than others."

"Bellingham senior center is wonderful – very supportive and informative – could always use more funding."

"I think the senior center needs to be updated and expanded."

"Longer hours at the Senior Center a couple of days a week. Filming programs to be shown on Cable TV, etc. That would make more seniors feel included."

## Conclusions and Recommendations

This report describes research undertaken by the Center for Social & Demographic Research on Aging (CSDRA) within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Town of Bellingham. The goals of this project were to investigate the needs, interests, preferences, and opinions of Bellingham's residents aged 55 or older by engaging the community regarding their experiences and needs relevant to aging well in Bellingham. *The vision of the Age & Dementia Friendly Bellingham initiative is to inspire change in the Town so that residents of all ages and abilities can thrive.* The success of this initiative is dependent on the involvement of a dedicated and passionate group of residents and stakeholders that will proactively spearhead this effort. These individuals will actively collaborate with civic, business and non-profit organizations as well as state and local government officials to heighten awareness of the age and dementia friendly movement and develop the action plan based on the contents of this report—all to spur positive change for the Town of Bellingham. This report signifies a milestone in the continued efforts and calls for community involvement in the age-friendly process to improve the quality of life for Bellingham residents across generations.

A broad range of findings are reported in this document, highlighting the many positive features of Bellingham as well as concerns expressed by older residents. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Bellingham 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.

**Key Finding: Bellingham's growing population, with diverse needs and interests, prompts strategic consideration of how an age and dementia friendly framework can be used to improve the experience of aging in Bellingham.**

- The share of older adults in Bellingham is expected to grow in the coming years – implicating increased demand for aging services. Projections suggests that by 2040 about 34 % of Bellingham's residents will be age 60 or older – 27% of Bellingham's population will be between the ages of 60 and 79, with an additional 7% age 80 and older.
- There is a desire to age in Bellingham. The majority of survey respondents (85%) report that it is important or very important to them to remain living in Bellingham as they age.

### **Recommendations:**

- Reimagine the Senior Center as a weekend hub for connection and wellness. Explore ways to expand the Center's capacity by piloting a select number of weekend events—think “Saturday Socials” featuring live music and coffee, or guided outdoor walks in nearby parks. Partner with local fitness instructors or nature groups to host gentle yoga, tai chi, or “walk and talk” sessions designed for all abilities. Seek sponsorships from local businesses or health organizations to cover the added costs and make weekend access sustainable.

- Bring the Senior Center to life after hours with occasional evening programs. Host engaging forums, film nights with expert-led discussions, or “Ask the Expert” sessions on topics like memory wellness, home safety, or navigating local resources. Evening events create opportunities for working caregivers, family members, and older adults who are busy during the day to connect, learn, and feel part of the community.
- Formally appoint the Age & Dementia Friendly Task Force and invite representatives to attend board and committee meetings to serve as a liaison of the initiative.



## Housing & Financial Security

**Key Finding: Financial stability is a fragile thing for many older residents of Bellingham. A sizeable segment of Bellingham's older population is at risk of financial insecurity.**

- More than 1 out of 4 households headed by someone age 65 and older (27%) report annual incomes under \$25,000.
- A total of 42% of respondents reported that they had worried about their ability to pay for at least one basic cost of living.
- Among the top concerns include maintenance to their home (49%), paying for utilities (41%) and obtaining dental care (30%). One out of four respondents with financial concerns were also worried about their ability to pay rent or mortgage—one of the most basic human needs.
- Among respondents who report some level of financial security, 20% of them have worried about having enough food in the past year, *“often or sometimes”*.
- Many homeowners and renters in Bellingham experience housing cost burden, with 21% of all homeowners spending more than 30% of their income on monthly housing costs<sup>5</sup> and 65% of renters spending 30% or more of their income on gross rent
- 85% of older renters in Bellingham spend 30% or more of their income on gross rent. More than one-third of older homeowners (36%) spends 30% or more on housing costs.
- There is a years-long wait-list for subsidized housing.
- Focus groups and key informants described a lack of down-sizing options that are affordable in Bellingham. For example, newly developed housing in Bellingham is not practically affordable for many older adults who have lived in Bellingham for most of their lifetime.

**Key Finding: Homeowners and renters are looking for support to address concerns about housing options and maintenance.**

- 43% of survey respondents report that they need home modification (e.g. grab bars in showers or railings on stairs) to improve their ability to live safely for the next 5 years 14% report not being able to afford these modifications.

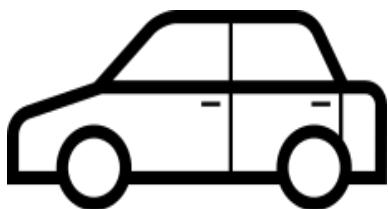
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<sup>5</sup> Monthly housing costs for homeowners is defined by the U.S. Census Bureau as “*the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)*

- 44% of survey respondents report needing a significant home repair (e.g. septic system, new roof, electrical work, climate control/HVAC, etc.) to improve their ability to live safely for the next 5 years. Among them, 23% report not being able to afford these repairs.
- Focus group and key informant participants illustrate a growing need for access to information about housing options and obtaining assistance in making needed repairs/improvements to ensure safety and affordability as they age.

### **Recommendations:**

- Champion local housing access for Bellingham residents. Partner with the State Representative to advocate for legislative changes prioritizing local residents in subsidized housing allocations. For example, other towns have passed a similar measure ensuring that new senior housing developments prioritize current residents, helping long-time community members remain close to familiar supports and services.
- Maximize the impact of property tax relief programs. Continue evaluating Bellingham's property tax work-off program to improve management, streamline access, and broaden eligibility. Other towns have implemented online applications and drop-in assistance days at their Senior Center—simple steps that increased enrollment.
- Shine a light on unmet demand. Track how many residents are turned away from the property tax work-off program, whether due to income thresholds, hours requirements, or limited slots. Other towns have used this data to advocate for additional funding, resulting in an increase in available positions.
- Host an inspiring “Aging in Place Workshop Series.” Offer interactive sessions showcasing practical ways to stay in one’s home longer—such as low-interest home improvement loans like those offered by [MassHousing's Home Modification Loan Program](#), or home-sharing programs, which pair older adults with vetted renters. Include guidance on using tools like the Circuit Breaker Income Tax Credit, SNAP, and fuel assistance to stabilize household budgets.
- Raise awareness about housing choices across the lifespan. Host an ADU information night featuring success stories, where homeowners are using state-approved ADUs to create affordable housing for family caregivers or older residents wishing to downsize without leaving their neighborhood. Highlight how ADUs can provide both rental income and flexible housing for changing family needs.



### **Transportation and Accessibility**

**Key Finding: Maintaining independence is a major concern for survey respondents and one key facilitator of this independence is transportation. Obtaining supplementary and accessible transportation is a concern for some Bellingham residents as they age.**

- Bellingham is a car centric community. 91 percent of survey respondents reported active driving status. When looking at just those 80 and older, driving status diminishes with age: 83% of those aged 60-69 drive without limitations, compared to 72% of those in their 70s and 49% of those age 80 and older. 16% of those 80+ do not drive.
- Focus group and survey participants cited lack of transportation and/or limitations of current transportation and the safety hazards and congestion caused by increased traffic as significant concerns.
- Transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Bellingham's older resident community. 13% of those who drive with limitations and 24% of those who do not drive reported they had to miss, cancel, or reschedule a medical appointment due to lack of transportation.
- Among non-drivers, not having information about what is available (31%) and having physical limitations that prevent accessing transportation options (29%) are the most commonly reported difficulties with transportation.
- When it comes to accessible spaces, survey respondents are most dissatisfied with the availability of maintained sidewalks (44%) and lighting along sidewalks and trails (38%) (see Figure 22). Also, 31% of survey respondents reported dissatisfaction with the availability of public restrooms. These features can encourage engagement and physical activity among older residents.
- Key informants indicated that they address a significant number of major and minor traffic accidents each year in Bellingham.

### **Recommendations:**

- Consider implementing "walk audits" which involve local leaders, advocates and residents in evaluating the safety and accessibility of walking environments. See the [Walk Audit Academy](#) for instructional resources.
- Work with town departments to advocate for and support traffic calming/enforcement efforts that address safety concerns [AARP Livability Fact Sheet - Traffic Calming](#)
- Consider a designated (e.g. phone line or online) resource that allows residents to share the locations where safety is a concern. [Other cities and towns](#) have implemented these systems to facilitate transparency and timeline response to resident safety concerns.



## **Civic Engagement & Employment**

**Key finding: Two trends: growing labor force participation among older adults and a wariness about politics/community government point to a need for new avenues for engagement in the community.**

- Older residents are still working. American Community Survey estimates that 35% of adults aged 65 to 74 are participating in the labor force. Of those age 75 and older, nearly 6% remain in the workforce.
- Among reasons for not participating in the senior center, the most prevalent response was "I am still working" majority of respondents in their 60s are still working full or part-time

(51%), and 13% of those in their 70s are also working. For those who responded that they are still working full or part-time, 44% expect to retire within the next 3-5 years.

- Many in Bellingham do not have an opinion regarding involvement of local policy makers in their lives. A majority (51%) report neither agreeing or disagreeing with this statement—local policy makers consider the interests and concerns of older residents indicating a level of indifference on the topic or lack of information upon which to form an opinion.
- Focus group participants welcomed the opportunity to come together for a discussion about the strengths and challenges of growing older in Bellingham. There was a desire for similar forums where people can learn from each other by sharing perspectives, experiences and resources.
- Resident focus group participants also articulated the need and desire to be more knowledgeable about local policy making and formal and informal opportunities to participate in those processes.

### **Recommendations:**

- Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.
- [Senior Civic Academies](#) have proven beneficial in bringing together town/city government with residents. Increased awareness of how and why things get done or take time getting done, or can't get done helps residents better understand how things work. They become advocates for their fellow citizens and for helping to make government more responsive. Looking into the curriculums of [these programs](#) may provide ideas that can be adapted to life in Bellingham.
- Learning more about [Age Friendly Business programs](#) could be useful in developing ways to engage residents and businesses in making Bellingham more age friendly.



## **Health & Caregiving**

### **Key Finding: Residents need support due to physical, cognitive or mental health conditions.**

- Many Bellingham residents aged 65 and older experience some level of disability that could impact their ability to function independently in the community. About 11% of Bellingham's residents aged 65 and older have one disability, and 23% report two or more disabilities. Moreover, the increased likelihood of acquiring disability with age is evident in data from the American Community Survey (difficult walking or climbing stairs, hearing, independent living limitations, cognition).
- About 12% of survey respondents in their 60s reported having an impairment that limits their ability to participate in the community. This share increases to 19% for respondents in their 70s and increases to 34% of respondents age 80 or older.
- 17% report that they do not have sufficient help currently. While this is likely a small number of individuals, it does signal the need for additional support in the community for those with

physical limitations. 13% of those who live alone report not having enough help at this time – compared to 5% who do not live alone.

- Among survey respondents age 55 and older in Bellingham, nearly 1 in 4 have been affected by suicide.

### **Key Finding: Many caregivers need help and support.**

- Just over one-third of survey respondents reported having been a caregiver within the past 5 years. That percentage is highest among those age 55-59 (47%) and those age 60-69 (45%) suggesting that these may be those in the “sandwich” generation who are caring for both adult children at home and aging parents.
- Among Bellingham caregivers, 29% report that their social life has deteriorated due to this caring responsibility and 24% report that their physical health has also deteriorated. Twenty-one percent of caregivers also report declines in their mental and financial wellness due to their caregiving duties.
- When asked, Bellingham caregivers reported that informal support from family and friends would be most useful to them (43%), followed by formal or paid in-home care support (26%) and on-call support from healthy professionals (20%). These findings lead to considerations of the types of supportive activities that an age and dementia friendly Bellingham can foster.
- Key informants highlighted the trend in Bellingham of children being raised by grandparents or other relatives.

### **Recommendations:**

- Consider hosting a “Caregiver’s Night Out” to provide residents who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment.
- Encourage Town employees, residents and other sectors to become [Dementia Friends](#) to learn more about communication and reduction of stigma around dementia.
- Pursuing cross-town training agreements could help facilitate the ability to provide periodic training to first responders on topics like dementia or hoarding.
- Memory cafés improve access to social opportunities for caregivers. Expand the caregiver support efforts of the Supportive Day Program to include launching a Memory Café at a local church/organization.
- Consider expanding support groups for caregivers including those who are grandparents or other relatives raising children.



### **Social Activities and Inclusion**

#### **Key Finding: Residents can benefit from different engagement strategies that offer opportunities to connect in person.**

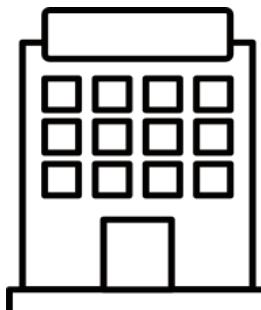
- Individuals who have infrequent contact with friends or relatives represent important groups to target efforts aimed at reducing isolation

and, more generally, improving emotional wellbeing. 25% only get together with family, friends, or neighbors monthly or less frequently.

- 12% of survey respondents reported feeling excluded in Bellingham in recent years (results not shown. Among them, political views (39%), disability (20%) and income (16%) were the most commonly reported reasons for being excluded.
- Among those who are able to volunteer—administrative assistance (42%) and one-time events (42%) are the most preferred way of volunteering.
- Focus group participants talked about the many changes that have taken place in Bellingham over the years. They shared both the positive and negative impact of development on the community. And many were concerned about the downside of social media in creating divisiveness.

### **Recommendations:**

- Age and Dementia Friendly Bellingham can serve as an umbrella under which education around a range of policy, development, housing, financial security, health and wellness can take place. The Senior Center and or other community spaces can be used as venues. These “Get out from behind the computer” forums can bring together residents of all ages.
- Consider partnerships to host “family oriented” programming where grandchildren and grandparents can come together to engage in activities or projects. For example, [Wenham Museum](#) has offered a Grandparents Day Festival that allows grandparents and their grandchildren to enjoy activities together.
- Continue efforts to tease out the interests and needs of older adults living alone. See programming examples for “[solo agers](#)”.



### **Current and Future Programs & Services at the Bellingham Senior Center**

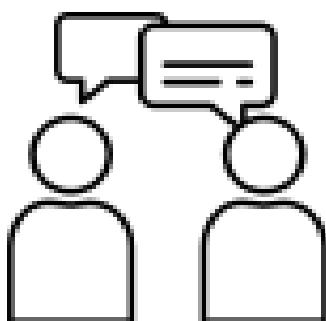
**Key Finding: The Senior Center is an important resource for older adults of all ages. Targeting programs and services to the multiple generations of older adults is challenging but can also help to expand participation. Residents want programs that stimulate them physically, mentally and intellectually. And they would welcome extended hours on some days as well as weekend activities from time to time.**

- When users of the Senior Center were asked what limits their use, “other” was the most commonly report reason (23%) followed by not needing the services offered (19%) and not being interest in the types of programs offered (18%). Other write-in response described being “too busy” to participate, having future plans to attend or “not yet” types of responses.

- Among those who have never used the Senior Center, 29% are still working, 23% are not interested in the types of programming offered and 22% do not need the services offered.
- The top three services for expansion for users are lunch or other food offerings, information and referral, and the Senior Tax Work-off Program. Non-users prioritize the Senior Tax Work-off Program, professional services (e.g. legal, financial, employment, etc.) and information and referral.
- 41% of users and 21% of non-users want more lunch or other food offerings (e.g. on-site meals, grab"n"go, or home delivered meals). This finding dovetails nicely with the recent development of the kitchen.
- For both users and non-users information/referral about local resources (e.g. fuel assistance, SNAP, health insurance counseling) were identified as priorities for future.
- Future program needs for users are 1) wellness programs (e.g. meditation, massage, weight management stress...); 2) indoor fitness; 3) performances and presentations, lectures, guest speakers, or cultural events; and 4) day trips. For non-users program preferences are 1) day trips; 2) wellness programs; 3) indoor fitness; and outdoor exercise.
- Some focus group participants who live alone feel that weekends are a time when others are with family. They would appreciate occasional activities at the Senior Center which would give them something to look forward to.

### **Recommendations:**

- Increase awareness of Senior Center programs and services through establishing a presence at larger community events. For example, have a blood pressure check at the library twice per year to attract residents who may not be at the Senior Center.
- Consider hosting “welcome days” for new participants to feel welcome coming to the senior center. Incentivize current users to bring friends and neighbors. Include a brief “orientation” to using the Center.
- Explore targeting outreach/publicity about the Senior Center to different audiences.
- Partner with the schools to reach grandparents/relatives raising children.
- Trips are popular with users and non-users. Explore possibilities for educational/social trips that can be co-sponsored with other organizations.
- Evening educational and informational events that target employed, newly retired can fill a gap in programming for the town.



### **Communication & Information**

**Key Finding: Facilitating connection and information-sharing are both areas for intervention. The different ways in which people feel connected is an important consideration. Consider different opportunities to connect residents to information and each other.**

- When it comes to accessing information, knowing where to start can be an important step. Among survey respondents, approximately 45% do NOT know who to contact in this instance, including 76% of those age 55-59.
- Across ages, staying safe online had the highest rates of “need more practice” or “not having confidence” in doing this type of activity. For respondents in their 70s and 80s making and attending virtual medical appointments is another area where rates of “need more practice” or “not having confidence” is prevalent.
- Focus group participants shared many ideas for improving information sharing and communication in town including the potential value of a communications coordinator for the town.

**Recommendations:**

- Tap into the talents of high school students who can write articles (e.g., about Loaves and Fishes’ role in addressing food insecurity in Bellingham).
- To increase communication with and input from seniors, hold a monthly town meeting at the Senior Center to share what’s happening in town government.
- Create a campaign (using a variety of media platforms) to promote positive images of aging and to educate residents on inclusivity of individuals and caregivers dealing with dementia.
- Connect the Age and Dementia Friendly Task Force to other committees/endeavors to serve as liaisons for Bellingham AFDF efforts.

## Appendix A: Survey Results

Note: Appendix tables are based on 1,374 responses to the Town of Bellingham survey of residents age 55 and over, conducted in the Fall of 2024. Of all the respondents, 7% completed the survey online and the rest were returned via mail. See text for additional details.

### Section I: Community & Neighborhood

#### Q1. How long have you lived in Bellingham? (Check only one)

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Fewer than 5 years</b>	9%	9%	4%	6%
<b>5-14 years</b>	15%	15%	16%	7%
<b>15-24 years</b>	30%	12%	8%	9%
<b>25-34 years</b>	30%	26%	11%	7%
<b>35-44 years</b>	6%	21%	17%	8%
<b>45 years or longer</b>	10%	17%	44%	63%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q2. How important is it to you to remain living in Bellingham as you get older? (Check only one)

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Important</b>	32%	40%	59%	64%
<b>Somewhat Important</b>	39%	38%	30%	30%
<b>Slightly Important</b>	16%	12%	7%	3%
<b>Not at All Important</b>	13%	10%	4%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Section II: Housing & Living Situation

#### Q5. Do you own or rent your current residence?

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>The home is owned by me or someone who I live with</b>	94%	92%	90%	87%
<b>The home is rented by me or someone who I live with</b>	4%	4%	6%	3%
<b>Other (Please Specify):</b>	2%	4%	4%	10%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q6. Who do you live with? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I live alone</b>	11%	18%	23%	36%
<b>A spouse/partner</b>	77%	71%	69%	46%
<b>My adult child(ren)(age 18 or older)</b>	44%	18%	15%	17%
<b>My child(ren) (under age 18)</b>	6%	1%	<1%	<1%
<b>My parent(s)</b>	6%	3%	<1%	0%
<b>My grandchild(ren)</b>	4%	4%	6%	3%
<b>Pet(s)</b>	27%	18%	12%	10%
<b>Another relative</b>	1%	3%	2%	<1%
<b>Someone else (Please specify):</b>	1%	4%	1%	1%

*\*Figures do not sum to 100%*

**Q7. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next 5 years?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes, and I can afford to make these modifications</b>	19%	25%	30%	30%
<b>Yes, but I cannot afford to make these modifications</b>	11%	16%	14%	12%
<b>Yes, but I am not responsible for making these modifications (e.g., I rent my current residence)</b>	1%	2%	2%	4%
<b>No, my current residence does not need modifications.</b>	69%	57%	54%	54%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q8. Does your current residence need home repairs (e.g., septic system, new roof, electrical work, climate control/HVAC, etc.) to improve your ability to live in it safely for the next 5 years?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes, and I can afford to make these repairs</b>	21%	19%	17%	17%
<b>Yes, but I cannot afford to make these repairs</b>	30%	22%	24%	18%
<b>Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).</b>	2%	2%	3%	5%
<b>No, my current residence does not need repairs.</b>	47%	57%	56%	60%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q9. Does your current residence have “first-floor living” with a bedroom and a full bathroom on the entry level such that you could meet your self-care needs as you age?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	52%	61%	67%	76%
<b>No</b>	48%	39%	33%	24%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q10. In the next 5 years, if you wanted or needed to move from your current residence, what kind of housing would you prefer in Bellingham? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Smaller single-family home</b>	51%	36%	27%	20%
<b>Multi-family home (2,3, or more units)</b>	8%	3%	2%	1%
<b>In-law apartment or accessory apartment (add-on apartment to existing home)</b>	18%	12%	12%	10%
<b>Apartment</b>	4%	8%	9%	8%
<b>Condominium or townhome</b>	24%	18%	17%	10%
<b>Senior independent living community (e.g. 55+ community)</b>	35%	40%	30%	29%
<b>Assisted living community</b>	9%	10%	14%	23%
<b>Continuing Care Retirement Community (CCRC)</b>	6%	4%	6%	6%

<b>Affordable housing (e.g., Wrentham Manor or Depot Court)</b>	9%	13%	18%	21%
<b>Co-housing with non-relatives (e.g., friends, others)</b>	4%	2%	1%	3%
<b>Multigenerational home (e.g. moving with family)</b>	10%	5%	8%	8%
<b>Other (Please specify):</b>	12%	10%	11%	8%

\*Figures do not sum to 100%

### Section III: Transportation

**Q11. Please rate your level of satisfaction with each of the following features of Bellingham.**

#### Q11\_1: Transportation options

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	5%	9%	13%	12%
<b>Satisfied</b>	28%	31%	39%	47%
<b>Dissatisfied</b>	10%	12%	12%	10%
<b>Very Dissatisfied</b>	6%	4%	4%	4%
<b>I Don't Know</b>	51%	44%	32%	27%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q11\_2: Availability of parking

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	27%	23%	28%	25%
<b>Satisfied</b>	61%	61%	62%	67%
<b>Dissatisfied</b>	1%	4%	2%	1%
<b>Very Dissatisfied</b>	2%	1%	<1%	1%
<b>I Don't Know</b>	9%	11%	7%	6%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q11\_3: Ease of parking

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Satisfied</b>	27%	21%	27%	26%
<b>Satisfied</b>	63%	62%	63%	66%
<b>Dissatisfied</b>	1%	5%	3%	2%
<b>Very Dissatisfied</b>	1%	<1%	0%	0%
<b>I Don't Know</b>	8%	11%	7%	6%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### **Q11\_4: Handicap accessibility of walkways, public buildings, parking and businesses**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	13%	16%	21%	23%
<b>Satisfied</b>	39%	44%	55%	58%
<b>Dissatisfied</b>	9%	4%	6%	6%
<b>Very Dissatisfied</b>	1%	2%	1%	1%
<b>I Don't Know</b>	38%	34%	17%	12%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### **Q11\_5: Availability of maintained sidewalks**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	7%	6%	13%	11%
<b>Satisfied</b>	40%	41%	39%	44%
<b>Dissatisfied</b>	31%	25%	23%	23%
<b>Very Dissatisfied</b>	13%	15%	14%	11%
<b>I Don't Know</b>	9%	13%	11%	11%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### **Q11\_6: Lighting along sidewalks and trails**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	4%	5%	10%	8%
<b>Satisfied</b>	35%	33%	35%	40%
<b>Dissatisfied</b>	29%	24%	22%	23%
<b>Very Dissatisfied</b>	9%	10%	9%	8%
<b>I Don't Know</b>	23%	28%	24%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### **Q11\_7: Availability of benches in public areas and along walkways**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	7%	9%	13%	11%
<b>Satisfied</b>	45%	43%	42%	46%
<b>Dissatisfied</b>	20%	16%	19%	15%
<b>Very Dissatisfied</b>	1%	5%	4%	3%
<b>I Don't Know</b>	27%	27%	22%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### **Q11\_8: Marked crosswalks and timing of walk signals**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	8%	10%	16%	13%
<b>Satisfied</b>	55%	62%	53%	59%
<b>Dissatisfied</b>	12%	9%	15%	8%
<b>Very Dissatisfied</b>	3%	3%	2%	5%
<b>I Don't Know</b>	22%	16%	14%	15%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### **Q11\_9: Clear and consistent signage and wayfinding around Bellingham**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	10%	11%	16%	14%
<b>Satisfied</b>	70%	65%	61%	63%
<b>Dissatisfied</b>	8%	9%	11%	6%
<b>Very Dissatisfied</b>	2%	2%	1%	3%
<b>I Don't Know</b>	10%	13%	11%	14%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### **Q11\_10: Conveniently located public restrooms**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>Very Satisfied</b>	2%	3%	5%	4%
<b>Satisfied</b>	14%	13%	20%	25%
<b>Dissatisfied</b>	22%	22%	26%	26%
<b>Very Dissatisfied</b>	9%	10%	10%	10%
<b>I Don't Know</b>	53%	52%	39%	35%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### **Q12. Which of the following best describes your driving status? (Check only one)**

	<b>Age 55-59</b>	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>
<b>I do not drive</b>	4%	5%	5%	16%
<b>I drive with some limitations (e.g., avoid driving at night, during bad weather, in unfamiliar areas or on highways)</b>	5%	13%	24%	35%
<b>I drive with no limitations</b>	91%	83%	72%	49%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q13. What are the primary ways in which you meet your transportation needs? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I drive myself</b>	95%	95%	91%	77%
<b>My spouse or child(ren) drive(s) me</b>	22%	24%	31%	37%
<b>Friends or neighbors drive me</b>	4%	6%	10%	12%
<b>Walk or bike</b>	13%	15%	8%	3%
<b>Bellingham GATRA Dial-a-Ride</b>	1%	3%	5%	7%
<b>Taxi or ride sharing options (e.g., Uber, Lyft)</b>	5%	3%	2%	<1%
<b>Other (Please specify)</b>	3%	2%	1%	3%

\*Figures do not sum to 100%

**Q14. What kind of difficulties do you have in getting the transportation that you need? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Public transportation around Bellingham is unavailable or inconvenient</b>	15%	13%	16%	20%
<b>Transportation options cost too much</b>	8%	4%	2%	4%
<b>Distance to my destination is too far</b>	6%	5%	7%	6%
<b>Transportation not available where I need to go</b>	9%	6%	8%	8%
<b>I don't have information about what's available</b>	23%	20%	22%	19%
<b>I need flexibility in planning (e.g., I don't like to schedule in advance)</b>	4%	5%	6%	10%
<b>Physical limitations or other impairments make accessing transportation options difficult</b>	1%	2%	3%	9%
<b>No door-to-door assistance or help with bags</b>	2%	3%	5%	9%
<b>No one I can depend on for a ride</b>	4%	4%	4%	4%
<b>I do not have a travel companion to help me</b>	2%	2%	2%	4%
<b>I have no difficulties</b>	76%	65%	64%	46%
<b>Other (Please specify):</b>	2%	6%	4%	8%

\*Figures do not sum to 100%

**Q15. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	6%	4%	6%	9%
<b>No</b>	94%	96%	94%	91%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Section IV: Social Participation & Civic Engagement

**Q16. How often do you get together to visit, talk on the phone or video call, or, send email or use social media with family, friends, or neighbors?**

**Q16\_1: Get together, in person**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Everyday</b>	21%	21%	22%	18%
<b>One or more times a week</b>	32%	41%	47%	49%
<b>A few times a month</b>	32%	24%	16%	20%
<b>About once a month</b>	7%	6%	9%	4.%
<b>A few times a year (e.g., holidays)</b>	7%	7%	4%	7%
<b>Never</b>	1%	2%	2%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q16\_2: Talk on the phone/Facetime or Zoom**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Everyday</b>	33%	40%	38%	40%
<b>One or more times a week</b>	39%	40%	39%	40%
<b>A few times a month</b>	14%	12%	13%	11%
<b>About once a month</b>	4%	4%	4%	2%
<b>A few times a year (e.g., holidays)</b>	7%	1%	3%	2%
<b>Never</b>	3%	3%	3%	5%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q16\_3: Send email or use social media**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Everyday</b>	55%	52%	48%	29%
<b>One or more times a week</b>	26%	28%	27%	28%
<b>A few times a month</b>	10%	9%	11%	12%
<b>About once a month</b>	2%	3%	2%	4%
<b>A few times a year (e.g., holidays)</b>	4%	2%	3%	2%
<b>Never</b>	3%	6%	9%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q17. Do you know someone living nearby on whom you can rely for help when you need it?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	79%	84%	88%	87%
<b>No</b>	21%	16%	12%	13%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q18. In the past 5 years, have you ever felt excluded in Bellingham because of any of the following? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Age</b>	1%	2%	2%	3%
<b>Disability</b>	4%	3%	3%	6%
<b>Income</b>	5%	4%	3%	1%
<b>Physical appearance</b>	1%	2%	<1%	<1%
<b>Religion or cultural background</b>	2%	1%	1%	1%
<b>Skin color, race, or ethnicity</b>	1%	1%	<1%	<1%
<b>Cognitive status</b>	1%	1%	<1%	0%
<b>Gender</b>	3%	1%	<1%	0%
<b>Language or accent</b>	3%	1%	<1%	0%
<b>Political views</b>	13%	6%	6%	3%
<b>Sexual orientation</b>	1%	<1%	<1%	0%
<b>No, I have never felt excluded</b>	78%	86%	86%	87%
<b>Other (Please specify)</b>	4%	2%	1%	1%

\*Figures do not sum to 100%

**Q19. Please indicate your level of agreement with the following statement: "Local policy makers consider the interests and concerns of older residents."**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Strongly Agree</b>	4%	6%	7%	9%
<b>Agree</b>	16%	24%	31%	38%
<b>Neither Agree nor Disagree</b>	63%	55%	49%	43%
<b>Disagree</b>	12%	11%	11%	7%
<b>Strongly Disagree</b>	5%	4%	2%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q20. Over the last 12 months, how frequently have you used services or attended programs offered by the Bellingham Senior Center? (Check only one)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Two or more times a week</b>	1%	3%	9%	6%
<b>About once a week</b>	1%	3%	4%	6%
<b>A few times a month</b>	1%	2%	5%	5%
<b>About once a month</b>	0%	4%	4%	5%
<b>A few times a year (e.g., special events only)</b>	9%	21%	26%	33%
<b>Never</b>	88%	67%	52%	45%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q21. Which of the following factors limit your use of the Bellingham Senior Center? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am not interested in programs offered (e.g., fitness classes, lectures)</b>	4%	16%	26%	30%
<b>I do not know what is offered</b>	23%	15%	7%	6%
<b>I do not have time</b>	15%	16%	13%	8%
<b>I am not old enough</b>	49%	6%	2%	1%
<b>Hours of operation are inconvenient</b>	3%	6%	5%	5%
<b>I do not identify with the people at the Senior Center</b>	8%	9%	13%	10%
<b>I do not need the services offered (e.g., tax counseling, fuel assistance)</b>	16%	17%	26%	21%
<b>I am still working</b>	56%	39%	9%	5%
<b>I participate in programs elsewhere</b>	4%	6%	10%	9%

<b>I do not have transportation to the Senior Center</b>	1%	1%	2%	4%
<b>The building is not accessible and safe</b>	0%	0%	<1%	0%
<b>Other (Please specify):</b>	6%	13%	20%	20%

\*Figures do not sum to 100%

**Q22. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available in Bellingham? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Volunteer opportunities</b>	43%	34%	21%	10%
<b>Performances and presentations (e.g., theatre, comedy, music)</b>	33%	33%	25%	18%
<b>Technology skills classes (e.g., learning computer programs or smartphone applications)</b>	18%	24%	25%	20%
<b>Opportunities for informal socializing (e.g. affinity groups, parties, hang out space)</b>	25%	20%	15%	13%
<b>Skill development (e.g., woodworking, sailing)</b>	33%	19%	9%	7%
<b>Day trips</b>	44%	39%	33%	29%
<b>Overnight trips</b>	18%	12%	14%	6%
<b>Recreational activities (e.g., cards, board games)</b>	30%	17%	12%	13%
<b>Arts programs (e.g., painting, acting, music, digital photography)</b>	34%	21%	16%	7%
<b>Intergenerational activities</b>	13%	8%	5%	3%
<b>Special interest social programming (e.g., cultural, LGBTQ+, singles/solos)</b>	7%	4%	3%	2%
<b>Lectures, guest speakers, or cultural events</b>	28%	29%	24%	21%
<b>Educational courses/programming (e.g., foreign languages or bird watching)</b>	39%	26%	17%	12%
<b>Wellness programs (e.g. meditation, massage, weight management, stress management)</b>	46%	40%	29%	18%
<b>Caregiver programs (e.g. resources, education, support groups, grandparents raising grandchildren)</b>	19%	12%	10%	7%

<b>Respite programs (e.g., drop off activities, all-day support)</b>	11%	6%	3%	6%
<b>Supportive Day Program</b>	11%	6%	5%	8%
<b>Adult Day Healthcare Program</b>	13%	7%	3%	8%
<b>Indoor fitness (e.g., strength training, exercise equipment, yoga, aerobics)</b>	52%	37%	27%	17%
<b>Outdoor exercise (e.g., hiking/walking club, kayaking, pickleball)</b>	54%	39%	17%	9%
<b>Evening or weekend activities</b>	33%	24%	16%	9%
<b>Virtual programming</b>	9%	8%	5%	4%
<b>Other (Please specify):</b>	7%	10%	8%	11%

*\*Figures do not sum to 100%*

**Q23. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the services available in Bellingham? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Information/referral about local resources (e.g., fuel assistance, SNAP, health insurance counseling SHINE)</b>	32%	38%	32%	26%
<b>Mental health counseling or referrals</b>	23%	14%	11%	9%
<b>Professional services (e.g., financial planning, tax preparations, legal services)</b>	51%	37%	27%	16%
<b>Professional development or job seeking support, retirement planning</b>	39%	13%	6%	2%
<b>In-home programs (e.g., friendly visiting or help with minor chores/errands)</b>	33%	22%	27%	31%
<b>Lunch or other food offerings (e.g., on-site meals, grab 'n' go, or home delivered meals)</b>	29%	29%	31%	26%
<b>The Senior Tax Work-Off Program</b>	48%	43%	31%	17%
<b>Non-medical transportation (e.g., grocery shopping, errands)</b>	30%	23%	23%	23%
<b>Transportation to medical appointments</b>	27%	27%	26%	23%
<b>Other (Please specify):</b>	7%	7%	8%	7%

*\*Figures do not sum to 100%*

**Q24. What kind of volunteering would you be most interested in? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>N/A I am not interested or able to volunteer at this time</b>	41%	35%	50%	62%
<b>Physical activity (e.g., landscaping or setting up tables)</b>	22%	17%	10%	4%
<b>Administrative assistance (e.g., answering phones, greeting people)</b>	29%	21%	21%	9%
<b>Working directly with residents (e.g., friendly visiting)</b>	23%	19%	12%	7%
<b>Special events or one-time needs (e.g., Earth Day, Pride Fest)</b>	27%	27%	16%	9%
<b>Program assistance (e.g., planning or helping host programs)</b>	18%	10%	7%	3%
<b>Skills-based volunteering (e.g., providing marketing or technology consultation)</b>	17%	8%	3%	4%
<b>Other (Please specify):</b>	9%	9%	9%	5%

*\*Figures do not sum to 100%*

**Section V: Communication & Information**

**Q25. How do you currently obtain information about programs, activities, and services in your community? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Area/local newspaper (e.g., Milford Daily News, Bellingham Bulletin)</b>	64%	62%	66%	65%
<b>Local Access TV (ABMI public, government, or education channels)</b>	2%	3%	4%	9%
<b>Radio</b>	7%	4%	2%	3%
<b>Town website</b>	28%	28%	23%	14%
<b>Email notifications from the Town</b>	23%	22%	23%	14%
<b>Social media postings (e.g., Facebook, Twitter)</b>	35%	28%	18%	12%
<b>The Spirit of Bellingham print (Senior Center Newsletter)</b>	9%	42%	67%	72%
<b>The Spirit of Bellingham online (Senior Center Newsletter)</b>	3%	6%	6%	9%
<b>Faith-based organizations</b>	4%	4%	5%	5%
<b>Public postings (e.g., flyers, bulletin boards)</b>	11%	8%	9%	6%
<b>Word of mouth</b>	32%	33%	36%	38%
<b>Other (Please specify):</b>	7%	4%	4%	2%

*\*Figures do not sum to 100%*

**Q26. How confident do you feel about the following activities?**

**Q26\_1: Finding information online**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am confident</b>	91%	80%	68%	50%
<b>I need more practice</b>	4%	12%	17%	15%
<b>I am not confident</b>	3%	6%	7%	9%
<b>N/A I don't do these things</b>	2%	2%	8%	26%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_2: Submitting information or applications online**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am confident</b>	86%	75%	56%	38%
<b>I need more practice</b>	7%	11%	16%	13%
<b>I am not confident</b>	4%	9%	11%	11%
<b>N/A I don't do these things</b>	3%	5%	17%	38%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_3: Purchasing items and managing money online**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am confident</b>	88%	79%	65%	45%
<b>I need more practice</b>	6%	10%	11%	10%
<b>I am not confident</b>	2%	5%	8%	8%
<b>N/A I don't do these things</b>	4%	6%	16%	37%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_4: Staying safe online (e.g., protecting your personal data)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am confident</b>	79%	67%	53%	36%
<b>I need more practice</b>	12%	18%	19%	15%
<b>I am not confident</b>	8%	10%	16%	20%
<b>N/A I don't do these things</b>	1%	5%	12%	29%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_5: Making and attending virtual medical appointments**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am confident</b>	81%	68%	50%	36%
<b>I need more practice</b>	6%	9%	17%	10%
<b>I am not confident</b>	4%	7%	11%	11%
<b>N/A I don't do these things</b>	9%	15%	23%	43%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_6: Registering for events online**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am confident</b>	91%	79%	60%	35%
<b>I need more practice</b>	1%	8%	15%	10%
<b>I am not confident</b>	4%	6%	7%	8%
<b>N/A I don't do these things</b>	4%	7%	18%	47%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q27. Would you know whom to contact in Bellingham 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)?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	24%	36%	50%	55%
<b>No</b>	76%	64%	50%	45%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Section VI: Caregiving & Health**

**Q28. Do you have an impairment or condition that limits your ability to participate in your community?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	9%	12%	19%	34%
<b>No</b>	91%	88%	81%	66%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q29. Do you have sufficient help to meet your needs?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes, I have enough help from family, friends, or paid helpers.</b>	45%	56%	66%	70%
<b>No, I do not have enough help at this time.</b>	6%	5%	7%	8%
<b>N/A I do not require any help at this time.</b>	49%	38%	27%	22%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q30. Do you now or have you in the past 5 years provided care or assistance to a person who is disabled, frail, or struggling with a physical or mental health condition (e.g., a child, a spouse, parent, relative, or friend)?**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	47%	45%	39%	34%
<b>No</b>	53%	55%	61%	66%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q31. If Yes on Question 30: Did or does this person live with you?**

	All Ages
<b>Yes</b>	48%
<b>No</b>	52%
<b>Total</b>	<b>100%</b>

*\*Includes only respondents who selected "Yes" on Q30*

**Q32. If Yes on question 30: Did this person have any of the following conditions? (Check all that apply)**

	All Ages
<b>Alzheimer's disease or dementia, Parkinson's disease</b>	28%
<b>Forgetfulness or confusion (undiagnosed)</b>	26%
<b>Sensory impairment (e.g., vision, hearing)</b>	21%
<b>Mobility impairment (e.g., difficulty walking, climbing stairs)</b>	58%
<b>Chronic disease (e.g., cancer, diabetes, asthma)</b>	34%
<b>Psychological condition (e.g., anxiety, depression)</b>	24%
<b>Intellectual or developmental disability</b>	9%
<b>Other (Please Specify):</b>	12%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q30*

**Q33. If Yes on question 30: In your role as a caregiver, have you experienced any of the following? (Check all that apply)**

	All Ages
<b>My physical health has deteriorated</b>	24%
<b>My mental health has deteriorated</b>	21%
<b>My social life has deteriorated</b>	29%
<b>My financial circumstances have deteriorated</b>	21%

\*Figures do not sum to 100%

\*Includes only respondents who selected "Yes" on Q30

**Q34. If Yes on question 30: What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)**

	All Ages
<b>Informal support from family and friends</b>	43%
<b>Informational resources (e.g., web-based or pamphlets)</b>	12%
<b>On-call support from medical professionals</b>	20%
<b>Supportive Day Program</b>	11%
<b>Adult Day Healthcare Program</b>	9%
<b>Respite care</b>	11%
<b>Memory Café</b>	5%
<b>Formal in-home caregiver or homemaking services</b>	26%
<b>Transportation</b>	14%
<b>Support groups (e.g., caregiver support)</b>	14%
<b>Other (Please Specify):</b>	11%

\*Figures do not sum to 100%

\*Includes only respondents who selected "Yes" on Q30

**Q35. "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)."**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	51%	40%	36%	31%
<b>No</b>	49%	60%	64%	69%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q36. "I have been, or I have friends or family members who have been, affected by suicide."**  
**(If you or someone you know is struggling, help is available 24/7 through the Suicide or Crisis Lifeline. Call or text 988.)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	30%	24%	17%	11%
<b>No</b>	70%	76%	83%	89%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Section VIII: Demographics

**Q37. What is your employment status? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Working full-time</b>	71%	36%	3%	2%
<b>Working part-time</b>	13%	15%	10%	4%
<b>Looking for work</b>	2%	3%	2%	1%
<b>Retired</b>	9%	44%	90%	92%
<b>Other (Please specify):</b>	10%	6%	4%	4%

*\*Figures do not sum to 100%*

**Q38. When do you plan to fully retire? (Check only one)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>N/A, I'm already fully retired</b>	6%	41%	85%	91%
<b>Within the next 3 years</b>	5%	17%	3%	0%
<b>In 3 to 5 years</b>	11%	18%	2%	1%
<b>In 6 to 10 years</b>	38%	6%	<1%	0%
<b>In more than 10 years</b>	14%	1%	0%	0%
<b>Not sure</b>	15%	10%	5%	4%
<b>I do not anticipate ever fully retiring</b>	11%	7%	4%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q39. In the past 12 months have you been concerned about any of the following due to finances? (Check all that apply)**

	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Paying rent or mortgage</b>	19%	14%	6%	4%
<b>Getting basic maintenance completed on my home</b>	25%	22%	19%	14%
<b>Paying for utilities</b>	24%	17%	14%	14%
<b>Accessing health care</b>	9%	8%	3%	5%
<b>Accessing hearing aids</b>	1%	4%	6%	9%
<b>Going to social gatherings or activities</b>	6%	6%	4%	6%
<b>Attending exercise classes or gyms</b>	9%	6%	3%	4%
<b>Access to healthy food</b>	13%	5%	4%	3%
<b>Having reliable transportation (e.g., car maintenance or paying for ride share services)</b>	13%	8%	5%	6%
<b>Paying for prescription drugs</b>	9%	10%	11%	9%
<b>Accessing dental care</b>	12%	11%	12%	13%
<b>Accessing eyeglasses or vision care</b>	7%	7%	7%	7%
<b>Obtaining pet supplies or veterinary care</b>	12%	5%	4%	2%
<b>N/A I have not been concerned about my finances in the past 12 months</b>	46%	57%	60%	62%
<b>Other (Please specify):</b>	2%	3%	2%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

*\*Figures do not sum to 100%*

**Q40. In the past 12 months, I worried whether my food would run out before I got money to buy more.**

	All Ages
<b>Often True</b>	1%
<b>Sometimes True</b>	8%
<b>Never True</b>	89%
<b>I Don't Know</b>	2%
<b>Total</b>	<b>100%</b>

**Q41. Please select your gender.**

	<b>All Ages</b>
<b>Female</b>	60%
<b>Male</b>	40%
<b>Non-binary</b>	0%
<b>Other (Please specify)</b>	0%
<b>Total</b>	<b>100%</b>

**Q42. What is your age range? (Check only one)**

	<b>All Ages</b>
<b>Under 55</b>	<1%
<b>55-59</b>	10%
<b>60-69</b>	34%
<b>70-79</b>	38%
<b>80-89</b>	16%
<b>90+</b>	1%

## Appendix B: Description of Bellingham Council on Aging Operations

COA services and programs are funded by State Formula Grant, Title III B Federal Grant, fundraising done by the Bellingham Elder Services Group (BESG), earmarks from the state legislature, and more recently, American Rescue Plan Act (ARPA) Funds via the State government. Additional support is achieved through grants and many collaborations with local agencies and businesses for resources, referrals, in-kind support, emergency response reciprocity, and sponsorships.

The Senior Center serves as an important link between the community and local government departments. It works in partnership with the Police Department, the Sheriff's Office, Fire Department, the DPW, Board of Health, Veteran's Agent, the Assessor's Office, Town Clerk, the Library, the Bellingham Elder Service Group, and the Treasurer/Collector's Office and other local businesses.

### Programs and Services

The Staff and Board of the COA continue to develop a wide range of enriching programs to meet the interests and needs of Bellingham's population of older residents. In addition to programs that provide opportunities for social engagement, fitness, learning, and pleasure, the COA provides critical services to foster access to health and community support resources among Bellingham's older adults.

A description of the programs and services offered by the Bellingham COA is presented in this section of the report. Some programs and services are provided daily, weekly, monthly or episodically. Information about the Bellingham COA was retrieved from material drawn from the COA's FY 2024 Annual Report as well as collected directly from the staff for this study.

#### Nutrition Services and Events

- Monthly Pop-Up pantry provided through Hockomock Area YMCA
- Provide nonperishable groceries to a small number of homebound seniors with food insecurity
- Commercial kitchen has been renovated and expanded and provides café, meals
- Weekly dairy and egg donations
- Weekly transportation to local food bank
- Donations Monday – Thursday from Panera Bread and Shaws

#### Information & Referral

- The *Spirit of Bellingham* is the free monthly Senior Center newsletter. Over 2,800 copies of the newsletter are mailed each month. Also, a free email subscription is available with more than 500 individuals receiving the online version
- SHINE Health insurance counseling and referral; Prescription Advantage and Medicare Part D application assistance
- Social Security, Medicare, and Medicaid Assistance/outreach information and referral
- Homecare based service referrals

- Protective service reporting
- Housing application assistance and referral
- SNAP benefits applications - Supplemental Nutrition Assistance Program (SNAP) is an income eligible federal government program that provides food purchasing assistance for low-and no-income households to help them maintain adequate nutrition and health
- Legal Assistance referrals
- Mental health referrals
- Fuel Assistance applications – fuel assistance is an income eligible program that helps eligible households pay a portion of winter heating bills during the months of November through April
- Connections to other community programs and agencies that provide assistance

*Cultural/Social/Educational Programs/Events*

- Rainbow Café
- End of Life discussion programs
- Coffee and conversation
- Joyful Noise -a music making group
- Performances by entertainers, singers, historians, concerts
- Professional service programs (50+ Job Seekers Group, estate planning, etc.)
- Annual 60<sup>th</sup> birthday party
- Annual September breakfast
- Lion's Club Thanksgiving meal
- PrideFest
- RiseUp Initiative – Easter meals for 100 seniors
- Annual cookout
- Monthly birthday parties

*Financial Assistance Programs*

- Property Tax Work Off Program —Residents 60+ worked a total of 100+ hours with a tax relief of \$1,500 per worker. There were 119 participants in 2024. The Senior Center uses several tax work off participants to help supplement programs at the Senior Center.
- AARP Tax Assistance for residents with low or moderate income (120 + people served in 2024)
- Discount Utility Program – A utility discount program offers reduced rates on electricity, gas, and/or telephone service to eligible low-income households, often through state-mandated programs.

*Transportation*

- Free local transportation within a 10-mile radius. Shared rides are available to residents age 60+ and younger adults with a disability.

- Bellingham has a partnership with the Greater Attleboro Taunton Regional Transit Authority (GATRA) to provide rides to medical appointments, food shopping, errands and social activities with four lift-equipped vans.
- On a limited basis the Senior Center provides out-of-town medical transportation to Worcester, Providence and elsewhere. Riders are asked to donate funds for these trips.

*Exercise/Fitness Programs*

- Chair exercise
- Chair yoga and yoga
- Chair volleyball
- Senior Strong Fitness
- Walking Group

*Healthcare*

- Blood Pressure Clinics
- Mental health counseling
- Healthy Brain presentations

*Special Social and Educational Programs*

- Holiday Meals and Entertainers funded by the Bellingham Elder Service Group (BESG) and COA
- Educational presentations by police and fire staff.
- Trips
- Entertainers funded by Cultural Council grants

*Enrichment Programs*

- Crafts (art classes)
- Games (Canasta, Mahjong, Poker, Pool, Pitch, Bingo, Cribbage)
- Knitters and Quilters
- Tech Connect
- Spiritual Book Club

*Supportive Day Program*

Serving 8-9 older residents from Bellingham and surrounding towns. Designed to promote and enhance the social, physical, and cognitive skills of elders. Targeted to those with memory impairments, and those with physical limitations or those who are isolated and homebound. It is an opportunity for caregivers to have a well-deserved respite with the assurance that their loved one is in a safe and stimulating environment. It is designed to alleviate stress and provide support for the caregivers' families.

Interactive activities offered include games, chair exercise, arts and crafts, walking group, book club, chorus and special outings. Open 9 -3 MWF, Includes a continental breakfast, lunch and afternoon snack. Transportation is available at no cost to Bellingham residents.

*Volunteer Program*

Few of the programs would run smoothly without the support of volunteers from the community. The volunteers themselves learn new skills, meet new people, and enjoy an increased sense of self-worth. For this reason, the COA offers a variety of volunteer opportunities for a diverse set of skills, abilities, and interests. Volunteers fill many roles at the Senior Center including front desk receptionist, board members, program leaders, kitchen helpers, handymen, event help, newsletter prep team, and office workers. The COA manages 35+ volunteers who work 400+ hours weekly.