

## **The Healthy Aging Study in Waltham and Greenfield, MA**

### **Report to Greenfield**

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Preface: This Report is a self-assessment led by a group of Greenfield seniors about how Greenfield supports healthy aging and what the Town's seniors do to stay healthy and support a healthy community. It synthesizes the views of 13 professionals serving seniors and 8 focus groups of seniors. The 8-page Executive Summary provides an overview of our methods, findings and recommendations. The main report on these three topics follows, providing much more detail on 7 dimension of the community's "age-friendly-ness," and 6 dimensions of ways seniors stay healthy. The Report is long. One way to read it is to go start to finish. Another is to start with the Executive Summary and switch back to the detail on dimensions you want to learn more about, such as housing, services, social participation, diet, and exercise. We hope you enjoy the Report and that it helps Greenfield become an even healthier community for residents of all ages.

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**Advisory Committee**

The Greenfield Study Team extends thanks to the Greenfield Advisory Committee, who reviewed earlier drafts of this report and our shorter paper and made valuable comments concerning content and recommendations. Of course the contents are the responsibility of the Study Team alone.

Members: Kathie Curnick, GVNA Adult Day Health Center; Hope Macary, Greenfield Senior Center; William F. Martin, Town of Greenfield; Roseanne Martoccia, LifePath; Sandy Sayers, United Way of Franklin County; Bob Sunderland, Greenfield YMCA

## Executive Summary

### Study goals and methods

This is a report on the findings of a yearlong, qualitative study of healthy aging in Greenfield and Waltham Massachusetts. The research asked how these two small cities, of about 17,000 and 60,000 residents respectively, support healthy aging and how they could do better. An additional research question asked, what do seniors<sup>1</sup> do to be healthy and foster a healthy community? The study used a broad definition of healthy aging that went beyond simply having good health and access to health care, but included a variety of community characteristics and healthy behaviors.

The study was led by a Brandeis University researcher working with teams of older adult “Co-Researchers” who volunteered their time and went through training in interviewing, leading focus groups, and coding data. Co-Researchers also helped refine the study design and recruit interview and focus group participants. There were 4 Co-Researchers in Greenfield, 8 in Waltham, and an additional Co-Researcher who worked in both communities.

Between July and October of 2015, the teams interviewed professionals in city and community agencies (17 in Waltham and 13 in Greenfield) and conducted focus groups of seniors (8 in each city – 53 participants in Greenfield and 57 in Waltham). In both communities we attempted to include interview respondents from agencies that provide seniors with a wide range of services, as well as seniors from a range of socio-economic, health status, and racial/ethnic backgrounds. The biggest challenge we faced was finding and including seniors with functional status deficits, as well as seniors from some Waltham immigrant communities. Beyond the scope of the study are seniors in assisted living or nursing facilities.

In coding the data we looked for what respondents said about 7 characteristics of “age friendly communities” developed by the World Health Organization<sup>2</sup>, as well as 6 things that older adults can do to be healthy as identified by the Massachusetts Health Policy Forum<sup>3</sup>. We also looked for other responses that did not fit into any of these 13 categories. We first coded interviews and focus groups separately and then combined the two data sources in the write-ups. We noted, and the report notes, not only what was said, but also how frequently a category was mentioned.

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<sup>1</sup> We use the term “seniors” to refer to individuals age 60 and older. The term as well as the cut-off age are somewhat arbitrary. The terms “elders” and “older adults” were considered but we have used “seniors” exclusively for the purpose of consistency.

<sup>2</sup> WHO (2007). *Global Age-friendly Cities: A Guide*. Geneva, World Health Organization.

<sup>3</sup> Leutz, W. (2009). *Healthy Aging in the Commonwealth: Pathways to Life Long Wellness*. *Massachusetts Health Policy Forum*. Boston, MA.

Before releasing this report the draft findings for each city were shared with its team of Co-Researchers and then with Advisory Committees composed of staff from town departments and non-profit agencies serving seniors. After taking comments and recommendations into account, a final report for each town was prepared, publicized and circulated.

## **Findings for Greenfield**

Overall we heard many positive things about Greenfield as a community that supports healthy aging, and we heard about many things that seniors do to be healthy. We also heard how the community and seniors could do better. Often, but not always, what could be done better focused on either doing more in an area or on fixing shortcomings in that area. What follows are the summary findings by category, which are detailed in the full report and in Tables 3 and 4 at the end of the full study. In each category we summarize the answers to the questions:

- How does Greenfield support healthy aging and how could it do better?
- What do older adults already do to be healthy, and what else could they do?<sup>4</sup>

### *Outdoor spaces and buildings*

There was broad agreement in both focus groups and interviews that there are many ways that Greenfield's outdoor spaces and built environment support healthy aging. Highlights include good access to nature, open land and exercise facilities; a "real downtown" shopping area that is attractive and accessible; drivers who respect crosswalks; and a feeling of physical safety in all parts of town. Seniors enjoy all of these resources as supports to stay healthy. Things that could be improved include supports to pedestrians and bikers such as better curb cuts and snow removal, putting benches back on Main Street, and improving bike safety. Also, the out-of-date Senior Center needs to be replaced.

### *Transportation*

Greenfield provides seniors with multiple ways to get around without a car, and some systems are free or low-cost to seniors. Both interview and focus group respondents pointed to several bus/van/voucher systems that help seniors get around the downtown, and the new Amtrak service is a big plus. However, both kinds of respondents described difficulties with some of the same systems they rely on, for example, the lack of subsidized "social transportation," which would allow low-income seniors who cannot drive to attend social events and visit with friends; the

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<sup>4</sup> Because the answers to the questions about what seniors do to foster a healthy community overlapped substantially with what seniors do to be healthy, we have collapsed the community responses into the latter.

inconvenience of having to call for a new ride home because the demand/response drivers can't wait for a medical visit; and the lack of weekend bus service from FRTA. Some of these gaps by could be filled by seniors' offering rides to friends and neighbors who can't drive, or by organizing a more formal volunteer-based system.

### *Housing*

With 14% of its housing "affordable," Greenfield exceeds the state's target of 10%. Much of the affordable housing is subsidized, and much of it is well located near the downtown. Subsidized housing residents in focus groups were very pleased with their housing. In the long term Greenfield should build more units of accessible and affordable senior/disabled housing. Most seniors in town would qualify as low or moderate income. More market-rate rental and condo housing near downtown would also improve age-friendliness. For single-family homeowners, both sets of respondents pointed to a quicker fix for affordable senior housing and to help seniors stay at home: passing the accessory apartment bylaw. LifePath<sup>5</sup> provides access to federal, state, and local funds to help low income homeowners with low-cost home repair loans, and Community Action eligible seniors with fuel assistance. Finally, senior homeowners report difficulty finding "handymen," someone to shovel snow, and other upkeep tasks.

### *Social participation, inclusion and respect*

Greenfield promotes social participation and inclusion with a strong and diverse base of cultural, social, and volunteer activities that seniors value and use. Discounts or free entrance are available for many activities, and Greenfield's reputation as a friendly town facilitates participation. Advice from one senior was "don't hole up" and many seniors follow that advice. However, some seniors have a harder time participating, due perhaps to low income, a health event, disability, or social loss. Local agencies, faith communities, families, and friends help these seniors with chores, meals, rides, and just looking in; and town events and merchants offer discounts to include low-income seniors. More could be done on both counts. Finally, there were calls for more inclusion across generations, perhaps by helping seniors find ways to share their experiences, skills, and knowledge with younger generations.

### *Civic participation and employment*

Greenfield seniors are both leaders and participants in volunteer activities and civic action, and they benefit from a sense of being helpful, helping others, and improving their community. They are also seen as effective. There were calls for restoration of former agency supports to volunteers, as well as ideas about what senior volunteers might do, including helping other seniors with chores, rides, etc. Beyond volunteering and civic action, we did not get many responses that fit this category. There were a few

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<sup>5</sup> Formerly Franklin County Home Care

mentions of how work is good for healthy aging, including the chance for seniors to share their experience.

### *Communication and Information*

Greenfield has a variety of media to get out information about services and events relevant to seniors. These include the Senior Center newsletter, the Recorder, TRIAD program, and SHINE. It is important to understand that communication and information about services are inevitably complicated and unfamiliar, since people generally don't inquire about services until they need them. Using a variety of media, including face-to-face and print, is a good strategy since many seniors do not use the Internet.

### *Community and health services*

There were many comments in this category from both seniors and the several providers interviewed. The Greenfield supports to healthy aging mentioned most often were the Senior Center, medical services (many benefits from having Baystate in town), home care (both LifePath and the TRIAD program), and exercise organizations (e.g., the Y, the Body Shop, and the Senior Center). Ways that community and health services might be improved include building a new Senior Center and broadening its programming, better access to services for seniors who are isolated, more agency partnerships with GCC, a "mobile health team" to bring primary care and preventive services at sites in the community, and better access to geriatric providers and dental services (for those with low incomes).

### *Physical exercise*

Greenfield has the facilities and the outdoor spaces to promote exercise, and seniors often take advantage of both. The Town is also part of the State's Complete Streets and Mass in Motion efforts. Recommendations to enhance exercise opportunities and participation even more included more bike lanes, more dancing, strength training, starting walking groups by speed and distance, and opening access to the high school track and Nash's Mill walking trails.

### *Diet*

There was discussion in all focus groups and most interviews of how Greenfield promotes healthy eating. Producing and distributing local fresh produce is part of the Town's Master Plan and clearly a source of local pride. There were frequent positive mentions of free community meals, home-delivered food, food pantries, and free or cut-rate produce from the Just Roots community farm. Greenfield seniors benefit from these efforts, and they are also involved in food production and distribution. Recommendations for improvements included better quality of meals on wheels food and even more attention to access to healthy food for low-income seniors.

### *Finding meaning and purpose in life*

Seniors in focus groups were much more likely than agency respondents to mention ways that Greenfield supports – and seniors find – meaning and purpose in life. Seniors' mentions related primarily to faith communities, volunteering/civic engagement, and educational experiences. Opportunities to take free or cut-rate courses at Greenfield Community College (GCC), as well as GCC's Senior Symposium are widely used and appreciated. Things that seniors do to find meaning revolved around "being engaged in life," which could include volunteering, using your skills, caring for a pet, or finding ways to re-connect socially for singles and those who experience serious medical problems. It is also important to attend to spiritual needs and avoid stress.

### *Being pro-active about health*

There are numerous events offered around Greenfield to promote health, including health screening, health education, exercise and a healthy diet. Ways to be even more pro-active include advocating for oneself, watching medications, and perhaps "community health teams" to discuss health concerns and how to be pro-active.

### *Physical safety*

Both agency respondents and seniors in focus groups reported that Greenfield supports healthy aging by being a safe town with excellent police, fire and emergency services. A highlight is the Franklin County Sheriff's TRIAD program. Among the TRIAD officers' services are assessing for elder abuse, fighting financial scams, providing and installing fire/smoke alarms, and facilitating fire and rescue response. Seniors stay safe by setting up a safer home (e.g., installing grab bars and shower seats) and also by moving to a more supportive housing setting when living independently poses too many risks.

### *Financial security*

The main source of financial security for seniors is the federal safety net of Social Security, SSI, Medicare, Medicaid, SNAP (food stamps), subsidized housing and home care, and Community Development Block Grant funds which are administered by Community Action. The latter provides fuel assistance and food at the food pantry for low-income residents. From this base, additional factors that promote security for Greenfield seniors include grants for small household needs from the Interfaith Council, and free and subsidized food. Nevertheless, medical costs, real estate taxes, and home upkeep still threaten the financial security for some Greenfield seniors. Suggestions to address this included cuts in home real estate taxes through a higher rate on business property, a bigger real estate tax break for volunteering by low-income home owners, and in the long run building more subsidized housing.

### *Other factors*

Six other factors related to healthy aging were identified in coding but were not sufficiently expressed in other categories:

- Support for caring and caregivers: Caregivers help seniors stay healthy, and sometimes frail seniors who are caring for pets need special help to maintain this meaningful relationship.
- Role breaker/role bound: Some of those serving seniors go beyond their job descriptions to address an unmet need (e.g., TRIAD officers providing electric scooters) while others don't (FRTA drivers who are prohibited from helping would-be passengers with bags).
- Mental/intellectual health: For many seniors, intellectual pursuits and keeping the brain stimulated are sources of meaning and purpose in life.
- Independence: For seniors who have serious chronic conditions and/or disabilities, healthy aging starts from a base of maintaining independence in daily activities such as cooking or getting out of bed to the couch. If these needs are met these seniors can get out to participate in community and social activities.
- Innovative, empowered, and sustainable community: Greenfield is an innovator in many town and non-profit areas, e.g., the Master Plan focused on sustainability, which includes green power and local food. Seniors have been involved in shaping these and other efforts.
- Friendly and together town: Something along these lines was mentioned in 7 focus groups, including this: "There is a sense of caring for neighbors and a lack of pretention that is very refreshing."

In our Synthesis paper<sup>6</sup>, we rolled these last two bullets into a Greenfield "Identity" of Activism, Friendliness and Sustainability.

## **Summary, Implications, Recommendations, and Limitations**

### *Summary*

Greenfield has many of the characteristics of an "age friendly" community, and many of its senior citizens do things to "age well." The Town has an attractive downtown, walkability, well-located senior housing, good transportation options, appealing and often affordable social activities, healthy local food, diverse volunteer opportunities, good community and health services, and agencies that ensure public safety and promote financial security. Many seniors try to maintain their health through diet and exercise and accessing available services and supports. Many seniors find meaning and purpose in life by participating in Greenfield's many social and cultural activities, volunteering, and civic engagement. In general Greenfield is a friendly and neighborly place, and seniors both contribute to and benefit from this ethic.

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<sup>6</sup> Leutz, W., E. Leutz, P. Barber, C. Kinney, A. Sjamsu, & M. Stone. (2016). "Greenfield: A Good Place to Grow Old – Can We Make It Even Better?" Heller School for Social Policy and Management, Brandeis University.

Yet there are ways Greenfield could do better. The Town is not as walk-able when sidewalks are not shoveled and there is nowhere to sit down on Main Street. Special transportation can be difficult to use, there is no subsidized social transportation, and there is no weekend bus service. Frail seniors could have a better chance to “age in place” if they had more reliable help with chores and the option of an accessory apartment. Replacing the Senior Center would be a huge step in support of healthy aging.

Cross-cutting our inventory of how Greenfield supports healthy aging and how seniors pursue healthy aging, two barriers to healthy aging stand out. These barriers are low income/financial insecurity, and compromised health and functional status.

First, having a low income is a barrier to entry into (or getting to) many events, venues and services (e.g., restaurants) that make Greenfield attractive for so many seniors who are better off. While Greenfield can't fix long-standing and worsening income disparities in the US, or expect that businesses will change their prices, the community should be aware of and sensitive to the barriers to inclusion that even small fees can pose. Perhaps other organizations could follow the example of the Greenfield Y and Hope and Olive Restaurant set up sliding fees or free admission to events or venues.

Second, there are many seniors whose compromised health and functional status is a barrier to being part of Greenfield's healthy aging community. Both focus groups and interview respondents pointed to people who experience the most difficult losses of aging – the ability to drive, walk distances or use public transportation; the ability to keep up the house and yard; the ability to bathe or dress; or the companionship and help of family and friends. The result can be social isolation and depression and further decline – all taking place largely out of sight. Greenfield has programs to reach out to and help this group of seniors (e.g., TRIAD and LifePath); and many friends, neighbors, and faith communities also connect and help. But more could be done.

### *Limitations*

This was a qualitative study of the broad topic of healthy aging in a community. The findings and recommendations are illustrative not definitive – in some cases based on only a handful of mentions. Our intention was to be inclusive in terms of agencies interviewed and the formation of focus groups; however, it is likely we would hear new stories from additional respondents, particularly from seniors who have a hard time getting out. The nature of the issues/problems as well as the paths to improvement that we report could be better understood through further investigation. Also, we are a largely non-professional study team. On the one hand, we have the advantage of experience as seniors in the Greenfield community; on the other, most members of our team lack the training and research expertise equivalent to professional standards.

### *Recommendations and next steps*

Besides the recommendations around specific improvements to sidewalks, transportation, housing, services, etc., from the Summary above, and which are detailed in the body of the report, we propose consideration of the following broader strategies:

- Explore using this study's findings regarding the seven WHO age-friendly communities factors to pursue becoming a WHO Age-Friendly Community. The study's use of the WHO categories gives the Town a running start on this option. However, we didn't hear this option proposed by any respondent.
- A similar but simpler option is to look further into the priorities of the Advisory Committee and senior supporters of this study. We plan to publicize our report and paper and to present our findings to whoever is interested to hear. If this were successful, it could demonstrate that there is a more ground-up alternative to the WHO approach.
- Whichever way the Town goes on the first two points, this study could be used to create a positive frame for aging in Greenfield. It could include efforts to spur additional senior volunteer efforts in the "Friendly," "Innovative," and "Sustainable" categories. Might Greenfield be justified to bill itself as a retirement destination?

The team of volunteer Co-Researchers who were central to this study looks forward to sharing this report with Greenfield. So does the study leader, who owes a big thank-you to each of the Co-Researchers. Of course their work is an example of what seniors do to be healthy and how seniors contribute to promote health in their communities.

## I. Goals and Methods of Study

### A. Goals

The primary goals of the study were (1) to learn how two small Massachusetts cities (Waltham and Greenfield) promote healthy aging, and (2) to learn what older residents of these communities do to stay healthy. An additional purpose was to develop recommendations about how the communities can improve the environment for healthy aging and what older adults can do to be healthier themselves and to promote a healthier community.

### B. Healthy Aging

The study addresses an important question facing the US and other societies around the world: How can the increasing population of older adults remain as healthy as possible? The study uses a broad model of what it means to be healthy as an older adult. According to a study by the Massachusetts Health Policy Forum, this model includes not only having good health and social care, but also being proactive about health, eating well, being physically active and socially engaged, feeling safe and secure, and finding meaning, purpose and satisfaction in life.<sup>7</sup> The study's model of healthy aging also includes the idea that communities can do things that either promote or inhibit chances for individuals to be healthy. It draws on a World Health Organization (WHO) study<sup>8</sup> of factors associated with "age-friendly" communities: outdoor spaces and buildings, transportation, housing, social participation, social inclusion, civic participation, communication, and community and health services. Finally, this study views healthy aging and healthy communities as an inter-connected whole. Age-friendly communities are places where individuals and groups can affect changes in the eight WHO areas, in turn those the changes can affect individuals, and so on.

### C. Greenfield and Waltham

Both Greenfield and Waltham are old industrial and commercial towns that saw their economic bases slide in the last 50 or so years. Greenfield is located on the Connecticut River about 90 miles WNW of Boston. It is the county seat of the largely rural and agricultural Franklin County. Waltham lies on the Charles River about 10 miles west of Boston. In recent years the City's has benefited economically from a growing high-tech sector. Both towns have real downtown areas, and each has been designated a "Walkers' Paradise" by Walkscore.com (Greenfield's score was 91 and Waltham's was 98).

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<sup>7</sup> Leutz, W. (2009). Healthy Aging in the Commonwealth: Pathways to Life Long Wellness. Massachusetts Health Policy Forum. Boston, MA.

<sup>8</sup> WHO (2007). Global Age-friendly Cities: A Guide. Geneva, World Health Organization.

Table 1 provides a summary of health status and demographic data for Greenfield, Waltham and the Commonwealth of Massachusetts<sup>9</sup>. Several differences between the two towns stand out. Compared to Waltham, Greenfield is somewhat older, and its seniors are less diverse, less likely to be married, more likely to be obese and to smoke, more likely to have had a diagnosis of depression, more likely to have functional status problems at younger ages, and more likely to be living in poverty. One caveat in interpreting these data is that the database does not distinguish between seniors who live in the community and those who live in nursing facilities. According to Mass.gov, nursing home residents comprise 12% of Greenfield seniors versus only 4% of Waltham seniors, which likely distorts Greenfield to look more disabled and chronically ill.

**Table 1: Greenfield & Waltham Demographic & health status data**

	Greenfield	Waltham	Massachusetts
Total Population (2010)	17,456	60,362	6,547,629
• 65+ population	14.6%	11.7%	13.7%
- Female	61%	61%	58%
- White	98%	90.1%	91.5%
- African American	0.3%	3.2%	3.8%
- Asian	0.7%	6.3%	2.7%
- Hispanic	0.4%	1.1%	2.9%
- Other	0.8%	0.4%	2.1%
- Married	44%	52%	51%
- Living alone	33%	29%	30%
- 5+ servings of fruit/vegetables a day	31%	33%	25%
- Smoke	12%	3.3%	9%
- Obese	24%	15%	23%
- Excessive alcohol	7%	10%	9%
- Depression diagnosis ever	32%	28%	29%
- 4 or more of 16 chronic conditions	61%	60%	62%
- Difficulty living independently (65-74)	14%	7%	7%
- Difficulty living independently (75+)	28%	24%	24%
- Poverty income	15%	5%	9%
- Eligible for both Medicare & Medicaid	17%	14%	16%

#### D. Methods

The study employed a community-based participatory action research (CBPAR) method, through which a Brandeis-based researcher and his lead Co-Researcher partner (themselves older adults) recruited, trained, and worked with teams of older-adult Co-

<sup>9</sup> Data are from the Massachusetts Healthy Aging Collaborative website: <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>

Researchers in both cities. The study leader submitted the study design to the Brandeis human subjects committee and received approval in January 2015.

Recruitment and training of Co-Researchers: Beginning in February 2015 the study leaders recruited additional Co-Researchers through background interviews with City and service agency professionals, posting flyers around the communities, newspaper articles in each City, and word-of-mouth. By June/July the teams of Co-Researchers (8 in Waltham, 4 in Greenfield) had been recruited and trained in the healthy aging model, research methods, confidentiality, conducting interviews and focus groups, and taking notes. The Co-Researchers' knowledge of their communities has been important and at times critical, to refining study questions and identifying and connecting with agencies and older adults. We created a 22- page Co-Researcher Guide was developed during the training.

Funding: There was no funding for the study besides the half-time salary the study leader had for his sabbatical during 2015, a \$2,500 fund from the Heller School at Brandeis, which covered the costs of food for meetings and focus groups, as well as cups and tote bags with the study logo that were given as thanks to interview and focus group participants. The Stephen Kaye Fellowship at Brandeis also provided a stipend for an undergraduate intern during the summer and fall of 2015. The Co-Researchers worked as volunteers, agreeing at the outset to give a day a week of their time during some busy periods. In reality, some periods and types of work required more than a day-week for some Co-researchers, but there were also slack times.

Research questions and respondents: The study is primarily qualitative in nature. That is, we asked open-ended questions about healthy aging and wrote down what people said. We wanted to hear what people in each city thought about healthy aging without pre-judging what they would think was important by setting up a closed-ended set of survey questions. Our two main methods of collecting data were (1) interviews with professionals in city government and community agencies whose work is relevant to healthy aging, and (2) focus groups formed to represent diverse older adults. Interview guides and consent forms are included in the attachments. We did not include residents of nursing or assisted living facilities in the study. They were beyond the scope of our resources and also a step removed from the community healthy aging model since their environments are subject to facility management and state regulation and oversight.

One team member led each interview or focus group, while another took detailed notes. The notes are the primary data gathered in the study.

We posed four broad questions to both sets of respondents:

- How does Greenfield/Waltham promote healthy aging?
- How could Greenfield/Waltham do better in promoting healthy aging?
- What do older adults in Greenfield/Waltham already do to be healthy?
- Are there other things they could do to be healthier?
- (In the interviews, we also asked: How does your organization promote healthy

aging?)

We prefaced the questions with a summary of the study's broad definition of healthy aging (see above) to prompt respondents to think beyond medical conditions and health care in their responses. We asked interview and focus group participants in both cities if they agreed with a broad definition (all did) and if they had anything to add. About half had things to add or emphasize, and we have sometimes noted their responses in the appropriate categories of the discussions of the four questions above.

We promised confidentiality to both the interview respondents and the focus group participants. To safeguard confidentiality, we did not include names of respondents or participants on notes we took; we have not included names in this or other reports; and the notes have been kept in password-protected, secure, web-based files. Consistent with Brandeis Human Subjects Committee requirements, interview respondents gave written consent to the interviews, and focus group participants gave verbal consent. The signed written consent forms were kept in a locked file separate from the other study files.

Data collection: Interviews and focus groups took place between July and October. As detailed below, we completed 8 focus groups in each city, 13 interviews in Greenfield and 17 interviews in Waltham. We also drew on the background interviews conducted in the spring. Interviews lasted 60-90 minutes; focus groups usually lasted 90 minutes.

In addition to the interviews and focus groups, we collected descriptive information on the cities and agencies through brochures, websites, etc.

Data analysis: Subsets of members of each study team worked with the study leader to analyze the interview and focus group data using a modification of "thematic analysis" coding techniques. Coders were encouraged to develop and characterize their own coding categories based on the data, but we also provided a pre-set list of the things older adults and communities can do to promote healthy aging (see above). When reading passages from the interviews or focus groups, coders could place a passage in one of the pre-set categories, a new category, or more than one category. After all the focus group or interview data were coded, the coders reviewed the passages they had listed under each category and pulled out themes or patterns. At least two team members coded each set of data independently, met and discussed similarities and differences in categorization and interpretation, and after discussion eventually agreed on common approaches.

Writing reports: The study leader took the syntheses from focus groups and interviews and created a comprehensive report of findings for each city. The findings are presented in two sections: (1) How does the city support healthy aging and how could it do better? And (2) What do older adults do to be healthy, and what more they could do? In each section the findings are presented in turn for each of the 14 coding categories.

The draft reports were shared with each City's Co-Researchers, who provided individual

comments and also met as a group to discuss and agree on findings and interpretations. Next the re-drafted reports were shared in each City with an Advisory Group composed of professionals from organizations in each City (primarily the interview respondents). Their comments on interpretations, facts, and recommendations were incorporated into the final reports.

Dissemination: We plan to disseminate the reports and findings in hardcopy and digital formats, by posting excerpts on our Community Facebook pages, and by speaking to interested groups in the two cities. Depending on how study results are received, research teams may stay together to help shape recommended action initiatives and/or to conduct further research.

#### E. Descriptions of respondents

Given our goal of understanding the dynamics of healthy aging in Greenfield and Waltham, we sought interviews from city and regional offices, as well as service and civic agencies that have knowledge of key areas affecting older persons. Similarly, we wanted to include the views of seniors who could speak to the range of older adults' experiences based on age, gender, economic status, race, ethnicity, and functional status. Each study team developed and prioritized the specific lists of agency and focus group targets during the training. We were not able to get interviews or assemble focus groups with all targets.

Greenfield Interview respondents: The interview respondents in the Greenfield study came from the following 13 organizations.

1. Baystate Franklin Medical Center, Volunteer Department. The Medical Center has 329 volunteers who provide a wide range of assistance with patient care in all departments.
2. Community Action of the Franklin, Hampshire, and North Quabbin Regions. Community Action is an anti-poverty agency that helps people with lower incomes become more stable and have more dignity by helping provide tools and skill to help themselves.
3. Franklin County TRIAD. TRIAD officers have a general crime and fraud prevention responsibility, but they also help seniors address safety and security issues in their homes.
4. Gardner VNA Adult Day Health Services. The GVNA operates an adult day health center in Greenfield whose services include "nursing, social services, transportation, recreational and therapeutic activities meals, and, personal care."
5. Greenfield Community College: GCC provides education opportunities for seniors, including free attendance at classes with openings (the lifelong learning program?), the senior symposium, and personal enhancement classes.
6. Greenfield YMCA. The Y is a nonprofit agency promoting youth development, healthy living and social responsibility.
7. Interfaith Council. The church is a spiritual as well as a social gathering place. The church also provides meals in-house as well as delivering on a limited basis to

members' homes.

8. LifePath (formerly Franklin County Home Care). LifePath is the Commonwealth's Aging Services Access Point (ASAP) providing home care, transportation, information and referrals, caregiver support, and other supports to seniors. We conducted two interviews with LifePath, one with administrators and another with case managers.
9. Planning Department, Town of Greenfield. Greenfield's Planning Department conducts current and long-range planning. The Planning, Zoning, and Land Use Boards all fall under the Department.
10. Senior Center. The Greenfield Council on Aging runs a range of social, recreational, cultural and social services programs through the Senior Center.
11. Town of Greenfield, Office of the Mayor. The Mayor is the elected administrative leader in the Town.
12. United ARC. The ARC supports, works with, and advocates for clients with physical and intellectual disabilities.
13. United Way of Franklin County. The United Way seeks to bring together people and organizations from all across the community to focus on solutions to needs related to education, income and health.

In order to preserve confidentiality when we attribute responses to interview respondents in the Findings section below, we refer to the type of agency rather than the specific respondent. The references include "Town respondent" for those working for the Town of Greenfield<sup>10</sup> or Franklin County (3, 9-11) "non-profit working with seniors" for agencies working with seniors (4,5), and "non-profit" for all others (1,2,6,7,8,12,13).

In addition to these formal interviews we conducted informal background interviews in the spring of 2015 with individuals in many of the organizations where formal interviews were later conducted, as well as the following Greenfield organizations: Stone Soup, Franklin County Community Health Center, and Franklin County Regional Housing and Redevelopment. We attempted but were not able to schedule interviews with the Greenfield Housing Authority, Franklin Regional Transit Authority, or the Franklin County Community Health Center.

Focus groups: Focus groups are guided discussions among 5 to 10 participants per group. The Study groups were organized to represent specific subgroups of older adults, identified as priorities in the research protocol and in revising it in discussions with Co-Researchers. The most difficult challenge in organizing focus groups is to reach out to and include members of demographic strata that are difficult to reach or assemble due to language, cultural, functional status, or transportation issues. We were able to offer only token incentives to participate (snacks and the mug or tote bag), whereas focus groups typically offer cash incentives to participants.

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<sup>10</sup> Although Greenfield's form of government is a City (elected Mayor and City Council), Greenfield refers to itself as a Town. We follow that herein.

Table 1 shows the eight focus groups assembled in Greenfield, including the size, age and gender range to the extent available, other characteristics of participants, and the group name used in the Findings section below. We had a total of 52 participants in the 8 groups: 34 women and 12 men (7 unknown); 44 White, 1 Hispanic, 7 unknown. The group from subsidized housing (Housing Authority group) and the group from the food pantry (Food pantry group) were composed of seniors with low incomes. The income status of participants in other groups is unknown. Given the composition of the Team, COA and Baystate groups, we likely over-represented seniors who are active volunteers. In order to achieve a better representation of seniors in the Town we tried to organize an additional focus group of subsidized housing residents and another of Stone Soup participants, but we were unsuccessful.

**Table 2: Greenfield Focus Groups**

<b>Name used in Findings section</b>	<b>Origin of group</b>	<b>Number in group</b>	<b>Gender mix</b>	<b>Age range</b>	<b>Years in Greenfield</b>
Baystate group	Franklin Baystate Medical Center volunteers	8	7 women 1 man	61-83 mean=71	3-42 mean=29
Housing Authority group	Residents of Elm Terrace senior housing	7	N.A.	59 and 57 (rest didn't state age)	6-49 mean=22
Team group	Co-Researchers plus interested seniors	10	7 women 3 men	62-80 mean=69	2-79 mean=28
Senior Center group	Senior Center users	6	4 women 2 men	68-87 mean=76	4-78 mean=33
COA group	Council on Aging board and supporters	5	4 women 1 man	na	na
Food pantry group	Center for Self Reliance pantry	2	1 woman 1 man (1 Latina)	46-85 mean=66	16-49, mean=29
Neighbors group	Members of one of 3 supportive neighbors groups	8	6 women 2 men	61-73 mean=67	1-72 Mean=26
Y group	Greenfield YMCA members	7	5 women 2 men	59-85 mean=74	8-75 mean=28

## II. Interview and Focus Group Findings

### A. Overview

In this section we present the findings of the study in detail.

- In Section IIB we present focus group and interview findings regarding the questions: What makes Greenfield a good town to grow older? How could it do better?
- In Section IIC we present the findings regarding the questions: “What do older adults already do to be healthy? What else could they do to be healthier?”

We present the findings in 14 categories. The first 7 cover the 8 categories in the WHO/AARP model for what age-friendly communities can do to support healthy aging. A review of these could help the City assess how “age friendly” it is regarding WHO/AARP measures. Categories 8-13 are things from the Massachusetts Health Policy Forum model of what seniors can do to achieve healthy aging. The findings regarding these items can help the City and residents assess what seniors do to be healthy and what else they could do. Some categories are in both models: social participation, using social and health services. The last category is composed of additional dimensions identified by coders.

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation, inclusion and respect (a combination of two WHO categories)
5. Civic participation and employment
6. Communication and information
7. Community and health services
8. Physical exercise
9. Diet
10. Finding meaning and purpose in life
11. Being pro-active about health
12. Physical safety
13. Financial security
14. Other factors

In the presentation, we note where something about the category was mentioned and how many times. For example, when the coders were reading an interview, was something about Transportation mentioned in the response to the question, “How does Greenfield support healthy aging?” If it was, we copied the passage(s) from the notes into the aggregation of passages for that category, and then we counted how many

different times it was mentioned. After we did the aggregation separately for interviews and focus groups we noted the total of groups and interviews where there was a mention and the total number of times, as follows: (-- interviews --- mentions) (-- groups -- mentions). These totals provide a rough measure of the importance of the factor to interview respondents and focus group participants.

The discussions of each category, as well as the selected passages from the notes that are included in the Report, present summaries of the themes or points made by the respondents. We note where interview respondents and focus groups were consistent in their responses and also where they differed. This is summarized in Tables 3 and 4, which begin on Page 55. Finally, the passages from the notes on focus groups and interviews that we show in quotation marks are exact quotes or very close to it. We did not use recording devices, and note takers tried to write down as close to peoples' words as possible; but there was variation in the detail of Co-Researchers' notes.

## **B. What makes Greenfield a good town to grow older? How could it do better?**

### **1. Outdoor spaces and buildings**

**How does Greenfield support healthy aging?** (6 respondents - 8 mentions) (8 groups – 31 mentions)

Six interview respondents and all focus groups had positive things to say about how Greenfield's outdoor spaces and buildings are generally very supportive of healthy aging. First, Greenfield has a walk-able, safe, vibrant, and attractive downtown. One respondent from the Town called the downtown a "perfect model of sustainable development," and a focus participant from the Y group said it is "a real Downtown." Greenfield has a theatre and department store on Main Street, and most buildings are accessible. Other pro-downtown policies pointed out by a Town respondent are that the Town lets owners develop the upper stories of buildings, while leaving the street level for business, and that there are no parking requirements for developing downtown properties.

Outdoor spaces downtown and in outlying parks also support walking. A non-profit respondent said, "The town is very walk-able... seniors have access to social activities through food and entertainment establishments and a centrally located downtown with many parks and trails in Greenfield proper." Most sidewalks have good curb cuts, and snow removal is generally good. Good drivers came up in three focus groups, and Greenfield was compared favorably to North Hampton and New York in drivers' respect for crosswalks. As noted in the summary of Massachusetts Healthy Aging Collaborative data in Attachment 2, Walkscore.com rates Greenfield as "a walker's paradise."

Also, new parks are being developed. The Town is building a new dog park: "Pets and seniors go hand and hand" (Town respondent). And Greenfield seniors are proud of their parks and paths: "Greenfield is a #1 green town, we are very proud of this"

(Baystate group). The Energy Park and its free concerts were praised in focus groups as a place where “kids and seniors enjoy time together.... I love to watch the kids running around when I can get a ride there” (Housing Authority group). Four of the focus groups also praised the quiet and safe neighborhoods in the rural and suburban areas of town.

One building that received no praise in either interviews or focus groups was the Senior Center, but there are plans to build a new one. A Town respondent said that when the Center opened in 1982 it was the “nicest in the state.” Now it is sadly out of date and in poor shape, but “We are in the process of reviewing proposals for hiring a Project Manager to work on the new Center. This way we will continue and expand on the ways that we promote healthy aging.” (Town respondent)

**How could Greenfield do better?** (7 interviews - 14 mentions) (5 groups – 25 mentions)

Outdoor spaces and buildings is a category of seeming contradiction, i.e., Greenfield does well and could do better in several areas. First, although Greenfield is walk-able, several interviews and focus groups pointed out that sidewalks, curb cuts, snow removal, lighting at crosswalks, and accessibility could be improved for safer and more consistent access. “Unless (the snow) is really clear, they (wheelchairs) can’t go out at all” (Food pantry group). Seniors also asked for better snow shoveling around parking meters and more accessible toilets downtown. Both a non-profit respondent and the Team group asked to put the benches back on Main Street to give a “place for people (on foot) to rest or meet up.” One way that access to outdoor spaces could be improved is by removing the fee for use of the Nash’s Mill walking paths and picnic area (Volunteers group).

Interview respondents recommended emphasizing the things that make Greenfield an attractive place for seniors to move. Make the downtown even more attractive, e.g., fix up the Bank Square buildings. A Town respondent said that Greenfield should implement the vision for Complete Streets, and two focus groups recommended improving safety for bikers on both roads (police should enforce rules of the road) and paths (require bikes to have a loud bell) (Baystate group).

There are other things that would make Greenfield a better place for seniors. A non-profit respondent recommended that Greenfield highlight the things that make the town attractive for seniors looking to move to town, such as the Y, safety, the hospital, and shopping. There are also more specific ideas such as fixing up the old bank building as a dance hall to draw people from the area. And of course the Senior Center needs replacement. One non-profit respondent called the Center physically “uninviting, depressing, and irrelevant.” (More thoughts on the Senior Center are in the Community and Health Services category.)

## **2. Transportation**

### **How does Greenfield support healthy aging? (6 respondents - 7 mentions) (6 groups-14 mentions)**

Both focus groups and interview respondents pointed to ways that Greenfield supports healthy aging in the area of transportation. First, there are several bus/van/voucher systems that help seniors get around the downtown. A provider agency pointed out that bus service, although limited, provides downtown access to grocery stores and restaurants. Also, the Senior Center has transportation for seniors and meals on wheels. Focus group participants mentioned a similar list of transportation options, including subsidies that keep costs affordable, although there are restrictions on what some options can be used for. A Baystate group participant pointed to the fact that the RSVP program reimburses volunteers for mileage. Finally, several respondents echoed the view of a Town respondent that “Amtrak train service is huge!”

Another positive is parking. Greenfield is trying to follow sustainable development principles and allow “payment in lieu of parking,” through which downtown developers can pay into a parking fund to develop a new parking garage rather than create new off-street parking associated with their projects. The vision expressed by Town respondents is a new 300-space parking garage near the train station, hopefully with funds from Mass Works and the community development block grant. However, an interview respondent doing business downtown pointed out that the new courthouse will open before there is a new garage.

### **How could Greenfield do better? (11 respondents - 13 mentions) (6 groups – 9 mentions)**

In interviews, one of the most frequently cited ways in which Greenfield could do better in promoting healthy aging was in transportation. Improvements were also recommended in six focus groups.

There are serious gaps and shortcomings in existing systems, which block access to some services, social activities, educational programming, weekend activities, and service for more rural areas. Interview respondents from two agencies serving seniors pointed to the need for transportation to more than medical appointments. One said, “Seniors can’t get to appointments, shopping, or social events.” Another said that an area that could be better is “transportation in general! I know there’s some (transportation), but my clients have problems visiting friends when they can’t drive anymore.” Seniors in most focus groups agreed: “If you can’t drive, you can’t get there” (Baystate group).

FRTA could also be more responsive to the needs of seniors in existing transport services. A respondent from an agency that serves seniors pointed out that FRTA contends that liability issues prevent van drivers from helping customers with shopping bags onto the bus, which is a helpful thing they used to be allowed to do. FRTA’s demand

response transportation system also can't wait after the time set for pickup. Therefore if a medical appointment runs late, the customer needs to phone again and wait for a new pickup. And for some rides there is also a requirement for a 48-hour notice, which is a problem because "you can't plan when you get sick" (Baystate group). Another problem is that FRTA does not operate on Saturdays, making it the only Regional Transit Authority in the state that doesn't provide transport on weekends.

Two possible solutions were suggested by respondents. One was suggested by a respondent from the Town: reviving the Greenfield/Montague Transit Authority (the only regional transit authority in the State besides Boston). It doesn't operate anything now, but it has some assets that could be sold. If there was a federal grant to buy buses, there could be different options to explore, e.g., an electronic trolley from the Y to French King, non-conflicting (with FRTA) local routes that could help with rides to school.

An interview respondent proposed creating a new volunteer-based system, but another non-profit serving seniors said they have trouble recruiting volunteer drivers. Both interviews and focus groups encouraged more biking by making more bike lanes all over town. The latter should include educating the public to respect bikes on the road and looking into electric-supported bikes that can help seniors get up hills. Greenfield is a good town for biking because it is mostly flat.

### **3. Housing**

**How does Greenfield support healthy aging?** (5 respondents - 8 mentions) (6 groups - 14 mentions)

Both interview and focus group respondents had many mentions of how Greenfield supports affordable housing for seniors, particularly in or near the downtown. A Town respondent pointed out that 14% of the housing in Greenfield is affordable according to State affordability standards, which is better than most communities in the state and above the state's 10% target. Much of this is subsidized for seniors; it is generally well located near downtown; and focus group seniors who live there reported they were happy with their housing: "I came in 2008 and Elm Terrace is a great place to grow old. Rent is cheap, and I made some quick friends. There is always someone to help you" (Housing Authority group). The policy to allow pets also received praise.

Nevertheless Town and other respondents believe that "Greenfield could use more" subsidized housing for seniors and adults with disabilities. A Town respondent pointed out that most of the people in town would qualify for low-moderate income housing. Both agency and Town respondents thought that condos and market rate rentals should also be in the mix of housing near downtown, and that these would attract seniors. Looking around town the Silver Crest duplexes are 55+ and market rate.

Several programs help low-income homeowners with repairs, fuel, etc., and these are important for low-income seniors. A Town respondent said, "Many elders live in cold houses. They may get fuel assistance from the government or other resources but it

is not enough.” Help with heating costs is available for low-income people through Community Action (3,500 seniors were served in 2014 in its multi-county area). Community action also helps identify problems with heating efficiency, such as old furnaces, poor insulation and windows. Also, LifePath helps seniors access a CD block grant program (\$850,000 this year and \$1M last year) that will provide loans to homeowners of up to \$35,000 to work on code issues. The loan is zero interest and payment can be deferred to when the property is sold.

**How could Greenfield do better?** (6 respondents - 9 mentions) (7 groups – 19 mentions)

Both sets of respondents agreed that the areas in which Greenfield could improve housing for seniors are generally the same areas where Greenfield is already doing good things: more subsidized congregate housing near downtown for seniors and disabled, more market-rate multi-unit housing near downtown, and more support for low-income home owners. Greenfield would also help senior homeowners by passing the accessory apartment bylaw. Interview respondents suggested organizing better systems for finding services for shoveling, home repair, etc., while focus group respondents pointed to the need for more affordable housing in general, particularly in the area of tax relief.

Both Town and non-profit respondents pointed to the need for more affordable housing for seniors. Said one: “The High Rise has 90-100 apartments right by downtown. We need another. It’s a priority to get living near the downtown.” Another would like more housing for disabled adults. Housing needs to support independence and be single level and wheelchair accessible. The ARC has a property on Grader Lane off Silver St where they are trying to build a residence with 12 2-bedroom apartments that will be accessible. They are experiencing NIMBY from neighbors with the proposal. One barrier to more subsidized housing is that Greenfield has a hard time accessing some federal grants, since the grants require developments of 150-200 units. That doesn’t work in Greenfield. As a stopgap measure, more vouchers would be good.

In addition to subsidized units, a Town respondent thought that new and attractive market-rate condos or apartments in or near the downtown could be attractive to Town and area seniors ready to trade a rural or suburban lifestyle for an urban setting. This would be consistent with Greenfield’s efforts to strengthen the downtown.

Several interview respondents and four focus groups pointed to the need to pass the accessory apartment bylaw, which would allow homeowners of single-family homes to create small apartments for caregivers (or for a senior to live with an adult child). The bylaw proposal failed recently in the face of “vehement opposition” on the part of some residents, but it may be put forward again.

Finally, several respondents pointed to the need for reliable and affordable services to help seniors who may have trouble keeping up their homes. This includes help with lawn mowing, shoveling snow, small repairs, window washing, and heavier tasks that they cannot do.

#### **4. Social participation, social inclusion and respect**

**How does Greenfield support healthy aging?** (9 respondents - 17 mentions) (7 groups - 39 mentions)

Social participation is a key to healthy aging. Participation can come through volunteering, exercising, technology, cultural events, and outreach efforts. An important issue is whether seniors who may face more difficulties participating, e.g., those with disabilities and those with low incomes, receive appropriate and adequate help to be included. Inclusion and respect also refer to combating ageism and including seniors in intergenerational activities. Inclusion applies not only to seniors but also to younger adults with intellectual disabilities, who may be living at home with their aging parents.

Respondents from all types of organizations and seven focus groups said that Greenfield has a very good range and quality of options for social participation. Many are free or based on an optional donation. Many are located downtown, which makes for easier access, and a few include transportation for those who have a difficult time getting out.

The activities mentioned include free summer concerts at the Energy Park, the free Harvest Supper, several meals programs, First Fridays, Coop writing workshops and exercise programs, a monthly sing-along group, All Souls concerts, and attractive restaurants. Greenfield Community College offers seniors free access to some classes as well as the downtown Senior Symposium. There is also a community theater in nearby Turners Falls. The Franklin County Fair gives seniors discounts on Friday. The Senior Center and nursing homes take seniors to the Fair to play bingo and otherwise participate. All of these bring seniors and other residents together.

A few respondents pointed to the importance of keeping everyone as part of the fabric of the community, even those with disabilities and/or who have difficulty getting out on their own. Faith communities play a role here. In the words of one non-profit respondent who works with seniors: "If you dig a little deeper, you find that people have connection to churches in the community and may or may not still get visits from church friends." Another non-profit respondent pointed to how a church-based congregate meals program addressed this by mixing the generations. Students from the technical high school volunteer at the adult day health center. A respondent whose agency works with older parents of adults with disabilities said they try to show that "It's OK for them to be independent" including making decisions about sex and drinking. A respondent from Town government summed up the overall goal for a safe and supportive community: "Create an atmosphere for older people to get the priority of safety and security they need. It's a community first."

Focus group participants spoke often about neighborliness and the strong sense of community in Greenfield. A Team group participant spoke of the informal network on his street in terms of taking care of/checking in on one another, house sitting when away, going for walks, and getting together. A Neighbors group participant pointed out that there are three “neighbors groups” in different parts of town that meet once a month for a potluck and that can be called on for rides to the hospital and advice and help with home repair.

**How could Greenfield do better?** (10 respondents - 18 mentions) (7 groups - 18 mentions)

This category came out in the thoughts of two-thirds of the respondents and in all but one of the focus groups. There were four broad ideas: add venues and activities for social participation, recognize the special needs of seniors and adults with disabilities that may hinder participation, expand intergenerational contact, and address the issue of affordability. A fifth area was to expand the focus of the Senior Center to make programming more inclusive. That idea is discussed below in the Community and Health Services category.

There were many ideas from interview respondents about new and expanded activities, including fixing up the old bank building as a dance hall to draw people from the area; offering more exercise/social/meet-up activities at the Y (like the dance night that is already offered); more neighborhood activities to bring people together; a collaboration between the Y and GCC to have trips to the things the symposia are covering (the bus trip is social); and generally doing more to bring people together for group activities such as bingo, church, meals, downtown events, and the farmers market (which takes SNAP). There was one recommendation to “improve the atmosphere for diverse cultures.”

Focus group participants added to this list with recommendations for seniors’ “meet-up groups” organized by precinct, as well as a seniors “think tank where we could have a gathering by either precinct or section once or twice a month for a conversation” about what seniors need physically and mentally (stimulation) – “Just to be active and stay on top of it” (Team group). Either of these could be helpful to answer this question from a participant in the Neighbors group: “How do we work it that people who are by themselves aren’t too much on the fringe?”

We also heard admonitions to recognize and act on the special needs of seniors and people with disabilities. One non-profit respondent said that Greenfield should do more to address stigma issues for adults with developmental disabilities and make them part of society. More should be done to “value this population.” A respondent from an agency serving seniors said of seniors, “I just think they are all individuals. You can’t just say, they need this or that.” The idea is to treat everyone as an individual and focus on “different solutions for different ages – 50, 60, 70, 80. Some issues are different while many are the same.” A particularly vulnerable time is after people have a medical event or accident that affects their functioning: “Everything changed with my hip fracture and

back fracture. Adjusting to changed circumstances and staying involved” is a new kind of challenge (Neighbors group).

Interview respondents called for more intergenerational activity. A Town respondent pointed to how public agencies could do better: “The recreation department does a good job on open events, but too often older adults are not included.” Also, schools bring people together around sports teams, but this doesn’t usually include seniors. “Could we add them?” Another Town respondent thought there could be more cooperation between the Senior Center and the School Department. School space is not always being used and they have lots of resources that would be helpful to share - a food program in their gym, for example. “Teens and seniors have a lot in common” – like gaining or losing their independence. Finally, a respondent from a non-profit organization recommended including elders by doing “our own StoryCorp” and went on to say that there are “Incredible life stories in town that should be shared intergenerationally.”

Finally, focus group participants called for more attention to affordability of activities, including restaurants (through discounts), movies, trash stickers, and shopping. Restaurants would also be more senior friendly if they were quieter: “smaller portions for more reasonable prices and also noise levels. I can’t hear in some of them” (Baystate group).

## **5. Civic participation and employment**

**How does Greenfield support healthy aging?** (6 respondents - 8 mentions) (8 groups - 12 mentions)

When asked what makes Greenfield a good place for older people, six of the interviews and all of the focus groups had at least one mention of something to do with civic participation, volunteering and employment.

First, Greenfield residents, including seniors, were described in interviews as politically active and effective. In the words of one Town official, Greenfield is a “civic-minded community.” For example, a coalition that included many seniors blocked the biomass powerplant. Residents objected because of high rates of asthma in the area. The official went on: “You go to (other communities in western MA), they approved a distribution center in one night! It would never happen in Greenfield.” Another Town official described an open political process regarding what to do with the Senior Center: “Don’t tell groups what to do. Rather (tell them to)... go work it out and then come forward.” A non-profit respondent agreed that the political process is open and effective: “There is a lot of interest and enthusiasm for multi-agency cooperation.” Greening Greenfield came up in focus groups as another area of senior activism: “It’s (a good activity for seniors) because people come to monthly meetings with a project they’d like to try and the project is undertaken. Everyone is engaged and involved. It keeps our brains going.”

The interviews and focus groups both cited widespread volunteering and said it was effective in terms of achieving results and also having beneficial effects for volunteers. A non-profit respondent said that most of their 329 volunteers are seniors and that their work provides “personal satisfaction, social interaction, new friends, and a sense of belonging to something.” Another non-profit respondent said that volunteering is part of a “healthy lifestyle and giving back meets a community need.” The respondent would like to see more cross-age programs, e.g., senior volunteers in preschool programs. A Town respondent said that “The richest resource is (Greenfield’s) people.” Volunteering through activities vetted through the Senior Center can also yield property tax reductions for low-income seniors as part of the Senior Tax Work Off program.

Similarly, the numerous opportunities to volunteer and the benefits of volunteering were touted in all the focus groups. Opportunities include LifePath, the library, the Senior Center, recycling, Greening Greenfield, the film committee, the hospital, churches, feeding programs, the Farmers’ Market, and veterans’ services. Volunteering was said to foster “meaningful connections” (Y group) and be “so good for the soul” (Volunteers group).

**How could Greenfield do better?** (6 respondents - 9 mentions) (3 groups – 7 mentions)

Three interviews and one focus group cited work as an area where seniors could do more to stay healthy, while three interviews and two focus groups cited advocacy, and two interviews and one focus group cited volunteering.

Regarding work, a respondent from an agency working with seniors said, “My stay young and healthy program is to keep working!” Another non-profit respondent recommended helping seniors in the job market, in part by “fighting ageism.” Focus group responses suggested creating more part time jobs that would draw on seniors’ skills and experience.

Regarding advocacy, a non-profit respondent lamented the lack of senior mobilization around transportation weaknesses. The informant felt that the voice of the 4,000 seniors in Greenfield “is not solicited. It’s forgotten.” The majority of citizens are not seniors and they “do not consider seniors’ needs” until the needs are apparent or a spouse needs assistance. Another non-profit respondent cited the work of senior volunteers in community gardens and pointed to the “sustainable community” plan worked out in the Conway School study as an area where even more work could be done (<http://www.csld.edu/2013/05/initiative/>). The Team focus group pointed out that this generation of seniors have “been involved in many battles” and lamented that younger people in Greenfield don’t seem to want to be so involved.

Regarding volunteering, a Town official recommended the pre-K and elementary school approach to helping older adults, i.e., the “buddy-buddy system” in which healthy seniors look after less healthy seniors. Seniors in the Neighbors focus group recommended that the schools organize students to help shovel snow for seniors:

“There used to be someone who coordinated volunteers through the school system but that person retired.” A non-profit agency respondent recommended organizing senior volunteers to provide transportation.

## **6. Communication and information**

**How does Greenfield support healthy aging?** (6 respondents - 10 mentions) (4 groups – 7 mentions)

Communications and information came up in six of the interviews and four of the focus groups. One interview respondent summed it up: “Communications is huge.” Respondents cited multiple systems in town and voluntary agencies that provide information to seniors: Newsletters from the Senior Center and Adult Day Health Center, the library, one-to-one counseling by TRIAD officers and others, benefits counseling by volunteer senior SHINE counselors at LifePath, and an integrated computer system that allows Community Action to see if a person qualifies for other services, or resources, and encourages people to use the resources. Focus groups cited several of these plus library volunteers who deliver books to people who can’t get out, the emergency response system, the Recorder, the local cable TV and radio. Elm Terrace residents cited their resource person as a source of information.

However, many seniors are still reported to come up lacking the information they need. This may reflect both how much information there is to convey and how new and complicated it is to many seniors. For example, one non-profit uses family support groups as a vehicle to communicate and sends regular emails to caregivers, but the respondent lamented that “offering support groups only goes so far... you can ... communicate ‘til the cows come home, but it’s still a crazy system” that families need to navigate. Similarly a Town respondent pointed out they are helping seniors “get thru the transitional stages of their lives,” which require learning about how to handle new situations. Another barrier was pointed out by another Town respondent: Many seniors have “too much pride and self esteem to ask for help,” so many that need it may go undetected unless someone refers them.

**How could Greenfield do better?** (3 respondents - 3 mentions) (5 groups – 15 mentions)

Interview respondents had only a couple of specific suggestions about how communication could be improved. One who works with seniors suggested improved websites and better advertising, “so that people really know what’s happening out there. They often don’t know ‘til its too late.” A non-profit respondent suggested local media access specifically for seniors.

In contrast improving communications and information was mentioned in most focus groups. One issue was fears about not being to find needed information:

“... I’m an older person growing old alone. I don’t have children, I don’t have a partner.... How do I make a will? Where should I go to find out about basic things I think about and I’m facing?” (Neighbors group)

“We need a senior hot line to ask questions ‘I have a problem, where can I go?’” (Housing Authority group)

Another was the need for information about specific services, e.g., new doctors, mental health, geriatricians, transportation, and more. Seniors also had ideas about how to get the information out: precinct kiosks, something better than the Silver Line directory, a volunteer opportunities page in the Recorder. There was also a suggestion in the Team group for the Recorder to use the term “seniors” rather than “elderly.”

## **7. Community and health services**

**How does Greenfield support healthy aging?** (11 respondents - 35 mentions) (7 groups – 23 mentions)

Given that a significant proportion of the interview respondents were providers of services to seniors – and that seniors use services - it is not surprising that this is a category with many responses covering many areas. The most frequent mentions from both sets of respondents covered the Senior Center, medical services, home care, and organizations promoting exercise. Agency respondents also pointed to veterans’ services. References to services provided by faith communities, the library, and Greenfield Community College could also be considered community services, but we put them in the Finding Meaning and Purpose in Life category below. A Town respondent suggested that by having an adequate array of health and community services available, Greenfield could reduce stress on the part of seniors and that avoiding stress could be added to the Study’s definition of healthy aging:

“For both seniors and others, the question is ‘Is all that’s needed available?’ This cuts stress. That’s health: You don’t need to worry about the next thing – if you know where it’s coming from.”

One agency that was interviewed and also mentioned by others is LifePath (called Franklin County Home Care when the study was done). LifePath is the mandated provider of home care services funded by state and federal sources. Their case managers organize and authorize homemaker and personal care services, respite care, as well as help after hospitalization to reduce chance of readmission. They also provide meals on wheels. Lifepath served 2,016 clients in Greenfield in 2014. The Adult Day Healthy Center is another agency that helps seniors who are living at home, but it provides its service in a center setting. Services include nursing care, physical/occupational therapy, and personal care. They also provide a structured medical/social model program that includes bathing if a physician refers.

Perhaps the most surprising to the study team was the extent of services to people at home provided by the Franklin County TRIAD program. For a population of 71,000 people (in 2013), there are two full-time and four 20-hour TRIAD officers in Franklin County (4 FTEs total). This contrasts to 1 FTE TRIAD officer in Waltham, a town of about 62,000. A core function of TRIAD is safety – both physical (changing smoke alarm batteries) and financial (warning elders of scams like the recent IRS scam). An officer will visit or call a senior if the senior calls and reports a problem or asks about a phone call they received. But they go beyond this. They assist with paperwork, because in the words of a Town respondent, “forms are so complicated, and the elders cannot figure them out.” They provide and maintain durable medical supplies, particularly scooters that are stored at the jail and a donated spot in Turners Falls. One Town respondent said:

“There are about 60 - 70 scooters out there with seniors, and the TRIAD officer fixes them. (The officers) ... have become almost like social workers now” since there are “so many needs, loneliness, depression and losses.” Also, they try to visit all the nursing homes and rest homes in the county (many in Greenfield) just “to bring a smile or offer a social visit to so many who get no company.”

A focus group participant from the Housing Authority group agreed with the last point: “TRIAD is fantastic. They visit us.” A Team focus group member pointed out that the TRIAD hosts a picnic/barbeque.

Health care, medical, and behavioral health services were also cited in seven interviews and four focus groups as ways in which Greenfield supports healthy aging. Having Franklin Bay State Medical Center in town was seen as a plus, as was access to mental health services through ServiceNet, and to primary medical care and dental care. One provider pointed out that at Bay State there is “no discrimination because of Medicare or Medicaid status...or because of conditions.” Focus group participants appreciated the convenience of having the medical center in town, including the fact that ambulance service does not need to go far. The Team focus group also appreciated the Lions Club eye mobile, blood pressure screening at the hospital, and the availability of alternative medicine in town (acupuncture, herbal). Seniors in focus groups also mentioned the presence of support groups like AA and the Recovery Project.

Another service that was cited in this category in four interviews and six focus groups was exercise organizations, including the Y (27% of its members are 55 or over), the Body Shop, the Senior Center and Coop yoga. Several interview respondents pointed to the Y’s special programs for seniors, which we heard about in detail. Their Exercise is Medicine program is 5 years old. The Y works with the medical community on referrals and communication, and they get 15-20 referrals a week, for a service reimbursed by health insurance. The program includes rehab therapy in the water, which is good for people with injuries, chronic illnesses, overweight, and joint issues. They receive a release from the physician, who faxes over information. The Y reports progress back to the physicians, who can urge their patients to participate. Seniors in focus group also

said they participated in swimming and balance groups at the Y and weekly dancing at The Grange. They also pointed out that the Y offers discounts for low-income residents, Coop yoga is \$1 for members, and Senior Center exercise is free.

Finally, several interview respondents discussed the diversity of seniors and the need to recognize that no one agency or service/activity approach is going to be attractive to all. First, because one set of seniors chooses a setting that works for them (e.g., exercise at the Y), it doesn't mean that there is anything wrong with another setting offering exercise (e.g., the Seniors Center), since there are seniors who exercise there and not at the Y (or at the Body Shop). Second, there is an expectation that the Boomer generation is different and that we "can't lump them with prior generations." The Boomers are more active and demanding in what they expect of services. Third, there are also other kinds of differences, e.g., the active versus less active, those who like seniors-only and those who like cross-generation. Because of this diversity, it is good to have a broad menu of settings, services and activities from which seniors can choose.

**How could Greenfield do better?** (12 respondents - 21 mentions) (7 groups - 39 mentions)

Similar to the pattern of how Greenfield promotes healthy aging through services, the most frequent mentions from both sets of respondents about how services could be better covered the Senior Center and medical services. Interview respondents also mentioned reaching seniors with a diversity of needs, especially the most isolated and vulnerable. Seniors also pointed to the need for better access to handyman and chore services.

There was a consensus that Greenfield needs a better Senior Center building, as well widespread feeling that the Center needs more inclusive and attractive programming. According to a Town respondent, the Center was state of the art when it opened in 1982 but since then it has not only outgrown its space, the space is "in constant states of disrepair" including water leaks, heating and air conditioning issues. One participant in the Neighbors focus group pointed to the Center's "mold problem," and another said "I find the Senior Center very depressing." A Team focus group participant said, "they gotta do something," which led to nods all around. Since the data were collected the Town announced plans to build a new Center in the old Davis Street School.

Besides a better building, both interview and focus group respondents pointed to the need for better programming. One provider respondent said there was "a stigma attached to it (the Center)" and it should be more inclusive of all ages. According to Senior Center data, 1500 of Greenfield's 4,000 seniors used the Center in a year. Another said "seniors" was the wrong frame. Better is the Erving model that frames their Center for the "'not old' and they use it." Erving brings in visiting artists and holds workshops. Another cited the lack of "intellectual stimulation programs" or "enrichments" for seniors at the Center. Another criticized the current model that assumes that peoples' needs are for protection based on the "old model that people are infirm and need to get out of the house. That's patronizing.... It doesn't attract people to advertise cribbage on

the radio.” Focus group participants recommended a better social space - with comfy couches and weekend and evening hours (Team group), or “place we can go to, to sit down, to have coffee together. They charge a dollar for a cup at the Senior Center. That’s too expensive. Couldn’t it be free?” (Food Pantry group). The Team group also recommended collaborations with GCC, the Y, “and other big players in town who do a lot with seniors.”

Several improvements in health care services were also recommended. A provider respondent serving seniors lamented the loss of the Town nurse. “Now very few towns have them. They could just drop in.” Now the visit needs to be authorized and it costs \$86. “Many clients need regular Coumadin checks and now it’s a big deal to get there when it used to be just a nurse’s home check in.” Another non-profit respondent would like to see improved programming and longer days in the adult day health center, but that could only happen if the census increased (from the current average of 16 - 68% of whom are 65 or over). Seniors’ comments (10 mentions) pointed to a shortage of geriatric training among providers in town, and about the need to find new providers when yours retires: “I lost every single practitioner I’ve ever used” (Neighbors group).

As was the case in the category of social inclusion, the need to develop and target services based on a range of need also came up in the services category. One Town respondent recommended to “watch out for vulnerable seniors: they’re older, more isolated, more likely depressed, get less information, spend more of their incomes on meds and rent.” The respondent wondered if the Town could “tie in a mobile health team for them.” The respondent said that a similar issue is (meeting) the needs of different cohorts of veterans. There could be clinics at the Dole building at the fair grounds, which could check BMIs and blood pressure. A member of the Housing Authority focus group brought medical care back to an inclusion issue: “I have dentures that hurt all the time and need implants but no one pays for them and I cannot afford them.”

An issue that came up in three focus groups was the problem accessing handyman and chore services. Participants wondered whether help with chores was something that teens could be organized to do and whether help with home repairs and maintenance was something other seniors could do through social networks or bargaining (e.g., cooking for home repair). It was pointed out that the Senior Center has a list of pre-screened handymen.

Finally, a Town respondent thought Greenfield should try to take advantage of the opportunity to strengthen Greenfield’s regional role as the county seat and a place for services, since “federal, state, county and local service ... have offices here in town already.” The Volunteers group noted the loss of a local Social Security office.

## **8. Physical exercise**

**How does Greenfield support healthy aging?** (5 respondents - 8+ mentions) (6 groups - 23 mentions)

Both interview respondents and seniors in focus groups talked about the promotion of physical exercise as an important way Greenfield promotes healthy aging. As discussed above in the Community and Health Services category, both the Y and Senior Center have a variety of exercise programs that are specifically geared to older adults. Dances at the Grange, cheap Co-op yoga, and exercise rooms at Mill Housing also fit here. Outdoor supports for walking and exercise were covered earlier in the Outdoor Spaces and Buildings category: good sidewalks, nature and bike paths, bargain season passes at the swimming area, golf courses, and tennis courts. A Town respondent pointed out that Greenfield is committed to the Complete Streets initiative with the State and also part of the Mass in Motion initiative through the Pioneer Valley Regional Planning Authority.

**How could Greenfield do better?** (3 respondents - 5 mentions) (4 groups – 8 mentions)

Again, several ideas from respondents for promoting physical exercise were already discussed in Category 1: more bike lanes to promote biking and more venues to promote dancing. Both a focus group and an interview respondent had parallel ideas: setting up walking groups by speed and distance and a walking tour through Greenfield to teach history. Focus groups suggested opening more Town facilities like the high school track and the walking trails at the swimming area without having to pay for parking. The Team focus group suggested meet-ups for outdoor winter activities.

## **9. Diet**

**How does Greenfield support healthy aging?** (11 respondents - 15 mentions) (8 groups – 28 mentions)

Promoting healthy food (especially locally grown) and healthy eating is clearly a major source of community pride and investment in Greenfield, and this came out in both focus groups and interviews. Diet and food were mentioned eleven times in our coding of how the organizations interviewed said that they promote healthy aging. It also came up in the agency descriptions from four of the respondents. There were also many more focus group mentions of food and diet in the responses to the question about how Greenfield supports healthy aging. Seniors are widely involved in creating and maintaining the efforts in volunteer roles, and seniors experiencing food insecurity are beneficiaries of these efforts.

Both focus groups and interview respondents pointed to a range of community meals programs as promoting healthy eating as well as a close community. There are donation-based meals at several locations on different days of the week, e.g., the Saturday lunch offered by Stone Soup at the Unitarian church, the free monthly soup and bread game night at Hope and Olive restaurant, as well as the annual Harvest Supper.

Several programs deliver food to people in their homes, including not only the weekday Meals on Wheels program from LifePath, but also weekend meals delivered by Bread of

Life volunteers from a coalition of churches and the Knights of Columbus. Finally, food collection and delivery is part of TRIAD officers' regular routine for the seniors they visit throughout the county. They make pickups of donations from the major supermarkets and Butynski's farmstand and they deliver Tuesdays, Wednesdays and Thursdays. During the holidays they delivered 800 boxes of donated cookies to seniors. A senior in the Baystate focus group summed it up: "There is so much outreach to homes where seniors are unable to get out. Churches do communion, meals delivered and books, companionship, transportation. If you are homebound, Greenfield is a great place."

Food affordability is also an issue that Greenfield tries to address. Non-profit agency respondents pointed out that Community Action helps low-income seniors and others to access food in two ways: the Center for Self-Reliance food pantry ("beautiful veggies in the summer....That's big for me" - Food Pantry group) and coupons to use at the Farmer's Market. About 20% of those who use the food pantry are over age 60. The Salvation Army also has a food pantry. Chefs teach cooking 1 or 2 nights a week at the Y for 10 months of the year. The Y also invites people who process local food to an annual Food Day. At the last one Just Roots sold frozen soups. Focus group participants pointed to good local restaurants with "reasonable pricing" and the seniors menu at Friendlys. The Just Roots CSA is discounted for seniors, and small senior shares are delivered to the Senior Center. Leyden Woods Public Housing has weekly distributions also to those who qualify. FRTA transportation can get you there. A person needs to put "pride to the side" to get the food, since there is an income qualification process (Food Pantry group).

Finally, a Town respondent pointed to a food security plan developed by a GCC student, as well as the plans for local food in Greenfield's Master Plan. One important resource is the Just Roots community farm at the former Town poor farm. Many seniors were involved in the creation of the farm and are still involved in volunteering there.

**How could Greenfield do better?** (4 respondents - 4 mentions) (3 groups - 6 mentions)

There were a relatively few recommendations from seniors or agency respondents about how Greenfield could do better in food and diet, but the comments are important since they relate largely to low-income seniors. Three comments from non-profit respondents and two from focus groups related to improving the quality of food in existing meal programs for low-income seniors, e.g., meals on wheels ("less salt and better quality" - Baystate group) and better nutrients in Senior Center Brown Bags (Team group). Residents of the Housing Authority group were particularly concerned about access and quality:

"We need more assistance with meals and other things.... Meals are sometimes too expensive with our limited incomes."

“We need healthy foods, like fresh fruits and vegetables, that are too expensive to buy.” They used to give coupons to farmers Market but they keep giving less of them and lower the value. “There are lots of farms, why not give seniors some?”

Finally a Town respondent pointed to the Conway School Study for making this a “sustainable community.” (<http://www.csld.edu/2013/05/initiative/>).

## **10. Finding meaning and purpose in life**

**How does Greenfield support healthy aging?** (3 respondents - 3 mentions) (7 groups – 30 mentions)

Only a few interview respondents had anything to say directly about ways that Greenfield helps seniors find meaning and purpose in life, but focus groups had a lot to say. One non-profit respondent working with seniors said that there are many opportunities for people to “do” in Greenfield (e.g. the energy park) because “going and doing is so important.” Another respondent who works for a non-profit with many senior volunteers said that their service “provides belonging, usefulness, social activity, and meaning to life...” Another Town respondent suggested adding “*spiritual*” to the healthy aging definition. We coded this comment in the Meaning and Purpose category, but we have also added it as a stand-alone theme.

Seniors’ mentions of meaning and purpose fall into three areas: faith communities, volunteering/civic engagement, and educational experiences. The kinds of meaning and purpose in the references to faith communities included a few mentions of their outreach and service programs as well as church as a social base: “There are many different churches and church groups so you can mingle, learn, and meet people of your own faith” (Baystate group). There were a few mentions of finding meaning in volunteering and civic groups, e.g., Greening Greenfield: “Its good because people come to monthly meetings with a project they’d like to try and the project is undertaken. Everyone is engaged and involved.... It keeps our brains going” (Neighbors group). Volunteering “is good for the soul” (Baystate group).

By far the most mentions of purpose and meaning related to intellectual pursuits, particularly at GCC, but also the library and other educational activities. There were 15 mentions of GCC – mostly about taking classes: “Many friends take classes – Some took Spanish multiple times because the teacher was so wonderful!” (Neighbors group) There is a Senior Waiver program that allows seniors to take some classes for free, although no one was quite sure how it works. The GCC’s Senior Symposium also received praise. Other meaningful intellectual assets mentioned include the library (“well stocked, staffing terrific, and lots of programs” – Baystate group) and Co-op writing workshops.

**How could Greenfield do better?** (0 respondents - 0 mentions) (4 groups – 9 mentions)

Although there were no mentions in interviews of how Greenfield could do better helping seniors find meaning and purpose, there were some ideas in focus groups. Meaning through volunteering came up again. Another idea would be to help lonely or dislocated seniors to connect with others. Two thoughts along this line came from the Neighbors group:

“A place for singles to meet, dance, talk with people, hang out.”

“Everything changed with a hip fracture and back fracture.... Adjusting to changed circumstances and staying involved.”

There were also suggestions from the Team group to expand the Senior Symposium (it's now 8 two-hour lectures year) and to get the Senior Center more involved in partnering with community agencies on education.

### **11. Being pro-active about health**

**How does Greenfield support healthy aging?** (1 respondent - 1 mention) (6 groups – 7 mentions)

In the only interview mention, a Town respondent offered that the Senior Center helps seniors reach their goals via physical activity programs, professional support services, occasional nutritional information, and basically helping seniors “get thru the transitional stages of their lives.” Seniors in focus groups pointed to fitness programs at the Senior Center and Y, as well as health education and screening programs at Baystate and the Senior Center.

**BETTER TOWN** (0 respondents - 0 mentions) (1 group – 1 mention)

The only mention was from the Housing Authority focus group, where there was a complaint about the 2-month benefit cutoff for the Y's Exercise is Medicine program.

### **12. Physical safety**

**How does Greenfield support healthy aging?** (6 respondents - 7 mentions) (7 groups – 18 mentions)

Both agency respondents and seniors in focus groups agreed that Greenfield is a safe town with excellent police, fire and emergency services. “We have great fire and police, very responsive to all” (Baystate group). The police, fire, and ambulance “know their way here.... They are excellent” (Housing Authority group). Two non-profit respondents mentioned the constructive approach of the courts and the police in Greenfield: They treat people “with decency and respect.... You can be who you are.” Another commented that there is the “right kind of police presence” to promote general safety around town, both physical and emotional, and most people felt safe walking in town.

Beyond this, all the comments (including 12 in 6 focus groups) were about the work of the TRIAD program in promoting the safety of seniors. These efforts have already been detailed in the categories of Communication (keeping home-bound seniors in the loop), Services and Supports (providing and maintaining a fleet of electric scooters and wheelchairs among other supports), and Food (delivering donated food to seniors' homes). In the category of physical safety, comments pointed to the TRIAD officers' work to assess the home situation for elder abuse, to fight financial scams targeting seniors, and to help to arrange for help with medical needs, equipment needs, home care services, and home safety. The TRIAD officers will provide and install fire/smoke alarms, give out refrigerator magnet cards that hold medical information, and also install low-cost, large reflective house numbers so fire and rescue can find the address easily. TRIAD also oversees SALT (Seniors and Law Enforcement Together), under which seniors volunteer to help with smoke and fire alarm installations. TRIAD officers estimated that they visit 400 to 500 of Greenfield's seniors.

**How could Greenfield do better?** (0 respondents - 0 mentions) (3 groups - 7 mentions)

The few comments on how Greenfield could do better in promoting physical safety boiled down to less visibility for street people and more visibility for TRIAD. One mentioned "Young men walking about Main Street half-dressed and bothering me when I want to go to the market and shop" (Team group). Another senior in the group mentioned that TRIAD used to speak to centers and clubs about what they do and that this could be a way to publicize their services and even recruit volunteers.

### **13. Financial security**

**How does Greenfield support healthy aging?** (8 respondents - 10 mentions) (7 groups - 14 mentions)

The things that a locality like Greenfield can do to promote financial security for seniors cannot be discussed without acknowledging that the main source of financial security for seniors is the federal safety net of Social Security, SSI, Medicare, Medicaid, SNAP (food stamps), subsidized housing and home care, and federal community development block grant funds administered by Community Action. From this base, additional factors that promote security can still be significant.

Financial security is a category added by coders based on responses that pointed to this issue. The issue came up first in responses from three non-profit agencies to the question about whether respondents would add anything to our broad description of what constitutes healthy aging. One of these respondents said that income in retirement is difficult for many, if not disappearing altogether. Food costs, taxes, medical costs, and upkeep on homes are difficult for many seniors and may lead them to sell their homes.

Something to do with financial security of seniors was mentioned by four interview

respondents in terms of how their organizations support healthy aging. Supports mentioned by them, as well as by seniors in focus groups included benefits counseling, protecting seniors from financial scams and also making sure they knew about fuel assistance available from Community Action because, “many elders live in cold houses” (Town respondent). The Interfaith Council also helps people financially (or otherwise) to get into or stay in their homes by providing small cash grants or items needed such as new bed, a ramp etc. Housing Authority residents pointed out that they don’t need fuel assistance (“because it’s included in our rents”) but “we do get food stamps and that helps” and “Community Action gave us light bulbs.”

Finally, the many ways in which Greenfield makes available subsidized or free food or meals also promote financial security of seniors. These received many mentions from seniors in focus groups, as detailed in the Social Participation and Inclusion and Healthy Diet categories above.

**How could Greenfield do better?** (4 respondents - 5 mentions) (7 groups – 18 mentions)

Both focus group participants and non-profit interview respondents had ideas to strengthen financial security for seniors, including broadening programs to earn tax reductions through volunteering time (an existing program was mentioned in the Civic Participation and Volunteering category), adding a general reduction in property taxes for seniors, or implementation of a high/low tax rate structure for businesses and residences. However, seniors in four groups also acknowledged that lowering tax rates for some would lead to raises in rates for others, which is a problem because Greenfield real estate tax rates are already very high: “I can hardly bear the thought of taxes increasing. I’m worried I will need to leave my home” (Neighbors group).

Other ideas coded here were also detailed in previous categories: a non-profit respondent’s idea to expanded subsidized housing (discussed in the Housing category); free access to Nash’s Mill trails and picnic area (Volunteers group – Outdoor Spaces category) and even lower-cost access to good food (Housing Authority group – Diet category).

**14. Support for Caring and Caregivers** (5 interviews – 5 mentions) (2 groups – 2 mentions)

Giving and receiving care and attention was another new category that some coders suggested. “Support for caregivers” was mentioned by a non-profit respondent serving seniors as an additional dimension in a definition of healthy aging. It may well be worth considering for inclusion and discussion, much the same as funding for services bears repeating in any future recommendations.

Caring also took another form in several interview responses: caring for a pet. A Town respondent talked about a new dog park that is under development and added: “Pets and seniors go hand and hand.” Others talked about the importance of pets for seniors’

health and well-being but also cited the challenges that people who live in assisted living or senior housing have in meeting the expenses of pets and everyday walking of dogs. The TRIAD officers collect and distribute pet food as well as people food. Some senior residences prohibit pets but others (e.g., the Weldon and Elm Terrace) allow them: "You can have a pet up to 30 pounds here ... It's one of the best things about Elm Terrace." Companion animals are accepted in the Mill House. "I walk (a friend's dog) twice a day" (Food pantry group).

**15. Role breaker/role bound** (2 interviews – 2 mentions) (0 focus groups – 0 mentions)

We only heard a couple of mentions, but the potential impact of this category seems worth highlighting. On the one hand, the "role breaker" is a person who expands his/her role to address healthy aging needs they encounter in their regular job. An example in Greenfield is the officers in the TRIAD Program who have gone beyond the program's home safety roles to create, distribute and maintain a fleet of powered scooters and wheelchairs; to collect and distribute unsold food from a local farmstand; and to collect and distribute pet food. Their work would be highly valued without these extras, but they increase their value by addressing unmet needs their constituents face.

On the other hand, the person serving seniors who is "role-bound" doesn't go beyond his/her job description even when it would seem easy to address a small and clear need. The example we heard is FRTA bus drivers who apparently have been prohibited by management from helping seniors and others with disabilities to carry their shopping bags and parcels onto the bus. It was reported that this was a service drivers used to perform, but liability concerns apparently block this simple act of help. (Our efforts to interview a FRTA representative were not successful.)

**16. Mental/intellectual health** (1+ interview – 1+ mention) (1+ focus group – 1+ mention)

Another category suggested by coders is Mental/Intellectual Health. We note "1+" mentions and groups because we discussed the mentions of education and learning under the Finding Meaning and Purpose category. They could have been coded here, and of course there is an overlap between categories. One coder applied this code to GCC agency description, which included their "lifelong learning program, senior symposium, and personal enhancement classes." This category also draws a distinction between mental and intellectually stimulating pursuits to maintain brain health versus mental or physical healthcare to cure or improve diseases of the body and mind. Also, although education and learning may provide Social Participation for many seniors, social interaction and participation may be an ancillary affect of participating in classes and symposia.

**17. Innovative, empowered and sustainable community** (6 interviews – 9 mentions) (3 groups – 4 mentions)

Comments in several interviews and focus groups highlighted Greenfield as an innovative, empowered and sustainable community. The Town has a Master Plan; and respondents reported that Greenfield is actively planning and working for a better future, including a future that follows “sustainability” principles in food and green energy. Greenfield was first town in the Commonwealth to develop its poor farm as an agricultural reservation (Just Roots) and the first to top its landfill with solar panels. The community has also been active in promoting solar power, high-speed Internet, municipal electric, recycling and composting. Many seniors have participated in advocacy in these areas. The Town has a new high school and renovated grade schools; and it is also getting a new courthouse, a new surgical wing at the hospital, and (possibly) a new Senior Center. A Town respondent was proud to be attending to these “generational responsibilities” in infrastructure, but there is still work to do on the 200-year old library and fire station dating to 1939. A Town respondent hoped that Greenfield would bring an innovation mindset to the new Senior Center, too. The Y focus group forwarded a vision of how residents could become more creative with their own resources, for example by establishing co-ops for tools and services, e.g., sharing lawnmowers and snow blowers, or forming a pool of retired trades people and professionals.

**18. Friendly and together town** (0 interviews – 0 mentions) (7 groups – 17 mentions)

Coders found the idea that Greenfield is a friendly and supportive town in 7 of the focus groups. An 88-year old volunteer in the Baystate group summed up the feeling: “It’s a great place to live WHEN I am old.” Another added, “There is a sense of caring for neighbors and a lack of pretention that is very refreshing.” A member of the Team group pointed to neighborhood groups, people getting together, checking on one another, and going for walks. Two members of the Volunteers group pointed to the sense of history and community in town. Another pointed out that Greenfield is a small town but “one big enough that it has everything I need.” Another noticed that even the “street people’ provide community outreach to others appearing to be in similar need.” The Senior Center users group mentioned that Greenfield has a friendly population that offers to help, as well as a socially active faith community.

**C. What do older adults already do to be healthy?  
What else could they do to be healthier?**

**1. Outdoor spaces and buildings**

**What do seniors do to be healthy?** (0 interviews – 0 mentions) (2 groups – 2 mentions)

Seniors get outdoors to spend time in nature, garden, bird watch.

**What else could they do?** (0 interviews – 0 mentions) (0 groups – 0 mentions)

## **2. Transportation**

**What do seniors do to be healthy?** (0 interviews – 0 mentions) (0 groups – 0 mentions)

**What else could they do?** (0 interviews – 0 mentions) (4 groups – 5 mentions)

Additional ways for seniors to be healthy included offering rides to other seniors, whether to the movies or on a trip.

## **3. Housing**

**What do seniors do to be healthy?** (0 interviews – 0 mentions) (0 groups – 0 mentions)

**What else could they do?** (1 interview – 1 mention) (0 groups – 0 mentions)

The only idea here came from a Town respondent, and it was in the “what else could seniors do to create healthy community?” category. The idea was that senior could advocate for the accessory apartment bylaw when it comes up again. This would increase housing and care choices for seniors.

## **4. Social participation, respect and social inclusion**

**What do seniors do to be healthy?** (6 interviews – 9 mentions) (4 groups – 8 mentions)

Both focus group and interview participants pointed out that seniors feel and get connected with others by getting out and doing things. Examples included volunteering, attending arts programs, visiting friends, and being in exercise groups. A non-profit respondent said she knows an older woman who is “so happy with the Arts Block programs that she goes every time.” Seniors mentioned trying to “avoid social isolation – don’t hole up” (Y group), attending community suppers, and going to the Moose and the Senior Center: “Bingo keeps the mind healthy” (Housing Authority group). In this category we also coded mentions of what seniors do to foster a healthy community.

For both interviews and focus groups we coded a few items that pointed to social inclusion. One was neighbors who reach out to older adult neighbors to offer to mow lawns or bring meals (Volunteers group). Other examples included:

“walking the halls in senior housing – They still check on their neighbors” (Non-profit serving seniors).

“Social bonding. This can help people who experience loss – who are lonely. The Y can help with this – in classes as well as in social spaces – the hallways, the nautilus room” (Non-profit).

**What else could they do?** (6 interviews – 9 mentions) (6 groups – 18 mentions)

A Town respondent suggested that seniors should “support events.... The Rec Department does a good job on open events but too often older adults are not included.” All of the other ideas in the social participation part of this category came from seniors. The most common suggestion regarding social participation was to suggest reaching out and connecting with people: “Don’t be a loner. Join a group, talk to people” (Baystate group). “Stay in touch with friends” (Volunteers group). “Invite people who don’t drive out with you to the movie” (Volunteers group). However, reaching out has challenges for someone who is a little shy:

“Feeling part of a social network. It’s not natural. It takes effort. It’s not our way of life. Discussing this is even a bit uncomfortable” (Neighbors group).

Or even for someone who is not shy:

“One man set up dinners outside - good food - and few residents came. The same groups come out to socialize, and many stay in their apartments. They feel there are cultural differences too, and many residents who are of other cultures do not participate” (Housing Authority group).

The Team group had three other ideas: One was to set up neighborhood-based “think tank” discussions group at the library about what seniors need to stay physically and mentally healthy. Another was an outreach program for seniors to connect with other seniors (particularly singles) who need help. Related to this was the need to re-connect widowed men:

“Men need encouragement to socialize. They might've been dependent on their wives for this. For example, the AA model of groups to facilitate interactions and get suggestions of services that others could offer, like plumbers.”

Interview respondents and focus groups also talked about social inclusion and respect. The Volunteers group talked about the need to change perceptions of older adults and Senior Centers: “They are vibrant folks and places!” A Non-profit respondent urged that people “overcome prejudice. Value all people.” The Neighbors group discussed the importance – and a challenge - of connecting to younger people:

“We have a lot to pass on and it will go away when we do.”

“There are so many people who have retired who have so much skill and knowledge but I’m not sure younger people want to hear about that. What’s useful and what’s being a busybody?”

Two mentions of inclusion and respect in interviews related to helping seniors to be better connected. One notion offered by a community organization respondent was to help them gain control in their lives to make them feel useful. They could be “doing things that draw on their skill sets.” Similarly, a non-profit serving seniors said that inclusion and respect could be achieved by:

“Sharing wisdom—they did things differently—its enlightening and interesting. ‘I Wish I had Asked’ was a workshop we had. The message is that elders have lots of knowledge to share with younger people, for example, ‘What its like to be in your 90s?’ Younger people may not get it. Many very old people ask, ‘Why am I still here?’”

## **5. Civic participation and employment**

**What do seniors do to be healthy?** (10 interviews – 14 mentions) (4 groups – 8 mentions)

Even though we had working seniors in focus groups, employment did not come up as a way seniors said they stayed healthy or promoted a healthy community. Two agency respondents mentioned employment. One was a senior who was still working: “My stay young and healthy program is to keep working!” (Non-profit serving seniors). Another non-profit respondent suggested that seniors could work in part-time jobs.

Civic participation was mentioned by both types of respondents, particularly related to volunteering. Greenfield seniors volunteer at the library, hospital, the Literary Project, community gardens, historical education, singing groups, clubs, and other civic groups, e.g, the Moose. Positive benefits can accrue to volunteers:

“I do better when I have a schedule. There have been days I didn’t get off the couch. I need something to get me out of bed. Volunteering gives me a reason. You feel good about yourself when you’re doing things for others” (Food Pantry group).

Greenfield seniors are also politically active - in protests on the Common, serving on governing and advisory boards, advocacy for the development of Just Roots, and running for office.

**What else could they do?** (3 interviews – 4 mentions) (3 groups –8 mentions)

The few mentions of what else seniors could do were more of the same: volunteer, join more civic organizations and clubs, and advocate for seniors and their needs. Seniors in focus groups pointed to some lost supports that used to facilitate volunteering: a school-

based volunteer coordinator and the Franklin County volunteer center run by Deerfield Academy. Also, memberships are down in civic organizations: “ We need to encourage younger seniors to join and do good in the community” (Volunteers group).

## **6. Communication and information**

**What do seniors do to be healthy?** (0 interviews – 0 mentions) (0 groups – 0 mentions)

**What else could they do?** (2 interviews – 3 mentions) (2 groups –3 mentions)

Two interesting ideas from a non-profit respondent relied on using physically active seniors to get others to be active: “Tell success stories” and ask, “Why aren’t your friends here?” Another was to counter the notion held by some women in the older generation that there is danger in too much exercise. He suggested a slogan of “Seniors won’t break!” The only ideas from focus groups was to remember to tell others what is happening, and to learn from discussion groups like those conducted in the Healthy Aging Study.

## **7. Community and health services**

**What do seniors do to be healthy?** (4 interviews – 4 mentions) 0 groups – 0 mentions)

Briefly, a few interview respondents said that seniors use services. The services mentioned include home care, the Cherry Rum Plaza offerings, the Senior Symposia, and the Senior Center. A non-profit respondent said of Cherry Rum, “I didn’t like the idea at first (housing so many services in one place) but now I’ve come to think it’s a good thing, like one-stop shopping for seniors.”

**What else could they do?** (5 interviews – 5 mentions) (0 groups – 0 mentions)

Three non-profit respondents each offered that seniors could use programs like GCC more. The GCC programs span a wide range of interests. It would also be good to get a wider range of seniors participating, e.g., those with mobility and/or transportation challenges. A non-profit serving seniors said:

“We don’t have much going with GCC although it would be good to have folks from their community health program involved here.”

## **8. Physical exercise**

**What do seniors do to be healthy?** (5 interviews – 5 mentions) (5 groups – 12 mentions)

Both focus groups and interviews pointed out how seniors exercise – at the Y, health clubs, Elm Terrace, the Senior Center) as well as the outdoors (golf, tennis, and walking) to stay physically active and engaged in life. Here’s a big-time user of the outdoors:

“I would put walking at the top. We have good parks. We go to the golf course and ski and snowshoe. Also canoeing and camping. Gardening at home and help with Town gardens—e.g. Brookie Park” (Neighbors group).

**What else could they do?** (3 interviews – 3 mentions) (3 groups – 5 mentions)

A Town respondent was most expansive on this point, mentioning that younger seniors could be healthier and have better diets; seniors could increase physical activity; and they could make lifestyle changes instead of using medications. Also families could do a better job looking out for seniors. The focus group mentions were all about exercising – indoors and out. A non-profit respondent got more specific and suggested adding strength training, which becomes more important as people age:

“You lose 1% of your strength per year after 40. There should be PR on billboards about this. ‘Use it or lose it.’ It’s the number one issue for nursing home admissions. People aren’t strong enough to get off the toilet.”

**9. Diet**

**What do seniors do to be healthy?** (5 interviews – 5 mentions) (5 groups – 8 mentions)

Interview respondents said that Greenfield seniors use the food resources that are available, e.g., the Farmers’ Market, meals on wheels, and congregate meals such as the Harvest Supper. According to one non-profit respondent, there is “a lot of work around food that seniors are involved in – community gardens, CSAs.” Focus group respondents pointed to good diet, not smoking, limited alcohol, and buying from healthy markets.

**What else could they do?** (2 interviews – 2 mentions) (2 groups – 7 mentions)

A respondent from a non-profit serving seniors suggested that there could be more opportunities for and promotion of community dining, for example in Elm Terrace. See also the comment in Physical Exercise about healthier diets for younger seniors. Most of the “what else” answers came from the Y focus group. They included the usual eating fresh, local veggies, and also the ideas of connecting people who cook and know nutrition together with people who don’t know either, and helping people with disabilities to prepare food.

**10. Finding meaning and purpose in life**

**What do seniors do to be healthy?** (4 interviews – 5 mentions) (5 groups – 12 mentions)

A concept that came out in interviews was to be “engaged in life,” which can be done through volunteering, staying physically active, going to Senior Symposia, cultural activities, making friends on agency boards, or having a pet. One Town respondent said, the Senior Center “volunteer program is a great entry point for those who don't feel they're old enough to be considered seniors, but want to contribute to the Center.” A respondent from a non-profit talked about a knitting groups that make items for newborns of single mothers, thus “providing a sense of usefulness.” A respondent at a non-profit serving seniors pointed out that pets are important to many seniors, but maintaining pets is a challenge to some due to costs of food and vet bills, difficulty walking, and a prohibition on home care workers against scooping kitty litter. Some senior housing facilities do not allow pets, but the Weldon allows cats, birds, and small dogs.

Seniors in focus groups mentioned pets, TV series, book clubs, yoga, meditation and education:

“I'm working on historical education around Native American issues. Working with the schools on that” (Neighbors group).

They had many words to the wise:

“Attend to your spiritual needs. You can go to church or have visits at home, whatever you feel” (Baystate group).

---“Don't hold grudges, let it all hang out. Stress is so dangerous to your health” (Baystate group).

“Doing something you like to keep mind active.” “Something new.” “I've thought ‘what's the point of getting up?’” “Now I have a point” (Food pantry group).

“Balance social time and alone time” (Y group).

**What else could they do?** (1 interviews – 1 mentions) (1 groups –1 mentions)

The only idea from interviews was from a non-profit respondent who suggested that seniors could find something to help them gain control in their lives that would make them feel useful. They could find things that draw on their skill sets. A senior in the Volunteers group suggested making a monthly bucket list of what to do in the area.

## **11. Being pro-active about health**

**What do seniors do to be healthy?** (0 interviews – 0 mentions) (4 groups – 7 mentions)

Examples of being pro-active from focus groups include advocating for yourself or getting an advocate, taking medications, sleeping enough, having good posture, and limiting stress.

**What else could they do?** (3 interviews – 3 mentions) (1 group – 2 mentions)

The mentions in the Y focus group were about medications and being an advocate. The mentions in interviews were about good diets and volunteering, but also this from a Town official who believes in “community health teams”: “Most people don’t know they’re not healthy. They need to get into the habit of doing something.” One means is to create “groups to discuss it.”

## **12. Physical safety**

**What do seniors do to be healthy?** (1 interviews – 1 mentions) (2 groups – 2 mentions)

The Baystate focus group had some safety at home suggestions:

“Think safety: use grab bars, shower seats, bath mats, raised toilet seats, etc. etc. Rearrange your house ... put your dishes and food in lower shelves, for example, so you have less chance of getting hurt reaching. Take up your scatter rugs.”

An interview respondent from a non-profit serving seniors pointed out that sometimes “this independence” can be dangerous: “We have a lady in her 90s with COPD who walks backwards, downstairs, carrying a laundry basket to do her laundry.”

## **13. Financial security**

**What do seniors do to be healthy?** (0 interviews – 0 mentions) (0 groups - 0 mentions)

**What else could they do?** (0 interviews – 0 mentions) (0 groups – 0 mentions)

There was no mention in focus groups of what seniors do to be financially secure, but the Co-Researchers conducting the Housing Authority group noted that:

Obviously, finances were very different At Elm, which affects social life, transportation, and activities that seniors can do. This group was so different from the hospital volunteers. Concerns were mostly financial with some real concerns about teeth, hearing aides, and getting rides. They were more handicapped, less mobile, many did not drive, and yet the discussion turned to social events at the end.

#### **14. Independence**

Reinforcing the example above in the Physical Safety category of the dangerous situation of a 90-year old walking backwards downstairs with a laundry basket, respondents from two non-profits working with frail seniors recommended adding something about “living with dignity” or “maintaining independence” to our definition of healthy aging.

“Yours is a very broad definition. Most people I interact with don’t meet those definitions because they are so poor, so sick, etc. If they live alone they may be very isolated. One lady I know can’t get out of her own house because of her walker so she feels trapped in order to get out of her house with her walker—very isolated despite having friends and family. We’re working with her kids to get more services in her home like a ramp...”

“As abilities change, it’s hard to still do these things (the Study’s healthy aging categories). Our clients’ immediate concerns are often getting from their beds to the couch.”

#### **15. Mental/Intellectual Health**

**What do seniors do to be healthy?** (3 interviews – 3 mentions) (3 groups – 6 mentions)

The responses in interviews and focus groups that were coded in the mental/intellectual healthy category overlapped with the Meaning and Purpose and Civic Action (volunteering) category. Activities included volunteering, being physically active, GCC, arts programming, and social activities.

**What else could they do?** (2 interviews – 2 mentions) (3 groups – 4 mentions)

Interview respondents mentioned taking GCC classes and joining support groups. Focus groups mentioned doing things to “stimulate your brain,” bingo and cards, and “read and sleep.”

**16. Contribute to a friendly town** (0 interviews – 0 mentions) (2 groups – 4 mentions)

Echoing the Neighborliness theme in the section on how Greenfield supports healthy aging, at least a few seniors try to make the town friendly, including “Smile – pay compliments” (Food pantry group). And from the Volunteers group:

“Make an effort to make new friends and greet new people.”

“Stay in touch with friends, especially ones in declining health.”

“Say hello to people you know and to new folks.”

### **III. Summary, limitations, recommendations and implications**

#### **A. Summary**

This study offers windows into the lives and thinking of Greenfield seniors, a sampling of the work and views of staff from Town and non-profit organizations that serve seniors, and a broad overview of what the Town looks like as a network of neighborhoods, housing, businesses, roads, sidewalks, parks, transportation, social networks, community groups, and populations. The lens is “healthy aging” – how all these pieces of Greenfield work to promote it, how Greenfield could make it work better, as well as what Greenfield’s seniors do to achieve it.

We have found many things to like in how Greenfield performs in the specific characteristics of age-friendly communities from the WHO model, and we have identified ways Greenfield supports seniors to be physically active, have good diets, find meaning and purpose in life, and feel safe and secure. But of course we also heard of many ways – small and large – that things could be better.

In terms of the WHO model, there are two strong anchors in Greenfield’s material environment: an attractive and accessible downtown and numerous open spaces around the town with paths for walking and biking. Seniors use and appreciate the downtown and open spaces, and the suggestions we heard for improvements, e.g., adding benches on Main Street, upgrading some curb cuts, safer sharing of paths by bikers and walkers, were more on the order of fine-tuning than overhauls.

Greenfield also has a good base in three other age-friendly categories: housing, transportation, and community and health services. Much of Greenfield’s subsidized senior housing is well located in or near the downtown, and even seniors living in the out-of-the way Elm Terrace apartments are happy with their housing. Clearly more units of affordable and supportive housing are needed, and the Town should be planning to make this happen. Greenfield also offers supports for seniors who wish to “age in place” in single-family homes, but many seniors still struggle to find help with home maintenance.

Greenfield offers transportation alternatives to foot, bike and automobile travel, which are no longer options for some seniors. Some transportation options are specialized and subsidized, and many seniors who use them report that they fit their needs. Yet others experience barriers: e.g., living in neighborhoods without bus services, the prohibition of FRTA bus drivers to help with packages, and difficult processes to schedule specialized ride services. “Social transportation” is a particular need. Fine-tuning of existing transportation services would help, but others pointed out that some needs might be better met by a more formal volunteer-based transport system.

The story with community and health services is much the same: many strong agencies serving a range of healthy aging needs – but also room for improvements. Federal and state safety net programs are prominent here – in the form of LifePath home care,

Medicare-covered health care, and a variety of health and supportive services covered by Medicaid. There are also niche players like the Franklin County TRIAD officers who reach the most vulnerable seniors. Agencies and groups that foster physical activity (e.g., the Y) and healthy eating (e.g., congregate meals programs in faith communities and senior discounts for healthy food from the Just Roots farm) help seniors be healthy in these dimensions. The Greenfield Senior Center is the hub of many senior services and activities. It has a core of loyal and satisfied participants, but it could do more to broaden its programming and appeal, which would be easier with a new building.

The WHO's social participation and civic engagement categories highlight Greenfield's strengths in the "socio-ecological" dynamic of healthy aging: an environment that fosters participation and seniors who participate and enrich themselves and their community. Greenfield's many free or low-cost concerts, festivals, and community meals are magnets to get out and mix in the community, as are agency offerings at the Senior Center, GCC, faith communities, and other settings. Senior volunteers are active in organizing events, leading and supporting non-profits like Greening Greenfield, volunteering to deliver meals to and visit with isolated seniors at home, and much more. Their participation strengthens the community, and active seniors report that participation is a means not only to staying socially connected but also to finding and maintaining meaning and purpose in life.

We also heard how Greenfield fosters physical and financial security for its seniors. The outdoors are perceived to be safe, emergency services are good, and (through TRIAD) the County offers help with in-home safety and protection against scams. Financial security is a function of income and wealth disparities in the US, but Greenfield tries to help low-income homeowners with low-cost home repair loans and real estate tax credits for volunteering. Discounts are also available, e.g., on CSA shares, at the Greenfield Coop and the movie theater. Hope and Olive's monthly game night with free soup is an exemplar.

Five other factors related to healthy aging were identified in coding that did not get sufficiently expressed in other categories:

- Support for caring and caregivers, including caring for a pet.
- Role breaker/role bound: TRIAD officers collect and supply electric scooters, fresh food, and pet food/FRTA drivers can't help passengers with bags.
- Mental/intellectual health: Pursuits of the mind bring meaning for many seniors.
- Independence: For seniors with disabilities, healthy aging starts from a base of maintaining independence (or getting adequate help) in personal and household tasks.
- Forward looking and empowered community: Greenfield has a Master Plan with a theme of sustainability through green energy and local food, and seniors play their part through civic involvement and volunteering in these areas.
- Friendly and together town: Greenfield residents are friendly and supportive of one another.

Finally, disparities in healthy aging cannot be overemphasized. In Greenfield they lie along two intersecting dimensions: health and functional status and economic status. First, agency respondents and seniors themselves pointed out again and again that seniors who have debilitating chronic illnesses and/or disabilities are at risk of being isolated in their homes with inadequate care, nutrition, and social connections. Greenfield has agencies that help in these areas, but the community could have a vision to do more. This may be a task for senior informal groups like the three “neighbors” groups, or faith communities, or other initiatives yet to be developed.

Second, we’ve mentioned above that low income and limited assets block access to many components of the healthy aging paradigm, but it’s a point worth repeating. The things that seniors who are financially secure enjoy – trips, restaurants, club memberships, going to movies – are much less available to low-income seniors. Agencies and better off Greenfield residents should always be looking for ways to be more inclusive and also to lessen the stigma felt by those who face financial barriers to participation.

## **B. Limitations**

We believe we have learned a great deal about healthy aging in Greenfield, but there are limitations to the study. First, the study’s qualitative methods mean that findings are illustrative and descriptive for a wide range of issues - but not definitive. Therefore, recommendations should be seen as signposts on areas that need further, detailed study before actions are taken, particularly if the actions are complex and expensive. Second, in the interviews and focus groups and background discussions we talked to less than 100 people. We tried to include interview respondents who could speak to the most important issues and to seniors from a variety of life experiences. We are pleased with and grateful for the participation we achieved, but we surely could have learned more from others, including seniors who have a difficult time getting out due to disability, lack of transportation, and caregiving responsibilities. Another sector of the community that likely supports healthy aging more than our study gave credit is faith communities. Finally, the study was conducted largely by volunteers who are not trained social science researchers. We believe that the community experiences of the Co-Researchers brought validity to the study; and the data we collected is rich and valuable; but our techniques in data collection and analysis at times fell short of the standards of fully professional study teams.

## **C. Recommendations**

We won’t repeat the detailed ideas from the focus groups and interview respondents about how to make Greenfield a more age-friendly community or what seniors could do to be healthier. Good summaries are found in Tables 2 and 3 respectively, and details are in the text of the findings.

Perhaps a way to think about the recommendations for the Town and nonprofit organizations is to divide big things and small things, with progress sooner and more likely on the latter than the former.

Big things would include planning for and building new multi-unit housing for all income groups in or near downtown, building a new Senior Center and expanding the Center's programming, creating a mobile health team, and passing the accessory apartment bylaw. A full court press on social inclusion of low-income seniors and seniors isolated at home might also fit as a big thing.

Relatively small things would include fixing uneven crosswalks, adding benches downtown, being more vigilant on sidewalk snow removal, opening the high school track and allowing free access to Nash's Mill paths and picnic area, helping seniors find help with shoveling and home repair, and bringing more activities to public housing.

There are also recommendations for seniors themselves. They include not only recommendations for healthy bodies by being pro-active about health and having good diets and exercise, but also healthy engagement in the community by volunteering to help others and continuing to initiate and build new services and activities.

Besides the recommendations around these specific things – both large and small, we propose consideration of a broader strategy to become an age-friendly community. This might be a vehicle for publicizing how much Greenfield offers seniors and even making the case for Greenfield as a retirement destination.

The WHO and AARP offer an structured way to become an age-friendly community. It would require an official decision by the Town to conduct a self-assessment on the WHO age-friendly community factors and to develop and implement plans to improve age friendliness on those factors. Technical assistance from AARP and foundation funding could be pursued. We need to note that no one in either interviews or focus groups knew of the WHO/AARP process, and we did not hear any support for moving in this direction.

Another approach would be for Greenfield to continue and expand this study's community-based action research process to chart its own path toward "age-friendliness." The community could begin with findings from this study to highlight ways in which Greenfield is already an age-friendly town and how seniors act to be healthy and create a healthy community. It could use recommendations to help chart paths to improve. This could be a positive experience for the Town and its senior citizens, and it could create new frames for aging that are less stigmatized and more hopeful. It might include efforts to spur and replicate pockets of action in the "Friendliness" and "Innovative" categories.

The team of volunteer Co-Researchers who were central to this study is happy to be able to share this report with Greenfield. We thank all the Town and agency staff who gave their thoughts in interviews, and all the seniors who came out to focus groups. The

study leader owes the Co-Researchers a heartfelt thank-you as well as a salute to each of them for their hard work and valuable thinking. So does the community. Their work is yet another example of what seniors do to be healthy and how seniors contribute to promote health in their communities.

**Table 3: How does Greenfield support healthy aging and how could it do better?**

	<b>Focus groups and interviews agree</b>	<b>Additional focus group ideas</b>	<b>Additional interview ideas</b>
<b>1. Outdoors and buildings</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>• Walkable, accessible, and interesting downtown</li> <li>• Many attractive paths and parks</li> </ul>	<ul style="list-style-type: none"> <li>• Suburban and rural areas are attractive</li> <li>• Quiet and safe neighborhoods</li> <li>• Drivers respect cross walks</li> </ul>	<ul style="list-style-type: none"> <li>• Planning for a new Senior Center</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>• Improve sidewalks, curb cuts, snow removal, and handicap accessibility</li> <li>• Return benches to Main Street</li> <li>• Replace Senior Center</li> </ul>	<ul style="list-style-type: none"> <li>• More public and accessible toilets downtown</li> <li>• Increase safety for bikers and walkers</li> </ul>	<ul style="list-style-type: none"> <li>• Follow "complete Streets" model and include sidewalks in new developments</li> </ul>
<b>2. Transportation</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>• There are a range of transportation options that work well for many seniors to get to shopping, medical appointments, and services</li> <li>• Amtrak station is positive</li> </ul>		<ul style="list-style-type: none"> <li>• Payment in lieu of parking policies for developers makes for a more compact downtown.</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>• Support social transportation schemes for those who can't drive</li> <li>• Fill other gaps: weekend and evening transportation, service to outlying areas, drop-off/pick-up mismatch at medical appointments</li> </ul>		<ul style="list-style-type: none"> <li>• Let FRTA drivers help passengers with shopping bags onto the bus</li> </ul>
<b>3: Housing</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>• Subsidized senior housing, much of it near downtown</li> <li>• Seniors living in subsidized units appear to be satisfied</li> <li>• Senior housing allows pets</li> <li>• Low-cost loans for home repairs</li> </ul>		<ul style="list-style-type: none"> <li>• 14% of Greenfield housing is "affordable"</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>• Build even more subsidized, supportive, and market-rate multi-unit housing downtown</li> <li>• Pass accessory apartment bylaw</li> <li>• Better access to home maintenance services, e.g., shoveling, repairs</li> </ul>		
<b>4: Social participation, inclusion and respect</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>• Wide range of activities and events that are convenient, attractive, and free or affordable</li> </ul>	<ul style="list-style-type: none"> <li>• Neighborliness and mutual aid</li> </ul>	<ul style="list-style-type: none"> <li>• Include seniors and others with disabilities in meals programs, church activities</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>• Develop and offer additional activities that would attract more seniors, e.g., dance clubs, meet-up groups</li> <li>• Do better to recognize and meet the needs of seniors with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Make restaurants, trash stickers, movies and shopping more affordable</li> </ul>	<ul style="list-style-type: none"> <li>• Develop more intergenerational activities</li> </ul>

**Table 3 (cont.) How does Greenfield support healthy aging and how could it do better?**

	<b>Focus groups and interviews agree</b>	<b>Additional focus group ideas</b>	<b>Additional interview ideas</b>
<b>5. Civic participation and employment</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Greenfield welcomes civic participation and volunteering and seniors do both</li> </ul>		
How could Greenfield do better?	<ul style="list-style-type: none"> <li>Help seniors in the job market, e.g., part-time work</li> <li>Organize seniors to help other seniors with chores, transportation, etc.</li> </ul>		<ul style="list-style-type: none"> <li>More volunteering and programs across age groups</li> <li>Organize more senior advocacy, e.g., around transportation</li> </ul>
<b>6. Communication and information</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>There are numerous sources of good information about programs and activities for seniors</li> </ul>		
How could Greenfield do better?	<ul style="list-style-type: none"> <li>Recognize that people don't look for information until they need it, and then what they need may be complicated.</li> </ul>	<ul style="list-style-type: none"> <li>Try some new outlets, e.g., neighborhood kiosks, senior "hotline"</li> <li>Publications should use "seniors" not "elderly"</li> </ul>	
<b>7. Community and health services</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Good resources: Senior Center, medical services, home care (LifePath and TRIAD) and organizations promoting exercise</li> </ul>		<ul style="list-style-type: none"> <li>Good veterans services</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>New Senior Center building</li> <li>More varied and attractive Senior Center programming</li> <li>Ensure inclusion of seniors isolated at home</li> </ul>	<ul style="list-style-type: none"> <li>More providers trained in geriatric services</li> <li>More access to dental care, dentures for low income</li> </ul>	<ul style="list-style-type: none"> <li>Bring back the Town nurse</li> <li>More adult day services</li> </ul>
<b>8. Physical exercise</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Good exercise facilities</li> <li>Good outdoor walking and recreation</li> </ul>		<ul style="list-style-type: none"> <li>Support for Complete Streets and Mass in Motion</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>Start walking groups by speed and distance</li> <li>More bike lanes on streets</li> </ul>	<ul style="list-style-type: none"> <li>Open more school facilities, e.g., high school track, to the Town</li> </ul>	
<b>9. Healthy diet</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Community meals programs promote good diets and community</li> <li>Multiple home delivered meals systems</li> <li>Discounts and distribution for local, healthy produce</li> </ul>		<ul style="list-style-type: none"> <li>Food security program is part of Greenfield's Master Plan</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>Better quality food in meals on wheels and Senior Center brown bags</li> </ul>		<ul style="list-style-type: none"> <li>Consider the Conway School study food plan</li> </ul>

**Table 3 (cont) How does Greenfield support healthy aging and how could it do better?**

	<b>Focus groups and interviews agree</b>	<b>Additional focus group ideas</b>	<b>Additional interview ideas</b>
<b>10. Finding purpose and meaning in life</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Options to participate in faith communities and volunteering</li> </ul>	<ul style="list-style-type: none"> <li>Intellectual and learning options, especially GCC</li> </ul>	
How could Greenfield do better?		<ul style="list-style-type: none"> <li>More ways for lonely and dislocated seniors to connect with others</li> <li>Expand learning programs at Senior Symposium and Senior Center</li> </ul>	
<b>11. Being pro-active about health</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Various venues for physical activity, health education, and prevention screening</li> </ul>		
How could Greenfield do better?			
<b>12. Physical safety</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Strong and appropriate police, fire and emergency services</li> <li>Greenfield is a safe place</li> </ul>	<ul style="list-style-type: none"> <li>TRIAD officers support physical and medical security in multiple ways</li> </ul>	
How could Greenfield do better?	<ul style="list-style-type: none"> <li>More publicity for TRIAD</li> </ul>		
<b>13. Financial security</b>			
How does Greenfield support healthy aging?	<ul style="list-style-type: none"> <li>Fuel and other assistance from Community Action</li> </ul>	<ul style="list-style-type: none"> <li>Free and low-cost food (see Diet)</li> </ul>	<ul style="list-style-type: none"> <li>Help with household items and small grants from Interfaith Council.</li> </ul>
How could Greenfield do better?	<ul style="list-style-type: none"> <li>More subsidized housing</li> <li>Don't let real estate taxes rise</li> </ul>	<ul style="list-style-type: none"> <li>Even more free and low-cost food</li> <li>Free entry to Nash's Mill walking/playground</li> </ul>	
<b>14. Caring/pets</b>		<ul style="list-style-type: none"> <li>Pets are allowed in some senior housing and also supported by TRIAD</li> </ul>	
<b>15. Role breaker/role bound</b>			<ul style="list-style-type: none"> <li>TRIAD officers provide electric scooters/FRTA drivers can't help passengers with bags</li> </ul>
<b>16. Mental/ intellectual health</b>	<ul style="list-style-type: none"> <li>Numerous learning and educational opportunities may deserve a special category</li> </ul>		
<b>17. Innovative community</b>	<ul style="list-style-type: none"> <li>Greenfield's new and innovative projects are also good for seniors, who are involved in supporting many of them</li> </ul>		
<b>18. Friendly and together town</b>		<ul style="list-style-type: none"> <li>People in Greenfield are nice to each other and take care of and watch out for one another</li> </ul>	

**Table 4: What do Greenfield seniors do to be healthy and what else could they do?**

	Focus groups and interviews agree	Additional focus group ideas	Additional interview ideas
<b>1. Outdoors and buildings</b>			
What do older adults do to be healthy?		<ul style="list-style-type: none"> <li>Spend time in nature</li> </ul>	
What else could they do to be healthier?			
<b>2: Transportation</b>			
What do older adults do to be healthy?			
What else could they do to be healthier?		<ul style="list-style-type: none"> <li>Offer rides to movies or to go on trips</li> </ul>	
<b>3: Housing</b>			
What do older adults already do to be healthy?			
What else could they do to be healthier?			
<b>4. Social participation, inclusion and respect</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>Get out and do things</li> <li>Offer to help your older neighbor</li> </ul>		
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>Help seniors feel useful, e.g., by offering skills to younger people</li> </ul>	<ul style="list-style-type: none"> <li>Make special efforts to reach out and include others</li> </ul>	
<b>5. Civic participation and employment</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>Volunteer and join groups</li> <li>Be politically active</li> </ul>		
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>Same as above: volunteer and advocate, which would be easier if groups that supported volunteering were restored</li> </ul>		
<b>6. Communication and information</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>No mentions</li> </ul>		
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>Share information with other seniors, perhaps through focus groups</li> </ul>		
<b>7. Community and health services</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li></li> </ul>		<ul style="list-style-type: none"> <li>They use services</li> </ul>
What else could they do to be healthier?	<ul style="list-style-type: none"> <li></li> </ul>		<ul style="list-style-type: none"> <li>Use educational services more, maybe by connecting GCC with other agencies</li> </ul>
<b>8. Physical exercise</b>			
What do older adults already do to be healthy??	<ul style="list-style-type: none"> <li>Exercise indoors and out</li> </ul>		
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>Exercise more, perhaps combined with lifestyle change in diet, medications</li> </ul>		

**Table 4: What do Greenfield seniors do to be healthy and what else could they do?**

	<b>Focus groups and interviews agree</b>	<b>Additional focus group ideas</b>	<b>Additional interview ideas</b>
<b>9. Healthy diet</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>• Help produce and distribute healthy, local food</li> <li>• Eat healthy food</li> </ul>		
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>• Connect seniors who know about cooking and nutrition with those who don't know either</li> </ul>		<ul style="list-style-type: none"> <li>• More venues and promotion for congregate meals</li> </ul>
<b>10. Finding purpose and meaning in life</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>• Be "engaged with life" – volunteer, have a pet, attend events, lead activities</li> </ul>	<ul style="list-style-type: none"> <li>• Attend to spiritual needs, don't hold grudges, find a point for getting up</li> </ul>	
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>• Find something to feel useful, that uses skills, that is on your to-do list</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>11. Being pro-active about health</b>			
What do older adults do to be healthy?		<ul style="list-style-type: none"> <li>• Take care of yourself via advocating, medications, sleep, good posture, stress avoidance</li> </ul>	
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>• Volunteer, have good diet</li> </ul>		<ul style="list-style-type: none"> <li>• Create "community health teams" to discuss staying healthy</li> </ul>
<b>12. Physical safety</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>• Use home safety measures: e.g., shower seats, no scatter rugs</li> </ul>		
What else could they do to be healthier?	<ul style="list-style-type: none"> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>• Avoid independence that becomes risky</li> </ul>
<b>13. Financial security</b>			
What do older adults do to be healthy?			
What else could they do to be healthier?			
<b>14. Mental/intellectual health</b>			
What do older adults do to be healthy?	<ul style="list-style-type: none"> <li>• Volunteer, be physically active, attend activities, make social connections.</li> </ul>		
What else could they do to be healthier?		<ul style="list-style-type: none"> <li>• Take classes, "stimulate your brain," join support groups</li> </ul>	
<b>15. Contribute to a friendly town</b>			
What do older adults do to be healthy? / What else could they do to be healthier?		<ul style="list-style-type: none"> <li>• Smile, pay compliments, make new friends, keep up with friends in declining health</li> </ul>	

## **Attachment 1: Interview and focus group discussion guides and consent forms**

A Community Based Participatory Action Research Project for Healthy Aging in Waltham and Greenfield, MA

Walter Leutz, Principal Investigator, Brandeis University

### Consent to Be Interviewed

Project overview: The goal of this project is to demonstrate how a university-based researcher can work with communities in an empowering manner to promote healthy aging for older adults. The project is using a Community Based Participatory Action Research (CBPAR) method, which involves community residents and staff at community agencies as co-researchers and activists and not just as subjects of research. Co-researchers will work with the Principal Investigator in a collaborative manner to form a Core Research Team, which will define problems, pose research questions, gather information, interpret and disseminate findings, and shape action initiatives. Although it will be up to the Team to identify and characterize the most important aspects of healthy aging, the project will be open to broad definitions of health that include not just avoidance and treatment of disease, but also being physically active and socially engaged, finding meaning and purpose, eating well, and being safe and secure.

Interview: The purpose of the interview is to gather information about issues related to healthy aging from an individual who knows about the community. One researcher will ask questions and another will take notes. To make sure that the interview is kept confidential, the note taker will not associate your name with their notes on what you say. Rather, when the notes are written up, only the name of the organization you are associated with will be recorded. This consent form will be kept in a locked file in the Principal Investigator's office.

Interview Questions and Process: The topic of the interview is healthy aging and what individuals and communities can do to support healthy aging. The interview will cover three general questions:

- How does this community support older adults to achieve health in the broad area of healthy aging?
- How could this community do better?
- What could older adults do to be healthier and promote health in general?

If you do not understand a question or like it said another way, just let the interviewer know. If you would rather not answer a particular question, just say so, and the interviewer will move on.

Statement of Agreement: By signing below, I affirm that I have read this Consent to be Interviewed and agree to its terms.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

A Community Based Participatory Action Research Project for Healthy Aging in Waltham and Greenfield, MA

Walter Leutz, Brandeis University, Principal Investigator

Verbal Consent to Participate in Focus Group

Project overview: The goal of this project is to demonstrate how a university-based researcher can work with communities in an empowering manner to promote healthy aging for older adults. The project is using a Community Based Participatory Action Research (CBPAR) method, which involves community residents and staff at community agencies as co-researchers and activists and not just as subjects of research. Co-researchers will work with the Principal Investigator in a collaborative manner to form a Core Research Team, which will define problems, pose research questions, gather information, interpret and disseminate findings, and shape action initiatives. Although it will be up to the Team to identify and characterize the most important aspects of healthy aging, the project will be open to broad definitions of health that include not just avoidance and treatment of disease, but also being physically active and socially engaged, finding meaning and purpose, eating well, and being safe and secure.

Focus Groups: A focus group is a way to gather information about a topic from a small group of participants. One researcher will lead the group and another will take notes. The note taker will not associate the names of participants with their notes on what is said, and we will not tell others what you say in the group in any public reports or materials. In that sense what you say is confidential. The researchers also ask that you and the other participants not repeat to others outside the group what individuals say in the group. Although we hope that participants respect this request, we cannot guarantee it.

Focus Group Questions and Process: The topic of the focus group is healthy aging and what individuals and communities can do to support healthy aging. The focus group leader will be posing three general questions:

- How does this community support older adults to achieve health in the broad area of healthy aging?
- How could the community do better?
- What could older adults do to be healthier and promote health in general?

You will be asked to take a moment to think about each question as it is posed and write down a few thoughts. Then the leader will ask each participant to respond while other participants listen. After each participant has had a chance to speak, the leader will ask for more general discussion. Participants are not required to speak and may pass.

Verbal consent to participate: Do you agree to go forward with the focus group with these understandings? (Leader asks consent of each and goes forward with those who agree). (Gives each a copy of the form.)

## INDIVIDUAL INTERVIEW GUIDE

⇒ **Share and discuss Project Description:** Tell the Respondent who you are and the purpose of this interview.

**Project Description:** Read/paraphrase the following.

*This research addresses an important question facing Greenfield/Waltham, the US and other societies around the world: How can the increasing population of older adults remain as healthy as possible?*

*The project uses a broad definition of “healthy aging” which includes:*

- *good health and mental health care*
- *being proactive about health, e.g. eating well, being physically active*
- *being socially connected*
- *feeling safe and secure*
- *finding meaning, purpose and satisfaction in life.*

*This model of health also includes the idea that communities can do things that either promote or inhibit chances for individuals to be healthy and that individuals can affect their communities in these areas.)*

*The project is a community based participatory action research (CBPAR) project that seeks to promote healthy and active aging in two small Massachusetts cities: Greenfield and Waltham.*

- *Engage Greenfield/Waltham seniors as well as individuals serving older adults in shaping and conducting the research.*
- *Help Greenfield/Waltham to understand opportunities and barriers for their older adult residents to age in a healthy way.*
- *Help the Greenfield/Waltham residents to recommend actions/activities that will improve opportunities for healthy aging.*

### **Interview goals:**

- *To find out information about your agency and/or the community.*
- *To learn about your ideas re: community actions to improve Greenfield/Waltham.*

### ⇒ **Get Consent:**

Hand Respondent the Consent Form and explain how the interview information will be used.

- If signed consent is required, explain consent form and confidentiality and give two copies of the form to Respondent. Ask her/him to sign and give the signed copy to you before starting the interview.
- If only verbal consent is required, ask them if it's OK to go ahead with the interview. If yes, hand them the form and let them know they can keep it for future reference.

- My partner is going to take notes on what you say. When we write up and share findings, we won't attribute anything you say to your name, but we would like to list you and your agency in a list of people who were interviewed. Is that OK?
- ( ) Yes ( ) No

## THE INTERVIEW QUESTIONS

(Use the questions below as a guide – they do not need to be asked in this order or in these exact words, however the interview needs to cover all topics listed.)

### ⇒ Organizational and Personal Information:

1. Can you describe what your agency/organization does?

Probes:

How many older adults served.

What it does for them.

2. What is your role in the agency/organization?

3. How long have you worked here?

4. Do you live in Greenfield/Waltham? If yes, for how long?

5. Are you a “senior” yourself (60+)

### ⇒ Views of Healthy Aging:

6. As we explained, this research uses a broad model of Healthy Aging. Does this description of healthy aging work for you?

7. Is there anything you would add or change?

8. Can you think of ways that Greenfield/Waltham promotes healthy aging?

9. How about (your organization)? Does it do things to promote healthy aging? (*Probes:* promotes physical activity, access to healthy food, access to affordable transportation and housing, social connection, civic engagement)

10. Can you think of ways in which Greenfield/Waltham could do better in promoting healthy aging?

11. Can you think of things that older adults in Greenfield/Waltham (already) do to be healthier themselves?

12. Can you think of other things they could do to be healthier themselves?

13. Can you think of things older adults already do to promote health in the community?

14. Can you think of other things older adults could do to promote health in the community?

**⇒ Concluding the Interview:**

15. Is there anything you would like to add? Or any questions?

16. Would you be interested in serving on an advisory committee to the project? This would involve reading initial findings and recommendations and coming to meetings to discuss with the Study Team and others in town. ( ) yes ( ) no

17. If not, would you like to be on the list to get findings and recommendations? ( ) yes ( ) no

**Thank them for their time.**

## Focus group protocol

- Advance preparation for focus groups
  - Confirm the time and place with each participant. Arrange rides as needed.
  - Write each of the four broad study questions on a separate sheet of newsprint in advance (see below for study questions).
  - Bring note cards, pens, markers and newsprint pad.
  - Bring one consent form per participant.
  - Bring light beverages, snacks, and study cups/tote bags.
  
- Explain the study and get verbal consent
  - Convene group and explain the purpose of the discussion, confidentiality, and the consent form (copies are in the pocket of the Handbook folder).
  - Get verbal consent from each participant and give each participant a copy of the consent for their record.
  - Note taker records the number of people in the group, the gender mix, and observations on the racial/ethnic mix of the group.
  
- Running the group
  - Ask each participant to state their name, how long they have lived in Waltham/Greenfield, and their age. Start with yourself. The recorder can get the information down, and the group leader can write the first names on a note card in the order they are sitting at the table, so you can call on them by name.
  - Post the sheet with the first question and ask each participant to jot down a few thoughts. Give this 5 minutes or until almost all have stopped writing.
  - Go around group and ask each to speak in turn. Allow them to share one or two ideas. Give ok to pass.
  - Allow questions on what each person says, but no discussion yet.
  - Return to those who passed to see if they want to speak or still pass.
  - Return to others to see if they have more than the one or two points they shared to start.
  - Leader writes essence, short quotes, etc., of what each says in turn on newsprint – just two or three words.
  - Recorder takes detailed notes.

- After all have spoken, open the floor to discussion. Ask participants to reflect, elaborate, agree/disagree, etc., on what others said.
  - Leader continues to write brief notes on newsprint and note taker takes detailed notes.
  - Leader follows up with probes on the question if discussion sags or needs steering.
  - Same procedures with the other three broad questions
- Ending the group and follow-up work
  - Leader solicits summary and final comments from participants, maybe offers a summary comment.
  - Leader thanks participants and asks them to pick a cup or a tote bag.
  - After meeting: Leader writes up notes from newsprint and posts in appropriate BOX folder.
  - Note taker writes up the detailed notes ASAP after meeting, shares them with leader for comment, and posts final in appropriate BOX folder.
  - Notes include constituency participating and number of participants but not names of participants.
  - Leader passes on consents and receipts for expenses to PI ASAP.
- Focus group questions for Study
  - How does your community support healthy aging?
  - How could the community do better?
  - What do older adults do to be healthy?
  - What else could they do to be healthier?
  - How do older adults promote a healthier community?
- Focus group question probes (as needed)
  - How does your community support healthy aging?
    - How about public programs, service agencies, religious groups, merchants, neighborhood groups, others?
    - How about access to health care, promoting social involvement, safety and security, healthy eating, exercise, physical environment?
  - How could the community do better?
    - Same areas as above.
  - What could older adults do to be healthier?
    - How about you? How about others?
  - How could older adults promote health in general?
    - Are older adults involved in community actions in this area?