

The Healthy Aging Study in Waltham and Greenfield, MA

Report to Waltham

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Preface: This Report is a self-assessment led by a group of Waltham seniors about how Waltham supports healthy aging and what the City's seniors do to stay healthy and support a healthy community. It synthesizes the views of 17 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 Waltham become an even healthier community for residents of all ages.

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Advisory Committee

The Waltham Study Team extends thanks to the Waltham 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: Kathy Burnes, JF&CS, Ann Callahan, Waltham Housing Authority; Maria DiMaggio, Healthy Waltham; Marybeth Duffy, Waltham Senior Center; Janelle Gee, Waltham YMCA; Deb Guttormsen, Waltham League of Women Voters

Executive Summary

Study goals and methods for both Waltham and Greenfield

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 seniors¹ 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 Organization², as well as 6 things that older adults can do to be healthy as identified by the Massachusetts Health Policy Forum³. We also looked for other responses that did not fit into any of these 13

¹ 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.

² WHO (2007). [Global Age-friendly Cities: A Guide](#). Geneva, World Health Organization.

³ Leutz, W. (2009). *Healthy Aging in the Commonwealth: Pathways to Life Long Wellness*. [Massachusetts Health Policy Forum](#). Boston, MA.

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.

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 Waltham

Overall we heard many positive things about Waltham 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 Waltham support healthy aging and how could it do better?
- What do older adults already do to be healthy, and what else could they do?

Outdoor spaces and buildings

There was broad agreement in both focus groups and interviews that there are many ways that Waltham's outdoor spaces and built environment support healthy aging. Highlights include good access to nature, open land and exercise facilities; a downtown shopping area that is attractive and accessible; and a feeling of physical safety in all parts of town. Things that could be improved include supports to pedestrians such as benches downtown and at bus stops, longer time for signals at some crosswalks, and adding sidewalks in outlying areas.

Transportation

Waltham provides seniors with multiple ways to get around without a car, and some systems are free or low cost to seniors. Respondents pointed to bus lines they found convenient, taxi vouchers, The Ride and the Busy Bee for medical appointments, rides from volunteers, and the discounted senior parking pass. However, 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 need for transportation to parts of Waltham that are not on bus lines, which would allow home care workers without cars to get to their jobs; and the lack of evening and weekend service on the

commuter rail. To fill some of the gaps there was interest in following other communities and creating a stronger volunteer-based transportation service.

Housing

There are 556 units (check figure at City Hall) of subsidized housing for seniors and adults with disabilities in Waltham, much of it well located near the downtown, as well as 20-units of supportive housing on South Street. Low-income Waltham homeowners can get help to “age in place” through low-cost home repair loans. At least four agencies interviewed help seniors to find more manageable, affordable and accessible housing when a single-family house is no longer workable. Ideas forwarded for long-term plans include building more units of accessible and affordable housing, preferably in the downtown area. Shorter term ideas included giving real estate tax breaks for seniors, and helping seniors find “handymen” and help with snow removal (jobs some seniors could do). Another is to start a “Village,” a volunteer program that connects and helps members with in-home support and social activities.

Social participation, inclusion and respect

Waltham promotes social participation and inclusion with a strong and diverse base of cultural activities and venues that residents value, including concerts on the Common, museums, theater, movies, orchestras, festivals, and universities. Social connections are also made through volunteer work, across generations in faith communities, and through participation in agency programs. Discounts and free entrance are available for many activities. Waltham agencies and neighbors could do more to identify, reach out to, and include seniors who have disabilities, are non-English speakers, or have financial problems, which are barriers to social participation.

Civic participation and employment

Volunteering was the major area of civic participation cited in the study. Beyond volunteering, however, we did not get many responses that fit this category. Waltham 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. Volunteers included members of all racial, language, and socio-economic groups. The only calls for more support for seniors to work came from participants in the two senior housing focus groups.

Communication and Information

Waltham has a variety of media to get out information about services and events relevant to seniors. These include the TRIAD crime blog, the Veterans Office, the

Senior Center newsletter, the Charles River Public Internet Center, and the library. It is important to understand that communication and information about services are inevitably complicated and unfamiliar, since people 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. More could be done to reach seniors who are isolated.

Community and health services

Given that a good share of the interview respondents represented community and health service agencies, it is not surprising that there were many comments in this category. There was particular praise for (1) the Senior Center's activities, trips, health fairs, and meals programs; (2) Springwell's home care, caregiver support, and transportation services; and (3) in-home supports from Neighbors Who Care and the City's TRIAD officer. Ways that community and health services might be improved include better coordination of home care and medical care, better access to home care for seniors who are not low income, more attention to substance abuse and medication management, and more inclusive services for non-English speakers.

Physical exercise

Seniors in focus groups were much more likely than interview respondents to mention ways that Waltham supports physical exercise. We heard about multiple places for residents to exercise - indoors and out, private as well as public. Many Waltham seniors are pro-active about their exercise and take advantage of what the community offers. Two ideas for ways to be even more supportive were access to Brandeis facilities and better discounts for Waltham Y memberships (income-based fee-reductions of up to 50% are already available). Another idea was for seniors to use a "buddy system" or walking clubs to reach out to and motivate seniors who aren't exercising.

Diet

There were many mentions of how Waltham promotes healthy eating, including meals on wheels, the Waltham Fields Community Farm and CSA, and numerous ethnic restaurants. There are also other efforts to get food to people who need it, including the food pantry at the Salvation Army and several congregate meals programs. Seniors can have healthy diets by eating natural and local, buying at the Farmers' Market, doing their own cooking, cutting down on "bad things" (e.g. salt, sugar, carbs, excessive alcohol), using meals programs, using advice from local experts, controlling weight, and (when appropriate) following a diabetic diet. Another idea was to help newly widowed seniors to learn to eat healthy.

Finding meaning and purpose in life

It was not easy to find specific mentions of “meaning and purpose” in the study notes, but comments above on the importance of social participation and volunteering can be seen as fitting this category. Other mentions include having a spiritual practice, going and doing things you enjoy, and reaching out and connecting with others. Seniors who are most at risk may have challenges that sap meaning and purpose. Risks include failing health and function, traumatic life changes and transitions, ageist stigma, resignation, depression, substance abuse, and end-of-life planning. Interview respondents and seniors cited the need for the community – including agencies, the City, and other seniors – to help seniors overcome these inevitable challenges.

Being pro-active about health

There are numerous events and clinics offered around Waltham to promote health, including health screening and vaccination drives. Improvements might include better connections to health information through primary care and helping residents to start healthy behaviors at younger ages. Seniors were urged to pay attention to diet and exercise, managing weight and blood pressure, handling stress, stop smoking, and other healthy steps. Ideas about what else to do included having a routine, educating oneself, and planning for end of life. Healthy Waltham might be a partner in these efforts.

Physical safety

Comments focused on supports for physical safety (e.g., smoke alarm checks) and financial safety (scam alerts) in the home, led by the police department’s TRIAD officer. An improvement in home safety would be to help fund the \$100 cost of lock boxes to give first responders access to homes in emergencies. Seniors generally perceive Waltham’s outdoor spaces as safe, but several improvements in the safety of outdoor walking spaces emerged.

Financial security

The main source of financial security for seniors is the federal safety net of Social Security, SSI, Medicare, Medicaid, SNAP (food stamps) and subsidized housing and home care. From this base, additional factors that promote security for Waltham seniors include relatively low taxes due to strong tax revenue from businesses, a real estate tax abatement program for low-income volunteers, state/local veterans benefits, low-cost fresh food from Waltham Community Farms, and free income tax help at several locations.

Other factors

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

- Diversity: Seniors have varied needs and interests which change with time. No one agency or approach will work for all.
- Neighborliness: Seniors can do a lot of good by reaching out and connecting with those around them through being friendly, outgoing, supportive, and enthusiastic.
- Planning: Waltham needs stronger planning to develop and implement projects funded by state and federal funds.

Summary, Implications, Recommendations, and Limitations

Summary

Waltham has many of the characteristics of an “age friendly” community, and many of its senior citizens do things to “age well.” The City has an attractive downtown, walkability, well-located senior housing, good transportation options, appealing and often affordable social activities, 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, are active and engaged in community civic and faith-based pursuits, and thereby find meaning and purpose in life.

Yet there are ways Waltham could do better. The town is not as walk-able when sidewalks are not shoveled, crosswalk timers don’t work, or there are no sidewalks at all. There is a two-year wait for subsidized senior housing. Special transportation can be difficult to use, and there are gaps in bus and train service. There could be better coordination of home care and medical care and more attention to substance abuse and medication management. Seniors themselves could do even more to create appealing activities, organize for community improvements, and help each other to eat well and to be physically active.

Cross-cutting our inventory of how Waltham supports healthy aging and how seniors pursue healthy aging, three barriers to healthy aging stand out. These barriers include low income and financial insecurity, compromised health and functional status, and immigrant status.

First, having a low income is a barrier to entry into many events, venues and services (e.g., restaurants) that make Waltham attractive for so many seniors who are better off. While Waltham 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 and sensitive to the barriers to inclusion that even small fees can pose. Perhaps other

organizations could follow the example of the Waltham Y and set up sliding fees or free admissions to events; or some restaurants could follow the example of a group of restaurants in Greenfield that put on a monthly free soup and game night at the largest and most popular restaurant in Town.

Second, Waltham could do a better job integrating and serving seniors from its diverse immigrant communities. There are of course limits in this area, since language can be a two-way barrier and immigrant communities can be inward looking and suspicious of government. We encountered challenges when we tried to include some immigrant groups in this study. Nevertheless, more could be done – e.g., through working with the faith communities that already connect with immigrants, and also through more effective outreach and inclusion through key agencies such as the Senior Center.

Third, there are many seniors whose compromised health and functional status is a barrier to being part of Waltham'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 attend to personal care and instrumental tasks; 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. Waltham has programs to reach out to and help this group of seniors (e.g., TRIAD, Neighbors Who Care and of course Springwell), and many friends and 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 other immigrant groups and 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 Waltham 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 specific recommendations around improvements to sidewalks, transportation, housing, services, etc., from the Summary above, and which are

detailed in the body of the report along with additional items, 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. This is a 5-year planning and implementation process laid out by the WHO. We must say that we did not hear anyone propose this.
- An alternative to the WHO process that could be quicker and end up addressing the same items and more is to build on the findings of this report, which contains an assessment of the WHO domains, as well as assessments of what seniors do to be healthy and contribute to a healthy community. If there is support among seniors and agencies for this approach, it could be a model for a more grass-roots approach to supporting healthy aging.
- Use some of the findings of the Study to support the creation of a Village model in Waltham. This is already underway, under the leadership of senior volunteers in collaboration with the Waltham Senior Center.
- Think about healthy aging in Waltham in a larger frame for Waltham's future. A participant in the Advisory Committee meeting suggested a tag line: Waltham – Going Places (?). In this frame, Waltham builds on the high tech sector, a vibrant downtown (including culture, restaurants and new housing), good transportation, and a diverse population to become an even more vibrant small city. Seniors can be a part of the vision – attracted to the downtown and contributing to the community. The question mark expresses respondents' concerns about whether Waltham will be an active or passive player in creating this future.

The team of volunteer Co-Researchers who were central to this study look forward to sharing this report with Waltham. So does the study leader, who owes a big thank-you to each of them. 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.⁴ 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) study⁵ 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

⁴ Leutz, W. (2009). Healthy Aging in the Commonwealth: Pathways to Life Long Wellness. Massachusetts Health Policy Forum. Boston, MA.

⁵ WHO (2007). Global Age-friendly Cities: A Guide. Geneva, World Health Organization.

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).

Table 1 provides a summary of health status and demographic data for Greenfield, Waltham and the Commonwealth of Massachusetts⁶. 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%

⁶ Data are from the Massachusetts Healthy Aging Collaborative website: <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>

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-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.

Waltham Interview respondents: The interview respondents in the Waltham study came from the following 17 organizations.

1. Charles River Public Internet Center. The PIC is a private, non-profit whose main goal is to make sure there is Internet "access for all."
2. Council on Aging/Senior Center, City of Waltham. The COA is a City department serving residents age 60 and older through services at the Senior Center. It provides fitness activities, education, socialization, nutrition and transportation.

3. Health Department, City of Waltham. The Health Department operates under the Waltham Board of Health. Its role is to protect the public health of the City including housing, environment, and food service.
4. Healthy Waltham. Healthy Waltham is a non-profit organization that promotes healthy eating, exercise, and other behaviors for residents of all ages, particularly those with low incomes.
5. Jewish Family and Children's Services (JF&CS). Jewish Family & Children's Service (JF&CS) serves Greater Boston, the North Shore, and Central Massachusetts, helping people of all faiths, races, and ages with the challenges of life. JF&CS provides a range of services to children and adults with disabilities or mental illness, new mothers and their infants, seniors living with chronic conditions, and people experiencing financial crisis, hunger, or domestic abuse.
6. Joseph Smith Community Health Center. As a Federally Qualified community health center, Joseph Smith Health Center receives federal money to provide primary health care services to a population people without health insurance, including immigrants and people with low incomes.
7. League of Women Voters. The League is a non-profit civic organization primarily engaged in voter services, community involvement, government oversight, and sponsorship of candidates' nights and forums.
8. Metropolitan Area Planning Council (MAPC). The MAPC is the regional planning agency for metropolitan Boston. Its Public Health Division has developed a strategic plan for greater Boston which addresses population, housing, transportation, the economy, public infrastructure, environment, and open space.
9. Neighbors Who Care. (NWC). NWC is a non-profit program providing in-home supports to seniors through volunteers.
10. St. Mary's Catholic Church. St. Mary's is a one of the main providers of religious services and social/immigration support for Waltham's Spanish-speaking and Ugandan communities.
11. Springwell. Springwell is the Commonwealth's Aging Services Access Point (ASAP) providing home care, transportation, information and referrals, caregiver support, and other supports to seniors.
12. TRIAD, City of Waltham. TRIAD is an alliance of the Waltham police department, the Waltham Council on Aging, and AARP. Led by a police TRIAD Officer, its mission is to protect seniors from dangers in their homes, including fraud and scams.
13. Veterans Services Office (VSO), City of Waltham. The VSO is mandated by Massachusetts statute . It's mission is to better the quality of life for veterans by helping veterans access covered benefits.
14. Waltham Housing Authority, City of Waltham (WHA). WHA is a state and federally funded housing authority that supports affordable housing to residents and workers of Waltham.

15. Waltham Downtown Partnership. The Partnership is a business support organization for downtown Waltham businesses. Its mission is to promote and encourage small businesses on Main St. and Moody St.
16. Waltham Alliance To Create Housing Community Development Corporation, (WATCH). WATCH is a non-profit corporation and the designated Community Action/Development Corporation (CAP/CDC) (poverty) agency serving Waltham. It helps people find affordable housing, organizes "barn raisings" for volunteers to help to winterize homes of low-income people, offers first-time home buyers' classes, and English classes.
17. The Waltham YMCA of Greater Boston (Waltham Y). The mission of the Waltham Y is to provide a safe space for children and adults of all ages to participate in programs for physical fitness and exercise.

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 agency. The references include "City respondent" for those working for the City of Waltham (2,3,12-14) "non-profit working with seniors" for agencies working with seniors (5,9,11), and "non-profit" for all others (1,4,6,7,8,10,15-17) .

In addition to these formal interviews we conducted informal interviews in the spring of 2015 with individuals from the following Waltham organizations: Office of the Mayor, Brandeis University BOLLI and Waltham Group programs, The Community Day Center of Waltham, First Church of Waltham, Radio Uganda, and The Mill Wellness 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 also able to offer only token incentives to participate (snacks and the mug or tote bag), whereas focus groups typically offer cash incentives to participants.

Table 2 summarizes the eight focus groups assembled in Waltham, 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 57 participants in the 8 groups: 42 women and 12 men (3 unknown), 40 White non-Hispanic/3 Blacks/2 Asians/6 Hispanics (3 unknown). The two groups from subsidized housing (Mill and Housing Authority) were composed of seniors with low incomes. The class status of participants in other groups is unknown but by observation we believe the large majority were not low-income. Given the composition of the League, Library, and Team groups, we likely over-represented seniors who are active volunteers. In order to achieve a better representation of seniors in the City we tried to organize

focus groups of Ugandan immigrants, Asian immigrants, and clients of Neighbors Who Care (seniors with some level of disability or mobility problems), but we were unsuccessful.

Table 2: Waltham Focus Groups

Name used in Findings section	Origin of group	Number in group	Gender mix	Age range	Years in Waltham
League group	League of Women Voters members	7	6 women 1 man	61-83 mean=71	3-42 mean=29
Housing Authority group	Residents of Pine Street senior housing	6	6 women (1 black)	59 and 57 (rest didn't state age)	6-49 mean=22
Library group	Interested seniors from Waltham Day table and Co-Researcher recruitment	10	5 women 5 men	62-80 mean=69	2-79 mean=28
Mill group	Residents of The Mill subsidized housing	9	6 women 3 men (1 Asian)	68-87 mean=76	4-78 mean=33
Senior Center group	Senior Center users	3	na	na	na
Spanish-speaking group	Organized through St. Mary's church	6	5 women 1 man	46-85 mean=66	16-49, mean=29
Team group	Co-Researchers	7	6 women 1 man	61-73 mean=67	1-72 Mean=26
Y group	Waltham Y members	9	8 women 1 man (2 Black, 1 Asian)	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 Waltham 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?”
- In Section IID we present the findings regarding the question: “What do seniors do to foster a healthier community?”

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 70. 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. How does Waltham support healthy aging & how could it do better?

1. Outdoor spaces and buildings

How does Waltham support healthy aging? (5 interviews - 6 mentions) (8 groups – 28 mentions)

There was broad agreement in both focus groups and interviews that there are many ways that Waltham’s outdoor spaces and built environment support healthy aging. In the words of a Mill FG participant: “Waltham has everything.” Outdoors, Waltham offers residents good access to nature, open land and facilities. Paths and grounds are generally well maintained (6 groups), including the RiverWalk, which was described as “great to encourage walking” (non-profit) and “good for bikes, transportation, and recreation” (Library focus group -FG). The Waltham Fields Community Farm and CSA, as well as the community garden there, were said to “give opportunities to meet new people and share common interests” in gardens. “It’s a wonderful resource in a town like this. A lot of formerly state-owned properties are being converted to community resources” (Team FG). Others mentioned the Greenway walking path.

The highlight of Waltham’s built environment is a downtown shopping area that is attractive and accessible (4 groups). Restaurants, shopping, and culture can be reached on foot from nearby neighborhoods: “walking can be an option” (Team FG). Restaurants are “wonderful” with lots of ethnic food: “Whatever you want you can

find” (Housing Authority FG). Another Housing Authority resident values a nearby town pool where she says a person can go “without having to swim” in the summer, “it's better than hanging out in the apartment.”

Participants in interviews and focus groups highlighted some different things. Several FG participants pointed to safety: “At any age you can walk and not get run over. Enforcement at crosswalks is good so it’s relatively safe” (Library FG). Others pointed to general safety from harm in all parts of town. A non-profit interview respondent pointed to recent improvements to the downtown: “The sidewalk renovation project was ... meant to make the sidewalks more accessible and to make the storefront signs more visible since the large trees blocked many storefront signs.” A City respondent pointed out that the Senior Center has a new parking lot, which is important since the Center “had to limit activities because we didn’t have enough parking.”

How could Waltham do better? (2 interviews - 4 mentions) (7 groups - 36 mentions)

Focus group participants were much more likely than interview respondents to offer ideas about how to make outdoor spaces and buildings more supportive of healthy aging. Both sets of informants, however, agreed that walkability could be improved. One thing is to bring back the benches in downtown parks, which an interview respondent said were removed by the City because homeless people used them. Focus group members also asked for benches at bus stops:

“The government of Waltham should put seats on the bus stops. A young person may be there half an hour but for senior citizens staying there, without sitting is not good. The worst is that they removed the seats from the bus stops” (Spanish-speaking FG).

Numerous seniors pointed to the maintenance (some don’t seem to work) and timing of crosswalk buttons. “The timing of pedestrian signals is issue – not everyone can cross the street at the same speed” (Mill FG).

The seniors in the focus groups had many other ideas for improvements. There was skepticism in several groups about the recent downtown improvements, particularly the brick sidewalks, which “become uneven and scary and are difficult for elders” (Library FG). After last winter many seniors also asked for better snow and ice removal: “They need to do better with keeping the sidewalks from being icy. I slipped and injured myself. I end up walking in the street” (Housing Authority FG). A female respondent from an outlying neighborhood said: “Sidewalks are rotted out in many places which impedes walkability. I walk every night with an 83-year-old” (Team FG). Others pointed out that some neighborhoods don’t have any sidewalks at all. There were also calls for better separation of bikers and walkers on walking paths and

better handling of trash: “We need more trash cans along walking paths. I have a dog and have to carry the poop bag a long way” (Library FG). Another participant in the Library FG asked for installation of sound systems in large public spaces for those with hearing loss. Finally, participants in several groups were unhappy with how Waltham has grown and become busier and more expensive, particularly “the high rents” (Housing Authority FG).

The two interview respondents who mentioned improvements in this category agreed with seniors that wider sidewalks would be safer and more accessible, but one pointed out that this is difficult to do on Moody Street. Also, the downtown area should have more available and accessible toilets, but the respondent pointed out that would be expensive to businesses. Finally, there was a recommendation to create more friendly outdoor spaces downtown, for example, by following the Somerville model of summer “parklets” taking away a few parking places and putting out table and chairs (Non-profit).

2. Transportation

How does Waltham support healthy aging? (6 interviews – 16 mentions) (6 groups – 15 mentions)

Transportation is critical to getting seniors out and involved in social activities as well as to participate in key survival activities such as shopping and getting to medical appointments. “When transportation is available there is ‘no excuse’ for not going” (Non-profit serving seniors). Both interview respondents and focus group participants generally agreed that Waltham provides seniors with ways to get around without a car, but, as shown below, seniors described difficulties with transportation. It’s important to also report that many seniors pointed to modes and systems of transportation they valued:

- “Public transportation is fabulous. There’s a bus line to Market Basket which is way the heck over there” (Library FG)
- “It’s good to have taxi vouchers - makes it easier to get around (Mill FG)
- “The Ride is fantastic for anyone who needs a ride” (Mill FG)
- “Seniors are allowed free public parking in Waltham” ... just need to purchase a pass for the year at the senior center (Library FG)

Most of the comments from interview respondents about how Waltham transportation services support healthy aging also had qualifications, i.e., programs work sometimes for some people, but there are shortcomings and hard-to-follow complexities of getting around for elders. The most detailed responses on transportation issues came from agencies that work with seniors who often may not be able get out or drive on their own: Springwell, Neighbors Who Care, and the Waltham Housing Authority. The transportation covered by Springwell for eligible

home care clients is a good example of the complexities.⁷ Their case managers distinguish whether transportation is needed to address “unmet needs” versus “critical unmet needs.” Springwell can cover only the latter, which include meal preparation, medication management, and whatever EOEAs⁸ sets as critical need. Sometimes Springwell is able to approve a taxi for a critical need. Also, Springwell supports the Busy Bee Bus by appointment and for a \$4 fee to medical appointments outside of Waltham and to the major hospitals in Boston. Shuttles are handicapped accessible. While transport to movies and hairdressers, for example, “would be great it is not ‘critical.’” Several informants pointed to The Ride, which according to one “brings you wherever you want but one has to go to Charlestown (to apply) and then find their way around the building and this requirement is a significant hurdle for some people.”

Respondents from an agency serving seniors pointed out that as seniors age into their late 80’s, transportation issues become more difficult. Their clients “have difficulty walking, with stairs, with busses, and may be ill. The T in Waltham works best with the younger elderly” ... and...”There is a significant need only partially filled by “The Ride” by the MBTA.”

A City respondent pointed out that the Housing Authority tries to keep its older and disabled tenants connected to transportation and finds much of it good: “The Busy Bee bus transports our seniors around,” e.g., to concerts on the common. “They understand the needs of people in housing. They provide outreach to bring it to us. Not everyone can get on a crowded bus and feel ok.” “The Senior Center will take residents shopping and to medical appointments in the city. Residents on Grove Street use it all the time. There are taxi vouchers.”

Interview respondents said that volunteers sometimes fill transportation needs but there are limitations in the current volunteer programs. Neighbors Who Care volunteers, “are most valuable when they can go to the doctor’s office, take notes, and fill prescriptions” (Non-profit serving seniors). One of their volunteers takes his client to local museums.

How could Waltham do better? (10 interviews - 14 mentions) (8 groups – 26 mentions)

There were many thoughts from most interview respondents and all focus groups about how Waltham could improve transportation to support healthy aging. Alongside the praise for transportation options from some seniors in the previous section, other participants report that these same systems do not work so well for

⁷ For more detailed and authoritative descriptions, see the Springwell website: <http://www.springwell.com/resource/waltham-transportation>

⁸ Executive Office of Elder Affairs

them. It is clear that current transportation methods have gaps that can block seniors' participation in social activities. In fact, when asked whether there was anything to add to our model of healthy aging, one City respondent working closely with seniors added "social transportation" and pointed out that it is missing in Waltham. Other transportation elements that could be improved included transportation to health care services, especially appointments for specialists and procedures. Many approaches could be considered, including better bus service to outlying parts of Waltham, better Council on Aging (COA) van service, efficiencies in The Ride, more volunteer options, and improved service on the commuter rail in the evenings and on weekends.

The Ride was criticized on both efficiency and effectiveness grounds. According to one City respondent:

"The Ride needs a serious overhaul. It's so expensive. They never group people together. It is more like a taxi service. They use the van for only one person instead of several. The program is badly managed."

The Ride "is not very good" because it requires a separate call for pick up after drop off: "When you go to an appointment they drop you off. For pick up you have to call and wait around" (Senior Center FG). For those who are not eligible for The Ride, "Taxis are OK, but how about people with DME⁹ that cabs won't take?" (Team FG). A participant in the Senior Center FG nicely summarized needs and issues re: supported transportation with, "Increase accessible transport for shut-ins. Is it accessible and can people get in it?"

The shortcomings listed may also affect access to medical care. A respondent from the medical care system has had, "difficulty sending patients to specialist care at Beth Israel in Boston. Often an appointment is made, but the family member who's supposed to provide transportation fails (... they had to work) and the patient misses the appointment. This is especially a problem with a colonoscopy because a patient can only be released to a driver who can come into the clinic. The Health Center used to have a shuttle, but funding ended."

Transportation shortcomings can also affect seniors indirectly when their home care workers don't show up because of transportation problems: "Transport for home care workers is difficult in Waltham" since workers often do not have cars. Some parts of town are "too far" for the worker, and consumers become disheartened when people do not show up to see them (Non-profit serving seniors).

Interview respondents in both City and non-profit settings pointed out that

⁹ durable medical equipment, e.g. wheelchairs

volunteers sometimes fill gaps in transportation for seniors, but there are no consistent volunteer systems. For example the NWC staff will often drive if no volunteers are available. Also there are several resources for veterans who will sometimes provide rides, including the town Veterans Services Officer and the auxiliary at the VFW and American Legion. One respondent suggested looking into ride sharing programs through which volunteers bank hours: "When the driver gets old they could use their banked hours." The Commonwealth has a flyer on successful volunteer programs.¹⁰

One issue that came up repeatedly in focus groups is the lack of public transportation on evenings and weekends (most notably the commuter rail). Others pointed to the lack of public transportation to adjoining towns.

Another issue that came up repeatedly in focus groups was traffic and the state of the roads. Participants felt that traffic is getting heavier and roads are often in bad repair and generally not able to handle the traffic: "Fix the traffic! It's terrible." (Many concurring nods) (Y FG). "Every street is loaded with holes" (Mill FG).

Finally, one respondent tied potential transportation improvements to local revenues:

"Without large budgets, there is little way to improve public transportation. It's a big need but it's dependent of taxing and spending. Waltham has a large industrial base, and consequently one of the lowest residential tax rates in the state. Cambridge has the same kind of tax base, but Cambridge chooses to be a high-tax, high-service city. Waltham chooses to be a low tax, low service city."

3. Housing

How does Waltham support healthy aging?

(7 interviews - 8 mentions) (5 groups - 12 mentions)

Participants in most focus groups and nearly half the interviews pointed out that there is a good deal of subsidized senior housing in Waltham, much of it well located near the downtown and some (e.g., The Mill) with many features that residents like. There are also supports for aging in place through low-cost home repair loans for low-income homeowners, as well as in-home support programs from Springwell and the TRIAD officer. Seniors also said that despite rising costs, there is still affordable market-rate housing in town.

10

<http://www.mass.gov/eohhs/docs/hst/volunteer-driver-programs.pdf>

Several of the respondent organizations either provide housing or refer seniors to more affordable or supportive housing. The biggest supplier of affordable senior housing in town is the Waltham Housing Authority, which has 291 units of state-subsidized and 265 units of federally-subsidized housing for seniors 62 years or older and disabled adults 18 and older. Half of all units are more than 43 years old. The newest federal units (120 on Pine Street) were built in 1978 and the newest state units (20 on South Street) were built in 1988. There is other, newer, privately-developed senior housing in town, e.g., The Mill and St. Mary's, which offer subsidized rental units to income-qualified seniors.¹¹

We held focus groups in both The Mill and Pine Street housing settings, and Mill residents participated in other Waltham focus groups. The atmosphere and resident reports were strikingly different. Mill residents were generally happy:

"I live in a subsidized apartment (the Mill) with my husband - we have a limited income. Our housing is wonderful. They provide a good breakfast (daily), exercise programs, rides, Chinese Tai Chi, music programs. There is lots of help in Waltham" (Y FG).

In contrast, the participants in the Pine Street focus group did not have anything positive to say about living in the building except that it was well located:

"There isn't much to do in the building ... (They should) offer more things like the Zumba classes" (Housing Authority FG).

Several interview respondents talked about an unusual senior housing offering: 20 units of congregate, supportive housing at 300 South Street, which is a joint program of the Housing Authority and Springwell. It is one of the Commonwealth's "housing plus services" congregate sites with case managers and direct care workers on site. Case managers work primarily on site and one day a week at Springwell offices. Each resident has their own room but they share two per bathroom. They share kitchen and common space. The WHA also contracts with Springwell for a program manager who comes three times a week. They help with budgeting and manage food preparation for common meals. The site serves both seniors and disabled individuals, and the waiting list is short. Springwell manages a committee screening process for applicants. "It's a real family over there right now. This is the first time (in 20 years) I've ever seen this work so well" (City). "This type of set up helps people to be more social" (Non-profit serving seniors).

¹¹ <http://affordablehousingonline.com/housing-search/Massachusetts/Waltham/St-Marys-Apartments/103490/>. Qualified renters pay 30% of his or her income for rent while the (HUD) Section 202 program subsidizes the difference for seniors who are 62 or older. To qualify, a renter must earn 50% or less of Area Median Income.

Both seniors and interview respondents reported that seniors who age in place in their homes often encounter increasing challenges doing so as they get older, more disabled, and perhaps more on the edge in terms of income. Help is available from several sources, including Veterans Services, Springwell, and TRIAD (detailed below under safety). Neighbors Who Care volunteers also “assess fix-it needs and social connections.” At the Senior Center one can apply for one-time assistance (up to \$30,000 loan) to get basic home repairs done. “If it is not paid back, then when the house is sold, the loan is repaid.” (Female – Library FG). Respondents also pointed out that this arrangement isn’t effective for senior homeowners who can no longer physically or financially maintain their homes. In these situations, the smart move is to find a home that is less work, more affordable, and/or that offers more supportive services.

At least four agencies interviewed (WATCH, TRIAD, the Senior Center, and Veterans Services) reported that they help seniors to find appropriate housing. The Senior Center helps with information about options and helps with applications to senior housing. WATCH tries to help residents of all ages find housing and also has a family advocate, as well as the Boston College Legal Aid to help with housing issues. The TRIAD informant was reported to be “a firm believer in aging in place AND to change residence when needed.”

Finally, Waltham has shelters for the homeless, and according to City informants, there are a “fair amount” of seniors living in them.

How could Waltham do better?

(6 interviews - 9 mentions) (6 Groups – 9 mentions)

The views on how Waltham could do better supporting healthy aging through housing were similar among seniors and interview respondents. Responses included comments about aging in place, the need for more supportive housing units, and the need for long-term planning for housing.

First, the City should offer more services and information for those who are aging in place and perhaps isolated in homes they can no longer afford or maintain. However, when they need support they don’t always ask for help and they don’t always get it when they seek it. The challenges of maintaining a single-family home for aging seniors were again reported by the agencies on the front line. A City respondent reported that many seniors fall behind in home repair:

They don’t get the help they need from family (who may live far away) or neighbors (who may be transient and don’t know them). We have so many seniors living in huge houses that can’t afford them. They are struggling to stay in the house. They can’t afford fuel, taxes, repairs. How can we justify

government money to help them stay in an eight-room house by themselves?
We encourage them to apply for a subsidized apartment.

One respondent suggested that the City - or perhaps the state - could give better breaks for seniors on real estate taxes. This might help address the affordability problems faced by some seniors, but it would not help much with isolation and the inability to manage. A City respondent pointed out that a sad consequence of such isolation is that people are alone in their home: "If neighbors don't inquire, or perhaps a postman, the resident may lie dead for days or weeks."

Neighbors Who Care and others reported that snow removal and ice on front walks "is a significant problem" for seniors living in single-family homes. It has been suggested that young people might help, but a non-profit respondent working with seniors pointed to a Watertown program that tried to get middle-school students to shovel got few volunteers. One respondent suggested geocoding seniors' needs and providing a map for volunteers.

Both seniors and interview respondents pointed to the need for long-term planning for housing in Waltham. Given the two-year wait for a Housing Authority unit for City residents, there is a clear need for more supportive and affordable housing options, including the state's supportive housing plus services model (the 20 units on South Street). The City could also start planning for more market-rate multi-unit housing that is attractive to seniors. An informant who is a housing expert pointed to ways to moderate gentrification and displacement as it might relate to healthy aging:

"Waltham could rebuild its downtown to accommodate limited mobility and make a village environment for people and especially the elderly to stay socially connected."

4. Social participation, inclusion and respect

How does Waltham support healthy aging? (9 interviews - 18 mentions) (7 focus groups - 21 mentions)

Social participation is widely considered key to healthy aging and may be found through volunteering, exercising, cultural events, outreach efforts, and other paths. Seniors may face more barriers to social participation if they have disabilities, are non-English speakers, or have financial problems which prevent them from "going and doing." Inclusion and respect also require combating ageism and insuring that seniors are included in intergenerational activities.

When we asked participants if they would add anything to our broad definition of healthy aging, social participation and inclusion (addressing loneliness and isolation) were the most frequent expansions/enhancements mentioned, particularly the need

to connect those at risk of isolation due to mobility and transportation issues. “We find that if a senior feels good physically, then being social is everything” (Non-profit serving seniors). “Social connection. Everything flows from that” (City).

Nine interview respondents and participants in all but the Housing Authority FG mentioned ways that Waltham promotes social participation, inclusion and respect. Seniors in the focus groups pointed to the strong and diverse base of cultural activities and venues that residents value, including concerts on the Common, museums, theater, movies, two symphony orchestras, Steampunk and Riverfest festivals, and two universities:

“I go on other outside activities. Every Sunday they have country western jamborees at the French Club on Elm Street. I dance all afternoon on Sunday” (Team FG)

Many of the activities are free, and others (e.g., \$6 movies on Tuesdays) have reduced costs for seniors. At least some activities/venues accommodate diversity:

“The Church has groups, and they are for everyone. And they have (someone) who helps us with taxes or issues...” (Spanish FG)

Seniors also pointed to volunteering as a way to make social connections, to be included in the community, and to include others. We cover volunteering in more detail in the Civic Participation category.

Compared to the seniors, the interview respondents were more likely to cite how organizations fostered social participation, including their own programming. Several said the Senior Center is a huge asset to fostering social participation. Others cited included the Waltham Garden club, the League of Women Voters, the arts-based Parkinson’s and Alzheimer’s groups offered by JF&CS, and the web-based connections through the Internet Center. The Waltham Y is also a hub: “The Y has “several ‘Small Communities’ of adults, largely seniors, who stick around, after their classes, to chat, for the social connection.”

We also heard examples of how Waltham organizations facilitate social participation for seniors who might otherwise be left out. For example, Springwell case managers described a Waltham client who has a friendly visitor through NWC. The visitor takes him to local museums and since he had just lost his dog, they plan to bring a therapy/companion dog to visit once a month.

St. Mary’s work with Latino and Ugandan immigrants is a good example of including recent immigrants and language minorities in the life of the church as well as other settings in town. A respondent there pointed out that in terms of activities in town for

adults, “language is the problem.... Most activities are in English.... The kids learn English but the grown-ups don’t.”

Finally, discounts are another form of financial inclusion. Waltham seniors are eligible to apply for one of the 20 discounted shares (50% off) for produce at the community farm, and to use the community farm’s Outreach Market, where bags of vegetables cost \$5 with no means test.

How could Waltham do better? (11 interviews - 24 mentions) (6 groups – 13 mentions)

‘Social participation, inclusion and respect’ is a broad category, and many responses in the interviews and focus groups about how Waltham could do better in promoting healthy aging fit here. The most consistent type of responses by both sets of informants related to improving inclusion by ethnicity, language, generation, and ability to get out on one’s own. Seniors also mentioned cost as a barrier to some.

The need to do more to include non-English speakers got 11 mentions from 8 interview respondents. Notes on interviews with four respondents who work closely with these communities show the need for more bi-lingual activities, more outreach, and more inclusion at the Senior Center. According to a City respondent, there are four prominent immigrant groups in Waltham: Latinos (particularly Guatemalans), Haitians, East Europeans, and Ugandans. “All four are very wary of authority, which in their experience never had a benevolent objective. They tend to live in groups, often an extended family in a very small flat.” A non-profit pointed out that the younger members of the family can help the elders fill their needs among the social service agencies. This might be regularized with a communications and training program.

There was also a sense among some in the two subsidized housing focus groups that they are not valued or included in the City:

- “The political system is not responsive to elderly, who are written off as ‘eaters.’” (Mill FG)
- “There are a lot of seniors that live out there, alone, in their own apartments. The City doesn’t know they exist.” (Housing Authority FG)
- They should be doing more for the disabled. Community meetings about disability issues are too early in morning and don’t make arrangements for the disabled. (Mill FG)

Others suggested connecting through youth in service projects while others suggested just being neighborly:

I’m thinking of something like an intergenerational know-your-neighbor type

of thing. One or two people know about something - an event - they tell a neighbor and take them to it. (League FG)

There were also a couple of suggestions about attending to the needs of men, which are often different from social activities that attract women. These comments are expanded in the section on what else seniors could do to be healthy in the Social Participation category.

Focus group participants pointed to the need for more inclusion by socio-economic status, The focus groups at low-income housing pointed to activities (e.g., movies) that are financially unaffordable. Other examples included the Breezer's Ball ("How about discounts for these events for Seniors?" Team Group) and the Waltham Y ("\$45/person ... is beyond the means of low-income seniors" Y FG)¹² Also, "Bolli ¹³ is a couple of hundred dollars" (League FG).

Some focus group participants also wanted better access to the Senior Center, particularly through longer hours: "They have student centers at the colleges but nothing like that for seniors" (League FG). "Could we keep the Senior Center open to 8 one or two nights a week" for social things and programming like the well attended *Aging in Waltham*. (Team FG).

5. Civic participation and employment

How does Waltham support healthy aging? (4 interviews - 5 mentions)_(3 groups - 4 mentions)

The question in this category of a healthy aging community is, how does Waltham support seniors to be involved with civic activities such as volunteering, and with employment? We did not get many responses that fit this category in either interviews or focus groups, but both types of respondents mentioned volunteering and political activism. Interview respondents pointed to a program that helps some seniors with employment.

Many Waltham seniors volunteer through churches, feeding programs, the senior center, Waltham Fields Community Farm, the Piety Corner Club and other venues. A typical response was: " We have many volunteer opportunities. I volunteer at the Northeast School and there are feeding programs and volunteer opportunities at the Senior Center" (Y FG). Bently and Brandeis University volunteers were also mentioned, e.g., the Brandeis Waltham Group of student volunteers in several senior service settings in town.

¹² For low-income seniors and others the Y will discount fees up to 50%.

¹³ Brandeis Osher Lifelong Learning Institute (www.brandeis.edu/bolli/)

Sometimes volunteer work takes the form of political activism: “Waltham has a very creative local community of social activists, for example Waltham Concerned Citizens - progressive and liberal activists, the Community Farm, and the Farmers Market.” (Y FG) An interview respondent pointed to the Waltham League of Women Voters chapter, with 41 members, of which perhaps 75% are over 60, is primarily engaged in voter services and community involvement and in government oversight, offering candidates' nights and forums. The interviews also connected the study with a volunteer effort to start a “Village” model in Waltham. According to their national website, Villages “are membership-driven, grass-roots organizations run by volunteers and paid staff that coordinate access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities, and trips.”¹⁴

Finally, there is also a State-sponsored volunteer program through which low-income seniors can get up to \$500 in property tax abatement for doing volunteer work certified by the Senior Center. (Team FG)

The only employment resource mentioned was through the City’s Veterans Services Organization, which helps veterans and their dependents (including seniors), “file claims and explore resources and revenue available (to them)”¹⁵

How could Waltham do better? (0 interviews - 0 mentions) (3 groups – 5 mentions)

The only two calls for more opportunities for seniors to work came from the Mill focus group: “There should be support for starting businesses that seniors can still do. We’re not washed up.” Also, there should be “support for any kind of work - not just start-ups.”

The other three ideas about how to do better related to promoting volunteering among three groups:

- Seniors: "The City could identify those who need support - maybe well-trained volunteer advocates. They could look in on people living alone, help with social and physical needs, even connect with family members." (Y FG)
- College students: “Push for college kids to have volunteer experiences. Kids could rake or shovel. Going out is treacherous.” (League FG)
- High school students: “When I worked in Arlington Public Schools, teachers would find kids for jobs. Doing it through the schools is ideal.” (League FG)

¹⁴ http://www.vtvnetwork.org/content.aspx?page_id=0&club_id=691012

¹⁵ <http://www.city.waltham.ma.us/veterans-services>

6. Communication and information

How does Waltham support healthy aging? (6 interviews - 9 mentions) (4 groups - 8 mentions)

Interview respondents who brought up this category, described how they and others disperse their own personal/relevant information to their own clients or causes. For example, the TRIAD has a blog that includes a crime watch. The Veterans Office and WATCH make referrals. The Senior Center, in contrast, is “like the library: the generic organization that helps you find out where to go.” The Internet Center offers access to Chinese and Spanish language newspapers on line as well as serving as a particular information-related purpose:

“People come in here to do research medical, drugs, diet, exercise. We’ve *Googled* Mediterranean diet like a gazillion times. (We) also help people navigate medical websites ... to help find a doctor. The local ones are not user friendly. We just know ... where to go based on your insurance.”

Focus group participants mentioned the Senior Center newsletter and Internet Center as good sources of information, and they added the Waltham Library (e.g., a room near the front door where news of events and flyers are posted), the town public disaster response system, and free internet access at some senior housing sites.

How could Waltham do better? (9 interviews - 13 mentions) (6 groups – 16 mentions)

Most interviews and focus groups included views that more could be done to reach seniors and promote available services, especially for seniors who are isolated. Both sets of respondents also talked about what are the best media for reaching seniors. But there was also a sense in interviews that communication and information about services are inevitably complicated and unfamiliar. Often people are looking for information about something only when their needs have changed with retirement, new health conditions, etc.

The sense that more should be done often came from informants that do not specialize in serving seniors (Healthy Waltham, WATCH, Downtown Partnership), e.g., how to reach seniors beyond the Senior Center, including Spanish speakers. Seniors often do not know how to get day-to-day help beyond their families. A respondent recommended more active promotion of senior services and another considered whether their agency should do a Spanish-speaking group for elderly newcomers to Waltham.

Some agencies whose focus is on serving seniors (Neighbors Who Care, Joseph Smith health center, JF&CS) mentioned the challenges and complicated nature of

communicating to seniors. One said that communication always seems like a problem because “most people don’t know ‘til they need to know.” Another pointed out that community programs come and go based on funding and politics. Another pointed out that many seniors do not know what services are available and more importantly, do not think they need the services. In short, there seems to be an inevitable transition from retirement and active aging to the time when seniors need more information about services. A senior in the Team focus group had a similar reflection:

“Offer a course in what to expect with aging. Aging is a one-way trip.... You’re here and are going to be there, and here are way stations and what you’ll need when you get there....It’s such a process. Why don’t we think of it as that?”

Choosing the right media for communicating information is also a challenge. One City informant had several laments: The local newspaper is gone; it’s difficult to get time on local TV; and many seniors don’t use the internet. It may be the wave of the future – or even the present – to use technology to provide information and eliminate barriers, but many seniors still prefer the non-online versions. This may apply particularly to older, immigrant, and less-educated seniors. Here’s how one respondent who is involved in education put it: “My big thing is – and I talked to the library about it –older adults still value that face-to-face.” Similarly, a non-profit respondent pointed out that many seniors still look to information on paper: Community bulletin boards used to be a medium, but now they “are near zero, (and those who have the boards) want to post for you rather than let you put it up.”

Some seniors agreed that the internet is not a medium to reach all seniors, despite the supports at the library, Internet Center, and Senior Center:

“Everything is computerized. How many seniors know how to use a computer? I don't.” “The senior center has classes, but you have to pay for them.”
(Housing Authority FG)

Focus group participants had ideas about how to improve communications:

“We could deliver packages (information packages) when people become seniors. (interjection: “like the welcome wagon”). I don’t think the internet is a good idea because I don’t save it or print it. I’m thinking of a cheap brochure to put on the fridge.” (League FG)

“Geo code seniors – how old, where they live, what they might need and then move information of the right type to them.” (Team FG)

7. Community and health services

How does Waltham support healthy aging? (11 interviews - 25 mentions) (8 groups – 37 mentions)

Given that a good share of the interview respondents represented community and health service agencies, it is not surprising that there are many comments in this category coming out of 11 of the 15 interviews. Interview responses clustered around the Senior Center, long-term services and supports, health and mental health, plus a variety of other supports for seniors.

Similarly, participants in every focus group pointed out that Waltham provides a variety of health and human services through a range of city, state, and private agencies and settings. Seniors provided less detail than professionals about services, but mentioned most often were exercise, social, nutrition, and informational programs at the Senior Center (8 groups) and a variety of medical providers, including diabetes support groups, rehab services, urgent care, eye surgery, dental care, and good emergency services (4 groups). There were several mentions of the TRIAD program, but only one mention of home care services.

Six interview respondents had positive comments on the Senior Center, which was described as “active” and “a good resource,” with offerings that include trips, an annual health fair, transportation, low-cost parking stickers, as well as bocce, yoga, and ping pong. Seniors in the focus groups mentioned: “Medical equipment through the Senior Center, to borrow at no cost” (League FG), blood pressure checks and a visiting podiatrist (Y FG), and activities, a daily lunch program, flu shots, bingo and whist, and exercise programs – “The Senior Center does an awesome job.” (COA FG)

Several agency respondents serving seniors (Springwell, Neighbors Who Care, the Senior Center, and TRIAD) described a network of LTSS and skilled nursing that collaborates to serve seniors needing supports in their homes. Springwell has financial and functional eligibility requirements to receive free home care, but it also provides the option to share costs for those with higher incomes. When home care is no longer practical, Springwell encourages seniors to move to one of their congregate sites (like the one on South Street that they operate for the Waltham Housing Authority) with case managers on site. An informant from one of the collaborating agencies said that Springwell does “a lot with very little resources” and in spite of high caseloads and high turnover.

TRIAD (one officer) and Neighbors Who Care (two part-time staff plus volunteers) are much smaller than Springwell but their roles seem to address important gaps in other services. We have put discussion of the physical safety function of TRIAD in that category below, but the TRIAD officer seems to go beyond safety and to also serve as a trusted person who, in the words of one informant, is “dedicated to senior citizens”

and will “get involved in the needs of seniors.” The officer also visits residents of assisted living and nursing facilities.

Neighbors Who Care recruits and trains volunteers to assist seniors, often with chronic illness, “who fall between the cracks of the elder care system.” Volunteers typically visit a client once a week. The goal is to form a social bond and offer supports that formal agencies may not be able to provide.

Besides in-home supports, Springwell also provides services to address elder abuse, help with paying bills, caregiver support, and other services. Another multi-service agency that was interviewed was JF&CS, which is based in Waltham but also serves the entire metro area. Highlights of services in Waltham are a Memory Café for individuals with dementia and their families, guardianship, food and nutrition, and geriatric care management. JF&CS has also helped other towns (Brookline and Salem) to start “Village” programs.

Finally, two health-related organizations mentioned as good supports for healthy aging were the Edinburg mental health center (not interviewed) and the Joseph Smith Community Health Center. In instances where multi-generational families live in the same community, the Health Center tries to serve older family members who may be isolated by a language barrier or lack of transportation. The Center tries to enlist the family as a whole to work with the health center to support their older family member and also links with the Senior Center and Springwell. Forty percent of the Center’s patient services are provided to those over age 60.

How could Waltham do better? (6 interviews - 12 mentions) (8 groups – 48 mentions)

When asked how Waltham could be better in the community and health services category, both interview and focus group respondents pointed to the same (two) categories as in how Waltham does a good job: medical services and the Senior Center. Interview respondents also cited home care improvements, while seniors in focus groups asked for better coordination and communication.

First, several interview respondents, as well as one of the focus groups were critical of the Senior Center for its lack of Spanish-language programming:

“The Americans, they have these centers where they receive support. They have services that help the elderly to fill the taxes. We have nothing in Spanish.... I do not know anything that currently exists, only the ‘Aging Council,’ but the problems are, one, it is not in Spanish, and second, it has an age limit. If you are not 60 years old you cannot participate.” (Spanish FG)

(See the Social Participation category above for other criticisms of the Senior Center's narrow social base).

Interview respondents from several provider agencies cited a variety of shortcomings in medical care services – and access to services – for Waltham seniors, including substance abuse treatment, over-medication, transportation to services (see the Transportation category above), and communication between medical and social care providers. A non-profit serving seniors pointed to the need for stronger relationships between physicians and ASAPs¹⁶. They would like to see dialog about “what it means to live independently (It would be better if) PCPs knew about Springwell and were keeping their patients aware of Springwell.” Also, “discharges from hospitals or rehabs can be problematic since Springwell does not get a lot of information ahead of time.” A City informant pointed to the loss of the Health Department's visiting nurse, who used to be able to make regular house calls.

Several focus group participants had specific problems with medical services, one related to ambulance services:

Why can't we get “ambulance service to (our) hospital of choice without additional cost to us? What is the big deal to go a few more miles (to Lahey)? Why \$450 to go 6 more miles?” (Mill FG)

Another was related to language barriers:

“There are many residents here who cannot speak the language if they call 911. Is there any way to make it faster to be understood?” (Asian in Mill FG)

Substance abuse and over-medication were mentioned by several interview respondents as conditions that could use better care. A City respondent said of some senior tenants:

“They're so medicated – it's unbelievable. They all have health issues. Part of the reason they don't change their eating is when they change their diet their medication works differently.... They talk about their meds and their inability to do things- even something as necessary and simple as getting their paperwork in.”

Another City respondent suggested that Waltham develop a substance abuse program for seniors.

¹⁶ Aging Services Access Points – the Commonwealth's Older Americans Act home care agency – Springwell in the case of Waltham.

Senior care system informants felt that caseloads are high and resources are limited at Springwell, leading to burnout and high turnover in jobs among case managers. Also, seniors who are not income eligible get little or nothing in the way of home care from Springwell. Said one informant, "If you are eligible for Springwell. Good. But if you are in the middle class, forget it. There is nothing."

8. Physical exercise

How does Waltham support healthy aging? (2 interviews – 2 mentions) (5 groups - 17 mentions)

Seniors in focus groups were much more likely than interview respondents to mention ways that Waltham supports healthy aging in the category of physical exercise. Seniors pointed out that Waltham provides multiple places for residents to exercise - indoors and out, private as well as public. Facility-based settings include the Senior Center, the Y, the public pool, Bentley University and senior housing, e.g.:

"There's a pool right down the street. It's free, and they keep it clean" (Housing Authority FG)

"Bentley has a fabulous swimming pool and Waltham residents get a discount. It's open from 7AM to 2PM and again 8PM to 10PM. There's an additional discount when you're over 65." (Library FG)

The Y was the only place mentioned by interview respondents regarding how Waltham promotes physical exercise. According to a respondent, about 30% of the people who come to the Y are seniors, and the Y has programs structured for older adults, some of which are designated as "AOA" (Active Older Adults)." These include water aerobics, gentle yoga, zumba gold, and AOA cardiac.

Outdoor supports for physical activity were cited by respondents such as these Mill residents:

"What I like about the Mill and Waltham is you can walk to everything - don't even need a car. Just walk out the door and you can go anywhere...." "It's a dog friendly town and some housing is pet friendly."

How could Waltham do better? (3 interviews - 4 mentions) (3 groups – 8 mentions)

The improvements recommended in focus groups for promoting physical exercise were mainly related to making some of the private-agency exercise programs more affordable.

"I live in a subsidized apartment (the Mill) with my husband - we have a limited income. And we get to the Y. There is lots of help in Waltham. But I worry, the Y is expensive, not everyone can afford it, we might not be able to afford to come at some point." (Y FG)

"Make Exercise (indoors) but at no cost." (Spanish FG)

A few interview respondents suggested that the town offer and promote more healthy activities – perhaps through the community farm, at Brandeis, or in a church. One agency talked about forming a senior walking group and hosting a field trip from the Senior Center to the community farm, which would include a cooking activity (the latter of which has taken place since this interview). Another informant suggested that maybe Brandeis could help by allowing seniors access to the gym ... "to run... to use the pool."

Finally, a Library focus group participant recommended the creation of a car-free zone on weekends:

"Create car free zones. Take a section of the City where there are a lot of activities within walking distance of each other and establish say a day a week with no cars – like Memorial Drive in Cambridge on Sundays. (Library FG)

9. Diet

How does Waltham support healthy aging? (7 interviews - 9 mentions) (7 groups – 11 mentions)

Waltham's supports for healthy diets were mentioned in 7 interviews and all but one focus group (the Senior Center FG). Common factors mentioned included meals on wheels, prepared at the Senior Center and delivered by volunteers, as well as healthy food from the Waltham Fields Community Farm and CSA.¹⁷ Both groups also pointed to other efforts to get food to people who need it, including the food pantry at the Salvation Army and several congregate meals programs.

Older residents also pointed to opportunities to learn about maintaining a healthy diet through nutrition programs at the Health Center (Spanish speaking FG), the Senior Center and at Hannaford's grocery. The seniors also pointed to the farmers' market and opportunities to eat at numerous ethnic restaurants.

¹⁷ As mentioned previously, Seniors can apply for one of the 20 discounted CSA farm shares (50% off) and also can get a \$5 bag of groceries Tuesdays 4:30-6:30 PM during the season at the Outreach Market at the Former Fitch School at the Intersection of Cherry St. and Crescent Street.

How could Waltham do better? (6 interviews - 6 mentions) (2 groups – 4 mentions)

Interview respondents had more ideas than focus group participants about how to improve Waltham's support of healthy diets. Their ideas varied widely. Seniors in two groups gave a few recommendations for improving food access and diets. One was to provide "information or assistance on healthy eating for someone whose spouse has passed." (Library FG) The Spanish speaking group developed and endorsed the idea to meet once a month in a health program that includes, nutrition, helping them choose what they are eating, where to exercise - in brief, a place where they can get ideas from others. Another participant in the group mentioned that he would like supermarkets to have an area designated for "healthy food." The idea would be to have a section that only stocks food, for example, recommended for persons with diabetes.

Ideas put forward by interview respondents included smaller portions of healthy foods in restaurants, bringing healthy food programming to Housing Authority kitchens and common rooms, smaller CSA shares for singles, and better delivery systems for home-delivered meals.

City respondents said they would like to see more healthy food brought to public housing sites. Currently the Pine Street apartments is the only site with a lunch program (provided by Springwell) that features, "good, healthy food." The same respondent talked about a woman who "drinks no water – only soda all day long. It would be really nice if we just had a big container of water out – like they do in hotels."

Respondents working with the meals on wheels program pointed to shortcomings that should be fixed. Currently for "special meals" such as those prepared for diabetics, the COA only delivers to areas of Waltham that are near COA's other routes. Also, sometimes there are waiting lists for home meal delivery, which results in a situation where eligible seniors can't always get meals for which they qualify. Finally, in some cases consumers need to come to the door to let the meals delivery person into their home and not everyone is able:

"This defeats not only the purpose of the meal but means that there is no checking on people to see how they are doing. Some delivery people are sticklers about the consumer's need to open door and sometimes seem to miss the point. There are too many restrictions and liability issues that are a hindrance."

10. Finding meaning and purpose in life

How does Waltham support healthy aging? (2 interviews - 2 mentions) (3 groups – 5 mentions)

In both focus group and interview notes, it was not easy to find mentions pointing to how Waltham supports seniors to find meaning and purpose in life. In part this is a question of how to categorize comments. One City respondent pointed to the 150 volunteers at the Senior Center and said, “We give people purpose.” Many other comments above on social participation and volunteering could fit here, too. Another non-profit pointed to how they helped a senior publish his first book: “We taught him to use a computer and gave him an old computer.”

A few mentions by seniors pointed to the importance of faith communities in providing meaning and purpose. A couple of others pointed to the importance of pets and supports for pets as seniors have more difficulty caring for their pet:

“The Cat Connection (a Waltham shelter)– if you can’t afford it, they’ll provide care. If you die or go into a nursing home, they’ll take it back. They’ll also pay a cat’s medical expenses. It’s very good for older people to have a pet.” (League FG)

How could Waltham do better? (2 interviews - 2 mentions) (2 groups – 2 mentions)

Two interview respondents were aware of the need to add to meaning and purpose, but they were not hopeful. One organization working with seniors said some seniors “will just sit there, ‘like a bump on a log’ - nothing the City can do about that.” A City respondent pointed to more destructive behavior:

“The issue of elder suicide is rising. Some people say they ‘have no reason to live.’ For example, they may be in failing health - have less social support. (It’s) mostly overdoses but also some hand-guns.”

In focus groups there were two mentions of the need for groups to help elders and families address aging and death. Here is one idea:

“As an aging senior it would be good to have more spiritual guidance added as we cope with aging and death. I don’t hear a lot of talk or discussion on those things. I don’t mean funeral prep and wills, though important; rather more of internal preparations. Very personal but also a place for outreach to aging individuals.” (Mill FG)

11. Being pro-active about health

How does Waltham support healthy aging? (8 interviews - 8 mentions) (5 groups – 6 mentions)

Both interview respondents and focus group participants pointed to numerous events and clinics offered around town to promote health, including health screening and vaccinations at the annual health fair at the Senior Center, a healthy aging event at the community farm, a recent MAPC/Healthy Waltham project on public health, a prevention program offered by TRIAD, Community Health Center nutrition programs, a variety of programs offered by JF&CS (e.g. cooking without a kitchen), and nutrition and healthy living programs offered at the Y. Although the respondents did not give the impression that large crowds were attending, they are reaching seniors: “Seniors get out and see what’s going on.”

How could Waltham do better? (4 interviews - 4 mentions) (2 groups – 2 mentions)

There were few comments coded for this category but there were threads of agreement across respondent categories. First, there could be closer coordination of services. Respondents at a non-profit home care agency would like to have closer partnerships with primary care physicians in this area: “If we could work with primary to do preventive services it would be better.” A senior in the Spanish focus group also pointed to coordination, stating that he could have avoided acquiring diabetes if the medical system had referred to the nutritionist in time instead of having to go to the general practitioner several times.

Second, both seniors and professionals urged people to start being healthy at younger ages. An example was this participant in the Senior Center focus group:

“I think good health and mental well being starts before you get old. You have to start when you are younger and take care of yourself. Have to be outgoing, friendly, inclusive. You have to participate. A lot of people aren’t and then they complain they are lonely.”

12. Physical safety

How does Waltham support healthy aging? (3 interviews - 3 mentions) (4 groups – 8 mentions)

Comments by both seniors and professional respondents about Waltham’s support for physical safety mostly related to safety in the home. The TRIAD program run by the police department in collaboration with the Senior Center provides a variety of safety checks and supports for seniors in their homes, as well as warnings against scams, and is highly regarded by respondents. Interview respondents cited efforts by the police and fire departments to identify those at risk and to help with things like setting up key boxes to ease access in emergencies. They also pointed out that the City’s police and fire fighters cannot use the Lifeline box that some seniors have for medical emergencies. The lock boxes that TRIAD sets up not only give police and fire access to a key, they also have permission to get in. Another specific support cited by

seniors was connections to handymen through the Senior Center, who can install safety bars.

Finally, seniors in several groups pointed out that the City of Waltham provides an environment where residents feel safe outdoors: “Safety – most parts (of Waltham) are quite safe.” (Team FG) The overall safety of paths and sidewalks was covered in Category #1.

How could Waltham do better? (2 interviews - 2 mentions) (2 groups – 9 mentions)

The Senior Center and TRIAD respondents cited the need for better preparation and more resources to deal with snow emergencies and the isolation caused by the big snow last winter. Also, it would help to have a fund to cover the cost of lock boxes (\$100) for seniors with low incomes. Seniors in two focus groups mentioned wanting to be able to walk and bike more safely and recommended a number of ways this might happen, e.g., require bikes to have bells (Mill FG), clear paths and sidewalks of snow and ice (Library FG), and add time at crosswalk signals (Library FG). (These were covered in Category 1 above.) Neither seniors nor professionals mentioned a need for improved policing.

13. Financial security

How does Waltham support healthy aging? (5 interviews - 5 mentions) (3 groups – 4 mentions)

A respondent from an agency serving frail seniors in their homes, described a frame for understanding the broad financial context for seniors: “In general, the medical and financial needs of clients are being met by the Federal safety net.” Without this framework of supports from Medicare, Medicaid, Social Security, SSI, and subsidized housing, the other supports for healthy aging discussed in this study would be ineffective.

That said, additional aids to financial security were also mentioned in both focus groups and interviews. Focus group participants pointed to several additional factors and programs that help Waltham seniors with financial security. These include relatively low taxes due to strong tax revenue from businesses, the presence of a SNAP (food stamp) representative at the Senior Center, and a tax abatement program for low-income seniors who volunteer in activities certified by the Senior Center. Seniors can “get \$800 off taxes but that \$800 is then taxed as income.” (Team FG)

Springwell and veterans services respondents pointed to the combinations of federal, state, and local funds that support Springwell’s home care services such as personal care, homemaking, and respite, on a no-cost or sliding fee scale. Veterans services is able to provide financial assistance to qualified veterans for things such as fuel,

medications, Medicare part B expenses, etc. and is reimbursed (75% State/25% City) through Chapter 115, a “law passed after the Civil War.”

More modest supports for financial security include the food subsidies found at the farmers market and the Waltham Community Farms outreach market, covered in the earlier sections on Diet and Social participation, inclusion, and respect.

Finally, both interview and focus group respondents pointed to financial management supports provided by several agencies. The Public Internet Center and the Senior Center have volunteers who provide free income tax help, as does St. Mary’s church for Spanish speakers. The Internet Center also helps clients with on-line banking and setting up passwords.

How could Waltham do better? (1 interview - 1 mention) (6 groups – 7 mentions)

The only thought offered in this category in the interviews was that the city - or perhaps the state - could create better breaks for seniors on real estate taxes. Focus group participants had more ideas, including helping the homeless/impoverished:

“Find more ways to help people who are homeless and destitute” (Team FG).

Address the rising costs of rental housing “Rents are too expensive” (Housing Authority FG).

As covered in the section on Social participation, inclusion, and respect, there were numerous comments about reduced costs for services, e.g., the Y.

14. Other factors

In the course of the coding several other categories of healthy aging and communities jumped out that did not fit easily into the pre-set categories and deserve highlighting. They include the opportunities and importance of planning, recognizing the diversity of seniors, and the nature of Waltham as a town.

- **Planning**

Building on the strengths in Waltham and addressing the opportunities and needs for improvement will take planning and execution. We were impressed with the ways that MAPC might be able to assist Waltham through planning and design standards for state or federally funded projects.

- **The diversity of seniors**

Several interview respondents pointed out that it is seldom accurate or meaningful to talk about “seniors” as a whole. They are diverse in age, capabilities, interests, culture, language, class, living situations, and a variety of needs and it’s a mistake to think that any one program or approach will work for all seniors. As a City informant told us,

“We serve seniors 60 years old to over 100. That’s a 40-year span. People don’t all have the same needs. They can’t be defined only by age!”

- **The “personality” of the City**

This is a category that came up in several focus groups – but with different conclusions. Two participants said that Waltham is “friendly”:

“I have liked living in Waltham (Bishop’s Forest). Everyone is very friendly.”
(Senior Center FG).

Another participant said that although his/her particular neighborhood in Waltham felt welcoming, the city, as a whole wasn’t welcoming:

“... I don’t have a sense from the City of welcoming - a sense that the city wants to welcome us. No one has ever reached out to us. The consequence is not feeling connected to the City of Waltham.” (Team FG)

Another interviewee said, he/she has a sense that the Senior Center only feels welcoming to some people in the community- that it is, “very cliquy” (Non-profit)

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

1. Outdoor spaces and buildings

What do older adults already do to be healthy? (1 respondent - 1 mention) (4 groups – 4 mentions)

There were few mentions in this area, but both professionals and seniors agreed that older people know Waltham’s outdoor activities and spaces and use them, e.g., the gardens at the Mill and senior housing as well as walking paths around town: “The Riverwalk is great in the fall, summer, and spring - a lot of older adults are out there walking.” (Housing Authority FG)

What else could they do to be healthier? (0 respondents - 0 mentions) (1 group – 1 mention)

The only mention here was from a senior in the Library focus group who suggested that seniors could get active in promoting planning:

“There is “no ‘visioning’ in this city around traffic, planning and zoning. We could say we want a city visioning using Medford as model. How can we be more creative about these things as well as about businesses and what makes them healthy?” Do this “instead of leaving random decisions to city government.”

2. Transportation

What do older adults already do to be healthy? (0 respondents - 0 mentions) (2 groups – 3 mentions)

Being able to drive is a concern that came up in two focus groups. Some seniors give rides to others, e.g., to the airport. Some take public transport rather than drive their car.

- “My health is good. I eat well, exercise....Just last week gave up tennis. My kids don’t live near by. I am concerned when I won’t be able to drive.” (COA FG)
- “People avoid using their private auto. They walk and take advantage of public transport....(You are) more part of community if not ‘tied down’ to your private auto.” (Library FG)

What else could they do to be healthier? (0 respondents - 0 mentions) (2 groups – 3 mentions)

To address the problem of not being able to drive, focus group participants had additional ideas, including giving more rides to friends and neighbors, organizing a voluntary driver system such as Lexington’s FISH, or encouraging a private system such as Uber.

“People can help others give rides. You have to plan and organize rides. Rides to the airport. It used to be easier. Now you can’t wait for someone at the airport to pick them up.” (COA FG)

“There’s this whole way of overcoming transportation problems. People are using Uber. People are doing something about it rather than relying on government.” (Team FG)

3. Housing

What do older adults already do to be healthy? (2 respondents - 3 mentions) (0 groups – 0 mentions)

Two non-profit interview respondents had some ideas here. One offered that some seniors move to senior housing when the time is right, but others stay too long in homes they cannot maintain.

The question is, “how to get them out of this situation? We must acknowledge a person’s autonomy in decision-making. The most successful elders making this transition do it in steps. They go from a big house to a condo to apartment or senior housing.”

Seniors also try to stay in affordable units, but sometimes this is not possible with rising rents. For example, the Wellington Crossing condo complex (on Trapelo Road in North Waltham) is a 40B development¹⁸ with some low income housing. There are low-income rental units there that are not filled due to high cost. The formula is a % of median rents. When rents go up the % goes up and the “affordable” housing rent goes up too.

¹⁸ “40B is a Massachusetts state statute, which enables local Zoning Boards of Appeals to approve affordable housing developments under flexible rules if at least 20-25% of the units have long-term affordability restrictions.”
www.mass.gov/hed/community/40b-plan/

A respondent familiar with Spanish speaking residents pointed out that “Spanish culture is different.” They “stay with families ‘til the end.” They wouldn’t use a nursing home.

What else could they do to be healthier? (0 respondents - 0 mentions) (3 groups – 4 mentions)

Participants were generally happy with their housing, e.g. in The Mill: “No concerns in this building. I feel safe, everyone knows everybody. We have a security guard.”

The only suggestions from seniors related to having reliable help for home repairs and maintenance:

“I live alone, and I want to continue to stay in my home. I have maintenance concerns. I need help occasionally with the heavy stuff. Someone who can help out, fix small problems.” (Y FG)

“There used to be group of men who did repairs of things for others. That was great.” (Mill FG)

4. Social participation, respect, and inclusion

What do older adults already do to be healthy?
(7 respondents - 8 mentions) (8 groups – 18+ mentions)

Both interviews and focus groups yielded many responses that illustrate how seniors participate in social activities and experience respect and inclusion. Older people get engaged socially by attending social events and by caring for their neighbors and fellow community members through formal and informal volunteer activities. The many events mentioned here were already mentioned in the in the social participation category on how Waltham organizations promote healthy aging: Veterans attend pancake breakfasts and participate in trips to Foxwoods, the life-long ties through “marriage and family” that about 20% of Senior Center users have, and being active in the Garden club, the League of Women Voters, and trips from the Senior Center are all social participation that Waltham seniors do for themselves. (There is more on volunteering in the Civic Engagement category.)

Seniors emphasized the importance of reaching out and making new friends:

“I have an older friend who uses Match.Com. She’s found contacts for walking with men. She’s gone to concerts with other men. She’s 83.” (Team FG)

There's a firing up of motivation behind many comments in this area – if you stop going and doing you will be left behind and alone.

Some thought it is good to be around younger people, although some did not:

“I love hearing kids laughing and being around kids.” vs. “Please, I had all that. I don't need kids around.” (exchange in Mill FG)

“You can't change your age, but if you don't want to feel old don't hang around with old people.” vs. “That's not true!” (exchange in Senior Center FG)

Finally, although many seniors are challenged by technology, others are open to adapting to it to maintain social connections. According to a non-profit that helps seniors with connectivity: “At first it was getting people comfortable on hardware. Now it's getting them onto Facebook, Google, on-line banking.”

What else could they do to be healthier? (11 respondents - 17 mentions) (8 groups – 23+ mentions)

Ideas for being more socially connected came up in most interviews and all focus groups. Both sets of informants emphasized that it is important to have an attractive and appropriate range of social activities, but seniors also need to desire to be connected, make choices, and act to stay connected rather than isolated after a difficult time. (Additional examples of ideas for social activity are presented in other categories, e.g., physical activity, attending agency programming, finding meaning in life, and the new category of neighborliness.)

As in the area of what seniors already do, in this category both seniors and professionals endorsed a “get out/reach out/join up” ethic:

“Make a date with your neighbor so they get out of their PJs.” (League FG)

“Get out there walking! Grab a friend and go walking.” (City respondent)

But this is not always effective:

“Many don't want to go anywhere. Then they complain. You can't make them go.” (Senior Center FG)

Several suggested that “saying yes” when someone reaches out to you is a behavior that seniors should adopt.

Suggestions included not just being active but also creating activities:

“If you could get older people to speak out to others it would be helpful. They don’t necessarily want to hear from young people at (our agency) or even from family members. An elder-led discussion would be more likely to be heard.”
(Non-profit serving seniors)

“Get together with others to come up with good ideas to promote. Dictating to people what to do isn’t the right way.” (League FG)

Another advised including people by the language they speak, as described in an interview respondent’s description of two events at St. Mary’s:

“One day all the St. Mary’s volunteers got together, and the leader said ‘let’s not sit by ourselves. Let’s mix – and be patient with broken English.’ But that’s unusual. Yesterday there was a jazz band. It was almost all Americans who came and it was all in English. Language is always a barrier.”

Several interview respondents recommended activities that seniors and others could organize, e.g., a chess or scrabble evening at the Internet Center for those who play online. One non-profit that serves seniors had a lot to say about this. Respondents recommended having support groups or discussion groups that open a dialogue and lessen stigma of aging:

“People often say, ‘That’s life’ or ‘I’m sad’ but don’t want an antidepressant. We need to open the conversation. Even when a service is available in their building, people often don’t participate.”

Professionals working with seniors pointed to reasons that some do not participate in social activities. It may be that their acquaintances are too busy for them or their families have moved away. Other seniors don’t go out because they fear they’ll need access to a bathroom. Others have arthritis or are depressed.

The need to actively include men was also discussed by respondents in a non-profit serving seniors, as well as others:

“When men become widowers they often don’t ‘pick themselves up.’ Men are more isolated and go for walks alone.... It would be helpful to find alternatives to the Senior Center, which is very cliquish. The VFW a better place for some men. We may need to explore further how to help men ‘feel like men’ and feel independent and help them learn what they can provide. Men often don’t want to publicize that

they need help.”

Men in focus groups also pointed to their special needs:

“We need something so that our (male) voices can get heard.” (Mill FG)

“Another idea is to belong to an inter-generational group where seniors can show the skills they have over the years and can give help to the young. In American culture, the old man gets separated. The Pope said that the old could also give coaching.” (Spanish FG)

Finally, there were other references to the need for more inter-generational activities:

“They could give much more e.g., to intergenerational programs. We still have so much to give. A lot of us are eager to do it.” (Team FG)

“There is a dancing group, but not for older adults. They invite us sometimes.” (Spanish FG)

“Waltham High kids go to places to do community service but not the Senior Center. Why not?” (Team FG)

5. Civic participation and employment

What do older adults already do to be healthy?

(8 respondents - 9 mentions) (6 groups – 17 mentions)

Surprisingly, we did not hear anything from either seniors or interview respondents about seniors who worked, but we did hear a lot about how seniors volunteer in the community and are politically active. Because two of the focus groups (the Team and Library groups) were formed at least in part to include seniors who volunteer, it is not surprising that the participants had a lot to say about the volunteer component of civic participation. But other senior participants (except in the Spanish and Housing Authority groups) told of the benefits of volunteering as well. (Other examples of civic participation and volunteering are discussed in the new Neighbors category.)

The opportunities for volunteering that were mentioned are many and varied: meals programs, the Land Trust, TRIAD, WATCH, churches, Neighbors Who Care, senior traffic directors for school children, and neighborhood groups. Participation in these was seen to have a variety of benefits, particularly a sense of being helpful and helping others.

“There are community meals programs; there are food-pantries. We can check on our elderly neighbors.” (Y FG)

“Having a pet is a healthy thing. I want to volunteer at the Cat Connection – It helps one to have a good relationship with animals.”
(Mill FG)

“WATCH is a good group that always needs help.... It feels good to help people.” (Senior Center FG)

Some asked to make it easier to volunteer:

“A couple of agencies sound receptive but they don’t respond. They say they will call you, but they don’t. It’s hard to find a comfortable situation.” (Library FG)

From the interviews and from observations of focus groups, it appears that volunteers are mostly but not always those who are better off – able-bodied, white, and better educated. An exception is St. Mary’s Spanish community congregants who “help when we ask. When we do a retreat and we need help, they ask, ‘what do we need to cook?’ or they help set up the hall.” Although we were not able to set up a focus group of Ugandan immigrants, in the process of trying we also saw seniors volunteering in the setup and clean up of their lunch at St. Mary’s. There are also volunteers at the Internet Center who tutor in Spanish and Creole.

What else could they do to be healthier? (4 respondents – 4 mentions) (5 groups [- 12 mentions])

There was not a lot new here from interview respondents besides continuing to volunteer. However, one public agency respondent urged seniors to “participate in community engagement. Look for shaping community change to be inclusive.” This comment was consistent with the focus group suggestions, which were much more in the vein of activism than simple volunteering.

For example, the public housing tenants talked about wanting to improve their tenants’ organization but were skeptical. The exchange included:

“We could have discussions (not like the meetings we have) but have tenants sit around and share ideas.”

“There’s a meeting tonight to elect people, and then we’re having a Halloween party (if people run).”

“It doesn’t make sense to have this association without uniting – we need to unite.”

“We need to foster a more neighbor-like, together, united community.”

“It’s a big community and it’s definitely not easy.”

Also, we heard examples of organizations in which to volunteer related more to creating groups than to getting involved with existing ones. Other towns were cited as examples at the Library group:

“Organize ourselves. For example, in Brookline people did a survey of businesses that were not clearing snow in front of their stores. Gentle, but it listed them. People in businesses were embarrassed and the city took over and now walks are shoveled.”

And there were also calls for getting more involved in public affairs, politics, and voting, especially since seniors are 20% of the Waltham population. These two comments spoke to the need for people to be better informed:

“The League (holds) evening chats at Panera, in a bar, or other places around town. These are chances for people to talk about local politics and options. Put notices in the Tribune. Talk about the upcoming elections.” (Team FG)

“It would be good if people could go to (city) council meetings, etc., and to be able to follow what is going on. We need relevant documents, need to be able to hear what is being said, know the people. It’s almost impossible for a citizen to go there and find out what is happening.” (Library FG)

6. Communication and information

What do older adults already do to be healthy?

(2 respondents - 2 mentions) (4 groups – 5 mentions)

There was very little mention of what seniors do to stay healthy regarding communication and information in either interviews or focus groups. Topics mentioned by seniors were information about ride sharing, a community bulletin board at the Mill, and cable TV. There was an admonition to “stay informed.” Similarly, interview respondents said that seniors use what is there and talk to each other about what’s happening. In the words of a City respondent: “The best thing elders can do for themselves and the community is to talk together. It is the best and most effective way to communicate and spread information. “

What else could they do to be healthier? (0 respondents - 0 mentions) (3 groups – 6 mentions)

There was not a lot that came up about what else seniors could do to communicate and stay informed. As with the question of what seniors already do, the discussion about communication and information in focus groups was about what groups and

organizations in the community could do to improve communications, which was covered in Section xx.

7. Community and health services

What do older adults already do to be healthy? (0 respondents - 0 mentions) (5 groups – 8 mentions)

None of the interview respondents had a comment about how using services helps seniors be healthy, but positive aspects of using the senior center, the universities, and the library were mentioned in focus groups:

“The Senior Center. If you use it, it can make a big difference in health, in mental status. You have company, camaraderie.” (Library FG)

“Attend OSCHER institute courses.” (Team FG)

What else could they do to be healthier? (0 respondents - 0 mentions) (4 groups – 9 mentions)

Again, none of the interview respondents’ comments fit this category, but seniors in focus groups had relevant ideas. A participant in the League group suggested how participating in programs can promote health: “When you are trying to change something, you need support. A combination of things is important.” A discussion in the Team focus group also touched on how seniors could try out new programs and services, including services that don’t now exist, and perhaps influence their direction. Besides one call for evening social events at the Senior Center, one participant had this to say:

“How do you make programs that are theoretically for all people over 60 or whatever... rebrand them so that people who are 62 or 78 or whatever who don’t think of themselves as doddering think of them as their programs? Now people when they think, ‘should I use the senior center?’ say ‘I’m not ready for that!’ But all of us have unique things to offer, and if we start using it, it will be more responsive to us. ... It’s partly action. Try it out. Talk about it. Influence its direction.”

8. Physical exercise

What do older adults already do to be healthy?
(6 respondents - 6 mentions) (8 groups – 32 mentions)

Six interview respondents and all focus groups had thoughts about how seniors pursue health through exercise. The general message is that Waltham seniors are

pro-active about their exercise and take advantage of what the City offers, both indoors and out (biking, walking, swimming).

Walking is popular among seniors, as well as low intensity/low impact activities. Specific mentions by both City and non-profit respondents included:

- There's a walking group in Clark Tower Drive.
- The Waltham Land Trust walks attract many older adults.
- A lot of Chinese people at the Mill are doing tai chi at Landry Park.
- They show up for Zumba Gold in the Housing Authority.
- Many already are aware of the importance of staying fit, and they come to the Y.

Comments from seniors covered both indoor and outdoor activities and combinations:

"I changed my personal diet, and I'm exercising more than I used to. I have weights in my apartment; I go to Zumba class; and I'm a member of the Y. You can join the Y, and if you qualify due to income, you can get a reduced rate if you send them verification of income." (usual price is \$50 a month, resident pays \$30) (Housing Authority FG)¹⁹

"I'm not taking advantage of services. I ride my bicycle for transport and recreation and eat well. I have a membership at Planet Fitness and occasionally go to the gym and workout. I haven't reached the age where I'm falling into a routine of services for aging. If I'm lucky I'll get there." (Library FG)

What else could they do to be healthier? (2 respondents – 2 mentions) (3 groups – 6 mentions)

There were not a lot of ideas about additional ways that seniors could participate in physical exercise to be healthy, but one thought from the interviews and two from the focus groups are worth highlighting.

First, there was one striking comment in interviews related to physical exercise for manual workers. A non-profit respondent pointed out that recreational exercise may not be a good fit for individuals who have spent their entire lives doing physically demanding work:

¹⁹The Y has a form to apply for up to a 50% discount on the regular membership price.

“After working six days a week in landscaping, the workers are too tired to exercise. And older people don’t really exercise. They were workers, and there is still work they have at home.”

Second, seniors in two focus groups suggested supporting one another to exercise, including a “buddy system” (League FG) and a walking club:

“We should have a walking club in the building - have someone motivate us. Like what’s done for Zumba.” (Housing Authority FG)

9. Diet

What do older adults already do to be healthy?

(1 respondent - 1 mention) (7 groups – 21 mentions)

There was only one mention in the interviews of what seniors do to have healthy diets, which related to exercise and socialization in the Housing Authority: “They show up at Zumba. They also come to socialize. They come for the fruit.”

In contrast, diet was mentioned in every focus group except the Senior Center group as a way seniors stay healthy, showing that seniors are aware of the need for a healthy diet. Approaches mentioned included eating natural and local, doing your own cooking, cutting down on “bad things” (e.g. salt, sugar, carbs), using meals programs, using advice from local experts, controlling weight, and following a diabetic diet.

“Stop eating so much rice.” (Spanish FG)

“Springwell comes in and does a lunch program – a balanced meal 5 days a week for \$2.” (Housing Authority FG)

What else could they do to be healthier? (5 respondents - 8 mentions) (5 groups – 5 mentions)

In the five focus groups where diet came up as something else seniors could do to be healthier, the thoughts were essentially more of the same regarding what people already do: use healthy eating advice, cut out “bad things”, limit the amount of food one eats. A novel item raised at the Library group, was to help newly widowed seniors to learn to eat healthy.

The interview respondents thought that many seniors should be eating better food and drink, but they cautioned that it is not easy to change habits. Better nutrition and smaller portion sizes are difficult changes to make, especially when seniors have been cooking and eating their own food for decades. A non-profit respondent working with

the Spanish-speaking population pointed to a different source of habits that are difficult to change: ““Everything is big portions.” What can we do? Teach them? But will they change? Most of the men are in landscaping. They take their lunch or they go out for fast food.”

Recommendations for better diets included “drinking more water and less alcohol – there’s lots of drinking” (City), using congregate meals programs now rather than saying “Maybe in winter if I need it” (Non-profit serving seniors), and using the farmers market, even though it is “not as accessible as it was at the Sovereign bank lot” (Non-profit). Changing diet requires keeping at it:

“Have a shared meal.... (where you also) share how to eat healthy. Once I brought a pasta meal to Prospect Street and the reaction was ‘What? Where’s the butter? Where’s the cheese?’ They say it takes sixteen times before your brain acclimates to (new) food.” (City)

10. Finding meaning and purpose in life

What do older adults already do to be healthy?

(4 respondents - 4 mentions) (7 groups – 16 mentions)

This is a difficult category to isolate because meaning and purpose can be found in so many of the things covered in other categories – social involvement, volunteering, and physical activity. Also, professional respondents pointed out that at later ages and with limited capabilities, meaning and purpose may narrow and come down to maintaining independence in everyday ways and activities. Things that seemed important to focus group participants included having a spiritual practice, joining groups and activities, going and doing things you enjoy, caring for or helping others, and reaching out and connecting with others.

Spiritual practice: “I smile at people a lot. Emotional health is probably more important than physical health. I try to practice happiness though I’m not very good at it. Forefront in my mind is to appreciate this gift of human life which everyday gets closer to not being a part of me anymore. Practice happiness.” (Mill FG)

Attitude: “Adjust and have a good attitude and you will be able to fight any battle. Some think that because they are alone and ‘can’t do this and can’t do that’ and ‘don’t hear from [their] kids’ that they have problems. If they feel that way they will die young and unhappy.” (Mill FG)

Going and doing things you enjoy: “Have a community garden. The Boy Scouts built 6 planters.” (Housing Authority FG)

Care for or help others: "My mom is 98. I bring her with me to the Y. I look after her, watch over her eating, her meds. It's both a responsibility and a pleasure." (Y FG)

Reach out and connect with others: "What I do is smile when I see people. I tell them I am running for Congress and they get a good laugh." (Mill FG)

What else could they do to be healthier? (5 respondents - 6 mentions) (5 groups - 17 mentions)

Responses from professionals interviewed pointed out that seniors face many challenges that may sap meaning and purpose – stigma, resignation, failing health, life changes and transitions. Respondents cited the need for the community – including agencies, the City, and other seniors, help seniors overcome these inevitable challenges.

Two respondents working with seniors in the community had similar takes. A City respondent said: "We see people that need motivation." A respondent in a non-profit working with the Spanish population said that doing more "depends on the individual. When they reach 60 the attitude is they quit. But they could do more."

A City respondent who works closely with seniors spoke of a darker side:

"The issue of elder suicide is rising. Some people say they 'have no reason to live.' For example, they may be in failing health, have less social support.... They (need to) have a reason to get up in the morning, a sense of purpose – to get out of the house. There needs to be more information to promote socialization. This leads to more longevity, better quality of life."

The "what else" responses in the focus groups fell in many of the same categories as what seniors already do: having a spiritual practice ("Classical music has a healing power" – Y FG), having a positive attitude ("View things as an opportunity and figure out how to capitalize on them" – Mill FG), finding activities you like ("have a workshop for people to attend to do a variety of woodworking and other tasks like working on bicycles"- Mill FG), and planning in advance ("I love to have something lined up for every day of the week" - Senior Center FG). There was also a new suggestion to "be ready when someone asks you out. If people are in their house a lot— they don't get dressed... they can get in a rut... but if they are dressed and ready when someone asks, you can go out and feel good about yourself." (League FG)

11. Being pro-active about health

What do older adults already do to be healthy? (0 respondents - 0 mentions) (6 groups - 12+ mentions)

None of the interview respondents made a comment that related to being pro-active about health, but ideas turned up in 6 focus groups. Approaches mentioned here were accessing prevention services, not smoking, managing weight and blood pressure, handling stress, and otherwise taking healthy steps. If we included all the mentions of healthy diet and physical exercise there would be many more mentions.

What else could they do to be healthier? (4 respondents - 4 mentions) (6 groups - 15 mentions)

Among interview respondents this category seemed to wrap up responses made in other categories. The message is that being proactive involves diet, exercise, self-motivation and routine. Two more novel ideas also were voiced:

“The idea is to educate yourself. If not, then you are going to keep on doing the same.” (Spanish FG)

“End of life planning. Most of us could be starting earlier. Financial. Legal. If I die tomorrow can my kids find out where my bank accounts are?” (Team FG)

12. Physical safety

What do older adults already do to be healthy? (0 respondents - 0 mentions) (1 groups - 1 mention)

What else could they do to be healthier? (0 respondents - 0 mentions) (0 groups - 0 mentions)

There was only one thought about what seniors do about physical safety and none about what else they could do. Essentially the participating seniors felt safe:

“No concerns in this building. We feel safe. Everyone knows everybody.” (Mill FG)

13. Financial security

What do older adults already do to be healthy?
(1 respondents - 1 mentions) (3 groups - 5 mentions)

What else could they do to be healthier? (0 respondents - 0 mentions) (0 groups - 0 mentions)

The only response from interviews that was coded here was covered in the civic action category: older adults performing work in the community in exchange for real estate tax relief. The few focus group comments on financial security concerned some well-known issues with seniors' finances – owning a valuable asset (a house) but having little cash on hand and more generally having a limited income.

“Many people are house wealthy and cash poor. Social security helps but it's limited.” (Library FG)

14. Other factors

In reviewing the interview and focus group responses to the question of what seniors do and could do to be healthy, coders came up with several new categories.

Neighborhoodness – reaching out, friendliness, and helpfulness (4 groups – 4 mentions)

The idea of being neighborly, reaching out and being friendly and helpful towards others, came up in at least four of the focus groups. The notion of social connections and connecting has already been cited under other categories (social participation, finding meaning, being proactive about health), but it came up enough on its own to justify this highlight. Essentially the message is to reach out and connect with those around you by being friendly, outgoing, supportive, enthusiastic, and the like.

“Neighbors are the greatest source of healthy aging– sometimes more than your own family.” (Team FG)

“I should think there should be ways to help older people deal with loneliness. Maybe a buddy system?” (League FG)

When a City respondent was asked about housing authority tenants, ‘Do they watch out for each other?’ the response was

“Definitely – they do it informally. It's easier in the high rise and on Prospect. Grove St is more spread out. At Orange St they know everybody. They have a good sense of what's happening in their building. They don't use the community room at all on Pond. The question is – how do organizations, as well as seniors themselves, create this kind of community?”

- **Frailty and Independence** (3 respondents – 3 mentions)

Respondents from three agencies working with seniors in their homes pointed out that the more active healthy aging categories – e.g., volunteering, social participation - do not work so well for seniors who have functional disabilities and a difficult time getting out. One respondent described this situation:

“As clients reach their mid-eighties, there comes a point when they cannot climb stairs, they cannot walk, ride the bus and may be increasingly ill or handicapped. Aging is a vector towards being able to do less for themselves.”

For these seniors healthy aging may be staying active and independent at a more modest level. In the words of a respondent from a non-profit serving seniors:

“If they are well enough, people like to walk around their neighborhood. They like feeling that can get out and that they are not too far from anything. They stay physically active.”

- **Diversity**

The senior population is not uniform and we should not think that any one agency can serve everyone. This excerpt from the notes on a respondent from a City program serving seniors put it well:

The Mass Council on Aging has 300 people. They are asking: How do we bring the younger seniors in? If they don't want to come in, they won't come in if they don't have that need right now. You can't force the services to change. Younger seniors planning for retirement come in for estate planning. Coming in for their older parents. Why aren't some older seniors coming? They are still working. Seniors are also babysitting for their grandchildren. There are many seniors who don't find this place interesting. We try to offer things for everybody. The Mayor wanted to fix up the big space in the basement but it still isn't being used. If you are active you are doing things elsewhere

D. What do seniors do to foster a healthier community?

The final link in the socio-ecological model of healthy aging is that individuals in the community may not only do things to be healthy themselves, they may also do things that create healthy communities. Many of the examples we have presented in the two preceding sections on how Waltham promotes healthy aging and on what seniors do

to be healthy also could be categorized as examples of seniors promoting a healthy community, e.g., by participating in social events, volunteering, and communicating.

To push this question a little farther we asked both focus groups and interview respondents two questions:

- What do older adults already do to promote health in the community?
- Are there other things they could do?

Unfortunately, in both cases, the questions came at the end of the discussions, and in the case of the focus groups particularly, we did not always have time to probe and get more than had already come out in the questions about what seniors do and could do to be healthy. The interview responses were also brief, but they are worth relating in the several categories where we coded responses.

Civic participation:

The question about what seniors already do to create a healthy community yielded some additional examples in the area of volunteering, including low-income seniors reading to children in school (and thereby earning real estate tax credits), a volunteer CPA at the Internet Center's income tax assistance service, a tenant in an apartment complex on Main Street who gets a reduced rent for checking in on other residents for Springwell, and volunteer "visitor reps at the police department (who) are a wealth of information" (City respondent). A non-profit respondent pointed to meetings in St. Mary's housing for crocheting: "They give the things they make to single moms."

Seniors are also active in advocacy. A non-profit interview respondent described how the 2010 flood took out the fire lane in downtown Waltham. It was "dark and treacherous." Lots of stakeholders got involved. "Older adults (in both the Mill and Cronin's Landing) pushed. They wrote letters and contacted the Mayor's office. The result was better lighting."

When asked what else seniors could do to create a healthy community, several ideas came out.

- **Transportation**

A public respondent urged the creation of a volunteer alternative to "The Ride," which is expensive and not likely to be able to fill growing needs.²⁰

²⁰ According to the Globe (10/22/15) the Ride costs the MBTA \$45.53* for each person it carries above the fare the person pays. By comparison, the T buses require a subsidy of \$2.86 per bus passenger. Volunteers could help fill the need.

- **Housing**

A non-profit working with seniors at home pointed out that many seniors need seasonal air conditioner installation and removal.

- **Social participation and inclusion**

A non-profit working with seniors at home said that we need better ways to find isolated elderly and engage them. Also, in their experience Asians have relatively low participation in community services.

III. Summary, limitations, recommendations and implications

A. Summary

This study offers windows into the lives and thinking of Waltham seniors, a sampling of the work and views of staff from city and non-profit organizations who serve seniors, and a broad overview of what the city 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 Waltham work to promote it, how Waltham could make it work better, as well as what Waltham’s seniors do to achieve it.

We have found many things to like in the specific characteristics of age-friendly communities from the WHO model, and we have identified ways they support 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 Waltham’s material environment: an attractive and accessible downtown and numerous open spaces around the city with paths for walking and riding. Seniors use and appreciate the downtown and open spaces, and the suggestions we heard for improvements, e.g., adding benches on the Common and at bus stops, fixing the timers on some crosswalks, separating bikers and walkers on paths, were more on the order of fine-tuning than overhauls.

Waltham also has a good base in three other age-friendly categories: housing, transportation, and community and health services. There are 556 units of subsidized senior housing, much of it well located in or near the downtown, and there are 20 units of cutting-edge housing plus services model on South Street. The seniors living in the relatively new and attractive Mill housing are particularly happy. Waltham 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. Waltham offers them help to move to more manageable and affordable housing when aging in place isn’t working. The new rental housing being built downtown will expand the options for those with means. Clearly more units of affordable and supportive housing are needed, and the city should be planning to make this happen.

What to do “when I can’t drive anymore” was a topic that came up repeatedly in focus groups. The lack of transportation may mean missing medical appointments, being short of food, and becoming socially isolated. Fortunately, Waltham offers alternatives to foot and automobile travel. Some 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, or difficult processes for to apply for and 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 transport system like Lexington’s FISH.

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 Springwell home care, Medicare-covered health care, and the Joseph Smith Community Health Center. There are also niche players like the city’s TRIAD officer and Neighbors Who Care volunteer home visitors, 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 low-cost healthy food through the Waltham Fields) help seniors be healthy in these dimensions. The Waltham 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, particularly for immigrants. Discussions are underway between the Senior Center and senior volunteers and to explore a “Village,” a volunteer program linked with the Center that helps members with in-home support and social activities.

The WHO’s social participation and civic engagement categories highlight Waltham’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. Waltham’s many free or low-cost concerts, festivals, museums and university events are magnets to get out and mix in the community, as are agency offerings at the Senior Center, the JF&CS memory café, faith communities, and other settings. Senior volunteers are active in organizing events, leading and supporting non-profits like the Land Trust, 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 Waltham fosters physical and financial security for its seniors. The outdoors is perceived to be safe, emergency services are good, and (through TRIAD) the city offers help with in-home safety and protection against scams. Financial security is a function of income and wealth disparities in the US, but Waltham tries to help low-income homeowners with low-cost home repair loans and tax credits for volunteering. Discounts are also available, e.g., \$6 Tuesdays at the movie theater. More could be done for financial inclusion, e.g, discounts to the Breezer’s Ball. Or Waltham restaurants could collaborate to follow the lead of Greenfield’ restaurants and offer a monthly game night with free soup and salad.

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

- Diversity of aging: Recognizing that seniors have diverse and changing needs and interests, and the fact that no one agency or approach will work for all.
- Neighborliness: There was some disagreement about whether or not Waltham is a friendly place to live and whether some places and activities are exclusive to newcomers. The antidote to this is Neighborliness – the idea that seniors can reach out and connect with those around them by being friendly, outgoing, supportive, and enthusiastic.
- Planning: Waltham will need strong planning to develop and implement projects funded by state and federal funds. Planning for more senior housing and improved transportation are key issues here.

Finally, disparities in healthy aging cannot be overemphasized. They lie along three intersecting dimensions: health and functional status, economic status, and race/ethnicity/immigration 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, social ties, and worse. For them healthy aging may mean more modest goals of getting adequate help and care and maintaining independence in daily activities. Waltham has agencies that help in these areas, but the community could have a vision to do more. This may be a task best suited to senior volunteer groups like Neighbors Who Care, or faith communities, or perhaps to people of all ages who are ready to join a Neighborliness team and be friendly and helpful to nearby seniors.

Second, we've mentioned above that low income and limited assets block access to many components of the healthy aging paradigm, but it's worth repeating. The things that seniors who are financially secure enjoy – trips, restaurants, club memberships, going to movies, joining BOLLI – are much less available to low-income seniors. Agencies and better off Waltham residents should always be looking for ways to be more inclusive and also to lessen the stigma felt by those who cannot afford to participate.

Third, race, ethnicity and immigrant status may differentiate access to healthy aging. Unfortunately we were not able to explore these questions as much as they deserve, but we saw evidence of less social participation in mainstream activities and settings among non-English speaking immigrants. Waltham has several faith communities that reach out and include immigrants, in the case of St. Mary's by hiring a staff member from the immigrant group. The Senior Center and other agencies might try this model.

B. Limitations

We believe we have learned a great deal about healthy aging in Waltham, but there are limitations to the study. First, the study's qualitative method means that findings are illustrative and descriptive for a wide range of issues - but not definitive. Similarly, 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 additional immigrant groups, as well as seniors who have a difficult time getting out due to disability, lack of transportation, and caregiving responsibilities. Finally, the study was conducted largely by volunteers who with two exceptions are not trained social science researchers. We believe that the community experiences of the Co-Researchers brought validity to the study, 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 ideas from the focus groups and interview respondents about how to make Waltham a more age-friendly community or what seniors could do to be healthier. Good summaries are found in Tables 3 and 4 respectively, and details are in the text of the findings.

Perhaps a way to think about the recommendations for the City and non-profits 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 low-income housing, creating integrated systems of medical care and LTSS, and adding bus service and sidewalks in neighborhoods without them. A full court press on social inclusion of language minorities, low-income seniors, and seniors isolated at home might also fit as a big thing.

Relatively small things would include adjusting crosswalk timers, adding benches to the Common and at bus stops, being more vigilant on sidewalk snow removal, making it more convenient to apply for The Ride, requiring meals on wheels drivers to bring meals into the home if necessary, bringing more activities to public housing, and longer hours at the Senior Center.

There are also recommendations for seniors themselves. They include not only recommendations for healthy bodies by being pro-active about health and having a

good diet 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 some broader strategies.

- Explore using this study’s findings regarding the seven WHO age-friendly communities factors to pursue becoming a WHO Age-Friendly Community. This is a self-assessment and planning process led by city government. Technical assistance from AARP and foundation funding could be pursued.
- Explore the creation of a Village model in Waltham. This is already underway, under the leadership of senior volunteers and the Waltham Senior Center. A model for Waltham may be Brookline Community Aging Network, which has partnered with its Council on Aging to build a model that all seniors can afford.
- Build on this study to highlight how Waltham is already an age-friendly city and how seniors act to be healthy and create a healthy community. This would be a positive experience for the city 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 “Neighborliness” category.

The team of volunteer Co-Researchers who were central to this study are happy to be able to share this report with Waltham. The study leader owes them 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 Waltham support healthy aging and how could it do better?

	Focus groups and interviews agree	Additional focus group ideas	Additional interview ideas
1. Outdoors and buildings			
How does Waltham support healthy aging?	Great for walking –paths and sidewalks are well maintained Attractive and accessible downtown - restaurants, festivals	Downtown and other areas are safe	Downtown sidewalk renovations improve access and shopping Senior Center parking was improved
How could Waltham do better?	Even safer and more accessible sidewalks Put in benches downtown and at bus stops	Longer timing for crosswalks More sidewalks in outlying areas Better snow removal	More accessible toilets downtown
2. Transportation			
How does Waltham support healthy aging?	Public buses and a range of “role players” provide transport to seniors with low incomes and/or disabilities Volunteers who will drive others (limited)		
How could Waltham do better?	Fix shortcomings in The Ride and taxis. Add bus routes to poorly served areas of town	Run more buses and the commuter rail on evenings and weekends Add transport to neighboring towns Fix the traffic and the potholes	Provide transport for home care workers unserved parts of town Improve/expand volunteer ride systems
3: Housing			
How does Waltham support healthy aging?	Supports for aging in place Subsidized housing options, often with attractive features, e.g., near downtown; with exercise programs, meals, health screening	”	
How could Waltham do better?	More supports for both aging in place and subsidized housing Plan to create more multi-family housing near downtown		
4: Social participation, inclusion and respect			
How does Waltham support healthy aging?	Broad range of social and cultural activities (many free or at discount for seniors) Many agencies promote social participation Some groups promote inclusion by race, ability, etc.	Volunteering promotes social inclusion and participation	Agency visits to socially isolated seniors a form of inclusion
How could Waltham do better?	Promote inclusion in activities and agencies by generation, ethnicity, gender, and ability	Longer hours at the Senior Center Enhance the image of seniors Include low-income seniors	
5. Civic participation and employment			
How does Waltham support healthy aging?	Many volunteer opportunities	Low-income seniors can get a real estate tax break for volunteering	The City Veterans Affairs Office helps veterans with employment
How could Waltham do better?		Connect seniors with job opportunities Promote volunteering by seniors, as well as high school and college students	
6. Communication and information			
How does Waltham support healthy aging?	Senior Center newsletter Charles River Public Internet Center	Waltham library Disaster response system Free internet at some senior housing sites	TRIAD blog Referrals by WATCH and Veterans Office
How could Waltham do better?	The internet – and efforts to promote it - do not work for many seniors Seniors’ need for information relates to their needs, e.g., medical, functional Use multiple media	Target isolated seniors with information they may need	It’s difficult to convey service information because people only want it when they need it

Table 3: How does Waltham support healthy aging and how could it do better? (continued)

	Focus groups and interviews agree	Additional focus group ideas	Additional interview ideas
7. Community and health services			
How does Waltham support healthy aging?	A range of good medical and social support services, including the Senior Center		More detail on how agencies and services work
How could Waltham do better?	More inclusive Senior Center Make specific fixes in health services, e.g., transportation	Address language barriers to health services	Improve substance abuse and medication management services Address resource shortages at Springwell Integrate medical and social services
8. Physical exercise			
How does Waltham support healthy aging?	The Y	Other exercise facilities, e.g., swimming pools Outdoor spaces, eg., RiverWalk	
How could Waltham do better?	Low-cost access to facilities, e.g., the Y		
9. Healthy diet			
How does Waltham support healthy aging?	Meals on wheels, congregate meals, CSA discounts	Nutrition programs, farmers' market, ethnic restaurants	
How could Waltham do better?		Better nutrition support, e.g., for widowed males, diabetics	More nutrition supports in public housing Fix meals on wheels glitches
10. Finding purpose and meaning in life			
How does Waltham support healthy aging?		Faith communities Support for pets	Volunteer opportunities Support for intellectual pursuits
How could Waltham do better?		Guidance to cope with aging and death	Mental health supports and suicide prevention
11. Being pro-active about health			
How does Waltham support healthy aging?	Numerous health promotion, health screening and prevention, and nutrition programs		
How could Waltham do better?	More coordination between primary care and prevention Start working to be healthy at younger ages		
12. Physical safety			
How does Waltham support healthy aging?	TRIAD and others identify those at risk and provide lock boxes, fraud alerts, safety checks and aids	It's safe to be outdoors	
How could Waltham do better?	Better clearing of snow and ice	More time at some crosswalks	Fund the cost (\$100) of TRIAD lock boxes
13. Financial security			
How does Waltham support healthy aging?		Low real estate taxes. Real estate tax breaks for volunteering Reduced prices for Waltham Farms goods	Federal safety net programs (Social Security, Medicare, Medicaid, SSI) are the bedrock of financial security for seniors More public support for Springwell and Veterans programs
How could Waltham do better?		Help those who are homeless/destitute Ameliorate high rents Reduce barriers to services, e.g., Y fees	Better real estate tax breaks for seniors
14. Other categories			
Planning			Make better use of resources, e.g. the MAPC, to plan and execute projects
The diversity of seniors			Be conscious of the range of needs among seniors and respond to the range

Table 4: What do Waltham Seniors Do to Be Healthy and What Else Could They Do?

	Focus groups and interviews agree	Additional focus group ideas	Additional interview ideas
1. Outdoors and buildings			
What do older adults do to be healthy?	They know about and use outdoor spaces to stay active		
What else could they do to be healthier?	They could get active in planning to improve spaces and buildings		
2: Transportation			
What do older adults do to be healthy?		They walk They use public transportation	
What else could they do to be healthier?		Give each other rides Organize a private system like FISH or through Uber	
3: Housing			
What do older adults already do to be healthy?			They move to more supportive housing when they need more help Latinos rely on their families
What else could they do to be healthier?		Find and use others to help with maintenance and repairs	
4. Social participation, inclusion and respect			
What do older adults do to be healthy?	Attend events Help neighbors	Reach out; be friendly and inclusive Mix with younger people (or not)	Get help using social media
What else could they do to be healthier?	Reach out to other seniors and bring them along Create activities that work for you and peers Address special needs of men	Hold more inter-generational activities	Create discussion groups to address stigma of aging Attend to emotional and mental health needs
5. Civic participation and employment			
What do older adults do to be healthy?	They volunteer in many settings and help others and feel better		Some volunteer for financial credits Some get involved in advocacy
What else could they do to be healthier?	Keep volunteering	Create and strengthen groups to improve the community Get informed and active in politics	
6. Communication and information			
What do older adults do to be healthy?	Find and use information Share information with peers		
What else could they do to be healthier?	No new ideas		
7. Community and health services			
What do older adults do to be healthy?		Use programs and services, e.g., the Senior Center	
What else could they do to be healthier?		Work to make programming more attractive Use formal supports to change behavior, e.g., diet	

Table 4: What do Waltham Seniors Do to Be Healthy and What Else Could They Do? (Continued)

Focus groups and interviews agree	Additional focus group ideas	Additional interview ideas	Focus groups and interviews agree
8. Physical exercise			
What do older adults already do to be healthy??	They are pro-active about their exercise and take advantage of what the City offers, both indoors and out		
What else could they do to be healthier?		Use a buddy system/group support to motivate	Recreational exercise regimens may not be a good fit for manual laborers
9. Healthy diet			
What do older adults do to be healthy?		Cut down on bad foods Use congregate meals program Follow diabetic diet	They eat the fruit at Zumba class
What else could they do to be healthier?	Follow healthy food guidelines Use congregate meals programs	Help newly widowed learn to eat healthy	Use the farmers' market Drink more water and less alcohol
10. Finding purpose and meaning in life			
What do older adults do to be healthy?		Practice happiness Have a positive attitude Do things you enjoy Help others Connect with others	Just maintaining everyday independence may be the purpose for seniors with disabilities
What else could they do to be healthier?		(Same as above) Be ready to go when people ask you out	Find motivation to do things even in the face of loss and aging
11. Being pro-active about health			
What do older adults do to be healthy?		Access prevention Don't smoke Manage weight and blood pressure Handle stress	
What else could they do to be healthier?	Manage diet Get exercise Find motivation	Educate yourself and follow through Have a practice	
12. Physical safety			
What do older adults do to be healthy?	They feel safe in The Mill (1 response)		
What else could they do to be healthier?	No responses		
13. Financial security			
What do older adults do to be healthy?	They volunteer for tax break They can get a low-cost loan for home repairs		
What else could they do to be healthier?	No responses		
14. Other categories			
Neighborliness	Reach out, be friendly, be enthusiastic		
Frailty and independence			Healthy aging means more modest things for seniors with disabilities and/or serious chronic illnesses
Diversity of interests			Seniors will use services and activities selectively and that's OK. Many have busy lives
Watching out for each other			How do agencies and seniors create communities where people watch out for each other?

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?