

BREWSTER COUNCIL ON AGING

AGE FRIENDLY ACTION PLAN

FY19-FY23



PREPARED BY THE COA ADVISORY BOARD

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EXECUTIVE SUMMARY

This Action Plan will be implemented starting in July 2018. The Plan is in direct response to the findings of the needs assessment study “The Future of Aging in the Town of Brewster” commissioned by the Town of Brewster Council on Aging (COA) and conducted by the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston. Key directives in this Plan are underscored by the following:

- As of the 2016 Town Census, residents age 60 and over make up 46% of our population (36% age 60-79 and 10% age 80+). By 2035, this share is expected to increase to almost 55%.
- The influx of Baby Boomers (born 1946-55) is reshaping the economic and social profile of Town residents.
- Residents want to continue to live in Brewster, although their housing needs might change.
- Most older residents are healthy and active, although rates of functional disability are likely to increase as age increases, limiting residents’ ability to age in place and participate fully in the community.
- As residents age, they are more likely to live alone and less likely to have family nearby who can help with daily living tasks, threatening independent living.
- Almost half of Brewster residents of any age provide informal (unpaid) care, find it challenging, and favor respite services or a support group.

This Plan is also in line with the Age-Friendly Town Initiative currently undertaken by more than 100 agencies and organizations across Massachusetts. In April 2017, Governor Charles Baker signed an Executive Order establishing the state’s first Governor’s Council to Address Aging. The Council’s mandate is to develop a plan to improve public and private efforts to support healthy aging in Massachusetts, making the Commonwealth the most age-friendly state for people of all ages. On Cape Cod, Yarmouth has taken the lead to become an age-friendly community, focusing on policies, practices and programs that enable people across the life span to actively participate in community life. Brewster should follow.

Consistent with the Commonwealth’s mandate for Councils on Aging and supported by Study findings and social trends, several groups of Brewster residents age 60 and over are targeted in this Plan:

- Healthy and active residents to facilitate and support a beneficial lifestyle and promote community engagement
- Residents with chronic conditions likely to develop functional disability
- Residents with lower incomes and/or at risk of economic disadvantage
- Residents living alone with advancing age, especially those without nearby family
- Informal (unpaid) caregivers of all ages, both living nearby the care recipient or at a distance.

The **Five-Year Goals and Objectives** are focused on key findings from the Needs Assessment Study:

1. Improve communication, outreach and marketing of COA programs and services

- Explore additional outreach and marketing strategies around social media engagement;
- Customize marketing techniques to age cohort interests;
- Develop a master email list of members for e-mail blasts;
- Enhance it’s website to create linkages with program and community partners; and
- Coordinate with other community groups and organizations to promote joint activities.

2. Provide health education and chronic care management programs

- Support health and well-being through health screening and counseling
- Provide health education programming about the prevention and treatment of common conditions for this population
- Offer preventive immunizations

- Develop support groups to help sustain healthy lifestyle choices and enable seniors to better cope with their own chronic conditions or of those for whom they care
- Counsel for Medicare and secondary insurance choices for residents over 65
- 3. Provide a full range of exercise and fitness activities**
 - Provide educational programming on the benefits of exercise
 - Provide creative exercise and body movement programming of low, moderate and high intensity
 - Provide screenings for physical, functional, and mobility limitations
- 4. Help older residents to age in place**
 - Provide the resources to assess a home's safety and suitability for aging in place;
 - Offer educational programming on home modification options and universal design;
 - Be a resource for affordable home maintenance and support services;
 - Be a resource on home modification and loans for eligible seniors, and on home equity loans;
 - Provide educational programming on home care options, cost and eligibility; and
 - Foster neighbors-helping-neighbors environment.
- 5. Meet nutritional needs of older residents**
 - Assess nutritional need and sign up eligible residents for SNAP (Supplemental Nutrition Assistance) – Only 2 out of 5 older adults eligible for SNAP benefits enroll due to lack of knowledge about this program;
 - Provide Meals on Wheels to homebound residents; and
 - Offer hot mid-day meals at the COA to promote both good nutrition and socialization.
- 6. Promote and provide opportunities for socialization**
 - Expand the range of activities in order to increase resident participation in Senior Center activities;
 - Increase programs for men across the older age range;
- 7. Promote appropriate housing options for older residents**
 - Provide educational forums on available housing options, cost and eligibility, including senior housing, adult homes, assisted living facilities, and rentals;
 - Work with the Town's Housing Coordinator office to track available housing and rentals;
 - Advocate for housing regulations that promote age-friendly housing options; and
 - Promote creative housing solutions that meet the needs of older adults, younger adults, families and seasonal workers collaboratively (e.g., shared housing).
- 8. Provide reliable and affordable transportation options**
 - Ensure clearly defined, accessible and affordable transportation options;
 - Ensure convenient, safe and accessible in-town stops, stations and roadways; and
 - Ensure driver safety.
- 9. Offer educational programs that provide routes to personal and professional knowledge and skill development**
 - Offer workshops and lecture series of interest to Brewster residents
 - Ensure that older residents are aware of available learning opportunities in Brewster, elsewhere on Cape Cod, and online
 - Build skills in the use of new technologies/social media
- 10. Promote and offer intergenerational programs**
 - Identify needs and opportunities for intergenerational programming in two areas: older adults serving youth and youth serving older adults
 - Explore collaborative programming opportunities with other Town entities
 - Develop intergenerational social events, for both older adults and youth in order to combat age segregation, eradicate age stereotypes, and build common bonds

11. Provide expanded recreational activities

- Anticipate and plan for Brewster's changing demographics
- Explore joint (and intergenerational) programming possibilities with the Town Recreation and other relevant Departments and Committees
- Introduce new recreational activities on a timely basis in one or more of the following categories: Sports, Games, Exercise/Physical Fitness, Outings, Cultural/Trips

12. Support and assist informal caregivers of older Brewster residents

- Identify family caregiver concerns and needs in the community
- Provide information and referral services for caregivers
- Provide educational programs about caregiving in collaboration with other Town departments and area organizations
- Assess need for, and ways to, provide respite services

13. Enhance volunteerism and civic engagement

- Develop a talent bank and speaker's bureau
- Identify opportunities for volunteer activities that are appropriate for, or target, older residents
- Support volunteer programs that build intergenerational bonds to encourage the sharing of experience, enthusiasm, and culture among age groups
- Create networks to connect older residents with volunteer opportunities in Town that are appropriate by age, interest and/or expertise
- Improve volunteer management and training to increase volunteer productivity and satisfaction with assigned tasks
- Encourage and facilitate civic engagement

14. Obtain additional funding to support and expand services

- Increase Town COA budget
- Identify other appropriate funding opportunities
- Apply for grant funding to supplement the Town COA budget

Underlying all of these Goals and Objectives is the major Study finding that the COA building (current Senior Center) is inadequate for current and future needs of the Town and for the expansion of programs. A new facility, preferably as part of an intergenerational community center at an available Town-owned building or a new site, is required to implement this Plan successfully and to become an age-friendly community. Brewster residents have expressed preference for a community center, in which the COA would be housed, both in the Needs Assessment Study and more recently in Vision Advisory Group workshops (Community Infrastructure Summary Paper, October 2017). This will necessitate an increase in the COA budget, both for the facility and for increased staffing. The COA Board estimates that one additional full-time (35 hours) program staff position will be required in FY2019, with the need for appropriate increases in FTEs reassessed in subsequent years as new activities and programs are offered.

The Town's call to action on behalf of our aging population will require the COA and Town to undertake creative and expanded approaches to raise funds; to work collaboratively with regional efforts that promote age-friendly town planning; and to increase community-based resources that support aging in place. Data driven solutions that align with current funding streams (and creatively expand resources) will promote and support aging in place successfully in Brewster. Our attention and investment now will ensure an age-friendly community that promotes independence, health and well-being, and a thriving community for generations to come.

A. INTRODUCTION

1. COA History

The Brewster Council on Aging was officially formed on June 10, 1974 to serve 834 senior citizens, 59 years and over. The purpose was to keep them in their own homes instead of a nursing home. Questionnaires were mailed to all seniors to determine their needs regarding health, nutrition and transportation. Initially the COA was located in a one- room cottage to the left of a private home on Main Street (now Chillingsworth Restaurant). Activities were also offered in the basement of the Immaculate Conception Church. Years later, the COA moved to the “Annex Building” at the Town Hall and was considered a “Drop-In Center”. As Brewster grew as a Town, so did the Center. In 1987, the COA moved into the historic Town Hall building next door to the Fire Station and, 30 years later, still occupies the same building on Main Street.

2. The COA’s Vision

The COA vision is a society where “All Ages Matter,” and where successful aging across the lifespan is measured by purposeful living, personal well-being, respect and caring for others, life-long learning and opportunities for social and civic engagement, supported by local and regional planning partnerships that recognize and support the unique gifts and needs of each generation.

3. The COA Mission

The COA’s mission is to support and advocate for older adults and their families by providing programs, services, and resources that promote independent living and quality of life.

B. LOOKING AHEAD – A CHANGING AGE DEMOGRAPHIC

1. Size of the 60 and over Population

The importance of this Plan is underscored by current, and anticipated changes in, Brewster’s population. Aging Baby Boomers will dominate the US 65+ population by 2030 and will also reshape the Brewster population. As of the 2017 Town Census, residents age 60 and over make up 48% of our population (38% age 60-79 and 10% age 80+). By 2035, this share is expected to increase to almost 55%.

These changes in Brewster’s older population are much larger than that of Massachusetts overall and the US in general. While this dramatic increase in our older population is occurring, a similar decline is forecast for our under age 45 population. These opposing demographics will force a dramatic change to planning and provision of services across all Town departments. It is imperative that our Town leaders take a proactive lead to address these facts sooner rather than later.

2. Characteristics of the Older Brewster Population

Numbers and estimates reported here are derived from US Census data, the American Community Survey (U.S. Census Bureau), and the COA’s Needs Assessment Study (Mutchler et al, 2016).

Gender: About 54% of our older residents are women, and this should remain relatively stable.

Race / Ethnicity: Almost all are White, non-Hispanic (98%) and speak English as their primary language, in contrast to the changing racial/ethnic composition of the US and Massachusetts populations in general.

Living Arrangements: Most Brewster residents, including older residents, live in homes they own. Most Study respondents reported that staying in Brewster is important to them. Twenty percent of respondents report having lived in Brewster for at least 35 years, but about one-third has lived here for less than 15 years, likely those residents (seasonal, second-home owners, or new-to-town) who have retired to Brewster, a trend that is expected to continue. About one quarter (26%), more women than men, live alone. More than half (54%) of Survey respondents age 60+ do not have family members living within 30 minutes. Among those living alone,

this number is 49%. A continued influx of retired Baby Boomers will increase the number of residents without family nearby.

Educational and Economic Status: Brewster's older residents are well-educated on average, with almost half (46%) having at least a bachelor's degree. This educational trend is expected to increase with the continued influx of retiring Baby Boomers. Almost one-third (31%) of residents aged 65 to 74 and 5% of residents over age 75 remain in the workforce. This is similar to rates in the US, and a trend that is expected to continue, either because of economic necessity or preference for meaningful activity. About half of older households have incomes less than \$50,000, a sizeable segment at risk of economic disadvantage. An influx of Baby Boomer residents might decrease this segment, but we should not lose sight of this potential risk among our residents.

Health Status: Overall, most Brewster residents remain in good health and function independently as they age, though segments of the older population, especially those 80+ experience declines (18% of these Study respondents reported their health as fair or poor). However, consistent with health trends described above, many residents age 65 and older experience some level of disability that could impact their ability to function independently. Moreover, this risk doubles after age 75. Currently, 39% of residents age 75+ experience at least one disability, a rate likely to increase. Almost half (49%) of Study respondents age 80+ reported needing help with activities around the house, and 8% in this age group need help with personal care activities.

C. PLANNING FOR A NEW WAVE OF OLDER ADULTS

1. Community Needs Assessment Study

In recognition of changing demographics, the COA partnered with the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston to investigate the needs, interests, preferences and opinions of Brewster's older population (Mutchler, 2016). Key findings and recommendations are summarized below. The complete list of Findings and Recommendations is included in APPENDIX B.

KEY FINDINGS

- Demographic projections suggest that the need for elder programs and services will increase dramatically in the future. By 2035, one in five Brewster residents will be 80 or older—the cohort most in need of these services, and most likely to have low income, be disabled and live alone.
- Brewster seniors want to remain living in Brewster but worry about property taxes and other expenses, insufficient options for downsizing, concerns about transportation, and concerns about accessing services.
- Key issues for the Brewster COA are addressing the needs of vulnerable seniors through outreach and other programs, such as transportation, caregiving services, health and wellness, life-long learning and exercise.
- The Brewster COA building is viewed as inadequate for community needs. There are concerns about the safety of the building, mobility limitations, and not well configured for expanded programming. The creation of a Community Center would allow improved access to its current programs and support expansion in programs and services.
- The Brewster COA needs to identify and communicate its mission more clearly; identify and secure the resources needed to increase its impact; and take steps to ensure that residents, other Town offices, and nonprofits working in the community know how to access COA programs.

RECOMMENDATIONS

- Begin a strategic planning process for the Brewster COA as a means of addressing programming needs, community strategies, and space needs.
- Develop information to share with community members about home modifications.
- Explore opportunities to promote downsizing options in Brewster, due to the fact that most residents want to stay in Brewster and that there are limited housing alternatives and high costs are a barrier to age in place.
- Work to close the COA information gap through clearer communication and broader dissemination of information
- Strengthen information dissemination about transportation options available in Brewster
- Prepare for growth in COA participation
- Create opportunities for expanded senior activities in Brewster, including cross departmental partnerships
- Expand caregiver support opportunities including respite and adult day care
- Explore community interest in educational programs relating to retirement planning particularly as it relates to financial needs in retirement
- Develop short-term and long-term strategies to improve and increase space that is age-friendly, especially for those with mobility impairments.

2. Re-inventing the Senior Center

In addition to the needs of frail elders and their families, Senior Centers must prepare for the new aging demographic of Baby Boomers. Baby boomers have dominated American culture for decades and will transform the aging experience. Today's Boomers are healthier, more energetic and better educated than previous groups of older adults. Research findings about this generation (MetLife Mature Market Institute, 2013) will require senior centers to re-think the way they do things include the following:

- Boomers will live longer, with more surviving into their 80s and 90s when rates of disability are highest.
- Youthfulness is highly valued by Boomers. They are ambivalent about getting older and do not like being called senior or old, requiring a new vernacular to appeal to them.
- They are, and intend to remain, active:
 - 60% say they will postpone retirement, and 80% expect to work at least part-time during their "retirement" years.
 - 17% want to "re-invent" themselves by starting their own business, trying a new career, or learning new skills.
 - 49% expect to devote more time to community service and volunteer activities in their retirement.
- They will be healthier during retirement, more fitness-focused, and interested in alternative therapies.
- They want full participation in all health care decision-making, and generally have a more take-charge way of doing things.
- They have and will continue to embrace technology.
- As they age and require assistance with daily living activities, availability of informal care will become a concern:
 - Higher divorce rates and remarriages resulting in more blended families,
 - More will be living alone without a spousal caregiver,
 - Childlessness and smaller families are higher, and
 - Greater geographic mobility which puts adult children at a greater distance from those needing help.

- They are the first generation to depend on (and glorify) cars as essential for everyday life. Driving cessation will be challenging, and transportation alternatives will be needed.
- They created the post-WWII housing boom, resulting in family-centric not elder-friendly housing.

The senior center as we now know it will face extinction if the Baby Boom generation just won't attend. Their leisure time preferences are very different from previous generations and most current users of the senior center. They won't be satisfied with sedentary activities and those that isolate them from younger residents. Manoj Pardasani, associate professor at Fordham University's Graduate School of Social Service, says it best: "If senior centers thrive in the new millennium, it will be because they are innovative—not just in terms of programming, but also with respect to facility design, hours of operation, marketing, life-long learning opportunities, and community engagement." (see AARP)

The findings of the COA's 2016 Needs Assessment Study support these points. While some Study respondents prefer a free-standing senior center as we have now, many are receptive to a community center model which integrates COA functions and encourages intergenerational programming.

3. The Age-Friendly Town Initiative

The Age-Friendly Town Initiative asks community leaders to use an age-friendly lens to identify ways to promote healthy aging while, at the same time, enhancing life for all residents. Already, more than 100 agencies and organizations across Massachusetts (mahealthyagingcollaborative.org) have committed to advancing healthy aging and age-friendly communities. Age friendly initiatives focus on policies, practices and programs that enable people across the life span to actively participate in community life. It includes a look at such areas as housing, caregiving, transportation, community engagement, volunteering, social inclusion and combating isolation among older and/or handicapped citizens.

In April 2017, Governor Charles Baker signed an Executive Order establishing the state's first Governor's Council to Address Aging. The Council's mandate is to develop a plan to improve public and private efforts to support healthy aging in Massachusetts, making the Commonwealth the most age-friendly state for people of all ages. Yarmouth has taken the lead on Cape Cod to become an age-friendly community. It would be in the best interests of the Town to be responsive to the near majority resident population and to the expressed needs and concerns of constituents and taxpayers.

4. Strengths and Limitations of Brewster's COA and Senior Center

The Brewster COA performs essential "connecting" functions to promote health and wellness in later life – connecting older adults to needed health care by offering transportation services, to socialization opportunities at the Senior Center, and to needed services for which they are eligible.

STRENGTHS

- COA Staff and Board members are creative, committed and experienced professionals with expertise in administration, planning, public health, and gerontology
- Collaboration with FOBE (Friends of Brewster Elders) has provided the Center with financial support when needed and help with planning for future programming
- A dedicated network of volunteers provides "person power" and needed back up for all COA activities and programs
- A successful track record exists for linking Brewster seniors with appropriate local, state and federal resources to enable aging-in-place
- Good collaborative relationships have been fostered with all Town departments and the Cape's aging network that allows for comprehensive case management and quality services for Brewster's seniors

LIMITATIONS

- The Council on Aging is housed in an historical 1880 building which is inadequate to meet community needs and for the expansion of programs. Users, especially those with mobility limitations, have expressed concerns about its safety and adequacy, including lack of a sprinkler system, inadequate number of bathroom facilities and lack of emergency call system, poor acoustics, a small and slow elevator, and small kitchen. As a result many Brewster seniors now travel to other nearby senior centers (in Orleans, Harwich and Dennis) for safer surroundings and more expansive programming.
- The current cohort of older adults lacks strong interest in social media, and is reluctant to volunteer email addresses for outreach purposes. Accordingly, the Center has relied on traditional marketing/outreach techniques – its newsletter, newspaper articles and posters, to get the word out. This has proved inadequate for reaching ALL Brewster’s older adults. More sophisticated techniques (and equipment) are needed to market COA programs and services to a wider and expanding older population, particularly the “young” old.

5. Looking Ahead - Options for the COA and Senior Center

Looking ahead over the next five years, we see two options for a Senior Center:

1. A new facility, as part of an intergenerational community center or as a free-standing Senior Center, either at a repurposed Town-owned building or a new building, or
2. A “senior center without walls”.

Both options are in keeping with the Age Friendly Town Initiative.

New Facility – This is the preferred option. Because of the limited size and configuration of the existing building, the current Senior Center will never be able to meet all of the needs of the growing older population in Brewster. Further, as described above, findings from the Needs Assessment Study indicate that current attendees, as well as those not yet attending, consider the building unsafe.

The COA is committed to a wellness and intergenerational model that is inclusive of all Brewster residents. A larger space, designed with older adults in mind (See Appendix C), would provide for a full range of services and programs along the aging continuum and promote wellness and socialization through intergenerational exchange. Use of an available, repurposed Town building offers important advantages, including lower cost and being operational sooner than building a new center.

Senior Center without Walls – In lieu of a new center, the COA will have to explore other options to meet growing needs for services and programs. Primary services for Brewster’s most needy older residents might remain housed in the existing building, but use of space at other Town buildings and community facilities would be required for expanded services and programming not available or viable at the Center, such as:

- specialized exercise and intergenerational programming for older adults through the Recreation Department,
- shared activities with the Wingate and Maplewood assisted living facilities,
- “Films for Adults” series at BLL, or
- social activities at local churches.

In addition, new technologies could be used to bring programming to seniors where they live; e.g., telephone or computer-based programming such as an online health class, book club, support group.

This approach involves distributed programming across sites and would require more staff, resources and funding to make it work successfully. Anticipated flat line funding from state and federal sources will place more burden on Town resources to support this model.

D. GOALS AND OBJECTIVES

Goals, Objectives and Actions are summarized in APPENDIX A. Start dates (i.e., fiscal year) are indicated for each Action.

1. Communication, Outreach and Marketing

A significant number, varied by age cohort, do not use the services of the Council on Aging. When asked in the COA Study about factors that would increase the likelihood of using the COA, the most common response was “if I had more knowledge about programs and services that are available.” Clearly, better communication, outreach and marketing are needed looking forward. Until now, the COA has used traditional methods such as the Town website, direct mail, newspaper ads, posters, flyers, the COA newsletter (*Bayside Chatter*) and word of mouth. Results of the COA Needs Assessment Study show that preferred methods of learning about the COA vary by age. The older-old preferred community newspapers (57%) and the COA Newsletter (77%), whereas 31% of younger groups preferred Facebook and social media. Younger groups (69%) also preferred the Town website underscoring the need to keep content current.

Looking forward, the COA will:

- Explore additional outreach and marketing strategies around social media engagement;
- Customize marketing techniques to age cohort interests;
- Develop a master email list of members for e-mail blasts;
- Enhance it’s website to create linkages with program and community partners; and
- Coordinate with other community groups and organizations to promote joint activities.

2. Health and Wellness

There is a paradox in current health trends. Life expectancy has increased, related to improvements in prevention and treatment of certain conditions, especially severe heart disease and vision problems (Chemew et al, 2016). However, rates of functional disability are increasing, especially among Baby Boomers who are more likely than prior generations to be obese, have diabetes, high blood pressure or high cholesterol (Scommegna, 2016). 73% of older adults have 2 or more chronic conditions, and 24% have a chronic condition severe enough to limit their ability to perform one or more important and essential activities, both inside and outside the home (National Council on Aging). Cognitive health also affects the ability to live independently and the need for support services. Ten percent of adults over age 65 have Alzheimer’s disease or other dementia (Alzheimer’s Association, 2017). On Cape Cod, an estimated 10,000 individuals, families and caregivers live with Alzheimer’s disease and other dementias (Alzheimer’s Family Support Center, 2017).

Health education and chronic care management programs are an important part of elder services to prevent, delay or help seniors and their families cope with chronic illness. The COA will:

- Support health and well-being through health screening and counseling;
- Provide health education programming about the prevention and treatment of common conditions for this population;
- Provide counseling and referrals regarding preventive immunizations;
- Develop support groups to help sustain healthy lifestyle choices and enable seniors to better cope with chronic conditions or those they care for; and
- Counsel for Medicare and secondary insurance choices for residents over 65.

3. Exercise and Fitness

Physical activity levels typically decrease with advancing years, yet research supports the benefits of regular physical activity in both decreasing functional disability associated with health conditions and maintaining cognitive function (Centers for Disease Control and Prevention). The single most important service the COA can provide to prevent the negative consequences of aging is exercise. Inactivity results in physical frailty making seniors more susceptible to instability and falls, osteoporosis and coronary artery disease. With frailty comes loss of mobility resulting in greater dependency on others for activities of daily living.

Accordingly, the COA will provide:

- Sustained educational programming on the benefits of exercise;
- Creative exercise and body movement programming of low, moderate and high intensity ; and
- Routine screening of elders for frailty, inactivity and mobility problems.

4. Nutrition

A variety of factors converge to put older adults at risk for malnutrition. And, while diet related factors such as high cholesterol and obesity contribute to avoidable chronic conditions like heart disease, weight loss is also of concern with increasing age. Low weight elders have a higher mortality rate than those of normal or higher weight. Factors contributing to low weight include: social isolation, depression, sensory loss, medications, poverty, and impairments that make it difficult to obtain or prepare food. The *National Resource Center on Nutrition and Aging* reports that up to 50% of community dwelling older adults may be malnourished.

In response to this reality, the COA plays, and will continue to play, a major role in elder nutrition by:

- Assessing nutritional need and signing up eligible residents for SNAP (Supplemental Nutrition Assistance) – Only 2 out of 5 older adults eligible for SNAP benefits enroll due to lack of knowledge about this program;
- Providing Meals on Wheels to homebound residents; and
- Offering hot lunches at the COA to promote both good nutrition and socialization.

5. Socialization

Socialization contributes to quality of life across the lifespan. No one likes to feel isolated or lonely at any age. However, for older adults, connecting with, receiving support from and giving support to others, takes on a deeper meaning and can also have detrimental consequences on health when lacking.

The young old (age 60 to 75) experience relatively good health and are more actively engaged in community and family life. With increasing age, however, health and social losses may limit opportunities for socializing and support to cope with these changes. Without a network of family and friends at hand, elders are at risk for becoming isolated, lonely and depressed. Socially supportive programs offered in a community help older persons defeat loneliness and isolation. A key component, therefore, of all planned activities at the COA is socialization, especially since many Cape elders live far from relatives or do not have access to them.

The COA currently offers a variety of socialization programs and activities. As the younger cohort of boomers settles in, a greater demand for more and different social activities is predicted. Some of the new social activities mentioned in the Senior Survey include: Travel clubs, evening dinner dances, movie nights, book clubs, shared interest groups, men's clubs, happy hours and intergenerational group activities.

The COA, while maintaining existing social programming, wants to:

- Expand the number and variety of social activities to increase resident participation in COA activities; and
- Increase programs for men across the older age range.

6. Aging in Place (Growing Older Without Having to Move)

Most older adults, and Brewster's are no different, want to remain in their own homes. Having to move from one's home means leaving a comfortable setting, a familiar community, friends, and many memories. These same homes, however, can create difficulties for older residents. Most residential housing is designed for young families, and builders do not take into consideration the age-related changes that can make homes unfriendly as we age. Brewster's seniors expressed a strong desire to learn about home modifications that would enable them to "age in place." Half of the Study respondents reported needing to make their home safer to live in. Twenty percent of respondents age 60+ said that they could not afford to make these home modifications.

Accordingly, the COA will:

- Provide the resources to assess a home's safety and suitability for aging in place ;
- Offer educational programming on home modification options and universal design;
- Be a resource for affordable home maintenance and support services;
- Be a resource on home modification and loans for eligible seniors, and on home equity loans;
- Provide educational programming on home care options, cost and eligibility; and
- Foster intentional communities (with neighbors helping neighbors).

7. Housing

For older residents who want to downsize, appropriate options are limited, especially for the middle class. Senior housing exists for the income eligible (although with waiting lists) and for the well-do-do who can afford luxury options. The stock of affordable housing or rentals is small. Other factors that can impact suitable housing include zoning density laws and building codes that might prevent creative housing solutions such as conversions or accessory dwellings. (Harvard Joint Center for Housing Studies)

The COA plans to be a resource to older residents considering downsizing by:

- Providing educational forums on available housing options, cost and eligibility, including senior housing, adult homes, assisted living facilities, and rentals;
- Working with the Town's Housing Coordinator to track available housing and rentals;
- Advocating for housing regulations that promote age-friendly housing options; and
- Promoting creative housing solutions that meet the needs of older adults, younger adults, families and seasonal workers collaboratively (e.g., shared housing).

8. Transportation

America is a car culture and in most suburban communities, like Brewster, car travel is a necessity---to obtain goods and services, have access to community amenities, and maintain social ties. According to the COA Needs Assessment Study, more than 95% of Brewster residents under the age of 80 drive, and a surprising 86% of those over age 80 drive. Most of these older-old residents have modified their driving habits (e.g., avoiding driving at night, in bad weather, long distances or on the highway). These strategies likely contribute to safe driving but place constraints on independent living. For many older adults, particularly the old-old, chronic disease, disability and/or sensory loss means "giving up the keys." Unable to drive, older residents need access to other forms of reliable, frequent and affordable transportation throughout the week. The COA has limited transportation options using its vans and the B-Bus. A wider range of options is needed through a regional effort with surrounding communities that are experiencing the same demographic shifts.

Accordingly, the COA, in collaboration with other Town and regional entities, will ensure:

- Clearly defined, accessible and affordable transportation options;
- Convenient, safe and accessible in-town stops, stations and roadways;
- Specialized transportation for the disabled, and
- Driver safety by offering safe driving assessments and courses.

9. Education/Lifetime Learning

“You can’t teach an old dog new tricks!” is one of the ageist beliefs about older adults. On the contrary, older adults embrace opportunities to pursue learning. More than half (54%) of Study respondents rated “educational and life-long learning opportunities” as a high priority. Besides the obvious benefits of acquiring new knowledge and skills to challenge themselves intellectually, to pursue an interest long delayed because of work or to reinvent themselves for a new career, educational programs offer an opportunity to make new friends, interact with younger generations, or just learn for the sake of learning. The American Council on Education reports that half of college students age 50+ attend college to build social connections, have fun, and retool for a new career. There is also a wealth of scientific evidence that active learning has cognitive benefits on mental processes such as attention, memory, problem solving and decision-making.

The COA will facilitate lifelong learning by:

- Offering workshops and lecture series of interest to Brewster residents;
- Ensuring that older residents are aware of available learning opportunities in Brewster, elsewhere on Cape Cod, and online; and
- Building skills in the use of new technologies/social media.

10. Intergenerational Programming

In our age-segregated society, residential, recreational and educational institutions tend to separate generational groups. Intergenerational programs, by way of contrast, are an effective way to connect older adults with younger generations by providing opportunities for meaningful and productive relationships. Older adults can (and do) serve as mentors, caregivers, resource persons, content/skill specialists and advocates. Intergenerational programs generally fall into three categories: older adults serving youth, youth serving older adults and older adults and youth working together to serve the community. A few such intergenerational exchanges already exist in Brewster, such as the Community Garden on Lower Road and Project READ (which brings together students from Nauset Middle School with older adults for reading, homework help, small group discussion and sharing of insights and life experiences). More should be encouraged.

Rapid advancements in technology have further widened the gaps of communication, relationship and interaction between generations. Routine interaction between older adults and children is no longer commonplace in American communities – and even within many families. In light of the aging demographic, more and more young people will be living, working with and caring for older adults. “Bridges Together”, a Massachusetts based organization that promotes intergenerational sharing, believes that intergenerational programs are part of the solution. Strong intergenerational programs unite “bookend generations” – that is, members of skipped generations, sometimes called old and young – in meaningful, mutually beneficial activities that promote understanding and learning from each other.”

Accordingly, the COA will work with other Town entities to:

- Identify needs and opportunities for intergenerational programming in two areas: older adults serving youth and youth serving older adults;

- Explore collaborative programming opportunities with other Town entities; and
- Develop intergenerational social events, for both older adults and youth in order to combat age segregation, eradicate age stereotypes, and build common bonds.

11. Caregiver Support/Respite

National data on informal or unpaid caregiving indicate that adults turn first to their spouse, then children (typically daughters), siblings and other relatives, and friends in that order for help with daily living activities. Study respondents reported multiple sources of assistance, including family (51%) and friends or others (28%). However, the families of Cape elders often live off Cape (referred to as long distance caregivers) and are not readily available to provide needed care. Caregiving for an aging relative has become more complicated and demanding. Seniors with Alzheimer's disease require careful monitoring around the clock. Hospitals are discharging older patients with serious ailments and complicated treatment regimens more quickly to contain costs. As a result caregivers are regularly providing services once given by nurses. Nationally, informal caregivers provided an average 26 hours of care per week for someone without dementia and 55 hours of care for someone with dementia, the latter more than a full-time job (Population Reference Bureau, 2016). In Brewster, almost half (49%) of Study respondents reported providing unpaid care in the past 5 years, with 61% of those age 45 to 59 and a notable 40% age 80+ providing care. Of these caregivers, almost two-thirds (64%) described this as somewhat or very challenging. A similar proportion of caregivers (49%) were in favor of respite services or support group to provide relief.

Even with this assistance, 68% of Study respondents needing help reported paying for assistance, even if they received non-paid help. With fewer young people on Cape Cod, there is a shortage of paid caregivers like CNAs and home care workers, and aging network agencies compete for those that exist. It is no wonder then that the most significant informational need for those providing informal care is knowledge on how to provide the most appropriate (and skilled) care for a spouse, an aging parent or other loved one (Mutchler, 2016).

To fill this gap, the COA will:

- Identify family caregiver concerns and needs in the community;
- Provide information and referral services for caregivers;
- Provide educational programs about caregiving in collaboration with other Town departments and area organizations; and
- Assess need for, and ways to, provide respite services.

12. Recreation

Recreation activities are vital to quality of life and generally focus on physical activity, social engagement, education, arts, creativity and healthy life style. However, they need to be carefully selected to appeal to different groups of older adults and take into account generational differences and preferences. Activities which are fun and provide exercise are important, but recreational goals should also address benefits like maintaining and enhancing endurance and energy levels, range of motion of joints, eye-hand coordination, fine and gross motor skills, flexibility and strength and socialization. They need to be designed for those of all abilities, and appeal to all ages of older adults. In the Needs Assessment Study, younger respondents more often expressed a desire for active outside and social activities. Older respondents (80+) more frequently mentioned social activities and media (i.e., movies).

Accordingly, the COA will:

- Anticipate and plan for Brewster's changing demographics;
- Explore joint (and intergenerational) programming possibilities with relevant Town Departments and Committees; and

- Introduce new recreational activities on a timely basis in one or more of the following categories: Sports, Games, Exercise/Physical Fitness, Outings, Cultural/Trips.

13. Volunteerism/Civic Engagement

Civic engagement is defined as the process in which individuals are “actively participating in the life of their communities” through voting, joining community groups, and volunteering. A recent AARP study of civic engagement among midlife and older adults, found that the spirit of volunteering is alive and well among our older generations, and that voting is the top civic engagement activity of seniors (AARP, 2012). However, from 2009 to 2012, voting declined among all older age groups. Brewster’s older adult population is a good example of these trends. Brewster’s many Town boards and committees are staffed by older adults contributing to Town governance and quality of life. Nevertheless there remains a tremendous reservoir of untapped knowledge, skills and experience. And while older residents turn out to vote, many do not attend Town meetings.

To enhance civic engagement and volunteerism, the COA will:

- Develop a talent bank and speaker’s bureau;
- Identify opportunities for volunteer activities that are appropriate for, or target, older residents;
- Support volunteer programs that build intergenerational bonds to encourage the sharing of experience, enthusiasm, and culture among age groups;
- Create networks to connect older residents with volunteer opportunities in Town that are appropriate by age, interest and/or expertise;
- Improve volunteer management and training to increase volunteer productivity and satisfaction with assigned tasks; and
- Encourage and facilitate civic engagement.

14. Pursuing Grant Funding

Through the Foundation Center and other resources the COA will seek to identify funding opportunities from non-governmental sources to leverage Town funding and as a mechanism to expand collaboration with other Town departments, local businesses, healthcare providers and community based organizations, libraries and schools (i.e. AFSC, NEWF, etc)

As the COA promotes development of an age-friendly community and expands its programs and services as described elsewhere in this Plan, additional sources of funds will be necessary. Potential funding sources include:

- Private foundations (e.g., the Tufts Health Foundation whose Purposeful Engagement focus funds ideas that promote intergenerational programs and advance age-friendly communities);
- Corporate giving programs (e.g., The Cape Cod Five Cents Savings Bank, Seamen’ Bank, Shaw’s and Stop and Shop supermarket companies); and
- Title III funds available through the Area Agency on Aging (Elder Services of Cape Cod and the Islands).

Accordingly, the COA will:

- Request increases in the Town COA Budget
- Establish a standing committee of the Board to identify potential funding opportunities using resources such as the Foundation Center (<http://foundationcenter.org>), Massachusetts Grant Watch (<https://massachusetts.grantwatch.com>), and to write grant applications; and
- Collaborate with Friends of Brewster Elders or Town organizations as appropriate to apply for grant funds to supplement the Town budget.

E. IMPLICATIONS OF FIVE-YEAR GOALS FOR COA BUDGET

The COA Board recognizes that this Plan is ambitious, but it is considered necessary to adequately and comprehensively meet the needs of the Town's increasing population of older adults. Current COA staffing is inadequate to implement all Goals and Objectives successfully. The COA Board estimates that one additional full-time (35 hours) program staff position will be required in FY2019, with appropriate increases in FTEs reassessed in subsequent years as new activities and programs are offered. The Board and COA Director are committed to working with Town administration to identify sources of funds for these positions, equipment, supplies and other program expenses over the five years of the Plan. The Board will also explore other non-paid sources of staffing such as college interns (e.g., CCCC, BU School of Social Work, Bridgewater State University) to supplement paid staffing.

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APPENDIX A

GOALS AND OBJECTIVES

KEY: Red font-additional staff needed: **=additional space needed

IMPROVE COMMUNICATION, OUTREACH AND MARKETING OF COA PROGRAMS AND SERVICES		
OBJECTIVE	ACTION ITEMS	START YEAR
Explore additional outreach and marketing strategies around social media engagement	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Provide weekly updates of news and upcoming events to the Webmaster of the official Town website for posting on the COA page and home page; (www.brewster-ma.gov) as appropriate; • Make efforts to improve turnaround time (i.e., within 24 hours of notice) for Town website postings by submitting updates to the Webmaster on Monday, Wednesday and Friday mornings, even if just a note saying there is not update. The responsible staff member will call each Friday to follow up and get status of posts; • Include linkages with program and community partners on the Town website; • Encourage COA members to use their personal and business networks (Facebook, email, LinkedIn, Instagram and Twitter to promote events and direct persons to the Town website and link to the COA Newsletters (http://brewster-ma.gov/documents-a-archives/forms-a-documents/council-on-aging-1/newsletters/3736-august-2017-coa-newsletter/file)). 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing FY19</p>
Customize marketing techniques to age cohort interests	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Develop a master distribution list (including email addresses and social media accounts) to send newsletter, flyers and announcements; • Take more photos to post on the Town website and to share with other community groups, (e.g., photo post with a headline, "Brewster Council on Aging hard at work....". 	<p>Ongoing</p> <p>Ongoing</p>
Coordinate with other community groups and organizations to promote jointly sponsored activities	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Improve communication and knowledge of other area resources and services; • Engage volunteers to represent the COA and Senior Center at meetings of other organizations (including CHN Cape and Islands, FOBE, OCOC, etc). 	<p>Ongoing</p> <p>FY19</p>

PROVIDE HEALTH EDUCATION AND CHRONIC CARE MANAGEMENT PROGRAMS KEY: Red font-additional staff needed; **=additional space needed		
OBJECTIVE	ACTION ITEMS	START YEAR
Support health and well-being through health screening and counseling	The Senior Center staff will: <ul style="list-style-type: none"> • Increase frequency of visiting and county nurses at the Senior Center and include other providers like pharmacists (e.g., CVS and Walgreens do community outreach) <ul style="list-style-type: none"> ▪ Schedule visits by these providers for the year in advance. 	FY20
Provide health education programs about the prevention and treatment of common health conditions for older adults	The Senior Center staff will: <ul style="list-style-type: none"> • Offer “A Matter of Balance” and Chronic Disease Self-Management programs <ul style="list-style-type: none"> ▪ Promote these programs with local groups and healthcare providers; • Schedule guest speakers on various health topics at the Senior Center, or cosponsored with another organization at a different venue; • Engage other organizations such as the Alzheimer’s FSC and Grandparents as Parents to cosponsor talks and programs <ul style="list-style-type: none"> ▪ Schedule a planning and coordination meeting to set the calendar for community health promotion programming. 	FY19-20 Ongoing FY20
Offer preventive immunizations for older residents	The Senior Center staff will: <ul style="list-style-type: none"> • Provide counseling and referrals regarding preventive immunizations; • Collaborate with other Town departments or community organizations to offer immunizations at other venues. 	Ongoing Ongoing
Develop support groups to help sustain healthy life style choices and enable older residents to better cope with chronic conditions or those they care for	The Senior Center staff will: <ul style="list-style-type: none"> • Plan and launch Wellness Cafes and Clubs around various activities (e.g., walking, stretching, dance, yoga, hydration, nutrition, etc.). 	FY21
Counsel residents age 65 and older regarding Medicare and secondary health insurance choices	The Senior Center staff will: <ul style="list-style-type: none"> • Offer the SHINE program at the Senior Center <ul style="list-style-type: none"> ▪ Send announcements through email and social media; • Consider increasing the number of SHINE volunteers in response to increased demand. 	Ongoing FY21

PROVIDE A FULL RANGE OF EXERCISE AND FITNESS ACTIVITIES

KEY: Red font-additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEMS	START YEAR
Provide educational programming on benefits of exercise	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Implement the Go4Life program of the National Council on Aging**; • Implement NCOA's Aging Mastery Course**; • Sponsor (with other Town Departments and local organizations) a Health Fair during Healthy Aging Month (September); • Include articles on the benefit of exercise in the monthly newsletter and through social media. 	<p>FY19</p> <p>FY20</p> <p>FY22</p> <p>FY19</p>
Provide creative exercise and body movement programming of low, moderate and high intensity	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Identify and secure practitioners of different exercise routines and programs; • Expand walking programs at suitable Brewster location (Drummer Boy Park, Bike Trail, etc); • Expand the exercise and fitness programs beyond what is currently available; • Integrate into these activities a social intervention program that supports behavior change (e.g., setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support); • Pilot some of these activities in early evening hours as well as daytime hours.** 	<p>Ongoing</p> <p>FY19</p> <p>FY20</p> <p>FY19</p> <p>FY20</p>
Provide screenings for physical, functional, and mobility limitations	<p>The Senior Center staff and COA Board will:</p> <ul style="list-style-type: none"> • Identify for use a screening instrument(s) for assessing physical, functional, and mobility limitations; • Identify and secure appropriate practitioners (e.g., nurses, PTs, OTs) through funded or volunteer positions to implement the screenings; • Screen and counsel seniors regarding recommended exercise routines—both at home and the Senior Center; • Develop informational brochures for distribution at health centers, PT agencies, physician offices regarding the above programs 	<p>FY21</p> <p>FY21</p> <p>FY19</p> <p>FY20</p>

HELP OLDER RESIDENTS TO AGE IN PLACE

KEY: Red font-additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEMS	START YEAR
Assist residents to modify or make changes to their home in order to remain living there as long as they desire.	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> Develop and offer educational programs on home modifications and universal design (e.g., AARP's "Home Fit") as well as sources of financial assistance for these modifications; Provide educational programming on home care options, cost and eligibility; Be a resource for identifying and applying for funding assistance, e.g., home equity loans, low-cost loans, grants, donated labor and/or materials; Be a resource for affordable home maintenance services; Provide information and referral for services to identify and recommend home modifications that enable residents to continue living safely at home. 	<p>FY20</p> <p>FY20</p> <p>FY19</p> <p>FY19</p> <p>FY19</p>
Foster intentional communities	<p>The COA Board and Senior Center staff will:</p> <ul style="list-style-type: none"> Discuss with Nauset Neighbors the resources required to foster neighbors helping neighbors and explore the possibility of increasing their services to more Brewster residents; Explore other options if Nauset Neighbors cannot meet identified needs. 	<p>FY19-20</p> <p>FY19-20</p>
Educate Town leaders about how an Age Friendly Town enables older residents to remain living in their homes and age in place.	<p>The COA Board and Senior Center staff will identify and utilize all opportunities to educate Town leaders and residents about how an Age Friendly Town can assist residents to age in place successfully:</p> <ul style="list-style-type: none"> The COA Board will host a Forum on the Age Friendly Town Initiative. 	<p>FY18-19</p>

MEET NUTRITIONAL NEEDS OF OLDER RESIDENTS

KEY: Red font-additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEMS	START YEAR
Identify potentially malnourished seniors	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> Establish ongoing contact with ESCCI, police, EMTs, physicians and other appropriate groups to identify residents with unmet nutritional needs; Organize a local work group that includes health providers and other stakeholders to develop a plan for food security screening and referral (AARP – Implementing Food Insecurity Screening for Older Patients – A Resource Guide and Tool Kit); Introduce and work with first responders/healthcare providers to administer food insecurity screening questions and make referrals to the COA. 	<p>Ongoing</p> <p>FY22</p> <p>FY22</p>
Provide access to programs that meet nutritional needs of older residents	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> Follow-up identified older residents by telephone and/or home visits to assess eligibility/interest in all COA meal programs; Enroll eligible residents in SNAP or Meals on Wheels; Collaborate with ESCCI to order and ensure sufficient MOWs to meet identified need; Anticipate and plan with ESCCI for increase in need as Town's older population increases; Provide hot lunches to Senior Center attendees; Work with Buy Local, Buy Fresh and ESCCI to provide, advertise and distribute coupons for vegetables at area farmers markets 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Provide nutrition education	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> Offer a 6 week nutrition education series yearly during Malnutrition Awareness Week. ** 	FY19

PROMOTE AND PROVIDE OPPORTUNITIES FOR SOCIALIZATION

KEY: Red font=additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEM	START YEAR
Increase resident participation in Senior Center activities	The COA Board and Senior Center staff will:	
	• Identify social activities that will attract older residents not currently participating in Senior Center programs;	FY21
	• Offer “Try It Out” open houses	FY21
	• Identify those activities or programs that are not available through other sources;	FY21
	• Pilot some of these activities in early evening hours to determine if expanded hours of service will increase participation; **	FY20
Increase programs for men across the older age range	• Collaborate with other Town Departments and local organizations to plan and provide expanded programming.	FY19
	The COA Board and Senior Center staff will:	
	• Hold one or more focus groups to identify programs of interest to men across the age range, i.e. younger-old and older-old;	FY19
	• Pilot programs and activities that will appeal to younger men, e.g. bocce and pickle ball;	FY20
	• Pilot programs that will increase Senior Center participation by men age 85+; **	FY20
	• Assess the success of these programs in attracting and involving older men.	FY21

PROMOTE APPROPRIATE HOUSING OPTIONS FOR OLDER RESIDENTS

KEY: Red font-additional staff needed: **=additional space needed

OBJECTIVE	ACTION ITEM	START YEAR
Offer information and educational programming on housing	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> Maintain a database of housing options appropriate for older residents; Develop and implement a workshop series, in collaboration with BLL, BCN, entitled “If I Live to Be 100, Where Will I Live” to educate older residents regarding housing options;** Develop and implement workshops on downsizing, housing safety and fall prevention, and the age-friendly home.** 	<p>FY22</p> <p>FY20-21</p> <p>FY20-21</p>
Collaborate with relevant Town Departments, local organizations and groups on promoting housing options	<p>The Senior Center staff and COA Board will:</p> <ul style="list-style-type: none"> Plan and host a Housing Forum with the Town Planning and Building Departments, Housing Coordinator, Housing Authority and others to explore housing needs, barriers, and possible solutions. 	FY20
Advocate for age-friendly housing for all new construction	<p>Appointment by the COA Board Chair of a standing committee to focus on housing issues. This Committee will:</p> <ul style="list-style-type: none"> Appoint a liaison to the Town Housing Coordinator; Explore and provide background information and expert testimony on creative housing solutions for older residents such as co-housing, shared housing, accessory dwelling units, etc. 	<p>FY19</p> <p>FY20</p>

PROVIDE RELIABLE AND AFFORDABLE TRANSPORTATION OPTIONS

KEY: Red font-additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEM	START YEAR
Ensure clearly defined, accessible and affordable transportation options	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Work with CCRTA and the Cape Cod Healthy Living Committee to enhance existing services and linkages, identify gaps, and participate in planning to meet future needs. 	Ongoing
Ensure convenient, safe and accessible in-town stops, stations and roadways	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Work with the All Access Committee in monitoring the above to ensure 1) appropriate signage, 2) absence of obstructions, 3) well-maintained roads and sidewalks, 4) adequate seating and shelter, and 5) priority/handicap parking spots and drop-off points; • Work with the All Access Committee, monitor and advocate for access to all town facilities, parks, beaches and other recreational venues. 	<p>Ongoing</p> <p>Ongoing</p>
Ensure driver safety	<p>The Senior Center staff will;</p> <ul style="list-style-type: none"> • Offer resources for safe driver assessment and counseling regarding “giving up the keys”; • Provide AARP’s Driver Safety Course once a year. 	<p>FY19</p> <p>FY19</p>

**OFFER EDUCATIONAL PROGRAMS THAT PROVIDE ROUTES TO PERSONAL
AND PROFESSIONAL KNOWLEDGE AND SKILL DEVELOPMENT**

KEY: Red font=additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEM	START YEAR
Offer workshops and lecture series of interest to Brewster residents	<p>The Senior Center staff will work with the Board and FOBE to:</p> <ul style="list-style-type: none"> Solicit topics of interest through FOBE, focus groups, social media, and surveys as appropriate; Collaborate with other Town departments and organizations such as the BLL to identify topics of interest; Provide lunch and learn programs, outside speaker series, and book and film discussion series on topics of interest. ** 	<p>FY19</p> <p>FY19</p> <p>FY20</p>
Ensure that older residents are aware of available learning opportunities in Brewster, elsewhere on Cape Cod, and online	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> Maintain and distribute a calendar of events, using the COA web page, social media, and the monthly newsletter; Publicize offerings by other area organizations, e.g., BLL, Nauset Adult Education, Brewster Community Network, etc. Provide a workshop on distance learning venues (in collaboration with the BLL) such as TED talks, oyc.yale.edu; edx.org; the great coursesplus.com. 	<p>Ongoing</p> <p>FY20</p> <p>FY21</p>
Build skills in the use of new technologies/social media	<p>The Senior Center staff will offer:</p> <ul style="list-style-type: none"> Offer basic, intermediate and advanced computer skills classes; Offer basic, intermediate and advanced skills classes on social media; ** Offer workshops on the use of ebay, Facebook, Craigslist, etc. for selling items and downsizing; ** Develop a Cyber Café to provide seniors with assistance in accessing online resources with the help of volunteers and student interns (e.g., from Cape Cod Tech, CCCC). ** 	<p>Ongoing</p> <p>FY19</p> <p>FY19</p> <p>FY21</p>

PROMOTE AND OFFER INTERGENERATIONAL PROGRAMS

KEY: Red font-additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEM	START YEAR
Identify needs and opportunities for intergenerational programming in two areas: older adults serving youth and youth serving older adults	<p>The Senior Center staff and COA Board will:</p> <ul style="list-style-type: none"> • Meet with educators (pre-school to high school) to identify and discuss options for collaboration (e.g., mentoring, tutoring, oral history/reminiscence); • Select programs in each category to implement on a trial basis; • Identify high risk Brewster residents such as grandparents taking care of grandchildren, single parents, troubled adolescents, etc and explore programming for needed support (e.g. foster grandparent program; mentoring, tutoring). 	<p>FY20</p> <p>FY20</p> <p>FY20</p> <p>FY20</p>
Explore collaborative programming opportunities with other Town entities	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Meet with Town Department heads (e.g., Police, Fire, Conservation, Natural Resources, Human Services, etc.), non-profits (e.g., Brewster Historical Society, Brewster Conservation Trust, Churches, Alzheimer's Family Support Center), and youth group leaders to explore joint programming opportunities for youth and older adults; • Develop and implement at least one trial program annually with a Town Department and with a non-profit organization; • Evaluate the trial programs and build on successes; • Expand to other Town Departments and organizations. 	<p>FY20</p> <p>FY20</p> <p>FY20-21</p> <p>FY21</p>
Develop intergenerational social events, for both older adults and youth in order to combat age segregation, eradicate age stereotypes, and build common bonds	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Organize at least two social events annually such as a dance, party, storytelling, music or theater program; ** • Approach area assisted living facilities to co-sponsor and/or host an annual event. 	<p>FY20</p> <p>FY20-21</p>

<div> PROVIDE EXPANDED RECREATIONAL ACTIVITIES <div> KEY: Red font-additional staff needed; **=additional space needed </div> </div>		
OBJECTIVE	ACTION ITEMS	START YEAR
Anticipate and plan for Brewster's changing demographics	The Senior Center staff and COA Board will: <ul style="list-style-type: none"> Regularly review demographic data from the Town annual census to keep track of the age breakdown of residents; Research and review innovative senior center programming locally and nationally, and healthy aging programming in general; Actively solicit input from young old (45 to 65) – focus group, questionnaire, social media. 	FY19 FY19 FY20
Explore joint (and intergenerational) programming possibilities with relevant Town Departments and Committees	The Senior Center staff and COA Board will: <ul style="list-style-type: none"> Convene a meeting with appropriate Town Department heads and Committee chairs (e.g., Recreation, BLL, Bikeways, All Citizens Access, Cultural, etc.) to discuss jointly sponsored activities; Identify and offer at least one jointly sponsored activity. 	FY20 FY21
Introduce new recreational activities on a timely basis in one or more of the following categories: Games, Exercise/Physical Fitness, Outings, Cultural/Trips	The Senior Center staff will: <ul style="list-style-type: none"> Identify recreational activities that will attract older residents not currently participating in Senior Center programs; Pilot some of these activities in early evening hours as well as daytime hours. ** 	FY21 FY20-21

SUPPORT AND ASSIST INFORMAL CAREGIVERS OF OLDER BREWSTER RESIDENTS

KEY: Red font=additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEMS	START YEAR
Identify family caregiver concerns and needs in the community	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Work collaboratively with ESCCI and the Alzheimer's Family Support Center • Consider a survey of Brewster residents regarding the number and characteristics of caregivers of Brewster residents (i.e., spousal and other family caregivers, non-family caregivers, caregivers at a distance; grandparents raising grandchildren); • Reach out to area healthcare providers, Brewster EMTs, and the Brewster Police for assistance in identifying caregivers in need. 	<p>Ongoing</p> <p>FY19</p> <p>FY20</p>
Provide information and referral services for caregivers	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Inventory available resources for caregivers, including services, waiting lists, costs, etc; • Collaborate with ESCCI's Family Caregiver Support Program to provide needs assessment and referrals for identified caregivers. 	<p>FY19</p> <p>FY19</p>
Provide educational programs about caregiving	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Develop and implement educational seminars for caregivers (or potential caregivers) on topics such as planning for incapacity, home modifications to promote aging-in-place, in-home services, long term care options and financing, etc. ** 	<p>FY20-21</p>
Assess need for and ways to provide respite services	<p>The Senior Center staff will:</p> <ul style="list-style-type: none"> • Reach out to existing Respite Centers to identify availability, cost, waiting lists, etc. • Assess need for additional respite resources over time. 	<p>Ongoing</p> <p>FY20</p>

<div> ENHANCE VOLUNTEERISM AND CIVIC ENGAGEMENT </div> <div> KEY: Red font-additional staff needed; **=additional space needed </div>		
OBJECTIVE	ACTION ITEMS	START YEAR
Develop a talent bank and speaker's bureau	The Senior Center staff will: <ul style="list-style-type: none"> Collaborate with FOBE to solicit and inventory the skills, knowledge, and interests of FOBE members and COA attendees; Identify interest of FOBE members and COA attendees in volunteering for various activities; Recruit potential volunteers at all COA events and through the monthly newsletter and social media; Develop and maintain a master file of candidates. 	FY19 FY19 FY19 FY20
Identify opportunities for volunteer activities that are appropriate for, or target, older residents	The COA Board and Senior Center staff will: <ul style="list-style-type: none"> Contact and collaborate with organizations using older volunteers (Foster Grandparents, Senior Companions, RISE, Meals on Wheels); Make matches based on identified interests and expertise. 	FY19 FY20
Support volunteer programs that build intergenerational bonds to encourage the sharing of experience, enthusiasm, and culture among age groups	The Senior Center staff will: <ul style="list-style-type: none"> Meet with school officials to identify intergenerational activity possibilities; Develop pilots for the three types of intergenerational activities described elsewhere;** Apply for available grants that encourage such pilots; Implement and evaluate these pilot activities. 	FY19 FY20 FY20-21 FY22-23
Create networks to connect older residents with volunteer opportunities in Town that are appropriate by age, interest and/or expertise	The Senior Center staff will: <ul style="list-style-type: none"> Meet with the appropriate Town administrators and Committee Chairs to identify volunteer needs and opportunities for matching; Monitor assignments for productivity and satisfaction. 	FY19-20 FY20
Improve volunteer management and training to increase volunteer productivity and satisfaction with assigned tasks	The Senior Center staff and COA Board will: <ul style="list-style-type: none"> Develop a volunteer recruitment and manager position; Seek funding for this position; Provide training in volunteer recruitment and management, through 4Cs or in-house; Develop contractual agreements that outline the obligations of both volunteers and their supervisors. 	FY22 FY22 FY22 FY22
Encourage and facilitate civic engagement	The Senior Center staff and COA Board will: <ul style="list-style-type: none"> Organize support for Town Meeting on Saturday to encourage greater attendance by older residents; Work with Town officials and appropriate Departments to lower barriers to attendance. 	FY18-19 FY20

OBTAIN ADDITIONAL FUNDING TO SUPPORT AND EXPAND SERVICES

KEY: Red font-additional staff needed; **=additional space needed

OBJECTIVE	ACTION ITEM	START YEAR
Request increases in the Town COA budget	The COA Director and Board will request and justify needed increases in the Town budget annually	FY19
Identify appropriate funding opportunities	<p>Appointment by the COA Board Chair of a standing committee to identify potential funding opportunities. This Committee will:</p> <ul style="list-style-type: none"> • Use resources such as the Foundation Center (http://foundationcenter.org), Massachusetts Grant Watch (https://massachusetts.grantwatch.com) to identify funding opportunities; • Report quarterly to the COA Board on possible funding opportunities and recommend course of action; • Collaborate with other Town Departments and local organizations to identify funding opportunities for co-sponsored programs. 	<p>FY19</p> <p>FY19</p> <p>FY19</p>
Apply for grant funding	<p>The Committee will write grant applications by:</p> <ul style="list-style-type: none"> • Working with the Senior Center Director; • Collaborating with FOBE as needed; • Collaborating with Town Departments and local organizations as indicated for co-sponsored programs 	<p>FY19</p> <p>FY19</p> <p>FY20</p>

APPENDIX B

THE FUTURE OF AGING IN THE TOWN OF BREWSTER: BREWSTER COUNCIL ON AGING NEEDS ASSESSMENT STUDY APRIL 2016

KEY FINDINGS IN BRIEF

Demographic Highlights

- Forty percent of Brewster's population is currently age 60 or older; this share is expected to increase to 55% by 2035
- By 2035, 19% of Brewster residents are expected to be age 80 or older.
- In Brewster as in many communities, older residents are more likely than their younger neighbors to have low income, be disabled, and live alone.

Community & Neighborhood

- Most Brewster survey respondents reported that staying in Brewster is important to them.
- Cost of living, including property taxes, transportation concerns, worries about accessing needed services, and a perceived lack of downsizing options are viewed as barriers to aging in place.
- With respect to "age-friendly" features, access to medical services and learning opportunities were rated positively, especially by the oldest respondents. Older residents' safe access to beaches and green space was rated as age-friendly by 53%-64% of respondents. Seven out of ten respondents evaluated seniors' having a voice in Town decision-making as age-friendly.

Housing and Living Situation

- Half of Brewster's survey respondents reported needing modifications to make their home safer to live in over the next five years. Forty percent of respondents needing modifications who are age 45-59, and 20% of those age 60 or older, said they cannot afford these modifications. Many residents reported that they already have home features in place that would support aging in place. Some indicated that their home could not be modified adequately, or that it would not be cost-effective to do so.
- Seniors are receptive to living in senior independent living communities if a change in health or ability required a move, including 39% of those age 60-79 and 37% of those age 80 or older. Forty percent of the respondents age 80 or older would prefer an assisted living if declining health required a move. Many Brewster residents do not believe that adequate and affordable downsizing options are currently available in Brewster.

Social Activities and Relationships

- Overall, Brewster respondents reported good emotional well-being and most have frequent contact with friends and family.
- A segment of the Brewster community does not have frequent contact with others, including the 8% of survey respondents age 80 or older who use the phone, email, use social media, or get together with friends, relatives, or neighbors less than once a week.
- Half of respondents living alone do not have a family member within 30 minutes who could help if needed.

Health & Caregiving

- Half of the respondents age 80 or older require assistance with activities around the house, such as housework or care of their yard. Eight percent require help with daily activities (such as taking medication) or personal care (such as dressing). Most receive help from family or friends; as well, 68% report paying for help.

- A large share of survey respondents have provided care or assistance within the past 5 years to a person who is disabled or frail, including 61% of those age 45- 59 and 49% of those age 60-79. A majority of those providing care described the experience as very or somewhat challenging.
- More than half of survey respondents age 45-59, and 48% of those age 60 or older, said that a caregiver respite program or support group would be helpful to themselves or their families.
- Eight out of ten survey respondents reported that they “favor” or “strongly favor” offering a Social Adult Day Care program in Brewster, including 83% of the respondents with caregiving experience.

Transportation

- Most survey respondents drive, but 14% of those age 80 or older do not.
- Many residents modify their driving to make it safer, by avoiding driving at night, avoiding driving in bad weather, avoiding highway driving, or other strategies, including 32% of respondents age 45-59, 40% of those age 60-79 and 69% of those age 80 or older.
- Respondents who do not drive or who drive with modifications rely largely on family members and friends for rides.
- Respondents who do not drive also frequently reported use of the COA B-Bus (25%), volunteer medical transportation through the COA (23%), public transportation (15%), and DART Dial-A-Ride (13%). Those who drive use these options rarely.
- Just under half of survey respondents said they are completely or very satisfied with transportation options in Brewster. Satisfaction ratings were lower for respondents age 45-59
- Over the previous 12 months, 18% of non-drivers missed, cancelled, or rescheduled a medical appointment because of a lack of transportation.

Current and Future Retirement Plans

- Eighty-four percent of respondents age 45-59, and 30% of those age 60-79, are working full- or part-time, or are self-employed.
- Among workers, 35% of those age 45-59 and nearly half of those age 60 or older are not sure if or when they will retire.
- More than half of respondents age 45-59, and one-third of respondents age 60 or older, lack confidence about having adequate resources to meet their financial needs in retirement.

Programs & Services at the Council on Aging

- Participation in COA programs and services is high among residents age 80 and older, relative to younger seniors, suggesting that as the Brewster population ages, increases in participation rates are likely.
- Half of the senior respondents who do not currently use the Brewster COA said they are very or somewhat likely to do so in the future.
- Many respondents participate in activities at other communities’ Councils on Aging, typically citing specific activities as a reason.
- Knowledge gaps in what the COA offers and how to access its programs limit use of the COA. Respondents prefer learning about the COA through the newspaper, the COA newsletter, or the Town website. Nearly three out of ten respondents age 80 or older never use the Internet; for these and other residents, print media are important resources.
- Strong support was reported across all age groups surveyed for key service programs, including transportation, caregiver support, health and wellness programs, SHINE, assistance with local and state programs, and adult day programs.
- Exercise programs and respite programs were most frequently mentioned as added programs of interest.
- Concerns about the Council on Aging building were expressed throughout the survey. Some residents were concerned about the safety of the building, especially for users with mobility challenges. There is a strong preference for activities being offered in a single building. Some respondents prefer a freestanding senior center;

many are receptive to an intergenerational community center within which COA programs and services may be housed.

RECOMMENDATIONS

We offer the following recommendations for the Town and the Brewster Council on Aging:

- Develop and disseminate information about home modifications that can help residents make their homes safer to live in as they age, and programs that may help pay for modifications. Many residents reported needing these modifications to age in place, and some cannot afford them.
- Explore opportunities to promote downsizing options in Brewster. Many residents have homes or properties that are too large, or too difficult to maintain. Receptivity to downsizing options, including housing with services, was expressed in the community survey.
- Work to close the COA information gap through clearer communication and broader dissemination of information. Many residents have poor or incomplete knowledge of what the COA does and who can participate. A continued need for print media is evident.
- Strengthen information dissemination about transportation options available in Brewster. Many seniors modify their driving behavior, including avoiding driving at night or far distances. Few of these individuals reported using the available transportation options. Further explore whether available options are adequate for community needs.
- Prepare for growth in COA participation. Growth of the senior population is especially high among age groups most likely to use the COA. Many seniors who do not use the COA indicated they are likely to do so in the future.
- Create opportunities for expanded senior activities in Brewster. Limited programs for senior exercise, late-life learning, and socialization are apparent. Cross-departmental partnerships may be encouraged as a means of expanding options.
- Expand caregiver support opportunities in Brewster. Many residents participate in caregiving and report needs for support, including respite care and adult day care.
- Explore community interest in educational programs relating to retirement planning. Many seniors work for pay or are self-employed, and many are uncertain about when or if they will retire. Sizable shares of seniors lack confidence about their ability to meet their financial needs in retirement.
- Develop short-term and long-term strategies to improve space available to the Brewster COA. Some residents are fearful of participating in programs located in the current building, especially those with mobility limitations. Available space is insufficient for significant expansion in programming. There is receptivity to a community center model, within which COA functions would be housed.
- Consider embarking on a strategic planning process for the Brewster COA as a means of addressing programming needs, communication strategies, and space needs.

REFERENCE

Mutchler, J et al. (2016) *The Future of Aging in the Town of Brewster: Brewster Council on Aging Needs Assessment Survey*; University of Massachusetts Boston.

APPENDIX C

UNIVERSAL/AGE FRIENDLY DESIGN FEATURES FOR THE IDEAL SENIOR CENTER

Research, based on what we know about the aging process, dictates these “age friendly” design features (see Section B for rationale). The following recommendations should be kept in mind when considering a new or renovated senior center, and they provide a checklist for evaluating how the current COA building measures up.

A. RECOMMENDATIONS

1. LIGHTING

- Adequate lighting, particularly in stairs and hallways
- Global ambient light that illuminates an entire room (pendant lights or wall sconces preferable to fluorescent fixtures)
- Natural lighting from windows
- Task, indirect lighting with LED bulbs concealed to avoid glare
- Balanced light levels, especially in transition places to enable safe movement from one space to another
- Halogen bulbs that can cause glare should be avoided

2. FLOORS – varies based on intended use and users of space

- Acoustical, aesthetic, warm, non-glare carpeting where carpeting is needed (e.g. some exercise programming)
- Durable, non-glare flooring for easy hygiene, maintenance
- Easy navigability by those with canes, walkers, wheelchairs, scooters and “shuffle” walk
- Thresholds that are flush
- Balanced flooring with no dips, cracks uneven areas
- No carpet tears
- Bold high contrast floor patterns that can confuse people with visual and cognitive impairments should be avoided
- Non glare, matte finish for cleaning/waxing floors
- Boundaries clarified with color or textural differences

3. CEILINGS/ACOUSTICS

- Sound absorbent, acoustical lay-in panel ceiling
- Curtains to absorb noise
- Thoughtful grouping of dedicated spaces to minimize noise factor in adjacent rooms

4. FLEXIBLE SPACE/TRAFFIC FLOW

- Creation of spaces that are universally accessible, user friendly, flexible and that can accommodate a variety of activities
- Doorways wide enough for wheelchairs and walkers
- Adequate space for maneuvering/turning around

5. BATHROOMS

- Accessible ground floor toilets
- Large enough for wheelchair transfer
- Emergency call buttons
- Grab bars in strategic places (should not be stainless steel or chrome)
- Elevated toilet as needed
- Slip resistant flooring
- Reachable towel rack/soap dispenser

- Knee space under sink

6. FURNISHINGS

- Blinds and/or curtains to control sunlight glare
- Chairs that are firm and high, with well-placed arms and supportive backs for ease of sitting and rising
- Cabinetry within easy reach
- Smaller round tables for ease of communication/socialization

7. GENERAL ACCESSIBILITY

- Step-less entrances
- Weather protection shelter at doors
- Lever handles for all doors rather than knobs
- Absence of clutter, loose objects & low profile items
- Sturdy handrails and banisters

8. COLOR CHOICE

- Light reflective walls in light matte finish to avoid glare (Light Reflective Value of 70-80 for walls and 80 to 90 for ceilings)
- Soft warm colors; avoid dark colors at blue/green end of color spectrum
- Colors that contribute to warm, not institutional ambience
- Increase contrast with paint colors for better visibility (such as edges of ramps, doorways, stairs)

B. AGE RELATED FACTORS THAT SUPPORT THE ABOVE RECOMMENDATIONS

1. AGING AND EYESIGHT

- By age 50 an older person needs 2X as much light to see well that a 20 year old
- An 80 year old needs 3X as much light
- Eye muscles become less elastic and, therefore, adjust slower to light changes
- 40% of those 75 to 85 have cataracts
- Reduced night vision
- Loss of peripheral vision
- Decreased ability to judge depth
- Sensitivity to glare
- Decreased clarity of colors especially at blue/green end of color spectrum

2. HEARING DEFICITS

- Hearing loss begins around age 20 and is progressive
- Greater difficulty hearing sounds at higher frequencies
- Greater difficulty hearing when background noise is present

3. FALLS AND FALLS RISKS

Epidemiological studies on falls in the elderly reveal these risk factors:

Intrinsic factors include things like visual impairments, medications, cognitive problems (people with dementia are more likely to fall), and cardiovascular conditions like hypotension

Extrinsic factors include:

- Poor lighting due to low luminance of existing lights or lamps, so preventing hazard identification and avoidance. Eyesight deteriorates with age, and extra lighting will be needed where seniors move frequently. The power of the bulbs used should be higher than normally accepted, with incandescent bulbs preferred especially as they react much more quickly than other types of bulb when switched on. This is vital when entering a room where an obstacle can trip the user for example, especially if not seen in time to prevent the accident.

- Stairs with inadequate handrails or too steep, encouraging trips and falls. The steps should be spaced widely with low risers, and surfaces should be slip-resistant. Softer surfaces can help limit impact injuries by cushioning loads.
- Doorways with adequate headroom so that the user's head does not hit the lintel.
- Rugs/floor surfaces with low friction, causing poor traction and individual instability. All surfaces should have a high friction coefficient with shoe soles.
- Clothing/footwear poorly fitted, shoes of low friction against floor. Rubber soles with ribs normally have a high friction coefficient, so are preferred for most purposes. Clothing should fit the user well, without trailing parts (hems falling below the heel and loose shoe strings) which could snag with obstacles
- Lack of equipment/aids such as canes or walkers to improve user stability. Grab bars should be supplied plentifully, especially in critical areas where users may be vulnerable.

C. WHAT BREWSTER SENIORS SAID THEY WANT IN A SENIOR CENTER

- Single floor
- Close and ample parking
- Covered entrances and automatic door openers
- Multi-purpose room with designated rooms for arts and crafts, music, exercise, games and computers
- Classroom with AV equipment for educational events/presenters
- Fitness room with appropriate strength building equipment
- Reading room; quiet lounge
- Sound proofing or separate quiet/noisy activities
- Full purpose kitchen for meal preparation/MOW/cooking classes
- Café/Coffee lounge; snack area
- Intergenerational programming
- Park-like setting with patio for outdoor picnics/events
- Raised garden beds on patio
- Walking trail with exercise stations; connecting pathway to CCRT bike trail
- Joint programming with Recreation Department
- Early evening hours at least twice a week
- Open weekends for special events

APPENDIX D

COUNCIL ON AGING BOARD MEMBERS

ANDREA NEVINS (Chair)

Andrea Nevins, MPH, is a Gerontologist and Public Health Educator with 35 years of experience training professionals in the field of aging. Before developing the Gerontology Intensive Certificate Series at 4Cs she was Director of Certificate Programs in Aging and Director of the Geriatric Education Center at Brookdale Center on Aging of Hunter College in New York City. As administrator and faculty, she was responsible for certifying 100s of aging networks professionals in the following areas: Normal Aging, Aging and Mental Health, Professional Geriatric Care Management, Adult Day Services and Creative Aging.

She also directed the National Institute on Human Resources and Aging, funded by the US Administration on Aging, to provide training and technical assistance on human resource concerns for aging agencies nationally. As Director of Education and Training for the Brookdale Center on Aging she administered both private and state funded contracts to provide training for all levels of staff in New York State's aging network, including one that called for training 500 staff in all of New York's 58 Long Term Care Facilities. She was on the editorial Board of The Gerontologist, the leading publication for professionals in the field of aging, and is an expert in curriculum development on aging topics.

SHARON TENNSTEDT (Co-Chair)

Sharon Tennstedt, MSN, PhD, trained as a psychiatric clinical specialist and social and behavioral scientist, focused her career on older adults and aging issues. She brings to the Brewster COA a broad range of relevant experience, including clinical, management and administration, program development and evaluation, and research. Early in her career, she was the Executive Director of BayPath Elder Services, the Area on Agency (AAA) and Home Care Corporation for a 14-town area in MetroWest Boston. During this time she also served as President of MASS Home Care, the statewide association for AAAs and Home Care Corporations, which involved close working relationships with the MA Executive Office of Elder Affairs.

The last 30 years of her career were spent in the field of social/behavioral and clinical research as a Vice President of the New England Research Institutes (NERI) and Director of their Institute for Studies on Aging. She designed and directed many types of research studies, including epidemiological studies, surveys, behavioral intervention trials (notably, "A Matter of Balance" a group intervention addressing fear of falling previously offered by the COA), and multicenter clinical trials. She held faculty appointments at the Boston University Schools of Public Health and Social Work, was President of the Massachusetts Gerontology Association, and is a Fellow of the Gerontological Society of America.

ROBERT DELOYE

Robert Deloye brings 38 years of experience working in the private sector of industry, working as a senior mechanical designer in the engineering departments of General Electric and Lockheed Martin. When at GE in a commercial department, he was instrumental in the design of large power transformers used to distribute electricity from generating sources such as hydro-electrical dams. At both GE and Lockheed, he was the lead designer heading up the design and documentation of the Army's Bradley Fighting Vehicle's transmissions and turret drives. All of these positions required interfacing with people in the workforce from the factory to upper management.

For 10 years he was on the executive board of the International Federation of Professional and Technical

Engineers, 5 years of which he served as president. As President, he dealt with company human resources and employee relations when representing members of the Federation. Mr. Deloye was an active member of the Berkshire United Way and served on the United Way Board for 3 years. Since moving to Brewster in 2004, he has worked on the Brewster in Bloom Parade Committee and volunteered at the Brewster Senior Center since 2005. Mr. Deloye has been on the COA Board since 2011 and was Chair for 3 years.

CYNTHIA O'LEARY

Cindy O'Leary brings to the Board her broad professional experience, including 12 years as a church administrator and community center program coordinator, 9 years in financial management, 9 years as a corporate paralegal, and a lifetime of volunteerism. She earned a BA in Spanish from Colorado State University, with post-graduate courses in Accounting, Finance and Real Estate, and Paralegal and Mortgage Banking certifications. Her volunteer experiences over the years are just as varied – traveling with Up With People as a cast member and PR rep, Newcomers' Club president and program director, multiple PTA jobs, and Habitat for Humanity team volunteer, to name a few. She has chaired fundraising efforts for non-profits from California to Cape Cod and Texas to Minnesota. Cindy cantors and lectures at Our Lady of the Cape Church, performs with the Chatham Chorale, and has sung for several years with a Hospice Choir, offering music to the dying and their grieving family members.

Highly relevant to this planning effort, she played a leadership role in initiating and implementing the Needs Assessment Survey on which this Action Plan is based and brings personal experience with long-distance and long-term family caregiving.

KAREN THURBER

Karen Thurber, RN, BSN practiced nursing for 43 years in Cleveland OH, Boston MA, and Storrs and Manchester CT. Her practice spanned all ages, with highlights in Pediatric Oncology and Surgery in Cleveland, Diabetic Education at Joslin Clinic in Boston, VNA in MA and CT, and College Health in Storrs CT for the last 23 years of her career. Her practice with the VNA drew her to the COA because she saw firsthand the concerns of a disabled and/or aging population regarding their ability to remain independent and in their own home, and the concerns of their families in how to accomplish these goals. The COA is often the first in line to help. This is why our work on the Board is so vital in helping to shape the changes needed to help Brewster seniors reach their fullest potential in an age friendly environment.

BRENDA VAZQUEZ

Brenda Vazquez, MAG, is an administrative gerontologist and public health consultant with over 15 years experience in community health promotion and aging services. She is the founder and CEO of New England Wellness Foundation in Hyannis, Massachusetts and serves the residents of Cape Cod and beyond through her civic leadership activities and community building programs.

Brenda was one of the first Stanford School of Medicine-certified Diabetes Self-Management Master Trainers in the country and went on to successfully implement evidence based health promotion and health self-management programs in California. Before moving to Cape Cod in 2013, Brenda was Director of Community Health Programs at Partners in Care Foundation, the California Department of Aging's Technical Assistance Office for Evidence Based Health Promotion Programs. In collaboration with schools of medicine, nursing, pharmacy, social work, government and business, Brenda and her team's innovative health promotion work won the Older Americans Act Title IIID Disease Prevention Health Promotion funding for 12 consecutive years serving over 7000 elders and their families annually. Currently, Brenda is working to establish clinical and community linkages to facilitate access to evidence based interventions within the service areas of the Boston Partnership of the Massachusetts Prevention and Wellness Trust Fund.

In 2012 Vázquez designed Exergamers Wellness Club, winner of the National Association of Senior Centers' top innovation award. She is also a recipient of the American Association of University Women's Career Development Award. She holds a Master's degree in Gerontology from the University of Southern California's Davis School of Gerontology and a Bachelor of Arts in Mass Communication from Emerson College. Brenda has been providing support to organizations that serve older adults in a variety of posts. She Chairs the Massachusetts Community Health Network of the Cape and Islands, a coalition of over 50 human service organizations; serves on the Barnstable County Human Services Advisory Board, Brewster Council on Aging and on a new initiative, Healthy Aging Cape Cod. She is committed to using her experience, education and training to help improve the quality of life for all Cape Cod residents across the lifespan, and fostering livable communities for all ages.

DENISE REGO (COA Director)

Denise Rego brings 25 years of experience working with the older adult population. She began employment at Brewster Place (now Wingate at Brewster Place) as an Administrative Assistant, with promotion to Business Office Manager. This experience allowed her to continue on her path as the Administrative Assistant to Jean Sears, Brewster COA Director. Denise graduated from Marymount College in Tarrytown, NY, and in 2006 she completed the 2-year Frank J. Manning Certificate Program in Gerontology at UMass Boston to increase her knowledge in working with the senior population. In 2009, Denise became the Brewster COA Director. In addition to the COA Board, she currently sits on three other boards: All Citizens' Access Committee member and secretary; Health and Human Services Committee member and secretary; and Wells Court Development Board. These committees allow her to be involved with Town projects related to Brewster's older adult population as we move towards being an Age-Friendly Community.

CINDY BINGHAM (Liaison, Select Board)

DENNIS HANSON (Liaison, Finance Committee)