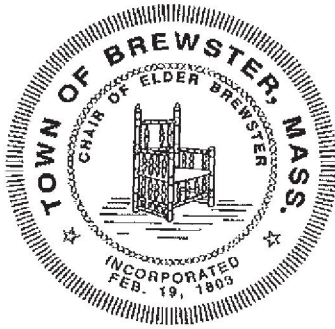




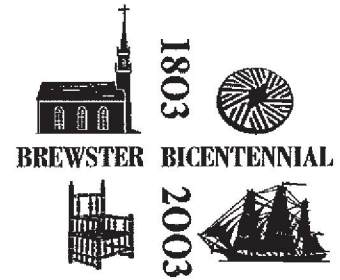
# The Future of Aging in the Town of Brewster:

## Brewster Council on Aging Needs Assessment Study

*Center for Social & Demographic Research on Aging  
Gerontology Institute  
John W. McCormack Graduate School of Policy & Global Studies  
University of Massachusetts Boston*



**Brewster  
Council on Aging**  
1673 Main Street  
Brewster, MA 02631-1898  
T (508) 896-2737  
F (508) 896-7587  
drego@town.brewster.ma.us



April 2016

Dear Brewster Residents,

In 2015, the Town of Brewster with the Brewster Council on Aging commissioned a survey of Brewster residents age 45 and older to investigate the needs, interests, preferences, and opinions of the Town's older resident population, with respect to living and aging in Brewster. Results were to be used to inform and guide the Council on Aging and the Town of Brewster in its planning efforts into the future. The Gerontology Institute at the John W. McCormack Graduate School of Policy & Global Studies, University of Massachusetts Boston was engaged to design a survey strategy, develop and administer a survey instrument, analyze data, report finds, and create a final report. All work was done with the active involvement of the Brewster COA staff, COA Board Members and the Brewster residents. The survey and report was completed in the Spring of 2016 and we are proud to present it to the public.

Our research focused on the issues of Housing, Transportation & Mobility, Community Involvement & Engagement, Health, Well-Being and Life-Style, and how the Brewster COA can improve current programs and services, and continue to develop itself as an innovative leader in meeting the needs of the ever-increasing numbers of seniors in our community. In 2010 (U.S. Census), there were more than 3,768 residents age 60 and over, representing close to 38 % of Brewster population. Approximately 1,753 residents were between 50 and 59, representing another 15%. Since data from this survey shows that most respondents wish to remain in Brewster as they age, and many of our second homeowners plan on retiring in Brewster, we can assume that our senior population will continue to grow over the next few decades.

Although we have been well aware of the growth in our senior population, this report is historic because it pulls together demographic information along with what residents see as important to them as they age. We have learned a great deal from this project and the results are an important planning tool moving forward.

We are extremely proud of the results of this effort and are grateful for the wonderful work of the Gerontology Institute at the University of Massachusetts Boston. We thank all of the people who worked on this project. We are particularly indebted to the people who took the time to respond to the survey. Deep thanks to all of you.

Sincerely,

Michael Embury  
Town Administrator

Denise Rego  
Brewster COA Director

Robert Deloye  
Brewster COA Chair



**The Future of Aging in the Town of  
Brewster  
Brewster Council on Aging Needs Assessment  
Study**

Commissioned by the Town of Brewster  
Council on Aging

April 2016

Jan E. Mutchler, PhD  
Ceara R. Somerville, MS  
Maryam Khaniyan, MS  
Mai See Yang, MS  
Molly Evans, BA

Center for Social and Demographic Research on Aging  
Gerontology Institute  
John W. McCormack Graduate School of Policy & Global Studies  
University of Massachusetts Boston

## Executive Summary

This report describes efforts undertaken by the Town of Brewster Council on Aging, in partnership 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. The focus of this report is on two cohorts of Brewster's residents—those aged 45 to 59, and the cohort of individuals who are currently aged 60 and over ("seniors"). The content of this report is intended to inform the Town of Brewster, the Brewster Council on Aging, and organizations that provide services to older residents, as well as those who advocate for older people, and community members at large.

Data for the study were drawn from several sources, including publicly available information obtained through the U.S. Census Bureau and data collected expressly for this study. Two forums were held in September 2015, providing an early introduction of the project to the community. A resident survey was distributed to a sample of 3,000 Brewster residents age 45 or older; a total of 898 responses were received, representing an overall response rate of 30%. A convenience survey of seasonal Brewster residents was conducted, yielding 80 responses from individuals who live in Brewster during the summer months. Three focus groups were held, including residents, representatives of Town offices and committees, and representatives of nonprofits and other local organizations. Finally, information was collected about Councils on Aging in five comparison communities.

Brewster's older residents represent 39% of the community's current population. Although the total population of Brewster declined by 3% between 2000 and 2010, the number of residents age 60 and older increased by 20% in that time frame. On the basis of this growth, demand for programs and services that are offered by the Brewster Council on Aging is greater today than ever before. Furthermore, demographic projections suggest that the need for services will continue to increase in the future.

Sample survey results suggest that the typical Brewster senior wants to stay in Brewster moving forward. One-fifth of senior respondents reported having lived in Brewster for at least 35 years; however, one-third have lived in the community for less than 15 years and may have chosen Brewster as a retirement destination. Among respondents age 45-59, 36% have resided in Brewster for at least 25 years, suggesting that a sizable share of this group either grew up in Brewster or arrived as young adults. Most Brewster respondents are aging with sufficient finances, good health, and strong social support. However, segments struggle financially or experience isolation or health concerns, and many more residents worry that increasing costs of living, limited transportation options, access to services, or significant health events will challenge their ability to age in place.

The Brewster Council on Aging performs essential “connecting” functions to promote health and wellness in later life—connecting seniors to needed health care by offering transportation services, connecting older residents to socialization opportunities at the Senior Center and elsewhere, and connecting residents who have resource shortfalls to services for which they are eligible. The Council on Aging, both through its own programs and in cooperation with other Town departments, forms an essential safety net for aging individuals and families who can benefit from additional supports.

Key issues for the Brewster Council on Aging were also identified in the study. It is generally agreed that addressing the needs of vulnerable seniors through outreach and other programs is a priority for the COA. Transportation, caregiving services, and health and wellness programs are seen as priorities to the Brewster community. Yet interest in expanded exercise programs, among other activities, is evident in Brewster.

The building currently housing the Brewster COA was viewed by survey respondents and focus group participants as inadequate for community needs. Concerns were voiced about the safety of the building, especially for participants with mobility limitations. The building is not well configured for expanded programming, limiting the reach of the COA. Although no consensus is evident in the community regarding what type of space would be best, it is a shared goal that better space be made available to the COA in support of both improving access to its current programs, and supporting expansion of programs and services. Many survey respondents and focus group participants preferred the creation of a community center, within which the Council on Aging could be housed.

To increase its effectiveness, the Brewster COA will need 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. Currently, many residents are not aware of the COA and its offerings. Lack of awareness limits the ability of the COA to increase its impact within the Brewster community.

## **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 & 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 & 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 nondrivers missed, cancelled, or rescheduled a medical appointment because of a lack of transportation.

### **Current and Future Retirement Plans**

- Eight-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 those 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 on a single building. Some respondents prefer a free-standing 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.

## Acknowledgements

The authors wish to acknowledge the Town of Brewster, which generously provided support for this project. We thank Denise Rego, Director of the Brewster Council on Aging, the Council on Aging Board, and the COA staff who offered invaluable input and assistance as we defined research questions, recruited study participants, and carried through our research plan.

We acknowledge with appreciation Deborah Thompson (Director, Dennis COA), Barbara Anne Foley (Director, Harwich COA), Barbara Lawlor (Director, Hull COA), Lynne Waterman (Director, Mashpee COA) and Judi Wilson (Director, Orleans COA) for taking time from their busy days to share details about their organizations.

The authors, Jan E. Mutchler, Ceara R. Somerville, Maryam Khaniyan, Mai See Yang, and Molly Evans from the University of Massachusetts Boston are responsible for the contents of this report; however, the project could not have been completed without the efforts of those mentioned above.

<b>COA Board of Directors:</b>	<b>Friends of Brewster Elders:</b>
Bob Deloye, Chairperson	Marilyn Dearborn, President
Karen Thurber, Secretary	Jacquelyn Hanson, Vice President
Jackie deRuyter	William Wheeler, Treasurer
Andrea Nevins	Sally Cash, Recording Secretary
Cynthia O'Leary	Donna Bowie
Loretta Ruchinskas	Suzanne Dean
Rep. Tim Whelan	June Gallant
Ben deRuyter, BoS Liaison	Alice Stelzer
Dennis Hanson, Finance Comm. Liaison	Fred Weaver
	Olive Weaver
	Rob Williams

### **Brewster COA Needs Assessment Working Group:**

Bob Deloye, COA Board Chairperson; Cynthia O'Leary and Karen Thurber

<b>Special thanks to:</b>	
Michael Embury, Town Administrator	Michael Fitzgerald, Finance Committee Chairperson
Jim O'Leary, Finance Committee	Colette Williams, Town Clerk
Brewster Council on Aging Staff	

## Table of Contents

EXECUTIVE SUMMARY .....	ii
ACKNOWLEDGEMENTS .....	viii
INTRODUCTION .....	1
METHODS .....	7
RESULTS .....	11
KEY FINDINGS AND RECOMMENDATIONS .....	65
REFERENCES .....	69
APPENDIX A: REPRODUCTION OF SURVEY .....	71
APPENDIX B: COMPLETE SURVEY RESULTS .....	80

## Introduction

Like most municipalities on Cape Cod, the population in the Town of Brewster includes a large share of older residents. Currently, 40% of the Brewster population is age 60 or older, and this share is expected to rise to 55% within the next two decades. As a municipal entity, the Town of Brewster's Council on Aging is an important and valued resource, operating as the Town's central point of contact for older residents who seek to lead healthful and fulfilling lives while remaining independent in the community.

This report presents results of an examination of issues relating to aging and older adults in Brewster. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including town residents, municipal organizations and other town leaders. The assessment has as its primary focus the current and future consumers of Council on Aging services. The goals of this project were to identify the characteristics and needs of Brewster residents age 45 to 59 and those age 60 and older (hereafter "seniors"); to identify specific concerns of community members related to aging in Brewster, and to explore their ideas regarding how quality of life could be improved for older adults who live in the Town; to explore the current and potential role of the COA in the lives of older residents; and to outline the implications of an aging population for the Town of Brewster as a whole. The contents of this report are intended to inform planning by the Town's Council on Aging, as well as other town offices, private and public organizations that provide services and advocate for older people within Brewster, and the community at large.

## Background

The Town of Brewster is a community of approximately 10,000 year-round residents located in Barnstable County on Cape Cod. Brewster is a popular destination for tourists, and 40% of its housing is occupied seasonally (U.S. Census Bureau, 2014). The Brewster 2013 Open Space & Recreation Plan (<http://www.brewster-ma.gov/documents-a-archives/forms-a-documents/open-space-committee-1/2027-2013-open-space-and-recreation-plan/file>) reports that Brewster's population more than triples in the summer, to an estimated 35,000 people. Currently, nearly 4,000 Brewster residents are age 60 and older, making up about 40% of the total population; another 1,700 residents are between the ages of 50 to 59, and are poised to move into later life within the coming decade (U.S. Census Bureau, 2010). Growth of the older resident population of the Town of Brewster has come about through a combination of processes, including "aging in place" as younger residents age into later life, migration of middle-aged and older adults to Brewster as part of a retirement move, and some formerly seasonal residents choosing to live in Brewster year-round, also likely as part of a retirement strategy.

The age of the population impacts programming and planning across Town offices. The recreation department offers programs specifically for seniors (i.e., senior striders; senior tennis). A number of programs are offered by the Fire Department and Police Department, typically in cooperation with the COA, targeting residents who live alone or who experience disability, cognitive impairment, or other conditions that increase vulnerability (i.e., File of Life; Project Lifesaver; Reassurance program; and Safe Return program). The

Brewster Ladies' Library offers a range of programs and activities that appeal across the age range, including knit and crochet groups, educational programs, and cultural programs. An Open Space report completed in 2013 suggests that in Brewster, "there may be more of a need currently for passive recreation opportunities for the town's senior population" and highlights the importance of access for residents with mobility limitations to Town amenities such as beaches (<http://www.brewster-ma.gov/documents-a-archives/forms-a-documents/open-space-committee-1/2027-2013-open-space-and-recreation-plan/file>).

A commonly expressed goal of older adults is to remain living in their own homes as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, and in community, older adults are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote "successful aging," by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions. By proactively taking steps to support the goals of older people in terms of successful aging and aging in place, Brewster can retain a larger share of its older population in the community and benefit from the experiences and local commitment that vital long-term residents offer, while reducing potential demands on resources associated with frailty and dependence.

In this report, we describe recent activities conducted to assess the aging-related needs of current and future older adult residents in the Town of Brewster. Our approach aligns with efforts to identify ways in which communities may become more "livable" for residents of all ages. Livable communities are said to have features that allow older adults "to maintain their independence and quality of life as they age and retire" (Nelson & Guengerich, 2009). Key components that facilitate livability include adequate and appropriate housing and transportation options, along with community services that target the needs of older people.

## **Literature Review**

### **Housing**

The availability and affordability of housing that is suitable to meet the changing capacity of older people is a key factor that influences the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many prominent studies document the preference of older adults for remaining in their existing homes as long as possible (e.g., AARP, 2005). For many, the home serves not only as a source of shelter, but also as the platform for maintaining social networks and connecting residents to neighborhood amenities. The home may also be the basis for long-standing memories that connect older individuals to their past. As well, homes are an important source of financial security, as home equity and/or ownership may represent one of the most significant sources of wealth held by many older people. Consequently, the attachment that many have to their homes is often substantial.

Nevertheless, as people age, the “fit” between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too cumbersome or expensive to maintain on a fixed income. Some older adults will develop functional impairments and disabilities; for these individuals, outdated home features may not provide adequate support for their changing physical and cognitive capacities. Design features of homes, such as the number of stories and manageability of stairs, may challenge an older resident’s ability to remain living safely in her home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support the resident’s safety and facilitate aging in place; however, some individuals will need to change residences in later life.

The availability of affordable housing options, especially those with accommodating features, such as home modifications or universal design features, and housing that blends shelter and services, such as assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in the community (AARP, 2005), or at least delay the move into more supportive and expensive institutional alternatives. Aging in the community can be facilitated by making residents aware of home-based services for which they may be eligible, including services that would help maintain and modify a home for safe living, and programs that may help them pay utility or other home-related expenses.

### **Transportation**

Along with housing, adequate transportation is also needed to maintain social ties, obtain needed goods and services, access community amenities and be engaged with others. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Many communities have limited public transportation options, and those that do exist may be inconvenient, expensive, unreliable, or not easily accessible for those with mobility limitations. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation. By supporting high quality, reliable and convenient local travel options, communities can promote quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives.

### **Community Features & Services**

Livable communities also require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term care services. Older adults with mobility limitations and those who experience challenges with driving may need medical and social services that can be easily accessed or delivered within their homes. Programs that connect older homeowners with affordable assistance for maintaining their homes and their yards can

help protect the value of investments and improve the neighborhoods in which older people live. Safe and “walkable” shopping and entertainment districts are valued by all members of the community regardless of age and physical capacity, but may be especially helpful for those with mobility and transportation limitations. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence and improve quality of life. Research has demonstrated that social support is a key component of wellbeing in later life, and that continued engagement in social and community activities promotes successful aging (Pardasani & Thompson, 2012).

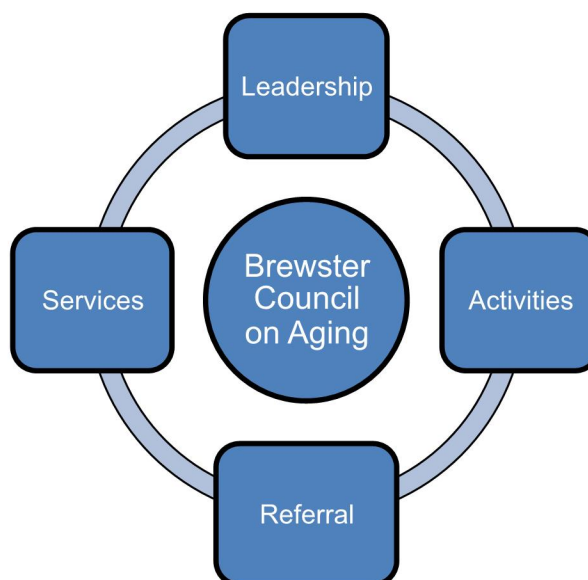
The optimal role of Councils on Aging and Senior Centers in offering or promoting services and activities valued by older residents is open to some debate. Some studies suggest that senior center participation levels have declined over the past decades (Walker, Brisbee, Porter & Flanders, 2004) and new models for serving older residents are being developed (Lawler, 2011). Many young seniors—Baby Boomers just now entering their 60s—have not started to think about “late life” activities. Instead, their attentions are drawn to ongoing work and family responsibilities; in some cases these responsibilities include caring for an older relative. Although many young seniors may reject the “senior” label entirely and feel that a senior center is not of interest, valued programs for these individuals may include caregiver support programs, including caregiver respite, and educational programs designed to support retirement planning. COAs in communities with large populations age 80 or older may find that services in high demand include socialization programs (given that many individuals beyond the age of 80 are widowed and living alone), transportation services (given that many may no longer drive), and outreach services of various types. The age distribution of the senior community can therefore be highly significant in shaping the mission of a COA in any particular community.

The research literature outlines a number of strengths of traditional senior centers, including their ability to offer programs that may be uniquely suited to older community residents, and to meet the needs of the most vulnerable populations. However, many analysts believe that multigenerational centers may be preferred by consumers moving forward, for a number of reasons. Increasingly, “seniors” include multiple distinct cohorts, with differing needs and interests. Younger seniors may share interests with middle-aged residents as much or more than with older adults: offering programs in a multigenerational center may therefore increase appeal and participation. Multigenerational centers facilitate intergenerational programming, which is valued in many communities and may have far-reaching impact. Moreover, recognizing that conventional senior centers often struggle with stigma associated with the “senior” label, multigenerational community centers address the “image” problem and reduce age segregation (Brown & Henkin, 2014; Hostetler, 2011; Pardasini & Thompson, 2012). Markwood (2014) suggests that traditional senior centers may be usefully modernized by creating intergenerational community centers that include both targeted activities and programs for older adults, and “ageless” activities and services that attract participants broadly in the community.

## The Brewster Council on Aging

The Brewster Council on Aging describes as its mission to “enhance the dignity and well-being of Brewster elders.” The Brewster COA staff seeks to provide support for older residents and link them to services for which they are eligible. The COA Board is composed of Brewster residents “who advocate for seniors to help maximize their independence and quality of life.” A range of programs and services are offered through the Council on Aging, designed to meet seniors’ needs (Brewster COA website, <http://brewster-ma.gov/council-on-aging>).

When considering the mission of senior centers within communities, observers commonly think of two sets of responsibilities. First, senior centers promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting, and that promote personal growth and social engagement. Exercise programs, educational programs, and many other programs are good examples. Second, senior centers provide services to older residents and their families that promote physical and emotional wellness. For example, blood pressure clinics and transportation services are common examples. Many observers are not aware of two additional important responsibilities of senior centers. The staff at senior centers link older residents to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help seniors apply for income support programs or health insurance made available through the state or federal government. Finally, COAs and senior center staff provide leadership within the community around senior issues, by serving on Town boards, interacting with other Town offices, and serving as resources to residents and organizations.



The Brewster Council on Aging operates Monday thru Friday from 8:00 a.m. to 4:00 p.m. Its staff includes a full-time Director, a full-time Senior Department Assistant, a full-time Administrative Assistant, a full-time bus driver, and four part-time staff members (a part-time program/volunteer coordinator, a part-time bus driver, and two part-time outreach workers). In FY 2015, staff efforts were supplemented with more than 5,000 hours of service provided by 103 volunteers. The Brewster COA is a Town-appointed Board that advises the Director of the COA, Denise Rego.

The Brewster Council on Aging offers programs and services at the Senior Center on Main Street, and in various other locations throughout the community. It is funded largely by its municipal appropriation, supplemented by in-kind support, formula grant support from the Executive Office of Elder Affairs and other sources, including gifts and donations, and

nominal fees charged for some activities. The COA also benefits from financial and volunteer support offered by the Friends of Brewster Elders (FOBE), a nonprofit organization that provides assistance and services to the elderly, handicapped, and disabled. FOBE operates the Sea Captains Thrift Shop as a means of funding their own projects, as well as selected programs and needs of the Brewster COA and other organizations providing services to Brewster seniors.

The Town of Brewster COA offers an array of activities and services free or at low cost to community members who are aged 60 and older. Staff at the COA also refer older residents to resources available elsewhere, often resources for which they are already eligible. The COA plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents.

Programs offered through the Brewster Council on Aging include:

- Programs that connect residents to services and benefits for which they are already eligible (e.g., fuel assistance; SHINE; SNAP)
- Programs that provide nutritional support and help offset isolation (e.g., Meals on Wheels, lunches at the Senior Center)
- Outreach services helping older residents and their families in crisis (e.g., working with elders struggling with mental health crises; addressing self-neglect)
- Programs that offer support to residents facing challenging circumstances (e.g., caregiver support groups)
- Programs that connect residents to professional services (e.g., legal assistance, financial planning)
- Programs that help residents stay in their homes (e.g., Meals on Wheels; transportation support)
- Programs conducted in cooperation with public safety and emergency services (e.g., File of Life, Lockbox program)
- Programs that help residents stay healthy (e.g., fitness programs; health screening)
- Programs that educate residents (“New to Medicare” seminar; computer users group)
- Programs that provide the opportunity for residents to socialize with others (e.g., Wonderful Older Women; Brewster men’s coffee club)

Some of the services and programs offered through the Brewster COA are used by many residents, often on an as-needed or less than weekly basis, including information and referral services and community education programs. These high-impact programs bring broad value to a wide range of community members. Other programs and services are used by fewer individuals but on a more intensive basis. For example, according to data provided by the COA director, the 32 residents who participated in the Meals on Wheels program received a total of over 7,000 home-delivered meals in FY 2015, or 238 meals per participant (note that the Meals on Wheels program is offered to Brewster residents in collaboration with Elder Services of Cape Cod and the Islands). Similarly, the 89 Brewster residents who took advantage of COA transportation services benefited from a total of 3,313 rides, or an average of 37 rides per participant. An additional 114 residents received

transportation from volunteer drivers, organized through the COA, with these individuals receiving an average of 6.5 rides each. These types of services are used intensively by those who need them to stay independent, often among the most vulnerable Brewster residents.

As the number of older residents increases, the need for resources dedicated to this segment of the population will also continue to grow and change. Thus, it is crucial that the Council on Aging plan in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town.

### **Purpose of the Study**

This report represents the collaborative efforts by the Town of Brewster Council on Aging and University of Massachusetts Boston (UMass Boston) to assemble information from a number of sources. In the following pages, we present a profile of the characteristics and resources of the current population of Brewster— those who are at and approaching later life (age 60 and older) as well as those who will be moving into later life over the next two decades (the population age 45 to 59). Knowledge of these characteristics provides an important basis for planning by the Council on Aging, as well as for other town offices and organizations within the community.

## **Methods**

Mixed evaluation methods are often used to assess the needs of older residents and to aid organizations in planning and prioritizing the programs and services they provide in the community. Collecting data from multiple sources is a good strategy for converging on accurate and multifaceted representations of community needs from the perspective of a diverse set of stakeholders (Royse, Thyer, & Padgett, 2010). In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, quantitative and qualitative data collected directly from residents of Brewster, and administrative data from Councils on Aging in communities similar to Brewster. All research methods and instruments used in this project were determined to be exempt from review by the University's Institutional Review Board, which is charged with protecting the rights and welfare of human subjects who take part in research conducted at UMass Boston.

Our goal early in this study was to understand the priorities of stakeholders and identify research questions, which when approached systematically could shed light on the support needs of the older population, and identify services and town qualities that are most valued by Brewster's residents. In addition, data collection instruments were developed with an eye toward identifying future needs and preferences of a younger cohort—specifically, those who will become eligible for services over the next decade.

Assessment goals identified at the outset of this study related to how the Town and Council on Aging could better facilitate aging in place by older adults in the community. This goal is consistent with efforts to identify ways in which communities may become more "livable" by supporting the independence and quality of life of older people as they

age (Nelson & Guengerich, 2009). In the following sections, we describe methods used in this needs assessment, including development of appropriate instruments, selection and recruitment of study participants, and a brief section on data analysis strategies.

### **Demographic Profile**

As an initial step toward understanding characteristics of the Brewster's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2010-2014), along with U.S. Census data for Brewster to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

### **Community Forum**

Two community forums were held on September 15, 2015, at the Brewster COA. Discussion was structured around the following themes: describing strengths of Brewster as a community in which to grow older, identifying challenges associated with living in Brewster as an older adult, and noting opportunities for Brewster to be a stronger community for older adults. A note-taker summarized participant comments.

### **Resident Survey**

The central component of our data collection effort was a resident survey instrument developed by the research team at UMass Boston in consultation with the Brewster COA. The instrument included quantitative and open-ended questions chosen based on their importance with respect to the planning needs of the COA and the Senior Center as they relate to the Town's aging population. In addition to a paper version of the instrument, the survey was made available online.

The resident survey (reproduced in **Appendix A**) was composed of sections relating to the following areas:

- Community & Neighborhood
- Housing & Living Situation
- Social Activities & Relationships
- Your Health
- Caregiving
- Transportation
- Current & Future Retirement Plans
- Demographic Information
- Programs & Services at the Council on Aging

A sample of non-institutional residents of Brewster age 45 and older was chosen to participate in the survey data collection. At the request of the Director of the COA, the Town Clerk's Office provided the UMass Boston research team with a list of Brewster residents who were age 45 and older, based on municipal street lists that include names, addresses, and dates of birth for residents of Brewster. Residents who lived in nursing homes were removed from the list. Addresses were updated, and individuals who had moved away from Brewster were also removed from the list. A sample of 3,000 residents age 45 and older was drawn and encouraged to participate.

We mailed a personally addressed postcard to residents intended to inform them that they would receive a mailed survey in the coming week. Following the postcard mailing, we sent the questionnaire packet with a postage-paid return envelope and cover letter signed by the Director (Denise Rego) and the Town Administrator (Michael Embury), which outlined the purpose of the survey and the measures taken to protect the rights and privacy of participants. All materials in this mailing clearly identified UMass Boston and the Town of Brewster as partners in the project.

During the data collection period from early November 2015 to January 2016, a total of 898 completed surveys were returned, resulting in an overall response rate of 30% (see **Table 1**). The response rate for residents age 45-59 (15%) was lower than that of seniors age 60 to 79 (36%), and seniors age 80 and older (40%). Compared to their representation on the mailing list, residents age 45-59 were under-represented, making up 17% of responses. Seniors age 60 to 79 made up 64% of responses, and seniors age 80 and older made up 19% of responses. Given that the contents of the survey were primarily oriented toward older people, bias toward over-representation of senior residents is not surprising (Fowler, 2014); however, results that show totals for the entire sample should be examined and interpreted with consideration to this bias. Nine percent of responses were submitted online. We compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the research team at UMass Boston.

**Table 1.** Brewster resident survey description and rates of response

	<b>Total Age 45+</b>	<b>Age 45 to 59</b>	<b>Seniors Age 60 to 79</b>	<b>Seniors Age 80+</b>
<b>Brewster Street List</b>	5,524	1,767	2,986	771
<b>Mailing List</b>	3,000	981	1,607	412
<b>Percentage of Mailing List</b>	100%	33%	53%	14%
<b>Number of Responses</b>	898*	150	571	166
<b>Response Representation</b>	100%	17%	64%	19%
<b>Response Rate</b>	<b>30%</b>	<b>15%</b>	<b>36%</b>	<b>40%</b>

*\*Includes 11 individuals who did not provide an age.*

## **Seasonal Resident Survey**

A short survey was conducted with seasonal residents during August-September 2015. A questionnaire was designed focusing on features of summer residents' homes and their expectations for settling in Brewster as a primary residence. A total of 80 responses were received; the degree to which the respondents are reflective of the seasonal resident population is unknown.

## **Focus Groups**

Three focus groups were held in support of the project, one in November 2015 and two in February, 2016. All participants were selected by the Brewster COA in consultation with the UMass Boston research team.

The November focus group was held with 11 representatives of Town offices and committees, including the Brewster Finance Committee, the Recreation Department, the Police Department, and a number of others. The goal of this group was to learn about how aging in the community was impacting the Town, and ways in which the COA worked with other offices in support of senior residents. The February focus groups included a mix of Brewster residents and people who work in Brewster organizations. In the first of the February groups, ten individuals participated, including representatives of the library, Elder Services of Cape Cod and the Islands, and COA volunteers. A second group included Brewster residents, some of whom are involved with the COA. Nine individuals participated, including the assistant Town administrator. Discussion in both groups focused on themes that had emerged in the community survey with the goal of elaborating on those themes in more depth and discussing possible next steps for the COA.

## **Community Comparisons**

We report information about Councils on Aging (COAs)/senior centers in Dennis, Harwich, Hull, Mashpee, and Orleans. With input from the Brewster COA Director, these communities were selected based primarily on population size, and their number of residents age 60 and older. Information was obtained about features of the senior centers, including programming and staffing. Some information was obtained through telephone interviews with comparison COA Directors; additional information on selected COAs was retrieved from websites and other publicly available documents.

## **Data Analysis**

Data collected for the surveys were analyzed using simple descriptive statistics, including frequencies and crosstabs, and are reported in full in tables contained in **Appendix B** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report. Notes taken during the study's qualitative components (e.g., focus group, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Brewster. Information collected from COA directors in comparison communities were

compared side-by-side with information collected from Brewster’s Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

## Results

### Demographic Profile of Brewster

#### Age Structure and Population Growth

The U.S. Census Bureau reports that in 2010, there were 9,820 residents in Brewster. More than half of these (57%) were age 50 and older (See **Table 2**). Residents who were age 50 to 59 (1,753 individuals) made up 18% of the population; residents age 60 to 79 (2,724 individuals) comprised 28%, and another 1,044 (11%) residents were age 80 and older.

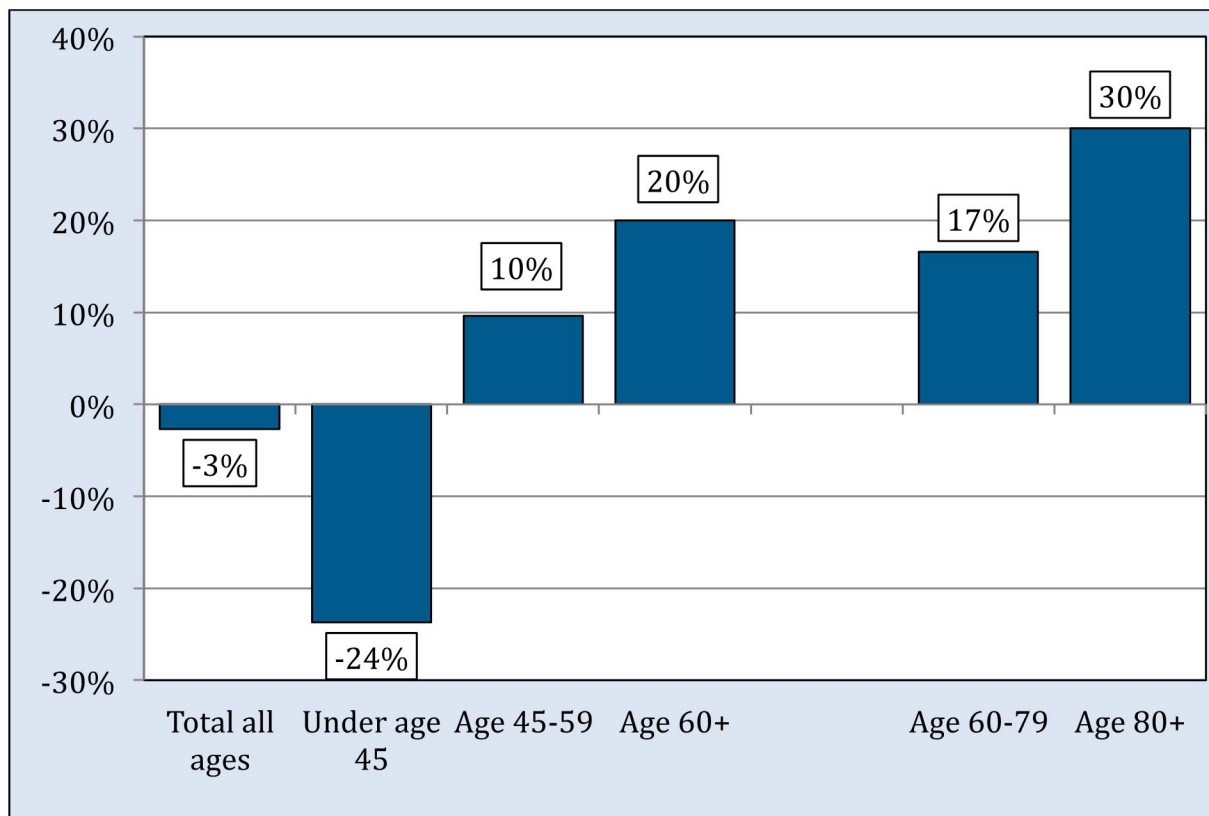
**Table 2.** Number and percentage distribution of Brewster’s population by age category, 2010 US Census

Age Category	Number	Percentage
<b>Under age 18</b>	1,601	16%
<b>Age 18 to 44</b>	1,998	20%
<b>Age 45 to 59</b>	2,453	25%
<b>Age 60 to 79</b>	2,724	28%
<b>Age 80 and older</b>	1,044	11%
<b>Total</b>	<b>9,820</b>	<b>100%</b>

*Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P1.*

A comparison of the age distribution of Brewster between the 2000 and 2010 decennial Censuses illustrates a considerable aging of the population during that time frame. As shown in **Figure 1**, the total population of Brewster declined by 3% between 2000 and 2010. Yet the number of residents age 60 and older increased by 20%; moreover, the number of residents age 80 and above increased by 30%.

**Figure 1:** Substantial growth of the older population has occurred in Brewster in recent years (2000-2010)



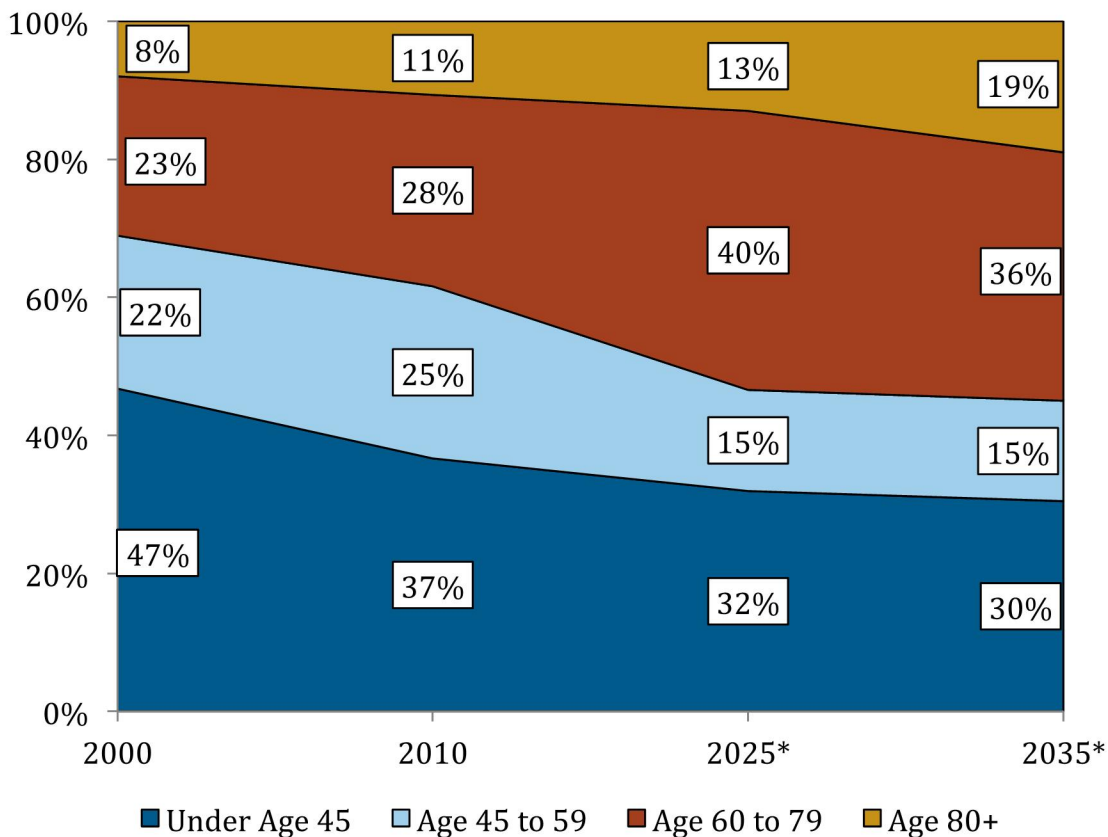
**Sources:** 2010 and 2000 Census, Summary File 1, Table QT-P1

**Figure 2** shows the age distribution of Brewster's population from 2000 to 2010, and population projections for 2025 and 2035<sup>1</sup>. In 1990, about 31% of the Town's population was age 60 and older; this percentage increased to 39% by 2010. According to projections created by the Donahue Institute at the University of Massachusetts, this trend toward an older population is expected to continue. By 2025, more than half of Brewster residents will be age 60 and older. By 2035, the proportion of older adults will stabilize; however 55% of the population will be over age 60, including 36% age 60 to 79, and 19% age 80 and older.<sup>2</sup>

<sup>1</sup> The projections presented here were generated by the University of Massachusetts Donahue Institute (Renski & Strate, 2015). Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. The Donahue Institute generates two sets of projections for Massachusetts municipalities, using somewhat different methods. For Brewster, the "alternative" projections yield a slightly larger population. Given that these projections are thought to be helpful especially when considering small geographic areas, the "alternative" projections are used here.

<sup>2</sup> The Brewster Town street listing for residents age 45+ was obtained by the authors of this report to generate the mailing list for the community survey. The street listing includes 4-6% fewer individuals aged 45+ than would be expected based on the Donahue projections for 2015. A possible source of the differences relate to residence rules used by the Town compared to the federal Census and other federal data sources.

**Figure 2.** Recent and future age distribution of Brewster, 2000 to 2035

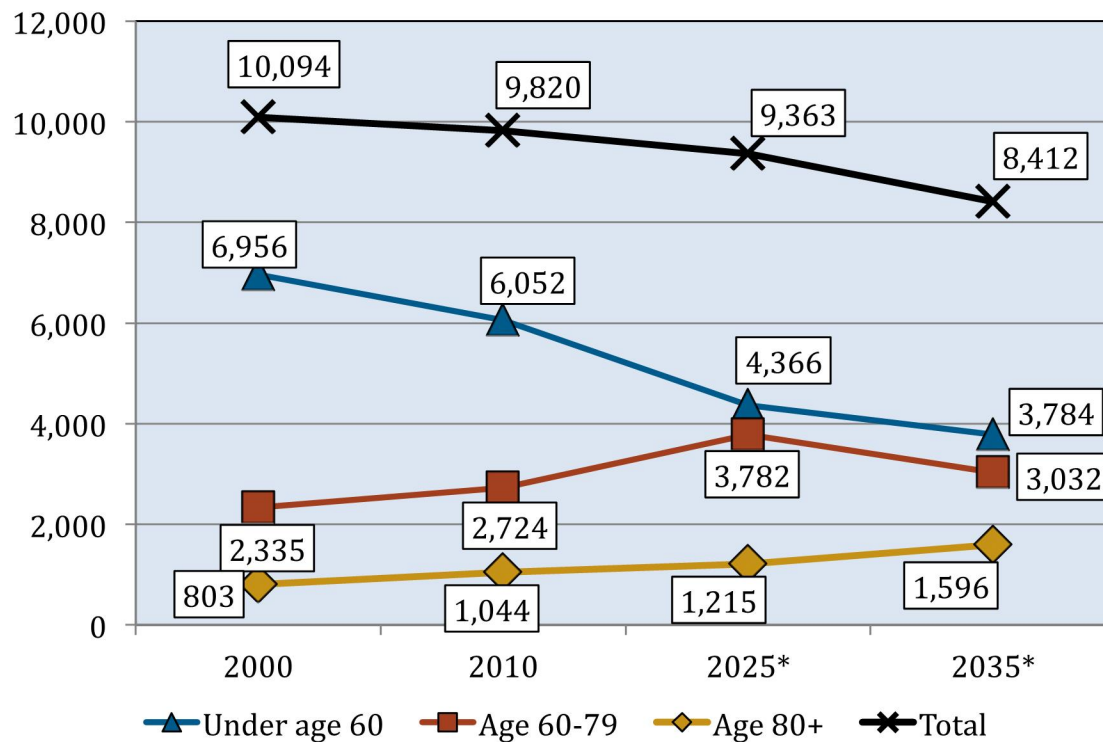


Source: U.S. Census Bureau, Census of Population for 1990 thru 2010.

\* Figures for 2025 and 2035 are projections (alternative) generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

The size of Brewster's overall population declined slightly between 2000 and 2010, and is expected to decrease in the future. **Figure 3** shows the total number of Brewster residents, as well as the segments under age 60, age 60-79, and age 80 and older from 2000 to 2010, with population projections for 2025 and 2035. Brewster's population under age 60 saw a substantial decrease between 2000 and 2010, and is expected to continue to decrease. Meanwhile, the number of residents age 60-79 is expected to be 11% larger in 2035 compared to 2010, and the number age 80 and older is expected to increase by 53% between 2000 and 2035.

**Figure 3.** Population trends; number of Brewster residents under age 60, age 60-79, and age 80 and older, 2000 to 2010 with projections to 2035\*

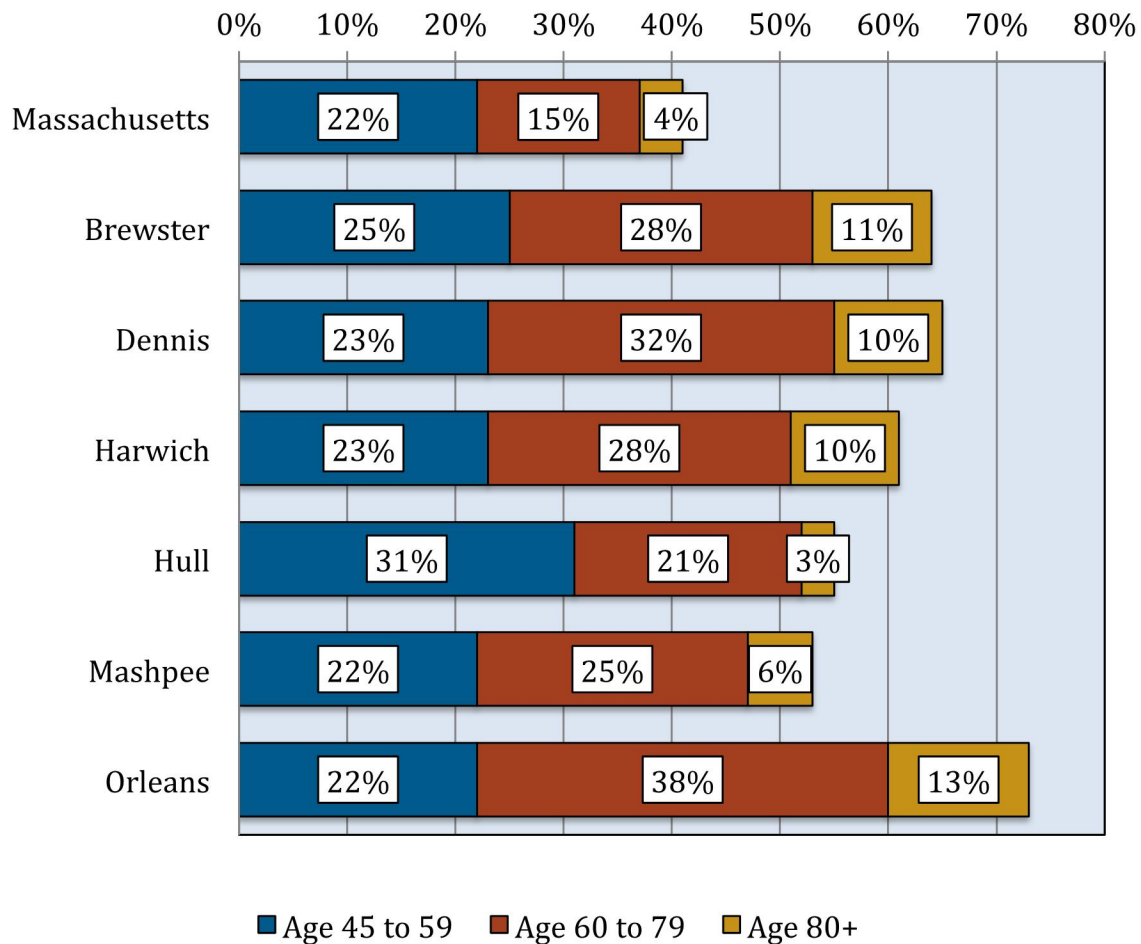


Source: Population figures for 2000-2010 are from the U.S. Census.

\* Figures for 2025 and 2035 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

The proportion of the Brewster population aged 50 and older is much higher than that of Massachusetts overall (**Figure 4**). About 41% of the Massachusetts population was in the 45+ age group in 2010, compared to 64% of the Brewster population. The proportion of residents age 45 to 59 was consistent across Brewster, most of its comparison communities, and Massachusetts at large, but differences between communities occurred in the older age groups. Residents age 60 and older made up 39% of the Brewster population, similar to the share in Harwich (38%) and Dennis (42%), larger than in Hull (24%) and Mashpee (31%), and less than in Orleans (51%).

**Figure 4.** Age distribution in Brewster, comparison communities, and Massachusetts



Source: U.S. Census Bureau, 2010 Census. Table DP-1

Population growth in Massachusetts, Brewster, and comparison communities has been concentrated in older age groups during the last decade. The total population of the state of Massachusetts experienced a 3% growth between 2000 and 2010; Brewster and four of the five comparison communities experienced overall population decline, ranging from -3% in Brewster to -11% in Dennis; only Mashpee gained population during the decade (**Table 3**). The number of Brewster residents age 60 and older saw a large increase (20%), larger than for the state (16%). All comparison communities witnessed growth in their 60+ cohort, the largest growth occurring in Mashpee with 43% and Hull with 35% increase.

**Table 3.** Population growth between 2000 and 2010: Brewster, comparison communities, and Massachusetts

	All Ages			Age 60+		
	Population 2000	Population 2010	% Change	Population 2000	Population 2010	% Change
<b>Massachusetts</b>	6,349,097	6,547,629	3%	1,096,567	1,273,271	16%
<b>Brewster</b>	<b>10,094</b>	<b>9,820</b>	<b>-3%</b>	<b>3,138</b>	<b>3,768</b>	<b>20%</b>
<b>Dennis</b>	15,973	14,207	-11%	5,590	5,910	6%
<b>Harwich</b>	12,386	12,243	-1%	4,410	4,629	5%
<b>Hull</b>	11,050	10,293	-7%	1,834	2,481	35%
<b>Mashpee</b>	12,946	14,006	8%	3,053	4,374	43%
<b>Orleans</b>	6,341	5,890	-7%	2,754	2,984	8%

Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; and 2000 Census, Summary File 1, Table QT-P1

### Socio-Demographic Composition of Brewster's Older Population

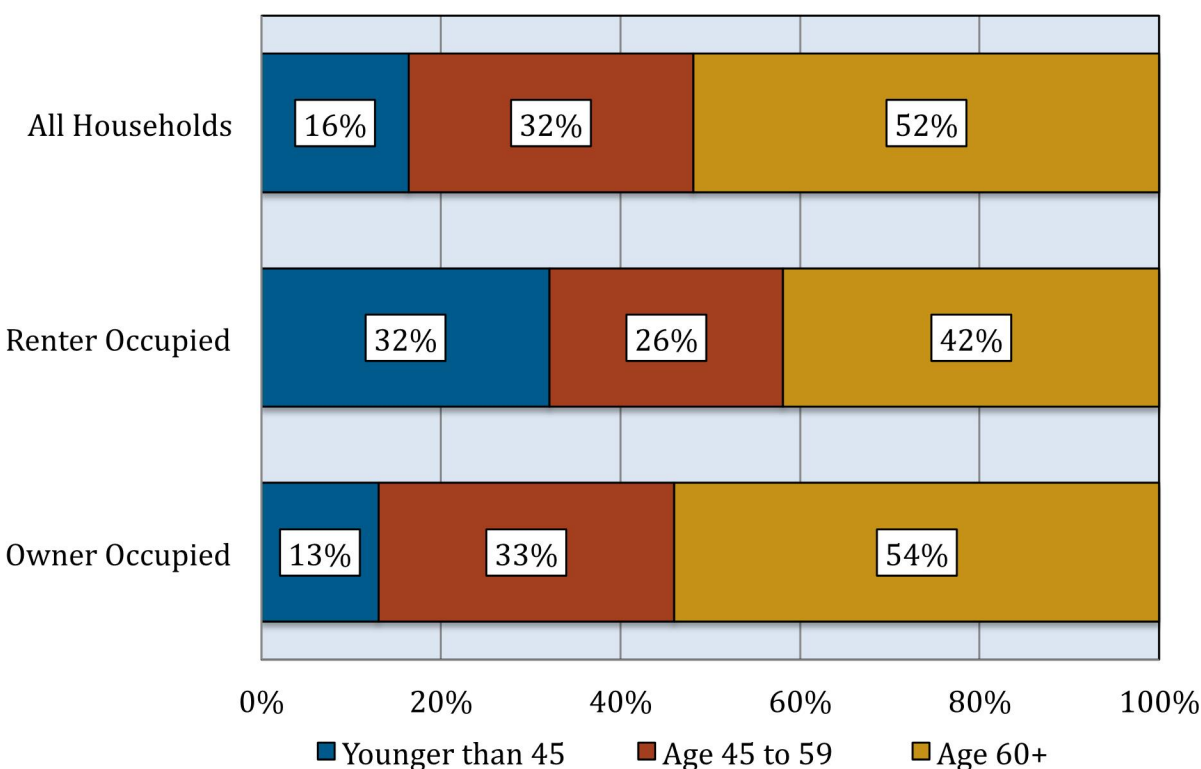
The gender distribution of older adults in Brewster is similar to that of most communities—slightly more than half of residents who are age 60 and older are women (54%; ACS, 2010 – 2014, Table B01001). The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

A large majority of older residents report White non-Hispanic race and ethnicity (98%). About 1% of the senior population report Black or African American race or “Other” race, which includes those who report American Indian or Alaska Native, or multiple racial identities. Less than 1% of those 65 and older report Hispanic or Latino ethnicity, which may be reported in combination with any racial identity.

A small portion (5%) of Brewster residents age 65 and older speaks a language other than English at home (ACS, 2010 – 2014, Table B16004). Among those who speak another language at home, the most commonly spoken languages are other Indo-European languages, such as Portuguese.

Most of Brewster’s households are headed by residents who are middle-aged or older.<sup>3</sup> According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 84% of all households in Brewster (**Figure 5**). Among renter occupied households, residents younger than 45 are heads of about 32% of households compared to 26% for residents aged 45 to 59 and 42% for those aged 60 and older. In contrast, residents under the age of 45 make up only 13% of owner occupied households. Middle-aged residents, those between 45 and 59 years, make up 33% of homeowners and those 60 and older make up 54%.

**Figure 5.** Age structure of householders by owner status, Brewster 2010

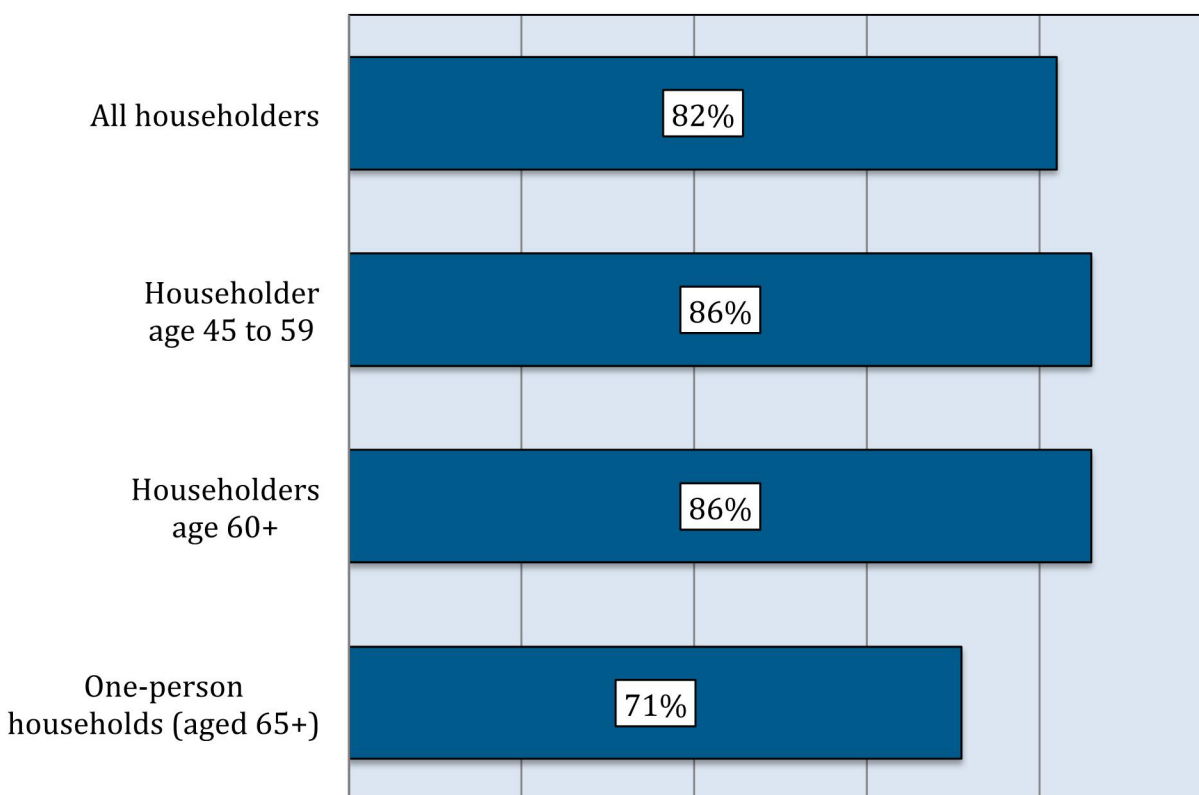


*Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table H17.*

A large majority of Brewster households live in homes that they own or are purchasing (82%; **Figure 6**). About 86% of residents age 45 and older own their homes. A sizeable share (71%) of Brewster residents who are 65 and older who live alone also own their home. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes. These issues are addressed further later in this report, using data drawn from the sample survey.

<sup>3</sup> Census Bureau figures suggest that more than 40% of Brewster’s housing is occupied seasonally. The statistics reported in this section refer exclusively to people who report that Brewster is their “usual” residence.

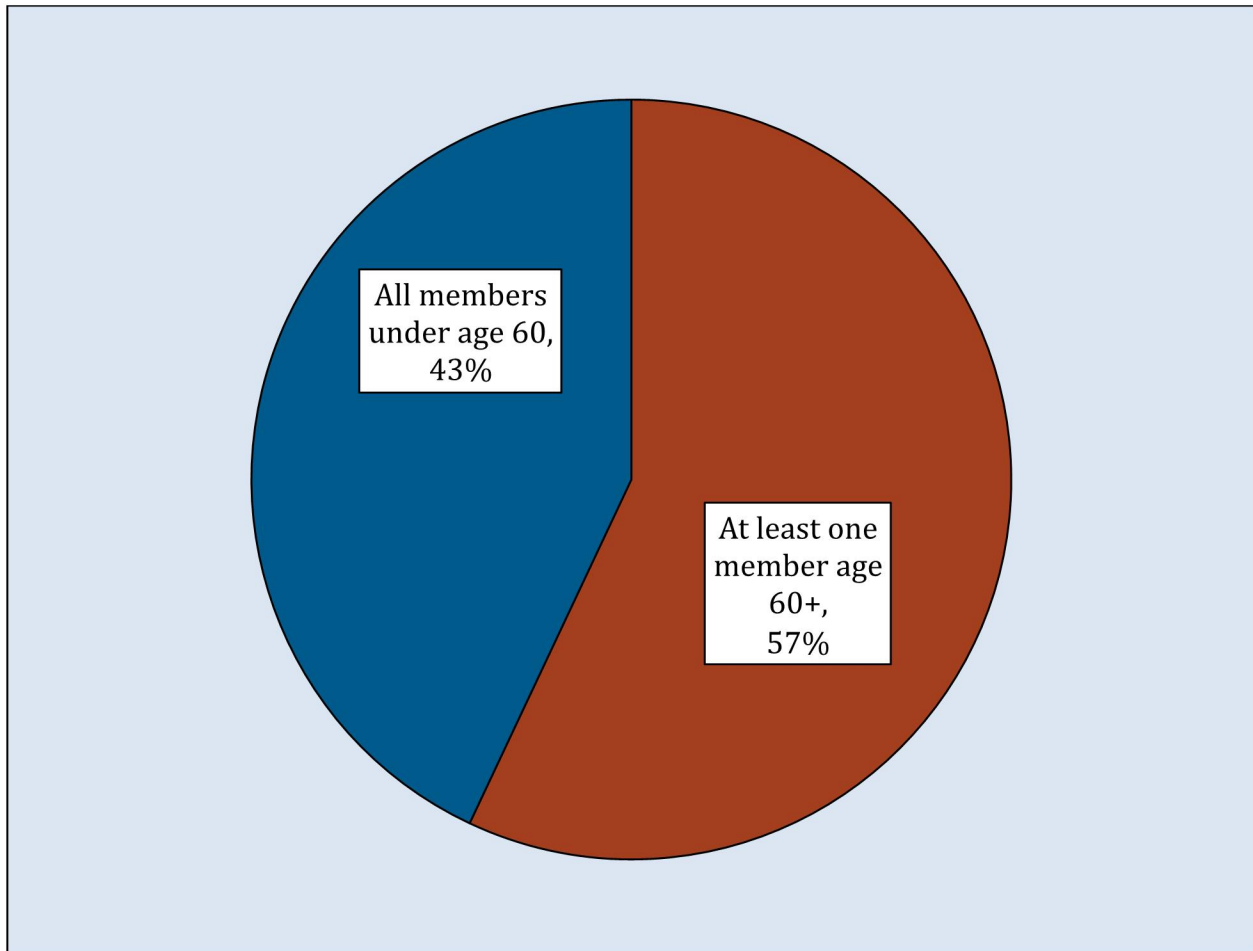
**Figure 6.** Percentage of Brewster householders who live in owner-occupied housing by age category



*Source: U.S. Census Bureau. 2010 Census, Summary File 1, Tables H17 and H18.*

According to data from American Community Survey, an estimated 57% of Brewster's households have at least one individual who is age 60 or older (**Figure 7**). This high proportion— which is likely to increase in the future— shapes demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

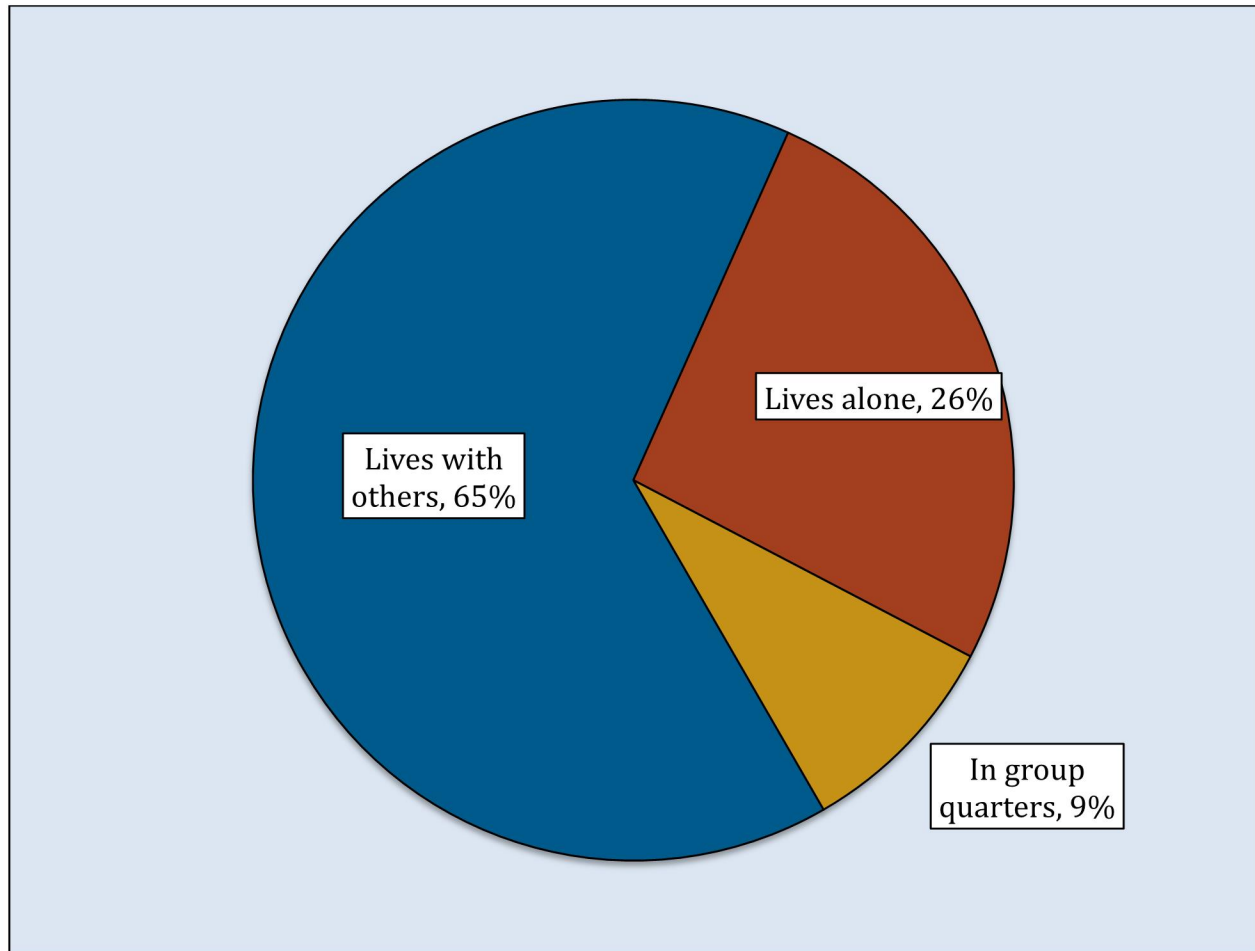
**Figure 7.** Households in Brewster with at least one member age 60 or older



*Source: American Community Survey, 2010-2014, Table B11006*

About one quarter of Brewster residents age 65 and older live alone (**Figure 8**); whereas 65% live in homes that include other people, such as a spouse, parents, children, or grandchildren. A small portion (9%) of Brewster seniors live in group quarters, such as nursing homes or group homes.

**Figure 8.** Living arrangements of Brewster residents, age 65 and older



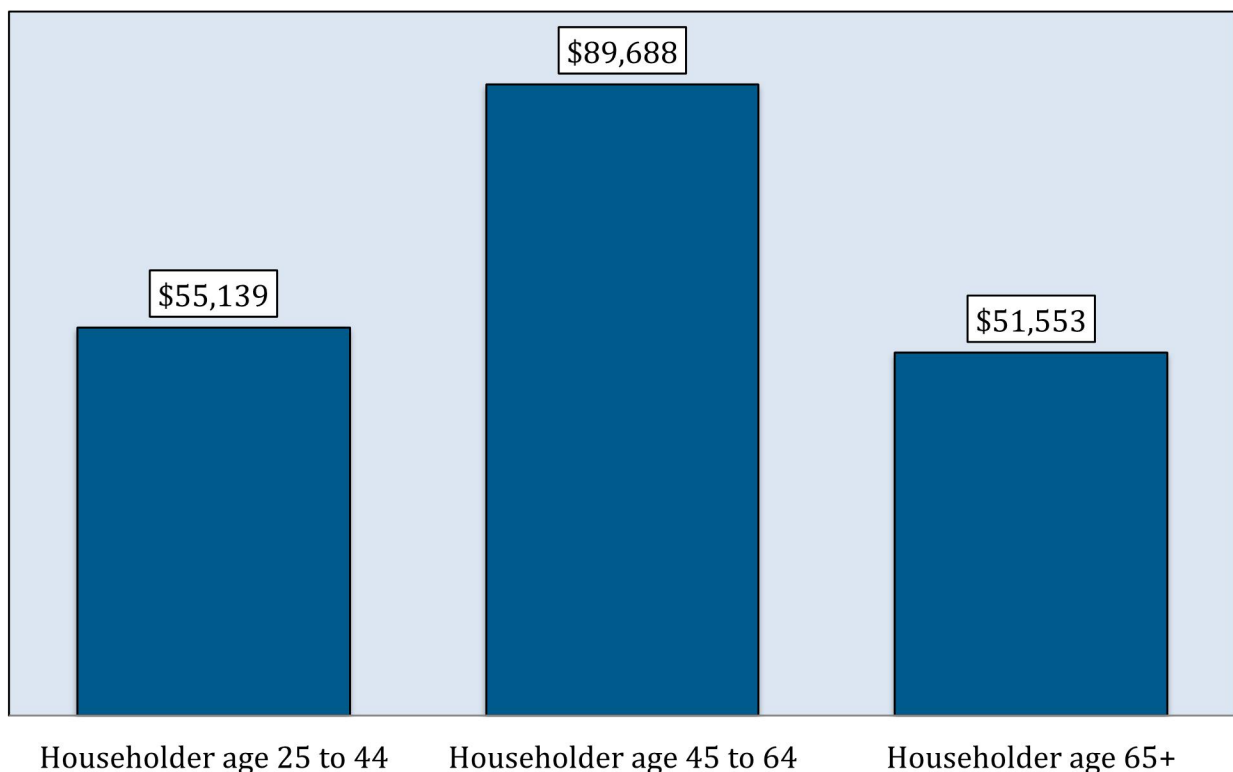
*Source: U.S. Census 2010; Table SF-1, P34.*

American Community Survey estimates on education suggest that Brewster residents are well educated on average. About 53% of persons age 45 to 64 have either a bachelor's degree or a graduate/professional degree (*ACS, 2010-2014, Table B15001*). Among those 65 and older, 46% have at least a bachelor's degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a sizeable proportion (31%) of Brewster residents aged 65 to 74 remain in the workforce. Five percent of Brewster residents age 75 and older are also in the workforce (ACS, 2010-2014, Table B23001). Nearly half (43%) of men age 65 and older report veteran status, while less than 1% of older women in Brewster report veteran status (ACS, 2010-2014, Table B21001). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

With respect to household income, there is some comparative disadvantage of some older residents in Brewster (**Figure 9**). Householders aged 45 to 64 have the highest median income at \$89,688—which is slightly greater than the statewide median for this age group (\$84,099). Among householders 65 and older, the median income is \$51,553, which is also greater than the statewide median for this age group (\$39,550), and only slightly lower than the median income of Brewster householders between the ages of 25 and 44.

**Figure 9.** Median household income in Brewster by age of householder (in 2013 inflation-adjusted dollars)



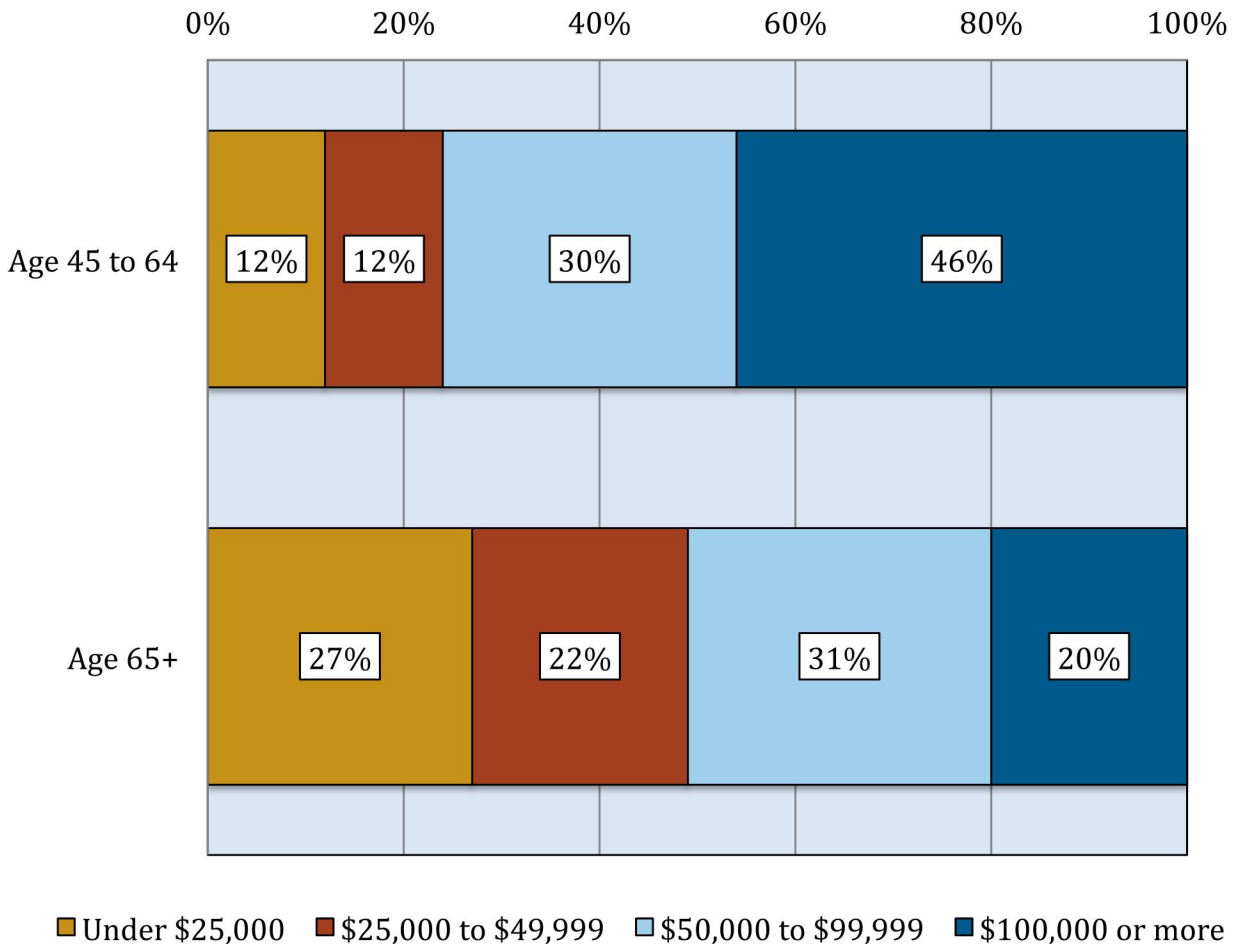
*Source: U.S. Census Bureau; American Community Survey, 2010-2014, Table B19049.*

*Note: Includes only community households, not group quarters such as nursing homes.*

The economic profile of older Brewster residents relative to younger residents is further illustrated in **Figure 10**, which shows that the older adult population lives on more modest incomes than do middle-aged residents. Approximately 20% of Brewster householders age 65 and older report incomes of \$100,000 or more. By comparison, 46% of households headed by younger residents report this level of income. On the other hand,

a quarter of older households have incomes less than \$25,000; this compares with just 12% of households headed by individuals age 45 to 64 having incomes under \$25,000. Given that about half of all older householders have an income less than \$50,000, a sizeable segment of Brewster’s older population is at risk of financial insecurity or economic disadvantage.

**Figure 10.** Household income distribution in Brewster by age of householder (in 2014 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2010-2014, Table B19037.

Note: Includes only community households, not group quarters such as nursing homes.

Many Brewster residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. Moreover, the risk of acquiring disability doubles after age 75: in Brewster, about 16% of individuals age 65-74 experience one or more disabilities, while 39% of those age 75 and older experience at least one disability (ACS 2010-2014, Table B18101; not shown). Individuals who have disabilities may have greater difficulty accessing transportation and needed services, including medical care; thus limiting their ability to age in place and participate fully in the community.

## The Community Forums

Our goal in holding forums for community members was twofold. First, we sought to communicate with residents very early in the project as a means of exchanging information about the process and making residents aware of our plans and timeline. Second, we wanted an early opportunity to identify issues that could be important to include in subsequent data collection activities.

A note-taker attended both forum events. Comments were submitted after the events as well, on notecards submitted at the events and emails transmitted afterwards. The below represents issues raised at the forums.

Residents described Brewster's many **strengths**, including:

- Natural amenities such as the beach, green space, and recreational opportunities are assets.
- A strong sense of community and neighborliness are valued.
- Lifestyle is valued—Brewster was described as an “easy place to live.”
- A strong sense of safety, linked in part to well-functioning Town public safety and emergency services departments, is valued.
- A well-functioning Town government is noted, including a good library, and a strong COA.
- Other Town organizations that benefit residents, including Nauset Neighbors, involved congregations, and cultural organizations, are recognized.
- Brewster has a good location with respect to accessing entertainment, shopping, and healthcare throughout the Cape.

Residents also described **challenges** associated with living in Brewster, including:

- Cost of living concerns were mentioned, including the high cost of housing, high real estate taxes, and the cost of utilities. The absence of Town leadership about how to offset these increasing costs was noted.
- Housing concerns were noted, including limited availability of affordable housing and lack of downsizing options.
- Transportation options are too few, and inconvenient.
- Although one participant reported that medical care access was “not as poor as advertised,” some participants indicated that it was difficult to find a primary care clinician and it was necessary to go off Cape for some services.
- Absent extended family members put some seniors at risk of isolation.
- The challenge of simultaneously meeting the needs of a large senior population while addressing the absence of and departure of younger residents was noted.
- Tensions are perceived between community preservation and other Town goals, including senior services.
- Older residents are discouraged from attending Town Meeting because it is held at night—those who do not drive or don't drive at night may not be able to participate.

- Limitations of the COA/Senior Center were discussed, including:
  - The size and configuration of the Senior Center limits the programs that can be offered.
  - Restroom access is challenging.
  - The elevator is slow.
  - Concerns were noted about the safety of the 2<sup>nd</sup> and 3<sup>rd</sup> floors in case of an emergency, given that the building is a wood structure, has no sprinkler system, and those with mobility issues may be stranded on the upper floors.
  - Poor acoustics in the largest spaces was also noted.

Several ideas for **innovation and improvement** for the community and the COA were offered. By far, the most numerous suggestions related to improving the COA and include the following:

- For the COA:
  - Improve information dissemination throughout the community about aging services and the COA. Publicize the COA better.
  - Devise ways to reach out to younger seniors and Boomers. Recognize that these individuals have different interests for programming. Some specific programs mentioned include educational programs, weight training, concerts, and wine tastings.
  - Make the building more accessible and attractive.
  - Extend hours in the evening so that people who work or are otherwise committed during the day could still participate.
  - Pursue additional satellite space for programs.
  - Develop more collaborations with other Town organizations, such as programming with the schools.
  - In general, pursue more intergenerational programming. Some possibilities named include scrapbooking/mixed media programs; a technology center; music and art programs; educational programs that appeal across the age range (e.g., history programs).
- For the Town:
  - Create new outlets for civic engagement, including rescheduling Town meeting and/or letting people participate from home.
  - Consider housing innovation such as cluster housing.
  - Grow the commercial tax base in Brewster as a means of alleviating resident tax burden.
  - Consider a community center that would benefit the whole community.

## Resident Survey

### **Respondent Demographics**

Of the original 3,000 residents who were invited to participate, 898 returned surveys with usable data, representing a response rate of 30% (see **Table 1** above). Participants included 150 respondents age 45-59 and 737 seniors age 60+. Eleven respondents (1%)

did not indicate their age<sup>4</sup>. More than half (64%) of respondents who provided their age were age 60 to 79, and 18% were age 80 and older. Relative to the population, the age distribution of respondents is disproportionately skewed toward the older age categories; those age 60-79 are especially overrepresented<sup>5</sup>. This response pattern reflects the larger proportion of residents in this age range who responded to the survey. To account for age-graded response rates in the survey data, we present most results separately by age category (i.e., age 45 to 59; age 60 to 79; and age 80 and older). The majority of respondents to the resident survey were women (61%). One out of five respondents under age 80, and 41% of respondents age 80 or older, lived alone. As well, respondents to the community survey were largely year-round residents (97%). Details on these and other characteristics of survey respondents are included in **Appendix B**.

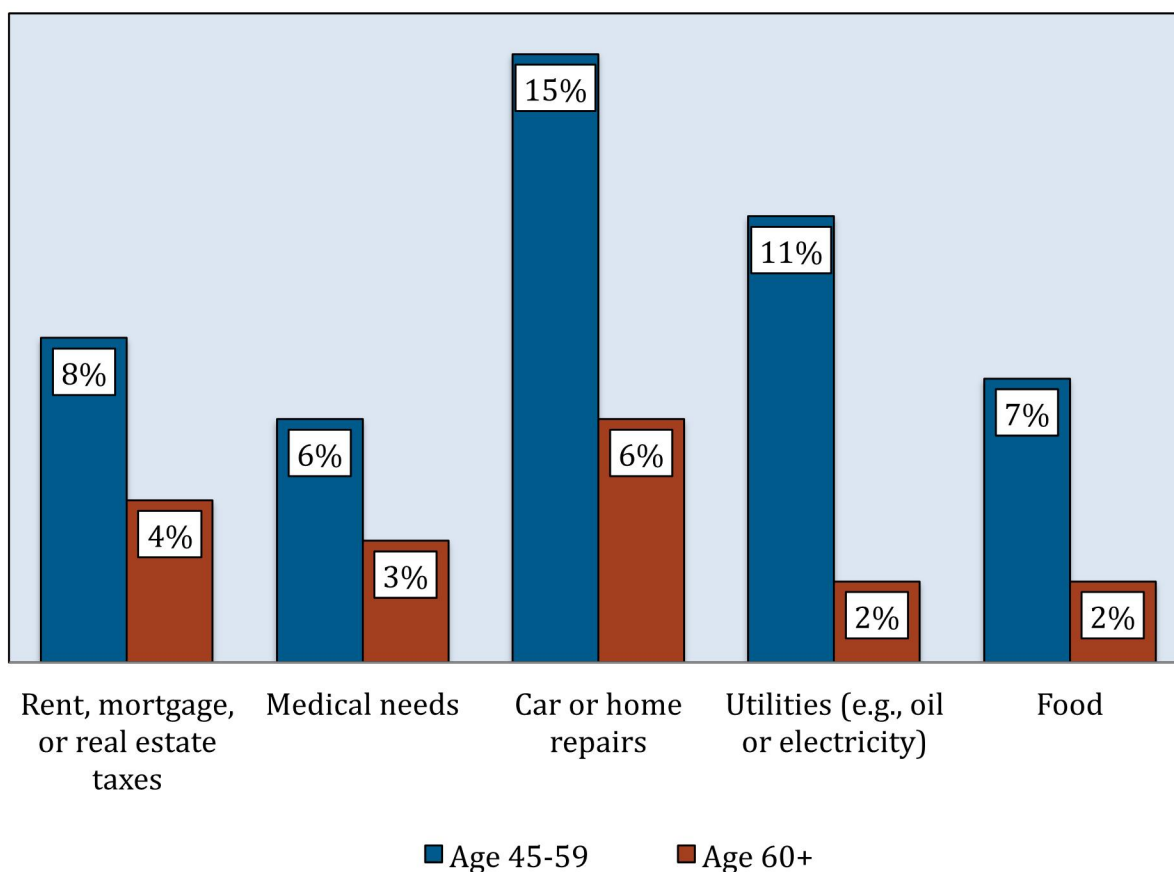
The Brewster Council on Aging seeks to respond to the needs and interests of all senior residents, but they have special responsibility to seniors who are vulnerable, isolated, or otherwise at risk. Accordingly, the community survey included questions meant to tap income shortfalls for necessary expenses and food security among Brewster's older residents. Respondents were asked if there was any time in the previous 12 months when they did not have money for necessities (see **Figure 11**). Most respondents across the age groups reported not lacking money for necessary expenses during the previous year, including 75% of those age 45-59, 84% of seniors age 60-79 and 78% of those age 80+. However, a segment of each group reported lacking money at some point for one or more of the listed necessities, including 6% of seniors and 15% of those age 45-59 not having funds for car repairs or home repairs, and 2% of seniors along with 11% of younger respondents lacking money to pay utility bills. . Consistently, respondents age 45-59 were more likely to report shortfalls, suggesting that financial squeezes are more prevalent in this age group.

---

<sup>4</sup> Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures labeled "all ages" include all survey respondents, including those who did not indicate their age.

<sup>5</sup> According to figures from the 2010 U.S. Census Bureau, the Brewster population age 45 and older is composed of 39% individuals 45-59, 44% individuals age 60 to 79, and 17% individuals who are age 80 and older.

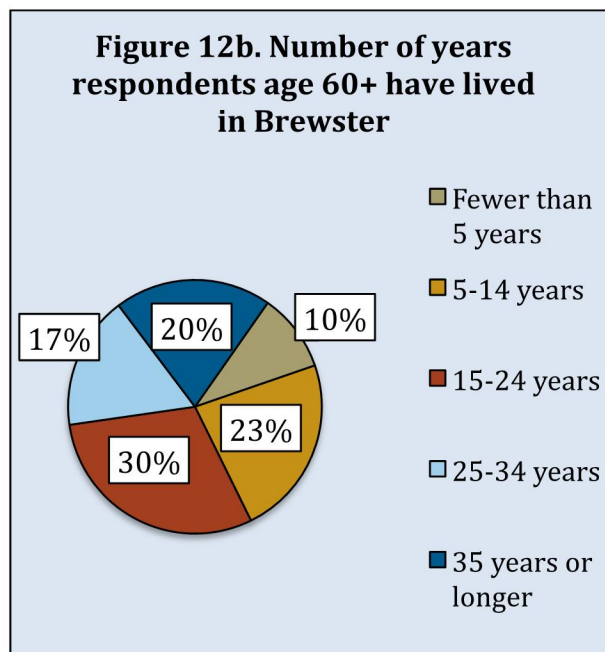
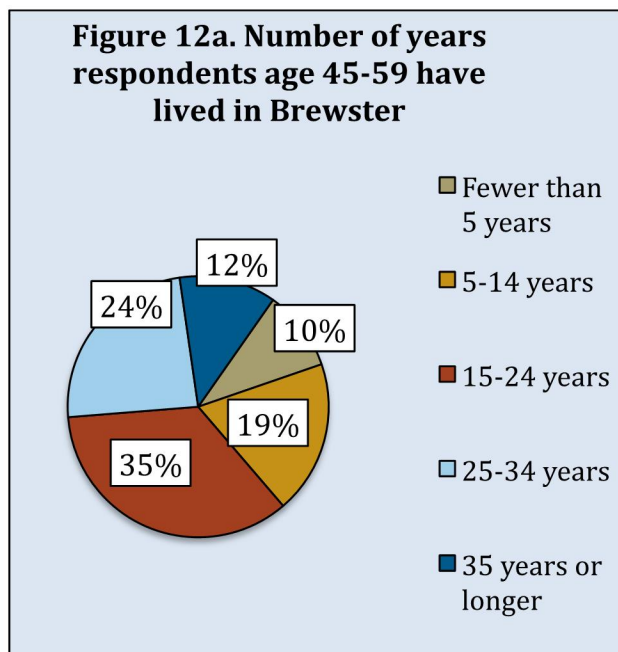
**Figure 11.** Percentage lacking money for necessities in the previous 12 months



*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*

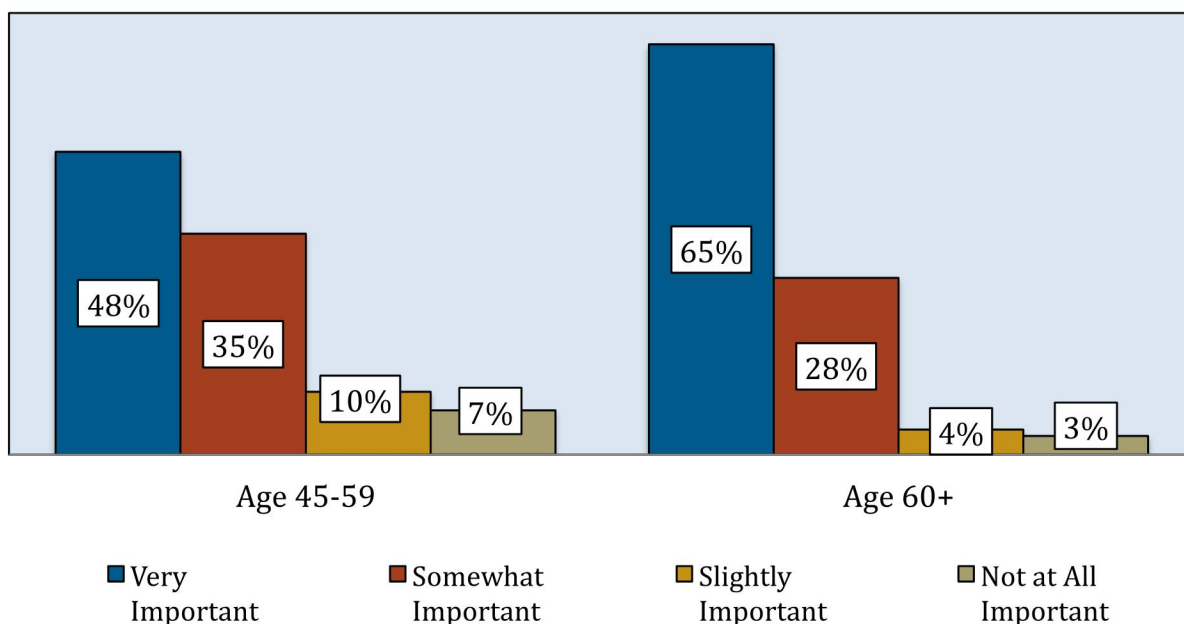
### **Community & Neighborhood**

A noteworthy characteristic of survey respondents is the length of time that most have resided in Brewster. **Figures 12a and 12b** show that for both age groups, somewhat over one-third has lived in Brewster for at least 25 years. Another third of each age group has lived in Brewster for 15-24 years with the remainder (33% of seniors and 29% of younger respondents) having lived in Brewster for less than 15 years. These distributions indicate that survey respondents include a mix of long-term residents and more recent arrivals, some of whom may have arrived in Brewster as part of a retirement strategy.



A large majority of survey respondents indicated that it was “very important” or “somewhat important” to remain living in Brewster as long as possible in the future (**Figure 13**). Just 3% of seniors and 7% of younger respondents indicated that living in Brewster as long as possible was not at all important to them. These figures suggest that Brewster residents are largely committed to remaining in the community as they age, and that the Town can expect a sizable share of their age 45+ residents to age in place.

**Figure 13.** Importance of living in Brewster as long as possible



Survey participants were asked to share their greatest concerns about their ability to continue living in Brewster as they grow older. **Table 4** shows themes raised by respondents, as well as verbatim examples of each theme. By far, the most frequently raised concern related to the cost of living and especially rising property taxes. Survey participants worry that their incomes, sometimes already stretched to meet expenses, will not keep pace with the cost of living in Brewster. Additional expenses associated with medical care, home maintenance and repairs, and assistance to stay at home add to residents' concerns.

The second most frequently mentioned concern was associated with transportation. Brewster residents recognize that this is a car-dependent community, and few alternatives to driving are perceived. Respondents link lack of transportation to isolation and dependency. Brewster is not viewed as a walkable community, adding to this concern. Survey participants also indicate a lack of awareness of what transportation services are available for seniors needing support, suggesting a need for greater outreach in this area.

**Table 4.** Most prevalent concerns about ability to age in place in Brewster (in order of mention)

Concerns about ability to age in place
<p><b>Affordability, cost of living, taxes [property taxes far and away mentioned most]</b></p> <ul style="list-style-type: none"> <li>• <i>Our greatest fear is that taxes will drive us from our home. We are on a fixed income.</i></li> <li>• <i>I am an insulin-dependent diabetic. Because of medication spending, taxes, etc., affordability is difficult.</i></li> <li>• <i>We live in a private street. We have to pay for any repairs, etc., out of our pockets. Don't know if we can carry our load.</i></li> <li>• <i>Taxes are going up way too high for those of us who are on a fixed income. We are relying on our Social Security which is not keeping up with local tax increase as well as our medical insurance.</i></li> <li>• <i>As the years go by, we must hire more and more services, painting, landscaping. Taxes seem to rise continually and rapidly. Will we be able to remain in our home?</i></li> <li>• <i>Affordable aging-in-place home care.</i></li> </ul> <p><b>Transportation concerns</b></p> <ul style="list-style-type: none"> <li>• <i>What services are available to get around if I'm unable to drive myself, and how are they accessed?</i></li> <li>• <i>It is difficult to envision how I could continue to live in Brewster if I didn't drive.</i></li> <li>• <i>Senior transportation!!! And I mean real available transportation that is safe, reliable, and respectful of the needs of seniors/elders...and not the Cape Cod RTA!</i></li> <li>• <i>Walkability—many parts of Brewster lack sidewalks or safe shoulders.</i></li> <li>• <i>Local transportation. Are there options for seniors who can't or choose not to drive?</i></li> <li>• <i>Transportation: being able to go grocery shopping, pick up drugs myself, being able to drive places to socialize with others.</i></li> <li>• <i>Once I stop driving, I will be driven by others or have less access to activities and resources.</i></li> </ul>

**Table 4 (cont.)****Health**

- *Health issues and needing assistance.*
- *Inability to live alone because of physical or mental problems.*
- *Health concerns might force me to find other living arrangements.*
- *Staying healthy. I would like to see more senior activities, i.e., yoga, strength training.*
- *Living alone, I worry about being taken care of if I should suddenly become disabled.*
- *Keeping myself physically able to be independent—and also mentally competent to do so.*

**Accessing services**

- *I would like to know that certain services will be available such as deliveries, and emergency responses in a timely fashion.*
- *As is the case with most seniors, I worry about what services might be available from the COA if I lose my mobility.*
- *Help in getting things done that I won't be able to do for myself anymore and the cost of all of it!*
- *Access to high quality health care. Access to elder care and home nursing care, elder recreation facilities, transportation and shopping.*
- *Finding appropriate help which allows me to remain in my home. I have no family. I am willing to pay affordable help, part or full-time.*
- *Access to basics: full-size grocery store, pharmacy, home needs (we must go out of town to get such). Home and yard maintenance (high schoolers and civic groups could be a big help here).*
- *Living alone and accessing services. What if I couldn't drive?*

**Housing options, maintaining home**

- *Cost of housing. I live with my mother and when she passes the house is to be sold and the proceeds split between my sibling and me. I will not be able to afford to buy a place in Brewster.*
- *I want to continue living my life knowing that housing is available in the community in the form of condominium living without the stress of maintaining a house. I feel there are not enough of these in the town.*
- *Accessibility at home. Current home is a condo without first floor bedroom space. To stay in Brewster indefinitely I would need to live somewhere else.*
- *Lack of a retirement community of individual homes, privately owned not assisted living facilities.*
- *Don't appear to be other options in smaller living before one needs assisted living or nursing center.*
- *To care for our home as we become less able due to our advancing years.*
- *Ability to do the yard work and home upkeep that my property needs.*

Worry about declines in health or loss of physical mobility are also commonly expressed. Maintaining health is a goal, in part as a means of preserving independence. Declining health is feared in part because respondents see it as threatening their ability to live on their own.

A number of respondents expressed concern about the availability of services in Brewster that would support their aging in place. Medical services were mentioned as a concern, along with finding and affording in-home care if needed. These respondents perceive the lack of routine services such as a pharmacy and grocery in Brewster as challenging their ability to age in place, especially if they were unable to drive. Concerns about the availability of appropriate services through the COA were mentioned as well.

A number of respondents reported concerns about the lack of housing options in Brewster. Respondents perceive few downsizing options, and see affordability as an additional layer of concern. Concerns about being able to continue to care for their current home were also expressed.

In addition to these concerns, others mentioned include: information about what is available in the community and how to access it; opportunities for socialization and engagement; and concerns about isolation. As expressed by one respondent,

*(I am concerned about) physical isolation if either of us ends up living alone. Brewster lacks a community center to draw people together.*

### **Housing & Living Situation**

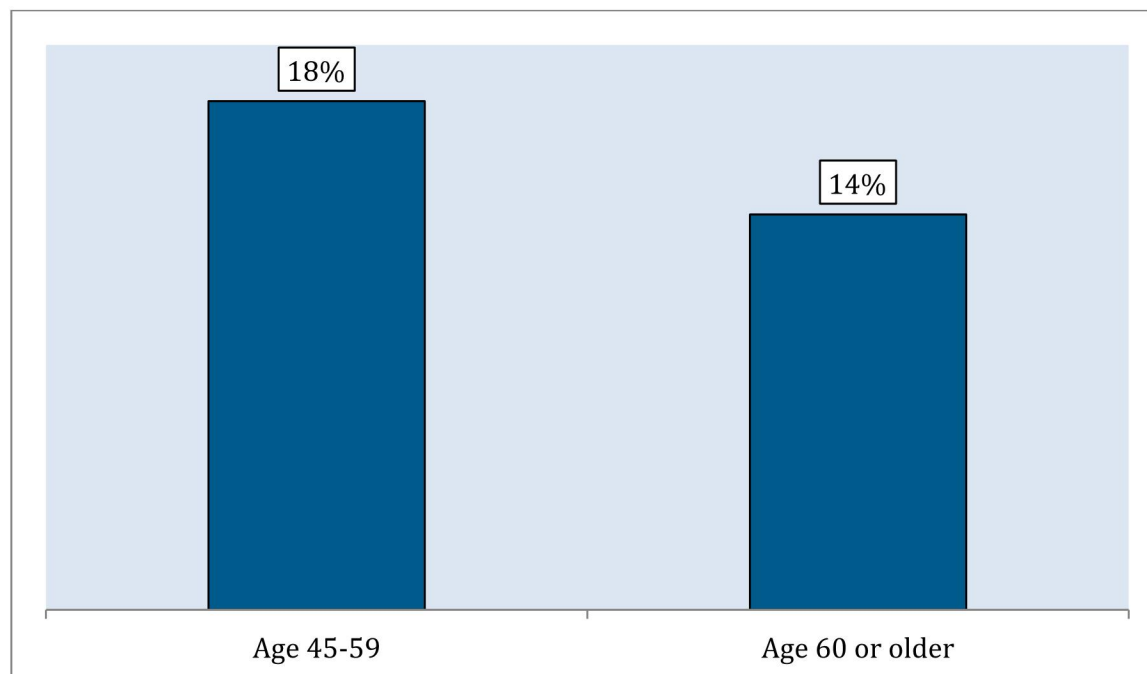
A substantial majority of survey respondents reported living in single-family homes, including more than 90% of respondents under age 80, and 81% of those age 80 or older. Ten percent of respondents age 80 or older lived in apartment buildings or condominiums, as did 5% of those under age 80. All other housing types were reported by very few respondents (see **Appendix B**). More than 90% of the respondents were homeowners, consistent with figures from the U.S. Census Bureau.

While an owned home is an important source of wealth, owning a single-family home may become a burden with age, as home maintenance becomes more challenging and keeping up with expenses becomes more difficult on fixed incomes. Living in single-family homes may also become less practical as family situations change. Thus, the process of aging in community may often require difficult decisions about whether to leave one's residence for housing alternatives that are a better fit with current and future health and social situations. The extent to which older Brewster residents live in single-family houses because there are insufficient alternatives (e.g. available condominiums or other downsizing options) is not known.

Many older adults find as they get older that their homes lack features that allow them to stay safely. For example, homes with many stairs or with steep or inconvenient access from the outside can challenge aging-in-place goals. A home with a first-floor bedroom and full bath may be more age-friendly for residents as they get older; however, 18% of the

respondents age 45-59 and 14% of those age 60 or older indicated that their homes lacked these features (see **Figure 14**).

**Figure 14:** Percentage lacking a bedroom and full bath on the first floor in current residence



Most individuals, regardless of age, could improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications. Nevertheless, appropriate resources to address needed changes are often limited. More than half of the survey respondents reported that modifications to their homes are needed (see **Table 5**). Among respondents whose homes needed modification, 40% of those age 45-59 reported being unable to afford to make needed modifications, along with 19% of residents age 60 to 79, and 20% of those age 80 and older. This suggests that for some Brewster residents, affordability may be a barrier to modifying their homes for safety. Lack of information about modifications that could be helpful, or about reliable contractors who provide home modifications, may be additional obstacles.

**Table 5.** Percentage of respondents who indicated needing home modifications, and being unable to afford them

	Home needs modifications	Unable to afford modifications*
Age 45 to 59	48%	40%
Age 60 to 79	52%	19%
Age 80+	61%	20%

\*Among those needing modifications

Respondents were invited to write in modifications that were needed to make their homes safer to live in over the coming five years. A number of people indicated that home modifications were already in place and many others reported that they were not needed at all. But a large number of respondents wrote in modifications that would be helpful, including first-floor bedrooms and bathroom; converting all necessary living space including laundry to the first floor; installing railings, grab bars, and ramps; and installing handicap-accessible bathrooms. Respondents cited anticipated problems managing stairs into their homes, and worries about steep driveways. Some individuals reported that they needed a generator to improve safety. A number of respondents acknowledged that adequate home modifications would not be possible in their existing homes:

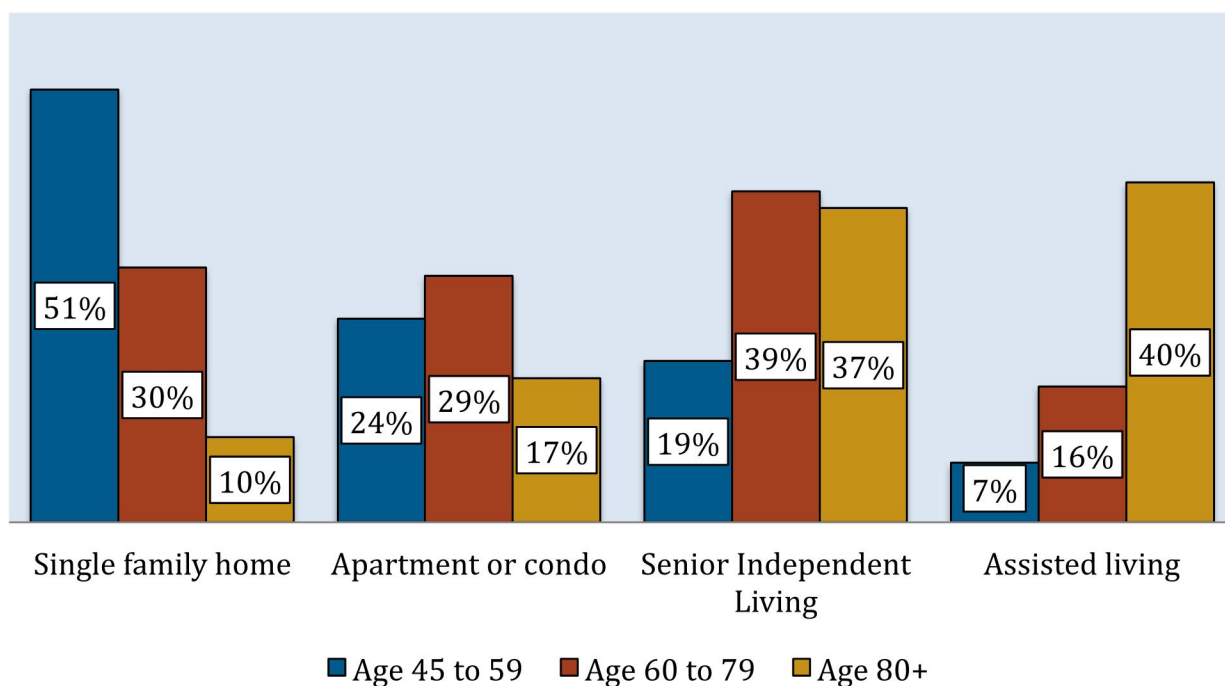
*"[I would need a] ramp eventually, but other modifications for first-floor living are not possible."*

*"Our home would require drastic modification to make it age-friendly. [We] probably would not choose to invest."*

Future housing preferences are difficult to predict, and it is impossible to say with certainty what circumstances individuals will face in the future that could influence their housing choices and decisions. However, understanding how individuals currently perceive their future needs and preferences can be informative in planning, at least tentatively, to provide desirable housing options that accommodate the tastes and physical and environmental needs of different cohorts of older residents.

Survey participants were asked to select the types of housing they would prefer to live in if in the next five years they experienced a change in their health or physical ability that required a move from their current residence. As shown in **Figure 15**, the most common preferences indicated by respondents varied by age category. Among respondents under age 60, more than half (51%) indicated that they would prefer to live in a single-family home; 24% would prefer to live in an apartment or condominium and 19% would prefer a Senior Independent Living facility. Among seniors age 60 to 79, 39% would prefer to live in an Independent Living facility, and 29% indicated that they would prefer an apartment or condominium, along with 30% expressing preference for a single family home. The oldest respondents—seniors age 80 and older—indicated a preference to live in an Assisted Living facility (40%) or a Senior Independent Living facility (37%). Thus, respondents age 60 and older seemed receptive to Senior Independent Living, and those 80 and older are receptive to both independent living and assisted living options if health changes require that they move. Fewer than ten percent of the respondents indicated a preference for multi-family homes (4%) or add-on apartments (8%).

**Figure 15.** Housing preference, if in the next 5 years a change in health or physical ability required a move from current residence

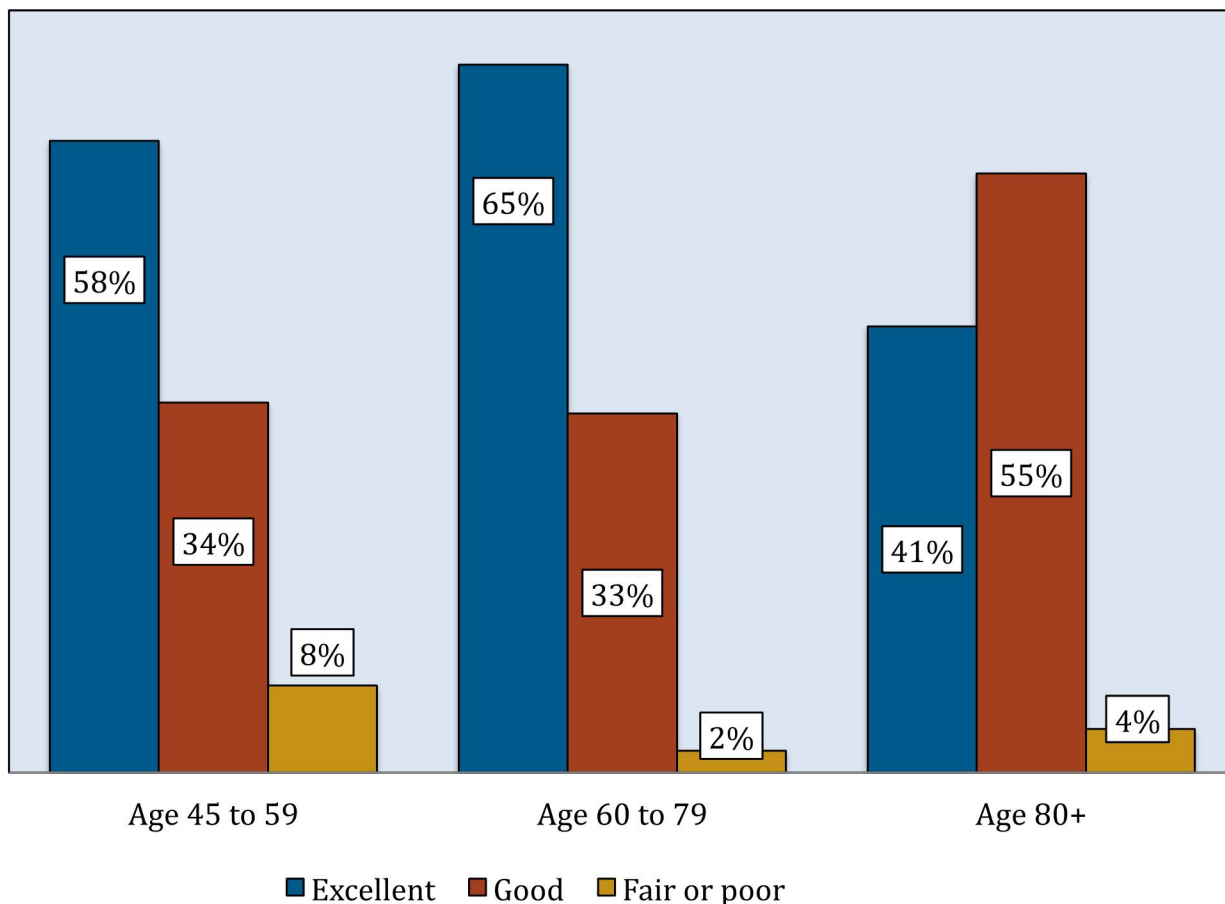


*Note: Participants could choose all options that applied, therefore totals by age category do not equal 100%.*

### **Social Activities and Relationships**

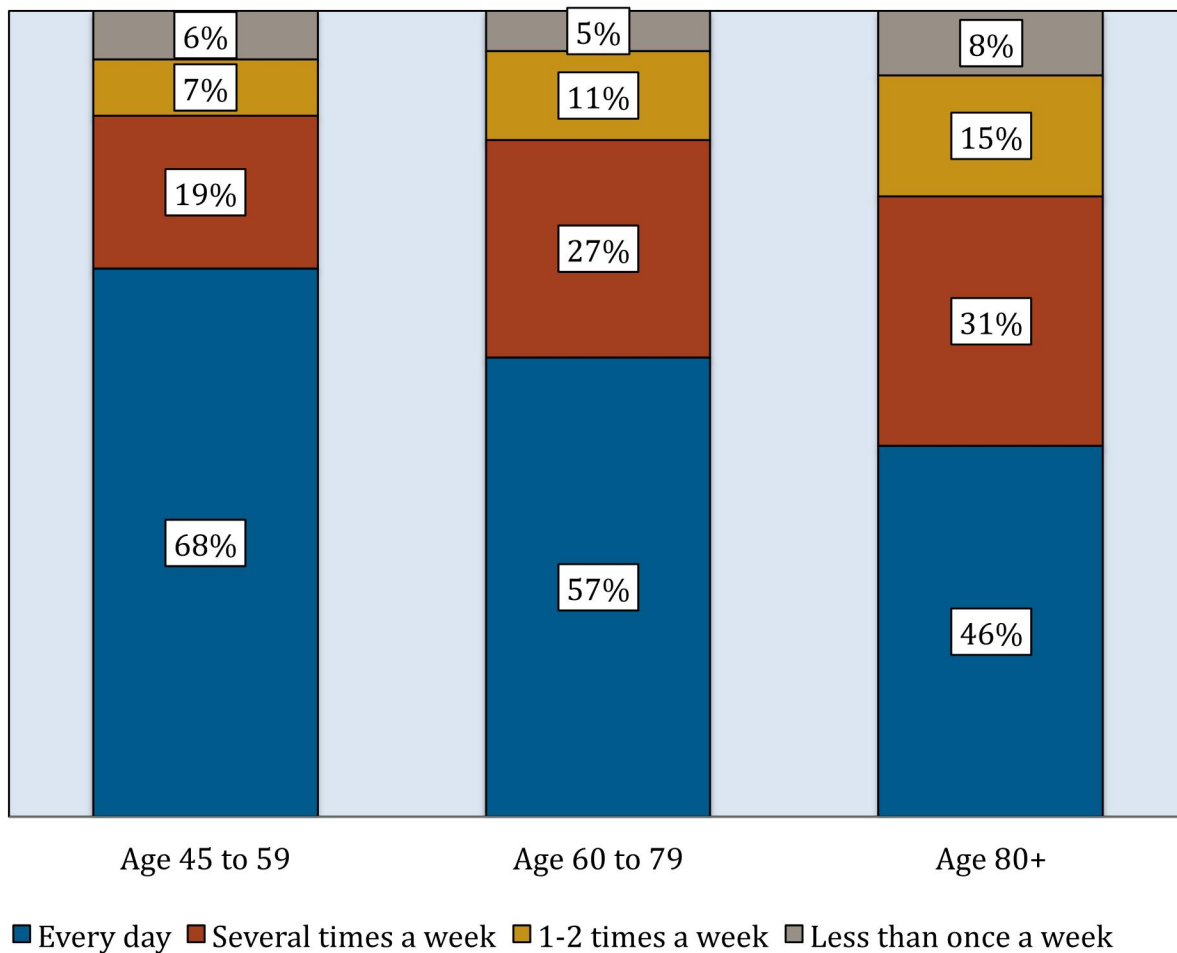
Survey respondents reported high levels of *emotional* well-being. This dimension of social/emotional health is shown by age category in **Figure 16**. Small shares of respondents age 45 to 59 and age 60+ reported “fair” or “poor” emotional well-being. Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good.” Respondents age 80 and older were more likely than younger respondents to indicate that their emotional well-being was “good” rather than “excellent,” suggesting slightly lower levels of emotional well-being among Brewster’s oldest residents.

**Figure 16.** Self-ratings of emotional well-being



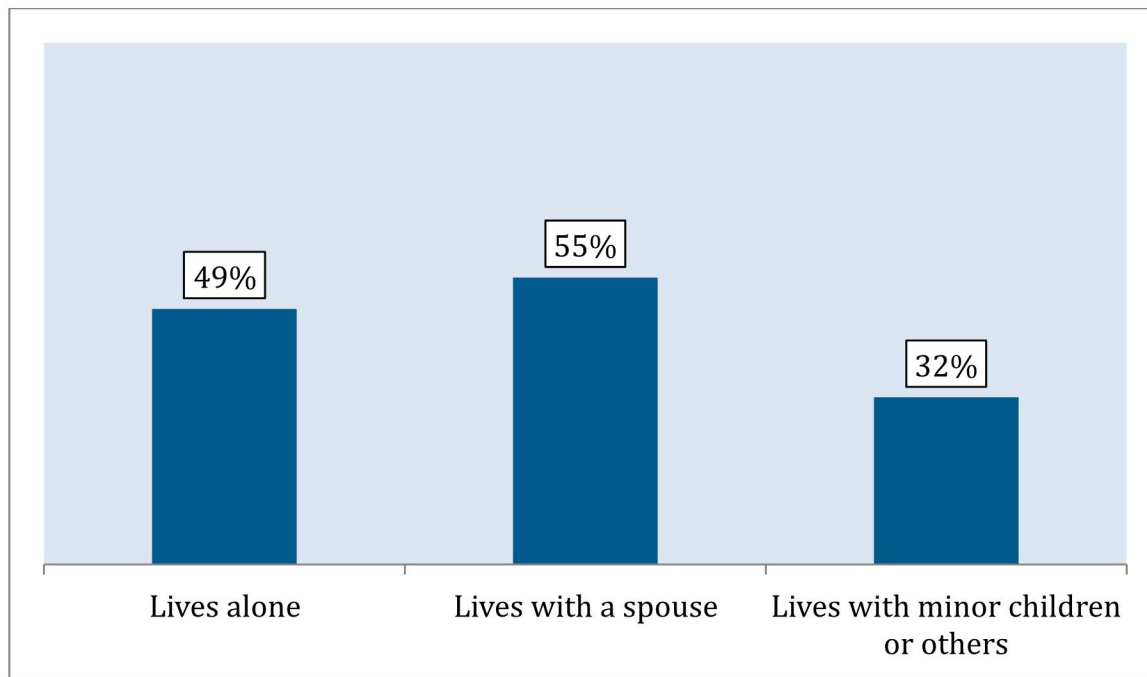
Social/emotional health is dependent on many factors, including the degree of connectedness that individuals maintain within their social networks. Many older adults are at high risk for social isolation, especially if their health and social networks break down and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes. **Figure 17** suggests that a majority of Brewster’s older residents are frequently engaged with their social networks, although a share is at risk of isolation. Participants were asked how often they talk on the phone, communicate by email or social media, or get together with family, friends, relatives, or neighbors. A majority of respondents under age 80 reported interacting with others daily, as did 46% of respondents age 80+. Among the oldest respondents, nearly one-third reported interactions occurring several times a week, but not every day. Fewer than one out of ten respondents across the age range reported interacting less than weekly. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, safeguarding emotional wellbeing.

**Figure 17.** Frequency of using phone, email, social media, and/or getting together with friends, relatives, or neighbors



A common concern raised in many communities on the Cape and elsewhere is that of older adults aging in place with few or no family members nearby. These individuals may be at risk of isolation; moreover, they may have insufficient social supports in place if an health or other emergency occurs. We learned that slightly less than half of the survey respondents have family members living within 30 minutes of their home on whom they can rely for help; 43% of respondents age 45-59 and 54% of those age 60+ indicated that they did not have nearby relatives who could help (see **Appendix B**). Moreover, 49% of respondents who live alone have no nearby relatives (see **Figure 18**). Especially for these individuals, having a well-functioning COA that works collaboratively with community organizations can be of substantial value.

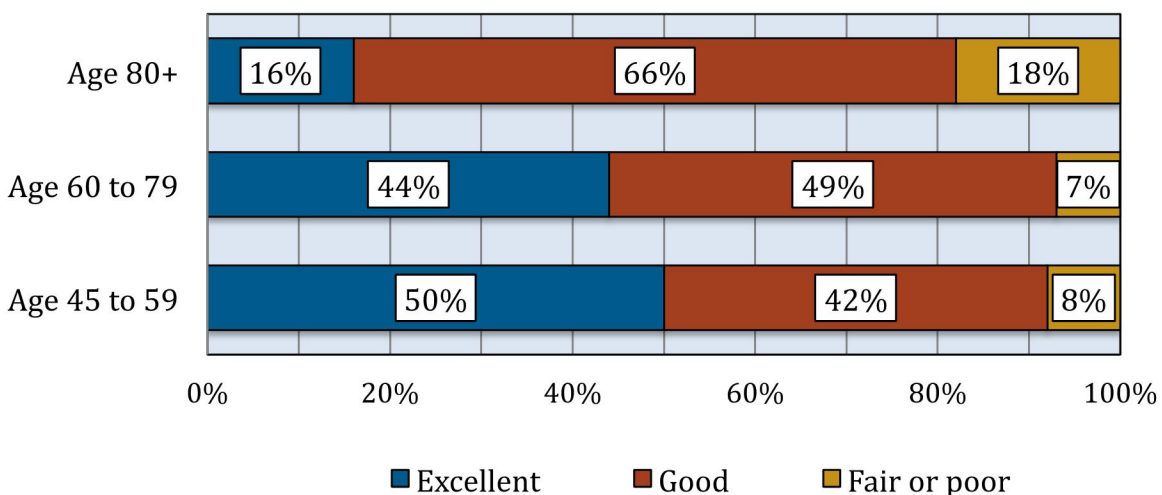
**Figure 18:** Percentage who have no family members living within 30 minutes on whom they can rely for help if needed (*all age groups*)



## **Health**

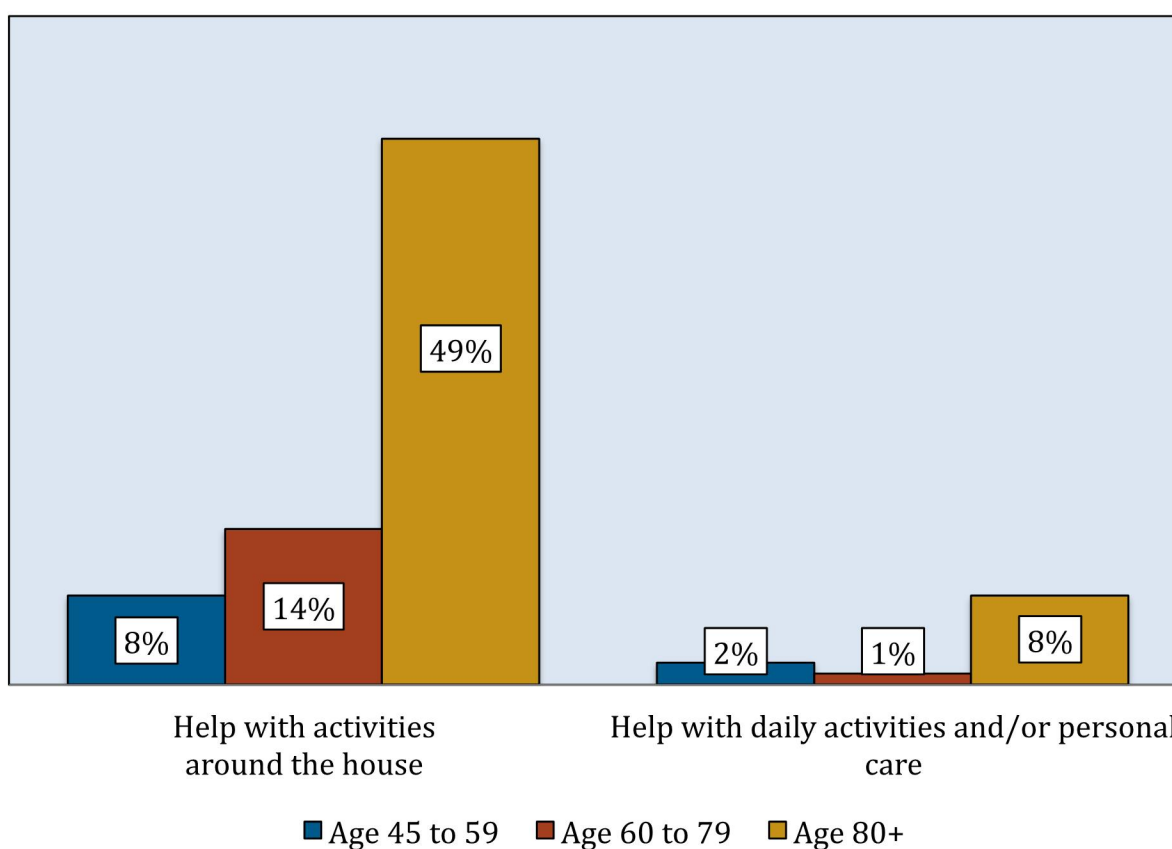
Self-ratings of physical health by age category are shown in **Figure 19**. Nearly all respondents age 45 to 59 (92%) reported “excellent” or “good” physical health. Within the senior age group, 93% of respondents age 60 to 79, and 82% of respondents age 80 and older said their physical health was “excellent” or “good.” This suggests that most of Brewster’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, experience declines in their health.

**Figure 19.** Self-ratings of physical health



Beyond reflecting the potential need for medical care, self-ratings of health may also be indicative of the need for additional assistance with activities in and around the home. **Figure 20** shows percentages of respondents in each age category who indicated that health issues require them to seek help with *activities around the house* (such as doing routine chores like cleaning or yard work), and with *daily activities* (such as using the telephone, preparing meals, taking medications, or keeping track of bills) or with *personal care activities* (such as taking a bath or shower or getting dressed). Needing help with these sorts of daily living activities was much more common among respondents who are 80 and older. Just under half of respondents in the oldest age category required assistance with activities around the house; and 8% required assistance with daily activities and/or personal care. As well, 14% of seniors age 60-79 reported needing help with routine chores around the house.

**Figure 20.** Percentage needing assistance due to health



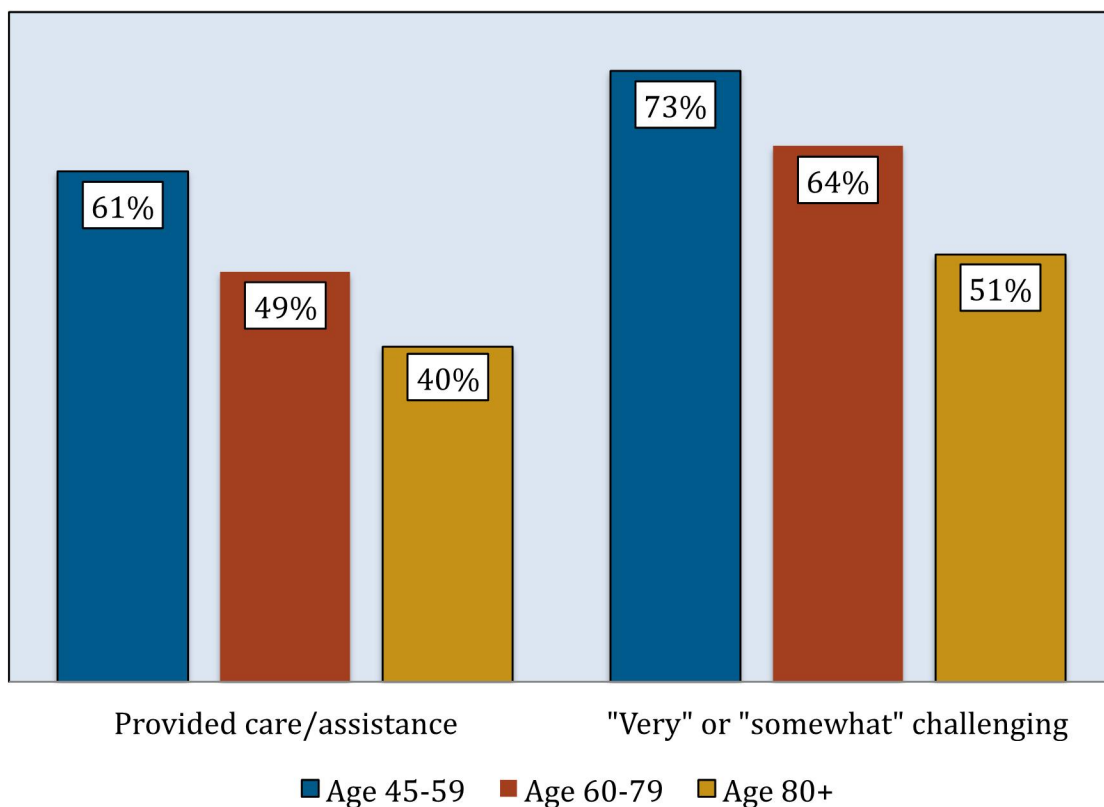
Respondents reported drawing on multiple sources of assistance when extra help is needed, and many depend on more than one source of help (see **Appendix B**). Among those who reported needing help, many respondents have family members (51%) or friends (18%) on whom they rely. Paying for assistance was reported by 68% of those who need help. A common problem facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by

family and friends. An important function of the Brewster COA is connecting people to needed resources for caregiver support and home services, among other types of assistance meant to help older adults stay in their homes.

### **Caregiving**

Many Brewster residents provide informal care and assistance to individuals who are frail or disabled, while managing other aspects of their lives such as family and work. Indeed, 61% of survey respondents age 45-59 said that they had provided care or assistance to a spouse, parent, relative, or friend who is disabled or frail within the past 5 years; along with 49% of respondents age 60-79 and 40% of those age 80+ (see **Figure 21**). Many caregivers described it as “very challenging” or “somewhat challenging” to provide care and to meet their other responsibilities with family and/or work, including 73% of the caregivers age 45-59, 64% of those age 60-79 and 51% of those 80 and older.

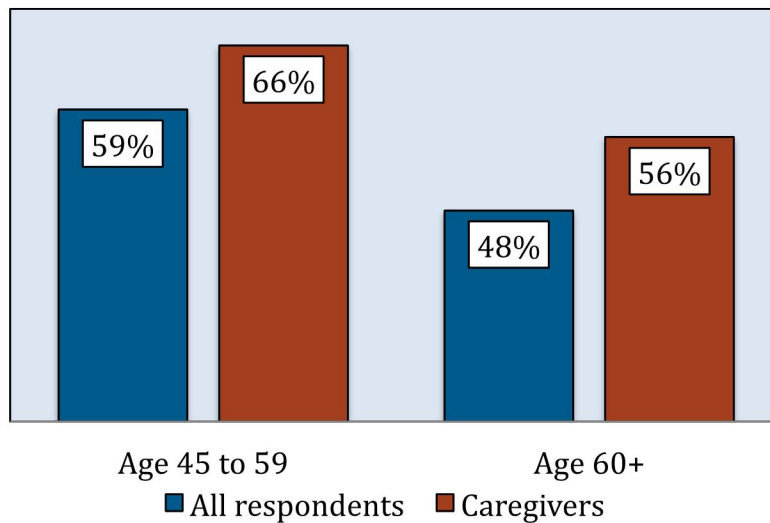
**Figure 21.** Percentage having provided care or assistance within the past 5 years to a person who is disabled or frail, and share of caregivers describing the experience as very or somewhat challenging



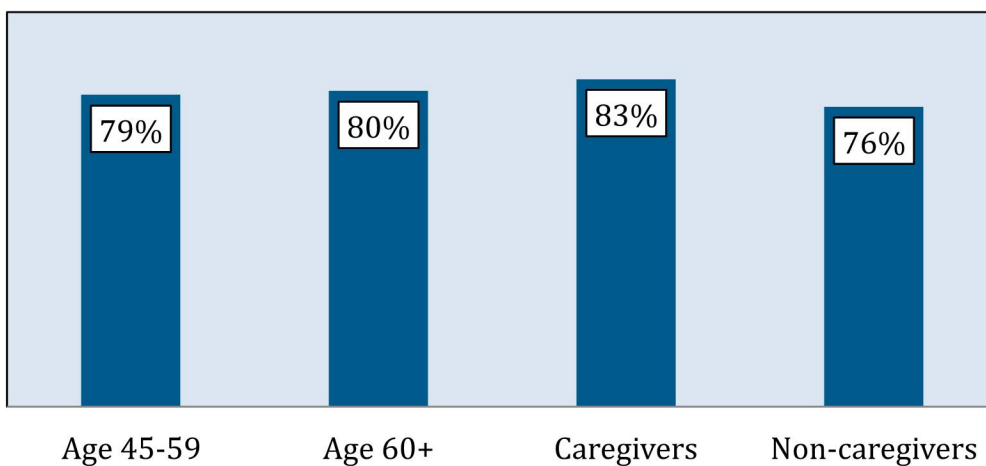
**Figure 22** shows the percentage of respondents in each age category who said that a caregiver respite program or support group would be helpful to themselves or their families, if it were available. More than half of the respondents age 45-59, and 48% of those age 60+, said that these programs would be helpful. Many times, middle-aged adults and young seniors have caregiving responsibilities for their own children, while

simultaneously providing care to an aging parent. Note that the question about need for caregiver support was asked of all respondents, not just caregivers. Interestingly, respondents having had recent or ongoing caregiving responsibilities were only slightly more likely to report that caregiver respite would be helpful to them or their families. This suggests that elder-care assistance is experienced as a need broadly throughout the community. Strong support for offering a social adult day care program to Brewster residents is evident, with eight out of ten respondents indicating they favor or strongly favor this, including 83% of those with caregiving experience (see **Figure 23**).

**Figure 22.** Percentage indicating that a caregiver respite program would be helpful to them or their family



**Figure 23:** Percentage favoring or strongly favoring offering a Social Adult Day Care program in Brewster



## **Transportation**

Transportation is a fundamental need for people of all ages who strive to lead independent, socially engaged lives. For older people in particular, lack of adequate and appropriate transportation can complicate their efforts to meet material and social needs and make it difficult to remain active participants in their communities.

Survey responses suggest that older residents in Brewster rely largely on driving themselves or obtaining rides from family members or friends; few reported using public transportation or formal travel supports. By far, the most commonly cited means of transportation reported by survey respondents was driving themselves, though the percentage is smaller for respondents age 80 and older. Among those who depend on driving to meet their transportation needs, physical challenges associated with aging (e.g., poor vision) may sometimes require that individuals modify their driving to increase ease and safety of community travel. **Table 6** shows that while the majority of respondents were drivers, many seniors modify their behavior in order to make driving easier and safer.

**Table 6.** Driving participation by age category

	Age 45-59	Age 60-79	Age 80+
<b>Non-driver</b>	4%	2%	14%
<b>Drive with modifications</b>	32%	40%	69%
<b>Drive without modifications</b>	65%	58%	17%

While more than 95% of respondents under the age of 80 drive, 86% of Brewster residents age 80+ drive themselves, with the rest relying on other strategies for getting around. Four out of ten seniors age 60 to 79 reported making at least one modification to their driving, as did one-third of the younger respondents. Among seniors age 80 and older, 69% reported using at least one strategy to make their driving safer and easier. Strategies reported most commonly are avoiding night driving (reported by 22% of respondents age 60-79 and 50% of those age 80+), avoiding driving in bad weather (reported by 30% of respondents age 60-79 and 47% of those age 80+), and avoiding driving far distances (reported by 14% of respondents age 60-79 and 33% of those age 80+). Other modifications reported include avoiding the following situations: left-hand turns, highway driving, and driving in unfamiliar areas (see **Appendix B**).

The use of such strategies likely contributes to older adults' increased safety while driving; however, limiting driving can also place constraints on independence, especially when alternate transportation choices are not available, are inaccessible, or are prohibitively costly or inconvenient. For instance, the large percentages of people who avoid driving at night may be discouraged from participating in activities that occur within the community during the evening, especially if alternative transportation options are not readily available.

Other than driving oneself, walking, or bicycling, the most common forms of transportation reported by respondents were obtaining rides from a family member, friends, or neighbors. In contrast, more formalized forms of transportation were reported less commonly, with the DART Dial-A-Ride service, COA transportation, Flex Bus, and taxi service each being reported by 4% or fewer respondents (see **Appendix B**). However, as shown in **Table 7**, these forms of transportation are important forms of travel for those who do not drive. For example, COA volunteer medical transportation was used by 23% of the nondrivers in the survey, and 25% reported using COA transportation (B-Bus). Note that relinquishing driving is most common among individuals age 80 or older. As the share of the senior community in Brewster ages, a larger number of residents may need transportation support.

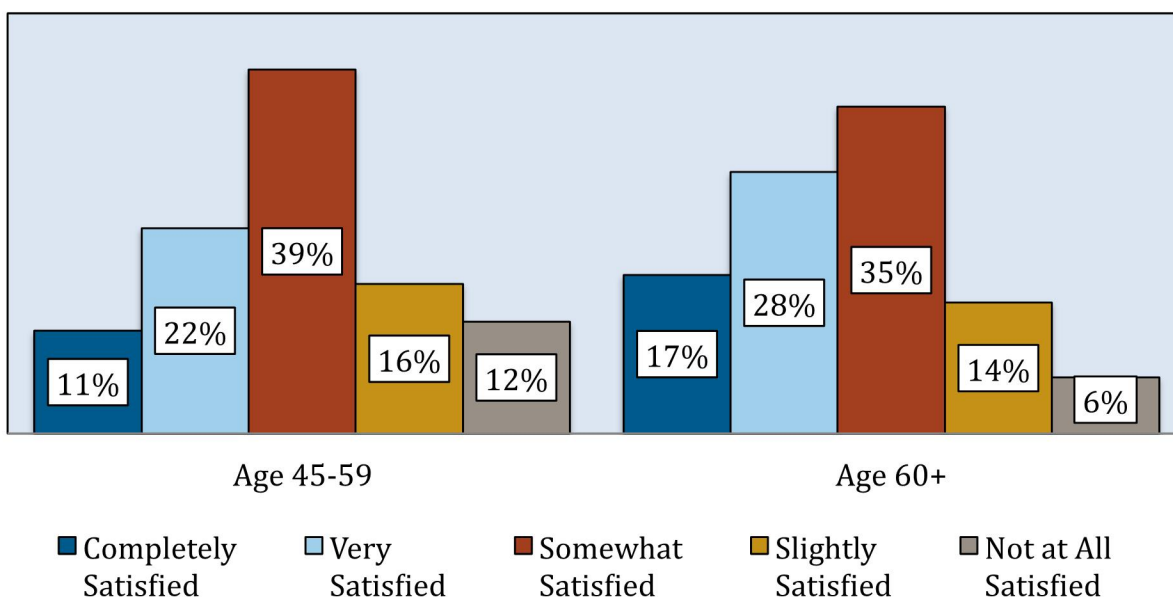
**Table 7:** Forms of transportation used by Brewster survey respondents, by driver status

	Nondrivers	Drive with modifications	Drive without modifications
<b>Spouse/partner or child</b>	63%	33%	17%
<b>Friends or neighbors</b>	28%	12%	4%
<b>DART Dial-A-Ride</b>	13%	2%	<1%
<b>Volunteer medical transportation through COA</b>	23%	4%	1%
<b>COA transportation (B-Bus)</b>	25%	2%	<1%
<b>Public transportation (Flex Bus)</b>	15%	4%	3%
<b>Taxi</b>	3%	1%	1%
<b>Bicycle</b>	8%	7%	15%
<b>Walk</b>	28%	23%	28%

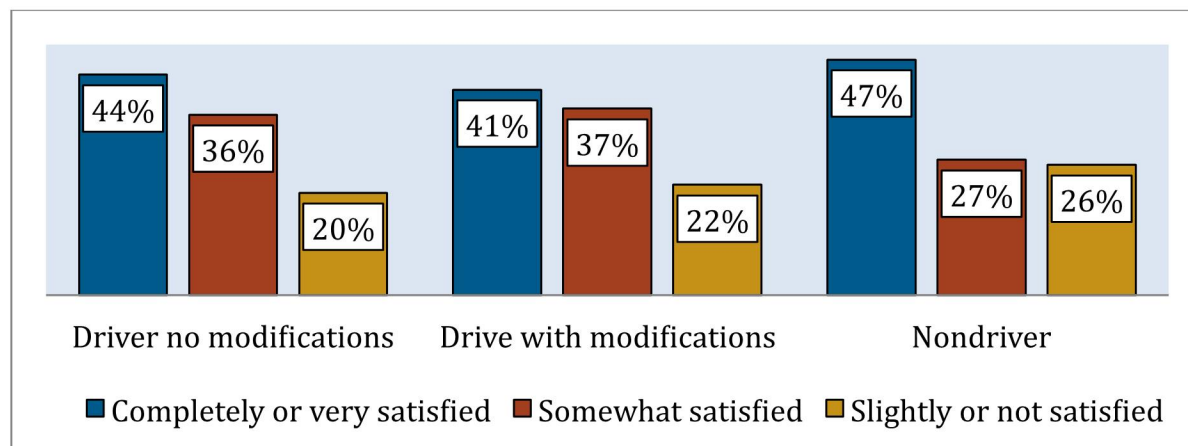
Many survey participants indicated satisfaction with transportation options available to them in Brewster, and more than four out of ten respondents reported that they are “completely satisfied” or “very satisfied.” **Figure 24** shows roughly comparable rates of

satisfaction with transportation by age group. The most common response among both age groups is “somewhat satisfied,” but 28% of the respondents under age 60 and 20% of those age 60 or older indicated that they were only “slightly satisfied” or “not at all satisfied” with transportation options, indicating room for improvement regarding transportation options in the community. Interestingly, respondents who do not drive at all or who drive with modifications were only nominally more likely to report being not satisfied or slightly satisfied than those who drive. Moreover, nondrivers were also more likely to report high satisfaction levels than drivers, suggesting that some nondrivers have been able to establish satisfactory transportation arrangements. These results suggest that preference for more or different transportation options stem not entirely from ease of travelling independently (see **Figure 25**).

**Figure 24.** Satisfaction with transportation options in Brewster

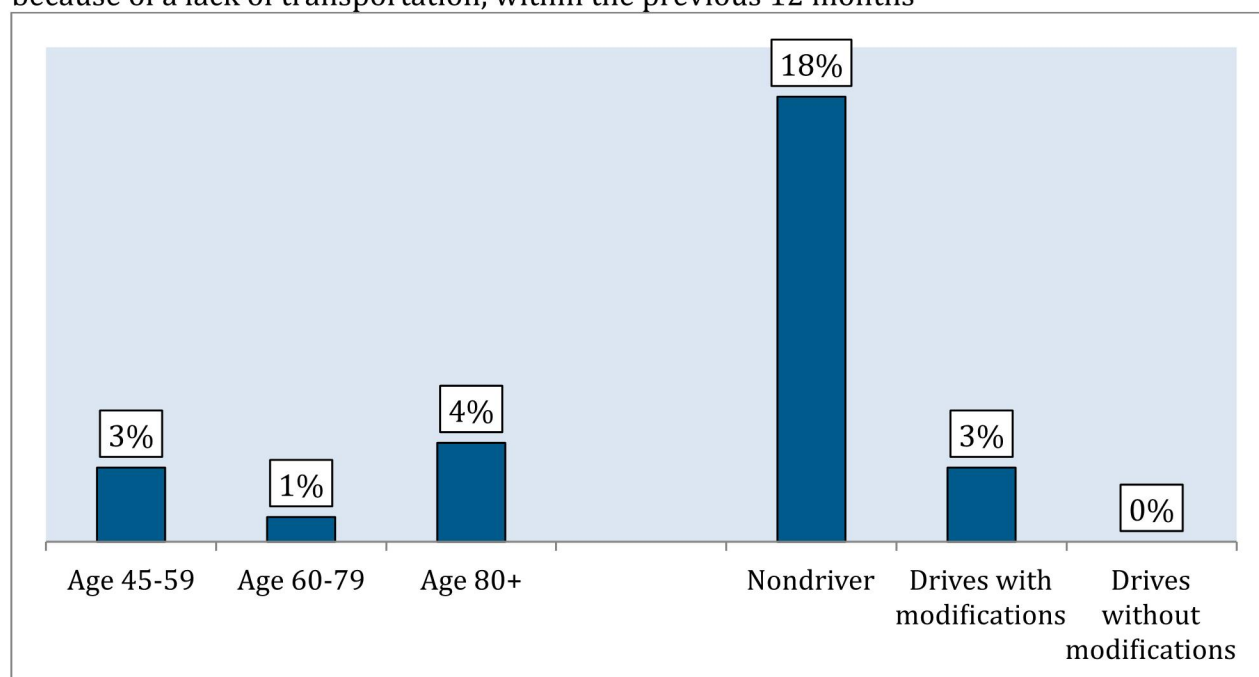


**Figure 25.** Satisfaction with transportation options in Brewster by driver status



Consistent with the mixed levels of satisfaction with transportation options locally, a segment of the community experiences negative consequences associated with transportation limitations. Respondents were asked if within the past 12 months they had to miss, cancel, or reschedule a medical appointment because of a lack of transportation. Fewer than 5% of respondents in any age group responded affirmatively, as did very few respondents who drive with modification. However, 18% of nondrivers indicated that seeking medical care had been disrupted due to transportation limitations (see **Figure 26**). For these individuals, improved transportation options may have an especially meaningful impact on well-being.

**Figure 26.** Percentage having to miss, cancel, or reschedule a medical appointment because of a lack of transportation, within the previous 12 months

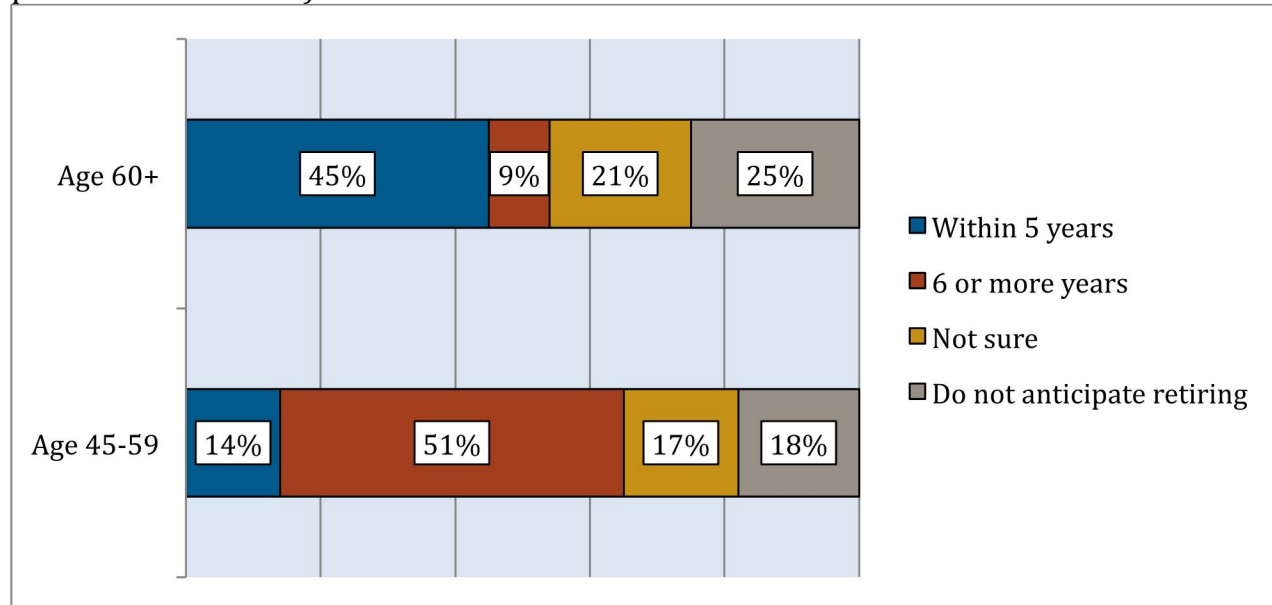


### **Current & Future Retirement Plans**

Many older adults work well into later life, continuing in paid work roles because of the meaningfulness of their work, the need for income, or both. In Brewster, 30% of the seniors age 60-79 responding to the survey work full-time or part-time, as do 84% of the respondents age 45-59 (see **Appendix B**). A large majority of those age 80+ reported being retired. Some survey respondents wrote-in that they spend time volunteering, homemaking, and participating in a variety of other unpaid activities.

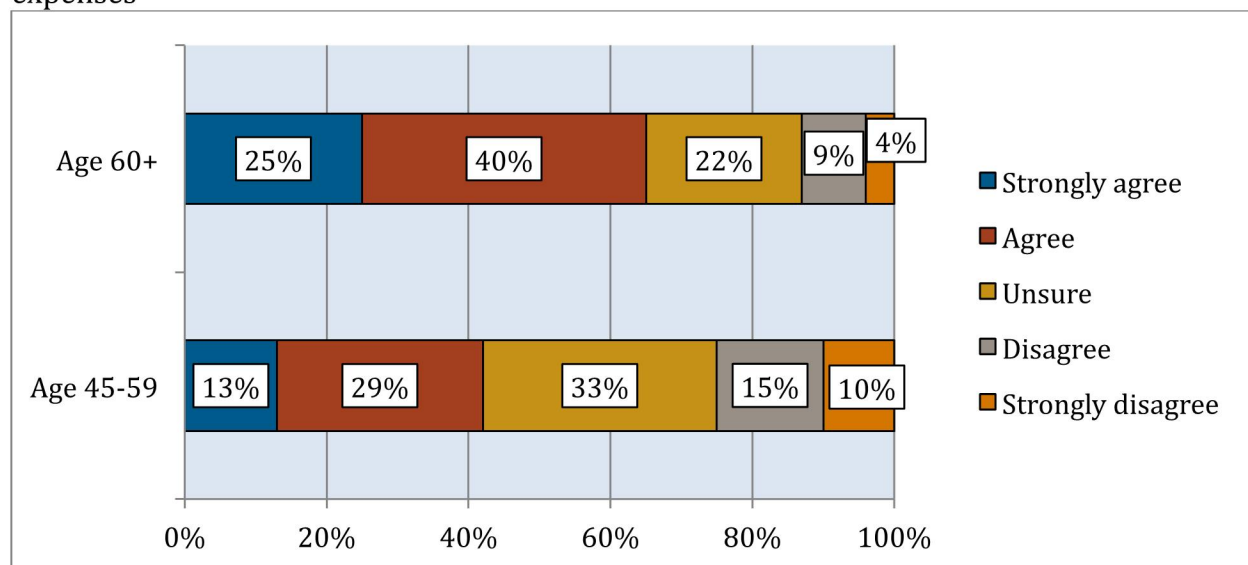
Respondents were asked about their retirement plans. **Figure 27** suggests that among working respondents, 35% of those under age 60 and nearly half of those age 60 or older were not sure when or if they will retire. This may indicate uncertainty about their ability to retire, or ambivalence about interest in retiring.

**Figure 27:** When respondent plans to fully retire (among those who are currently working part-time or full-time)



Most Brewster seniors responding to the survey reported that they expect to have adequate resources to meet their financial needs in retirement (see **Figure 28**), but only 42% of respondents age 45-59 felt confident about their retirement resources. One-third of the respondents under age 60 were unsure if they will have sufficient resources, and one-quarter did not expect to have sufficient resources. This pattern of response suggests that financial shortfalls in retirement is a concern for a sizable minority of Brewster residents, and opportunities to learn more about retirement planning may be valued.

**Figure 28:** “During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses”

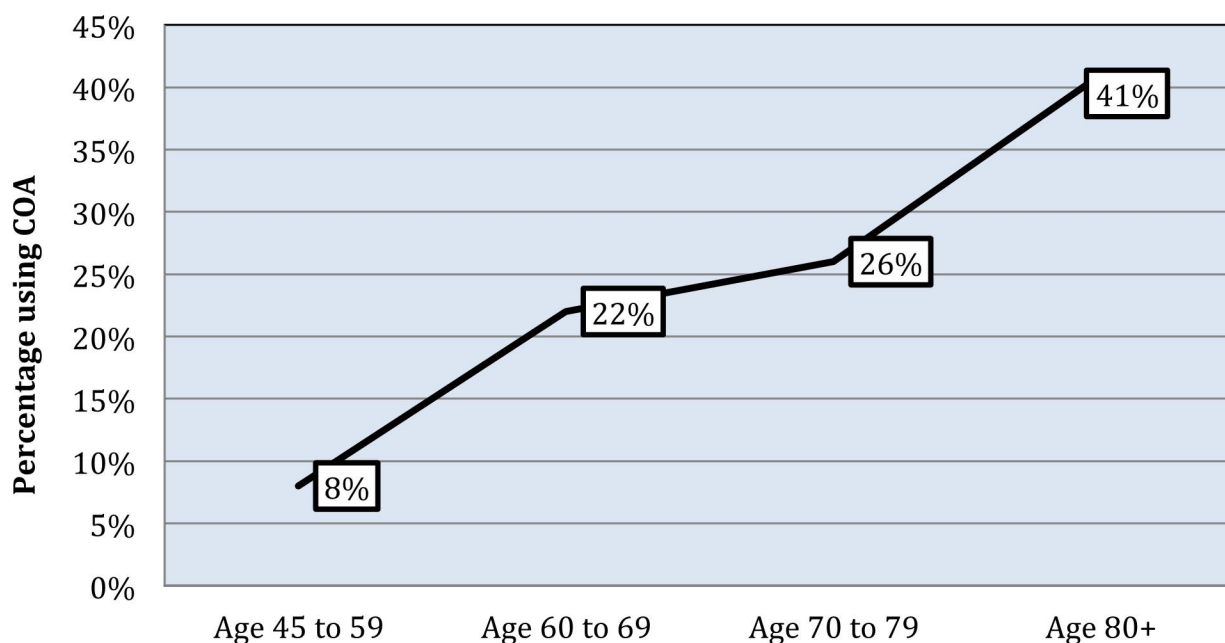


## **Programs & Services at the Council on Aging**

The Brewster COA is an important resource for many older residents striving to age in place in their homes. The COA seeks to identify and respond to the physical and emotional needs of Brewster's seniors by providing programs, information and referrals intended to support seniors' efforts to live independent and fulfilling lives. Toward these ends, a broad range of programs and services that target a diverse population of older residents are available, including services for information and referral to other agencies in and around the area, outreach, congregate and home-delivered meals, wellness programs, transportation, education and recreation programs.

Participation in Brewster COA programs and services is substantially higher among the oldest Brewster seniors. **Figure 29** shows the percentage of respondents who indicated that they currently use programs and services offered by the COA by age category. Forty percent of the respondents age 80+ reported using these programs and services, as did 26% of respondents age 70-79, 22% of those age 60-69 and 8% of those 45-59. As in most other communities, likelihood of using the Brewster COA programs and services is considerably higher among older residents, more of whom are no longer working for pay, may have experienced shrinking social networks due to loss of spouse or friends, and may experience needs for new types of support or services such as those offered by the COA.

**Figure 29.** Percentage of respondents who currently use programs and services offered by the Brewster COA by age category\*



Among seniors who said that they do not currently participate in programs and services, 29% of those age 60-79 and 31% of those age 80+ stated that they were "not interested"; 19% of those 60-79 and 1% of those age 80+ stated that they were "not old enough," and 21% of those 60-79 and 7% of those age 80+ stated that they "do not identify with the

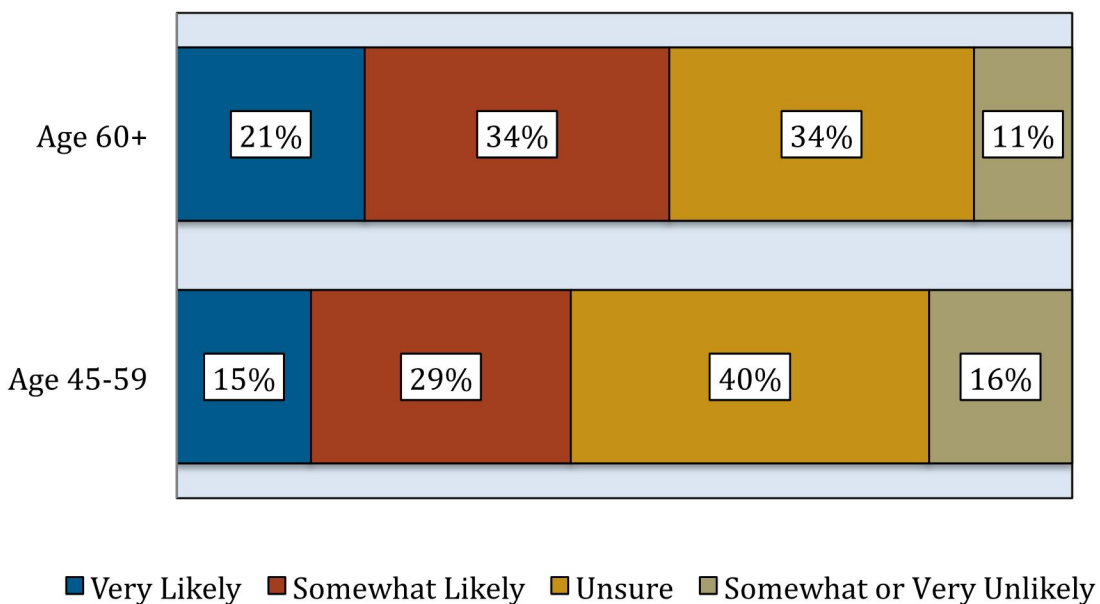
word ‘senior’.” More than 200 respondents took the time to write in reasons, with the largest share reporting that they “did not need help,” referring to their current level of independence, indicating that they had family nearby who helped them, or stating that they didn’t need the COA yet. As one respondent writes, *“I am still able to function independently.”* These individuals would appear to be focusing on the service offerings of the COA (e.g. nutrition, transportation) rather than the full range of COA offerings in evaluating their interest. The next most common write-in response was that they were too busy or had no time to participate, many indicating that they were still working. Some linked these two sentiments; for example, one respondent indicated,

*“I am independent and busy enough so haven’t had the time to take advantage of COA. I would definitely make use of its services in the future when my time is more freed up or if/when I develop physical limitations.”*

Smaller numbers of respondents wrote that they didn’t know what was available, they go elsewhere for activities, or they were just not interested.

To help prepare the Brewster COA for potential changes in participation levels, we asked all respondents to indicate how likely they are to participate in programs and services offered by the Brewster COA in the future. The majority of seniors responding indicated that it was “very” or “somewhat” likely that they would participate, as did 44% of respondents under age 60 (see **Figure 30**). Additional tabulations (not shown) suggest that among seniors who do not already use services, nearly half indicate they are either “very likely” or “somewhat likely” to participate in programs and services in the future.

**Figure 30.** Likelihood of participating in programs and services in the future



Respondents were asked to indicate factors that would increase the likelihood of using the Brewster COA programs and services more often. The most common response given was “if I had more knowledge about programs and services that are available,” cited by more than 40% of the respondents under age 80, and by 24% of those age 80+. The next most common response was “If there were more people like myself at Senior Center events,” cited by one-quarter of all age groups. Improvements to the Senior Center building, including offering programs on a single level, easier access to the building, handicapped accessible bathrooms on all floors or other building improvements, were mentioned by 11% of the respondents under 60, 22% of those age 60-79, and one-third of those age 80 or older. Specific building improvements mentioned include installing a sprinkler system, improved safety of the building, and improved bathroom access. Ten percent of the seniors wrote in other improvements to the services and programs that would increase their likelihood of using the Brewster COA, including cooking classes, art classes, bus trips, walking indoors, movies, and recreation programs.

An important goal of the survey was to assess the value and importance of programs and services that are currently offered, or could be offered in the future, to older adults and their families in Brewster. Survey respondents were asked to rate 27 programs and services according to their *priority to the Brewster community*. Each was rated on a five-point scale (from 1=low priority to 5=high priority). Six sets of programs were rated highly by all three age groups (see **Table 8**). Transportation was highly rated by 75% of respondents under age 60, 77% of those age 60-79 and 68% of those age 80. Caregiving services and support was rated highly by 77% of respondents age 45-59, 73% of those age 60-79 and 63% of those age 80+. The other programs rated highly by all age groups were health and wellness programs, SHINE, assistance with local or state programs, and adult day programs. Respondents under age 80 also rated fitness activities highly; respondents age 80+ rated professional services highly. The consistency in the top-ranked programs across age groups is striking and overall, strong support is expressed for most programs.

**Table 8.** Percentage of respondents who prioritize programs/services as 4 or 5 on a five point scale (where 5 = high priority) in terms of priority to the Brewster community (*listed in order of high to low ranking among respondents age 60-79*)

	Age 45 to 59	Age 60 to 79	Age 80+
<b>Transportation (B-bus, volunteer drivers, medical van)</b>	75%	77%	68%
<b>Caregiving services and support</b>	77%	73%	63%
<b>Health and wellness programs</b>	70%	73%	63%
<b>Fitness activities</b>	66%	72%	44%
<b>SHINE</b>	74%	72%	62%
<b>Assistance with local or state programs</b>	77%	71%	58%
<b>Adult day programs</b>	77%	71%	61%

<b>Table 8 (cont.)</b>	<b>Age 45 to 59</b>	<b>Age 60 to 79</b>	<b>Age 80+</b>
<b>Professional services</b>	65%	64%	60%
<b>Lunch at the COA and Meals on Wheels</b>	65%	63%	52%
<b>Information, referral &amp; outreach</b>	61%	61%	45%
<b>Home and personal safety</b>	61%	60%	51%
<b>Mental health counseling and support</b>	60%	60%	50%
<b>Medical equipment loan &amp; beach access wheelchair</b>	53%	57%	51%
<b>Educational and life-long learning opportunities</b>	54%	54%	37%
<b>Outdoor exercise activities</b>	55%	54%	34%
<b>Shared interest groups</b>	48%	54%	48%
<b>Technology training</b>	45%	53%	45%
<b>Social activities</b>	50%	52%	46%
<b>Volunteer opportunities</b>	41%	51%	39%
<b>Food distribution and trips to food pantries</b>	61%	50%	32%
<b>Trips and outings</b>	49%	48%	43%
<b>Support groups</b>	46%	41%	48%
<b>Part-time employment placement</b>	50%	40%	30%
<b>Intergenerational programs</b>	29%	28%	21%
<b>Grandparents raising grandchildren support group</b>	31%	27%	21%
<b>Evening dinner dances/social functions</b>	29%	24%	13%
<b>LGBTQ programming</b>	21%	24%	21%

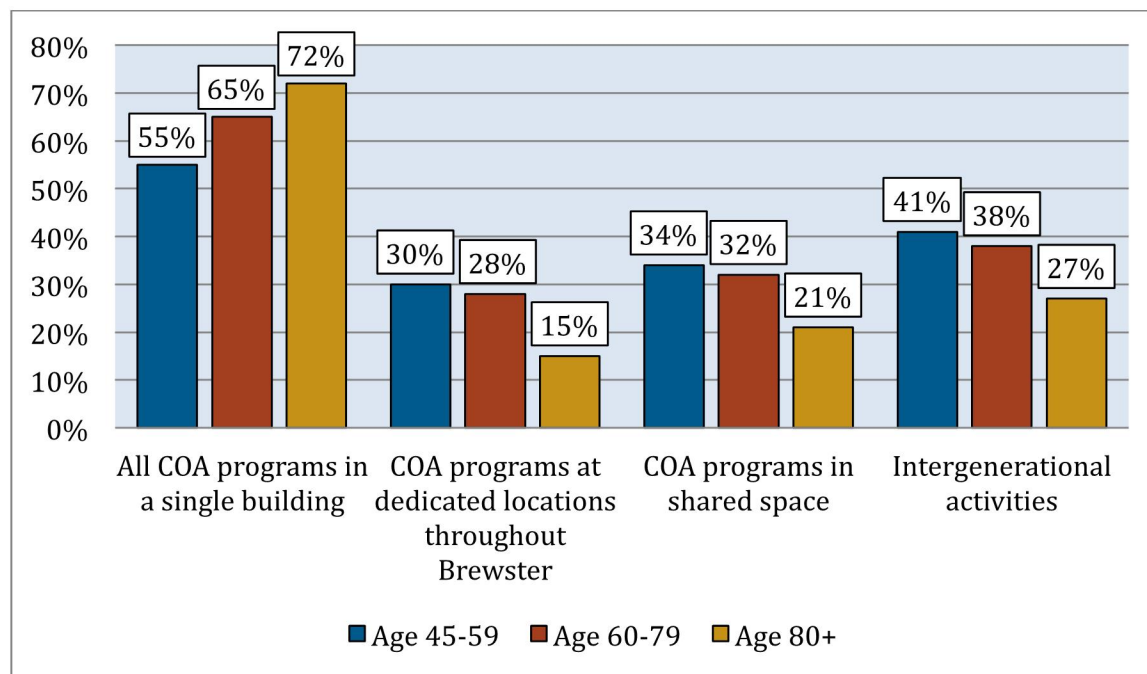
*Note: For information on the full range of responses, see Appendix B.*

In an open-ended question, survey participants were asked what other programs and services not already offered through the Brewster COA they would like to see made available. The most frequently mentioned additions were expanded active programs including exercise programs (a fitness center, Tai Chi, yoga, strength bearing exercise) and a swimming pool. Also frequently mentioned was an adult day program and respite care.

Respondents were asked to reflect on various arrangements by which COA activities and services may be delivered through the community. Respondents rated each arrangement on a scale of 1 to 5, where 1 = not at all preferred and 5 = highly preferred. **Figure 31**

shows the percentage of respondents scoring each arrangement a 4 or a 5, and suggests that there is a strong preference for all COA services and activities being located in a single building. Shared space and using space at locations through Brewster are substantially less preferred options, especially among respondents age 80 and older. With respect to preference for intergenerational activities co-sponsored by the COA and other groups, some receptivity is evident across the age groups but especially among the younger respondents.

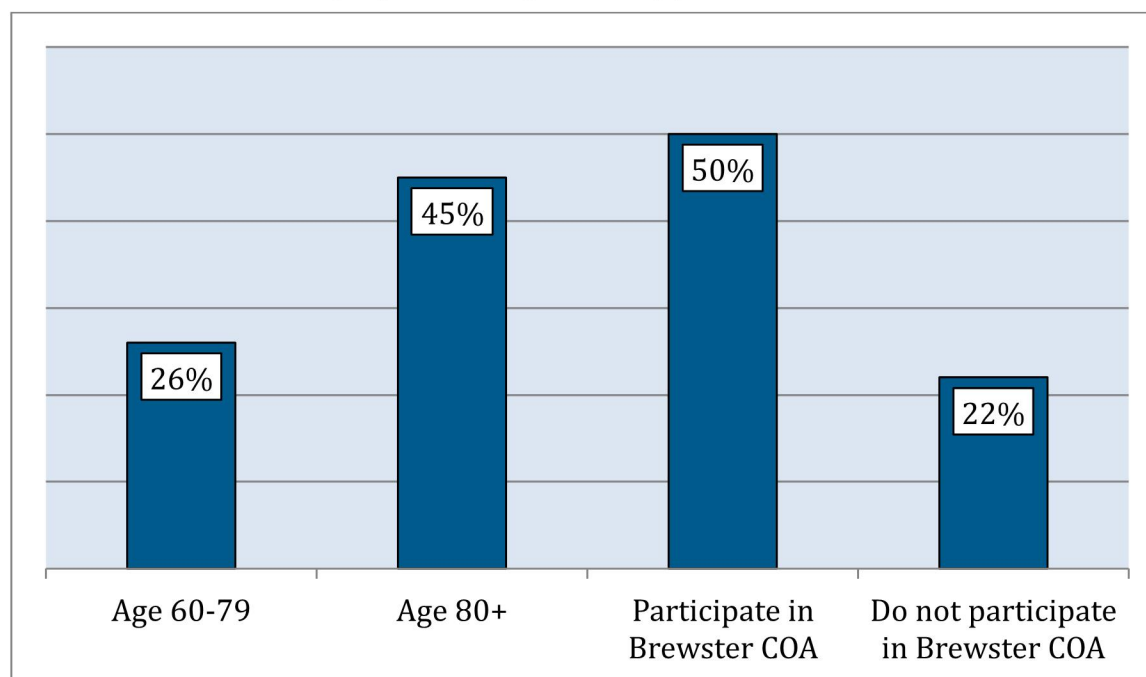
**Figure 31:** Preference for COA arrangements



Many Brewster residents travel to senior centers in other towns to participate in their activities, including 26% of respondents age 60-79 and 45% of the respondents age 80+. Respondents who participate in the Brewster COA are more likely to travel to other senior centers than are those who do not participate in Brewster COA activities (see **Figure 32**), suggesting that segments of the Brewster community are not currently interested in participating in COA programming either in Brewster or elsewhere, while others seek out programs in a variety of locations. However, given that 22% of seniors responding to the survey who do not participate in Brewster COA activities are participating elsewhere, it appears there is a segment of the community that is seeking an alternative to the Brewster COA.

Among those who do attend out-of-town COAs, the largest number indicated they went to the Orleans COA, followed by Harwich (which is housed in a community center), Dennis, and Yarmouth. Many respondents wrote in multiple COAs that they had attended, some adding specific programs that had attracted them.

**Figure 32:** Supplementing and substituting—percentage who have ever travelled to senior centers in other towns (*respondents age 60+ only*)



Planning ahead can also be aided through an understanding of what Brewster residents enjoy doing. Survey respondents were asked to indicate which among a series of activities they enjoyed currently. **Table 9** lists the activities selected by respondents in the order of mention among the age 60-79 group. Although the specific order varied across age groups, considerable overlap is evident in the activities listed most frequently. Among respondents age 60-79, the top 3 mentions were active outdoor activities (86%), social activities (83%), and media (78%). For respondents age 45-59, active outdoor activities were mentioned most frequently (by 92%), followed by food-related activities (81%) and social activities (79%). Respondents age 80 or older most frequently indicated individual/solitary activities such as reading (78%), social activities (74%), and media (74%). The broad appeal of social activities is evident across age groups, and those under 80 are drawn to active outdoor activities as well. Enjoying media such as movies and television is also well rated across age groups.

**Table 9:** “Which activities do you currently enjoy doing?” (Listed in order of mention frequency for respondents age 60-79)

Activity	Age 45-59	Age 60-79	Age 80+
<b>Active outdoor activities (e.g., walking, cycling, gardening)</b>	92%	86%	57%
<b>Social activities (e.g., spending time with family and friends)</b>	79%	83%	74%
<b>Media (e.g., film, TV)</b>	75%	78%	74%
<b>Individual/solitary activities (e.g., reading)</b>	73%	77%	78%
<b>Food (e.g., cooking, dining out, nutrition)</b>	81%	73%	61%
<b>Travel or outings (e.g., day trips)</b>	63%	69%	40%
<b>Cultural events (e.g., concerts, plays, museums)</b>	65%	68%	53%
<b>Active indoor activities (e.g., exercise)</b>	54%	51%	36%
<b>Volunteering</b>	40%	47%	34%
<b>Educational programs (e.g., lectures, adult education, Life Long Learning Institute)</b>	30%	38%	26%
<b>Arts and crafts (e.g., painting, knitting)</b>	38%	35%	29%
<b>Faith-based activities</b>	29%	24%	30%
<b>Intergenerational programs</b>	17%	14%	8%

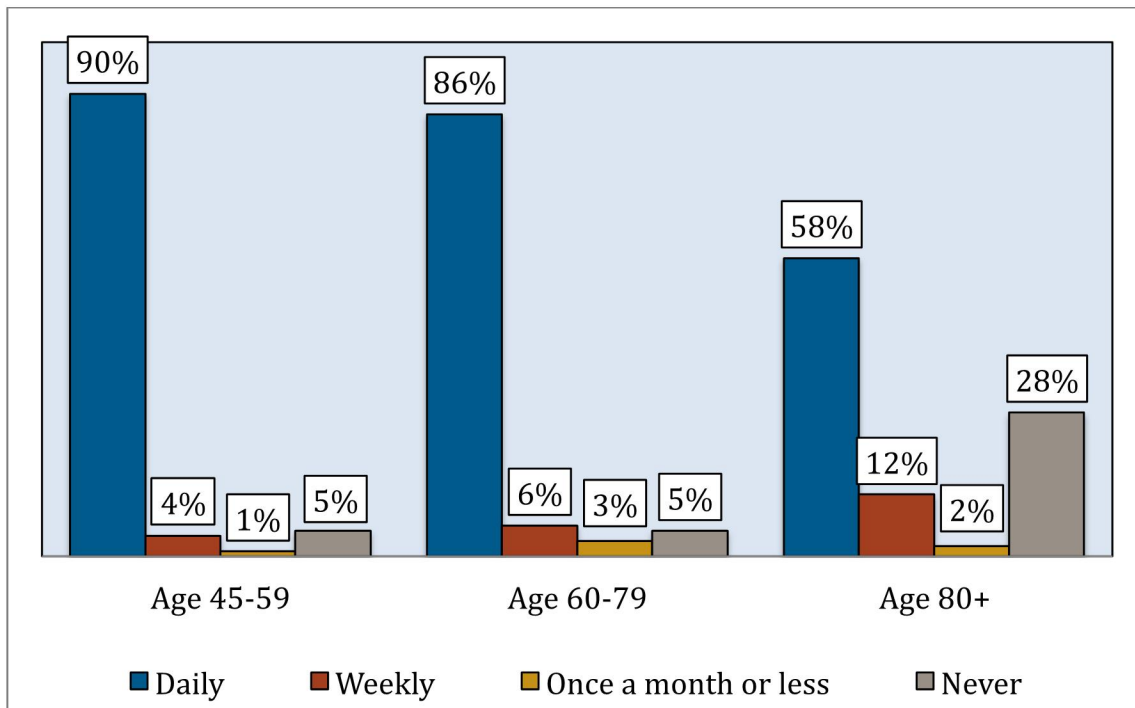
The Brewster COA is able to build on a strong base of community support; yet providing high quality information about programming, hours of service, special events, and volunteer opportunities is essential for the COA’s potential effectiveness to be maximized. Currently, residents of Brewster can become aware of activities and services offered by the COA through a variety of outlets, including the Brewster Council on Aging *Bayside Chatter* newsletter. Expanded dissemination of information about Brewster COA programs and services is a desirable goal, and respondents were asked to provide their preferred sources of information about the Brewster COA. The top three sources were the same across age groups, and include the Town of Brewster website, local community newspapers, and the COA newsletter. Yet the extent to which these were preferred is quite different (see **Table 10**). Respondents under the age of 60 was most likely to list the Town website; in contrast, respondents age 60 or older were less likely to prefer the website and only 18% of the respondents age 80 or older listed the website at all. The COA newsletter was the preferred source of information for respondents age 80 or older; for respondents age 60-79, the most preferred source was the local community newspaper. We note that these three information sources are also those most frequently mentioned among seniors who do not participate in the COA currently. Reaching senior nonparticipants may be most effectively accomplished through the local newspaper (preferred by 63% of nonparticipants), COA newsletter (49%), and the Town website (49%).

**Table 10:** “Where would you prefer to find information about the activities and services offered by the Brewster Council on Aging? (Check all that apply)” *(listed in order of mention frequency for respondents age 60-79)*

	Age 45-59	Age 60-79	Age 80+
<b>Local community newspaper (Cape Codder, Cape Cod Times)</b>	57%	<b>64%</b>	57%
<b>COA newsletter (Bayside Chatter)</b>	39%	54%	<b>77%</b>
<b>Town of Brewster website</b>	<b>69%</b>	52%	18%
<b>Facebook (or other social media sites)</b>	31%	17%	4%
<b>Cable TV (Channel 18)</b>	17%	14%	17%
<b>Radio</b>	13%	12%	13%

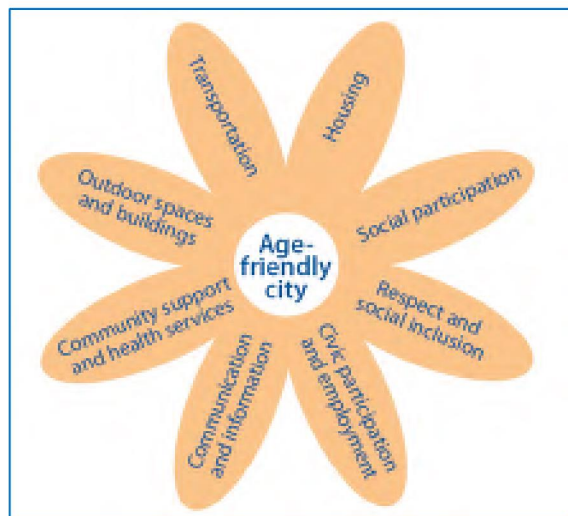
Using electronic means of communication may be more effective in coming years, given the high frequency of Internet use among the respondents under age 80 (see **Figure 33**). However, just over half of respondents age 80 or older use the Internet daily, and 28% never use it. In order to reach this cohort, the COA will need to continue outreach through print media.

**Figure 33.** Frequency of using the Internet to access email, social media, or other websites



## Is Brewster age-friendly?

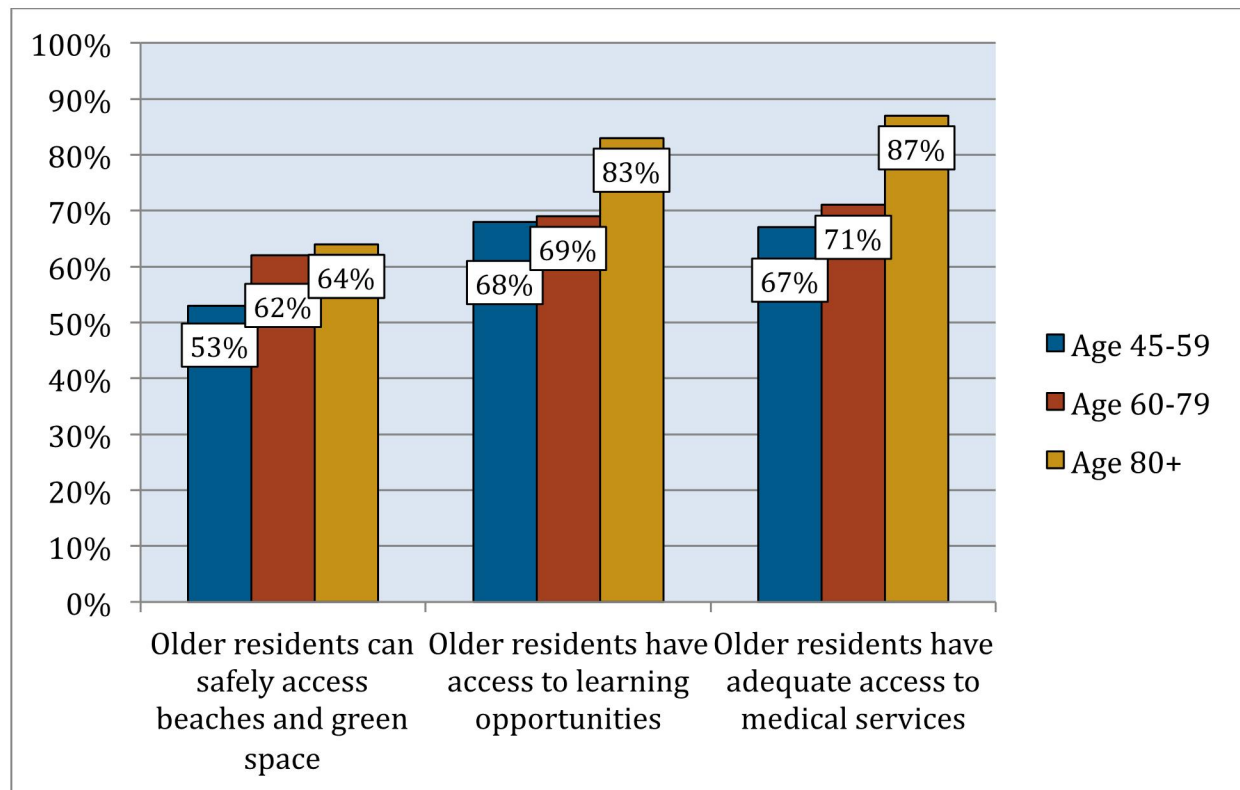
Many communities throughout the nation are pursuing strategies to promote health and quality of life among their older residents. By embarking on community-engaged initiatives meant to identify and improve local amenities and services, the goal of an age-friendly effort is to make environmental changes that have meaningful impact on resident well-being. An “age-friendly world,” as described by the World Health Organization (WHO), is one in which people participate, are connected, remain healthy and active, and feel they belong—no matter their age.



The Age-Friendly framework includes eight domains of community life that intersect with livability, accessibility, and the ability to thrive within the community, including a number of domains already discussed above, such as transportation, housing, community supports, and communication and information—as well as several that have not been previously described. In an effort to take advantage of this opportunity to expand Brewster’s assessment of its age-friendliness, a few additional questions were asked in the community survey, with results reported below.

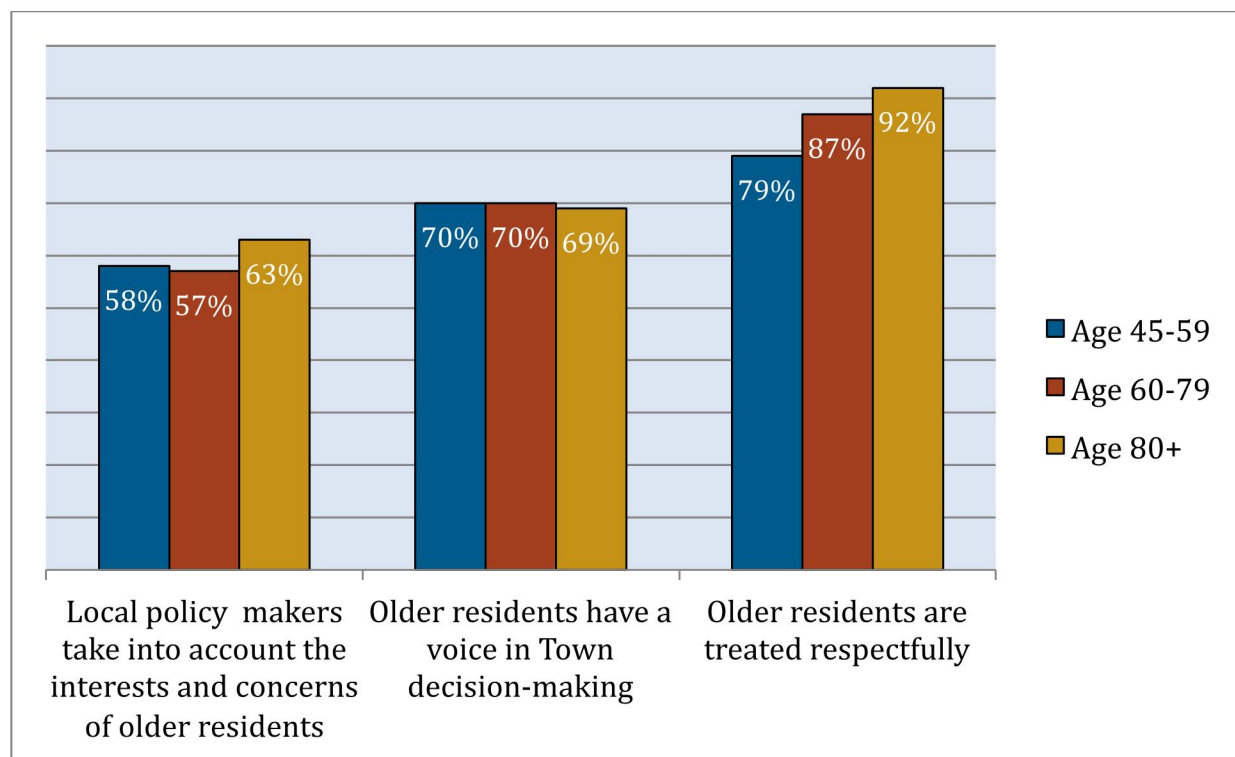
Respondents were requested to indicate how “age-friendly” Brewster was with respect to each of six questions, where a score of 1 indicates age-friendly and a score of 5 indicates not age-friendly. Results for three questions relating to access are displayed in **Figure 34**. Respondents were asked if older residents can safely access beaches and green space in Brewster; if older residents have access to learning opportunities; and if older residents have adequate access to medical services. For each question, the older respondents evaluated their access more positively than did the younger respondents, possibly indicating an assumption of the part of younger Brewster residents that access is more challenging for seniors. The best rating for all age groups was for medical services, with 87% of those age 80 or older rating seniors’ access as 1 or 2 on a five-point scale. The poorest access was indicated for beaches and green space. Sixty-four percent of respondents age 80 or older, and 53% of those age 45-59, rated this type of access as age-friendly.

**Figure 34:** Percentage rating access as “age-friendly” (scoring Brewster as 1 or 2 on a 5-point scale)



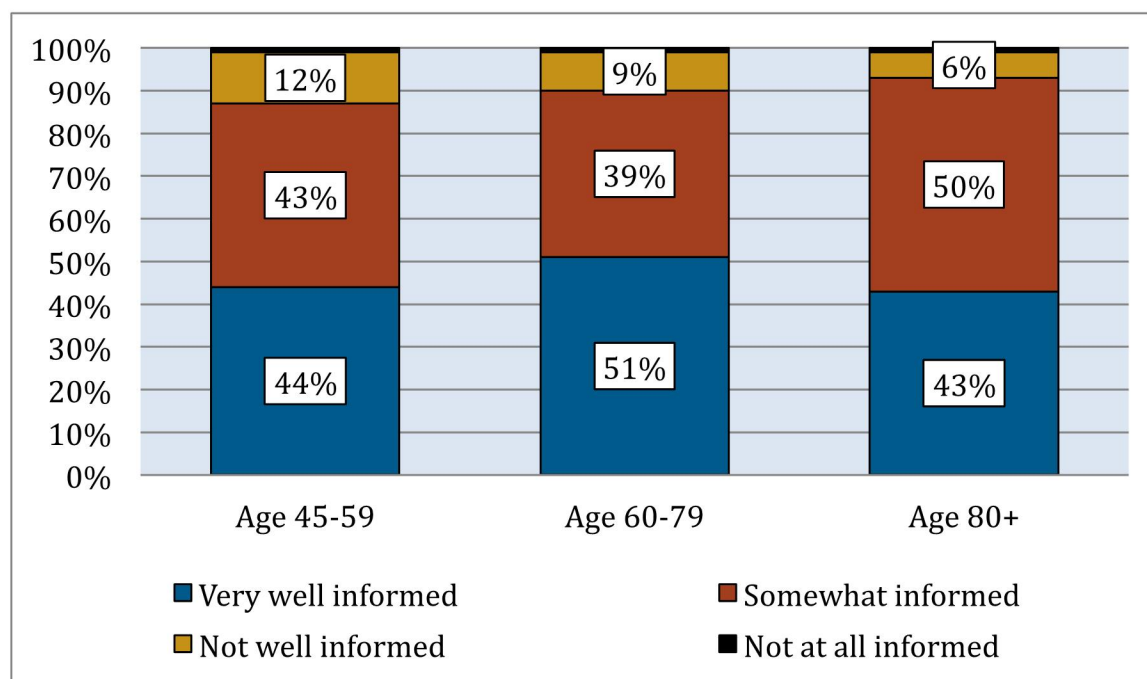
Three additional questions in the age-friendly series referred to older residents having a say in Town governance and being treated respectfully in the community. For these questions, responses are more similar across age groups although once again, the oldest respondents perceive Brewster to be slightly more age-friendly. More than nine out of ten respondents age 80 or older report that Brewster is age-friendly in terms of treating older residents respectfully, as do 79% of those age 45-59 (see **Figure 35**). Seventy percent of each age group evaluates the extent to which older residents have a say in Town decision-making as age-friendly. Lower shares, including 57% of respondents age 60-79 and 63% of those age 80 or older, provide age-friendly evaluations for the extent to which local policy makers take into account the interests and concerns of older residents. Given that older residents make up a sizable share of the population, it is striking that all age groups responding to this survey have similar perceptions with respect to how older adults are taken into consideration in Town governance.

**Figure 35:** Percentage rating respect and being considered in Town governance as “age-friendly” (scoring Brewster as 1 or 2 on a 5-point scale)



Access to information and safety is an additional element of an age-friendly community. In their write-in responses, survey respondents in Brewster reported numerous concerns about the weather and weather-related emergencies. We asked respondents if they felt informed about what to do in the event of a weather or other local emergency, with results displayed in **Figure 36**. Across the age groups shown, 43%-51% reported being “very well informed,” with the oldest respondents being least likely to provide this response. Most of the remaining participants reported being “somewhat informed,” and only 1% of each age group reported being “not at all informed.” These results suggest that by and large, Brewster residents feel well informed about what to do in emergencies. Considering the share of those who fall short of feeling very well informed, however, additional public information about community resources and recommended actions during emergencies may be welcomed.

**Figure 36:** “How informed are you about what to do in the event of a weather or other local emergency?”



### Other input from survey respondents

Survey participants were given the opportunity to offer open-ended comments. The largest numbers of comments offered at the end of the survey questionnaire make reference to desired-for improvements to the Brewster COA, typically referring to the building itself.

The types of improvements mentioned reflect a clear division in the community between residents who favor maintaining a free-standing senior center, and those who prefer a community center within which the COA would be housed. A number of respondents referred to the value of repurposing an existing building, specifically, the Eddy School. Some examples of these types of comments include:

*It would be nice to have the Brewster COA updated like the Harwich Community Center [several similar comments were received]*

*I think the Eddy school with one level and ample parking would be an ideal community center to house both COA and other age activities. I don't like being segregated with old people! [several similar comments referred to Eddy School]*

*If a community center facility existed which was airy, attractive and accessible such as in Orleans or Harwich, many more people would be attracted to the programs offered.*

*There is no question that our COA building is not adequate, albeit historical in nature, but the town needs to explore every option and building to provide a safe and accessible facility for our seniors in need of a home away from home to use the various services, especially the social gathering.*

Some comments referred to programs that could be improved at the COA:

*[We need a] new building, more programs for “younger” seniors. Most programs seem geared to sedentary seniors (older).*

*Although I live in Brewster, the Harwich and Orleans COAs offer better space and relevant activities, e.g., exercise.*

Another frequent topic involved offering appreciation for the COA or comments on Town amenities for seniors. For example:

*The COA does an outstanding job serving seniors. I look forward to the pursuit of the community center concept for its future operations.*

*I believe that the COA is a wonderful asset to the town. I think a better equipped building is a growing necessity.*

*Brewster is excellent in all aspects of senior living.*

*The current staff is excellent.*

*I do not know of any other Cape town, Massachusetts town or town in other states where there is such a variety of help and the willingness to help as there is in Brewster. I am very impressed and pleased.*

Additional write-in comments about taxes, housing, and transportation were offered, in line with those described above. Finally, a number of comments related to communication and information, including comments like these:

*This is the first and only COA contact we’ve ever had. My wife and I are retired educators, university/college professors. Idea: when I registered to vote it would have been nice to get a packet of information. We got nothing!*

*I don’t think the COA gets information out to residents about their available services. Mass mailings would help.*

## **Seasonal resident survey**

A questionnaire was developed for seasonal residents and installed for electronic access on SurveyMonkey. Individuals age 45 and older were invited to participate by email. A total of 80 responses were received. We have no way of determining how representative these responses are of the seasonal population; readers are advised to use caution in interpreting these findings.

Eighty-five percent of the respondents to the seasonal survey were age 60 or older. Most respondents are already retired, and 40% personally use their Brewster home at least 17 weeks out of the year. Respondents are highly educated (65% have an advanced degree), primarily married or living with a partner (89%), and most report that they could afford to live in Brewster year-round (90%). Forty percent purchased their Brewster home since 2001; for some of these, the purchase may have been made with a potential retirement move in mind. Indeed, 54% of the working respondents indicated that they plan to retire within the next 5 years.

Information about respondents' Brewster homes is included in **Table 11**. One-quarter of seasonal residents reported that their Brewster home is on a single level, and most reported having a first-floor bathroom. However, half said that their Brewster residence is not accessible for an older person or someone with a disability, and at least 20% believe that substantial changes would need to be made to support living comfortably full-time. Two out of ten respondents anticipated making their Brewster home their primary residence, and an additional 38% thought this is a possibility. Among those who indicated they were considering making Brewster their primary residence, most expected they would make the transition within the coming decade. Most seasonal respondents were aware of aging services in Brewster, but only 11% have used those services. Services noted by respondents as those of which they were aware include fitness programs, transportation, medical loan program, SHINE, and SNAP.

**Table 11.** Seasonal resident survey respondent characteristics

Attribute	Percentage
<b>Features of the Brewster home:</b>	
Is a single-level home	27%
Has a first-floor bathroom	97%
Accessible for an older person or someone with disability	49%
<b>I would need to make substantial changes to my home in Brewster to live comfortably there full time.</b>	
Agree or strongly agree	21%
Neutral	25%
Disagree or strongly disagree	54%
<b>Do you anticipate eventually making your home in Brewster your primary residence?</b>	
Yes	20%
Maybe	38%
No	42%
<b>If you were to make your home in Brewster your primary residence, when do you think you would make this change?</b>	
2015-2019	43%
2020-2024	38%
2025+	19%
<b>Are you aware of aging services in the Town of Brewster?</b>	
No	32%
Yes, but have never used any aging services	58%
Yes, and have used aging services	11%

Respondents were invited to write in factors they would consider in deciding whether to make their Brewster home their primary residence. The most frequently mentioned items were factors relating to the respondent or his/her family, including their own health and their children's proximity. A similar number of respondents identified financial factors to be considered, including affording taxes and the cost of living. Other factors named by respondents included concerns about availability of activities and cultural events, concerns about transportation and healthcare in Brewster, and concerns about the weather. Few respondents reported changes that the Town of Brewster would need to make to accommodate their full-time residence; those named were primarily financial (e.g., lower taxes) or amenity-based (e.g., provide easier access to public beaches).

Respondents wrote in changes they would need to make to their Brewster home in order to live there comfortably full-time. Most frequently mentioned were modifications to their temperature control systems, including air conditioning and heating. Bathroom modifications and some age-related adaptations were mentioned as well, including installing adaptability features such as a ramp.

Again, because the number of respondents is small and we have no basis on which to validate representativeness of the sample, we cannot draw firm conclusions from these results. However, it does appear that some seasonal residents are considering making Brewster their permanent home; many of these individuals have Brewster homes that are not well suited for year-round residence by the current owners; and most seasonal residents are aware of aging services in Brewster.

## **Focus Groups**

Three focus groups were held in support of the needs assessment, with the goal of hearing in more depth about unmet needs among seniors in Brewster, and strategies for meeting those needs. Much of the conversation was about the Council on Aging itself, including the building in which it is housed; other themes related to town-wide issues such as housing and transportation. Key themes raised across groups are outlined below:

Housing concerns: Two sets of housing concerns were raised by focus group participants. One issue is the lack of affordable downsizing options for seniors. Few alternatives are available in Brewster other than single-family homes, and the condos and other options are often priced beyond the ability of residents to afford. There was a perception among participants that some residents live in homes that are not well suited for them, and exceed their capacity to keep up the house and property. The second housing issue is the high cost of housing for young adults and families, contributing to the loss of younger residents and challenges associated with attracting new residents across the age span. This was seen as a concern for the community as a whole, including seniors.

Transportation challenges: Transportation challenges were discussed in two of the groups. It was noted that available transportation assistance is mostly for medical trips, but residents need help accessing other services, shopping, and errands as well. It was noted that transportation is challenging to schedule in the area, and having to call far in

advance to make arrangements is a disincentive to use available options. The lack of a local taxi service is a barrier for people getting to where they want and need to go. It was observed that much available transportation uses volunteer drivers, but some situations are not well handled by volunteers, such as when a rider needs help getting in and out of a vehicle. The lack of transportation was noted as a challenge for using COA programs and services. It was also identified as a barrier to participating in civic events, such as Town Meeting, among those who do not drive or do not drive at night.

The Brewster Council on Aging: Most of the discussion in all groups focused on the Council on Aging, its programs and space needs. The Council on Aging is well regarded by the participants of these groups. Priority in COA programs appears to be placed on meeting service needs in the community—through outreach, transportation, and Meals on Wheels, for example—which members of these groups regarded as appropriate. Some participants referred to the “invisible people” in Brewster—residents who are in financial need, who are isolated, or who struggle with mental illness. The COA’s role in offering a safety net for these individuals and families, often in cooperation with other Town offices such as the Fire Department and the Health Department, is seen as a priority.

Participants recognized that programs and activities are also important, and central to the mission of the COA. Members of the focus groups noted that there are not many options in Brewster for programs meant to interest and engage senior residents. As valued exceptions group members cited programs offered through the library, which appeal broadly across age groups, and programs through the recreation department that are meant for older adults, such as senior tennis. But given the relatively few options available in Brewster, focus group participants appeared to think that the COA could do more. Some participants suggested that socialization opportunities should be expanded, and others cited a need for more caregiver support programs. Some participants indicated that the COA should devise ways to appeal to younger seniors, including perhaps offering programs during the evening hours.

To the extent that programming is limited, participants pointed to features of the current building as being a key factor. Participants suggested that the potential of the COA is not currently being met due to lack of appropriate space. Some participants referred to the current COA building as a “fire trap,” noting that a modern sprinkler system is not in place. Participants reported that people with mobility difficulties are fearful of attending programs on upper floors, should the elevator stop functioning or should a fire require evacuation. Others spoke to the old age and poor configuration of the building as a barrier to participation. For example, one focus group participant remarked:

*Just the building itself doesn’t lend itself to the amount of programming that could be offered that could attract more people to the building. So that’s just, for me, a huge barrier in terms of...I think about what I’d like to participate in, and the building just doesn’t lend itself to it.*

And as noted by another group member,

*I see nothing in the Senior Center that would attract me. If I want to do something, I go to a health club. Why would I want to go to an old building that doesn't have any facilities?*

Discussion in all groups included sharing thoughts about options available in Brewster for better COA space. Many participants were aware of the potential availability of Eddy School, and most thought that was a good option worth considering. Some suggested that a free-standing senior center was preferred, but most thought a community center within which a senior center could be embedded was more desirable, and made more sense given the lack of recreation and community facilities in Brewster. Participants also viewed opportunities for intergenerational programming that may be facilitated through a community center model as positive. All recognized that affordability of any option considered would be a key factor in creating a plan and carrying it out.

All groups spoke to the lack of awareness in the community about the Brewster COA, and the need for better publicity. Participants noted that many residents do not know what services are available, and that this alone prevents some people from taking advantage of services and programs. In one group, discussion revealed a lack of understanding about the distinction between the Brewster COA and the Friends of Brewster Elders. It was noted that although any senior resident of Brewster can participate in COA activities, membership in the Friends of Brewster Elders requires paying a small fee. FOBE members receive a printed copy of the newsletter by mail, free copies are available for pick-up at the COA and other locations in town. It was clear from discussion that some residents, and some members of these focus groups, are unclear on the distinction between these two groups. For example,

*I'll admit I have trouble distinguishing between the Friends of Brewster Elders and the Council on Aging, and Elder Services of Cape Cod.*

and

*I have heard that some people are under the impression they have to join, they have to become a member, in order to participate, which is not true.*

Focus group members made a number of suggestions for improving dissemination of information about the COA and raising its visibility, such as including notices in free newspapers circulated in the area, posting notices at Town offices, and distributing information through real estate offices. For members of these groups, expanding publicity about the COA is a priority.

## Community Comparisons

Brewster and its comparison communities share much in common with respect to key demographic characteristics of population size and socioeconomic status (see **Table 12**). The six communities profiled here range in total population size, as estimated from the American Community Survey, from 5,874 (Orleans) to 14,113 (Dennis) with Brewster at nearly 10,000. The number of senior residents ranges from 2,971 to 5,993, and represents large shares (29%-53%) of the total resident populations. Socioeconomic status is fairly high in these communities, with median household income between \$50,860 and \$77,440. Educational levels are also high, as represented by one-third or more of the adults age 25 and older having college degrees.

**Table 12.** Demographic features, Brewster and comparison communities

Town	All-age population	Population age 60+	% age 60+	Median HH \$	% with college degrees (among those age 25+)
<b>Brewster</b>	<b>9,858</b>	<b>3,853</b>	<b>39%</b>	<b>\$66,306</b>	<b>50%</b>
Dennis	14,113	5,993	42%	\$50,860	38%
Harwich	12,205	4,583	38%	\$67,332	41%
Hull	10,324	2,971	29%	\$77,440	41%
Mashpee	13,988	4,826	35%	\$65,768	34%
Orleans	5,874	3,142	53%	\$58,235	49%

Source: US Census Bureau, 2000-2014 American Community Survey, Tables B01001; B19013; S1501.

Despite common demographic features, Brewster and its comparison communities vary in terms of how they have chosen to address the needs of seniors living in their communities. All councils on aging, with the exception of Harwich, are housed in their own stand-alone buildings (**Table 13**). Mashpee has the newest senior center, which was built in 2005 with 11,000 square feet. The oldest center, built in 1973, is in Brewster. Hull has the smallest reported square footage, followed by Brewster and Orleans. On a per-senior basis, Hull has the smallest amount of space (at 0.8 square feet per senior resident), followed by Brewster (at 1.8 square feet per senior). All of the stand-alone senior centers have kitchen or dining space, multipurpose activity space, and small private office spaces. The Brewster, Dennis, and Hull senior centers have two floors, which may pose problems for seniors with mobility difficulty or challenges with stairs. The Harwich senior center operates out of a Community Center, built in 2000, and has full access to the 32,000 square feet of available space, consisting of a gym, auditorium/multipurpose room, five classrooms, a kitchen, and two counselling rooms. In addition, some Harwich COA programs have been moved to an empty middle school in the community, allowing for more programs to be offered.

**Table 13.** Features of COA space, Brewster and comparison communities

Town	COA space	Senior Center Square Feet	Year Opened	Adequate Space?
<b>Brewster</b>	<b>Senior center</b>	<b>6,760</b>	<b>1973</b>	<b>No</b>
Dennis	Senior center	NP	1981	No
Harwich	Community center; empty middle school	32,000	2000	Yes
Hull	Senior center	2,400*	1979	Yes
Mashpee	Senior center	11,000	2005	Yes
Orleans	Senior center	8,350*	2000	No

*Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time*

*\*estimated from MCOA database*

Half of the COA directors feel that they currently do not have enough space to provide the programs and services that they would like to provide. Directors in Brewster, Dennis, and Orleans all reported needing more space for programming and for storage to better serve their residents. All of the directors who reported having enough space currently had conditional responses. The directors of Harwich and Hull both said they have enough space for the most part, but additional multipurpose space would be utilized fully if it were available. Similarly, the Mashpee director reported that additional space would be useful for games, a pool table, café space, or especially storage. Even for communities that have enough space, future demand will test the capacity of all six of the senior centers.

**Table 14** presents other characteristics for Brewster and its comparison councils on aging. For the most part, staffing numbers are fairly consistent between Brewster and the selected COAs. All communities, except for Orleans, maintain 8-9 total staff members, with the number of full time employees ranging from two (Hull) to five (Harwich, Mashpee). The Orleans COA also employs five full-time staff members, with an additional 17 part-time employees, many of whom work for very few hours as drivers, and five of whom work in the day center. All six communities have full-time Directors.

Brewster and its comparison communities depend on the efforts of volunteers, who supplement the work of paid staff by completing administrative tasks, coordinating and running programs, participating on boards, and driving other seniors. The amount of time dedicated by volunteers varies substantially by community, though almost every director indicated that the number of hours committed per week depended on the time of year and what was going on in the COA at that time. Comparatively, Brewster appears to have more volunteer hours on average. All COAs, except for Orleans, have a tax work-off program, with the number of available positions ranging from 12 in Hull to 35 in Mashpee. All of the senior centers are open 30-40 hours per week.

**Table 14.** Features of the COA, Brewster and comparison communities

Town	Staff FT/PT <sup>1</sup>	Vol. Hours per week <sup>1</sup>	Tax Work Off Program Positions <sup>1</sup>	FY 2015 Budget <sup>2</sup>
<b>Brewster</b>	<b>4/4</b>	<b>100</b>	<b>20</b>	<b>\$237,665</b>
Dennis	4/5	NP	NP	\$361,000
Harwich	5/3	30	30	\$436,690
Hull	2/3	15	12	\$169,095
Mashpee	5/4	NP	35	\$291,215
Orleans	5/17	129	N/A	\$619,331

**Sources:**<sup>1</sup> Phone interview with COA Directors<sup>2</sup> Includes Town-allocated budget and the state formula grant*Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time*

Councils on Aging depend on town-allocated financial resources in addition to state formula grant funding, which gives communities money based on the number of resident seniors. These two sources often comprise the majority of funding for COAs, but directors often seek other grants for additional programming and staffing and also receive donations. There is a wide range in budgets for the fiscal year 2015. The Hull COA had the smallest budget for the year, with about \$169,000, and Brewster operated with the second lowest budget, at \$237,665 for the year. Direct comparisons of budgets are challenged by the different scope of services offered by COAs; the two highest budgets in **Table 14** are in Orleans and Dennis, both of which offer adult day programs that impact their budget figures.

Brewster and its comparison communities offer a variety of programs and services. Popular among all the COAs are exercise groups, various card games, arts and crafts classes, and support groups for caregivers. While they continue to offer traditional programs and services, COA directors are constantly looking to expand and improve upon what they can offer to better meet the needs of community seniors. Directors are challenged, however, by space, budget, and demand issues.

Most of the comparison communities either currently or in the recent past provided programs or services related to isolation or behavioral health issues, such as hoarding. Outreach services, including Friendly Visitor and telephone reassurance programs are common among the communities considered here. The Mashpee senior center provides flower deliveries to seniors 90 and older on their birthdays, which serves as both celebration and check-in. In Orleans, older LGBTQ seniors are recognized as being at higher risk of isolation, so LGBTQ groups are provided through the senior center to promote inclusion. The Brewster senior center has a relationship with the Police Department as part of an assurance program that addresses nutrition issues among isolated seniors by involving them in the Center for lunch or in trip to the food pantry. Both Dennis and Orleans offer social adult day programs through the senior center, with

senior day programs offered in Harwich through the VNA. Although there is no adult day program in town, Brewster provides a bus for residents to the Orleans day center.

Three of the comparison communities—Dennis, Harwich, and Orleans—are part of the Cape Cod Hoarding Task Force (CCHTF), which is a coordinated effort to raise awareness and tackle issues of hoarding across the Cape. Harwich, in coordination with the CCHTF, has grant funding to provide the Buried in Treasures program, which is a 20 week working and support group designed for residents who qualify for intervention on hoarding. Though Mashpee is not part of the CCHTF, the senior center works closely with the police and fire departments on a town hoarding task force with similar goals as the CCHTF. The Harwich and Hull COAs are not currently part of any hoarding task forces, but Hull has run seminars about the topic and other behavioral health issues in the past.

Each COA considered here depends on a regular newsletter sent to residents 60 and older to encourage people to participate in programs and services. Brewster and four of the comparison communities also depend on postings in local newspapers, both community-based and regional newsletters, and postings on bulletin boards in public spaces. Two of the communities are branching into electronic methods of marketing, including the use of Facebook, email, and radio ads. Moreover, some communities, such as Harwich, are working to incorporate younger seniors who may still be working by providing programs in the evenings. The Brewster COA and all of its comparison communities considered here work creatively to maintain current participation and to market their services to all older residents in each community.

## **Key Findings and Recommendations**

Brewster's older residents represent 40% of the community's current population. Although the total population of Brewster declined by 3% between 2000 and 2010, the number of residents age 60 and older increased by 20% in that time frame. On the basis of this growth, demand for programs and services that are offered by the Brewster Council on Aging is greater today than ever before. Furthermore, demographic projections suggest that the need for services will continue to increase in the future.

Sample survey results suggest that the typical Brewster senior wants to stay in Brewster moving forward. One-fifth of senior respondents report having lived in Brewster for at least 35 years; however, one-third have lived in the community for less than 15 years and may have chosen Brewster as a retirement destination. Among respondents age 45-59, 36% have resided in Brewster for at least 25 years, suggesting that a sizable share of this group either grew up in Brewster or came as young adults. Most Brewster respondents are aging with sufficient finances, good health, and strong social support. However, segments struggle financially or experience isolation or health concerns, and many more residents worry that increasing cost of living, limited transportation options, access to services, or significant health events will challenge their ability to age in place.

The Brewster Council on Aging performs essential “connecting” functions to promote health and wellness in later life—connecting seniors to needed health care by offering transportation services, connecting older residents to socialization opportunities at the

Senior Center and elsewhere, and connecting residents who have resource shortfalls to services for which they are eligible. The Council on Aging, both through its own programs and in cooperation with other Town departments, forms an essential safety net for aging individuals and families who can benefit from additional supports.

A number of key issues were identified that represent concerns among older Brewster residents. Worries about property taxes and other expenses, insufficient options for downsizing, concerns about transportation, and concerns about accessing services are issues for senior in Brewster.

Key issues for the Brewster Council on Aging were also identified in the study. It is generally agreed that addressing the needs of vulnerable seniors through outreach and other programs is a priority for the COA. Transportation, caregiving services, and health and wellness programs are seen as priorities to the Brewster community. Yet interest in expanded life-long learning programs and exercise programs, among other activities, may be well received in Brewster.

The building currently housing the Brewster COA is viewed by survey respondents and focus group participants as inadequate for community needs. Concerns were voiced about the safety of the building, especially for participants with mobility limitations. The building is not well configured for expanded programming, limiting the reach of the COA. Although no consensus is evident in the community regarding what type of space would be best, it is a shared goal that better space be made available to the COA in support of both improving access to its current programs, and supporting expansion in programs and services. Many survey respondents and focus group participants prefer the creation of a community center, within which the Council on Aging could be housed.

To increase its effectiveness, the Brewster COA will need 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. Currently, many residents are not aware of the COA and its offerings. Lack of awareness limits the ability of the COA to increase its impact within the Brewster community.

Based on our research, we offer the following recommendations for the Town and the Brewster Council on Aging:

- Develop information to share with community members about home modifications that can make their homes safer to live in as they age, and programs that may help pay for modifications.
  - Half of the community survey respondents report that they need modifications.
  - Many indicate they cannot afford them.
- Explore opportunities to promote downsizing options in Brewster.
  - A large majority of older residents want to stay in Brewster.
  - Limited housing alternatives and high costs are perceived as barriers to aging in place.

- Survey respondents are receptive to apartments, condos, Assisted Living and Senior Independent Living arrangements, if a change in health required a move.
- Work to close the COA information gap through clearer communication and broader dissemination of information.
  - Many Brewster residents lack adequate information about what the Brewster COA does, and who can participate.
  - Some residents think that membership in the Friends of Brewster Elders is required to participate. This misconception may be linked to the many jointly sponsored programs and the past practice of mailing the COA/FOBE newsletter only to those who join FOBE.
  - Survey respondents report that more information would increase their likelihood of participating.
- Strengthen information dissemination about transportation options available in Brewster.
  - Many older residents do not drive or drive with modifications, such as avoiding night driving and avoiding driving on the highway.
  - COA and other transportation options are used at modest levels among those who do not drive; they are rarely used by others, including those who drive with restrictions.
  - Expansion of transportation options may be needed moving forward.
- Prepare for growth in COA participation.
  - The population of seniors is growing, especially in the age groups most likely to use COA services and programs.
  - Many seniors who do not currently use the COA indicate they are likely to do so in the future.
- Create opportunities for expanded senior activities in Brewster.
  - The Brewster COA currently prioritizes services, but exercise programs, late-life learning programs, and socialization programs are valued and of interest.
  - Partnerships with the library and/or the recreation department may help fill an activities gap for seniors.
- Expand caregiver support opportunities in Brewster.
  - Caregiver support is a significant need in Brewster.
  - Strong support for respite and adult day care is expressed by survey respondents.
- Explore community interest in educational programs relating to retirement planning.
  - Many Brewster seniors work for pay or are self-employed. Large shares of working seniors are uncertain if or when they will retire.

- One-third of Brewster seniors lack confidence about having adequate resources to meet their financial needs in retirement.
- Affordable is the most frequently mentioned concern about aging in place in Brewster.
- 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 due to safety concerns, especially among those with mobility limitations.
  - Many concerns were expressed in the survey and focus groups about the adequacy of COA space for current programming.
  - Expanded programming, especially programming that involves exercise programs or larger groups, may not be feasible in the current building.
  - Survey respondents and focus group participants widely believe that more suitable space would improve participation.
  - Receptivity to a community center model, within which COA functions would be housed, is evident.
- Consider embarking on a strategic planning process for the Brewster COA as a means of addressing programming needs, communication strategies, and space needs.

## References

- AARP (2005). *Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington DC: AARP Public Policy Institute. Retrieved May 26, 2014 from [http://assets.aarp.org/rgcenter/il/beyond\\_50\\_communities.pdf](http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf)
- Brown, C. & Henkin, N. (2014). Building communities for all ages: Lessons learned from an intergenerational community-building initiative. *Journal of Community & Applied Social Psychology*, 24, 63-68.
- Fitzgerald, K. G., & Caro, F. C. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy*, 26, 1-18.
- Fowler Jr., F. J. (2014). *Survey research methods* (5<sup>th</sup> ed.). Los Angeles, Sage.
- Hoestetler, A.J. (2011). Senior centers in the era of the “Third Age”: Country clubs, community centers, or something else? *Journal of Aging Studies*, 25, 166-176.
- Lawler, K. (2011). Transforming senior centers into 21<sup>st</sup> century wellness centers. Retrieved from <http://www.aarp.org/content/dam/aarp/livable-communities/act/civic/transforming-senior-centers-into-21st-century-wellness-centers-louisiana-aarp.pdf>
- Markwood, S. (2014). Is the senior center here to stay? *Generations*, 37(4), 75-76.
- Nelson, B. M. & Guengerich, T. (2009). *Going from good to great: A livable communities survey in Westchester County, New York*. Washington DC: AARP.
- Pardasani, M. & Thompson, P. (2012). Senior centers: Innovative and emerging models. *Journal of Applied Gerontology*, 31, 52-77.
- Pynoos, J., Steinman, B. A., Nguyen, A. Q. D., & Bressette, M. (2012). Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults. *Journal of Housing for the Elderly*, 26, 136 – 154.
- Renski, H. & Strate, S. (March 2015). *Section IV. Technical discussion of methods and assumptions*. Report prepared by the Donahue Institute. Retrieve from [http://pep.donahue-Institute.org/downloads/2015/new/UMDI\\_LongTermPopulationProjectionsReport\\_SECTION\\_4.pdf](http://pep.donahue-Institute.org/downloads/2015/new/UMDI_LongTermPopulationProjectionsReport_SECTION_4.pdf)
- Royse, D., Thyer, B. A., & Padgett, D. K. (2010). *Program evaluation: An introduction* (5<sup>th</sup> edition). Belmont, CA: Wadsworth.
- Salomon, N. (2010). *Housing Solutions to Support Aging in Place*. AARP Fact Sheet 172, AARP Public Policy Institute. Washington DC: AARP.

U.S. Census Bureau (2014). *American fact finder*. <http://www.Census.gov>

Walker, J., Bisbee, C., Porter, R., & Flanders, J. (2004). Increasing practitioners' knowledge of participation among elderly adults in senior center activities. *Educational Gerontology, 30*, 353-366.

## **Appendix A: Reproduction of Survey**



## Town of Brewster Council on Aging

### Community Survey

**Please Return  
Your Survey by  
NOV. 30, 2015**

The Town of Brewster, through the Council on Aging, is soliciting feedback from residents age 45 and older regarding the needs of older residents and ways to improve programs and services to this population. Your comments will be invaluable in identifying Brewster's strengths, challenges and possibilities as an age-friendly community looking forward.

You have been selected to be part of a random sample of residents to participate in this survey. All of your responses will be kept confidential. Please do not include your name or other identifying information on this form. If you need assistance completing this questionnaire or have questions, please leave a message at 617-287-7413 and we will return your call. If you prefer to respond online, please go to our secure site at: [www.surveymonkey.com/r/Brewster\\_Senior](http://www.surveymonkey.com/r/Brewster_Senior). This survey should take approximately 15 minutes to complete. We thank you in advance for your participation.

#### SECTION I: Community & Neighborhood

##### 1. How long have you lived in the Town of Brewster?

<input type="radio"/> Fewer than 5 years	<input type="radio"/> 25-34 years
<input type="radio"/> 5-14 years	<input type="radio"/> 35-44 years
<input type="radio"/> 15-24 years	<input type="radio"/> 45 years or longer

##### 2. How important is it to you to remain living in the Town of Brewster, as you get older?

<input type="radio"/> Very Important	<input type="radio"/> Somewhat Important	<input type="radio"/> Slightly Important	<input type="radio"/> Not at All Important
--	--	--	--

##### 3. How informed are you about what to do in the event of a weather or other local emergency?

<input type="radio"/> Very Well Informed	<input type="radio"/> Somewhat Informed	<input type="radio"/> Not Well Informed	<input type="radio"/> Not at All Informed
--	---	---	---

##### 4. What are your greatest concerns about your ability to continue living in the Town of Brewster as you get older?

---

---

---

5. An “age-friendly” community seeks to optimize quality of life for residents as they age. Based on your experience, how age-friendly is Brewster with respect to the following? For each item, please rate from AGE-FRIENDLY (1) to NOT AGE-FRIENDLY (5).

	Age-friendly		Not age-friendly		
	1	2	3	4	5
Older residents are treated respectfully					
Older residents can safely access beaches and green space					
Older residents have access to learning opportunities					
Local policy makers take into account the interests and concerns of older residents					
Older residents have adequate access to medical services					
Older residents have a voice in Town decision-making					

## SECTION II: Housing & Living Situation

6. Which of the following best describes your current place of residence?

<input type="radio"/> Single family home	<input type="radio"/> Senior Housing
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Assisted Living Facility
<input type="radio"/> Add-on apartment to an existing home	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Apartment building or condominium	_____

7. Do you rent or own your current place of residence?

<input type="radio"/> I own	<input type="radio"/> I rent (Subsidized)
<input type="radio"/> I rent (Market rate)	<input type="radio"/> Other (Please specify) _____
	_____

8. With whom do you live? (Check all that apply)

<input type="radio"/> I live alone	<input type="radio"/> Someone else (including housemates or caretakers)
<input type="radio"/> A spouse/partner	<input type="radio"/> My child(ren) (under age 18)
<input type="radio"/> My adult child(ren) (age 18 or older)	<input type="radio"/> My grandchildren
<input type="radio"/> Another relative	<input type="radio"/> My parent(s)

9. Does your current residence have a bedroom and full bath on the first floor?

☐ Yes    ☐ No

10. What home modifications does your current residence need to make it safer to live in over the next five years? (e.g., ramps, stair railings, grab bars, handicap accessible bath, etc.)

---



---



---

11. Referring to the modifications listed in question 10, are you able to afford to make the modifications your home needs?

☐ Yes    ☐ No    ☐ No modifications are needed

**12. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)**

<input type="radio"/> Single family home	<input type="radio"/> Senior Independent Living Facility
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Assisted Living Facility
<input type="radio"/> Add-on apartment to an existing home	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Apartment building or condominium	_____

### SECTION III: Social Activities & Relationships

**13. How would you rate your overall emotional well-being?**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

**14. How often do you talk on the phone, communicate by email or social media, or get together with family, friends, relatives or neighbors?**

<input type="radio"/> Rarely	<input type="radio"/> 1-2 times a week
<input type="radio"/> Once a month	<input type="radio"/> Several times a week
<input type="radio"/> 2-3 times a month	<input type="radio"/> Every day

**15. Do you have any family members living within 30 minutes of your home on whom you can rely for help when you need it?**

☐ Yes    ☐ No

**16. Which activities do you currently enjoy doing? (Check all that apply)**

<input type="radio"/> Volunteering	<input type="radio"/> Active outdoor activities (e.g., walking, cycling, gardening)
<input type="radio"/> Active indoor activities (e.g., exercise)	<input type="radio"/> Social activities (e.g., spending time with family and friends)
<input type="radio"/> Individual/solitary activities (e.g., reading)	<input type="radio"/> Arts & crafts (e.g., painting, knitting)
<input type="radio"/> Travel or outings (e.g., day-trips)	<input type="radio"/> Food (e.g., cooking, dining out, nutrition)
<input type="radio"/> Education (e.g., lectures, adult education, Life Long Learning Institute)	<input type="radio"/> Intergenerational programs
<input type="radio"/> Cultural events (e.g., concerts, plays, museums)	<input type="radio"/> Faith-based activities
<input type="radio"/> Media (e.g., film, television)	<input type="radio"/> Other (Please specify) _____
	_____

**17. How frequently do you use the internet to access email, social media, or other websites?**

<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Once a month	<input type="radio"/> Less than Once a Month	<input type="radio"/> Never
--------------------------------	---------------------------------	---------------------------------------	---	--------------------------------

### SECTION IV: Your Health

**18. How would you rate your overall physical health?**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

19. Due to a health issue, do you require help with activities around the house?

(e.g., doing routine chores like cleaning or yard work)

☐ Yes ☐ No

20. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities? (e.g., taking a bath or shower, or getting dressed)

☐ Yes ☐ No

21. Referring to the activities in questions 19 and 20 for which you answered “Yes”:  
Who helps you with these activities? (*Check all that apply*)

<input type="radio"/> N/A: I don't require any help	<input type="radio"/> A family member helps me
<input type="radio"/> I have no one to assist me when I need help	<input type="radio"/> A friend or neighbor helps me
<input type="radio"/> I pay someone to help me	<input type="radio"/> Someone else helps me (Please specify) _____

## SECTION V: Caregiving

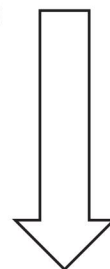
22. Do you now or have you in the past 5 years provided care or assistance to a person who is **disabled or frail**? (e.g., a spouse, parent, relative, or friend)

☐ Yes (*Continue to question 23*)

☐ No (*Skip to question 24*)

23. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

<input type="radio"/> Very Challenging	<input type="radio"/> Somewhat Challenging	<input type="radio"/> Neither Challenging Nor Easy	<input type="radio"/> Somewhat Easy	<input type="radio"/> Very Easy
--	--	--	---	---------------------------------------



24. A caregiver respite program offers a break for the caregiver by providing companion services to the care recipient, personal or home health services, or caregiver support groups. If it were available, would a caregiver respite program or support group be helpful to you and your family?

☐ Yes ☐ No

## SECTION VI: Transportation

25. How do you meet your transportation needs? (*Check all that apply*)

<input type="radio"/> I drive myself	<input type="radio"/> Public transportation (Flex Bus)
<input type="radio"/> My spouse or child(ren) drive(s) me	<input type="radio"/> Taxi
<input type="radio"/> Friends or neighbors drive me	<input type="radio"/> Bicycle
<input type="radio"/> DART Dial-A-Ride service through CCRTA	<input type="radio"/> Walking
<input type="radio"/> Volunteer medical transportation through the COA	
<input type="radio"/> Transportation provided by the Council on Aging (“B-Bus”)	
<input type="radio"/> Other (Please specify) _____	

**26. How satisfied are you with the transportation options available to you in Brewster?**

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied
--	--	--	--	--

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

☐ Yes    ☐ No

**28. Which of the following strategies do you use to modify your driving to make it easier or safer? (*Check all that apply*)**

<input type="radio"/> Not applicable — I do not drive	<input type="radio"/> I avoid driving in bad weather
<input type="radio"/> I do not modify my driving at all	<input type="radio"/> I avoid highway driving
<input type="radio"/> I avoid driving at night	<input type="radio"/> I avoid driving far distances
<input type="radio"/> I avoid making left hand turns	<input type="radio"/> I avoid driving in unfamiliar areas
<input type="radio"/> Other (Please specify) _____	

## **SECTION VII: Current & Future Retirement Plans**

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

<input type="radio"/> Working full-time	<input type="radio"/> Working part-time	<input type="radio"/> Retired
<input type="radio"/> Other (Please specify) _____		

**30. When do you plan to fully retire?**

<input type="radio"/> N/A, I am already fully retired	<input type="radio"/> In more than 10 years
<input type="radio"/> Within the next 3 years	<input type="radio"/> Not sure
<input type="radio"/> In 3 to 5 years	<input type="radio"/> I do not anticipate ever fully retiring
<input type="radio"/> In 6 to 10 years	

**31. Please indicate your level of agreement with the following statement:**

***“During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.”***

<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neither Agree or Disagree	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree
--	--------------------------------	---	-----------------------------------	---

## SECTION VIII: Programs & Services at the Council on Aging

32. The following items refer to specific programs and services that are currently offered through the Brewster Council on Aging or may be offered in the future. In your opinion, how do these programs rate in terms of their priority to the Brewster community? For each item, please rate from LOW priority (1) to HIGH priority (5).

	Low Priority		High Priority		
	1	2	3	4	5
Adult day programs					
Assistance with local or state programs (e.g., financial, fuel)					
Caregiving services and support					
Educational and life-long learning opportunities					
Evening dinner dances/social functions					
Fitness activities (e.g., dance, exercise, yoga, weights)					
Food distribution and trips to food pantries					
Grandparent raising grandchildren support group					
Health and wellness programs(e.g. flu shot clinics)					
Health insurance counseling (e.g. S.H.I.N.E.)					
Home and personal safety (e.g., File of Life, Safety Assessment)					
Information, referral & outreach					
Intergenerational programs					
LGBTQ programming					
Medical equipment loan & beach access wheelchair					
Mental health counseling and support					
Lunch at the COA and Meals on Wheels					
Outdoor exercise activities					
Part-time employment placement					
Professional services (e.g., tax, legal, & financial)					
Shared interest groups (e.g., music, art, hobbies)					
Social activities					
Support groups (please specify type_____)					
Technology training (e.g. computer help)					
Transportation (B-bus, volunteer drivers, medical van)					
Trips and outings					
Volunteer opportunities					

33. What other programs or services not currently offered through the Town of Brewster Council on Aging would you like to see available?

---



---

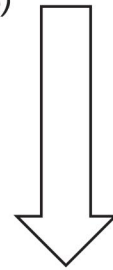


---

34. Do you currently use programs or services offered by the Town of Brewster Council on Aging?

☐ No (*Continue to question 35*)

☐ Yes (*Skip to question 36*)



35. What is the reason that you do not currently use programs or services offered by the Town of Brewster Council on Aging? (*Check all that apply*)

<input type="radio"/> I am not interested	<input type="radio"/> I do not identify with the word "senior"
<input type="radio"/> I am not old enough	<input type="radio"/> Other (Please specify) _____

36. Thinking about the activities and services offered by the Brewster COA, please rate your preference for each arrangement:

	Not at All Preferred 1	2	3	4	Highly Preferred 5
All COA services and activities being located in a single building					
COA services and activities being held at various dedicated locations throughout Brewster					
COA services and activities located in space shared with other groups and organizations					
Intergenerational activities co-sponsored by the COA and other groups					

37. Many towns offer a Social Adult Day Care program through their Council on Aging. Social Adult Day Care provides fee-based daytime supervision and care for adults, often seniors with dementia, in a small group setting. These programs are frequently helpful in providing a break for caregivers. To what degree do you favor or oppose offering a Social Adult Day Care program in Brewster?

<input type="radio"/> Strongly Favor	<input type="radio"/> Favor	<input type="radio"/> Neither Favor Nor Oppose	<input type="radio"/> Oppose	<input type="radio"/> Strongly Oppose
--	--------------------------------	--	---------------------------------	---

38. Below, please check all factors that would increase the likelihood of your using the Brewster COA programs and services more often: (*Check all that apply*)

*I would be more likely to use Brewster COA programs and services...*

<input type="radio"/> If transportation options to the Senior Center were more convenient
<input type="radio"/> If I had more knowledge about the programs and services that are available
<input type="radio"/> If the hours of the Senior Center were more convenient
<input type="radio"/> If the programs were offered in a single level building
<input type="radio"/> If it were easier to enter the Senior Center building (e.g., more accessible parking)
<input type="radio"/> If there were handicapped accessible bathrooms on all floors of the Senior Center building
<input type="radio"/> If there were more people like myself at Senior Center events
<input type="radio"/> If there were other improvements to the services and programs ( <i>Please specify</i> )
<input type="radio"/> If there were other improvements to the Senior Center building ( <i>Please specify</i> )

39. Have you ever traveled to senior centers in other towns to participate in their programs?

☐ Yes ☐ No

40. If "Yes" on Question 39, which town(s) have you traveled to for programs? \_\_\_\_\_

41. In the future, how likely are you to participate in programs and services offered by the Brewster Council on Aging?

<input type="radio"/> Very Likely	<input type="radio"/> Somewhat Likely	<input type="radio"/> Unsure	<input type="radio"/> Somewhat Unlikely	<input type="radio"/> Very Unlikely
--------------------------------------	--	---------------------------------	--	--

42. How satisfied are you with the programs and services offered through the Brewster Council on Aging?

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied
---	---	---	---	---

43. Where would you prefer to find information about the activities and services offered by the Brewster Council on Aging? (*Check all that apply*)

<input type="radio"/> COA newsletter (Bayside Chatter)	<input type="radio"/> Local community newspapers (Cape Codder, Cape Cod Times)
<input type="radio"/> Cable TV (Channel 18)	<input type="radio"/> Facebook (or other social media sites)
<input type="radio"/> Radio	<input type="radio"/> Town of Brewster website ( <a href="http://brewster-ma.gov/">http://brewster-ma.gov/</a> )
<input type="radio"/> Other (please specify): _____	

#### SECTION IX: Demographic Information

44. Please select your gender. ☐ Male ☐ Female

45. What is your age range?

☐ 45 to 59 ☐ 60 to 69 ☐ 70 to 79 ☐ 80 to 89 ☐ 90+

46. Do you live in the Town of Brewster year-round? ☐ Yes ☐ No

47. Was there any time in the **past 12 months** when you did not have money for the following necessities? (*Check all that apply*)

<input type="radio"/> N/A, I did not lack money	<input type="radio"/> Pay utility bills (e.g., oil or electricity)
<input type="radio"/> Pay rent, mortgage, real estate taxes	<input type="radio"/> Buy food
<input type="radio"/> Pay for medical needs (e.g., prescriptions)	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Pay for car repairs or home repairs	_____

48. If you have any other thoughts or comments about the Town of Brewster Council on Aging, or about current or future needs of older residents in Brewster, please include them here:

Thank you for taking the time to participate. If you have any questions or concerns regarding this survey, please contact: **Jan E. Mutchler, PhD**, *University of Massachusetts Boston*  
Phone: 617-287-7321 Email: [Jan.Mutchler@umb.edu](mailto:Jan.Mutchler@umb.edu)

## Appendix B: Complete Survey Results

### Section I: Community & Neighborhood

#### Q1. How long have you lived in the Town of Brewster?

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
Fewer than 5 years	10%	10%	10%	11%	6%
5 to 14 years	22%	19%	23%	27%	8%
15 to 24 years	30%	35%	30%	26%	42%
25 to 34 years	18%	24%	17%	15%	25%
35 to 44 years	12%	7%	12%	13%	10%
45 years or longer	8%	5%	8%	8%	9%
Total	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

#### Q2. How important is it to you to remain living in the Town of Brewster, as you get older?

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
Very Important	62%	48%	65%	63%	70%
Somewhat Important	29%	35%	28%	29%	24%
Slightly Important	5%	10%	4%	5%	2%
Not at All Important	4%	7%	3%	3%	4%
Total	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q3. How informed are you about what to do in the event of a weather or other local emergency?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Very well informed</b>	48%	44%	49%	51%	43%
<b>Somewhat informed</b>	42%	43%	41%	39%	50%
<b>Not well informed</b>	9%	12%	9%	9%	6%
<b>Not at all informed</b>	1%	1%	1%	1%	1%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q4. What are your greatest concerns about your ability to continue living in the Town of Brewster as you get older?**

*See text for summary of write-in responses.*

**Q5. An “age-friendly” community seeks to optimize quality of life for residents as they age. Based on your experience, how age-friendly is Brewster with respect to the following? For each item, please rate from AGE-FRIENDLY (1) to NOT AGE-FRIENDLY (5).**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Older residents are treated respectfully</b>					
Age-friendly (1)	60%	53%	62%	59%	69%
(2)	27%	26%	27%	28%	23%
(3)	9%	15%	8%	10%	3%
(4)	2%	4%	2%	2%	3%
Not age-friendly (5)	2%	2%	1%	1%	2%
Total	100%	100%	100%	100%	100%
<b>Older residents can safely access beaches and green space</b>					
Age-friendly (1)	28%	24%	29%	27%	37%
(2)	33%	29%	34%	35%	27%
(3)	23%	31%	21%	22%	19%
(4)	11%	9%	12%	13%	8%
Not age-friendly (5)	5%	7%	4%	3%	9%
Total	100%	100%	100%	100%	100%
<b>Older residents have access to learning opportunities</b>					
Age-friendly (1)	37%	34%	37%	36%	44%
(2)	34%	34%	35%	33%	39%
(3)	20%	24%	20%	23%	9%
(4)	7%	4%	7%	7%	6%
Not age-friendly (5)	2%	4%	1%	1%	2%
Total	100%	100%	100%	100%	100%

## Q5. Continued

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Local policy makers take into account the interests and concerns of older residents</b>					
Age-friendly (1)	26%	29%	25%	23%	34%
(2)	32%	29%	33%	34%	29%
(3)	25%	25%	25%	25%	24%
(4)	11%	8%	11%	12%	8%
Not age-friendly (5)	6%	9%	6%	6%	5%
Total	100%	100%	100%	100%	100%
<b>Older residents have adequate access to medical services</b>					
Age-friendly (1)	38%	32%	39%	34%	59%
(2)	35%	35%	36%	37%	28%
(3)	19%	23%	18%	21%	8%
(4)	6%	6%	5%	6%	4%
Not age-friendly (5)	2%	4%	2%	2%	1%
Total	100%	100%	100%	100%	100%
<b>Older residents have a voice in Town decision-making</b>					
Age-friendly (1)	38%	41%	38%	37%	40%
(2)	31%	29%	32%	33%	29%
(3)	18%	18%	17%	18%	16%
(4)	7%	6%	7%	6%	11%
Not age-friendly (5)	6%	6%	6%	6%	4%
Total	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

## Section II: Housing & Living Situation

**Q6. Which of the following best describes your current place of residence?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
Single family home	90%	93%	90%	92%	81%
Multi-family home (2, 3, or more units)	1%	1%	<1%	<1%	1%
Add-on apartment to an existing home	1%	1%	<1%	<1%	1%
Apartment building or condominium	6%	5%	6%	5%	10%
Senior Housing	1%	0%	2%	2%	2%
Assisted Living Facility	1%	0%	1%	0%	4%
Other	0%	0%	<1%	<1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\*Includes respondents who did not provide their age category.

**Q7. Do you rent or own your current place of residence?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
I own	93%	90%	94%	95%	91%
I rent (Market rate)	3%	5%	2%	2%	3%
I rent (Subsidized)	2%	0%	2%	2%	3%
Other	2%	5%	2%	1%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\*Includes respondents who did not provide their age category.

**Q8. With whom do you live? (Check all that apply)\***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
I live alone	24%	17%	26%	22%	41%
A spouse/partner	71%	73%	70%	76%	52%
My adult child(ren) (age 18 or older)	7%	20%	4%	4%	4%
Another relative	1%	0%	1%	1%	2%
Someone else (including house-mates or caretakers)	1%	2%	1%	1%	1%
My child(ren) (under age 18)	3%	17%	<1%	1%	0%
My grandchildren	1%	1%	1%	1%	0%
My parent(s)	1%	6%	1%	1%	0%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

**Q9. Does your current residence have a bedroom and full bath on the first floor?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
Yes	86%	82%	86%	86%	88%
No	14%	18%	14%	14%	12%
Total	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q10. What home modifications does your current residence need to make it safer to live in over the next five years? (e.g., ramps, stair railings, grab bars, handicap accessible bath, etc.)**

*See text for summary of write-in responses.*

**Q11. Referring to home modifications listed in Q10, are you able to afford to make the modifications your home needs?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	41%	29%	44%	42%	49%
<b>No</b>	12%	19%	10%	10%	12%
<b>No modifications are needed</b>	47%	52%	46%	48%	39%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q12. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)\***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Single family home</b>	30%	51%	26%	30%	10%
<b>Multi-family home (2, 3, or more units)</b>	4%	4%	4%	4%	3%
<b>Add-on apartment to an existing home</b>	8%	10%	8%	8%	7%
<b>Apartment building or condominium</b>	26%	24%	27%	29%	17%
<b>Senior Independent Living Facility</b>	35%	19%	38%	39%	37%
<b>Assisted Living Facility</b>	19%	7%	21%	16%	40%
<b>Other</b>	10%	9%	10%	10%	9%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

### Section III: Social Activities & Relationships

**Q13. How would you rate your overall emotional well-being?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Excellent</b>	59%	58%	59%	65%	41%
<b>Good</b>	37%	34%	38%	33%	55%
<b>Fair</b>	4%	7%	3%	2%	4%
<b>Poor</b>	0%	1%	0%	0%	0%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q14. How often do you talk on the phone, communicate by email or social media, or get together with family, friends, relatives, or neighbors?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Rarely</b>	1%	2%	1%	1%	2%
<b>Once a month</b>	1%	1%	1%	1%	2%
<b>2-3 times a month</b>	3%	3%	3%	3%	4%
<b>1-2 times a week</b>	11%	7%	12%	11%	15%
<b>Several times a week</b>	27%	19%	28%	27%	31%
<b>Every day</b>	57%	68%	55%	57%	46%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q15. Do you have any family members living within 30 minutes of your home on whom you can rely for help when you need it?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	48%	57%	46%	46%	46%
<b>No</b>	52%	43%	54%	54%	54%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q16. Which activities do you currently enjoy doing? (Check all that apply)\***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Volunteering</b>	43%	40%	44%	47%	34%
<b>Active indoor activities (e.g., exercise)</b>	49%	54%	48%	51%	36%
<b>Individual/solitary activities (e.g., reading)</b>	76%	73%	77%	77%	78%
<b>Travel or outings (e.g., day-trips)</b>	62%	63%	62%	69%	40%
<b>Education (e.g., lectures, adult education, Life Long Learning Institute)</b>	35%	30%	35%	38%	26%
<b>Cultural events (e.g., concerts, plays, museums)</b>	65%	65%	65%	68%	53%
<b>Media (e.g., film, television)</b>	77%	75%	77%	78%	74%
<b>Active outdoor activities (e.g., walking, cycling, gardening)</b>	81%	92%	79%	86%	57%
<b>Social activities (e.g., spending time with family and friends)</b>	80%	79%	81%	83%	74%
<b>Arts &amp; crafts (e.g., painting, knitting)</b>	34%	38%	33%	35%	29%
<b>Food (e.g., cooking, dining out, nutrition)</b>	72%	81%	71%	73%	61%
<b>Intergenerational programs</b>	13%	17%	13%	14%	8%
<b>Faith-based activities</b>	26%	29%	25%	24%	30%
<b>Other</b>	14%	13%	15%	15%	13%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

**Q17. How frequently do you use the internet to access email, social media, or other websites?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Daily</b>	82%	90%	80%	86%	58%
<b>Weekly</b>	6%	4%	7%	6%	12%
<b>Once a month</b>	1%	1%	1%	1%	1%
<b>Less than once a month</b>	2%	0%	2%	2%	1%
<b>Never</b>	9%	5%	10%	5%	28%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

## **Section IV: Your Health**

**Q18. How would you rate your overall physical health?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Excellent</b>	39%	50%	37%	44%	16%
<b>Good</b>	51%	42%	53%	49%	66%
<b>Fair</b>	9%	7%	9%	6%	18%
<b>Poor</b>	1%	1%	1%	1%	0%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q19. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	20%	8%	22%	14%	49%
<b>No</b>	80%	92%	78%	86%	51%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q20. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	3%	2%	3%	1%	8%
<b>No</b>	97%	98%	97%	99%	92%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q21. Referring to the activities in question 19 and 20 for which you answered “Yes”: Who helps you with these activities? (Check all that apply)**

*Tabulated for those indicating they need help*

	All Ages*
<b>I have no one to assist me when I need help</b>	2%
<b>I pay someone to help me</b>	68%
<b>A family member helps me</b>	51%
<b>A friend or neighbor helps me</b>	18%
<b>Someone else helps me</b>	10%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

## Section V: Caregiving

**Q22. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled* or *frail* (e.g., a spouse, parent, relative, or friend)?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	49%	61%	47%	49%	40%
<b>No</b>	51%	39%	53%	51%	60%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q23. If Yes on question 22: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Very Challenging</b>	23%	35%	19%	20%	14%
<b>Somewhat Challenging</b>	41%	38%	43%	44%	37%
<b>Neither Challenging Nor Easy</b>	24%	22%	24%	22%	37%
<b>Somewhat Easy</b>	6%	2%	8%	8%	7%
<b>Very Easy</b>	6%	3%	6%	6%	5%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q24. A caregiver respite program offers a break for the caregiver by providing companion services to the care recipient, personal or home health services, or caregiver support groups. If it were available, would a caregiver respite program or support group be helpful to you and your family?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	49%	59%	48%	49%	43%
<b>No</b>	51%	41%	52%	51%	57%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

***Tabulated just for those who have had caregiving responsibilities:***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	58%	66%	56%	57%	48%
<b>No</b>	42%	34%	44%	43%	52%
<b>Total</b>	100%	100%	100%	100%	100%

## Section VI: Transportation

**Q25. How do you meet your transportation needs? (Check all that apply)\***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>I drive myself</b>	95%	98%	95%	98%	84%
<b>My spouse or child(ren)</b>	25%	17%	27%	24%	37%
<b>Friends or neighbors</b>	8%	5%	9%	7%	16%
<b>DART Dial-A-Ride service through CCRTA</b>	2%	1%	2%	1%	4%
<b>Volunteer medical transportation through the COA</b>	3%	1%	3%	2%	8%
<b>Transportation provided by the Council on Aging ("B-Bus")</b>	2%	1%	3%	1%	8%
<b>Public transportation (Flex Bus)</b>	4%	5%	3%	3%	5%
<b>Taxi</b>	1%	0%	1%	1%	2%
<b>Bicycle</b>	11%	19%	10%	12%	1%
<b>Walking</b>	25%	25%	25%	29%	14%
<b>Other</b>	2%	1%	2%	1%	7%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

**Q26. How satisfied are you with the transportation options available to you in Brewster?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Completely Satisfied</b>	16%	11%	17%	17%	16%
<b>Very Satisfied</b>	27%	22%	28%	26%	35%
<b>Somewhat Satisfied</b>	36%	39%	35%	36%	32%
<b>Slightly Satisfied</b>	14%	16%	14%	14%	13%
<b>Not at All Satisfied</b>	7%	12%	6%	7%	4%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q27. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	2%	3%	2%	1%	4%
<b>No</b>	98%	97%	98%	99%	96%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category

**Q28. Which of the following strategies do you use to modify your driving to make it easier or safer? (Check all that apply)\***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
Not applicable— I do not drive	5%	3%	5%	2%	13%
I do not modify my driving at all	52%	61%	50%	58%	23%
I avoid driving at night	26%	17%	28%	22%	50%
I avoid making left hand turns	7%	8%	7%	7%	7%
I avoid driving in bad weather	28%	19%	30%	26%	47%
I avoid highway driving	4%	1%	4%	3%	10%
I avoid driving far distances	12%	4%	14%	8%	33%
I avoid driving in unfamiliar areas	6%	3%	7%	4%	15%
Other					

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

## **Section VII: Current & Future Retirement Plans**

**Q29. What is your employment status? (Check all that apply)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
Working full-time	21%	68%	11%	14%	1%
Working part-time	14%	16%	14%	16%	6%
Retired	60%	9%	71%	66%	90%
Other	5%	7%	4%	4%	3%
Total	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q30. When do you plan to fully retire?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>N/A, I am already fully retired</b>	60%	10%	70%	65%	90%
<b>Within the next 3 years</b>	6%	1%	7%	8%	2%
<b>In 3 to 5 years</b>	7%	10%	6%	8%	2%
<b>In 6 to 10 years</b>	5%	17%	3%	3%	0%
<b>In more than 10 years</b>	5%	29%	1%	1%	0%
<b>Not sure</b>	8%	15%	6%	7%	2%
<b>I do not anticipate ever fully retiring</b>	9%	18%	7%	8%	4%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q31. Please indicate your level of agreement with the following statement: “During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses.”**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Strongly Agree</b>	23%	13%	25%	27%	20%
<b>Agree</b>	38%	29%	40%	39%	45%
<b>Neither Agree Nor Disagree</b>	24%	33%	22%	20%	25%
<b>Disagree</b>	10%	15%	9%	10%	6%
<b>Strongly Disagree</b>	5%	10%	4%	4%	4%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

## Section VIII: Programs & Services at the Council on Aging

**Q32. The following items refer to specific programs and services that are currently offered through the Brewster Council on Aging or may be offered in the future. In your opinion, how do these programs rate in terms of their priority to the Brewster community? For each item, please rate from LOW priority (1) to HIGH priority (5).**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Adult day programs</b>					
Low Priority (1)	8%	7%	8%	7%	12%
(2)	5%	4%	5%	5%	5%
(3)	22%	16%	22%	23%	22%
(4)	31%	34%	31%	31%	28%
High Priority (5)	34%	39%	34%	34%	33%
Total	100%	100%	100%	100%	100%
<b>Assistance with local or state programs (e.g., financial, fuel)</b>					
Low Priority (1)	9%	5%	10%	9%	16%
(2)	5%	5%	5%	5%	3%
(3)	16%	13%	17%	15%	23%
(4)	29%	22%	30%	31%	28%
High Priority (5)	41%	55%	38%	40%	30%
Total	100%	100%	100%	100%	100%
<b>Caregiving services and supports</b>					
Low Priority (1)	6%	5%	6%	6%	10%
(2)	5%	4%	5%	5%	7%
(3)	17%	14%	17%	16%	20%
(4)	30%	31%	30%	30%	30%
High Priority (5)	42%	46%	42%	43%	33%
Total	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q32. (cont.)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Educational and life-long learning opportunities</b>					
<b>Low Priority (1)</b>	9%	7%	9%	7%	18%
<b>(2)</b>	11%	12%	10%	11%	10%
<b>(3)</b>	29%	27%	29%	28%	35%
<b>(4)</b>	27%	30%	27%	28%	19%
<b>High Priority (5)</b>	24%	24%	25%	26%	18%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Evening dinner dances/social functions</b>					
<b>Low Priority (1)</b>	20%	12%	22%	19%	36%
<b>(2)</b>	21%	16%	22%	22%	21%
<b>(3)</b>	36%	43%	34%	35%	30%
<b>(4)</b>	15%	18%	14%	16%	7%
<b>High Priority (5)</b>	8%	11%	8%	8%	6%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Fitness activities (e.g., dance, exercise, yoga, weights)</b>					
<b>Low Priority (1)</b>	7%	3%	8%	5%	17%
<b>(2)</b>	8%	8%	8%	8%	11%
<b>(3)</b>	25%	23%	25%	25%	28%
<b>(4)</b>	32%	34%	32%	34%	24%
<b>High Priority (5)</b>	28%	32%	27%	28%	20%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q32. (cont.)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Food distribution and trips to food pantries</b>					
<b>Low Priority (1)</b>	13%	7%	15%	12%	25%
<b>(2)</b>	12%	9%	13%	12%	16%
<b>(3)</b>	26%	23%	26%	27%	27%
<b>(4)</b>	26%	26%	26%	27%	20%
<b>High Priority (5)</b>	23%	35%	20%	22%	12%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Grandparent raising grandchildren support group</b>					
<b>Low Priority (1)</b>	23%	17%	24%	23%	31%
<b>(2)</b>	19%	16%	20%	21%	15%
<b>(3)</b>	31%	36%	30%	29%	33%
<b>(4)</b>	15%	15%	15%	17%	8%
<b>High Priority (5)</b>	12%	16%	11%	10%	13%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Health and wellness programs (e.g., flu shot clinics)</b>					
<b>Low Priority (1)</b>	6%	7%	6%	5%	8%
<b>(2)</b>	4%	4%	4%	3%	8%
<b>(3)</b>	19%	19%	19%	19%	21%
<b>(4)</b>	32%	31%	32%	33%	26%
<b>High Priority (5)</b>	39%	39%	39%	40%	37%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q32. (cont.)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Health insurance counseling (e.g., S.H.I.N.E.)</b>					
<b>Low Priority (1)</b>	8%	5%	9%	7%	13%
<b>(2)</b>	4%	4%	4%	5%	3%
<b>(3)</b>	18%	17%	18%	16%	22%
<b>(4)</b>	28%	30%	27%	29%	20%
<b>High Priority (5)</b>	42%	44%	42%	43%	42%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Home and personal safety (e.g., File of Life, Safety Assessment)</b>					
<b>Low Priority (1)</b>	8%	9%	8%	7%	11%
<b>(2)</b>	6%	7%	6%	6%	6%
<b>(3)</b>	27%	23%	28%	27%	32%
<b>(4)</b>	32%	31%	32%	34%	23%
<b>High Priority (5)</b>	27%	30%	26%	26%	28%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Information, referral &amp; outreach</b>					
<b>Low Priority (1)</b>	7%	6%	7%	6%	14%
<b>(2)</b>	8%	5%	8%	8%	11%
<b>(3)</b>	27%	28%	26%	25%	30%
<b>(4)</b>	30%	31%	31%	33%	18%
<b>High Priority (5)</b>	28%	30%	28%	28%	27%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

Q32. (cont.)

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Intergenerational programs</b>					
<b>Low Priority (1)</b>	16%	15%	16%	14%	24%
<b>(2)</b>	18%	9%	21%	20%	21%
<b>(3)</b>	40%	47%	38%	39%	34%
<b>(4)</b>	15%	15%	15%	16%	12%
<b>High Priority (5)</b>	11%	14%	10%	11%	9%
<b>Total</b>	100%	100%	100%	100%	100%
<b>LGBTQ programming</b>					
<b>Low Priority (1)</b>	26%	25%	26%	23%	39%
<b>(2)</b>	17%	14%	18%	19%	13%
<b>(3)</b>	34%	40%	33%	34%	27%
<b>(4)</b>	14%	13%	14%	14%	15%
<b>High Priority (5)</b>	9%	8%	9%	10%	6%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Medical equipment loan &amp; beach access wheelchair</b>					
<b>Low Priority (1)</b>	9%	5%	9%	8%	16%
<b>(2)</b>	10%	12%	10%	10%	12%
<b>(3)</b>	25%	30%	24%	25%	21%
<b>(4)</b>	29%	25%	29%	30%	24%
<b>High Priority (5)</b>	27%	28%	27%	27%	27%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

Q32. (cont.)

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b><u>Mental health counseling and support</u></b>					
<b>Low Priority (1)</b>	10%	8%	11%	9%	21%
<b>(2)</b>	8%	8%	8%	8%	6%
<b>(3)</b>	23%	24%	23%	23%	23%
<b>(4)</b>	33%	27%	34%	35%	29%
<b>High Priority (5)</b>	26%	33%	24%	25%	21%
<b>Total</b>	100%	100%	100%	100%	100%
<b><u>Lunch at the COA and Meals on Wheels</u></b>					
<b>Low Priority (1)</b>	9%	5%	10%	8%	17%
<b>(2)</b>	7%	7%	7%	8%	4%
<b>(3)</b>	22%	23%	22%	21%	27%
<b>(4)</b>	27%	25%	28%	30%	17%
<b>High Priority (5)</b>	35%	40%	33%	33%	35%
<b>Total</b>	100%	100%	100%	100%	100%
<b><u>Outdoor exercise activities</u></b>					
<b>Low Priority (1)</b>	8%	4%	9%	8%	15%
<b>(2)</b>	9%	10%	9%	9%	9%
<b>(3)</b>	32%	31%	31%	29%	42%
<b>(4)</b>	29%	34%	28%	30%	17%
<b>High Priority (5)</b>	22%	21%	23%	24%	17%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q32. (cont.)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Part-time employment placement</b>					
<b>Low Priority (1)</b>	13%	6%	14%	13%	23%
<b>(2)</b>	15%	10%	16%	15%	17%
<b>(3)</b>	32%	34%	32%	32%	30%
<b>(4)</b>	25%	32%	23%	25%	17%
<b>High Priority (5)</b>	15%	18%	15%	15%	13%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Professional services (e.g., tax, legal, &amp; financial)</b>					
<b>Low Priority (1)</b>	7%	2%	8%	7%	13%
<b>(2)</b>	6%	5%	6%	6%	3%
<b>(3)</b>	24%	28%	23%	23%	24%
<b>(4)</b>	35%	40%	34%	35%	30%
<b>High Priority (5)</b>	28%	25%	29%	29%	30%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Shared interest groups (e.g., music, art, hobbies)</b>					
<b>Low Priority (1)</b>	7%	6%	7%	6%	12%
<b>(2)</b>	8%	11%	7%	7%	7%
<b>(3)</b>	33%	35%	33%	33%	33%
<b>(4)</b>	32%	27%	33%	34%	28%
<b>High Priority (5)</b>	20%	21%	20%	20%	20%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q32. (cont.)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b><u>Social activities</u></b>					
<b>Low Priority (1)</b>	7%	6%	7%	5%	15%
<b>(2)</b>	8%	7%	8%	8%	8%
<b>(3)</b>	35%	38%	34%	35%	31%
<b>(4)</b>	31%	27%	32%	33%	25%
<b>High Priority (5)</b>	19%	22%	19%	19%	21%
<b>Total</b>	100%	100%	100%	100%	100%
<b><u>Support groups</u></b>					
<b>Low Priority (1)</b>	18%	13%	19%	18%	25%
<b>(2)</b>	10%	12%	8%	10%	3%
<b>(3)</b>	30%	29%	30%	31%	24%
<b>(4)</b>	20%	20%	21%	20%	24%
<b>High Priority (5)</b>	22%	26%	22%	21%	24%
<b>Total</b>	100%	100%	100%	100%	100%
<b><u>Technology training (e.g., computer help)</u></b>					
<b>Low Priority (1)</b>	9%	11%	8%	7%	15%
<b>(2)</b>	8%	9%	8%	7%	14%
<b>(3)</b>	32%	35%	32%	33%	26%
<b>(4)</b>	32%	25%	33%	35%	25%
<b>High Priority (5)</b>	19%	20%	19%	18%	20%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

Q32. (cont.)

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Transportation (B-bus, volunteer drivers, medical van)</b>					
<b>Low Priority (1)</b>	6%	4%	7%	6%	11%
<b>(2)</b>	4%	3%	4%	4%	6%
<b>(3)</b>	15%	18%	14%	13%	15%
<b>(4)</b>	28%	23%	29%	29%	28%
<b>High Priority (5)</b>	47%	52%	46%	48%	40%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Trips and outings</b>					
<b>Low Priority (1)</b>	7%	5%	7%	6%	11%
<b>(2)</b>	11%	9%	12%	12%	10%
<b>(3)</b>	35%	37%	34%	34%	36%
<b>(4)</b>	30%	31%	30%	31%	26%
<b>High Priority (5)</b>	17%	18%	17%	17%	17%
<b>Total</b>	100%	100%	100%	100%	100%
<b>Volunteer opportunities</b>					
<b>Low Priority (1)</b>	7%	5%	8%	7%	11%
<b>(2)</b>	11%	14%	10%	10%	12%
<b>(3)</b>	35%	40%	33%	32%	38%
<b>(4)</b>	24%	21%	25%	27%	17%
<b>High Priority (5)</b>	23%	20%	24%	24%	22%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q33. What other programs or services not currently offered through the Town of Brewster Council on Aging would you like to see available?**

*See text for summary of write-in responses.*

**Q34. Do you currently use programs or services offered by the Town of Brewster Council on Aging?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	24%	8%	28%	24%	44%
<b>No</b>	76%	92%	72%	76%	56%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q35. [If No on question 34]: What is the reason that you do not currently use programs or services offered by the Town of Brewster Council on Aging? (Check all that apply)\***

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>I am not interested</b>	26%	11%	29%	29%	31%
<b>I am not old enough</b>	26%	67%	16%	19%	1%
<b>I do not identify with the word "senior"</b>	21%	27%	19%	21%	7%
<b>Other</b>	38%	16%	44%	43%	54%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

**Q36. Thinking about the activities and services offered by the Brewster COA, please rate your preference for each arrangement:**

	All Ages*	Age 45-59	Age 60+	Age 60-79	Age 80+
<b>All COA services and activities being located in a single building</b>					
<b>Not at all preferred (1)</b>	10%	17%	9%	8%	11%
<b>(2)</b>	6%	8%	6%	5%	7%
<b>(3)</b>	20%	20%	19%	22%	10%
<b>(4)</b>	19%	18%	19%	20%	15%
<b>Highly preferred (5)</b>	45%	37%	47%	45%	57%
<b>Total</b>	100%	100%	100%	100%	100%
<b>COA services and activities being held at various dedicated locations throughout Brewster</b>					
<b>Not at all preferred (1)</b>	24%	23%	24%	22%	35%
<b>(2)</b>	17%	22%	15%	16%	15%
<b>(3)</b>	33%	25%	35%	34%	35%
<b>(4)</b>	18%	22%	18%	19%	10%
<b>Highly preferred (5)</b>	8%	8%	8%	9%	5%
<b>Total</b>	100%	100%	100%	100%	100%
<b>COA services and activities located in space shared with other groups and organizations</b>					
<b>Not at all preferred (1)</b>	20%	16%	21%	18%	32%
<b>(2)</b>	15%	13%	15%	15%	16%
<b>(3)</b>	35%	37%	35%	35%	31%
<b>(4)</b>	18%	20%	18%	20%	11%
<b>Highly preferred (5)</b>	12%	14%	11%	12%	10%
<b>Total</b>	100%	100%	100%	100%	100%

**Q36 cont.**

	All Ages*	Age 45-59	Age 60+	Age 60-79	Age 80+
<b>Intergenerational activities co-sponsored by the COA and other groups</b>					
<b>Not at all preferred (1)</b>	15%	10%	16%	13%	31%
<b>(2)</b>	17%	16%	17%	16%	18%
<b>(3)</b>	31%	33%	31%	33%	24%
<b>(4)</b>	19%	20%	19%	20%	13%
<b>Highly preferred (5)</b>	18%	21%	17%	18%	14%
<b>Total</b>	100%	100%	100%	100%	100%

**Q37. Many towns offer a Social Adult Day Care program through their Council on Aging. Social Adult Day Care provides fee-based daytime supervision and care for adults, often seniors with dementia, in a small group setting. These programs are frequently helpful in providing a break for caregivers. To what degree do you favor or oppose offering a Social Adult Day Care program in Brewster?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Strongly favor</b>	44%	48%	43%	42%	45%
<b>Favor</b>	36%	31%	37%	37%	36%
<b>Neither favor nor oppose</b>	19%	20%	19%	20%	19%
<b>Oppose</b>	<1%	0%	<1%	1%	0%
<b>Strongly oppose</b>	<1%	1%	<1%	<1%	0%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q38. Below, please check all factors that would increase the likelihood of your using the Brewster COA programs and services more often: (Check all that apply)\***

<i><b>I would be more likely to use Brewster programs and services...</b></i>	<b>All Ages*</b>	<b>Age 45 to 59</b>	<b>Age 60+</b>	<b>Age 60-79</b>	<b>Age 80+</b>
<b>If transportation options to Senior Center were more convenient</b>	7%	15%	6%	5%	9%
<b>If I had more knowledge about programs and services that are available</b>	41%	41%	41%	46%	24%
<b>If the hours of the Senior Center were more convenient</b>	6%	9%	5%	5%	6%
<b>If the programs were offered in a single level building</b>	11%	5%	12%	11%	17%
<b>If it were easier to enter the Senior Center building (e.g., more accessible parking)</b>	10%	9%	10%	9%	14%
<b>If there were handicapped accessible bathrooms on all floors of the Senior Center building</b>	6%	7%	6%	5%	8%
<b>If there were more people like myself at Senior Center events</b>	27%	26%	27%	28%	25%
<b>If there were other improvements to the services and programs</b>	9%	5%	10%	10%	11%
<b>If there were other improvements to the Senior Center building</b>	13%	3%	15%	14%	19%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

**Q39. Have you ever traveled to senior centers in other towns to participate in their programs?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	27%	10%	30%	26%	45%
<b>No</b>	73%	90%	70%	74%	55%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q40. If “Yes” on Question 39, which town(s) have you traveled to for programs?**

*See text for summary of write-in responses.*

**Q41. In the future, how likely are you to participate in programs and services offered by the Brewster Council on Aging?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Very Likely</b>	20%	15%	21%	20%	29%
<b>Somewhat Likely</b>	33%	29%	34%	34%	30%
<b>Unsure</b>	35%	40%	34%	35%	30%
<b>Somewhat Unlikely</b>	5%	8%	5%	5%	4%
<b>Very Unlikely</b>	7%	8%	6%	6%	7%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q42. How satisfied are you with the programs and services offered through the Brewster Council on Aging?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Completely Satisfied</b>	10%	9%	10%	8%	17%
<b>Very Satisfied</b>	32%	28%	33%	31%	38%
<b>Somewhat Satisfied</b>	44%	46%	44%	46%	34%
<b>Slightly Satisfied</b>	11%	13%	10%	11%	8%
<b>Not at All Satisfied</b>	3%	4%	3%	4%	3%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q43. Where would you prefer to find information about the activities and services offered by the Brewster Council on Aging? (Check all that apply)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>COA newsletter (Bayside Chatter)</b>	55%	39%	59%	54%	77%
<b>Cable TV (Channel 18)</b>	15%	17%	14%	14%	17%
<b>Radio</b>	12%	13%	12%	12%	13%
<b>Local community newspapers (<i>Cape Codder, Cape Cod Times</i>)</b>	61%	57%	62%	64%	57%
<b>Facebook (or other social media sites)</b>	17%	31%	14%	17%	4%
<b>Town of Brewster website</b>	48%	69%	44%	52%	18%
<b>Other</b>	6%	9%	5%	6%	2%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

## Section IX: Demographic Information

**Q44. Please select your gender.**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Male</b>	39%	31%	40%	41%	37%
<b>Female</b>	61%	69%	60%	59%	63%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q45. What is your age range?**

	All Ages	45 to 59	60 to 69	70 to 79	80 to 89	90+
<b>Total %</b>	100%	17%	34%	30%	16%	3%
<b># of respondents</b>	<b>887*</b>	<b>150</b>	<b>306</b>	<b>265</b>	<b>140</b>	<b>26</b>

\*Includes respondents who did not provide their age category.

**Q46. Do you live in the Town of Brewster year-round?**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	97%	100%	97%	96%	98%
<b>No</b>	3%	0%	3%	4%	2%
<b>Total</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category.

**Q47. Was there any time in the past 12 months when you did not have money for the following necessities? (Check all that apply)**

	All Ages*	Age 45 to 59	Age 60+	Age 60-79	Age 80+
N/A, I did not lack money	81%	75%	83%	84%	78%
Pay rent, mortgage, real estate taxes	5%	8%	4%	4%	3%
Pay for medical needs (e.g., prescriptions)	4%	6%	3%	4%	2%
Pay for car repairs or home repairs	7%	15%	6%	6%	7%
Pay utility bills (e.g., oil or electricity)	4%	11%	2%	2%	3%
Buy food	3%	7%	2%	3%	<1%
Other	3%	6%	3%	3%	2%

\*Includes respondents who did not provide their age category

Note: Respondents could choose all that apply; therefore, columns do not add to 100%.

**Q48. If you have any other thoughts or comments about the Town of Brewster Council on Aging, or about current or future needs of older residents in Brewster, please include them here:**

*See text for summary of write-in responses.*

**TOWN OF BREWSTER  
COUNCIL ON AGING**

1673 Main Street  
Brewster, MA 02631  
Phone 508.896.2737  
<http://brewster-ma.gov/council-on-aging>

---

**UNIVERSITY OF MASSACHUSETTS BOSTON  
GERONTOLOGY INSTITUTE**

**CENTER FOR SOCIAL & DEMOGRAPHIC RESEARCH ON AGING**

100 Morrissey Boulevard  
Boston, MA 02125-3393  
Phone 617.287.7300  
[www.umb.edu/demographyofaging](http://www.umb.edu/demographyofaging)