

AGE FRIENDLY ACTION PLAN

FY2025-FY2029

JUNE 2024

TABLE OF CONTENTS.

PREFACE.....i-ii
EXECUTIVE SUMMARY.....3
A. INTRODUCTION.....5
B. AN AGE DEMOGRAPHIC CONTINUING TO CHANGE.....5
C. CONTINUED PLANNING FOR BREWSTER'S OLDER RESIDENTS.....6
D. GOALS AND OBJECTIVES.....10
D.1 Social and Community Engagement.....10
D.2 Housing..... 14
D.3 Financial Security.....17
D.4 Health and Wellness..... 20
D.5 Caregiving..... 23
D.6 Lifelong Learning..... 27
D.7 Transportation..... 30
D.8 Communications and Marketing..... 31
D.9 Infrastructure and Resources..... 35

APPENDIX A: ACKNOWLEDGEMENTS..... 39

ADDENDA
1. Monthly Monitoring Table
2. Action Plan FY26 Status Report

Preface

September 20, 2026

How This Plan Was Developed

This Plan is Brewster's second five-year Age-Friendly Action Plan, covering the period of FY25-29. It was developed prior to Brewster's application for and designation as an AARP Age-Friendly Community in March 2026 (FY26). However, it is grounded in the framework developed by the AARP Network of Age-Friendly States and Communities: the Eight Domains of Livability.

Brewster's Plan is organized around nine Goal areas that are consistent with these eight domains. Where local data revealed a need significant enough to warrant dedicated attention — caregiving, financial security, and lifelong learning, in particular — Brewster's Plan can be seen as expanding on the national framework with its own, more specific Goals, while remaining fully consistent with it. Goals in Brewster's Age-Friendly Action Plan map to the AARP eight Domains of Livability as noted in the table below.

Brewster's Goals	Corresponding AARP Domain(s)
Social and Community Engagement	Social Participation; Respect and Social Inclusion; Civic Participation and Employment
Housing	Housing
Financial Security	Civic Participation and Employment; Community Support and Health Services
Health and Wellness	Community Support and Health Services
Caregiving	Community Support and Health Services
Lifelong Learning	Civic Participation and Employment; Communication and Information
Transportation	Transportation
Communications and Marketing	Communication and Information
Infrastructure and Resources	Outdoor Spaces and Buildings

As can be seen, this alignment ensures that Brewster's local priorities map directly onto the national Age-Friendly framework.

How We Monitor Implementation

At the beginning of this Plan period, each Action was assigned a Priority Level to guide sequencing and resource allocation over the five-year period. The COA Director and Board track progress on the FY27 Actions on a monthly basis and also at the end of the fiscal year. The Implementation Table used for monthly monitoring as well as the FY26 Status Report are included as Addenda at the end of Action Plan.

Consistent with the requirements of the AARP Network of Age-Friendly States and Communities, Brewster will assess the impact of this Plan's overall implementation and submit a Progress Report at the close of the five-year cycle, documenting accomplishments, lessons learned, and next steps as Brewster continues its work as an age-friendly community.

EXECUTIVE SUMMARY

Implementation of this Action Plan begins in July 2024 (FY25). The Plan is in direct response to the findings of the needs assessment study "Aging in Brewster: A Community Needs Assessment" commissioned by the Town of Brewster Council on Aging (COA) and conducted by the Center for Social and Demographic Research on Aging within the Gerontology Institute of the University of Massachusetts Boston. Key directives in this Plan are underscored by the following:

- As of the 2023 Town Census, residents aged 60 and over make up 53% of our population, close to the projected increase to 55% by 2035.
- Residents want to continue living in Brewster, although their housing needs are likely to change, and they have concerns about home maintenance and increasing costs.
- Most older residents are healthy and active, although rates of functional disability are likely to increase as age increases, limiting residents' ability to age in place and participate fully in the comm unity.
- As residents age, they are more likely to live alone, threatening independent living.
- More than half of Brewster residents age 50-69 provide informal (unpaid) care for an older family member or friend and find it challenging.

This Plan is also in line with the Age-Friendly Town Initiative currently undertaken by more than 100 agencies and organizations across Massachusetts. In 2017, Governor Charlie Baker signed an Executive Order establishing the state's first Governor's Council to Address Aging. The Council's mandate is to develop a plan to improve public and private efforts to support healthy aging in Massachusetts, making the Commonwealth the most age-friendly state for people of all ages.

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

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

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

- Building engagement among residents and partnerships for programming are essential tools while the Town explores solutions to address the COA's inadequate and outdated space.
- Obtaining supplementary and accessible transportation is a concern for some residents as they age.
- Financial insecurity—driven largely by housing costs is a concern and barrier for many residents.
- There is a pressing need for housing solutions that address affordability and downsizing needs.
- Many Brewster residents need support due to physical or cognitive conditions, and many caregivers need help.
- Risk for social isolation in Brewster is high.

The major Study finding that the COA building (current Senior Center) is inadequate for current and future needs of the Town and for the expansion of services and programs continues from the prior study in 2017. The majority of Brewster residents has expressed preference for a community center in which the COA would be housed along with the Recreation Department, both in the 2024 Needs Assessment Study as well as in the community forums and surveys undertaken by the Bay Property Planning Committee. A new facility on the bay property is at least 10-12 years out in the planning and development stages. If not approved at Town Meeting, a new center must be built on another site and is likely to take longer. Therefore, in the interim, COA staff must continue to search out and utilize other available space in the community to implement this Plan successfully and to become an age- and dementia-friendly community. This will necessitate increases in the COA budget for increased staffing and program costs. The COA Board estimates that additional half to full-time program staff and outreach positions will be required. Based on study findings, a new transportation or resource coordinator must also be considered.

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

A. INTRODUCTION

A.1. COA History

The Brewster Council on Aging enters its 50th year in 2024, having been officially formed by Town Bylaw on June 10, 1974. From 834 residents in 1974, Brewster now has over 5,000 residents over age 60. Initially located in a one-room cottage, the COA moved into the historic Town Hall in 1987 and still occupies the same building on Main Street.

A.2. The COA's Vision

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

A.3. The COA Mission

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

B. AN AGE DEMOGRAPHIC CONTINUING TO CHANGE

B.1. Growth of the 60 and over Population

The importance of this Plan is underscored by the continued aging of Brewster's population. As of the 2023 Town Census, residents age 60 and over make up 53% of our population (43% age 60-79 and 10% age 80+), a 5% increase over 6 years. At this rate, Brewster will soon exceed the 55% projected by 2035. The increase in older residents can be explained partly by the continued decline of residents under age 45.

B.2. Characteristics of the Older Brewster Population

Numbers and estimates reported here are derived from US Census data, the American Community Survey (U.S. Census Bureau}, and the COA's Needs Assessment Study (Coyle and Rouleau, 2024).

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

Living Arrangements: Most Brewster residents, including older residents, live in homes they own. Most Survey respondents reported that staying in Brewster is important to them. Thirty percent of respondents report living in Brewster for at least 30 years, but about one-quarter has lived here for less than 10 years, likely those residents (seasonal, second-home owners, or new-to-town} who have retired to Brewster, a continuing trend. Living alone increases dramatically with age, with 40% of residents age 80+ living alone. The vast majority (>80%) of Survey respondents age 60+ have family members or others living within 60 minutes whom they can rely on for needed help.

Educational and Economic Status: Brewster's older residents are well-educated on average, with over half (54%) having at least a bachelor's degree. As expected, this educational trend has increased over time with the continued influx of retiring Baby Boomers. The median household income of older Brewster residents is higher than that estimated for Massachusetts, $78,421 compared to $45,193. Almost one-third (32%) of residents aged 65 to 74 and 4% of residents over age 75 remain in the workforce. This is similar to rates in the US, and a trend that is expected to continue, either because of economic necessity or preference for meaningful activity.

Health Status: Overall, most Brewster residents remain in good health and function independently as they age, though segments of the older population, especially those 80+ experience declines. However, many residents age 60 and older report needing help with daily tasks, home maintenance, or technology. This need increases markedly after age 80. Seventy percent of Study respondents age 80+ reported needing help with activities around the house, with 3% needing help with personal care activities.

C. CONTINUED PLANNING FOR BREWSTER'S OLDER RESIDENTS

C.1. Community Needs Assessment Study

To inform development of the Brewster's second 5-year Age-Friendly Action Plan, the COA again partnered with the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston to investigate the needs, interests, preferences and opinions of Brewster's older population (Coyle and Rouleau, 2024). Data were collected through a community survey of residents age 50+ (n=1390; 23% response rate), interviews with key stakeholders representing Town Departments and major planning committees, and focus groups. Key findings are summarized below.

Key findings include:

- Building engagement among residents and partnerships for programming are essential tools while the Town explores solutions to address the COA's inadequate and outdated space**.**
- Obtaining supplementary and accessible transportation is a concern for some residents as they age.
- Financial insecurity—driven largely by housing costs is a concern and barrier for many residents.
- There is a pressing need for housing solutions that address affordability and downsizing needs.
- Many Brewster residents need support due to physical or cognitive conditions, and many caregivers need help.
- The risk for social isolation in Brewster is high.

C.2. Reinventing the Senior Center Continues

Senior Centers across the country (estimated to be 11,000) evolved over time, in many instances as a grass roots response to local needs. Now there is national movement afoot to re-invent or "modernize" senior centers, and to legitimize and demonstrate their vital importance in serving the needs of the whole community. Factors encouraging this modernization and expansive roles for Councils on Aging across the country, all of which are relevant to Brewster's COA efforts over the next 5 years, are:

- **Longevity and the growing older population**, particularly the 80+ cohort of older adults – The Brewster baby boomer cohort has been increasing over the last 10 years. Based on US Census projections, the 80+ population will increase from the current 10% to 15% by 2030. Since the incidence of chronic illness and frailty increases with age, it is not surprising that over 50% of residents ages 50 -69 are caregivers, with 63% of them reporting that they are most concerned about "frailty and mobility" in their care recipients. COAs everywhere are facing pressure to provide more and more sophisticated and professional services to those with a higher acuity of need.
- **Growing diversity of the older population** – Within this group are three distinct age cohorts with different histories, priorities and preferences: the "silent generation" born between 1925 -1945; the "baby boom" generation born between 1946 and 1964; and "Generation X" (the young old) born between 1965 – 1980 and whose members begin turning 60 in 2025. In Brewster, not surprisingly "baby boomers" are the predominant group of about 40% of the population, with approximately 13% of residents comprising the "silent generation", and 15% being "Gen-Xers".

Currently primary users of the Brewster COA are the oldest residents (51% of the 80+ vs 5% of the 50 to 59 age cohort). Younger respondents reported the following "limiting" factors to participating in COA programming:

- "I'm still working."
- Programs not offered in the evening or weekends
- Programs and services not suitable to my interests
- A Center that's more inviting and contemporary
- More variety of existing catalog offerings
- More active sports/outdoor activities

No longer does one size fit all. The reinvented senior center will require planning and programming for different age cohorts.

- **It Takes a Village** – This phrase is a metaphor for the interconnectedness of all members of a community---a modern expression of the famous quote from John Donne, "No Man is An Island…" Originally this referred to providing a safe, secure and healthy environment for children, but now encompasses all age groups. Senior centers, because of the increased volume, diversity and health concerns of the target population, must by necessity reach out for help to achieve this goal.
  The Brewster COA, with limited staff and resources and a building that is challenging for much programming has, for the past few years, looked to partner and coordinate with other Town Departments, Friends of Brewster Seniors, and resources. For many of the issues identified in the 2023 survey report, the COA cannot act alone. These issues include:
  - Housing alternatives for downsizing
  - Help with home maintenance, inside and out, to age-in-place
  - Transportation and mobility when driving is not an option
  - Access to medical and support services
  - Limited budgets and tax increases

How will the modern senior centers be different? THEY WILL:

- Rebrand - There is a common misperception that those who use a senior center are lonely, poor, and have physical limitations. For this reason, many senior centers are being re-named (e.g. Centers for Active Living) to get the word out that they are "vibrant places for learning, socialization and wellness" for all.
- Engage older adults with different interests, needs and expectations,
- Be culturally relevant to reflect population diversity on many levels,
- Adapt to advancements in technology so that both in-person and virtual programming are possible,
- Enable older adults to stay current on latest technologies and social media platforms
- Actively look for opportunities for meaningful intergenerational communication and non-age-segregated activities,

- Provide older adults, their families, friends, neighbors and caregivers with current and continuously updated information to support healthy aging,
- Advance opportunities for older adults to use their skills and experience to engage with their communities, and
- Extend operating hours to align with active senior lifestyles.

C.3. Communities for All Ages – The Age-and Dementia Friendly Movement
The Age-Friendly Massachusetts Action Plan was initiated by then Governor Charlie Baker's Council to Address Aging, and now endorsed by Governor Maura Healey, developed tangible and measurable goals to make the Commonwealth, as a whole, more age- and dementia-friendly. Adopting the slogan, **ReiMAgine Aging**, the MA Executive Office of Elder Affairs (now AGE) is encouraging towns and cities across the state to strive, in multiple ways, to make themselves "great places to grow up and grow old".

In this context, aging has been "reiMAgined" to include all ages, recognizing that attending to the needs of older adults creates changes that will benefit all residents along the aging continuum. Communities, like Brewster, that wish to "sign on" as age-friendly agree to work towards these goals:

- Deepen and strengthen age- and dementia-friendly efforts
- Communicate information in an accessible and user-friendly manner to residents and organizations
- Change the conversation about aging from a "challenge" to an asset
- Increase literacy about aging and eliminate ageist images and language in print and media
- Encourage the adoption of age-friendly policies and practices in all sectors
- Take specific actions to improve economic security for older adults and their caregivers

More than 200 communities in Massachusetts are working on age- and dementia-friendly initiatives. Fifty-one municipalities are active Age-Friendly Communities, and 83 municipalities are emerging as Age-Friendly. Current Age- and Dementia-Friendly municipalities on Cape Cod and the Islands include Dennis, Yarmouth, Barnstable and Martha's Vineyard. Municipalities that wish to join the Age-and Dementia-Friendly network can choose their own areas of focus. Eight Age-Friendly domains have been identified as major themes to target, all of which will have positive benefits for residents, regardless of age. Brewster, through its Local Comprehensive Plan, is already making inroads into many of these areas:

- Transportation
- Housing
- Social Participation
- Outdoor Spaces and Buildings
- Community Support and Health Services
- Communication and Information

- Civic Participation and Employment
- Respect and Social Inclusion

This 5-year Action Plan includes steps for Brewster to apply and be certified as Cape Cod's next Age- and Dementia-Friendly community. This Plan describes many of the actions being taken in each of the above areas.

D. GOALS AND OBJECTIVES

D.1 SOCIAL AND COMMUNITY ENGAGEMENT

GOAL: FACILITATE AND ENCOURAGE SOCIAL CONNECTIONS AND ENGAGEMENT

WHAT RESEARCH TELLS US

Social connections and activities shape well-being for individuals of all ages. A 2023 report by the US Surgeon General called attention to the "epidemic of loneliness and isolation" both of which are linked to adverse health consequences, including poor cardiac function and heart disease, depression, accelerated cognitive decline, and impaired immunity at every stage of life. An estimated 50% of adults age 60+ are at risk of social isolation, and as many as 1 in 3 older adults living in the community experience loneliness. A recent post-pandemic study also linked isolation and loneliness to the development of fear and paranoia. Social support from family and others is positively related to regular physical activity that has positive effects on health and ability to maintain daily function. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overeating.

Many older adults are at high risk for social isolation, especially if their health and social networks break down as they age. These risks are exacerbated if accessible services and transportation are not readily available to them as a means for maintaining contact with the community outside their homes. Providing opportunities for social engagement and participation in community events—through volunteer programs, learning opportunities and exercise programs, as well as social activities—can help community members maintain social support, remain active, prolong independence, and improve quality of life.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

- Risk for social isolation in Brewster is high**.**
    - 14% of respondents age 80+ do not drive at all; 5% of all do not drive and 21% drive with some limitations.
    - Walkability is limited by the sidewalk infrastructure.
    - 40% of individuals 80+ live alone, and 21% have an impairment that limits their ability to participate in the community.

    - 22% of those ages 70 to 79 are living alone, and 7% have an impairment that limits their ability to participate in the community.
    - 13% of respondents get together in person with friends, family or neighbors less than 12 times per year.
    - 17% of all respondents said they did not know someone living nearby on whom they can rely for help when needed (86% age 50-59).
- There is age-graded participation in COA programs and services that is not unusual in senior centers.
    - 61% of survey respondents NEVER use the senior center, especially at younger ages (86% age 50-59).
    - Communication gaps and lack of awareness inhibit access to information and resources as well as knowledge of COA programs and services.
    - 43% of the non-users of the COA indicate that knowledge of programs and services available would increase the likelihood of them using the COA.
- 51% consider expansion of volunteer opportunities to be moderately to very important.
- 56% consider opportunities for social and recreational activities to be moderately to very important; same across all age groups.
- 41% are interested in trips and outings, providing opportunity for residents to come together in a social setting.

GOAL: FACILITATE AND ENCOURAGE SOCIAL CONNECTIONS AND ENGAGEMENT		
OBJECTIVE	**ACTION**	**PRIORITY LEVEL**
Enhance participation in Center programs and services by non-users, especially the younger-old, the newly-retired, men, veterans, LGBTQ, and people of color	Continue to develop programming that is tailored to the needs and interests of <u>all</u> Brewster residents	1
	Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a "new member day" or a "bring a buddy" program)	1
	Build participation levels among younger-old residents and other targeted populations through programs that reflect prioritized interests	
	Issue special invites to residents identified by friends and others as likely to enjoy Center programs.	
	Consider developing an "ambassador program" and coach residents to actively encourage new participants (explore a property-tax work-off position for this purpose)	
	Use a variety of communication modes to reach non-users (*See Communications and Marketing*)	1
	Explore uses of venues other than the Senior Center that would encourage and facilitate program participation	1
Enhance opportunities for older residents to increase social participation and engagement	Provide transportation to older residents to attend social activities and events	1
	Provide discounted tickets for area performances	
	Engage local faith communities, restaurants and nonprofits (e.g., the Family Table Collaborative) to host a monthly community dinner to provide a regular opportunity for residents to come together in a social setting.	
	Partner with the Brewster Cultural Council or a local performance venue to host events (e.g., storytelling events that build connections through shared stories)	
	Continue to pursue grant opportunities to purchase age-friendly benches and/or picnic tables for public spaces where socializing is encouraged	1

	Consider celebrating National Good Neighbor Day (9/28) during National Senior Center Month (September) or Older Americans Month (May) with a series of "Let's Talk, Brewster" programs in which residents come together to be in conversation with others	
	Continue to support the Town's efforts to establish a centralized volunteer database to provide opportunities for residents to both offer time/skills and to request volunteer assistance	
Address risk of social isolation among older residents	Continue to collaborate with other Town Departments and area organizations/programs (e.g., Friends of Brewster Seniors, ESCCI's Nutrition Program, churches, senior housing) to identify and reach out to older residents living alone and/or without family nearby	1
	Solicit input and identify programs that would interest residents age 70 and older who are the most likely to be isolated due to their driving limitations and living alone, with a special emphasis on men	1
	Continue to use media and technology to encourage participation in programs by homebound residents	1
	Consider a volunteer group to make friendly visits in-person or by telephone or provide transportation to programs and events	
	Engage school community service programs to assist homebound elders with small tasks or to make friendly visits	1
	Educate residents to be aware of needs of neighbors and acquaintances who might be isolated; contact the Center as needed for assistance, services and resources	1
	Continue to provide outreach to isolated residents and provide information and referral services to community services, such as Meals on Wheels, as indicated	1

D.2. HOUSING

GOAL: PROVIDE RESOURCES TO SUPPORT HOUSING PREFERENCES AND NEEDS OF OLDER RESIDENTS

WHAT RESEARCH TELLS US

The growing population of older adults is creating increased demand for housing that is both affordable and able to accommodate their changing needs. The earliest Baby Boomers, born in 1945-64, are entering their 80s and are the fastest growing cohort of older adults "for whom housing affordability and functional difficulties are greatest." 37% of those 80+ report ambulatory difficulties with walking and climbing stairs. Low-income adults are spending more than 30% of their income on housing costs; those age 80+ spend 37%. The stock of available and suitable housing has diminished. Lastly, existing housing structures may not support the health and independence of aging individuals due to difficulties associated with mobility, vision, hearing, cognition, and self-care. A study by the Harvard Joint Center on Housing Studies found that 13% of adults age 75+ live alone; 14% could not afford home care services on top of other housing costs. Housing with accessibility features such as one floor living with a bedroom and age-friendly full bathroom on the first floor are and will be in great demand among older adults.

WHAT WAS LEARNED IN THE NEEDS ASSESSMENT

- 71% of residents age 50+ identified that it is important to stay in Brewster.
- Brewster's population continues to age. 43% of Brewster's population is age 60-79; 10% are 80+; both figures are more than double the percentages for these age groups for the state of Massachusetts. The 80+ cohort will grow to 15% by 2030.
- 22% of those ages 70 to 79 and 40% of those age 80+ live alone.
- The income levels and prevalence of disabilities and impairments, along with the high risk of social isolation, are key factors in planning to meet certain residents' housing needs.
- If forced by age or health changes, 51% of residents ages 50 to 59 would prefer a smaller single-family home as would 39% of those ages 60 to 69. Among those in their 70s and 80s, a condo is preferred by most.
- Brewster's homeowners spend 30% of their income on housing costs. 16% of households headed by someone over age 65 report annual incomes under $25,000.
- Most Brewster residents are homeowners who often become "over housed" in larger homes that are expensive and difficult to maintain.
- 10% cannot afford home modifications/repairs for safety.
- Most (84%) homeowners have a first-floor bedroom and bathroom that supports staying in their home.

- There is currently a wait list of more than 5 years for public housing in Brewster; the section 8 waitlist is close to 3 years.
- A modest number of respondents across age groups are interested in developing an Accessory Dwelling Unit (ADU) or participating in a home sharing program.
- Understanding local laws was the largest area of concern regarding ADUs followed by how to finance the costs, how to find builders/contractors and insurance coverage.
- For those interested in home-sharing, the major concerns were screening people, negotiating an agreement and preparing a legal document laying out the relationship and responsibilities.
- Workforce housing, especially for support health care workers is needed.
- Key informants recognized the need to develop additional affordable housing options including supportive services.

GOAL: PROVIDE RESOURCES TO SUPPORT HOUSING PREFERENCES AND NEEDS OF OLDER RESIDENTS		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Offer educational programming on resources to support aging-in-place, including supportive housing options and long-term care	Continue to offer annually the *If I Live to Be 100* Program, including information about Home Care Services, Assisted Living, CCRC, Nursing Homes, and options for end-of-life care	1
Inform and educate residents about ADU options that can support aging-in-place	Identify COA point person who will become the lead on educating residents on ADUs and advocating for this option	1
	Collaborate with the Brewster Housing Office to provide annual educational forums on ADU options, costs/financing, benefits and constraints	1
	Collaborate with appropriate Town staff to establish a network of qualified, licensed, and insured Universal Design contractors who do ADU work	
Inform and educate residents about housing options other than ADUs, such as home sharing/cohousing.	Identify alternative models of co-housing, including the benefits and constraints, by meeting with organizations like LifePath, Nesterly, and Cape Abilities	1
	Design an educational forum on co-housing, in collaboration with Brewster's Housing Office, that includes discussion of benefits/constraints, applicant screening, negotiating an agreement, and preparing a legal document laying out relationships and responsibilities	1
	Identify and follow-up with residents who choose this option on their experience	
Develop a home maintenance program to support residents to age-in-place	Explore existing models for home maintenance such as Nauset Neighbors and Snow/Yard Angels; refer residents as appropriate	1
	Connect residents with local handi-person or home repair services. See the Boston HOME center as one possible model or engage in a partnership with Cape Cod Technical School	

	Establish a relationship with schools and youth organizations to identify volunteers for minor home maintenance projects	2
	Consider sponsoring or advocating for a Snow Angels program or Yard Angels program and other programs to assist residents with yardwork or small repair projects that might qualify for community service credits	2
Develop a home modification program to support residents to age-in-place	Identify a single point of contact, either the COA or another Town Department with knowledge of zoning, permitting and inspection requirements, whom residents can contact about their need for financial and/or contracting assistance for home modifications	2
	Seek and establish a network of qualified licensed and insured contractors that residents can contact to evaluate a property for necessary modifications	2
	Work with Town Manager and Housing Coordinator to develop a disclaimer of liability for the Town by residents choosing to utilize this program	
	Collaborate with Town Management to determine level of interest from both public and private sources in funding home modifications for those residents with financial need	
Advocate for senior housing and relevant design features in community housing developed by the Town	Identify a COA point person to advocate for Universal Design and for inclusion of affordable senior housing with supportive services in all new community housing	1
	Educate the public and Town staff about the appropriateness and value of universal design	1

D.3 FINANCIAL SECURITY

GOAL: ASSIST RESIDENTS TO SUPPORT FINANCIAL SECURITY INTO OLD AGE

WHAT RESEARCH TELLS US

Based on National Council on Aging research, more than 17 million (or roughly 1 in 3) older adults aged 65+ are economically insecure, with incomes below 20% of the Federal Poverty Level (FPL). Older women are particularly at risk, due to lower lifetime earnings, time off for child and elder care, occupational segregation into lower wage work, and other issues. Social Security benefits are critical, lifting 16.1 million older adults above the FPL. Social

Security represents 50% or more of income for 37% of men and 42% of women. For 12% of men and 15% of women, it represents 90% or more of their income. Those on Supplemental Security Income (SSI) receive just $511 on average each month.

Even beneficiaries who might not be considered poor can struggle to meet their monthly expenses. Health care costs are a major concern. About one in four older adults scrimp on food, utilities, clothing, or medications due to health care costs. Thirty-seven percent were worried about affording health care in the coming year. Food insecurity is also more likely for 6.8 % of older Americans. Although eligible for Supplemental Nutrition Assistance Program (SNAP), only 47% are enrolled and receiving benefits. Housing is another financial security concern. Housing-related expenses cost adults 55+ an average of $16,219 per year, or 33% of their yearly budget. Of the 9.7 million older adults who owe money on a mortgage and/or home equity line of credit, 30% have payments that exceed one quarter of their income. Of homeowners age 65-80+, 46% had mortgage debt in 2016.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

- Financial insecurity—driven largely by housing costs is a concern and barrier for many residents.
- Brewster's older adult population lives on a more modest income than younger residents. Whereas 57% of households headed by residents aged 45-64 report incomes of $100,000 or more, only 33% of Brewster residents age 65 and older report this level of income. 16% of households headed by someone age 65 and older report annual incomes under $25,000, compared with 10% of households headed by individuals age 45 to 64. Thus, there is a sizeable segment of Brewster's older population that is at risk of financial insecurity or economic disadvantage.
- Living alone increases the risk of economic insecurity. Older men living alone have a higher median income ($41,471) than women living alone ($29,559).
- 9% report they do not have adequate resources to meet their financial needs.
- High housing costs and recent debt exclusions have contributed to a significant tax burden for residents, especially those on fixed incomes.
- More than half of responses to the question of "the greatest concern about remaining in Brewster" focused on financial security, citing increasing taxes and cost of living as burdensome.
- 27% of respondents want assistance with local and state programs (such as food stamps, fuel assistance, etc); the level of need is unknown among isolated residents not known to the COA.
- 19% want help with professional services (like financial planning, legal, tax advice/ preparation).
- Persons remain in the work force into their 70s (28%) and 80s (6%), perhaps because of interest but also possibly due to financial need.

GOAL: ASSIST RESIDENTS TO SUPPORT FINANCIAL SECURITY INTO OLD AGE		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Educate and inform residents about programs to help preserve assets, reduce costs and support financial security into old age	Develop a Financial Literacy/Retirement Planning program that explores the rules and regulations and the benefits and limitations of topics like the following: • Medicare (expand the "New to Medicare" class) • Social Security and SSI • Planning for incapacity financially, Power of Attorney, LTC costs • Required Minimum Distributions (RMDs) • Government benefits & eligibility (Benefits.gov) other than Medicare and SS • Local and state benefits and eligibility to provide financial support or reduce costs (e.g., Home Energy Assistance Program, SNAP, etc) • Death benefits and costs • Veteran's Benefits • Income tax preparation and filing (with AARP)	1
	Host seminars on financial planning	1
	Inform residents of Town benefits that can reduce the tax burden for residents most at risk of financial insecurity	1
	Advocate for state legislation to expand benefits to reduce the local tax burden	1
Identify Brewster residents most at risk for financial insecurity	Collaborate with other Town Departments such as Housing, Fire, and Police as well as ESCCI and other community service organizations to identify at-risk residents	1
	Increase Outreach Coordinator positions to full-time and consider increasing FTEs to better meet resident needs	1
	Provide ongoing training for Outreach Coordinators regarding changes in benefit programs and eligibility	1

Support for older workers	Explore development of a registry for job-sharing/part-time work opportunities Promote advantages of older workers to potential employers through website and social media	2 2

D.4 HEALTH & WELLNESS

GOAL: PROMOTE HEALTH AND WELLNESS OF OLDER RESIDENTS

WHAT THE RESEARCH TELLS US

Lifestyle choices have the greatest (45%) impact on a healthy old age, including choices regarding exercise, nutrition and personal habits such as smoking and physical activity. For these reasons health education, nutrition and exercise programming are a major component of senior center services. By age 75, about one in three men and one in two women engage in NO physical activity resulting in the loss of strength and stamina attributed to aging. Among older adults, walking and gardening/yardwork are by far the most popular physical activities. Social support from family and others is key to encouraging and promoting daily exercise, underscoring the value of group programs.

Chronic illness increases with age – 80% of older adults have at least one condition; 50% have two or more, and 24% have a condition that limits their ability to perform activities of daily living. In the absence of regular exercise ("use it or lose it"), physical frailty and loss of stamina result. Added to age-related changes in vision, hearing and endurance, frailty puts older adults at high risk for falls. Individuals with chronic conditions also take more medications, have higher healthcare costs and higher rates of hospitalization. Because the immune system weakens with advancing age, older adults are more susceptible to infections, more likely to require hospitalizations and more likely to die.

As we age, medical and social problems are very much interrelated. Illness impacts independent living and mobility that, in turn, can cause isolation. Isolation and loneliness are further linked to adverse health consequences including poor cardiac function, depression, accelerated cognitive decline and impaired immunity at every stage of life. Older adults, especially those who live alone or are isolated are most at risk during natural/weather disasters. Yet less than a third (29%) have an emergency plan in place. As people age, a number of factors, both social and physiological, have an effect on nutritional status. Medications for chronic conditions can also cause unpleasant effects like constipation and diarrhea causing older adults to limit their food intake.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

- 5 to 11% report independent living situations that impair their ability to do errands, visit a doctor or shop
- 21% of residents age 80+ have a limiting impairment
- 11% of residents have one disability; 13% report two disabilities.
- Mobility impairment/frailty is most frequently reported condition.
- 32% of caregivers are coping with chronic disease in family members
- Food insecurity is an issue, especially among older adults
- There is a growing fear that future health-related needs will be unmet, especially among those who no longer drive.
- Residents are worried that physical health care changes could limit mobility and independence in the future.
- A high number of EMS emergency calls are from older residents.
- There is a critical shortage of health and home care workers who can provide services.
- 10% of residents could not afford home modifications for greater safety, increasing the likelihood of fall risk.
- 46% consider wellness programs moderately or very important; 32% want more wellness programs.
- 52% consider physical fitness programs moderately or very important; 37% want more indoor exercise programs, and 39% want more outdoor exercise programs.
- 44% consider I&R services a priority.

GOAL: PROMOTE HEALTH AND WELLNESS OF OLDER RESIDENTS		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Provide programs to promote living safely in the community	Provide educational programs related to fall risk, fall prevention and safety measures in the home	1
	Advocate for age-friendly/ADL accommodations in all public settings to prevent falls and serious injury	1
	Collaborate with the Police and Fire Depts on safety education with regard to fire, weather emergencies and scams	1
	Provide educational programming on driver and driving safety, including the decision to stop driving	1
	Advocate for age friendly design, infrastructure and programming that promote socialization in public settings, including "conversation nooks" and "chat benches"	1
	Apply for funds for accessible benches and tables for public settings, as appropriate	1
	Advocate for transportation to and within the parks for exercise and socialization	1
Provide programs for healthy living	In collaboration with the Recreation Dept and others, provide programs for a broad spectrum of ages and abilities in promoting physical fitness	1
	Continue to support health and well-being through health screening and counseling, in collaboration with the Brewster and Barnstable County's Health Departments and the VNA.	1
	Continue to support mental health and well-being through screening and access to counseling services in collaboration with community mental health resources provide programs for a broad spectrum of ages and abilities in promoting physical fitness	1
	Provide education related to creating a life plan for healthy aging	2

	Continue to provide chronic disease educational programming	1
	Further develop a program on end-of-life planning	1
	Continue outreach efforts providing access to services that meet the needs of older residents at risk	1
	Continue to organize and promote an annual Town Health and Wellness Fair	1
Provide programs to meet the nutritional needs of older adults	Identify Brewster residents at greatest risk for food insecurity and contributing factors	2
	Provide individual and group nutrition education	1
	Develop partnerships around food insecurity and efforts to de-stigmatize access to food resources	1
Identify and meet the needs and interests of diverse populations, including persons with disabilities; LGBTQ; ethnic and cultural minorities; veterans; men, especially the 80+ cohort living alone	Through Outreach and collaboration with other community agencies, identify health and social service needs of special populations	2
	Provide health programs specific to identified needs	2
	Provide information and referral to other agencies as appropriate	2

D.5 CAREGIVING

GOAL: SUPPORT AND ASSIST CAREGIVERS OF OLDER BREWSTER RESIDENTS

WHAT RESEARCH TELLS US

Unpaid caregivers are serving as a core piece for health and long-term social services systems, as well as the main source for long-term care for adults living in the community (AARP and National Alliance on Caregiving, Caregiving in the United States 2020). The National Alliance on Caregiving and AARP have studied trends in family caregiving every 5 years. The most recent data indicate that about 42 million adults are providing care to an older adult, with almost one-fifth of them helping more than one person. These numbers have been increasing steadily over time, related to the aging of the baby boomer cohort, workforce shortages, and efforts by states on home and community-based services. Close to 90% of caregivers are helping relatives (parents, spouses, grandparents), are often as old as their care recipient and live with them. In another recent national study, it was

learned that over 30% both receive and provide care. These caregivers were typically spouses helping each other. The help that caregivers provide is increasingly complex as care recipients often have multiple health and functional needs. Caregivers report positive feelings about their role, but also admit to stress and strains on their own health, their finances and work performance.

These data underscore the importance of caregiver supports. They have informational and training needs in areas such as keeping the care recipient safely at home, managing caregiver stress, and navigating services, forms and eligibility for services. Most do not use online and technology support tools. Planning for the future, either for the care recipient or themselves, is not the norm.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

Residents need help as they age. And many older residents are providing this help.

Findings from the Needs Assessment Survey tell us that:

- A substantial number of older residents need help with daily living activities, especially as their age increases. About 5% of those in their 60s reported having an impairment. This share rises to 7% for respondents in their 70s, and increases to 21% of respondents age 80 or older.
- 40% of residents age 80+ live alone, suggesting that they do not have easy access to needed assistance.
- A majority reported that they would pay someone to help (59%) or have family members help (54%), but 10% said that they did not know who would help them.
- Many older residents do not have family living nearby. Potential sources of care for many include friends (31%) and neighbors (20%).
- More than one-third (36%) of survey respondents stated that they currently provide care or have provided care or assistance to a person who was disabled or frail in the past 2 years. That percentage is highest among those age 50-59 (53%) and age 60-69 (50%).
- Many caregivers report that this care is very or somewhat challenging. This was especially true for those age 50-59 and 60-69, where more than 50% of those providing care reported this was very or somewhat challenging.
- For more than 1 out of 4 (27%) caregivers, their care recipient was living with Alzheimer's disease or dementia or a sensory impairment (e.g., vision or hearing). 57% reported that there are NOT adequate resources to support residents living with dementia and their families in the area.
- 12% reported wanting caregiver support programs; this is 25% of those age 50-59.

It is becoming increasingly difficult to access health and community-based supports. Key informants shared that there are barriers, including financial insecurity and lack of transportation, for a segment of the older population that struggles to connect with health and supportive services. Interviewees acknowledged that there are isolated homebound residents whose needs are unknown and growing fear that future health related needs will be unmet. Many older adults are struggling to find available healthcare providers. An interviewee shared: *Getting a primary care physician (PCP) is becoming increasingly difficult in this area. I see people looking and posting on social media regularly for a PCP.* Many providers are not accepting new patients and others have waiting lists for one year or longer. Some providers have changed to a concierge model that requires a monthly fee beyond medical insurance coverage. For those experiencing financial insecurity, this model is out of reach. Interviewees also highlighted growing support needs related to mental and behavioral health. The Town currently leverages a network of nonprofit providers and provides close to twenty organizations with funding from Brewster's Human Services Committee.

- The fragile nature of the healthcare network and barriers to care are prompting the need to build upon collaborative efforts that will enable successful access to community-based resources.
- 26% live alone with no caregiver living in the home.
- 16-20% of residents age 60-79 do not have someone within one-hour of travel time who they could ask for help.
- Increased difficulty to access health and community-based supports/resources.
- Huge shortage on the Cape for healthcare workers which limits access to care.

GOAL: SUPPORT AND ASSIST CAREGIVERS OF OLDER BREWSTER RESIDENTS		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Identify caregiver needs and concerns in the community	Continue to work collaboratively with ESCCI and the Alzheimer's Family Support Center	1
	Continue to reach out to area healthcare providers, Brewster EMTs, and Brewster Police for assistance in identifying caregivers in need	1
	Continue to operate Elders of Specific Concerns program to identify elders at risk and their caregiving needs	1
Provide information and referral services for caregivers	Continue to identify and inventory resources for caregivers including available services, waiting lists, costs, etc.	1
	Continue to collaborate with ESCCI's Family Caregiver Support Program to provide needs assessment and referrals for identified caregivers	1
	Collaborate with Nauset Neighbors to identify services offered which can ease the burden for caregivers in the community	1
Provide educational programs to meet the needs of caregivers	Utilize existing educational and support programs offered by ESCCI and Alzheimer's Family Support Center related to caregiver-related topics	1
	Develop and implement educational seminars not offered through other resources such as: planning for incapacity, aging in place through home modification, caregiver burnout and stress management, long-term care options, etc.	2
Support caregivers in their role	Create a support network of caregivers who can come together to talk about and share experiences	1
	Host social and fun activities to provide a brief respite for caregivers	2
	Explore options for continuing to provide residents with supportive day programming	1

D.6 LIFELONG LEARNING

GOAL: PROVIDE A RANGE OF LEARNING OPPORTUNITIES RESPONSIVE TO INTERESTS OF BREWSTER RESIDENTS

WHAT RESEARCH TELLS US

A study of Lifelong Learning Among Adults age 45+ (2022) provides an overview of what is known about lifelong learning (LLL) for older adults. LLL provides older adults with a sense of control over their well-being (e.g. staying healthy and mentally sharp). A vast majority (83%) agree it is of vital importance to keep the brain active, and 54% are motivated by staying mentally sharp and promoting brain health.

Adults are interested in a wide range of topics. Of high interest are history, mental health & wellness, basic technology, science, art/music, diet/culinary skills. A third (33 to 38%) were interested in learning about: social issues (politics, the environment, social equality), financial skills, stress management, arts and culture, spiritual or personal growth, educational travel opportunities, exercise and fitness, animals and pets, gardening and horticulture and learning a new language. Learning to use new technology is another top area of interest.

The majority (72%) go online to acquire new knowledge; 66% to learn a new technology and 63% to learn new skills. However, almost half (43% of men and 44% of women) prefer learning with others in person. Barriers to LLL include cost (26%), lack of time (17%), fear of ageism (18% of those 80+); health and mobility issues (14%); lack of topics of interest (11%); and lack of or limited internet access for online learning (7%)

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

- 54% of residents 65+ have a BA or graduate degree; in this group 62% have a graduate degree, suggesting a range of LLL program interests is preferred.
- 49% consider educational programming as very or moderately important.
- 39% ask for lifelong learning programs, but preferences for LLL programs vary by age.
- High on the preference lists are: wellness programming, performance and visual arts (43%), art classes (24%), and instruction/lecture on topics like history, writing, language and culture (39%).
- 28% want programs addressing technology, increasing to 37% of those age 80+.
- 6% are interested in programs for special interest groups such as LGBTQ or veterans.
- 41% are interested in trips and outings.
- 34% are interested in virtual programs.
- Limiting factors for non-users of the COA were: “if there were more people like myself” (18 to 24%); wanting programs offered in the evening or weekends (9 to 13%); and programs better suited to my interests (24 to 31%).

- Residents on a fixed income are being squeezed (and might not be able to afford programs/activities with fees).

Stated program preferences for a possible Community Center also have relevance to COA LLL programming over the next five years and build support for a Community Center. Preferences include the following:

- Entertainment programs like concerts and films (64%)
- Intergenerational programs (45%)
- Informal gathering spaces (inside or out) (41%)
- Indoor gaming area (40%)
- Community gardens including raised beds (37%)
- Woodworking or fix-it programs

Every Domain in this Plan has LLL components, whether learning about resources, visiting a museum, learning the steps to a new game or exercise, being warned about scams, or preventing dire circumstances in emergencies. LLL can be obtained in several ways: the traditional classroom setting, online, via various media, or by referring out to other LLL organizations such as the Lifelong Learning program at 4Cs, the Senior Program at Bridgewater State University in Yarmouth, and others. However, to accommodate all LLL recommendations mentioned above, and to meet the needs and interests of a wider audience of older adults, the COA must collaborate with other Town Departments and community organizations to meet these lifelong learning goals.

GOAL: PROVIDE A RANGE OF LEARNING OPPORTUNITIES RESPONSIVE TO INTERESTS OF BREWSTER RESIDENTS		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Address the needs and interests of older residents, including current participants and those not yet attending programs	Explore virtual/hybrid programming	1
	Continue to film programs for public access TV	1
	Continue to collaborate with other Town departments such as the Rec Department, Brewster Ladies Library, and Cultural Council to provide programs that reach a wider audience	1
	Engage with other community organizations, such as Mass Audubon, the Brewster Conservation Trust, and Cape Tech for joint programs to reach a wider audience	2
	Include link on new website to lifelong learning opportunities through other organizations *(see Communications and Marketing*)	1
	Develop a system to assess interest in, and success of, programs, including content, time of day, success of promotional efforts, as well as suggestions for new programming.	2
Provide space and atmosphere that is encouraging and supportive of program content	Continue to use space in other Town buildings, e.g, BLL, seek space in other buildings such as the Police and Fire Departments and at the Bay Property	1
	Engage with other community organizations to co-sponsor programs and potentially use their space	1
	(*See Infrastructure and Resources)*	

D.7 TRANSPORTATION

GOAL: PROVIDE TRANSPORTATION SERVICES THAT MEET THE NEEDS OF BREWSTER'S OLDER RESIDENTS.

WHAT RESEARCH TELLS US

The Center for Social and Demographic Research on Aging, Gerontology Institute, University of Massachusetts community needs assessment has cited transportation twice (2017 and 2024) as a concern for Brewster's older residents. Loneliness and social isolation are recognized as key determinants of public health. The risk for social isolation in Brewster is high. A lack of accessible transportation options reduces social participation rates, which could negatively impact overall health outcomes.

An older adult friendly transportation system that is available, affordable, and appropriate is essential to allow older adults to be mobile, travel from one place to another to meet their basic needs and health care, continue actively participating in society, maintain social networks, and retain autonomy and independence in life.

Survey respondents, in all age cohorts, support the prioritizing and expansion of transportation offerings at the Brewster COA.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

- Brewster is a car-dependent community, and walkability is limited by the sidewalk structure.
- Of residents age 80+, 14% do not drive, and 13% limit their driving.
- The vast majority of residents do not use CCRTA transportation.
- Residents worry about their ability to access services if they no longer drive.
- Many older residents do not have family living nearby; 17% of all respondents said they did not know someone living nearby on whom they can rely for help.
- 8% of those age 80+ had to miss appointments because of lack of transportation.
- 11% of those age 80+ state that they would be more likely to attend COA programs if they had transportation.
- 45% report that expansion of transportation services is a priority for the COA.
- The needs of isolated, homebound residents are unknown.

Transportation concerns were also stated during focus groups:

- *I am a single 71-year-old woman with no family within 2 hours. As I age, my biggest concerns are: (1) how to get around when can't drive (2) how to get to medical appointments.*
- *It will be very difficult to live here if we lose our ability to drive.*
- *Poor transportation options for non-drivers.*

GOAL: PROVIDE TRANSPORTATION SERVICES THAT MEET THE NEEDS OF OLDER RESIDENTS		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Improve identification and understanding of transportation needs, and assess gaps in transportation needs	Use and build upon existing data, including from *MySeniorCenter,* to describe transportation needs Consider conducting a customer satisfaction survey to assess unmet transportation needs	2 2
Expand medical transportation	Collaborate with Nauset Neighbors to provide transportation to areas not served Identify and utilize alternative medical transportation services to other areas	1 2
Provide education and information about transportation options	Develop and promote a "Travel Training" literacy program Continue to educate residents about new options offered by the CCRTA, including *SmartDart* (an Uber-type service)	2 1
Investigate supplemental transportation options	Explore supplemental transportation programs and determine appropriateness for Brewsters older adults. For example: GoGo Grandparents Silver Express Visit A Friend Continue to collaborate with Nauset Neighbors for other transportation needs	2 1

D.8 COMMUNICATIONS AND MARKETING

GOAL: USE EFFECTIVE COMMUNICATION AND MARKETING STRATEGIES TO REACH OLDER RESIDENTS, INCLUDING SPECIAL GROUPS SUCH AS THE YOUNGER-OLD, VETERANS, THE ISOLATED OR HOMEBOUND, AND LGBTQ

WHAT RESEARCH TELLS US

Whether it is cereal or travel or entertainment, five key principles of marketing apply to our

strategic thinking of marketing and communications. The basic principles are product, price, place, promotion, and people. The marketing industry defines these principles this way:

- Product: clarification of how your product differs from others and what makes it a
- quality product.
- Price: indication of what the customer has to pay for the service or product which should be determined by market value
- Place: place is always convenient to the customers
- Promotion: the building of awareness of who you are and a reason to choose your product and the benefits of the product to your customer. Promotion of your organization, product or service is most effective when communicated through different methods.
- People: human connection to customers through listening to and satisfying their needs. It also includes properly training staff to interact with customers.

An effective marketing campaign involves a multi-faceted approach that includes both print and visual media as well as personal face-to-face communications and/or events with the desired target audience. An effective marketing strategy focuses on:
1. Need/Want - who do you want to reach and what reaction or response do you want from them?

- People want money, personal growth, advancement, praise and recognition, independence, peace of mind, knowledge, fun and adventure
- People want to save money, time and effort; they want convenience

2. Age and gender – different cohorts of people want different things; one size does not fit all.
3. Competition - who are you competing with for your target's attention?
4. Special considerations for targeting such as educational level, literacy, ESL, Access.

To reach older adults effectively in print, guidelines exist regarding everything from choice of paper, paper finish, text size /font size, layout, and the use of artwork. Artwork refers to photos, drawings, use of color, etc. It attracts the eye and gains attention. While people resist the effort to read, they do not mind looking at pictures. Photos increase marketing response rate by 50% over pure text. Many of these rules apply as well to the use and design of information projected on a screen or on a web page.
Lastly, research tells us that marketing's "magic words" to foster the attention of a target audience include: you, free, new, discover, proven, easy, now, results, introducing, help, save, guarantee, today, love, win. By using such words, the marketer conveys how the product/service is unique, different, new or better than before, and better than that of the competition.

A word about ageism. Ageism refers to the stereotypes or negative beliefs about aging

and aged individuals - a particular problem in the American youth culture. Even older adults can be ageist, not wanting to be associated with "old folks" and the negative stereotypes about them. For this reason, many "senior" centers are re-branding themselves as centers of lifelong learning or active living, responding to people's needs/wants for independence, fun, adventure and personal growth.

Best practices can be seen in COAs that have re-branded themselves into centers of lifelong learning to make themselves more vital and to make customers desire to belong. A good example of communicating a reason to choose a product or program is advertising for health benefits and exercise classes in the marketing place where the focus is to improve your health and feel better.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

Results of the Needs Assessment Survey indicate a strong need to address the challenges of limited awareness of resources and information through perceived gaps in communication.

- 17% stated they are unaware of COA programs and services.
- 96% of residents have internet access, including 89% of those age 80+.
- However, some residents have a lack of familiarity with technology that may be used to communicate COA information.
- Preferred sources of information varies:
  - ✓ 72% prefer the COA newsletter,
  - ✓ 57% use the Brewster Town website,
  - ✓ 27% find information via social media platforms, especially the young-old,
  - ✓ 11% note word of mouth as important.
- 34% are interested in virtual programming.

A strong indication of the effectiveness of newly planned multidimensional marketing and communications will be an increase in the above percentages, particularly word of mouth.

GOAL: USE EFFECTIVE COMMUNICATION AND MARKETING STRATEGIES TO REACH OLDER RESIDENTS, INCLUDING SPECIAL GROUPS SUCH AS THE YOUNGER-OLD, VETERANS, THE ISOLATED OR HOMEBOUND, AND LGBTQ

OBJECTIVE	ACTIONS	PRIORITY LEVEL
Rebrand the COA, including a new name for the Center	Hire graphic designer and develop a modern brand identity that will appeal to a diverse population of older residents	1
	Develop a new name for the Senior Center, dropping the use of "COA"	1
	Develop a "value proposition" for the COA (i.e., how the COA can help with problems and enrich lives) to	1

	use in marketing and communications and potentially for revision of the COA Mission Statement	
Design and launch a user-friendly COA-specific website	Develop plans for how website should be used (schematic framework) Identify a user-friendly web platform Finalize design and layout; consider hiring a graphic designer Populate content; include links and references to content on the Town website and other Town Department websites to highlight the connectivity Launch via widespread announcements	1 1 1 1 1
Create an attractive newsletter design and format	Use the new brand identity to redesign the *Bayside Chatter* Redesign all COA print materials to incorporate marketing research "do's and don'ts", and to adhere to formatting guidelines for targeting older adults	1 1
Develop a multifaceted marketing strategy that incorporates print, visual media, personal face-to- face communication and outreach, and events	Leverage existing community communication initiatives to disseminate information about programs and services: • Police "check in" list and daily calls • Fire Department blood pressure checks and emergency response calls • Meals on Wheels drivers • Mailings from Town such as tax bills • Town email blasts – encourage residents to enroll in this email blast program • Newsletters of other community organizations such as Friends of Brewster Seniors, BLL, Wells and Frederick Courts, and others Develop a speaker's bureau of volunteers and Board members to speak about programs and services at public meetings and group functions Send a letter from the Director to every resident over age 60 describing how to sign up for its newsletter, email blasts, and web announcements Continue to include program announcements in the Barnstable County Human Services e-Newsletter	1 2 2 1

D.9 INFRASTRUCTURE AND RESOURCES

GOAL: PROVIDE APPROPRIATE SPACE AND STAFFING RESOURCES TO INCREASE PARTICIPATION AND MEET NEEDS OF OLDER RESIDENTS

The COA building, while a beautiful example of Victorian architecture and beloved by residents for its role in town history, is ill-suited as a senior center. Considerable research has been done in recent years regarding the most desirable design features of buildings that house or service older adults. Building architects, contractors and interior design professionals have caught on to the need to make or upgrade buildings using universal design features that anticipate the needs of an aging population. Universal design, which benefits people of all ages, calls for spaces that address these design issues: quality of life, safety and accessibility, acoustics and lighting, finish and color choices and even the choice of furnishings.

With the possibility of a Community Center at the Bay Property at least 10-12 years in the future, it is imperative that every effort be made to make as many accommodations as possible to the existing building and to enable the COA to use programming space at the Town's more desirable meeting, classroom, and activity venues.

WHAT RESEARCH TELLS US

Research demonstrates the pivotal role that building and interior design play in impacting "the comfort, mobility and overall well-being" of older adults. Because of physical and cognitive changes that occur with aging, ideal age-friendly design includes:

- One floor, one story building
- Friendly floors/ramps that are slip safe
- One stair entrances and safe stairs within
- Good lighting in terms of wattage, lighting type and absence of glare
- Open spaces and clear pathways for maneuvering
- Bathrooms with comfort level toilets and grab bars
- Lever style door and faucet handles

Other important factors include the following.

- Colors/Finishes: Considerable research has been done on how we perceive color and the associations we have with color. Men and women react differently to color, and older adults perceive color differently than younger adults. Because of conditions like cataracts and the yellowing of the lens as people age, older adults have more difficulty distinguishing between shades of blue-green, blue and violet (cold colors). They can differentiate better between warm colors such as yellow and orange. Yellow is the most immediately recognizable color.
  Contrast is important to help those with impaired eyesight to see edges, borders and boundaries between things. Potentially dangerous "crossroads" within and outside a building should be highlighted with contrasting colors. Because older adults are sensitive to glare, matte finishes are preferred.

Lastly, we know from EEG studies that colors evoke different emotions/feelings that impact mood and comfort level. Cool colors evoke arousal; warm colors evoke relaxation. So, wall color choices should be appropriate to what takes place in a space and the desired emotion to convey. A cool color might, for instance. be more appropriate for an exercise room; warm, earthy tones and pastels might be more appropriate for a reading, card or game room.

- Lighting: Adequate and well-planned lighting enhances visibility, reduces the risk of falls and positively impacts mood and circadian rhythms as well. Natural lighting with window coverings to avoid glare and absorb noise, and task lighting are preferred. Dimmer switches allow adjustments in light intensity.
- Furniture choices: Furniture can play an important role in combating the mobility and posture challenges of older adults. Chairs with straight backs and arms enhance comfort and safety. Furniture arrangements can also encourage face-to-face conversations and shared activities.
- Electrical upgrades: state-of-the-art technology for in-person and remote experiences likely require upgraded service and equipment.
- The Exterior – An overhang near entrances or an awning for shade, rain and snow are important. Entrances and pathways should be lighted, along with entrance lighting. Outdoor stairs and ramps should be designed to be safe and slip resistant. Lastly, for passengers being dropped off or picked up, a bench should be provided.

WHAT WAS LEARNED FROM THE NEEDS ASSESSMENT SURVEY

- The senior center is outdated, inadequate and lacks appropriate accessibility.
- Physical features of the building are deterrents to participation; up to 5% of residents do not attend programs because the building is not considered accessible or safe.
- 21% of respondents age 80+ have an impairment that limits ability to participate in the community and COA programs.
- There is limited egress from the second floor, and the elevator is slow and does not work consistently.
- The second-floor bathroom is not accessible and not age-friendly.
- Expanding fitness activities is not feasible in the existing building.
- Residents stressed that programming enhancements are not feasible in the existing COA building, and highlighted other communities with more desirable .
- Focus group participants stated that older adults deserve better space that fosters social engagement.
- Residents highlighted other communities with more desirable spaces.
- 22% of respondents are participating in COAs elsewhere.
- Participation in COA programs is less common in younger-old residents.
- Updates to furniture, interior design and physical structure would make the COA seem more inviting and contemporary.

Current space is a major obstacle to address the wide range of LLL interests identified in that Domain. Space for a traditional classroom is minimal and lacking AV resources. The building also has problems related to acoustics, glare, traffic flow, and noise ("Senior Center space is outdated, inadequate and lacks accessibility") which are particularly challenging for older adults with hearing loss, cataracts, and other sensory losses associated with aging. More than any other Town department, the COA is in need of state-of- the-art classroom and meeting space.

GOAL: PROVIDE APPROPRIATE SPACE AND STAFFING RESOURCES TO INCREASE PARTICIPATION AND MEET NEEDS OF OLDER RESIDENTS		
OBJECTIVE	**ACTIONS**	**PRIORITY LEVEL**
Make building improvements and modifications to improve safety, accessibility, useability, and appeal	Request capital funds for improvements, including interior paint, bathroom upgrades, replacement of railings for back stairway, lighting (especially on the second floor), and sound absorbing materials for the 2 large rooms	1
	Explore possibility of moveable wall partitions for the 2 large rooms to enhance usability for simultaneous programs	2
	Consider reconfiguration of space for office use	2
	Explore possibility of elevator replacement	3
	Explore opening of wall between hall and reception desk to make a more inviting space	1
	Replace second floor carpeting with LVT (luxury vinyl tile) as carpet is a deterrent and hazard for most physical fitness programs	2
	Replace older furniture with age-appropriate furniture that can be used in a future facility	1
	Update AV equipment and add computers as needed	2
Make exterior improvements	Cover exterior walkway/ramp	2
	Purchase additional accessible benches and picnic tables	2
Access additional programmatic space in other Town and community venues	Explore with Town Manager the possibility of a Town Resource Manager to identify and schedule space in Town buildings for use by all Departments	2

	Utilize meeting space in Police and Fire Departments, Town Hall, BLL, and at the Bay Property	1
	Use appropriate space in the community for programs, including assisted living facilities, churches, and commercial space	1
Increase staffing in response to increased needs and demands	Increase Outreach staff to at least 2FTEs and potentially more in later years	1
	Add new position for an Assistant Program Coordinator	1
	Add per diem staff in order to offer evening and weekend programs and to provide transportation to programs and events	2
Continue participation in advocacy and planning for a community center	Participate as Director and liaison in Sea Camps Advisory Committee	1
	Ensure that the Community Center Feasibility Study addresses COA interests and needs for appropriate and adequate space	1

APPENDIX A. ACKNOWLEDGEMENTS

The Brewster Council on Aging acknowledges and extends appreciation to the many residents, Town Administration and Department Heads, and representatives of community organizations who contributed their time and helpful input that informed the development of this Action Plan.

Appreciation is also extended to Caitlin Coyle PhD, Beth Rouleau MS and staff of the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston, for their expertise and skills in developing and executing the study to collect data and report the findings included in *Aging in Brewster: A Community Needs Assessment**

COA STAFF – FY25	**FY27**
Elton Cutler, Director	Elton Cutler, Director
Annie Rapaport, Program Coordinator	Annie Rapaport, Program Coordinator
Lauren Zeller, Senior Department Assistant	Amy Kelly, Senior Department Assistant
Lauren Williams, Department Assistant	Tana Christo, Department Assistant
Cindy Thatcher, Outreach/SHINE Coordinator	Cindy Thatcher, Outreach/SHINE Coordinator
Mary King, Outreach/SHINE Coordinator	Linda Harding, Outreach/SHINE Coordinator
Brian Locke, Van Transportation Coordinator	John Whitney, Transportation Coordinator
Steve Holmes, Van Driver	Steve Holmes, Van Driver
	Brian Locke, Van Driver

COA BOARD-FY25	**FY27**
Andrea Nevins, Co-Chair	Sharon Tennstedt, Chair
Sharon Tennstedt, Co-Chair	Andrea Nevins, Vice Chair
Jill Beardsley	Jill Beardsley, Clerk
Jay Green	Jan Crocker
Penny Holeman	Jay Green
Honey Pivirotto	Eva Orman
Laura Usher	Lynda Schuyler
Jan Crocker, Alternate	
Eva Orman, Alternate	

*Coyle, C., Rouleau, B. “Aging in Brewster: A Community Needs Assessment” (January 2024). Center for Social and Demographic Research on Aging Publications

ADDENDA

ACTION PLAN IMPLEMENTATION – FY27			
MONTH	**ACTION**	**DOMAIN**	**STATUS**
JULY	Continue to encourage the Town to establish a centralized volunteer database to provide opportunities for residents to both offer time/skills and to request volunteer assistance (Select Board Strategic Plan)	SOCIAL ENGAGEMENT	Suggestion submitted for consideration in the SB Strategic Plan update
	Continue to advocate for age-friendly/ADL accommodations in all public settings to promote socialization	HEALTH AND WELLNESS	Ongoing
	Chair to continue participation as voting member of, and COA Director as liaison to, the Sea Camps Advisory Committee	INFRASTRUCTURE AND RESOURCES	Ongoing
	Ensure that the Community Center Feasibility Study addresses COA interests and needs for appropriate and adequate space		Bid review in process; once consultant contract is finalized
AUGUST	Plan another way to educate residents to be aware of needs of isolated neighbors and friends on National Good Neighbor Day (9/28)	SOCIAL ENGAGEMENT	Little Free Art Gallery to be installed on COA grounds
	Continue to inform residents of Town benefits to reduce tax burden, e.g., by newsletter and website	FINANCIAL SECURITY	Ongoing
	Organize a support group for caregivers to talk and share experiences; potential name - "Caregivers Table Talk and Coffee Hour"	CAREGIVING	Continue planning discussion at August meeting
	Article about the COA in the Town newsletter *Bayside Bulletin*	COMMUNICATION	September issue
SEPTEMBER	Submit the COA 5-year Action Plan to AARP (requirement of Age-Friendly certification), including the FY26 Status Report	AF CERTIFICATION	
	Collaborate with the Brewster Housing Office to plan/provide forums on ADUs and co-housing	HOUSING	Planning
	Continue to educate public and Town staff about Universal Design		Ongoing
	Article in September issue of *Bayside Chatter* and on COA website about falls risk with a hyperlink to NCOA's *Falls Free Checkup* for "Falls Prevention Month"	HEALTH AND WELLNESS	Completed
	Promote programs to meet the needs of older LGBTQ residents		6-week support group starting 9/22
	Good Neighbors Day reception-introduction of Little Free Art Gallery		9/28
	Continue to collaborate with the Brewster Cultural Council on events to increase socialization (e.g., storytelling events that build connections through shared stories)	SOCIAL ENGAGEMENT	Working with Beth Finch to gather oral histories
	Develop other ways to reduce social isolation		Ongoing
	Consider ways to promote advantages of older workers to potential employers through website and social media	FINANCIAL SECURITY	Meeting with Chamber of

			Commerce Director on 8/25
OCTOBER	Identify online lifelong learning opportunities and add to website	LIFELONG LEARNING	
	Coordinate the planting of the vegetative wind barrier at eastern rear of building	INFRASTRUCTURE AND RESOURCES	
	Continue to pursue grant opportunities for benches and tables for socialization, including picnic table and benches on COA front porch		
	Plan educational program(s) related to creating a life plan for healthy aging	HEALTH AND WELLNESS	
NOVEMBER	Continue to implement ways to assess interest in, and success of, programs, including content, time of day, success of promotional efforts, as well as suggestions for new programing.	LIFELONG LEARNING	
	Continue collaboration with Nauset Neighbors to identify services which can ease caregiver burden	CAREGIVING	
	Identify those caregiver educational programs not offered by other organizations that could be offered by the COA		
	Compile a speakers bureau of volunteers and Board members to present programs and/or to speak about programs and services at public meetings and group functions	COMMUNICATION	
DECEMBER	Develop requests for capital funds for improvements, including interior paint, lighting, sound absorbing materials for 2 large rooms, updated AV equipment and computers	INFRASTRUCTURE AND RESOURCES	
JANUARY	Continue to develop and promote a “Travel Training” literacy program	TRANSPORTATION	
	Explore potential for a “Brewster Community Dinner” during Older Americans Month	SOCIAL ENGAGEMENT	
	Plan and organize the 2027 Health and Wellness Fair	HEALTH AND WELLNESS	
	Explore expansion of the Financial Literacy/Retirement Planning program	FINANCIAL SECURITY	
	Develop budget requests for capital funds for building improvements and for additional staffing (new Assistant Program Coordinator and increase of Outreach staff to at least 2 FTEs)	INFRASTRUCTURE AND RESOURCES	
	Plan *Older Americans Month* activities, display	SOCIAL ENGAGEMENT	
	Discuss Senior Mentorship Program		
FEBRUARY	Consider and implement ways to welcome first-time participants-postcard to all residents age 60+	SOCIAL ENGAGEMENT	
MARCH	Continue to develop and offer a retirement planning program	LIFELONG LEARNING	
APRIL	Possible date for “Travel Training” literacy program	LIFELONG LEARNING	

MAY	Health and Wellness Fair	HEALTH AND WELLNESS	
	Older Americans Month activities as planned	COMMUNICATION SOCIAL ENGAGEMENT	
JUNE	Review status and success of new programs and Plan FY28 implementation steps		

BREWSTER COUNCIL ON AGING

Age-Friendly Action Plan

FY25–FY29

STATUS REPORT — END OF FISCAL YEAR 2026

June 30, 2026

How to Read This Report

This report presents the Fiscal Year 2026 status of every objective and action item across the nine goal areas of Brewster's Age-Friendly Action Plan. Each goal is organized by objective, with individual actions and their current implementation status.

Status Key

COMPLETE	ONGOING	PLANNED	DEFERRED / NOT FEASIBLE	NOTE

Contents

1. Social and Community Engagement
2. Housing
3. Financial Security
4. Health and Wellness
5. Caregiving
6. Lifelong Learning
7. Transportation
8. Communications and Marketing
9. Infrastructure and Resources

Social and Community Engagement

GOAL: *Facilitate and encourage social connections and engagement.*

OBJECTIVE	FY26 STATUS
Enhance participation in Center programs and services by non-users, especially the younger-old, the newly-retired, men, veterans, LGBTQ, and people of color	
▪ Continue to develop programming that is tailored to the needs and interests of all Brewster residents	ONGOING
▪ Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a "new member day" or a "bring a buddy" program)	PLANNED *FY27*
▪ Build participation levels among younger-old residents and other targeted populations through programs that reflect prioritized interests	ONGOING
▪ Issue special invites to residents identified by friends and others as likely to enjoy Center programs.	PLANNED *FY27*
▪ Consider developing an "ambassador program" and coach residents to actively encourage new participants (explore a property-tax work-off position for this purpose)	ONGOING
▪ Use a variety of communication modes to reach non-users (See Communications and Marketing)	ONGOING
▪ Explore uses of venues other than the Senior Center that would encourage and facilitate program participation	ONGOING *Started in FY25 and ongoing*
Enhance opportunities for older residents to increase social participation and engagement	
▪ Provide transportation to older residents to attend social activities and events	ONGOING
▪ Provide discounted tickets for area performances	DEFERRED
▪ Engage local faith communities, restaurants and nonprofits (e.g., the Family Table Collaborative) to host a monthly community dinner to provide a regular opportunity for residents to come together in a social setting.	PLANNED *Consider in FY27*
▪ Partner with the Brewster Cultural Council or a local performance venue to host events (e.g., storytelling events that build connections through shared stories)	PLANNED *Consider in FY27*
▪ Continue to pursue grant opportunities to purchase age-friendly benches and/or picnic tables for public spaces where socializing is encouraged	PLANNED *Continue in FY27*
▪ Consider celebrating National Good Neighbor Day (9/28) during National Senior Center Month (September) or Older Americans Month (May) with a series of "Let's Talk, Brewster" programs in which residents come together to be in conversation with others	PLANNED *Annually on 9/28*
▪ Continue to support the Town's efforts to establish a centralized volunteer database to provide opportunities for residents to both offer time/skills and to request volunteer assistance	PLANNED *Continue to recommend for Select Board Strategic Plan*

OBJECTIVE	FY26 STATUS
Address risk of social isolation among older residents	
▪ Continue to collaborate with other Town Departments and area organizations/programs (e.g., ESCCI's Nutrition Program, churches, senior housing) to identify and reach out to older residents living alone and/or without family nearby	ONGOING
▪ Solicit input and identify programs that would interest residents age 70 and older who are the most likely to be isolated due to their driving limitations and living alone, with a special emphasis on men	ONGOING
▪ Continue to use media and technology to encourage participation in programs by homebound residents	ONGOING
▪ Consider a volunteer group to make friendly visits in-person or by telephone	NOT FEASIBLE
▪ Engage school community service programs to assist homebound elders with small tasks or to make friendly visits	PLANNED *Explore in FY27*
▪ Educate residents to be aware of needs of neighbors and acquaintances who might be isolated; contact the Center as needed for assistance, services and resources	NOTE *Included in Good Neighbor Day initiative*
▪ Continue to provide outreach to isolated residents and provide information and referral services to community services, such as Meals on Wheels, as indicated	ONGOING

Housing

GOAL: *Provide resources to support housing preferences and needs of older residents.*

OBJECTIVE	FY26 STATUS
Offer educational programming on resources to support aging-in-place, including supportive housing options and long-term care	
▪ Continue to offer annually the If I Live to Be 100 Program, including information about Home Care Services, Assisted Living, CCRC, Nursing Homes, and options for end-of-life care	**ONGOING** *Started in FY25 and ongoing*
Inform and educate residents about ADU options that can support aging-in-place	
▪ Identify COA point person who will become the lead on educating residents on ADUs and advocating for this option	**ONGOING** *Started in FY25 and ongoing*
▪ Collaborate with the Brewster Housing Office to provide annual educational forums on ADU options, costs/financing, benefits and constraints	**ONGOING** *Started in FY25 and ongoing*
▪ Collaborate with appropriate Town staff to establish a network of qualified, licensed and insured Universal Design contractors who do ADU work	**PLANNED** *FY28*
Inform and educate residents about housing options other than ADUs, such as home sharing/cohousing	
▪ Identify alternative models of co-housing, including the benefits and constraints, by meeting with organizations like LifePath, Nesterly, and Cape Abilities	**PLANNED** *FY28*
▪ Design an educational forum on co-housing, in collaboration with Brewster's Housing Office, that includes discussion of benefits/constraints, applicant screening, negotiating an agreement, and preparing a legal document laying out relationships and responsibilities	**PLANNED** *FY28*
▪ Identify and follow-up with residents who choose this option on their experience	**DEFERRED** *Deferred until co-housing is adopted*
Develop a home maintenance program to support residents to age-in-place	
▪ Explore existing models for home maintenance such as Nauset Neighbors and Snow/Yard Angels; refer residents as appropriate	**ONGOING** *Referrals to Nauset Neighbors ongoing*
▪ Connect residents with local handi-person or home repair services. See the Boston HOME center as one possible model or engage in a partnership with Cape Cod Technical School	**NOT FEASIBLE** *Not feasible due to Town liability concerns*
▪ Establish a relationship with schools and youth organizations to identify volunteers for minor home maintenance projects	**PLANNED** *FY27*
▪ Consider sponsoring or advocating for a Snow Angels program or Yard Angels program and other programs to assist residents with yardwork or small repair projects that might qualify for community service credits	**DEFERRED** *Deferred to FY28*
Develop a home modification program to support residents to age-in-place	

OBJECTIVE	FY26 STATUS
▪ Identify a single point of contact, either the COA or another Town Department with knowledge of zoning, permitting and inspection requirements, whom residents can contact about their need for financial and/or contracting assistance for home modifications ▪ Seek and establish a network of qualified licensed and insured contractors that residents can contact to evaluate a property for necessary modifications ▪ Work with Town Manager and Housing Coordinator to develop a disclaimer of liability for the Town by residents choosing to utilize this program ▪ Collaborate with Town Management to determine level of interest from both public and private sources in funding home modifications for those residents with financial need	**NOT FEASIBLE** *Currently all not feasible due to Town liability concerns*
Advocate for senior housing and relevant design features in community housing developed by the Town	
▪ Identify a COA point person to advocate for Universal Design and for inclusion of affordable senior housing with supportive services in all new community housing	**COMPLETE** *Completed and ongoing*
▪ Collaborate with the Planning Department to identify any necessary zoning modifications that support this initiative	**PLANNED** *FY28*
▪ Educate the public and Town staff about the appropriateness and value of universal design	**ONGOING**

Financial Security

GOAL: *Assist residents to support financial security into old age.*

OBJECTIVE	FY26 STATUS
Educate and inform residents about programs to help preserve assets, reduce costs and support financial security into old age	
▪ Develop a Financial Literacy/Retirement Planning program that explores the rules and regulations and the benefits and limitations of topics like the following: Medicare (expand the "New to Medicare" class); Social Security and SSI; Planning for Incapacity financially, Power of Attorney, LTC costs; Mandated Retirement Distributions; Government benefits & eligibility (Benefits.gov) other than Medicare and SS; Local and state benefits and eligibility to provide financial support or reduce costs (e.g., Home Energy Assistance Program, SNAP, etc.); Death benefits and costs; Veteran's Benefits; Income tax preparation and filing (with AARP) ▪ Host seminars on financial planning ▪ Inform residents of Town benefits that can reduce the tax burden for residents most at risk of financial insecurity	**ONGOING** *All started in FY25 and ongoing*
Identify Brewster residents most at risk for financial insecurity	
▪ Collaborate with other Town Departments such as Housing, Fire, and Police as well as ESCCI and other community service organizations to identify at-risk residents	**ONGOING** *Started in FY25 and ongoing*
▪ Increase Outreach Coordinator positions to full-time to better meet resident needs	**DEFERRED / NOT FEASIBLE** *Not possible in FY25-26 due to budget constraints; Consider in FY27*
▪ Provide ongoing training for Outreach Coordinators regarding changes in benefit programs and eligibility	**ONGOING** *Started in FY25 and ongoing*
Support for older workers	
▪ Explore development of a registry for job-sharing/part-time work opportunities ▪ Promote advantages of older workers to potential employers through website and social media	**DEFERRED** *Deferred until FY28*

Health and Wellness

GOAL: *Promote health and wellness of older residents.*

OBJECTIVE	FY26 STATUS
Provide programs to promote living safely in the community	
▪ Provide educational programs related to fall risk, fall prevention and safety measures in the home ▪ Advocate for age-friendly/ADL accommodations in all public settings to prevent falls and serious injury ▪ Collaborate with the Police and Fire Depts. on safety education with regard to fire, weather emergencies and scams ▪ Provide educational programming on driver and driving safety ▪ Advocate for age friendly design, infrastructure and programming that promote socialization in public settings, including "conversation nooks" and "Chat Benches" ▪ Apply for funds for accessible benches and tables for public settings as appropriate ▪ Advocate for transportation to and within the parks for exercise and socialization	**ONGOING** *All started in FY25 and ongoing*
Provide programs for healthy living	
▪ In collaboration with the Recreation Dept. and others, provide for a broad spectrum of ages and abilities in promoting physical fitness ▪ Continue to support health and well-being through health screening and counseling ▪ Continue to support mental health and well-being through screening and access to counseling services ▪ Provide education related to creating a life plan for healthy aging ▪ Continue to provide chronic disease educational programming ▪ Further develop a program of end-of-life planning ▪ Enhance and provide health care screening in collaboration with the VNA and Health Department	**ONGOING** *All started in FY25 and ongoing*
▪ Consider a mobile health care unit	**DEFERRED / NOT FEASIBLE**
▪ Continue outreach efforts providing access to services that meet the needs of older residents at risk ▪ Continue to organize and promote an annual Town Health and Wellness Fair	**ONGOING** *Both started in FY25 and ongoing*
Provide programs to meet the nutritional needs of older adults	
▪ Identify Brewster residents at greatest risk for food insecurity and contributing factors ▪ Provide individual and group nutrition education ▪ Develop partnerships around food insecurity and de-stigmatize access to resources	**ONGOING** *All started in FY25 and ongoing*
Identify and meet the needs and interests of diverse populations, including persons with disabilities; LGBTQ; ethnic and cultural minorities; veterans; men, especially the 80+ cohort living alone	
▪ Through Outreach and collaboration with other community agencies, identify health needs of special populations ▪ Provide health programs specific to identified needs ▪ Provide information and referral to other agencies as appropriate	**ONGOING** *All started in FY25 and ongoing*

Caregiving

GOAL: *Support and assist caregivers of older Brewster residents.*

OBJECTIVE	FY26 STATUS
Identify caregiver needs and concerns in the community	
▪ Continue to work collaboratively with ESCCI and the Alzheimer's Family Support Center	ONGOING
▪ Continue to reach out to area healthcare providers, Brewster EMTs, and Brewster Police for assistance in identifying caregivers in need	ONGOING
▪ Continue to operate Elders of Specific Concerns program to identify elders at risk and their caregiving needs	ONGOING
Provide information and referral services for caregivers	
▪ Continue to identify and inventory resources for caregivers including available services, waiting lists, costs, etc.	ONGOING
▪ Continue to collaborate with ESCCI's Family Caregiver Support Program to provide needs assessment and referrals for identified caregivers	ONGOING
▪ Collaborate with Nauset Neighbors to identify services offered which can ease the burden for caregivers in the community	ONGOING
Provide educational programs to meet the needs of caregivers	
▪ Utilize existing educational and support programs offered by ESCCI and Alzheimer's Family Support Center related to caregiver-related topics	ONGOING
▪ Develop and implement educational seminars not offered through other resources such as: planning for incapacity, aging in place through home modification, caregiver burnout and stress management, long-term care options, etc.	PLANNED *Explore in FY27*

Lifelong Learning

GOAL: *Provide a range of learning opportunities responsive to interests of Brewster residents.*

OBJECTIVE	FY26 STATUS
Address the needs and interests of older residents, including current participants and those not yet attending programs	
▪ Explore virtual/hybrid programming	**COMPLETE**
▪ Continue to film programs for public access TV	**ONGOING** *Ongoing selectively*
▪ Continue to collaborate with other Town departments such as the Rec Department and Brewster Ladies Library to provide programs that reach a wider audience	**ONGOING** *Started in FY25 and ongoing*
▪ Engage with other community organizations, such as the Cultural Council, Mass Audubon, and the Brewster Conservation Trust for joint programs to reach a wider audience	**ONGOING** *Started in FY25 and ongoing*
▪ Include link on new website to life-long learning opportunities through other organizations	**PLANNED** *FY27*
▪ Develop a system to assess interest in, and success of, programs; including content, time of day, success of promotional efforts, as well as suggestions for new programing	**ONGOING** *Started in FY26 and ongoing*
Provide space and atmosphere that is encouraging and supportive of program content	
▪ Continue to use space in other Town buildings, e.g., BLL; seek space in other buildings such as the Police and Fire Departments and at the Bay Property	**ONGOING** *Started in FY25 and ongoing*
▪ Engage with other community organizations to co-sponsor programs and potentially use their space (See Infrastructure and Resources)	**ONGOING** *Started in FY25 and ongoing*

Transportation

GOAL: *Provide access to transportation services that meet the needs of Brewster's older residents.*

OBJECTIVE	FY26 STATUS
Improve understanding of transportation needs	
▪ Use and build upon existing data, such as from MySeniorCenter, to identify unmet transportation needs	**NOT FEASIBLE** *MySeniorCenter database not programmed to obtain this information*
Expand medical transportation	
▪ Assess gaps in existing medical transport services, particularly as related to transport to the Upper Cape and beyond ▪ Identify alternative transportation services for Upper Cape and off-Cape travel to medical appointments	**COMPLETE** *Both completed*
Investigate supplemental transportation options	
▪ Explore supplemental transportation programs and determine appropriateness for Brewster's older adults. For example: GoGo Grandparents; Silver Express; Visit A Friend	**DEFERRED** *Deferred to FY28-29*
Provide education and information about transportation options	
▪ Develop a "Travel Training" literacy program ▪ Promote the program through social media, newsletter, and other media	**ONGOING** *Started in FY25 and ongoing*

Communications and Marketing

GOAL: *Use effective communication and marketing strategies that will reach older residents, including special groups such as the younger-old, veterans, the isolated or homebound, and LGBTQ.*

OBJECTIVE	FY26 STATUS
Rebrand the COA, including a new name for the Center	
▪ Hire graphic designer and develop a modern brand identity that will appeal to a diverse population of older residents	**COMPLETE** *Completed in FY25*
▪ Develop a new name for the Senior Center, dropping the use of "COA"	**NOTE** *FY25 Community Survey results resulted in no change*
Design and launch a user-friendly COA-specific website	
▪ Develop plans for how website should be used (schematic framework) ▪ Identify a user-friendly web platform ▪ Finalize design and layout; consider hiring a graphic designer ▪ Populate content; include links and references to other Town Department websites to highlight the connectivity ▪ Launch via widespread announcements	**COMPLETE** *All completed in FY25*
Create an attractive newsletter design and format	
▪ Use new brand identity to redesign the Bayside Chatter	**COMPLETE** *Completed in FY26*
Use enhanced and varied strategies for wider dissemination of information about programs and services	
▪ Leverage existing community communication initiatives to disseminate information about programs and services: Police "check in" list and daily calls; Fire Department blood pressure checks and emergency response calls; Meals on Wheels drivers; mailings from Town such as tax bills; Town email blasts (encourage residents to enroll in this email blast program); newsletters of other community organizations such as Friends of Brewster Seniors, BLL, Wells and Frederick Courts, and others	**ONGOING** *Started in FY25; ongoing*
▪ Continue to include program announcements in the Barnstable County Human Services e-Newsletter	**ONGOING**
▪ Develop a speaker's program of volunteer and Board members to speak about programs and services at public meetings and group functions	**PLANNED** *FY27*
▪ Send a letter from the Director to every resident over age 60 describing how to sign up for its newsletter, email blasts, and web announcements	**PLANNED** *Postcard in FY27*

Infrastructure and Resources

GOAL: *Provide appropriate space and staffing resources to increase participation and meet needs of older residents.*

OBJECTIVE	FY26 STATUS
Make building improvements and modifications to improve safety, accessibility, useability, and appeal	
▪ Request capital funds for improvements, including interior paint, bathroom upgrades, replacement of railings for back stairway, and lighting (especially on the second floor)	**ONGOING** *Started in FY25 and ongoing*
▪ Explore potential for elevator replacement	**DEFERRED / NOT FEASIBLE**
▪ Explore opening of wall between hall and reception desk to make a more inviting space	**NOT FEASIBLE**
▪ Replace second floor carpeting with LVT (luxury vinyl tile) as carpet is a deterrent and hazard for most physical fitness programs	**COMPLETE** *Completed in FY26*
▪ Replace older furniture with age-appropriate furniture that can be used in a future facility	**COMPLETE** *Completed in FY26*
▪ Update AV equipment and add computers as needed	**PLANNED** *FY27*
▪ Consider reconfiguration of space for office use	**COMPLETE** *Completed in FY26*
Make exterior improvements	
▪ Cover exterior walkway/ramp ▪ Purchase a sun shade for the bocce court	**NOT FEASIBLE** *Both not feasible*
▪ Purchase additional accessible benches and picnic tables	**PLANNED** *FY27-28*
Access additional programmatic space in other Town and community venues	
▪ Explore possibility of a Town Resource Manager to identify and schedule space in Town buildings	**DEFERRED** *Town implemented and discontinued*
▪ Utilize meeting space in Police and Fire Departments, Town Hall, BLL, and at the Bay Property	**ONGOING** *Started in FY25 and ongoing*
▪ Use appropriate space in the community for programs, including assisted living facilities, churches, commercial space	**ONGOING** *Started in FY25 and ongoing*
Increase staffing in response to increased needs and demands	
▪ Increase Outreach staff to at least 2FTE ▪ Add new position for an Assistant Program Coordinator	**DEFERRED / NOT FEASIBLE** *Budget constraints have not allowed in FY25-26*

OBJECTIVE	FY26 STATUS
Continue participation in advocacy and planning for a community center	
▪ Participate as Director and liaison in Bay Property Implementation Committee	**NOTE** *Board Co-Chair appointed voting member in FY26*
▪ Ensure that the Community Center Feasibility Study addresses COA interests and needs for appropriate and adequate space	**PLANNED** *Starting in FY27*