



# **Aging in the Town of Weston: A community needs assessment**

---

Commissioned by the Town of Weston Council on Aging

---

## TOWN OF WESTON

COUNCIL ON AGING  
WESTON COMMUNITY CENTER  
20 ALPHABET LANE  
WESTON, MA 02483

(781) 786-6280  
FAX: (781) 786-6289



Dear Weston Residents,

The Council on Aging engaged the services of the University of Massachusetts Boston, Gerontology Institute for Social and Demographic Research to conduct a Needs Assessment. The purpose was to educate the Council on Aging, Town of Weston, stakeholders, and residents about the growing number of older adults in our community.

The number of older adults in the country, the state and in Weston is rapidly increasing. There are over 3,100 of Weston's 11,486 residents over the age of 60 which constitutes 28% of the Town's population. There are also over 1,000 residents who will enter this age group in the next 5 years. The Council on Aging recognizes that as we age we are faced with different challenges than we faced in our younger selves and therefore require services and programs to support us as we age. These may include social services, physical needs such as home modifications, accessible programs and parks, financial constraints of a fixed income, loss of friends and family, assistance at home with daily tasks, health concerns or even giving up the independence of driving. The Council on Aging strives to create a community that supports the needs of all older residents which in turn creates a more welcoming community for all residents.

We want to thank the Friends of the Weston Council on Aging and the Executive Office of Elder Affairs for their financial support to make this study possible as well as the University of Massachusetts Boston, Gerontology Institute for Social and Demographic Research for their expertise in gathering, analyzing and publishing this report. The information obtained from this study will assist the Town, the Council on Aging and others who serve the needs of the older adults of Weston. This increased knowledge we gain will enable us to be better prepared to meet the needs of residents as they age in Weston.

We appreciate your interest in this report which we know will help us to address the future needs of Weston's older adults.

Sincerely,

Mignonne Murray  
Weston Council on Aging Director

[www.weston.org](http://www.weston.org)

# **Aging in the Town of Weston: A community needs assessment**

Commissioned by the Town of Weston Council on Aging

February 2019

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

# Executive Summary

## Key Findings in Brief

## Acknowledgements

The authors wish to acknowledge the Weston Council on Aging board and Friends of the Council on Aging, which generously provided support for this project. Members include: Geraldine Scoll, Margaret Ackerman, Alice Benson, Betsey Boyd, Leslye Filgor, Robert Froh, Melissa Galton, Wayne Johnson, Jean MacQuiddy, Thomas Nicholson, Carol Ott, and Elliot Palmer. We thank Mignonne Murray, Executive Director of the Weston Council on Aging, and her staff. All of these individuals offered invaluable input and assistance as we defined research questions, recruited study participants, and carried through our research plan.

We express thanks to the many residents of Weston who supported our data collection efforts, and took the time to complete our survey. We are also indebted to Leon Gaumond (Town Manager), Imaikalani Aiu (Town Planner), Michael Goulding (Police Chief), David Soar (Fire Chief), and Harvey Boshart (member, Board of Selectmen) who each sat down with us in interviews to share their perspectives on aging in Weston. We also wish to acknowledge the directors of the peer community senior centers, for each taking time from their very busy days to share with us details about their organizations.

The authors, Sue Berger, Caitlin Coyle, Jan E. Mutchler and Nidya Valesco, from the University of Massachusetts Boston are responsible for the contents of this report; however, the project could not have been completed without the cooperation and efforts of all those mentioned above.

### Recommended Citation:

Berger, S.; Coyle, C.; Mutchler, J.; and Valesco, N. "Aging in Weston: A community needs assessment" (2019). *Center for Social & Demographic Research on Aging, University of Massachusetts Boston*.

## Table of Contents

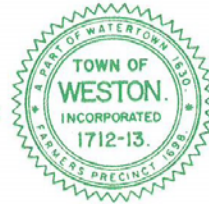
Letter from the Weston Council on Aging Director .....	ii
Executive Summary .....	iv
Key Findings in Brief .....	iv
Acknowledgements .....	v
Introduction .....	7
The Weston Council on Aging .....	8
Methods .....	11
Demographic Profile .....	11
Focus Groups .....	12
Key informant Interviews .....	12
Community Survey .....	12
Peer Community Comparison .....	13
Data Analysis .....	13
Results .....	13
Demographic Profile of Weston .....	13
Hearing from Key Informants and Focus Group Participants .....	24
Hearing from Residents: Results from the Community Survey .....	30
Conclusions & Recommendations .....	74
References .....	81
Appendix A: Community Survey Results .....	82



## TOWN OF WESTON

COUNCIL ON AGING  
WESTON COMMUNITY CENTER  
20 ALPHABET LANE  
WESTON, MA 02493

(781) 786-6280  
FAX: (781) 786-6289



Dear Weston Residents,

The Council on Aging engaged the services of the University of Massachusetts Boston, Gerontology Institute for Social and Demographic Research to conduct a Needs Assessment. The purpose was to educate the Council on Aging, Town of Weston, stakeholders, and residents about the growing number of older adults in our community.

The number of older adults in the country, the state and in Weston is rapidly increasing. There are over 3,100 of Weston's 11,486 residents over the age of 60 which constitutes 28% of the Town's population. There are also over 1,000 residents who will enter this age group in the next 5 years. The Council on Aging recognizes that as we age we are faced with different challenges than we faced in our younger selves and therefore require services and programs to support us as we age. These may include social services, physical needs such as home modifications, accessible programs and parks, financial constraints of a fixed income, loss of friends and family, assistance at home with daily tasks, health concerns or even giving up the independence of driving. The Council on Aging strives to create a community that supports the needs of all older residents which in turn creates a more welcoming community for all residents.

We want to thank the Friends of the Weston Council on Aging and the Executive Office of Elder Affairs for their financial support to make this study possible as well as the University of Massachusetts Boston, Gerontology Institute for Social and Demographic Research for their expertise in gathering, analyzing and publishing this report. The information obtained from this study will assist the Town, the Council on Aging and others who serve the needs of the older adults of Weston. This increased knowledge we gain will enable us to be better prepared to meet the needs of residents as they age in Weston.

We appreciate your interest in this report which we know will help us to address the future needs of Weston's older adults.

Sincerely,

Mignonne Murray  
Weston Council on Aging Director

[www.weston.org](http://www.weston.org)

## Introduction

Like many municipalities across Massachusetts, the population of Weston is aging. Already, one out of four Weston residents is age 60 and older, and this share is projected to grow larger over the coming decade. As the older population of Weston continues to grow, planning is necessary to ensure that the Town is adequately prepared to meet the challenges and capitalize on the opportunities that an aging population presents. As part of this planning effort, incorporating diverse stakeholder perspectives relating to the aging-related needs of Weston's residents is helpful.

This report presents results of a comprehensive examination of issues relating to aging and older adults in Weston. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including residents, municipal officials and other community leaders. The assessment has as its primary focus the current and future consumers of Council on Aging (COA) services and programs. The goals of this project are to identify the characteristics and needs of Weston residents age 55 and older; to identify specific concerns of community members related to aging in Weston and capture their ideas regarding how quality of life could be improved for older adults who live in the Town; to explore the current and potential role of the COA in the lives of older residents; and to outline the implications of an aging population for the Town. The contents of this report are intended to inform planning by the Weston Council on Aging as well as other Town offices, private and public organizations that provide services and advocate for older people within Weston, and the community at large.

## The Weston Council on Aging

In Massachusetts, Councils on Aging (COAs) are municipally-appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a Senior Center, a community facility housing senior services and programs along with the staff and volunteers offering them. The Weston Council on Aging is tasked with providing information and some direct services to Weston residents age 60 and older. The Weston Council on Aging is “dedicated to the support and welfare of the town’s seniors and those who care for them.”<sup>1</sup>

---

<sup>1</sup> Mission statement retrieved from <https://www.weston.org/197/Council-on-Aging>

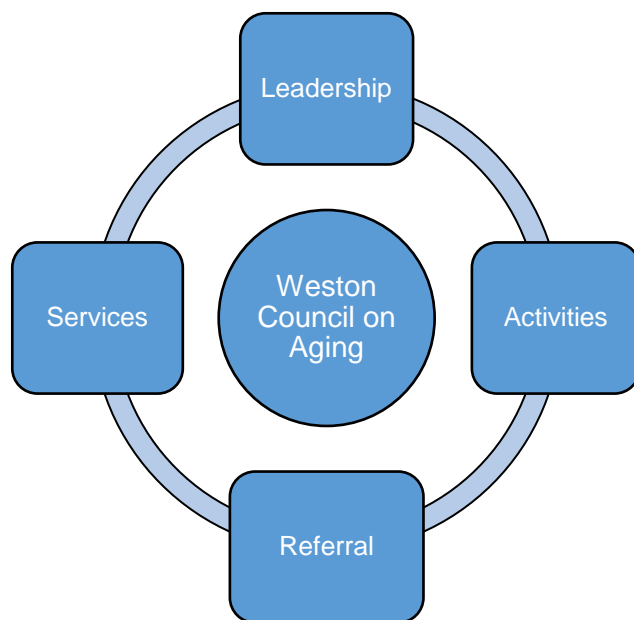


In general, when considering the mission of Councils on Aging, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, late-life learning programs, and many other programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services. Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through the state or federal government. Finally, COAs provide leadership within the community around senior issues, by serving on municipal boards, interacting with other municipal offices, and serving as resources to residents and organizations.

The Weston Council on Aging offers programs and services at the Weston Community Center located on Alphabet Lane. An array of services, resources, and programs are offered for free or at low cost to community members who are age 60 and older. Staff at the COA also refer eligible residents to services and programs available through other offices and organizations. The COA plays an important leadership role in the community, serving as a resource to other Town offices and organizations working in the community,

and collaborating on initiatives broadly beneficial to residents. COA services and programs are funded by municipal appropriation, grant support from the Executive Office of Elder Affairs and other sources, gifts and donations, and nominal fees charged for some activities. The COA also benefits from support through the Friends of the Weston COA, a nonprofit fundraising organization.

The Weston Senior Center operates Monday through Friday from 9:00 a.m. to 4:00 p.m. Its staff includes a full-time Director, an office assistant, an administrative assistant, a program and volunteer coordinator, two social workers, and two van drivers. The Weston COA Board



of Directors is made up of Town-appointed volunteers who live in the community. Its twelve members act as an advisory committee to the COA Executive Director, Mignonne Murray. Many others volunteer to support the COA in a variety of ways.

Complete information about programs and services are available through the Weston COA, and a monthly schedule, are available online at <https://www.weston.org/197/Council-on-Aging> Data regarding number of participants served through the Weston COA accessed was gathered through the 2018 annual report, which covers July 1, 2017 through June 30, 2018. During this time, the Weston COA served approximately 1,161 older adults, including 797 women and 364 men.

Programs and services offered through the Weston COA include:

- *Outreach Services:* The Weston COA assists seniors and their family members with their concerns and needs on a daily basis. Social services staff provide residents with information and referrals such as housing options, in-home services, and caregiver information. From July 2017 through June 2018, social services staff provided health benefits counseling to 80 older adults and case management or advocacy services to 445 older adults. Also, many residents attended educational programs that provided general information regarding a variety of topics.
- *Transportation:* The Weston COA provides a variety of transportation options including trips with a COA van, taxi vouchers, and volunteer FISH drivers. From July 2017 through June 2018, 2,620 trips were provided to 138 seniors.
- *Volunteer Opportunities:* Volunteers provide invaluable support to the COA, assisting with many of the programs, activities, and administrative tasks such as Meals on Wheels delivery, front desk activities, and organizing the medical equipment loan closet. From July 2017 through June 2018, 164 volunteers donated their time and expertise to provide 6,179 hours of service.
- *Health & Wellness Services:* SHINE Counseling (Serving the Health Information Needs of Everyone) is offered to provide older residents with assistance with medical insurance questions, including selection of new plans or concerns about billing or payment. The COA loans Durable Medical Equipment such as walkers, wheelchairs, and shower chairs, if needed. Other health services such as walk-in blood pressure clinic, on-site podiatry appointments, and meals-on-wheels are offered at the Weston COA. From July 2017 through June 2018, 105 residents participated in health screenings and 29 residents benefited from 2,027 home delivered meals.

- *Support Groups*: Two ongoing support groups are hosted at the Weston COA. These include a caregiver support group and a neuropathy support group.
- *Health and Wellness Activities and Programs*: Regularly scheduled drop-in fitness classes, such as Yoga, Tai Chi, Zumba, Meditation, line dancing, and strength and balance classes are offered at the Weston COA. Lectures on different health related topics occur throughout the year. From July 2017 through June 2018, 210 residents participated in fitness programs, totaling 4,716 visits.
- *Social, Education, and Special Activities*: A variety of activities are offered on a weekly, monthly, or special occasion basis. These include games (e.g., bridge, chess), craft classes, movies, cultural activities (e.g., Ukulele class; language classes), social groups (e.g., Short Story group), day trips (e.g., museums) and overnight trips.

As the numbers of older residents increase, the need for resources dedicated to this segment of the population will also continue to grow and change. Thus, it is crucial that the Weston COA plan in earnest to assure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town. The purpose of this report is to describe the research process and key findings of the study. The report concludes with a set of recommendations for the Weston COA as it moves ahead.

## Methods

Methods used in compiling this report include analysis of existing data. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey); from projections generated by the Donahue Institute at the University of Massachusetts; and from the Healthy Aging Data Report for Weston (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the Weston COA was retrieved from material drawn from the Town's 2017 and 2018 Annual Reports and original data collected for this study.

## Demographic Profile

As an initial step toward understanding characteristics of the Town of Weston's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2013-2017), along with U.S. Census data for the Town of Weston to summarize demographic

characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

### **Focus Groups**

During the first two weeks of May 2018, we conducted four focus groups with stakeholders and residents who were recruited by the Director of the COA, with input from the COA board of directors. One focus group included eight representatives from local organizations, all of whom have regular interactions with Weston older adult residents. Participants in this focus group included two representatives from the Weston Fire Department and one representative from each of the following: Merriam Village, Weston Recreation, Regis Lifelong Learning, Brook School apartments, Springwell, and the Weston Emergency Reserve Corps. The other three focus groups were designed to hear directly from residents. The first group of residents included six adults 60 and older who use the COA. The second group of residents included five adults 60 and older who do not use the COA. And finally, the last group of residents included three adults 50-59 years old to speak about the needs of older adults in Weston both now and in the future. Focus groups ranged from 60-105 minutes. All focus groups were audio-recorded for accuracy.

### **Key informant Interviews**

During the end of April and early May 2018, we conducted individual interviews with five individuals who currently hold leadership positions in Weston. We spoke with the Town Manager, the Town Planner, the Chief of Police, the Chief of Fire, and a Selectman. Interviews focused on the interviewees' perceptions relating to unmet needs of seniors in the community, and how the growing size of the older population is impacting Weston and the work that the key informants do. All interviews and focus groups were held at the COA community center except the interview with the selectman, which was completed over telephone. Interviews ranged from 35-90 minutes.

### **Community Survey**

In collaboration with the COA Board members, a community survey was developed for this study and mailed to all Weston residents age 55 and older (see Appendix A). A mailing list was obtained from the Weston Town Clerk, based on the most current municipal census. Postcards were mailed to all residents age 55 and older alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to Weston residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was installed on the SurveyMonkey website. A total of 1,211 responses to the survey were obtained, representing a strong return rate of 29% (see Box X). Less than

one percent of the responses (79 surveys) were returned online and the rest of the responses were returned by mail. In Appendix B, response distributions are shown by age group.

### Peer Community Comparison

We conducted interviews with directors of Councils on Aging (COAs)/senior centers in Lexington, Needham, Newton, Sudbury, Wellesley, and Westwood. Participants were asked about features of the senior centers they administer, including programming and staffing. Requests for information were issued by email, and a designated time to talk was determined. Additional information on selected COAs was retrieved from a database describing features of senior centers and COAs and hosted by the Massachusetts Councils on Aging (MCOA).

### Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in Appendix B and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., “What are your greatest concerns about your ability to continue living in Weston?”). Notes taken during the study’s qualitative components (e.g., focus group, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Weston. Information collected about the selected COAs was compared side-by-side with information collected from Weston’s COA Executive Director. We used information from all sources of data to develop recommendations reported in the final section of this report.

## Results

### Demographic Profile of Weston

#### Age Structure and Population Growth

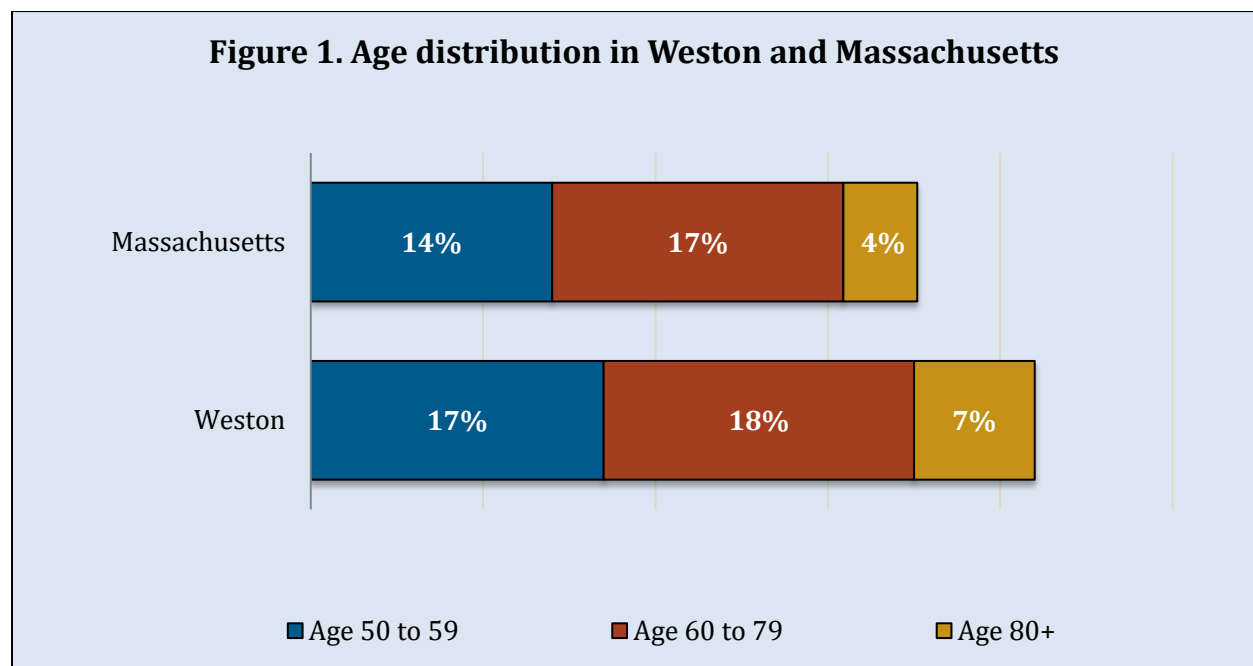
According to American Community Survey (ACS), an estimated 12,027 residents lived in the Town of Weston in 2017. About 42% of the population (5,052 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (1,994 individuals) made up 17% of the population; residents age 60 to 79 (2,188 individuals) comprised 18%, and another 870 residents (7%) were age 80 and older.

**Table 1.** Number and percentage distribution of Weston’s population by age category

Age Category	Number	Percentage
Under age 18	3,274	27%
Age 18 to 49	3,701	31%
Age 50 to 59	1,994	17%
Age 60 to 79	2,188	18%
Age 80 and older	870	7%
Total	12,027	100%

*Source: American Community Survey, 2013-2017, Table B01001. Numbers are calculated from 5-year survey estimates.*

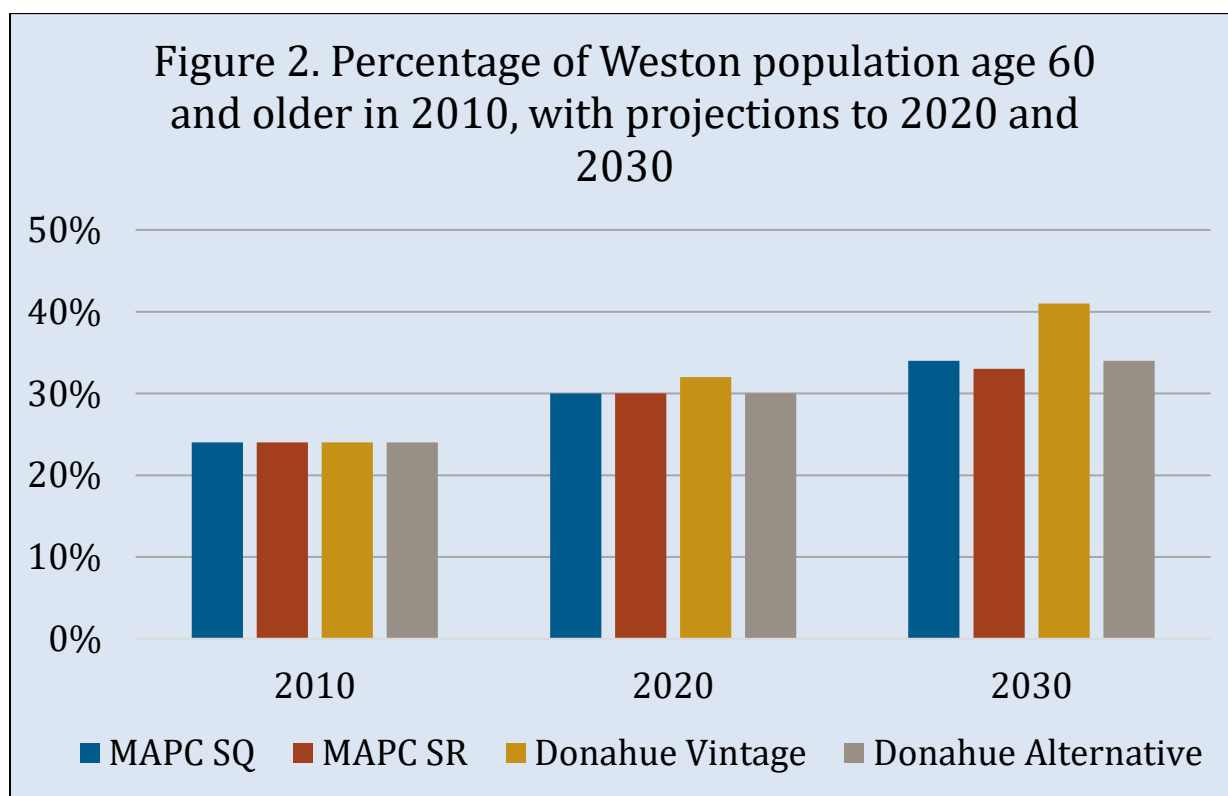
The share of Weston population age 50 and older is higher than the overall state of Massachusetts (**Figure 1**). About 35% of the Massachusetts population was in the 50 and older age group in 2017, compared to 42% of the Weston population. Compared to the Commonwealth, Weston had also a slightly higher portion of residents age 60 and older. In 2017, Massachusetts residents comprised about 21% of the population. In Weston, about 25% of the population was 60 and older, including 7% who were 80 years and older.



*Source: American Community Survey, 2013-2017, Table B01001. Numbers are calculated from 5-year survey estimates*



Projections suggest that moving forward, the relative size of Weston's older population will continue to expand. **Figure 2** shows the proportion of Weston's population age 60 and older in 2010 (based on the U.S. Census), and in 2020 and 2030,<sup>2</sup> based on four sets of projections. All of the scenarios shown suggest increments in the share of the total population that is age 60 and older, with three projection series suggesting that residents age 60 and older will make up one-third of Weston's population by 2030, and a fourth series suggesting even higher representation.



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

\*Figures for 2020-2030 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/> and Metropolitan Area Planning Council (MAPC): <https://www.mapc.org/learn/projections/>

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

Weston is less diverse than the state as a whole with respect to race. For all ages combined, about 80% of Weston residents report being White and non-Hispanic, whereas 73% of

<sup>2</sup> Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

Massachusetts residents are White and non-Hispanic (ACS, 2013-2017, Table B03002). However, among older adults, Weston is more similar to Massachusetts. **Table 2** displays the race and ethnicity of Weston residents age 65 and older. Nine out of ten older residents report White race and ethnicity (90%), while a small share report being Hispanic (1%) or being of nonwhite race (9%).

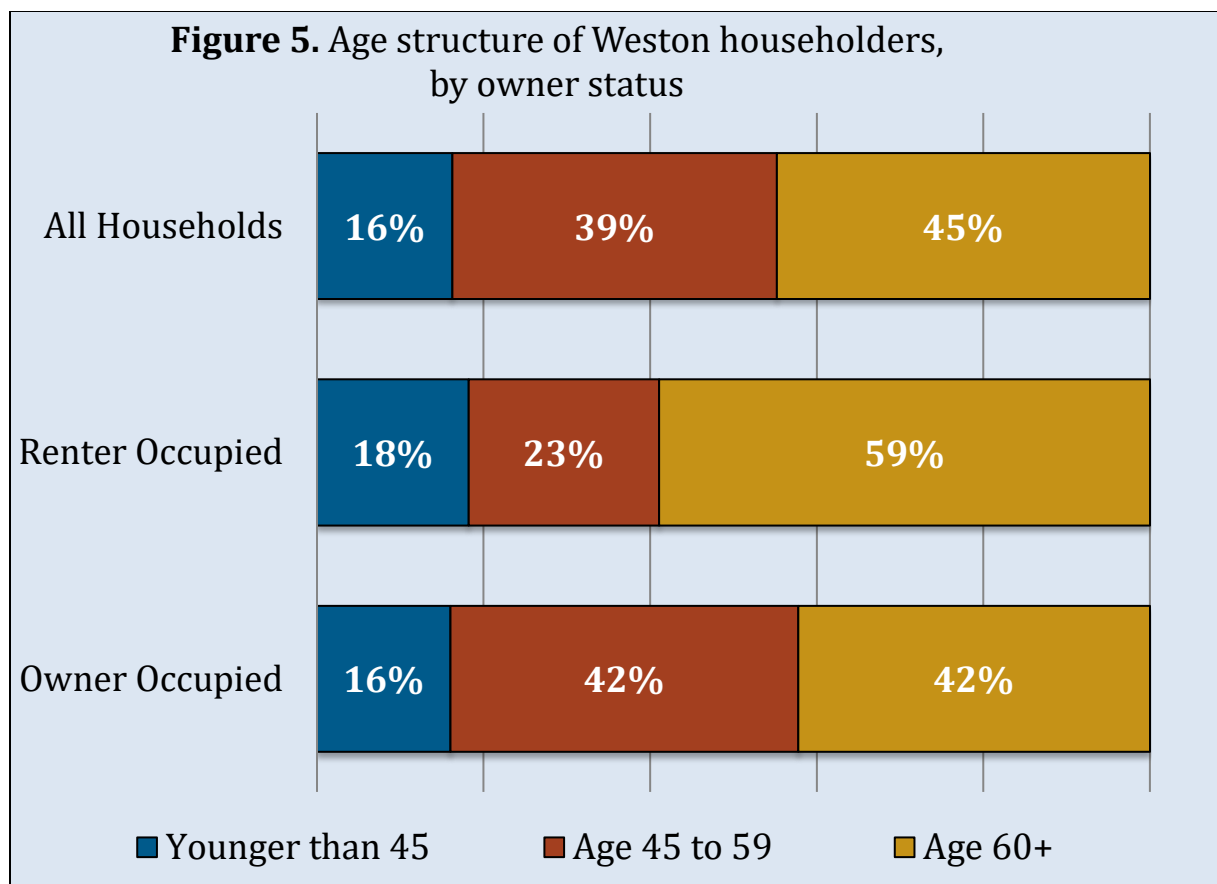
**Table 2.** Race distribution of residents who are age 65 and older in Weston compared to Massachusetts as a whole

	Weston	Massachusetts
White and not Hispanic	90%	87%
Nonwhite and not Hispanic	9%	9%
Hispanic	1%	4%
Total	100%	100%

*Source: American Community Survey, 2013-2017, Tables B01001, B01001H, B01001I. Numbers are calculated from 5-year survey estimates*

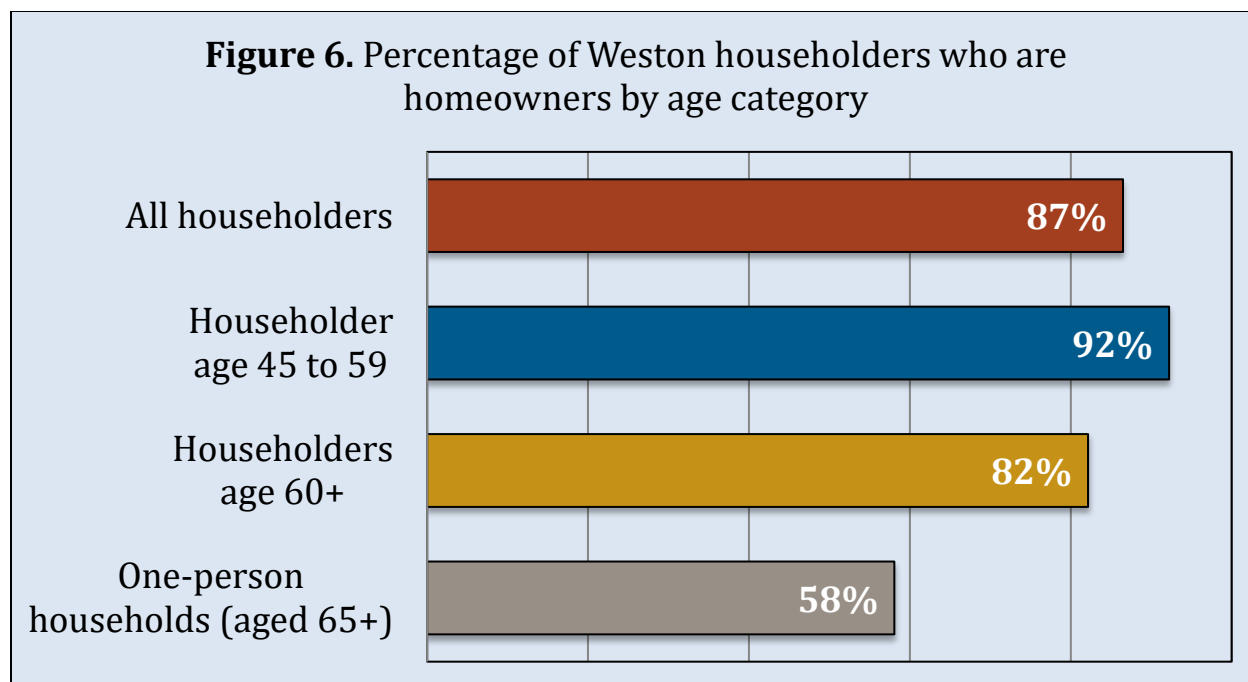
Although most older Weston residents speak only English at home, about one out of five speak another language, most typically an Indo-European language (such as Italian or Portuguese). Most of those speaking a language other than English at home are proficient in English, with just a small share (approximately 5%) of Weston seniors indicating that they do not speak English well (ACS, 2013-2017, Table B16004).

A majority of Weston's households are headed by people who are middle-aged and older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 60 and older are householders of 45% of all households in Weston (**Figure 5**), with 16% of householders being under the age of 45, and the remaining 39% of households headed by someone age 45-59. Householders age 60 and older make up a majority of renter-occupied households (59%), and four out of ten owner-occupied homes (42%). These figures illustrate the sizable share of households that are headed by residents age 60 and older in Weston, including those living in owned homes as well as rented housing units.



*Source: American Community Survey, 2013-2017, Table B25007. Numbers are calculated from 5-year survey estimates.*

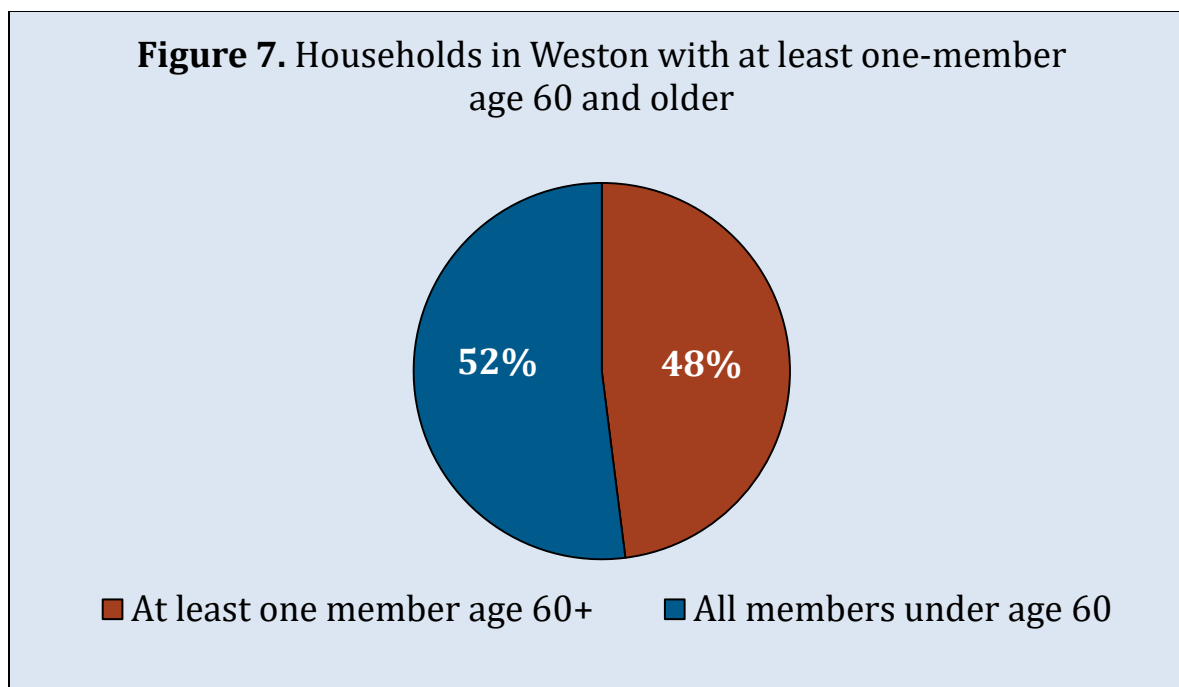
Most Weston households live in homes that they own or are purchasing (87%; **Figure 6**). Nine out of ten householders age 45 to 59 own their homes, as do 82% of householders 60 and older. A sizeable share of Weston residents who are 65 and older who live alone also own their home (58%). Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.



Source: American Community Survey, 2013-2017, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Evidence from the American Community Survey suggests that older homeowners in Weston are typically long-term residents, and some may experience financial challenges staying in their homes. More than half of Weston homeowners age 65 and older have lived in their current home for at least 35 years, and nearly all of these homes are one-unit detached structures. Three out of ten homeowners age 65 and older still are paying off a mortgage, adding to the financial burden associated with keeping up a home (ACS, 2013-2017, Tables B25027, B25125 and B25128). Taking owners and renters together, evidence suggest that four out of ten Weston householders age 65 and older are “cost-burdened”—that is, they spend at least 30% of their income on housing (ACS, 2013-2017, Table B25093). To the extent this challenges their ability to secure adequate medical care and cover other necessary expenses, this is a concern for those who experience cost burden.

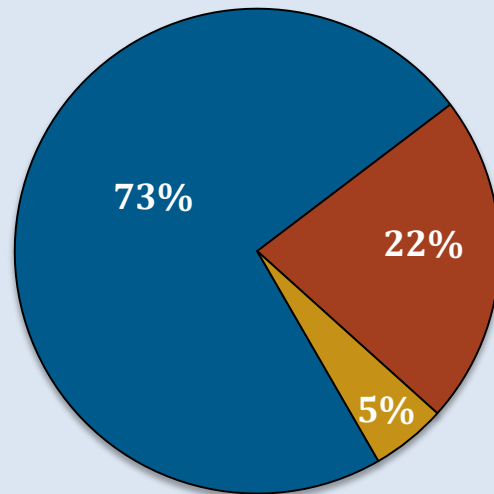
According to data from ACS, an estimated 48% of Weston’s households have at least one individual who is age 60 and older (**Figure 7**). This high proportion— which is likely to increase in the future as the population continues to age—generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.



*Source: American Community Survey, 2013-2017, Table B11006. Numbers are calculated from 5-year survey estimates.*

A large proportion of Weston residents who are age 65 and older—more than one in five (22%)—live alone in their homes (**Figure 8**), while 73% live in households that include other people, such as a spouse, children, or grandchildren. Nearly 5% of older Weston residents live within group quarters, which include nursing homes and other institutional settings.

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



■ Lives with others   ■ Lives alone   ■ In group quarters

*Source: American Community Survey, 2013-2017, Table B09020. Numbers are calculated from 5-year survey estimates.*

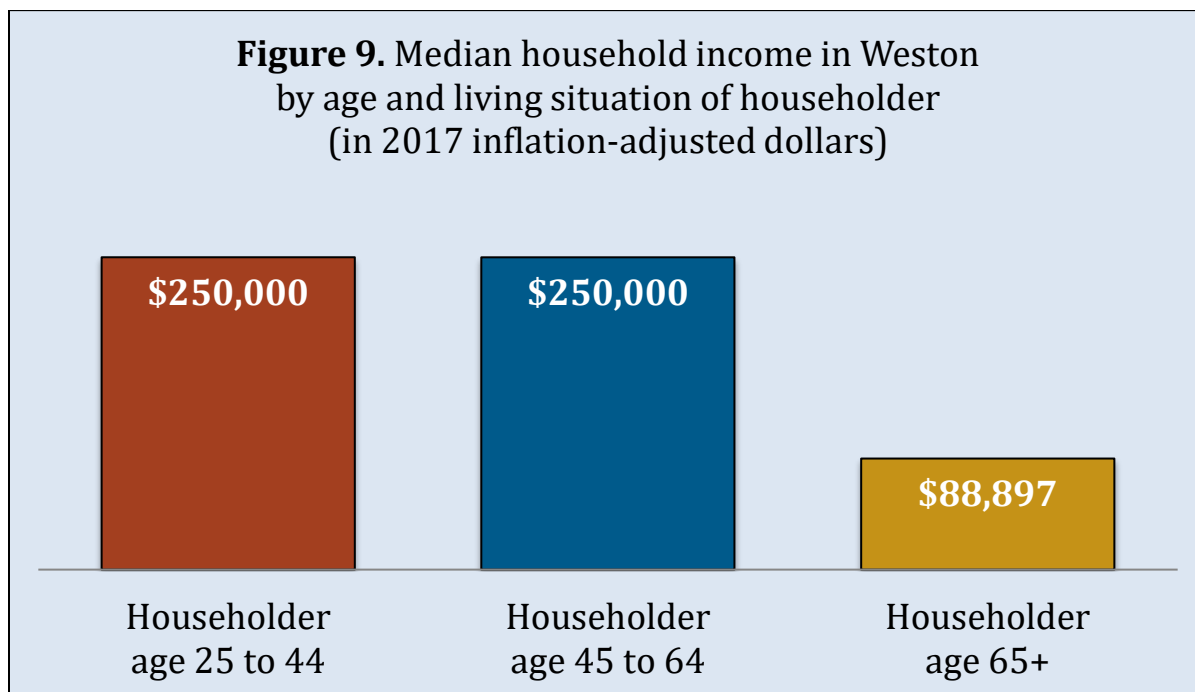
American Community Survey estimates on education suggest that Weston residents are well educated on average. About two-thirds of persons 65 and older have either a bachelor's degree (20%) or a graduate/professional degree (45%; *ACS, 2013-2017, Table B15001*). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of Weston residents aged 65 and over remain in the workforce. Almost 46% of adults age 64 to 74 are participating in the labor force. Among those age 75 and older, nearly 12% remain in the workforce (*ACS, 2013-2017, Table S2301*).

Nearly three out of ten Weston men age 65 and older report veteran status, as do a small share (1%) of Weston's older women (*ACS, 2013-2017, Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.



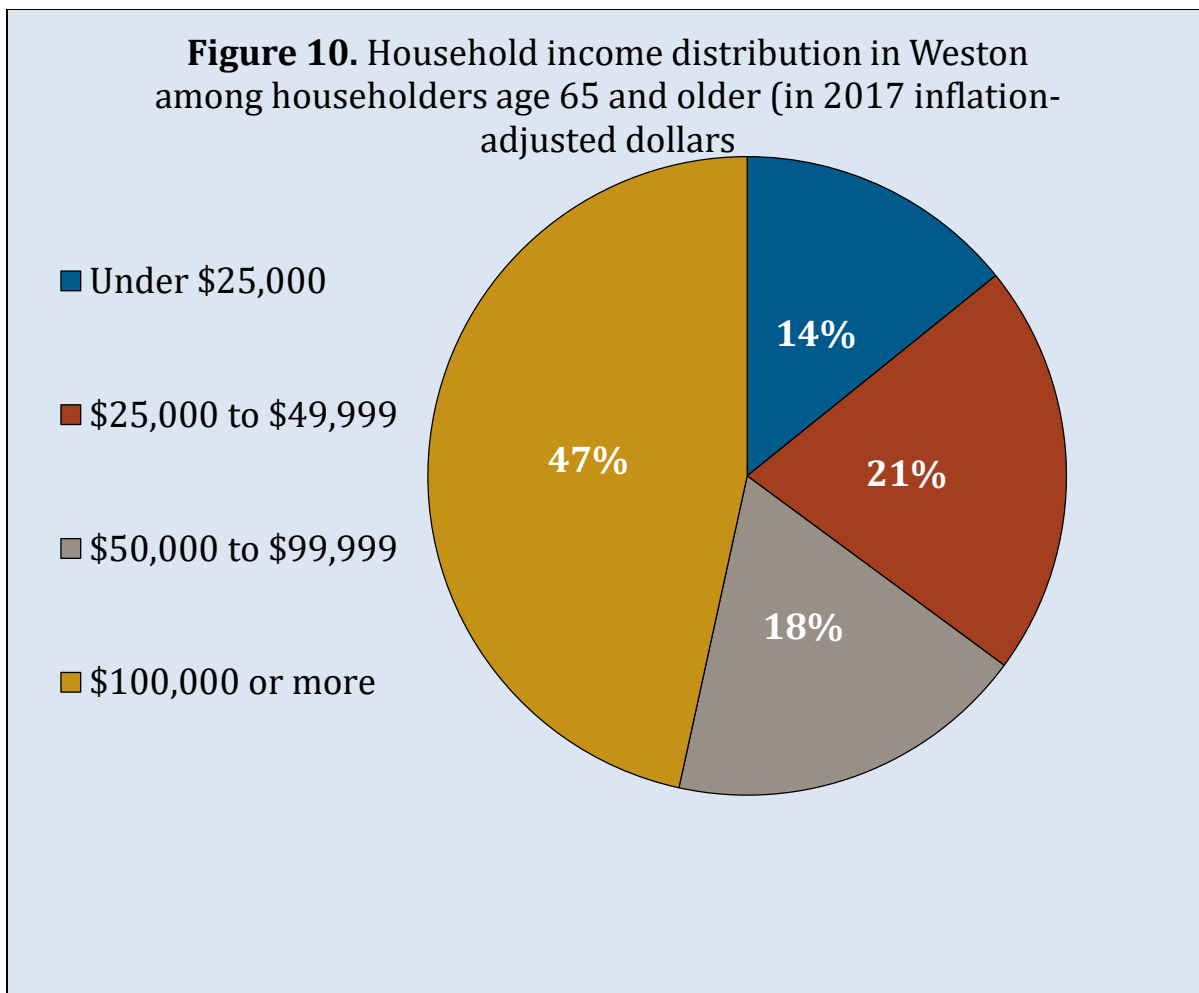
With respect to household income, some older residents experience a comparative disadvantage (**Figure 9**). Weston's median household income is considerably higher than that estimated for Massachusetts as a whole: \$196,651 compared to \$74,167. In the ACS, median household income for Weston's householders under age 65 is listed as \$250,000; as this is the highest value that the ACS reports, the actual median for these age groups may be higher. Median household income is considerably lower among householders 65 and older, at \$88,897, but this does reflect much higher income in Weston than statewide for this age group (\$45,193).



*Source: American Community Survey, 2013-2017, Table B19049. Numbers are calculated from 5-year survey estimates.*

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

A close examination of the economic profile among older Weston households makes clear that although typical income is high, not all older Weston residents enjoy high income levels. As shown in **Figure 10**, approximately half of Weston households headed by an individual age 65 and older (47%) report incomes of \$100,000 or more; however, a large share (14%) report annual incomes under \$25,000. Thus, there is a sizeable segment of Weston's older population that is at risk of financial insecurity or economic disadvantage.

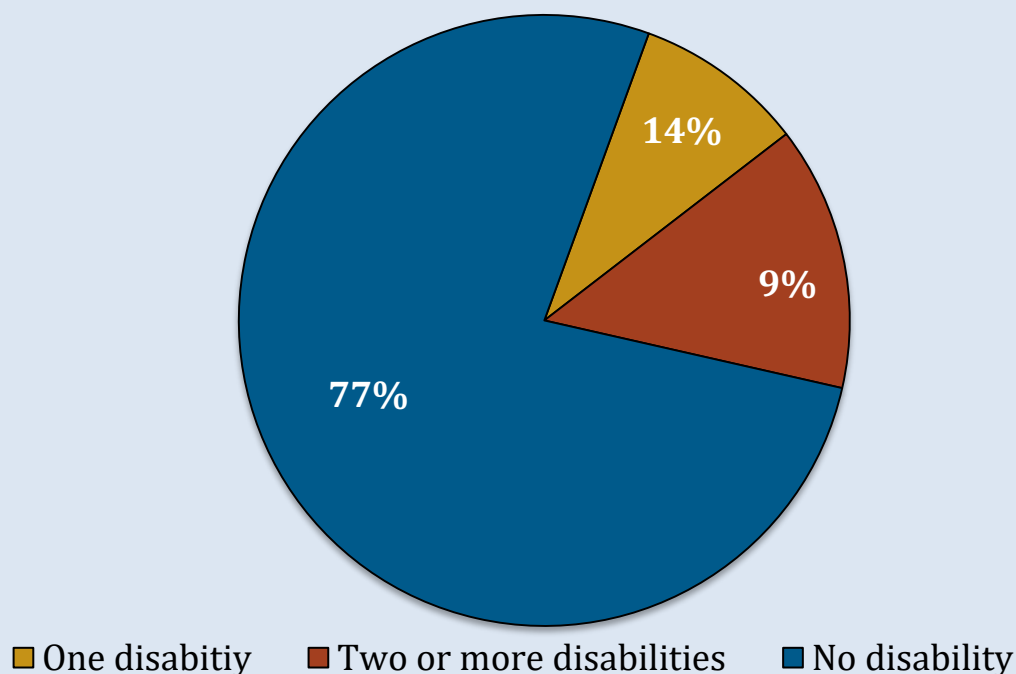


*Source: Source: American Community Survey, 2013-2017, Table B19037. Numbers are calculated from 5-year survey estimates.*

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

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Weston residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. Nearly one out of ten Weston's residents age 65 and older have one disability, and about 14% report two or more disabilities (see **Figure 11**). Among the different types of disability that are assessed in ACS, the most commonly cited by older Weston residents 65 and older were ambulatory difficulties—difficulty walking or climbing stairs—reported by 13%, and independent living limitations—difficulty doing errands alone, such as visiting a doctor's office or shopping—also reported by 13% (*ACS 2013-2017, Table S1810*). Other disabilities experienced by older Weston residents included hearing problems (11%), cognitive difficulty (7%), self-care difficulties (7%) and vision difficulties (5%).

**Figure 11.** Percentage of Weston residents age 65+ reporting at least one disability



*Source: U.S. Census Bureau; American Community Survey, 2013-2017, Table C18108. Percentages by age group do not sum to 100% because people may report multiple difficulties and do not include those with no difficulties assessed by the ACS.*

Moreover, the risk of acquiring disability more than doubles after age 75. In Weston, about 39% of individuals age 75 and older experience one or more disabilities, in comparison with 8% among those age 65 to 74 (ACS 2013-2017, Table B18101). These rates of disability are lower than those estimated for Massachusetts as a whole; specifically, at the state level, 22% of people age 65 to 74 experience at least one disability, as do 48% of persons age 75 and older. Data provided by the Massachusetts Healthy Aging Collaborative (MHAC) for the population age 65 and older suggests that along many dimensions, Weston seniors are in better health than their peers in Massachusetts taken as a whole.<sup>3</sup> Lower rates of high cholesterol, obesity, diabetes, hypertension, and several other chronic conditions are estimated. According to these data, 54% of Weston residents age 65 and older have four or more chronic conditions, which is lower than the Massachusetts average (at 61%). Alzheimer's disease or dementia is also a concern in Weston, and an estimated 16% of

<sup>3</sup> See Massachusetts Healthy Aging Collaborative, <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

Weston residents age 65 and older have Alzheimer's disease or a related dementia, a prevalence that is slightly higher than the statewide average of 14%. Although available data do not indicate how many of those with dementia may be already living in a supported setting, such as a nursing home, his prevalence level equates to an estimated 356 Weston residents age 65 and older with Alzheimer's disease or a related dementia. As the older population becomes larger, the number of Weston residents struggling with these diseases is likely to increase given that risk of dementia increases with age.

### **Hearing from Key Informants and Focus Group Participants**

One-on-one interviews were held with five key informants, three focus groups were conducted with a total of 14 residents (residents 60 and older who use the COA, residents 60 and older who do not use the COA, and residents 50-59), and one focus group was conducted with eight representatives of local organizations which all have regular interactions with Weston older adult's residents. The emphasis of these discussions was to obtain an assessment of key issues in Weston as they relate to how the Town is and will be impacted by and responding to the aging of its resident population. Taking all of these conversations into consideration, similar themes emerged from each group including benefits of living in Weston, transportation, communication, programs/services, housing, and collaboration, as described below. Specific comments focusing on physical safety of older adults arose during the key informant interviews and are also briefly discussed.

*Benefits of living in Weston.* Participants of all the focus groups emphasized the natural beauty, the amount of conservation land, and the small town "feel" as major strengths of Weston. Residents commented that the quality of the people and the community are key reasons for wanting to remain in Weston. For those that used the COA, the programs and services available were described as highly valuable. One woman commented that the COA is her lifeline as she gets out of the house each day with the purpose of attending a program or event. The high quality of the fire and police services in Weston were also cited as strengths of living in the town. Some residents highlighted Weston's proximity to Boston and quality schools as major strengths, and some described living in Weston as a "good investment" in terms of real estate.

*Transportation.* Focus group participants and key informants acknowledged that there are limited transportation options in Weston. Those who cannot or would prefer not to drive experience challenges to getting around within and outside of Weston, and some residents stated they couldn't imagine staying in Weston when they could no longer drive. Participants noted that the transportation alternatives that are already available are not known to some participants, suggesting that access to information is a concern in this area. Others shared that despite there being some transportation options, including commuter rail, taxi

vouchers, and the RIDE, it is stressful and challenging to get around. Participants concluded that even for those who know about these options, using them can be complicated. One resident stated that there are limited options on weekends and evenings, taxis are often too busy, parking at the train station is very limited and the train to Boston runs infrequently. Another resident shared that she can't use Uber because she doesn't have a smartphone. Key informants also discussed limitations of the COA shuttle, stating some residents don't use it because they don't know about it, while others feel that it often doesn't meet their needs (for example, they need to plan ahead in order to use the COA shuttle).

As for ideas for improvement, two residents remembered that the COA previously provided a bus to the symphony and they would love to see that reinstated. Residents also commented that it is challenging to participate in civic issues as there is limited transportation to town meetings, held in the evening. They expressed a desire for a shuttle bus that went to selected key locations (e.g., COA, library, supermarket, etc.) and transportation to community events (e.g., Memorial Day parade, ice cream social). Key informants reinforced this need for transportation to community events. They noted that even older residents who drive often don't drive at night and therefore can't access the town meeting, and if they do drive and arrive late, they need to park far away, a long walk that they are not always able to manage. These stakeholders stated that providing transportation to community events (e.g., middle school theatre production) would support older adult's health and well-being.

Separate from the challenge of getting around with or without a car, all groups spoke about the limited number of sidewalks and crosswalks and the resulting limits to walkability. Residents emphasized that there are walking paths in conservation land, which they appreciate, but walking to get around town is not feasible or functional.

Key informants and stakeholders emphasized the connections between limited access to transportation, decreased participation, and isolation. Social isolation was perceived as a crucial concern among Weston's residents—both young and old. Separate from transportation, but speaking to the isolation concern, residents stated that due to technology and services, people don't see their neighbors anymore. People enter homes using automatic garage door openers and have others shovel and do yard work, all things that decrease the opportunity to socialize with neighbors and can lead to isolation.

*Communication.* There was extensive discussion in all focus groups and interviews related to communicating about the many events and activities happening within Weston. Even within the Stakeholder focus group, participants were surprised at some of the resources mentioned by the other stakeholders. Similarly, during one of the resident focus groups, when one person shared an event they attended or a service they took advantage of, many others commented they had no idea that was available. For example, one person spoke about

the transportation the COA offered to the recent town meeting yet no one else in the group knew of this. Several commented about the great COA programs but emphasized that they need to do a better job of advertising.

Participants in the focus groups commented that the COA newsletter and the Cable television station are good ways to communicate but possibly not sufficient. Some residents stated that people don't read the Town Crier, while others suggested a town-wide calendar to see all events in one format. A number of printed materials are published by the COA, or by the Recreation Department, and it was proposed that a consolidated publication would be more effective. Further, the town has developed an emergency plan that includes the COA as a place of shelter, but participants in the stakeholder focus group questioned if older residents know about the plan. All participants in the focus group of residents age 50-59 stated that they are part of the town Facebook group, which was previously Weston Parents and is now named Weston Community, although they were sometimes overwhelmed with the amount of information shared. One key informant shared that he is frustrated with the Weston Facebook page as there is often a lot of miscommunication. It became clear that engaging with multiple media would be necessary to effectively communicate with Weston's residents.

Many participants in the focus groups and interviews noted that finding the best strategy to communicate is very important and several people shared ideas. Key informants suggested that knocking on doors and getting to know residents one-on-one, or at small group meetings in neighborhoods, would be ideal. Several people stated that e-mail and the town website, although important modes of communication, are not the best form of communication for many older residents. The COA does a great job at disseminating information through newsletters, but some commented that people don't read it. When spreading the word to older adults, one participant emphasized the importance of communicating with all generations, as sometimes a family member or care partner will share the info with the older residents. Several participants in the stakeholder focus group suggested additional ways to improve communication; for example, by increasing the font size used in the newsletters, by recruiting people from some of the service organizations to speak at some of the housing complexes, and by using technology.

*Programs/Services.* Programming and services offered by the Weston COA were discussed in all the focus groups and interviews. One stakeholder stated that currently, most community recreational programs are for youth but as the demographics of Weston change and there are more older adults, more programming needs to be developed for this age cohort. Several key informants spoke about the town programs to support those with limited income, including a tax work off program, deferred property taxes, and reduced water rates; at the same time, it was noted that few residents take advantage of these programs. It is



possible that few residents feel that they need to take advantage of these opportunities now, but one informant expressed that he anticipated affordability may be a concern in the future. Another participant emphasized that a program to help older residents take care of their home, both inside and outside, is really needed (e.g., trash, yard work, snow removal, cleaning, shopping).

Participants shared that the number of older adults interested in participating in educational programming is increasing, and attributed this increase in older adult's desire for social support, community, and cognitive stimulation. Despite the desire to participate in many programs, members of the stakeholder focus group commented that older adults sometimes struggle to access them due to transportation needs, decreased cognition, and other logistical constraints (e.g., time of day, poor parking availability). Residents in two different focus groups shared that there are only a few town-wide events and very few activities or settings that bring the town together naturally. They stated that if residents have children, they have a natural community, but without that, there doesn't feel to be a strong sense of community. Participants spoke about poor community spirit. One individual from the non-user focus group commented that he would get involved if there was a campaign or a project that was going on at the COA that he was interested in (e.g., climate change). Another person suggestion that more intergenerational programming might support community connections and spirit.

The need for services for those who are struggling with dementia or mental illness along with support for their care partners was discussed during the stakeholder focus group and the key informant interviews. One person emphasized this need when he stated that as people are living longer, the town will see more people living with dementia. As a result, the town should plan ahead for this, considering services and programming for those with impaired memory. Others expressed concern related to the increased incidence of depression and opioid use and the need for more services and support for impacted populations.

Several participants suggested reorganizing the COA's physical layout to make it more inviting and inclusive. They suggested a place that serves food to invite more socialization and mingling. One person commented that this would also enable those with limited transportation to take advantage of a morning and afternoon event without needing to leave to have lunch. Suggestions for food options varied from offering sandwiches at lunch time to renting space to a Starbucks, to having a pub. Several groups suggested more programming geared to men including ping pong, pickle ball, and poker night. Resident and stakeholder groups spoke about the image of the COA, and suggested that people want a social environment with a place to mingle and "hang out". Participants stated that currently one

needs to have a destination when one comes to the COA (e.g., a class) as there is no place to just sit and chat.

Users of the COA commented that although they benefit from and appreciate all that the COA offers, they feel the COA is outdated and “stodgy”. They spoke about the need to rethink aging as certain entertainment and activities are less appropriate for the current 80-year-old than in the past. Non-users of the COA also spoke about the image of the COA. Similar to the users suggesting “rethinking aging”, many in the non-user group don’t see themselves as an older person and therefore don’t feel they fit in with the COA. They would like to see different types of programming, including groups to help with planning for retirement, trusts, wills, death, etc. Stakeholders, as well, spoke about the challenge of getting some older adults involved, as they don’t see themselves as old (no matter their age). Participants in several groups suggested renaming the COA, as a way to begin to change this image. Some thought a town contest for the best name might be fun.

There were a few other suggestions for updating the image of the COA. Several people emphasized that they think the COA needs to be more technology friendly, especially for the next generation. For example, one participant suggested using technology to connect with people at home, preventing isolation for those who can’t or don’t access the COA. Others mentioned that the COA is shut down on weekends, when older adults often need the most support.

Two resident groups that rarely, if ever, use the COA (60 and older non-users and the 50-59 year olds) shared their unique perspectives. When asked why they don’t use the COA, the 60 and older non-user comments included “have a great job and no time”, “there is no need, I am independent”, “I don’t see myself as an older person”, and “it shuts down on weekends”. The group of residents age 50-59 commented that they don’t need the COA now as they are working full time, are very busy, and they don’t have need for services. They didn’t feel like there was any stigma attached to the COA and would definitely come if they had time or needed services. Each of the participants age 50-59 had been to the COA at least once in the past, either as a volunteer, to give a presentation, or when the High School art show was there. They wondered if many people in the community under 60 know of the COA as there is no need to come here otherwise and they stated they are not welcome now as it is only for those age 60 and older.

*Housing.* Discussion in all focus groups and during each interview related to housing and cost of living in Weston. Residents stated that younger people can’t afford to move into town and older people can’t afford to stay in town. Many spoke about the variety of challenges of downsizing in Weston, almost all focusing on the limited options available. The group of stakeholders emphasized the need for a variety of housing options, specifically the need for something between affordable housing and “rich” housing. They commented that it is

challenging for many residents of Weston to downsize from a five-bedroom home to a one-bedroom apartment. Several key informants spoke about the need to increase both rental and condo options along with increasing all types of affordable options. One key informant stated that there is resistance to building and increasing housing options because residents want to keep the rural nature of the community and not increase traffic or density. Many residents wanted affordable condo options, and several spoke of wanting to live in a mixed age group environment. The main take-away from all resident groups was that many wanted to remain in Weston but felt they would be unable to do so.

Participants in these focus groups and interviews also spoke of the challenges older residents face to maintain their home. The fire department tries to be proactive, doing home checks and connecting them with services and/or the COA, as appropriate, but this isn't always enough. Suggestions included promoting home modification programs and other services to support people remaining in their homes as they age. Another person spoke about the need to address the challenge of clutter and isolation when living alone in a large home.

Key-informants discussed the need for housing with supports as they look to the future. These kinds of housing include assisted living communities and availability of memory-care facilities. One key informant highlighted this need by describing the aging of the population in Weston and the desire of residents to stay in their community. That said, key-informants acknowledged the complications of developing this kind of housing in Weston. For example, one participant stated that residents are resistant to this type of housing with supports because it will require staff and that means increased traffic—which is already a concern for residents as they consider the “livability” of Weston.

*Collaboration.* Many comments emerged related to collaboration. Some spoke about wishing there was more collaboration between the COA and the Recreation Department as they are housed in the same building. Others spoke about collaborative opportunities with the COA and library, especially since they are both on the same campus. And many expressed an interest in more intergenerational opportunities. Participants spoke positively about two intergenerational experiences in town (first grade readers; Sages and Seekers), but would appreciate more. A few stakeholders commented that many organizations in Weston, both public and private, work in silos. Several people at this focus group really appreciated the chance to talk with each other to both share and learn about the different programs for older adults in Weston. They spoke about wanting to be more involved and willing to partner with the COA, but were unsure about the best way to move forward. Although several of the key informants stated that they communicate often with the COA, they all felt that more communication and collaboration would be great. One suggested that if the COA is holding a blood pressure clinic, another organization could piggyback on that and be available to share resources, hold a coffee, etc.

*Physical Safety.* Safety of older adults was discussed during several key informant interviews. Many spoke about the emergency shelter plan that now includes sheltering at the COA as a strength. Town leaders commented that older adults in Weston are very independent and often don't want to ask for help until it is critical, and sometimes too late. Participants mentioned many unmet safety needs of older residents, including challenges of home maintenance (e.g., clutter, lots of trash) and potential wandering due to an increased incidence of dementia. The group of stakeholders in this focus group emphasized that beyond the increased numbers of older adults, there is also increased complexity of needs by older adults and therefore a variety of unmet or anticipated unmet needs, many related to complexity of medical status.

### Hearing from Residents: Results from the Community Survey

In this section we report key findings from each section of the survey. Tables illustrating results in detail are included in Appendix A.

Respondents to the community survey included 1,211 individuals age 55 and older, representing a response rate of 29% (see **Table 3**). This is a strong return rate and reflects interest among community residents. Response rates were higher for those age 60 to 89 than for those age 55 to 59 or 90 and older. As shown in the table below, 26% of residents age 60-69 responded to the survey, along with 39% of residents age 70-79, and 37% of those age 80-89. In comparison, just 19% of residents age 55-59 responded. To facilitate comparison of younger and older segments of the population with respect to needs and interests, we often present results grouped into three age groups; age group 55-59, age group 60-69 and age group 70 and older.

**Table 3.** Community Survey Respondents

	Original Weston mailing list, residents age 55+	% age distribution for original mailing list	Number of responses	Response rate	% age distribution for responses
Age 55-59	1,004	24%	190	19%	16%
Age 60-69	1,472	35%	390	26%	32%
Age 70-79	949	23%	370	39%	30%
Age 80-89	597	14%	222	37%	18%
Age 90+	166	4%	33	20%	3%
TOTAL	4,188	100%	1,211*	<b>29%</b>	100%

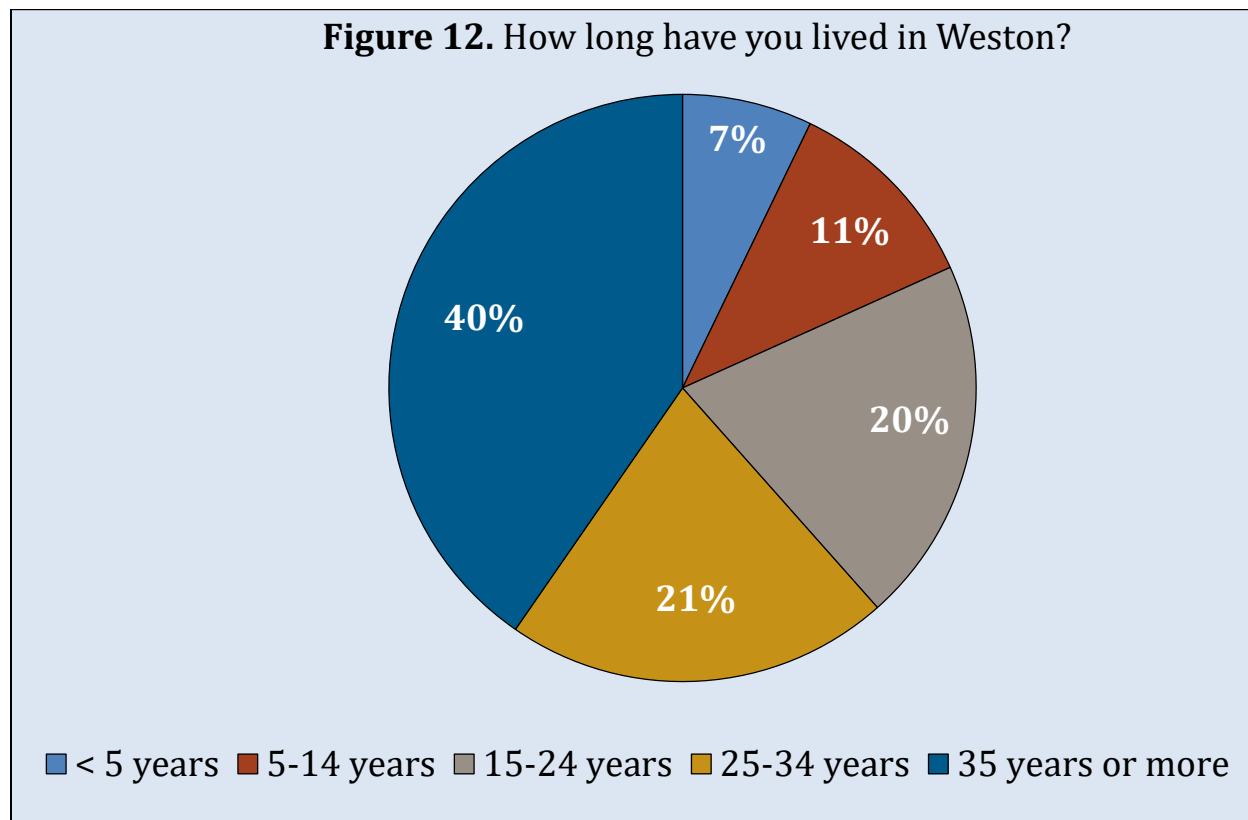
\*Includes 6 surveys where people declined to provide their age

## Community and Neighborhood

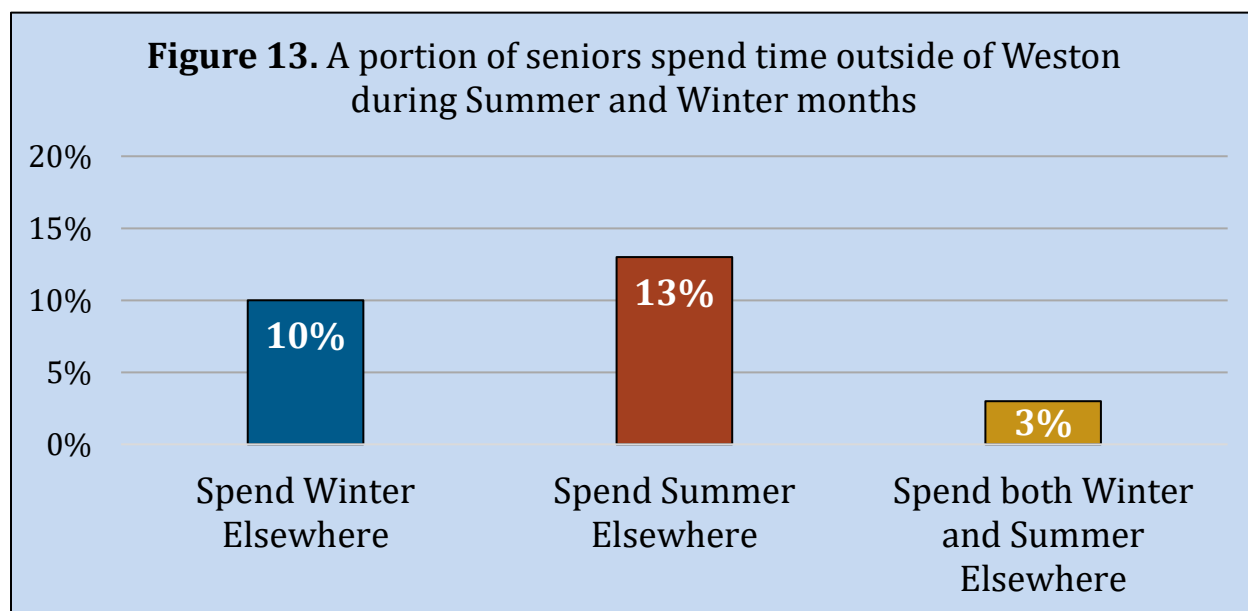
A commonly expressed goal of older adults is to remain living in their own homes as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes (Salomon, 2010). By aging in place, older adults are able to retain their independence, as well as maintain valued social relationships and engagement with the community. In turn, aging in place may promote wellness by supporting physical activities that reduce risk of chronic disease and by accommodating disabling

Survey respondents included residents who have lived in Weston for many years, as well as relative newcomers. The majority of respondents have been living in Weston for more than 25 years (see **Figure 12**). These individuals offer insight based on their years of experience of living in Weston. It is also helpful, however, to hear from those who are new to Weston. Overall, 7% of survey respondents have been living in Weston for less than five years.

**Figure 12. How long have you lived in Weston?**

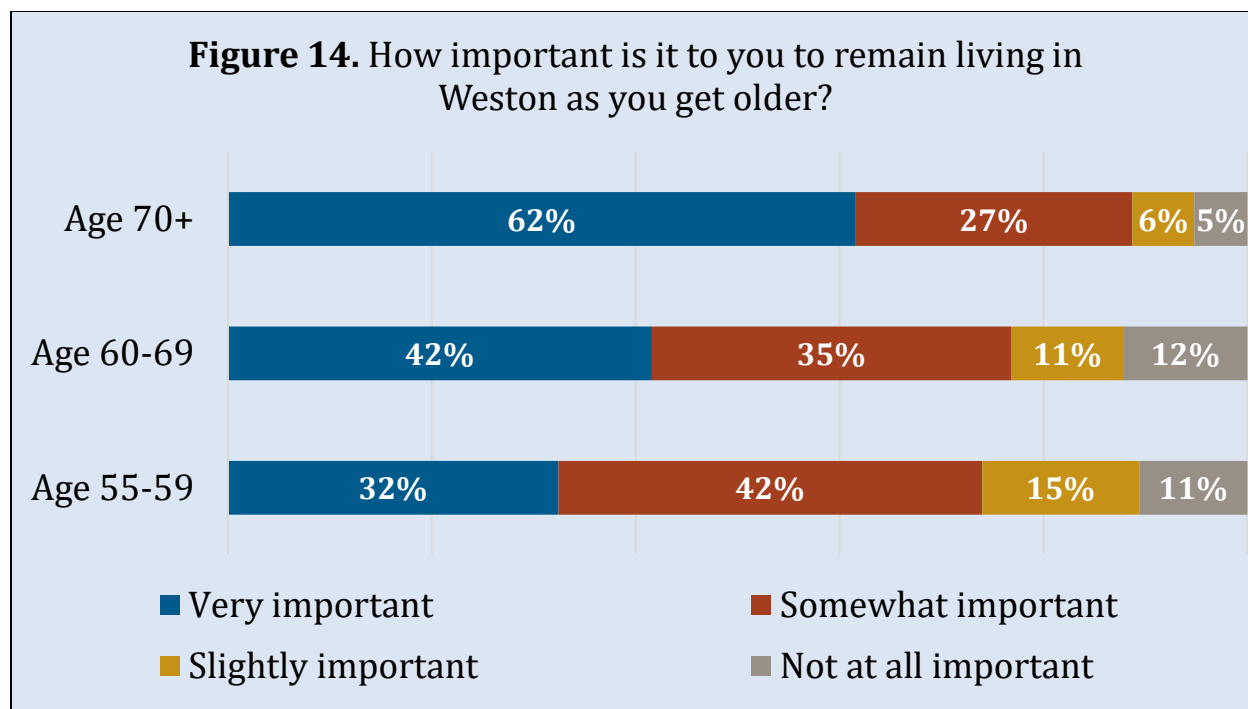


The majority of survey respondents live in Weston year-round, however, some spend a portion of the summer or winter months away from Weston. A larger percentage of those 70 and older spend part of the year away from Weston as compared to those age 55-59 or age 60-69. Of the younger age groups surveyed (i.e., age 55-59 and age 60-69), the ones who do leave Weston do so more frequently during the summer months, while 14% of the older age groups (70 and older) spend time away from Weston in either or both the summer and winter months (see **Figure 13**). This information may have implications for programming and supports needed.



Weston residents shared many benefits of living in Weston during the focus groups, discussing reasons why they love Weston and want to remain living in Weston as they age. This is reinforced by the survey data, especially with those age 70 and older where more than 60% responded that it is very important to them to remain living in Weston as they get older (see **Figure 14**). Yet not all respondents are committed to remaining in Weston as they age. Almost 70% of those age 55-59, 58% respondents age 60-69, and 38% of those age 70 and older stated that it is only somewhat, slightly, or not at all important to them to remain living in Weston as they get older.





A large majority of survey participants took the time to respond to the open-ended question, “What are your greatest concerns about your ability to continue living in Weston?” Despite the high number of comments, they could readily be categorized into four key areas of concern: 1) Cost of living; 2) Transportation options; 3) Social isolation; and 4) Supports and services.

- 1) The large majority of responses to the open-ended question regarding concerns about continuing to live in Weston focused on cost of living and this topic came up in a variety of ways. Of the almost one thousand responses to this question, almost half of the responses focused on cost of living generally, taxes more specifically, or both. Many people commented about the high property taxes and high cost of living to remain in Weston, some by just writing in “affordability” or “taxes” in response to major concern. Others mentioned the challenge of living on a fixed income. Still others wrote about the financial cost of maintaining a large home. **Table 4** provides a sampling of representative responses to the question regarding concerns about their ability to remain living in Weston.

One survey question was meant to tap income shortfalls for necessary expenses among Weston’s residents. Respondents were asked if there was any time in the previous 12 months when he or she did not have money for specific necessities, including paying for rent or mortgage, property taxes, medical needs, utility bills, food, or car or home repairs. Although varying by age group, as many as 20% of the

respondents acknowledged that they did not have money for at least one of the options provided. Paying for car or home repairs was the most common item they didn't have money for, with paying for property taxes being the second most common item (Appendix B).

- 2) Numerous responses related to transportation being a concern for being able to age in Weston. Those who elaborated mentioned the challenge of living in Weston once they can no longer drive due to limited transportation alternatives and the challenge of driving during winter months (e.g., clearing the vehicle and navigating icy roads). Others mentioned the increased traffic. While some spoke about lack of sidewalks limiting their ability to walk to places in town, others mentioned the difficulty getting to Boston or places outside of Weston.
- 3) Social isolation emerged as a theme from these open ended responses as many commented that they were concerned about staying socially connected. Some wrote just one or two words such as "isolation", "burden to others", or "loneliness". Others spoke about wanting to be near family, friends moving away, and more generally, concern about living alone.
- 4) Respondents commented about access to supports and services and this topic came up repeatedly in the responses. Participants stated they were worried about finding trustworthy and appropriate caregivers if they had a medical need and some were especially concerned about accessing live-in help. Respondents also commented that they were concerned about finding appropriate people to assist with other tasks such as snow removal, household chores, or small repairs.

**Table 4.** What are your greatest concerns about your ability to continue living in Weston?

Sample Responses
<p><b><u>High property taxes and cost of living</u></b></p> <ul style="list-style-type: none"> <li>• “Taxes are huge and we don’t use schools, playgrounds, etc.”</li> <li>• “Affording to keep up my property, pay my property taxes.”</li> <li>• “Affording a house that fits our needs as we downsize.”</li> </ul>
<p><b><u>Limited transportation options</u></b></p> <ul style="list-style-type: none"> <li>• “Not able to walk around- very limited sidewalks...If driving is compromised, it’s hard to get to social activities at the COA, library, etc.”</li> <li>• “When I can no longer drive, I will move.”</li> </ul>
<p><b><u>Social isolation that comes with decreased health and disability</u></b></p> <ul style="list-style-type: none"> <li>• “Being housebound and not socializing.”</li> <li>• “Family members don’t live nearby.”</li> <li>• “Distance from our neighbors - when our kids were young we were always seeing our peers - Now that we are empty-nesters, it is much rarer. I feel a bit isolated.”</li> </ul>
<p><b><u>Supports and Services</u></b></p> <ul style="list-style-type: none"> <li>• “Ability to handle all the chores that require physical effort (gardening, climbing stairs, etc.).”</li> <li>• “Ability to stay in my home and receive care here rather than in a facility.”</li> <li>• “Being able to take care of the physical upkeep of my house and grounds. Being able to call the right people to help me do this-- knowing who to call so I don’t have to worry about being taken advantage of.”</li> <li>• “Honest, qualified people to maintain home (repairs); Access to quality caring medical care; Inability to get contractors to undertake small to medium size projects.”</li> </ul>

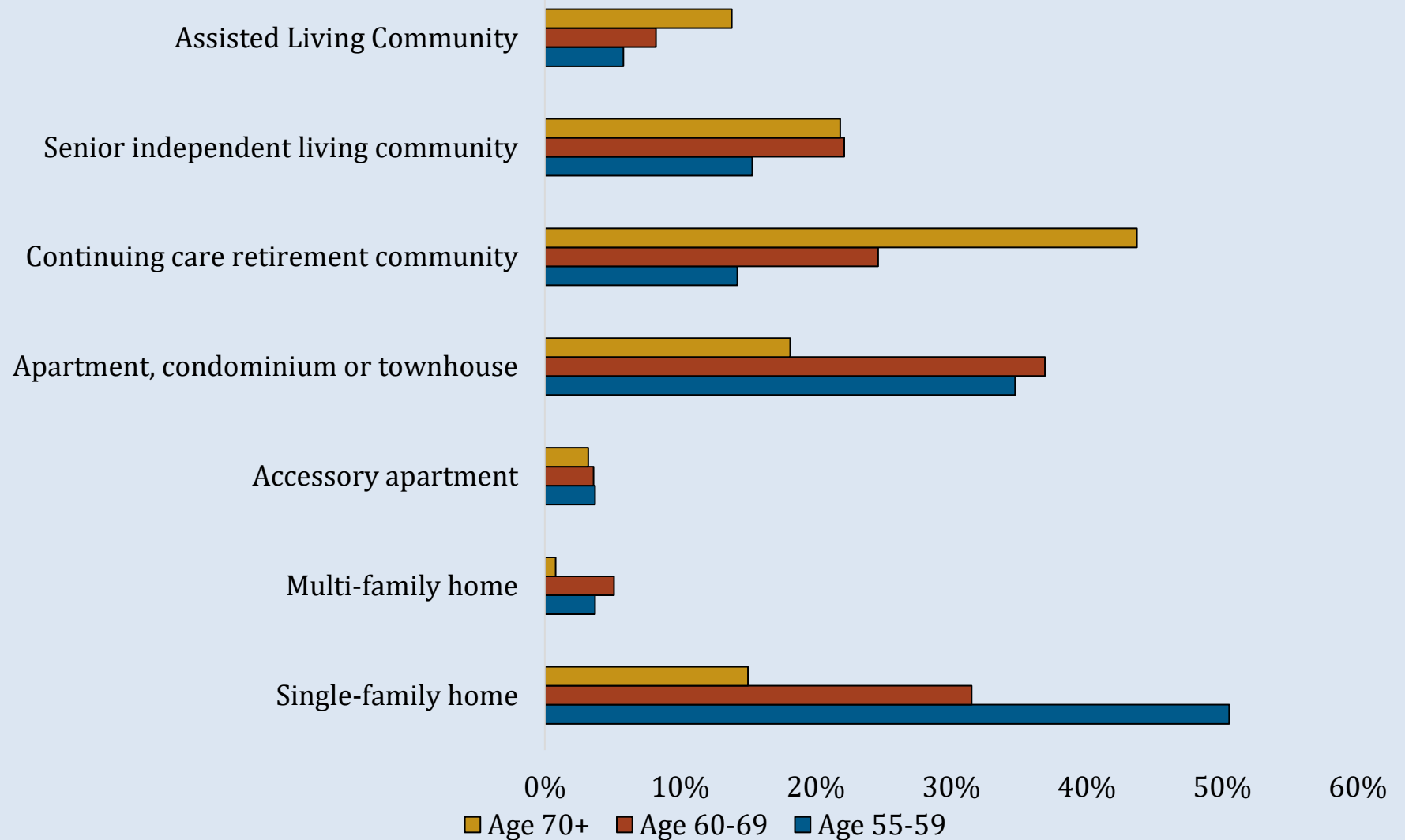
## Housing and Living Situation

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes may become too large for current needs, or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge older residents’ ability to remain living safely in their home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support residents’ safety and facilitate aging in place. Programs that connect older homeowners with affordable assistance for maintaining and modifying their homes and their yards can help protect the value of investments, improve the neighborhoods in which older people live, and support safe living. The availability of affordable housing options, especially those with accommodating features, including assisted living or continuing care retirement communities, may allow residents who are no longer able to stay in their existing homes to remain in their community (AARP, 2005).

The large majority of survey respondents currently live in a single-family home, although this is less common among older survey respondents (Appendix B). Ninety-six percent of respondents age 55-59 live in a single-family home while 78% of those age 80 and older live in this type of home. Not surprisingly, residents age 80 and older are more likely to live in senior independent living (11%) or an assisted living community (2%) than other age groups.

Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group. More than half the respondents age 55-59 chose a single-family home compared to other options, whereas those age 70 and older preferred a continuing care retirement community (see **Figure 15**). Senior independent living communities were considered by more than 20% of those age 60 and older. Continuing care retirement communities were considered by 25% of those age 60-69 and by more than 40% of those age 70 and older. This interest in supportive housing options by those age 60 and older has implications for housing stock needs in Weston.

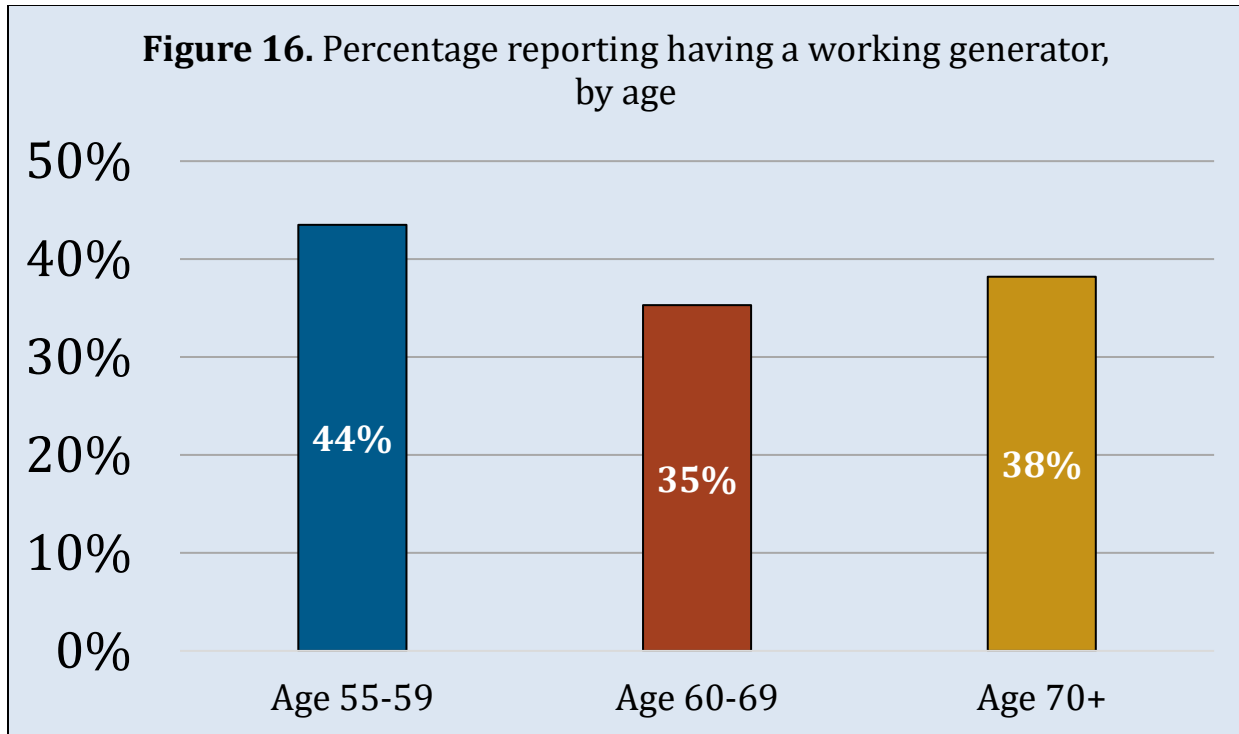
**Figure 15.** In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer?  
(check all that apply)



The majority of survey respondents live with a spouse or partner, but not surprisingly, this number is smaller for the older cohorts. Eighty-four percent of participants age 55-59 live with a spouse or partner whereas about 56% of people age 80 and older do. In contrast, 17% of survey respondents age 55 and older report living alone and among respondents age 80 and older, this proportion is significantly higher. Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the Weston population.

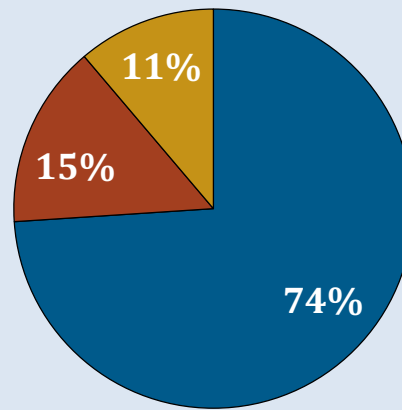
Survey respondents were asked, “Is your preference to rent or own your next home?” A large share of respondents, including 34% overall and 60% of those age 80 and older, indicate that they do not plan on moving from their current residence. However, among those who did indicate a preference for owning or renting their next home, a majority (55%) prefer to own their own home. Receptivity to renting is evident among the older respondents, given that 15% of residents age 70 and older prefer to rent their next home. These results suggest that there may be a demand for rental properties as the demographics of Weston change.

Thirty-eight percent of Weston survey respondents age 70 and older have a working generator, with a similar share of respondents age 60-69 having a generator. Younger respondents were slightly more likely to have a working generator (44%), but overall, fewer than half of respondents over age 55 have a working generator in their home (see **Figure 16**). In additional calculations, it is learned that over 60% of survey respondents who don’t live in supportive housing (i.e., senior independent living communities and assisted living communities) are living without a working generator. Eliminating residents who leave Weston in the winter yields similar results (not shown). This has safety implications especially for the winter months, when power outages more frequently occur. The town has implemented a safety plan where residents can go to the COA for warm shelter, but this can be challenging for the very old or those with health conditions that limit their mobility.



Maintaining a home requires resources, including people who can make repairs and the finances to pay for these repairs. In response to the question, “Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?” about one in every three respondents stated that their home would need repairs (Appendix B). Of those whose current residence needs repairs, 15% stated that they could not afford these repairs (see **Figure 17**).

**Figure 17.** Ability to afford necessary home repairs



- Yes, and I can afford these repairs
- Yes, but I cannot afford these repairs
- Yes, but I am not responsible for making these repairs

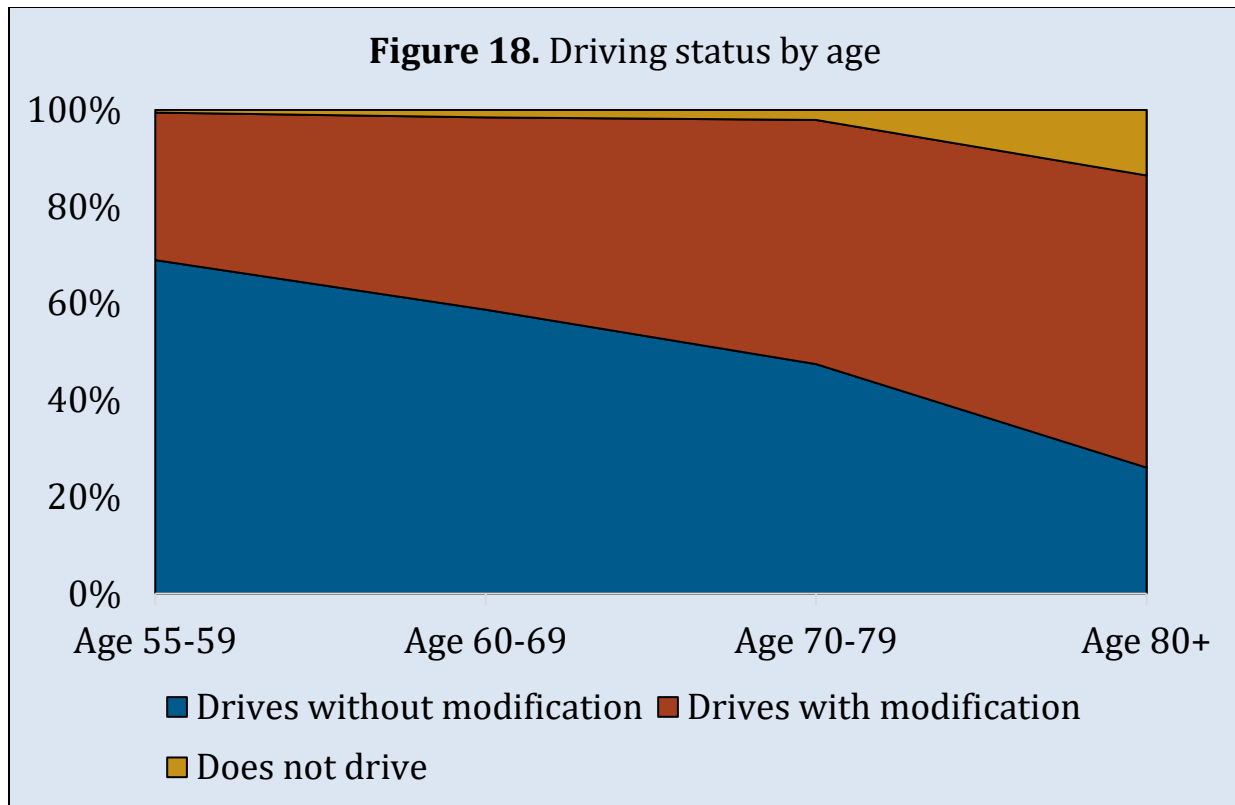
Survey participants were also asked if their home needed modifications to support their ability to live in it safely, such as railings on stairs or grab bars in the shower. Similar to the responses to home repairs, about one in every three respondents stated that their home needed modifications and the majority of residents who need home modifications can afford them. Eight percent of respondents who need modifications, however, are unable to afford to make the modifications. While this percentage of those unable to afford home repairs or modifications is small, for those individuals, not being able to make repairs or add modifications may impede their ability to live safely in their home.



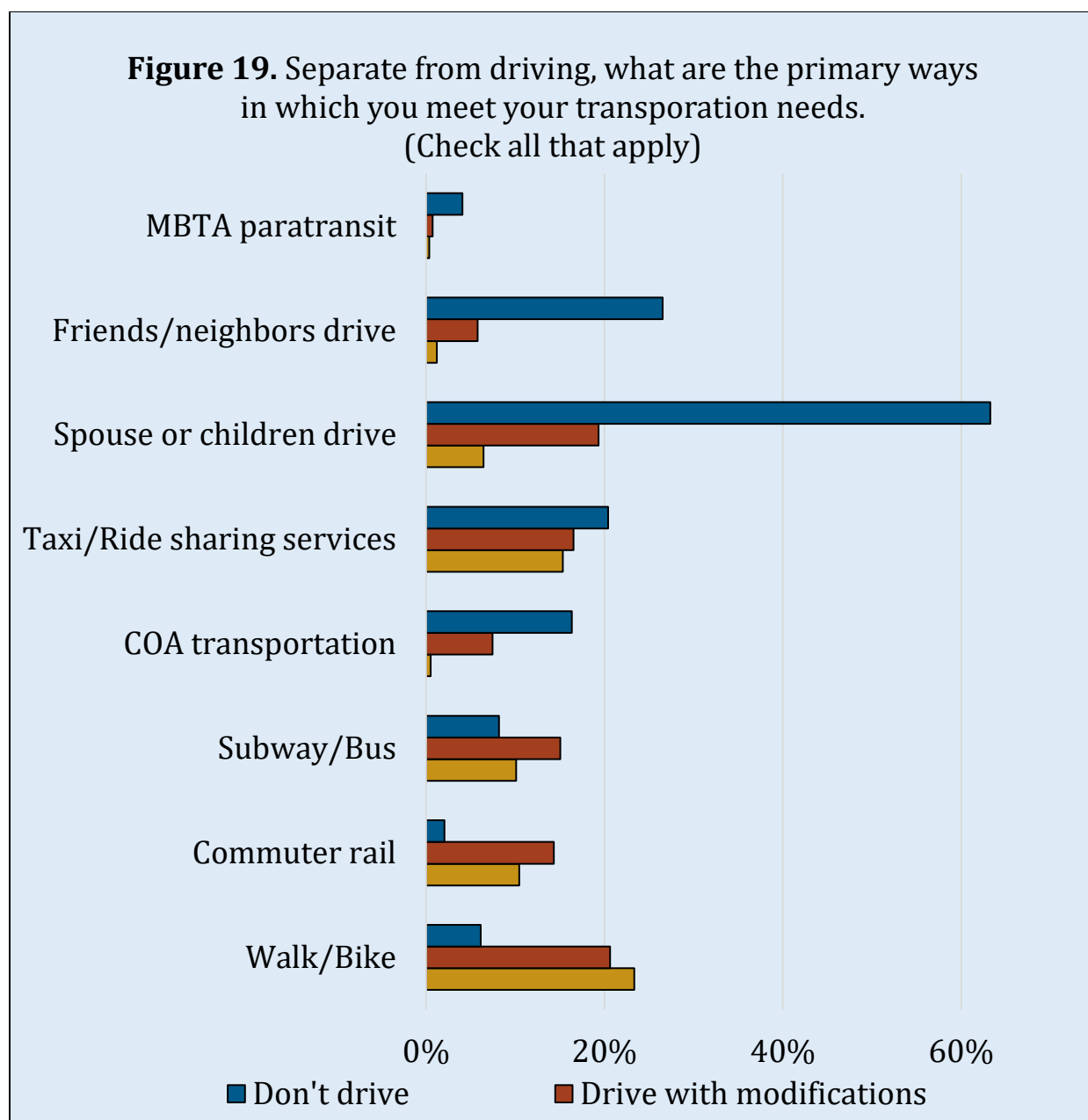
## Transportation

Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation.

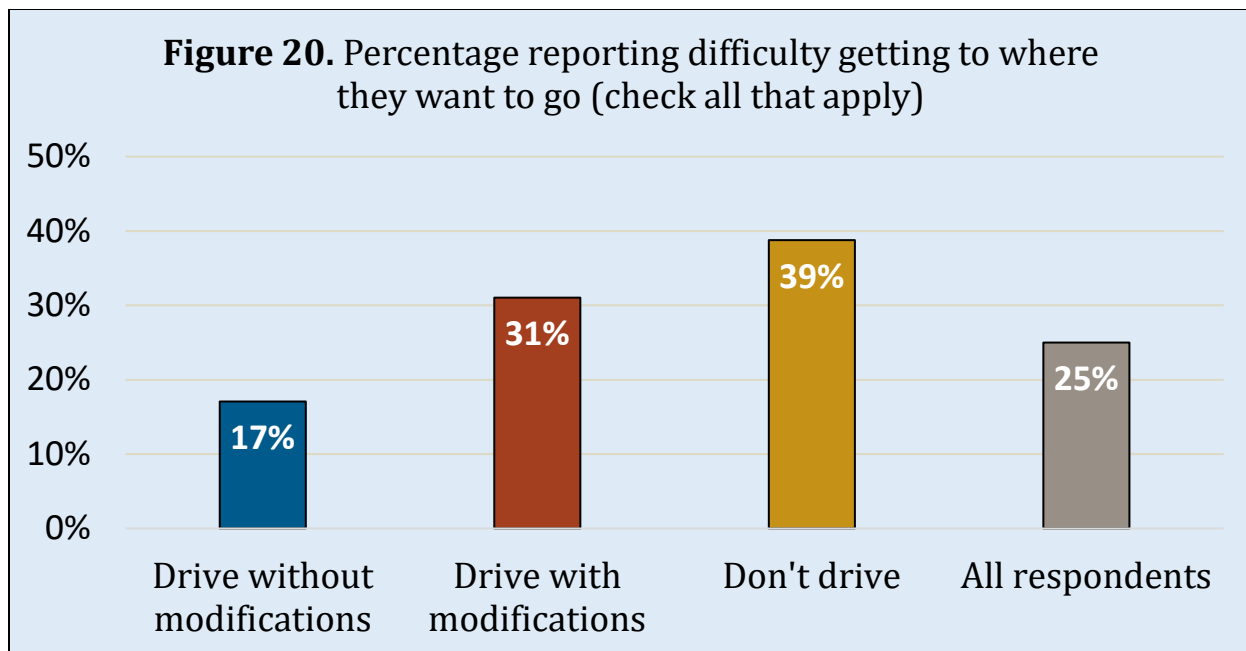
There were several questions on the survey related to transportation. Weston is a suburb with limited public transportation options. Fortunately, survey results show that only 4% of respondents do not drive, although this number is significantly larger when looking at just those age 80 and older, as 14% of this older segment of the population do not drive (see Appendix B). Many residents (44%) who do drive modify their driving to make it easier or safer. Some of the most frequently cited modifications include avoiding driving at night, in rush hour, or during bad weather. While 64% of survey respondents age 55-59 and 56% of respondents age 60-69 drive without modification, only 37% of those age 70 and older drive without making any modifications (see **Figure 18**). Modifying driving habits promote safety but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during the winter months.



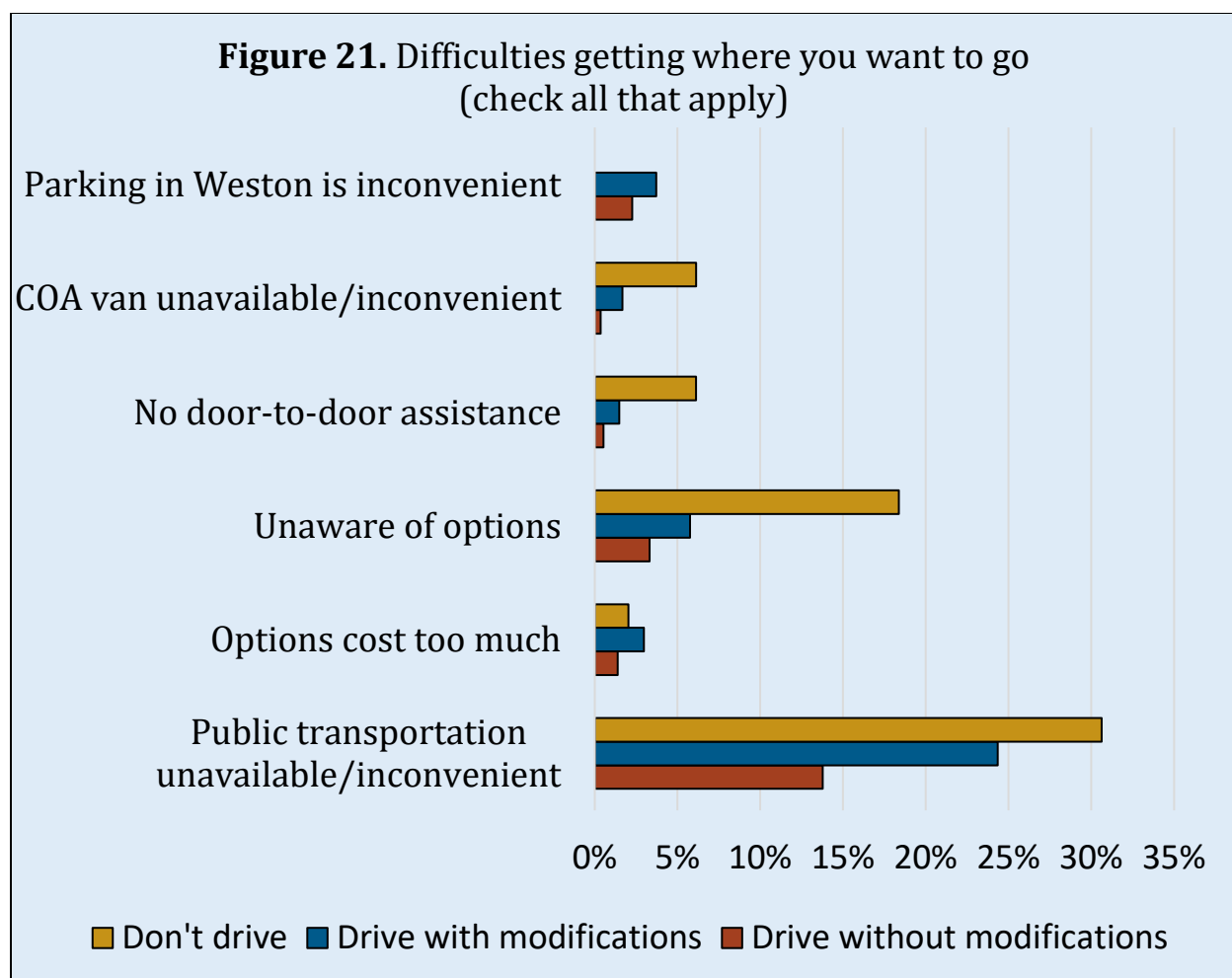
It is therefore important to understand what other methods of transportation are used by Weston residents. Survey respondents were asked how they primarily meet their transportation needs. As shown in **Figure 19**, those who do not drive most often get rides from family (63%) or friends/neighbors (27%), use taxi or ride sharing services (20%), or take advantage of COA transportation (16%). Transportation alternatives among those who drive but with modifications include taking public transportation (21%), walking or biking (21%), getting rides from family (19%), or using taxi/ride sharing services (17%). The high dependence on family and friends for transportation needs has implications for both the driver and the recipient as this may be a burden on those who provide rides and increase feelings of dependence on those who need the rides. When one asks family or friends for a ride, it is often only for those things that are considered “important”, such as medical appointments or grocery shopping. Activities such as attending a community event or visiting friends is often seen as an “extra” and not something one will ask others for help with.



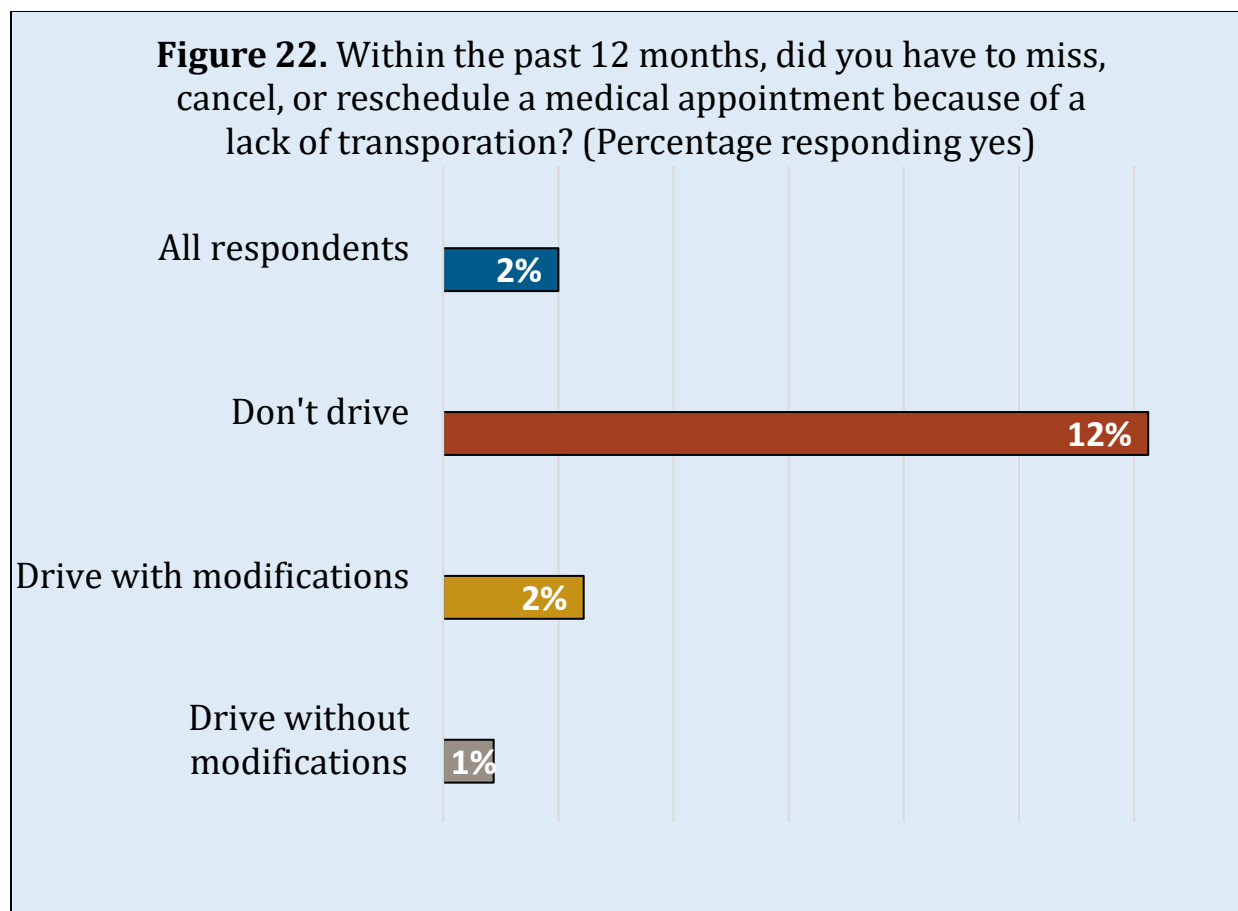
In response to the survey question, “What kind of difficulties do you have in getting where you want to go?” 25% of all survey participants reported at least one challenge (see **Figure 20**). Those who drive without modifications had the least difficulty getting where they want to go, while 39% of respondents who do not drive and 31% of those who drive with modifications mentioned at least one obstacle to them getting around.



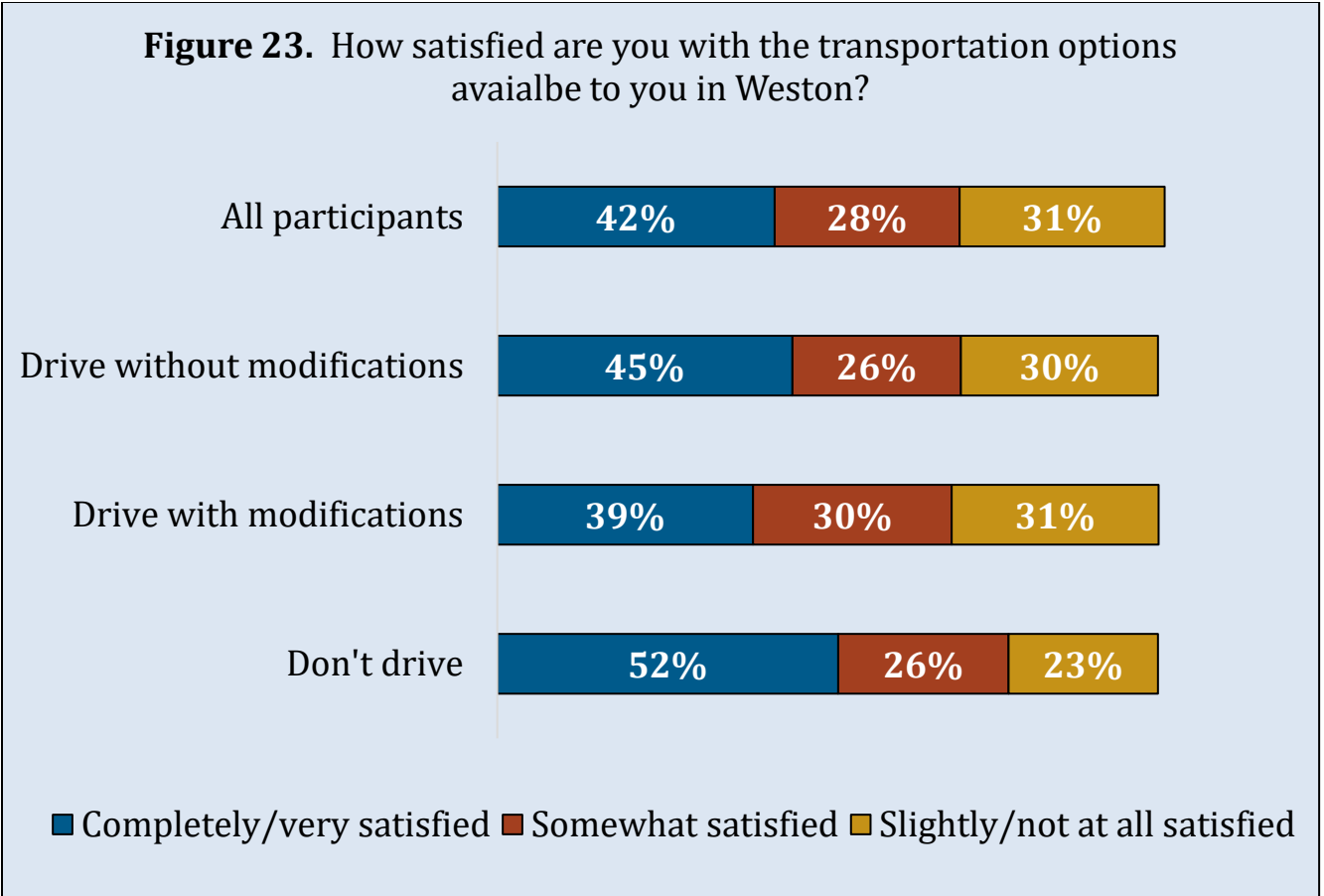
Notably, for all ages, public transportation being unavailable or inconvenient was the most common reason for transportation difficulties (19%; Appendix B), but this percentage was much higher for those who don't drive (31%; **Figure 21**). For this group of individuals who don't drive, where transportation options are critical, the second most common barrier was being unaware of local transportation options (18%). Five percent of respondents marked "other" in response to the question regarding difficulties getting where they want to go and provided a reason. Almost half of these comments focused on traffic, an option not included on the survey question. Comments ranged from just "Traffic!" to "I commute to work every day on Rt. 20 or Rt. 117. It is congested. Development in town should be limited until traffic patterns can be improved." It is evident that transportation challenges occur for all Weston residents, no matter their age or driving status.



Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. Among all respondents, only 2% reported this experience and even among those who drive with modification, few indicated that this had occurred (see **Figure 22**). However, 12% of respondents who don't drive missed, cancelled, or rescheduled a medical appointment within the past year. In addition, (tabulations not shown), 27% of respondents who had a health issue requiring help with household activities, and 17% of those rating their physical health as fair or poor, reported that they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Weston's older resident community.



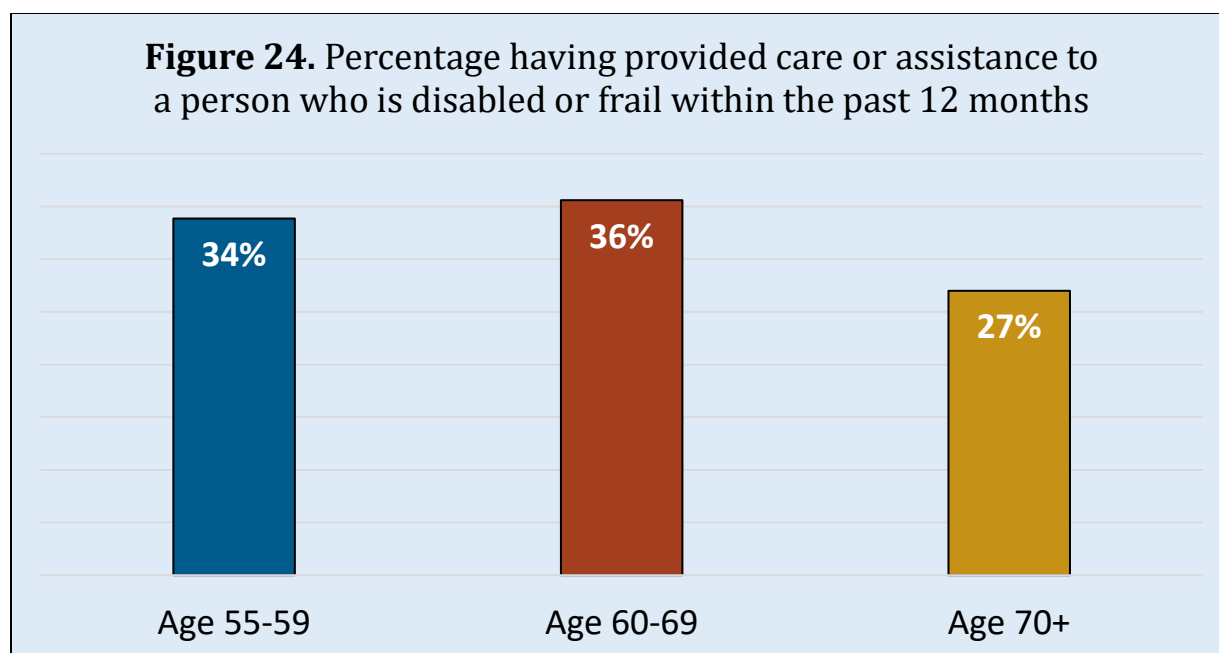
Considering the results from the survey along with data from the focus groups and interviews, transportation is an area that could benefit from improvement and innovation in Weston. Noteworthy, those who don't drive were most satisfied with the transportation options available in Weston (see **Figure 23**). Fifty-two percent of those who don't drive reported they are completely or very satisfied with Weston transportation options. Transportation satisfaction patterns were otherwise similar across driving status.



### Caregiving

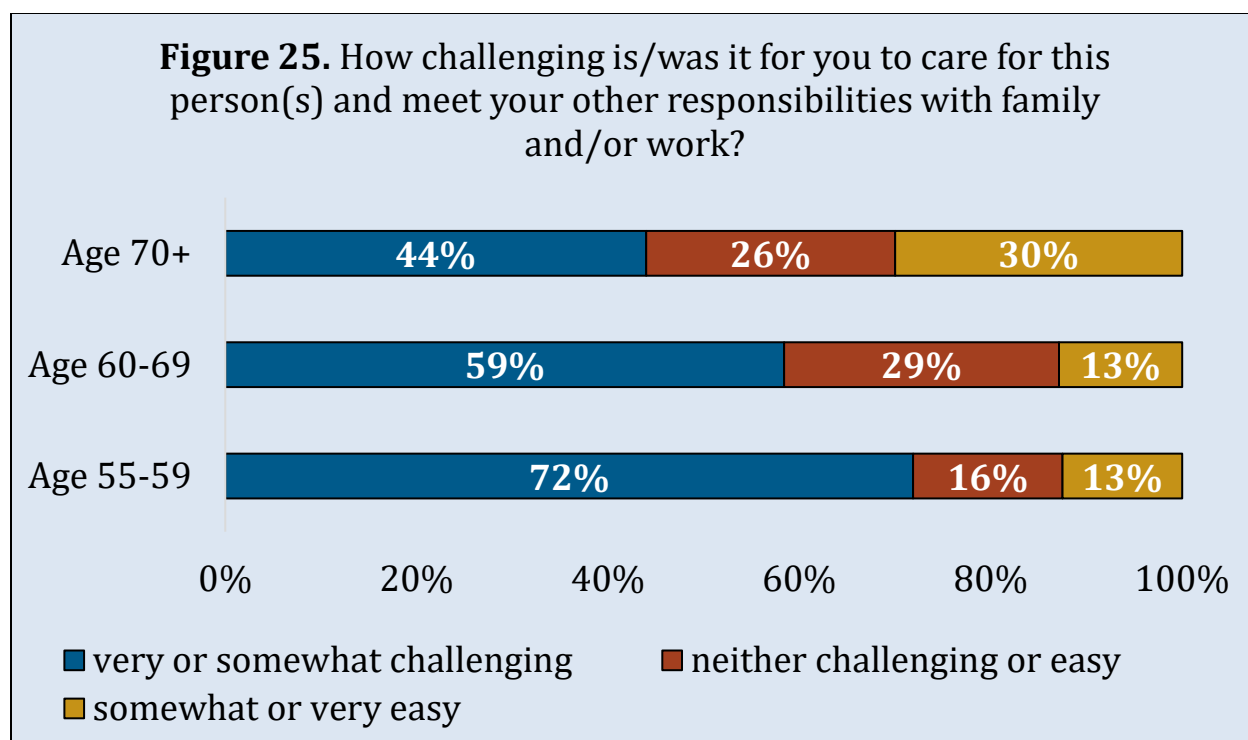
Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (see statistics through the Family Caregiver Alliance).

More than one out of four survey respondents stated that they currently or have in the past 12 months provided care or assistance to a person who was disabled or frail and that number is higher among those age 50-59 and 60-69 (see **Figure 24**).

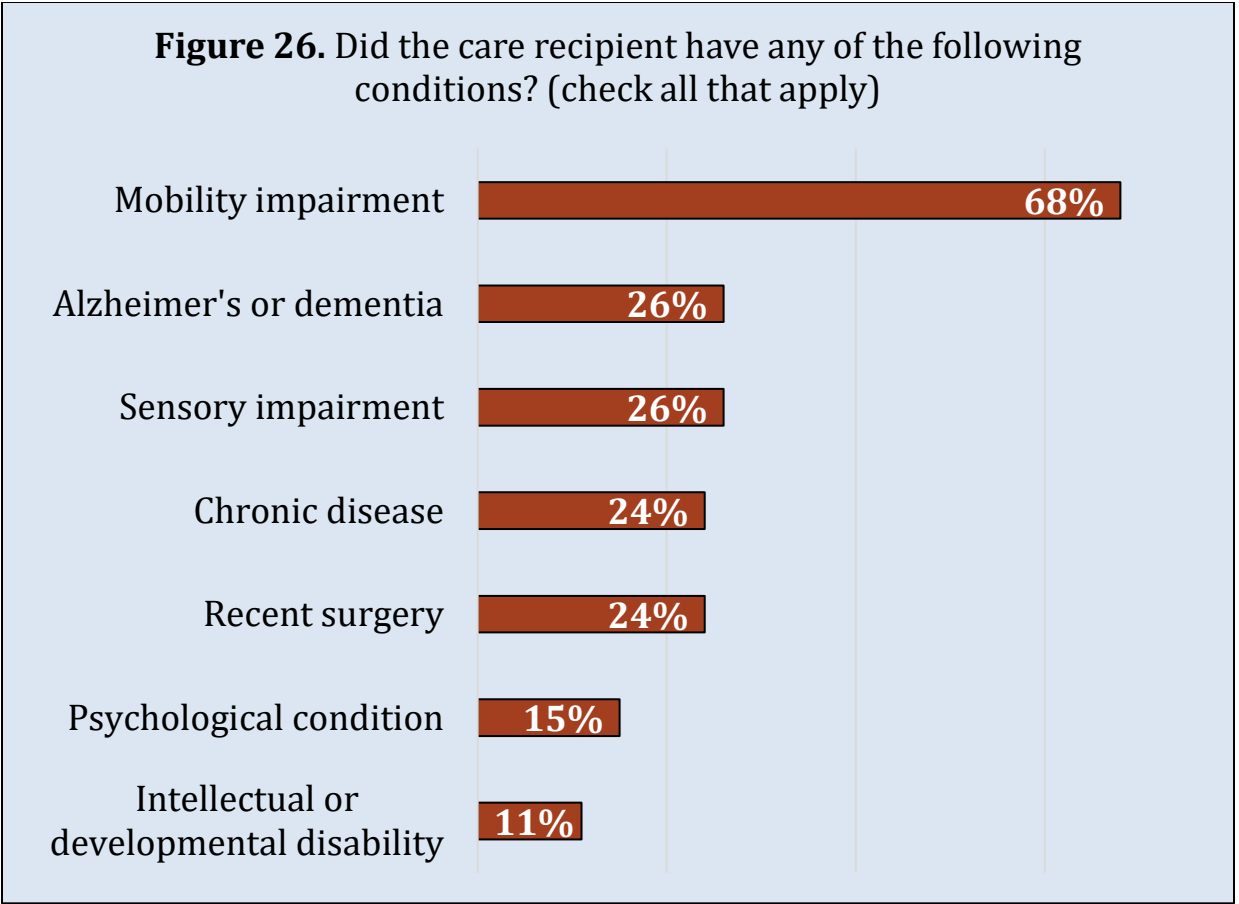


Many of those who have provided care or assistance to someone within the past 12 months stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 55-59, where 72% of those providing care reported this was very or somewhat challenging (see **Figure 25**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, between 44% and 59% of those who provide care find it very or somewhat challenging. Services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be indicated to support caregivers.



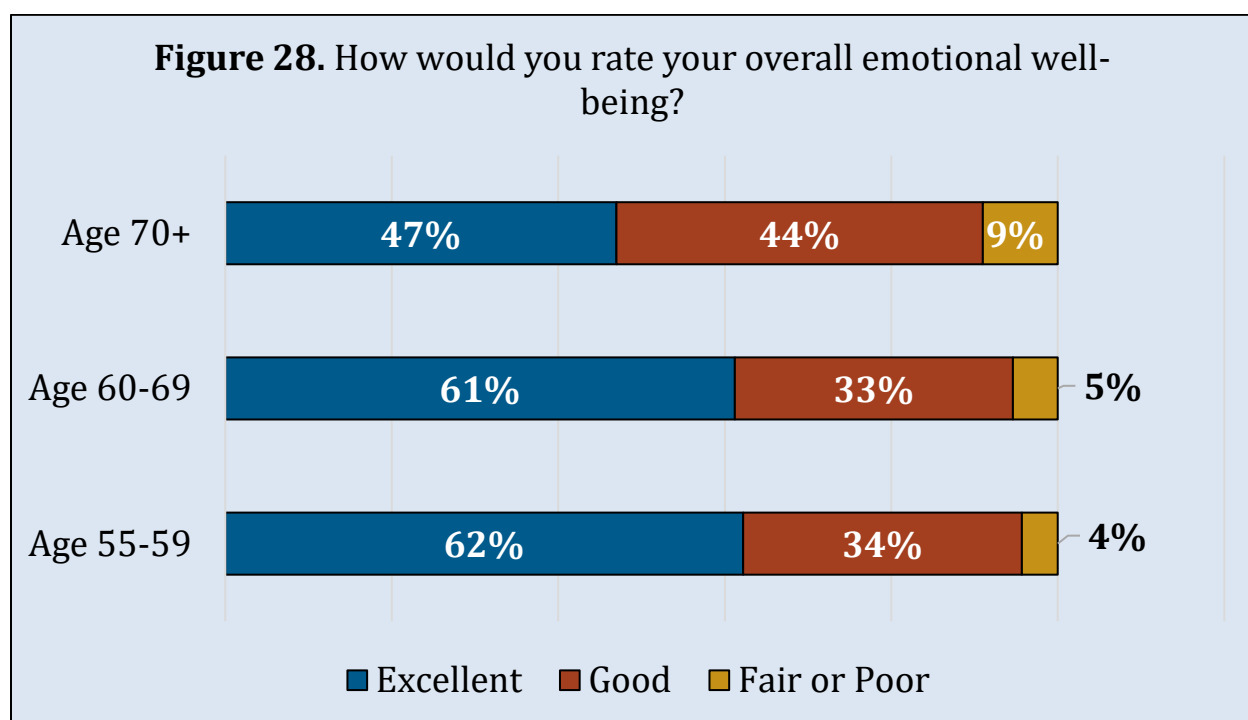
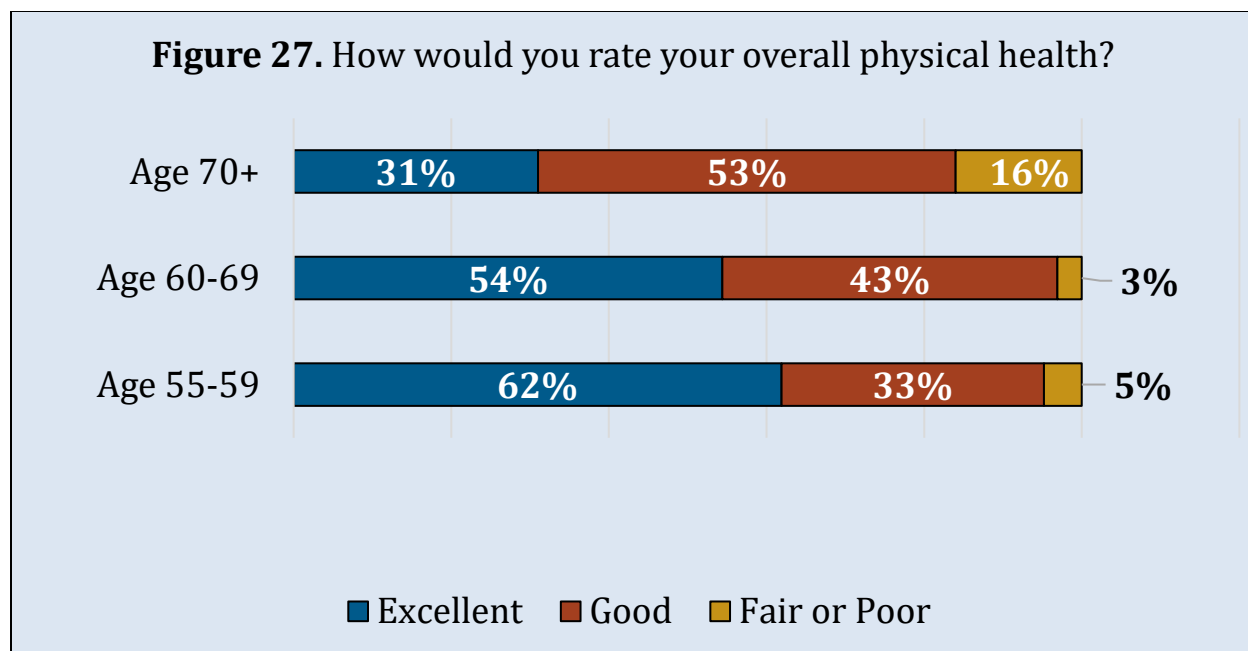


Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs) (68%; see **Figure 26**), while 26% of the people the survey respondents cared for had Alzheimer's or dementia, 26% were living with a sensory impairment (such as vision or hearing loss), 24% were living with a chronic disease (such as cancer, diabetes, or asthma), and another 24% had recent surgery and required assistance. Separate from the more common age-related disabilities that were provided as options on the survey, about 50 survey respondents mentioned other disabilities including Parkinson's disease, pneumonia, stroke and traumatic brain injury. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.



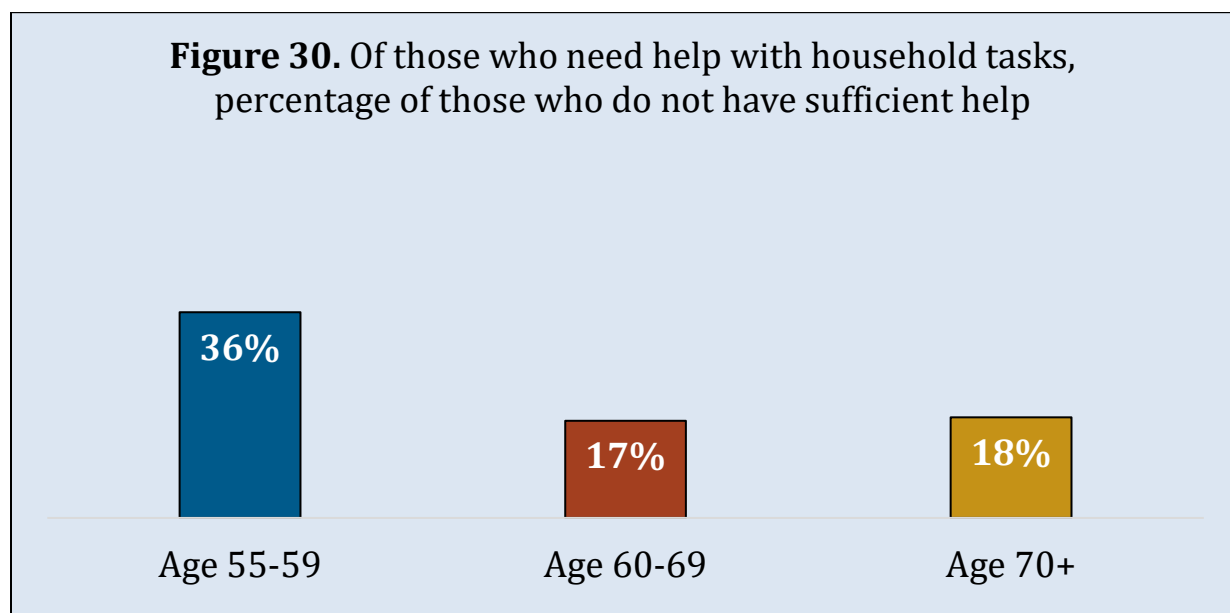
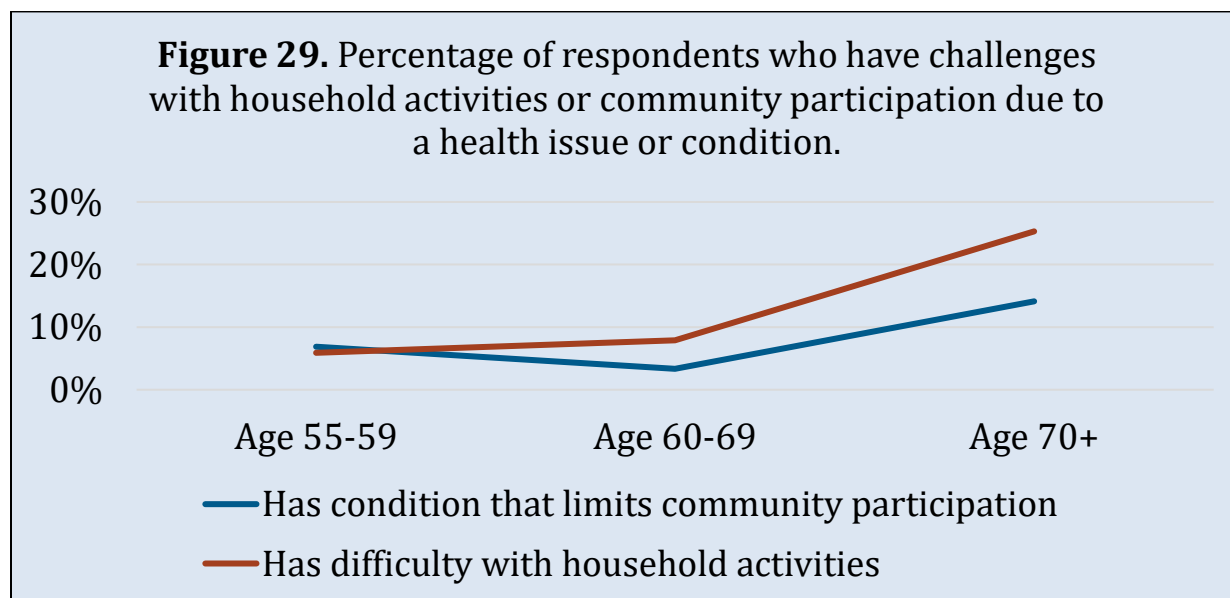
### Health

The majority of people who responded to the community survey reported they were in good or excellent physical health (see **Figure 27**). Sixteen percent of respondents age 70 and older rated their overall physical health as fair or poor, however, indicating a sizable portion of the Weston older population are dealing with health issues. Similarly, the majority of respondents reported good or excellent emotional well-being while there is a small segment of the population, across all ages, who rate their emotional well-being as fair or poor (see **Figure 28**).



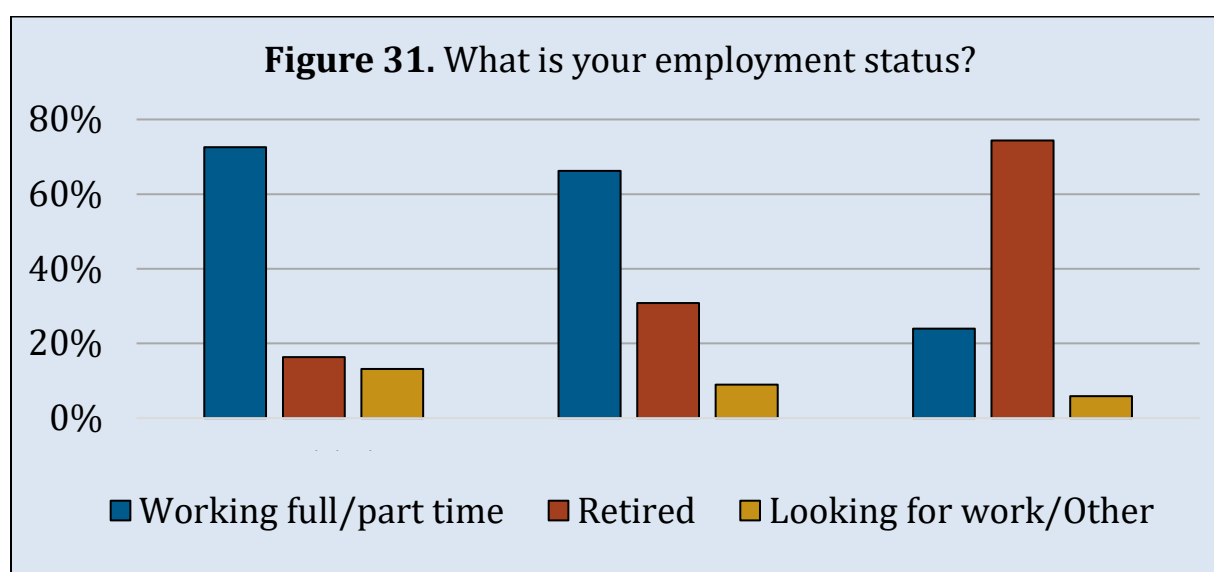
Health status can influence one's ability to perform household tasks or participate in community activities and clearly this is the case for many Weston older adults. Twenty-five percent of those age 70 and older responded that they require help with household activities (such as preparing meals, cleaning, or yard work) due to a health condition and 14% of this older age group have a condition or disability that interferes with their ability to participate in the community (see **Figure 29**). For those survey participants who require help with

household activities due to a health condition, almost 20% stated that they do not have sufficient help in place to accomplish these activities. There is a smaller number of people age 55-59 who have health challenges that interfere with their ability to take care of daily tasks or participate in community events, but a larger percentage of this younger cohort (36% as compared to 18% of those age 70 and older) responded that they don't have enough help (see **Figure 30**). Overall, the large majority of Weston residents are healthy and able to perform their household activities and participate in the community. However, there is a significant number of respondents who are dealing with health challenges which lead to difficulty in taking care of household tasks or participating in the community.



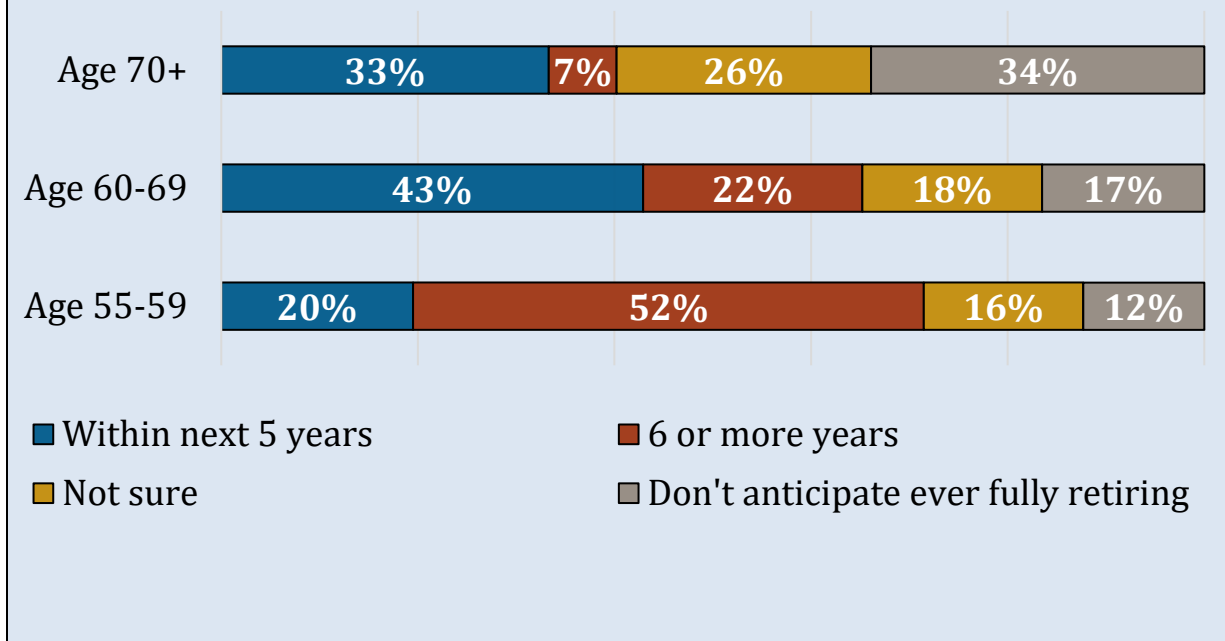
## Employment and Retirement

Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in Weston survey results, as well. **Figure 31** shows that a majority of respondents in their 50s and 60s are still working, along with 24% of respondents age 70 and older. Many responded “other” to the question about employment status and the large majority of write-in responses were volunteer or homemaker. These results are similar to results from the American Community Survey (presented on page 14 of this report) indicating that many of Weston’s residents over age 60 remain in the workforce.



For those who responded they are still working, 33% of those 70 and older, 43% of those age 60-69, and 20% of those age 55-59 are considering retiring within the next 5 years (see **Figure 32**). Interestingly, many older adults do not anticipate ever fully retiring, including 34% of those age 70-79 who are currently working. Implementing evening and weekend programming might be one way engage these older workers with the COA. Additionally, developing new programs that would particularly attract older workers would be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

**Figure 32.** Plans for retirement among those currently working

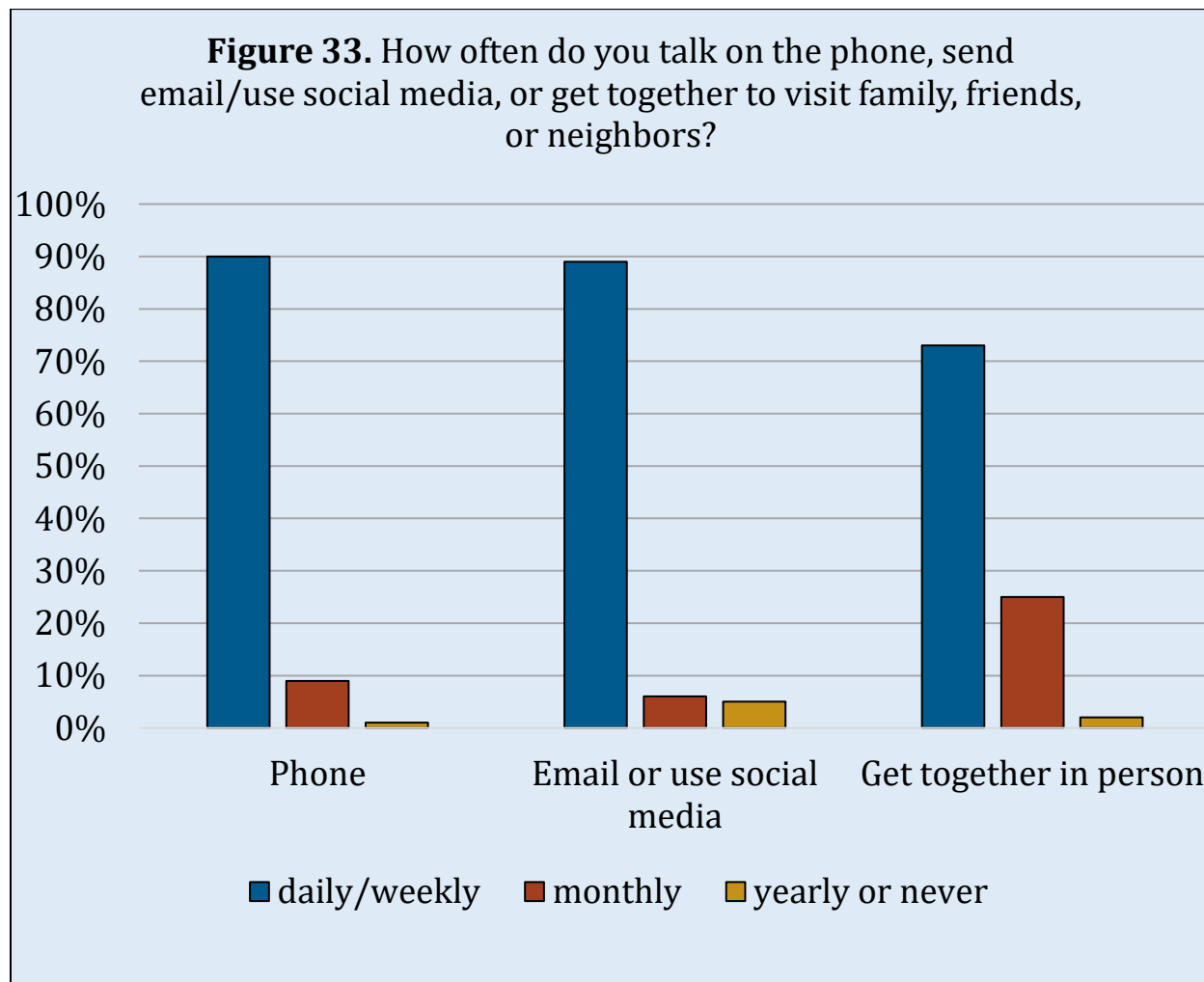


## Social Activities and Relationships

Social activities and relationships shape well-being for individuals of all ages. Indeed, the absence of social relationships may have as substantial a negative impact on health as behaviors such as smoking or overeating (Qualls, 2014). Many older adults are at high risk for social isolation, especially if their health and social networks break down. These risks are exacerbated if accessible services and transportation are not readily available to them as a means for maintaining contact with the world 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 (Pardasani & Thompson, 2012).

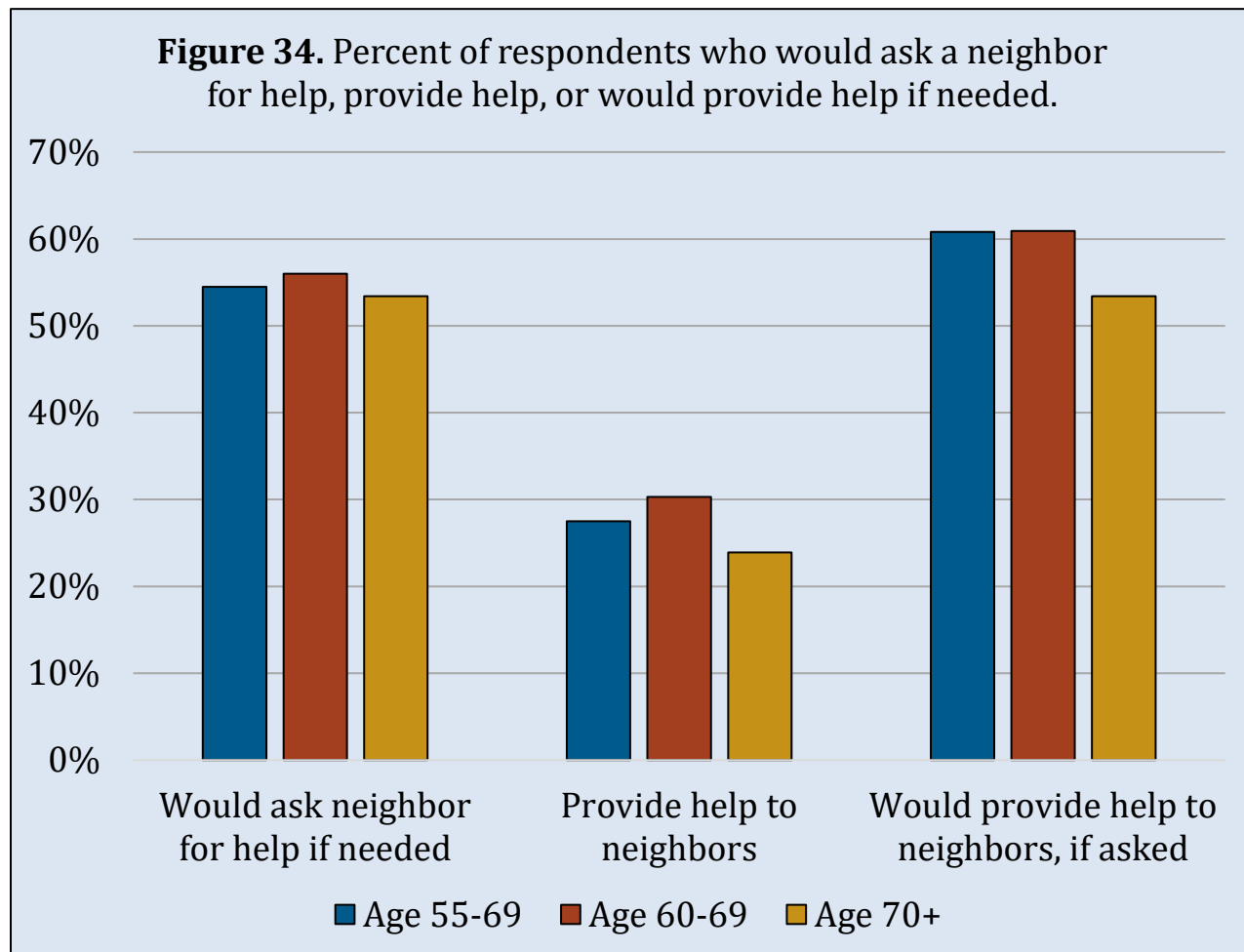
The majority of survey respondents speak with someone and use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 33**). Although almost three quarters of the respondents get together in person with someone at least

weekly, more than a quarter only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing. It is also worth noting that 15% of those age 80 and older never use email or social media, or use it very infrequently, to connect with people (Appendix B). This finding has implications for strategies to communicate with the oldest segment of the Weston population.



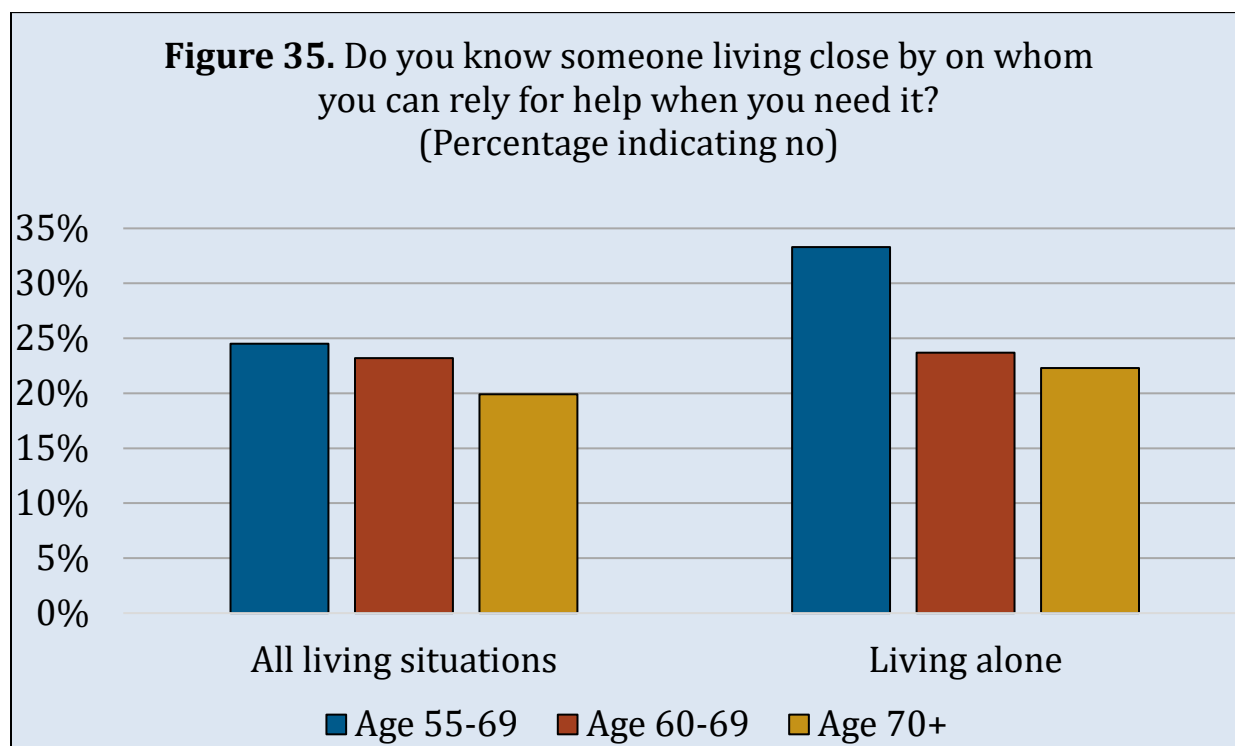
Survey participants were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand and just over half of the respondents of all ages said they would. For those who responded that they would not ask a neighbor for help, the survey prompted them to write why. Over 100 respondents stated that they don't know their neighbors well enough, while others responded that they don't want to burden their neighbors or their neighbors are too busy or not friendly. Many commented that they would

ask family or friends as opposed to a neighbor. In response to the survey question, “Do you provide any help to neighbors with minor tasks or errands?”, between 24% and 30% responded yes and more than half of those who do not provide help responded that they would help if asked (see **Figure 34**). These findings illustrate a possible opportunity to strengthen neighbor-to-neighbor relations in Weston as a way of supporting older residents wishing to age in place.



About three quarters of survey participants responded yes to “Do you know someone living close by on whom you can rely for help when you need it?” (Appendix B). Notably, over 20% of respondents don’t know someone nearby who they can ask for assistance and this is similar across all age groups (see **Figure 35**). However, for those 55-59 living alone, 33% responded that they don’t know someone living close by on whom they can rely. Taken together, these findings highlight that in lieu of availability of family or friends to help in a time of need, some residents of Weston may be at risk of social isolation or crises.



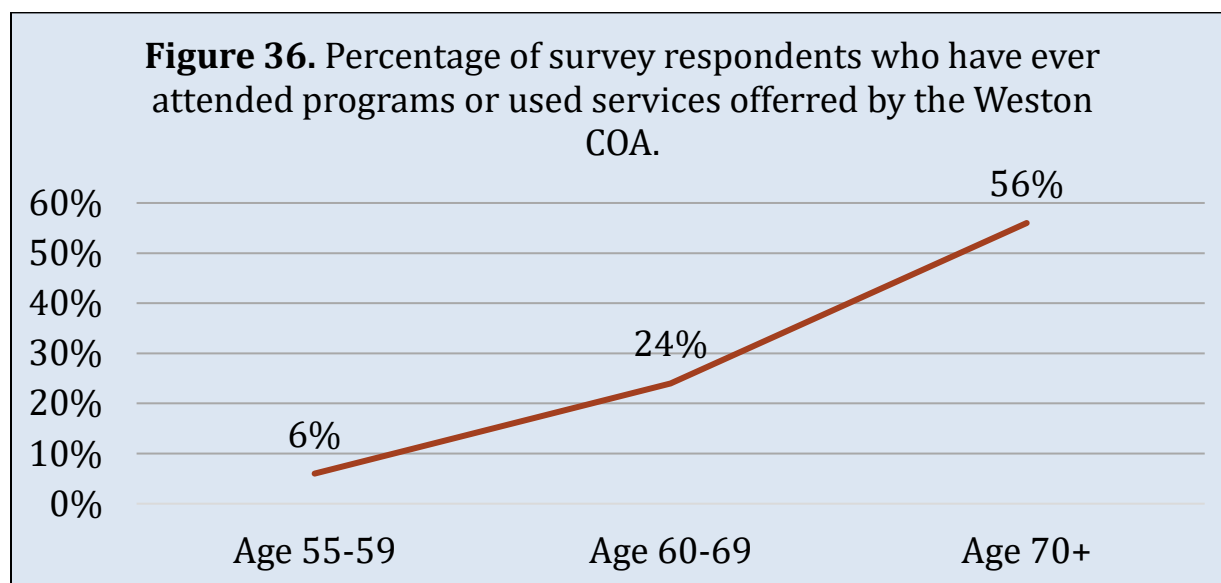


## Weston COA

Local Senior Centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. These involvements can help community members maintain social support, remain active, prolong independence and improve quality of life. Some research suggests that participating in a Senior Center may reduce one's sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017).

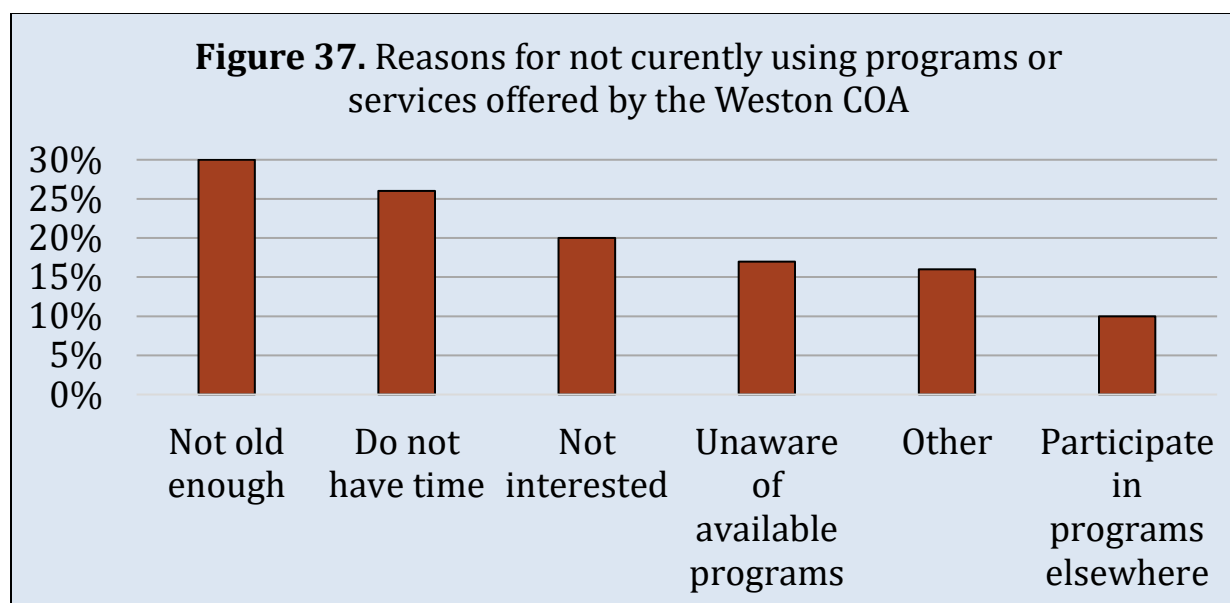
Survey results suggest that participation in the Weston COA is considerably more common among older residents. As shown in **Figure 36**, just 6% of those age 55-59 have ever used programs or services offered by the Weston COA, while almost one out of four respondents age 60-69, and more than half of the respondents age 70 and older indicated they have

participated in the Weston COA. This age-graded pattern of participation is not unusual in Senior Centers and may reflect the increasing value of the Weston COA to older residents.



Of those who do use the Weston COA, just over half use programs or services only a few times a year, while 26% of COA users participate at least weekly (tabulations not shown). This range of participation levels highlights the broad continuum of affiliation with the Weston COA, with many residents participating just periodically while others include visits to the Weston COA as part of their regular weekly schedule. Note that participation on a weekly or more frequent basis was reported by 17% of participants who were age 80 and older, 15% of those age 70-79, 4% of those age 60-69, and never by participants under age 60, suggesting that older participants attend more frequently during the course of a month or a year (Appendix B).

Of survey respondents who never use the Weston COA, 30% of all ages state it is because they are not old enough (**see Figure 37**). While it is not surprising that 58% of those age 55-59 who never use the COA responded that they were not old enough, it is interesting to note that 34% of people age 60-69 and 9% of those 70-79 also responded “not old enough” (Appendix B). Other common reasons for non-participation include “do not have time” (26%), “not interested” (20%), and “unaware of available programs” (17%).



Sixteen percent of respondents provided reasons for non-participation other than those listed as options. Many commented that they “don’t need” the COA, while other reasons included the hours of the COA, their own health status, or that they are interested but haven’t explored the opportunities yet. See **Table 5** with sample comments regarding why survey respondents don’t use the COA.

**Table 5.** What is the reason that you do not currently use programs or services offered by the Weston COA

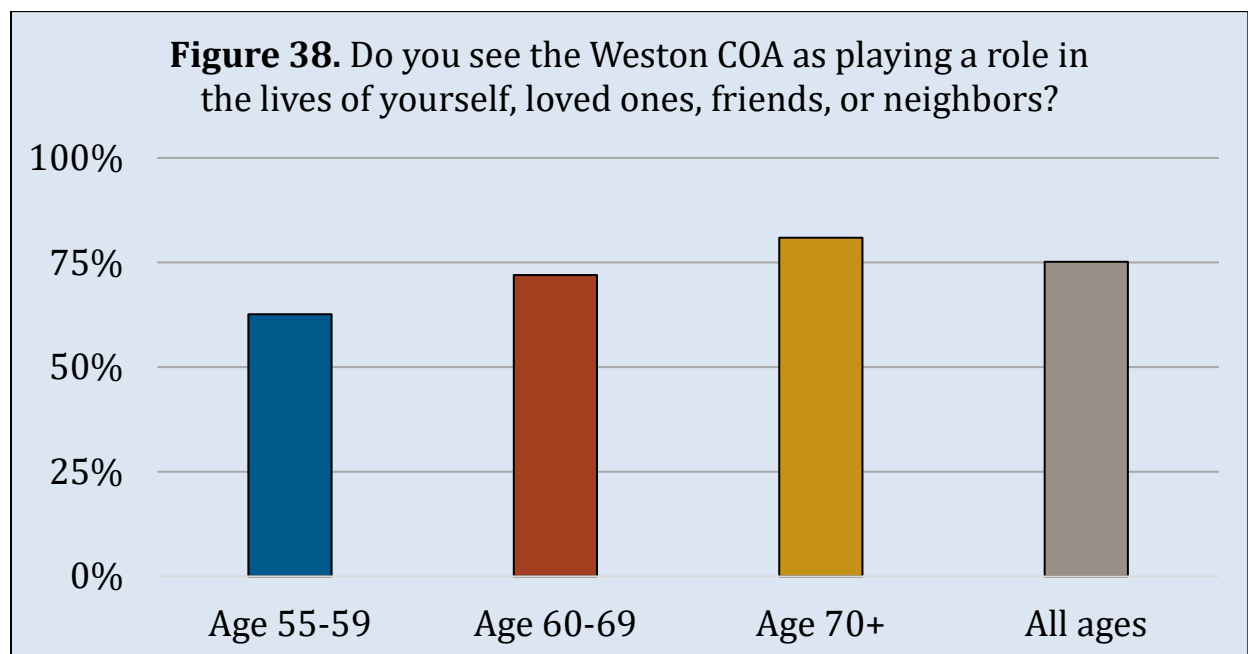
Sample Responses	
<b>Not needed</b>	
<ul style="list-style-type: none"> <li>• “I’m old enough but I’m AOK without help!”</li> <li>• “Still able to maintain independence.”</li> <li>• “No need at the moment.”</li> </ul>	
<b>Hours</b>	
<ul style="list-style-type: none"> <li>• “Hours are not convenient.”</li> <li>• “Time for classes is too early in the day.”</li> <li>• “I would if they were offered on weekends.”</li> </ul>	
<b>Health status</b>	
<ul style="list-style-type: none"> <li>• “Bit depressed”</li> <li>• “Feel tired. 93 years old!!”</li> <li>• “I used to but now it is not easy for me.”</li> </ul>	

### Have not yet explored opportunities

- “I hesitate to go alone.”
- “Don’t know others who use COA.”
- “I likely would if I were retired.”
- “Just haven’t gotten around to it!”

Understanding reasons for lack of participation provides direction and opportunities for change. Overcoming the obstacle of unfamiliarity, increasing outreach, adapting programming to meet the broad interests of the older adult population, and exploring strategies to update the image of the COA may be areas to consider as future Weston COA goals.

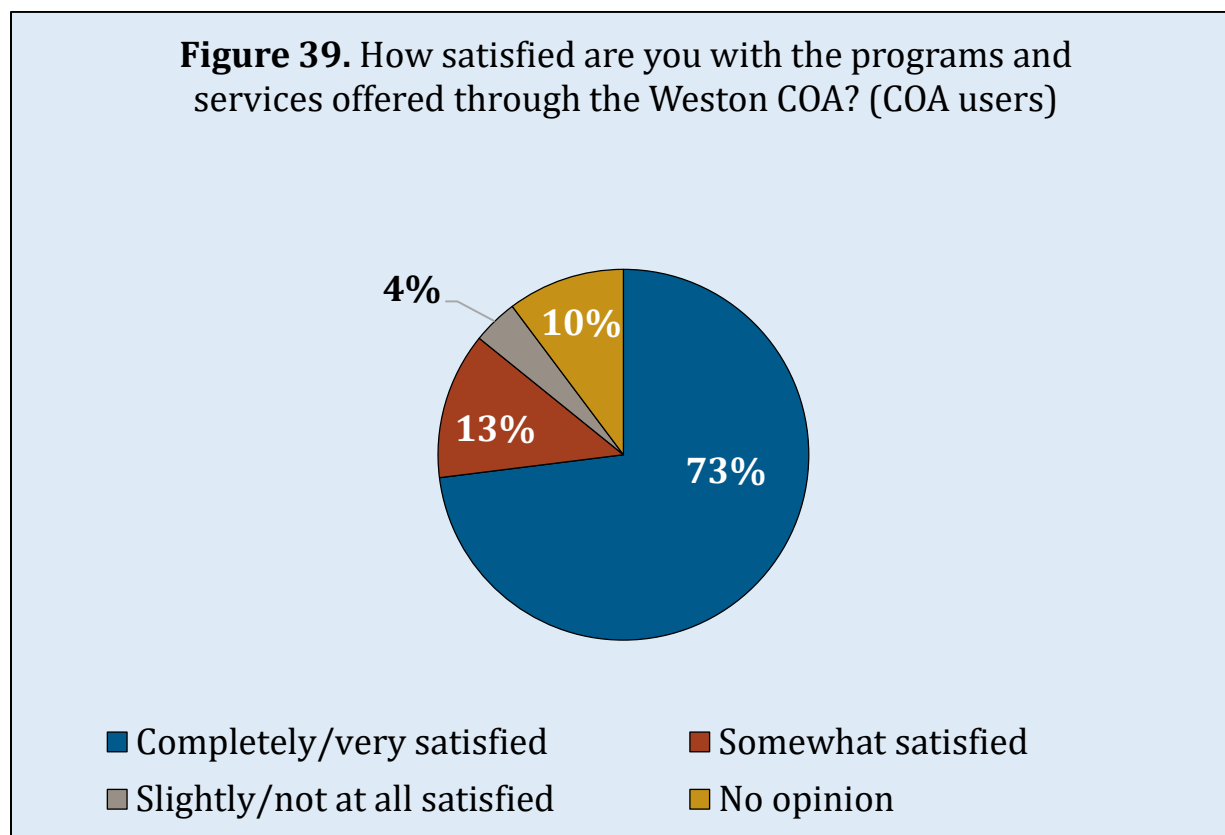
Survey respondents were asked if they see the Weston COA playing a role in their lives or the lives of their loved ones, friends, or neighbors and three out of four participants responded yes to this question. The number of yes responses is even higher when looking at just those 70 and older (**see Figure 38**). Clearly, residents see the Weston COA as playing an important role in the Weston community.



Overall satisfaction with programming offered by the Weston Senior Center was gauged based on respondents being asked, “How satisfied are you with the programs and services offered through the Weston COA?” A large majority of those who responded they had no opinion were people who didn’t use the Weston COA. Of those who use the Weston COA,

almost three out of four users are completely or very satisfied with the programs and services offered (see **Figure 39**). Satisfaction with the programs and services of the Weston COA is higher with the older users. Among users, 55% of those age 55-59 and 69% of those age 60-69 are completely or very satisfied while 75% of those age 70 and older are completely or very satisfied (not shown).

**Figure 39.** How satisfied are you with the programs and services offered through the Weston COA? (COA users)

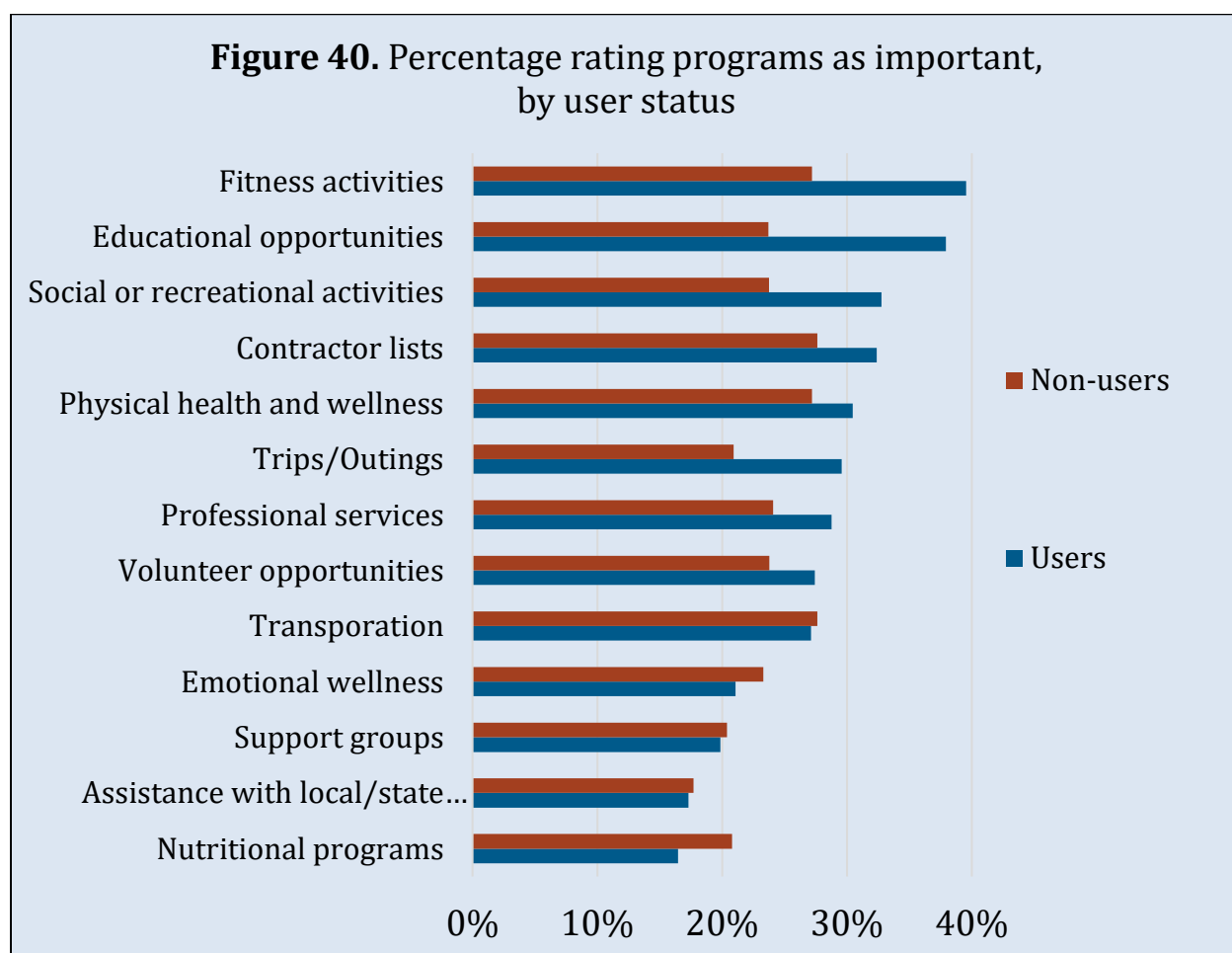


Respondents were asked to rate a number of programs and services currently offered through the Weston COA in terms of importance to themselves or their family members. Response options ranged from (1) “very important,” to (5) “not at all important.” A rating of 3 is meant to capture “moderately important” and respondents could also choose a sixth category, corresponding to “I don’t know.”

We note that across the programs and services considered, approximately 15% of respondents indicated “I don’t know,” suggesting that a segment of the community is not well informed about the Weston COA services and programs or how it may be helpful or enjoyable for themselves or their family members. All programs were rated very important to themselves or a family member by at least 18% of the respondents.

Results are shown in **Figure 40**, with the programs and services listed based on their ranking by current COA users and non-users. The percentage values listed are the share of respondents scoring the given program as 1 or 2 on the 5-point scale described above, with a score of 1 corresponding to “very important.”

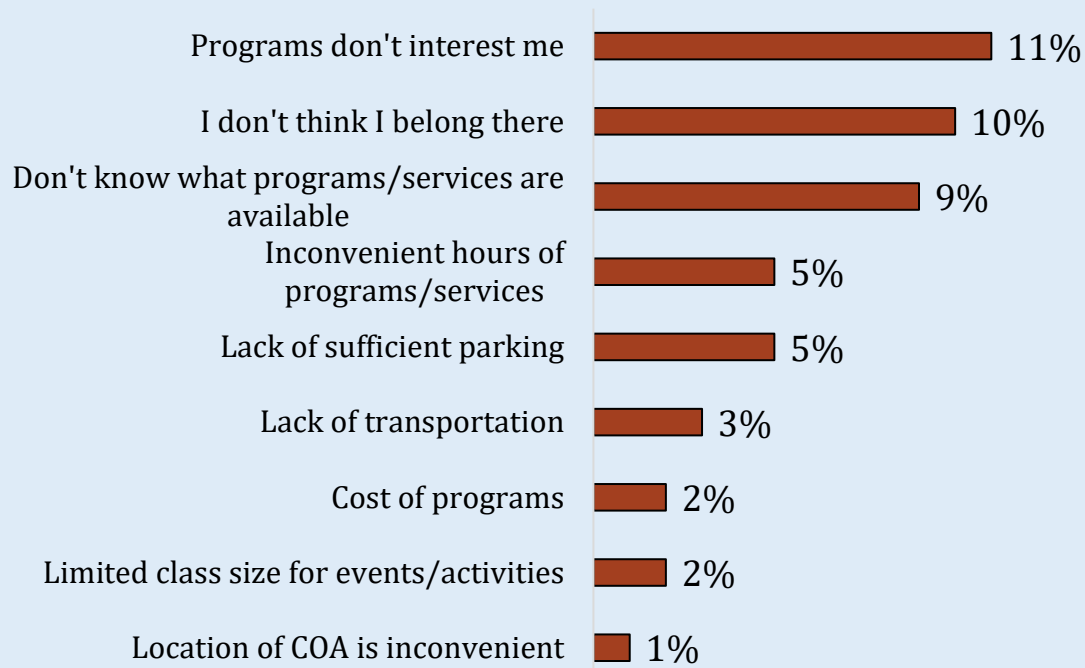
When examining user v. non-user-differences, similar priorities emerge. Among current users, fitness activities (40%), educational opportunities (38%), social or recreational activities (33%), and contractor lists (33%) are among the highest rated. Among non-users, contractor lists (28%), transportation (28%), fitness activities (27%), and physical health and wellness programs (27%) are the highest rated. That said, respondents who have never participated in COA programs consistently offer ratings that are lower than the ratings provided by participants. For example, fitness activities were rated as important to themselves or a family member by 40% of respondents who had ever participated in any COA programming, but by only 27% of non-participants.



Most programs and services are ranked similarly when looking at this information by age group (not shown). Programs that were rated of high importance to those respondents age 55-59 included educational opportunities, fitness activities, physical health and wellness. Respondents age 60 and older also rated educational opportunities and physical health and wellness programs among their top-three; and the availability of contractor lists was also highly rated in terms of importance. The three programs rated by the fewest respondents age 60 and older were support groups, nutritional programs, and assistance with local/state programs (e.g., fuel assistance, SNAP). These programs are geared to groups of people with specific needs, so it is possible the programs are only relevant to a small segment of the population of Weston residents. Still, more than 15% of respondents age 60 and older rated these programs as important and 25% of those age 55-59 rated support groups and nutritional programs as important.

Survey respondents were asked to indicate any issues they have encountered when accessing Weston COA programs or services. As shown in **Figure 41**, the top three issues mentioned by respondents age 60 and older were “programs don’t interest me” (11%), “I don’t think I belong there” (10%), and “not knowing what programs and services are available” (9%). These responses align with the reasons reported for not currently using the senior center—not being old enough, not being interested, and not knowing what is available.

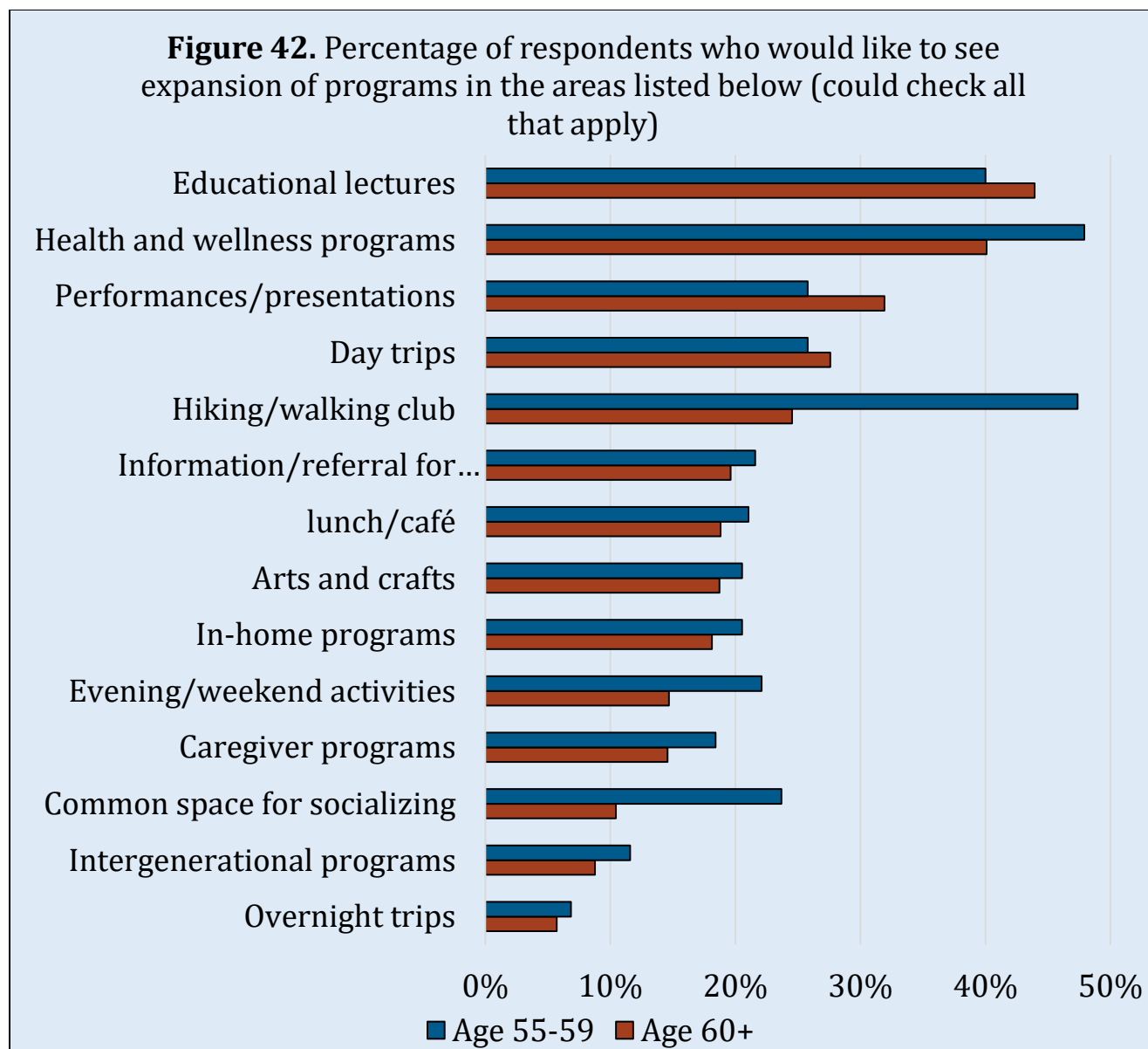
**Figure 41.** Issues participants (age 60+) have experienced when accessing the Weston COA



More women use the Weston COA than men. Forty-four percent of the women who responded to the survey use the Weston COA while only 30% of the men do. Women access the COA more frequently than men on a weekly and monthly basis, while 20% of both genders frequent the COA only a few times a year (not shown). Therefore, on a frequent basis, women take advantage of the services and programs offered more than men. Men are more likely to respond that they don't use the services or programs of the Weston COA because they are "not interested" (19% male, 8% female) or are "unaware of available programs" (17% male, 7% female). Other reasons for not participating (e.g., do not have time, not old enough, participate in programs elsewhere) were similar across genders. This gender difference has implications for types of programming offered to increase interest and strategies to promote awareness of opportunities.

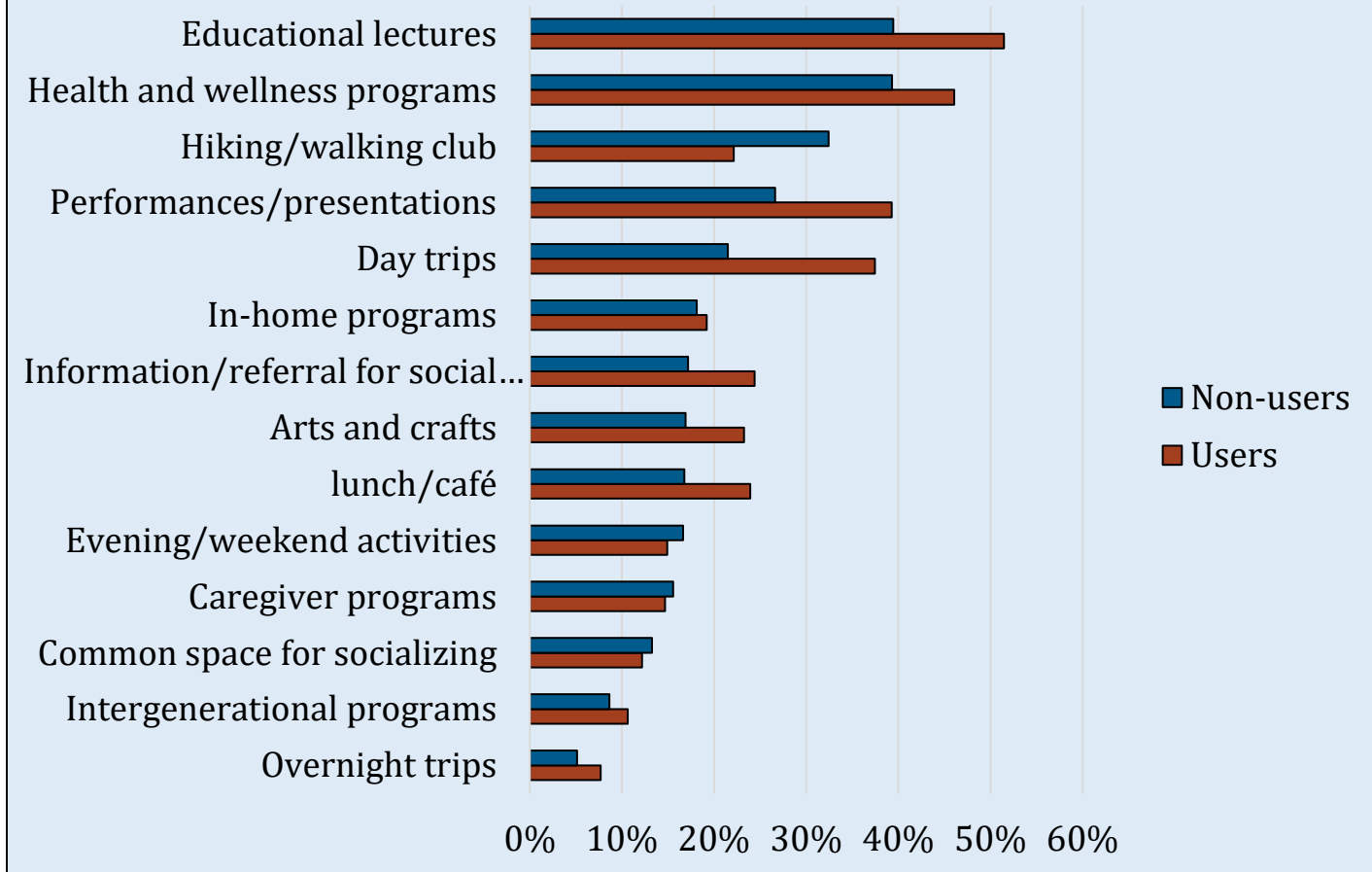
Survey respondents were asked to think about their possible future needs and interests and mark off the programs they would like to see available through the Weston COA. Regardless of age or gender, "Performances/presentations", "health and wellness programs (e.g., exercise or disease management)", and "educational lectures" were the most popular responses. Among survey respondents age 55-59, hiking/walking club received the highest response for future programming (47%) (see **Figure 42**).





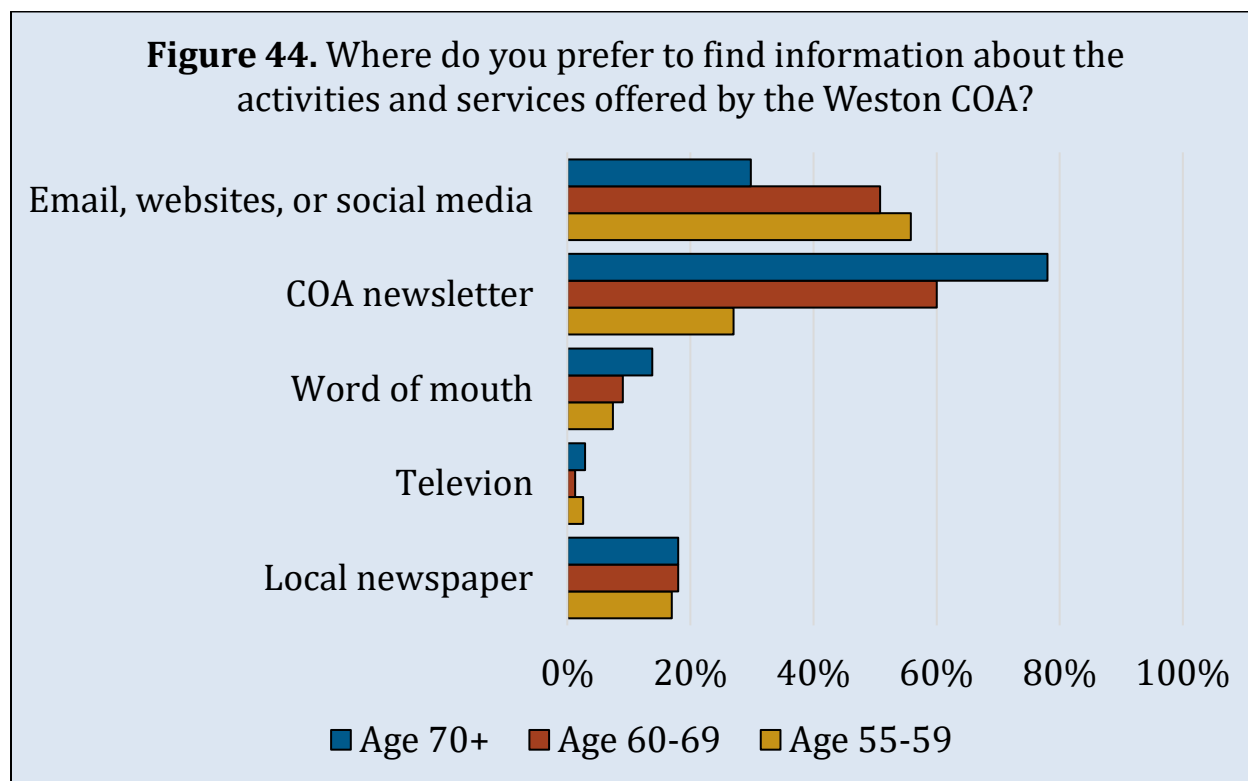
**Figure 43** shows the rank-ordered preferences for future programming, comparing those who currently use the Weston COA to those who do not. Among those who currently use the Weston COA, strongest support for expansion is for programs relating to educational lectures, health and wellness, performances and presentations, and day trips. Respondents who have never used the Weston COA also prioritized educational lectures and health and wellness programs, followed by a hiking/walking club. The Weston COA currently offers educational and health and wellness programs but it might be worth expanding these options to attract those who currently do not access the Weston COA. Initiating a hiking/walking club might attract a younger cohort of residents as well as others looking for more active outdoor involvements.

**Figure 43.** Percentage of respondents who would like to see expansion of programs in the areas listed below (by Weston COA user status)



Accessing Weston COA information: Communication and accessing information regarding activities and programs emerged as a theme from the focus groups. There was one question included in the survey related to preferred method of getting information. Preference for email, website, or social media communication varied by age (see **Figure 44**). More than half of respondents age 55-59 and age 60-69 prefer to find information about activities and services offered by the Weston COA through email, websites, or social media whereas only 30% of those age 70 and older do. Conversely, 78% of those age 70 and older prefer the Weston COA newsletter whereas only 27% of those age 55-59 prefer this method of communication. Very few people get information about the Weston COA from the television although between 17-18% do access information from the local newspaper. Given that current Weston COA participants are somewhat older, we conclude that continuing to make information about the COA available through print media remains important. However,

findings suggest that at some point, the Weston COA may need to expand its digital presence to effectively reach its younger residents.



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the Town of Weston and almost one third of all participants took the time to provide additional feedback. The majority of the comments were positive, about the town of Weston in general, and about the Weston COA, more specifically. It is evident from the comments that while some of those who complimented the COA take advantage of the programs and services, others do not at this time but are comforted to know that the COA is available for their future needs.

In addition, there were many suggestions regarding additional programs and services. Some respondents provided specific ideas, such as foreign language groups or cooking classes. Other suggestions focused on broader issues such as housing needs, in-home supports, and transportation needs. Many commented on the limited, affordable options for downsizing. Others wrote about a desire for a list of affordable contractors/in-home services. And many mentioned a need for better transportation options, including a bus to public transportation. As several of these suggestions are already offered through the COA such as foreign language groups and contractor lists, publicizing COA programming is an important goal to increase awareness and participation.

Many survey respondents commented that they don't currently need or take advantage of the Weston COA, but anticipate benefitting from the opportunities offered in the future. The majority of these comments were very positive, appreciating that the services were available for their future needs. There were a few comments related to the image of the Weston COA, feeling that it was a bit out of date. One person commented, "I think we are extremely fortunate to have such a great COA. However, could we change the name to community center?" Another wrote, "The current programs feel old-fashioned. I would like an upbeat, fun community. Cooking classes, dinners at people's homes. 'Salons' with conversation. Making Weston feel like a warm, welcoming, fun, exciting place where we could meet." A sample of additional comments are presented on **Table 6**.

**Table 6.** Additional thoughts or comments about the Town of Weston

<b>Positive feedback regarding the Weston COA</b>
"Weston's COA is a wonderful office. The services offered are part of the reason I want to stay in Weston. I think this is a wonderful place to grow old..."
"Weston COA has been creative and resourceful and very successful. COA employees are positive and very helpful, taking the initiative to help with problems."
"The Council on Aging is very well run and offers a wide variety of opportunities for everyone."
"I love the COA and have participated in many classes, lectures, events over the past several years... Thanks so much!"
<b>Programs and services</b>
"COA could represent aging population in town in regards to creating affordable housing. Many elders want to stay in Weston, downsize, but condos and small homes are not available + IF enough available, then are too expensive. Buying and renting has become out of reach for seniors."
"Most important that help is available as people age and want to stay independent--help for housework, cooking, laundry, transportation--reliable people who charge reasonable rates are very difficult to find. If COA can help to keep a list of reliable people who work at find rates it would enable many people to stay in their homes."
"Transportation to theatre productions, museums, Symphony Friday afternoon, cafe for lunch. Transportation to weekend events library, school productions."
<b>Future needs</b>
"Although we don't use COA now, it is vitally important for some of our neighbors and it may be very important for us sooner than we expect."
"I value COA for Weston, but not yet a "client". I expect I will be and thank you for anticipating Weston needs."
"Weston has the friendly, small town feel that is comforting in old age. Should circumstances change that I am not "independent" in my activities I would need to lean on more COA programs. Glad that they are available."

### Peer Community Comparison

In Spring 2018, we reached out to directors of Councils on Aging (COAs)/Senior Centers in Weston and each of several nearby communities to obtain Senior Center related information,

including information regarding programing, staffing, and building characteristics. The communities chosen for this comparison were selected jointly by the Weston COA Director, members of the COA Board, and research staff at the University of Massachusetts Boston and were chosen because of their demographic similarities. The six communities selected were Lexington, Needham, Newton, Sudbury, Wellesley, and Westwood. The majority of the data were collected over the phone while some communities responded to questions via e-mail. Additional information on selected COAs was retrieved from a database compiled for the Massachusetts Association of Councils on Aging (MCOA).

Weston and its peer communities share many features with respect to demographic and socioeconomic characteristics (see **Table 7**). There is a wide spread in the size of the populations ranging from 12,027 residents in Weston to more than 88,000 residents in Newton. The percentage of older residents, however, is similar across all communities, ranging from 20% in Wellesley to 25% in Weston, Lexington, Needham, and Westwood. Median household income is significantly above the state average of \$74,167 in all communities, ranging from approximately \$141,700 in Needham to \$196,700 in Weston. Residents in these communities are highly educated, as noted by the percentage of those 65 and older with at least a Bachelor's degree. Weston older adults are ranked in the middle among these seven communities in regards to educational attainment.

**Table 7.** Demographic features, Weston and peer comparison communities

	<b>All-age Population</b>	<b>Population 60 and older</b>	<b>% age 60 and older</b>	<b>Median Household Income</b>	<b>% age 65 and older with at least a Bachelor's degree</b>
<b>Weston</b>	<b>12,027</b>	<b>3,058</b>	<b>25%</b>	<b>\$196,651</b>	<b>65%</b>
<b>Lexington</b>	33,339	8,201	25%	\$162,083	69%
<b>Needham</b>	30,429	7,454	25%	\$141,690	61%
<b>Newton</b>	88,479	20,470	23%	\$133,853	67%
<b>Sudbury</b>	18,697	4,001	21%	\$170,945	62%
<b>Wellesley</b>	29,004	5,683	20%	\$176,852	70%
<b>Westwood</b>	15,597	3,847	25%	\$145,799	55%

*Source: American Community Survey, 2013-2017. Numbers are calculated from 5-year survey estimates*

As noted above, Weston is the smallest of these seven communities, so although the percentage of older adults is similar across towns, the numbers of people who would access the senior centers vary greatly. Therefore, the focus of this section of the report is to share information regarding available services and programs in these neighboring towns rather than to make comparisons.

The senior centers in these seven communities all have dedicated space for senior activities. Newton, Natick, Wellesley, and Needham have a stand-alone building while Sudbury, Lexington, and Weston have space in a shared community center building. This is not correlated, however to the size or number of rooms dedicated to senior activities. Of the Centers that provided data regarding size of the center, Needham has almost 24,000 square

feet and has 63 rooms (see **Table 8**). The other senior centers have significantly less space than Needham, with some shared and some dedicated rooms available in all towns. Weston has the smallest dedicated space of all of the peer communities as well as the fewest number of rooms. Even when compared to just those towns with similar, small populations (i.e., Sudbury and Westwood), Weston has less senior center space and fewer dedicated spaces. Staff contacted in most of the communities reported that they did not have adequate space to meet their needs. Lexington, however, with 15-18 rooms stated that they have enough space to meet the needs of the Lexington older adult population.

All seven communities have a full-time senior center director and a variety in number and position of other full and part time employees. For example, Sudbury employs five full-time workers, separate from the director, including a program coordinator, outreach specialist, administrative assistant, and two van drivers along with two part-time employees with regularly scheduled hours and a large number of people who are paid for teaching classes or leading programs. Lexington has two full-time employees, including the program director, who are dedicated to provide services to older adults and six part-time employees. Similarly, Weston has two full-time employees including the director and a social worker, along with six part-time employees (i.e., program/volunteer coordinator, program assistant, office assistant, social worker, two van drivers). Wellesley and Needham each have 14 staff members dedicated to senior services, a mix of part- and full-time positions. Wellesley has many employees focused on transportation, all part-time, including two transportation coordinators, three bus drivers, and one on-call bus driver.

The majority of peer communities use volunteers to run some of the senior center programs but the degree to which the communities use volunteers varies greatly. More than 75% of programs are run by volunteers in Newton while Westwood does not use any volunteers to run their programs. Three of the communities use volunteers as drivers including Sudbury, Wellesley, and Weston, while the other four do not use volunteers for this service. All communities have a “Friends of COA” group that provide support to the senior center through a variety of fundraisers primarily focusing on mail campaigns. Most of the senior centers charge a fee for some of the programs offered although Westwood never charges but requests a donation, for those who are able.

Weston and its peer communities all offer some type of programming for isolated seniors. Weston, Lexington, Needham, and Sudbury have a friendly visitor program. Sudbury offers an “in-home fix it” program and Wellesley offers programs for specific populations at increased risk of isolation (e.g., memory café group for those with cognitive impairments and caregivers, low vision group). Three communities, Needham, Newton, and Sudbury, offer programming for people with a tendency toward hoarding. These programs range from

informational sessions, multi-session workshops, and clutter support groups. All communities offer a tax-work off program, although the number of slots for residents varies. Caregiver support and respite is a commonly observed need in most communities. Weston and none of its peer community senior centers offer an adult day care program, although Lexington, Needham, Newton, and Wellesley report that there is a program available in their area. Weston, along with Sudbury and Westwood do not have an adult day program in their surrounding area.



**Table 8.** Senior Center Features: Weston and comparison communities

<b>Town</b>	<b>Year Senior Center Opened</b>	<b>Senior Center Space in Square Feet</b>	<b># of rooms</b>	<b>Staff FT/PT</b>	<b># of people served</b>	<b># of Tax Work Off Program Positions</b>	<b>% of Programs Run by Volunteers</b>	<b>Adequate Space?</b>
<b>Weston</b>	<b>2001</b>	<b>3000</b>	<b>2 dedicated; 8 shared</b>	<b>2/6</b>	<b>50/day</b>	<b>10-20</b>	<b>1-24%</b>	<b>No</b>
Lexington	2015	NP	15-18 multipurpose; 3 dedicated fitness	2/6	300/day (includes non-seniors)	31-40	25-49%	Yes
Needham	2013	23,844	63	6/8	100 + / day	10-20	1-24%	No
Newton	1993	6200	9 (not including offices/reception)	4/5	150-200/day	41+	75-99%	No
Sudbury	1990	~6000	10	6/2	60-110/day	41+	25-49%	No
Wellesley	2017	13,096	9 (not including offices)	5/9	79 / day	21-30	25-49%	No
Westwood	~1993	NP	10	5/3	107 / day	41+	0%	No

NP=Not provided

## Conclusions & Recommendations

Substantial growth in the number of older Weston residents is expected within the next decade. Demographically, Weston is already “older” than Massachusetts as a whole. This central, overarching observation—that the older population of Weston is already large and will continue to expand—makes clear the importance of considering how well features of the town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward.

In preparing for this demographic shift, the Weston Council on Aging and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town’s residents age 55 and older. As part of this assessment, we conducted interviews and focus groups to hear from Weston leadership, key stakeholders in the community, and specific cohorts of residents. In addition, a survey was developed and administered to Weston residents age 55 and older. A total of 1,211 questionnaires were returned, reflecting a strong return rate of 29%. Data from the U.S. Census Bureau and other sources were examined in support of the project aims. Information from peer community senior centers was reviewed, as well.

A broad range of findings are reported in this document, highlighting the many positive features of Weston as well as concerns expressed by older residents. The report is intended to inform planning by the Weston COA as well as other town offices, private and public organizations that provide services and advocate and older people within Weston, and the community at large. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility held by the Weston Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

We summarize key findings and make the following recommendations to the Weston Council on Aging:

- Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Weston.

Many older adults who wish to remain in their communities will need to adapt their current homes to better suit their changing lifestyles and physical capacities, or move to a different environment that is in better alignment with those needs. In Weston, about one-third of

those surveyed say their current residence needs home repairs (such as a new roof) and similarly, about one-third say they need home modifications (such as grab bars or railings). Survey respondents express concerns about their ability to identify trustworthy assistance as they get older and a small segment of the respondents stated they can't not afford these repairs or modifications. When asked about the type of housing they would prefer if they had to move due to a change in health or physical ability, many respondents age 60 and older indicated preference for a senior independent living community or continuing care retirement community. However, key informants report a lack of senior housing and downsizing options in Weston. Many survey respondents and focus group participants acknowledged that they envision leaving Weston due to the limited housing options.

#### Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for Weston residents to learn about home modifications that can promote safety in the home.
- Improve communication about and knowledge of the contractor list that the COA has available. Continue to keep that list updated and accessible for older adults in need of services. Ensure that this list includes resources for contractors who will provide home modifications to support safety within the home. Help residents identify trustworthy sources of assistance (e.g., handyman services or contractors).
- Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Weston. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing. Continuing care retirement communities and senior independent living communities are desirable housing options.
  - Work to ensure that newly developed senior housing comes with adequate support services (e.g., transportation, maintenance, or programming) or contributes to the necessary expansion of municipal senior services.

#### ➤ Obtaining supplementary transportation is a concern for Weston's residents as they age.

Transportation, including walkability, is an essential issue in any community. When travel is limited, one's ability to obtain necessary goods and services, and to remain involved with networks and the broader community, is impeded. By supporting high quality, reliable and convenient local travel options, communities can promote quality of life and community engagement for older adults and other community members who are unable to drive safely, or who prefer public transportation alternatives. In Weston, travel concerns and limited

transportation options were expressed by residents, town leaders, and key stakeholders. Many residents indicated that they were worried about their ability to stay in Weston if they lose the ability to drive.

#### Recommendations:

- Expand transport available through the Weston COA, including medical trips but also “amenity trips” for social participation.
- Advocate for expanded regional transportation service throughout the Weston area.
- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents age 80 and older; non-drivers; and those with significant mobility limitations.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with flexibility they value. Consider ride-share options and expanding volunteer driver programs (i.e., FISH) or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for “refresher” driving courses and car safety programs like CarFit as ways to support safe driving for as long as possible. CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicles “fit” them. The CarFit program also provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.

#### ➤ Economic insecurity is a concern for some older adults in Weston.

Concerns about economic insecurity among older residents are evident from many sources consulted for this study. Data from the US Census Bureau suggests that although typical income is high, not all Weston residents enjoy high income levels. About 14% of those age 65 and older report annual incomes under \$25,000, indicating a sizeable segment of Weston’s older population at risk for financial insecurity. During focus groups and through open-ended survey responses, many residents reported concern about escalating property taxes. Key stakeholders expressed concern that there are limited housing options to enable older adults to remain in Weston, emphasizing the need for affordable housing options.

#### Recommendations:

- Educate the community about currently available programs to support aging in place on a limited income (e.g., tax work-off program).
- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creative ways to use home equity to age in place, or alternative housing models like home-sharing.

➤ Fear of social isolation is a key concern for the Weston residents aging in place.

Isolation is recognized as a significant public health hazard, and study results suggest that a segment of Weston’s older residents is at risk of isolation and its negative consequences. Fortunately, most survey respondents are well integrated with the community, and report strong support and interaction with family and friends. Most respondents to the survey report interacting often with family, friends or neighbors—by phone, in person, or via social media. However, more than one out of four survey respondents say they get together in person with family or friends just monthly or less frequently. Over 75% of respondents say they have someone nearby on whom they can rely for help when needed; but as many as one out of five do not. Survey respondents indicate a sense of helpfulness among neighbors, but the fact that only one out of two respondents would ask a neighbor for help may indicate that some segments of the community do not feel well connected locally. It is difficult to know how many of these less-connected people are currently socially isolated. However, participants in focus groups and interviews shared the concern about isolation, especially for those who have limited access to transportation. Lack of community spirit was also mentioned while increasing community spirit might decrease isolation. Consider ways to address isolation among older Weston residents.

**Recommendations:**

- Consider hosting events that will draw community members into the COA. Explore topics that residents may be passionate about (e.g., the environment, politics) and develop groups and programs around those topics.
- Create and promote a “café” style food program on-site and consider reorganizing space to allow for places for residents to mingle and “hang-out”.
- Consider ways to welcome first-time participants who are reluctant to participate on their own (e.g., a buddy program to welcome new participants).
- Explore the use of technology (e.g., phone or other mobile devices) to include residents who are unable to leave their home in existing programs through video technology, or making “friendly visits” by telephone.

➤ Many Weston residents need support due to physical or cognitive conditions, and many caregivers need help.

While not all older people will experience poor health or disability, the likelihood of acquiring chronic disease or a disabling condition increases with age. In Weston, nearly one out of 4 residents age 80 and older report having challenges with household activities due to

a health issue and more than one out of 10 survey respondents age 80 and older report having an impairment or condition that limits their ability to participate in the community. For these individuals, accessing health care and other needed services, obtaining transportation, and remaining engaged may be significant challenges. Needs for care and support due to chronic conditions are frequently met informally, through family members and friends. Indeed, almost one-third of survey respondents have recently or are currently providing care or assistance to a person who is disabled or frail. Most of these caregivers report the experience as challenging, especially caregivers age 55-59. Consider new ways to support residents who are struggling with disability along with strategies to support informal caregivers in Weston.

#### Recommendations:

- Evaluate the adequacy of existing adult day health and caregiver support programs in the area. Engage with surrounding communities to develop strategies for meeting the needs of caregivers. Specifically focus on developing adult day program opportunities (or providing transportation to existing nearby adult day programs)
- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and information and referral resources available through the Senior Center.
- Consider hosting a family caregiver “resource fair” as an opportunity to connect the Weston COA with family caregivers.
- Consider hosting a “Caregiver’s Night Out” to provide residents of Weston who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
- Consider developing a Memory Café or providing resources of nearby Cafés for residents and their caregivers to attend.

#### ➤ Community awareness and use of the Weston Council on Aging is uneven.

A positive finding of this study is that three quarters of current Weston Council on Aging participants report being “very” or “completely” satisfied with programs and services offered by the Weston COA. Yet study results suggest that the impact of the Weston COA could be stronger moving forward, with appropriate adjustments to programming and resources. Responding to expressed interests in life-long learning, fitness, and other programs that support health and strengthen socialization is important. Because these types of programs are especially valued by younger residents, strengthening programming in these areas are key to expanding relevance of the Weston COA. Data generated for this

report suggest that although many older Weston residents participate in COA programs, the majority do so on an infrequent basis. A large share of Weston residents is not familiar with the COA, or has misperceptions about its focus. Many survey respondents who have never participated in the Weston Senior Center say their reason for nonparticipation is that they don't know what's available. Other respondents who do not use the COA services or programs indicate that they "do not need their services". Survey results also show that many residents believe that the COA is meant for the oldest Weston residents, rather than for the entire 60 and older population. Finally, use of the COA is uneven among men and women, with women attending more frequently and rating all programs higher. Consider strategies to improve communication and expand awareness and programming to appeal to a broader segment of the community, including programs that appeal to the entire age range of the target audience (60 and older).

#### Recommendations:

- Consider hosting community events that will draw residents into the Senior Center as a strategy for expanding awareness.
- Expand fitness and health promotion offerings as this was the most highly rated program for all ages. Offer more challenging exercise programs that require greater exertion levels and appeal to the more fit segments of the senior population (e.g., walking/hiking program).
- Expand educational offerings. This was also a very highly rated type of programming for all ages, but especially identified by younger survey respondents.
- Expand and refresh intergenerational activities linking the Weston COA and its participants to younger residents. Many residents value these types of activities; as well, these types of programs can be mechanisms for fostering good relationships and partnerships across the community.
- Expand awareness of Weston COA as an emergency shelter for use when power is out during storms through notices in the Town Crier and flyers in the library.
- Consider one town-wide calendar combining events from the COA, the library, and the school. This will increase awareness of COA events to all segments of the population.
- Continue to advertise through both electronic (email, social media) and paper (Town Crier, flyers) communication to reach the broad range of potential users of the COA.
- Correct misperceptions about who is "eligible" to participate in COA activities. Consider existing outlets like the Opinion section in the Town Crier to explain eligibility for and resources provided by the Weston Senior COA.
- Feature current participant profiles in the Town Crier or other publications. Invite them to share their initial motivations for participating.

- Consider creating an incentive for “first-time” senior center participants or a “welcome committee” at the Weston Senior Center to ensure that new participants have a pleasant first experience.
- Layout and image of the Weston COA does not currently meet the needs of the range of ages and interests of the Weston older adult population.

Many focus group participants and survey respondents spoke about the need for updating programming to meet the changing needs of older adults along with reorganizing space to support innovating programming. Consider strategies to improve image and use of space available for programs and services.

#### Recommendations:

- Develop ways for those who use the COA to “hangout” or socialize without attending an organized activity. Rearrange space to have a welcoming area with comfortable chairs and coffee/tea, encouraging residents to mingle and visit.
- Provide an avenue to purchase food during the lunch hour. Consider partnering with a nearby sandwich shop that delivers, renting space to a food vendor, or coordinating with a food truck to park near the COA once a week. For days where no food for purchase is available, make refrigerator space accessible for participants to store their lunch, if desired. Develop a space for people to eat lunch and socialize.
- Advocate for more dedicated space and then, consider equipment for a small fitness center.
- Consider changing the name to be more inclusive and modern. Consider soliciting ideas for new name by facilitating a town-wide contest.



## References

- AARP (2005). *Beyond 50.05 A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington DC: AARP Public Policy Institute. Retrieved May 26, 2014 from [http://assets.aarp.org/rgcenter/il/beyond\\_50\\_communities.pdf](http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf)
- Family Caregiver Alliance (n.d.). Selected Long-term Care Statistics. Available online: <https://www.caregiver.org/print/45>
- Fitzgerald, K. G., & Caro, F. C. (2014). An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy*, 26, 1-18.
- Hudson, R. (2017). Lack of social connectedness and its consequences. *Public Policy & Aging Report*, 27(4), 121-123.
- Massachusetts Healthy Aging Collaborative (n.d.) Massachusetts Healthy Aging Data Report. Available online: <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>
- Pynoos, J., Steinman, B. A., Nguyen, A. Q. D., & Bressette, M. (2012). Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults. *Journal of Housing for the Elderly*, 26, 136 – 154.
- Qualls, S.H. (2014). What social relationships can do for health. Available online through the American Society on Aging website at <http://www.asaging.org/blog/what-social-relationships-can-do-health>
- Pardasani, M. & P. Thompson (2012). Senior centers: Innovative and emerging models. *Journal of Applied Gerontology*, 31(1), 52-77.
- Renski, H. & Strate, S. (March 2015). *Section IV. Technical discussion of methods and assumptions*. Report prepared by the Donahue Institute. Retrieved from <http://pep.donahue-Institute.org/downloads/2015/new/UMDI LongTermPopulationProjectionsReport SECTION 4.pdf>
- Salomon, N. (2010). *Housing Solutions to Support Aging in Place*. AARP Fact Sheet 172, AARP Public Policy Institute. Washington DC: AARP.
- U.S. Census Bureau (2010). *American fact finder*. <http://www.Census.gov>

## Appendix A: Community Survey Results

Note: Appendix tables are based on 1,211 responses to the Weston Needs Assessment Project Survey, conducted in Fall, 2018. 79 responses were received online with the rest of the responses received by mail. Total response rate was 29%. See text for additional details.

### How long have you lived in Weston?

	All age	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Fewer than 5 years</b>	7%	9%	8%	8%	3%
<b>5-14 years</b>	11%	21%	11%	8%	11%
<b>15-24 years</b>	20%	44%	25%	11%	9%
<b>25-34 years</b>	21%	20%	35%	18%	6%
<b>35-44 years</b>	18%	3%	14%	34%	14%
<b>45 years or longer</b>	22%	3%	8%	21%	57%
<b>Total</b>	100%	100%	100%	100%	100%

### Do you live in Weston year-round? (check all that apply)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes, I live in Weston all year</b>	80%	86%	84%	75%	75%
<b>No, I spend a portion of the Winter months living outside of Weston</b>	10%	5%	6%	14%	15%
<b>No, I spend a portion of the Summer months living outside of Weston</b>	13%	10%	11%	14%	15%
<b>Other</b>	2%	1%	2%	2%	2%

\*Figures do not sum to 100%

**How important is it to you to remain living in Weston as you get older?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very Important</b>	51%	32%	42%	58%	67%
<b>Somewhat Important</b>	32%	42%	35%	29%	24%
<b>Slightly Important</b>	9%	15%	11%	7%	4%
<b>Not at All Important</b>	8%	11%	12%	5%	5%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Single-family home</b>	86%	96%	89%	84%	78%
<b>Multi-family home (2, 3, or more units)</b>	1%	1%	1%	2%	1%
<b>Accessory apartment (add-on apartment to an existing home)</b>	1%	0%	1%	1%	0%
<b>Condominium or townhome</b>	5%	2%	6%	6%	4%
<b>Senior independent living community (e.g., Brook School, Merriam Village, Highland Meadows)</b>	5%	1%	2%	5%	11%
<b>Assisted living community (e.g., Sunrise of Weston, Maplewood)</b>	1%	0%	0%	1%	2%
<b>Other (Please specify):</b>	1%	0%	1%	1%	3%
<b>Total</b>	100%	100%	100%	100%	100%

**Who do you live with? (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I live alone</b>	17%	8%	15%	16%	29%
<b>A spouse/partner</b>	74%	84%	77%	79%	56%
<b>My adult child(ren) (age 18 and older)</b>	11%	25%	11%	6%	9%
<b>My child(ren) (under 18)</b>	5%	27%	3%	1%	0%
<b>My grandchildren</b>	1%	0%	1%	2%	2%
<b>My parent(s)</b>	1%	2%	3%	0%	0%
<b>Another relative</b>	2%	3%	4%	1%	1%
<b>Someone else</b>	3%	1%	1%	3%	5%

**\*Figures do not sum to 100%**

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Smaller single family home</b>	26%	51%	32%	19%	9%
<b>Multi-family home (2, 3, or more units)</b>	3%	4%	5%	1%	<1%
<b>Accessory apartment (add-on apartment to an existing home)</b>	3%	4%	4%	4%	2%
<b>Apartment building, condominium or townhome</b>	27%	35%	37%	24%	10%
<b>Continuing care retirement community (retirement community with accommodations for independent living, assisted living, an</b>	33%	14%	25%	40%	49%
<b>Senior independent living community</b>	21%	15%	22%	25%	17%
<b>Assisted living community</b>	11%	6%	8%	10%	19%
<b>Other</b>	11%	8%	10%	12%	11%

**\*Figures do not sum to 100%**

**Is your preference to rent or own your next home?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
I prefer to own	55%	80%	67%	50%	25%
I prefer to rent	11%	5%	8%	15%	15%
N/A, I do not plan on moving from my current residence	34%	15%	25%	34%	60%
Total	100%	100%	100%	100%	100%

**Does your home currently have a working generator?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Yes	38%	44%	35%	36%	42%
No	62%	57%	65%	64%	59%
Total	100%	100%	100%	100%	100%

**Does your current residence need home repairs (e.g., a new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these repairs	24%	27%	24%	23%	26%
Yes, but I cannot afford to make these repairs	5%	6%	5%	5%	5%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)	4%	2%	2%	4%	7%
No, my current residence does not need repairs	67%	66%	69%	69%	62%
Total	100%	100%	100%	100%	100%

**Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes, and I can afford to make these modifications</b>	30%	23%	28%	33%	33%
<b>Yes, but I cannot afford to make these modifications</b>	3%	3%	2%	4%	2%
<b>No, my current residence does not need modifications</b>	68%	74%	71%	63%	65%
<b>Total</b>	100%	100%	100%	100%	100%

**What are the primary ways in which you meet your transportation needs? (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I drive myself</b>	94%	99%	98%	97%	80%
<b>Walk or bike</b>	21%	31%	28%	18%	8%
<b>Commuter rail</b>	12%	16%	15%	12%	3%
<b>Public transportation (e.g., MBTA, Green Line, Bus)</b>	12%	11%	13%	14%	8%
<b>Transportation provided by the Council on Aging (e.g., Van, Taxi vouchers, FISH)</b>	4%	0%	2%	5%	11%
<b>Taxi or ride sharing services (e.g., Uber, LYFT)</b>	16%	22%	17%	15%	11%
<b>My spouse or child(ren) drive(s) me</b>	14%	7%	10%	17%	23%
<b>Friends or neighbors drive me</b>	4%	2%	2%	5%	9%
<b>The MBTA RIDE Paratransit</b>	1%	0%	1%	<1%	2%
<b>Other</b>	2%	1%	2%	2%	6%

**\*Figures do not sum to 100%**

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Not applicable-I do not drive</b>	4%	1%	2%	2%	14%
<b>I avoid driving in unfamiliar areas</b>	8%	5%	4%	9%	16%
<b>I avoid driving at night</b>	21%	8%	14%	24%	36%
<b>I avoid making left hand turns</b>	3%	3%	2%	3%	3%
<b>I do not modify my driving at all</b>	51%	66%	60%	50%	28%
<b>I avoid driving during rush hour</b>	21%	15%	17%	22%	28%
<b>I avoid driving far distances</b>	10%	3%	5%	10%	22%
<b>I avoid driving in bad weather</b>	25%	13%	20%	30%	36%
<b>Other</b>	5%	4%	5%	3%	7%

**\*Figures do not sum to 100%**



**What kind of difficulties do you have in getting where you want to go? (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Public transportation is unavailable or inconvenient</b>	19%	21%	19%	17%	22%
<b>Transportation options cost too much</b>	2%	2%	1%	3%	2%
<b>I am unaware of local transportation options</b>	5%	7%	5%	4%	6%
<b>No door-to-door assistance</b>	1%	1%	1%	1%	3%
<b>Council on Aging van is unavailable or inconvenient</b>	1%	0%	1%	2%	2%
<b>Parking in Weston is inconvenient</b>	3%	2%	3%	2%	4%
<b>I have no difficulties getting where I want to go</b>	74%	74%	75%	78%	68%
<b>Other</b>	5%	4%	5%	5%	7%

**\*Figures do not sum to 100%**

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	2%	1%	1%	2%	5%
<b>No</b>	98%	99%	99%	98%	95%
<b>Total</b>	100%	100%	100%	100%	100%

**How satisfied are you with the transportation options available to you in Weston?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Completely Satisfied</b>	11%	11%	10%	12%	12%
<b>Very Satisfied</b>	13%	12%	10%	14%	18%
<b>Somewhat Satisfied</b>	16%	11%	16%	17%	18%
<b>Slightly Satisfied</b>	8%	12%	8%	8%	7%
<b>Not at All Satisfied</b>	9%	11%	10%	9%	8%
<b>No Opinion</b>	42%	43%	46%	40%	38%
<b>Total</b>	100%	100%	100%	100%	100%

**Do you now or have you in the past 12 months provided care or assistance to a person who is *disabled or frail* (e.g., a spouse, parent, relative, or friend)?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	31%	34%	36%	29%	24%
<b>No</b>	69%	66%	64%	72%	76%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Very challenging</b>	17%	25%	21%	8%	13%
<b>Somewhat Challenging</b>	38%	47%	37%	38%	27%
<b>Neither Challenging Nor Easy</b>	25%	16%	29%	22%	33%
<b>Somewhat Easy</b>	11%	6%	8%	17%	13%
<b>Very Easy</b>	9%	6%	5%	15%	15%
<b>Total</b>	100%	100%	100%	100%	100%

**If Yes: Did this person have any of the following conditions? (check all that apply)**

Column1	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Sensory impairment (e.g., vision, hearing)	26%	27%	32%	22%	16%
Mobility impairment (e.g., difficulty walking, climbing stairs)	68%	70%	74%	60%	67%
Intellectual or developmental disability	11%	5%	15%	14%	7%
Recent surgery	24%	25%	21%	28%	21%
Psychological condition (e.g., anxiety, depression)	15%	17%	17%	15%	9%
Chronic disease (e.g., cancer, diabetes, asthma)	24%	22%	27%	21%	23%
Alzheimer's or dementia	26%	30%	27%	25%	25%
Other	11%	8%	12%	8%	21%

**\*Figures do not sum to 100%**

**Due to a health issue, do you require help with household activities (e.g., preparing meals, cleaning, or yard work)?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Yes	17%	6%	8%	16%	40%
No	83%	94%	92%	85%	60%
Total	100%	100%	100%	100%	100%

**If Yes: Do you have sufficient help in place to accomplish these tasks?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Yes	81%	64%	83%	79%	84%
No	19%	36%	17%	21%	16%
Total	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Excellent</b>	43%	62%	54%	39%	19%
<b>Good</b>	47%	33%	43%	50%	58%
<b>Fair</b>	9%	4%	3%	10%	21%
<b>Poor</b>	1%	1%	0%	1%	2%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Excellent</b>	54%	62%	61%	55%	37%
<b>Good</b>	39%	34%	33%	37%	53%
<b>Fair</b>	6%	4%	5%	7%	10%
<b>Poor</b>	1%	0%	1%	1%	1%
<b>Total</b>	100%	100%	100%	100%	100%

**Do you have an impairment or condition that limits your ability to participate in your community?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	10%	7%	3%	7%	25%
<b>No</b>	91%	93%	97%	93%	75%
<b>Total</b>	100%	100%	100%	100%	100%

**What is your employment status? (check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Working full-time</b>	30%	60%	45%	17%	4%
<b>Looking for work</b>	2%	5%	2%	1%	1%
<b>Working part-time</b>	15%	13%	22%	14%	9%
<b>Retired</b>	51%	16%	31%	69%	83%
<b>Other</b>	7%	9%	7%	5%	5%

**\*Figures do not sum to 100%**

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>N/A, I am already fully retired</b>	47%	17%	27%	63%	80%
<b>Within the next 3 years</b>	9%	5%	16%	8%	4%
<b>In 3 to 5 years</b>	9%	11%	15%	5%	1%
<b>In 6 to 10 years</b>	9%	23%	13%	3%	1%
<b>In more than 10 years</b>	5%	20%	4%	1%	0%
<b>Not sure</b>	11%	13%	13%	10%	5%
<b>I do not anticipate ever fully retiring</b>	11%	10%	12%	11%	9%
<b>Total</b>	100%	100%	100%	100%	100%

**How often do you talk on the phone with family, friends, relatives, or neighbors?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Every day</b>	51%	52%	58%	50%	43%
<b>One or more times a week</b>	39%	38%	33%	41%	46%
<b>More than once a month</b>	7%	7%	5%	7%	9%
<b>Once a month</b>	2%	3%	2%	1%	2%
<b>2-3 Times a year (e.g., holidays)</b>	1%	1%	1%	1%	<1%
<b>Never</b>	<1%	0%	1%	1%	<1%
<b>Total</b>	100%	100%	100%	100%	100%

**How often do you send email or use social media with family, friends, or neighbors?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Every day</b>	68%	76%	78%	68%	46%
<b>One or more times a week</b>	21%	18%	18%	23%	28%
<b>More than once a month</b>	5%	4%	3%	4%	9%
<b>Once a month</b>	1%	0%	<1%	1%	3%
<b>2-3 Times a year (e.g., holidays)</b>	1%	2%	<1%	1%	1%
<b>Never</b>	4%	0%	1%	3%	14%
<b>Total</b>	100%	100%	100%	100%	100%

**How often do you get together in person with family, friends, or neighbors?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Every day</b>	24%	24%	28%	21%	20%
<b>One or more times a week</b>	49%	41%	48%	55%	50%
<b>More than once a month</b>	19%	23%	17%	16%	24%
<b>Once a month</b>	6%	9%	5%	6%	3%
<b>2-3 Times a year (e.g., holidays)</b>	2%	4%	2%	2%	3%
<b>Never</b>	<1%	0%	0%	<1%	0%
<b>Total</b>	100%	100%	100%	100%	100%

**Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	54%	55%	56%	58%	47%
<b>No</b>	46%	46%	44%	42%	53%
<b>Total</b>	100%	100%	100%	100%	100%

**Do you provide any help to neighbors with minor tasks or errands?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	27%	28%	30%	30%	15%
<b>No</b>	16%	12%	9%	18%	30%
<b>No, but I would be willing if asked</b>	57%	61%	61%	52%	55%
<b>Total</b>	100%	100%	100%	100%	100%

**Do you know someone living close by on whom you can rely for help when you need it?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	78%	76%	77%	80%	81%
<b>No</b>	22%	25%	23%	21%	19%
<b>Total</b>	100%	100%	100%	100%	100%

**How frequently do you use programs or services offered by the Weston COA?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Two or more times a week</b>	4%	0%	1%	7%	7%
<b>About once a week</b>	6%	0%	3%	8%	10%
<b>A few times a month</b>	5%	1%	2%	6%	8%
<b>About once a month</b>	4%	2%	2%	3%	9%
<b>A few times a year (e.g., special events only)</b>	20%	3%	16%	26%	29%
<b>Never, I do not use programs or services offered by the COA</b>	63%	94%	76%	50%	36%
<b>Total</b>	100%	100%	100%	100%	100%



**If never: What is the reason that you do not currently use programs or services offered by the Weston COA? (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>I am not interested</b>	20%	19%	16%	24%	28%
<b>I participate in programs elsewhere</b>	10%	2%	8%	14%	25%
<b>I am unaware of activities or programs available</b>	17%	24%	16%	13%	15%
<b>I do not have time</b>	26%	16%	34%	27%	21%
<b>I am not old enough</b>	30%	58%	34%	9%	0%
<b>Other</b>	16%	6%	15%	22%	24%

**\*Figures do not sum to 100%**

**Do you see the Weston COA as playing a role in the lives of yourself, loved ones, friends, or neighbors?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Yes</b>	75%	63%	72%	80%	82%
<b>No</b>	25%	37%	28%	20%	18%
<b>Total</b>	100%	100%	100%	100%	100%

The following items refer to programs and services that are currently offered through the Weston COA. **Please rate the importance of each program/service to you or your family.**

***Assistance with local or state programs (e.g., fuel assistance, SNAP)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	18%	18%	22%	16%	13%
<b>Moderate (3)</b>	9%	9%	11%	8%	7%
<b>Not important (4 or 5)</b>	54%	46%	51%	56%	64%
<b>I don't know</b>	20%	27%	17%	21%	17%
<b>Total</b>	100%	100%	100%	100%	100%

***Transportation (e.g., COA van, taxi vouchers, F.I.S.H.)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	28%	29%	34%	23%	23%
<b>Moderate (3)</b>	12%	10%	10%	15%	15%
<b>Not important (4 or 5)</b>	46%	39%	42%	49%	52%
<b>I don't know</b>	14%	22%	14%	13%	10%
<b>Total</b>	100%	100%	100%	100%	100%

***Fitness activities (e.g., yoga, tai chi, Zumba, strength classes)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	32%	32%	34%	34%	23%
<b>Moderate (3)</b>	18%	14%	23%	15%	15%
<b>Not important (4 or 5)</b>	38%	37%	30%	39%	53%
<b>I don't know</b>	13%	18%	13%	12%	9%
<b>Total</b>	100%	100%	100%	100%	100%

***Physical health and wellness clinics (e.g., blood pressure, medical equipment loan, podiatry)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	29%	31%	33%	25%	25%
<b>Moderate (3)</b>	17%	13%	19%	16%	20%
<b>Not important (4 or 5)</b>	41%	37%	35%	47%	47%
<b>I don't know</b>	13%	19%	14%	13%	8%
<b>Total</b>	100%	100%	100%	100%	100%

***Emotional wellness programs (e.g., social worker consultations, friendly visiting)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	23%	30%	28%	17%	16%
<b>Moderate (3)</b>	13%	9%	13%	14%	13%
<b>Not important (4 or 5)</b>	49%	42%	44%	54%	59%
<b>I don't know</b>	15%	20%	16%	15%	12%
<b>Total</b>	100%	100%	100%	100%	100%

***Nutrition programs (e.g., lunches, home-delivered meals, food pantry)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	19%	25%	25%	13%	15%
<b>Moderate (3)</b>	10%	11%	11%	12%	8%
<b>Not important (4 or 5)</b>	56%	44%	50%	61%	65%
<b>I don't know</b>	15%	21%	14%	14%	12%
<b>Total</b>	100%	100%	100%	100%	100%

***Professional services (e.g., health insurance counseling (SHINE), tax preparation, Ask an attorney)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	26%	28%	32%	22%	20%
<b>Moderate (3)</b>	15%	11%	18%	15%	13%
<b>Not important (4 or 5)</b>	46%	42%	37%	51%	56%
<b>I don't know</b>	14%	19%	13%	12%	11%
<b>Total</b>	100%	100%	100%	100%	100%

***Social or recreational activities (e.g., painting, movies, archery, ballroom dancing, crafts, games)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	27%	30%	30%	27%	21%
<b>Moderate (3)</b>	19%	15%	20%	21%	18%
<b>Not important (4 or 5)</b>	41%	37%	37%	40%	53%
<b>I don't know</b>	13%	18%	14%	13%	9%
<b>Total</b>	100%	100%	100%	100%	100%

***Support groups (e.g., caregiver support, neuropathy support)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	20%	25%	25%	16%	14%
<b>Moderate (3)</b>	14%	14%	14%	13%	13%
<b>Not important (4 or 5)</b>	50%	37%	44%	56%	59%
<b>I don't know</b>	16%	24%	16%	15%	13%
<b>Total</b>	100%	100%	100%	100%	100%

***Educational opportunities (e.g., foreign language conversation groups, computer classes, current events, lectures)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	29%	32%	28%	30%	25%
<b>Moderate (3)</b>	20%	14%	24%	19%	22%
<b>Not important (4 or 5)</b>	37%	36%	34%	37%	43%
<b>I don't know</b>	14%	18%	14%	14%	11%
<b>Total</b>	100%	100%	100%	100%	100%

***Trips/outings (e.g., trips and travel)***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	24%	25%	28%	21%	22%
<b>Moderate (3)</b>	17%	13%	14%	22%	18%
<b>Not important (4 or 5)</b>	45%	42%	44%	44%	50%
<b>I don't know</b>	14%	20%	14%	13%	10%
<b>Total</b>	100%	100%	100%	100%	100%

***Volunteer opportunities***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	25%	30%	28%	21%	21%
<b>Moderate (3)</b>	18%	18%	20%	20%	11%
<b>Not important (4 or 5)</b>	42%	34%	37%	44%	54%
<b>I don't know</b>	15%	19%	15%	15%	15%
<b>Total</b>	100%	100%	100%	100%	100%

***Contractor lists***

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Important (1 or 2)</b>	29%	29%	36%	26%	24%
<b>Moderate (3)</b>	20%	19%	20%	24%	16%
<b>Not important (4 or 5)</b>	35%	31%	30%	35%	47%
<b>I don't know</b>	15%	21%	15%	15%	13%
<b>Total</b>	100%	100%	100%	100%	100%

**How satisfied are you with the programs and services offered through the Weston COA?**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Completely Satisfied</b>	13%	3%	9%	18%	18%
<b>Very Satisfied</b>	23%	7%	17%	28%	39%
<b>Somewhat Satisfied</b>	7%	2%	6%	9%	8%
<b>Slightly Satisfied</b>	2%	2%	3%	1%	2%
<b>Not at all Satisfied</b>	1%	1%	2%	1%	0%
<b>No Opinion</b>	54%	84%	63%	42%	33%
<b>Total</b>	100%	100%	100%	100%	100%

Below is a list of issues one could encounter when accessing the Weston COA or its programs. Which of these issues have you experienced? (Check all that apply)

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Lack of transportation	3%	1%	2%	2%	7%
Lack of sufficient parking	4%	1%	2%	7%	5%
Not knowing what programs and services are available	11%	16%	12%	8%	8%
Programs don't interest me	11%	7%	11%	14%	9%
Location of the Council on Aging is inconvenient	1%	0%	1%	<1%	2%
Hours of the programs and services are inconvenient	4%	4%	8%	3%	2%
Limited class size for events/activities	2%	1%	2%	2%	1%
I don't belong there	11%	19%	14%	7%	7%
Cost of programs	2%	1%	2%	2%	2%
Other	24%	23%	25%	25%	22%

\*Figures do not sum to 100%

**Where do you prefer to find information about the activities and services offered by the Weston Senior Center (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Council on Aging newsletter</b>	64%	27%	60%	75%	82%
<b>Television</b>	2%	3%	1%	2%	4%
<b>Word of mouth/from friends</b>	11%	7%	9%	14%	13%
<b>The local newspaper</b>	18%	17%	18%	17%	20%
<b>Email, websites, or social media</b>	41%	56%	51%	38%	18%
<b>Other</b>	4%	8%	4%	3%	3%

**\*Figures do not sum to 100%**



**Thinking about your possible future needs and interests, which of the following areas would you prioritize in expanding the programs available through the Weston COA? (Check all that apply)**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
Lunch or other café	19%	21%	20%	17%	20%
Performance/presentations	31%	26%	33%	31%	31%
Health and wellness programs (e.g., exercise or disease management)	41%	48%	44%	40%	35%
Intergenerational programs	9%	12%	11%	9%	5%
Educational lectures	43%	40%	46%	46%	38%
Day trips	27%	26%	26%	28%	29%
Common space for socializing	13%	24%	15%	10%	6%
Arts & crafts	19%	21%	20%	21%	14%
Hiking/walking club	28%	47%	37%	21%	10%
Caregiver programs (e.g., respite, support groups)	15%	18%	18%	13%	12%
Evening or weekend activities	16%	22%	20%	12%	11%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	19%	21%	21%	17%	15%
Overnight trips	6%	7%	7%	6%	4%
Information/referral for social services	20%	22%	19%	20%	19%
Other	8%	5%	8%	10%	8%

**\*Figures do not sum to 100%**

**Please select your gender**

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Male</b>	43%	43%	38%	46%	47%
<b>Female</b>	56%	56%	62%	54%	53%
<b>Do not care to respond</b>	<1%	1%	<1%	<1%	0%
<b>Total</b>	100%	100%	100%	100%	100%

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

	All ages	Age 55-59	Age 60-69	Age 70-79	Age 80+
<b>Pay rent or mortgage</b>	1%	2%	1%	1%	0%
<b>Pay property taxes</b>	2%	2%	2%	1%	2%
<b>Pay for medical needs (e.g., prescriptions)</b>	1%	1%	1%	1%	1%
<b>N/A, I did not lack money</b>	83%	79%	85%	86%	79%
<b>Pay utility bills (e.g., oil or electricity)</b>	1%	1%	1%	1%	2%
<b>Buy food</b>	1%	1%	1%	<1%	1%
<b>Pay for car repairs or home repairs</b>	3%	5%	3%	2%	1%
<b>Other</b>	3%	3%	2%	2%	4%

**\*Figures do not sum to 100%**