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### The Future of Aging in the Town of Chatham: Chatham Council on Aging Needs Assessment Study

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Mutchler, Jan E.; Somerville, Ceara; Khaniyan, Maryam; and Evans, Molly, "The Future of Aging in the Town of Chatham: Chatham Council on Aging Needs Assessment Study" (2016). *Center for Social and Demographic Research on Aging Publications*. 8.

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# **The Future of Aging in the Town of Chatham:**

## **Chatham Council on Aging Needs Assessment Study**

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

# Chatham Council on Aging

193 Stony Hill Road

Chatham, Massachusetts 02633

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Dear Chatham Community,

We are very pleased to present the findings of the Chatham Council on Aging's (COA) comprehensive Community Needs Assessment (CNA). The community in which an older person lives makes a big difference in the extent to which he or she is successful in achieving well-being. The intent of this Needs Assessment was to proactively receive input, develop knowledge and collect hard data which will inform the short and long term planning for serving the preferences and needs of Chatham's rapidly growing aging population. Funded by the Friends of Chatham COA and the Town of Chatham, the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston conducted this multi-phased, research study. The Needs Assessment Working Group collaborated with the UMASS research team beginning in July 2015 to develop a scope of work, timeline, methodology and the survey instrument which ultimately culminated into this final report.

Data collection included the process of consulting stakeholders across Chatham. These are people who care about seniors and about Chatham as a community, working to answer questions like: How can the COA connect Chatham's seniors to the services that will help them plan for economic security in their retirement years? What can we do as a Town to promote wellness throughout the life course? How can we secure opportunities for seniors to participate in community activities and be more active as they age? And as our community ages, how can we secure and protect livability of the community for residents of all ages? Components of the CNA included a demographic profile of Chatham; a presentation at the Summer Residents Annual Town Meeting and brief survey of summer residents; community forums; focus groups; key informant interviews; survey-based data collection from year-round residents over 50 years old; overview of current COA programs, service availability and usage; peer community comparisons.

The CNA components synthesized into this final report will inform the answer to the question of "where do we go from here?" Refinement of the COA's mission will be the beginning of the short- and long-term planning related to services, programming, space, staffing, budgeting, and branding of the COA. We must find consensus and refine the core mission of the COA while working to strike a balance between providing services, being a resource for the most vulnerable seniors in the community and responding to needs more broadly, including needs for recreation, engagement, and socialization.

On behalf of the Chatham Council on Aging, we would like to thank Jan Mutchler, PhD and the UMASS research team for their investment in and hard work on this project. Thank you to the Friends of Chatham COA and Chatham Town Manager Goldsmith for providing the funding to make this study possible. Thank you to the COA and Friends of CCOA Boards, the COA and Town staff, volunteers and our collaborative community service partners for their participation and support throughout this process. And notably, thank you to the citizens who made the time and effort complete the surveys which are the cornerstone of our planning efforts. We look forward to continuing to work with you to support an age-friendly and livable community for Chatham's older residents.

Sincerely,



Mandi Speakman  
Director, Chatham Council on Aging



Carole DeChristopher  
Chairperson, Chatham Council on Aging



# The Future of Aging in the Town of Chatham

Chatham Council on Aging Needs Assessment Study

Commissioned by the Town of Chatham  
Council on Aging  
in Collaboration with the  
Friends of the Council on Aging

March 2016

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Center for Social and Demographic Research on Aging  
Gerontology Institute  
John W. McCormack Graduate School of Policy & Global Studies  
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## Executive Summary

This report describes efforts undertaken by the Town of Chatham Council on Aging (COA), in partnership with the Center for Social and Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, to investigate the needs, interests, preferences, and opinions of Chatham's older population. The focus of this report is on two cohorts of Chatham's residents—those aged 50 to 59, and those individuals who are currently aged 60 and over. The content of this report is intended to inform the Town of Chatham, the Chatham Council on Aging, and organizations that provide services to older residents, as well as those who advocate for older people, and community members at large.

The study drew on publicly available data obtained through the U.S. Census Bureau along with data collected expressly for this study. Two community forums were held in September 2015, attracting nearly 100 residents. A survey was distributed to all Chatham residents age 50 or older; a total of 1,564 completed surveys were returned, resulting in an overall response rate of 39%. Three focus groups were held, including residents, representatives of Town offices, and representatives of nonprofits and other local organizations. Key informant interviews were conducted with seven individuals who serve in leadership roles in Chatham. Finally, information was collected about Councils on Aging in five nearby communities.

Chatham's older residents represent nearly half of the community's current population. Indeed, Chatham is the second "oldest" municipality in the Commonwealth with respect to the share of its population age 60 and older. Although the total population of Chatham declined by 8% between 2000 and 2010, the number of residents age 60 and older increased by 7% in that time frame. On the basis of this growth, demand for programs and services that are offered by the Chatham Council on Aging is greater today than ever before. Furthermore, demographic projections suggest that the need for services will continue to increase in the future.

Drawing on multiple sources of input, it was learned that the typical Chatham senior is a long-term resident who wants to stay in Chatham moving forward. One-quarter of seniors report having lived in Chatham for at least 35 years; however, one-third have lived in the community for less than 15 years and likely chose Chatham as a retirement destination. The natural amenities of the area are valued by older residents, as are the many other assets of the community. Most Chatham residents are aging with sufficient finances, good health, and strong social support. However, segments struggle financially or experience isolation or health concerns, and many residents worry that increasing costs of living, limited transportation options, poor access to services, or significant health events will challenge their ability to age in place.

The Chatham Council on Aging staff performs essential "connecting" functions to promote health and wellness in later life—connecting seniors to needed health care

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

A number of key issues represent concerns among older Chatham residents. The cost of housing, concerns about maintaining one's property, and the lack of viable housing alternatives, including especially housing with services, are issues for Chatham. Older residents do not perceive that they have good downsizing options. Chatham seniors also recognize the cost of housing is a barrier to attracting and retaining younger residents. Limited transportation options in Chatham can impact seniors' ability to access services, including health services, and form a barrier to participating in community life, including Town Meeting and other functions. Substantial concern was expressed relating to isolated segments of the senior community. Although programs to offset isolation exist in Chatham, there is a sense that the Town must redouble its efforts to reach those who lack nearby family members, those who have become disconnected from friendship or other networks, and those who are house-bound. Goals in this area include ensuring that community members are aware of existing programs, and reaching out to those at risk.

Key issues for the Chatham Council on Aging are also identified in the study. The core mission of the COA is not well understood, and there is lack of consensus on what that mission should be. It is generally agreed that addressing the needs of vulnerable seniors is a priority for the COA. Yet the balance between this service function and responding to community needs more broadly, including residents' needs for and interest in recreation, engagement, and socialization, has not been clearly articulated.

Chatham residents and community leaders are receptive to investing in community assets that address the needs and interests of the older population, including the Chatham Council on Aging. To increase its effectiveness, the COA will need to identify and communicate its mission more clearly; identify and secure the resources needed to increase its impact; and take steps to ensure that residents, other Town offices, and nonprofits working in the community know how to access COA programs.

## **Key Findings in Brief**

### **Demographic Highlights from the U.S. Census Bureau and UMass Donahue Institute**

- Projections from the UMass Donahue Institute suggest that by 2035, more than half of Chatham's residents will be age 60 or older; nearly 1 out of 5 will be age 80 or older.

- Currently, residents age 60 and older own 64% of the owner-occupied homes in Chatham.
- Twenty-eight percent of Chatham's residents age 65 and older live alone; 78% of these individuals are homeowners.
- Half of Chatham's senior households (age 65+) have incomes below \$50,000 a year.
- Twenty-eight percent of Chatham's seniors age 75+ have at least one disability.

### **Community & Neighborhood**

- One-quarter of survey respondents who are age 60 and older have lived in Chatham for at least 35 years. Nearly one-third have lived in Chatham less than 15 years.
- More than two-thirds of survey respondents who are age 60 and older say it is very important to them to remain living in Chatham as long as possible, as do 63% of respondents age 50-59.
- Most respondents believe their current residence is where they will always live.
- Top-named concerns about being able to stay in Chatham as respondents get older include diminished affordability as expenses rise; threats to independence and socialization resulting from limited transportation options; limited options for downsizing in Chatham; concerns about developing disability or mobility limitations that would challenge ability to live independently; access to and quality of medical and other services; and concerns about isolation associated with being too far away from family members.

### **Housing & Living Situation**

- Over half of Chatham respondents report that their homes need modifications to facilitate aging in place; most of these respondents say they are able to afford needed modifications.
- Senior respondents are receptive to living in senior independent housing if a change in health or physical ability required a move from current residence. Respondents age 80 or older would also be receptive to living in an assisted living residence. The availability of downsizing options in Chatham is perceived to be limited.

### **Health and Well-being**

- A majority of respondents rate their emotional well-being as excellent or good.
- A majority of respondents rate their physical health as excellent or good.
- Most respondents report frequent contact with friends, relatives or neighbors; contact is less frequent among those age 80 and older.



- Most respondents have talked with a neighbor in the past month, and would ask a neighbor for help if needed. Smaller but sizable shares have helped neighbors in the past. Thirty percent of survey respondents indicate they would not ask a neighbor for help if needed—some of these individuals may not have strong sources of support nearby.
- Nearly half of respondents age 80+ need help with household activities (e.g., cleaning or yard work) due to health. Seven percent of individuals in this age group needs help with daily or personal care activities (e.g., using the telephone, preparing meals, taking medications, keeping track of bills, taking a shower or getting dressed).
- Needs for assistance are typically met by family or friends, but a sizable share of respondents pay for assistance, and some need assistance but cannot afford it. Although long-term care insurance for home-based care may be purchased, less than one-third of Chatham Seniors have long-term care insurance coverage. As a result, most caregiving is provided by family members or friends who are not paid, or are paid for out of pocket.

### **Caregiving**

- In the last 5 years, 58% of survey respondents age 50-59 have provided caregiving to a person who is disabled or frail, along with 48% of respondents age 60-79 and 40% of those age 80+.
- Up to half of the survey respondents who provided help indicate that doing so was challenging given their other responsibilities (including 42% of caregivers age 60-79, 44% of caregivers age 80+, and 50% of caregivers age 50-59).
- More than half of caregivers age 50-59, and nearly half of caregivers age 60+, indicate that a caregiver respite program or support group would be helpful to them or their family.

### **Transportation**

- Most respondents drive, although one out of ten respondents age 80 or older are non-drivers.
- Many residents modify their driving activity by not driving at night, in bad weather, or to unfamiliar destinations, including nearly one-quarter of respondents age 50-59, 39% of those 60-79, and 61% of those who are age 80+.
- More than half of Chatham respondents are less than “very satisfied” with transportation options available in Chatham. Nearly one-quarter of non-drivers have missed, cancelled or rescheduled a medical appointment in the previous year due to lack of transportation.

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

- More than three-quarters of survey respondents in their 50s, one-third of those age 60-79 and 4% of those age 80 or older work full- or part-time.
- Six out of ten respondents age 50-59, and nearly 40% of respondents age 60-79, have done no financial planning for retirement, or report that they need to do more.
- One-quarter of survey respondents indicate that they are “unsure” if they will have adequate resources to meet their financial needs in retirement.

### **Council on Aging Services**

- One-third of respondents 80 years and older participate in Senior Center activities. One out of five respondents age 70-79 participates.
- About 60% of respondents indicate it is “very likely” or “somewhat likely” that they will participate in the future.
- Nearly all listed services and programs are rated as important by all age groups, with the highest rating associated with learning opportunities, transportation services, and outreach services. Volunteer programs are especially highly rated by respondents in their 50s; health and wellness programs are especially highly rated by respondents age 80+.
- Not knowing what programs and services are available is identified as the most frequently encountered problem with using COA services.
- Targets to consider for expanded programming at the COA include strength training/aerobic exercise programs and educational programs, including computer programs. Survey respondents age 50-59 also express interest in hiking/walking clubs and social programs and performances; these types of programs may be of special interest to younger cohorts as they begin to participate in the COA.

### **Recommendations**

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

- Plan for growth in the senior population, including the 80+ population. Older residents have different needs and interests than younger residents; moreover, residents age 80+ may benefit from a matrix of services and supports that are distinct from those sought out by younger seniors.
- Promote housing options for aging in place in Chatham, by connecting residents with information that will allow them to modify their homes, and by making available additional downsizing options, including housing with services (e.g., assisted living).

- Promote awareness of the transportation options already available, and expand transportation services for seniors. Residents who do not drive or who substantially limit their driving may experience higher risk of isolation, fewer socialization opportunities, and greater difficulty accessing services, including medical services.
- Protect and potentially expand outreach programs directed toward the “at risk” senior population. These individuals include especially those who are isolated, low-income residents, and those with significant physical and mental health challenges.
- Expand caregiver support programs in Chatham, and consider expanding access to adult day care programs. Many middle-aged and older Chatham residents have participated in caregiving in the recent past, many have found this experience difficult, and many report that additional caregiver support programs would be helpful to them.
- Strengthen COA capacity and programming. Agreement was heard in support of protecting the service functions of the Chatham COA. However, additional priorities for expansion were identified, including expanded opportunities for exercise programs, educational programs, and social programs.
- Expand visibility and public awareness of the COA, its mission and its offerings. Some residents may have a limited understanding of what the COA is and how to access its services.
- Enhance existing cross-departmental and public-private relationships, and encourage the creation of more collaborations, especially relating to additional linkages between the COA and public safety/emergency preparedness. These partnerships bring value to the community and benefit residents.

## Acknowledgements

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

We thank the many residents of Chatham who supported our data collection efforts, and who provided their thoughtful responses to our queries. We thank the hundreds of residents who took the time to complete our survey. We are also indebted to Jill Goldsmith (Chatham Town Manager), Dean Nicastro (Member, Chatham Board of Selectmen), John Caubel (Deputy Chief, Chatham Police Department), Mark Heller (EMS Coordinator), Nancy Bischoff (a representative of the Chatham clergy), Dee Yeater (Town Nurse) and Gerry Panuczak (Director of Human Resources), each of whom shared their perspectives on aging in Chatham. We acknowledge with appreciation Denise Rego (Director, Brewster COA), Sandra Szedlak (Director, Eastham COA), Jill Bishop (Director, Falmouth COA), Barbara Anne Foley (Director, Harwich COA) and Judi Wilson (Executive Director, Orleans COA) for taking time from their busy days to share details about their organizations.

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

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## Introduction

Like many municipalities across Massachusetts, the population in the Town of Chatham is aging. Already, nearly half of Chatham's residents are age 60 or older, making Chatham the second oldest municipality in the Commonwealth. As a municipal entity, the Town of Chatham's Council on Aging is an important and valued resource, operating as the Town's central point of contact for older residents who seek to lead healthful and fulfilling lives while remaining independent in the community.

As the demographic features of Chatham continue to shift toward a population that is older, demand for senior services will likely increase over time. Planning is necessary to assure that the Town is adequately prepared to meet the challenges and to capitalize on opportunities that an aging population presents. It is increasingly relevant and necessary for those who provide services and amenities in the Town to understand different stakeholder perspectives with regard to the aging-related needs of Chatham's residents. Additionally, policymakers who are in tune with the needs of seniors can better anticipate shifting demands of the community.

This report presents results of a comprehensive examination of issues relating to aging and older adults in Chatham. Research methods were chosen with an eye toward engaging a wide range of stakeholders, including town residents, municipal officials and other town leaders. The assessment has as its primary focus the current and future consumers of Council on Aging services. The goals of this project are to identify the characteristics and needs of Chatham residents age 50 to 59 and those age 60 and older (hereafter "seniors"<sup>1</sup>); to identify specific concerns of community members related to aging in Chatham, and to make explicit their ideas regarding how quality of life could be improved for older adults who live in the Town; to explore the current and potential role of the COA in the lives of older residents; and to outline the implications of an aging population for the Town of Chatham as a whole. The contents of this report are intended to inform planning by the Town's Council on Aging, as well as other town offices, private and public organizations that provide services and advocate for older people within Chatham, and the community at large.

## Background

The Town of Chatham is a community of approximately 6,000 year-round residents located at the southeast tip of Cape Cod. Chatham is a popular destination for tourists, and more than half of its housing is occupied seasonally; the summertime population is estimated at 25,000 (Chatham Vision Statement, [http://www.chatham-ma.gov/Public\\_documents/chathamma\\_planning/CLRP1](http://www.chatham-ma.gov/Public_documents/chathamma_planning/CLRP1)). Currently, nearly 3,000 Chatham residents are age 60 and older, making up close to

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<sup>1</sup> The term "seniors" is used to refer to all adults age 60 or older. This usage is consistent with that specified by the Older Americans Act.

half of the total population; another 900 residents are between the ages of 50 to 59, and are poised to move into later life within the coming decade (U.S. Census Bureau, 2010). Growth of the older population of the Town of Chatham has come about through a combination of processes, including “aging in place” as younger residents age into later life, migration of middle-aged and older adults to Chatham as part of a retirement move, and some formerly seasonal residents choosing to live in Chatham year-round, also likely as part of a retirement strategy.

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 “successful aging” by supporting physical activities that reduce risk of chronic disease and by accommodating disabling conditions. By proactively taking steps to support the goals of older people in terms of successful aging and aging in place, Chatham can retain a larger share of its older population in the community and benefit from the experiences and local commitment that vital long-term residents offer, while reducing potential demands on resources associated with frailty and dependence.

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

## **Housing**

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

Nevertheless, as people age, the “fit” between individuals and their home environments may decrease (Pynoos, Steinman, Nguyen, & Bressette, 2012). Homes



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

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

### **Transportation**

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

### **Community Features & Services**

Livable communities also require adequate and appropriate community features and services designed to respond to the evolving needs of older people, including home- and community-based long-term care services. Older adults with mobility

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

### **The Chatham Council on Aging**

In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies meant to link elder 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. 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.

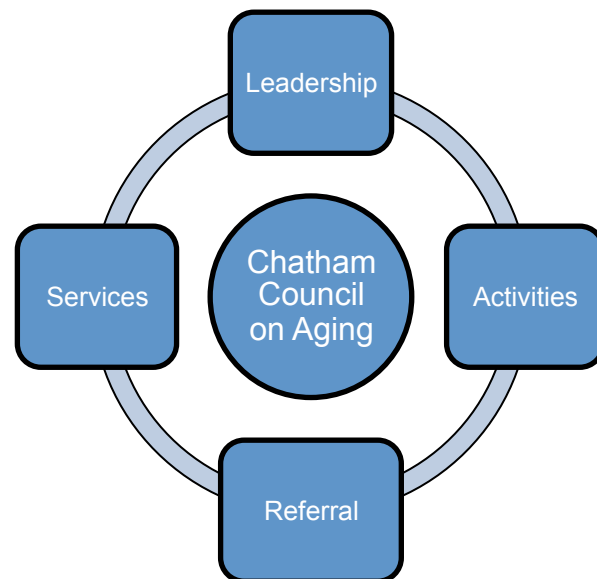
The Chatham Council on Aging describes as its mission to “enhance the dignity, support the independence, and promote the general health and well-being of Chatham’s older adults” (Chatham COA website, <http://chathamcoa.com/welcome/about-us/>). The Chatham COA seeks to serve as a community resource for older adults as well as for caregivers in the community. Programs and services offered through the Council on Aging are designed to support the transition of residents through later life, and help promote their well-being.

In general, when considering the mission of Councils on Aging, observers commonly think of two sets of responsibilities. First, COAs promote wellbeing among older residents by offering activities that appeal specifically to older adults, are interesting, and that promote personal growth and social engagement. Reading clubs, 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. For example, blood pressure clinics, support groups for family caregivers, and transportation services are common examples. 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 seniors 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 Town boards, interacting with other Town offices, and serving as resources to residents and organizations.

The Chatham Council on Aging operates Monday thru Friday from 8:00 a.m. to 4:00 p.m. Its staff includes a full-time Director, a full-time Outreach and volunteer coordinator, a second full-time outreach coordinator, a full-time secretary, a full-time receptionist, a part-time program coordinator, and 4 part-time van drivers. In fiscal year (FY) 2015, staff efforts were supplemented with more than 3,000 hours of service provided by 61 volunteers. The Chatham COA is appointed by the Board of Selectmen. Its seven members advise the Director of the COA, Mandi Speakman.

The Chatham Council on Aging offers programs and services at the Senior Center located on Stony Hill Road and in various other locations throughout the community. It is funded by its municipal appropriation, which is supplemented by in-kind support, grant support from the Executive Office of Elder Affairs and other sources, including gifts and donations, and nominal fees charged for some activities. The COA also benefits from support through the Friends of the Chatham COA, a nonprofit fundraising organization.



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

Programs offered through the Chatham Council on Aging include:

- Programs that connect residents to services and benefits for which they are already eligible (e.g., information and referral; SHINE; SNAP)
- Outreach services helping older residents and their families in crisis (e.g., assisting families with long-term care planning for family members with dementia; working with elders struggling with mental health crises; addressing self-neglect)

- Programs that offer support to residents facing challenging circumstances (e.g., caregiver support groups; bereavement support groups)
- Programs that connect residents to professional services (such as legal assistance or financial management)
- Programs that help residents stay in their homes (e.g., Meals on Wheels; transportation)
- Programs that help residents stay healthy (e.g., fitness and exercise programs; health screening)
- Programs that provide the opportunity for residents to socialize with others (e.g., Café luncheon; recreational events and programs)
- Cultural and community education activities (e.g., day trips; workshops)

According to its annual report to the Massachusetts Executive Office of Elder Affairs, in FY 2015, the COA served 1,250 different individuals. Some of the services and programs offered through the Chatham COA are used by many residents, often on an as-needed or less than weekly basis, including information and referral services, recreation and socialization programs. These high-impact programs bring broad value to a wide range of community members. Other programs and services are used by fewer individuals but on a more intensive basis. For example, the 48 residents who participated in the Meals on Wheels program collectively received more than 5,000 home-delivered meals in FY 2015, or 112 meals per participant (note that the Meals on Wheels program is offered to Chatham residents in collaboration with Elder Services of Cape Cod and the Islands). Similarly, the 89 Chatham residents who took advantage of COA transportation services benefited from a total of 3,500 rides, or an average of 40 rides per participant. These types of services are used intensively by those who need them to stay independent, often among the most vulnerable Chatham residents.

The Chatham Council on Aging works cooperatively with other Town offices on a variety of initiatives and programs. Most notable, perhaps, are partnerships with public safety offices, including participation in the Municipal Elder Response Working Group, which seeks to identify and work in support of the most vulnerable elders; the Reassurance program; and other programs offering a safety net to vulnerable elders and their families. These activities are described in more detail later in this report.

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

### **Purpose of the Study**

This report represents the collaborative efforts by the Town of Chatham Council on Aging and University of Massachusetts Boston (UMass Boston) to assemble

information about aging residents and their needs. In the following pages, we present a profile of the characteristics and resources of the current population of Chatham— those who are at and approaching later life (age 60 and older) as well as those who will be moving into later life over the next two decades (the population age 50 to 59). Knowledge of these characteristics provides an important basis for planning by the Council on Aging, as well as for other town offices and organizations.

## **Methods**

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

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

Assessment goals identified at the outset of this study relate to how the Town, Council on Aging and Senior Center could better facilitate aging in place by older adults in the community. This goal is consistent with efforts to identify ways in which communities may become more "livable" by supporting the independence and quality of life of older people as they age (Nelson & Guengerich, 2009). In the following sections, we describe methods used in this needs assessment, including development of appropriate instruments, selection and recruitment of study participants, and a brief section on data analysis strategies.

### **Demographic Profile**

As an initial step toward understanding characteristics of the Chatham's older population through quantitative data, we generated a demographic profile of the

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

### **Community Forum**

Two community forums were held on September 16, 2015, at the Chatham Community Center. The first forum, at 3:00 p.m., attracted approximately 80 attendees; the second forum, at 5:30 p.m., attracted 18 attendees. Discussion was structured around the following themes: describing strengths of Chatham as a community in which to grow older, identifying challenges associated with living in Chatham as an older adult, and noting opportunities for Chatham to be a stronger community for older adults. A note-taker summarized participant comments.

### **Resident Survey**

The central component of our data collection effort was a resident survey developed by the research team at UMass Boston in consultation with the Chatham COA Needs Assessment Working Group. The survey included quantitative and open-ended questions chosen based on their relevance to the planning needs of the COA. The survey was mailed to households with the option of returning it by mail or completing it on-line.

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

- Community & Neighborhood
- Housing & Living Situation
- Your Health
- Caregiving
- Transportation
- Current & Future Retirement Plans
- Council on Aging Services
- Demographic Information

All non-institutional residents of Chatham age 50 and older were eligible to participate in the survey data collection. At the request of the Director of the COA, the Town Clerk's Office provided the UMass Boston research team with a list of Chatham residents who were age 50 and older, based on municipal census records that included names, addresses, and dates of birth. Residents who lived in nursing homes were removed from the list. Addresses were updated, and individuals who

had moved away from Chatham were also removed from the list. The remaining residents age 50 and older were all eligible to participate.

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

During the data collection period from early November to late December 2015, 1,564 completed surveys were returned, an overall response rate of 39% (see **Table 1**). The response rate for residents age 50-59 (19%) was lower than that of residents age 60 to 79 (42%), and those age 80 and older (51%). Given that the contents of the survey were primarily oriented toward older people, higher response among senior residents is not surprising (Fowler, 2014); however, results that show totals for the entire sample should be interpreted with consideration to this. Only 3% of responses were submitted online. We compiled a database containing the confidential responses of all survey participants, which was subsequently analyzed and securely maintained by the research team at UMass Boston.

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

	<b>Total Age 50+</b>	<b>Age 50 to 59</b>	<b>Seniors Age 60 to 79</b>	<b>Seniors Age 80+</b>
<b>Mailing list</b>	3,972	805	2,385	782
<b>Number of Responses</b>	1,564*	156	992	401
<b>Response Rate</b>	<b>39%</b>	<b>19%</b>	<b>42%</b>	<b>51%</b>

*\*Includes 15 individuals who did not provide an age.*

### **Seasonal Resident Survey**

A short survey was conducted with seasonal residents during August 2015. A questionnaire was designed focusing on features of summer residents' homes and their expectations for settling in Chatham as a primary residence. Paper questionnaires were distributed to "Summer Residents" at its annual Town meeting in August 2015, following a short presentation on the needs assessment being launched. A link to the electronic form of the seasonal survey was also distributed to the nonresident population. A total of 35 responses were received.

## **Focus Groups**

Three focus groups were held during Fall of 2015. All participants were selected by the Chatham COA Needs Assessment Working Group in consultation with the UMass Boston research team. At the request of the research team, the initial invitation was issued by the COA; members of the UMass Boston research team followed up with selected individuals with a formal invitation encouraging them to attend.

One group, held in October, included representatives of Chatham municipal organizations. Nine individuals participated, including representatives of the Health Department and Board of Health, Community Development, Assessor's Office, Public Library, Housing Authority, Planning Board, and Fire Department.

A second group, held in November, included representatives of nonprofits and other organizations serving Chatham. Nine individuals participated, including representatives of Nauset Neighbors, Habitat for Humanity, St Vincent de Paul, FISH, Chatham Health and Swim Club, Broad Reach Healthcare Hospice, Alzheimer's Family Support Center of Cape Cod, and Elder Services of Cape Cod and the Islands.

A third group, also held in November, included seven Chatham residents who are knowledgeable about the community and the Council on Aging.

Discussion in all three groups focused on ways in which population aging in Chatham has impacted the community, attributes of the community that promote aging in place, suggested changes in these attributes, perceived role of the Council on Aging, and ways in which organizations in town could work more effectively together around aging issues.

## **Key Informant Interviews**

We conducted in-person interviews with seven individuals who serve in leadership roles in Chatham. Questions focused on ways in which the Town has been shaped by the aging of its population; identifying challenges and opportunities for the Town associated with the aging population; and identifying ways in which the community could respond more effectively to its changing demographics. The COA Director identified interviewees, and encouraged them to participate. Interviews lasting 30 to 60 minutes each were conducted with the following people: Jill Goldsmith (Chatham Town Manager), Dean Nicastro (member, Chatham Board of Selectmen), Nancy Bischoff (a representative of the Chatham clergy), John Cauble (Deputy Chief, Chatham Police Department), Mark Heller (EMS Coordinator), Gerry Panuczak (Director of Chatham Human Resources), and Dee Yeater (Town Nurse/VNA).

## **Peer Community Comparison**

We report information about Councils on Aging (COAs) and senior centers in Brewster, Eastham, Falmouth, Harwich, and Orleans. With input from the Chatham



COA Director and the Chatham COA Needs Assessment Working Group, these “peer” communities were selected based primarily on population size, and their number of residents age 60 and older. Information was obtained about features of the COAs, including programming and staffing. Some information was obtained through telephone interviews with peer COA Directors; additional information on selected COAs was retrieved from websites and other publicly available documents.

### **Data Analysis**

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

## **Results**

### **Demographic Profile of Chatham**

#### **Age Structure and Population Growth**

According to the U.S. Census, there were 6,125 residents living in the Town of Chatham in 2010.<sup>2</sup> More than half of these (3,870 individuals—63% of the population) were age 50 and older (See **Table 2**). Residents who were age 50 to 59 (929 individuals) made up 15% of the population; residents age 60 to 79 (2,157 individuals) comprised 35%, and another 784 (13%) residents were age 80 and older.

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<sup>2</sup> The Census Bureau data refer to the population for whom Chatham is their “usual residence,” defined as “the place they live and sleep most of the time” ([https://www.census.gov/population/www/cen2010/resid\\_rules/resid\\_rules.html](https://www.census.gov/population/www/cen2010/resid_rules/resid_rules.html)) .

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

Age Category	Number	Percentage
<b>Under age 18</b>	749	12%
<b>Age 18 to 49</b>	1,506	25%
<b>Age 50 to 59</b>	929	15%
<b>Age 60 to 79</b>	2,157	35%
<b>Age 80 and older</b>	784	13%
<b>Total</b>	<b>6,125</b>	<b>100%</b>

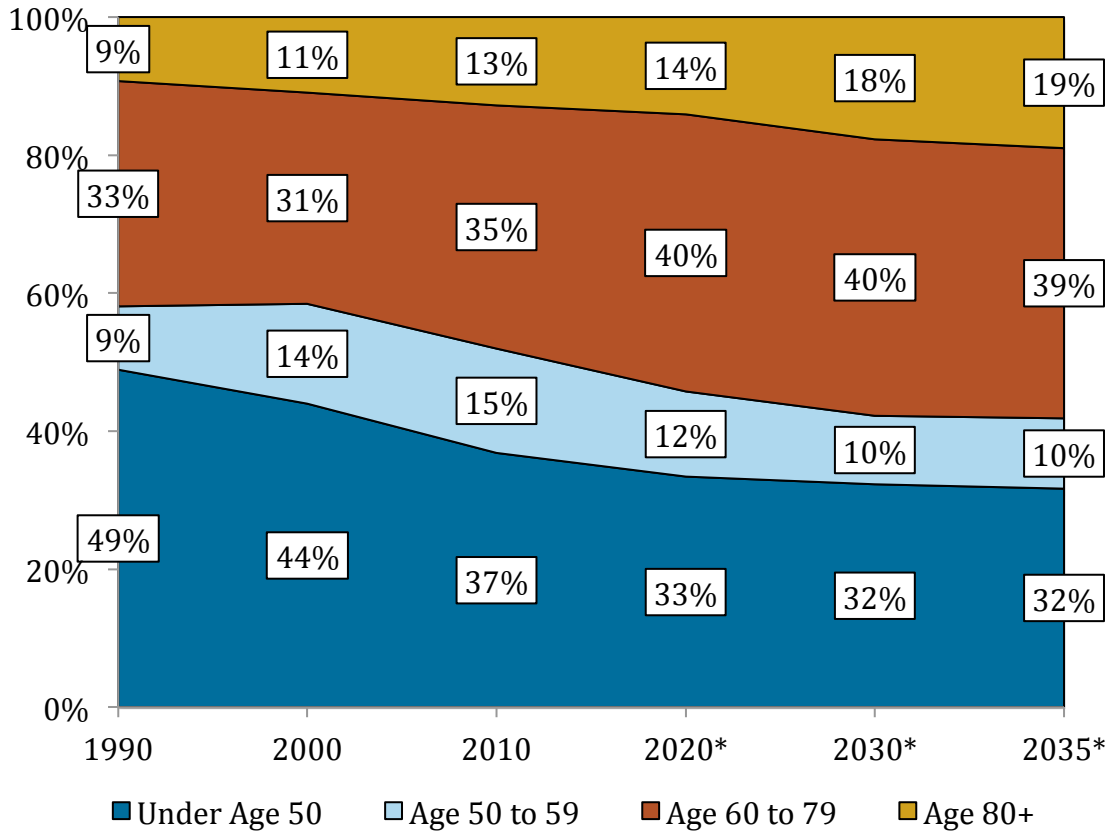
*Source: U.S. Census Bureau, 2010 Census. Summary File 1, Table QT-P2.*

The age distribution of Chatham’s population across time is shown in **Figure 1**, including U.S. Census figures from 1990 to 2010, and population projections to 2035<sup>3</sup>. In 1990, about 51% of the Town’s population was age 50 and older. This percentage increased to 63% by 2010. According to the Donahue Institute projections, this trend toward an older population is expected to continue. By 2035, 68% of Chatham residents are expected to be age 50 and older, including 10% age 50 to 59, 39% age 60 to 79, and 19% age 80 and older. The expected growth in the relative size of the population age 80 and older is especially important in planning for COA service needs, as individuals in this age group are at higher risk of disability and isolation, and may require a higher level of support to remain safely in their homes.

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<sup>3</sup> The projections presented here were generated by the University of Massachusetts Donahue Institute (Renski & Strate, 2015). Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. The Donahue Institute generates two sets of projections for Massachusetts municipalities, using somewhat different methods. For Chatham, the two sets yield virtually identical age distributions. Projections for the total number of residents and the number age 60+ align within 5% for the two sets of projections.

**Figure 1.** Recent and future age distribution of Chatham, 1990 to 2035



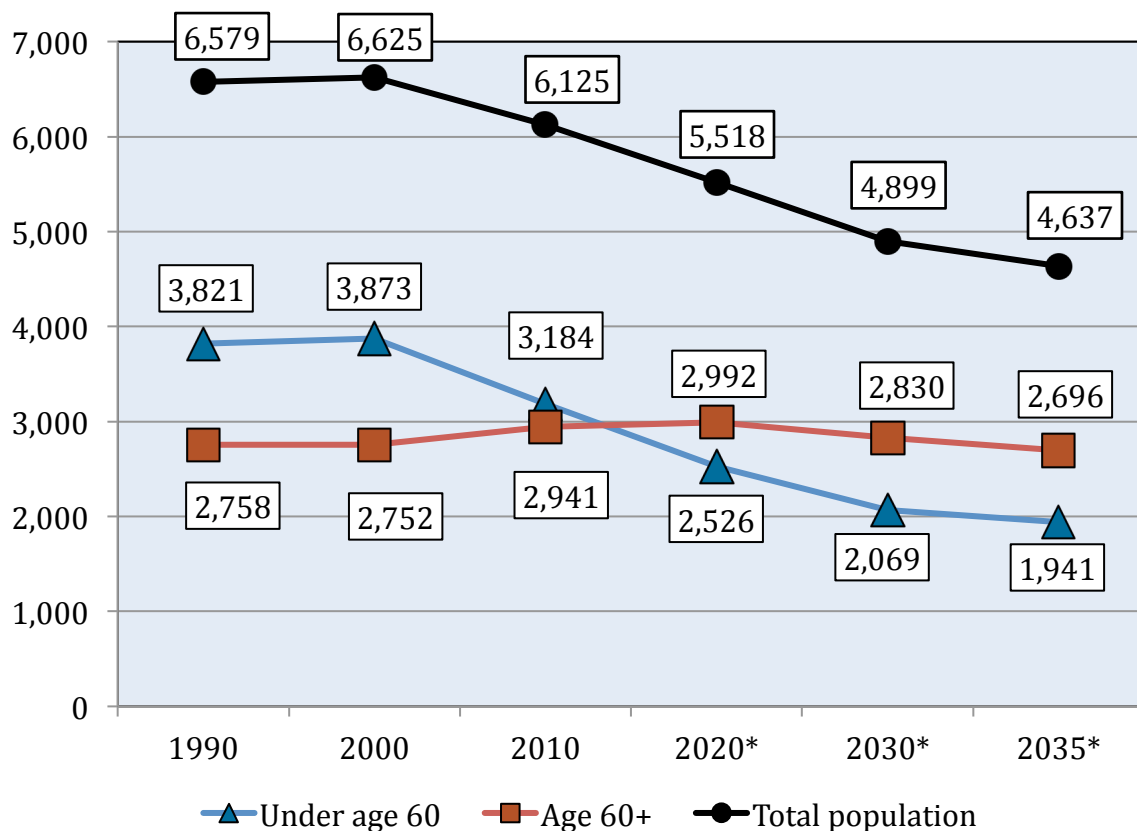
Source: U.S. Census Bureau, Census of Population for 1990 thru 2010.

\* Figures for 2020 thru 2035 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

According to figures from the US Census Bureau, the total size of Chatham's population has declined slightly since 1990, and Donahue projections suggest that the population decrease is expected to continue. **Figure 2** shows the number of Chatham residents from 1990 to 2010, with population projections for 2020 through 2035. Chatham's population under age 60 declined by 17% between 1990 and 2010, compared to a nearly 7% increase in the number of residents age 60 and older. Projections suggest that by 2020, the number of residents age 60 and older is expected to be larger than the number of residents under age 60.<sup>4</sup>

<sup>4</sup> The Chatham Town street listing for residents age 50+ was obtained by the authors of this report to generate the mailing list for the community survey. The street listing includes 12% more individuals aged 60+ than were counted in the 2010 Census, and 9% more than would be expected based on the Donahue projections for 2015. The street listing count for residents age 50-59 was within 1% of the Donahue projection for this age group. We believe that the most likely source of the differences for the 60+ population relate to residence rules used by the Town compared to the federal Census and

**Figure 2.** Population trends; number of Chatham residents under age 60, and age 60 and older, 1990 to 2010 with projections to 2035\*



Source: Population figures for 1990-2010 are from the U.S. Census, 1990 thru 2010.

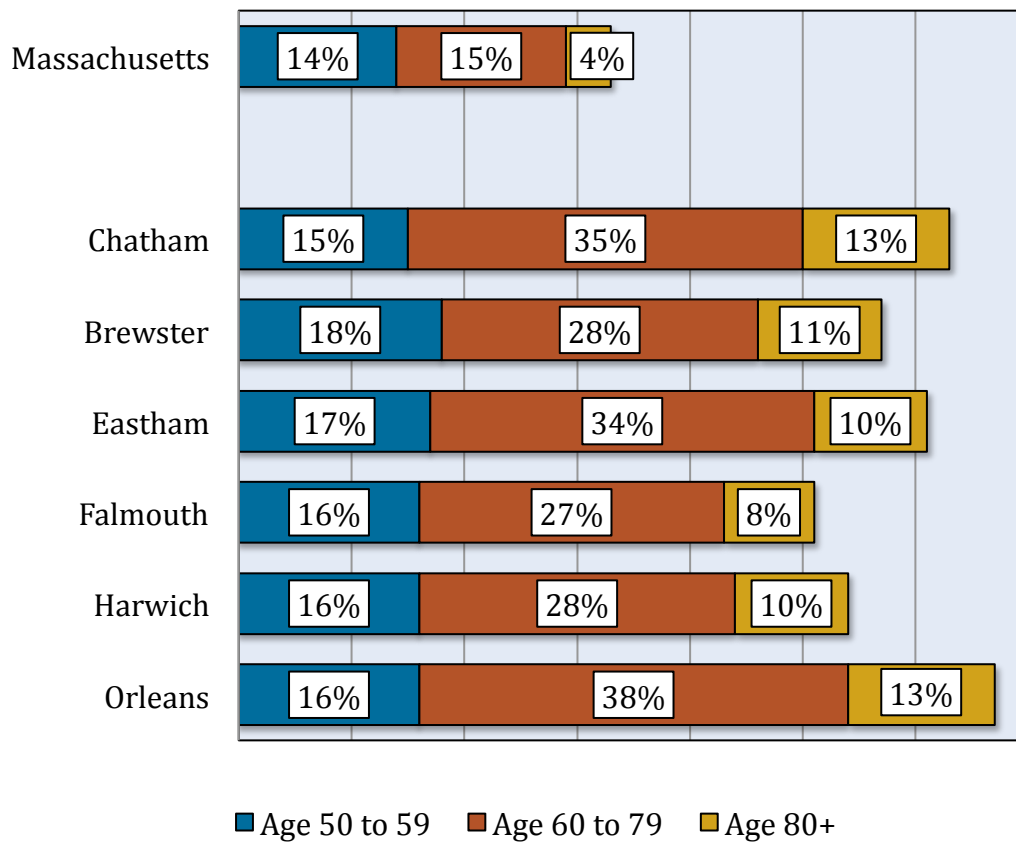
\* Figures for 2020 through 2035 are projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

As a community, Chatham is substantially older than the state of Massachusetts (**Figure 3**). One-third of the Massachusetts population was in the 50+ age group in 2010, while 63% of the Chatham population was in that age bracket. The proportion of residents 50 and older is high across the communities included in **Figure 3**, with Falmouth having the smallest proportion (51%) and Orleans with the largest (67%). Only 19% of the state population is age 60 and older, much smaller than the proportion in Chatham (48%) and these comparison communities (35%-51%). Indeed, Chatham has the distinction of being one of the “oldest” municipalities in Massachusetts in terms of its share of population age 60+, second only to Orleans.

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other federal data sources; however, it is worth noting that the Town street listing suggests a larger number of residents age 60+ than is indicated by federal Census counts and the Donahue projections.

**Figure 3.** Age distribution in Massachusetts, Chatham, and surrounding communities



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

Population growth in both Massachusetts and the Town of Chatham has been concentrated in older age groups during the last decade. In the total population of all ages, the state experienced 3% growth, but Chatham (-8%) and the other communities included in **Table 3** all experienced decline (from -1% to -9%). In Chatham, the segment of the population age 50 to 59 decreased in number by 3%—a rate much different than the 29% increase seen in Massachusetts overall, but similar to Orleans. All remaining communities in the table experienced growth in the 50 to 59 year age group, ranging from 4% to 28% increase.

Like Chatham, many other communities on and off the Cape have experienced substantial growth in the size of the older population. Statewide, the number of Massachusetts residents age 60+ increased by 16% between 2000 and 2010. Among the communities examined here, Brewster (20%), Eastham (25%), and Falmouth (17%) experienced growth at or above this level. The proportion of residents age 60 and older in Orleans grew 8% between 2000 and 2010, comparable to the 7% growth seen in Chatham and a bit higher than the 5% growth seen in Harwich.

**Table 3.** Population growth between 2000 and 2010: Massachusetts, Chatham, and surrounding communities

Community	All Ages				Age 50 to 59				Age 60+			
	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth	Population 2000	Population 2010	% Growth
<b>Massachusetts</b>	6,349,097	6,547,629	3%	721,410	929,823	29%	1,096,567	1,273,271	16%			
<b>Chatham</b>	<b>6,625</b>	<b>6,125</b>	<b>-8%</b>	<b>959</b>	<b>929</b>	<b>-3%</b>	<b>2,752</b>	<b>2,941</b>	<b>7%</b>			
<b>Brewster</b>	10,094	9,820	-3%	1,365	1,753	28%	3,138	3,768	20%			
<b>Eastham</b>	5,453	4,956	-9%	795	830	4%	1,741	2,169	25%			
<b>Falmouth</b>	32,660	31,531	-3%	4,603	5,187	13%	9,265	10,857	17%			
<b>Harwich</b>	12,386	12,243	-1%	1,583	1,992	26%	4,410	4,629	5%			
<b>Orleans</b>	6,341	5,890	-7%	952	928	-3%	2,754	2,984	8%			

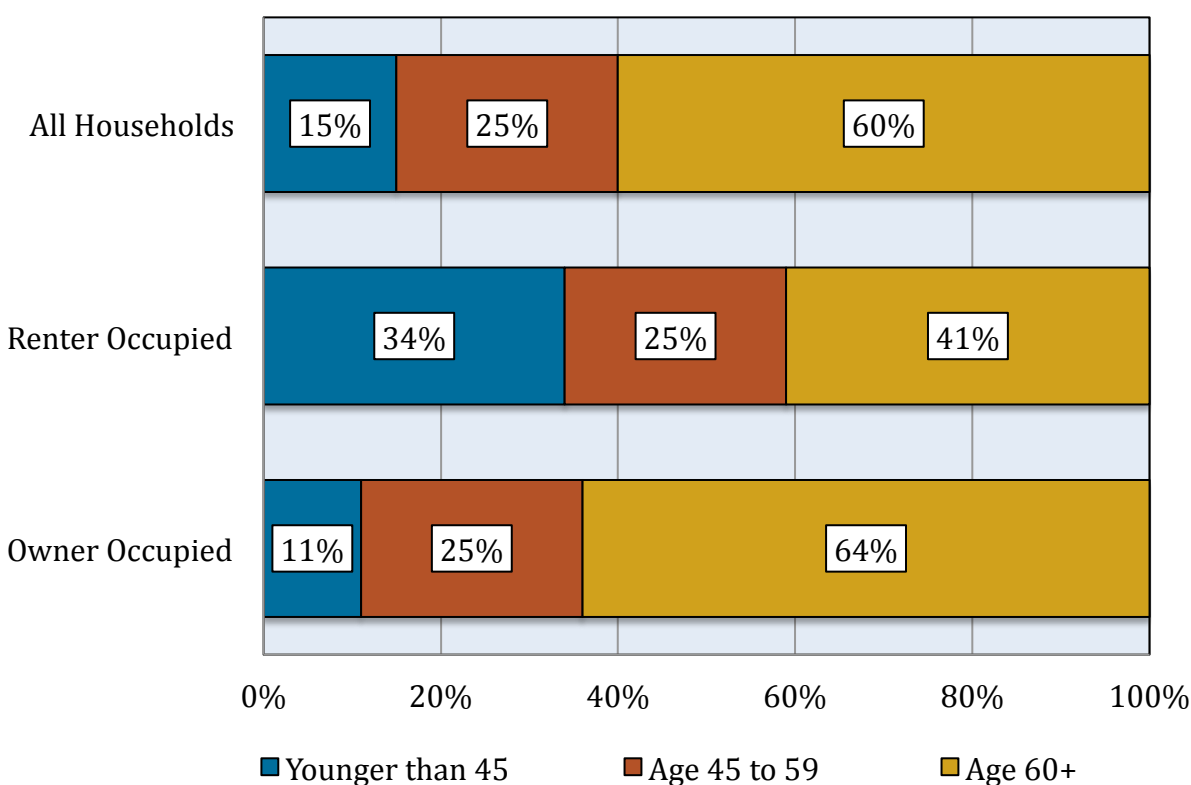
Source: U.S. Census Bureau. 2010 Census, Summary File 1, Table QT-P1; and 2000 Census, Summary File 1, Table QT-P1

## **Sociodemographic Composition of Chatham's Older Population**

A majority of Chatham's seniors are women (54%), similar to Massachusetts (56%; *ACS, 2010-2014, Table B01001*). The greater number of older women is largely due to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally. Compared to Massachusetts as a whole, Chatham is considerably less diverse with respect to race and ethnicity. For all ages combined, more than 90% of Chatham residents report their race as White; in comparison, 80% of the Commonwealth's residents report White race (*ACS, 2010-2014, Table B02001*). In addition, a small share (2%) of older Chatham residents speaks a language other than English at home (*ACS, 2010– 2014, Table B16007*).

A majority of Chatham's households are headed by adults who are middle-aged or 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 45 and older are householders of 85% of all households in Chatham<sup>5</sup> (**Figure 4**).

**Figure 4.** Age structure of householders by owner status, Chatham



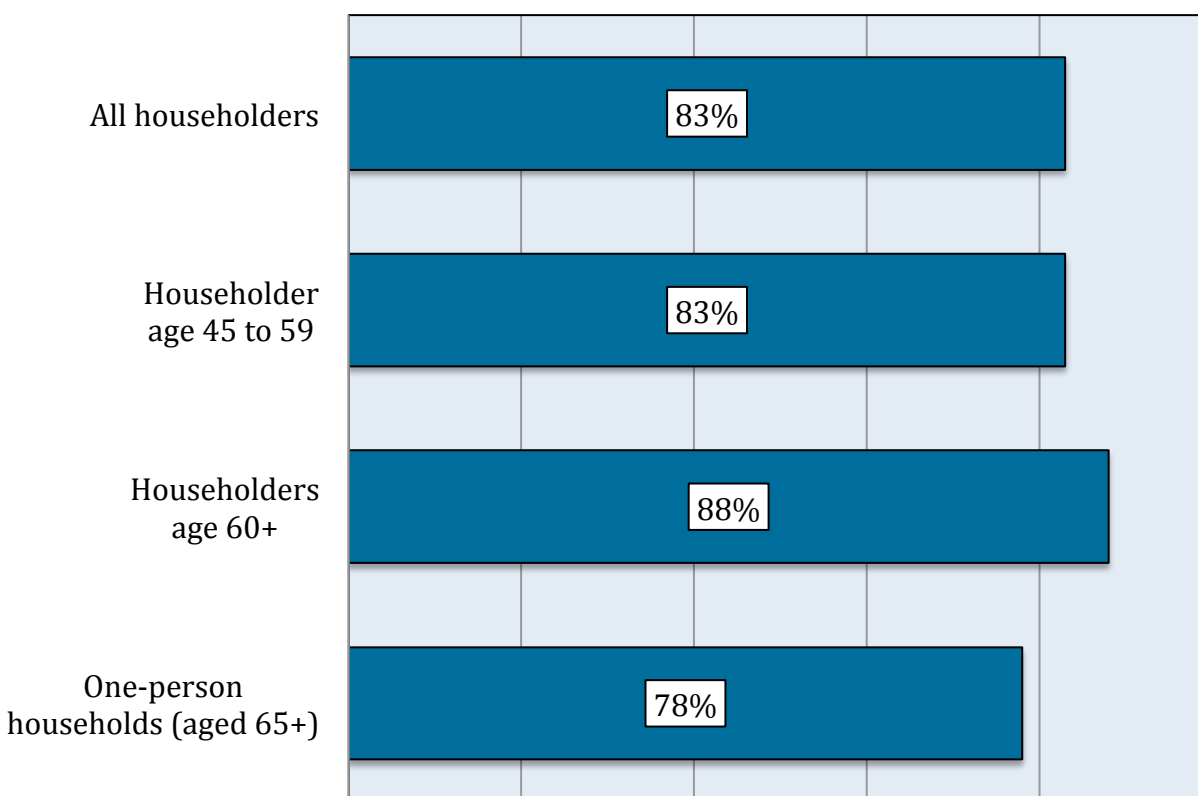
*Source: U.S. Census Bureau. 2010-2014 American Community Survey, Table B25007.*

<sup>5</sup> Many available Census statistics on the older population of Chatham are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

Residents younger than age 45 head 34% of renter households, and 41% of renter householders are aged 60 and older. In contrast, only 11% of owner occupied households are headed by a resident under age 45. Middle-aged residents, those between 45 and 59 years, constitute 25% of homeowners and those 60 and older make up 64%.

A majority of Chatham residents live in homes that they own or are purchasing (83%; **Figure 5**), including 88% of householders age 60 and older. More than three-quarters of Chatham residents who are 65 and older and live alone also own their home. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

**Figure 5.** Percent of Chatham householders who live in owner-occupied housing by age category

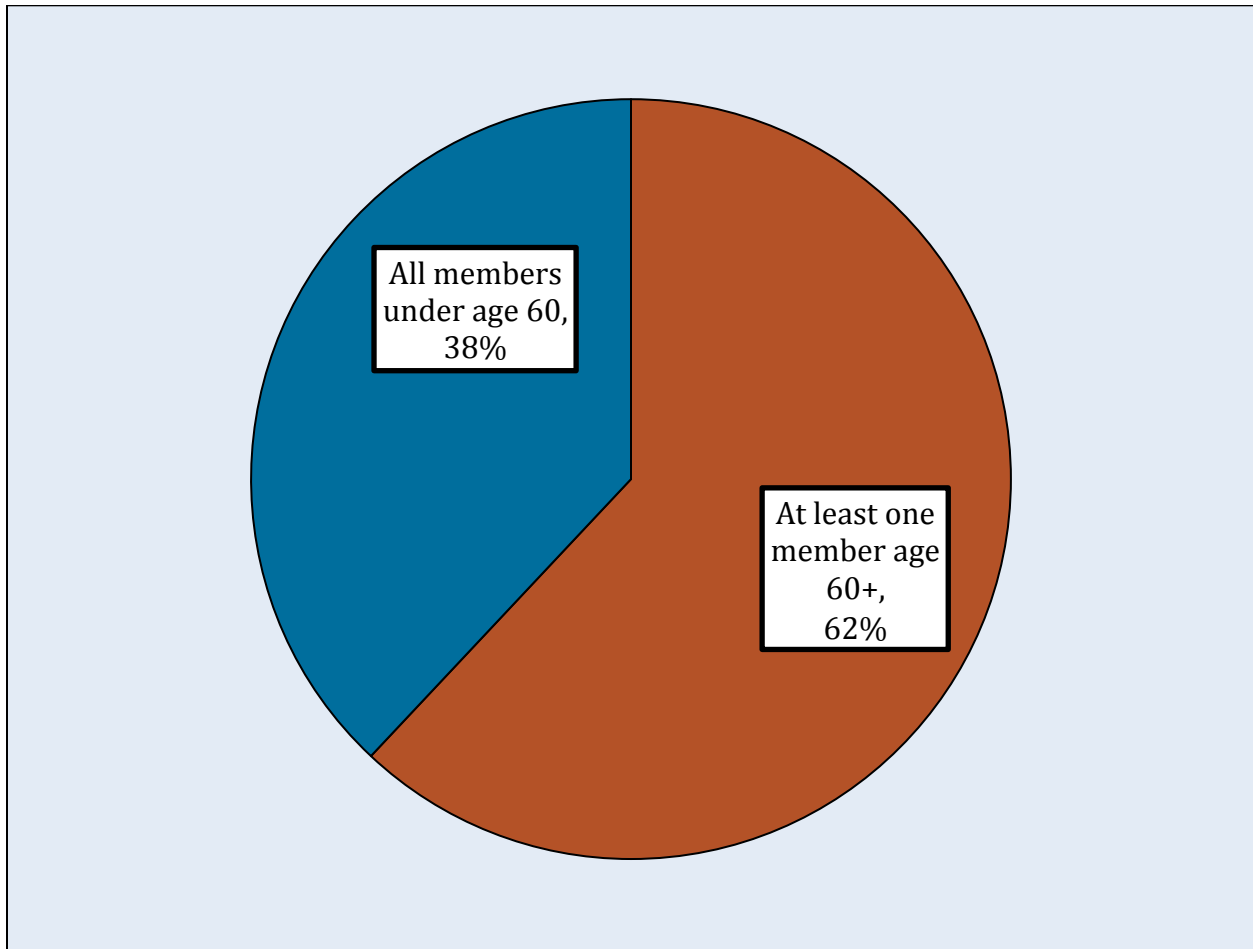


*Source: U.S. Census Bureau. 2010-2014 American Community Survey, Tables B25007 & B25116.*

An estimated 62% of Chatham's households have at least one individual who is age 60 or older (**Figure 6**). This high proportion is expected to shape demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.



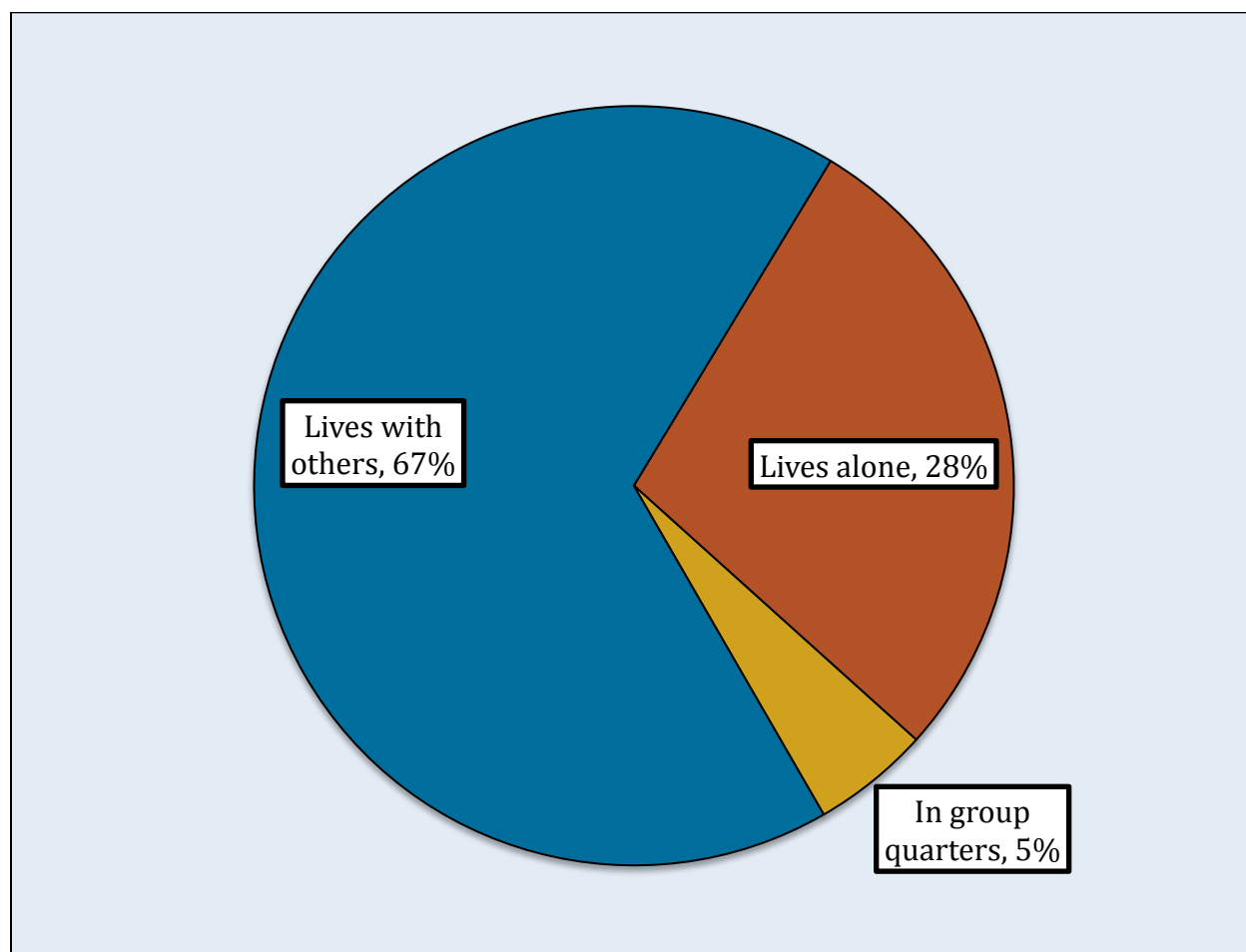
**Figure 6.** Representation of seniors in Chatham households



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

More than one in four Chatham residents age 65 and older lives alone (**Figure 7**), whereas 67% live in households that include other people, such as a spouse, parent, child, or grandchild. Five percent of older Chatham residents live within group quarters such as nursing homes.

**Figure 7.** Living arrangements of Chatham residents age 65 and older



*Source: American Community Survey, 2010-2014, Table B09020*

American Community Survey estimates on education suggest that Chatham residents are well educated on average. About 43% of persons age 45 to 64 have either a bachelor's degree or a graduate/professional degree (*ACS, 2010-2014, Table B15001*). Among those 65 and older, over half have at least a bachelor's degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion (31%) of Chatham residents aged 65 to 74 remain in the paid workforce (*ACS, 2010-2014, Table B23001*). More than half (55%) of men age 65 and older report veteran status, as do a small number of Chatham's older women (*ACS, 2010-2014, Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and services based on their military service or that of their spouses.

With respect to household income, there is some comparative disadvantage of some older residents in Chatham (**Figure 8**). Householders aged 45 to 64 have the highest median

income at over \$81,000—which is nonetheless slightly lower than the statewide median for this age group (\$84,099). Among householders 65 and older, the median income is about \$51,000, which is considerably more than the statewide median for this age group (\$39,550). So although older households in Chatham typically have fewer financial resources than their middle-aged local counterparts, they have more resources than their similarly aged counterparts elsewhere in Massachusetts.

**Figure 8.** Median household income in Chatham by age of householder (in 2014 inflation-adjusted dollars)

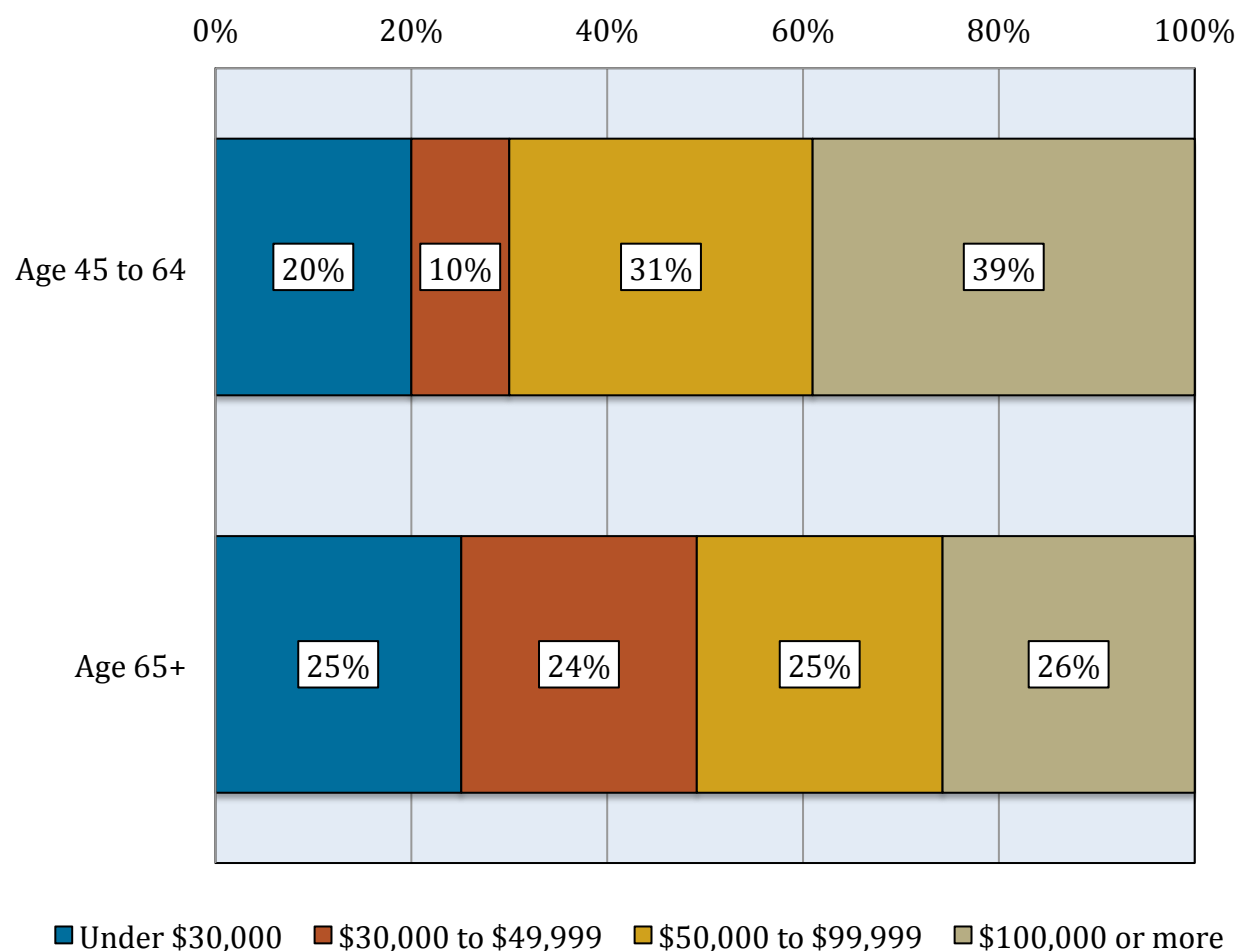


*Source: U.S. Census Bureau; American Community Survey, 2010-2014, Table B19049.*

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

The economic profile of older Chatham residents relative to younger residents is further illustrated in **Figure 9**, which shows that many older adults live on a modest income. About one out of four Chatham residents age 65 and older reports income of \$100,000 or more, as do nearly four out of ten middle-aged households. Nevertheless, a quarter of households headed by someone age 65 and older, and one-fifth of those headed by a middle-aged individual, reports annual incomes under \$30,000. Thus, there is a sizeable segment of Chatham's older and middle-aged populations that is at risk of financial insecurity or economic disadvantage.

**Figure 9.** Household income distribution in Chatham by age of householder (in 2014 inflation-adjusted dollars)

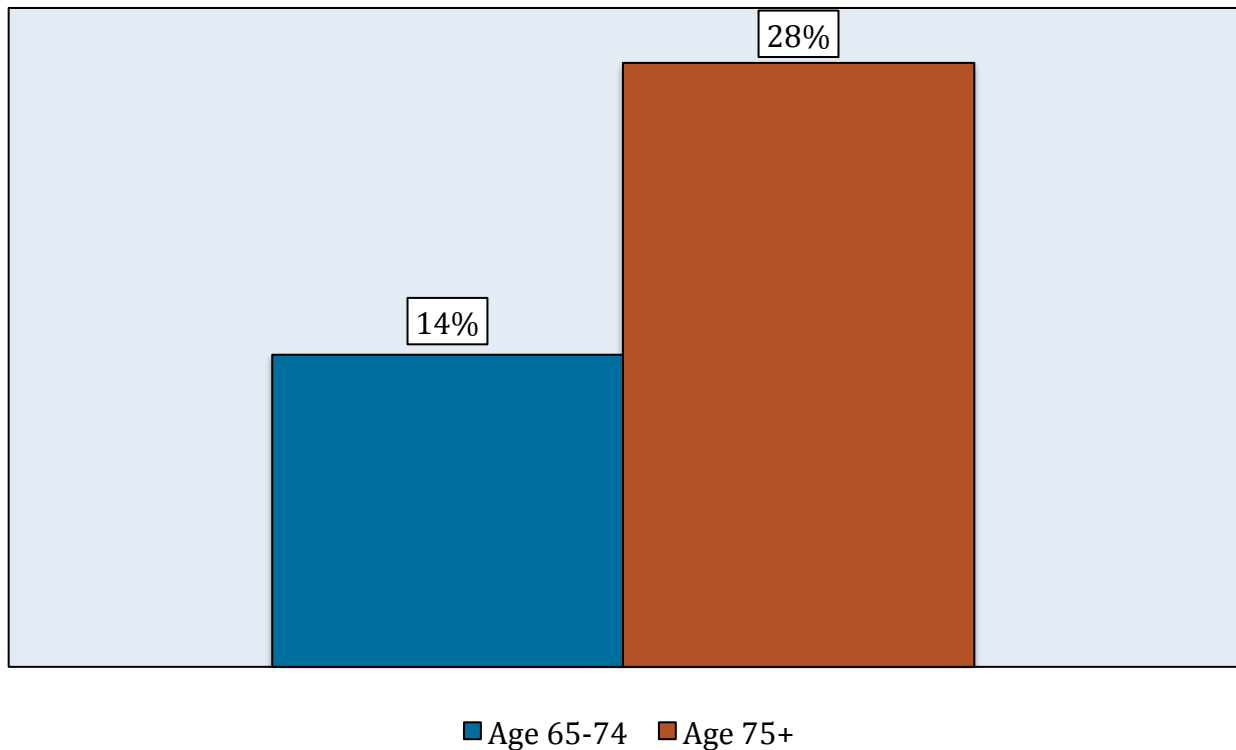


Source: U.S. Census Bureau; American Community Survey, 2010-2014, Table B19037.

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

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Chatham residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. Moreover, the risk of acquiring disability doubles after age 75—in Chatham, 14% of individuals age 65-74 experience one or more disabilities, while 28% of those age 75 and older experience at least one disability (see **Figure 10**). These rates of disability are lower than those estimated for Massachusetts as a whole. At the state level, 22% of persons age 65 to 74 experience at least one disability, as do 48% of persons age 75 and older (not shown). The most commonly cited disability by older Chatham residents 65 and older is hearing difficulties (11%). The second most common disability is ambulatory difficulty—difficulty walking or climbing stairs (9%). Seven percent of Chatham residents age 65+ have challenges with independent living (difficulty doing errands alone, such as visiting a doctor's office or shopping). Smaller shares report difficulty with self-care (3%), vision impairments (4%), or cognitive impairments (4%).

**Figure 10.** Percentage of Chatham residents with disability, by age group



*Source: U.S. Census Bureau; American Community Survey, 2010-2014, Table B18101.*

## The Community Forums

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

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

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

- Natural amenities such as the beach and open space are valued.
- There is an abundance of fun and meaningful things to do locally, including volunteering, getting involved with clubs, cultural events, and downtown amenities.
- Town services are well-functioning, including the library, fire and police, and good schools
- The low property tax rate is valued.

- Many valued organizations exist, including religious congregations, Nauset Neighbors, and FISH.
- The community is neighborly, residents have a welcoming attitude, and there are good intergenerational relations.
- The high density of seniors was reported as a strength, yielding a large number of older people with whom to socialize
- Attendees also described the Council on Aging as a community asset, offering both valuable programs and opportunities to volunteer

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

- Housing challenges include limited availability of affordable housing and lack of downsizing options.
- Concerns about affordability of living in Chatham for seniors as well as for younger adults were expressed. Cost of living is recognized as a factor resulting in shortfalls in the workforce population.
- Concerns about isolation of seniors were indicated. Isolation is a special concern during the winter months, when many residents leave the area seasonally.
- Transportation challenges are numerous, including inadequate travel options, a need for stronger COA transportation, a perception that some older residents ought not to be driving, walkability concerns associated with limited sidewalks and safe paths, and insufficient parking.
- Access and participation challenges include concerns about accessibility of the beach and some public buildings (e.g., the library), the ability of seniors to participate in events held at night (e.g., Town Meeting), and recreational opportunities for children and grandchildren (e.g., skateboarding).
- There is a need for information, including resources for information about sexual health, incontinence, and other important issues.
- Concerns about vulnerable seniors were expressed, including those exposed to elder abuse and neglect, and those struggling with mental illness.
- Some residents worry about emergency preparedness.

Ideas for **innovation and improvement** for the community and the COA include the following:

- Improve information dissemination throughout the community about aging services and the COA; about finding in-home care for those needing long-term support; about reverse mortgages and long-term care insurance; and about Nauset Neighbors, FISH, and other organizations serving the older population.
- Expand services and programs to help seniors stay at home, including adult day care, respite and caregiver support.
- Create funding vehicles for senior homeowners to rehab or adapt their homes, such as low-cost loans offered through the Town.
- Address affordability concerns throughout the community by exploring opportunities for shared housing, and other alternative housing models, and exploring opportunities to adjust tax rates for year-round residents.
- Address concerns about isolation.

- Take advantage of the large number of experienced and educated seniors in the community. Leverage their insights to strengthen the community for all ages.
- Suggestions specifically for the COA include:
  - Expand congregate meals at the COA.
  - Establish a friendly visitor program for residents who are home-bound, perhaps involving younger volunteers as visitors.
  - Expand COA transportation.
  - Maintain a list of people and organizations interested in helping seniors with chores and small repairs.
  - A single-level building is needed.
  - Consider a name change: the ‘aging’ label may be a disincentive to participate.

## Resident Survey

### Respondent Demographic Characteristics

Of the original 3,972 residents who were invited to participate, 1,564 returned surveys with usable data, representing a response rate of 39% (see **Table 1** above). Participants included 156 respondents age 50-59 and 1,393 seniors age 60+. Fifteen respondents (<1%) did not indicate their age<sup>6</sup>. More than half (64%) of respondents who provided their age were age 60 to 79, and 26% were age 80 and older. Relative to the population, the age distribution of respondents is disproportionately skewed toward the older age categories<sup>7</sup>. This response pattern reflects the larger proportion of residents in this age range who responded to the survey. To account for age-graded response rates in the survey data, we present most results separately by age category (i.e., age 50 to 59; age 60 to 79; and age 80 and older). Details on these and other characteristics of survey respondents are included in **Appendix B**. Additional observations regarding the demographic composition of survey respondents are as follows:

- The majority of respondents to the resident survey were women.
- A majority of respondents under the age of 80, and half of those age 80 or older, were married.
- One out of five respondents under age 80, and 40% of respondents age 80 or older lived alone.
- Respondents to the community survey were largely year-round residents, with 86% of the respondents reporting that they live in Chatham 11-12 months out of the year.

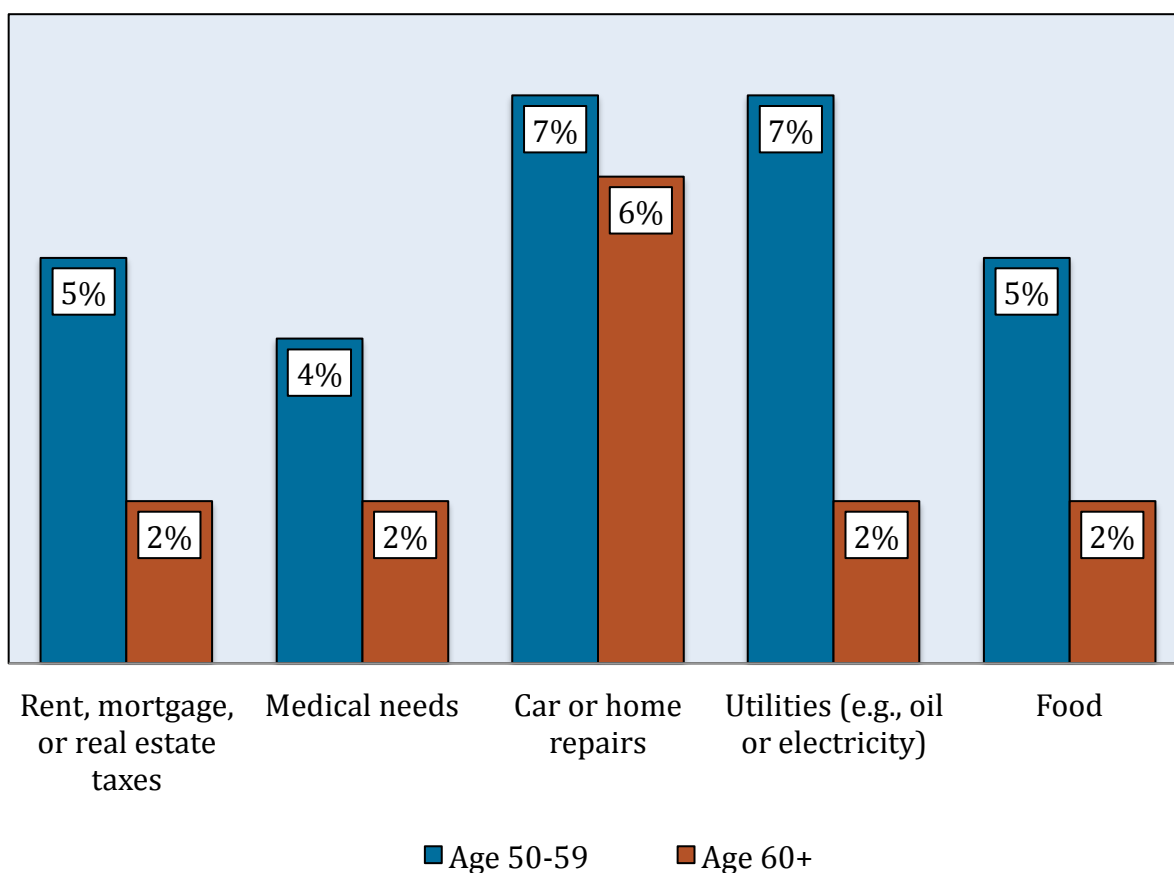
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<sup>6</sup> Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures labeled “all ages” include all survey respondents, including those who did not indicate their age.

<sup>7</sup> According to figures from the 2010 U.S. Census Bureau, the Chatham population age 50 and older is composed of 24% individuals 50-59, 56% individuals age 60 to 79, and 20% individuals who are age 80 and older.

The Chatham Council on Aging seeks to respond to the needs and interests of all senior residents, but it has special responsibility to those seniors who are particularly vulnerable, isolated, or at risk. Accordingly, the community survey included questions meant to tap income shortfalls for necessary expenses and food security among Chatham’s older residents. Respondents were asked if there was any time in the previous 12 months when they did not have money for necessities (see **Figure 11**). Most respondents across the age groups reported never lacking money for necessary expenses during the previous year, including 85% of those in their 50s, 91% of seniors age 60-79 and 95% of those age 80+. However, a segment of each group reported lacking money at some point for one or more of the listed necessities, including 6-7% not having funds for car repairs or home repairs, and 2-5% lacking money for food. Consistently, respondents age 50-59 were more likely to report shortfalls, suggesting that financial squeezes are more prevalent in this age group. However, it is notable that across the age groups considered here, relatively few participants indicated experiencing financial shortfalls of any kind.

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

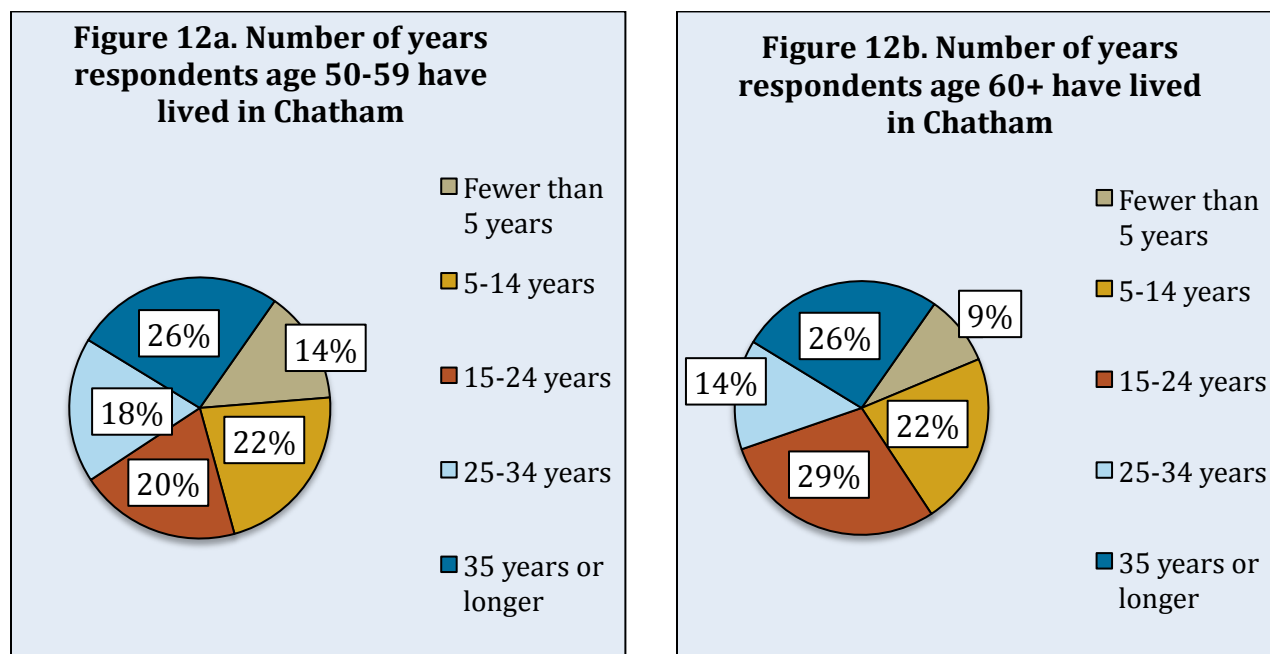


*Note: Participants could choose all options that apply, therefore totals by age category do not equal 100%.*



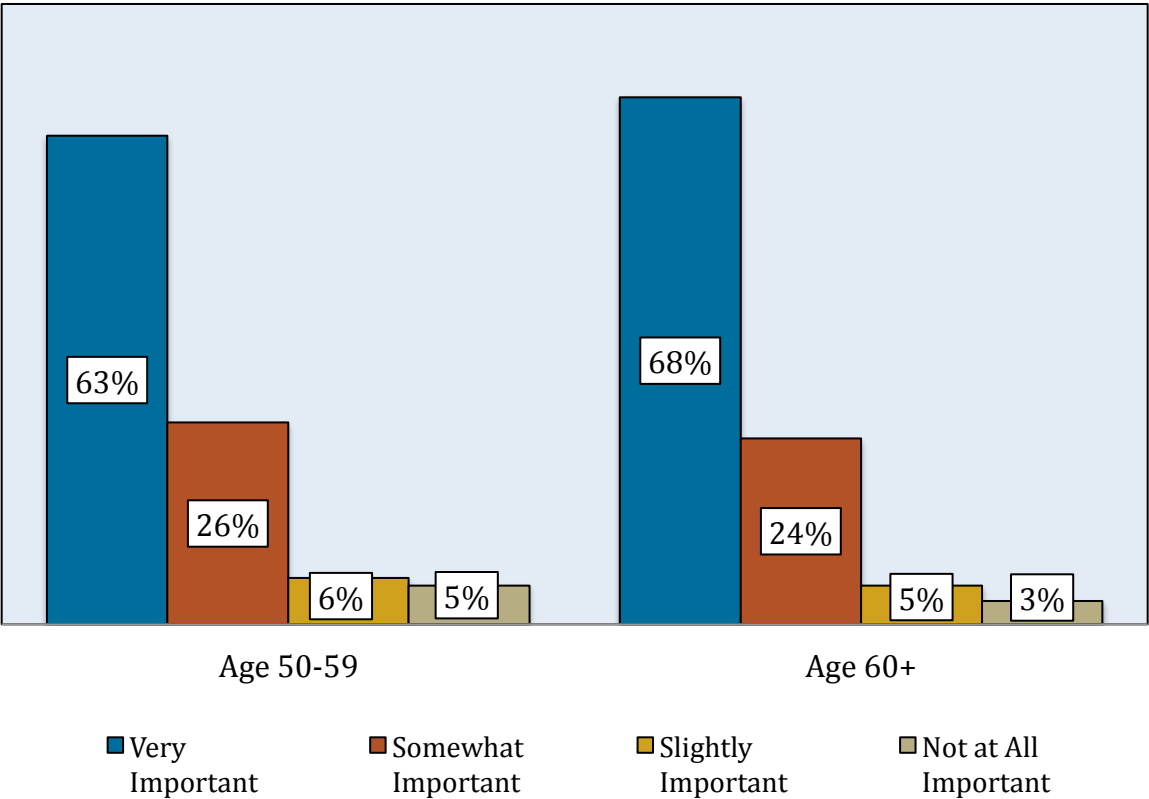
## Section I: Community & Neighborhood

One outcome of communities being highly livable is that once residents are established, they tend to place high priority on staying in their communities as the age. A noteworthy characteristic of survey respondents is the length of time that most have resided in Chatham. **Figures 12a and 12b** show that roughly one-quarter of each age group reported having lived in Chatham for at least 35 years, or being a Chatham native. Half of Chatham seniors have resided in the community for 5 to 24 years; many of these individuals may have moved to Chatham upon or in anticipation of retirement.



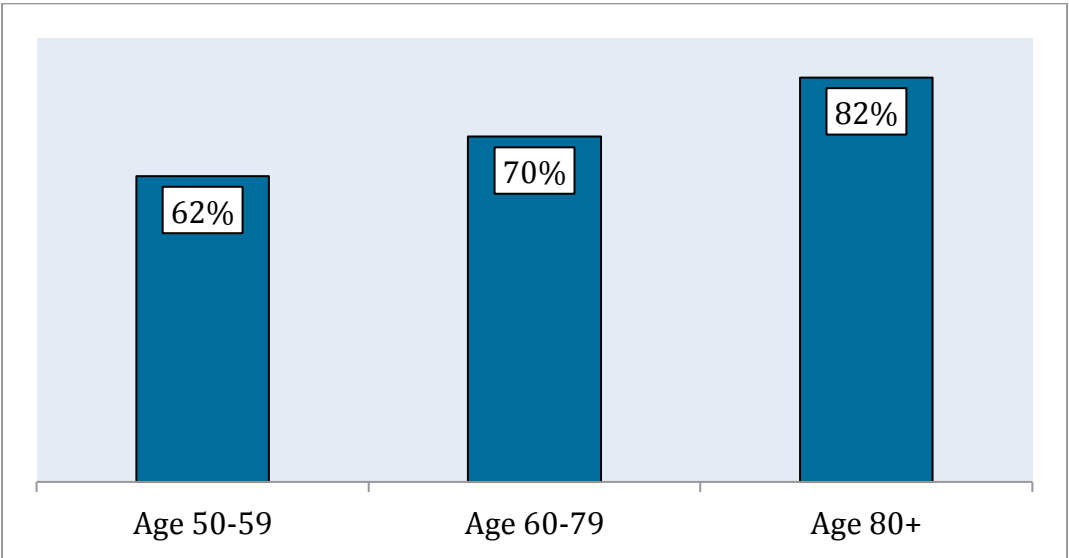
A large majority of survey respondents indicated that it was “very important” or “somewhat important” to remain living in Chatham as long as possible in the future (**Figure 13**). Just 3% of seniors and 5% of respondents in their 50s indicated that living in the Town as long as possible was not at all important to them. These figures suggest that Chatham residents are largely committed to remaining in the community as they age, and that the Town can expect a sizable share of their age 50+ residents to age in place.

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



Indeed, most survey respondents think they will always live in their current residence, including 62% of respondents in their 50s, and 70% or more of those age 60 or older (see **Figure 14**).

**Figure 14:** Percentage who think their current residence is where they will always live



Survey participants were asked to share their greatest concerns about their ability to continue living in Chatham as they grow older. **Table 4** shows themes raised by respondents, as well as verbatim examples of each theme. Above all others, the most commonly cited theme was related to the affordability of living in Chatham moving forward. Many respondents were concerned about keeping up with everyday expenses, including food, fuel, and other bills; property taxes were frequently mentioned as a concern. Some respondents linked the cost of living to concerns about keeping younger families in town; to being able to stay in their homes; or to maintain their homes adequately. Transportation concerns were mentioned next most frequently. Absent or inadequate public transportation options, the necessity of driving a far distance to obtain adequate medical care; and especially the concern that one would become isolated or too lonely if unable to drive were issues raised by numerous respondents. Concerns about being able to stay in and maintain one's present home were expressed by many respondents, with the added worry that there were inadequate options for moving or downsizing without leaving Chatham.

Other themes frequently mentioned pertained to concerns about maintaining health and independence; concerns about having access to adequate services including both medical and senior services; needing to live closer to family members; and avoiding isolation, especially during the winter months when so many residents leave Chatham.

**Table 4.** Most prevalent concerns about ability to age in place in Chatham

Concerns about ability to age in place
<p><b>Affordability, cost of living, taxes</b></p> <ul style="list-style-type: none"> <li>• <i>(I am concerned about) being able to stay in Chatham and living on Social Security at age 67. (I am) still working full-time to be able to pay the bills, eat, and put gas in the tank with little left over.</i></li> <li>• <i>Chatham is a very expensive place to live and my medical expenses are very high. I worry about health care costs in the future and the prices of groceries.</i></li> <li>• <i>I worry about running out of money for someone to care for us and do home upkeep and repairs and yard work.</i></li> <li>• <i>(I am concerned about) affordability of housing—making the town attractive for young people to put down their ‘stakes’ and live and work here.</i></li> <li>• <i>I am concerned about the rising tax bill when I’m on a fixed income. I would hate to have to sell my home.</i></li> </ul> <p><b>Transportation concerns</b></p> <ul style="list-style-type: none"> <li>• <i>If I were not able to drive, I would feel isolated living on our street in the winter because we have mostly summer neighbors.</i></li> <li>• <i>How do I get around if I can’t drive?</i></li> <li>• <i>(I am concerned about having) adequate transportation to lead an active life.</i></li> <li>• <i>(I am concerned about) summer traffic and parking, and lack of public transportation.</i></li> <li>• <i>(I am concerned about) getting to doctors in Boston who have treated us for years, when driving may be harder. We’re from that area and will not change at this late date.</i></li> </ul>

**Table 4 (cont.)**

**Ability to stay in one's home, to maintain one's home, or to downsize**

- *(I am concerned about) finding suitable and affordable housing options, should I choose to downsize my current home or move due to aging issues.*
- *(I am concerned about) managing the stairway to my apartment, and finding another that is as reasonable.*
- *(I am concerned about) being able to afford the upkeep and expenses of my home.*
- *Our present home is too large to manage and very isolated; our able relatives are not close by. We'd like to move to an independent living that offers progression to memory care.*

**Maintain good health, remain independent, needing assistance**

- *(I am concerned about) being unable to care for myself.*
- *(I am concerned about) staying healthy enough to live on my own or finding a suitable place to live with assistance.*
- *(I am concerned about) becoming isolated as I become more dependent, with greater physical needs.*
- *My greatest concern is that my health will deteriorate to the point where I will have to move out of my home.*

**Access to and quality of services (medical and other)**

- *(I am concerned about) home health care if needed.*
- *(I am concerned about accessing) health care, without having to go to Boston.*
- *My great concern is the lack of a senior-care day center respite for caregivers.*
- *(I am concerned about) availability of goods and services. We have plenty of banks, real estate offices, coffee shops and restaurants. Not much else anymore.*
- *I'm already in need of help and I am only 84. Meal, housekeeping, transportation services are not available.*
- *(I am concerned about) proximity to comprehensive and high quality health care facilities and services.*

**Being close to family, socialization and isolation**

- *(My great concern is) lack of places for our young people (grandchildren) to live and work—our extended family leaving us here alone.*
- *(I am concerned about) not having family here to help with needs if I get incapacitated or need help with house maintenance.*
- *(I am concerned about) having a network to allow me to stay in my own home.*
- *I have no neighbors that are close. I hope my husband and I last for each other.*
- *Our street does not have many year-round residents. I need and want more people around us.*

## Section II: Housing & Living Situation

A substantial majority of survey respondents reported living in single-family homes, including more than 90% of respondents under age 80, and 88% of those age 80 or older. All other housing types were reported by very few respondents (see **Appendix B**). More than 90% of the seniors participating in the survey, along with 85% of those age 50-59, are homeowners—consistent with figures from the U.S. Census Bureau (see **Figure 5** above).

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

Most individuals, regardless of age, could likely improve functionality and safety of their homes by way of home hazard assessments and installation of home modifications. Nevertheless, appropriate resources to address needed changes are often limited. More than half of the survey respondents reported that modifications to their homes were needed (see **Table 5**). Among respondents whose homes needed modification, 13% of those age 50-59 reported being unable to afford to make needed modifications, along with 9% of residents age 60 to 79, and 8% of those age 80 and older. This suggests that for most Chatham residents, affordability may not be a substantial barrier to modifying their homes for safety. Lack of information about modifications that could be helpful, or about reliable contractors who provide home modifications, may be more significant obstacles.

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

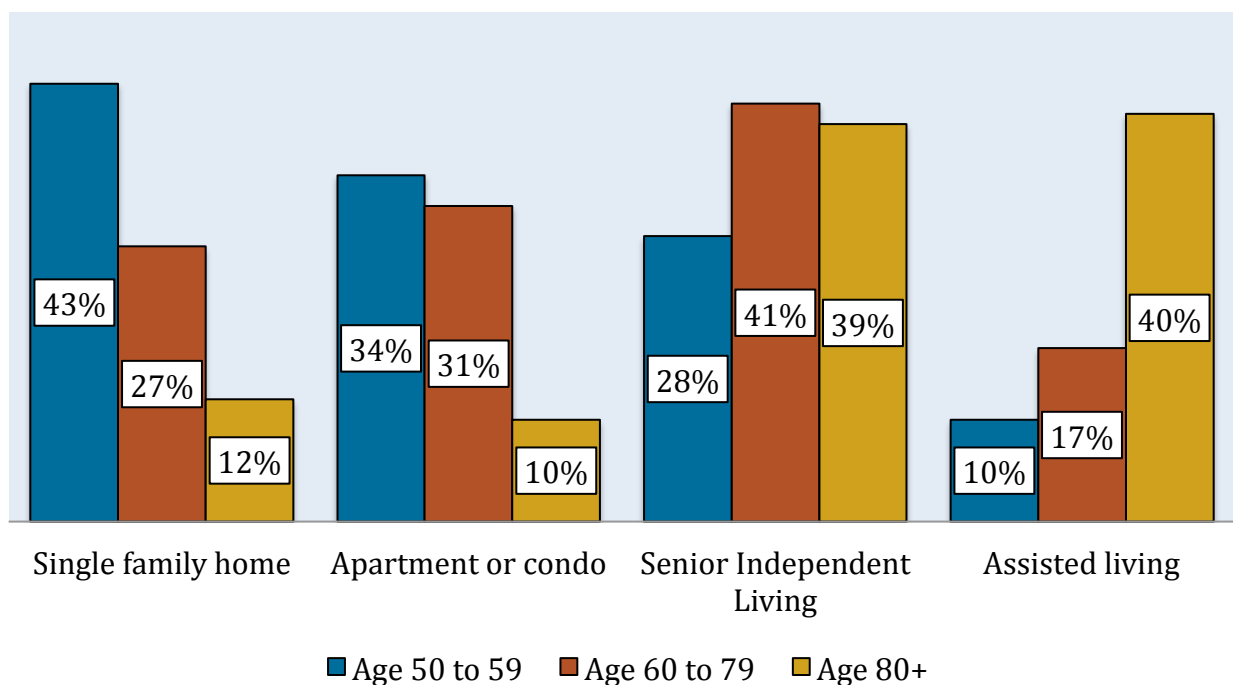
	Home needs modifications	Unable to afford modifications*
Age 50 to 59	56%	13%
Age 60 to 79	66%	9%
Age 80+	70%	8%

\*Among those needing modifications

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

Survey participants were asked to select the types of housing they would prefer to live in if in the next five years they experienced a change in their health or physical ability that required a move from their current residence. As shown in **Figure 15**, the most common preferences indicated by respondents varied by age category. Among respondents in their 50s, nearly half (43%) indicated that they would prefer to live in single-family homes; 34% would prefer to live in an apartment or condominium and 28% would prefer a senior independent living facility. Among seniors age 60 to 79, 41% would prefer to live in an independent living setting, and 31% indicated that they would prefer an apartment or condominium, along with 27% expressing preference for a single family home. The oldest respondents—seniors age 80 and older—indicated a preference to live in an Assisted Living facility (40%) or a senior independent living community (39%). Thus, respondents age 60 and older seemed receptive to senior independent living, and those 80 and older are also receptive to assisted living options if health changes require that they move.

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

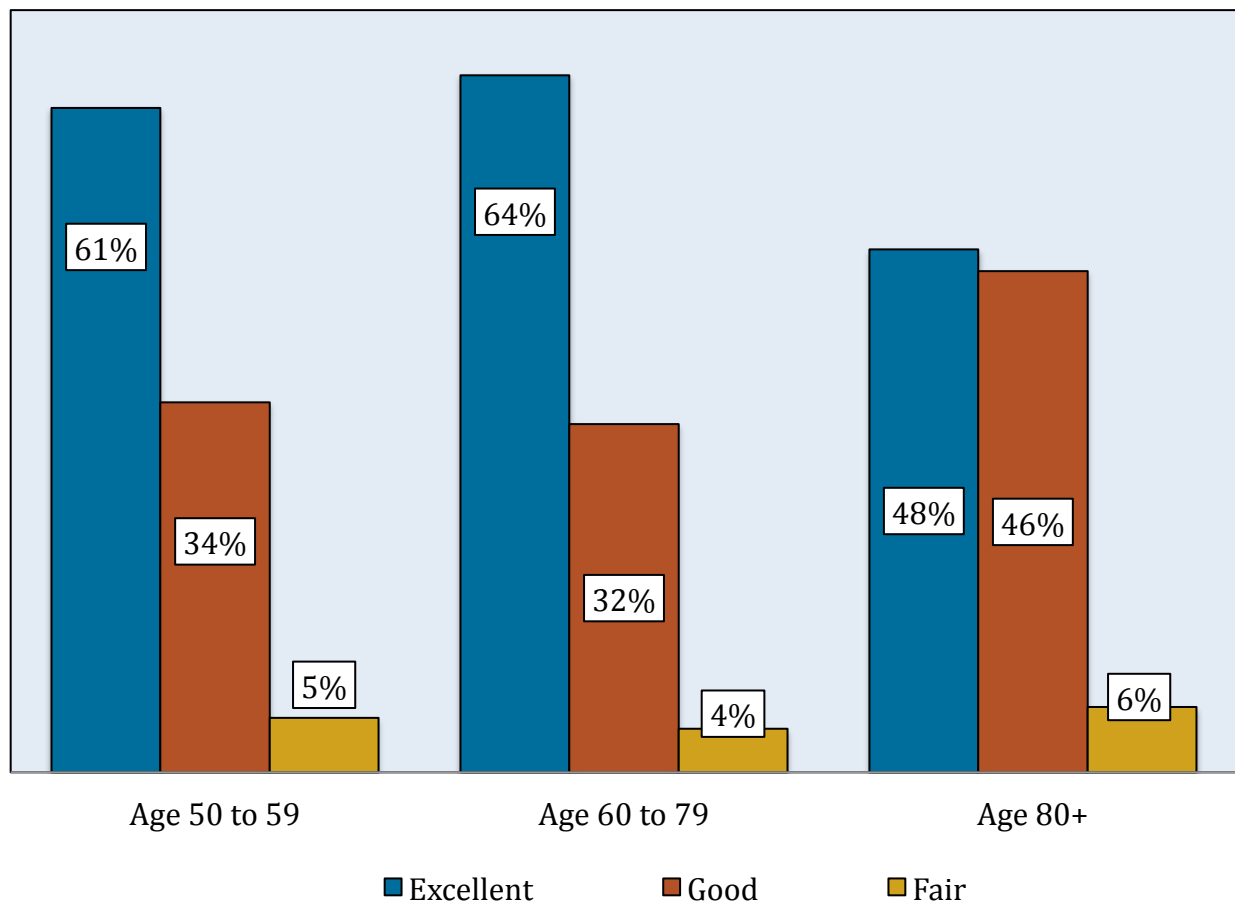


*Note: Participants could choose all options that applied, therefore totals by age category do not equal 100%.*

### Section III: Your Health

Survey respondents reported high levels of *emotional* well-being. This dimension of social/emotional health is shown by age category in **Figure 16**. Equivalent proportions of respondents age 50 to 59 (5%) and age 60+ (4%) reported “fair” emotional well-being<sup>8</sup>. Conversely, large proportions of participants in all age categories rated their social and emotional health as “excellent” or “good.” Respondents age 80 and older were more likely than younger respondents to indicate that their emotional well-being was “good” rather than “excellent,” suggesting slightly lower levels of emotional well-being among Chatham’s oldest residents.

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

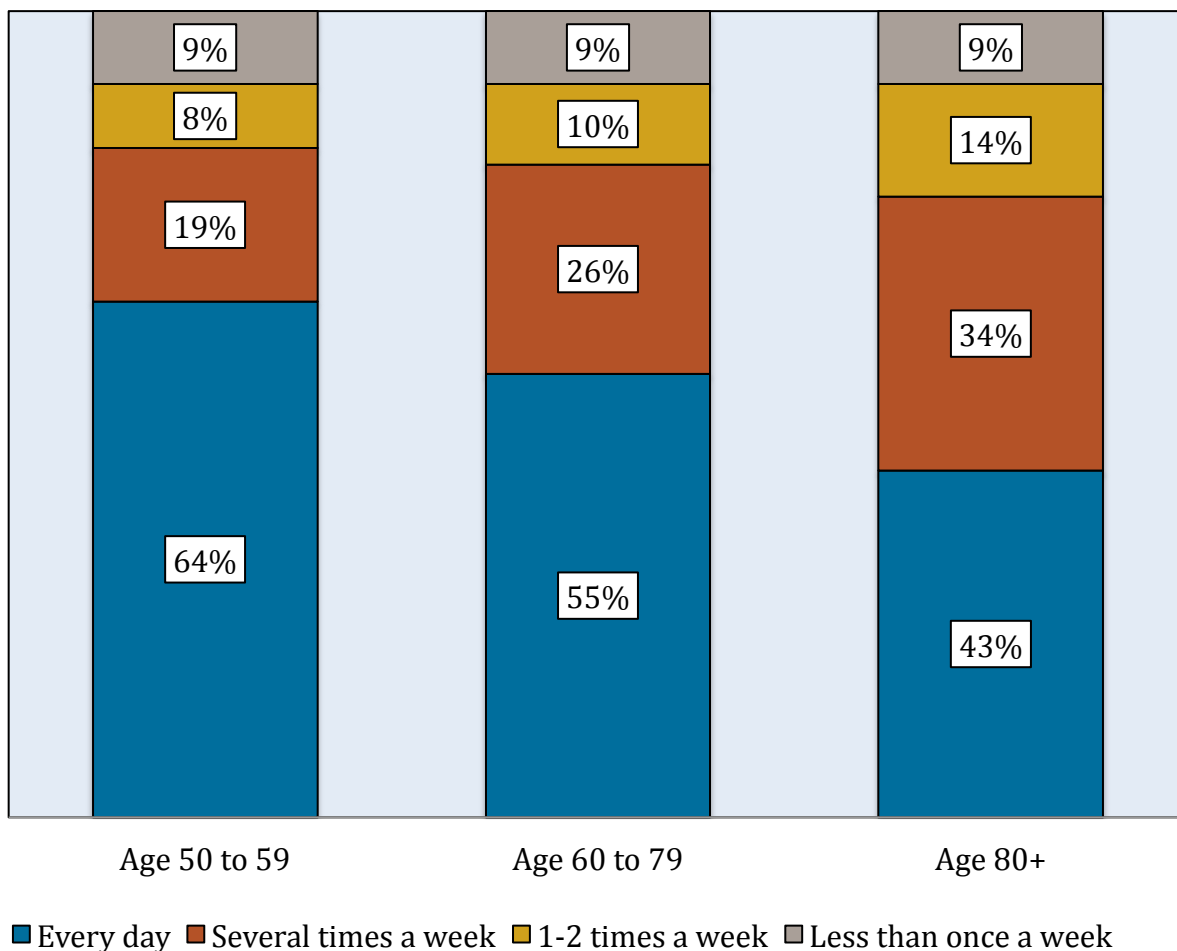


Social/emotional health is dependent on many factors. Among them is the degree of connectedness that individuals maintain within their social networks. Many older adults are at high risk for social isolation, especially if their health and social networks break down and accessible services and transportation are not readily available to them as a means for maintaining contact with the world outside their homes. **Figure 17** suggests that a majority of Chatham’s older residents are frequently engaged with their social

<sup>8</sup> This survey question included the option to report emotional well-being as “poor”—however; virtually no respondents chose this option.

networks, although a share is at risk of isolation. Participants were asked how often they talk on the phone, communicate by email or social media, or get together with family, friends, relatives, or neighbors. A majority of respondents under age 80 reported interacting with others daily, as did 43% of respondents age 80+. Among the oldest respondents, one-third reported interactions occurring several times a week, but not every day. Fewer than one out of ten across the age groups reported interacting less than weekly. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.

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

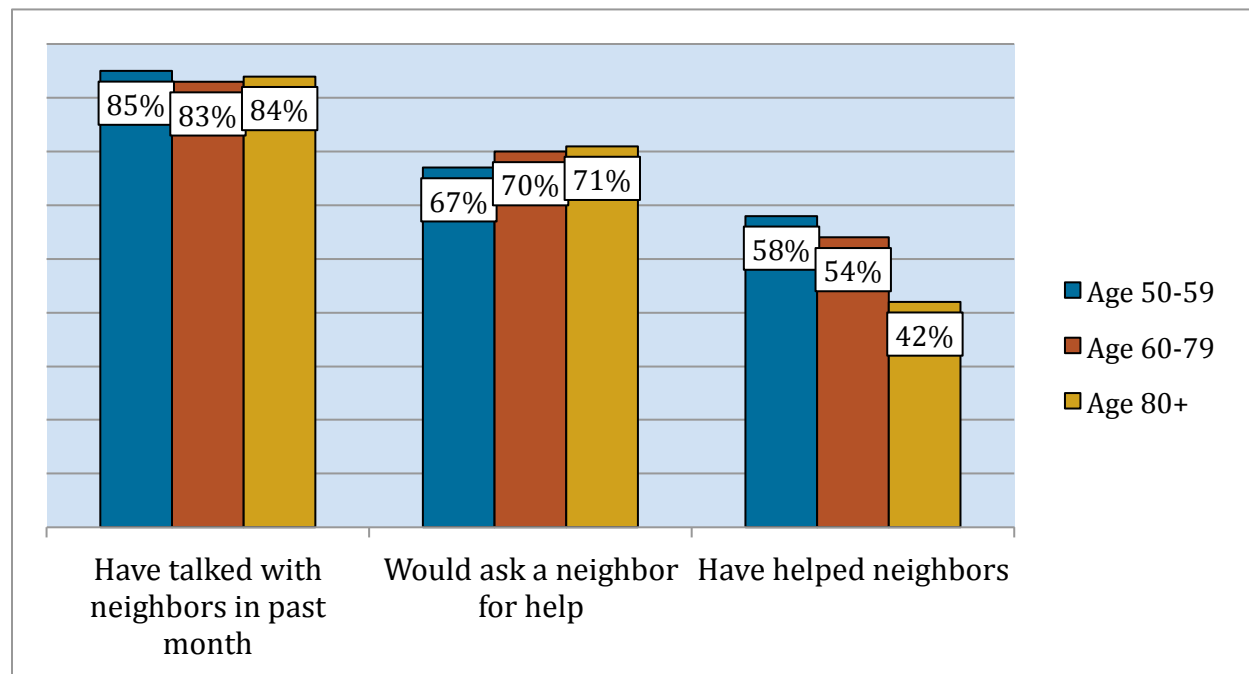


A sizable majority of Chatham respondents reported interacting with their neighbors, and feeling comfortable exchanging help if needed. As shown in **Figure 18**, more than 80% of respondents in each age group reported having spoken with a neighbor for 10 minutes or more within the last month. Two-third or more would ask a neighbor for help if they needed assistance with a minor task or errand, such as changing a light bulb, shopping, or shoveling snow. And at least half of those under age 80, as well as 42% of those age 80+, provided help to neighbors with minor tasks or errands. Most of those who had not provided help to a neighbor reported that they would be willing to do so if they were



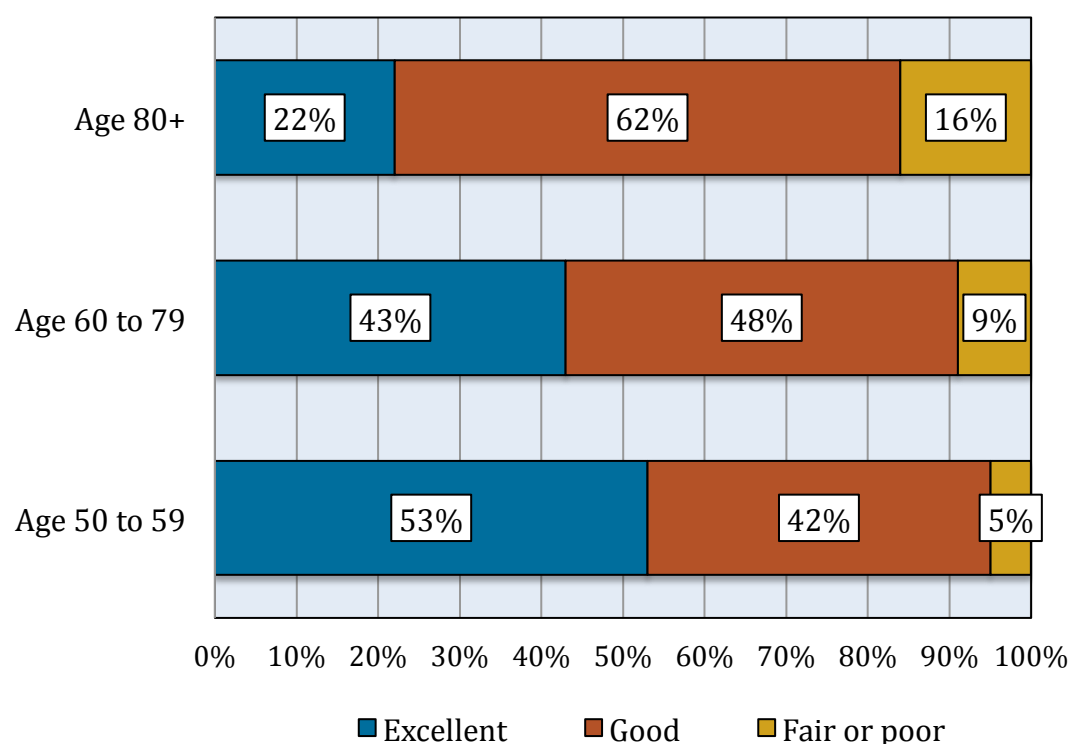
asked. Overall, these indicators suggest that most Chatham respondents know their neighbors, and feel they have nearby sources of assistance if necessary. Of concern is the 30% of Chatham residents who reported that they would not ask a neighbor for help if needed. Additional analyses (not shown) reveals that most of those who say they would not ask a neighbor for help have not had even a short conversation with a neighbor within the past month, suggesting that a sizable minority of Chatham residents may not have strong sources of support nearby.

**Figure 18:** Interactions and exchanges with neighbors



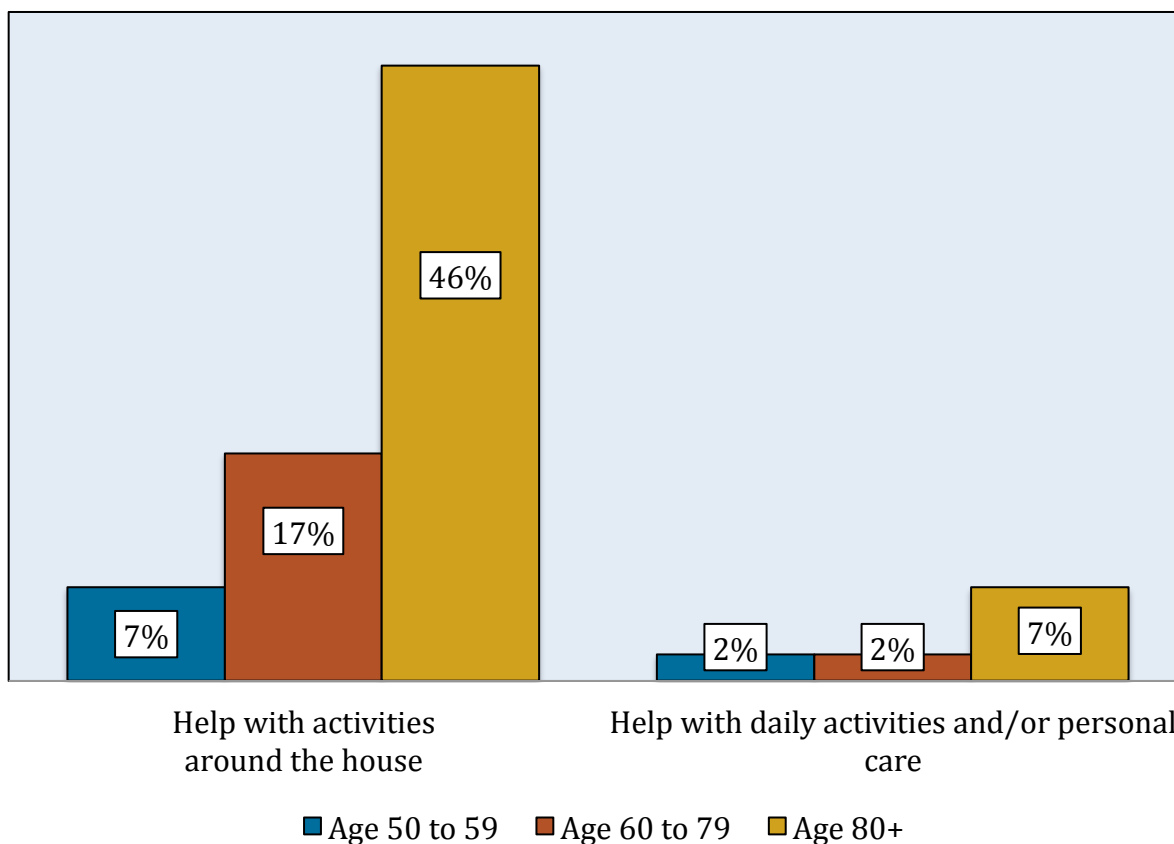
Self-ratings of physical health by age category are shown in **Figure 19**. Nearly all respondents age 50 to 59 (95%) reported “excellent” or “good” physical health. Within the senior age group, 91% of respondents age 60 to 79, and 84% of respondents age 80 and older said their physical health was “excellent” or “good.” This suggests that most of Chatham’s older residents remain in good health into later life, though segments of the older population, especially the oldest old, experience declines in their health. The generally high levels of physical and mental/emotional health reported here are consistent with those reflected in other data sources, including the Massachusetts Healthy Aging collaborative (<https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/> ), and the AARP Livability Index (<http://www.aarp.org/ppi/issues/livable-communities/info-2015/livability-index.html> ).

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



Beyond reflecting the potential need for medical care, self-ratings of health may also be indicative of the need for additional assistance with various activities in and around the home. **Figure 20** shows percentages of respondents in each age category who indicated that health issues require them to seek help with *household activities* (such as doing routine chores like cleaning or yard work), and with *daily activities* (such as using the telephone, preparing meals, taking medications, or keeping track of bills) or with *personal care activities* (such as taking a shower or getting dressed). Needing help with these sorts of activities was much more common among residents who are 80 and older. Just under half of respondents in the oldest age category required assistance with activities around the house; and 7% required assistance with daily activities and/or personal care. As well, 17% of seniors age 60-79 reported needing help with routine chores around the house.

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

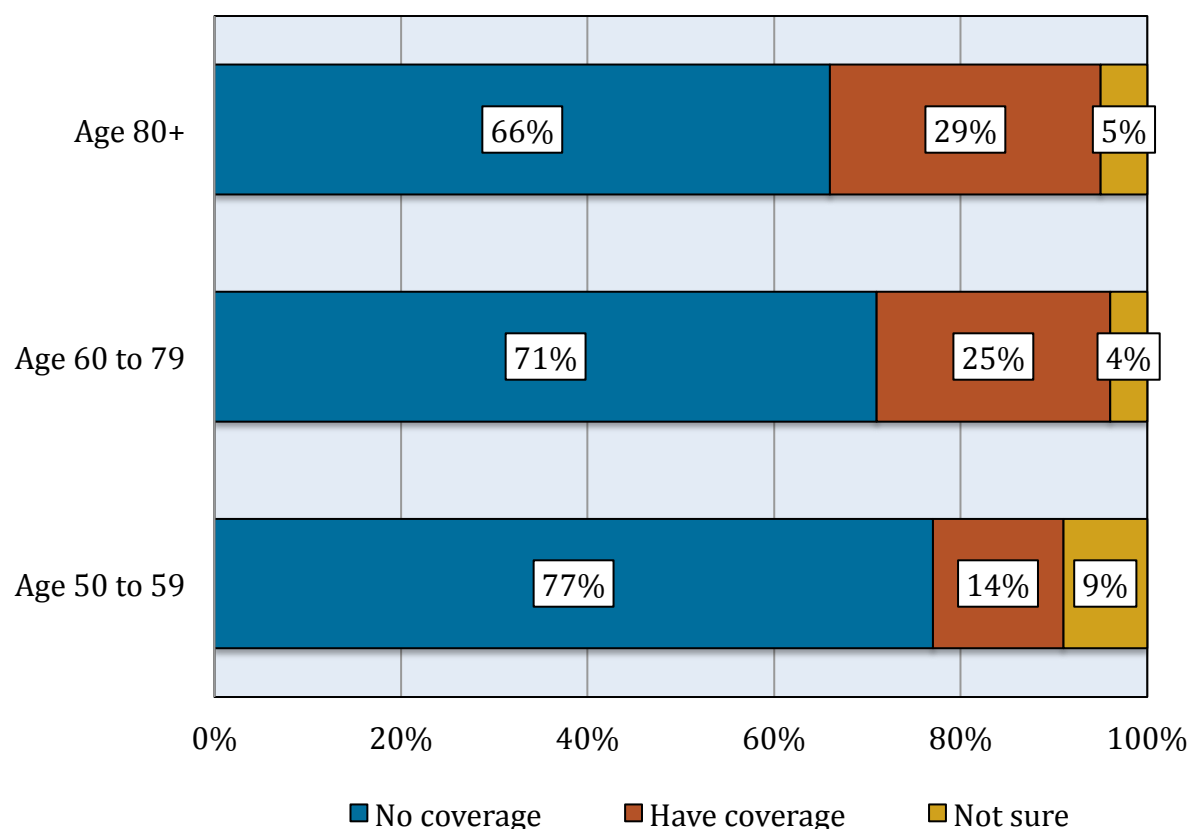


Respondents reported drawing on multiple sources of assistance when extra help is needed, and many depend on more than one source of help (see **Appendix B**). Among those who reported needing help, many respondents have family members (46%) or friends (13%) on whom they rely. Paying for assistance was reported by 70% of those who need help. A common problem facing older adults who need assistance is locating appropriate services that may be available to supplement informal care provided by family and friends. An important function of the Chatham COA is to connect people to needed resources for caregiver support and home services, among other types of assistance meant to help older adults stay in their homes.

Cost is frequently a barrier to securing needed supports in the home. Nationwide, a majority of long-term services and supports is provided on an unpaid basis by family members and friends. Yet, some seniors have needs that cannot be adequately met informally, and many do not have sufficient informal supports available or nearby; for these individuals, out-of-pocket costs may be prohibitive. Long-term care insurance is one means by which adults may plan for long-term care needs; though such insurance is often expensive and restrictive in coverage. Most Chatham respondents reported that they do not have long-term care insurance (see **Figure 21**), and a share did not know if they have it. The need for in-home support reported by the Chatham responses, coupled with the high cost of formal services and lack of insurance coverage for such services, highlights this area as a need in the community, especially among residents age 80+. Notably, even if

a resident has purchased a long-term care insurance policy, it may not cover routine help with activities around the house (such as yard work or preparing meals).

**Figure 21.** Percent with long-term care insurance\*

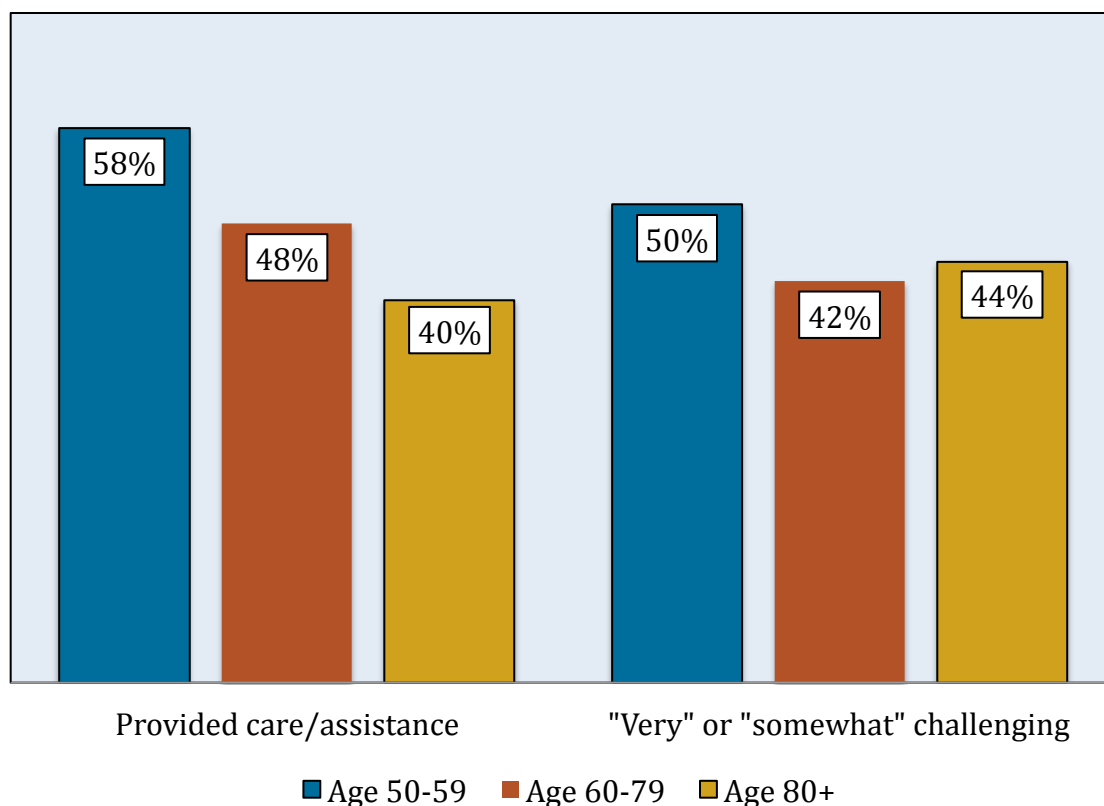


\*To aid in responding to this query, a definition of long-term care insurance was included in the questionnaire. The full question was as follows: “Medicare does not cover long-term care. Do you currently have long-term care insurance? For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.”

## **Section V: Caregiving**

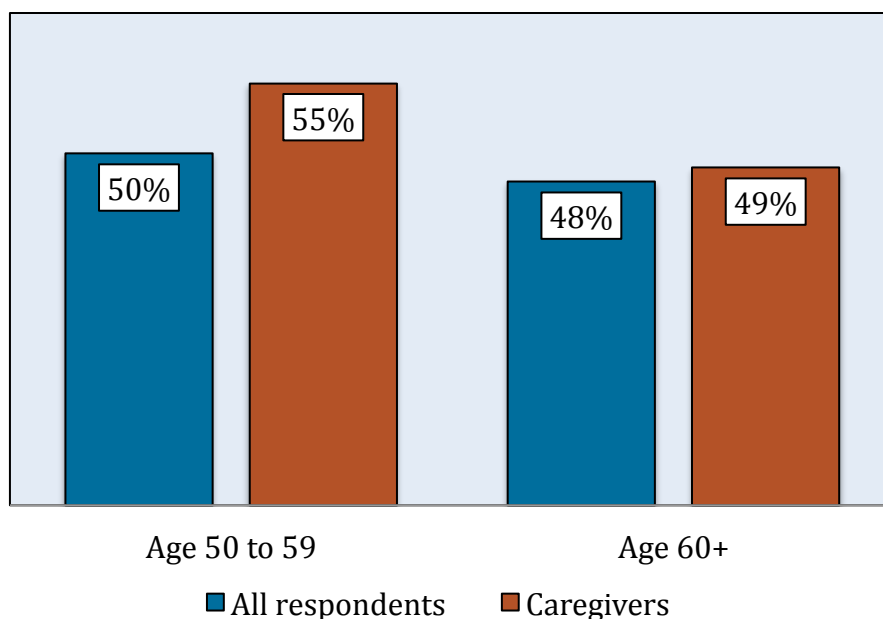
Many Chatham residents provide informal care and assistance to individuals who are frail or disabled, while managing other aspects of their lives such as family and work. Indeed, 58% of survey respondents age 50-59 said that they had provided care or assistance to a spouse/partner, parent, relative, or friend who is disabled or frail within the past 5 years; along with 48% of respondents age 60-79 and 40% of those age 80+ (see **Figure 22**). Fewer than 10% had been paid to provide care (see Appendix B). Many caregivers described it as “very challenging” or “somewhat challenging” to provide care and to meet their other responsibilities with family and/or work, including 50% of the caregivers age 50-59, 42% of those age 60-79 and 44% of those 80 and older.

**Figure 22.** Percentage having provided care or assistance within the past 5 years to a person who is disabled or frail, and share of caregivers describing the experience as very or somewhat challenging



**Figure 23** shows the percentage of respondents in each age category who said that a caregiver respite program or support group would be helpful to themselves or their families, if it were available. Half of the respondents age 50-59, and 48% of those age 60+, said that these programs would be helpful. Many times, middle-aged adults and young seniors have caregiving responsibilities for their own children, while simultaneously providing care to an aging parent. Note that the question about need for elder-care assistance was asked of all respondents, not just caregivers. Interestingly, respondents having had recent or ongoing caregiving responsibilities were only slightly more likely to report that caregiver respite would be helpful to them or their families. This suggests that elder-care assistance is experienced as a need broadly throughout the community.

**Figure 23.** Percentage indicating that a caregiver respite program would be helpful to them or their family



## **Section V: Transportation**

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

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

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

	Age 50-59	Age 60-79	Age 80+
<b>Non-driver</b>	2%	2%	11%
<b>Drive with modifications</b>	23%	39%	61%
<b>Drive without modifications</b>	75%	59%	27%

While 98% of respondents under the age of 80 drive, 89% of Chatham residents age 80+ drive themselves, with the rest relying on other strategies for getting around. Nearly four out of ten (39%) seniors age 60 to 79 reported making at least one modification to their driving, as do one-quarter of respondents in their 50s. Among seniors age 80 and older, 61% reported using at least one strategy to make their driving safer and easier. Strategies reported most commonly are avoiding night driving (reported by 27% of respondents age 60-79 and 44% of those age 80+), avoiding driving in bad weather (reported by 23% of respondents age 60-79 and 30% of those age 80+), and avoiding driving far distances (reported by 11% of respondents age 60-79 and 33% of those age 80+). Other modifications reported include avoiding these other situations: left-hand turns, highway driving, and driving in unfamiliar areas (see **Appendix B**).

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

More than three-quarters of respondents age 50-59, two-thirds of those age 60-79 and half of those 80 and older indicated that they drive themselves and use no other form of transportation (other than walking or bicycling). Other than driving oneself or walking, the most common form of transportation reported by respondents was obtaining rides from a family member, friends, or neighbors. More formalized forms of transportation were reported less commonly, with the DART Dial-A-Ride service, FISH transportation, COA transportation, Nauset Neighbors transportation, the Cape Cod RTA, and taxi service each being reported by 3% or fewer respondents. As shown in **Table 7**, these forms of transportation are, however, important forms of travel for those who do not drive, or who drive with modifications. For example, COA transportation was used by 18% of the nondrivers in the survey, and 14% reported using FISH transportation. Note that most of the nondrivers were age 80 or older.

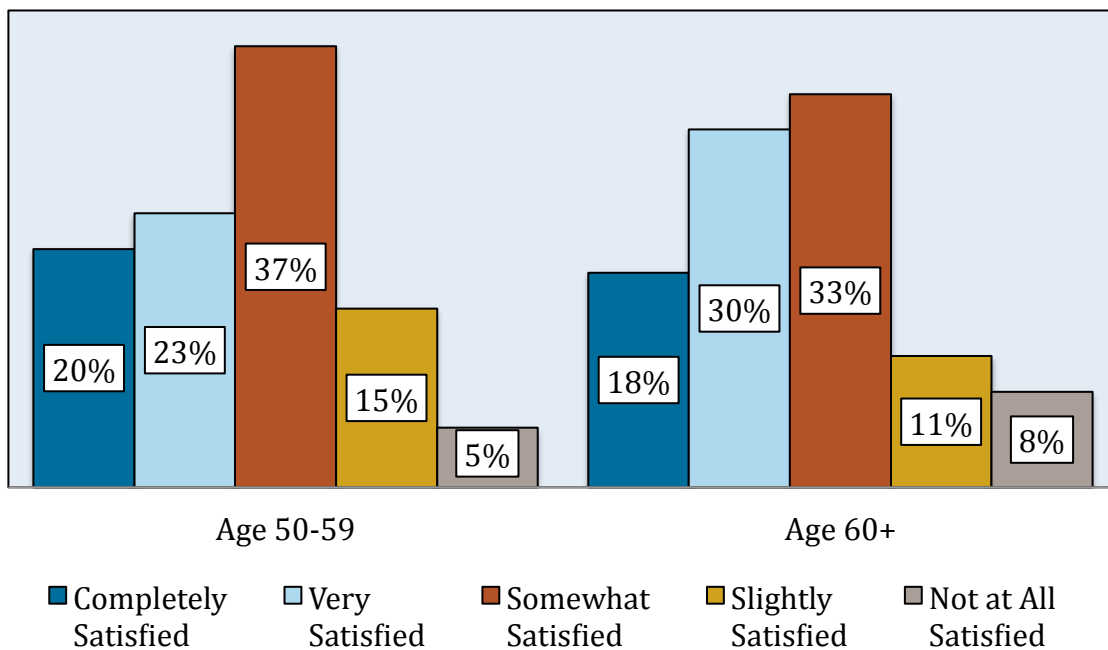
**Table 7:** Forms of transportation used by Chatham survey respondents, by driver status

	<b>Nondrivers</b>	<b>Drive with modifications</b>	<b>Drive without modifications</b>
<b>Spouse/partner or child</b>	67%	32%	18%
<b>Friends or neighbors</b>	34%	13%	5%
<b>DART Dial-A-Ride</b>	8%	1%	21%
<b>FISH for medical appointments</b>	14%	3%	1%
<b>COA transportation</b>	18%	2%	21%
<b>Nauset Neighbors transportation</b>	1%	1%	21%
<b>Cape Cod RTA</b>	7%	3%	1%
<b>Taxi</b>	4%	2%	1%
<b>Bicycle</b>	1%	3%	9%
<b>Walk</b>	15%	22%	22%

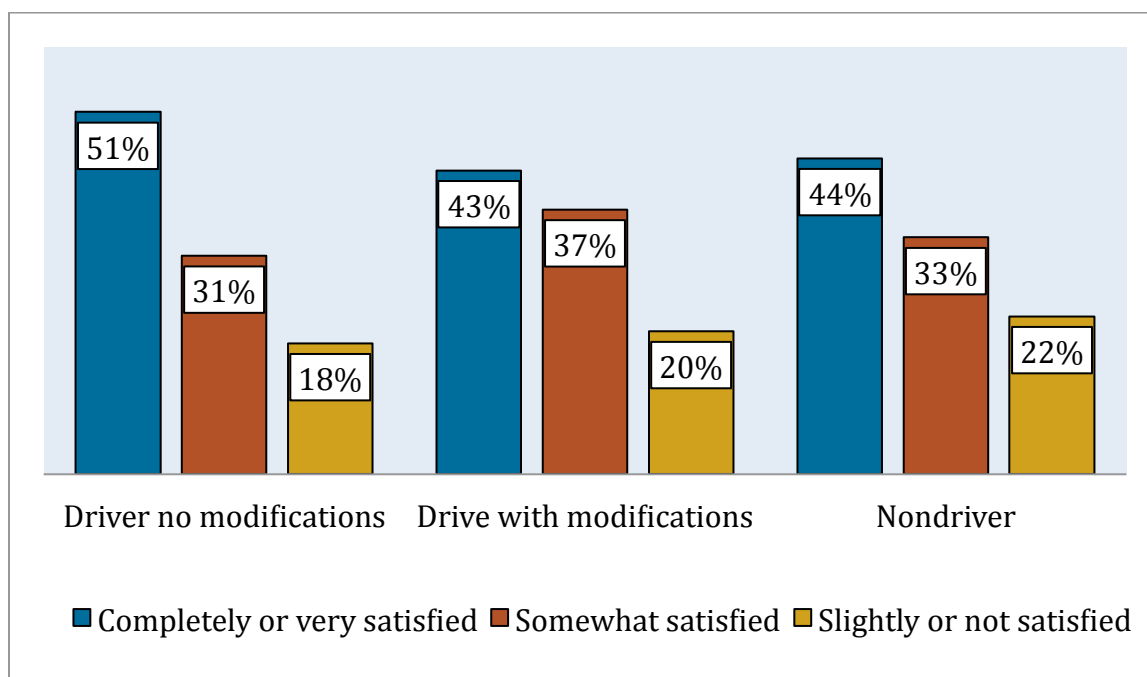
Many survey participants indicated satisfaction with transportation options available to them in Chatham, and nearly one-half of respondents reported that they are “completely satisfied” or “very satisfied.” **Figure 24** shows roughly comparable rates of satisfaction with transportation by age group. The most common response among both age groups is “somewhat satisfied,” but one out of five respondents indicated that they were only “slightly satisfied” or “not at all satisfied” with transportation options, indicating room for improvement regarding transportation options in the community. Interestingly, respondents who do not drive at all, or who drive with modifications, expressed only slightly less satisfaction with transportation options than did those who report driving without modifications, suggesting that preference for more or different transportation options is not solely due to ease of travelling independently (see **Figure 25**).



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



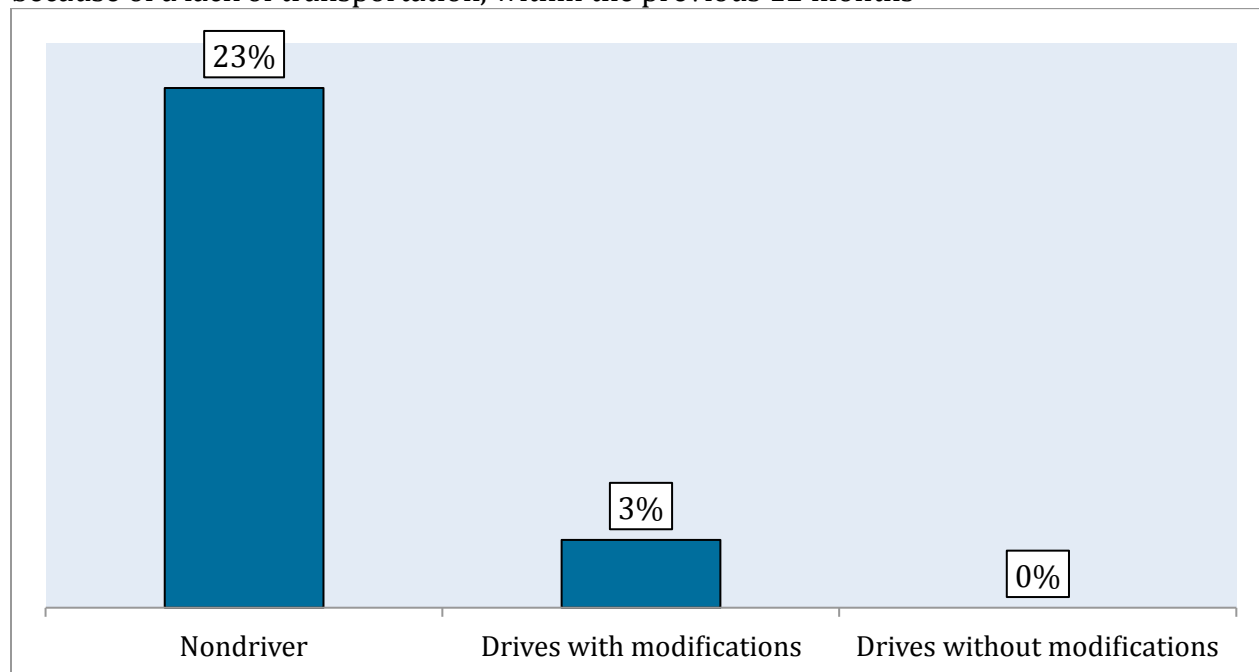
**Figure 25.** Satisfaction with transportation options in Chatham by driver status



Consistent with the mixed levels of satisfaction with transportation options locally, a segment of the community experiences negative consequences associated with

transportation limitations. Respondents were asked if within the past 12 months they had to miss, cancel, or reschedule a medical appointment because of a lack of transportation. Fewer than 5% of respondents responded affirmatively, as did very few respondents who drive with modification. However, 23% of nondrivers indicated that seeking medical care had been disrupted due to transportation limitations (see **Figure 26**). For these individuals, improved transportation options may have especially meaningful impact on well-being.

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

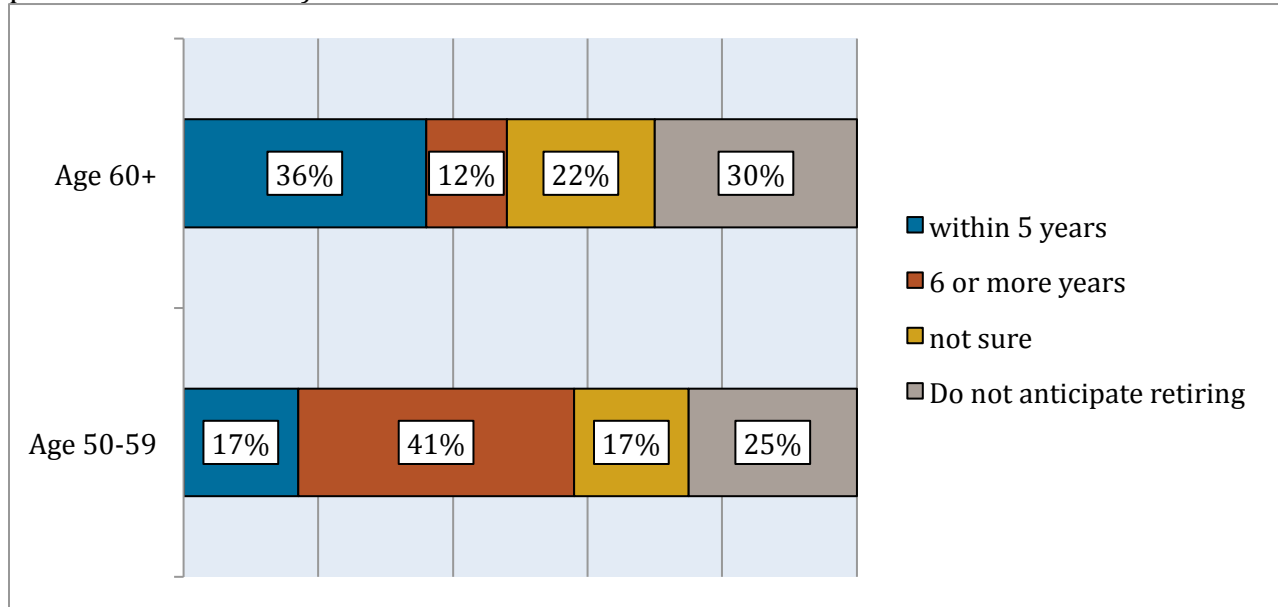


## **Section VI: Current & Future Retirement Plans**

Many older adults work well into later life, continuing in paid work roles because of the meaningfulness of their work, the need for income, or both. In Chatham, one-third of the seniors age 60-79 responding to the survey work full-time or part-time, as do three-quarters of the respondents age 50-59 (see **Appendix B**). A large majority of those age 80+ reported being retired. Some survey respondents wrote-in that they spend time volunteering, homemaking, and participating in a variety of other unpaid activities.

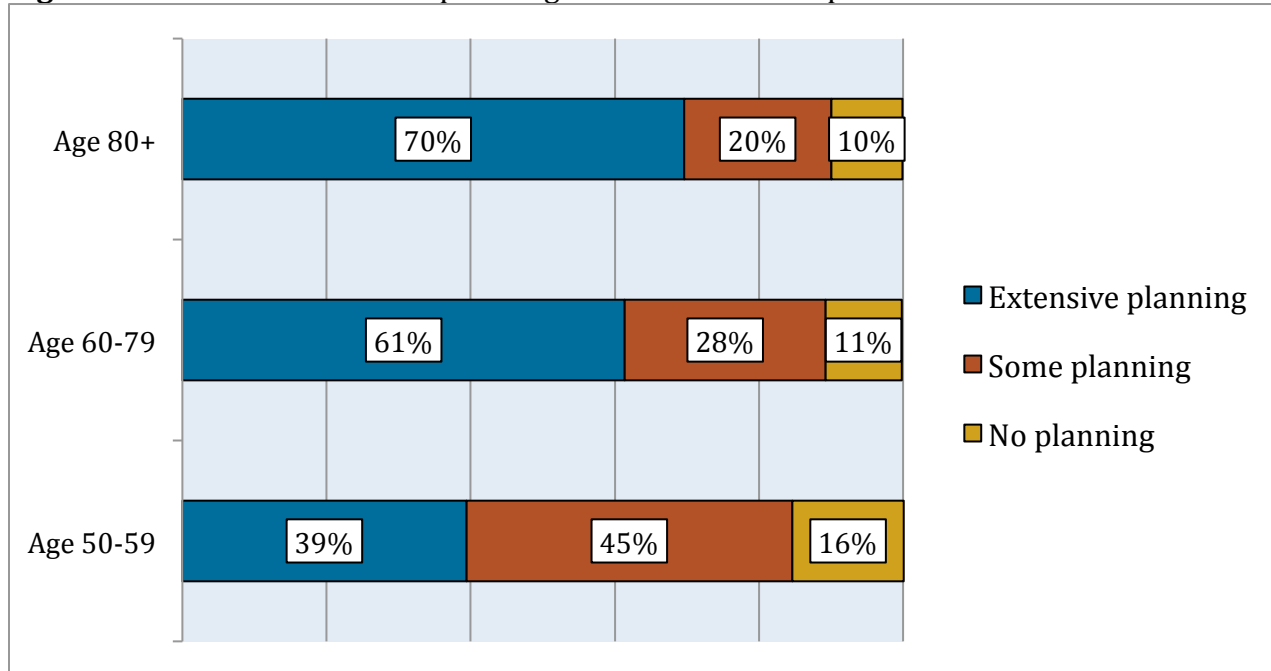
Respondents were asked about their retirement plans. **Figure 27** suggests that among working respondents, 42% of those in their 50s and over half of those age 60 or older are not sure when or if they will retire. This may indicate uncertainty about their ability to retire, or ambivalence about interest in retiring.

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



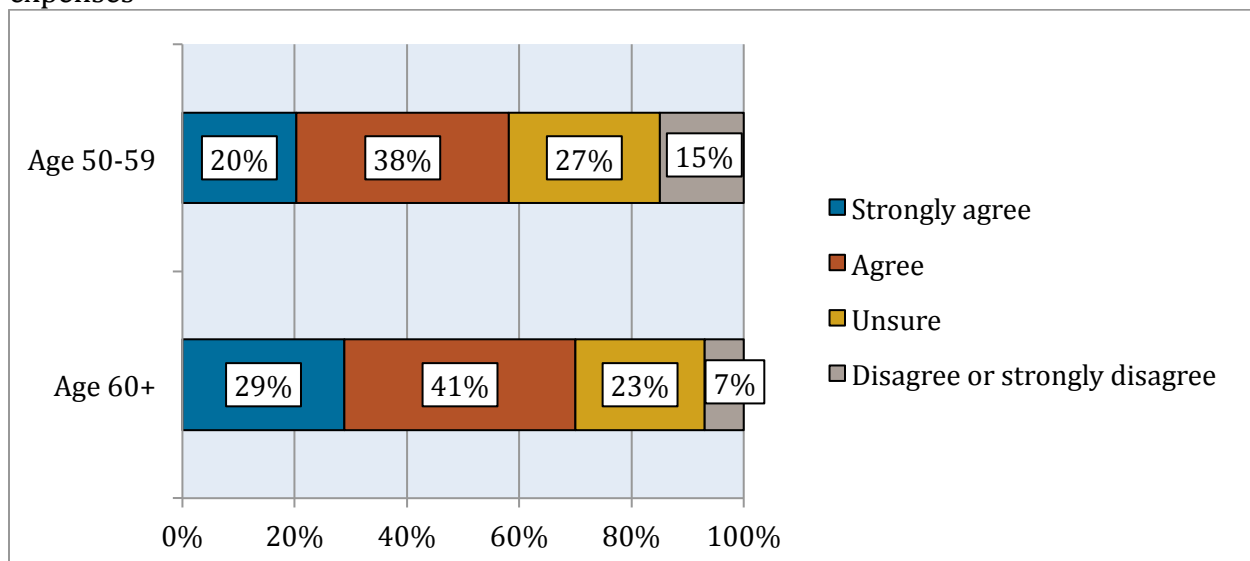
Some of the uncertainty expressed by respondents may be a result of incomplete planning. Over 60% of seniors reported having engaged in extensive financial planning for retirement, with another quarter indicating they have done some but need to do more. Respondents in their 50s reported having done less planning (see **Figure 28**). Sixteen percent of respondents age 50-59, and 10% of seniors, indicated they have not done any financial planning for retirement.

**Figure 28:** Amount of financial planning for retirement completed



Most Chatham survey respondents reported that they expect to have adequate resources to meet their financial needs in retirement, including 58% of those in their 50s and more than two-thirds of seniors (see **Figure 29**). About one-quarter of respondents were unsure if they will have adequate resources. Although 15% of respondents in their 50s do not expect to have adequate resources for retirement, fewer than 10% of seniors expect they may experience financial shortfalls in retirement.

**Figure 29:** “During my retirement, I expect to have adequate resources to meet my financial needs, including home maintenance, real estate taxes, healthcare, and other expenses”

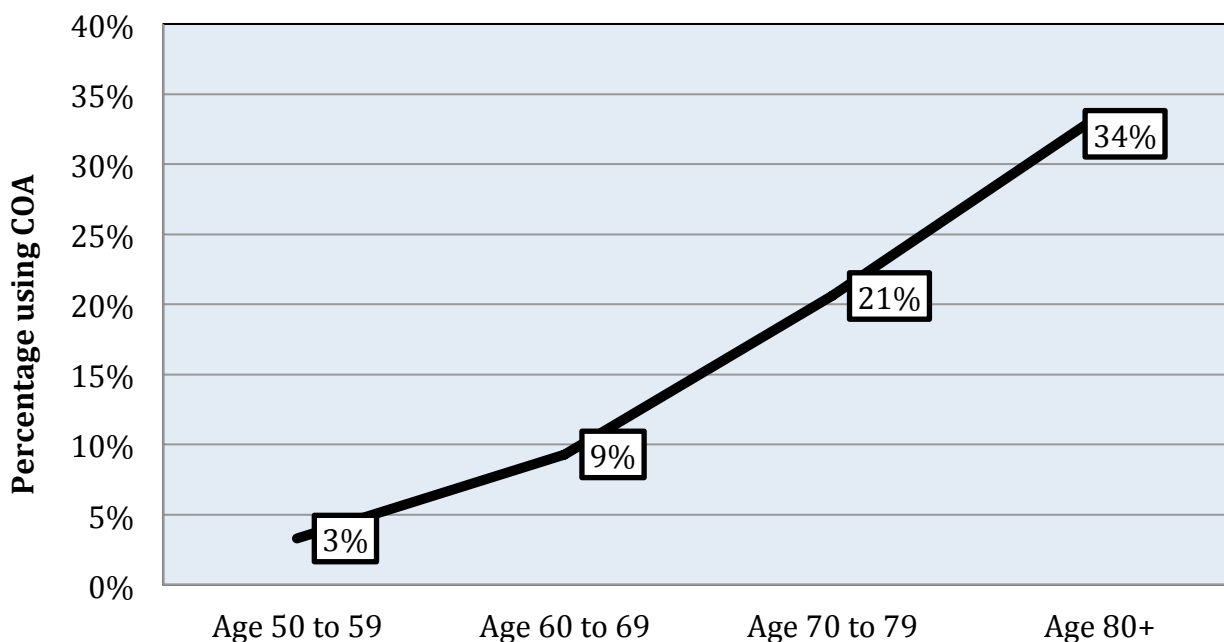


## Section VII: Council on Aging Services

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

Participation in Chatham COA programs and services is substantially higher among the oldest respondents. **Figure 30** shows the percentage of respondents who indicated that they currently use programs and services offered by the COA by age category. One-third of the respondents age 80+ reported using these programs and services, as did 21% of respondents age 70-79, 9% of those age 60-69 and 3% of those 50-59. As in most other communities, likelihood of using the Chatham COA programs and services is considerably higher among older residents, more of whom are no longer working for pay, have experienced shrinking social networks due to loss of spouse or friends, and may experience needs for new types of support or services such as those offered by the COA.

**Figure 30.** Percent of respondents who currently use programs and services offered by the Chatham COA by age group\*



Among seniors who said that they do not currently participate in programs and services, 25% (among those age 60-79) and 38% (among those age 80+) stated that they were “not interested”; and 25% of those 60-79 and 2% of those age 80+ stated that they were “not old

enough.” Half of the non-participants took the time to write in reasons, with the largest share reporting that they “did not need” the COA programs and services, referring to their current level of independence, indicating that they had family nearby who helped them, or stating that they didn’t need the COA yet. As one respondent wrote, “(I do not use the COA) because I am 86 years old but still able to care for myself.” These individuals would appear to be focusing primarily on the service offerings of the COA (e.g. nutrition, transportation) rather than the full range of COA offerings in evaluating their interest. The next most common write-in response was that they were too busy or had no time to participate, many indicating that they were still working. Smaller numbers of respondents wrote that they didn’t know what was available, they go elsewhere for activities, or they were dissatisfied with the programs, the Senior Center building, or the schedule.

Respondents were asked to report problems they or someone they know had encountered in accessing the COA or its programs. Not knowing what programs and services are available was reported most frequently (by 16% of respondents; see **Table 8**), followed by programs not being of interest (13%). Smaller shares reported a lack of transportation (8%), not feeling they would fit in at the COA (7%), and lack of sufficient parking (6%).

**Table 8:** Problems encountered in accessing the COA or its programs

<b>Problem encountered</b>	<b>All ages</b>
<b>Not knowing what programs and services are available</b>	16%
<b>Programs don’t interest me</b>	13%
<b>Lack of transportation</b>	8%
<b>I don’t think I would fit in there</b>	7%
<b>Lack of sufficient parking</b>	6%
<b>Hours of the COA programs and services are inconvenient</b>	3%
<b>Limited class size for events/activities</b>	3%
<b>It is difficult to maneuver throughout the building</b>	3%
<b>Cost for programs</b>	3%
<b>Location of the COA programs and services is inconvenient</b>	2%
<b>It is difficult to get into the building from outdoors</b>	2%

An important goal of the survey was to assess the value and importance of programs and services that are currently offered, or could be offered in the future to older adults and their families in Chatham. Survey respondents were asked to rate 13 programs and services according to their importance to themselves or to someone in their family.<sup>9</sup> Each

<sup>9</sup> A sizable share of the survey respondents—roughly 30% of the sample—did not respond to this section of the survey. Although respondents to this section include both participants and nonparticipants in the COA, a disproportionate share of those who did not rate the importance of the COA programs were people who indicated that they do not use COA programs or services. We infer that some survey respondents who had little knowledge of the COA chose to leave this section blank. As a result, the rankings indicated in Table 9 may refer to the segments of the population who are relatively more familiar with the COA.

was rated on a three-point scale (1=important, 2=neutral, 3=unimportant). Two sets of programs were rated highly by all three age groups. Learning opportunities and educational seminars were rated as important by 56% of respondents in their 50s, 59% of those age 60-79 and 52% of those age 80+ (see **Table 9**). Outreach services, including assistance with local or state programs, and information and referral services to local aging service providers, were also rated as important across the board (among 56% of those age 50-59, 58% of those 60-79, and 49% of those age 80+). Volunteer opportunities fell into the top three most highly rated categories for the age 50-59 group (rated as important by 57%); transportation services were rated in the top three among respondents 60-79 (58%); and respondents age 80+ rated health and wellness programs, such as blood pressure and glucose screenings, among the top three programs and services (with 51% rating these as important). Indeed, *every* listed service and program was rated as important by at least 40% of the respondents in each age group. The consistency in rankings across age groups is striking and overall, strong support was expressed across the age groups.

Ratings of importance were consistently higher among survey respondents who reported having used that service than among those who had not—yet ratings were still high in general. Among users of the services, ratings as important ranged from 74% (for social functions) to 94% (for outreach services) and all but two programs were rated as important by 81% or more of users. For those who had not used the particular service, ratings ranged from 37% to 52%, with the top-rated services being transportation, learning programs, and outreach programs.

We conclude that the importance rating is not exclusively a function of respondents' own personal needs or interests. Instead, the COA is recognized as a community asset broadly speaking. Use ratings are considerably higher among those who are 80 or older, suggesting that the programs may appeal more to the older age spectrum, or older residents may feel more comfortable using the programs. However, the importance ratings suggest that individuals in the community assess the COA programs as valuable even if they themselves do not participate.

**Table 9.** Percent of respondents who rate programs/services as important to them or someone in their family (listed in order of high to low ranking among respondents age 60-79)

	Age 50 to 59	Age 60 to 79	Age 80+
<b>Learning opportunities and educational seminars</b>	56%	59%	52%
<b>Outreach services: assistance with local or state programs; information and referral services to local aging service providers</b>	56%	58%	49%
<b>Chatham COA transportation</b>	50%	58%	44%
<b>SHINE program—help with health and prescription needs</b>	49%	53%	41%
<b>Health and wellness programs (blood pressure and glucose screening, foot care, etc.)</b>	53%	53%	51%
<b>Fitness activities (e.g., exercise, dance, yoga, Tai Chi, etc.)</b>	53%	53%	46%
<b>Bus trips and outings (to museums, dining, and destination shopping)</b>	43%	48%	43%
<b>Volunteer opportunities</b>	57%	48%	42%
<b>Social activities (lunch groups, knitting, men’s/women’s groups, board &amp; card games, etc.)</b>	49%	47%	45%
<b>Free lending library</b>	50%	46%	48%
<b>Support groups</b>	40%	45%	42%
<b>Professional services (tax preparation and legal services)</b>	45%	44%	43%
<b>Social functions (entertainment, sponsored lunches, etc.)</b>	41%	44%	43%

*Note: Respondents were asked to rate each program as being important, neutral, or not important to themselves or someone in their families. For information on the full range of responses, see Appendix B.*

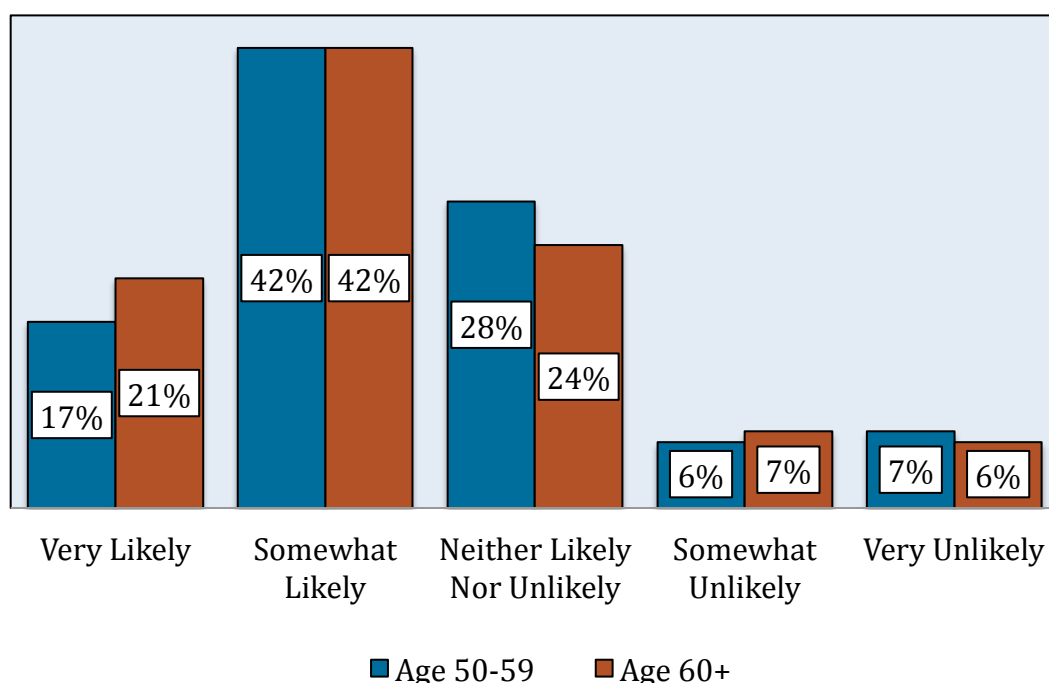
In an open-ended question, survey participants were asked what other programs and services not already offered through the Chatham COA they would like to see made available. The most frequently mentioned addition was expanded exercise programs; programs specifically mentioned include Tai Chi, yoga, strength training programs, dance classes, lawn bowling, and other activities. Also frequently mentioned was an adult day program; as one respondent writes, “I would like to see the Chatham COA build a day care



program facility of its own, considering we have the second oldest population. This would give caregivers a break to get other chores done.” Educational programs listed include book clubs, classes on Medicare, classes on investments, classes to help seniors budget on a fixed income, and a variety of other topics. Some participants suggested that expanding transportation services for both medical and nonmedical purposes was a priority.

To help prepare the Chatham COA for potential changes in participation levels, we asked all respondents to indicate how likely they are to participate in programs and services offered by the Chatham COA in the future. The majority of all age groups indicated that it was “very” or “somewhat” likely that they would participate. **Figure 31** shows that among those age 50-59 as well as those age 60+, potential likelihood of participation is high. Additional tabulations (not shown) suggest that among those who do not already use services, more than half indicated they are either “very likely” or “somewhat likely” to participate in programs and services in the future.

**Figure 31.** Likelihood of participating in programs and services in the future



Respondents were asked to mark program areas that they would prioritize in creating or expanding programs and facilities offered thorough the Chatham COA. As shown in **Table 10**, strength training and aerobic exercise programs were marked as priorities most frequently by all age groups, including by more than half of those under age 80, and by one-third of respondents age 80 or older. Educational programs such as cultural activities and lifelong learning programs were also prioritized by all three age groups. The third most frequently prioritized addition for respondents age 60 or older was computer classes,

marked by 39% of seniors age 60-79 and 30% of those age 80+. Among respondents age 50-59, the third most frequently marked addition was a hiking/walking club, indicated by 53% of respondents. Respondents in their 50s offered more interest in creating or expanding programs across the board, with higher support expressed for active, educational, or social programs. Consistent with survey findings on caregiving responsibilities reported earlier, respondents age 50-59 reported higher support for a caregiver respite program as well. Taken together, these findings indicate that expanded aerobic exercise and educational programs may be well received. Moreover, as younger cohorts age, they may seek more active and social programming from the COA.

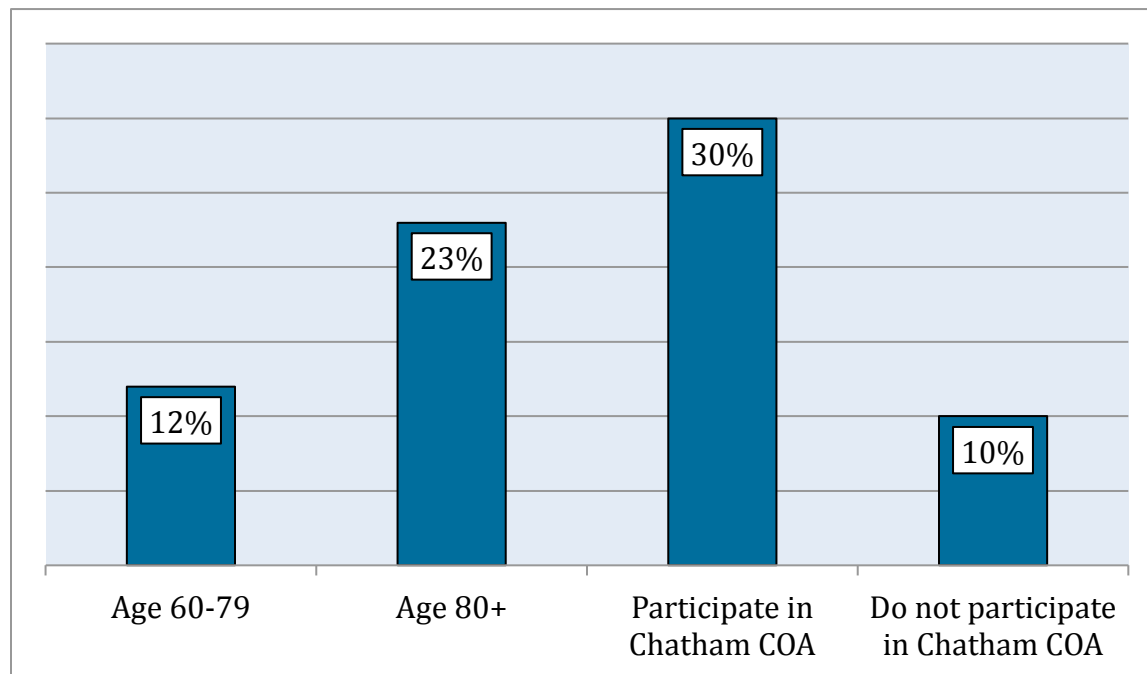
**Table 10:** Priorities for creating or expanding programs and facilities through COA (listed in order of rating among respondents age 60-79)

	Age 50-59	Age 60-79	Age 80+
<b>Strength training/aerobic exercise programs</b>	55%	52%	32%
<b>Educational programs (e.g., cultural activities, lifelong learning)</b>	53%	51%	32%
<b>Computer programs</b>	41%	39%	30%
<b>Hiking/walking club</b>	53%	33%	10%
<b>Performances/presentations</b>	36%	31%	27%
<b>Social programs</b>	42%	27%	16%
<b>Caregiver respite program</b>	34%	27%	22%
<b>Arts and crafts</b>	31%	24%	13%
<b>Senior lunch program</b>	25%	24%	24%
<b>Evening events and activities</b>	25%	15%	6%
<b>Intergenerational programs</b>	22%	14%	8%
<b>Quiet sitting/reading area</b>	6%	6%	6%

Many Chatham residents travel to senior centers in other towns to participate in their activities, including 12% of respondents age 60-79 and 23% of the respondents age 80+. Respondents who participate in the Chatham COA are more likely to travel to other senior centers than are those who do not participate in Chatham COA activities (see **Figure 32**), suggesting that segments of the Chatham community are not currently interested in participating in COA programming either in Chatham or elsewhere. Among those who do attend out-of-town COAs, 62% indicated this was because the program was not offered through the Chatham COA, and 31% said it was because they attended with friends. Less than 10% indicated it was because the other senior center was easier to get to (4%) or because the hours of the other Center are more convenient (6%). Among those who wrote

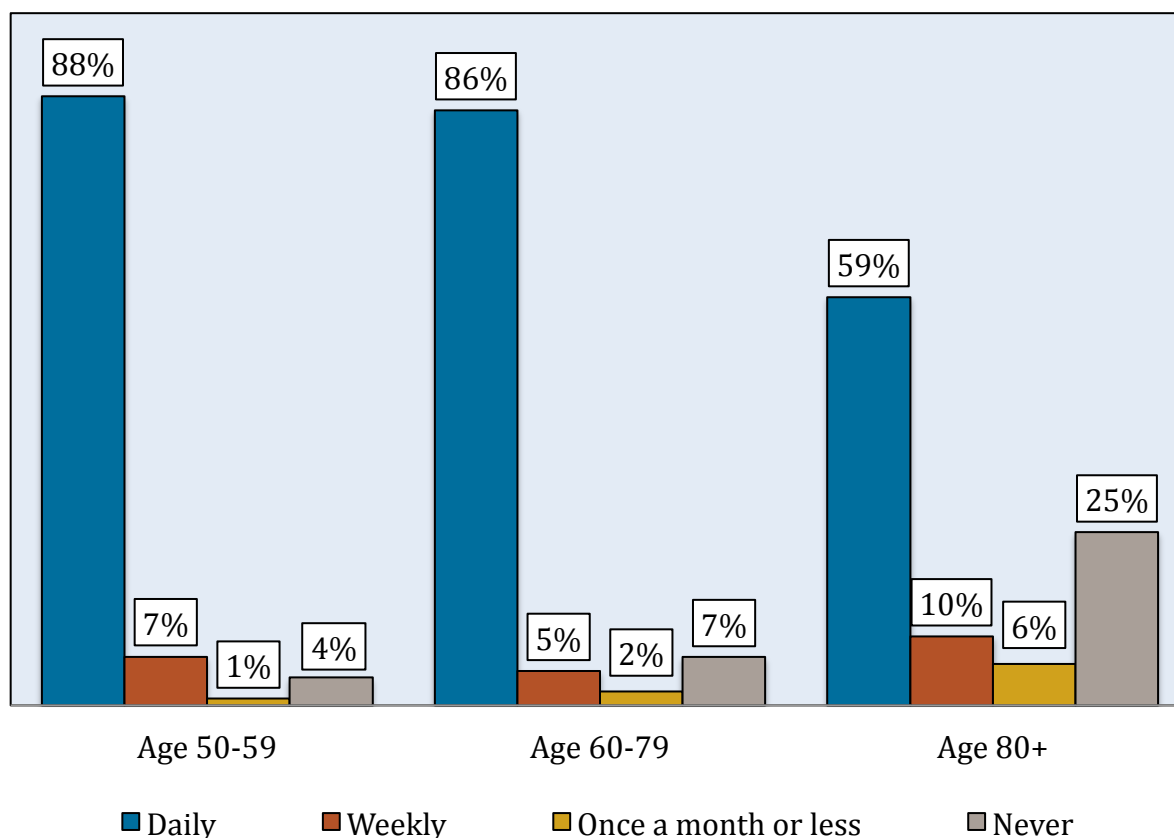
in a reason for attending another senior center, most referred to specific programs offered elsewhere as the reason.

**Figure 32:** Percentage who have ever travelled to senior centers in other towns



The Chatham COA is able to build on a strong base of community support; yet providing high quality information about programming, hours of service, special events, and volunteer opportunities is essential for the COA's potential effectiveness to be maximized. Currently, residents of Chatham can become aware of activities and services offered by the COA through a variety of media, including the COA FLASH newsletter. Expanded dissemination of information about Chatham COA programs and services is a desirable goal, and electronic dissemination is a relatively easy and cost-effective strategy for doing so. **Figure 33** indicates that Chatham residents under the age of 80 can be effectively reached largely through electronic means, with 88% of those age 50-59 and 86% of those age 60-79 using the internet daily, and only 4-7% reporting that they never use the internet or email. However, 25% of the respondents age 80 and older reported that they never use the internet. For this important segment of the Chatham community, as well as other residents who prefer not to use electronic communication or for whom electronic access is limited due to cost or other barriers, outreach and dissemination through print media will have continued importance.

**Figure 33.** Frequency of using the Internet, including e-mail



Finally, survey participants were given the opportunity to offer open-ended comments about the COA or aging in Chatham. **Table 11** shows common themes mentioned by respondents, as well as verbatim examples of each. The largest numbers of comments offered at the end of the survey questionnaire reflect appreciation for the COA. Many respondents took this opportunity to say that the COA plays an important role in their lives, and in the community. A number of respondents mentioned the dedication of the staff as a valued resource. The next most common set of comments involved write-ins about the COA programs or services, including comments suggesting a lack of consensus in the community about the appropriate emphasis of COA programs on older versus younger seniors, or on services versus programs. Many respondents wrote in thoughts about the COA building or parking, also including both positive and negative comments. Additional comments were made about the COA and other Town staff, Town attributes (including housing, affordability, transportation, and public safety), information needs, and concerns about other aspects of the community.

**Table 11.** Additional comments offered by survey respondents

Issue Mentioned
<p><b>Appreciation for the COA, Senior Center, and staff</b></p> <ul style="list-style-type: none"> <li><i>Chatham does a great job at the COA. Will in the future use and participate in some of these programs. Have friends who use and are in need of the existing programs.</i></li> <li><i>Congratulations on your efforts to provide a well-rounded program for seniors (esp. those living alone). A “pat on the back” to the volunteers who dedicated their time and talents!</i></li> <li><i>From my limited participation and input from friends, I feel the COA is doing an excellent job serving our older population. We are blessed to have them.</i></li> <li><i>I am thrilled with the COA and its efforts. As a realtor in town, I can see the importance it plays in people’s decisions to move here.</i></li> <li><i>I find it comforting to have a Council on Aging in Chatham.</i></li> </ul>
<p><b>COA programs and services</b></p> <ul style="list-style-type: none"> <li><i>More men-only groups</i></li> <li><i>Schedule a couple of night hours</i></li> <li><i>There are multiple activities available in Chatham. I perceive those at the community center to be more appropriate for our current level of physical ability, but expect to participate at COA as time goes by.</i></li> <li><i>The Chatham COA does not meet the needs of people who are over 80 years old....the real old people need health care not recreation!!</i></li> <li><i>At 76, I still have energy. Would like to exercise but not ready for chair exercises yet.</i></li> <li><i>Promote more programs for active seniors—hiking, racquet sports, biking, etc.</i></li> </ul>
<p><b>Senior Center building or parking</b></p> <ul style="list-style-type: none"> <li><i>The COA building is inefficient for any senior to navigate. The parking is a nightmare.</i></li> <li><i>Sorry, nice people but tired building in out-of-way place.</i></li> <li><i>The building is shamefully inadequate and unattractive as a draw for most seniors in town.</i></li> <li><i>A senior center on one floor, with adequate space for an adult day care center and space to have more than 40 people in a room at the same time is desirable.</i></li> <li><i>The programs are fine. The facilities are terrible. Every space is cramped and parking space is lacking.</i></li> <li><i>You are doing a great job! Your building is beautiful and easy to access, and in a perfect location.</i></li> </ul>

## Seasonal resident survey

A presentation was made at the summer residents' annual Town meeting in August 2015, providing a brief demographic overview and outlining plans for the project. At the meeting, a paper survey was distributed; the same survey was made available online. A total of 35 responses were received to the survey.

Three out of four respondents to the seasonal survey were age 70 or older, with just 25% in their 50s or 60s. Most respondents were already retired, and a large majority personally uses their Chatham home at least 10 weeks out of the year (more than half use it 15 weeks or more annually). Respondents were highly educated, primarily married or living with a partner, and most reported that they could afford to live in Chatham year-round. Twenty percent had secured their Chatham home before 1975 and another 45% between 1976 and 1995; however, one-third had purchased the residence within the last 20 years.

Information about respondent's Chatham home and their plans regarding it is included in **Table 12**. One-third of seasonal residents reported that their Chatham home is on a single level, and most reported having a first-floor bathroom. However, a majority reported that the Chatham residence not accessible for an older person or someone with a disability, and at least one-third believed that substantial changes would need to be made to support living comfortably full-time. Just under half either anticipate making their Chatham home their primary residence, or think this is a possibility. Most seasonal respondents were aware of aging services in Chatham, but only one-fifth have used those services.

**Table 12.** Seasonal resident survey respondent characteristics

Attribute	Percentage
<b>Features of the Chatham home:</b>	
Is a single-level home	32%
Has a first-floor bathroom	94%
Accessible for an older person or someone with disability	38%
<b>I would need to make substantial changes to my home in Chatham to live comfortably there full time.</b>	
Agree or strongly agree	36%
Neutral	21%
Disagree or strongly disagree	43%
<b>Do you anticipate eventually making your home in Chatham your primary residence?</b>	
Yes	12%
Maybe	33%
No	55%
<b>Are you aware of aging services in the Town of Chatham?</b>	
No	15%
Yes, but have never used any aging services	64%
Yes, and have used aging services	21%

Respondents were invited to respond to additional questions by writing in their responses. Twenty-two respondents wrote in factors they would consider in deciding whether to make their Chatham home their primary residence. The most frequently mentioned items were factors relating to the respondent or his/her family, including their own health and their attachment to their current permanent residence; a similar number of respondents identified financial factors to be considered, including the tax consequences, cost of converting their Chatham home to a year-round residence, and the cost of maintaining their current lifestyle. Other factors named by respondents included concerns about availability of transportation and healthcare in Chatham, and concerns about the weather.

Respondents wrote in changes they would need to make to their Chatham home in order to live there comfortably full-time. Most frequently mentioned were modifications to their temperature control systems, including air conditioning and heating. Age-related adaptations were mentioned as well, including modifying the home to allow first-floor living and installing adaptability features.

Because the number of respondents was small, we cannot draw firm conclusions from these results. However, it does appear that some seasonal residents are considering making Chatham their permanent home; many of these individuals have Chatham homes that are not well suited for year-round residence by the current owners; and most seasonal residents are aware of aging services in Chatham.

## **Focus Groups**

Three focus groups were held in support of the needs assessment, with the goal of hearing in more depth about unmet needs among seniors in Chatham, and strategies for meeting those needs. Key themes raised in common across groups include concerns about housing, transportation, isolation, and service availability. Each group also offered suggestions for the COA, especially relating to ways for the COA to be better known and used in the community.

### **Focus Group #1: Representatives of public safety and other Town offices**

A focus group of representatives from public safety and other Town offices was held, including representation from the Health Division and Board of Health, Community Development, Assessor's Office, Public Library, Housing Authority, Planning Board, and Fire Department. The large number of seniors living in Chatham has impacted all of the organizations represented at this meeting. All participants in this group are aware of the work done by the Council on Aging; many have worked collaboratively with the COA. Common themes discussed include the following:

Housing limitations: Housing is a Cape-wide concern, including opportunities for downsizing or renovation among seniors, and affordable housing options for the working-age population. Planning board representatives were aware that residents do not have good downsizing options in Chatham, noting a need for housing with services, such as assisted living. But location of these types of developments can be problematic due to zoning, affordability, and restrictions on density of housing in the community. Planning

Board members suggested that to create options that are affordable to residents (and that meet other goals such as having services available) higher density housing will be needed. Group members agreed that there is a need in the community for housing that is on a single level, accessible, near public transport routes, and within walking distance of stores and services. As well, options need to be developed that are priced at a level that local residents wishing to downsize can afford. Participants believed some developers would be interested in building these types of homes. As well, participants believed that there is interest in the business and nonprofit community for helping residents stay in their current homes through renovation, adaptation, converting large homes to apartments, and the like. Town ordinances restricting the construction and conversion of homes may need to be revisited in support of helping seniors stay in Chatham. The group recognized that if seniors need higher-density housing options like assisted living, independent living, or cluster housing, they need to speak up and advocate for it. As stated by one participant, “the older population needs to come out and say: I need an option. I don’t want to leave.”

Isolation. This group recognized isolation among seniors as an issue in Chatham. Shifting social networks as people move in and out of Chatham, as spouses and friends pass away, and as adult children move away, leave some older residents vulnerable. The Reassurance Program and the 911 Disability Indicator Program offered through the Police Department were acknowledged as lifelines for some residents, although the sense of this group is that it is underutilized. The Chatham Public Library offers learning series, volunteer opportunities, and other programs that can contribute to quality of life and reduce risk of isolation for all age groups; the perception is that programs are especially well used among seniors. The group indicated that more could be done to promote having neighbors look out for one another and making sure all residents are aware of services available; they see this as a priority for the community.

The importance of volunteerism: Older residents in Chatham are eager to be involved in the community and volunteer; this is recognized as an integral part of the community culture in Chatham. Moreover, seniors as a group have valued experiences and skills to draw upon that can be useful to community organizations. This group recognized the relationship between volunteering and feeling involved and engaged with the community. Yet it was noted that taking advantage of the significant human capital held by senior residents takes time, organization, and appropriate management. In protecting and securing adequate volunteer opportunities for seniors in Chatham, this group urged that Town offices have available enough staff to work effectively with this older demographic.

Accessibility needs: The group discussed the importance of access to public meetings and events for older residents. An important part of access is transportation options. Many seniors have transportation limitations, and having to ask friends or neighbors for rides repeatedly can be a disincentive to participate. The group acknowledged that airing Town Meeting and other public meetings on public access TV is a valued step, perhaps especially for residents who experience transportation challenges. However, viewing Town events is not the same as participating in them. Exploring opportunities to improve the accessibility of Town Meeting and other public meetings to those with transportation limitations, by



providing transportation or perhaps holding them during the daytime, when self-driving or alternative options may be more feasible, may facilitate participation.

Cross-departmental partnerships: The group identified several cross-departmental partnerships that already exist in support of older residents. Productive relationships between the COA and the Fire Department, Emergency Services, the Police Department, the Housing Department, and the Health Division were discussed. A representative of the assessor's office described interacting with seniors who struggle to pay their property taxes or are at risk of losing their homes; she refers these individuals to the COA for help with the tax work-off program and fuel assistance applications. Representatives of other Town offices refer seniors to the COA anytime needs for assistance are apparent. A representative of the Fire Department noted that more than 70% of their total call volume is for EMS, and a majority of those calls deal with elders. The Fire Department works on public education and outreach for seniors, partially in collaboration with the COA.

Group suggestions. This group reported strong support for the COA and praised its effectiveness. Members had several suggestions for ways in which the Town could support senior residents. Many of these suggestions involve strengthening the capacity of the COA to work with seniors, and to work collaboratively with other Town organizations.

*Suggestions for the COA:*

- Improve the outreach capabilities of the COA. This group believes that there is substantial unmet need for outreach among Chatham seniors, and that the COA does not have sufficient capacity in this area.
- Improve the accessibility and design of the Chatham Senior Center building.
- Explore options for making adult day care available in Chatham.
- Develop ways for the COA to become more widely known, especially among new residents. Some ideas offered include:
  - Provide a welcome pack to all newcomers including information about the COA, as well as other Town offices.
  - Include information about the COA in tax bills.
  - Add COA information in other Town mailings, such as warrant articles mailings.
  - Staff an information booth for the COA at Town Meeting.

*Suggestions for the community:*

- Develop a program to conduct hazard assessments in older residents' homes; for example; an assessment focusing on identifying and correcting falling hazards may be beneficial.
- Extend the senior work-off program to include nonprofits, rather than just Town offices.
- Work with a local nonprofit to generate a fund supporting housing innovation.

## **Focus Group #2: Representatives of Service Organizations and Nonprofits**

A focus group was held to develop a deeper understanding of the needs of older Chatham residents who are most at risk of being underserved, and who experience challenges to successfully age in place. Focus Group #2 was comprised of ten individuals representing service organizations who have regular contact with older residents in Chatham, including representatives of Nauset Neighbors, Habitat for Humanity, St Vincent de Paul, FISH, Chatham Health and Swim Club, Broad Reach Healthcare Hospice, Alzheimer's Family Support Center of Cape Cod, and Elder Services of Cape Cod and the Islands.

Themes discussed by this group parallel those developed by the other focus groups in important ways, and include the following:

Housing limitations. The limited housing options available in Chatham reflect an unmet need. Seniors who live in homes that are too large or poorly laid out for older adults have insufficient opportunities to secure more appropriate housing while staying in Chatham. When asked to recommend solutions to these barriers, one participant encouraged providing "Home Share" opportunities that could help older residents match up with younger ones and share a large house, which could be helpful for both generations.

Transportation needs. Participants noted that better transportation services, especially for medical transportation, are needed in Chatham. Medical transportation was recognized as a critically important service offered through the FISH program, but since most of the medical services are located outside of Chatham the service offered by FISH is insufficient to fully meet the need in the community. In addition, the current programs only offer transportation services for medical appointments, but not for other destinations or errands such as grocery shopping.

Services and supports, including medical services. Focus group participants perceived that insufficient services and supports are available locally to respond to the needs present in the senior community, including limited number of medical and mental health providers. Securing appropriate medical services may require seeking out of town care—but transportation is a significant barrier to doing so. Moreover, participants mentioned that there should be more support group services available to isolated and depressed seniors, noting that limited housing options and limited transportation intersect for some seniors, and may promote isolation and health declines for affected residents.

Inform residents about available services through the COA and elsewhere. Education on available services was noted as another important unmet need. According to one participant in this group, many older residents are unaware of the services and opportunities available through the COA and other Town organizations. In general, participants in this group perceived current modes of sharing information with older residents as inefficient and disorganized. Most participants in the group agreed that departments and organizations need to do a better job of reaching out to inform the community about what programs and services are available and to encourage their use. Participants recommended prioritizing efforts to advertise and raise awareness about

programs and other available resources through electronic media as well as the COA newsletter.

Overcome barriers to accessing services, including isolation. The organizations represented by members of the focus group shared some special challenges to adequately serving older adults in Chatham. A significant challenge is locating seniors who could most benefit from services available through the COA or through their own local organizations. Often, older residents who are at high risk are also isolated or have physical or mental health conditions that make them difficult to reach. This difficulty in making contact with those in need is exacerbated when family members are not nearby. According to one participant, many residents decline to accept help even when it is available. This participant suggested the unwillingness to accept assistance may be a function of both pride and inability to recognize there is a problem. Another participant stated that many older residents refuse help because they fear that acknowledging their difficulties may call into question their ability to remain living in their homes independently.

Support interdepartmental cooperation. This group of observers emphasized the importance of coordination and teamwork between different agencies to address the needs of older residents in Chatham. The group agreed that continued strong communication and sharing of information is key to moving forward. Through conversation and networking, every organization and office in Chatham should understand the full range of resources available to seniors in Chatham, who the service providers are, and who can respond effectively in particular situations. A more comprehensive and well-understood network of supports would benefit the senior community and result in streamlining the pathway to obtaining assistance when needed. The COA can play an important role in organizing and maintaining this network.

Recommendations offered by this group for the Council on Aging include the following:

- Strengthen the COA's role as a communication hub for services available to seniors and their families.
  - Make sure residents know that the COA is a resource for those with needs for senior services or programs. Some group members proposed that volunteers go door-to-door to distribute information about the COA and talk with interested residents.
  - Prioritize print media for the time being; make sure the newsletter goes to every senior in Town.
  - Consider developing and distributing a booklet of services and resources to the community.
- Recognize that it may be difficult for people to approach the COA the first time. Devise ways of introducing the COA to residents who lack familiarity.
- Strategize about how to offset the stigma associated with the "Council on Aging" label.
- Suggestions for COA programming:
  - Programs on end-of-life planning and hospice may be beneficial.

- Crisis management is important, but additional priorities for programming relating to socialization, transportation, volunteerism, and activities should not be neglected.
- Mental health is a concern in the community. Programs and services relating to mental health, including exercise programs, are priorities.
- Caregiver support programs are needed in Chatham.
- Fall prevention programs are a priority.
- Prioritize reaching isolated residents.

### **Focus Group #3: Representatives of the Older Population in Chatham**

Focus Group #3 consisted of residents who are age 60 and older, most of whom were long-term, year-round residents of Chatham. A primary goal of Focus Group #3 was to acquire a better understanding of seniors' concerns with regard to aging in place in Chatham. Once again, considerable overlap in themes mentioned occurred with those mentioned by the other focus groups.

Transportation: When asked to identify their biggest concerns to staying in their homes and/or the community, limited transportation services were readily mentioned. Participants reporting that the services offered by FISH and Nauset Neighbors are very helpful, but not sufficient. Other issues that were raised around transportation included lack of flexible and reliable public options; dissatisfaction with having to schedule transportation services far ahead of time; high cost of taxi service; poor sidewalks; need for shuttle service; and limited parking spaces especially during summer. Members of this group wondered if neighborhoods could organize shared shopping trips or other volunteer means of expanding travel options. This group also mentioned as a concern not being able to attend Town meetings at night due to transportation limitations.

Housing options: Participants in Focus Group #3 agreed that housing opportunities for older adults in Chatham are extremely limited. The problem of downsizing is compounded by the lack of options for medium-income people. Although some options such as Park Place and assisted living exist for high-income residents, older residents with moderate incomes are faced with limited availability. Participants noted that many seniors take reverse mortgages on their homes in an effort to age in place. They acknowledge that any strategy involving mortgaging or selling their homes invites discussion and sometimes resistance from family members who wish to preserve the family home.

Isolation: The seasonal nature of the community was a concern for members of this group, in part because of the implications for isolation. Group members indicated that Chatham is becoming a "seaside community" rather than residential. According to one participant, hers is "the only household in the abutting neighborhood who lives in Chatham year round." Some members of this group reported that they do not know their neighbors because some housing is only occupied during the summer months, and other homes are vacant when "snowbirds" leave during the winter. Safety concerns, threats of isolation, and a lack of neighborly access result.

Health care access: Another concern that participants overwhelmingly agreed on related to the limited number of health care providers in Chatham. Although the Oppenheimer Medical Center was mentioned as a great resource for healthcare services, some participants stated that they found it necessary to travel to other facilities on the Cape or in Boston in order to have specific needs addressed. Transportation to reach these out-of-town services was problematic. Participants also noted the high cost of dental services, commenting that some older residents in Chatham cannot afford these services.

The Chatham Council on Aging. Compared to the other focus groups, this group focused more of its conversation on the Council on Aging, offering both praise and critique, along with suggestions for improvement.

- Concerns about the COA building. As reported by participants in this group, one challenge in providing adequate and appropriate services to older residents is the COA's current building. Many felt that the physical structure itself is inadequate, in terms of space and parking. Participants worried that the needs and desires of the aging population are not a priority among some Town officials.
- Many cited limited staff and budget as additional barriers to the development of needed programs, including exercise programs, day care programs, and educational programs. As was noted by one discussant, the demographic shift toward a larger older population means that these issues will become more problematic in the future and that the Town should pay more attention to its aging population.
- Participants recognized that if the senior community is not satisfied with the resources devoted to the COA or other issues important to them, they will need to advocate for themselves, raise older residents' awareness, and participate in Town meeting. Members of this group cited difficulties that some residents have in attending public meetings at the times they occur. Some participants stated that lack of organization among older residents was partially responsible for their sense of decreased influence in town decision-making.
- Participants of Focus Group #3 noted the importance of improving communication and access to information from Town agencies and service providers. Most participants felt they had incomplete knowledge about the COA and its programs. Generally, participants agreed that the monthly newsletter published by the COA and the Town's public TV station were good sources of information for older adults in the community. Nevertheless, participants acknowledged the need for additional advertising media that are appropriate to reach the wide range of residents that could potentially benefit from services. For instance, one participant believed that some older residents do not read the newsletter because of its connotations of being for "old people" and that they believe they are not "old enough." To change this perception, participants recommended a change in the name of center. Some indicated there is a "stigma" of "getting old" in Chatham and recommended changing the Center's name to "Chatham Retired Center" or "Chatham Association of Retired People." Participants stated that the COA should continue seeking innovative means

for disseminating information about its programs and services. Participants noted that new ways of marketing services as well as a publicity campaign could be helpful to inform senior residents about available programs and services more effectively.

*What is the purpose of the COA?* This focus group of older residents was asked to reflect on the proper role of the Chatham Council on Aging. The group placed first priority on functions linking residents to needed services, and reaching vulnerable residents. They noted that the town has a lot of resources, and taking care of residents in need should be a priority. Meals on Wheels was cited as an example of a program key to the COA mission. This was cited as an important program both because it helps meet home-bound residents' nutrition needs, and because the volunteers who deliver the meals are important sources of contact for isolated residents. Meeting information needs among seniors was also cited as a priority, including information on end-of-life, sexual health, substance abuse, and healthy lifestyles. Participants described the value of exercise programs, noting that not all seniors can afford to pay for programs offered through health clubs; as well, seniors may prefer programs that are geared specifically toward their interests and ability levels. This group also cited socialization programs as being especially important, meeting the needs for older residents to get out of the house, interact with others, and potentially reduce risk of isolation. Finally, the group discussed the importance of adult day care programs, one participant stating that "Chatham should take care of its own" rather than requiring residents to go to other towns' programs.

## **Key Informant Interviews**

In-person interviews were held with individuals who work on behalf of Chatham residents, including the Town Manager, a member of the Board of Selectmen, representatives of the Police and Fire Departments, the Town Nurse, a representative of the clergy, and the Director of Human Resources. Each of these individuals provided unique perspective on Chatham as a community, and each shared observations about the COA, the senior segment of the community, and ways to improve Chatham as a community to age in place. The following paragraphs highlight issues emerging strongly across the interviews, but some additional points raised by one or more individual are also described.

Interviewees highlighted the social and economic diversity within the senior community in Chatham. Chatham seniors include life-long residents who are aging in place, recent arrivals who have chosen Chatham as a retirement destination, and seasonal residents, some but not all of whom have strong attachments to Chatham. Some residents who see Chatham as their primary home do not stay during the winter months, but many do. These segments have different resources, needs, and orientation to the community. As a group, Chatham seniors represent a substantial resource for the Town, with a wealth of experience and interest in being involved. Segments of the senior community struggle to age in place due to lack of sufficient supports, inadequate housing options, or other limitations. This group of key informants understood that each of these segments is an important constituent for the Town and its organizations, and must be considered in Town planning.

Unmet needs. A substantial need in the senior community perceived by this group relates to isolation. This group shared the concern that too many older residents are isolated in their homes, lack nearby family or other informal support, and are at risk of “falling through the cracks” with respect to having their service and support needs met. These individuals recognized that addressing isolation is a community responsibility requiring good communication across offices and organizations working in Chatham, strong outreach by the COA, and expanded information about the services that are in place to address this need. Expanding socialization and outreach programs may also be priorities in addressing this need. Poor transportation options in the community were recognized as contributing to isolation risk; limited travel options also contribute to reduced access to medical and other services, and to participation in valued activities. Priorities include expanding COA transportation services, facilitating the success of other organizations in the community that offer transportation, such as FISH and Nauset Neighbors, and seeking additional opportunities to increase transportation access. Caregiver support was also recognized as a need in Chatham. The key informants recognized that a considerable amount of caregiving for seniors who struggle with cognitive impairment, frailty, or disabling conditions is provided informally by family members or friends. Support and respite for these caregivers is a need in the community. Some key informants perceived a need for a supportive adult day care program in Chatham, a service that would benefit both seniors with care needs and their caregivers. Other needs mentioned by key informants include:

- Expanded medical care, mental health services, and home care services.
- Stronger emergency disaster preparedness taking the unique needs of seniors in mind.
- Housing options, including congregate housing.
- Needs for more information about programs and services already available.
- Volunteer opportunities, and information about how to connect with those opportunities.

Town-wide implications. Each of the individuals interviewed recognized that the large number of seniors in Chatham has implications for the entire community, not just the Council on Aging. Implications for the Police and Fire Departments are substantial—a majority of the calls received by these units relate to the senior population. The Town recognizes that many older residents and those who are retired have the time and inclination to interact with Town offices in person, impacting the way offices operate. Providing information in print as well as online is another response on the part of the Town to its older demographic, as many older residents prefer to receive information in printed form.

The importance of partnerships. Valued partnerships have been established in Chatham across Town offices, as a means of promoting senior security in the community. The Police Department and COA work closely together, and have a relationship that was described as very productive. The Police Department relies on the COA as a partner in disseminating information to older residents, making referrals to programs, and intervening with residents at risk when needed. The representative of the Police Department suggested that this relationship has been substantially strengthened in recent years, with benefit for the

community. The Fire Department also described working well with the COA, but indicates that more effective collaboration is a goal. The representative of the clergy described the COA as “incredibly helpful and supportive” in her work, citing its role as a community asset and resource. Some of these partnerships are formalized: the Reassurance call program is one example. Other collaborations are maintained largely by staff in different offices and organizations knowing one another, consulting with one another, and working cooperatively on behalf of residents. Both of these strategies yield value to the community.

The role of the Chatham Council on Aging. Key informants saw the Chatham Council on Aging as playing an important role in the community. Offering services to the senior community was recognized as an important COA function, and focusing especially on the more vulnerable and at-risk residents was understood as important. All recognized that the COA seeks also to provide valued programs and activities that meet other needs, including needs for socialization, education, opportunities for healthy aging, and entertainment. The key informants offered differing perspectives on the appropriate balance between these two functions. Most would prioritize meeting the service needs of vulnerable residents through outreach, nutrition programs, and referral. Most recognized that the COA is not able to comprehensively address needs for casework or clinical care, although COA staff can help residents locate these services.

Some key informants spoke to their perception regarding needs of the COA or appropriate additions in service. Some informants believed that the community would be receptive to expanded programming in life-long learning, perhaps in collaboration with the library. Programs that help and encourage seniors to plan more effectively may be beneficial, including helping them understand housing options and financial security issues, such as the benefits and risks of reverse mortgages. The COA may need to consider ways to offer more activities and entertainment programs, especially during the winter months. One key informant indicated that she and others who work with seniors would benefit from training and information about the role of the COA relative to Elder Services of CC&I, including the best first point of contact. Information needs were also noted by others citing the fragmentation of resources and services throughout the community, making it difficult for seniors and their family supports to know what’s available and how to access services. Some of the key informants offered that the work of the COA would be enhanced if they had better space and more staff.

## **Community Comparisons**

Chatham and its peer communities share much in common with respect to key demographic characteristics of population size and socioeconomic status (see **Table 13**). The total population size (as of 2010) ranges from 4,956 (Eastham) to 31,531 (Falmouth), with Chatham falling in the middle with about 6,000 residents. Although the absolute number of senior residents ranges significantly, all of the communities have large shares of residents age 60 and older, ranging from about a third in Falmouth to half of the total population in Orleans. Socioeconomic status is fairly high in these communities, with median household income around \$60,000. Educational levels are also high, as represented by the percentage of the adults age 25 and older having college degrees.



**Table 13.** Demographic features, Chatham and comparison communities

Town	All-age population	Population age 60+	% age 60+	Median HH \$	% with college degrees
<b>Chatham</b>	<b>6,125</b>	<b>2,941</b>	<b>48%</b>	<b>\$64,936</b>	<b>48%</b>
<b>Brewster</b>	9,820	3,768	38%	\$60,515	47%
<b>Eastham</b>	4,956	2,169	44%	\$58,356	45%
<b>Falmouth</b>	31,531	10,857	35%	\$60,973	37%
<b>Harwich</b>	12,243	4,629	38%	\$62,927	38%
<b>Orleans</b>	5,890	2,984	51%	\$60,303	51%

Sources: US Census Bureau

All listed Councils on Aging, with the exception of Harwich, are housed in their own stand-alone buildings (**Table 14**). The majority of buildings were constructed over twenty-five years ago, with varying amounts of square feet. All of the stand-alone senior centers have kitchen or dining space, multipurpose activity spaces, and small private office spaces. The Chatham, Brewster, and Eastham senior centers have multiple floors, which may be inconvenient or worrisome for seniors who must depend on an elevator to access programs. The Harwich senior center operates out of the Community Center, built in 2000, and has full access to the 32,000 square feet of available space, consisting of a gym, auditorium/multipurpose room, five classrooms, a kitchen, and two counseling rooms. In addition, some Harwich COA programs have been moved to an empty middle school in the community, allowing for more programs to be offered.

All but two of the COA directors reported that they currently do not have enough space to offer the programs and services that they would like to provide. Directors in Chatham, Brewster, Falmouth, and Orleans all reported needing more space for programming and for storage to better serve their residents. Exercise programs tend to take up the largest available space, limiting what other programs can be offered concurrently. The Falmouth COA must utilize waitlists for programs and uses other locations in town to meet the needs of residents interested in participating. They are currently working on a feasibility study addressing space issues for the COA after a needs assessment of the COA was completed in January 2014.

**Table 14.** Features of COA, Chatham and comparison communities

Town	COA space	Senior Center Square Feet	SqFt/ senior	Year Opened	Adequate Space?	Staff FT/PT	Volunteer Hours per week	Tax Work Off Program Positions
<b>Chatham</b>	<b>Senior center</b>	<b>9,004</b>	<b>3.1</b>	<b>1974</b>	<b>No</b>	<b>5/5</b>	<b>75</b>	<b>20</b>
<b>Brewster</b>	Senior center	6,760	1.8	1973	No	3/6	100	20
<b>Eastham</b>	Senior center	5,400	2.5	1987	Yes	3/2	24	N/A
<b>Falmouth</b>	Senior center	4,020	0.4	1977	No	4/5	65	N/A
<b>Harwich</b>	Community center; empty middle school	32,000	6.9	2000	Yes	5/3	30	30
<b>Orleans</b>	Senior center	8,350*	2.8	2000	No	5/17	129	N/A

*Note: NP = Not Provided; N/A = Not applicable; FT = Full time; PT= Part time. \*Estimate extracted from MCOA database.*

Both of the directors who reported currently having enough space had conditional responses. The directors of Eastham and Harwich both said they have enough space for the most part, but additional multipurpose space would be utilized fully if it were available. Currently, the Eastham COA has enough space, but discussions about enlarging space for the future have already begun. Even for communities that have enough space, future demand will test the capacity of all six of the COAs.

Staff and volunteers complete the day-to-day tasks at each COA. The total number of employees ranges from five (Eastham) to 22 (Orleans), with each community having a full-time Director. The Orleans COA employs five full-time staff members, with an additional 17 part-time employees, many of whom work for very few hours as drivers, and five of whom work in the day center. Chatham and its peers depend on the efforts of volunteers, who supplement the efforts of paid staff by completing critical assignments such as administrative tasks, coordinating and running programs, participating on boards, and driving other seniors. The amount of time dedicated by volunteers varies substantially by community, though almost every director indicated that the number of hours committed per week depended on the time of year and what was going on in the COA at that time. About 3,900 volunteer hours were committed to the Chatham Senior Center during 2015, averaging to about 75 hours per week. Half of the COAs—Chatham, Brewster, and Harwich—have a tax work-off program, with the number of available positions averaging between 20 and 30. All of the senior centers are open 30-40 hours per week.

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

All of the communities provide programs or services targeted at isolated seniors. Both the Brewster and Chatham COAs are connected with their respective police departments in assurance programs. In Chatham, residents who choose to participate are asked to call the non-emergency police phone line to check-in before 10:00 a.m. The police department and/or COA will call those who do not check-in and will complete further follow up if necessary. Similarly, in Brewster, the assurance program is another way for the COA to get isolated seniors into the center for groups such as lunch or out to the food pantry. Chatham has a separate program, called the Pantry to People program, which uses the COA bus to transport seniors to an out-of-town food pantry, allowing for greater anonymity. The Harwich COA provides telephone reassurance calls as well, in addition to a Friendly Visitor program. Both Falmouth and Orleans also offer a Friendly Visitor program to seniors, largely provided by volunteers. The Orleans senior center recognizes the risk of isolation for older LGBTQ seniors, and offers programs for those residents. The Eastham COA provides a social day program for seniors, in addition to the VNA Medical Day program in Harwich. Though the other towns do not provide their own programs, the Brewster, Chatham, and Harwich COAs provide transportation for seniors to either program.

Both Harwich and Orleans are part of the Cape Cod Hoarding Task Force (CCHTF), which is a coordinated effort to raise awareness and tackle issues of hoarding across the Cape. Harwich, in coordination with the CCHTF, has grant funding to provide the Buried in Treasures program, which is a 20 week working and support group designed for residents who qualify. During 2015, the Orleans COA participated in two home clean outs with the CCHTF.

All of the COA directors are tasked with continued marketing of their programs and services to bring in new residents and they use similar methods in doing so. Each COA considered here depends on their regular newsletter sent to residents 60 and older to encourage people to participate in programs and services. Chatham and a number of the peer communities also depend on postings in local newspapers, both community-based and regional newsletters, postings on bulletin boards in public spaces, and local television and radio ads. Chatham and Harwich are working to incorporate younger seniors who may still be working by providing programs in the evenings or adjusting program offerings to appeal to younger seniors. The Chatham COA and its peers work creatively to maintain current participation and to market their services to all older residents in each community.

## **Key Findings and Recommendations**

Chatham's older residents represent nearly half of the community's current population. Although the total population of Chatham declined by 8% between 2000 and 2010, the number of residents age 60 and older increased by 7% during that period. On the basis of this growth, demand for programs and services that are offered by the Chatham Council on Aging is greater today than ever before. Furthermore, demographic projections suggest that the need for services will continue to increase in the future.

Drawing on multiple sources of input, it was learned that the typical Chatham senior is a long-term resident who wants to stay in Chatham moving forward. One-quarter of seniors report having lived in Chatham for at least 35 years; however, one-third have lived in the community for less than 15 years and may have chosen Chatham as a retirement destination. The natural amenities of the area are valued by older residents, as are the many other assets of the community. Most Chatham residents are aging with sufficient finances, good health, and strong social support. However, segments struggle financially or experience isolation or health concerns, and many more residents worry that increasing costs of living, limited transportation options, poor access to services, or significant health events will challenge their ability to age in place.

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

Our study identified a number of key issues representing concerns for Chatham as a community. The cost of housing, concerns about maintaining one's property, and the lack of viable housing alternatives, including especially housing with services, are an issue for Chatham. Older residents do not have good downsizing options; the cost of housing is also a concern for attracting and retaining younger residents. Transportation options are limited in Chatham, which is also a concern throughout the community. Limited transportation options for seniors can impact their ability to access services, including health services, and participate in community life, including Town Meeting and other functions. Substantial concern was expressed relating to isolated segments of the senior community; there is a general sense that the Town should redouble its efforts to reach those who lack nearby family members, those who have become disconnected from friendship or other networks, and those who may be house-bound.

Key issues for the Chatham Council on Aging were also identified in the study. The mission of the COA is not well understood. It is generally agreed that the COA must be a resource for the most vulnerable seniors in the community. Yet consensus does not yet exist on the balance between this service role and responding to needs more broadly, including needs for recreation, engagement, and socialization.

We heard strong receptivity to investing in community assets that address the needs and interests of the older population, including the Chatham Council on Aging. To increase its effectiveness, the COA will need to identify and communicate its mission more clearly; identify and secure the resources needed to increase its impact; and take steps to ensure that residents, other Town offices, and nonprofits working in the community know what the COA does and how to access COA programs.

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

- Plan for growth in the senior population, including the 80+ population.
  - Projections suggest that by 2035, nearly 60% of Chatham residents will be age 60 or older.
  - Projections suggest that the percentage age 80 or older will approach 20%.
  - Older residents have different needs and interests than younger residents; moreover, residents age 80+ may benefit from a matrix of services and supports that are distinct from those sought out by younger seniors.
  - Planning ahead for this shifting age composition will allow the Town to effectively respond to changing needs and preferences in the community.
- Promote housing options for aging in place in Chatham.
  - A large majority of Chatham residents age 50 and older want to stay in Chatham as they age. Many of these individuals will need to modify their homes or find alternative housing in the community if they are to age successfully and safely in Chatham.
  - Information on home modifications may be needed. A majority of survey respondents report that their homes need modifications to improve their ability to remain living there as they age. Cost is not a frequently reported barrier to making these modifications. Information on how to find

trustworthy contractors or what kinds of modifications are most helpful may be needed.

- Receptivity to Senior Independent Living and to Assisted Living is evident among seniors in Chatham. Older survey respondents as well as key informants and focus group participants indicate that options for downsizing are extremely limited in Chatham, and that this limitation is a barrier to remaining in the community as people age.
- Promote awareness of transportation options already available and expand transportation services for seniors.
  - Reliance on self-driving is the norm for Chatham residents, including those age 80+.
  - Four out of ten seniors age 60-79, and 60% of those age 80+, drive with modifications, including avoiding night driving, driving in bad weather, or driving far distances.
  - One-quarter of survey respondents who do not drive have missed, cancelled, or rescheduled a medical appointment due to lack of transportation.
  - Fewer than half of survey respondents are “completely” or “very” satisfied with transportation options in Chatham.
  - Being able to continue living in Chatham if they cannot drive is a substantial concern expressed by many survey respondents.
  - Key informants and focus groups believe securing transportation is a significant challenge for seniors in the community, with implications for isolation, socialization, and accessing services.
- Protect and potentially expand outreach programs directed toward the “at risk” senior population.
  - Segments identified as “at risk” include isolated residents, low-income residents, and those with significant physical and mental health challenges. Residents age 80 or older (13% of Chatham’s current population) and seniors who live alone (28% of Chatham’s residents age 65+) are at higher risk.
  - Concern for this population is especially high during the winter months when neighborhoods are sparsely occupied, and during weather emergencies.
  - Some focus group participants and key informants regard serving the at-risk population as a key element of the COA mission. Some believe that the COA does not have sufficient staffing to meet needs in this area.
- Expand caregiver support programs in Chatham, and consider expanding access to adult day care programs.
  - A large share of the 50+ population in Chatham has been involved in caregiving in the recent past. Many of these caregivers have found this experience challenging.
  - A majority of survey respondents in their 50s, and a near-majority of those age 60 or older, indicate that a caregiver respite program would be helpful to them or their families.

- Interest was expressed by survey respondents for making an adult day care program available in Chatham. Adult day care was mentioned as a significant need by some key informants and focus group participants.
- The need for in-home support reported by the Chatham respondents, coupled with the high cost of formal services and lack of long-term care insurance coverage for such services, highlights this area as a need in the community.
- Strengthen COA capacity and programming.
  - The COA is a valued community asset. Strong support for its programs and services was expressed by survey respondents across all age groups in the age 50+ age range.
  - Protect the service functions of the Chatham COA.
    - Strong support for the outreach and service activities was expressed. Connecting residents to services that they need to stay at home as they age is part of the COA's core mission.
    - SHINE, wellness programs, transportation are highly valued among the services offered.
  - Consider expanding the activity functions of the Chatham COA.
    - Some concerns were expressed that the COA has reduced its emphasis on activities for active seniors.
    - Expanding COA offerings in the areas of aerobic exercise and strength training and life-long learning would be especially valued.
    - Respondents in their 50s name as priorities for expansion more active exercise programs as well as educational programs and social programs. Younger seniors may be drawn in to the COA if more of these types of activities are offered.
    - It is recognized that expanding the activity function of the COA may require additional space, staffing, or partnerships.
  - Demand for COA programs will increase as the Chatham population continues to age. Most survey respondents who do not currently participate in COA programs indicate that they are likely to do so in the future.
- Improve visibility and public awareness of the COA, its mission and its offerings.
  - Many residents do not know what services and programs are available through the Chatham COA.
  - Many residents view the COA as being for very old, frail, or isolated residents.
  - Survey respondents, focus group participants, and key informants all perceive strong value to the community provided by the COA.
  - Educating the public, as well as local organizations and businesses, is needed to expand the effectiveness of the COA.
  - Dissemination of information about the COA should use multiple forms of media, including print media.
- Nurture existing cross-departmental and public-private relationships, and encourage the creation of more collaborations.

- Some partnerships are already in place between the COA and the Police Department, the Fire Department, and other Town offices. These partnerships bring value to the community and should continue to be strengthened.
- FISH, Nauset Neighbors, and supports offered through religious and other organizations are also assets to the senior community in Chatham. The COA continuing to work collaboratively with these organizations also benefits senior residents.



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



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

## Town of Chatham Council on Aging Community Survey

The Town of Chatham Council on Aging (COA) is asking residents age 50 and over to share their views in order to assess the needs of our older population and improve programs and services provided by the COA. **All of your responses will be kept confidential.** Please do not include your name or other identifying information on this form. If you need assistance completing this questionnaire or have questions, please leave a message at 617-287-7413 and we will return your call. If you prefer to respond online, please go to our secure site at: [www.surveymonkey.com/r/Chatham\\_Senior](http://www.surveymonkey.com/r/Chatham_Senior). This survey should take approximately 15 minutes to complete. We thank you in advance for your participation.

### SECTION I: Community & Neighborhood

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

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

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

<input type="radio"/> Very Important	<input type="radio"/> Somewhat Important	<input type="radio"/> Slightly Important	<input type="radio"/> Not at All Important
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#### 3. In the past month, have you talked with any of your neighbors for 10 minutes or more?

☐ Yes   ☐ No

#### 4. 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)

☐ Yes   ☐ No

#### 5. Do you provide any help to neighbors with minor tasks or errands? (e.g. changing a light bulb, shopping, shoveling snow)

☐ Yes   ☐ No   ☐ No, but I would be willing if asked

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

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## SECTION II: Housing & Living Situation

### 7. Who lives in your household? (*Check all that apply*)

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

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

<input type="radio"/> Single family home	<input type="radio"/> Assisted Living Facility
<input type="radio"/> Multi-family home (2, 3, or more units)	<input type="radio"/> Condominium or townhouse
<input type="radio"/> Accessory apartment (add-on apartment to an existing home)	<input type="radio"/> Congregate/shared housing
<input type="radio"/> Apartment building	<input type="radio"/> Other (Please specify) _____

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

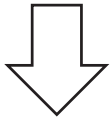
<input type="radio"/> I own	<input type="radio"/> I rent
<input type="radio"/> Other (Please specify) _____	

### 10. Do you think your current residence is where you will always live?

☐ Yes    ☐ No

### 11. Home modifications include things like adding grab bars in shower stalls, railings on stairs, lever handles instead of round doorknobs, and ramps to access entrances. Would making these or similar modifications to your current residence or property improve your ability to remain in your home as you get older?

☐ Yes (Continue to questions 12)                      ☐ No (Skip to question 13)



### 12. Do you anticipate being able to afford to make the modifications your home needs?

☐ Yes    ☐ No

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

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

### SECTION III: Your Health

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

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

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

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

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

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

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

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

☐ Yes    ☐ No

**18. Due to a health issue, do you require help with daily activities**

(e.g., using the telephone, preparing meals, taking medications, or keeping track of bills)  
**or with personal care activities?** (e.g., taking a bath or shower, or getting dressed)

☐ Yes    ☐ No

**19. Referring to the activities in questions 17 and 18 for which you answered “Yes”:  
Who helps you with these activities? (*Check all that apply*)**

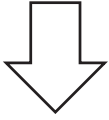
<input type="radio"/> N/A: I don't require any help	<input type="radio"/> A family member helps me
<input type="radio"/> I have no one to assist me when I need help	<input type="radio"/> A friend or neighbor helps me
<input type="radio"/> I pay someone to help me	<input type="radio"/> Someone else helps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

## SECTION IV: Caregiving

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

☐ Yes (Continue to questions 21 & 22)

☐ No (Skip to question 23)



21. Are/were you ever paid to provide this care?

☐ Yes ☐ No

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

<input type="radio"/> Very Challenging	<input type="radio"/> Somewhat Challenging	<input type="radio"/> Neither Challenging Nor Easy	<input type="radio"/> Somewhat Easy	<input type="radio"/> Very Easy
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23. A caregiver respite program offers a break for the caregiver by providing companion services to the care recipient, personal or home health services, or caregiver support groups. If it were available, would a caregiver respite program or support group be helpful to you and your family?

☐ Yes ☐ No

## SECTION V: Transportation

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

<input type="radio"/> I drive myself	<input type="radio"/> Transportation provided by Nauset Neighbors
<input type="radio"/> My spouse/partner or child(ren) drive(s) me	<input type="radio"/> Public transportation (Cape Cod RTA)
<input type="radio"/> Friends or neighbors drive me	<input type="radio"/> Taxi
<input type="radio"/> DART Dial-A-Ride service through CCRTA	<input type="radio"/> Bicycle
<input type="radio"/> FISH transportation for medical appointments	<input type="radio"/> Walking
<input type="radio"/> Transportation provided by the COA	<input type="radio"/> Other (Please specify) _____

25. How satisfied are you with the transportation options available to you in Chatham?

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied
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**26. Which of the following strategies do you use to modify your driving to make it easier or safer?**  
**(Check all that apply)**

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

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

☐ Yes    ☐ No

## SECTION VI: Current & Future Retirement Plans

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

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

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

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

**30. Have you done any financial planning for your retirement?** (Financial planning activities include consulting a financial or legal professional, taking a seminar, or taking steps to ensure you will have adequate income when you retire.)

- ☐ Yes, I have done extensive financial planning for retirement  
☐ Yes, I have done some financial planning but I need to do more  
☐ No, I have not done any financial planning for my retirement

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

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

<input type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Unsure	<input type="radio"/> Disagree	<input type="radio"/> Strongly Disagree
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**32. Medicare does not cover long-term care. Do you currently have long-term care insurance?**  
**For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.**

☐ Yes    ☐ No    ☐ Not Sure

## SECTION VII: Council on Aging Services

The Chatham Council on Aging (COA) is the local community resource for older persons and their caregivers. The COA identifies the needs of seniors in the community and works toward developing, coordinating, and promoting programs and services to meet these needs. The COA's mission is to enhance the dignity, support the independence, and promote the general health and well-being of Chatham's older adults.

**33. The following items refer to programs and services that are currently offered by the Chatham Council on Aging. Please rate the importance of each program/service to you personally or to someone in your family, and whether or not you personally have used that program or service.**

	Rate the importance of each service to you or someone in your family			Have you ever used the service?	
	Important	Neutral	Not Important	I have used this service	I have not used this service
Chatham COA Transportation					
Outreach services: assistance with local or state programs; information and referral services to local aging service providers					
Professional services (tax preparation and legal services)					
SHINE Program—Help with health and prescription needs					
Health and wellness programs (blood pressure and glucose screening, foot care, etc.)					
Fitness activities (exercise, dance, yoga, Tai Chi, etc.)					
Support groups					
Social activities (lunch groups, knitting, men's/women's groups, board & card games, etc.)					
Social functions (entertainment, sponsored lunches, etc.)					
Bus trips and outings (to museums, dining, and destination shopping)					
Learning opportunities and educational seminars					
Free lending library					
Volunteer opportunities					

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

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

- ☐ Yes (*Skip to question 37*)    ☐ No (*Continue to question 36*)



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

- |  |   |
|--|---|
| <input type="radio"/> I am not interested          | <input type="radio"/> I am not old enough |
| <input type="radio"/> Other (Please specify) _____ |   |

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

<input type="radio"/> Lack of transportation	<input type="radio"/> Limited class size for events/activities
<input type="radio"/> Lack of sufficient parking	<input type="radio"/> I don't think I would fit in there
<input type="radio"/> Not knowing what programs and services are available	<input type="radio"/> It is difficult to maneuver throughout the building
<input type="radio"/> Programs don't interest me	<input type="radio"/> It is difficult to get into the building from outdoors
<input type="radio"/> Location of the COA programs and services is inconvenient	<input type="radio"/> Cost for programs
<input type="radio"/> Hours of the COA programs and services are inconvenient	<input type="radio"/> Other (Please specify) _____

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

- ☐ Yes    ☐ No

39. If "Yes" on Question 38, for what reason(s) did you attend the neighboring senior center? (*Check all that apply*)

<input type="radio"/> The program was not offered through the Chatham Council on Aging	<input type="radio"/> The hours of the other Center are more convenient
<input type="radio"/> The other senior center is easier to get to	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Attended the other Center with friends	

40. Thinking about your possible future needs and interests, which of the following areas would you prioritize in creating or expanding the programs and facilities available through the Chatham Council on Aging? (*Check all that apply*)

<input type="radio"/> Senior lunch program	<input type="radio"/> Arts & crafts (e.g., painting, knitting)
<input type="radio"/> Performances/presentations	<input type="radio"/> Hiking/walking club
<input type="radio"/> Quiet sitting/reading area	<input type="radio"/> Evening events and activities
<input type="radio"/> Strength training/aerobic exercise programs	<input type="radio"/> Intergenerational programs
<input type="radio"/> Educational programs (e.g., cultural activities, lifelong learning)	<input type="radio"/> Caregiver respite program (e.g., Adult day programs, caregiver support groups)
<input type="radio"/> Computer programs	<input type="radio"/> Other (Please specify) _____
<input type="radio"/> Social programs	

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

<input type="radio"/> Very Likely	<input type="radio"/> Somewhat Likely	<input type="radio"/> Neither Likely Nor Unlikely	<input type="radio"/> Somewhat Unlikely	<input type="radio"/> Very Unlikely
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**SECTION VIII: Demographic Information**

**42. Please select your gender.**    ☐ Female    ☐ Male

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

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

**44. How many months out of the year do you reside in Chatham?** \_\_\_\_\_ months

**45. What is your marital status?**

<input type="radio"/> Married	<input type="radio"/> Widowed	<input type="radio"/> Divorced/ Separated	<input type="radio"/> Never Married	<input type="radio"/> Living with Partner
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**46. How frequently do you use the internet to access email, social media, or other websites?**

<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Once a Month	<input type="radio"/> Less than Once a Month	<input type="radio"/> Never
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**47. Was there any time in the past 12 months when you did not have money for the following necessities? (*Check all that apply*)**

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

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

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Thank you for taking the time to participate. If you have any questions or concerns regarding this survey, please contact:

Jan E. Mutchler, PhD  
University of Massachusetts Boston

Email: Jan.Mutchler@umb.edu  
Phone: 617-287-7321

## Appendix B: Complete tables, Chatham Resident Survey

### Section I: Community & Neighborhood

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

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Fewer than 5 years	9%	14%	9%	11%	3%
5 to 14 years	22%	22%	22%	27%	8%
15 to 24 years	28%	20%	29%	27%	35%
25 to 34 years	14%	18%	14%	11%	21%
35 years or longer	20%	14%	20%	17%	29%
Chatham native	7%	12%	6%	7%	4%
Total %	100%	100%	100%	100%	100%

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

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

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Very Important	67%	63%	68%	67%	70%
Somewhat Important	25%	26%	24%	25%	23%
Slightly Important	5%	6%	5%	5%	5%
Not at All Important	3%	5%	3%	3%	2%
Total %	100%	100%	100%	100%	100%

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

#### Q3. In the past month, have you talked with any of your neighbors for 10 minutes or more?

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Yes	84%	85%	84%	83%	84%
No	16%	15%	16%	17%	16%
Total %	100%	100%	100%	100%	100%

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

**Q4. 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 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	70%	67%	70%	70%	71%
<b>No</b>	30%	33%	30%	30%	29%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q5. Do you provide any help to neighbors with minor tasks or errands? (e.g., changing a light bulb, shopping, shoveling snow)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	51%	58%	51%	54%	42%
<b>No</b>	9%	7%	9%	6%	16%
<b>No, but I would be willing if asked</b>	40%	35%	40%	40%	42%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q6. What are your greatest concerns about your ability to continue living in the Town of Chatham as you get older?**

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

## **Section II: Housing & Living Situation**

**Q7. Who lives in your household? (Check all that apply)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>I live alone</b>	25%	20%	25%	19%	40%
<b>My spouse and/or minor children only</b>	65%	54%	67%	74%	49%
<b>Extended family</b>	10%	26%	8%	7%	11%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q8. Which of the following best describes your current place of residence?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Single family home</b>	91%	93%	91%	93%	88%
<b>Multi-family home (2, 3, or more units)</b>	1%	0%	1%	1%	2%
<b>Accessory apartment (add-on apartment to an existing home)</b>	1%	0%	1%	1%	1%
<b>Apartment building</b>	1%	2%	1%	1%	2%
<b>Assisted Living Facility</b>	<1%	0%	<1%	<1%	0%
<b>Condominium or townhouse</b>	5%	5%	5%	4%	6%
<b>Congregate/shared housing</b>	0%	0%	0%	0%	<1%
<b>Other</b>	1%	0%	1%	1%	1%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q9. Do you rent or own your current place of residence?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>I own</b>	93%	85%	94%	95%	93%
<b>I rent</b>	5%	10%	4%	4%	4%
<b>Other</b>	2%	5%	2%	1%	3%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q10. Do you think your current residence is where you will always live?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	72%	62%	73%	70%	82%
<b>No</b>	28%	38%	27%	30%	18%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q11. Home modifications include things like adding grab bars in shower stalls, railings on stairs, lever handles instead of round doorknobs, and ramps to access entrances. Would making these or similar modifications to your current residence or property improve your ability to remain in your home as you get older?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	66%	56%	67%	66%	70%
<b>No</b>	34%	44%	33%	34%	30%
<b>Total %</b>	100%	100%	100%	100%	100%

**Q12. [If “yes” on Q11] Do you anticipate being able to afford to make the modifications your home needs?**

*Tabulated for those who report modifications would be beneficial*

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	91%	87%	91%	91%	92%
<b>No</b>	9%	13%	9%	9%	8%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q13. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Single family home	25%	43%	23%	27%	12%
Multi-family home (2, 3, or more units)	2%	4%	2%	2%	1%
Accessory apartment (add-on apartment to an existing home)	7%	7%	7%	8%	5%
Apartment building or condominium	26%	34%	25%	31%	10%
Senior Independent Living Facility	39%	28%	41%	41%	39%
Assisted Living Facility	23%	10%	24%	17%	40%
Congregate/shared housing	4%	5%	4%	4%	2%
Other	10%	5%	10%	10%	11%

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

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

### **Section III: Your Health**

**Q14. How would you rate your overall emotional well-being?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Excellent	60%	61%	60%	64%	48%
Good	36%	34%	36%	32%	46%
Fair	4%	5%	4%	4%	6%
Poor	0%	0%	0%	0%	0%
Total %	100%	100%	100%	100%	100%

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

**Q15. How often do you talk on the phone, communicate by email or social media, or get together with family, friends, relatives, or neighbors?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Rarely</b>	2%	1%	2%	2%	3%
<b>Once a month</b>	1%	2%	1%	1%	2%
<b>2-3 times a month</b>	5%	6%	5%	6%	4%
<b>1-2 times a week</b>	11%	8%	11%	10%	14%
<b>Several times a week</b>	28%	19%	29%	26%	34%
<b>Every day</b>	53%	64%	52%	55%	43%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q16. How would you rate your overall physical health?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Excellent</b>	38%	53%	37%	43%	22%
<b>Good</b>	51%	42%	52%	48%	62%
<b>Fair</b>	10%	4%	10%	8%	15%
<b>Poor</b>	1%	1%	1%	1%	1%
<b>Total %</b>	100%	100%	100%	100%	100%

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



**Q17. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	23%	7%	25%	17%	46%
<b>No</b>	77%	93%	75%	83%	54%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q18. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	3%	2%	3%	2%	7%
<b>No</b>	97%	98%	97%	98%	93%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q19. Referring to the activities in question 17 and 18 for which you answered “Yes”: Who helps you with these activities? (Check all that apply)**

*For those indicating they require help*

	All Ages*
<b>I have no one to assist me when I need help</b>	1%
<b>I pay someone to help me</b>	70%
<b>A family member helps me</b>	46%
<b>A friend or neighbor helps me</b>	13%
<b>Someone else helps me</b>	8%

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

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

## Section IV: Caregiving

**Q20. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled* or *frail* (e.g., a spouse/partner, parent, relative, or friend)?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	47%	58%	46%	48%	40%
<b>No</b>	53%	42%	54%	52%	60%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q21. [If Yes on question 20]: Are/were you ever paid to provide this care?**  
***For those providing care only***

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	8%	13%	7%	8%	3%
<b>No</b>	92%	87%	93%	92%	97%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q22. [If Yes on question 20]: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?**

***For those providing care only***

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Very Challenging</b>	12%	13%	12%	11%	17%
<b>Somewhat Challenging</b>	31%	37%	30%	31%	27%
<b>Neither Challenging Nor Easy</b>	28%	28%	28%	29%	22%
<b>Somewhat Easy</b>	15%	18%	15%	15%	16%
<b>Very Easy</b>	14%	4%	15%	14%	18%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q23. A caregiver respite program offers a break for the caregiver by providing companion services to the care recipient, personal or home health services, or caregiver support groups. If it were available, would a caregiver respite program or support group be helpful to you and your family?**

***Tabulated for all respondents***

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	48%	50%	48%	48%	47%
<b>No</b>	52%	50%	52%	52%	53%
<b>Total %</b>	100%	100%	100%	100%	100%

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

***Tabulated for those having provided care***

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	50%	55%	49%	49%	46%
<b>No</b>	50%	45%	51%	51%	54%
<b>Total %</b>	100%	100%	100%	100%	100%

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

## Section V: Transportation

### Q24. How do you meet your transportation needs? (Check all that apply)

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
I drive myself	94%	96%	94%	97%	86%
My spouse/partner or child(ren)	27%	15%	28%	25%	34%
Friends or neighbors	10%	3%	11%	9%	16%
DART Dial-A-Ride service through CCRTA	1%	1%	1%	1%	2%
FISH transportation for medical appointments	3%	0%	3%	2%	6%
Transportation provided by the COA	2%	0%	2%	1%	4%
Transportation provided by Nauset Neighbors	0%	0%	0%	0%	1%
Public transportation (Cape Cod RTA)	3%	3%	2%	3%	2%
Taxi	1%	1%	1%	1%	2%
Bicycle	6%	15%	5%	7%	1%
Walking	22%	26%	21%	24%	15%
Other	2%	2%	2%	2%	3%

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

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

**Q25. How satisfied are you with the transportation options available to you in Chatham?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Completely Satisfied</b>	18%	20%	18%	17%	22%
<b>Very Satisfied</b>	29%	23%	30%	29%	31%
<b>Somewhat Satisfied</b>	33%	37%	33%	34%	31%
<b>Slightly Satisfied</b>	12%	15%	11%	11%	11%
<b>Not at All Satisfied</b>	8%	5%	8%	9%	5%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q26. 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 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Not applicable— I do not drive</b>	5%	2%	5%	2%	12%
<b>I do not modify my driving at all</b>	48%	66%	47%	55%	27%
<b>I avoid driving at night</b>	30%	11%	32%	27%	44%
<b>I avoid making left hand turns</b>	8%	5%	8%	9%	6%
<b>I avoid driving in bad weather</b>	24%	11%	25%	23%	30%
<b>I avoid highway driving</b>	5%	5%	5%	4%	8%
<b>I avoid driving far distances</b>	16%	6%	17%	11%	33%
<b>I avoid driving in unfamiliar areas</b>	9%	3%	9%	8%	13%
<b>Other</b>	5%	5%	5%	4%	6%

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

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

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

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	3%	5%	2%	2%	4%
<b>No</b>	97%	95%	98%	98%	96%
<b>Total %</b>	100%	100%	100%	100%	100%

\*Includes respondents who did not provide their age category

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

**Q28. What is your employment status? (Check all that apply)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Working full-time</b>	16%	59%	12%	16%	1%
<b>Working part-time</b>	13%	17%	12%	16%	3%
<b>Retired</b>	67%	15%	72%	64%	94%
<b>Other</b>	4%	9%	4%	4%	2%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q29. When do you plan to fully retire?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>N/A, I am already fully retired</b>	65%	16%	71%	62%	93%
<b>Within the next 3 years</b>	6%	3%	6%	8%	1%
<b>In 3 to 5 years</b>	5%	9%	4%	6%	1%
<b>In 6 to 10 years</b>	4%	17%	2%	3%	0%
<b>In more than 10 years</b>	2%	17%	1%	1%	0%
<b>Not sure</b>	8%	17%	7%	9%	2%
<b>I do not anticipate ever fully retiring</b>	10%	21%	9%	11%	3%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q30. Have you done any financial planning for your retirement?** (Financial planning activities include consulting a financial or legal professional, taking a seminar, or taking steps to ensure you will have adequate income when you retire.)

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes, I have done extensive financial planning for retirement</b>	61%	39%	64%	61%	70%
<b>Yes, I have done some financial planning but I need to do more</b>	28%	45%	26%	28%	20%
<b>No, I have not done any financial planning for my retirement</b>	11%	16%	10%	11%	10%
<b>Total %</b>	100%	100%	100%	100%	100%

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

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

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Strongly Agree</b>	28%	20%	29%	27%	35%
<b>Agree</b>	41%	38%	41%	40%	44%
<b>Unsure</b>	24%	27%	23%	25%	18%
<b>Disagree</b>	4%	8%	4%	5%	1%
<b>Strongly Disagree</b>	3%	7%	3%	3%	2%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q32. Medicare does not cover long-term care. Do you currently have long-term care insurance? For example: insurance that would help pay for care received in a nursing home, in an assisted living facility, or would help pay for home health services.**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	25%	14%	26%	25%	29%
<b>No</b>	70%	77%	70%	71%	66%
<b>Not Sure</b>	5%	9%	4%	4%	5%
<b>Total %</b>	100%	100%	100%	100%	100%

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



## Section VII: Council on Aging Services

**Q33. The following items refer to programs and services that are currently offered by the *Chatham Council on Aging*. Please rate the importance of each program/service to you personally or to someone in your family, and whether or not you personally have used that program or service.**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b><u>Chatham COA transportation</u></b>					
Important	53%	50%	54%	58%	44%
Neutral	24%	32%	23%	21%	27%
Not Important	23%	19%	23%	21%	29%
Total	100%	100%	100%	100%	100%
I have used this service	5%	2%	5%	3%	10%
<b><u>Outreach services: assistance with local or state programs; information and referral services to local aging service providers</u></b>					
Important	55%	56%	55%	58%	49%
Neutral	24%	27%	24%	22%	27%
Not Important	21%	17%	21%	20%	24%
Total	100%	100%	100%	100%	100%
I have used this service	11%	5%	12%	10%	16%
<b><u>Professional services (tax preparation and legal services)</u></b>					
Important	44%	45%	44%	44%	43%
Neutral	29%	34%	28%	30%	24%
Not Important	27%	21%	28%	26%	33%
Total	100%	100%	100%	100%	100%
I have used this service	11%	2%	11%	9%	19%

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

**Q33. (cont.)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b><u>SHINE Program—Help with health and prescription needs</u></b>					
<b>Important</b>	50%	49%	50%	53%	41%
<b>Neutral</b>	28%	35%	28%	27%	30%
<b>Not Important</b>	22%	16%	22%	20%	29%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	16%	1%	18%	18%	19%
<b><u>Health and wellness programs (blood pressure and glucose screening, foot care, etc.)</u></b>					
<b>Important</b>	53%	53%	53%	53%	51%
<b>Neutral</b>	28%	33%	27%	27%	28%
<b>Not Important</b>	19%	14%	20%	20%	21%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	16%	4%	17%	12%	33%
<b><u>Fitness activities (e.g., exercise, dance, yoga, Tai Chi, etc.)</u></b>					
<b>Important</b>	52%	53%	51%	53%	46%
<b>Neutral</b>	30%	34%	30%	30%	30%
<b>Not Important</b>	18%	13%	19%	17%	23%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	13%	4%	13%	11%	20%

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

**Q33. (cont.)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b><u>Support groups</u></b>					
<b>Important</b>	44%	40%	44%	45%	42%
<b>Neutral</b>	35%	47%	34%	34%	33%
<b>Not Important</b>	21%	13%	22%	21%	25%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	5%	2%	6%	4%	11%
<b><u>Social activities (lunch groups, knitting, men's/women's groups, board &amp; card games, etc.)</u></b>					
<b>Important</b>	47%	49%	47%	47%	45%
<b>Neutral</b>	33%	37%	32%	33%	31%
<b>Not Important</b>	20%	14%	21%	20%	24%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	13%	3%	14%	9%	26%
<b><u>Social functions (entertainment, sponsored lunches, etc.)</u></b>					
<b>Important</b>	43%	41%	43%	44%	43%
<b>Neutral</b>	37%	45%	36%	36%	36%
<b>Not Important</b>	20%	14%	21%	20%	21%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	14%	2%	16%	10%	32%

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

**Q33. (cont.)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b><u>Bus trips and outings (to museums, dining, and destination shopping)</u></b>					
<b>Important</b>	46%	43%	46%	48%	43%
<b>Neutral</b>	34%	41%	33%	31%	37%
<b>Not Important</b>	20%	16%	21%	21%	20%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	11%	2%	12%	8%	24%
<b><u>Learning opportunities and educational seminars</u></b>					
<b>Important</b>	56%	56%	57%	59%	52%
<b>Neutral</b>	28%	34%	27%	26%	29%
<b>Not Important</b>	16%	10%	16%	15%	19%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	18%	5%	20%	15%	33%
<b><u>Free lending library</u></b>					
<b>Important</b>	46%	50%	47%	46%	48%
<b>Neutral</b>	33%	36%	32%	33%	29%
<b>Not Important</b>	21%	14%	21%	21%	23%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	18%	7%	19%	16%	28%

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

**Q33. (cont.)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b><u>Volunteer opportunities</u></b>					
<b>Important</b>	48%	57%	47%	48%	42%
<b>Neutral</b>	36%	35%	36%	37%	35%
<b>Not Important</b>	16%	8%	17%	15%	23%
<b>Total</b>	100%	100%	100%	100%	100%
<b>I have used this service</b>	14%	5%	15%	11%	25%

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

**Q34. What other programs or services not currently offered through the Town of Chatham Council on Aging would you like to see available?**

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

**Q35. Do you currently use programs or services offered by the Town of Chatham Council on Aging?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Yes</b>	19%	3%	20%	15%	34%
<b>No</b>	81%	97%	80%	85%	66%
<b>Total</b>	100%	100%	100%	100%	100%

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

**Q36. What is the reason that you do not currently use programs or services offered by the Town of Chatham Council on Aging? (*Reported for those who do not use COA*)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>I am not interested</b>	27%	16%	28%	25%	38%
<b>I am not old enough</b>	26%	74%	20%	25%	2%
<b>Other</b>	49%	20%	54%	53%	55%

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

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

**Q37. Below is a list of problems one could encounter when accessing the COA or its programs. Which of these problems have you or someone you know experienced? (Check all that apply)\***

	All Ages*
Lack of transportation	8%
Lack of sufficient parking	6%
Not knowing what programs and services are available	16%
Programs don't interest me	13%
Location of the COA programs and services is inconvenient	2%
Hours of the COA programs and services are inconvenient	3%
Limited class size for events/activities	3%
I don't think I would fit in there	7%
It is difficult to maneuver throughout the building	3%
It is difficult to get into the building from outdoors	2%
Cost for programs	3%
Other	12%

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

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

**Q38. Have you ever traveled to senior centers in other towns to participate in their programs?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Yes	14%	5%	15%	12%	23%
No	86%	95%	85%	88%	77%
Total %	100%	100%	100%	100%	100%

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

**Q39. If “Yes” on Question 38, for what reason(s) did you attend the neighboring senior center? (check all that apply)**

***For those having traveled to senior centers elsewhere***

	All Ages*
The program was not offered through the Chatham Council on Aging	62%
The other senior center is easier to get to	4%
Attended the other Center with friends	31%
The hours of the other Center are more convenient	6%
Other	34%

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

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

**Q40. Thinking about your possible future needs and interests, which of the following areas would you prioritize in creating or expanding the programs and facilities available through the Chatham Council on Aging? (Check all that apply)**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
Senior lunch program	24%	25%	24%	24%	24%
Performances/presentations	31%	36%	30%	31%	27%
Quiet sitting/reading area	6%	6%	6%	6%	6%
Strength training/ aerobic exercise programs	47%	55%	46%	52%	32%
Educational programs (e.g., cultural activities, lifelong learning)	46%	53%	46%	51%	32%
Computer programs	36%	41%	36%	39%	30%
Social programs	26%	42%	24%	27%	16%
Arts & crafts (e.g., painting, knitting)	22%	31%	21%	24%	13%
Hiking/walking club	29%	53%	26%	33%	10%
Evening events and activities	13%	25%	12%	15%	6%
Intergenerational programs	13%	22%	12%	14%	8%
Caregiver respite program (e.g., Adult day programs, caregiver support groups)	26%	34%	26%	27%	22%
Other	9%	6%	9%	9%	8%

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

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



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

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Very Likely</b>	21%	17%	21%	22%	20%
<b>Somewhat Likely</b>	42%	42%	42%	41%	45%
<b>Neither Likely nor Unlikely</b>	24%	28%	24%	24%	22%
<b>Somewhat Unlikely</b>	7%	6%	7%	7%	7%
<b>Very Unlikely</b>	6%	7%	6%	6%	6%
<b>Total %</b>	100%	100%	100%	100%	100%

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

## **Section VIII: Demographic Information**

**Q42. Please select your gender.**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Female</b>	58%	62%	57%	59%	54%
<b>Male</b>	42%	38%	43%	41%	46%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q43. What is your age range?**

	All Ages*	Not reported	50 to 59	60 to 69	70 to 79	80 to 89	90+
<b>Total %</b>	100%	1%	10%	30%	33%	22%	4%
<b># of respondents</b>	1,564	15	156	469	523	337	64

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

**Q44. How many months out of the year do you reside in Chatham?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Fewer than 11</b>	14%	13%	14%	15%	14%
<b>11 to 12 months</b>	86%	87%	86%	85%	86%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q45. What is your marital status?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Married</b>	68%	63%	69%	77%	50%
<b>Widowed</b>	17%	2%	19%	9%	43%
<b>Divorced/separated</b>	8%	14%	7%	8%	3%
<b>Never married</b>	5%	15%	3%	4%	2%
<b>Living with partner</b>	2%	6%	2%	2%	2%
<b>Total %</b>	100%	100%	100%	100%	100%

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

**Q46. How frequently do you use the internet to access email, social media, or other websites?**

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>Daily</b>	79%	88%	78%	86%	59%
<b>Weekly</b>	7%	7%	7%	5%	10%
<b>Once a month</b>	1%	0%	1%	1%	2%
<b>Less than once a month</b>	2%	1%	2%	1%	4%
<b>Never</b>	11%	4%	12%	7%	25%
<b>Total %</b>	100%	100%	100%	100%	100%

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

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

	All Ages*	Age 50 to 59	Age 60+	Age 60-79	Age 80+
<b>N/A, I did not lack money</b>	91%	85%	92%	91%	95%
<b>Pay rent, mortgage, real estate taxes</b>	3%	5%	2%	3%	1%
<b>Pay for medical needs (e.g., prescriptions)</b>	2%	4%	2%	2%	1%
<b>Pay for car repairs or home repairs</b>	6%	7%	6%	7%	3%
<b>Pay utility bills (e.g., oil or electricity)</b>	3%	7%	2%	3%	1%
<b>Buy food</b>	2%	5%	2%	2%	1%
<b>Other</b>	3%	5%	3%	2%	4%

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

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

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

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

**TOWN OF CHATHAM  
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