



Aging in Sherborn: A Community Needs Assessment

October, 2022

Commissioned by Town of Sherborn
and Sherborn Council on Aging

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



Dear Sherborn Resident:

We are pleased to announce the findings of the Community Assessment that was conducted last spring. This report will help the Town and the Sherborn Council on Aging plan for the future of Sherborn to ensure that it is a healthy and happy community for all ages.

This report is possible thanks to the hard work and expertise of the Gerontology Institute, Center for Social & Demographic Research on Aging at University of Massachusetts Boston. Special thanks to Dr. Caitlin Coyle and Susan Berger for their willingness to spearhead the study, share their wealth of knowledge and experience with the community members who participated, and for creating this report.

The work and leadership of the Gerontology Institute was not possible without the support of the Sherborn Select Board and Sherborn Advisory Committee which allowed a portion of the town ARPA (American Rescue Plan Act) funds to be used for this study. We are deeply grateful to the residents, community leaders, service providers, business owners, and municipal leaders who shared with us their time and insight into what can be done to make Sherborn a more age friendly community.

As we know, the population across the United States is aging and Sherborn residents 60 and over are 30% of the population, based on Town Clerk 2022 data. The contributions of our older residents have been invaluable throughout the years. Many of these residents have lived in town for decades, raised their families, developed close relationships, participated in town government, volunteered countless number of hours, and now would like to remain in town and in their homes as they age in place.

There is a concerted effort to ensure that cities and towns across the Commonwealth are age and dementia friendly communities. This effort takes a whole community and the report will help us identify key issues and map out a plan to reach an age and dementia friendly designation. These efforts will require deliberate and intentional steps to design a community that supports people of all ages and abilities to assure that our community meets the needs of all residents.

The WHO (World Health Organization) Age-friendly Cities framework has developed a Guide that proposes eight interconnected domains which help to identify and address barriers to the well-being and participation of older people. These domains overlap and interact with each other and are addressed in the community assessment.

Age-friendly communities strive to become a more supportive and inclusive community for all with a focus on improving the physical and social environment in support of older adults and people living with dementia. These initiatives seek to offer older adults a wider range of choices that make it possible for them to “age in community,” including enhanced access to options in housing, transportation, and social engagement.

The results of this study will serve as a preliminary guide for the Council on Aging and the Town to strategically advance relevant policies, programs, and projects that will serve all members of the community.

Thank you for your support, vision, and engagement as we truly make Sherborn a Community for All Ages!

Sincerely,

Pete Hoagland
Chair, Council on Aging Board

Susan Kelliher
Director, Council on Aging

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Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston's McCormack School. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies through the Commonwealth.

Dr. Sue Berger and Dr. Caitlin Coyle are primarily responsible for the contents of this report. Other contributors to the project include Ceara Somerville and Saralyn Collins and undergraduate students Daniel Caron, Roisin O'Keefe, Himani Pachchigar, and Sabrin Zahid. We are thankful for the leadership of Sue Kelliher, Director of the Sherborn Council on Aging and to the entire Sherborn Council on Aging Board of Directors, who offered guidance at each step of this process. We acknowledge the Town of Sherborn which provided funding for the project. As well, we are grateful to the Sherborn Town leaders for their time and insights and the many residents who completed the survey and shared their thoughts.

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Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Sherborn Council on Aging. The goals of this project were to investigate the needs, interests, preferences, and opinions of Sherborn's population of residents who are age 55 and older. The content of this report is meant to inform the Sherborn Council on Aging, and organizations that work with and on behalf of older residents of Sherborn, for the purposes of planning and coordination of services, but also to build awareness about issues facing Sherborn older residents.

Sustained growth in the percentage of older Sherborn residents, compared to the full Sherborn population, is expected within the next decade. The overarching observation – that the share of older residents of Sherborn is already large and will continue to expand – makes clear the importance of considering how well features of the Town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward. Planning is especially warranted with respect to the Council on Aging, which may be heavily impacted by aging of Sherborn residents.

In preparing for this demographic shift, the Sherborn COA and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 55 and older. Data for this needs assessment were drawn from several sources, including:

- Information obtained through the U.S. Census Bureau and other publicly available sources.
- Six interviews with nine key informants who hold leadership positions in the town of Sherborn.
- A resident survey developed and distributed to all Sherborn residents age 55 and older, based on the most recent Town Census list. The survey was mailed in April 2022 and was also made available online. A total of 540 questionnaires were returned, reflecting a strong return rate of 36%.

A broad range of findings are reported in this document, highlighting positive features of Sherborn as well as concerns expressed by older residents and Town leadership. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility held by the Sherborn Council on Aging, it is understood that adequately responding to needs and concerns expressed in the community will require the involvement of other municipal offices and community stakeholders, and some will require a substantial collaborative effort. Thus this report is intended to inform planning by the Sherborn Council

on Aging as well as other Town offices, private and public organizations that provide services and advocate for older people within Sherborn, and the community at large.

We summarize key findings and make the following recommendations:

➤ **The demand for COA programs and services is expected to escalate in the coming years.**

- Currently, 22% of Sherborn residents are age 60 and older. With the changing demographics, the share of residents age 60 and older is expected to increase to 32% by 2035. Estimates from the U.S. Census Bureau show that in 2020, there were 973 residents age 60 or older living in Sherborn. Projections suggest that by 2030, there may be as many as 1,242 residents age 60 and older in the Town.
- The main reasons many survey respondents, especially those younger than age 69, stated they don't participate in COA programs or use the services is that they don't know what is offered, don't have the time, or are "not old enough".
- A majority of respondents in their 50s (80%) and 60s (61%) are still working full- or part-time and among them, 80% expect to retire within the next 5 years. As this cohort of residents retire, they will have more time and be older, possibly increasing the number of people taking advantage of COA programs and services.
- The need and desire for programs is shifting towards physical health and wellness, personal growth, and enrichment.
 - Survey respondents rated a variety of current programs and services as most important to them. More than one out of four participants rated the following programs as important: educational opportunities (36%); fitness activities (34%), and physical health and wellness clinics (28%).
 - When it comes to increasing participation in Council on Aging programs, respondents reported preference for performance and presentations (36%), indoor exercise/fitness equipment (35%), and skill development classes (31%).

Recommendations:

- Plan for an escalating demand for Council on Aging programs and services by increasing both staffing and space.
 - Currently, the Sherborn COA provides the only public social services in the Town. As needs for social services are expected to increase in quantity and complexity, address the need for additional social service staff to meet the needs of current and future older residents and their families. Additional staff will also be needed to provide more and varied programming for Sherborn older adults.
 - Space challenges and recommendations are included in the next section.

- Ensure that all programming space is equipped with the ability for residents to participate via video conference, to meet the needs of those who are unable to leave their home along with those who don't feel comfortable participating in person due to fear of COVID-19.
 - Consider strategies to change the image of the Council on Aging, from a place for the oldest and most vulnerable to a place for any older adult to come to learn, exercise, socialize and benefit from a variety of services. Initiating new programs, such as kayaking lessons, hiking groups, fitness programs, and other active programming is one way to broaden the appeal of the Council on Aging. Offering some programs in the evening or weekends might attract those who are still working. Marketing programs through social media and at a variety of community events and locales can also broaden the reach.
- **Mixed feedback was provided regarding the current physical space of the Sherborn COA and possibilities for the future.**
- Feedback during interviews with Town leadership and comments on the survey indicated that there is currently not enough space for dynamic programming and informal socialization for Sherborn older residents. As well, several people noted that there is limited, if any, space for confidential discussions with older residents at the Sherborn COA.
 - When asked which scenario they would support regarding a future senior center, survey respondents provided mixed results. One-third (35%) support having a dedicated space for Council on Aging administration and staff with programs being delivered at spaces throughout the community while 29% support a stand-alone center and 23% support dedicated space for programs and services.
 - Many comments from interviews and on survey write-ins addressed thoughts about a senior center. While many expressed the importance of a separate stand-alone center for older residents to gather and engage in the community, other respondents highlighted their concern that a new building would contribute to the already high costs of living in Sherborn on a fixed income. There were many comments related to the challenge of the building of the new library and several felt that nothing should be decided about a senior center until the library is complete and taxes are stable.

Recommendations:

- Explore opportunities to acquire additional space to host programs or to build new space.
- As space for additional programming becomes available, expand programming to include additional educational programming, performances and presentations, and indoor and outdoor fitness programs.

- Advocate for more dedicated space for older adult programming. The library, once completed, may provide opportunity for space along with the community center and other innovative options. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Sherborn residents.
 - Continue to host programming around Town and explore different spaces, as available. Continue partnerships with the library and expand partnerships to include local businesses and schools that could help meet the needs for additional programming opportunities targeted for older adults.
 - Consider expanding outdoor programming, weather permitting, where space is less of a concern. Support the development of a Trailblazers club¹ to connect with adults seeking participation in outdoor activities.
 - Consider collaborations with local businesses. Advocate for a coffee shop in town, when business space becomes available. This can provide a space for older adults to socialize informally. Explore the possibility of partnering with a local gym to provide access to exercise equipment at low cost.
 - Appreciate the opportunity to collaborate with other organizations and towns as a benefit to sharing space. For example, develop intergenerational programs and hold activities in schools.
 - Identify museums, events, historical sites, performances, or outdoor spaces to visit and coordinate group travel and related programming.
 - Reconsider a stand-alone center at a future date, once the library is completed and taxes stabilize.
- **While many older adults have financial resources to meet their needs, economic insecurity is a concern for some older adults in Sherborn.**
- Cost of taxes and overall cost of living came across as a concern for many residents in Sherborn.
 - Thirteen percent of survey respondents disagreed with the statement that they have adequate resources to meet their basic needs.
 - A large share of households headed by someone age 65 and older (21%) report annual incomes under \$50,000 with 7% of those 65 and older reporting an income under \$25,000.

Recommendations:

- Educate the community about currently available programs and develop new programs to support aging in place on a limited income (e.g., property tax exemptions, tax work-off program, small grants for home repairs, coupon cutting groups).

¹ <https://www.facebook.com/SouthboroughTrailBlazers/>

- Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.
- Engage local businesses to promote discounts for older adults. This could promote socialization and offset costs.

➤ **Social isolation is a key issue facing Sherborn residents.**

- 15% of Sherborn residents age 60 and older live alone.
- About 15% of survey respondents age 60 to 79 report not knowing someone within 30 minutes of them to call on for help, if needed.
- Almost half (48%) of all survey respondents said they would not ask a neighbor for help if they needed assistance with a minor task or errand.
- 39% of survey respondents report not knowing who to contact in Sherborn should they or someone in their family need help with social, health, or municipal services.
- 17% of respondents acknowledged that they have felt excluded in Sherborn on at least one dimension. The most commonly reported reason was income, reported by 4% of survey respondents. There were a number of comments regarding the challenge of getting to know people in Sherborn, especially when you are new to Town, as Sherborn can feel exclusive.
- Town leadership reports an increase in scams of older residents.

Recommendations:

- Consider ways to welcome first-time Council on Aging participants who are reluctant to participate on their own (e.g., a “new member day” or a “bring a buddy” program).
- Consider developing an initiative to reach out to older residents of Sherborn who are living alone. For example, begin a door knocking project that would include a committee or group of volunteers that is tasked with contacting single person households in Sherborn to identify them, their needs, and request contact information.
- Explore the adoption of an opt-in electronic system for systematically identifying and communicating with at-risk and vulnerable adults and families during emergencies.
- Hold a workshop on tips and tricks to avoid scams. Invite police to share their role in addressing scams.
- Consider implementing a “surrogate grandparent” program that matches older adults with local families for mentorship and socialization to those whose families live out-of-town or are otherwise absent. Consider hosting a grandparent’s day luncheon to celebrate the participants.
- Consider hosting a quarterly breakfast for local organizations to come together. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which

communication about issues of isolation among providers can be streamlined and relationships established.

➤ **Many Sherborn residents are caregivers and find it challenging.**

- More than 1 out of 4 survey respondents provide care, or have provided care, for an individual with a health issue or disabling condition.
 - Serving in this critically important role is often stressful to the caregiver. Among caregivers, 61% reported that it is challenging to provide care and meet their daily responsibilities.
- Among caregivers, 25% are caring for someone with Alzheimer's or dementia.

Recommendations:

- Consider hosting a family caregiver "Resource Fair" as an opportunity to connect the Sherborn COA with family caregivers.
- Consider hosting a "Caregiver's Night Out" to provide residents of Sherborn who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
- Encourage Town staff to participate in Dementia Friends² training to raise awareness about residents and families living with dementia.
- Provide referrals and transportation to nearby Memory Cafés for residents and their caregivers to attend.

➤ **Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Sherborn.**

- The majority of survey respondents (81%) want to remain living in Sherborn as they get older.
- About one third (35%) of survey respondents report that their house needs repairs or modifications and between 4% and 9% of respondents cannot afford to make these changes.
- When asked about preferences for type of housing if their health or ability required them to move, 38% of respondents of all ages including 51% of respondents age 80 and older and 40% of those age 70-79 preferred a senior independent living community, yet options in Sherborn for this type of living are limited. A condominium or townhome was the preference of those age 50-59 (42%) while a single-family home was preferred by 40% of those age 60-69.

² <https://dementiafriendsusa.org/>

- When asked about their concerns about being able to continue living in Sherborn as they get older, many comments related to housing options and house repairs, specifically concerns about maintaining, adapting, and affording one's home, as they age. For example, one respondent wrote, "If my currently perfect health and fitness eventually decline, will I be able to maintain my property/home independently?"

Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for Sherborn residents to learn about home modifications that can promote safety in the home.
- Help residents identify trustworthy sources of home assistance by developing a list of local contractors and handyman services and making it accessible for older adults in need of services. Ensure that this list includes resources for people who will provide home modifications to support safety within the home.
- Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Sherborn. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing and senior living housing.
- Promote awareness of various housing options across the lifespan. Consider hosting a "housing choice" planning seminar to encourage pro-active thinking about aging in place. Invite local experts (e.g., real estate agents, contractors, disability commission members, lawyers, financial professionals) who can share their perspective about future housing options based on a wide range of individual scenarios. Provide information to increase awareness about Sherborn guidelines that allow residents to rent accessory units.

➤ **Obtaining accessible transportation is a concern for Sherborn residents as they age.**

- There are very few public transportation options in Sherborn.
- 16% of survey respondents either modify their driving in some way (e.g., not driving at night or in bad weather) or don't drive at all. Among respondents age 80 and older, 38% modify their driving or don't drive.
- 32% of respondents are either not satisfied or only slightly or somewhat satisfied with transportation options in Sherborn.

Recommendations:

- Explore the development of a formal volunteer transportation program (e.g., F.I.S.H.)³ to expand door-to-door transportation to Council on Aging activities or social gatherings, or shopping excursions and appointments.
- Consider collaboration with neighboring COAs to coordinate medical transportation to Boston.
- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents aged 80 and older, non-drivers, those who modify their driving, and those with significant mobility limitations.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with the flexibility they value. Consider ride-share options or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for car safety programs as ways to support safe driving for as long as possible. AARP offers several programs, including a free Car-Fit program⁴ and a Smart Driver Course⁵, both programs that offer older adults the opportunity to check how well their personal vehicles "fit" them. The programs also provide information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.
- Promote use of on-demand ride services by offering informational sessions about programs like Uberhealth⁶, GoGoGrandparent⁷ or the Transportation Resources, Information, Planning & Partnership for Seniors (TRIPPS) program⁸.
- Conduct a "walk audit" to identify areas of Town to prioritize for improved walkability.
- Offer "travel training" events for residents to familiarize themselves with available transportation options.

➤ **Communication within departments and with residents could be improved.**

- All of the people interviewed spoke about the need for improved communication among Town departments that work with older adults along with communication with residents.

³ <https://www.wayland.ma.us/council-aging/pages/fish-friends-service-helping>

⁴ <https://car-fit.org>

⁵ [Online Defensive Driving Course From AARP Driver Safety](#)

⁶ <https://www.uberhealth.com>

⁷ https://gogograndparent.com/gogostart?msclkid=93b745cca3fc115b3b9427f15d0b1491&utm_source=bing&utm_medium=cpc&utm_campaign=GoGoGrandparent Brand Pure US Exact Desktop&utm_term=gogograndparent&utm_content=Brand_Pure

⁸ <https://www.mass.gov/doc/tripps-0/download>

- Almost 40% of survey respondents reported that they would not know whom to contact in Sherborn if they needed help accessing social services, health services, or municipal services.

Recommendations:

- Encourage COA users to promote the COA programs and services among neighbors and friends. Word of mouth is a strategy that shouldn't be overlooked, especially in a small town like Sherborn.
- Provide frequent education about the role of the COA and the many services and programs available. It can be challenging to reach older residents who don't have Internet or are not technologically savvy so assuring that information is conveyed via print material, as well as web-based, is important.
- Consider establishing a "citizen's civic academy"⁹. This educates residents about the basics of local policymaking and governance and empowers them with self-advocacy skills.
- Consider funding for a liaison position within Town Safety (Fire and Police), to provide time for an individual to facilitate communication among Town organizations and better support the needs of older residents.
- Consider monthly meetings for representatives from Town departments who interact with older adults. These meetings can be used to discuss specific older residents in need, explore collaborative programming, and provide an opportunity for town leaders to support one another.
- Engage in collaborative projects that support older residents and increase communication among Town organizations (e.g., intergenerational programming; recruiting employees from local organizations to speak at senior events).

⁹ [Citizens Academy - Town of Danvers \(danversma.gov\)](https://danversma.gov/citizens-academy)

Introduction

Like many towns and cities across Massachusetts, the population of Sherborn is aging. Currently, one out of every five residents is 60 and older and this share is projected to grow larger over the coming years. As the older adult population¹⁰ continues to grow, planning is necessary to ensure that the Town is adequately prepared to meet the challenges and capitalize on the opportunities that an aging population offers.

This report presents results of a comprehensive examination of issues relating to aging in Sherborn. A needs assessment was undertaken in order to support planning on the part of the Sherborn Council on Aging (COA) and the community as a whole. Results presented here focus on the characteristics and needs of Sherborn residents who are age 55 and older. While the primary goal of this report is to support planning on the part of the COA, a secondary goal is to present information that will be useful to other Sherborn offices and organizations interacting with older residents.

The Town of Sherborn Council on Aging

In Massachusetts, Councils on Aging (COAs) are municipally-appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. As a municipal department, the Sherborn Council on Aging was established with the purpose of “coordinating and carrying out programs designed to meet the needs of the aging in Sherborn” and to provide “advocacy and support systems” for seniors to support their independence and quality of life.¹¹

In general, when considering the mission of COAs, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, holiday events, and educational programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services. Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible through providing needed information and referring residents to appropriate programs and services. For example,

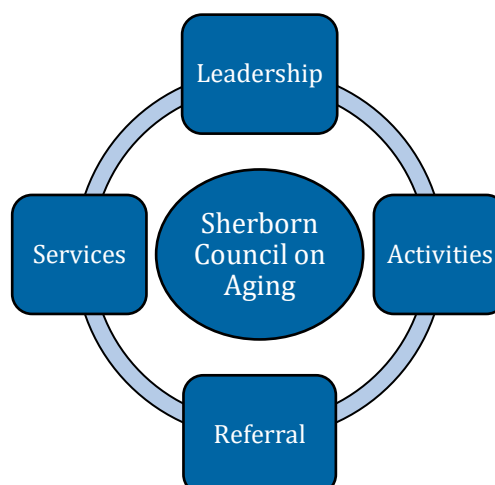
¹⁰ For the purposes of this report, “older adults” and “seniors” are defined as individuals age 60 and older. This is consistent with the Older Americans Act, the legislation authoring many services meant for older adults, which also uses age 60 and over to define the population covered by its provisions.

¹¹ Sherborn COA Mission Statement: <https://sherborncoa.org/mission-statement/>

staff may help residents apply for fuel assistance, SNAP benefits, or health insurance made available through the state or federal government. Finally, COAs provide leadership within the community around senior issues by interacting with other municipal offices and boards, and serving as resources to residents and organizations.

The Sherborn Council on Aging takes on these many responsibilities (see **Figure 1**). The COA offers programs and services to primarily Sherborn older residents, although many of the programs are open to residents of all ages. The administrative offices are located at Sherborn Town Hall at 19 Washington Street while programs are provided in different locations throughout town including the Library, Pilgrim Church, and the Sherborn Community Center. An array of activities and services are offered for free or at low cost to community members. Staff at the Council on Aging also refer eligible residents to services and programs available through other offices and organizations. The Council on Aging 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. Sherborn Council on Aging services and programs are funded through municipal appropriation, grant support from the Executive Office of Elder Affairs (EOEA), Friends of the COA, and resident donations, along with fees charged for some activities.

Figure 1. Roles of Sherborn Council on Aging



The Sherborn COA operates Monday through Thursday from 8:30a.m. to 5:00p.m. and Friday from 9:00a.m. to 12:00pm. The COA employs three paid staff, including a Director, an Assistant Director, and an Elder Advocate who provides outreach services. Individuals who lead or teach programs or classes offered through the COA are paid by fees charged to participants, or volunteer their services. Paid staff are supplemented by volunteers who together contribute many hours annually in support of numerous activities, including providing technology support, sharing health insurance information, providing meals, and many other essential services. The Sherborn COA Board of Directors is made up of town-appointed volunteers who live in the community. Its seven members and two associate members act as an advisory committee to the Director, Sue Kelliher. Members also advocate for programs and services meant to fill the needs of older residents.

Examples of programs offered through the Sherborn COA include:

- Outreach services that connect residents to services and benefits for which they are already eligible (e.g., fuel assistance; SHINE; SNAP).
- Programs that help residents stay in their homes (e.g., Meals on Wheels; transportation services, friendly calls).
- Programs that help residents stay healthy (e.g., exercise classes; yoga; walks; Healthier You Resiliency program).
- Programs that provide learning opportunities (e.g., Lifetime Learning program; Mixing it Up Mondays; technology training).
- Programs that provide the opportunity for residents to socialize with others (e.g., Men's group; coffee and conversation; Ice cream truck social).
- Programs that support residents dealing with challenging circumstances (e.g., support groups; medical closet).
- Referrals that connect residents to professional services (e.g., mental health counseling).

A complete calendar of programs and events is available through the Sherborn COA and is available online¹². All households receive a paper copy of the newsletter, the Link, and any individual can request an online version of this resource. A weekly email blast is also sent to over 500 older residents to keep them up-to-date on events and town issues.

Data from the Council on Aging annual report to the Executive Office of Elder Affairs (EOEA) indicate that during FY 2021, a total of 670 unique ("unduplicated") individuals were served through the Sherborn COA. While the COA primarily serves residents 60 and older, 39 residents under age 60 benefited from the services offered. FY 2021 was unique in that most in-person programs and services were cancelled. Sherborn COA staff were creative and resourceful, figuring out ways to continue providing much needed resources and support to people in safe ways. For example, during the initial phases of the COVID-19 pandemic, all meals were delivered. While they continued to deliver meals to those who needed it, in the fall of 2021, the COA offered "Grab and GO" meals for those who were able to pick them up, which provided an opportunity to connect with residents.

During FY2021, outreach and advocacy efforts impacted many individuals, including 228 new outreach contacts, 68 individuals receiving SHINE counseling, and 18 individuals receiving mental health referrals. During this time period, 72 residents benefited from nutritional programs including 50 individuals who picked up 1,213 "grab and go" meals and 22 individuals who received home delivered meals. Other high involvement services and programs included wellness check, transportation services, and fitness and exercise classes.

¹² <https://sherborncoa.org/coa-events/calendar/>

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

Methods

Mixed 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. In the current project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, survey data gathered from residents 55 and older, and qualitative data collected directly from the Town of Sherborn's leaders who work with older adults. For background and context, conversations were held with the Director of the Council on Aging (COA) and the COA Board. All research methods and instruments used in this project were approved 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.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Sherborn'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 (2016-2020) to summarize demographic characteristics including growth of the older population, shifts in the age distribution, race and education distributions, householder status, living arrangements, household income, and disability status. Projections were made using data generated by the Donahue Institute at the University of Massachusetts and by the Metropolitan Area Planning Council (MAPC),

Interviews

Six interviews were conducted with nine individuals who serve in leadership roles in the Town of Sherborn, including three representatives from the Police Department, two representatives from the Fire Department, and one representative from each of the Select

Board, the Elder Housing Board, the Planning Board, and the Council on Aging. The Council on Aging Board of Directors determined who to invite to participate and the Director of the Council on Aging encouraged those individuals to participate. These interviews occurred during Winter 2022 via Zoom and lasted between 25 and 60 minutes each.

Community Survey

A community survey was developed for this study and mailed to Sherborn residents age 55 and older. A mailing list was obtained from the Sherborn Town Clerk, based on the most current municipal census. Only Sherborn residents age 55 and older, at the time the survey was distributed, were included on the list; the mailing list was destroyed upon completion of the study. Printed surveys were mailed to Sherborn residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was available via the Town's website, using the Qualtrics platform, for those who wished to participate online.

Other Material

Additional information used in this report was retrieved from reports generated by the Director of the Sherborn Council on Aging to summarize programs and usage. Similarly, we used reports developed by other Town organizations and shared with UMB by the Town or available online; and from the Sherborn newsletter.

Data Analysis

Data collected from the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in the **Appendix** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., "What are your greatest concerns about your ability to continue living in Sherborn?"). Notes taken during the study's qualitative components (i.e., interviews with town leaders) were reviewed and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Sherborn. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results: Demographic Profile of Sherborn

Age Structure and Population Growth

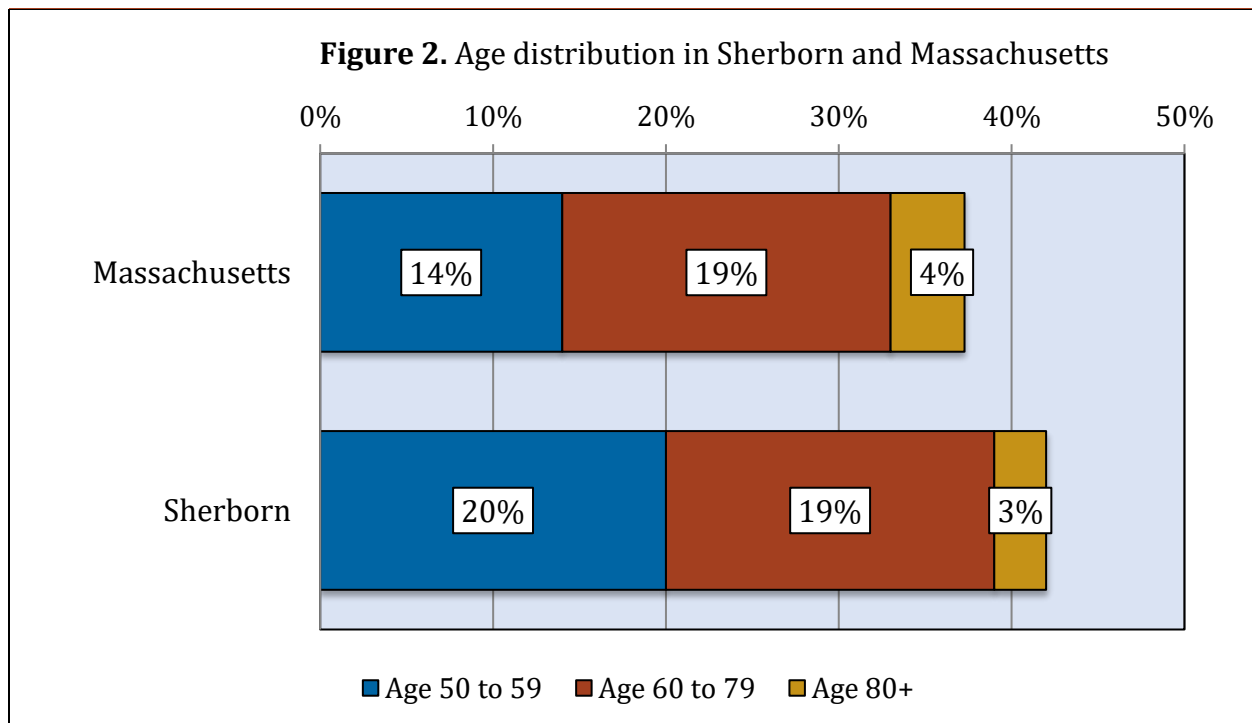
According to American Community Survey (ACS) estimates, there were 4,324 residents living in the Town of Sherborn in 2020. About 42% of the population (1833 individuals) were age 50 and older (see **Table 1**). Residents who were age 50 to 59 (860 individuals) made up 20% of the population, residents age 60 to 79 (838 individuals) comprised around 19%, and another 135 residents (3%) were age 80 and older.

Table 1. Number and percentage distribution of Sherborn's population by age category, 2020

Age Category	Number	Percentage
Under age 18	1,250	29%
Age 18 to 49	1,241	29%
Age 50 to 59	860	20%
Age 60 to 79	838	19%
Age 80 and older	135	3%
Total	4324	100%

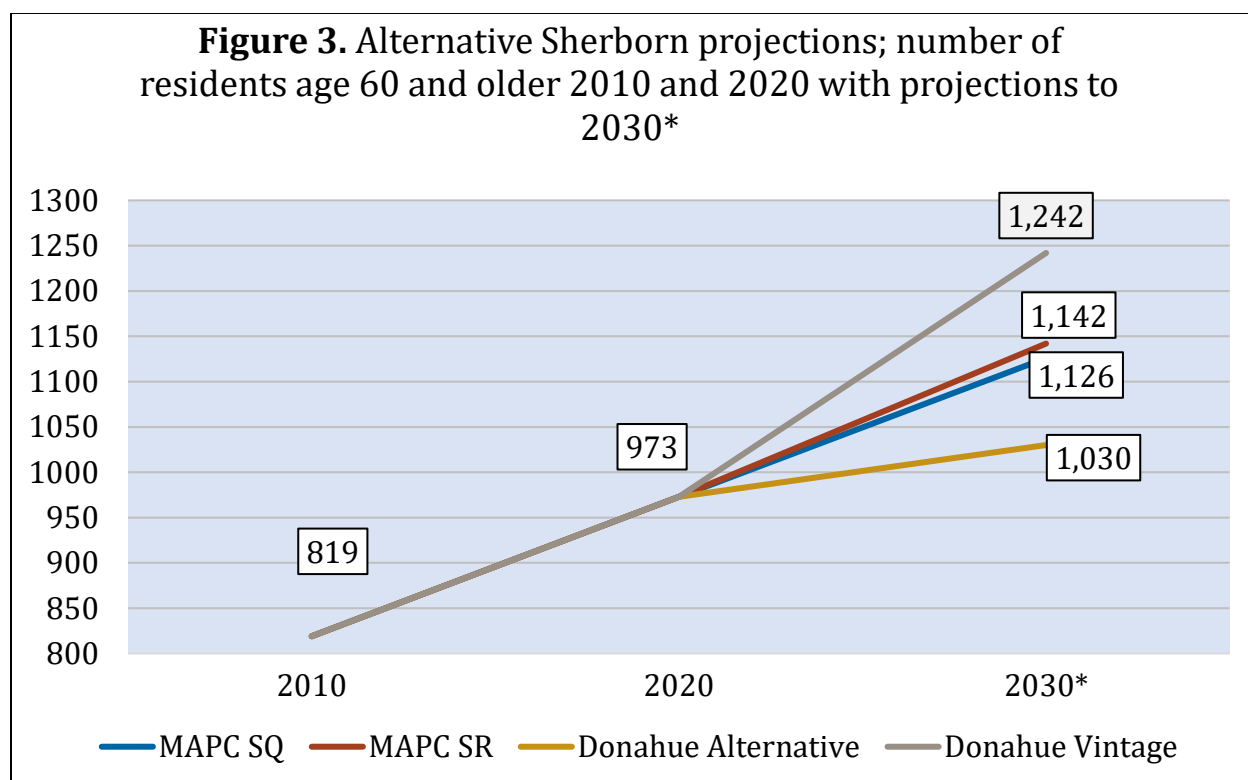
Source: American Community Survey, 2016-2020, Table B01001. Numbers are calculated from 5-year survey estimates.

The share of Sherborn population age 50 and older is larger than the overall state of Massachusetts population (see **Figure 2**). About 37% of the Massachusetts population was in the 50+ age group in 2020, compared to 42% of the Sherborn population. The largest difference in population percentage between Massachusetts and the town of Sherborn is in the upcoming older adult group (those age 50 to 59). In 2020, Massachusetts residents age 60 and over comprised about 23% of the population, including 4% age 80 and over. In Sherborn, about 22% of the population was 60 or older, including 3% who were 80 years or older.



Source: American Community Survey, 2016–2020, Table B01001. Numbers are calculated from 5-year survey estimates

The share of the older population of Sherborn is expected to increase over the following decade. **Figure 3** shows four sets of projections for Sherborn’s population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest incremental decreases in the total population of Sherborn; but growth in the share of the older population between 2020 and 2030.

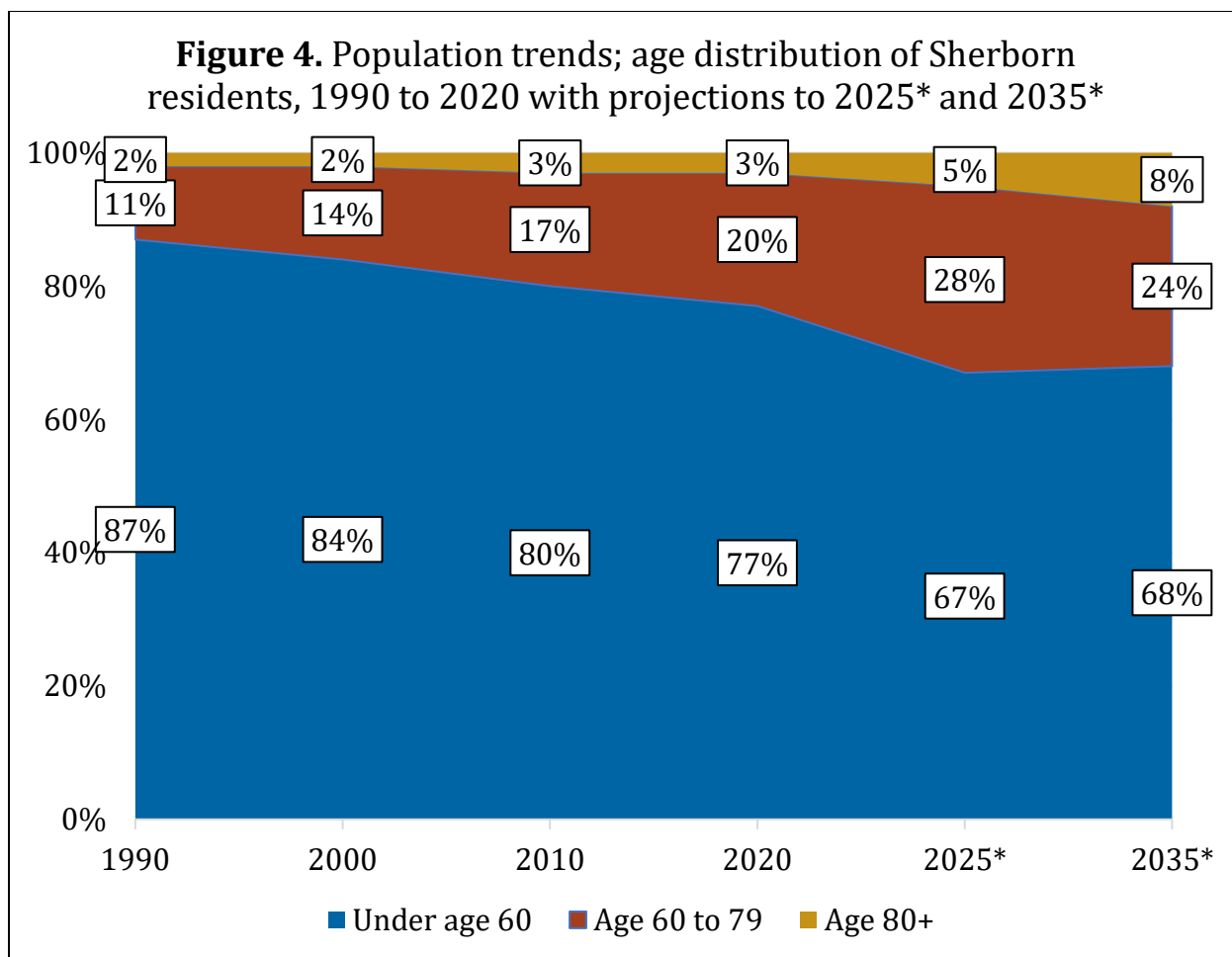


Source: Population data for 2010 are from the U.S. Census. Data for 2020 are from American Community Survey, 2016–2020, Table B01001. Numbers are calculated from 5-year survey estimates.

*The four sets of projections for 2030 are from two different sources: 1. Donahue Alternative and Vintage projections are estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/> 2. MAPC Status Quo (SQ) and Stronger Region (SR) Scenarios projections are prepared by the Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

Figure 4 shows the age distribution of Sherborn’s population from 1990 to 2020, and population projections for 2025 and 2035¹³. In 1990, about 13% of the Town’s population was age 60 and older; this percentage steadily increased each following decade, with 16% of those age 60 and older by 2000, 20% by 2010, and 23% by 2020. According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades, as well. Donahue Institute vintage projections suggest that by 2035, almost one out of each three Sherborn residents (32%) will be age 60 or older—24% of the Town’s population will be between the ages of 60 and 79, with an additional 8% age 80 and older.

¹³ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).



Source: Population figures for 1990 through 2010 are from the U.S. Census. Data for 2020 are from American Community Survey, 2016–2020, Table B01001. Numbers are calculated from 5-year survey estimates.

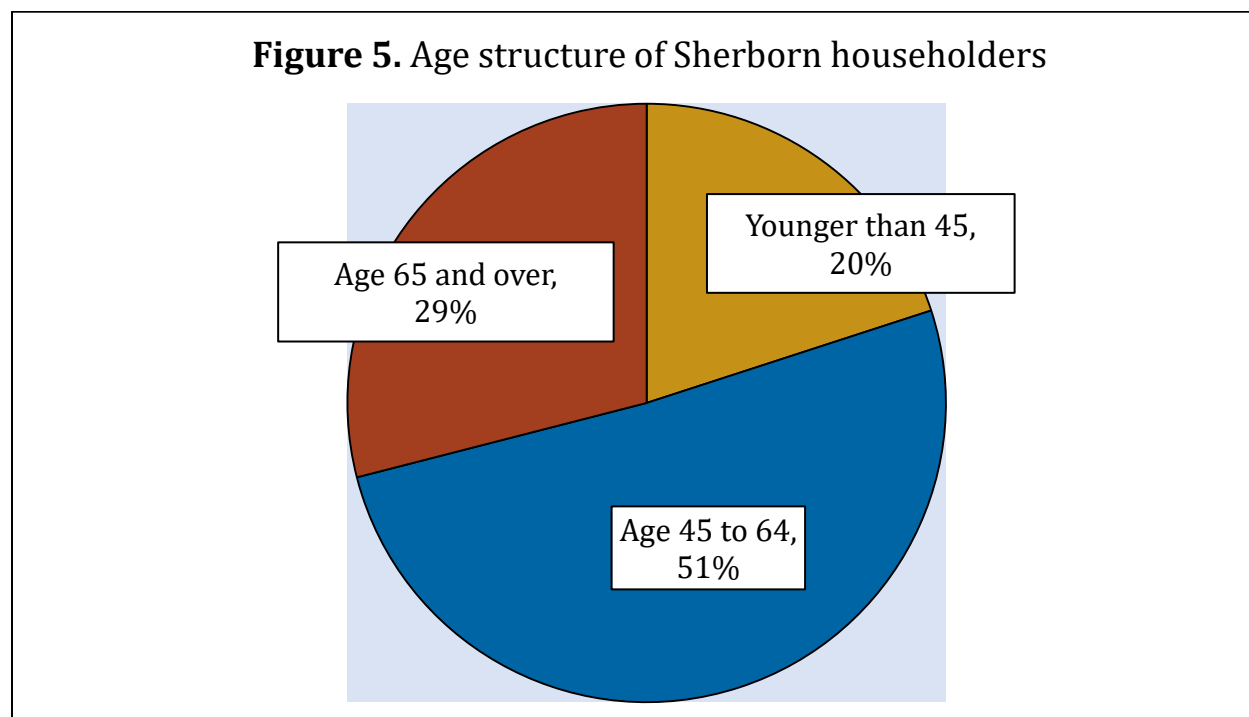
* Figures for 2025 and 2035 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Composition of Sherborn's Older Population

Sherborn is less diverse than the state with respect to race. For all ages combined, about 85% of Sherborn residents report their race as White non-Hispanic, compared to 71% in Massachusetts (ACS, 2016–2020, Table B01001). Similarly, among older adults, Sherborn is less diverse. The large majority of older residents report White race and ethnicity (98%). The remaining percentage of the population 65 and older report Asian (2%) while less than 1% report two or more races.

Additionally, almost 10% of older Sherborn residents speak a language other than English at home (ACS, 2016–2020, Table B16004). These older residents speak an Indo-European language at home. This group of languages includes many languages including, for example, Portuguese and South Asian languages (e.g., Hindi or Bengali).

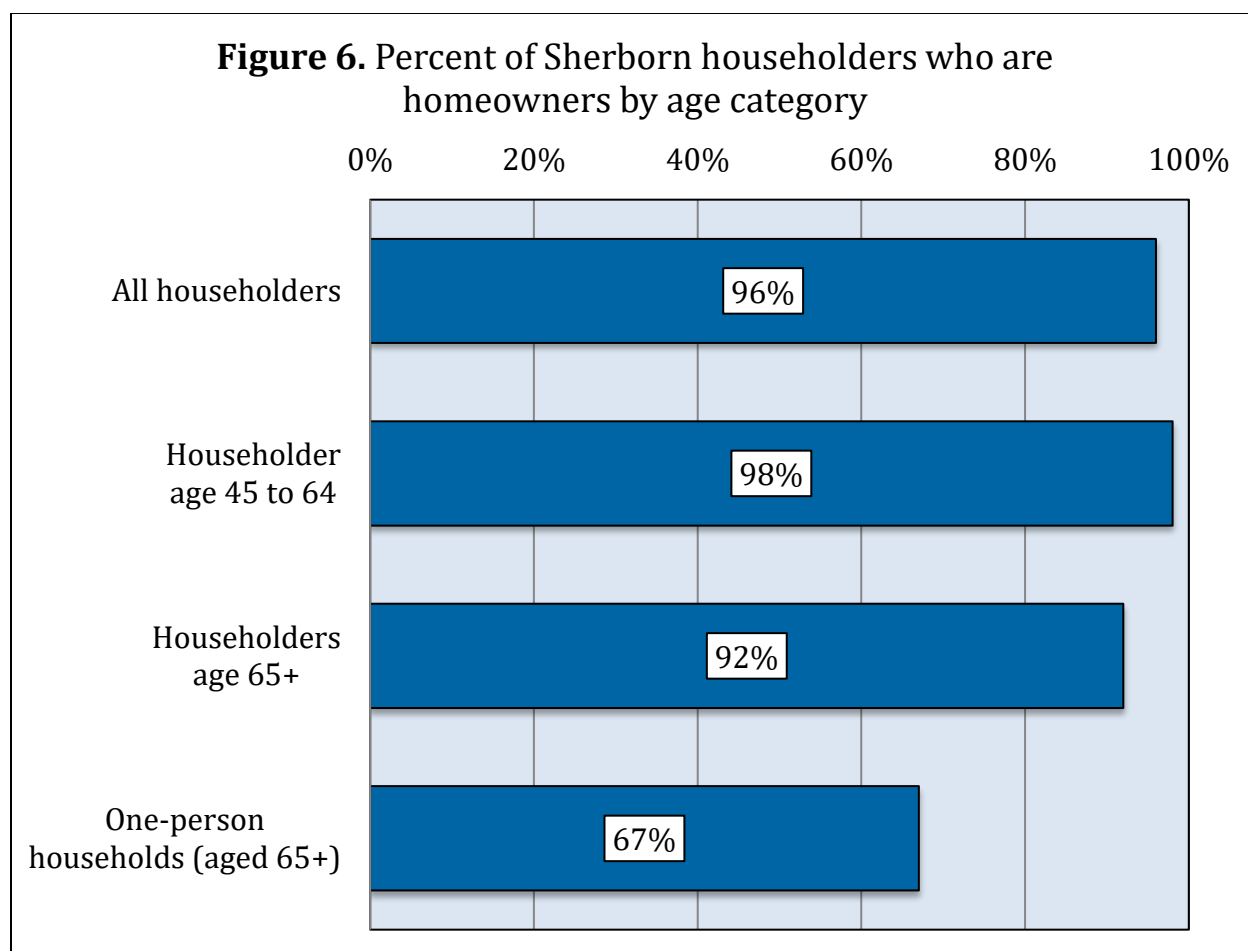
A majority of Sherborn's 1,478 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a "householder" is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 80% of all households in Sherborn¹⁴ including 29% of those who are age 65 and over (see **Figure 5**).



Source: American Community Survey, 2016–2020, Table B25007. Numbers are calculated from 5-year survey estimates.

Almost all Sherborn residents live in homes that they own or are purchasing (96%; see **Figure 6**). Nearly 98% of residents age 45 to 64 own their homes, and 92% of householders 65 and older own their homes. A sizeable share of Sherborn residents who are 65 and older and live alone, also own their home (67%). The high number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. 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.

¹⁴ Many available Census data on the older population of Sherborn are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

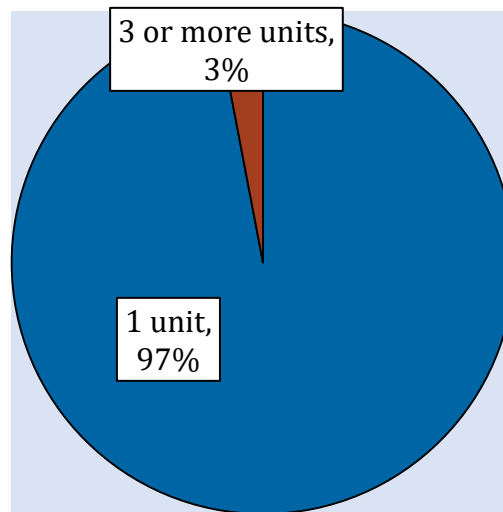


Source: American Community Survey, 2016–2020, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 42% of Sherborn’s 1,478 households have at least one individual who is age 60 or older (ACS 2016–2020, Table B11006). This high proportion of households with at least one older adult— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Among the 1,575 housing structures in Sherborn (see **Figure 7**), 97% are single unit structures and the remaining 3% are housing structures that contain three or more housing units, which include apartment complexes. As people age, many older adults want to downsize to a more accessible home, often a condominium, townhouse, or apartment with one-floor living. This may have implications for housing needs in Sherborn.

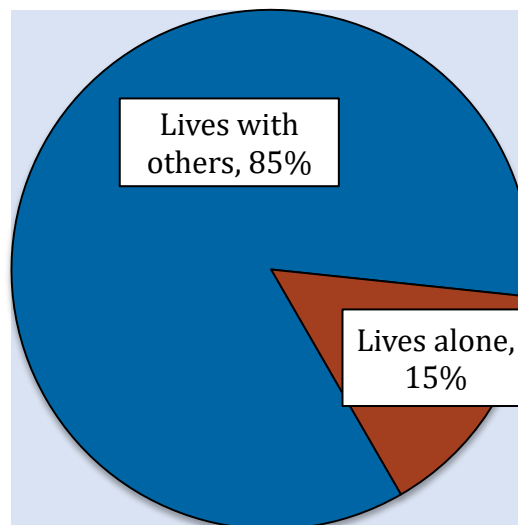
Figure 7. Number of units in Sherborn housing structures



Source: American Community Survey, 2016–2020, Table B25024. Numbers are calculated from 5-year survey estimates.

A large proportion of Sherborn residents who are age 65 and older (85%) live in households that include other people, such as a spouse, parents, children, or grandchildren whereas 15% live alone in their household (see **Figure 8**).

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



Source: American Community Survey, 2016–2020, Table B09020. Numbers are calculated from 5-year survey estimates.

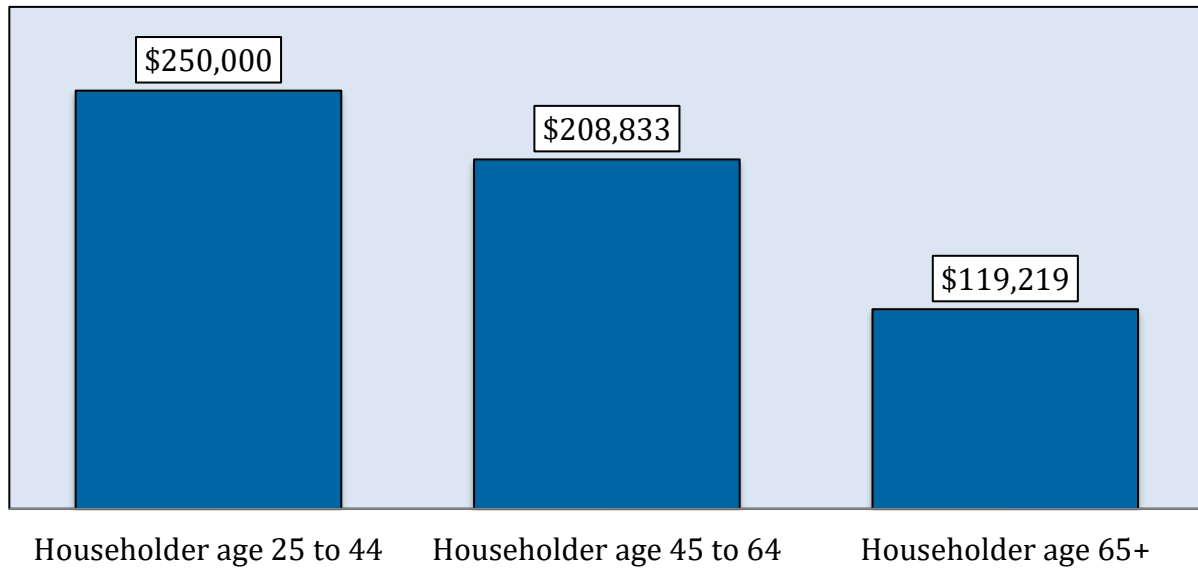
American Community Survey estimates on education suggest that Sherborn residents are well educated on average. About 88% of persons 65 and older have either a bachelor's degree (38%) or a graduate/professional degree (50%; *ACS, 2016–2020, Table B15001*). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of Sherborn residents aged 65 and over remain in the workforce. Almost 65% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, nearly 2% remain in the workforce (*ACS, 2016–2020, Table S2301*).

Nearly 21% of men age 65 and older report veteran status (*ACS, 2016–2020, Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

With respect to household income, there is some comparative disadvantage of some older residents in Sherborn (see **Figure 9**). Sherborn residents' median household income is considerably higher than the one estimated for Massachusetts as a whole, \$216,406 compared to \$84,385. Among Sherborn's householders, those aged 25 to 44 have the highest median income at more than \$250,000—which is also greater than the statewide median for this age group (\$96,311). Among householders 65 and older, the median income is \$119,219, more than double the statewide median for this age group (\$52,973), yet much lower than the median income of younger Sherborn householders.

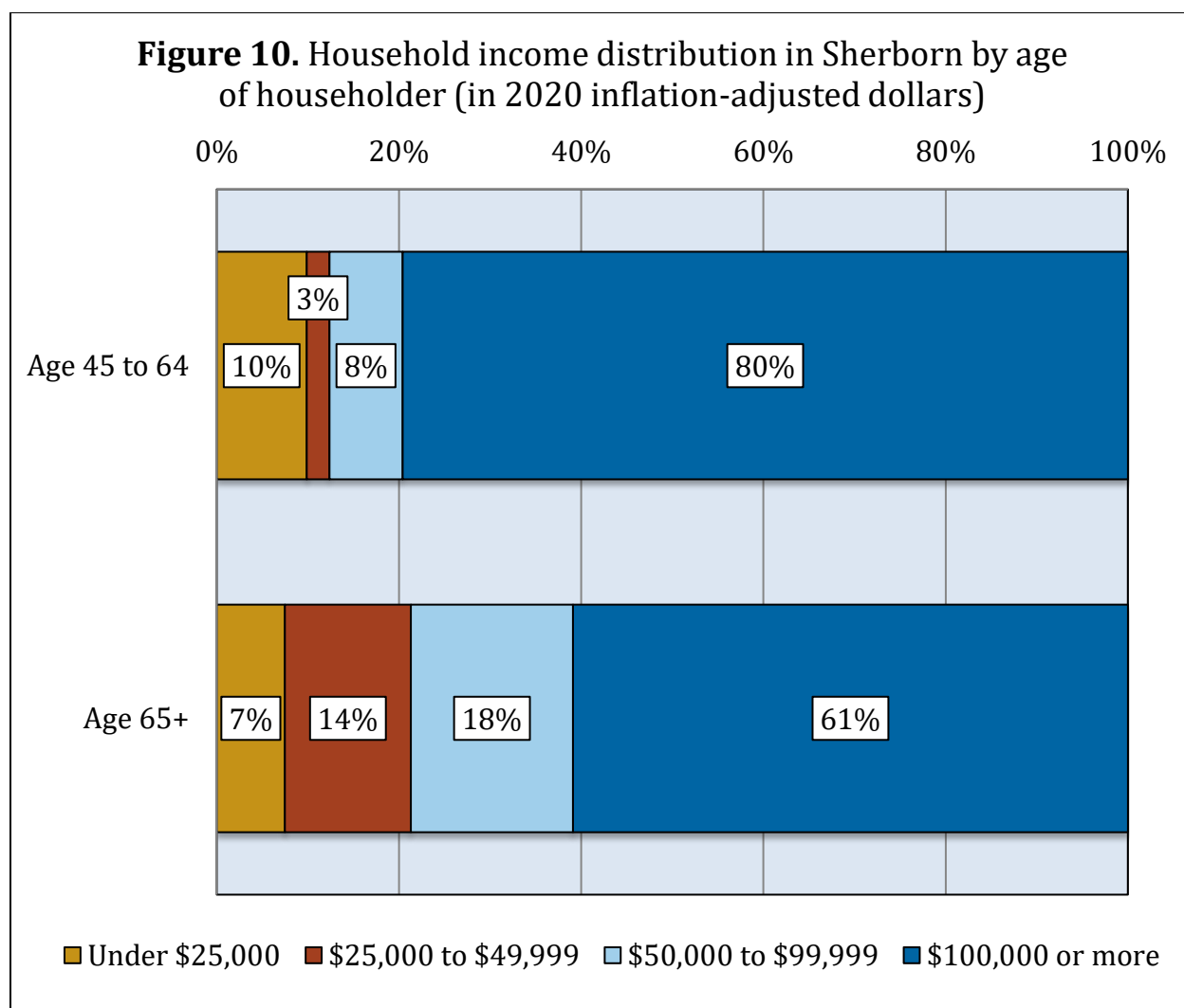
Figure 9. Median household income in Sherborn by age of householder (in 2020 inflation-adjusted dollars)



Source: American Community Survey, 2016–2020, Table B19049. Numbers are calculated from 5-year survey estimates.

Note: Includes only community households, not group quarters.

The economic profile of older Sherborn residents relative to younger residents is further illustrated in **Figure 10**, which shows that the older adult population lives on a modest income. More than half of Sherborn’s residents’ age 65 and older report incomes of \$100,000 or more. By comparison, 80% of households headed by younger residents report this level of income. Importantly, a large share of households headed by someone age 65 and older (21%) report annual incomes under \$50,000 with 7% of those 65 and older reporting an income under \$25,000. Thus, there is a sizeable segment of Sherborn’s older population that is at risk of financial insecurity or economic disadvantage.

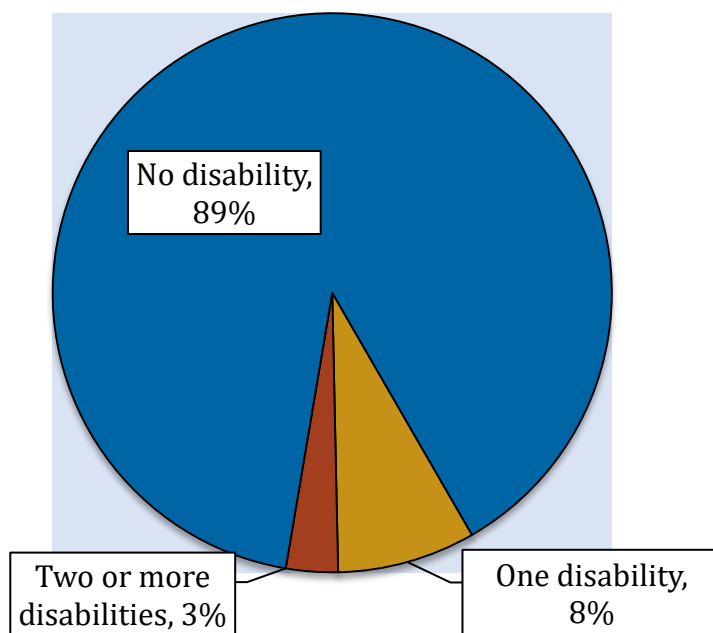


Source: American Community Survey, 2016–2020, Table B19037. Numbers are calculated from 5-year survey estimates.

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

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Sherborn residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. Almost 8% of Sherborn residents age 65 and older have one disability, and 3% report two or more disabilities (see **Figure 11**). Among the different types of disability that are assessed in ACS, independent living limitations—difficulty doing errands alone, such as visiting a doctor’s office or shopping – was cited most frequently by Sherborn residents 65 and older (ACS 2016–2020, Table S1810).

Figure 11. Percentage of Sherborn residents age 65+ reporting disability



Source: U.S. Census Bureau; American Community Survey, 2016–2020, Table C18108.

Percentages by age group do not sum to 100% because people may report multiple difficulties and do not include those with no difficulties assessed by the ACS.

Results from the Community Survey: Hearing from Residents

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

Paper surveys were sent to all residents age 55 and older. Online surveys were available to all residents. Respondents to the community survey included 539 individuals age 55 and older and one person under age 55, representing a response rate of 36% (see **Table 2**). This is a strong return rate and reflects interest among community residents. Nineteen percent of the responses were returned online and the rest of the responses were returned by mail. Compared to the age distribution of Sherborn's older adults, response rates were higher for those age 70 and older. To facilitate comparison of younger and older segments of the population with respect to needs and interests, we most often present results throughout the report grouped into four age groups; age group 55-59, age group 60-69, age group 70-79, and age group 80 and older. In **Appendix**, response distributions are shown by age group. Note that the one person who reported their age as <55 is included in the 55-59 age group throughout these analyses.

Table 2. Community Survey Respondents

	Sherborn mailing list, residents age 55+	% age distribution for mailing list, surveys mailed	Number of responses	Response rate	% age distribution for responses
< 55	0	0%	1	---	<1%
55 to 59	392	27%	77	20%	14%
60 to 69	596	39%	190	32%	36%
70 to 79	330	22%	157	48%	30%
80 to 89	152	10%	91	60%	17%
90+	40	2%	14	35%	3%
Total	1510	100%	540*	36%*	100%

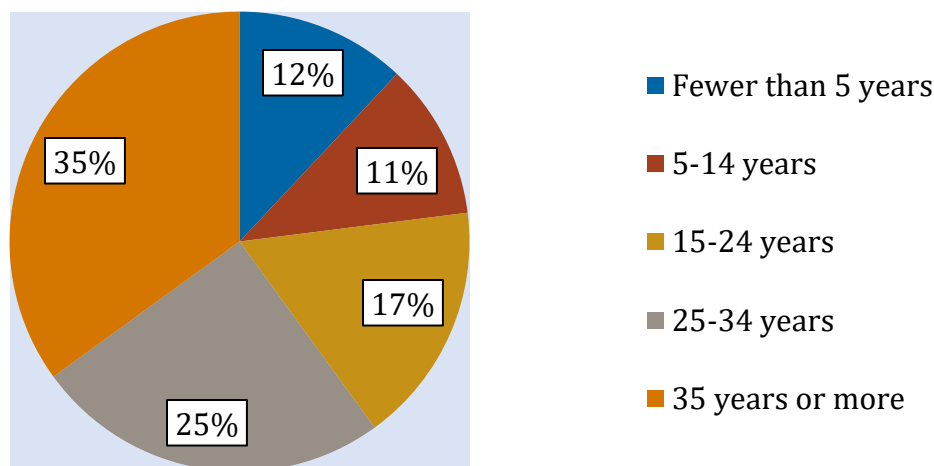
*Includes 10 surveys where people declined to provide their age

Community and Neighborhood

A commonly expressed goal of older adults is to remain living in their own homes for 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. By aging in place, older adults can retain their independence, as well as maintain valued social relationships and engagement with the community.

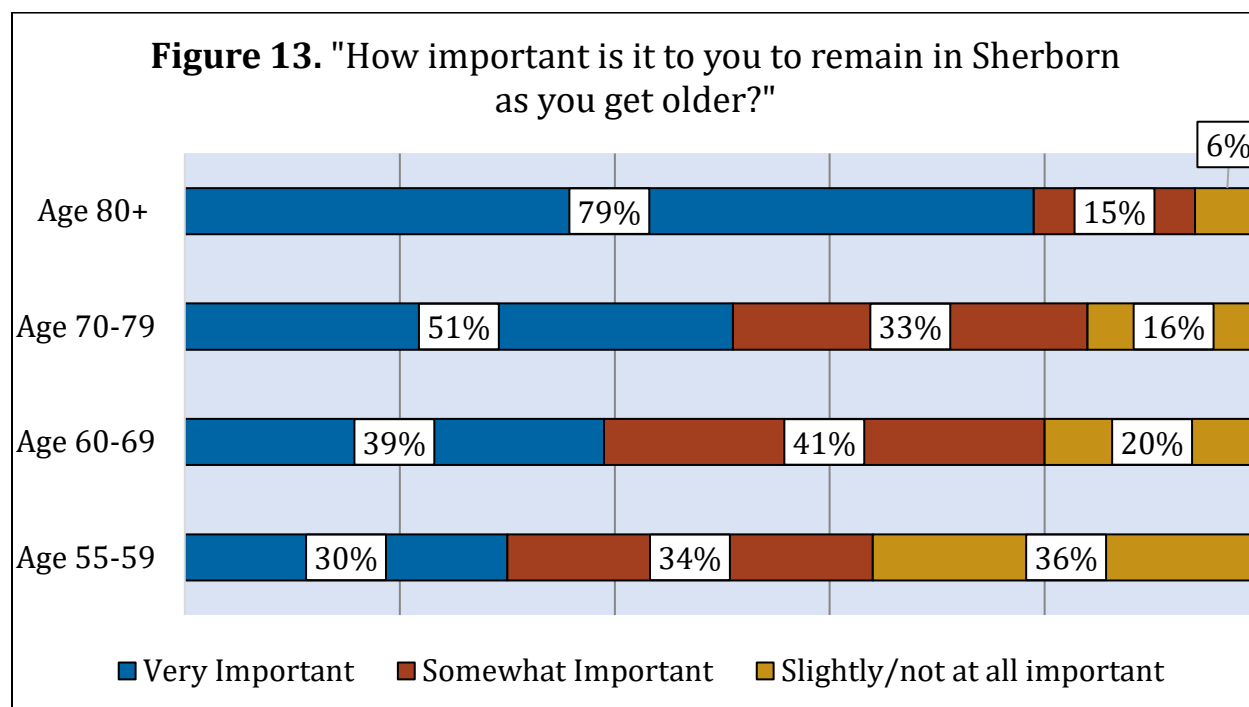
Survey respondents included residents who have lived in Sherborn for many years, as well as relative newcomers. Sixty percent of respondents have lived in Sherborn for more than 25 years (see **Figure 12**). These individuals offer insight based on their years of experience as Sherborn residents. It is also helpful, however to hear from those who are new to Sherborn and 23% of respondents have been residents less than 15 years, including 12% who have lived in Sherborn less than five years.

Figure 12. "How long have you lived in the town of Sherborn?"



More than half of the respondents have lived in Sherborn for 25 years or more so it is not surprising that a large number of residents want to remain living in Sherborn as they get older. When asked how important it is for them to remain living in Sherborn as they get older, the large majority responded that it is very or somewhat important for them to remain in Sherborn and this percentage was higher for older residents (see **Figure 13**). More than half of the survey respondents 70 and older rated this as very important while at least one in five respondents under age 70 rated this as slightly or not at all important. Interestingly, more than half of those who have lived in Sherborn less than 5 years (56%) or 25 or more

years (54%) rated it as very important to remain living in Sherborn as they age while 31% of those who have lived in Sherborn between 5 and 24 years felt it was very important (tabulations not shown).



Almost all of the survey participants took the time to respond to the open-ended questions about what they value about living in Sherborn and their greatest concerns about their ability to remain living in Sherborn. Some of the reasons, noted over and over again, about why respondents choose to live and remain in Sherborn include the outdoor space, the rural character, and the tranquility of the community. Survey respondents also noted that there is a sense of community in the town and acknowledged that the location, near stores and medical services, is great if you are able to drive. The strong educational system was also highlighted as a strength of the community.

"Peace, quiet, natural beauty, land for gardening, and a semi-rural environment that is easily accessible to the city should that be desired."

The responses to the open-ended question, "What are your greatest concerns about your ability to continue living in Sherborn?" could readily be categorized into five key areas of concern: 1) cost of living/taxes; 2) health issues; 3) transportation/access to services; 4) housing – maintenance and downsizing options; and 5) infrastructure/development. **Table 3** summarizes these concerns, drawing on verbatim responses from the survey.

Given that one main concern about aging in Sherborn is the cost of property taxes and living, it is important to note that 13% of survey respondents do not believe they have the financial resources to meet their basic needs (see **Appendix**).

Table 3. Sample responses to the question, “What are your greatest concerns about your ability to continue living in Sherborn as you get older?”

Cost of living/taxes
“Paying the high property taxes. I believe these should simply be waived for those over 70. All costs are rising and for those of us on fixed, middle-class incomes, expenses are taking an increasingly problematic bite.”
“Exorbitant taxes. Lack of services-like trash pickup-with taxes being high.”
“Can I afford it – home, yard maintenance, taxes, and cost of living?”
Health issues
“Health issues will limit my ability to live alone, do the stairs, drive the car, etc.”
“My children live out of state. I worry who will take care of me or my husband when we are unable to care for ourselves. Especially given the shortage of home health aides.”
“Arrangements/alternatives available to me when no longer able to drive, live independently.”
Transportation/access to services
“Total dependence on my car for transportation - sooner or later we all will need to stop driving due to health limitations.”
“Not having easy access to public transportation or walkable streets.”
“Concerned about transportation for groceries, medical/dental appointments: if/when I become unable to drive.”
Housing-maintenance and downsizing options
“Smaller house size options w/ first floor + master, one floor living and handicap accessible design or ability to adapt.”
“Few resources to downsize (limited housing stock less than 2500 square feet).”
“Can I physically keep maintaining home and yard?”
Infrastructure/development
“Developments being proposed appear to have the potential to change character of town.”
“Building development which will impact the rural feel of this beautiful town.”
“Groundwater issues (possible future contamination of our wells).”

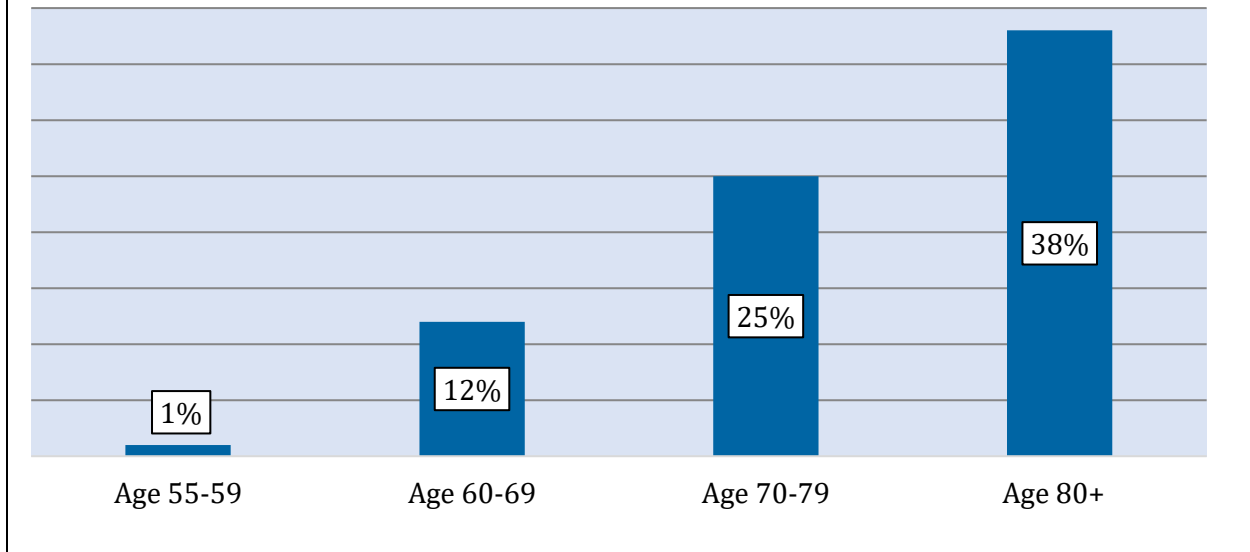
Housing and Living Situation

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

The large majority of survey respondents currently live in single family homes (87%). Eight percent report living in a condominium or townhome while the remaining 5% are living in either a multi-family home, an apartment building, an accessory apartment, or some other housing environment (see **Appendix**). While a large percentage of those age 55 to 59 and those age 60 to 69 live in single-family homes (96% and 91% respectively), 79% of those 70-79 and 81% of those 80 and older also live in single-family homes. This has implications for the need for home maintenance and modifications to safely remain in one’s home.

The majority of survey respondents live with at least one other person (81%), but not surprisingly, this number is smaller for the older cohorts (see **Appendix**). Ninety-nine percent of respondents age 55 to 59 and 88% percent of those age 60 to 69 live with someone else whereas 62% of people 80 and older do. In contrast, only 1% of those age 55 to 59 live alone while 25% of those age 70-79 and 38% of those 80 and older live alone (see **Figure 14**). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the Sherborn population.

Figure 14. Percentage of respondents who live alone



Residents were asked if they plan to stay in Sherborn for the next 5 years or more and the majority (86%) of participants responded positively (see **Appendix**). Five percent of respondents noted that they plan to stay in Sherborn but would move to a smaller home or apartment. This suggests the need for housing options for those who want to downsize.

Maintaining a home requires resources, including people who can make modifications and repairs and the finances to pay for these repairs. In response to the question, “Does your current residence need some home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?”, 32% of respondents stated that their home needs modifications (see **Appendix**). Of those whose current residence needs modifications, 4% stated that they could not afford to make these changes (see **Figure 15**). Similarly, in response to the question, “Does your current residence need home repairs (e.g., a new roof or heating system) to improve your ability to live in it safely for the next five years?”, 37% of respondents stated that their home would need repairs (see **Appendix**). Of those whose current residence needs repairs, 9% stated that they could not afford these repairs (see **Figure 16**). Clearly, there is a segment of Sherborn’s older population who are struggling to meet basic housing needs.

Figure 15. "Does your current residence need some home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?"

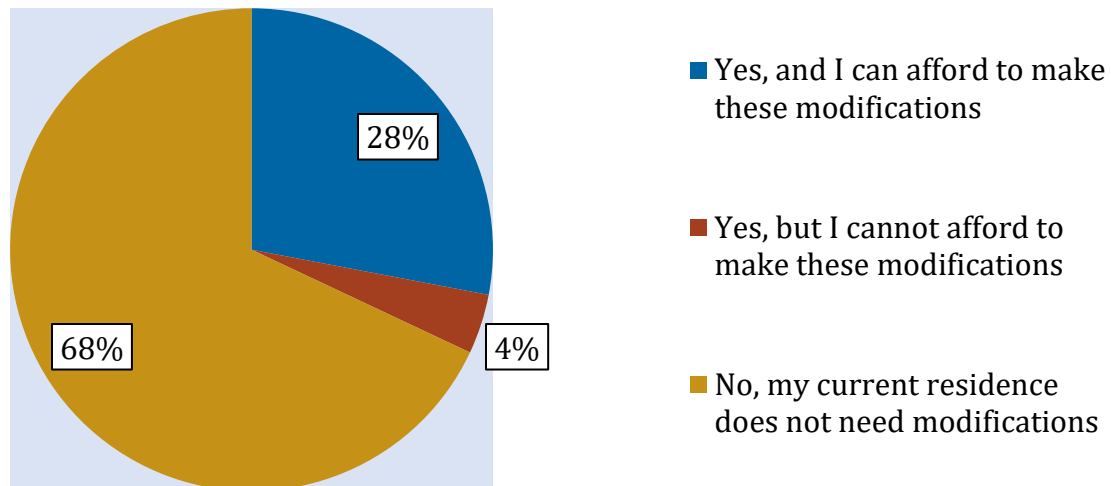
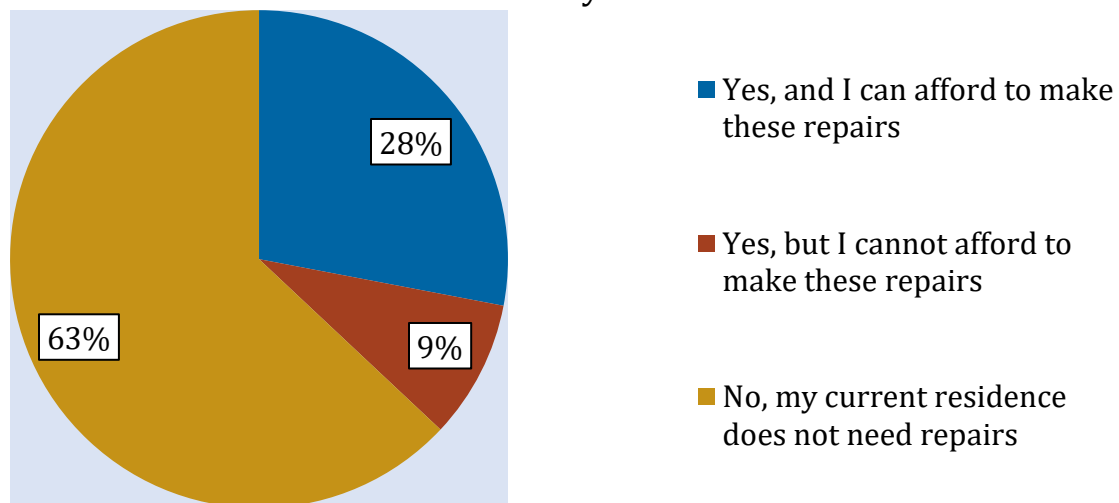
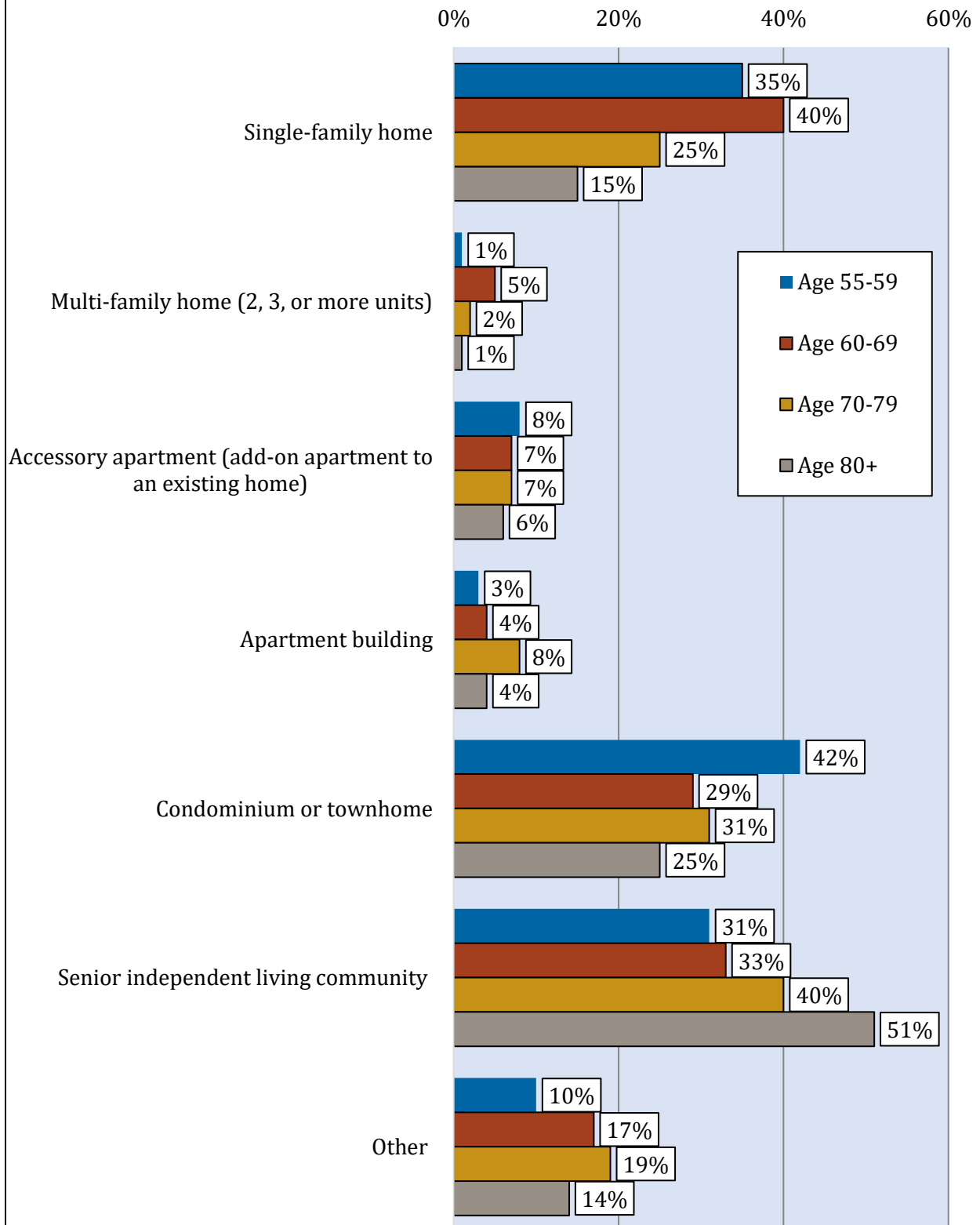


Figure 16. "Does your current residence need home repairs (e.g., a new roof or heating system) to improve your ability to live in it safely for the next five years?"



Survey participants were asked the type of housing they would prefer if a change in health or physical ability required moving from their current residence. Responses varied greatly by age group. While more than one third of those in both the 55 to 59 and 60 to 69 age groups preferred a single-family home, 40% of those age 70 to 79 and more than half of those age 80 and older preferred a senior independent living community (see **Figure 17**). Those age 55 to 59 most often preferred a condominium or townhome (42%), yet 32% of this age group expressed interest in senior living, as well. This interest in senior housing options and condominiums and townhomes has implications for housing stock needs in Sherborn.

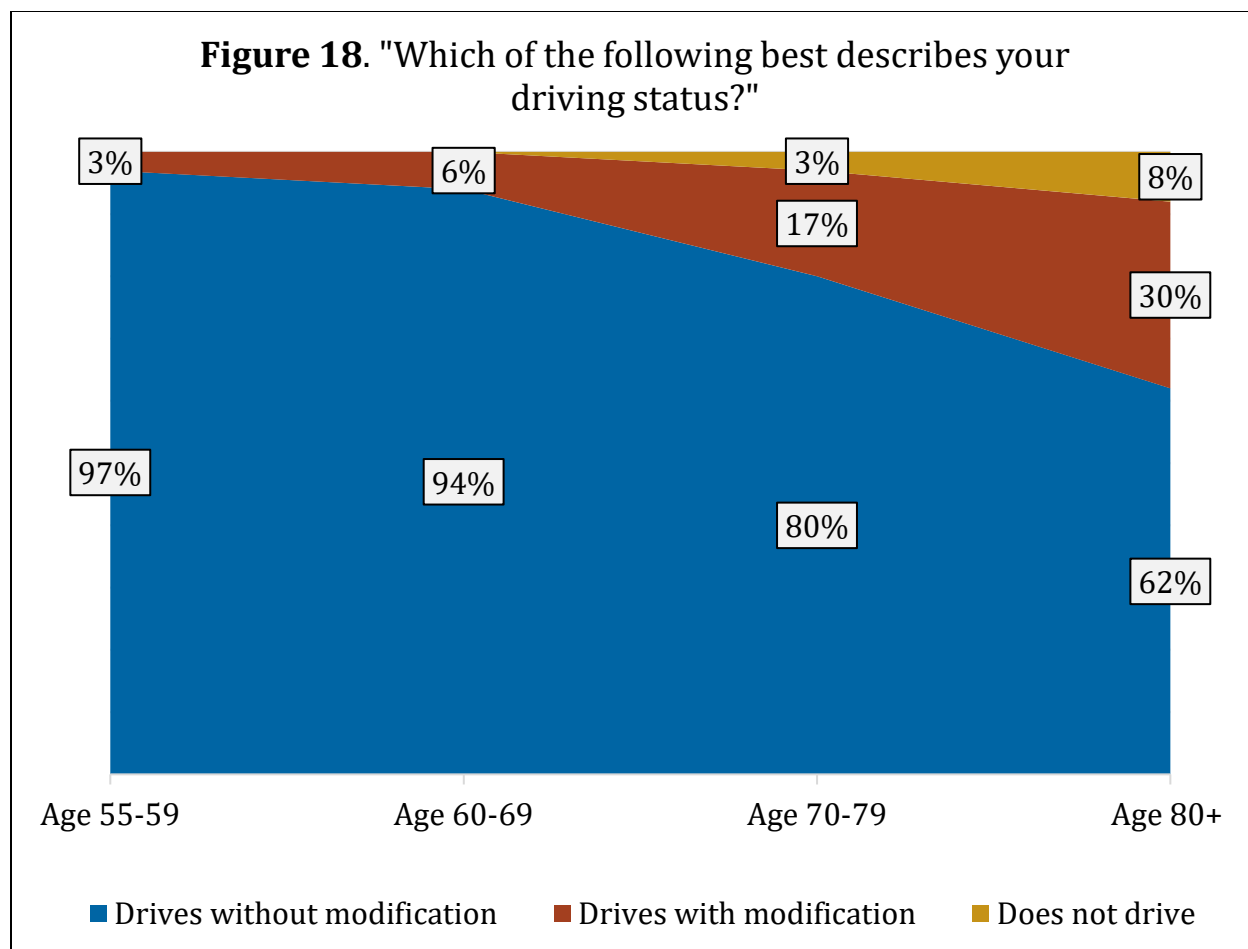
Figure 17. "In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer in Sherborn?"



Transportation

Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. While the vast majority of Americans drive their own automobiles well into old age, 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, it is a well-researched fact that, compared to older drivers, non-drivers report lower quality of life, less involvement with other people, and more isolation (AARP, 2005; Aguiar & Macario, 2017).

There were several questions on the survey related to transportation. Sherborn is a town with limited public transportation options. The commuter rail stops near Sherborn but not in the Town itself. There is a paratransit service that is operated by the MWRTA and the Sherborn Council on Aging offers discounted taxi coupons for its participants. Survey results suggest that most respondents (97%) drive themselves. Getting rides from their spouse or children (17%) and walking or biking (12%) were among the other primary ways that respondents meet their transportation needs (see **Appendix**). Survey results show that only 3% of respondents of all ages do not drive, although this number is larger when looking at just those age 80 and older, as 8% of this older segment of the population do not drive (see **Appendix**). Some respondents (13%) drive but modify their driving to make it easier or safer, and again, this number is significantly higher for those age 80 and older (30%). Modifications include, for example, avoiding driving at night, during bad weather, on highways, or in unfamiliar areas. While 97% of survey respondents age 55 to 59 and 94% of respondents age 60 to 69 drive without modification, only 80% of those age 70 to 79 and 62% of those 80 and older drive without making modifications (see **Figure 18**). Modifying driving habits promotes safety, but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during winter months.

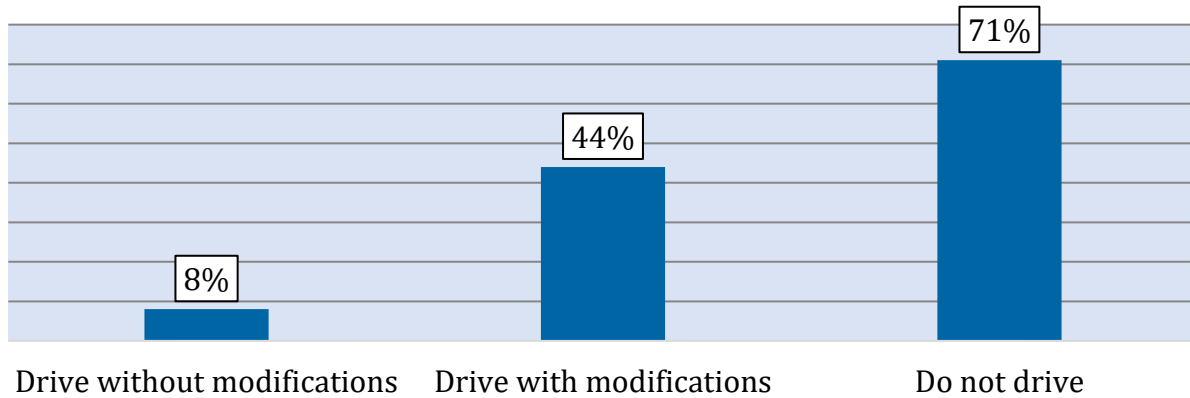


In response to the question, “What difficulties do you have in meeting your transportation needs?”, 10% of all survey participants reported at least one challenge (see **Appendix**). Those who do not drive and those who drive with modifications had more challenges meeting their transportation needs than those who drive without modifications (see **Figure 19**). Across all ages, the most common obstacles to transportation needs reported by survey respondents was lack of awareness of services available and “other”. Many respondents who noted “other” commented that they wish there was more public transportation options in Sherborn, specifically better access to the commuter rail. Currently, one needs to drive to the train station in Natick and several also

“I live just 1 mile from center of Sherborn, but since there are no sidewalks on my route it is too dangerous to walk (but I would prefer to walk to bank, church, post office, library, etc).”

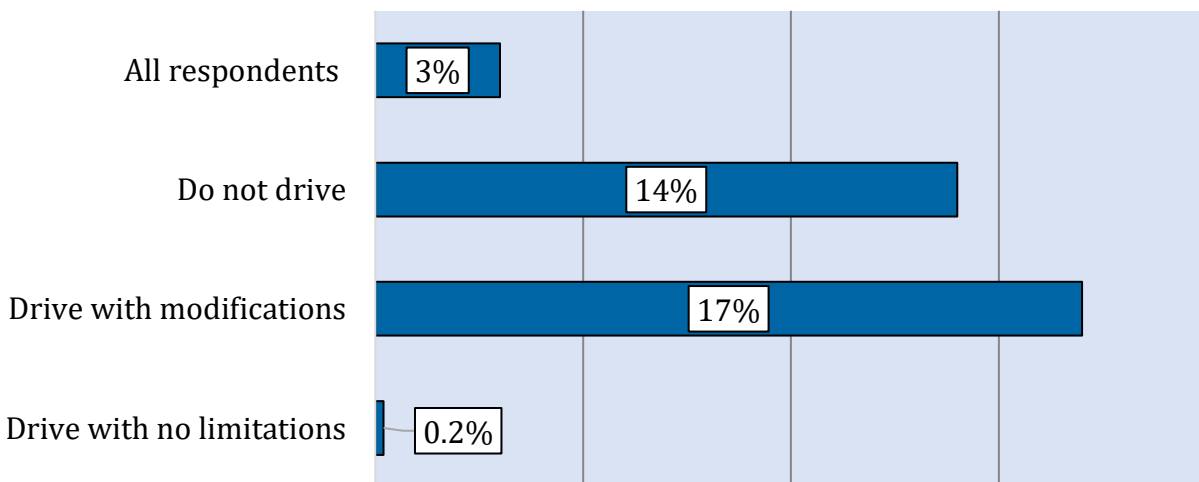
shared that the hours of the commuter rail are limited. Others noted the lack of sidewalks in Sherborn making it difficult to walk around town. And a number of respondents noted the high cost of owning a car and maintaining a car, including high gas prices.

Figure 19. Percentage of respondents reporting at least one challenge meeting their transportation needs, by driving status

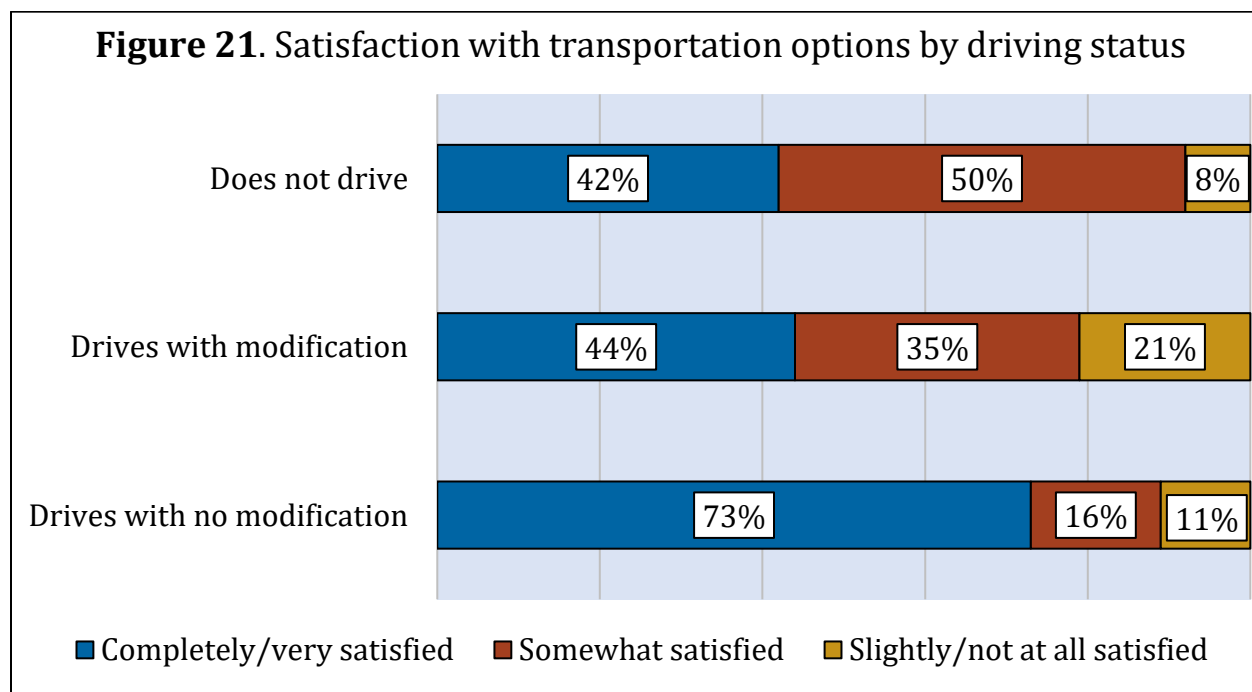


Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months, they had missed, cancelled, or rescheduled a medical appointment because of lack of transportation. Among all respondents, only 3% reported this experience, yet about 17% of those who drive with modification and about 14% of those who do not drive, indicated that they had missed, cancelled, or rescheduled a medical appointment (see **Figure 20**). These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Sherborn's older community. This is particularly salient in Sherborn as often residents have to travel to other communities to access healthcare.

Figure 20. Percentage responding yes to "Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of lack of transportation?"



While 68% of survey respondents are very or completely satisfied with the transportation options that are available to them, almost one third of respondents are only somewhat, slightly, or not at all satisfied (see **Appendix**). Furthermore, when looking at those who likely need a variety of transportation options (i.e., those who modify their driving or don't drive at all), the satisfaction with transportation options is less. Nearly 73% of those who drive responded that they are completely or very satisfied with transportation options while only 44% of those who modify their driving and 42% of those who do not drive are completely or very satisfied with the transportation options in Sherborn (see **Figure 21**).

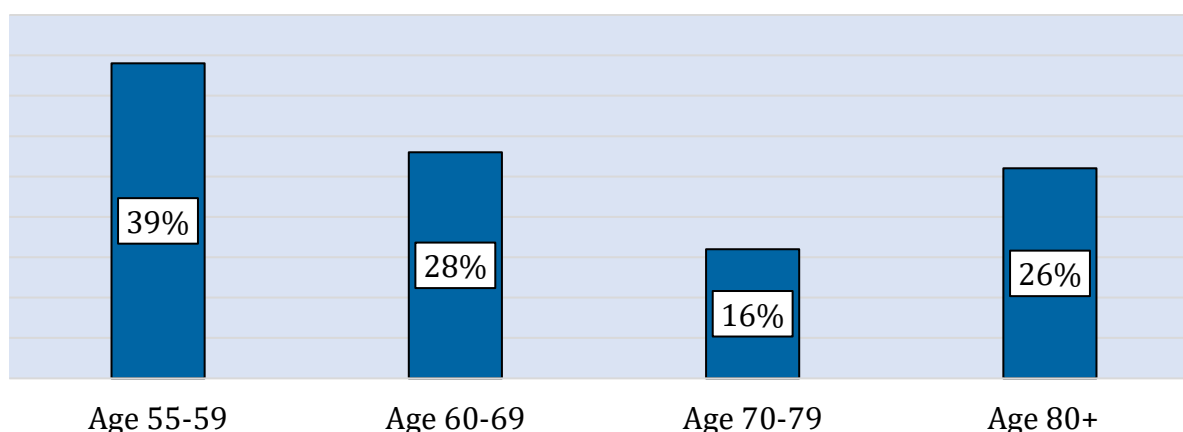


Caregiving & Health

Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers contribute millions of hours of care without financial compensation.

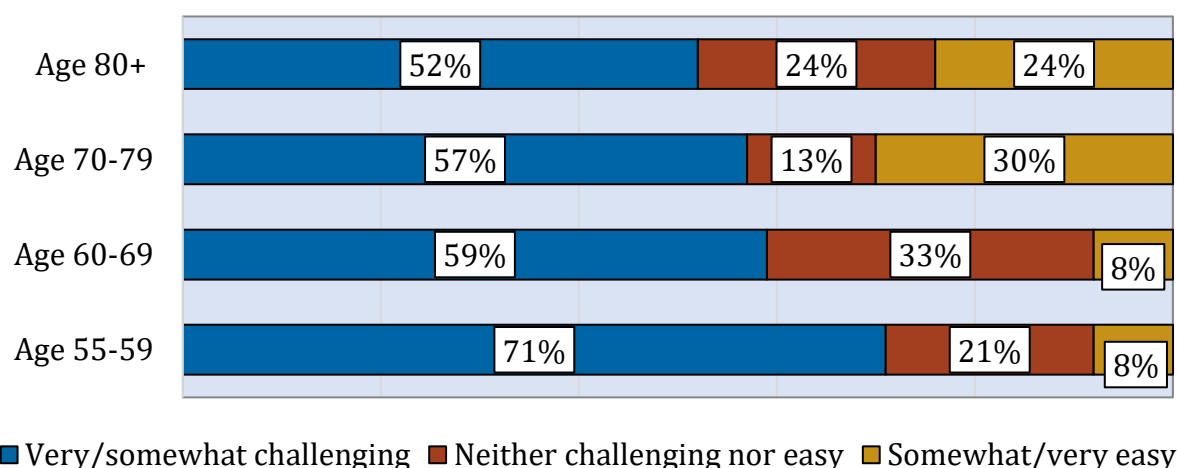
More than one in four survey respondents (27%) stated that they currently or have in the past 12 months provided care or assistance to a person who was disabled or frail. The share of respondents who are caregivers varies by age with those age 55 to 59 most often providing care (see **Figure 22**).

Figure 22: "Do you now or have you in the past 12 months provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?"

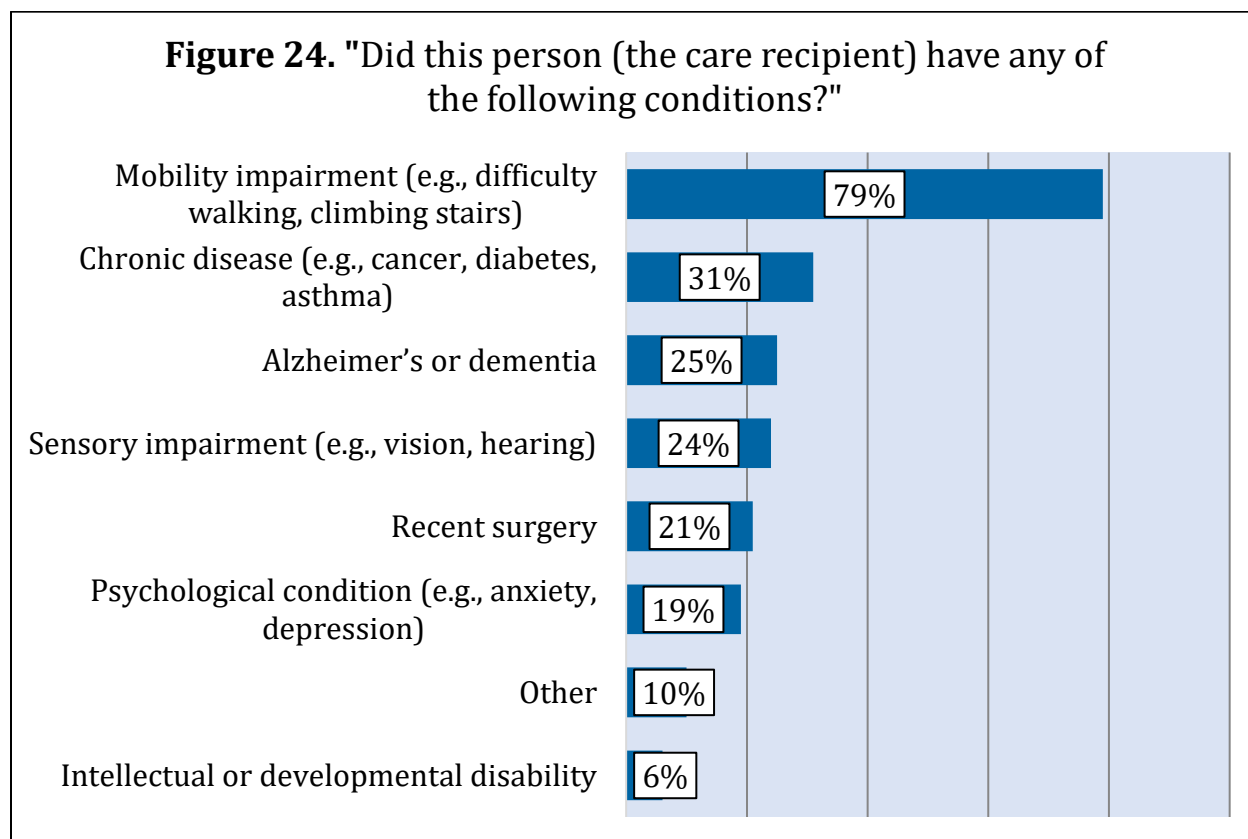


Many of those who have provided care or assistance to someone within the past 12 months stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 55 to 59, where 71% of those providing care reported this was very or somewhat challenging (see **Figure 23**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, more than half of those who provide care find it very or somewhat challenging. Services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be needed to support caregivers.

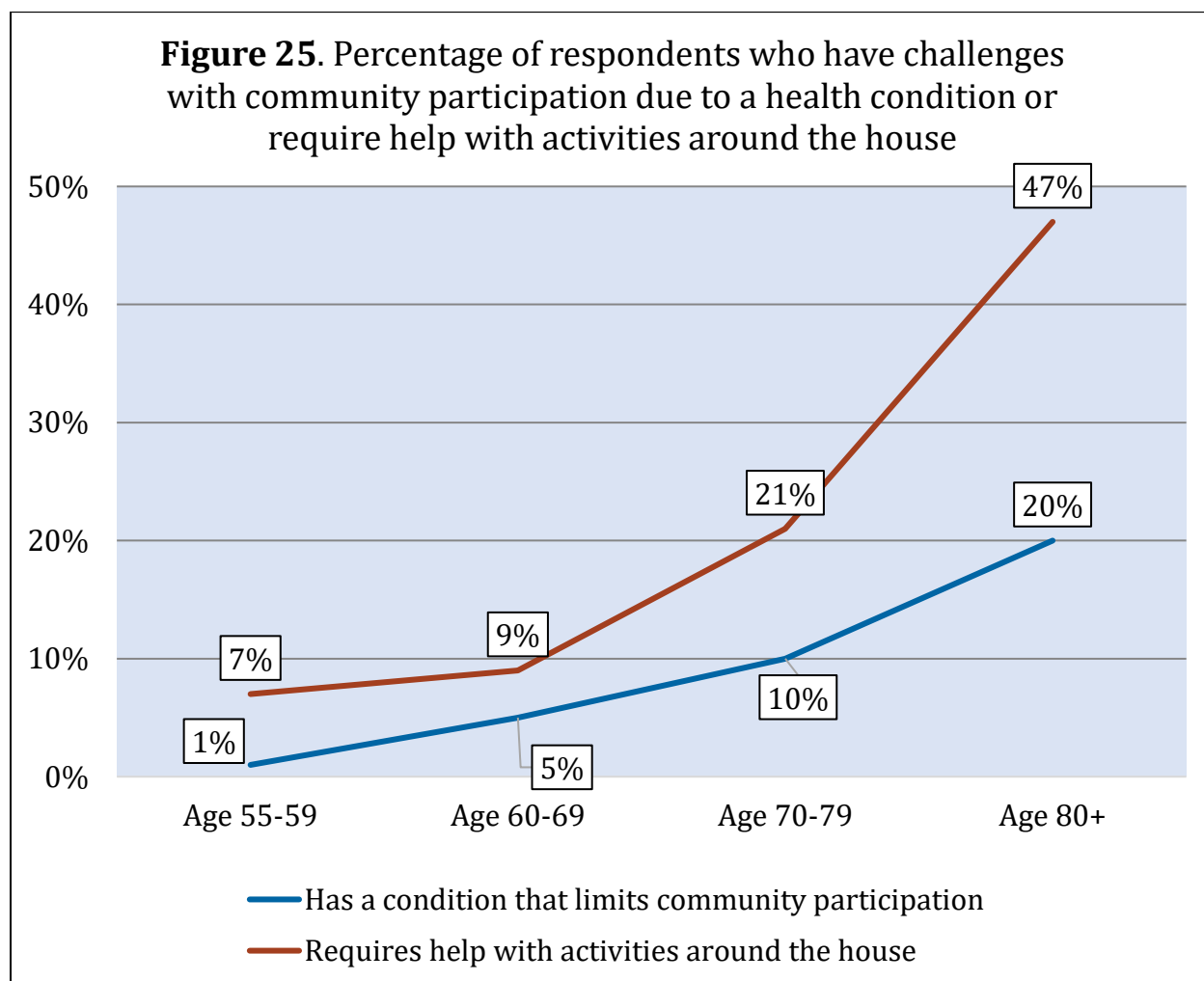
Figure 23. How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?



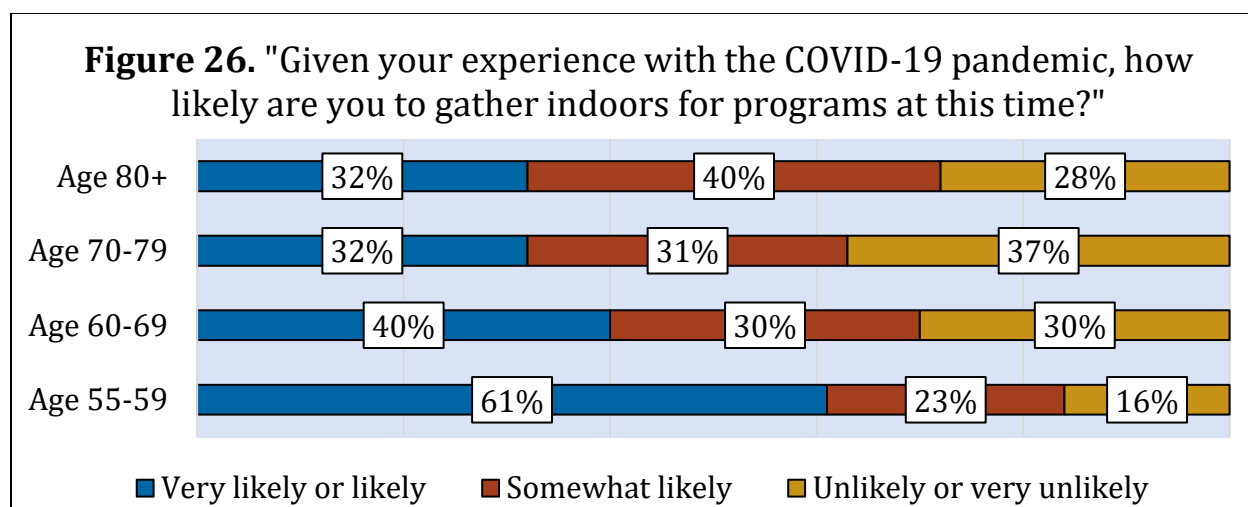
Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs; 79%), while 31% of the people the survey respondents cared for were living with a chronic disease such as cancer, diabetes, or asthma (see **Figure 24**). One quarter of the caregivers reported caring for someone with Alzheimer's disease or dementia. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability. Ten percent of caregivers noted other conditions including old age, mental illness, Parkinson's disease, heart condition, and stroke.



Health status can influence one's ability to perform household tasks or participate in community activities and clearly this is the case for many Sherborn older adults. Forty-seven percent of those age 80 and older responded that they require help with household activities (such as preparing meals, cleaning, or yard work; see **Figure 25**). Although the percentage of those who require help with activities around the house is less for those age 55 to 79, there is a proportion of each age group that requires help. Similarly, the majority of Sherborn residents are healthy and participate in the community but a group of individuals age 60 and older struggle with community participation including 20% of those 80 and older. Overall, a number of respondents are dealing with health challenges which lead to difficulty in taking care of household tasks or participating in the community activities.



To understand the influence of the COVID-19 pandemic on residents' participation, we asked survey participants how likely they are to gather indoors for programs at the current time. Thirty percent of all ages responded that they would be unlikely or very unlikely to attend indoor programs at this time and the share of those not likely to attend indoor events is highest for those age 60 and older (see **Figure 26**). This has implications for programming and the need to explore innovative ways to reach those who choose not to attend activities in indoor settings.



Survey participants were asked to write in their response to the question, “How is the COVID-19 pandemic impacting your life as a whole?” and more than 450 respondents took the time to answer this question. While some participants noted that the pandemic had little to no impact, the majority of comments focused on isolation, increased cautiousness, and economic impact—including early exit of the workforce or a reduction in the amount of work available. See **Table 4** for a sampling of these responses.

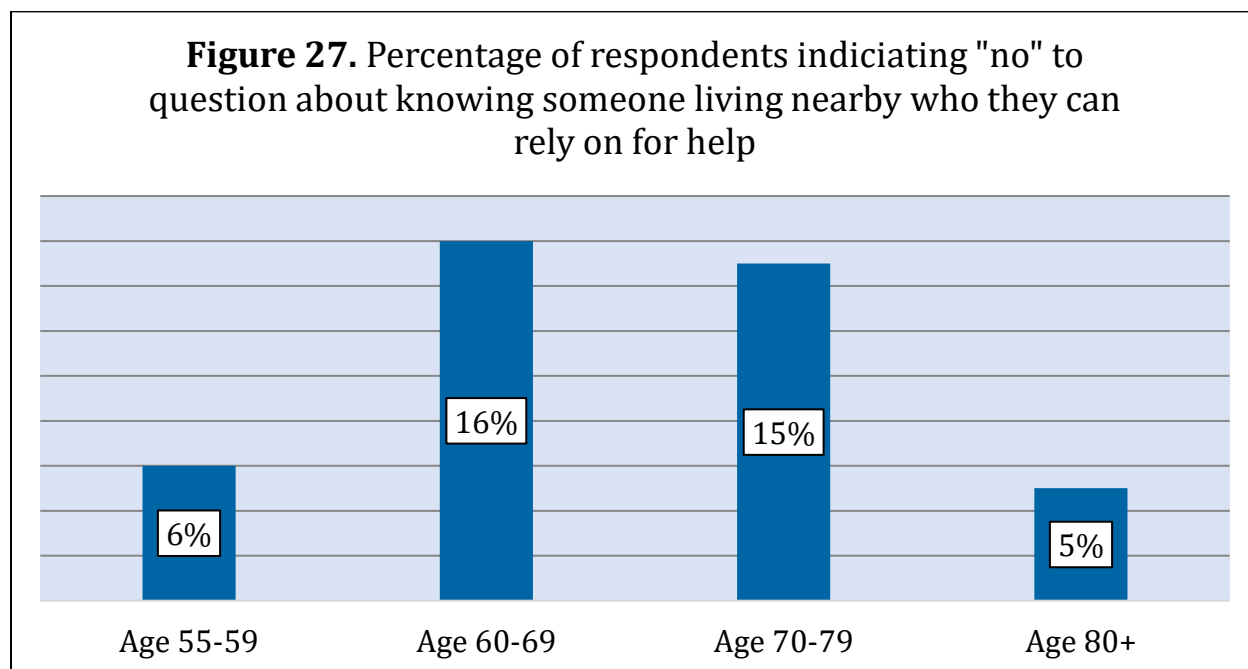
Table 4. Sample responses to the question, “How is the COVID-19 pandemic impacting your life as a whole?”

Isolation
“A lot more alone time at home.”
“Minimal socializing especially in cooler weather. Anxious. Lonely. Depressed.”
“I feel it has reduced my ability to fully enjoy the final part of my life by limiting travel opportunities and ability to interact with others.”
Increased cautiousness
“It has impacted it greatly. The risk of engaging in everything outside the home (and sometimes even inside the home) has to be assessed. I was impressed by many of the efforts to socialize and conduct business virtually, and I am concerned that those are being removed now. They made life easier and better, and they should remain in place...”
“I think the pandemic has impacted my comfort level in social situations, and I am concerned that I may never return to the pre-pandemic status quo.”
“I avoid large indoor gathering such as all town meetings. I am reluctant to dine out when outdoor seating is unavailable.”
Economic impact
“Changed the dynamics of my work. More challenging to maintain income.”
“COVID has forced early retirement as my career was in retail and I will not expose myself to the public every day due to the pandemic.”
“Self-employed - minimal income during worst of COVID - just starting to improve.”

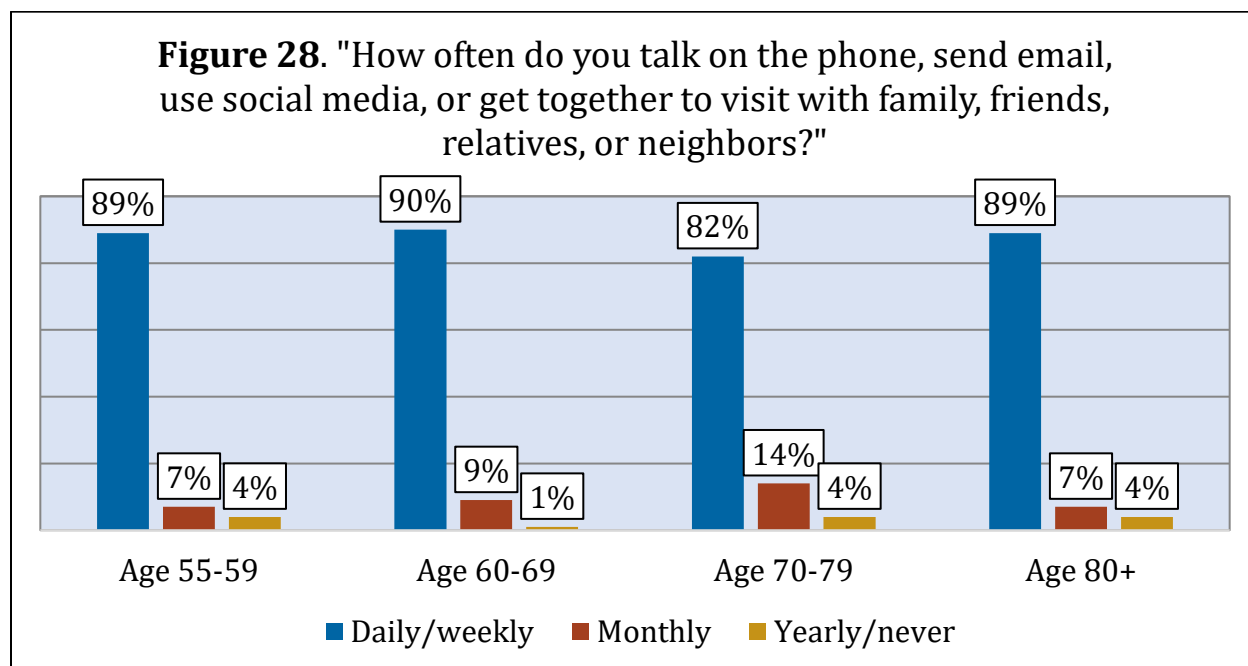
Social Activities and Relationships

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

Openness to helping others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living within 30 minutes of their home on whom they can rely for help when needed, 13% of all respondents said they did not (see **Appendix**). Those age 60-69 and 70-79 were most likely to report not knowing someone within 30 minutes of their home who they could rely on for help (16% and 15%, respectively; see **Figure 27**). It is worth noting that 10% of survey participants who live alone responded that they do not know someone living nearby who they can rely on for help (tabulations not shown).

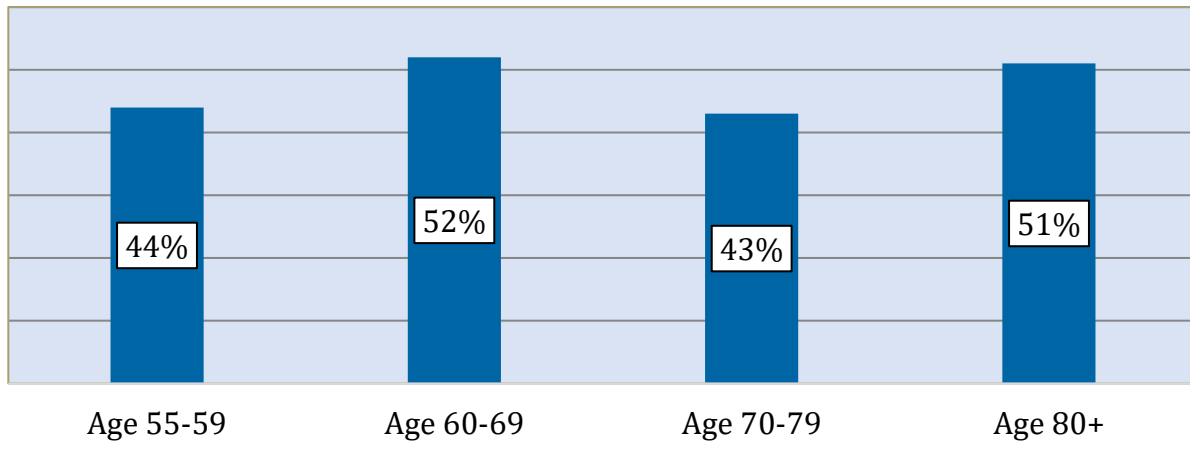


While the majority of survey respondents speak with someone, use email or social media, or get together on at least a weekly basis to connect with family, friends, relatives, or neighbors, 11% of all participants have infrequent contact with friends or relatives and this percentage is higher (18%) for those age 70-79 (see **Figure 28**). Clearly, some segments of the community do not experience a strong community network and these Sherborn residents may be at risk of social isolation. Individuals who have infrequent contact with friends, relatives, or neighbors represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing.



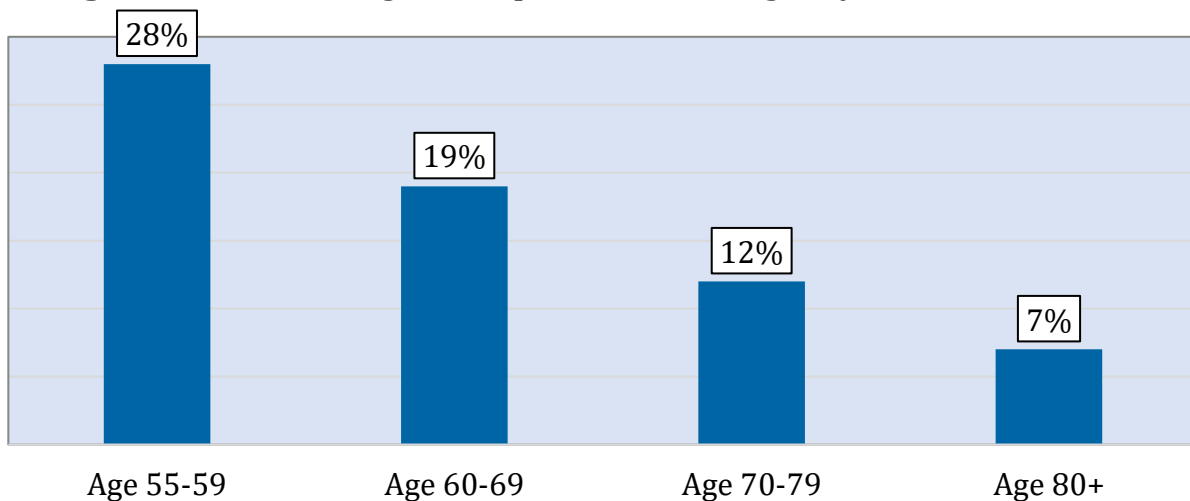
Survey participants were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand. While 52% of respondents of all ages said they would ask for assistance, almost half of the respondents said they would not (see **Figure 29**). These findings illustrate an opportunity to strengthen neighbor-to-neighbor relations in Sherborn as a way of supporting older residents wishing to age in place.

Figure 29. Percentage of respondents indicating "no" to the question, "Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., small household tasks, shopping, shoveling snow)?"



Survey respondents answered the question, "Have you ever felt excluded in Sherborn because of your..." with options of skin color, race or ethnicity, sexual orientation, age, gender, religion or cultural background, income, disability, or other. Respondents could also mark, "No, I have never felt excluded because of these reasons." While the majority of people who responded to the survey have never felt excluded, 17% have felt excluded based on at least one dimension. Participants age 69 and younger reported feeling excluded more than those age 70 and older (see **Figure 30**). Among those reporting having felt excluded, the most common reasons noted were income (4%) and other (8%). The respondents who marked "other" noted a variety of other reasons for exclusion, most commonly that it is difficult to get to know people when new to Sherborn.

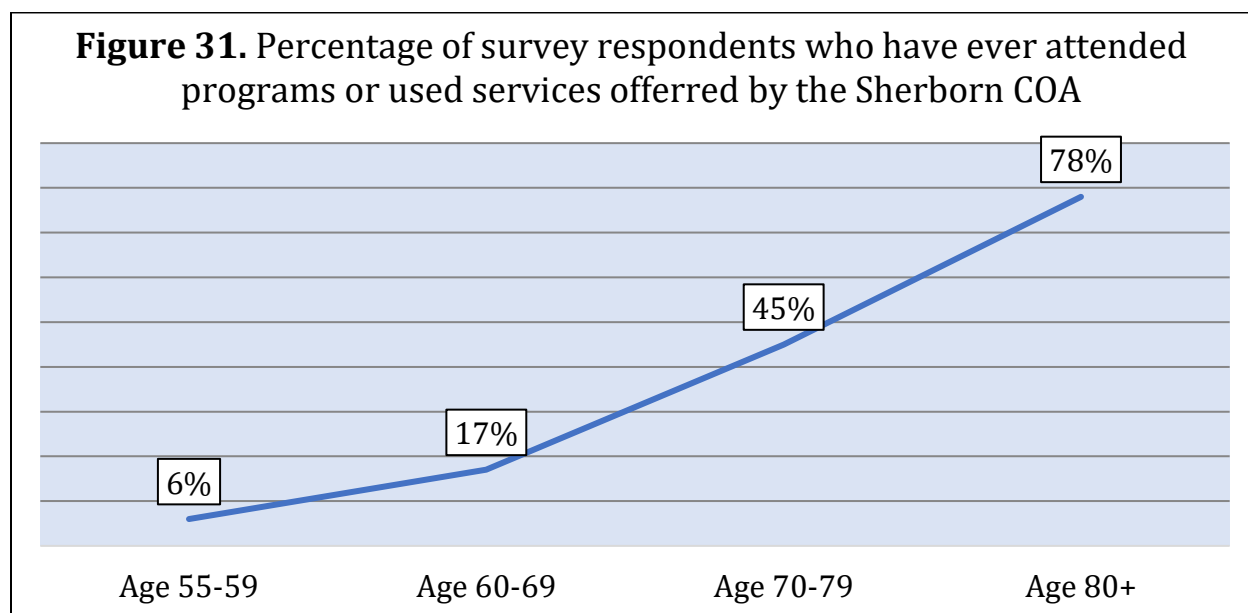
Figure 30. Percentage of respondents stating they have felt excluded



Programs and Services

Programs and services are important to support older adult's ability to age in place and in community. For example, 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 yards can help protect the value of investments and improve the neighborhoods in which older people live. Councils on Aging play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities and exercise programs, as well as social activities. These involvements can help community members maintain social support, remain active, prolong independence and improve quality of life. Some research suggests that participating in a Senior Center may reduce one's sense of isolation, a highly significant outcome given the negative consequences of being disconnected socially (Hudson, 2017).

Survey results suggest that participation in programs and use of services offered by the Sherborn Council on Aging is considerably more common among older residents. As shown in **Figure 31**, just 6% of those age 55 to 59 and 17% of those age 60 to 69 have ever used programs or services offered by the Sherborn COA, while 45% of those age 70 to 79 and 78% of those 80 and older indicated they have participated in programs or used services provided by the Sherborn COA. This age-graded pattern of usage is not unusual in Councils on Aging and may reflect the increasing value of the Sherborn COA to older residents.



Note that participation on a weekly or more frequent basis was reported by just 1% of participants who were age 60 to 69, 5% of those age 70 to 79, and 25% of those age 80 and older, suggesting that older participants attend more frequently during the course of a month or a year (see **Appendix**). Of those who do use the Sherborn COA, 66% only visit the COA a few times a year, while 20% of COA users participate at least weekly (tabulations not shown). This range of participation level highlights the broad continuum of affiliation with the Sherborn COA, with many residents participating just periodically, while others include participation with the Sherborn COA as part of their regular weekly schedule.

We asked survey respondents, who rarely or never use the Sherborn COA, to select the reasons why they don't use the programs or services offered (see **Figure 32**). The most common response selected was, "I do not need the services offered" (57%). Interestingly this response was selected more by those age 80 and older (67%) as compared to the other age groups (55%-56%). As well, 22% of all age groups, including 40% of those 80 and older, responded that they are not interested in the programs offered. The younger age groups (both age 55 to 59 and age 60 to 69) more often reported that they "don't know what is offered", "do not have time", and are "not old enough". Interesting to note is that 19% of respondents in their 60s report not being old enough.

For those who noted a reason not listed as an option, the most common responses centered around not having time/still working and the COVID-19 pandemic. In addition, the perspective of "not needing" the COA and the challenge of meeting new people was extracted from these write-in responses. A sampling of these responses are included in **Table 5**. Understanding reasons for lack of participation provides direction and opportunities for change. Increasing hours of operation and/or varying times of programming, adapting programming to meet the broad interests of the older adult population, defining the target audience of the COA, and initiating a buddy system are possible future steps that would allow a wider range of residents to be engaged with the Sherborn COA.

Figure 32. Reason that respondents rarely or never use programs or services offered by the Sheborn COA

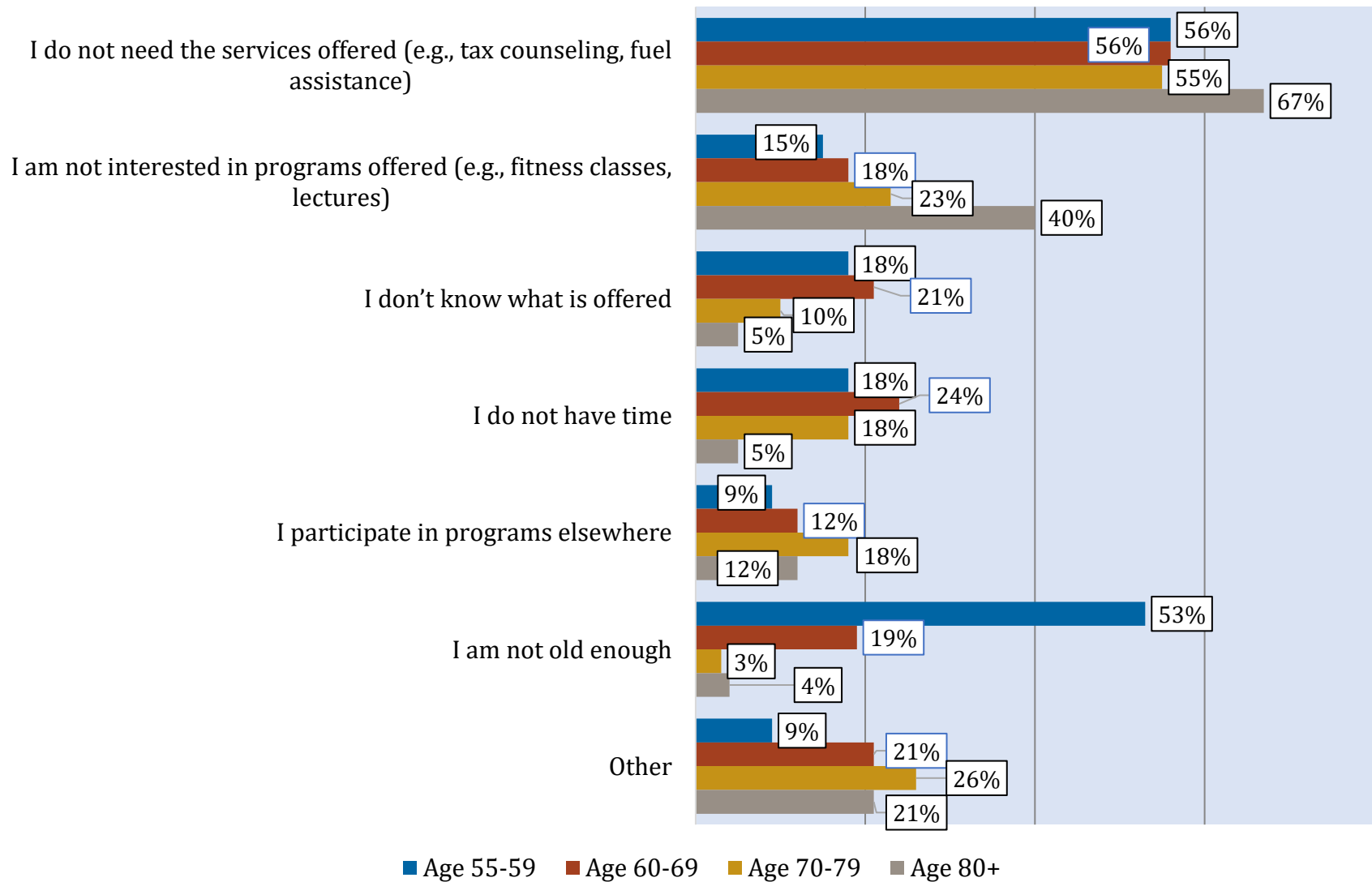


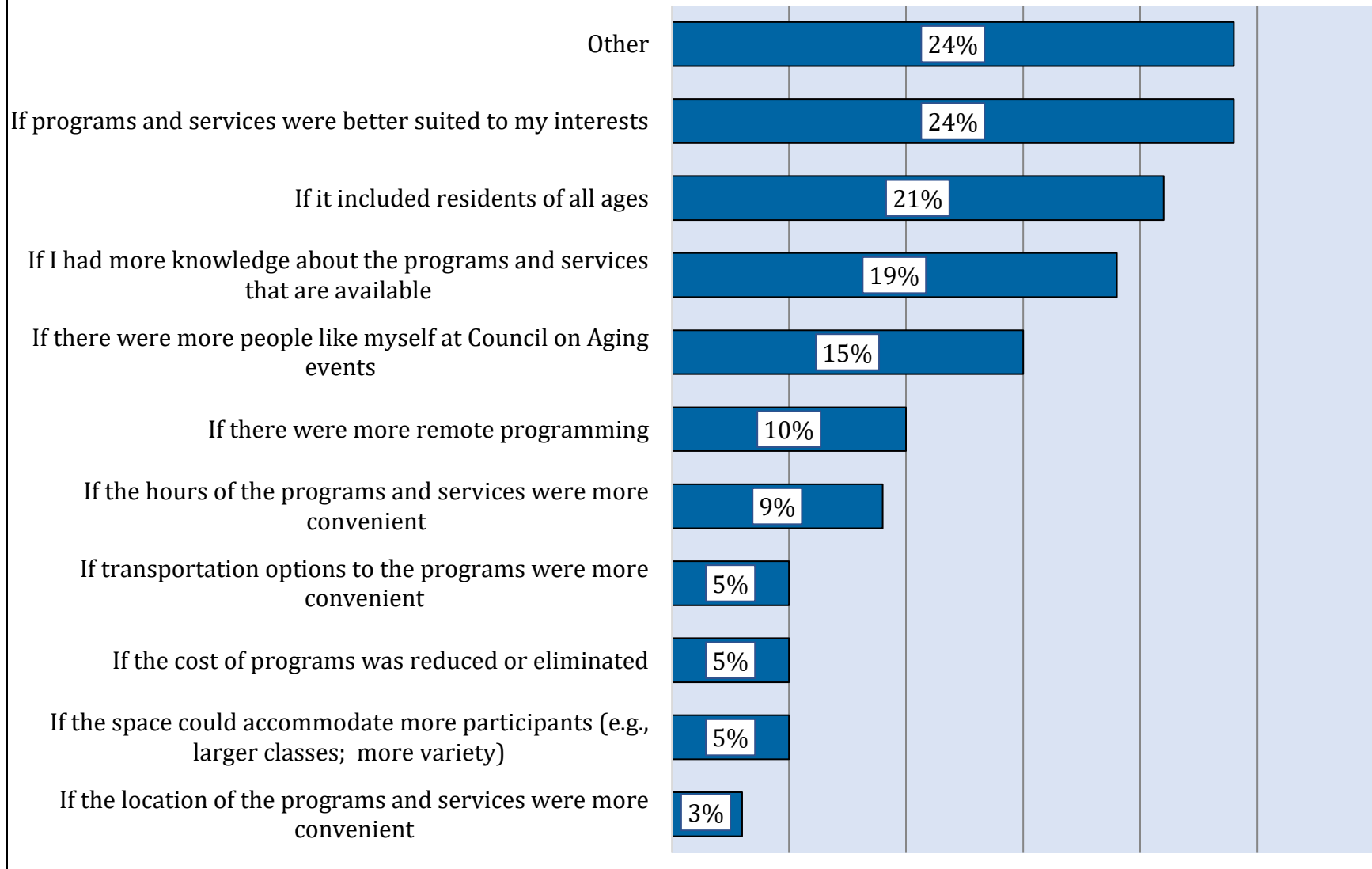
Table 5. Sample responses of those who responded “other” to the question, “What is the reason that you rarely or never use programs or services offered by the Sherborn Council on Aging?”

No time/still working
“I work mornings 5x a week and most programs are run in the mornings, so I cannot participate in a number of them, unfortunately.”
“Busy now with family + other commitments.”
COVID-19 pandemic
“I am avoiding all in-person activities due to COVID and a medical condition.”
“I tend to do my workouts outside due to pandemic; I have stayed away from indoor classes and I don't have zoom.”
Not needing the COA programs or services
“Candidly, there is a "labeling" issue; I do not identify as potential domain of a "council on aging" despite my advancing age.”
“I'm not sure the programs are targeted for someone like me--active/independent.”
“I still do not consider myself to be old. Honestly, ‘Council on Aging’ sounds like the very act of aging requires intervention.”
Challenge of meeting new people
“I am socially very shy and hesitate to do things alone.”
“I'm not really a joiner.”

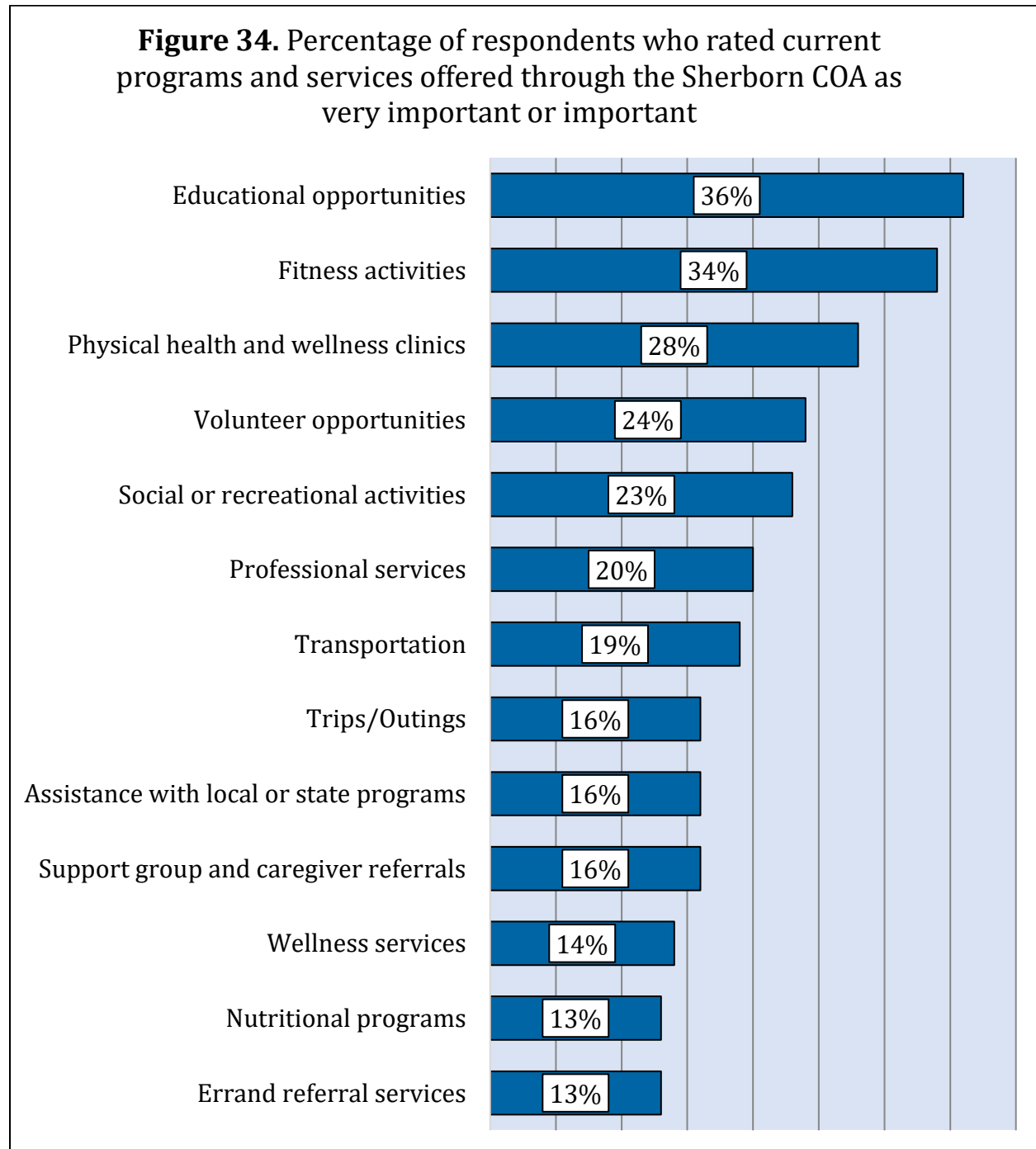
We asked survey respondents what would make them more likely to use the Sherborn COA. About one out of four residents (24%) responded that they would be more likely to use the Sherborn COA if programs and services were better suited to their interests (see **Figure 33**). Almost one third of residents age 60 to 69 (30%) and 19% of residents of all ages stated that they would use the Sherborn COA more if they had more knowledge about the programs and services that are available. About one out of five residents age 55 to 79 noted that they would be more likely to use services and programs offered by the COA if there were more people like themselves at the events while only 12% of those 80 and older responded positively to this option (see **Appendix**). This likely indicates that a segment of respondents feel the COA is geared toward the oldest old. About one quarter of the respondents wrote other reasons why they might access COA services and programs and the majority of these comments related to anticipated future use of the COA when the respondents are older, have greater needs, and more time.

“I'm ‘old enough’ but am not aware of any services I need AT THIS TIME... this will change.”

Figure 33. "I would be more likely to use the Sherborn COA programs and services if..."



There are two ways that respondents were asked to identify their preference for programs and services. First, respondents were asked to rate the importance of existing programs and services offered by the Sherborn COA. Educational opportunities and fitness programs were rated most important by all respondents (see **Figure 34**).



When comparing importance of COA programs by user status, educational opportunities and fitness activities were still rated most important by users and non-users alike (see **Figure 35**). More than one out of five users also rated certain COA services of high importance, including professional services (22%) and transportation (21%; see **Figure 36**). These results point to a need for the Sherborn COA to consider its space and staffing capacity, along with programs and services offered, to best meet both the current demands of users and also the potentially added demand of new users of the Sherborn COA.

Figure 35. Percentage of respondents who rate current programs as very important or important, by user status

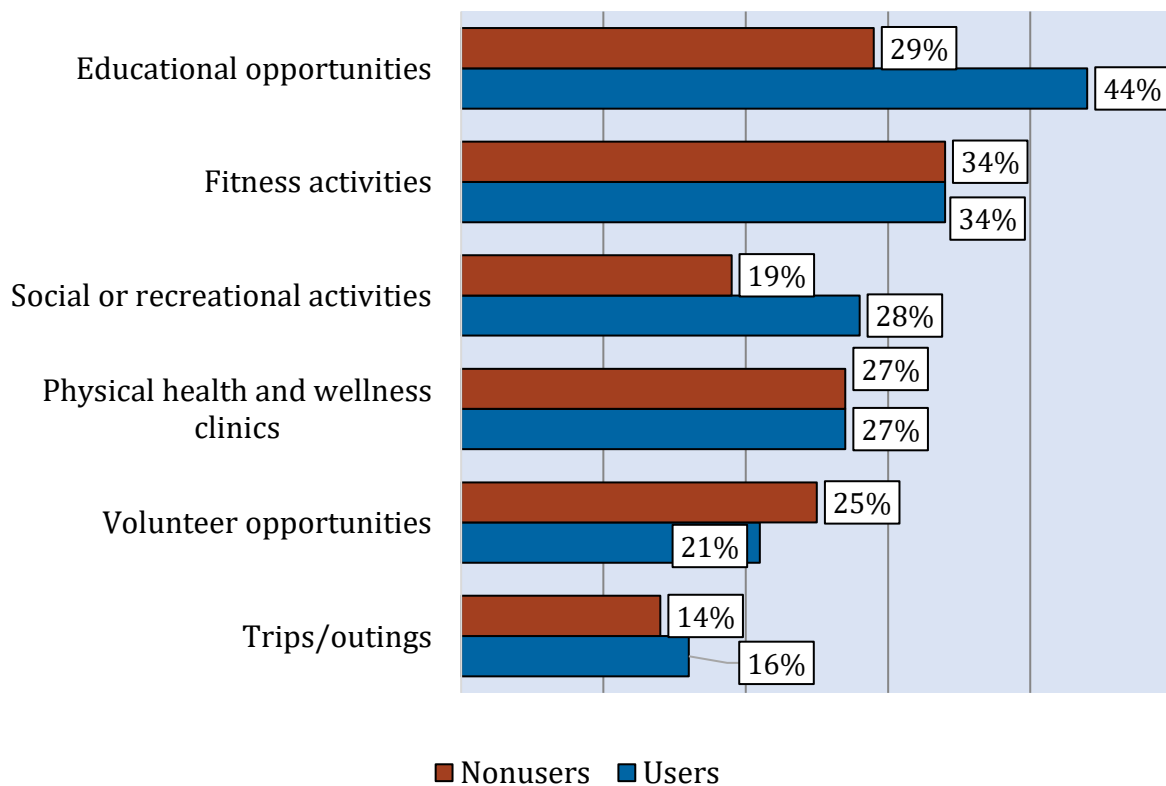
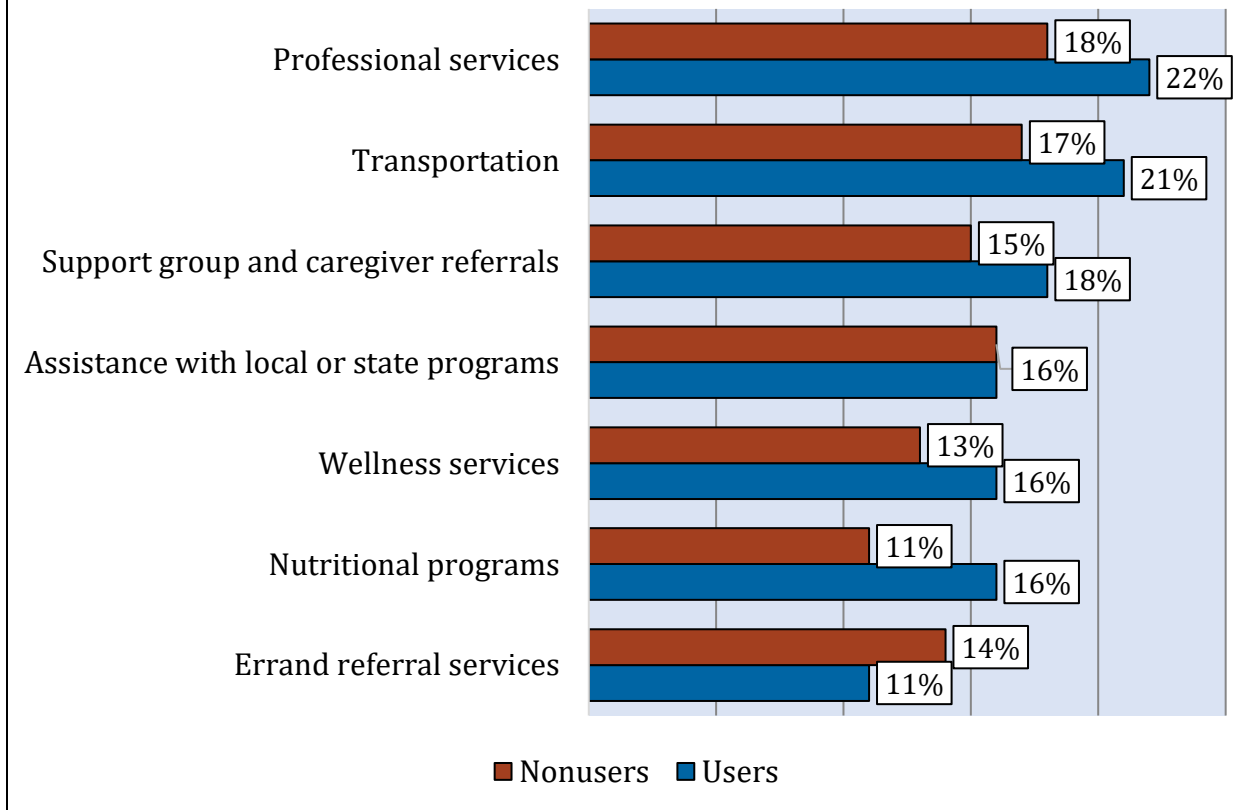
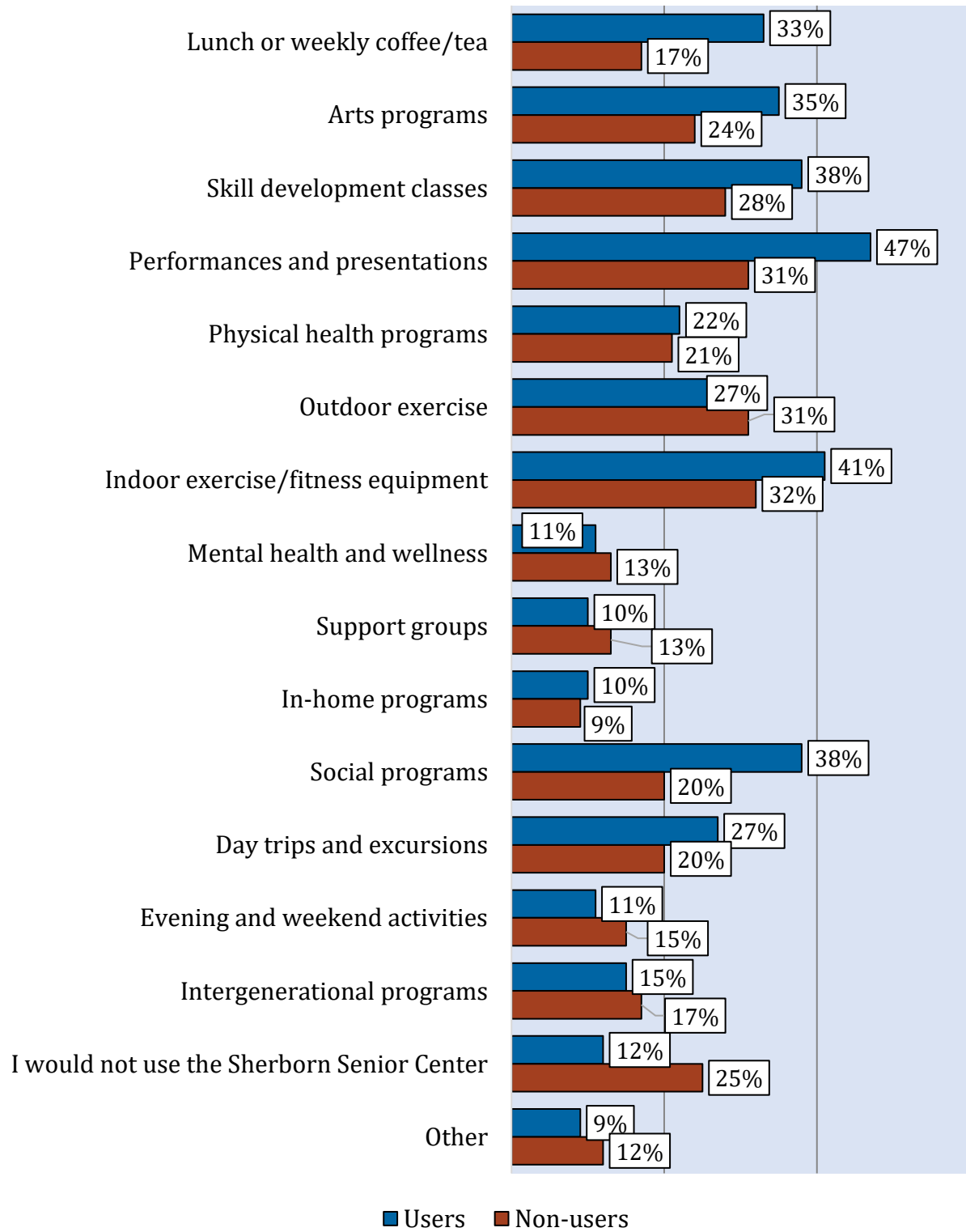


Figure 36. Percentage of respondents who rate current services as very important or important, by user status

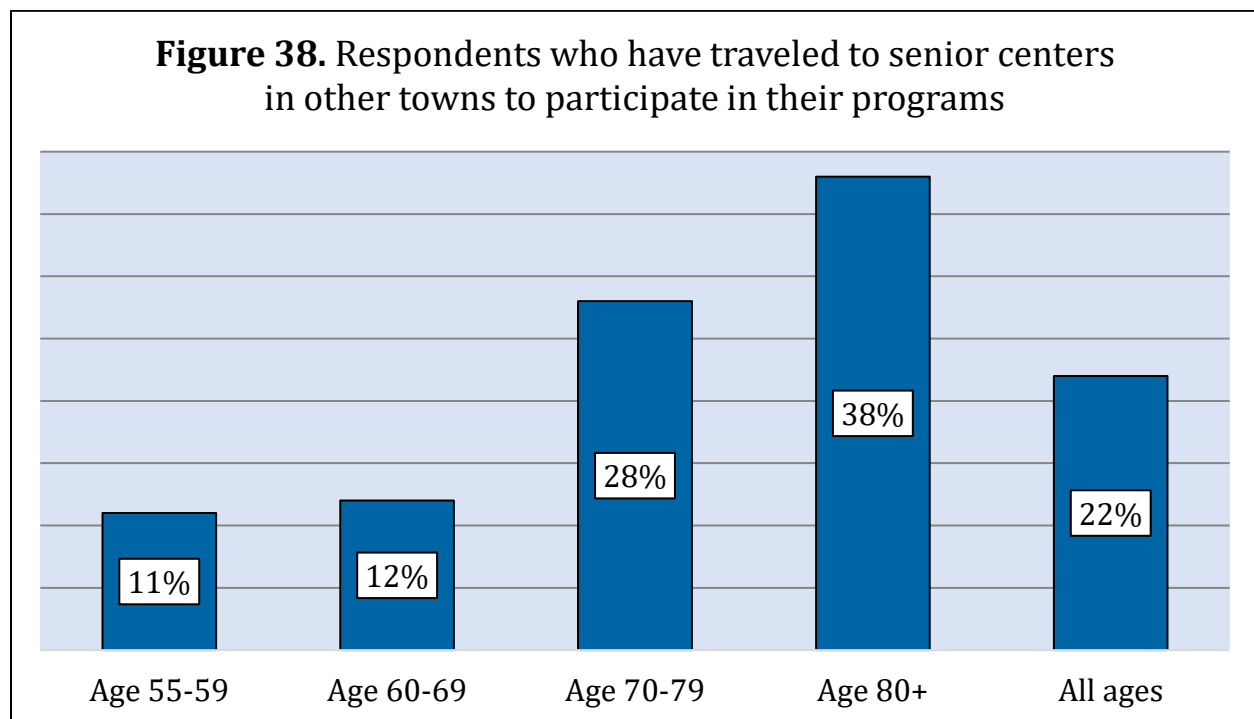


Another way that the survey assessed the preferences for programming was by asking what programs and services participants would use if Sherborn had its own Senior Center. **Figure 37** illustrates how responses vary across those who currently participate at the Sherborn COA compared to those who have not yet visited the COA. Among users, the highest priority for programming at a future Sherborn Center was given to performances and presentations (47%), indoor exercise/fitness equipment (41%), social programs (38%), skill development classes (38%), arts programs (35%) and lunch or weekly coffee/tea (33%). Comparatively, among those who have not been to the Sherborn COA, priority was given to indoor exercise/fitness equipment (32%), outdoor exercise programming (31%), and performances and presentations (31%). These results indicate an overall preference for active programming that promotes physical health and intellectual stimulation.

Figure 37. Percentage who responded yes to "If Sherborn had its own Senior Center, would you be likely to use it for:"

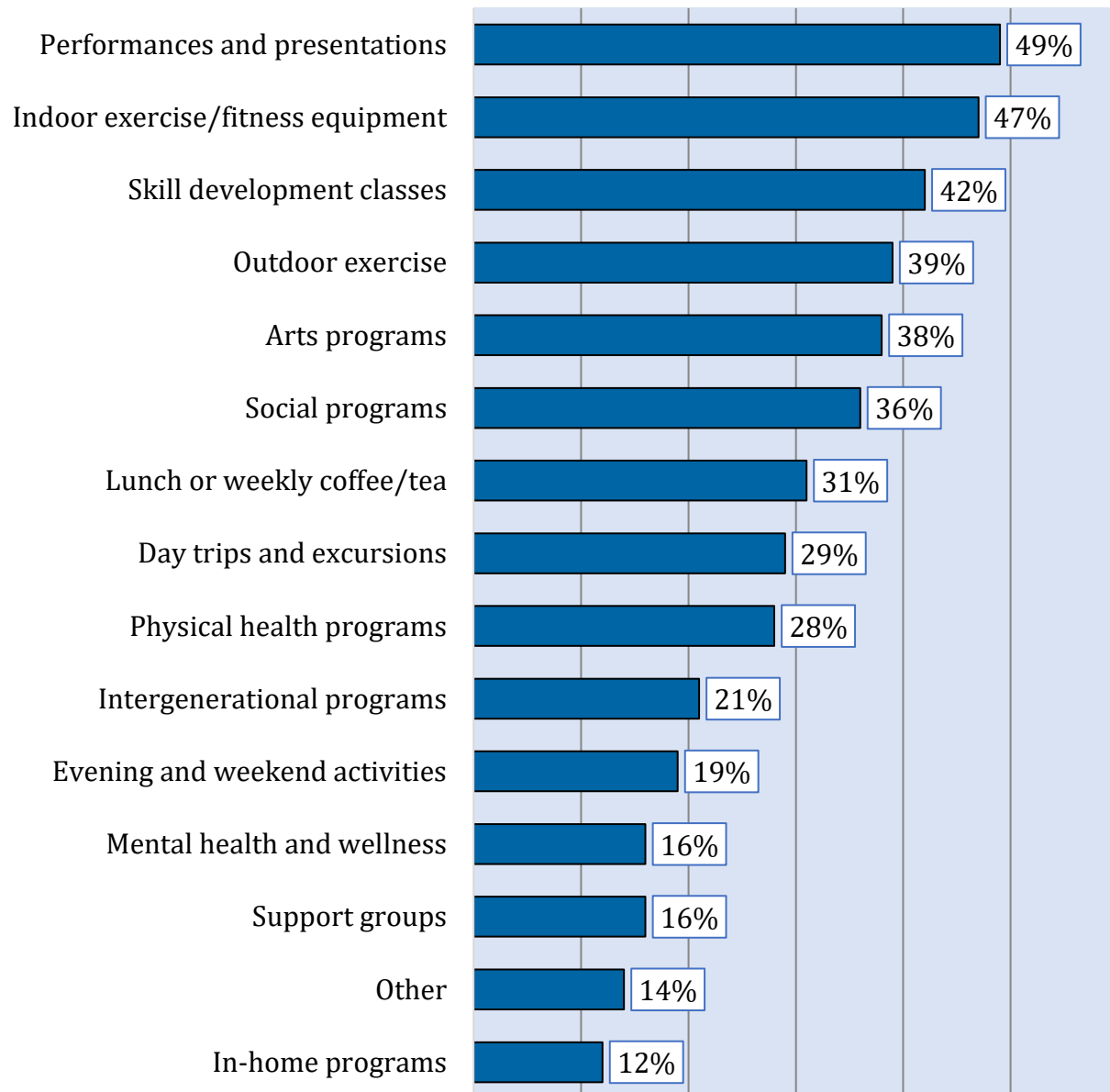


Neighboring towns have senior centers, and some Sherborn residents attend these centers. More than one out of five survey respondents (22%) stated that they have traveled out of town to participate in programs at other senior centers (see **Figure 38**). This percentage varied greatly by age with only 11 to 12% of those age 55 to 69 stating that they have traveled out of town to other senior centers while 28% of those age 70 to 79 and 38% of those 80 and older having done so. The most common reason people have attended other senior centers was to participate in specific programs such as fitness programs, lifetime learning classes, and trips along with services including support groups, adult day programs, and volunteering.



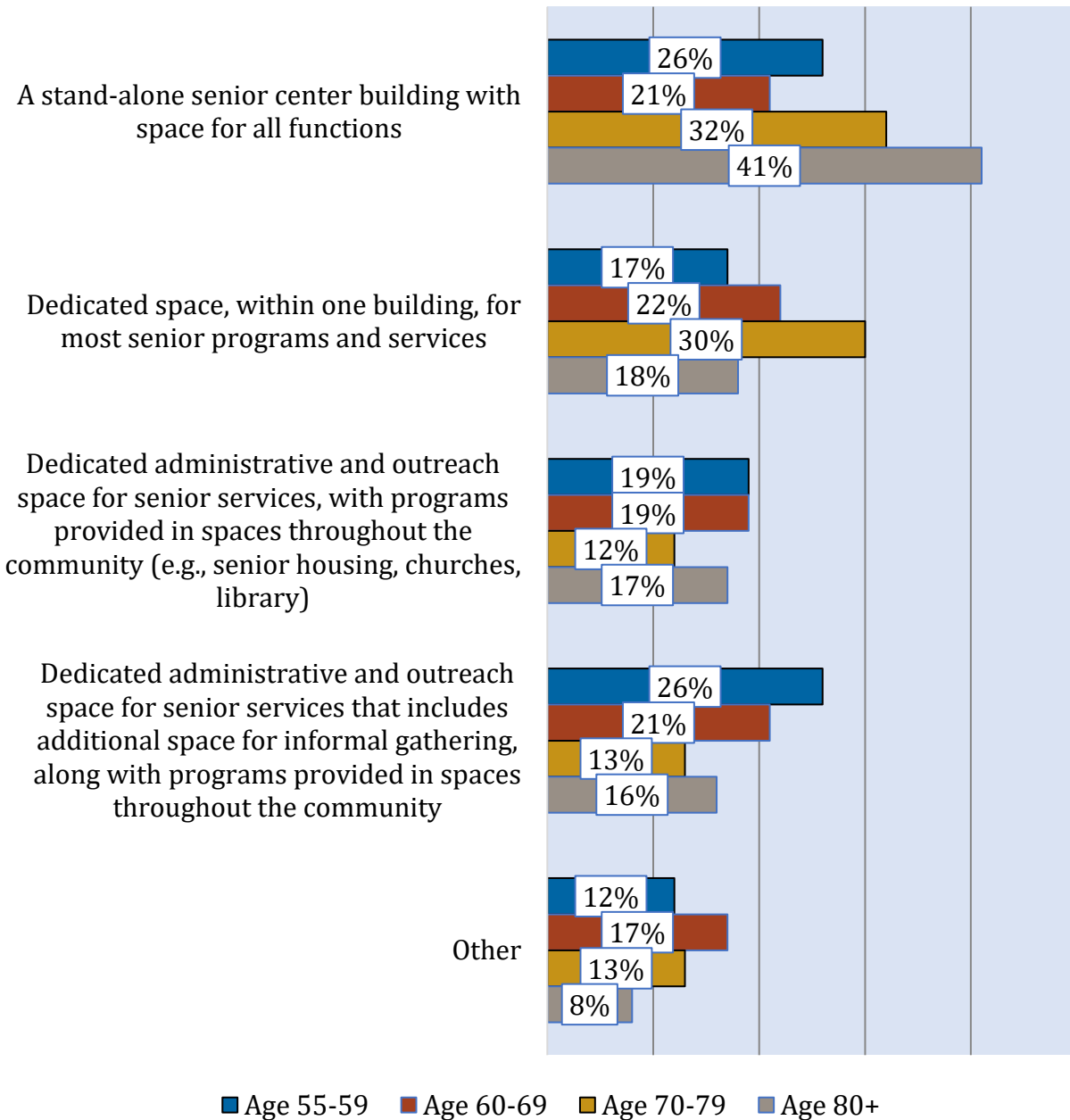
We asked survey participants what they would use the Senior Center for if Sherborn had its own Center. While 20% of respondents stated they would not use a Sherborn Senior Center, many expressed a desire for a Senior Center for specific programs and services. Of those who would use a senior center in Sherborn, almost half were interested in performances/presentations and indoor exercise/fitness equipment while more than one third would use it for skill development classes, outdoor exercise, arts programs, and social programs (see **Figure 39**). The majority of respondents who wrote in other responses commented that they didn't have time or the need for programs and services offered by a COA or did not want to see the Town spend money on a senior center building.

Figure 39. Respondents who would use a senior center in Sherborn would use it for the following:



We asked survey respondents what scenario they would most likely support, regarding future senior activities and services in Sherborn. More than one in four participants (29%) preferred a stand-alone senior center building with space for all functions (see **Appendix**), with higher percentages of the older age groups choosing this option (see **Figure 40**). As well, 34% of current COA users preferred a stand-alone senior center as compared to 26% of non-users (tabulations not shown).

Figure 40. "Considering the future of senior activities and services, which of the following scenarios would you be most likely to support?"



The comments from the many respondents who noted “other” can be grouped into three categories: 1) no opinion/unsure; 2) no need for additional building; and 3) cost. See **Table 6** for a sampling of the responses.

Table 6. Sample responses of those who responded “other” to the question, “Considering the future of senior activities and services, which of the following scenarios would you be most likely to support?”

Cost
“Town cannot afford to support ANOTHER building.”
“I do not support senior center - Just another increase in tax rates that force over 55 out of town.”
“Only the options that would not influence my taxes.”
No need/no opinion
“Does not apply because I am not an active participant.”
“Homebound so doesn’t matter to me.”
“Not sure-guess I would have to see cost/benefit analysis.”
No need for additional buildings
“I don't believe a "senior center" is necessary for Sherborn. There are plenty of spaces which already exist for functions for larger groups.”
“No space needed. Use the community center and save money.”
“There are already sufficient spaces in town that can be used, e.g., a new overpriced library.”

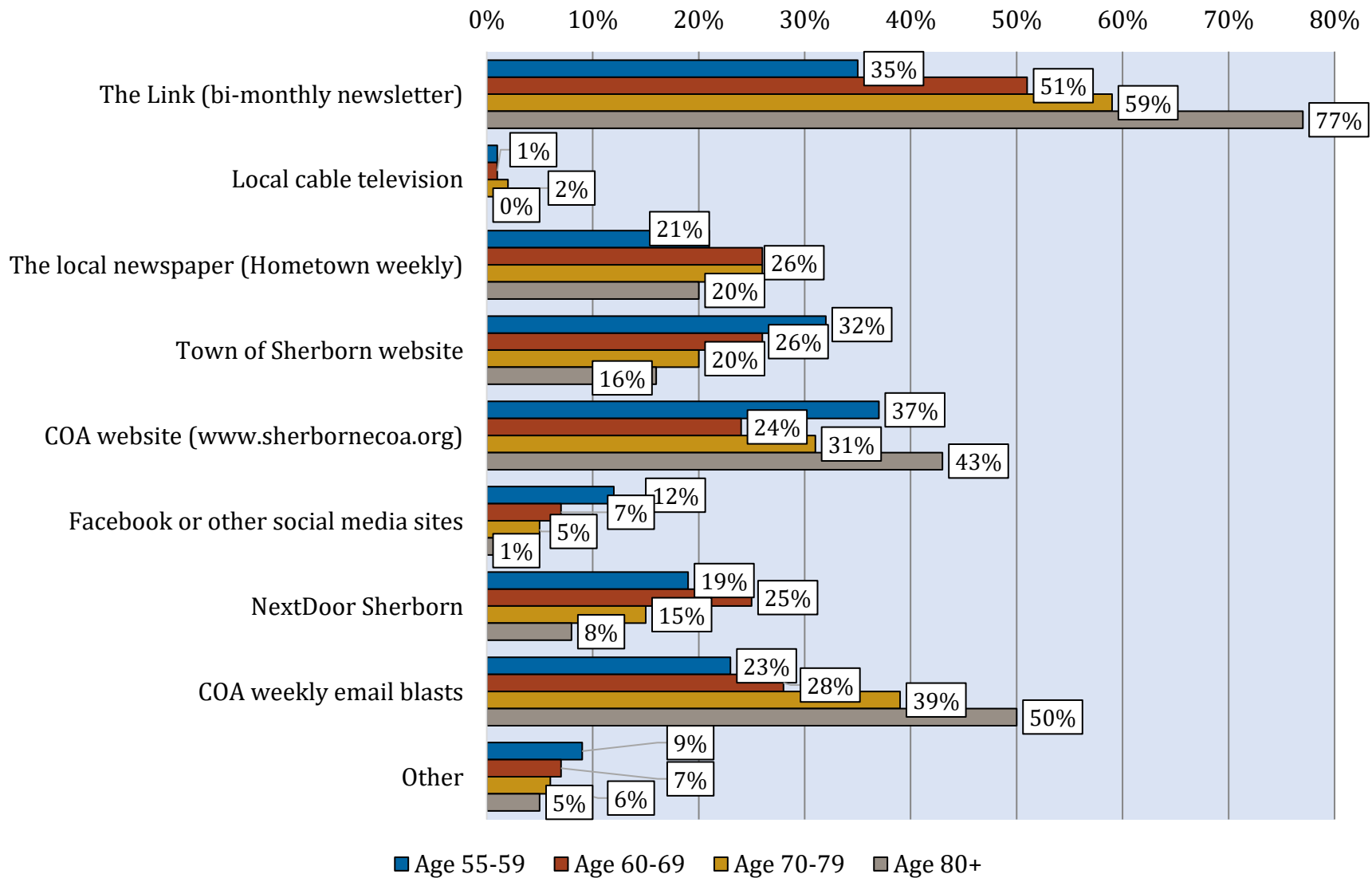
Many respondents added comments regarding a new building or a stand-alone center at the end of the survey and the feedback was varied. Some survey respondents expressed a desire for a Sherborn senior center, noting that they pay high taxes and deserve a building. Others felt strongly that Sherborn does not need a new building or a stand-alone center and most of these comments were related to the tax increase and burden this would put on older adults. Finally, others felt that the Town should wait until the library is finished to consider if a stand-alone senior center is needed. A sampling of these responses are presented on **Table 7**.

Table 7. Sample responses related to a Sherborn senior center in response to open ended question asking participants to share any additional thoughts.

In favor of a stand-alone senior center
"I think Sherborn should have a standalone senior center - there could be more program offerings and better socialization - considering the rural setting of the town."
"I strongly believe that there is a strong need to have our own place to socialize + meet + gather + exchange ideas. We paid a lot of taxes to the town + we are loyal + should be rewarded."
Against the need for a stand-alone senior center
"I do not think we need a stand-alone senior center. It will raise property taxes on the residents. Continue to use Pilgrim Church space, and the library whenever that mismanaged fiasco finally finishes."
"Residents of Sherborn have a very high tax burden. I would prefer to keep taxes as low as possible and not spend money on unneeded capital items like a Senior Center. There are adequate sites for seniors to meet such as the Library, Town Hall, Community Center and Pine Hill School. High taxes drive people out of Sherborn after their children leave school so adding to that tax burden harms seniors far more than younger working-age residents."
Need to wait to decide about senior center until Library is complete
"Out of respect for All the Taxpayers of Sherborn, DO NOT consider another building when we have centrally located facilities that will accommodate seniors who most often tuck themselves in after 5pm! We need to wait for the library to open & evaluate TAX IMPACT."
"Before considering a separate senior center, we need to see how the spaces in the newly renovated library work out and pay for it."

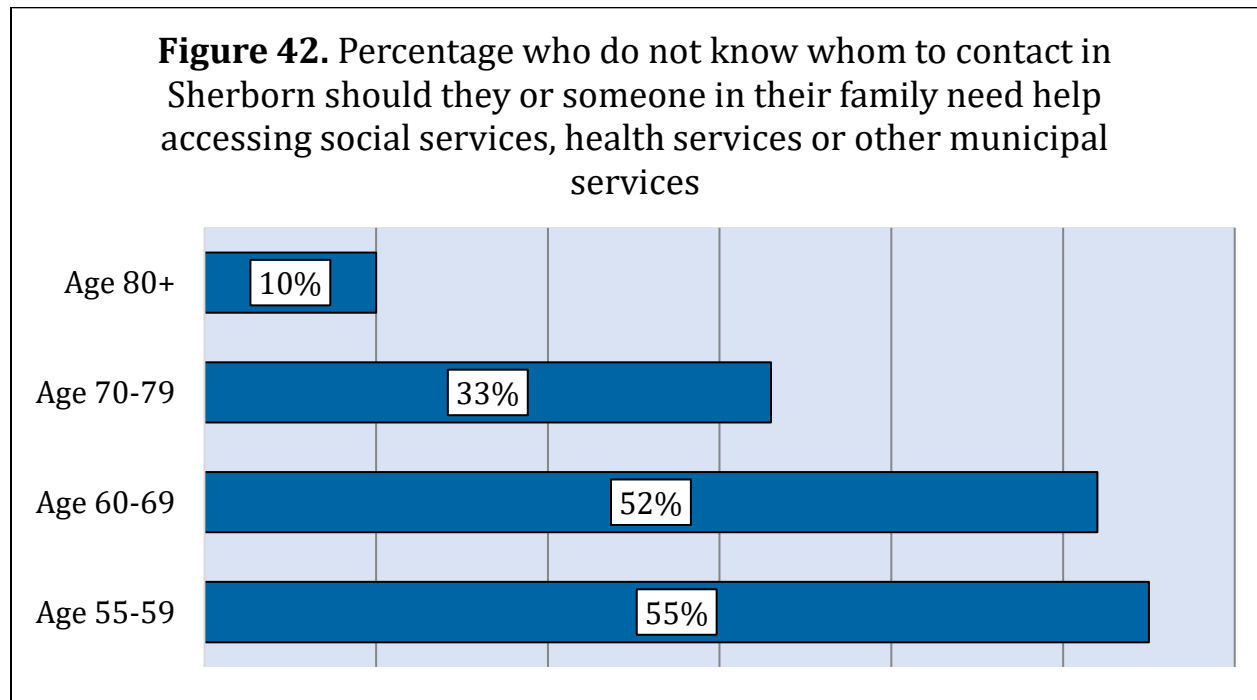
Promoting widespread awareness of local services, programs and resources maximizes the impact of community assets. There was one question included in the survey related to preferred method of getting information. Preference for method of communication varied by age (see **Figure 41**). The most consistently reported source of information, across age groups, was the COA newspaper (i.e., the Link) with more than half of all age groups naming it as a preferred source of information. More than three out of four respondents age 80 and older (77%) prefer to find information about activities and services through the COA newsletter as compared to 35% of those age 55 to 59. Conversely, nearly one third of respondents age 55-59 prefer to find information about activities and services on the Town website compared to 20% of those age 70-79 and 16% of those 80 and older. Very few people get information about the Sherborn COA from the local television station. Given that current Sherborn COA participants are somewhat older, we conclude that continuing to make information about the program and services available through print media remains important. Considering ways to also expand existing digital presence might aid in effectively reaching younger residents.

Figure 41. "Where do you prefer to find information about the activities and services offered by the Council on Aging?"

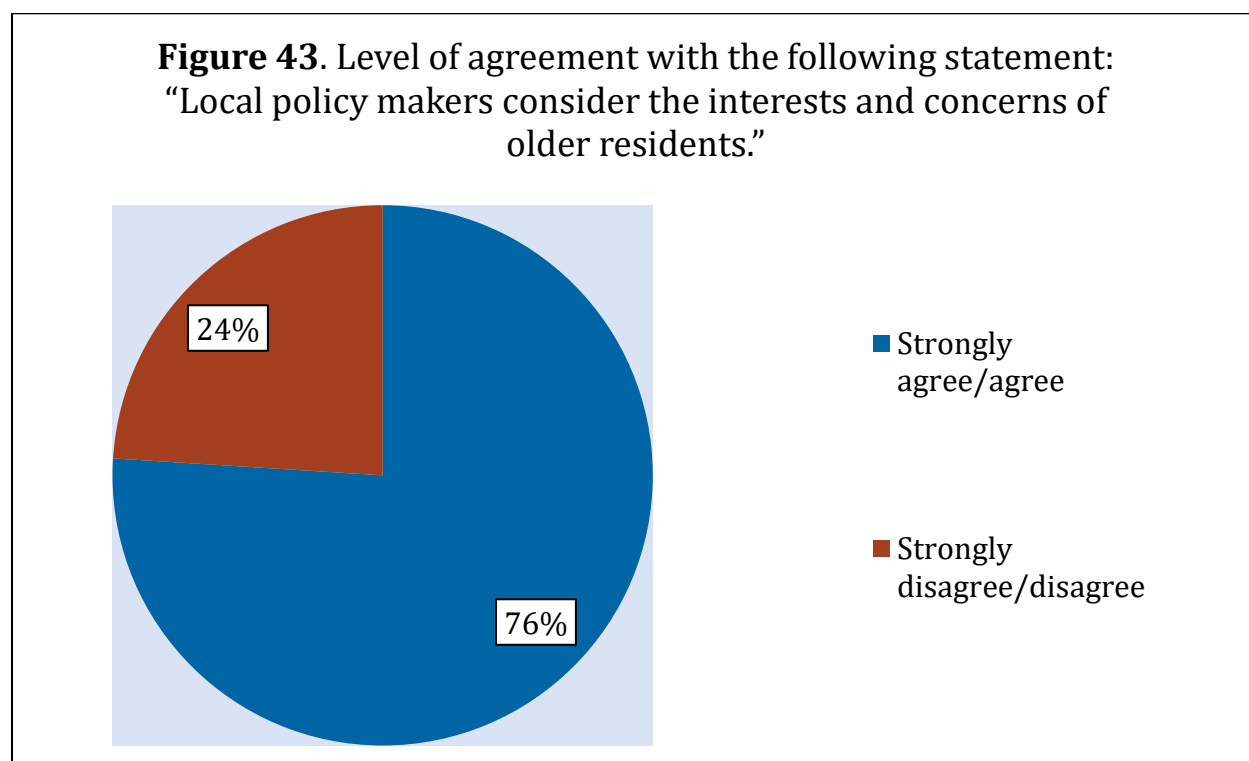


While most community survey respondents do have access to the Internet from their home via computer (88%), a majority also use smartphones (71%; see **Appendix**). It is important to note that some respondents age 70-79 (3%) and age 80 and older (5%) do not. This is important information both for outreach mechanisms but also to highlight the need for public access to Internet services for those who do not have connectivity in their homes.

When asked, “Would you know whom to contact in Sherborn should you or someone in your family need help accessing social services, health services or other municipal services?”, 39% of all respondents responded they do not know who to contact. Stronger awareness is evident among respondents age 80 and older, among whom only 10% of survey respondents responded that they don’t know who to contact, while more than half of those under age 70 reported they do not know who to contact if someone in their family needed help accessing services (see **Figure 42**). It is possible that many in the older cohort have already needed services, and therefore figured out how to access them. Still, many respondents in all age groups lack this knowledge. Programming to inform residents about the many programs and services available for future needs is worth considering.



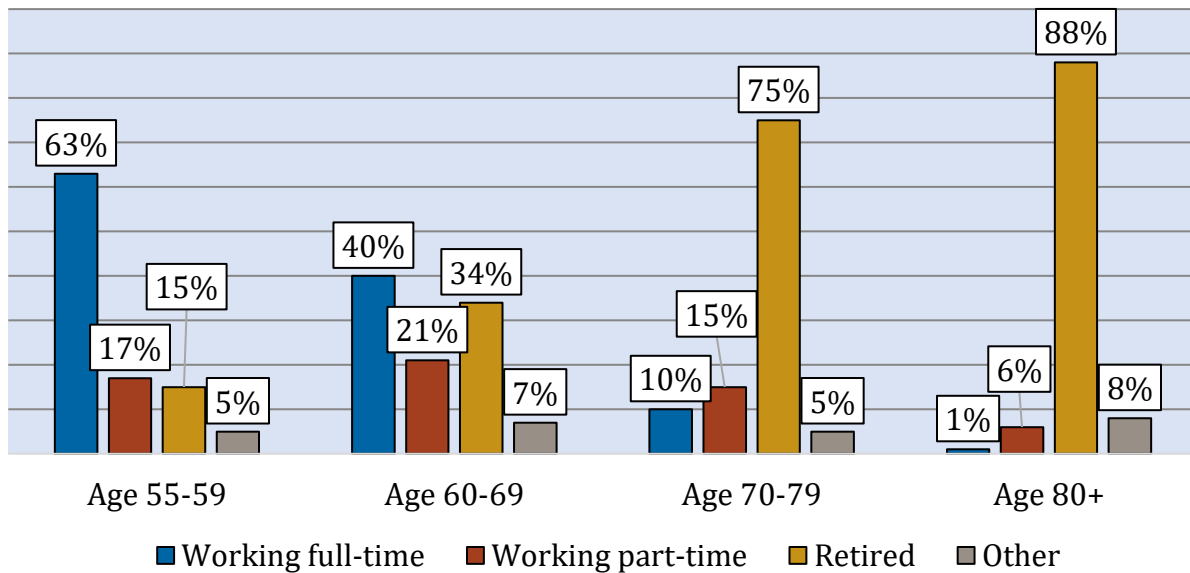
Survey respondents were asked to rate their level of agreement with the statement, “Local policy makers consider the interests and concerns of older residents”. Feeling ignored or neglected by community leaders can be viewed as a form of exclusion with negative consequences for residents. About 76% of respondents strongly agreed or agreed with the statement, while 24% disagreed or strongly disagreed (**Figure 43**). The pattern of results is similar across age groups (see **Appendix**). These results suggest that while the majority of survey respondents are satisfied along this dimension, there is room for improvement in action taken by local policy makers, or perceptions of those actions on the part of residents.



Employment and Retirement Demographics

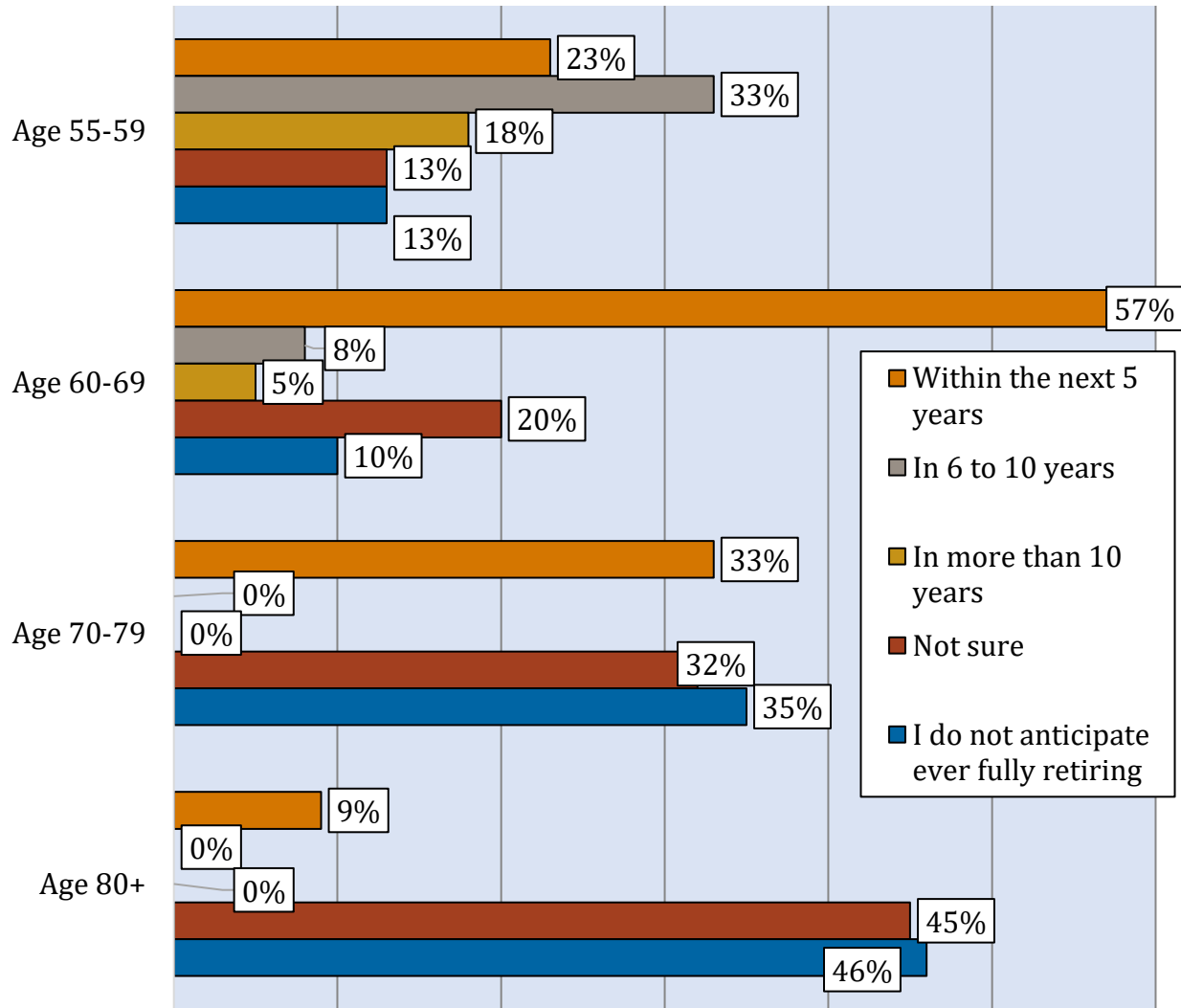
Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in Sherborn survey results. **Figure 44** shows that a majority of respondents in their 50s (80%) and their 60s (61%) are still working and one out of every four respondents age 70 to 79 continue to work. These results are similar to results from the American Community Survey (presented on page 23 of this report) indicating that many of Sherborn’s older residents remain in the workforce.

Figure 44. "What is your employment status?"



For those who responded they are still working, 57% of those age 60-69 and 33% of those age 70-79 are considering retiring within the next 5 years (see **Figure 45**). This has implications for the Sherborn COA, as many of these future retirees will have more time, and possibly more interest and need, in using the programs and services at the COA. Interestingly, many older adults do not know when they expect to retire. Implementing evening and weekend programming might be one way to engage these older workers with the Sherborn COA. Additionally, developing new programs that would particularly attract older workers would be useful.

Figure 45. Plans for retirement among those currently working



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the Town of Sherborn and more than 150 participants took the time to provide additional feedback. Many comments highlighted the positive impact or potential impact of the Sherborn COA. It is evident from the comments that while some of those who complimented the COA take advantage of the programs and services, others do not at this time, but are comforted to know that the COA is available for their future needs.

In addition, there were many suggestions regarding additional programs and services. Some respondents provided specific ideas. For example, several respondents would like to see assistance with home repairs and maintenance, such as snow removal and window washing. Many commented on the limited, affordable options for downsizing and the costs of property taxes that burden older residents in particular (see **Table 8**). Finally, there were many comments with mixed sentiments related to a stand-alone Sherborn senior center and these are presented earlier in this report (**Table 7**).

Table 8. Additional thoughts or comments about the Town of Sherborn

Positive feedback regarding Sherborn COA
"They are doing a good job- often many good programs- friendly accessible."
"The COA staff does a fine job providing support, cultural classes and info/referrals to our elders."
"The COA is a good organization. They have a dedicated board and want to do the right thing for the town and its seniors. When needed it has been helpful to me particularly regarding matters of health care insurance coverage and questions around social security. I believe staff members have done a wonderful helping those who need help the most."
"Keep up the good work... I will eventually need you."
Programs and services to support aging in place
"We could use help finding providers of services in Sherborn like snow removal, trash pick-up etc. We're not good at finding providers ourselves, especially for someone to shovel off cars, shovel stairs, etc. Thanks!"
"I need a recommended list of good local handymen, lawn carers, carpenters, etc., and help such chores and with computer advice."
"My biggest need should I become frail would be transportation to medical appointments and the availability of home health aides to care for me or my husband in our home."
"Tax relief program for seniors who are long term residents; Discount services i.e., window washing, snow shoveling, gutter cleaning."
Housing concerns
"Affordable, desirable living in Sherborn is very limited - would like senior living w/ access to library, pharmacy, post office, shops w/ in walking distance."
"Sherborn needs to develop and execute a smart growth policy to create more affordable, active learning in town."
"When I do retire in 6-8 years, I will be considering moving due to the towns' taxes, If I could afford to stay, and housing was available I would consider staying"

Hearing from Interview Participants

Six interviews were conducted over Zoom, with nine town leaders, to explore the perspectives of individuals who hold positions in Town government or in local organizations and who work with older Sherborn residents. Specifically, we spoke with one member of the Board of Selectmen, one member of the Planning Department, one member of the Elder Housing Committee, two members of the Fire Department, three members of the Police Department, and the Director of the Council on Aging (COA). These participants were encouraged to share their thoughts regarding features that make Sherborn both wonderful and challenging to age in the community and strategies regarding ways Sherborn can be a strong and vibrant community for residents of all ages. In this section of the report, we present salient points that emerged based on these six interviews.

The Challenge of Space

Limited space, both for offices and for older residents to socialize and engage in activities, emerged as a key theme of the interviews. Although all the interview participants emphasized the wonderful job the COA has been doing in developing programs, several shared that having activities in the same place (i.e., one place for all activities) would be much better. Others emphasized the need for a place for seniors to socialize, beyond the location of structured programming. Sherborn has a small town center with few places to “hang out” and meet others. One interview participant stated that “Even the Dunkin Donuts in town doesn’t have tables”, highlighting that there is no place to chat with others over a cup of coffee or run into other residents while reading a newspaper or working on a laptop in a public place. And beyond space for programming and socialization, two of the interview participants stated that office space for the COA is currently less than ideal. There is one small room for the three employees (Director, Assistant Director, Elder Advocate). There is no privacy and also no space for volunteers or for seniors to come “hang out”. Several participants shared that due to the semi-rural nature of Sherborn and spread-out housing, along with the COVID-19 pandemic, isolation for seniors has been a major concern. They expressed a desire for a place for these older residents to congregate, talk, drink coffee, and visit with one another. One person who was interviewed shared that because Sherborn is such a small town, a place where residents of all ages could mingle, versus just older adults, would make best use of space.

Communication and Collaboration

Communication is important in all aspects of town government and this is no different in Sherborn. The majority of the people interviewed spoke about the need for better communication among organizations within the Town, emphasizing a desire for more organized and formal communication. One interviewee stated that “people work in silos”. Two town leaders mentioned the transition Sherborn is going through, as the town

administrator has left. While there is currently an interim town administrator, the people interviewed were looking forward to a time when this position is filled with a permanent person who could “rally the troops” and move forward with some planned projects.

Many interview participants expressed a desire to bring the departments together and several suggestions for how to do this emerged. Individuals interviewed suggested holding more frequent department head meetings and collaborating on projects and programs, including intergenerational programs that involve leaders from a variety of town groups. The police department suggested funding for a liaison position, to provide time for an individual to facilitate communication among Town organizations and better support the needs of older residents.

Communication between town leaders and the older residents is critical as well. Almost all of the individuals interviewed spoke about Sherborn older adults as being private, not wanting to admit they need or want help. Several individuals shared that although Sherborn is perceived as a very wealthy town, there are pockets of people who are struggling, yet even these people, who are not doing fine, are hesitant to reach out. One interview participant noted that the Police and Fire departments and the COA are doing a good job at identifying people when they notice residents are struggling and they reach out to each other, as needed. But there are other Town departments that don’t communicate as well and don’t realize the needs of older residents until something happens in their own family (e.g., relative needs a wheelchair; turning 65 and want to learn about Medicare options). Several interview participants acknowledged that reaching residents before a crisis occurs is important and that better communication with residents and among departments would help.

Numerous ideas arose regarding ways to improve communication with residents. Word of mouth was mentioned as a strategy that shouldn’t be overlooked, especially in a small town like Sherborn. Frequent education about the role of the COA and the many services and programs available was highlighted, as well, as an effective strategy. The challenge of reaching the older residents who don’t have Internet or are not technologically savvy was also discussed. The COA has a social media presence but not all older residents have access to that so assuring that information is conveyed via print material, as well as web-based, is important. Using Cable Television more often was another suggestion to support communication with those who don’t use or don’t have access to the Internet.

Transportation

All of the people interviewed stated that transportation is a major challenge for Sherborn residents who no longer drive. There is very limited public transportation in Sherborn. The Metro West Regional Transit Authority (MWRTA) provides rides but no longer provides door-to-door service to Sherborn residents; residents need to get to a central spot to access

these rides. The COA does provide subsidized transportation but several people who were interviewed shared that this is not enough and doesn't provide spontaneity for the residents (i.e., people need to plan ahead and schedule the transportation). The individuals interviewed also shared the challenge of getting to medical appointments, as there are limited medical services in Sherborn. There is no medical office building and no hospital in Sherborn; residents need to travel to neighboring towns, a task made more difficult with limited transportation.

Two of the people interviewed also shared how lack of public transportation impacts caregiving. Paid caregivers are unable to access Sherborn via public transportation and often, the caregivers don't earn enough to afford a ride sharing service for each visit. Therefore, caregivers are not as willing to come out to provide care, especially for just a few hours. It appears that lack of public transportation in Sherborn leads to a variety of challenges for older residents.

The Challenge of High Taxes

Interview participants spoke about the very high property tax rate in Sherborn. Many residents can't afford to remain in town and instead, they sell their home and move out of town once their children are no longer in the school system. Sherborn shares its middle and high schools with Dover and these schools are known for their excellence. A large portion of the tax base supports the school and some of the people we spoke with wished that the older residents benefited more from the high taxes, mentioning that the older residents are hesitant to support new projects in town, as they are concerned about how it will affect their taxes. One person interviewed explained that older residents don't want to spend money, even on senior related projects, and they often get voted down on other special interest projects. Therefore, they see their taxes go up but they don't benefit.

Housing

Housing was discussed by all the interviewees, primarily focusing on the need for additional, smaller houses or condominiums, closer to services. Several interview participants emphasized that the current 55+ housing is great but more is needed. Many older residents live in large houses that they can no longer care for. Several reasons were mentioned regarding the struggles older adults face in maintaining their home including not having the money, not knowing who to contact, not having the energy to move forward with the maintenance, and in some cases, not having the desire to make needed changes. Another interviewee commented that the zoning in Sherborn has changed. One can now charge rent for accessory dwelling units which could support the older adult by providing needed funds and also by having another person in the house for support, as needed. This person commented that they were unsure how widely known this change was, relating this to the need for improved communication.

Increase in Mental Health Challenges

Unfortunately, one of the themes that emerged from the interviews was an acknowledgement that more older residents were struggling with mental health now than in the past and most attributed this increase in poor mental health to the “pandemic isolation”. Interviewees have noted a deterioration of spirits, more loneliness, and more depression in the older population. There has also been some “bullying” against those who are not vaccinated. And although the COA Zoom programming was popular at first, town leaders have noticed Zoom fatigue and a decrease in participation. Adding to this burden, one interview participant noted that accessing health care, for mental health or physical health, has been challenging for some older adults as they have had a hard time adjusting to medical appointments online.

Staff from both the Fire and Police departments highlighted the need to address scams, those that occur both on the phone and online. These interviewees were very concerned for older residents who were being victimized. One individual interviewed suggested a possible strategy; having the COA hold a workshop on tips and tricks to avoid scams with the police attending the group to share their role in addressing scams.

Sherborn Older Residents Viewed as an Undervalued Asset to the Community

Most of the people interviewed emphasized the important role the older residents play in Sherborn, but commented that the Town doesn’t see them as a priority. Funding is often prioritized for school-aged children and families while funding for the COA and older adult programming is extremely limited. Town organizations don’t always appreciate the value that older adults bring to the Town, including their contributions to the tax base, their volunteerism, and their role in town government. For example, one interview participant commented that the group of Sherborn residents 75 and older are an extremely community minded, dynamic group and not “your typical group of older adults who like to play BINGO”. Another individual stated that “seniors aren’t valued as much as they should be.” And another person commented that the “aging population is wonderful” and wished that everyone in town could see that. Similar to older adults not being valued, two interview participants mentioned they don’t feel that the COA is valued or recognized for all they do by other town departments. All the interview participants, excluding the COA director, highlighted the great job the COA is doing. They commented on the great outreach by the COA, both outreach to older residents and outreach to other departments within the town. They also acknowledged the dynamic programming, including programming with other departments. Several people interviewed specifically mentioned the director in their accolades, especially for her committed, yet non-intrusive approach with the older residents and her respect for their privacy.

Conclusions and Recommendations

Sustained growth in the percentage of older Sherborn residents, compared to the full Sherborn population, is expected within the next decade. Currently, 22% of Sherborn residents are age 60 and older. With the changing demographics, the share of residents age 60 and older is expected to increase to 32% by 2035. This central, overarching observation – that the share of older residents of Sherborn is already large and will continue to expand – makes clear the importance of considering how well features of the Town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward. Planning is especially warranted with respect to the Council on Aging, which may be heavily impacted by aging of Sherborn residents.

In preparing for this demographic shift, the Sherborn COA and the Center for Social and Demographic Research on Aging at the University of Massachusetts Boston partnered to conduct a study to investigate the needs, interests, preferences, and opinions of the Town's residents age 55 and older. As part of this assessment, a survey was developed and administered to Sherborn residents age 55 and older. A total of 540 questionnaires were returned, reflecting a strong return rate of 36%. In addition, we collected insights from Sherborn leadership and other key stakeholders in the community. Data from the U.S. Census Bureau and other sources were also examined in support of the project aims. A broad range of findings are reported in this document, highlighting positive features of Sherborn as well as concerns expressed by older residents and Town leadership. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility held by the Sherborn Council on Aging, it is understood that adequately responding to needs and concerns expressed in the community will require the involvement of other municipal offices and community stakeholders, and some will require a substantial collaborative effort. Thus this report is intended to inform planning by the Sherborn Council on Aging as well as other Town offices, private and public organizations that provide services and advocate for older people within Sherborn, and the community at large.

Residents value the quality of life offered in Sherborn and are strongly attached to the community. The rural character of the town provides wonderful space for outdoor activities and a tranquil environment. The strong educational system was also highlighted as a strength of the community. While the majority of survey respondents want to remain in Sherborn as they age, they noted a variety of challenges. A summary of key findings of these challenges and recommendations are as follows:

- The demand for COA programs and services is expected to escalate in the coming years and the need and desire for a variety of programs and services is changing. The share of older adults in Sherborn is expected to increase from 22% to approximately 32% within

the next 10 to 15 years. A majority of survey respondents in their 50s and 60s are still working and among them, 80% expect to retire within the next 5 years. The main reasons many respondents, especially those younger than age 69, stated they don't participate in COA programs or use the services is that they don't need the services, don't know what is offered, don't have the time, or are "not older enough". As this cohort of residents retire, they will have more time and be older, likely increasing the number of people taking advantage of COA programs and services.

Recommendations:

- Plan for an escalating demand for Council on Aging programs and services by increasing both staffing and space.
 - Currently, the Sherborn COA provides the only public social services in the Town. As needs for social services are expected to increase in quantity and complexity, address the need for additional social service staff to meet the needs of current and future older residents and their families. Additional staff will also be needed to provide more and varied programming for Sherborn older adults.
 - Space challenges and recommendations are included in the next section.
 - Ensure that all programming space is equipped with the ability for residents to participate via video conference, to meet the needs of those who are unable to leave their home along with those who don't feel comfortable participating in person due to fear of COVID-19.
 - Consider strategies to change the image of the Council on Aging, from a place for the oldest and most vulnerable to a place for any older adult to come to learn, exercise, socialize and benefit from a variety of services. Initiating new programs, such as kayaking lessons, hiking groups, fitness programs, and other active programming is one way to broaden the appeal of the Council on Aging. Offering some programs in the evening or weekends might attract those who are still working. Marketing programs through social media and at a variety of community events and locales can also broaden the reach.
- **Mixed feedback was provided regarding the current physical space of the Sherborn COA and its programs and possibilities for the future.** Feedback during interviews with Town leadership and comments on the survey indicated that there is currently not enough space for dynamic programming and informal socialization for Sherborn older residents. As well, several people noted that there is limited, if any space, for confidential discussions with older residents at the Sherborn COA. When asked what scenario they would support regarding a senior center, respondents to this survey provided mixed results. While the majority of town leadership who were interviewed and some survey respondents support a stand-alone center, others prefer dedicated space within one

building for programs and services or dedicated administrative and outreach space with programs occurring in locations throughout the town. Many comments from interviews and on survey write-ins addressed thoughts about a new senior center, as well. These comments ranged from the importance of a separate stand-alone center to the cost of a new building and therefore, an increase in taxes and financial burden for older adults. There were many comments related to the challenge of the building of the new library and several felt that nothing should be decided about a senior center until the library is complete and taxes are stable.

Recommendations:

- Explore opportunities to acquire additional space to host programs or to build new space. Consider a site-study or evaluation of existing properties in Sherborn.
- As space for additional programming becomes available, expand programming to include additional educational programming, performances and presentations, and indoor and outdoor fitness programs.
- Advocate for more dedicated space for older adult programming. The library, once completed, may provide opportunity for space along with the community center and other innovative options. Specifically, space to accommodate lifelong learning courses and exercise programs is needed to meet the current and future preferences of Sherborn residents.
- Continue to host programming around Town and explore different spaces, as available. Continue partnerships with the library and expand partnerships to include local businesses and schools that could help meet the needs for additional programming opportunities targeted for older adults.
- Consider expanding outdoor programming, weather permitting, where space is less of a concern. Support the development of a Trailblazers club¹⁵ to connect with adults seeking participation in outdoor activities.
- Consider collaborations with local businesses. Advocate for a coffee shop in town, when business space becomes available. This can provide a space for older adults to socialize informally. Explore the possibility of partnering with a local gym to provide access to exercise equipment at low cost.
 - Appreciate the opportunity to collaborate with other organizations and towns as a benefit to sharing space. For example, develop intergenerational programs and hold activities in schools.
 - Identify museums, events, historical sites, performances, or outdoor spaces to visit and coordinate group travel and related programming.
 - Reconsider a stand-alone center at a future date, once the library is completed and taxes stabilize.

¹⁵ <https://www.facebook.com/SouthboroughTrailBlazers/>

- While many older adults have financial resources to meet their needs, economic insecurity is a concern for some older adults in Sherborn. Data from the US Census Bureau suggests that although typical income is high, not all Sherborn residents enjoy high income levels. High taxes and overall cost of living emerged as a concern for many survey respondents, as well.

Recommendations:

- Educate the community about currently available programs and develop new programs to support aging in place on a limited income (e.g., property tax exemptions, tax work-off program, small grants for home repairs, coupon cutting groups).
 - Consider expanding educational workshops on topics related to economic security, such as planning for retirement, finding new employment, creating ways to use home equity to age in place, or seeking alternative housing models like home-sharing or renting out rooms.
 - Engage local businesses to promote discounts for older adults. This could promote socialization and offset costs.
- Social isolation is a concern facing some Sherborn residents. While the majority of survey respondents know someone living within 30 minutes to call on for help and speak or email with someone at least weekly, there is a share of Sherborn older adults who do not know someone living nearby and/or do not connect with someone frequently. As well, some older adults have felt excluded in Sherborn, most commonly due to income. Several commented how difficult it can be to get to know people in Sherborn, especially when one is new to the Town. Housing is spread out so it can be challenging to meet neighbors. There are limited places in Town to socialize and “run into” residents, as well. People commented that they feel more isolated since the pandemic and they are more cautious about seeing people. Increased scams have been reported and people who are isolated are at an increased risk for being scammed. There has been an increase in older residents struggling with mental health and the isolation from the pandemic likely has contributed to this.

Recommendations:

- Consider ways to welcome first-time Council on Aging participants who are reluctant to participate on their own (e.g., a “new member day” or a “bring a buddy” program).
- Consider developing an initiative to reach out to older residents of Sherborn who are living alone. For example, begin a door knocking project that would include a committee or group of volunteers that is tasked with contacting single person households in Sherborn to identify them, their needs, and request contact information.

- Explore the adoption of an opt-in electronic system for systematically identifying and communicating with at-risk and vulnerable adults and families during emergencies.
 - Hold a workshop on tips and tricks to avoid scams. Invite police to share their role in addressing scams.
 - Consider implementing a “surrogate grandparent” program that matches older adults with local families for mentorship and socialization to those whose families live out-of-town or are otherwise absent. Consider hosting a grandparent’s day luncheon to celebrate the participants.
 - Consider hosting a quarterly breakfast for local organizations to come together. These events would include community education about the programs and services available through various agencies but also provide a mechanism by which communication about issues of isolation among providers can be streamlined and relationships established.
- **Caregiving is challenging for many Sherborn older adults.** Many older Sherborn residents currently, or have in the recent past, provided care for another individual with a health issue or disabling condition. Serving in this critically important role is often stressful to the caregiver. Awareness of services that could be helpful – such as support groups - is low.

Recommendations:

- Consider hosting a family caregiver “resource fair” as an opportunity to connect the Sherborn COA with family caregivers.
- Consider hosting a “Caregiver’s Night Out” to provide residents of Sherborn who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
- Encourage Town staff to participate in Dementia Friends¹⁶ training to raise awareness about residents and families living with dementia.
- Provide referrals and transportation to nearby Memory Cafés for residents and their caregivers to attend.

¹⁶ <https://dementiafriendsusa.org/>

- **Opportunities to adapt current housing, downsize, or obtain housing with services are perceived as challenging in Sherborn.** There are limited options to downsize in Sherborn, limited senior independent living options, and no assisted living complexes. The majority of survey respondents want to remain living in Sherborn as they get older yet keeping up with home maintenance and repairs can be difficult as one ages. A small, but vulnerable, group of residents report their home needs repairs or modifications but they are unable to afford to make these changes.

Recommendations:

- Distribute educational materials, hold workshops, or offer other opportunities for Sherborn residents to learn about home modifications that can promote safety in the home.
 - Help residents identify trustworthy sources of home assistance by developing a list of local contractors and handyman services and making it accessible for older adults in need of services. Ensure that this list includes resources for people who will provide home modifications to support safety within the home.
 - Continue to contribute to local conversations about housing options for older adults who wish to downsize while staying in Sherborn. Advocate for options that current residents can afford, including condominiums and other types of housing that offer low maintenance and single-floor living, as well as market-rate housing and senior living housing.
 - Promote awareness of various housing options across the lifespan. Consider hosting a “housing choice” planning seminar to encourage pro-active thinking about aging in place. Invite local experts (e.g., real estate agents, contractors, disability commission members, lawyers, financial professionals) who can share their perspective about future housing options based on a wide range of individual scenarios. Provide information to increase awareness about Sherborn guidelines that allow residents to rent accessory units.
-
- **Transportation options are limited in Sherborn.** Survey respondents appreciate the location of Sherborn, near stores and medical services, yet all acknowledge that one can’t access these services if one is unable to drive as there is no public transportation in Sherborn. Many respondents already modify their driving and others who currently drive commented about the need to move from Sherborn when they are no longer able to drive. Obtaining accessible transportation is a concern for Sherborn residents as they age. There are few sidewalks in Sherborn which limits the walkability of the town, as well.

Recommendations:

- Explore the development of a formal volunteer transportation program (e.g., F.I.S.H.)¹⁷ to expand door-to-door transportation to Council on Aging activities or social gatherings or shopping excursions and appointments.
- Consider collaboration with neighboring COAs to coordinate medical transportation to Boston.
- Ensure that segments of the community at high risk of experiencing barriers to transportation are aware of available options: residents aged 80 and older, non-drivers, those who modify their driving, and those with significant mobility limitations.
- Investigate other opportunities to establish programs that will help older adults travel where they need to go, at a price they can afford and with the flexibility they value. Consider ride-share options or the purchase of a smaller vehicle for use in making local trips.
- Widen the promotion of existing opportunities for car safety programs as ways to support safe driving for as long as possible. AARP offers several programs, including a free Car-Fit program¹⁸ and a Smart Driver Course¹⁹, both programs that offer older adults the opportunity to check how well their personal vehicles "fit" them. The programs also provide information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community.
- Promote use of on-demand ride services by offering informational sessions about programs like Uberhealth²⁰, GoGoGrandparent²¹ or the Transportation Resources, Information, Planning & Partnership for Seniors (TRIPPS) program²².
- Conduct a "walk audit" to identify areas of Town to prioritize for improved walkability.
- Offer "travel training" events for residents to familiarize themselves with available transportation options.

¹⁷ <https://www.wayland.ma.us/council-aging/pages/fish-friends-service-helping>

¹⁸ <https://car-fit.org>

¹⁹ [Online Defensive Driving Course From AARP Driver Safety](#)

²⁰ <https://www.uberhealth.com>

²¹ https://gogograndparent.com/gogostart?msclkid=93b745cca3fc115b3b9427f15d0b1491&utm_source=bing&utm_medium=cpc&utm_campaign=GoGoGrandparent_Brand_Pure_US_Exact_Desktop&utm_term=gogograndparent&utm_content=Brand_Pure

²² <https://www.mass.gov/doc/tripps-0/download>

- **Communication within departments and with residents could be improved.** All of the people interviewed spoke about the need for improved communication among Town departments that work with older adults along with communication with residents. Almost 40% of survey respondents reported that they would not know whom to contact in Sherborn if they needed help accessing social services, health services, or municipal services. A Town can have great programming and services, but if residents aren't aware of what is available, few people will access the programs and services.

Recommendations:

- Encourage COA users to promote the COA programs and services among neighbors and friends. Word of mouth is a strategy that shouldn't be overlooked, especially in a small town like Sherborn.
- Provide frequent education about the role of the COA and the many services and programs available. It can be challenging to reach older residents who don't have Internet or are not technologically savvy so assuring that information is conveyed via print material, as well as web-based, is important.
- Consider establishing a "citizen's civic academy"²³. This educates residents about the basics of local policymaking and governance and empowers them with self-advocacy skills.
- Consider funding for a liaison position within Town Safety (Fire and Police), to provide time for an individual to facilitate communication among Town organizations and better support the needs of older residents.
- Consider monthly meetings for representatives from Town departments who interact with older adults. These meetings can be used to discuss specific older residents in need, explore collaborative programming, and provide an opportunity for town leaders to support one another.
- Engage in collaborative projects that support older residents and increase communication among Town organizations (e.g., intergenerational programming; recruiting employees from local organizations to speak at senior events).

²³ [Citizens Academy - Town of Danvers \(danversma.gov\)](https://danversma.gov/citizens-academy)

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Appendix: Community Survey Results

Note: Appendix tables are based on 540 responses to the Sherborn survey of residents age 55 and older, conducted in Spring 2022. Nineteen percent of responses were received online with the rest of the responses received by mail. Total response rate was 36%. See text for additional details.

Section 1: Community & neighborhood

Q1: How long have you lived in the town of Sherborn?

	Age 55-59 *	Age 60-69	Age 70-79	Age 80+	All ages
Fewer than 5 years	11%	15%	14%	4%	12%
5-14 years	18%	11%	12%	4%	11%
15-24 years	31%	22%	9%	5%	17%
25-34 years	31%	39%	19%	5%	25%
35-44 years	1%	7%	25%	16%	13%
45 years or longer	8%	6%	21%	66%	22%
Total	100%	100%	100%	100%	100%

*Here and throughout the report and these tables, the one participant who noted their age as <55 is included with the age 55-59 age group.

Q2: How important is it to you to remain living in Sherborn as you get older?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very Important	30%	39%	51%	79%	48%
Somewhat Important	34%	41%	33%	15%	33%
Slightly Important	21%	12%	11%	4%	12%
Not at All Important	15%	8%	5%	2%	7%
Total	100%	100%	100%	100%	100%

Section 2: Housing & Living Situation

Q5: Which of the following best describes your current place of residence?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Single-family home	96%	91%	79%	81%	87%
Multi-family home (2, 3, or more units)	0%	3%	3%	3%	2%
Accessory apartment (add-on apartment to an existing home)	0%	1%	1%	1%	1%
Apartment building	0%	0%	2%	4%	1%
Condominium or townhome	4%	4%	12%	9%	8%
Other	0%	1%	3%	2%	1%
Total	100%	100%	100%	100%	100%

Q6: Who do you live with?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
I live alone	1%	12%	25%	38%	19%
A spouse/partner	89%	81%	69%	53%	73%
My adult child(ren) (age 18 or older)	21%	16%	10%	11%	14%
My child(ren) (under age 18)	15%	4%	0%	0%	4%
My grandchildren	1%	2%	2%	4%	2%
My parent(s)	3%	1%	1%	0%	1%
Another relative	3%	2%	3%	1%	2%
Other	1%	3%	3%	1%	2%

*Figures do not sum to 100%

Q7: Do you plan to stay in Sherborn for the next 5 years or more?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes, I plan to stay in Sherborn in my current home	66%	80%	87%	88%	81%
Yes, I plan to stay in Sherborn but would move to a smaller home or apartment	3%	5%	5%	7%	5%
No, I plan to move out of Sherborn	31%	15%	8%	5%	14%
Total	100%	100%	100%	100%	100%

Q8: Does your current residence need some home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes, and I can afford to make these modifications	17%	25%	34%	29%	28%
Yes, but I cannot afford to make these modifications	1%	5%	5%	6%	4%
No, my current residence does not need modifications	82%	70%	61%	65%	68%
Total	100%	100%	100%	100%	100%

Q9: Does your current residence need home repairs (e.g., a new roof or heating system) to improve your ability to live in it safely for the next five years?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes, and I can afford to make these repairs	18%	34%	25%	30%	28%
Yes, but I cannot afford to make these repairs	10%	9%	8%	9%	9%
No, my current residence does not need repairs	72%	57%	67%	61%	63%
Total	100%	100%	100%	100%	100%

Q10: In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer in Sherborn?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Single-family home	35%	40%	25%	15%	30%
Multi-family home (2, 3, or more units)	1%	5%	2%	1%	3%
Accessory apartment (add-on apartment to an existing home)	8%	7%	7%	6%	7%
Apartment building	3%	4%	8%	4%	5%
Condominium or townhome	42%	29%	31%	25%	31%
Senior independent living community	31%	33%	40%	51%	38%
Other	10%	17%	19%	14%	16%

*Figures do not sum to 100%

Section 3: Transportation

Q11: What are the primary ways in which you meet your transportation needs?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
I drive myself	100%	100%	97%	86%	96%
My spouse or child(ren) drive(s) me	10%	7%	20%	34%	17%
Friends or neighbors drive me	0%	0%	2%	12%	3%
Public transportation (e.g., MWRTA, commuter rail)	3%	4%	3%	0%	2%
Taxi or ride sharing options (e.g., Uber, Lyft)	4%	4%	3%	1%	3%
Transportation provided by the Council on Aging (e.g., discounted JFK taxi coupons)	1%	1%	5%	11%	4%
Walk or bike	9%	16%	8%	9%	12%
Other	0%	0%	1%	0%	0%

*Figures do not sum to 100%

Q12: Which of the following best describes your driving status?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
I drive with no limitations	97%	94%	80%	62%	84%
I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	3%	6%	17%	30%	13%
I do not drive	0%	0%	3%	8%	3%
Total	100%	100%	100%	100%	100%

Q13: What difficulties do you have in meeting your transportation needs?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
I have no difficulties	97%	94%	87%	83%	90%
Transportation not available where I need to go	1%	3%	5%	1%	3%
Lack of transportation options evenings and weekends	0%	1%	3%	3%	2%
Transportation options are too expensive	3%	1%	3%	4%	3%
I need door-to-door transportation assistance	0%	0%	2%	3%	1%
I need assistance when I arrive at my location	0%	0%	2%	4%	1%
I need flexibility in planning (e.g., I don't like to schedule in advance)	1%	1%	3%	7%	3%
I am not aware of services available	3%	5%	5%	9%	5%
Other	9%	4%	3%	6%	5%

*Figures do not sum to 100%

Q14: Within the past 12 months, did you have to miss, cancel or reschedule a medical appointment because of a lack of transportation?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	0%	2%	4%	4%	3%
No	100%	98%	96%	96%	97%
Total	100%	100%	100%	100%	100%

Q15: How satisfied are you with the transportation options available to you?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Completely Satisfied	49%	53%	35%	32%	43%
Very Satisfied	21%	19%	28%	36%	25%
Somewhat Satisfied	20%	17%	20%	21%	19%
Slightly Satisfied	4%	5%	6%	8%	6%
Not at all Satisfied	6%	6%	11%	3%	7%
Total	100%	100%	100%	100%	100%

Section IV: Caregiving & Health

Q16: Do you now or have you in the past 12 months provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	39%	28%	16%	26%	27%
No	61%	72%	84%	74%	73%
Total	100%	100%	100%	100%	100%

Q17: If yes on Q16: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very challenging	32%	20%	18%	20%	23%
Somewhat Challenging	39%	39%	39%	32%	38%
Neither Challenging Nor Easy	21%	33%	13%	24%	24%
Somewhat Easy	4%	4%	17%	12%	8%
Very Easy	4%	4%	13%	12%	7%
Total	100%	100%	100%	100%	100%

Q18: If yes on Q16: Did this person have any of the following conditions?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Sensory impairment (e.g., vision, hearing)	43%	18%	29%	12%	24%
Mobility impairment (e.g., difficulty walking, climbing stairs)	87%	73%	83%	80%	79%
Chronic disease (e.g., cancer, diabetes, asthma)	33%	33%	29%	24%	31%
Recent surgery	13%	31%	13%	20%	21%
Psychological condition (e.g., anxiety, depression)	30%	16%	21%	12%	19%
Intellectual or developmental disability	10%	6%	4%	4%	6%
Alzheimer's or dementia	27%	31%	8%	24%	25%
Other	7%	8%	17%	12%	10%

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

Q19: Do you have an impairment or condition that limits your ability to participate in your community?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	1%	5%	10%	20%	9%
No	99%	95%	90%	80%	91%
Total	100%	100%	100%	100%	100%

Q20: Do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	7%	9%	21%	47%	19%
No	93%	91%	79%	53%	81%
Total	100%	100%	100%	100%	100%

Q21: Given your experience with the COVID-19 pandemic, how likely are you to gather indoors for programs at this time?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very Likely	34%	16%	8%	10%	15%
Likely	27%	24%	24%	22%	24%
Somewhat Likely	23%	30%	31%	40%	31%
Unlikely	11%	21%	28%	22%	22%
Very Unlikely	5%	9%	9%	6%	8%
Total	100%	100%	100%	100%	100%

Section V: Social Activities & Relationships

Q23: How often do you talk on the phone, send email, use social media, or get together to visit with family, friends, relatives, or neighbors?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Every day	51%	51%	46%	46%	49%
One or more times a week	38%	39%	36%	43%	39%
More than once a month	5%	7%	10%	4%	7%
Once a month	2%	2%	4%	3%	2%
2-3 times a year (e.g., holidays)	4%	1%	3%	2%	2%
Never	0%	0%	1%	2%	1%
Total	100%	100%	100%	100%	100%

Q24: Do you know someone living table on whom you can rely for help when you need it?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	94%	84%	85%	95%	87%
No	6%	16%	15%	5%	13%
Total	100%	100%	100%	100%	100%

Q25: Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., small household tasks, shopping, shoveling snow)?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	56%	48%	57%	49%	52%
No	44%	52%	43%	51%	48%
Total	100%	100%	100%	100%	100%

Q26: Have you ever felt excluded in Sherborn because of your:

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Skin color, race, or ethnicity	4%	1%	0%	0%	1%
Sexual orientation	0%	1%	0%	0%	0%
Age	1%	3%	3%	0%	2%
Gender	0%	0%	0%	0%	0%
Religion or cultural background	5%	3%	1%	1%	2%
Income	4%	4%	4%	5%	4%
Disability	0%	1%	0%	0%	1%
No, I have never felt excluded because of these reasons	72%	81%	88%	93%	83%
Other	13%	8%	8%	2%	8%

*Figures do not sum to 100%

Section VI: Programs & Services

Q27: Currently, how frequently do you use programs or services offered by the Sherborn Council on Aging?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Two or more times a week	0%	0%	1%	11%	3%
About once a week	0%	1%	4%	14%	4%
A few times a month	0%	1%	5%	20%	5%
A few times a year (e.g., special events only)	6%	15%	35%	33%	23%
Never, I do not use programs or services offered by the Sherborn Council on Aging	94%	83%	55%	22%	65%
Total	100%	100%	100%	100%	100%

Q28: If “never” or a few times a year: What is the reason that you rarely or never use programs or services offered by the Sherborn Council on Aging?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
I do not need the services offered (e.g., tax counseling, fuel assistance)	56%	56%	55%	67%	57%
I am not interested in programs offered (e.g., fitness classes, lectures)	15%	18%	23%	40%	22%
I don't know what is offered	18%	21%	10%	5%	15%
I do not have time	18%	24%	18%	5%	19%
I participate in programs elsewhere	9%	12%	18%	12%	13%
I am not old enough	53%	19%	3%	4%	18%
Other	9%	21%	26%	21%	20%

*Figures do not sum to 100%

Q29: The following items refer to programs and services that are offered through the Sherborn Council on Aging. Please rate the importance of each program/service to you or a member of your family.

Fitness activities (e.g., yoga, walks, strength training)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	27%	28%	25%	19%	26%
(2)	8%	8%	12%	6%	8%
Moderately important (3)	21%	28%	20%	22%	23%
(4)	3%	10%	12%	15%	11%
Not at all important (5)	41%	26%	31%	38%	32%
Total	100%	100%	100%	100%	100%

Physical health and wellness clinics (e.g. Matter of Balance, Healthier You)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	15%	22%	18%	13%	18%
(2)	10%	8%	11%	10%	10%
Moderately important (3)	21%	28%	17%	22%	22%
(4)	6%	14%	16%	17%	14%
Not at all important (5)	48%	28%	38%	38%	36%
Total	100%	100%	100%	100%	100%

Social or recreational activities (e.g. parties, crafts, Senior café, Men's group)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	20%	11%	7%	22%	14%
(2)	3%	12%	6%	12%	9%
Moderately important (3)	26%	23%	32%	26%	26%
(4)	4%	21%	17%	10%	15%
Not at all important (5)	47%	33%	38%	30%	36%
Total	100%	100%	100%	100%	100%

Educational opportunities (e.g. book group, Lifetime Learning)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	16%	16%	16%	23%	18%
(2)	18%	20%	16%	17%	18%
Moderately important (3)	25%	22%	27%	26%	24%
(4)	4%	17%	15%	10%	13%
Not at all important (5)	37%	25%	26%	24%	27%
Total	100%	100%	100%	100%	100%

Trips/Outings

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	9%	8%	5%	16%	9%
(2)	4%	10%	8%	2%	7%
Moderately important (3)	26%	22%	28%	20%	24%
(4)	12%	21%	23%	20%	20%
Not at all important (5)	49%	39%	36%	42%	40%
Total	100%	100%	100%	100%	100%

Volunteer opportunities

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	9%	13%	12%	13%	12%
(2)	13%	16%	10%	8%	12%
Moderately important (3)	37%	25%	25%	14%	26%
(4)	6%	20%	17%	27%	18%
Not at all important (5)	35%	26%	36%	38%	32%
Total	100%	100%	100%	100%	100%

Assistance with local or state programs (e.g., financial, fuel)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	9%	10%	8%	14%	10%
9%	6%	9%	4%	4%	6%
Moderately important (3)	19%	14%	11%	9%	13%
(4)	1%	18%	14%	10%	13%
Not at all important (5)	65%	49%	63%	63%	58%
Total	100%	100%	100%	100%	100%

Transportation

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	16%	8%	14%	12%	12%
(2)	3%	9%	6%	6%	7%
Moderately important (3)	18%	12%	18%	12%	14%
(4)	4%	16%	16%	12%	13%
Not at all important (5)	59%	55%	46%	58%	54%
Total	100%	100%	100%	100%	100%

Wellness services (e.g., friendly calls/visiting, mental health referrals)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	10%	7%	7%	11%	8%
(2)	13%	6%	3%	4%	6%
Moderately important (3)	19%	17%	11%	23%	17%
(4)	7%	19%	18%	14%	16%
Not at all important (5)	51%	51%	61%	48%	53%
Total	100%	100%	100%	100%	100%

Nutritional programs (lunches, Meals-on-Wheels referral)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	6%	4%	8%	7%	6%
(2)	9%	6%	5%	8%	7%
Moderately important (3)	18%	12%	10%	13%	12%
(4)	6%	19%	10%	18%	14%
Not at all important (5)	61%	59%	67%	54%	61%
Total	100%	100%	100%	100%	100%

Professional services (e.g., health insurance counseling, tax, legal)

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	13%	9%	11%	9%	10%
(2)	12%	11%	8%	7%	10%
Moderately important (3)	15%	22%	15%	19%	18%
(4)	8%	17%	14%	20%	15%
Not at all important (5)	52%	41%	52%	45%	47%
Total	100%	100%	100%	100%	100%

Support group and caregiver referrals

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	13%	7%	6%	10%	8%
(2)	13%	8%	7%	6%	8%
Moderately important (3)	18%	21%	11%	20%	18%
(4)	6%	18%	15%	15%	15%
Not at all important (5)	50%	46%	61%	49%	51%
Total	100%	100%	100%	100%	100%

Errand referral services

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Very important (1)	9%	6%	6%	9%	7%
(2)	7%	9%	5%	2%	6%
Moderately important (3)	19%	16%	13%	11%	15%
(4)	7%	17%	13%	20%	15%
Not at all important (5)	58%	52%	63%	58%	57%
Total	100%	100%	100%	100%	100%

Q30: "I would be more likely to use the Sherborn Council on Aging programs and services...":

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
If transportation options to the programs were more convenient	3%	1%	8%	10%	5%
If I had more knowledge about the programs and services that are available	12%	30%	15%	14%	19%
If programs and services were better suited to my interests	10%	25%	31%	25%	24%
If the cost of programs was reduced or eliminated	1%	4%	7%	7%	5%
If the location of the programs and services were more convenient	1%	2%	5%	5%	3%
If the hours of the programs and services were more convenient	8%	10%	8%	7%	9%
If the space could accommodate more participants (e.g., larger class sizes or more variety of programs)	5%	3%	5%	8%	5%
If there were more people like myself at Council on Aging events	15%	17%	16%	11%	15%
If it included residents of all ages	23%	25%	22%	12%	21%
If there were more remote programming	5%	11%	12%	9%	10%
Other	32%	24%	24%	17%	24%

*Figures do not sum to 100%

Q31: Considering the future of senior activities and services, which of the following scenarios would you be most likely to support?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
A stand-alone senior center building with space for all functions	26%	21%	32%	41%	29%
Dedicated space, within one building, for most senior programs and services	17%	22%	30%	18%	23%
Dedicated administrative and outreach space for senior services, with programs provided in spaces throughout the community (e.g., senior housing, churches, library)	19%	19%	12%	17%	17%
Dedicated administrative and outreach space for senior services that includes additional space for informal gathering, along with programs provided in spaces throughout the community	26%	21%	13%	16%	18%
Other	12%	17%	13%	8%	13%
Total	100%	100%	100%	100%	100%

Q32: Have you ever traveled to senior centers in other towns to participate in their programs?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	11%	12%	28%	38%	22%
No	89%	88%	72%	62%	78%
Total	100%	100%	100%	100%	100%

Q33: If Sherborn had its own Senior Center, would you be likely to use it for:

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Lunch or weekly coffee/tea	18%	17%	24%	39%	23%
Arts programs (e.g., crafts, painting, music, acting)	32%	28%	31%	23%	28%
Skill development classes (e.g., computer programs, language courses, bird watching)	30%	31%	35%	31%	31%
Performances and presentations	39%	37%	33%	42%	36%
Physical health programs (e.g., healthy eating, lifelong learning, health clinics)	26%	23%	20%	16%	21%
Outdoor exercise (e.g., walking, hiking, kayaking, pickleball)	41%	30%	32%	20%	30%
Indoor exercise/fitness equipment (e.g., strength training, yoga, Zumba)	39%	35%	40%	39%	35%
Mental health and wellness (e.g., counseling, meditation)	23%	13%	11%	7%	12%
Support groups (e.g., caregiving, dementia, grief)	21%	13%	10%	8%	12%
In-home programs (e.g., friendly visitor, help with minor chores/errands)	15%	6%	9%	10%	9%
Social programs (e.g., cultural events, parties)	26%	24%	26%	33%	26%
Day trips and excursions	23%	18%	25%	26%	22%
Evening and weekend activities	22%	18%	8%	11%	14%
Intergenerational programs	19%	16%	17%	12%	16%
I would not use a Sherborn Senior Center	30%	22%	15%	18%	20%
Other	10%	13%	12%	5%	10%

*Figures do not sum to 100%

Q34: Where do you prefer to find information about the activities and services offered by the Council on Aging?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
The Link (bi-monthly newsletter)	35%	51%	59%	77%	56%
Local cable television	1%	1%	2%	0%	1%
The local newspaper (Hometown weekly)	21%	26%	26%	20%	24%
Town of Sherborn website	32%	26%	20%	16%	23%
COA website (www.sherborncoa.org)	37%	24%	31%	43%	32%
Facebook or other social media sites	12%	7%	5%	1%	6%
NextDoor Sherborn	19%	25%	15%	8%	17%
COA weekly email blasts	23%	28%	39%	50%	34%
Other	9%	7%	6%	5%	7%

*Figures do not sum to 100%

Q35: Are you able to access the internet from your home?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes, using a smartphone (that is, a cellular phone that provides access to the internet)	77%	80%	71%	51%	71%
Yes, using a home computer, laptop, or tablet	87%	90%	88%	89%	88%
No, I do not have internet access at home	0%	1%	3%	5%	2%

*Figures do not sum to 100%

Q36: Would you know whom to contact in Sherborn should you or someone in your family need help accessing social services, health services or other municipal services?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Yes	45%	48%	67%	90%	61%
No	55%	52%	33%	10%	39%
Total	100%	100%	100%	100%	100%

Q37: Please indicate your level of agreement with the following statement: “Local policy makers consider the interests and concerns of older residents.”

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Strongly agree	10%	10%	9%	18%	11%
Agree	62%	66%	68%	59%	65%
Disagree	25%	22%	18%	20%	21%
Strongly disagree	3%	2%	5%	3%	3%
Total	100%	100%	100%	100%	100%

Section VII: Demographic Information

Q38: Please select your gender identity.

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Woman	64%	63%	54%	59%	59%
Man	36%	37%	44%	40%	39%
Transgender	0%	0%	0%	0%	0%
Non-binary	0%	0%	1%	1%	1%
Other	0%	0%	1%	0%	1%
Total	100%	100%	100%	100%	100%

Q40: What is your employment status?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Working full-time	63%	40%	10%	1%	26%
Working part-time	17%	21%	15%	6%	15%
Retired	15%	34%	75%	88%	53%
Other	5%	7%	5%	8%	6%

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

Q41: When do you plan to fully retire?

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
N/A, I am already fully retired	17%	33%	71%	88%	52%
Within the next 3 years	7%	20%	7%	1%	10%
In 3 to 5 years	12%	18%	3%	0%	10%
In 6 to 10 years	27%	5%	0%	0%	6%
In more than 10 years	15%	3%	0%	0%	4%
Not sure	11%	14%	9%	6%	10%
I do not anticipate ever fully retiring	11%	7%	10%	5%	8%
Total	100%	100%	100%	100%	100%

Q42: Please indicate your level of agreement with the following statement: "I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses."

	Age 55-59	Age 60-69	Age 70-79	Age 80+	All ages
Strongly agree	52%	44%	33%	37%	40%
Agree	38%	43%	58%	48%	47%
Disagree	8%	10%	7%	15%	11%
Strongly disagree	2%	3%	2%	0%	2%
Total	100%	100%	100%	100%	100%