

Aging in Harwich: A Community Needs Assessment

June 2025

Commissioned by the Town of Harwich

Center for Social and Demographic Research on Aging
Gerontology Institute
University of Massachusetts Boston





Town of Harwich
COUNCIL ON AGING

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Dear Harwich Residents and Community Members,

I am very excited to share with you the report *Aging in Harwich: A Community Needs Assessment*, researched and written by the expert team at the University of Massachusetts Boston Gerontology Institute.

This report is the result of many months of coordination and planning within the community as well as with outside partnerships. While some of you may have just heard about this initiative, many of Harwich's residents participated in this endeavor over the last year. In this report, I am excited to share the culmination of feedback and ideas from Harwich's residents who have provided their time, energy, and ideas.

We are deeply grateful to the Town of Harwich residents, community leaders, service providers, and municipal leaders who shared their time and insight into what can be done to make Harwich a vibrant community. I hope you enjoy reading this report and are inspired to engage in the community around older adults' needs. I learned a great deal from it myself, and it stimulated new directions to improve the lives of older adults in the Town. We intend to distribute this report to all the stakeholders and use the information to advance relevant projects that will have demonstrable impacts on how people live and age in Harwich. The COA is very grateful to all those who took the time and effort to participate in the interviews and survey and who contributed so thoughtfully. We would also like to thank Dr. Caitlin Coyle, Dr. Claire Wickersham, and their team for their time and expertise in creating such a polished and readable document.

Thank you for your support, vision, and engagement as we make Harwich a community for all ages!

Sincerely,

Julie Witas

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Contributors and Acknowledgements

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Claire Wickersham and Caitlin Coyle are primarily responsible for the contents of this report. Other contributors include CSDRA staff, graduate students, and undergraduate students including Bowofoluwa Fahuwa, MaryJane Barron, Eli Mari Roman Lima, Kyrie Chung, and Delaney Inman, who worked on data entry or note-taking.

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Executive Summary

The population of older adults in Harwich is steadily growing, driven by both the aging of long-time residents and the increasing number of seasonal homeowners choosing to retire in the community. This trend is further reinforced by a modest decline in the younger population over the past 5 to 10 years. During a time of such significant population aging, the Harwich Council on Aging commissioned a community-wide needs assessment with support from the Friends of the Harwich Council on Aging. The specific goal of this report is to support the strategic planning of the Harwich Council on Aging. An additional goal is to present information useful to other Harwich departments and organizations interacting with older residents planning for the future of Harwich.

This report presents the results of a comprehensive examination of issues relating to aging in Harwich. A needs assessment was undertaken to support planning on the part of the Town of Harwich and the Harwich Council on Aging. Results presented here focus on the characteristics and needs of Harwich residents aged 60 and older.

Data was collected via key informant interviews, focus groups with residents and stakeholders and a mailed survey of residents aged 60 and older. Respondents to the community survey included 1,816 Harwich residents.

Harwich Council on Aging: Opportunities for Growth and Recommendations

Harwich's older population is projected to grow, continuing to represent a substantial portion of the community. Consequently, demand for programs at the Harwich Council on Aging is expected to increase.

- In 2010, about 38% of the Harwich's population was age 60 and older; this percentage steadily increased by 2020 (45%).
- According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades.
- Donahue Institute vintage projections suggest that by 2030, more than half of Harwich's residents will be age 60 or older—39% of the Harwich's population will be between the ages of 60 and 79, with an additional 12% age 80 and older.
- The share of Harwich population age 50 and older is larger than the overall state of Massachusetts, and specifically, the population age 60-79 and 80+ is double that of the state (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2023, compared to 62% of the Harwich population. Compared to the Commonwealth, Harwich also had a higher portion of residents age 60 and older. The share of Harwich residents age 80 and over is twice than the one estimated for the state. In 2023, Massachusetts residents age 60 and over comprised about 24% of the

population, including 4% age 80 and over. In Harwich, about 48% of the population was 60 or older, including 8% who were 80 years or older.

- Interviews and focus groups stressed the need for better coordination between providers and more unified systems of outreach and referral.

Recommendations

- **Focus efforts on increasing awareness of the Council on Aging.** The COA currently advertises programs and services through various media (e.g., COA newsletter in print and online, social media, email). Residents will realize even stronger benefits from the COA when awareness is strengthened. In addition to continuing those efforts, consider expanding outreach efforts and messaging.
- Address the need for additional staff as programs and services are improved and expanded and participation increases.
 - Consider selectively increasing the involvement of volunteers in staffing the Council on Aging. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort.
- Convene a Harwich Aging Network—a coalition of municipal departments, nonprofits, healthcare providers, and volunteers—to coordinate services and monitor emerging issues.
- Develop a shared database or referral system to streamline access to support and avoid duplication.
- Establish regular joint meetings between COA staff and police, fire, housing, and health officials to discuss high-need cases and resource gaps.
- Consider expanding hours to include late afternoon, evening, and weekend hours, to reach those who are still working or have other daytime commitments.
- Enable electronic sign-up for programs and events.
- Assess and build capacity to expand program variety, transportation services, and social work functions to meet growing and diversifying needs of older residents.

Outreach and Information Sharing

Key findings

- 38% of survey respondents didn't know who to contact for help; this was highest among 60–69-year-olds (47%). Newer residents may be unaware of COA services.
- The top factors limiting participation among those who never attend included not needing the services offered (43%), not knowing what is offered (29%), still working (21%), and I am not interested in programs offered (16%).

- The top factors limiting participation among individuals who have attended the COA included not needing the services offered (26%), other (18%), I do not have time (12%), and I am not interested in programs offered (12%).

Recommendations

- Create a “Welcome to Harwich” aging resource guide, available in print and online, and distributed via realtors, libraries, and clinics.
 - Increase COA presence on social media and local media outlets, targeting younger older adults and newcomers.
 - Train volunteers as Community Resource Ambassadors to increase peer-to-peer awareness and referrals.
 - Increase mailing distribution list and send calendars monthly.
 - Consider publicizing COA calendar in local newspaper.
 - Consider utilizing the resident and/or voter registration lists to send mass mailers/COA information to a larger group of residents age 50+.
-

Programs and Services

Key findings: Programs that support active aging are desired by many survey participants, especially among those who do not currently attend.

- 21% of COA attendees would be more likely to participate in the Harwich COA offerings if programs and services were better suited to their needs and interests.
- Among all survey respondents, nearly one-third (31%) would be more likely to participate in the Harwich COA offerings if they had more knowledge about the available programs and services. This percentage was higher for respondents age 60-69 (40%) and 70-79 (35%). In addition, higher shares of non-attendees reported that additional information about the COA would increase the likelihood of attendance compared to attendees (44% vs 19%).
- When it comes to priorities for future program expansion those who currently attend the COA, prioritized lectures, guest speaker, or cultural events (51%), performances and presentations (39%), educational lectures (35%), and day trips 33%.
- Among those who do not currently attend programs or utilize services offered by the COA, lectures, guest speakers, or cultural events (41%), indoor exercise (39%), performances and presentations (34%), educational courses (34%), and outdoor exercise (33%) were the most frequently reported priorities for expansion.
- Among those who currently attend programs or services at COA, the services prioritized for expansion include wellness programs (43%), information/referral about local contractors (31%), information/referral about health and social services (28%), and professional services (27%).

- Among those who do not currently attend programs or utilize services offered by the Harwich COA, wellness programs (39%), information/referral about local contractors (27%), and professional services (27%) were the most frequently reported priorities for expansion.

Recommendations

- Seize the opportunity to design services and programs for residents that will support active healthy-aging goals. Prioritize the most valued and needed services and programs, and let those programming needs direct discussions about space and staffing requirements.
- Recruit older residents with skills and knowledge (e.g., retired tradespeople, teachers, doctors) to share expertise through programs, lectures, or lunch events.
- Host programming for newly retired residents or those considering retirement. Topics could include financial planning, insurance coverage, volunteer work etc.
- Offer curated welcome experiences to residents at the Harwich COA, including a “Welcome to the Harwich Council on Aging” session that gives new users basic information about how to use the Center and participate fully. Also, tours of the new Center should highlight the services and programs that target different age cohorts (e.g., navigating Medicare enrollment, transitioning to retirement).
- Create a curated interactive information board that highlights activities of interest in Harwich and surrounding areas and allows individuals to connect with each other (e.g., for rides, walking companions, etc.).
- Developing social connections is an important function of the Harwich COA space, and providing a comfortable, informal space for informal conversation is suggested. Consider designating drop-in space within the Center for older residents to socialize and mingle, providing coffee and snacks. This would provide space for older residents to “hang out” or socialize between activities or without attending an organized activity. Resident focus group respondents also suggested making the entrance of the COA more welcoming, providing more clear directions to the COA space itself, providing a COA-specific bookshelf for use, and installing a coffee bar. Consider exploring lifelong learning programs such as a “Osher Lifelong Learning Institute without walls” as well as additional auditorium space for desired educational opportunities, presentations, and performances.

Facility Space

Key finding: Residents cited overcrowding, program waitlists, and lack of quiet space at the COA. Shared space with the Recreation Department creates tension over space.

Recommendations

- Conduct a facilities and space feasibility study to assess options for COA expansion within or beyond the Community Center.
 - Prioritize construction of a covered outdoor gathering space to relieve indoor crowding and support seasonal socialization or programming such as outdoor exercise.
 - Formalize intergenerational program planning in partnership with the Recreation Department and schools.
 - Consider satellite locations or partner organizations with larger spaces or parking for popular programs or events.
-

Financial Security

Key finding: Financial security that will allow people to age in place is the top concern of older residents—rising taxes and costs of housing options are drivers.

- A top concern about aging in Harwich, as articulated by survey respondents, is financial security with the specific focus on being able to afford housing-related expenses like property taxes, utilities and home maintenance.
- Many focus group participants and survey respondents described challenges associated with housing, including unaffordable property taxes and severely limited affordable options within Harwich to downsize.
- 35% of respondents reported that their current residence needs repairs. Among them, 12% stated that they could not afford these repairs.
- 44% of respondents reported that their current residence needs home modifications. Among them, 6% cannot afford to make these changes and 3% are not responsible for making such changes (e.g., they rent their home).

Recommendations

- Promote awareness of various housing options across the lifespan and continue contributing to local conversations about housing options for older adults who wish to find supportive housing.
- Convene an “Aging in Place Workshop” to educate residents about creative ways to use their home equity to age in place and about alternative housing models like home-sharing. This workshop could also widen awareness about currently available options for addressing economic security (e.g., Accessory Dwelling Units).
- Consider asking local businesses to offer an “older adult discount”.
- Expand access to healthy and discounted food options such as grab and go meals, congregate meal options, and gluten-free options.

- Consider ways of connecting residents with local resources for home repair or modifications, including funding sources, and other individuals who can do minor tasks or projects around the home.
- Engage with organizations to support the development of a local fund to help offset costs of needed home repairs.
- Host a virtual forum to promote community conversations and awareness related to home-sharing opportunities. Include representatives from organizations such as Nesterly¹, a social enterprise dedicated to building intergenerational engagement and access to affordable housing through home sharing.
- Explore innovative home sharing programs that help match older adults as roommates who can share living expenses, making house more affordable for both (e.g., East Valley Senior Home Sharing Program)² or new kinds of intergenerational care-based cohousing (e.g., Carehaus, an innovative housing model that blends care and community).³
- Develop a “help a neighbor” fund that would allow for small grants for home repair projects, subsidizing repairs for older adults who cannot afford it.
- Consider ways to reduce or eliminate the cost of programs to members facing financial insecurity. For example, offer subsidies or scholarships to area events (e.g., concerts or school performances).
- Support zoning for Accessory Dwelling Units (ADUs) and smaller single-level homes to meet demand for downsizing.
- Expand local partnerships for home repair and modification programs, especially targeting low-income or homebound older adults.
- Increase outreach about the Property Tax Work-Off Program, and explore expanded eligibility or scaled benefits.

Transportation

Key finding: Obtaining supplementary and accessible transportation is a concern for some of Harwich’s residents as they age. Maintaining independence is a major concern for survey respondents and one key facilitator of this independence is transportation.

- Twelve percent (12%) of respondents aged 80 or older reported not driving and an additional 18% of respondents aged 80 and older reported driving with some limitations.
- Transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Harwich’s older resident community.

¹ <https://www.nesterly.com/>

² <https://tempeaction.org/get-help/housing-stability/east-valley-senior-home-sharing-program.html>

³ <https://www.aarp.org/caregiving/home-care/info-2024/carehaus-baltimore.html>

- When considering driving status, 7% of those who drive with limitations and 24% who do not drive reported having missed, cancelled, or rescheduled a medical appointment because of a lack of transportation.
- Among respondents aged 80 and older, transportation to medical appointments (21%), and non-medical transportation (16%) were prioritized as top services for expansion.
- Many focus group participants cited issues with transportation in Harwich. According to one stakeholder, *"a lot of the transportation services are only available during working hours, which leaves seniors stranded when they need off-hour assistance."* Another noted that availability of volunteer drivers is seasonal. *"Many of our volunteers are snowbirds. They're here in the summer but leave in the winter, and that's when we see the biggest transportation gaps."*

Recommendations

- Target information to communities within Harwich who may need transportation services including those living alone and those with disabilities.
- Provide travel training programs and educational opportunities where residents can learn about options and navigation.
- Develop or explore existing programs on the transition to retiring from driving.
- Support and encourage the expansion of volunteer transportation programs by other non-profits (e.g., Friends in Service Helping⁴ (F.I.S.H.) to expand door-to-door transportation to the Harwich COA or other social gatherings, shopping excursions, and non-medical appointments.
- Work with other Town departments to install new, or dedicate existing, "Chat Benches" to create public spaces where socializing is encouraged. Provide age friendly features, including shade.
 - Document and publicize the location of available bathrooms around Harwich.
- Collaborate with the Town of Harwich's Transportation Department to improve lighting around sidewalks where needed.
- Expand COA van services with longer hours and flexible scheduling, especially for medical and recreational trips.
- Develop a year-round volunteer driver corps by recruiting seasonal residents, students, and younger retirees.
- Collaborate with the Cape Cod Regional Transit Authority to improve route awareness, user experience, and scheduling tools for older adults.
- Consider expanding parking, incentivizing carpooling, van pickup, or shuttle service for popular events such as the Men's Breakfast.

⁴ <https://fishlexington.org/>

Health and Disability

Key findings

- 14% of respondents do not have a regular source of care.
- Difficulty accessing providers was reported by 26% of those aged 60-69, 17% aged 70-79, and 12% aged 80+.
- About 7% of those in their 60s reported having an impairment that limits their ability to participate in the community. This share increases to 11% for respondents in their 70s and 22% for respondents age 80 or older.
- 16% of respondents have been affected by suicide and nearly one-third have been affected by substance misuse.

Recommendations

- Explore collaboration with local health systems to offer mobile clinics or rotating providers.
 - Partner with Cape Cod Healthcare or Outer Cape Health Services to host health fairs.
 - Promote SHINE counseling and prescription pickup programs more broadly.
 - Explore health advocate or patient navigator programs and consider increasing Town Nurse staffing to support outreach and home visits.
 - Promote Cape Cod Healthcare (CCHC) seasonal Urgent Care centers open for the summer season as well as access to year-round facilities, including one located in Harwich.
-

Caregiving

Key finding: Caregiving is common and families need support.

- 37% of survey respondents reported providing care or assistance to someone with a disability or frailty in the past 5 years.
- Caregiving was higher among younger individuals (50% of those in their 60s), who are also more likely to still work.
- Many caregivers who responded to the Harwich survey reported deterioration in physical health, mental health, social life, and financial circumstances.
- The most frequently identified supports that would have been helpful included informal support from friends and family and formal in-home caregiving or homemaking services.

- According to recent data produced by the Massachusetts Healthy Aging Collaborative⁵, 10% of Harwich residents age 65+ report a diagnosis of Alzheimer’s disease or related dementia. Given the challenges associated with receiving a diagnosis, it is expected that this is an underrepresentation of the prevalence of dementia; but together with the fact that 29% of caregivers are providing care to someone with dementia suggests that this is an emerging public health issue to consider.

Recommendations

- Recognize that caregiving needs are substantial and may become more challenging as Harwich’s population continues to age. For example, consider ways of engaging residents who might be remotely providing care to a parent or loved one outside of Harwich.
- Explore the creation of a prerecorded “caregiver hotline” where available resources can be available 24/7.
- Encourage more supportive day, adult day, and respite programs and provide caregivers with information to such services in the community and local area.
 - Consider providing transportation to adult day in other neighboring communities such as Dennis.
- Consider hosting a “Caregiver’s Night Out” to provide residents who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment.
 - Explore partnerships with volunteer groups and other aging service providers to provide respite care during the event
- Explore programming, services, and events offered through the Alzheimer’s Family Support Center⁶
- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Senior Center with family caregivers
- Develop partnerships or establish internship pipelines with Cape Cod Community College to address the local caregiver workforce shortage.
- Consider partnership with Dementia Friendly Massachusetts⁷ to hold a forum featuring Purple Table, a dining reservation and training provider for restaurant staff, and Dementia Friends, a training provider that promotes understanding and support for those living with dementia and their caregivers.

⁵ https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode126_Harwich.pdf

⁶ <https://www.alzfamilysupport.org/services>

⁷ <https://dfmassachusetts.org/>

- Encourage municipal employees to become “dementia friends”⁸ to learn more about communication and reduction of stigma around dementia.
 - Approach the faith communities about participating in the “Purple Pew” initiative. During Alzheimer’s and brain health awareness months (June and September), decorate the pews in purple to raise awareness about dementia in the community and to demonstrate that persons of all cognitive abilities are welcome.
-

Social Isolation

Key finding: A segment of Harwich’s older population is at risk of social isolation.

- 27% of Harwich’s population lives alone, including 35% of respondents age 80+.
- 15% reported not knowing someone nearby who they can rely on when needed.
- 33% of respondents report a lack of confidence in “staying safe” online.
- 13% of survey respondents report that they get together in person with friends or family once per month or less.

Recommendations

- Continue to promote the COA’s Friendly Visitor Program to provide companionship to older adults who are isolated because they are homebound and/or have limited contact with family and friends.
- Consider organizing community dinners in the off-season (e.g., explore the Generations Over Dinner⁹ model). Additionally, explore partnering with senior living locations in the area.
- Provide neighborhood-based programs or mechanisms to strengthen informal networks in neighborhoods and ensure existing neighborhood-based activities are inclusive of older residents (e.g., neighborhood liaison programs).
- Identify programming that can educate residents about staying safe online.
- Consider collaborating with community groups to develop an initiative to reach out to older Harwich residents living alone.
- Consider implementing a “surrogate grandparent” program that matches older adults with Harwich 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 and provide a mechanism by which

⁸ <https://dementiafriendsusa.org/become-a-dementia-friend>

⁹ <https://www.generationsoverdinner.com/>

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

- Host “meet your neighbor” events to bring residents together. Provide information about public safety and other community events. Encourage ways for neighbors to help neighbors and share information.
- Draw on volunteers to organize programming for homebound older adults including “crafts for a cause” or phone programming that includes topics like story-telling or current events.
- Create a “see someone, tell someone” campaign to encourage those who interact with residents directly to notify the COA of someone who is isolated or in need of support. This could include town employees, local social workers or case managers, utility workers, postal workers, faith community leaders, and the public.

Introduction

Harwich, Massachusetts, is located on Cape Cod, in Barnstable County. The Town of Harwich includes the villages Pleasant Lake, West Harwich, East Harwich, Harwich Port, Harwich Center, North Harwich, and South Harwich.

Estimates from the American Community Survey suggest that residents age 60 and older currently represent 49% of the population (6,500 residents). According to projections created by the Donahue Institute at the University of Massachusetts, by 2030, 51% of Harwich's residents will be aged 60 or older. According to local Town Census numbers, 6,825 residents of Harwich are currently 60 or older representing 51% of the current population (13,481 total residents). Growth of the older adult population has special significance for the Town's Council on Aging and increasing demand for its services and programs can be expected moving forward.

At a time of such significant population aging, the Harwich Council on Aging commissioned a community-wide needs assessment with support from the Friends of the Harwich Council on Aging. The specific goal of this report is to support the strategic planning of the Harwich Council on Aging. An additional goal is to present information useful to other Harwich departments and organizations interacting with older residents planning for the future of Harwich.

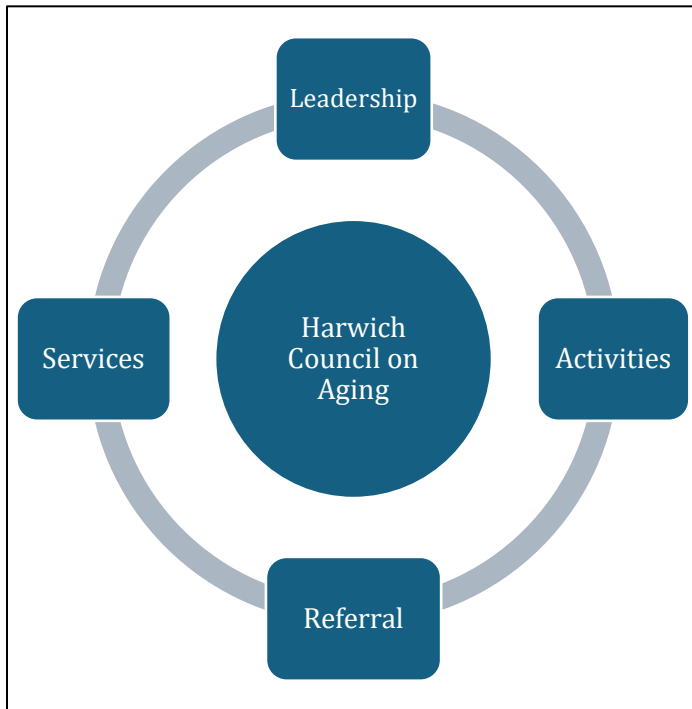
This report presents the results of a comprehensive examination of issues relating to aging in Harwich. Results presented here focus on the characteristics and needs of Harwich residents aged 60 and older. Data was collected via key informant interviews, focus groups with residents and stakeholders and a mailed survey of residents aged 60 and older.

The Harwich Council on Aging

In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies that link older residents to needed resources. Virtually every city and town in Massachusetts has a COA; in most communities, they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a senior center, a community facility housing senior services and programs, along with the staff and volunteers offering them.



In Harwich, the Council on Aging is an official department in the municipal government. In this configuration, the Council on Aging board serves in an advisory role to the Harwich Council on Aging. The Council on Aging board may create committees to aid in its advisory



role, including members drawn from the town's citizens. The Harwich COA has a 7-member advisory board. In Harwich, the programs and services offered by the Harwich Council on Aging are provided within the Harwich Community Center building.

The mission of the Harwich Council on Aging is to support and advocate for older adults, their families, and caregivers.¹⁰ COA staff and volunteers assist in delivering programs and initiatives that shape and enrich the experiences of older residents. This work is done in concert with other local Town departments and various area private and public providers and

organizations, including Elder Services of Cape Cod and the Islands -- the regional Area Agency on Aging/Aging Services Access Point serving Harwich -- the Massachusetts Council on Aging (MCOA), and the Executive Office of Aging & Independence. The goal is to provide a welcoming environment that services the diversity of the Town's older adult residents.

In general, when considering the mission of senior centers, observers commonly think of two sets of responsibilities. First, senior centers promote well-being among older residents by offering activities that appeal specifically to older adults and promote personal growth and social engagement. Exercise classes, late-life learning programs and informational programs are good examples. Second, senior centers 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 unaware of two additional important responsibilities of the senior center. Senior center staff members link older residents in the community to existing programs for which they may be eligible by providing needed information and referring

¹⁰ <https://www.harwich-ma.gov/224/Council-on-Aging>

residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through the state or federal government. Finally, senior centers provide leadership within the community around issues faced by older adults, by serving on municipal boards, interacting with other municipal offices, and serving as resources to residents and organizations.

The Friends of Harwich Council on Aging

The Friends of Harwich Council on Aging is a 503(c) non-profit that raises funds to support the Council on Aging and the older citizens of Harwich. There are currently 8 Board members and are seeking more. The Friends of the Harwich Council on Aging (FHCOA) provide funding and support for Harwich older adults and COA programming, primarily in these critical areas: nutrition, socialization, transportation, durable medical equipment, and emergency assistance. The group sponsors many activities that cannot be supported by the COA's municipal budget, giving residents access to a wider array of programming. For example, in 2024, FHCOA purchased lock boxes for older residents of Harwich and collaborated with the Harwich Fire Department and Fire Association to install the boxes to residents free of charge.¹¹ They have also provided financial support to the COA for this needs assessment. More information about FHCOA can be found on their website.¹²

Harwich Council on Aging Operations Overview

The Harwich Council on Aging is an integral part of the community and provides programs and services at the Harwich Community Center located at 100 Oak Street. The COA is based within the Harwich Community Center, a 32,000 square foot facility that serves Harwich residents of all ages. The COA is housed within a wing of the building, which was built in 2000. The building is equipped with a full kitchen, allowing the COA to host a robust dining program, and a large gymnasium, which provides a location for their largest fitness classes and an indoor walking program. The Community Center also houses the Town of Harwich's Recreation Department, allowing collaboration for intergenerational programming. The COA's main functions are providing information, resources, referrals, transportation, and healthy aging programs. Complete information about programs and services, including a monthly schedule, can be found on the Town of Harwich website.¹³

For the following section, data reported was gathered from the Harwich Council on Aging. As the number of older residents increases, the need for resources dedicated to this population segment will continue to grow and change. The current COA operates Monday through Friday from 8:30 a.m. to 4:00 p.m. The staff is comprised of six full-time staff

¹¹ <https://www.friendsofharwichcoa.org/programs>

¹² <https://www.friendsofharwichcoa.org/>

¹³ <https://www.harwich-ma.gov/224/Council-on-Aging>

(Director, Town Nurse, Social Services Coordinator, 2 Program Specialists, Executive Assistant). In addition to these full-time staff, the COA employs a full-time Town Chef and three part-time van drivers. The COA also manages many volunteers. The Council's newsletter is its primary method of communicating and marketing to residents. It is mailed to 2,200 households every two months. In addition, the newsletter is sent to 350 individuals via email, and copies of the printed newsletter are distributed to ten locations throughout the town, such as the library, Town Hall, and local senior housing complexes. Calendars of activities are published in the local newspaper each month.

Programs and services offered by the Harwich COA are funded by the State Formula Grant, the municipal operating budget, program fees, support from the Friends of the Harwich Council on Aging, and grant support from local or state charitable foundations, such as the Harwich Fund and Massachusetts Cultural Council. Additional support is achieved through collaborations with local agencies and businesses for resources, referrals, in-kind support, emergency response reciprocity, and sponsorships.

Programs and Services

The Harwich COA offers a variety of free and paid programs and services. Programs and services are planned by the Harwich COA and are open to adults 60+. Harwich residents are prioritized for attendance, and residents from other communities are welcomed as space allows. The Harwich Council on Aging continues to develop a wide range of enriching programs to meet the interests and needs of Harwich's population of older residents. Over the past year, 1,050 unique participants attended classes and programs (excluding meals). These participants attended an average of 13 times each, for a total attendance of approximately 14,000 visits, including repeat visits. In addition to programs that provide opportunities for social engagement, fitness, learning, and pleasure, the COA provides critical services to foster access to health and community support resources among Harwich's older adults. Services include nutrition, home-delivered meals, outreach services, and wellness checks for homebound seniors. Over the past year, the COA provided 2,000 hours of service to 1,200 people. A description of the programs and services offered by the Harwich COA is described in this section of the report. Complete information about programs and services, including a monthly schedule, can be found on the Town of Harwich website.¹⁴

- **Recreation & Fitness:** The Harwich COA offers a wide variety of fitness classes to suit a range of needs. Some classes are free, while others require a fee (between \$8-15/class). Classes offered on a rotating basis include Balance Boosters, Chair Yoga,

¹⁴ <https://www.harwich-ma.gov/228/Newsletters-Monthly-Calendars>

Jill's Exercise Class, Jill's Senior Workout, Tai Chi, and Qi Gong. Additional fitness classes are provided by the Recreation Department.

- **Special Programs:** The COA offers many special events throughout the year. Examples of programs that may be a one-time only or series include: Fashion shows, holiday celebrations, themed events, monthly breakfasts, and guest speakers.
- **Ongoing and Drop-In Arts, Education and Enrichment Programs:** A range of entertainment can be found at the COA, from weekly group gameplay (Cribbage, Mah Jongg, Chess, Mexican Train Dominoes) to weekly ukulele lessons to monthly movie days. The COA offers first aid and CPR classes, health presentations, Alzheimer's prevention talks, and many other safety and risk reduction seminars. They host local authors, various musical, theatrical, or dance performances, craft workshops, and classes.
- **Support Groups:** A range of support services are offered, including a Family and Caregiver Support Group, a Dementia-specific caregiving support group, Bereavement Counseling and Support Group, Telephone Reassurance, Sight Loss Support Group, and a Friendly Visitor Program designed to provide companionship to seniors who are isolated because they are homebound and have limited contact with family or friends.
- **Nutrition Services:** Senior Dining Luncheons are served Monday through Friday at 11:30 am. On site congregate dining is provided, and lunches are also available as "Grab and Go" on a limited basis. Lunches are offered for a suggested donation of \$3 (\$4 for out-of-town guests). A popular men's breakfast and women's breakfast are each hosted monthly. The COA also offers grocery assistance (deliveries from the Family Pantry, Brown Bag Program) and SNAP application assistance. During the previous year, the COA provided approximately 9,750 meals to 550 individuals.
- **Transportation Services:** The Harwich COA provides transportation on its two wheelchair-accessible vans leased at very low cost from the Cape Cod Regional Transit Authority. Residents may book trips to grocery stores, pharmacies, and post offices within Harwich, as well as to onsite COA programs, Brooks Free Library, and Town Hall. The capacity of the COA's largest van is 14 passengers. Reservations are typically scheduled at least one day ahead. During the previous year, the COA provided approximately 3,450 van rides to 125 individuals. In 2024, the Friends of Harwich Council on Aging donated a third van, allowing the COA to expand its transportation services to include recreational outings to locations such as museums,

farmer's markets, and other attractions across Cape Cod. In addition to van transportation, Volunteer Drivers provide rides to medical appointments between Sandwich and Wellfleet during COA business hours. Requests must be made at least 4 business days in advance. A cash donation to the driver is requested to offset the cost of gas (\$5-\$15 depending on distance; waived for those with financial hardships). During the previous year, the COA provided 140 volunteer medical rides.

- **Financial Assistance Programs:** The COA also assists older adults with financial and legal services. Through the Property Tax Work-Off Program, 10 seniors performed 1,050+ hours of volunteer work in FY24, each earning \$1,500 real estate tax abatements. Additional support is available for fuel assistance, other tax relief, legal consultations, veteran services, and estate planning referrals.
- **Health & Wellness:** Health and wellness programs are another priority. The COA employs a full-time Town Nurse and Social Services Coordinator who conduct outreach in the community and provide home visits for residents who are homebound. Staff and other service providers facilitate a variety of onsite and home-based programs, such as wellness clinics, blood pressure screenings, SHINE (health insurance) counseling, home safety assessments in collaboration with the Fire Department, durable medical equipment loans, prescription pickup services, and foot care clinics.
- **Volunteer Program:** Few of the programs would run smoothly without the support of volunteers from the community. The volunteers themselves learn new skills, meet new people, and enjoy an increased sense of self-worth. For this reason, the senior center offers a variety of volunteer opportunities for diverse skills, abilities, and interests. In recent years, approximately 75 active volunteers assist the COA. These individuals contributed approximately 3,500 hours of service in the past year, or the equivalent of two full-time staff members. They serve in roles such as administrative office support, volunteer medical drivers, grocery deliveries, SHINE counseling, technology assistance, notary services, and holiday programs. Volunteers are integral to the COA's success, and the COA continuously seeks new volunteers to support its expanding programs.
- **Community Transportation Services in Harwich:** In addition to COA transportation, Harwich residents can access multiple community transportation options through the Cape Cod Regional Transit Authority, including DART, Smart DART, H2O, and FLEX services, providing affordable and accessible transit within the region. Additionally, the Boston Hospital Transportation program offers daily service for medical appointments, with a \$30 round-trip fare.

As the numbers of older residents increase, the need for resources dedicated to this segment of the population will also continue to grow and to change. Thus, it is crucial that the Harwich COA plan in earnest to ensure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town.

Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses of existing and primary data to capture a broad and deep understanding of the Town of Harwich and its older residents. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including key informant interviews, focus groups, and a community survey.

Demographic Profile

As an initial step toward understanding the characteristics of the Town of Harwich'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 (2019-2023), along with U.S. Census data for the Town of Harwich to summarize demographic characteristics, including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Key Informant Interviews

Key informant interviews were conducted with five Harwich municipal and organizational leaders, including the Fire Captain from the Harwich Fire Department, the Town Nurse employed by the Harwich COA, a Protective Services Worker for Elder Services of Cape Cod and the Islands, a Housing Advocate employed by the Town of Harwich, and the Harwich COA Board Chair. Interviews focused on the key informants' perceptions relating to unmet, as well as foreseeable, community needs, and potential solutions that promote aging in place and wellness among residents. All interviews were conducted remotely via video conference software. Interviews ranged from 30 to 60 minutes.

Focus Groups

In the spring of 2025, we conducted three focus groups in support of this study. Two of these focus groups included residents of a variety of ages (N=21) and a third group was comprised of community stakeholders---those who work with, or on behalf of, residents of Harwich (N=13). All focus groups

lasted approximately 90 minutes. A total of 34 individuals participated and shared insights related to their interests, needs, and experiences as residents and stakeholders in the community.

Both resident focus groups occurred in-person at the Harwich Council on Aging in the Harwich Community Center. One resident focus group consisted of 15 individuals age 76 and older and the other consisted of 6 individuals age 75 and younger. Each of the focus groups were audio recorded for accuracy. The stakeholder group was conducted over Zoom.

Community Survey

A community survey was developed for this study in collaboration with the Harwich COA and the Friends of the Harwich COA. A mailing list was obtained from the Harwich Town Clerk, based on the most current municipal census and a sample of residents aged 60 and older was selected. Postcards were mailed to these residents alerting them to complete the survey online, by telephone, or by picking up a paper copy at various locations throughout the Town. Subsequently, printed surveys were mailed, along with a postage-paid return envelope. Also, the survey was made available via the Town's website. A total of 1,816 responses to the survey were obtained (see **Table 3** under Results of Community Survey). 54% of surveys were returned online, and the rest of the responses were returned by mail.

Data Analysis

Data collected for the resident survey was analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in Appendix A 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 Harwich?"). Notes taken during the study's qualitative components (e.g., focus groups, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Harwich. We used information from all data sources to develop recommendations reported in the final section of this report.

Results

**A mailing error by the survey vendor resulted in some Harwich residents receiving surveys that included incorrect information. This issue was promptly corrected with a re-mailing of the accurate survey. The high response rate and thorough review of the final data give us confidence in the integrity of the findings. We include this note to acknowledge the error and maintain transparency.*

Demographic Profile

Age Structure and Population Growth

According to American Community Survey (ACS), there were about 13,506 residents living in the town of Harwich in 2023. About 62% of the population (8,423 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (1,905 individuals) made up 14% of the population; residents age 60 to 79 (5,384 individuals) comprised around 40%, and another 1,134 residents (9%) were age 80 and older.

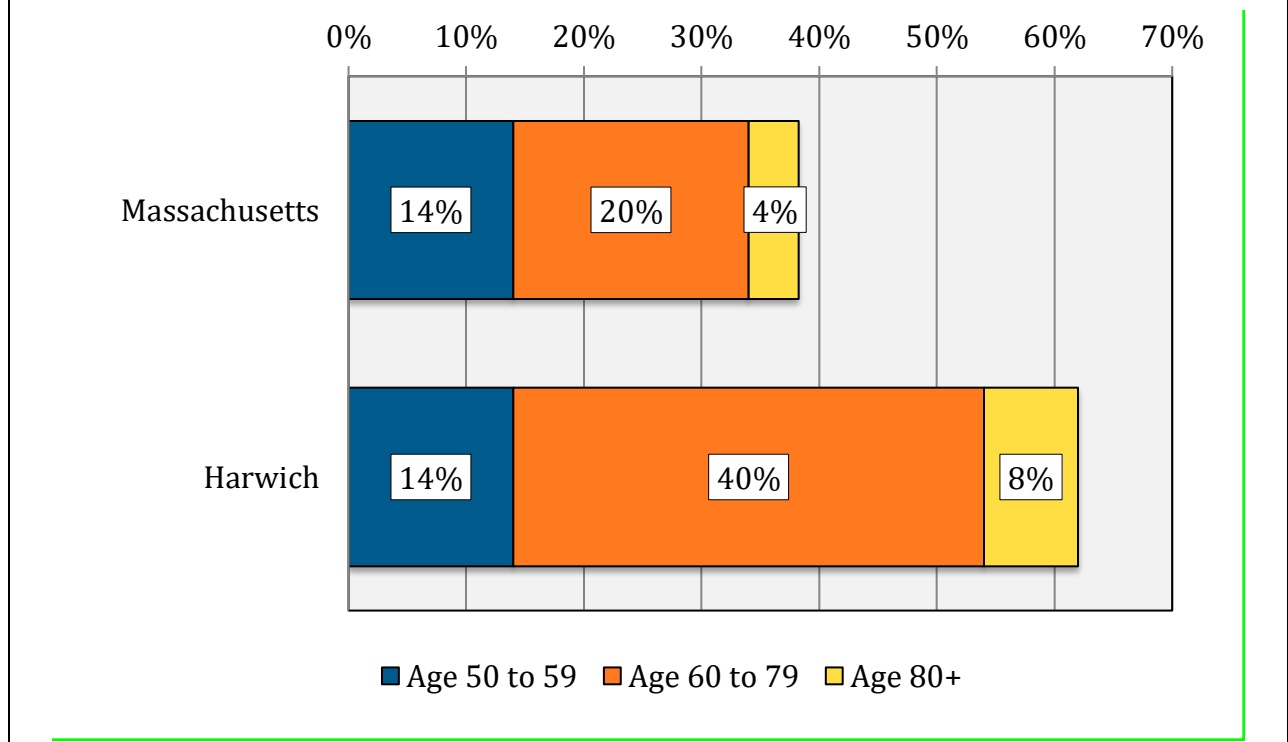
Table 1. Number and percentage distribution of Harwich’s population by age, 2023

Age Category	Number	Percentage
Under age 18	1,663	12%
Age 18 to 49	3,420	25%
Age 50 to 59	1,905	14%
Age 60 to 79	5,384	40%
Age 80 and older	1,134	9%
Total	13,506	100%

Source: American Community Survey, 2019-2023, Table B01001. Numbers are calculated from 5-year survey estimates.

The share of Harwich population age 50 and older is larger than the overall state of Massachusetts, and specifically, the population age 60-79 and 80+ is double that of the state (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2023, compared to 62% of the Harwich population. Compared to the Commonwealth, Harwich also had a higher portion of residents age 60 and older. The share of Harwich residents age 80 and over is twice than the one estimated for the state. In 2023, Massachusetts residents age 60 and over comprised about 24% of the population, including 4% age 80 and over. In Harwich, about 48% of the population was 60 or older, including 8% who were 80 years or older.

Figure 1. Age distribution in Harwich and Massachusetts

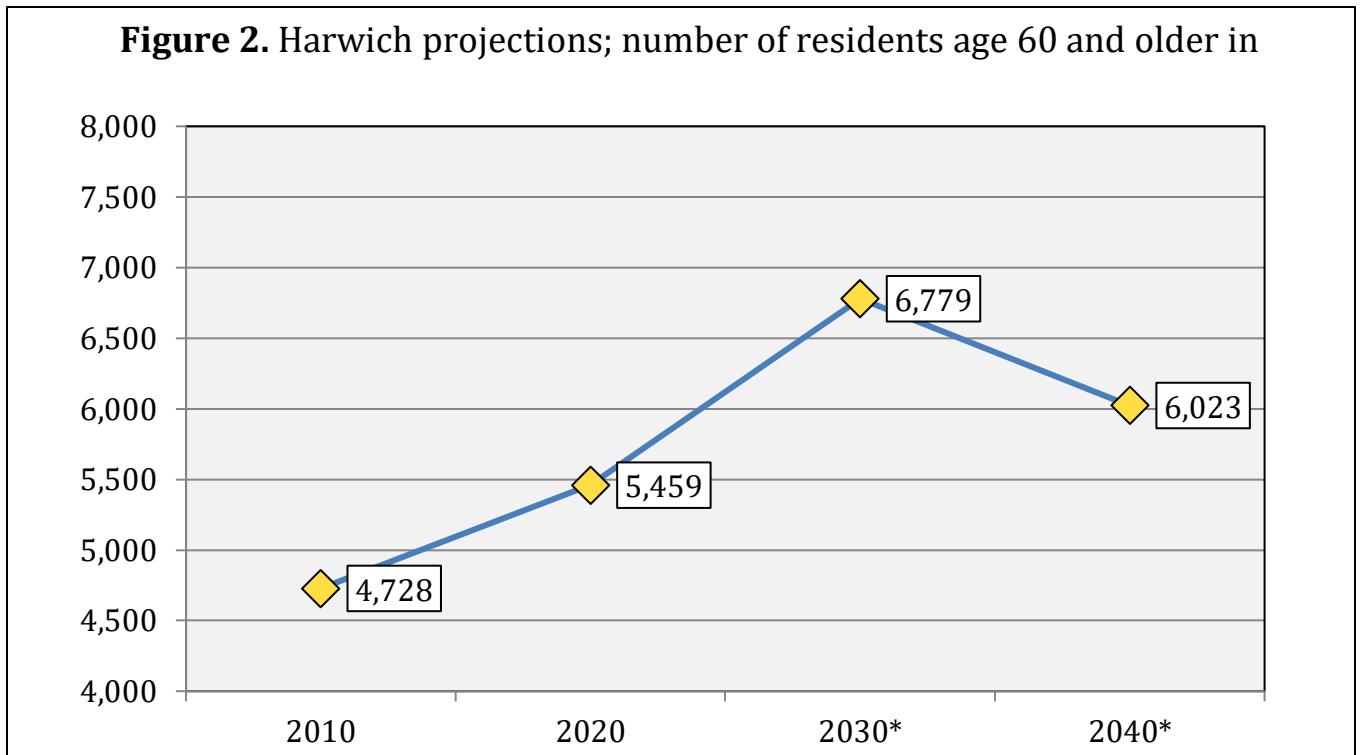


Source: American Community Survey, 2019–2023, Table B01001. Numbers are calculated from 5-year survey estimates

Population growth in both Massachusetts and Harwich has been concentrated in older age groups. Between 2010 and 2020, the population of all ages decreased by 1% in Harwich but increased by 7% in the state as whole. In both Harwich and Massachusetts, the absolute numbers of residents age 60 and over also grew substantially during this time period (*US Census, Tables P012 and P12*). The segment of Harwich’s population age 50 to 59 decreased in size by 1%, a rate of growth lower than in Massachusetts overall (4%). The population of residents who are age 60 and older increased by 15% in Harwich, compared to a 34% increase for the state.

According to local Town Census numbers, 6,825 residents of Harwich are currently 60 or older representing 51% of the current population (13,481 total residents). The increments in the share of older population are projected to continue in the following decades. **Figure 2** shows projections for Harwich population age 60 and over, generated by the Donahue Institute at the University of Massachusetts, which suggest steady increments in the share of older population between 2010 and 2030, with a slight dip in 2040.

Figure 2. Harwich projections; number of residents age 60 and older in



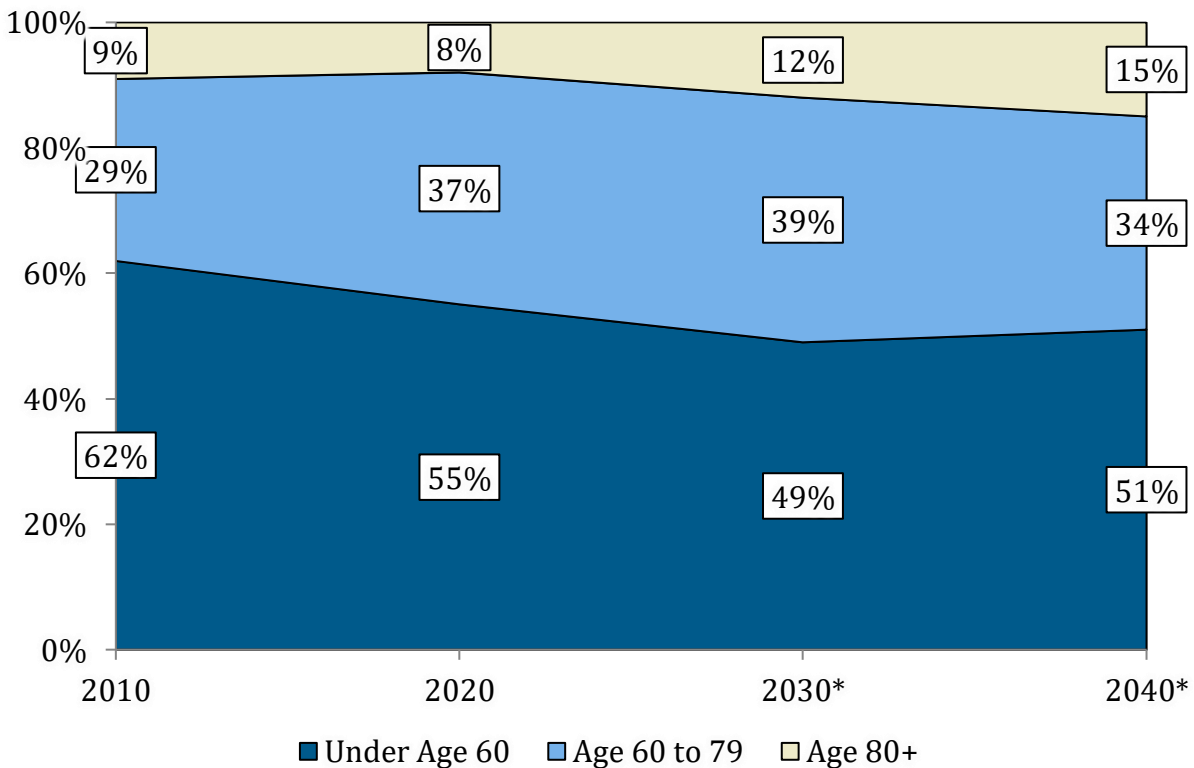
Source: Population figures for 2010 and 2020 are from the U.S. Census.

* The projections for 2030 and 2040 are from the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/>

Figure 3 shows the age distribution of Harwich’s population from 2010 to 2020, and population projections for 2030 and 2040^{§§§§}. In 2010, about 38% of the Harwich’s population was age 60 and older; this percentage steadily increased by 2020 (45%). According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Donahue Institute vintage projections suggest that by 2030, more than half of Harwich’s residents will be age 60 or older—39% of the Harwich’s population will be between the ages of 60 and 79, with an additional 12% age 80 and older.

^{§§§§} 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).

Figure 3. Population trends; age distribution of Harwich residents under age 60, age 60-79, and age 80 and older, 2010 and 2020 with projections to 2030* and 2040*



Source: Population figures for 2010 and 2020 are from the U.S. Census.

* Figures for 2030 and 2040 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

Socio-Demographic Characteristics of Harwich's Older Population

Harwich is less diverse than the state with respect to race. For all ages combined, about 99% of Harwich residents report their race as White non-Hispanic, compared to 84% in Massachusetts (ACS, 2018–2023, Table B01001). Among older adults, Harwich is also less diverse. The large majority of older residents report White race and ethnicity (99%). The remaining percentage of the population 65 and older reported some other race and ethnicity or two or more races (1%).

Additionally, almost 3% of older Harwich residents speak a language other than English at home (ACS, 2019–2023, Table B16004). Those who speak another language other than English at home most commonly speak an Indo-European language (2%) followed by an additional 1% who speak Spanish.

American Community Survey estimates on education suggest that Harwich residents are well educated on average. About 47% of persons 65 and older have either a bachelor's

degree (21%) or a graduate/professional degree (26%; *ACS, 2019-2023, 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 and late-life learning opportunities— activities often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., many Harwich residents aged 65 and over remain in the workforce. Almost 36% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, about 8% remain in the workforce (*ACS, 2018–2023, Table S2301*).

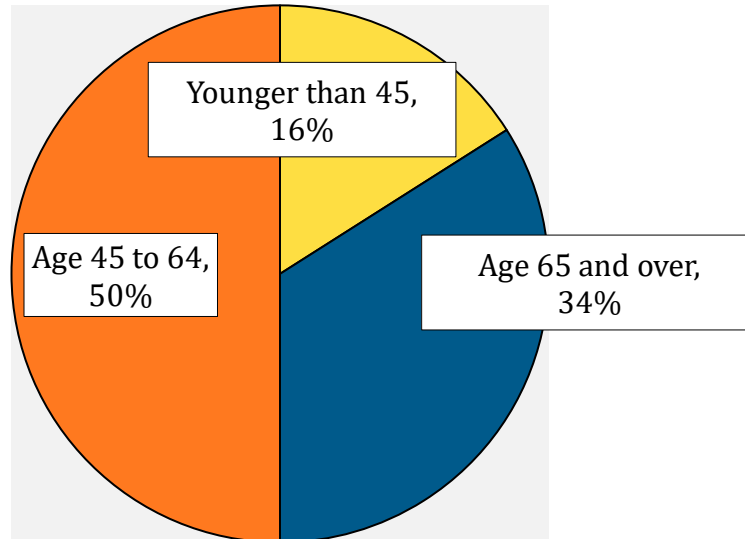
Nearly 25% of men age 65 and older report veteran status (*ACS, 2018–2023, Table B21001*). As a result, many of the Harwich’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Living arrangements and housing costs of Harwich’s Older Population

Most of Harwich’s 5,197 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 84% of all households in Harwich ***** including 50% of those who are age 65 and over (**Figure 4**).

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

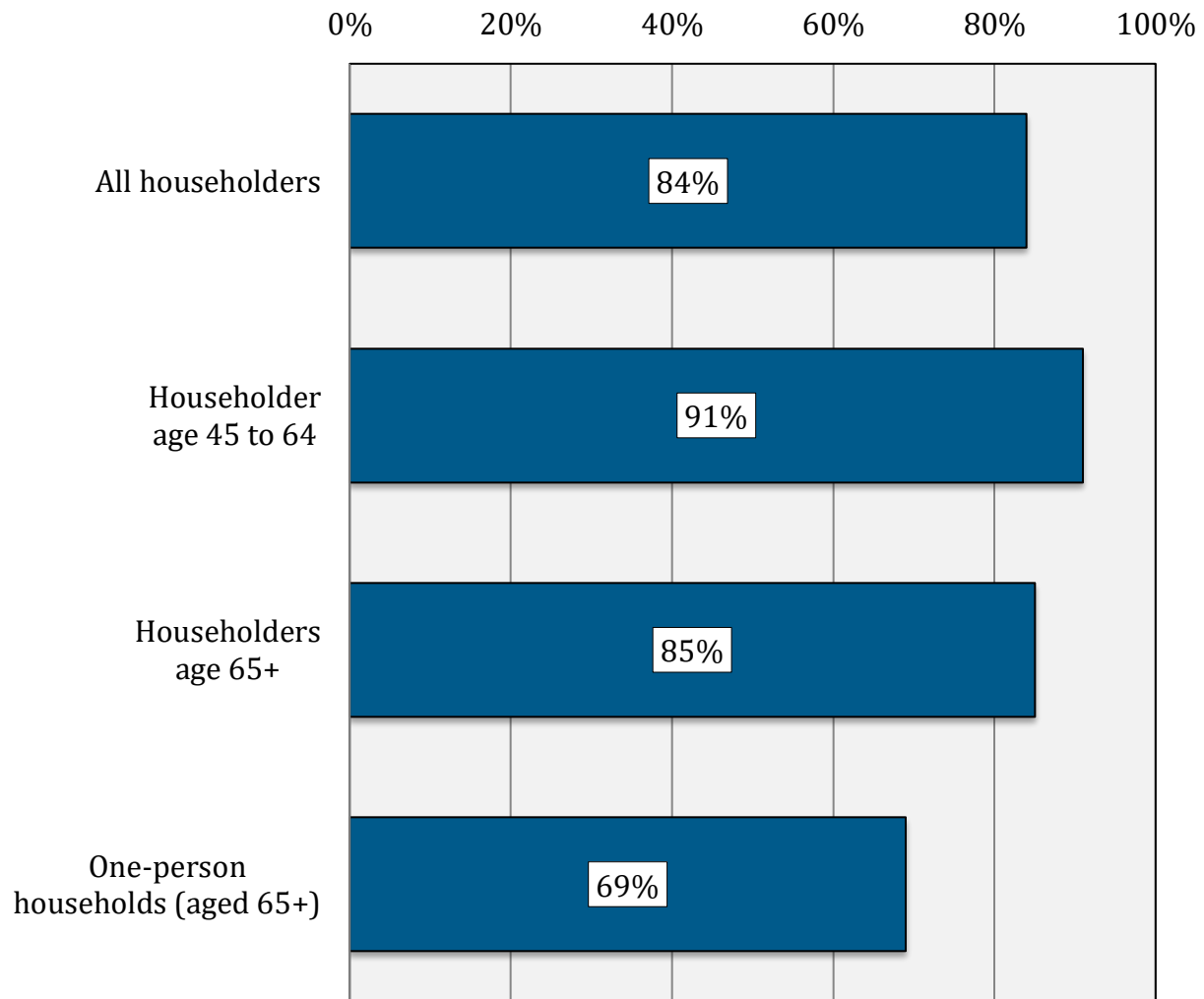
Figure 4. Age structure of Harwich householders



Source: American Community Survey, 2019–2023, Table B25007. Numbers are calculated from 5-year survey estimates.

Most Harwich residents live in homes they own or are purchasing (84%; **Figure 5**). Over 90% of residents age 45 to 64 own their homes, and 85% of householders 65 and older own their homes. A sizeable share of Harwich residents who are 65 and older and live alone, also own their home (69%). The much higher number of older homeowners has implications for what amenities and services will likely be needed and valued by community members. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—to maintain comfort and safety in their homes.

Figure 5. Percent of Harwich householders who are homeowners by age category

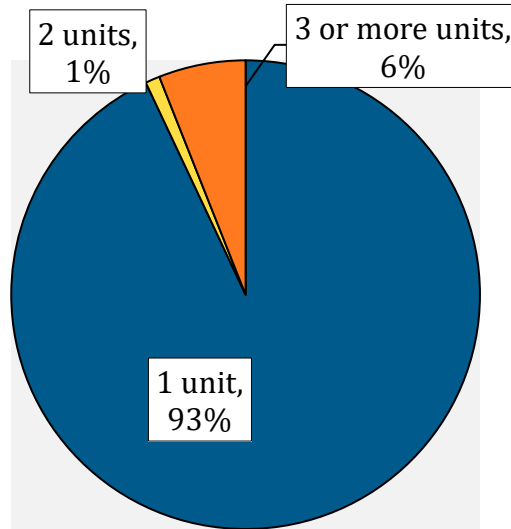


Source: American Community Survey, 2019–2023, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 70% of Harwich’s 6,167 households have at least one individual who is age 60 or older (ACS 2018–2023, Table B11006). This high proportion— 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 10,534 housing structures in Harwich (**Figure 6**), 93% are single unit structures and the remaining 7% are housing structures that contain two or more housing units, which include apartment complexes.

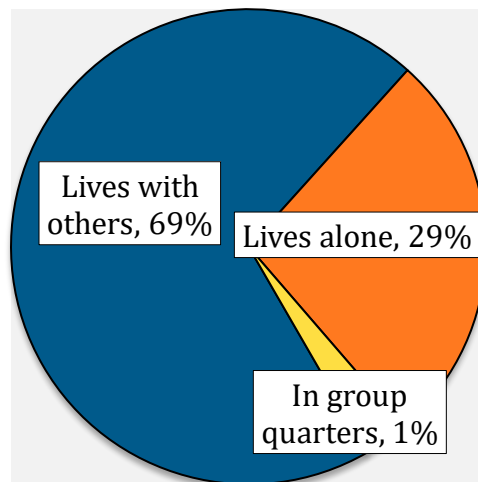
Figure 6. Number of units in Harwich housing structures



Source: American Community Survey, 2019–2023, Table B25024. Numbers are calculated from 5-year survey estimates.

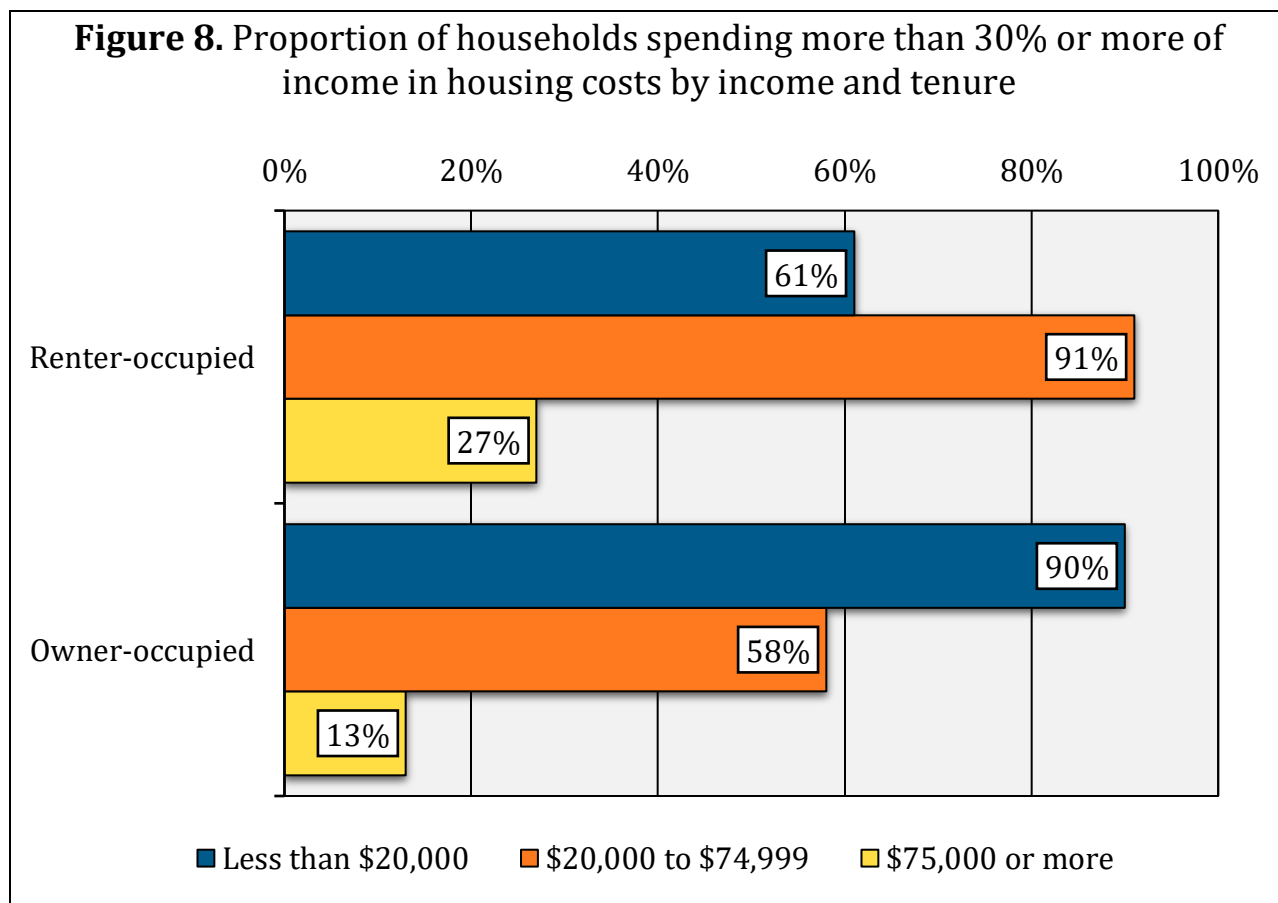
A large proportion of Harwich residents who are age 65 and older (27%) live alone in their household whereas 70% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 7**). Additionally, around 3% of older Harwich residents live within group quarters.

Figure 7. Living arrangements of Harwich residents, age 65 and older



Source: American Community Survey, 2019–2023, Table B09020. Numbers are calculated from 5-year survey estimates.

Regarding housing cost, **Figure 8** shows the proportion of households spending more than 30% of their income in housing cost. For both, owners and renters, the high share of housing costs decrease as the household income increases. However, there is a higher share of owners spending more than 30% of their income on housing costs compared to renters, regardless of income level. About 61% of renter-occupied households with incomes below \$20,000 spend more than 30% of their income in housing costs compared to 90% of owner-occupied households in the same income threshold. In households with incomes between \$20,000 and \$74,999, the difference is even bigger, 91% of renter-occupied households in that income bracket spend more than 30% of household incomes in housing costs compared to only 58% of owner-occupied households. For households with incomes of \$75,000 or more, the proportion of households spending more than 30% on housing costs is 27% for renter-occupied and 13% for owner-occupied households.

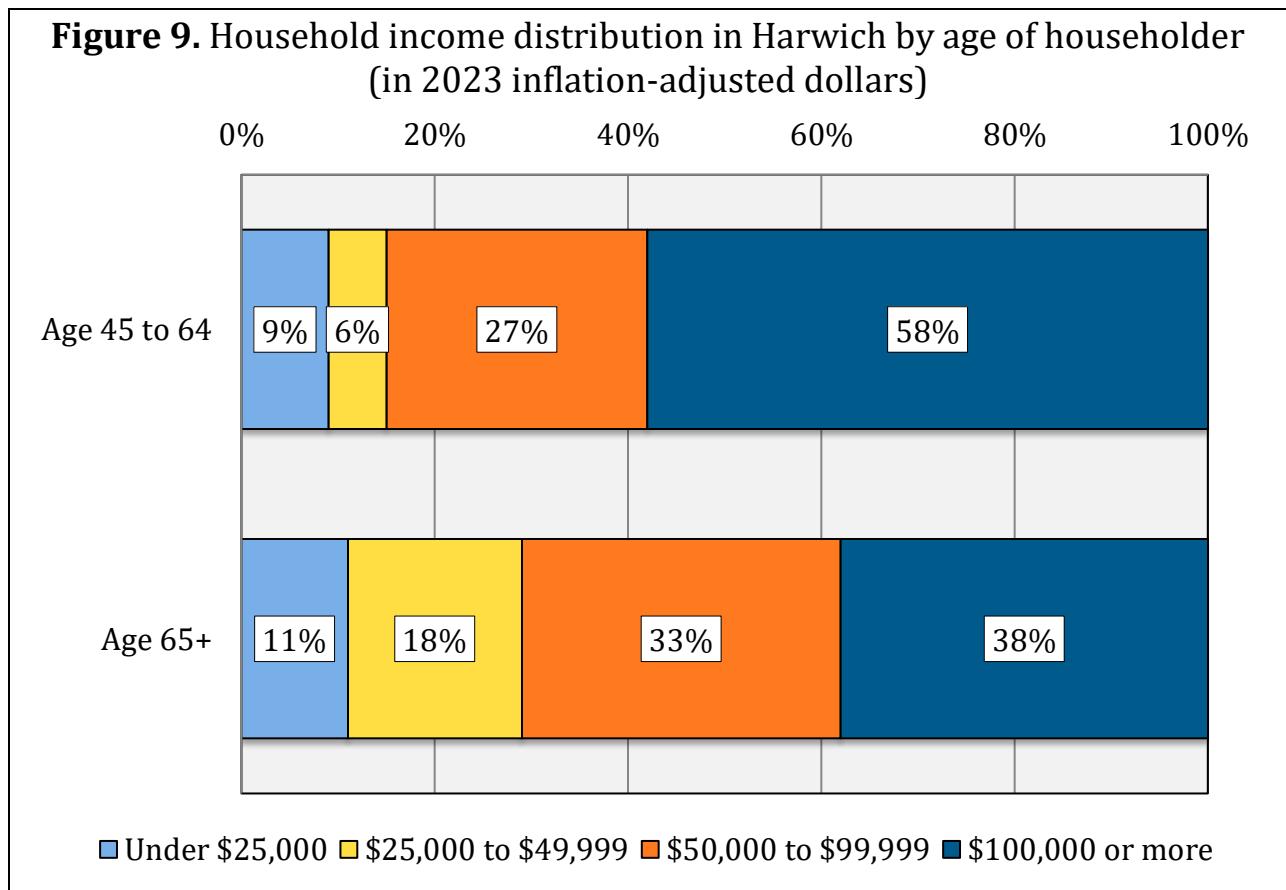


Source: American Community Survey, 2019–2023, Table B25106. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

With respect to household income, there is some comparative disadvantage of some older residents in Harwich. Harwich residents’ median household income is lower than the one estimated for Massachusetts as a whole, \$87,948 compared to \$101,341. Among Harwich’s householders those aged 45 to 64 have the highest median income at \$131,333—which is

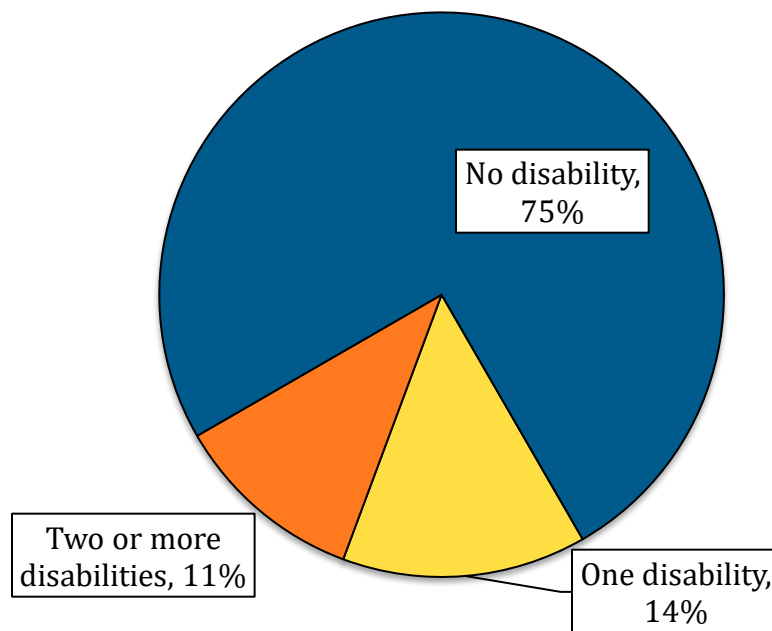
also greater than the statewide median for this age group (\$124,618). Among householders 65 and older, the median income is \$77,643, also higher than the statewide median for this age group (\$64,818), and lower than the median income of younger Harwich householders. Older residents living alone are at the greatest disadvantage in terms of household income. Older men living alone have considerable higher median income (\$63,864) than women (\$40,655) Given that about 27% of older residents age 65 and older live alone in Harwich, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

The economic profile of older Harwich residents relative to younger residents is further illustrated in **Figure 9**, which shows that the older adult population lives on a modest income. About 38% of Harwich residents age 65 and older report incomes of \$100,000 or more. By comparison, 58% of households headed by residents aged 45-64 report this income level. Nevertheless, a large share of households headed by someone age 65 and older (11%) report annual incomes under \$25,000. This compares with just 9% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, a sizeable segment of Harwich’s older population is at risk of financial insecurity or economic disadvantage.



Source: American Community Survey, 2019–2023, Table B19037. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

Figure 10. Percentage of Harwich residents age 65+ reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2019–2023, Table C18108.

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many Harwich’s residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 11% of Harwich’s residents age 65 and older have one disability, and 14% report two or more disabilities (**Figure 10**). Among the different types of disability that are assessed in ACS, the most commonly cited by older Harwich residents 65 and older were ambulatory difficulties-difficulty walking or climbing stairs- (14%), hearing problems (13%), and independent living limitations-difficulty doing errands alone, such as visiting a doctor’s office or shopping (6%) (*ACS 2019–2023, Table S1810*). Other disabilities experienced by older Harwich residents include cognitive difficulty (4%), self-care difficulties (4%), and vision difficulties (2%).

Insights from Key Informant Interviews

The needs assessment process included individual interviews with five leaders in Harwich. These conversations aimed to assess the community’s needs from key viewpoints and provide context relative to various other priorities and issues facing the Town. Interview participants the Fire Captain from the Harwich Fire Department, the Town Nurse employed by the Harwich COA, a Protective Services Worker for Elder Services of Cape Cod and the Islands, and a Housing Advocate employed by the Town of Harwich, and the Harwich COA Board Chair. Interviews were conducted via Zoom and lasted approximately 30 to 60

minutes. Key informants described current programs and services and identified pervasive issues facing Harwich's older residents that must be addressed as the population ages.

Closely Linked Issues of Cost of Living and Housing for Older Residents

Key informants consistently emphasized that housing affordability and the rising cost of living are among the most urgent concerns for older residents in Harwich. While the challenge of affordable housing is widespread across Massachusetts, Harwich faces specific issues that make it particularly difficult for older adults to find and maintain suitable housing. Many long-time residents wish to downsize to smaller, single-level homes but struggle to find available and affordable options within the town.

The increasing cost of living—including property taxes, utilities, and food—has placed significant financial strain on older adults, many of whom live on fixed incomes. Some residents who previously believed they had enough savings for retirement are now finding themselves in difficult financial situations.

The lack of affordable housing affects older residents and creates broader challenges for the workforce, including caregivers and healthcare professionals. Without affordable housing options for younger workers, employers in essential sectors, such as healthcare and home care services, struggle to fill positions, exacerbating the shortage of workers needed to support the aging population. One informant expressed *“concerns about the difficulty of attracting and retaining staff, both for the Council on Aging and in the broader healthcare and senior services sector. Lack of affordable housing is a key barrier, as well as the potential impact of immigration policy changes on the workforce.”*

Key informants also highlighted the long waitlists for Harwich's affordable and subsidized housing options. Programs such as Pine Oaks Village have wait times of four to five years, making it nearly impossible for older adults in need of immediate housing to secure a place. Furthermore, supportive housing options for individuals requiring assistance with daily living remain limited.

Local efforts to address the housing crisis include discussions around Accessory Dwelling Units (ADUs) and potential housing developments aimed at increasing availability. However, informants expressed concern that the current development pace is insufficient to meet demand, particularly for lower-income older adults.

Transportation and Social Isolation

Another major theme that emerged from the interviews was the critical link between transportation access and social isolation. While Harwich offers some transportation

services, many older adults with mobility challenges or those who no longer drive face significant barriers in accessing medical appointments, grocery stores, and social activities.

One key informant stated: *"Our public transportation in Harwich-and on the Cape in general-is not very good."*

Despite available public transit options, informants reported that these services are often insufficient or difficult for older adults to navigate. Limited schedules, long wait times, and accessibility barriers prevent many seniors from using existing transportation services. This contributes to increased social isolation, which can lead to deteriorating physical and mental health outcomes.

Social isolation was also identified as a growing concern in Harwich, particularly for older adults who live alone. Key informants shared that scams targeting seniors have become more prevalent, with many victims hesitant to report incidents due to embarrassment or lack of support. Furthermore, emergency responders often receive calls for non-medical social or emotional crises, highlighting the need for additional community-based interventions.

One informant noted: *"We see cases where people retire here, but don't have local family or long-time lifelong friends. Oftentimes people don't even know what resources are out there and what's available to them."*

The pandemic underscored the importance of regularly checking in on older residents and connecting them with trusted individuals who can provide assistance. Some informants suggested implementing a community-based outreach program where volunteers or social workers check in on vulnerable seniors to offer support and connect them to necessary resources.

One informant noted, *"the pandemic was a huge setback. We're still seeing the effects of that. So many people weren't able to see their doctors. They lost the services that they had.. like if you had a home health aide, everything was cancelled. Everything was put on hold and a lot of it was never resumed. The social programs that people used to go to you know a lot of people just lost touch with the community and then never really reconnected."*

Opportunities for Collaboration and Improvement

Key informants emphasized the need for better coordination among organizations and service providers in Harwich to address aging-related challenges more effectively. While the COA collaborates with many local organizations there is no formal system for coordinating and sharing information about high-risk residents in the community. One informant noted that *"improved collaboration and a "wraparound" team approach could help identify issues*

earlier and provide more comprehensive support.” Another informant proposed “the idea of a centralized Cape Cod Seniors website or registry to connect older adults and their caregivers with available resources and services across the region.” Other suggestions for improvement included:

- Increasing awareness of available aging services through social media, public meetings, and outreach programs.
- Strengthening partnerships between the Council on Aging, healthcare providers, and emergency services to create a more integrated support system for older adults.
- Expanding transportation options to ensure seniors can access essential services and social activities.
- Encouraging policies that promote the development of affordable, accessible housing for older residents and caregivers.

By implementing these strategies, Harwich can better support its aging population and create a more age-friendly community that meets the evolving needs of its residents.

Insights from Focus Group Participants

In the spring of 2025, we conducted three focus groups in support of this study. Two of these focus groups included residents of a variety of ages (N=21) and a third group was comprised of community stakeholders---those who work with, or on behalf of, residents of Harwich (N=13).

Insights from Resident Focus Groups

A Strong Sense of Community and Belonging

Across both focus groups, participants described Harwich as a close-knit, welcoming place to age. Residents value the friendliness of neighbors and the informal recognition and connection found in everyday encounters. As one participant shared, “You can go into the library, for instance, and you’re acknowledged... there’s just this sense of belonging, that it’s comfortable, that there’s such a good spirit.” Others echoed this, describing community members who greet each other at the post office or grocery store—even if they don’t know names, they recognize faces.

This spirit of community is reinforced by well-loved institutions like the Council on Aging (COA) and the community center. “It’s wonderful what they have for the kids and for us,” one participant said, highlighting intergenerational events where school children and older adults build connections. Another remarked, “It’s busy all the time now... with people coming

and going, attending things and there's game days, craft days, and after-school programs for the kids."

Transportation and Walkability Challenges

Despite these community strengths, transportation remains a significant barrier to aging in place. Many participants identified a lack of personal transportation or the eventual loss of driving ability as life-altering challenges. "If you don't drive, it's a major problem," said one older adult. Others noted the emotional impact: "Once they have to lose their license, that's a major traumatic experience."

While some use COA vans or the Cape's regional transit options like the RTA, scheduling difficulties and infrequent service limit their usefulness. "You've got to have your plan," one participant explained. Several also emphasized the lack of safe pedestrian infrastructure: "I wish there were more sidewalks everywhere," one said. "I walk on 39, and I'm always worried I will get hit."

Barriers to Accessing Services and Persistent Isolation

A recurring concern in both groups was that many older adults are not engaged with local services, often due to social isolation, discomfort, or lack of awareness. "There are groups of seniors that never come into this community center," one participant noted. "They don't feel comfortable... someone has to bring them in."

Efforts to reach these individuals exist—home visits, friendly caller programs, and holiday food deliveries—but residents stressed that more targeted outreach is needed. "Sometimes they need that nudge," said one participant, who often drives neighbors to activities. Another noted, "If you're 85 years old and have been isolated, someone might have to go to their home, get to know them, make them feel comfortable... that's what it takes."

Insufficient Housing and Caregiver Support

Affordable housing is a growing crisis, especially for seniors and young families. "Housing is the big issue," one resident stated. Participants shared stories of multi-year waitlists for senior housing and young people unable to stay in the community due to high costs. "From what I understand, it takes like seven years [to get into senior housing]," said one resident. "Multimillion-dollar homes are sitting empty, and here we have people with no place to live."

This shortage also exacerbates the caregiving burden. "We don't have enough young people to care for these old people," one participant warned. The growing needs of isolated or frail elders, coupled with the outmigration of the workforce, leave families struggling. "I was

working and taking care of my mom with Alzheimer's," a caregiver shared. "It takes a lot out of you."

Overcrowded Spaces and the Need for Expansion

A significant concern voiced across both resident focus groups was the issue of overcrowding at the Harwich Council on Aging and the community center. As programming has expanded and demand has grown, the physical space has not kept pace, creating scheduling conflicts and limiting access to services. "It's like hustle and bustle," one resident shared. "We're just growing." With limited room, programs fill quickly, and scheduling is chaotic.

The facility's limitations have affected both program quality and residents' experiences. Participants reported frustration with competing for space, noting that some exercise and wellness programs—such as Tai Chi or balance classes—are booked far in advance or have limited capacity. There was also concern that shared use of the building between the COA and the recreation department has led to tensions over space allocation, with one person recalling past resistance to seniors using the same facilities as younger residents: "There was this flavor that the COA needs to be separate... that old people were getting more than the young people."

Suggestions for addressing these challenges were varied but enthusiastic. Many participants proposed structural expansion: "We need more space. We're just growing and growing." One envisioned building upward: "The only way we can build is up." Another proposed a more immediate option—an outdoor covered area behind the cafeteria that could be used for events or quiet socializing. "It would be like another room, with a roof over it—a kind of porch where people could gather."

Looking Forward: Vision and Values

Participants in both groups shared a deep concern for the future of aging in Harwich, balanced by a strong sense of community pride and a proactive attitude toward change. Many were eager to identify opportunities for improvement and expressed willingness to help build solutions—from volunteering and outreach to advocacy for expanded services, to gluten free meal options.

Throughout the conversations, there was a strong sense that Harwich's future will depend on planning, inclusive outreach, and creative partnerships. As one participant concluded: "We've got something special here. But we can't take it for granted. We've got to keep working to make sure everyone feels like they belong—and that they have a place here, at every age."

Insights from Stakeholder Focus Group

As part of the Harwich aging needs assessment, a stakeholder focus group was conducted in addition to the two resident focus groups to gather insights from key community leaders, service providers, and advocates supporting older adults in Harwich. The discussion highlighted critical challenges, strengths, and opportunities for enhancing aging-related services in the community. This focus group took place virtually and was audio recorded for accuracy.

Housing Affordability and Stability

One of the most pressing concerns raised was the affordability of housing for seniors. Stakeholders noted that increasing rents, often by \$400–\$500, have made it difficult for those on fixed incomes, such as Social Security, to maintain stable housing. Waitlists for subsidized housing range from one to seven years, exacerbating the problem.

"[Rents are] going up beyond their Social Security amount, and it's not affordable for them," one participant explained. *"There's no place for them to go at a lower rental cost."* Another stakeholder shared the story of a 99-year-old woman whose rent increased by \$500, saying, *"She told me, 'I can't go wait tables. I'm 99 years old.'"*

Many seniors also face challenges maintaining their homes due to financial constraints or lack of physical ability. A stakeholder from a nonprofit added, *"We see an increase in live-alone seniors who don't have family nearby, and they're struggling to keep up with basic home maintenance."* Some participants suggested increasing property tax deferrals and financial assistance programs to help seniors stay in their homes.

Transportation Barriers and Social Isolation

Transportation emerged as a significant issue, particularly for seniors without family support. Many struggle to access medical appointments, grocery stores, and social activities.

"I have people that need a ride home at 2 a.m. from the hospital, and there's just no easy solution," said one participant. Another stakeholder added, *"A lot of the transportation services are only available during working hours, which leaves seniors stranded when they need off-hour assistance."*

The availability of volunteer drivers is also seasonal. *"Many of our volunteers are snowbirds,"* one focus group participant noted. *"They're here in the summer but leave in the winter, and that's when we see the biggest transportation gaps."*

"I know Nauset Neighbors is an organization a lot of my people utilize, but they always have a wait list in the winter because a lot of their volunteers go to Florida, Arizona, wherever" another focus group participant mentioned.

Social isolation was another major theme. While Harwich has strong community programs, homebound seniors often lack companionship. *"I visit seniors who are housebound. They tell me, 'Don't get old. It's terrible.' What they need most is companionship and someone to check in on them,"* a faith leader shared. Another participant suggested more intergenerational programs, explaining, *"If we could get some of the younger generation to visit seniors, it would bring them so much joy."*

Healthcare Access and Support Services

The discussion highlighted the need for expanded healthcare support, particularly home-based care. Many seniors do not qualify for Medicaid-based home care but cannot afford private services.

"When seniors are discharged from the hospital, they often don't have enough care at home," one participant explained. *"They may get two to four weeks of home health services, but after that, they're on their own unless they can afford private care."* Another stakeholder added, *"We see many residents waiting and waiting for services because they're low-income, so they don't have the option to pay for private care."*

The shortage of healthcare professionals is another growing concern. *"Doctors are either retiring or moving away,"* one participant said. *"We had a young dentist move to town, but after a year of struggling to find housing, she left."*

Mental health and grief support were also identified as gaps in services. *"We need a dedicated mental health professional for seniors—someone to lead grief support groups and work with those struggling with the emotional challenges of aging,"* one participant suggested. Another added, *"Illness and loss can be incredibly isolating, and having access to a counselor could make a big difference."*

Community Programs and Collaboration

Harwich was praised for its strong network of community organizations, including the Council on Aging, churches, nonprofits, and public health services. The community center was highlighted as a vital hub for programs, socialization, and intergenerational activities.

"You walk into the senior center, and you feel a warm energy," one stakeholder said. *"There's an after-school program, exercise classes, education sessions, and people stopping in just to connect."*

Despite these strengths, stakeholders emphasized the need for better organizational communication and coordination. *"People don't always know what resources are available,"* one participant noted. *"We need a way to consolidate information and make it easier for seniors to access."* Another suggested a centralized database: *"If we had a shared list of services and contacts, it would make it easier for organizations, first responders, and families to get seniors the help they need."*

Additionally, participants suggested leveraging the skills and experiences of older residents through mentorship and volunteer opportunities. *"Many seniors have incredible knowledge and skills,"* one person said. *"We should create programs where they can teach woodworking, knitting, or other trades to younger generations. It's a win-win—it keeps them engaged and helps others learn valuable skills."*

Emergency Preparedness and Safety

Concerns were raised about the town's preparedness for disasters, particularly for seniors who are visually impaired, have mobility challenges, or live alone.

"If a disaster hits, we don't have enough first responders to care for everyone," one stakeholder warned. *"There are about 600 visually impaired residents in Harwich alone—who is going to check on them in an emergency?"*

According to another stakeholder, *"the reality for everybody is that we all have to cross a bridge to get off this peninsula and in an emergency if we had to evacuate the likelihood of everyone getting off in a timely manner is not great."*

Participants discussed the need for a "homebound list" to identify and assist vulnerable residents. *"Other towns have programs where residents sign up for wellness checks, and emergency services know who to prioritize,"* one participant said. *"Harwich should consider something similar."*

Additionally, some stakeholders emphasized the importance of neighbors looking out for one another. *"You don't want to be meeting your neighbors for the first time during a disaster,"* one participant noted. *"Building community connections ahead of time can be a lifesaver in an emergency."*

Looking Ahead

As Harwich's older population grows, addressing housing affordability, transportation gaps, healthcare access, and social isolation will be key to ensuring a supportive aging environment.

"The needs of seniors in Harwich are only going to increase," one participant concluded. "We have to think ahead—how can we make sure people can age with dignity and support?"

Moving forward, stakeholders recommended:

- Expanding affordable housing options and property tax relief
- Increasing access to off-hours transportation
- Enhancing public health nursing and home care services
- Improving outreach and coordination among service providers
- Strengthening emergency preparedness plans and participation in the Regional Emergency Preparedness Committee

With a strong foundation of community support already in place, these improvements can help Harwich become an even better place for older adults to thrive.

Results from Community Survey

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

Respondent Characteristics

Respondents to the community survey included 1,816 Harwich residents, representing a return rate of 26% (**Table 3**). This is a strong response rate and reflects interest among community residents. Response distributions by age group are shown for all survey questions in **Appendix A**.

Table 3. Community Survey Respondents

	Age Distribution of Harwich Residents age 60+		Survey Responses	
	Count	Age distribution	Count	Age distribution
Age 60-69	3,115	48%	477	28%
Age 70-79	2,269	35%	765	46%
Age 80+	1,134	17%	431	26%
TOTAL	6,518	100%	1,816	100%

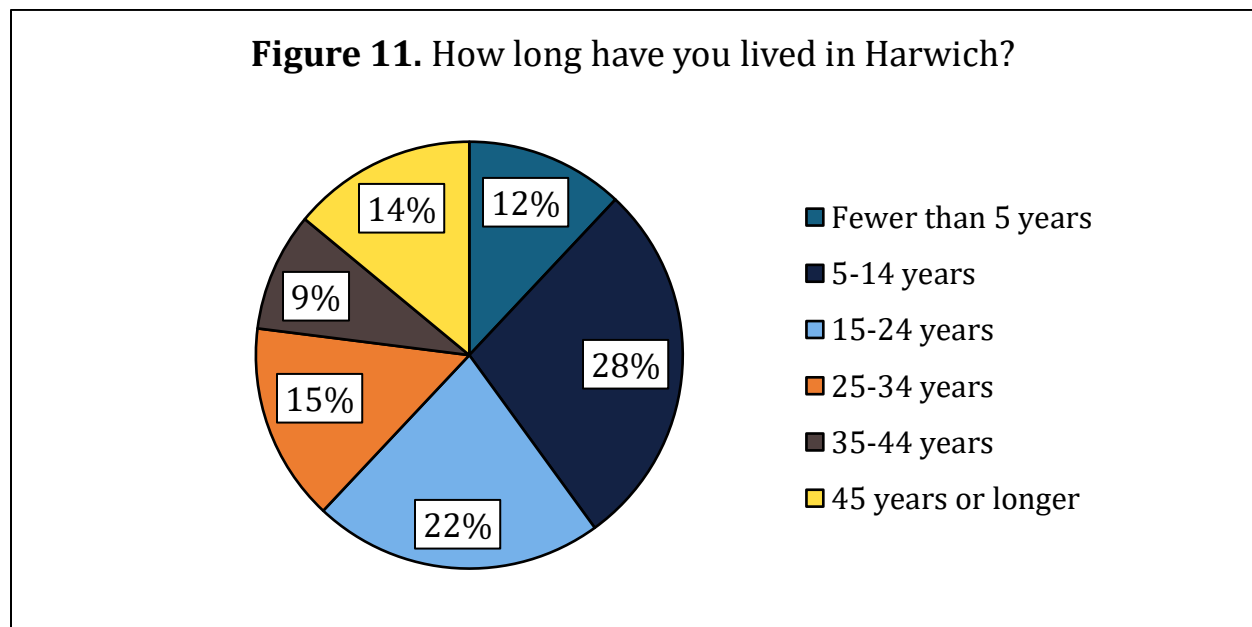
**Source: American Community Survey, 2019-2023, Table B01001. Numbers calculated from 5-year estimates.*

*** (Excludes 143 surveys (8%) where participants did not report their age. Total with those who did not provide an age =1,816)*

Community and Neighborhood

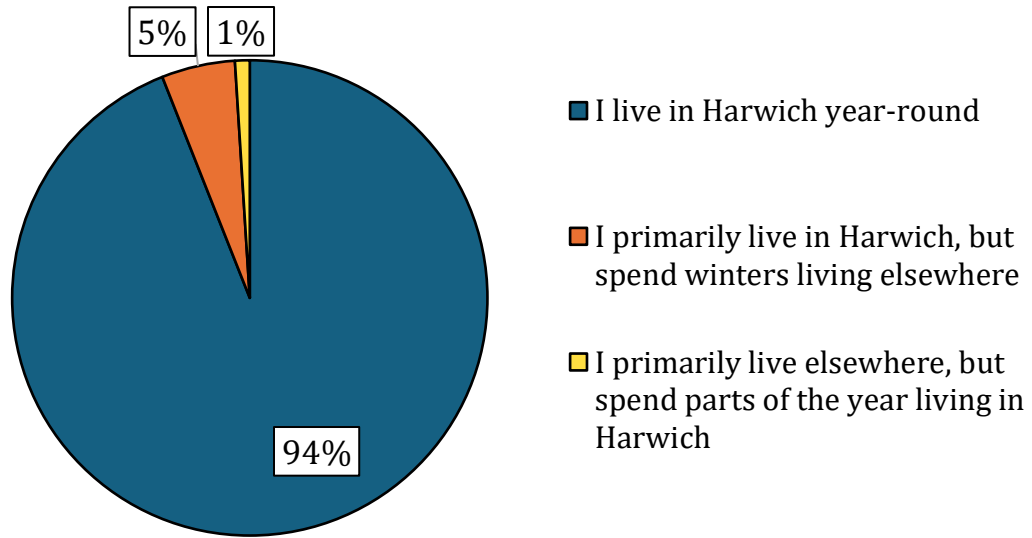
A commonly expressed goal of older adults is to remain living in their own homes for as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes. By aging in place, older 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 Harwich for many years, as well as relative newcomers. The duration of residence in Harwich varies from 40% of respondents who have been in the town for less than 15 years to 23% who have lived in Harwich for more than 35 years (see **Figure 11**). These individuals offer insight based on their years of experience living in Harwich. It is also helpful, however, to hear from those who are new to Harwich.



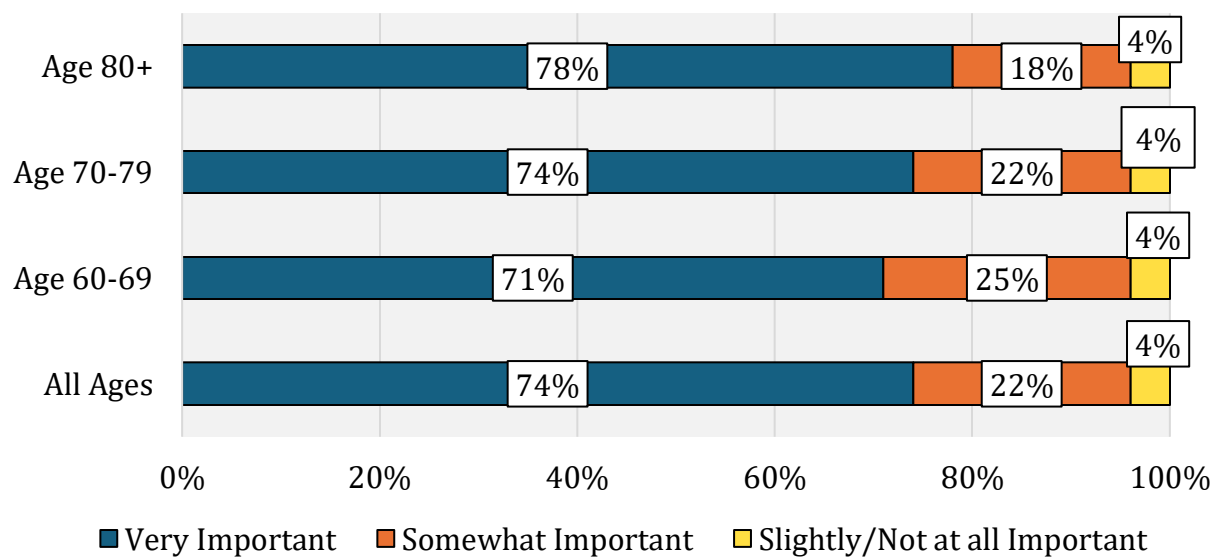
Most survey respondents (94%) live in Harwich year-round (see **Figure 12**).

Figure 12. Seasonal residency of survey respondents

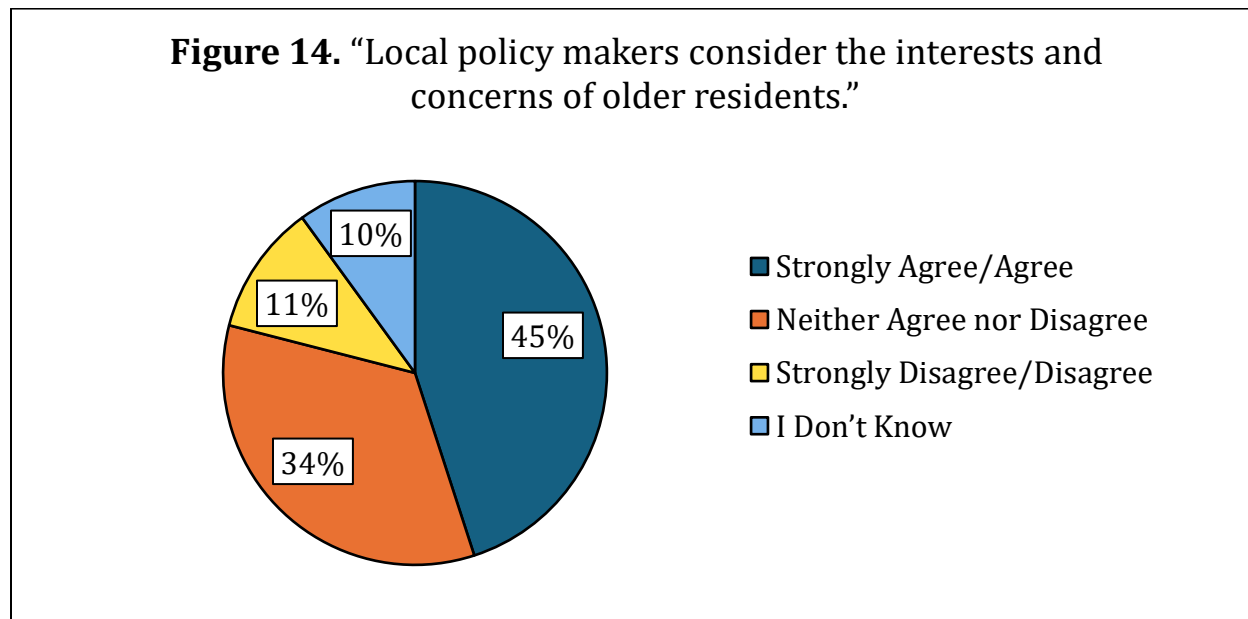


As seen in **Figure 13**, survey respondents were asked, “How important is it to you to remain living in Harwich as you get older.” Seventy-eight percent (78%) of residents 80 and older and 74% of residents between the ages of 70 and 79 indicated that it was very important to them to continue living in Harwich as they age. This is compared to 71% of residents aged 60-69 who reported that it is very important to remain in Harwich as they age.

Figure 13. How important is it that you remain living in Harwich as you get older?



Across all ages, 45% of respondents agreed or strongly agreed with the statement, “Local policy makers consider the interests and concerns of older residents.” Another 11% indicated they disagreed or strongly disagreed with the statement, 34% neither agreed nor disagreed, and 10% indicated they didn’t know (see **Figure 14**).



Most survey participants (88%) responded to the open-ended question, “What do you value most about living in Harwich?” Their responses, summarized in **Table 4**, reflect a deep appreciation for Harwich’s natural environment, strong sense of community, and overall quality of life. Many respondents highlighted the town’s location and natural beauty, particularly its proximity to beaches, ponds, conservation areas, and walking trails. Access to local amenities—such as shops, medical services, and recreational areas—was also frequently mentioned as a valued aspect of living in Harwich.

Residents also emphasized the importance of community ties, describing Harwich as a friendly, welcoming town with a small-town feel. People appreciated the opportunities to engage socially, volunteer, and connect with neighbors, friends, and family. Several respondents praised the Council on Aging and community center as valuable local resources.

Feelings of safety and security were another commonly cited strength. Respondents described Harwich as a quiet, low-crime community with reliable public services such as police, fire, and emergency response. Additionally, many noted satisfaction with town infrastructure, citing the quality of local services, town departments, and the overall maintenance of the town as contributing to their positive experience living in Harwich.

Table 4. Sample responses to the question, “What do you value most about living in Harwich?”

Location & Natural Amenities
<i>Being close to the ocean, beaches, and conservation land.</i>
<i>The distance and time to get to appointments (doctors, dentists) are “local” (less than 15 miles on way) and the pharmacy, food store and gas for the car are about 1 mile away. Walks on the local roads or paths in the woods are all easy from my house. We have a beautiful view of the pond and a patio to relax on and often see terrific sunsets. The night sky is much better than our previous house due to less local lights.</i>
<i>I love our location and natural beauty. People care about the environment and restorations projects are wonderful. The community center and COA are one of the best on Cape.</i>
<i>The ocean is right down the street, and I live on a pond. When the tourists leave its' almost paradise.</i>
<i>A quiet town that’s just the right size. Great location and history. Access to all parts of the Cape, the beaches and trails, library, retail establishments, people</i>
Community: People, Friends, Family
<i>9 months a year the town is quiet and very pleasant. People are friendly and there is a small-town vibe.</i>
<i>Community center and close access to newer stores for shopping. We’ve also found it to be a very friendly and welcoming community!</i>
<i>Friendly people, friendly restaurants, feeling of community. Conservation trust very progressive, many volunteer opportunities</i>
<i>Grandchildren live around the corner. Community atmosphere</i>
<i>I think the community is very warm and welcoming. The services for seniors are second to none. I also love the ocean and the ability to access nature easily.</i>
<i>My family and friends are here. I contribute to serving on town committees. I am invested in the community.</i>
Safety
<i>Lovely, safe town walking distance to the water and the port</i>
<i>Safe + friendly. Great neighbors. lots of retirees to socially will. Low crime.</i>
<i>The safety, the public service - police, fire, 911 response</i>
<i>The safety and small-town feel. Very warm and welcoming people and establishments.</i>
<i>Very nice town. Feel very safe here.</i>
Town Infrastructure
<i>Nice quiet town, great fire and police, school system, town workers do a great job.</i>
<i>The community feeling. The safety feeling. I love the beaches, the library. The town offers so many services. COA is the best.</i>
<i>Walkable town, restaurants and bookstores, community center</i>

Similarly, most respondents shared concerns about aging in Harwich, with common themes and illustrative quotes summarized in **Table 5**. The most frequently cited issue was affordability and financial insecurity. Residents expressed deep concern about the rising cost of living—particularly property taxes, utilities, housing costs, and unexpected infrastructure expenses like sewer system hookups. Many noted the challenge of living on fixed incomes and questioned whether they, or younger generations like their children and grandchildren, could continue to afford to live in Harwich. Some also expressed concern about housing affordability for essential workers, including medical providers and service staff.

Accessible transportation was another common concern, especially as residents anticipated needing alternatives to driving in later life. Respondents highlighted the lack of reliable public transportation, poor sidewalk and bike trail infrastructure, and traffic congestion related to new development. These limitations hinder access to essential services, including medical care—especially off Cape—and social or recreational opportunities.

Healthcare access was also a recurring theme. Residents described difficulty finding and keeping primary care providers locally, often needing to travel long distances to access consistent care. Some linked this issue with broader workforce housing shortages that may deter providers from living and working on the Cape.

Finally, many respondents raised concerns about the ability to remain in their current homes as they age. They noted the growing need for assistance with home maintenance tasks like landscaping or cleaning, and the rising costs of hiring help. Several also cited a shortage of caregivers and geriatric specialists as significant barriers to aging in place.

Table 5. Sample responses to the question, “What are your greatest concerns about your ability to continue living in Harwich?”

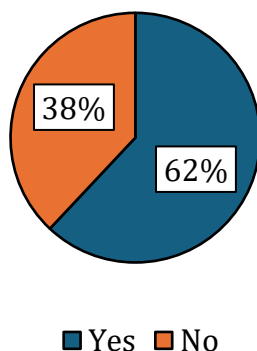
Affordability, cost of living, and taxes
<i>Cost of living. I'm now on a fixed income. The cost of real estate taxes, water, electricity & water are hitting me hard. Recently, it was a requirement to hook up to Town sewer. Now in addition to everything else, I have a 10K sewer loan and my water bill had doubled.</i>
<i>Cost of living/housing/people representing us; local government officials are not good/ stop the MC Mansion housing boom especially in East Harwich - it's taxing our resources and changing the "feel" of life on the Cape is becoming unaffordable for young families + retirees.</i>
<i>As I get older and need more services I'm concerned the people who provide these services will not be able to find housing here. Retailers will have to pay more which will make everything more expensive. If the town wants to help, taxes will need to go up to provide funding. This town has not paid enough attention to climate mitigation and adaptation. We have a lot of over developed shoreline that will be impacted by sea level rise and storms. The town needs a climate action plan. Many on the Cape have already done this.</i>

<i>The rapidly escalating property taxes and homeowner's insurance while on a fixed income. Lack of sidewalks for safe walking and biking. Not enough physicians and the ones I get leave after only a couple of years. Many restaurants close in winter for lack of staff.</i>
<i>Property taxes and insurance premiums continue to rise.</i>
<i>My rent will keep increasing every year!! I worry I cannot afford to live here after I retire.</i>
<i>Local taxes and fees. I hope they reduce them for the senior citizen community.</i>
<i>Living here's become unaffordable; my children & grandkids will be unable to buy a house.</i>
Accessible transportation
<i>Transportation, once I age out of being able to drive safely.</i>
<i>Transportation to quality medical care off Cape.</i>
<i>The possibility of increased traffic with large affordable housing projects in the works. Many of our roads, intersections won't handle the traffic congestion.</i>
<i>Sidewalks need repair, bike trails need repair, more parking in town, services for elderly</i>
<i>Public transportation is sketchy, lack of sidewalks, poor bike trail access, no bike lanes, RT 39 traffic</i>
<i>Travel when we are no longer able to drive. Life here is very "car dependent" and there seems to be limited public transportation and other travel options.</i>
Availability/accessibility of healthcare
<i>We have not been able to get primary care doctors on the Cape.</i>
<i>Secondly, it is very difficult to find and keep primary care providers. I have to go to Plymouth for primary care, as no one on the Cape was taking new patients.</i>
<i>Transportation - lack of primary care - housing costs prohibit service workers to live on Cape</i>
<i>The poor quality of health care on cape cod.</i>
<i>The accessibility of health care options. Primary care doctors are few and far between and Boston hospitals a hike!</i>
Ability to Maintain Living in Current Home
<i>The cost of landscapers to keep up the property once we are no longer able to do so</i>
<i>The ability to find services at a reasonable expense to meet needs as our ability to do them ourselves wanes, i.e. landscaping, house cleaning. Of greatest concern is consistent medical services, ie doctors. While Fontaine and Outer Cape are consistent, the personnel needed as we age is not there. The Cape needs more gerontologists.</i>
<i>The ability to afford to live here. services will need to be hired for household jobs we are currently able to perform.</i>
<i>Not being able to stay in my own home as I get older + need assistance</i>
<i>Not enough caregivers to take care of aging population</i>

To understand survey respondents' awareness of local resources, we asked them if they would know who to contact in the Town if they or someone in their family needed assistance (see **Figure 15**). While a majority said yes, 38% of respondents (22%) reported not knowing who to contact in Harwich. Interestingly, among younger respondents (age 60-69), this rate was highest with 47% reporting that they did not know who to contact should their family need assistance compared to 35% of respondents age 70-79, and 30% of respondents over age 80 (see **Appendix A**). It may be that these survey respondents have never had the need for services— and therefore have not investigated the matter. It may also indicate a need for

continued outreach about basic functions of both municipal departments and local organizations to consider targeting some outreach to younger residents or newcomers to the Town.

Figure 15. Would you know whom to contact in Harwich should you or someone in your family need help accessing social services (e.g., subsidies for transportation or housing, in-home supports, or access to mental health services)?

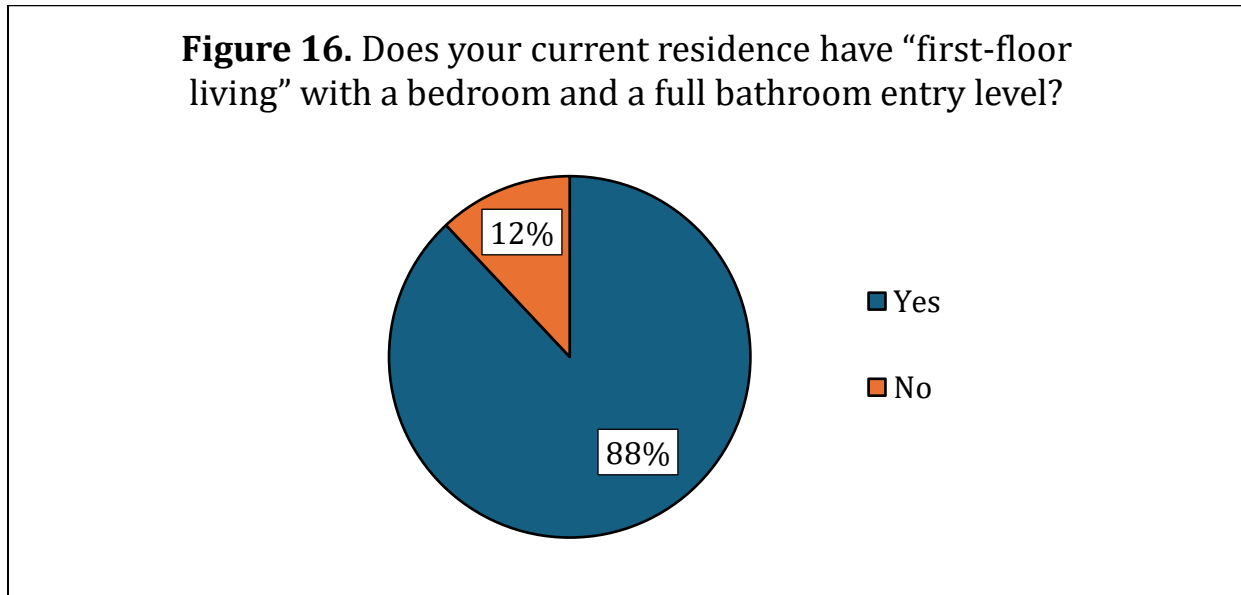


Housing and Living Situation

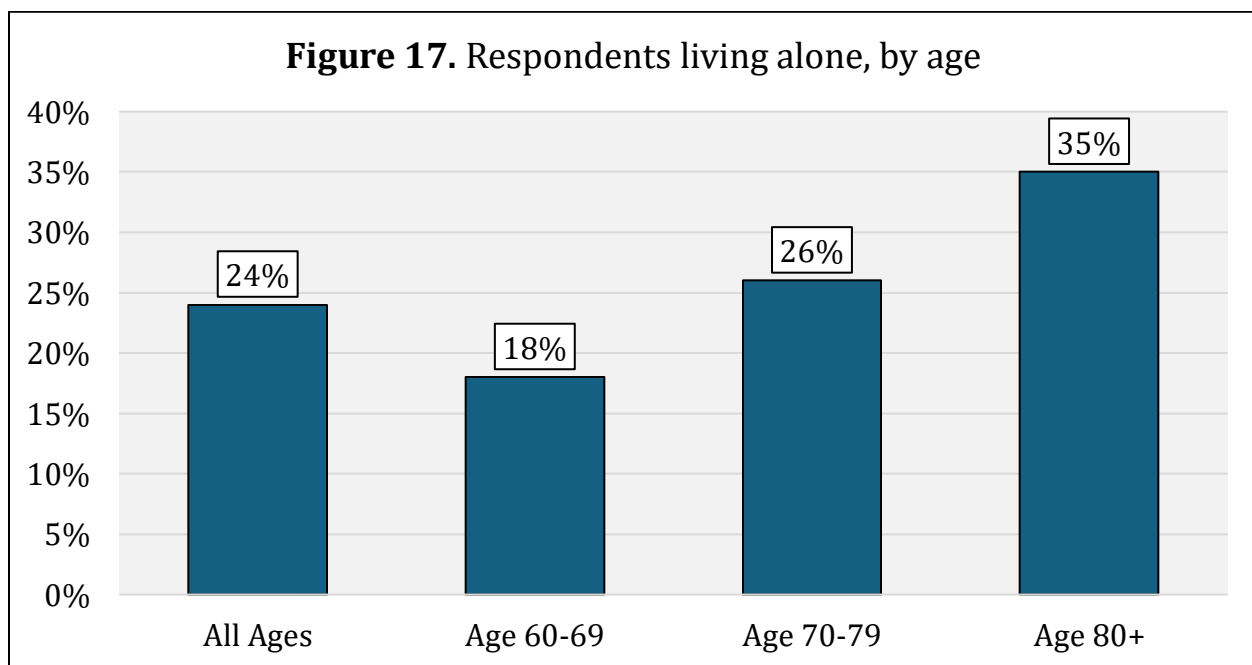
The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases. 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.

To assess the “age-friendliness” of the housing stock in Harwich, respondents were asked if they currently had a bedroom and full bathroom on the entry-level of their home—an

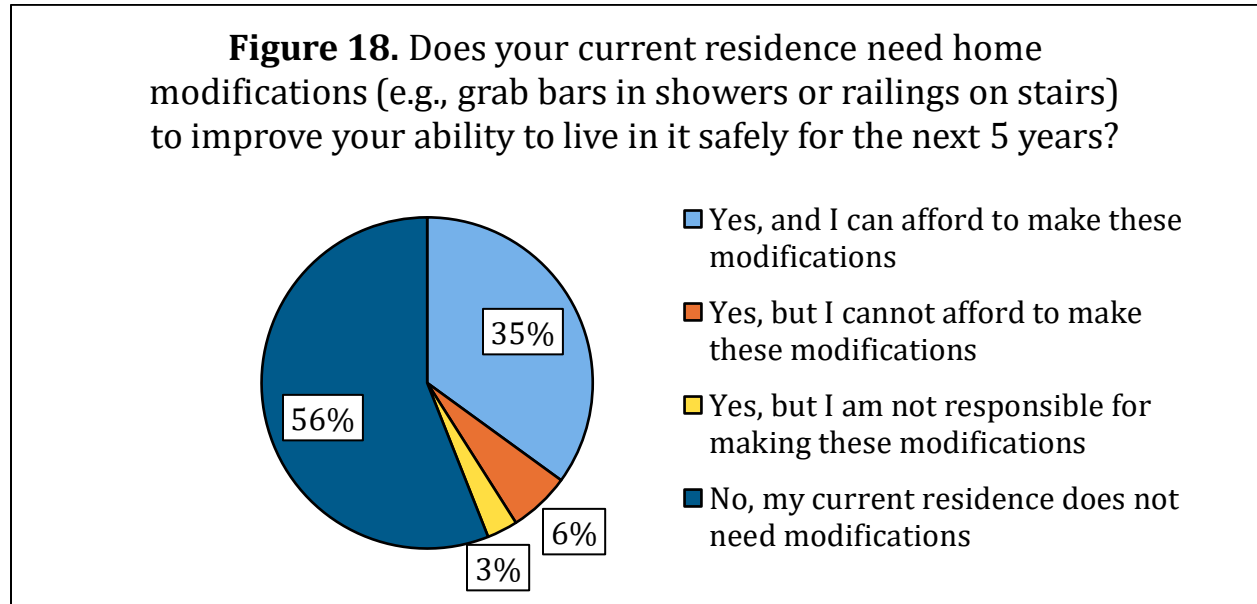
important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 16** shows that most respondents have this feature in their home (88%).



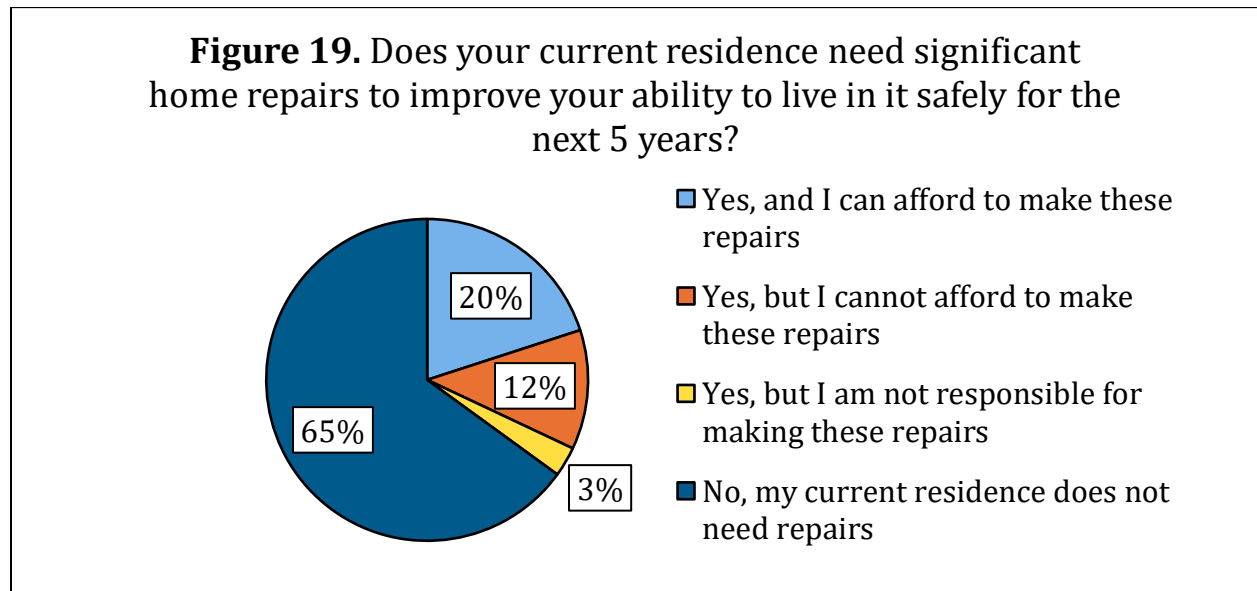
As shown in **Figure 17**, 35% of those respondents aged 80 and older report living alone compared to 18% of those aged 60-69. Living alone has the potential to lead to social isolation and has implications for services that the older segment of the population may need. Living alone does not, on its own, indicate social isolation. However, considering the type and quantity of support services required with age, living alone is an important factor to consider.



Maintaining a home requires resources, including people who can make repairs and the finances to pay for these repairs. In response to the question, “Does your current residence need home 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?” 44% of respondents stated “yes”. Among them, 6% cannot afford to make these changes and 3% are not responsible for making such changes (e.g., they rent their home) (**Figure 18**).

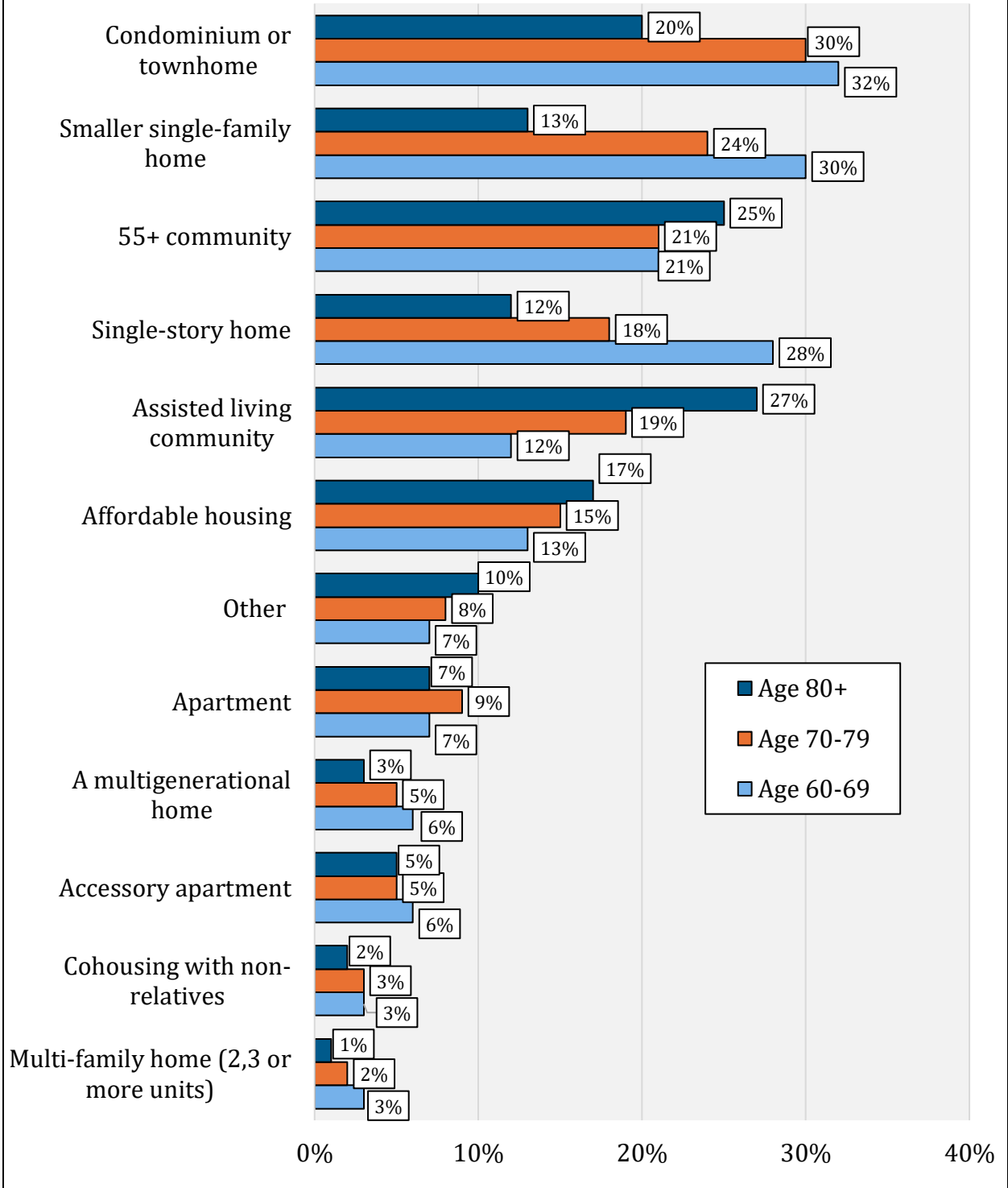


Similarly, 35% of respondents reported that their current residence needs repairs. Among them, 12% said they could not afford these repairs (see **Figure 19**).



Survey respondents were asked what type of housing they would prefer if a health or physical ability change required moving from their current residence in the next five years (see **Figure 20**). Responses varied greatly by age group. Nearly one-third (32%) of respondents aged 60-69 would choose a condominium, townhome, or smaller single-family home (30%) over other options. Among respondents 70-79, 30% would choose a condominium or townhome, 24% would choose a smaller single-family home, and 21% would choose a 55+ community. Among respondents 80 and older 27% would choose assisted living communities and 25% would choose a 55+ community. Notably, 8% of survey respondents selected “other”. Common themes among write-in responses included not planning on moving, relocating out of Harwich, independent living, and nursing homes, rehabs, or medical care facilities. These preferences for alternative senior living options by those age 50 and older have implications for future housing policy decisions in Harwich.

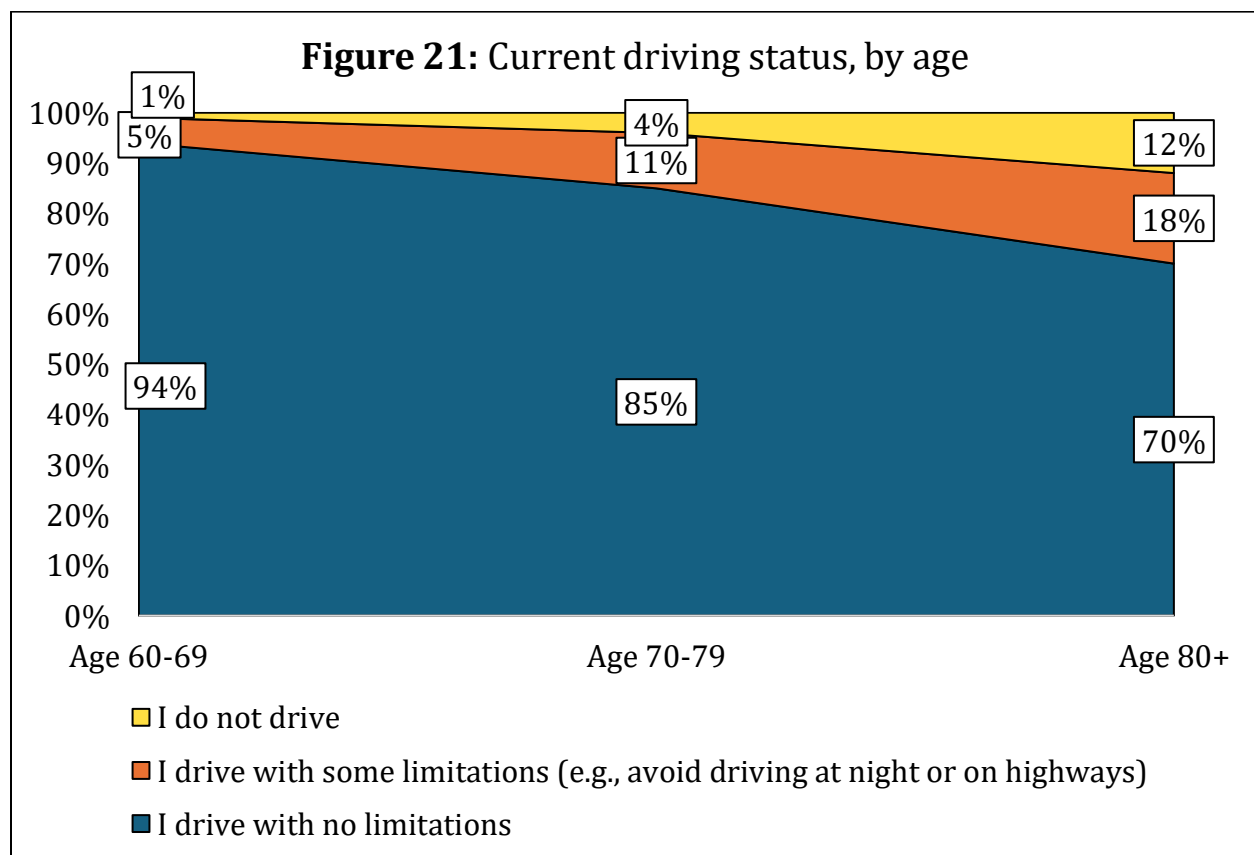
Figure 20. In the next 5 years, if you needed to move from your current residence, what kind of housing would you prefer in Harwich?



Transportation

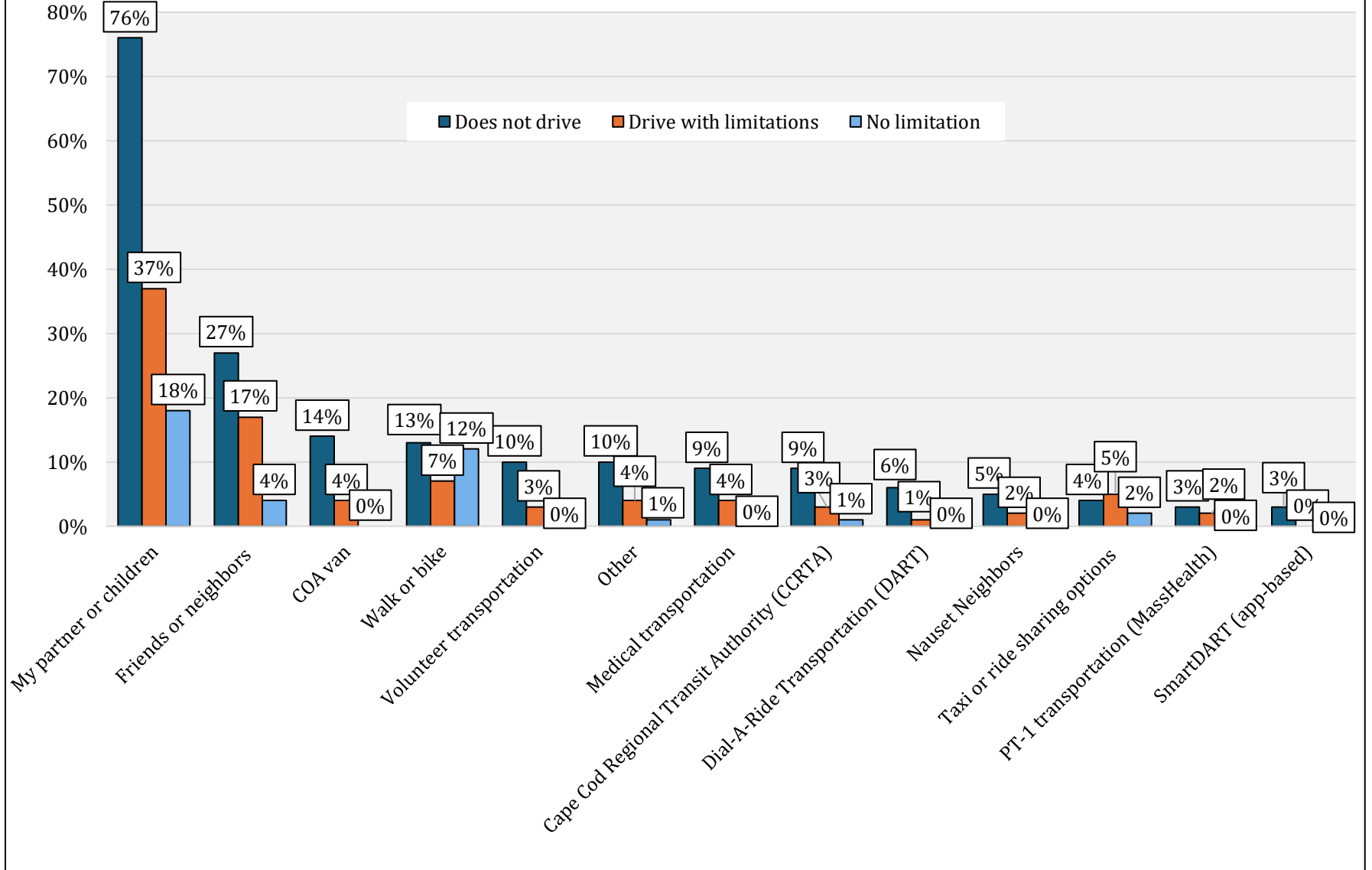
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast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

Most survey respondents reported active driving status, with 84% driving with no limitations, and 5% not driving at all, although this number is significantly larger when looking at just those age 80 and older. **Figure 21** demonstrates that driving status diminishes with age: 94% of those aged 60-69 drive without limitations, compared to 85% of those in their 70s and 70% of those age 80 and older. Twelve percent (12%) of respondents aged 80 or older reported not driving and an additional 18% of respondents aged 80 and older reported driving with some limitations.



Survey results suggest that most respondents (88%) drive themselves as a primary mode of transportation: 99% of respondents age 60-69 reported driving themselves as a primary mode of transportation, compared to 92% of those age 70-79, and 83% of those 80 and over (**See Appendix**). When looking at primary mode of transportation by driving status 99% of individuals with no limitations reported driving themselves as a primary mode of transportation, compared to 90% of those who drive with some limitations, and 3% of those who reported not driving. **Figure 22** presents other primary modes of transportation by driving status and shows that respondents who do not drive more frequently selected volunteer or public transportation options compared to respondents who drive. Among those who do not drive at all, 76% rely on their partner or children to drive them, 27% rely on friends or neighbors, and 14% use the COA van provided by the Council on Aging, suggesting that it functions as a lifeline to those residents who may otherwise be homebound. Among those who drive with some limitations, 37% reported relying on their partner or children to drive them, 17% rely on friends or neighbors, and 4% reported using the CA van.

Figure 22. Primary transportation method by driving status



28% of respondents reported at least one difficulty getting needed transportation (n=506). **Figure 23** shows that among those who reported transportation difficulties the top difficulties included public transportation around Harwich being inaccessible or inconvenient (19%), not having information about what is available (17%), transportation not available where I need to go (12%), and lack of transportation options in evening and on weekends (11%).

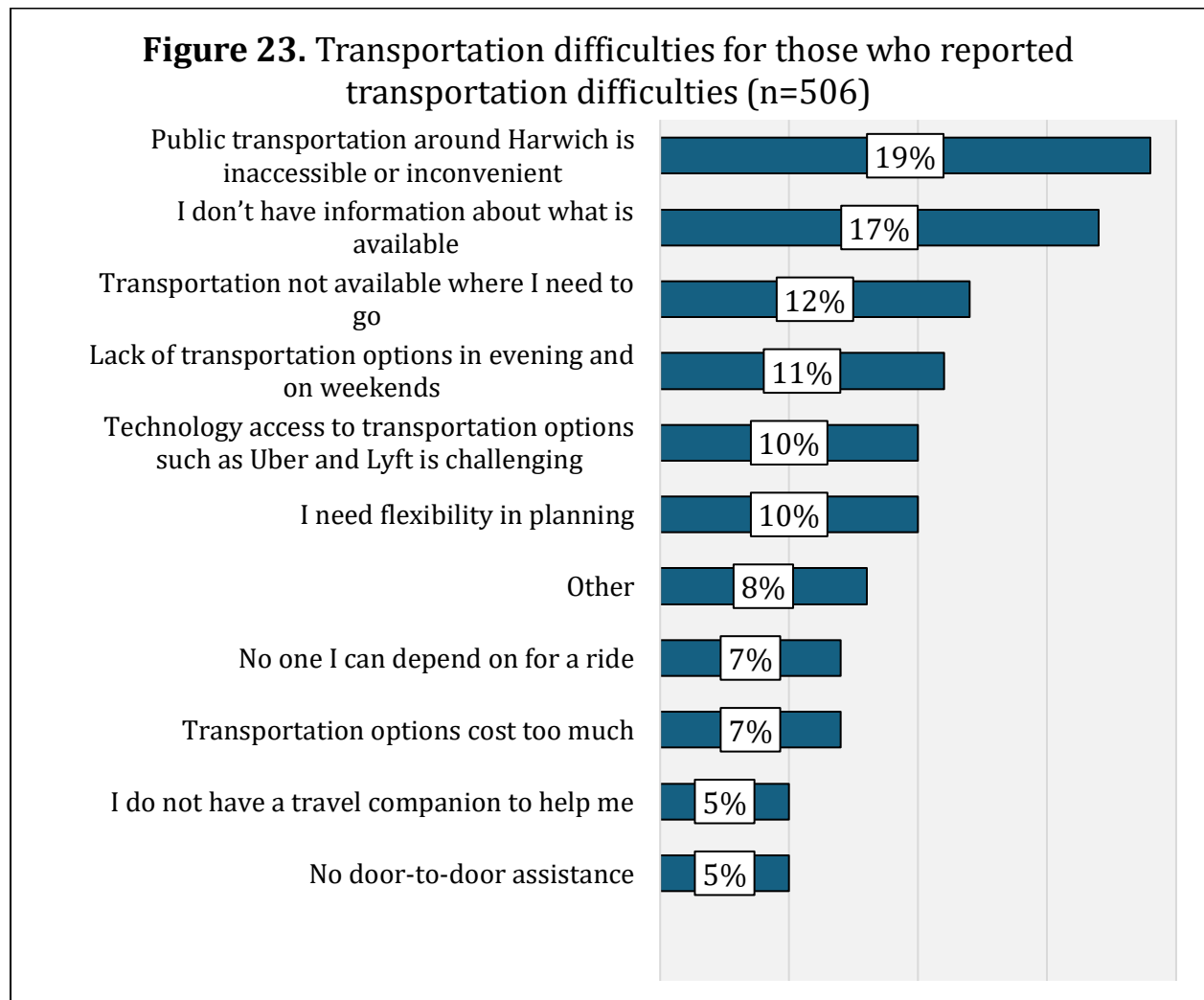
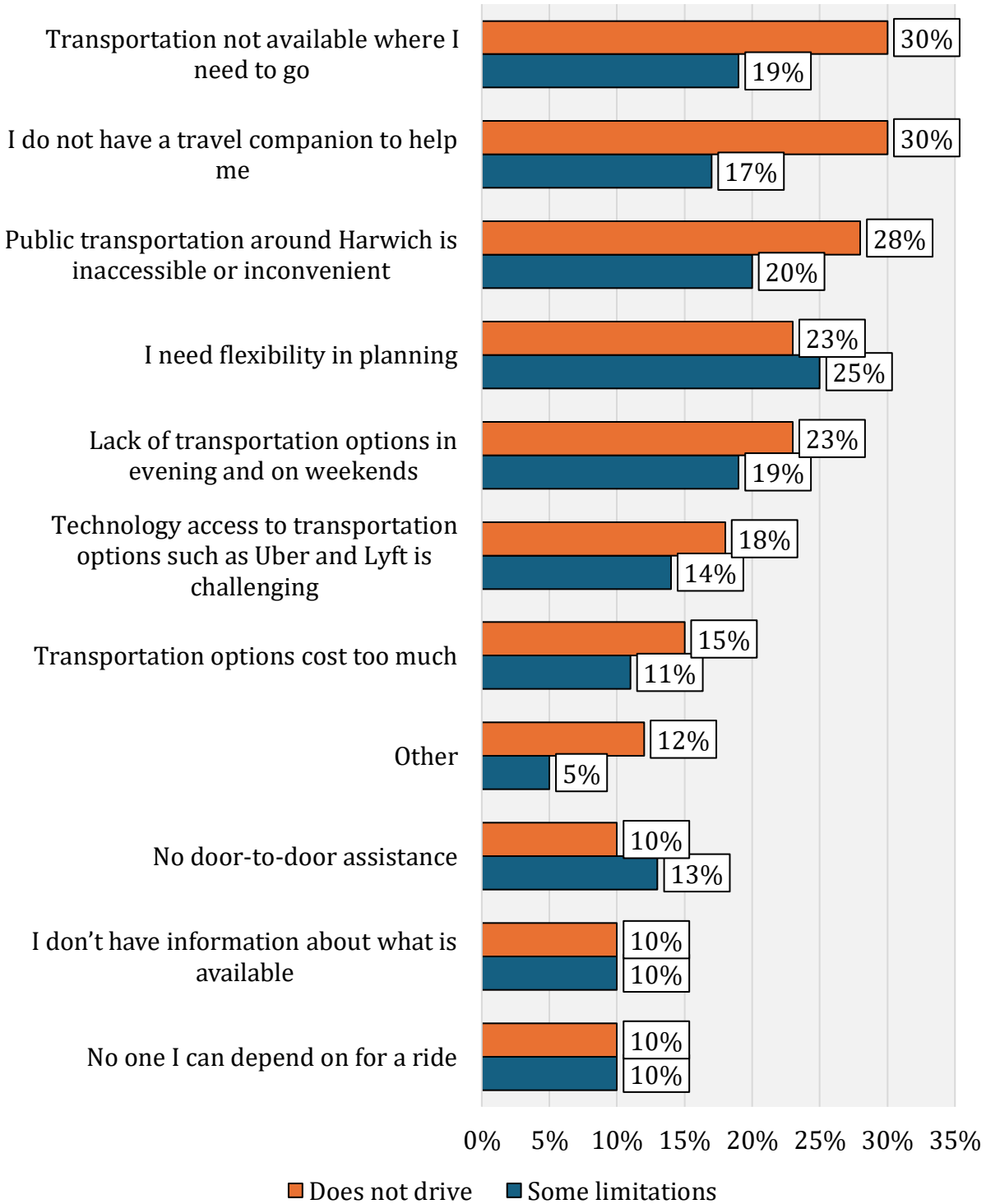


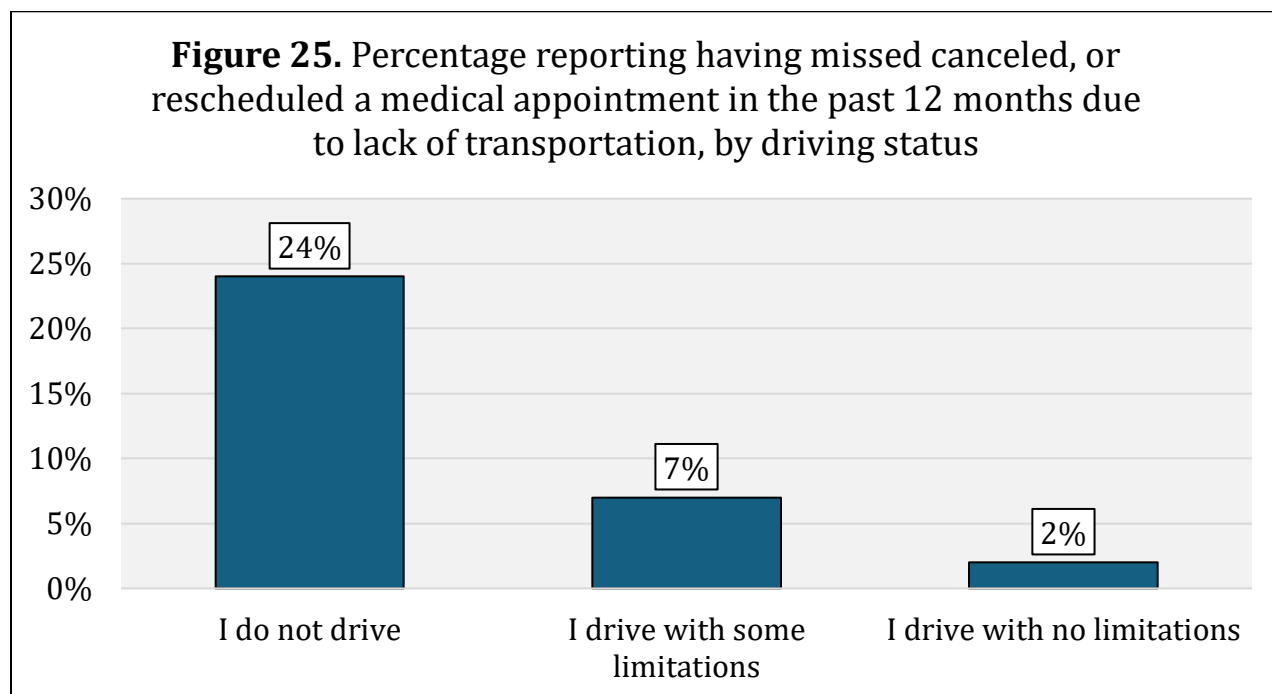
Figure 24 shows that difficulty getting needed transportation, and challenges experienced differ slightly by driver status. For example, 30% of individuals who do not drive reported that transportation is not available where they need to go compared to 19% of those who drive with some limitations. Similarly, 30% of individuals who do not drive reported that they do not have a travel companion to help them, compared to 17% of those who drive with some limitations. Higher shares of individuals who do not drive cited that public transportation around Harwich is inconvenient or inaccessible, compared to those who

drive with some limitations (28% compared to 20% respectively). For those who limit their driving, the greatest difficulty reported was flexibility in planning (25%).

Figure 24. Transportation difficulties for those who do not drive or report some limitations driving



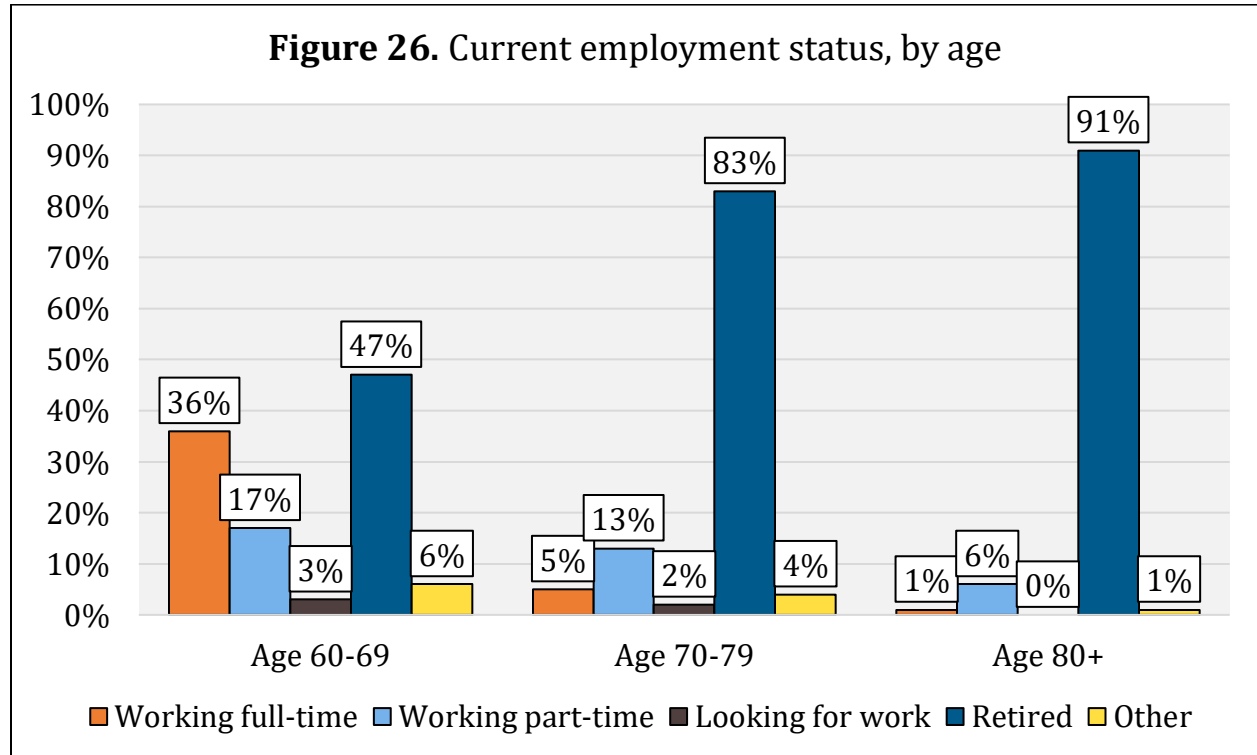
Transportation barriers can limit a person’s access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled, or rescheduled a medical appointment because of a lack of transportation. A small share of respondents (4%) reported “yes” when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (**Appendix A**). When considering driving status, however, 7% of those who drive with limitations and 24% of those who do not drive reported “yes” to this question (**Figure 25**). These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Harwich’s older resident community.



Employment, Retirement & Financial Security

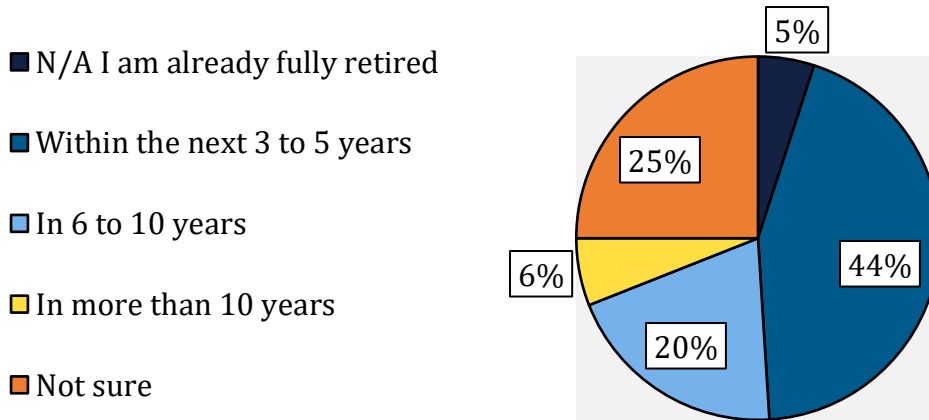
Remaining in or reentering the workforce due to financial necessity or personal preference is a decision that shapes later life for most older people. For those still working, their experiences can mean less hours, different schedules, and an interest in maintaining professional relationships. For those who have chosen retirement, maintaining active lifestyles and contributing to the world around them can be important factors when considering how to spend their time. Regardless of employment status, the ability to pay for necessary expenses and maintain quality of life can be challenging due to age-related shifts in health, ability, costs, and streams of income.

Many people across the country continue to work beyond the traditional retirement age of 65 and this is evident in the Harwich survey results. **Figure 26** shows that most respondents in their 60s are still working full or part-time (53%), and 18% of those in their 70s are also working.



For those who responded that they are still working full or part-time, 44% expect to retire within the next 5 years (see **Figure 27**). Interestingly, many older adults who are still working do not know when they expect to retire. For example, 25% of respondents reported not being sure when they anticipate retiring. Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement (both social and financial) or working remotely.

Figure 27. Anticipated retirement timing, among those currently working



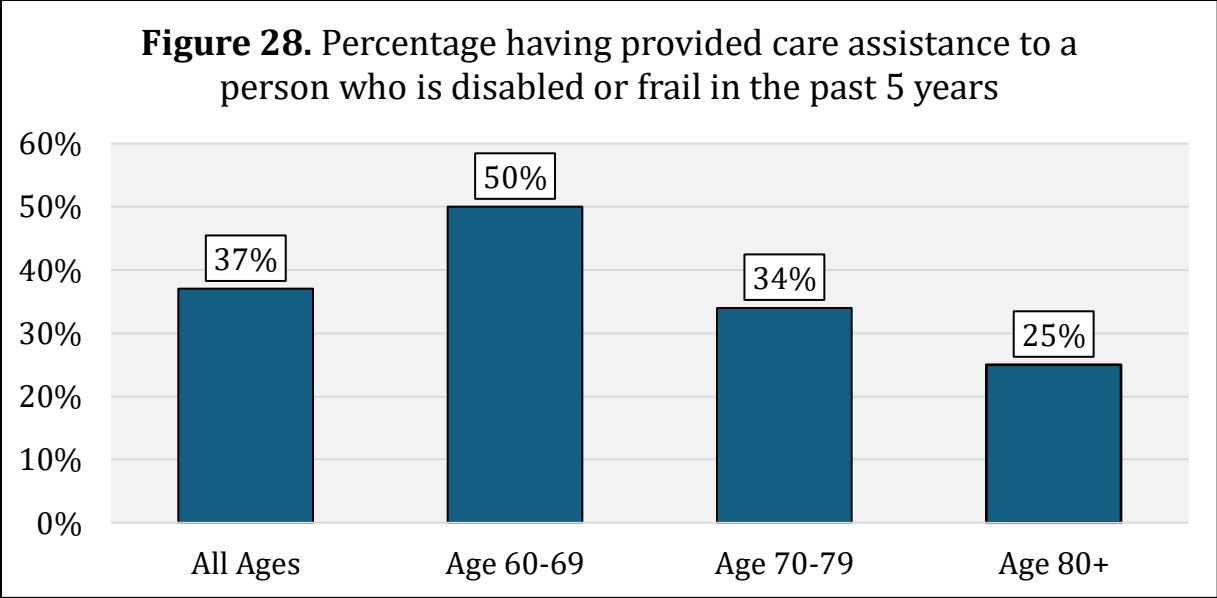
Health and Caregiving

Accessible and affordable community and health services are crucial in keeping seniors healthy, independent and active. This involves an appropriate supply of aged care services conveniently located close to where older people live. This includes the spectrum of health care services and in home supports and services provided by professionals but also by families. Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (see statistics through the [Family Caregiver Alliance](#)).

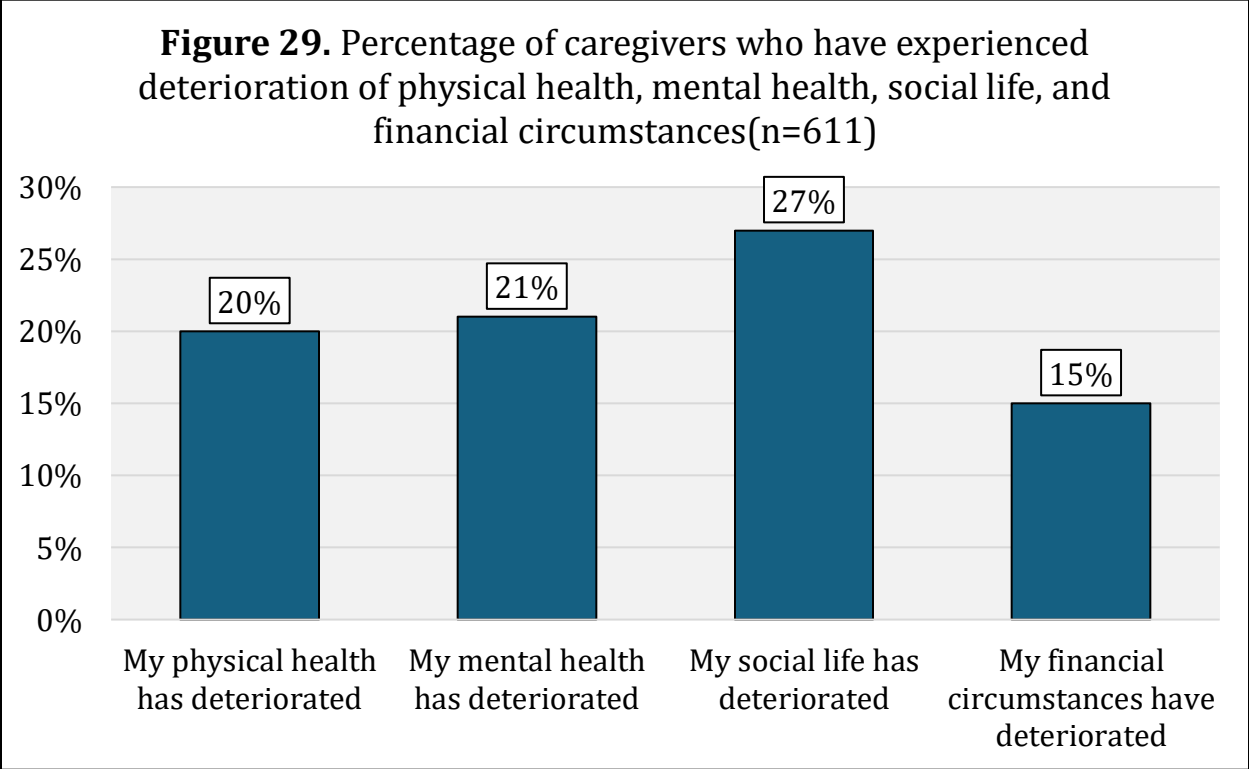
According to the Centers for Disease Control (CDC), the number of caregivers increased from 43.5 million in 2015 to 53 million in 2020. By 2030, an estimated 73 million people will be 65 or older and many will require daily assistance from at least one caregiver. Studies show that caregiving can lead to physical, emotional, and financial strain for many individuals.¹⁸

Among Harwich survey respondents, 37% reported that they are currently providing care or have provided care or assistance to a person who was disabled or frail in the past 5 years. That percentage is highest among those aged 60-69 (50%) (see **Figure 28**).

¹⁸ <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>



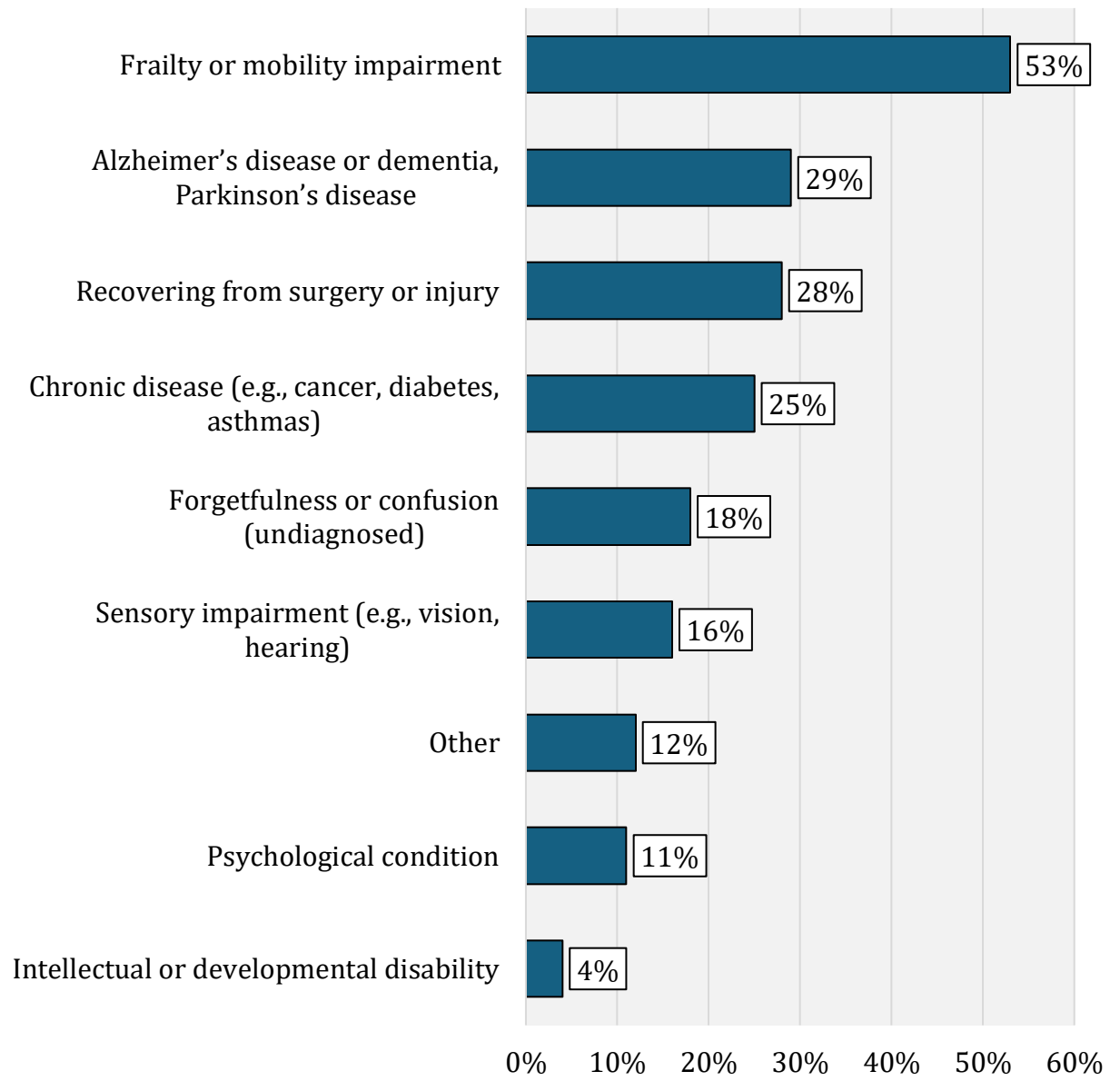
Many caregivers who responded to the Harwich survey reported deterioration in physical health, mental health, social life, and financial circumstances (see **Figure 29**). Across all ages 27% reported that their social life had deteriorated, 21% reported that their mental health had deteriorated, 20% reported that their physical health had deteriorated, and 15% reported that their financial circumstances had deteriorated.



Caregivers were asked to indicate which conditions their care recipient experienced. The most frequently reported condition was frailty or mobility impairment (such as difficulty walking or climbing stairs) at 53%, followed by Alzheimer’s or related dementia at 29%, recovering from surgery or injury at 28%, and chronic diseases like diabetes, arthritis, or heart disease at 25% (see **Figure 30**). According to recent data produced by the Massachusetts Healthy Aging Collaborative¹⁹, 10% of Harwich residents age 65+ report a diagnosis of Alzheimer’s disease or related dementia. Given the challenges associated with receiving a diagnosis, it is expected that this is an underrepresentation of the prevalence of dementia; but together with the fact that 29% of caregivers are providing care to someone with dementia suggests that this is an emerging public health issue to consider.

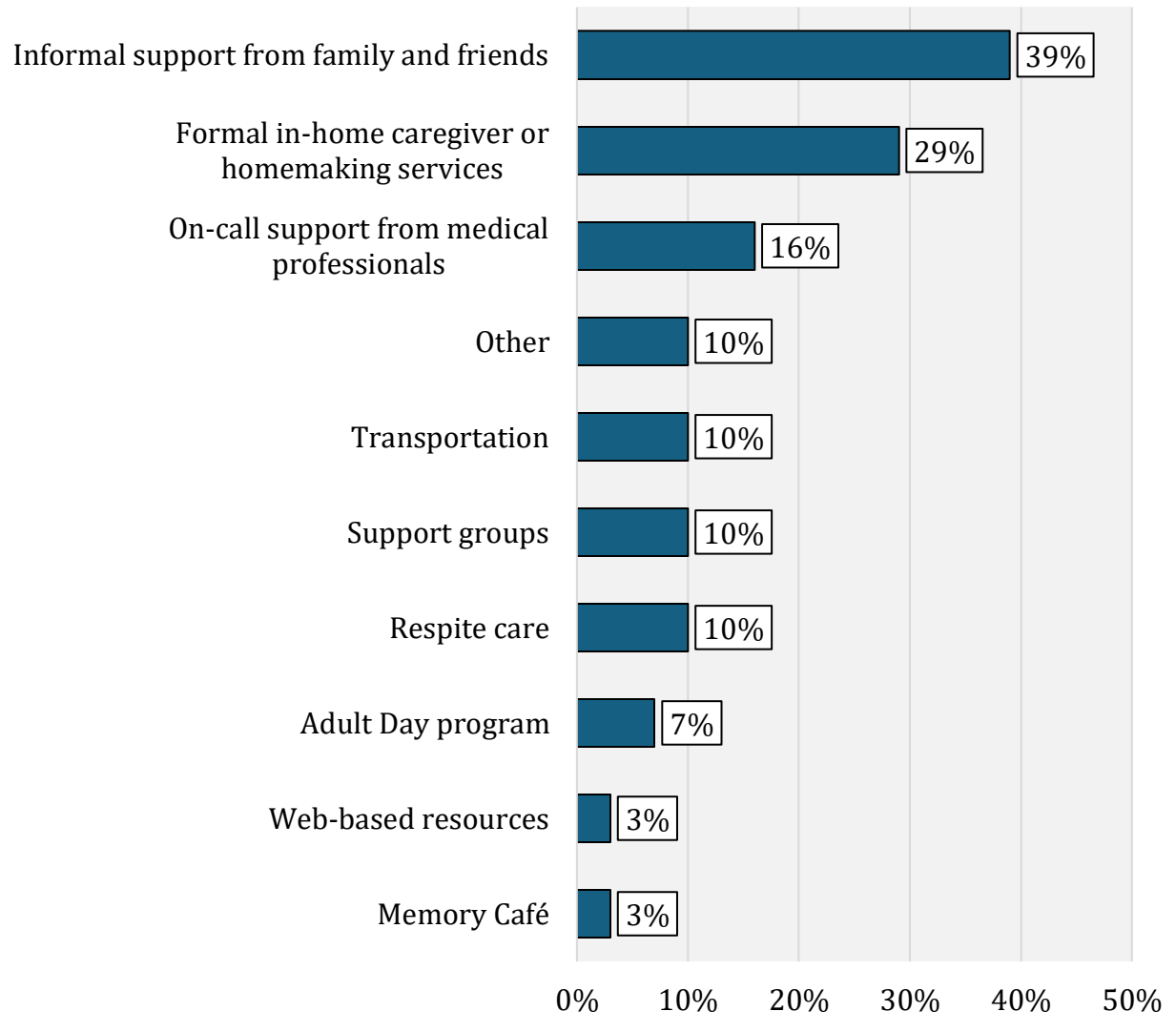
¹⁹ https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode126_Harwich.pdf

Figure 30. Among caregivers, what condition is the primary reason for needing care? (n=611)

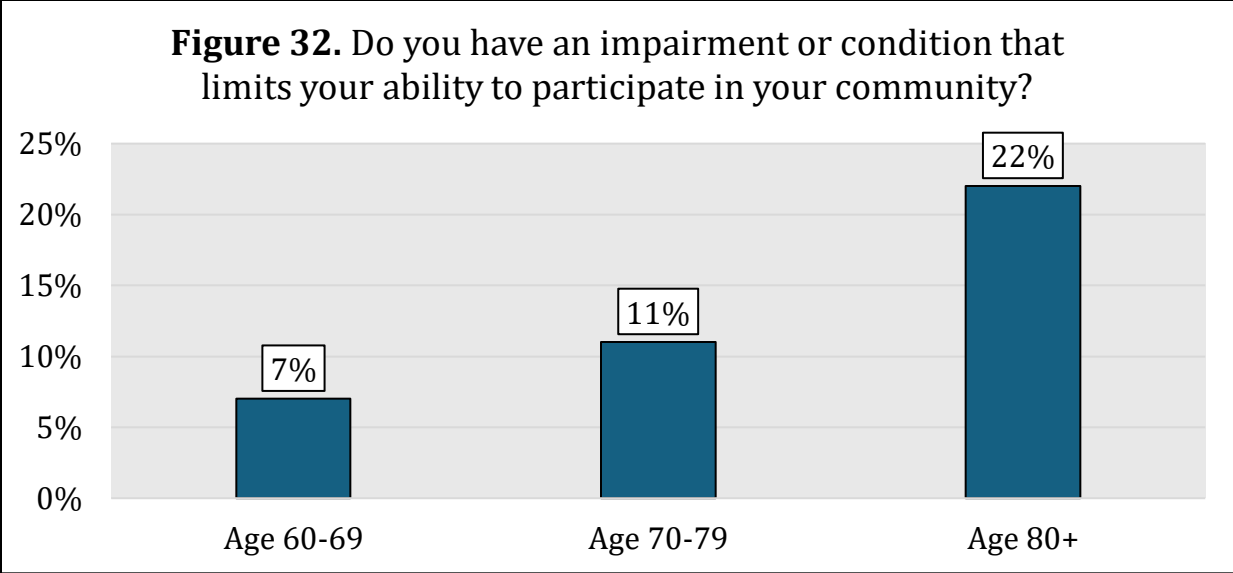


Among caregiver survey respondents, informal support from family and friends (39%), formal and in-home caregiving and homemaking services (29%), and on-call support from medical professionals (16%) were identified as the most valuable types of assistance to support caregiving responsibilities (see **Figure 31**).

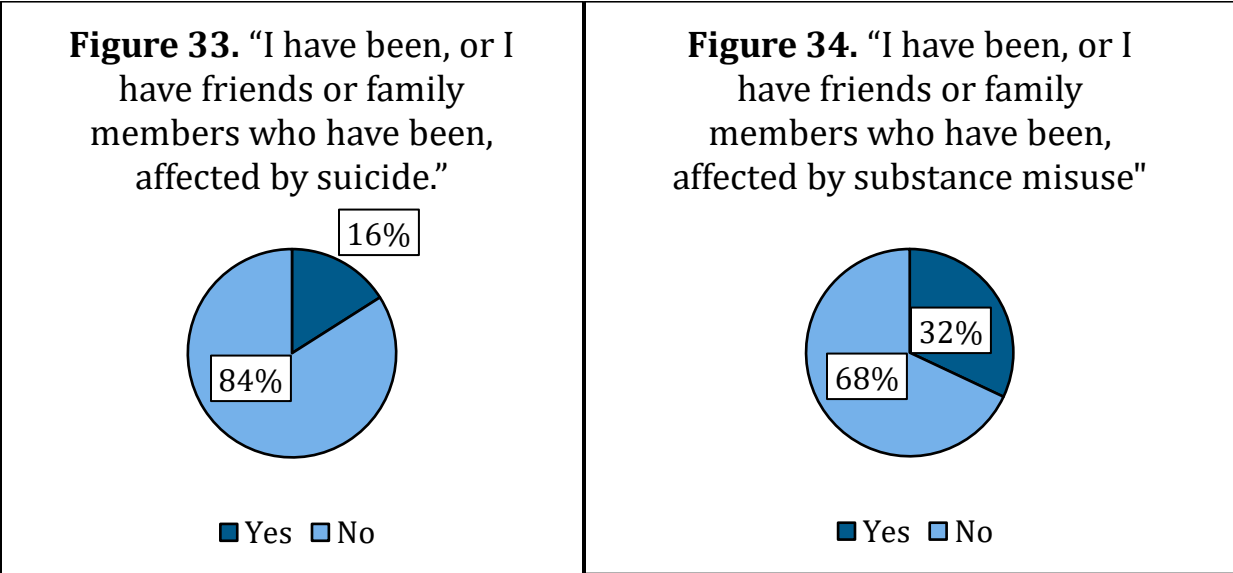
Figure 31. Among caregivers, what supports were, or would have been, most valuable to you during your time providing care or assistance? (n=611)



Survey participants were asked to report whether they had an impairment that limited their ability to participate in community activities. Although 13% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 7% of those in their 60s reported having an impairment that limits their ability to participate in the community. This share increases to 11% for respondents in their 70s and 22% for respondents age 80 or older (see **Figure 32**).

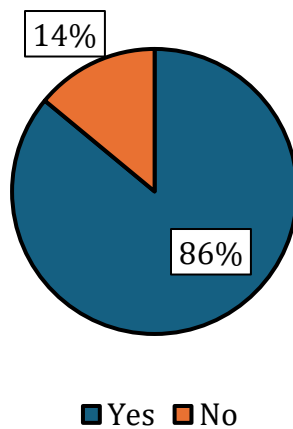


Behavioral outcomes often associated with underlying mental health concerns include substance misuse and suicide. Among survey respondents age 60 and older in Harwich, 16% have been affected by suicide (see **Figure 33**), and nearly one-third have been affected by substance misuse (**Figure 34**).



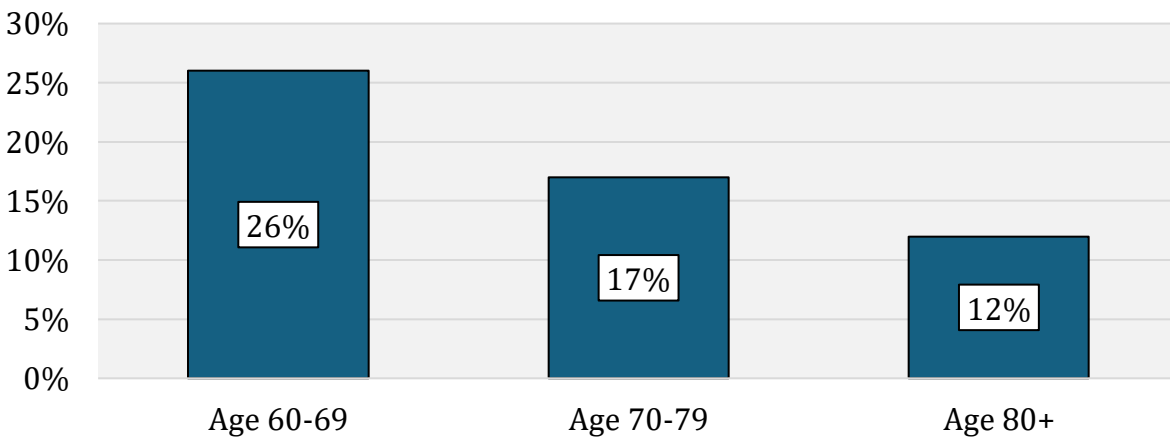
Respondents were asked whether they had a regular source of care. **Figure 35** shows that while 86% of survey respondents selected yes, 14% of survey respondents selected no.

Figure 35. Do you have a regular source of care (e.g., Primary care provider)?



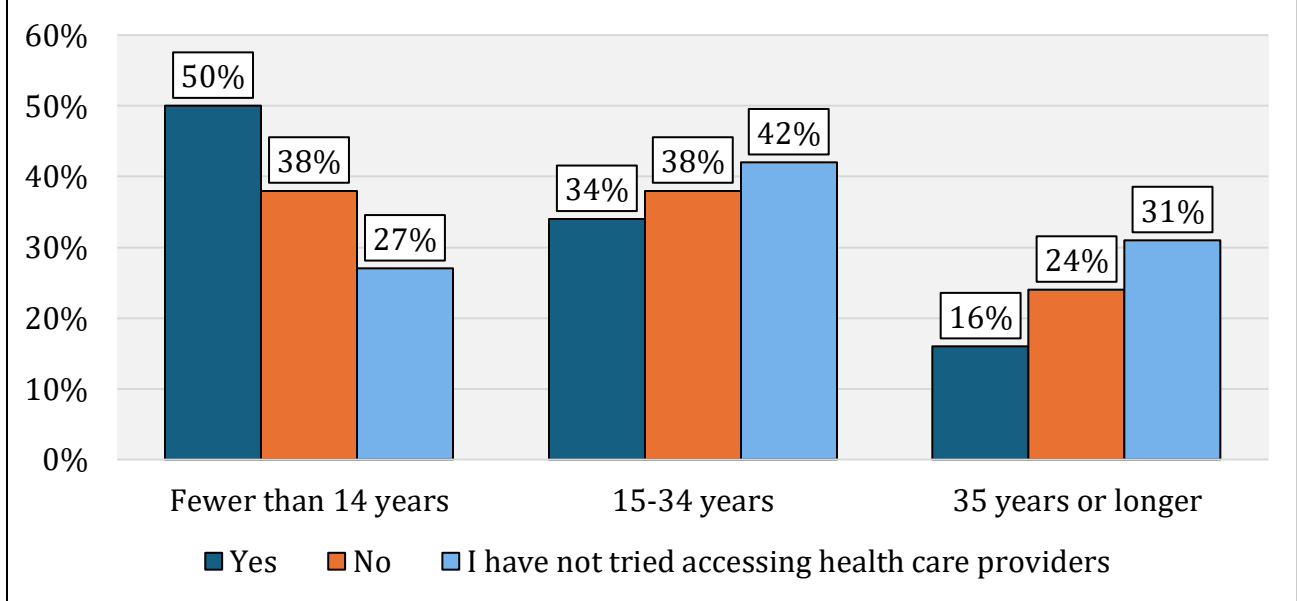
Additionally, respondents were asked whether they had trouble accessing the health care providers they needed. **Figure 36** shows that 26% of respondents age 60-69 reported yes, compared to 17% of respondents age 70-79, and 12% of individuals 80 and over.

Figure 36. In the past 12 months have you had trouble accessing the health care providers that you need?



Trouble accessing health care providers are differed by length of time living in Harwich. **Figure 37** shows that among individuals who have lived in Harwich fewer than 14 years were more likely to report having trouble accessing health care providers. Specifically, 50% of respondents who have lived in Harwich fewer than 14 years reported difficulty accessing health care providers, compared to 34% who have lived in Harwich for 15-34 years and 16% who have lived in Harwich for 35 years or longer.

Figure 37. Trouble accessing health care providers by length of time living in Harwich (n=1,695)

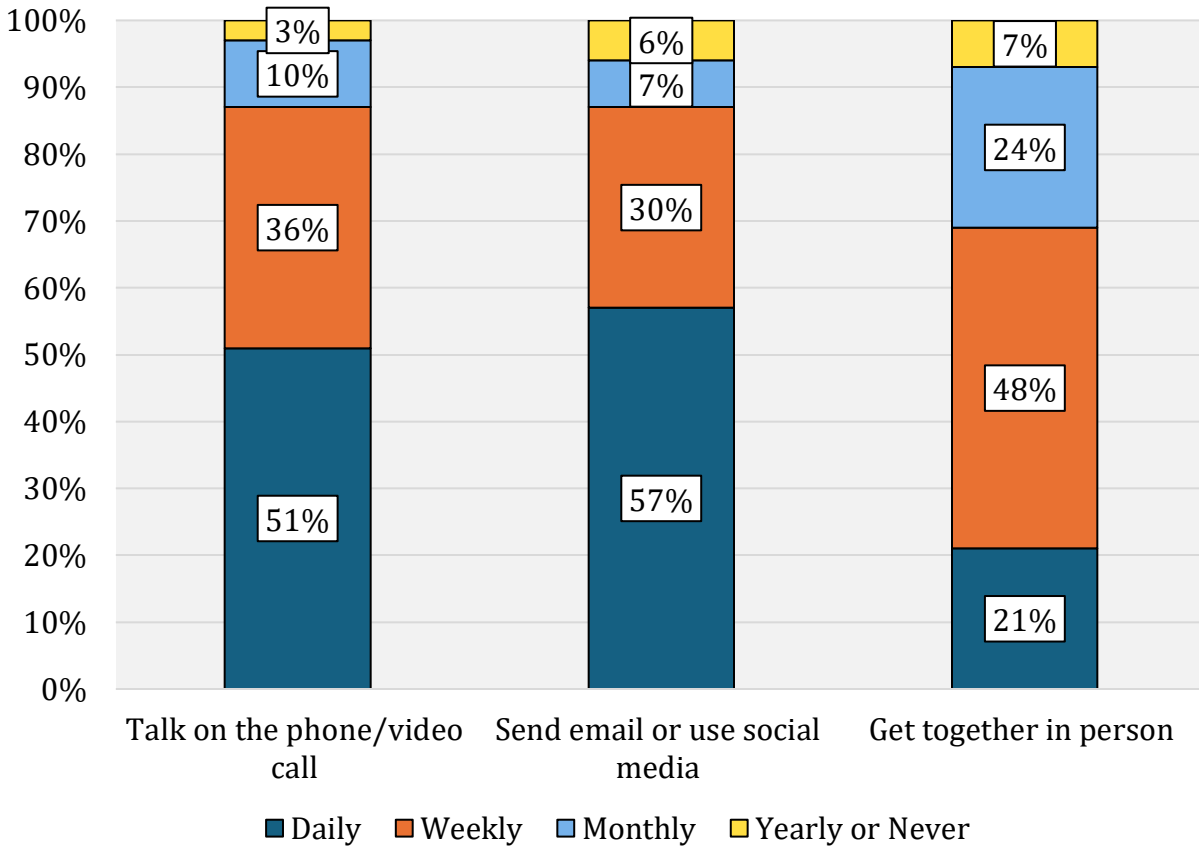


Social Activities and Relationships

Social activities and relationships shape wellbeing for individuals of all ages. Indeed, the absence of social relationships may have a substantial negative impact on health as behaviors such as smoking or overeating. Many older adults are at high risk for social isolation, especially if their health and social networks break down. 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.

Most survey respondents speak with someone or use email or social media weekly to connect with family, friends, or neighbors (see **Figure 38**). Although 69% of the respondents get together in person with someone at least weekly, 31% only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target efforts to reduce isolation and, more generally, improve emotional wellbeing.

Figure 38. How often do you talk on the phone, send email or use social media, or get together in person to visit family, friends, or neighbors?



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 knew someone living nearby on whom they could rely for help when needed, 15% of all respondents said they did not (**Figure 39**).

Respondents were asked if they had felt excluded in Harwich because of personal characteristics (**Appendix A**). Although the majority (81%) have not felt excluded, some respondents cited political views (4%), age (3%), income (2%), and disability (2%) as reasons for feeling excluded.

Figure 39. Do you know someone living nearby on whom you can rely for help when you need it?

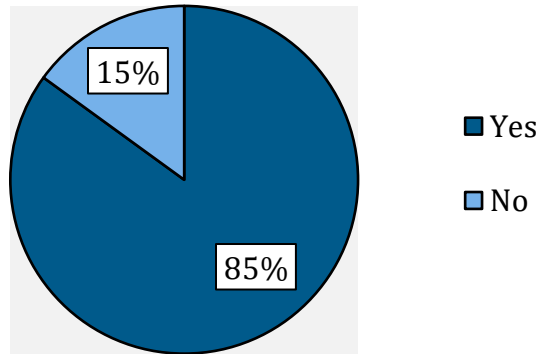
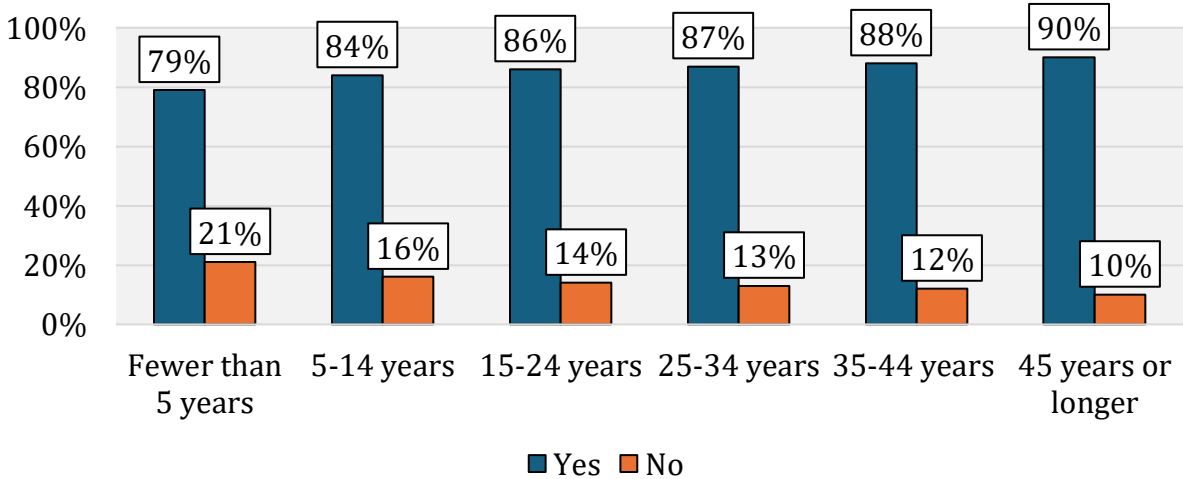


Figure 40 shows that likelihood of knowing someone living nearby who you can rely on is positively associated with living in Harwich longer. For example, 21% of respondents who have lived in Harwich for fewer than 5 years reported not knowing someone nearby that they could rely on compared to 10% of those who have lived in Harwich for 45 years or longer.

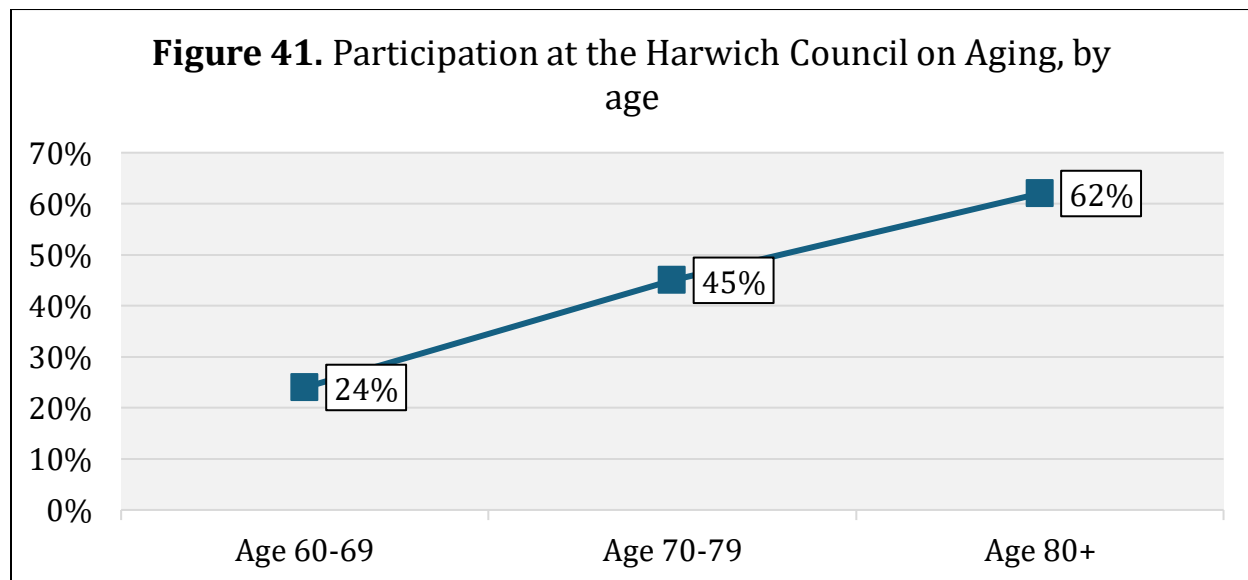
Figure 40. Do you know someone living nearby who you can rely for help when you need it by years living in Harwich (n=1,664)



Current & Future Programs & Services provided by the Harwich COA

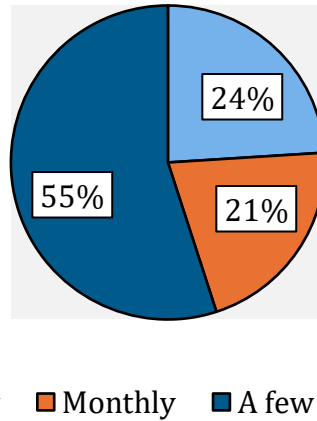
Local COAs/senior centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screenings, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs, learning opportunities 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.

Survey results suggest that participation in the Harwich Council on Aging is considerably more common among older residents. As shown in **Figure 41**, just 24% of those age 60-69 and 45% of respondents in their 70s report ever using programs or services offered by the Harwich Senior Center. Then, 62% of respondents aged 80 and older indicated they had participated in the Harwich Council on Aging. This age-graded pattern of participation is not unusual in senior centers and may reflect the increasing value of the Harwich Council on Aging to older residents.



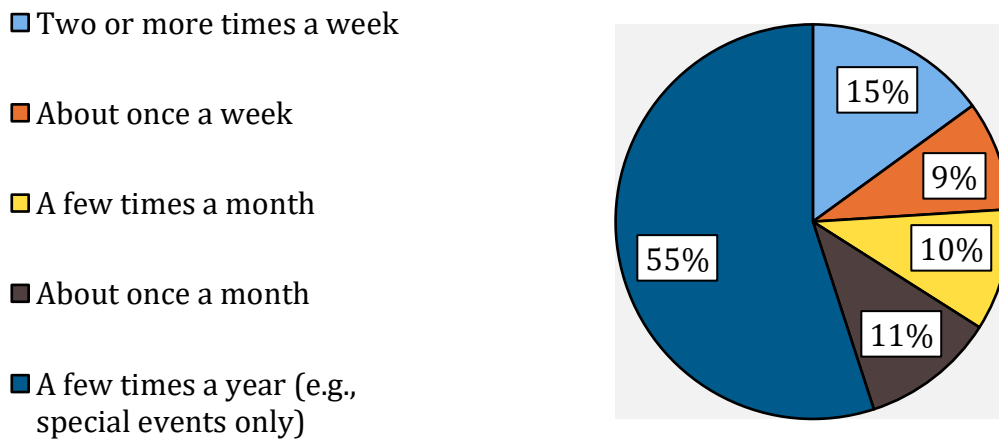
Of those who use the Harwich COA, 55% only visit the COA a few times a year, while 24% of users participate weekly (**Figure 42**). This range of participation levels highlights the broad continuum of affiliation with the Harwich COA, with many residents participating just periodically, while others include visits to the Harwich COA as a part of their regular weekly schedule.

Figure 42. How frequently do you participate at the Harwich COA?



Among respondents who participate at the Harwich Council on Aging, 55% only visit a few times a year, while 24% attend weekly (**Figure 43**). This range of participation levels highlights the broad continuum of affiliation with the Harwich Council on Aging, with many residents participating just periodically, while others include visits to the Harwich COA as part of their regular weekly schedule. Note that participation on a weekly or more frequent basis was reported by just 3% of respondents who are age 60-69 and 10% among those age 70-79 while 16% of those age 80 and older participate weekly, suggesting that older participants attend more frequently during a month or a year (**Appendix A**).

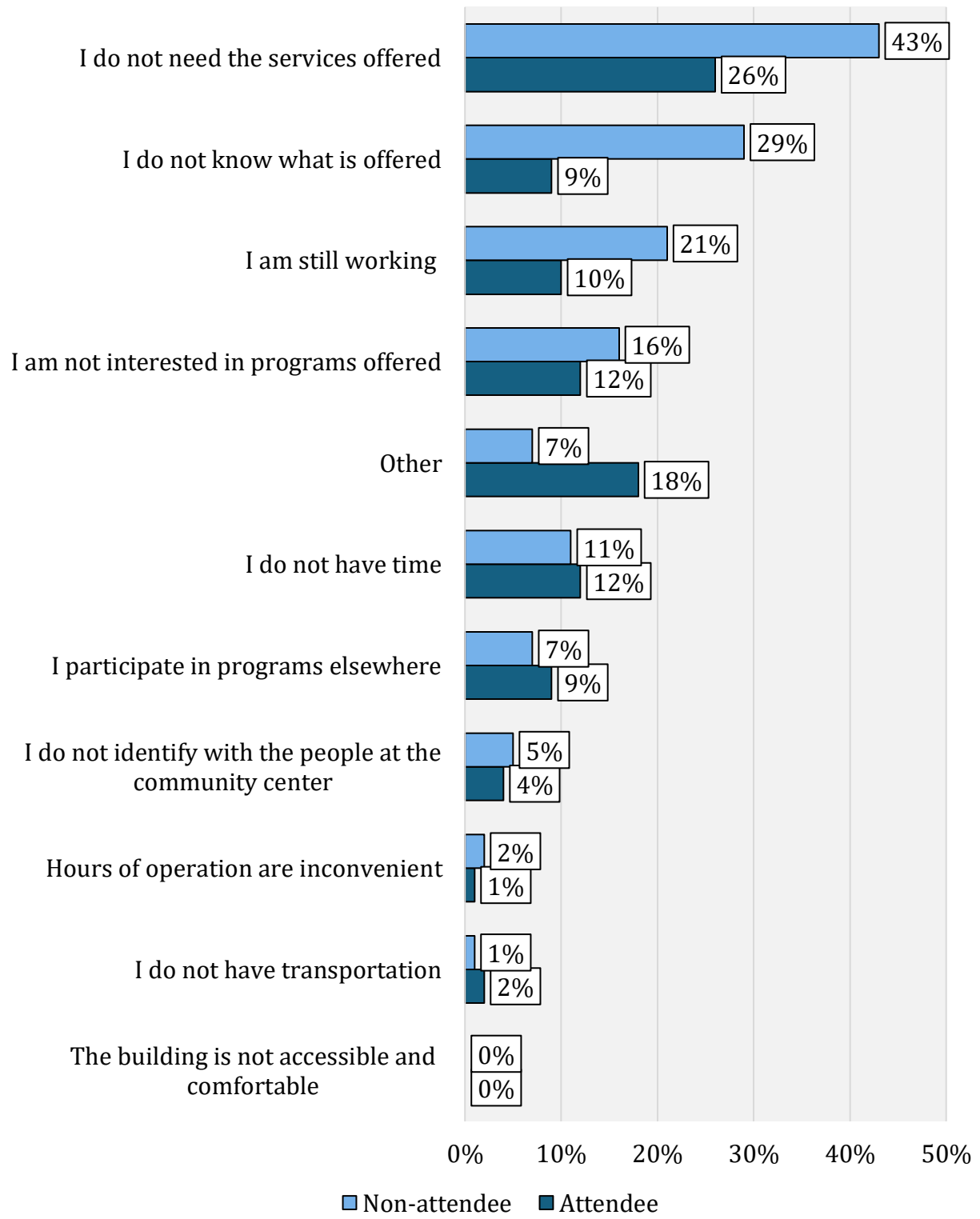
Figure 43. Frequency of participation at the Harwich COA, among attendees



Of survey respondents who never use the Harwich COA, 31% are still working which may be a reason for not attending programs offered by the Harwich COA (tabulations not shown). Also, 33% of respondents of all ages state it is because they do not need the services offered or do not know what is offered (19%) (**See Figure 44**).

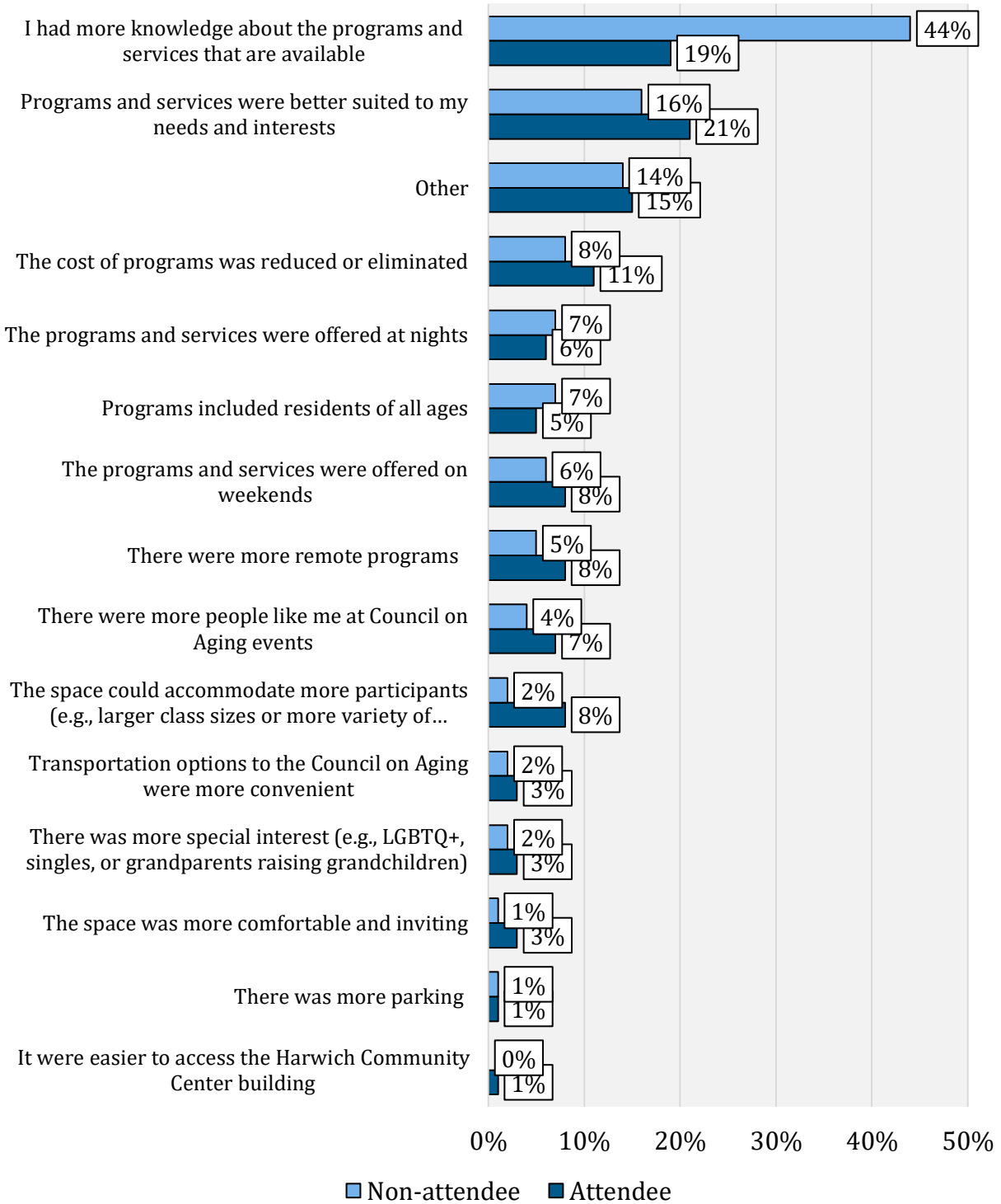
Figure 44 presents factors that limit participation at the Harwich Council on Aging. The top factors limiting participation among those who never attend included not needing the services offered (43%), not knowing what is offered (29%), still working (21%), and I am not interested in programs offered (16%). The top factors limiting participation among individuals who have attended the COA included not needing the services offered (26%), other (18%), I do not have time (12%), and I am not interested in programs offered (12%). In addition to schedule constraints related to employment, these results suggest that there is a perception that one has to “need” to attend the COA, not just desire, and there is an opportunity to build awareness of the broad range of programs and services being offered through the COA. Notably, 12% of survey respondents selected “other”. Common themes among write-in responses included health issues, difficulties signing up for programs or activities, activities getting full quickly, difficulties with communication, and insufficient program variety.

Figure 44. Factors that limit use of the Harwich Council on Aging, by participation



When asked to indicate what would make it more likely they would use the services offered by the Harwich COA, nearly one-third (31%) reported that having more knowledge about the programs and services available would be helpful (**Appendix A**). **Figure 45** demonstrates differences in responses between attendees and non-attendees. Higher shares of non-attendees reported that additional information about the COA would increase the likelihood of attendance compared to attendees (44% vs 19%). Higher shares of attendees reported that they would be more likely to use the Harwich COA if programs and services were better suited to my needs and interests (21% vs 16%). Notably, 14% of survey respondents selected “other”. Common themes among write-in responses included if I had a “need” for services, if I had time, and having more knowledge about what is offered.

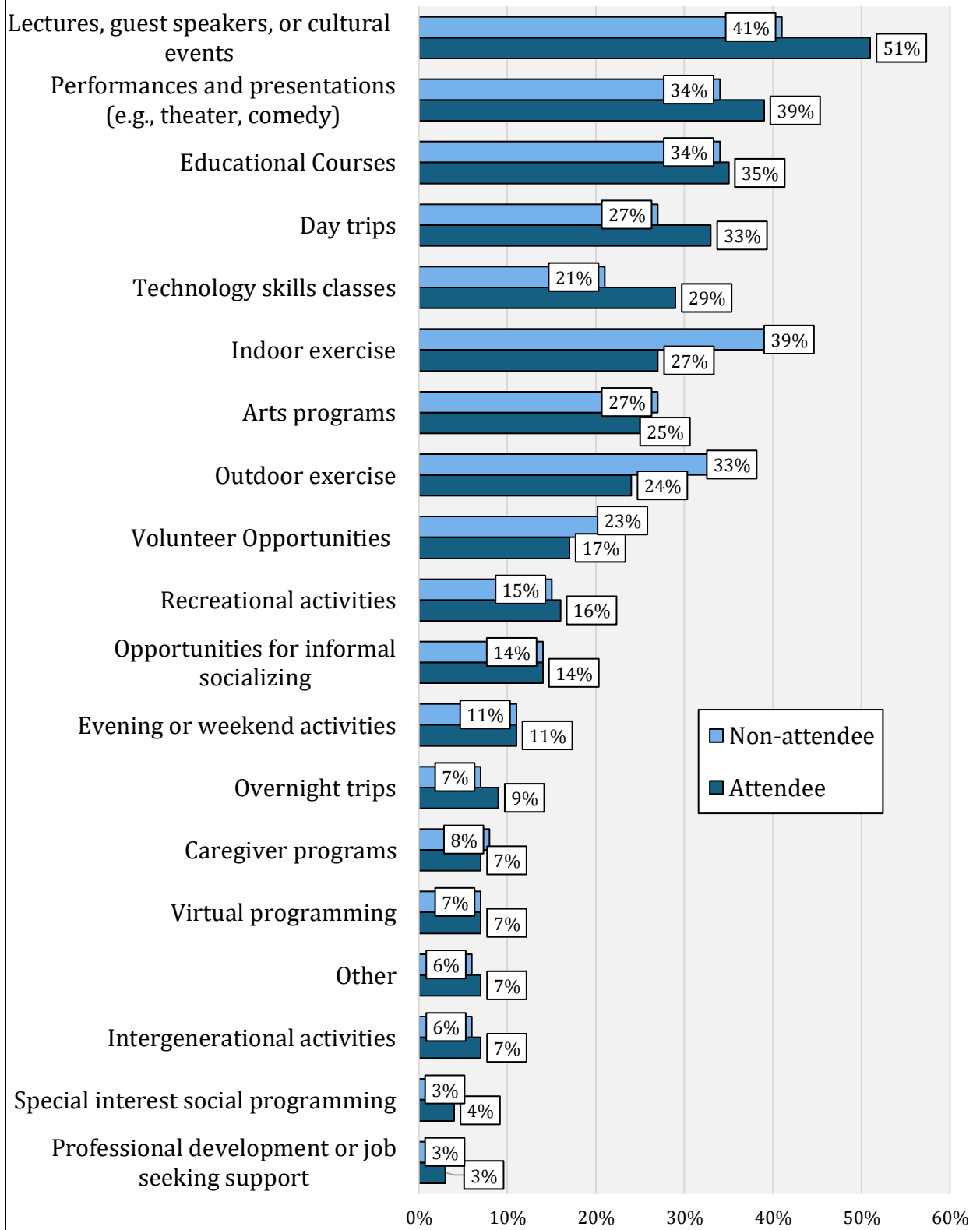
Figure 45. “I would be more likely to use the Harwich Council on Aging programs and services if...”, by participation



When it comes to priorities for future expansion of programs offered by the Harwich Council on Aging, we examined responses by attendee status (see **Figure 46**). In other words, among those who currently attend programs or services at the COA, the programs prioritized for expansion include lectures, guest speaker, or cultural events (51%), performances and presentations (39%), and educational lectures (35%). Additionally, 33% of current attendees would prefer to expand day trips organized by the COA.

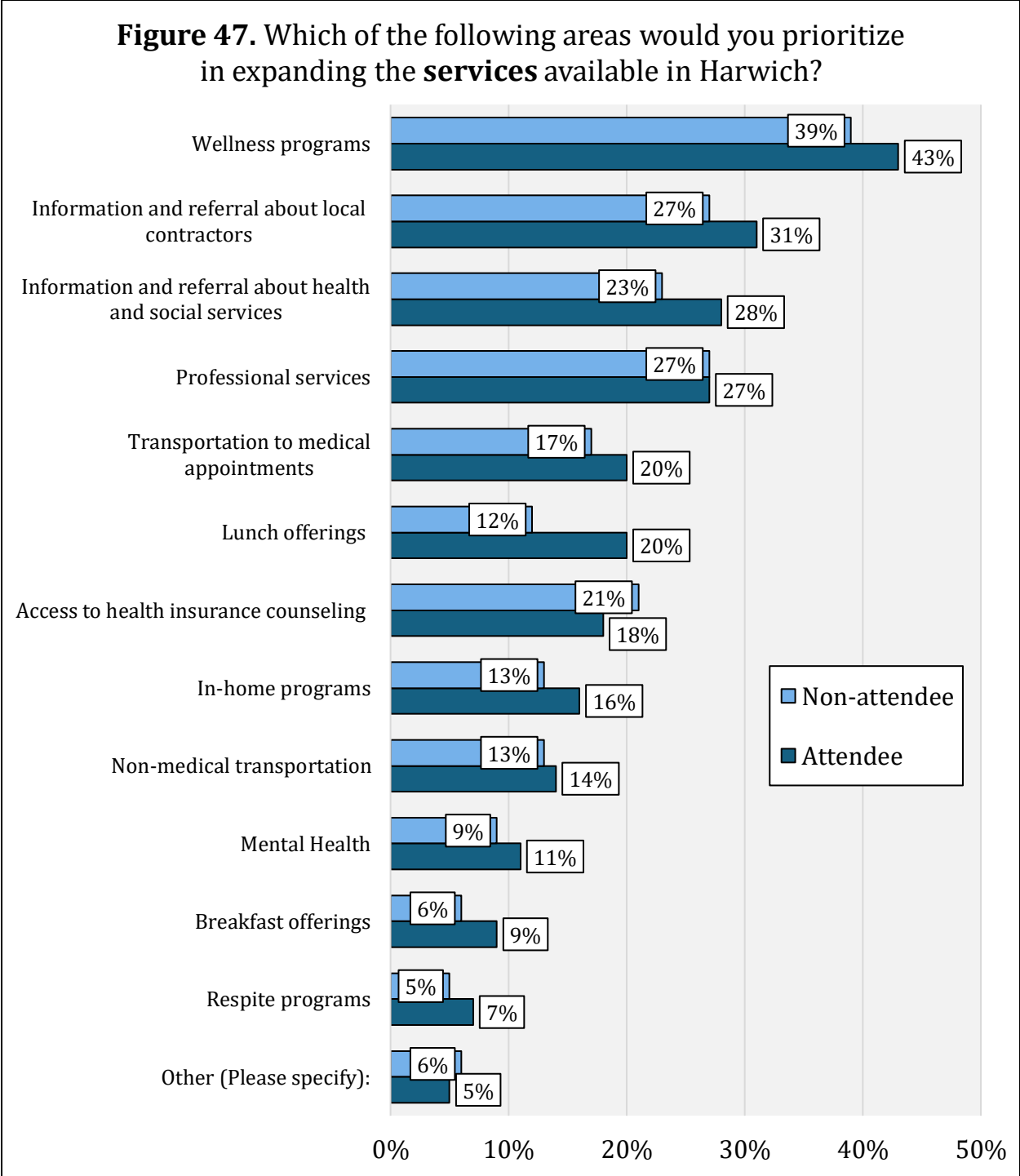
A similar pattern of priorities emerged among those who do not currently attend programs or utilize services offered by the COA (see **Figure 46**). Lectures, guest speaker, or cultural events (41%), indoor exercise (39%), performances and presentations (34%) and educational courses (34%) were the most frequently reported priorities for expansion. Additionally, among those who do not currently participate at the Senior Center 33% would like to outdoor exercise.

Figure 46. Which of the following would you prioritize in expanding the **programs** available in Harwich?



When it comes to priorities for future expansion of services provided by the Harwich COA, we examined responses by attendee status (see **Figure 47**). In other words, among those who currently attend programs or services at COA, the services prioritized for expansion include wellness programs (e.g., meditation, massage, weight management, stress management) (43%), information/referral about local contractors (31%), information/referral about health and social services (28%), and professional services (e.g., financial planning, tax preparations, legal services) (27%).

A similar pattern of priorities emerged among those who do not currently attend programs or utilize services offered by the Harwich COA (see **Figure 47**). Wellness programs (39%), information/referral about local contractors (27%), and professional services (27%) were the most frequently reported priorities for expansion.

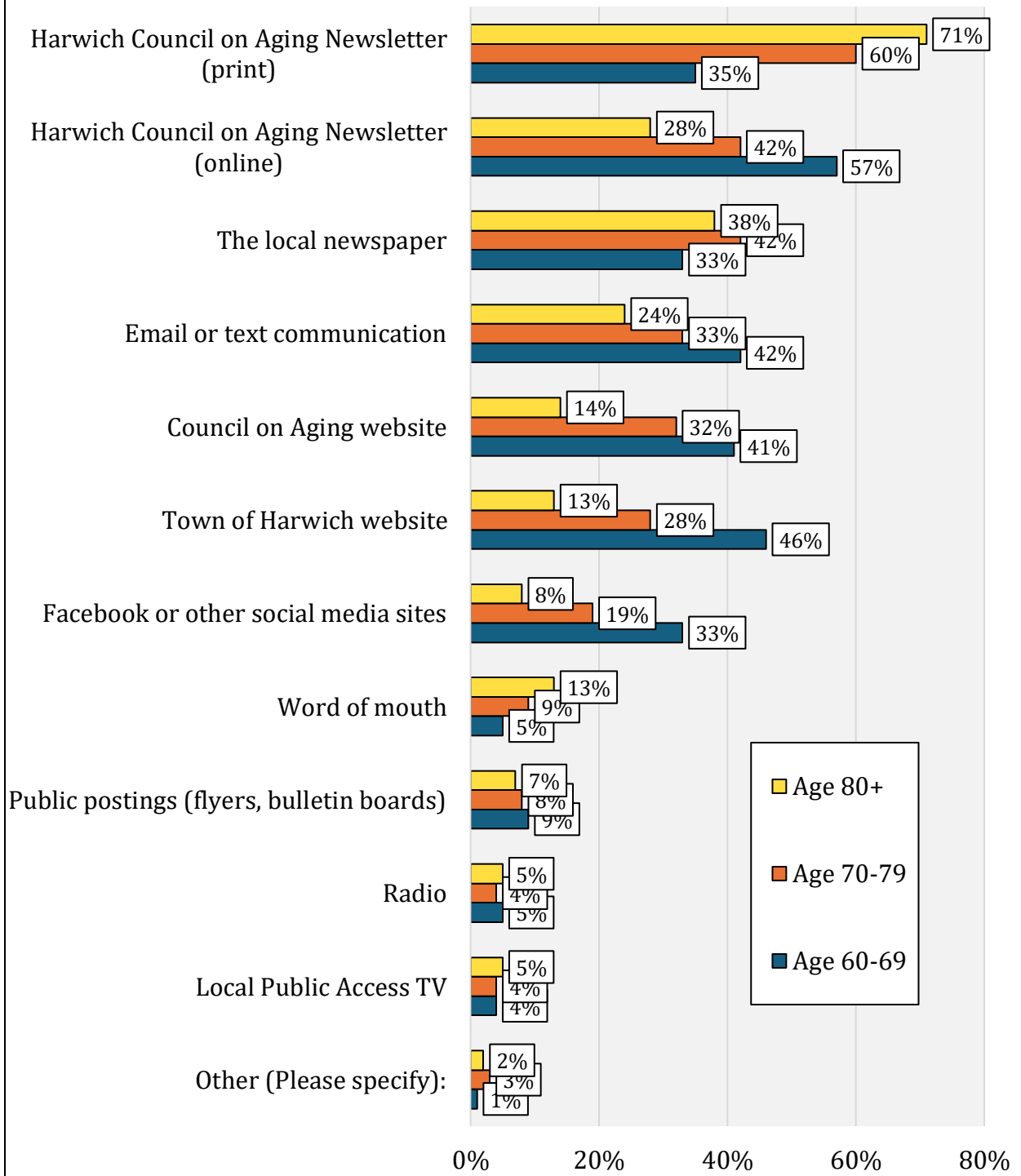


Communication & Information

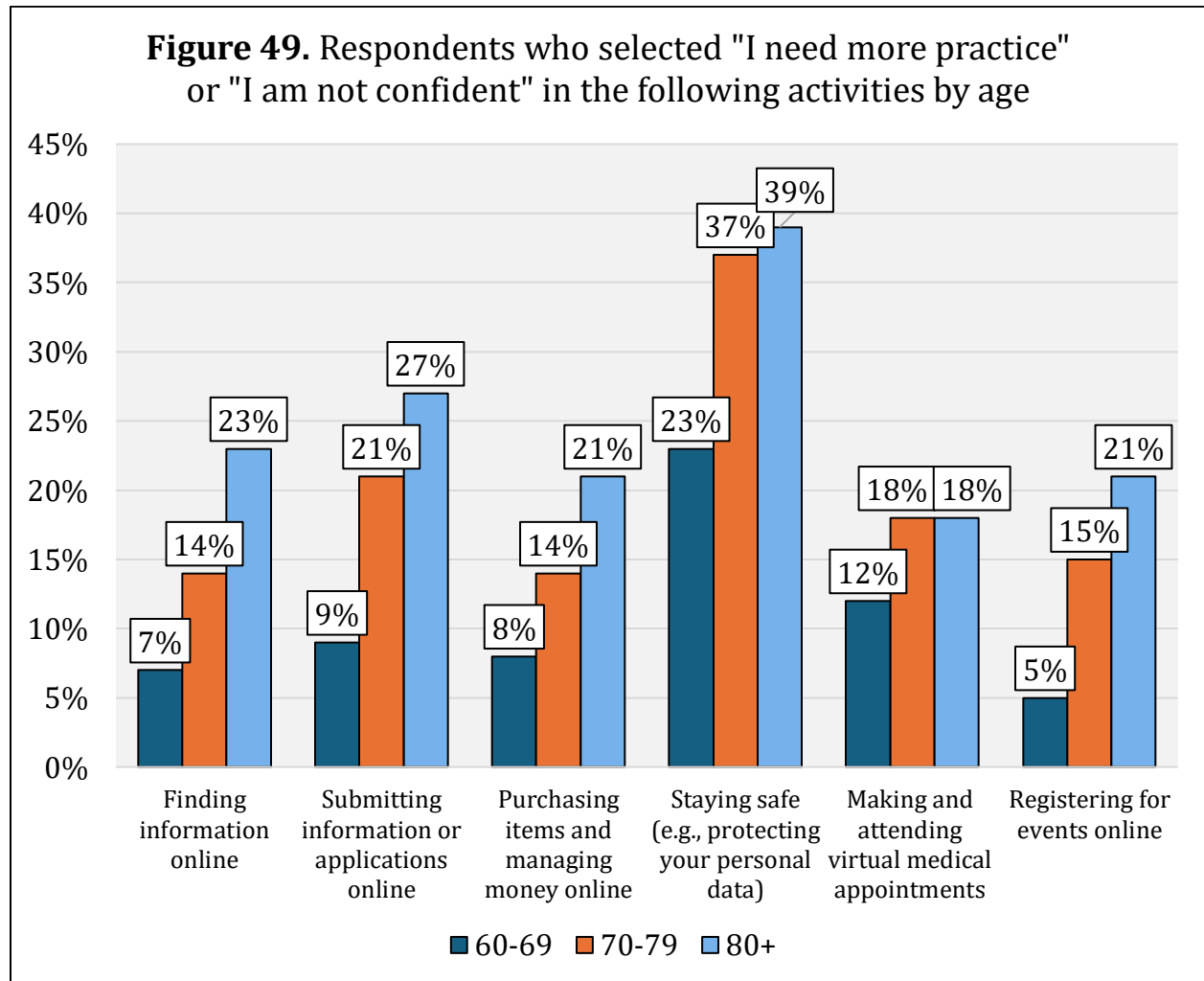
Figure 48 shows that for those in their 60s, the online Harwich Council on Aging Newsletter (57%), the Town of Harwich’s website (46%), and email or text communication (42%) are the ways in which information is currently obtained. Among those in their 70s, the printed Harwich Council on Aging Newsletter is the primary way information is obtained (60%),

followed by the online Harwich Council on Aging Newsletter (42%) and the local newspaper (42%). Among those 80+, the printed Harwich Council on Aging Newsletter is the primary way information is obtained (71%), followed by the local newspaper (38%), and the online Harwich Council on Aging Newsletter (28%).

Figure 48. Where would you prefer to find information about the activities and services offered by the Harwich COA?

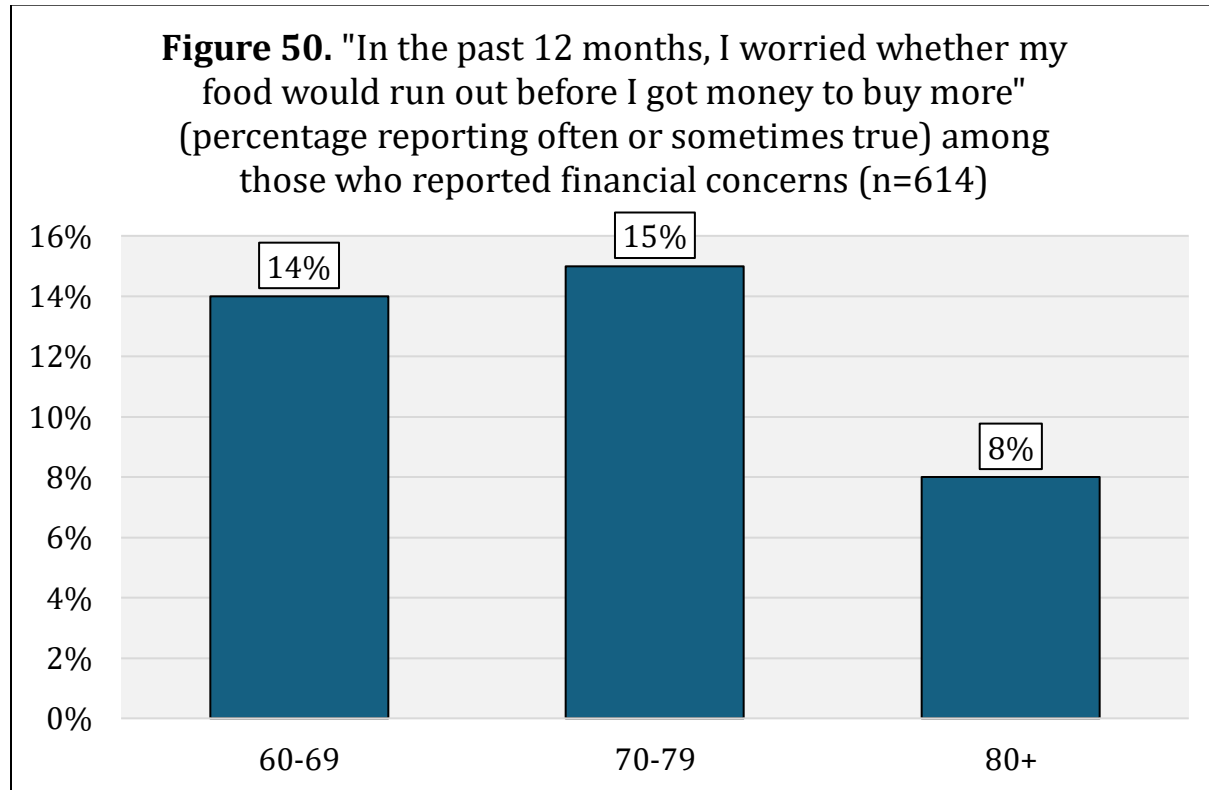


Respondents were asked how confident they were for various online tasks. Most respondents reported confidence across all online tasks (See Appendix). However, this varied significantly by age. Figure 49 shows that individuals age 80 and over were most likely to report not being confident or needing more practice in comparison to younger respondents across all activities, and that individuals age 60-69 were least likely to report not being confident or needing more practice in comparison to older respondents.



Financial Security

About 5% (n=86) of survey respondents reported that they were worried about their ability to buy food in the past year (see **Appendix A**). Among respondents reporting financial worry, 14%-15% of respondents under age 80 reported food insecurity in the past year (see **Figure 50**).



Survey respondents were asked whether they had been concerned about a series of items due to finances (**See Appendix**). **Figure 51** shows that while 58% of respondents reported not being concerned about their finances in the past 12 months, 42% reported concerns (766 individuals).

Figure 51. In the past 12 months have you been concerned about any of the following due to finances?

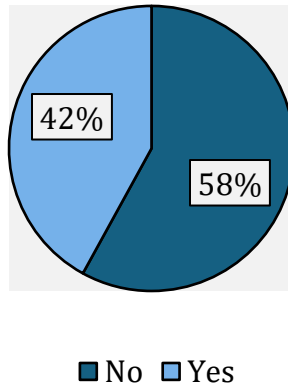
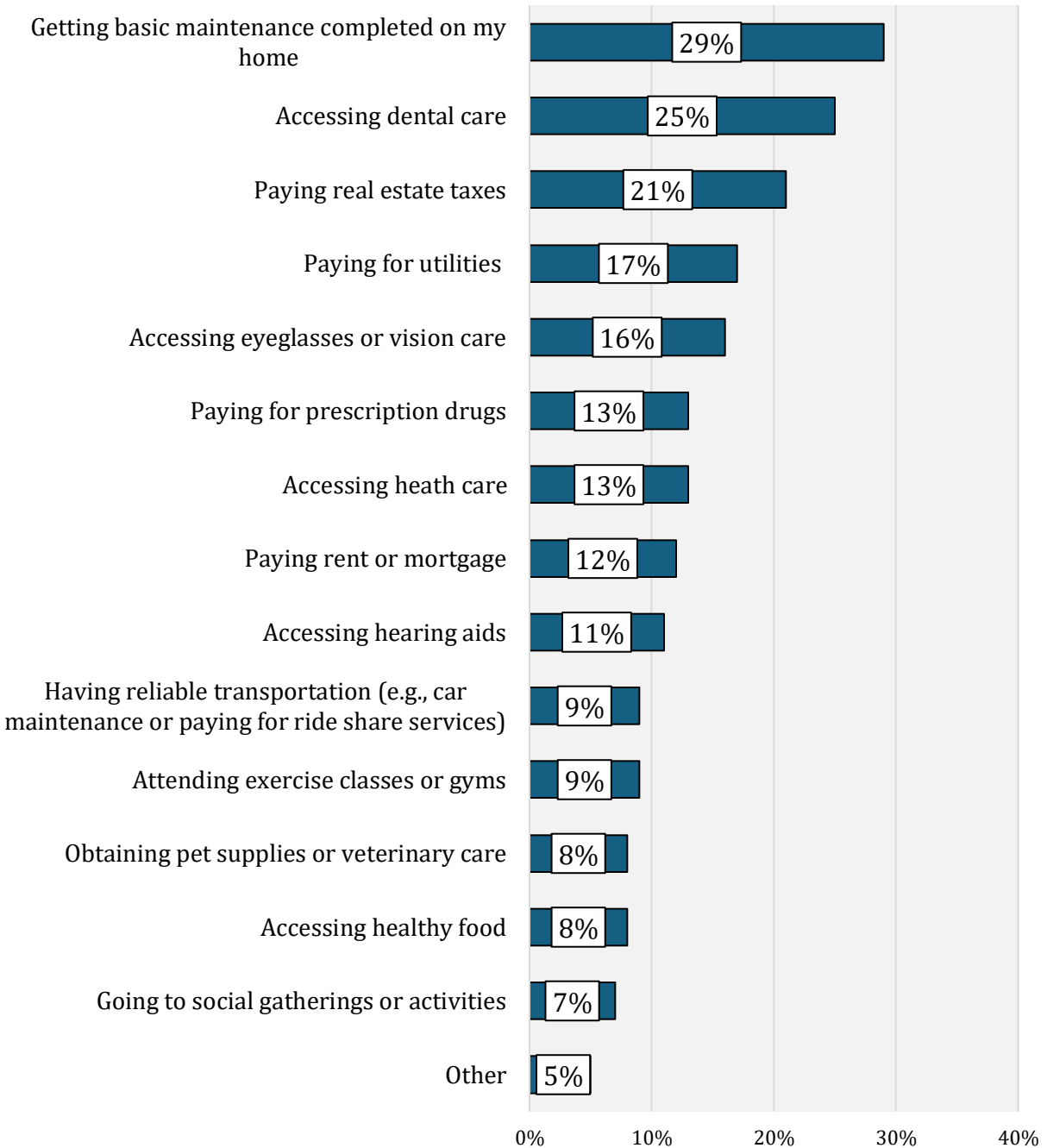


Figure 52 shows that among respondents who reported concerns, top financial concerns included getting basis maintenance completed on my home (29%), accessing dental care (25%), and paying for real estate taxes (21%). An additional 17% were concerned about accessing eyeglasses or vision care.

Figure 52. In the past 12 months have you been concerned about any of the following due to finances? (n=766)



Conclusion and Recommendations

This report describes research undertaken by the Center for Social & Demographic Research on Aging (CSDRA) within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Town of Harwich. The goals of this project were to investigate the needs, interests, preferences, and opinions of Harwich's residents aged 60 or older by engaging the community regarding their experiences and needs relevant to the Harwich Council on Aging objective to identify and serve the needs of all Harwich citizens aged 60 and older. The contents of this report are meant to inform the Town of Harwich, the Harwich Council on Aging and organizations that work with and on behalf of older residents of Harwich. The report will also help build awareness about issues facing Harwich among community members. In particular, it will provide value to developing and implementing programs and services at the Harwich COA.

A broad range of findings are reported in this document, highlighting the many positive features of Harwich and concerns expressed by older residents. While many of our findings, and the recommendations that follow intersect with the scope of responsibility of the Harwich Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders and some will require substantial collaborative effort.

Harwich Council on Aging: Opportunities for Growth and Recommendations

Harwich's older population is projected to grow, continuing to represent a substantial portion of the community. Consequently, demand for programs at the Harwich Council on Aging is expected to increase.

- In 2010, about 38% of the Harwich's population was age 60 and older; this percentage steadily increased by 2020 (45%).
- According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades.
- Donahue Institute vintage projections suggest that by 2030, more than half of Harwich's residents will be age 60 or older—39% of the Harwich's population will be between the ages of 60 and 79, with an additional 12% age 80 and older.
- The share of Harwich population age 50 and older is larger than the overall state of Massachusetts, and specifically, the population age 60-79 and 80+ is double that of the state (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2023, compared to 62% of the Harwich population. Compared to the Commonwealth, Harwich also had a higher portion of residents age 60 and older. The share of Harwich residents age 80 and over is twice than the one estimated for the

state. In 2023, Massachusetts residents age 60 and over comprised about 24% of the population, including 4% age 80 and over. In Harwich, about 48% of the population was 60 or older, including 8% who were 80 years or older.

- Interviews and focus groups stressed the need for better coordination between providers and more unified systems of outreach and referral.

Recommendations

- **Focus efforts on increasing awareness of the Council on Aging.** The COA currently advertises programs and services through various media (e.g., COA newsletter in print and online, social media, email). Residents will realize even stronger benefits from the COA when awareness is strengthened. In addition to continuing those efforts, consider expanding outreach efforts and messaging.
- Address the need for additional staff as programs and services are improved and expanded and participation increases.
 - Consider selectively increasing the involvement of volunteers in staffing the Council on Aging. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort.
- Convene a Harwich Aging Network—a coalition of municipal departments, nonprofits, healthcare providers, and volunteers—to coordinate services and monitor emerging issues.
- Develop a shared database or referral system to streamline access to support and avoid duplication.
- Establish regular joint meetings between COA staff and police, fire, housing, and health officials to discuss high-need cases and resource gaps.
- Consider expanding hours to include late afternoon, evening, and weekend hours, to reach those who are still working or have other daytime commitments.
- Enable electronic sign-up for programs and events.
- Assess and build capacity to expand program variety, transportation services, and social work functions to meet growing and diversifying needs of older residents.

Outreach and Information Sharing

Key findings

- 38% of survey respondents didn't know who to contact for help; this was highest among 60–69-year-olds (47%). Newer residents may be unaware of COA services.
- The top factors limiting participation among those who never attend included not needing the services offered (43%), not knowing what is offered (29%), still working (21%), and I am not interested in programs offered (16%).

- The top factors limiting participation among individuals who have attended the COA included not needing the services offered (26%), other (18%), I do not have time (12%), and I am not interested in programs offered (12%).

Recommendations

- Create a “Welcome to Harwich” aging resource guide, available in print and online, and distributed via realtors, libraries, and clinics.
 - Increase COA presence on social media and local media outlets, targeting younger older adults and newcomers.
 - Train volunteers as Community Resource Ambassadors to increase peer-to-peer awareness and referrals.
 - Increase mailing distribution list and send calendars monthly.
 - Consider publicizing COA calendar in local newspaper.
 - Consider utilizing the resident and/or voter registration lists to send mass mailers/COA information to a larger group of residents age 50+.
-

Programs and Services

Key findings: Programs that support active aging are desired by many survey participants, especially among those who do not currently attend.

- 21% of COA attendees would be more likely to participate in the Harwich COA offerings if programs and services were better suited to their needs and interests.
- Among all survey respondents, nearly one-third (31%) would be more likely to participate in the Harwich COA offerings if they had more knowledge about the available programs and services. This percentage was higher for respondents age 60-69 (40%) and 70-79 (35%). In addition, higher shares of non-attendees reported that additional information about the COA would increase the likelihood of attendance compared to attendees (44% vs 19%).
- When it comes to priorities for future program expansion those who currently attend the COA, prioritized lectures, guest speaker, or cultural events (51%), performances and presentations (39%), educational lectures (35%), and day trips 33%.
- Among those who do not currently attend programs or utilize services offered by the COA, lectures, guest speakers, or cultural events (41%), indoor exercise (39%), performances and presentations (34%), educational courses (34%), and outdoor exercise (33%) were the most frequently reported priorities for expansion.
- Among those who currently attend programs or services at COA, the services prioritized for expansion include wellness programs (43%), information/referral about local contractors (31%), information/referral about health and social services (28%), and professional services (27%).

- Among those who do not currently attend programs or utilize services offered by the Harwich COA, wellness programs (39%), information/referral about local contractors (27%), and professional services (27%) were the most frequently reported priorities for expansion.

Recommendations

- Seize the opportunity to design services and programs for residents that will support active healthy-aging goals. Prioritize the most valued and needed services and programs, and let those programming needs direct discussions about space and staffing requirements.
- Recruit older residents with skills and knowledge (e.g., retired tradespeople, teachers, doctors) to share expertise through programs, lectures, or lunch events.
- Host programming for newly retired residents or those considering retirement. Topics could include financial planning, insurance coverage, volunteer work etc.
- Offer curated welcome experiences to residents at the Harwich COA, including a “Welcome to the Harwich Council on Aging” session that gives new users basic information about how to use the Center and participate fully. Also, tours of the new Center should highlight the services and programs that target different age cohorts (e.g., navigating Medicare enrollment, transitioning to retirement).
- Create a curated interactive information board that highlights activities of interest in Harwich and surrounding areas and allows individuals to connect with each other (e.g., for rides, walking companions, etc.).
- Developing social connections is an important function of the Harwich COA space, and providing a comfortable, informal space for informal conversation is suggested. Consider designating drop-in space within the Center for older residents to socialize and mingle, providing coffee and snacks. This would provide space for older residents to “hang out” or socialize between activities or without attending an organized activity. Resident focus group respondents also suggested making the entrance of the COA more welcoming, providing more clear directions to the COA space itself, providing a COA-specific bookshelf for use, and installing a coffee bar. Consider exploring lifelong learning programs such as a “Osher Lifelong Learning Institute without walls” as well as additional auditorium space for desired educational opportunities, presentations, and performances.

Facility Space

Key finding: Residents cited overcrowding, program waitlists, and lack of quiet space at the COA. Shared space with the Recreation Department creates tension over space.

Recommendations

- Conduct a facilities and space feasibility study to assess options for COA expansion within or beyond the Community Center.
 - Prioritize construction of a covered outdoor gathering space to relieve indoor crowding and support seasonal socialization or programming such as outdoor exercise.
 - Formalize intergenerational program planning in partnership with the Recreation Department and schools.
 - Consider satellite locations or partner organizations with larger spaces or parking for popular programs or events.
-

Financial Security

Key finding: Financial security that will allow people to age in place is the top concern of older residents—rising taxes and costs of housing options are drivers.

- A top concern about aging in Harwich, as articulated by survey respondents, is financial security with the specific focus on being able to afford housing-related expenses like property taxes, utilities and home maintenance.
- Many focus group participants and survey respondents described challenges associated with housing, including unaffordable property taxes and severely limited affordable options within Harwich to downsize.
- 35% of respondents reported that their current residence needs repairs. Among them, 12% stated that they could not afford these repairs.
- 44% of respondents reported that their current residence needs home modifications. Among them, 6% cannot afford to make these changes and 3% are not responsible for making such changes (e.g., they rent their home).

Recommendations

- Promote awareness of various housing options across the lifespan and continue contributing to local conversations about housing options for older adults who wish to find supportive housing.
- Convene an “Aging in Place Workshop” to educate residents about creative ways to use their home equity to age in place and about alternative housing models like home-sharing. This workshop could also widen awareness about currently available options for addressing economic security (e.g., Accessory Dwelling Units).
- Consider asking local businesses to offer an “older adult discount”.
- Expand access to healthy and discounted food options such as grab and go meals, congregate meal options, and gluten-free options.

- Consider ways of connecting residents with local resources for home repair or modifications, including funding sources, and other individuals who can do minor tasks or projects around the home.
- Engage with organizations to support the development of a local fund to help offset costs of needed home repairs.
- Host a virtual forum to promote community conversations and awareness related to home-sharing opportunities. Include representatives from organizations such as Nesterly²⁰, a social enterprise dedicated to building intergenerational engagement and access to affordable housing through home sharing.
- Explore innovative home sharing programs that help match older adults as roommates who can share living expenses, making house more affordable for both (e.g., East Valley Senior Home Sharing Program)²¹ or new kinds of intergenerational care-based cohousing (e.g., Carehaus, an innovative housing model that blends care and community).²²
- Develop a “help a neighbor” fund that would allow for small grants for home repair projects, subsidizing repairs for older adults who cannot afford it.
- Consider ways to reduce or eliminate the cost of programs to members facing financial insecurity. For example, offer subsidies or scholarships to area events (e.g., concerts or school performances).
- Support zoning for Accessory Dwelling Units (ADUs) and smaller single-level homes to meet demand for downsizing.
- Expand local partnerships for home repair and modification programs, especially targeting low-income or homebound older adults.
- Increase outreach about the Property Tax Work-Off Program, and explore expanded eligibility or scaled benefits.

Transportation

Key finding: Obtaining supplementary and accessible transportation is a concern for some of Harwich’s residents as they age. Maintaining independence is a major concern for survey respondents and one key facilitator of this independence is transportation.

- Twelve percent (12%) of respondents aged 80 or older reported not driving and an additional 18% of respondents aged 80 and older reported driving with some limitations.
- Transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Harwich’s older resident community.

²⁰ <https://www.nesterly.com/>

²¹ <https://tempeaction.org/get-help/housing-stability/east-valley-senior-home-sharing-program.html>

²² <https://www.aarp.org/caregiving/home-care/info-2024/carehaus-baltimore.html>

- When considering driving status, 7% of those who drive with limitations and 24% who do not drive reported having missed, cancelled, or rescheduled a medical appointment because of a lack of transportation.
- Among respondents aged 80 and older, transportation to medical appointments (21%), and non-medical transportation (16%) were prioritized as top services for expansion.
- Many focus group participants cited issues with transportation in Harwich. According to one stakeholder, *"a lot of the transportation services are only available during working hours, which leaves seniors stranded when they need off-hour assistance."* Another noted that availability of volunteer drivers is seasonal. *"Many of our volunteers are snowbirds. They're here in the summer but leave in the winter, and that's when we see the biggest transportation gaps."*

Recommendations

- Target information to communities within Harwich who may need transportation services including those living alone and those with disabilities.
- Provide travel training programs and educational opportunities where residents can learn about options and navigation.
- Develop or explore existing programs on the transition to retiring from driving.
- Support and encourage the expansion of volunteer transportation programs by other non-profits (e.g., Friends in Service Helping²³ (F.I.S.H.) to expand door-to-door transportation to the Harwich COA or other social gatherings, shopping excursions, and non-medical appointments.
- Work with other Town departments to install new, or dedicate existing, "Chat Benches" to create public spaces where socializing is encouraged. Provide age friendly features, including shade.
 - Document and publicize the location of available bathrooms around Harwich.
- Collaborate with the Town of Harwich's Transportation Department to improve lighting around sidewalks where needed.
- Expand COA van services with longer hours and flexible scheduling, especially for medical and recreational trips.
- Develop a year-round volunteer driver corps by recruiting seasonal residents, students, and younger retirees.
- Collaborate with the Cape Cod Regional Transit Authority to improve route awareness, user experience, and scheduling tools for older adults.
- Consider expanding parking, incentivizing carpooling, van pickup, or shuttle service for popular events such as the Men's Breakfast.

²³ <https://fishlexington.org/>

Health and Disability

Key findings

- 14% of respondents do not have a regular source of care.
- Difficulty accessing providers was reported by 26% of those aged 60-69, 17% aged 70-79, and 12% aged 80+.
- About 7% of those in their 60s reported having an impairment that limits their ability to participate in the community. This share increases to 11% for respondents in their 70s and 22% for respondents age 80 or older.
- 16% of respondents have been affected by suicide and nearly one-third have been affected by substance misuse.

Recommendations

- Explore collaboration with local health systems to offer mobile clinics or rotating providers.
 - Partner with Cape Cod Healthcare or Outer Cape Health Services to host health fairs.
 - Promote SHINE counseling and prescription pickup programs more broadly.
 - Explore health advocate or patient navigator programs and consider increasing Town Nurse staffing to support outreach and home visits.
 - Promote Cape Cod Healthcare (CCHC) seasonal Urgent Care centers open for the summer season as well as access to year-round facilities, including one located in Harwich.
-

Caregiving

Key finding: Caregiving is common and families need support.

- 37% of survey respondents reported providing care or assistance to someone with a disability or frailty in the past 5 years.
- Caregiving was higher among younger individuals (50% of those in their 60s), who are also more likely to still work.
- Many caregivers who responded to the Harwich survey reported deterioration in physical health, mental health, social life, and financial circumstances.
- The most frequently identified supports that would have been helpful included informal support from friends and family and formal in-home caregiving or homemaking services.

- According to recent data produced by the Massachusetts Healthy Aging Collaborative²⁴, 10% of Harwich residents age 65+ report a diagnosis of Alzheimer’s disease or related dementia. Given the challenges associated with receiving a diagnosis, it is expected that this is an underrepresentation of the prevalence of dementia; but together with the fact that 29% of caregivers are providing care to someone with dementia suggests that this is an emerging public health issue to consider.

Recommendations

- Recognize that caregiving needs are substantial and may become more challenging as Harwich’s population continues to age. For example, consider ways of engaging residents who might be remotely providing care to a parent or loved one outside of Harwich.
- Explore the creation of a prerecorded “caregiver hotline” where available resources can be available 24/7.
- Encourage more supportive day, adult day, and respite programs and provide caregivers with information to such services in the community and local area.
 - Consider providing transportation to adult day in other neighboring communities such as Dennis.
- Consider hosting a “Caregiver’s Night Out” to provide residents who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment.
 - Explore partnerships with volunteer groups and other aging service providers to provide respite care during the event
- Explore programming, services, and events offered through the Alzheimer’s Family Support Center²⁵
- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available. Consider hosting a family caregiver “resource fair” as an opportunity to connect the Senior Center with family caregivers
- Develop partnerships or establish internship pipelines with Cape Cod Community College to address the local caregiver workforce shortage.
- Consider partnership with Dementia Friendly Massachusetts²⁶ to hold a forum featuring Purple Table, a dining reservation and training provider for restaurant staff, and Dementia Friends, a training provider that promotes understanding and support for those living with dementia and their caregivers.

²⁴ https://mahealthyagingcollaborative.org/wp-content/themes/mhac/pdf/community_profiles/MA_Towncode126_Harwich.pdf

²⁵ <https://www.alzfamilysupport.org/services>

²⁶ <https://dfmassachusetts.org/>

- Encourage municipal employees to become “dementia friends”²⁷ to learn more about communication and reduction of stigma around dementia.
 - Approach the faith communities about participating in the “Purple Pew” initiative. During Alzheimer’s and brain health awareness months (June and September), decorate the pews in purple to raise awareness about dementia in the community and to demonstrate that persons of all cognitive abilities are welcome.
-

Social Isolation

Key finding: A segment of Harwich’s older population is at risk of social isolation.

- 27% of Harwich’s population lives alone, including 35% of respondents age 80+.
- 15% reported not knowing someone nearby who they can rely on when needed.
- 33% of respondents report a lack of confidence in “staying safe” online.
- 13% of survey respondents report that they get together in person with friends or family once per month or less.

Recommendations

- Continue to promote the COA’s Friendly Visitor Program to provide companionship to older adults who are isolated because they are homebound and/or have limited contact with family and friends.
- Consider organizing community dinners in the off-season (e.g., explore the Generations Over Dinner²⁸ model). Additionally, explore partnering with senior living locations in the area.
- Provide neighborhood-based programs or mechanisms to strengthen informal networks in neighborhoods and ensure existing neighborhood-based activities are inclusive of older residents (e.g., neighborhood liaison programs).
- Identify programming that can educate residents about staying safe online.
- Consider collaborating with community groups to develop an initiative to reach out to older Harwich residents living alone.
- Consider implementing a “surrogate grandparent” program that matches older adults with Harwich 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 and provide a mechanism by which

²⁷ <https://dementiafriendsusa.org/become-a-dementia-friend>

²⁸ <https://www.generationsoverdinner.com/>

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

- Host “meet your neighbor” events to bring residents together. Provide information about public safety and other community events. Encourage ways for neighbors to help neighbors and share information.
- Draw on volunteers to organize programming for homebound older adults including “crafts for a cause” or phone programming that includes topics like story-telling or current events.
- Create a “see someone, tell someone” campaign to encourage those who interact with residents directly to notify the COA of someone who is isolated or in need of support. This could include town employees, local social workers or case managers, utility workers, postal workers, faith community leaders, and the public.

Appendix A: Community Survey Results

Note: Appendix tables are based on 1,816 responses to the Town of Harwich Survey of residents age 60 and over, conducted in Spring 2025. 54% of respondents completed the survey online and the rest were returned my mail. See text for additional details.

Q1. How long have you lived in Harwich?

	All Ages	Age 60-69	Age 70-79	Age 80+
Fewer than 5 years	12%	23%	9%	6%
5-14 years	28%	30%	34%	15%
15-24 years	22%	16%	22%	28%
25-34 years	15%	14%	11%	24%
35-44 years	9%	10%	8%	7%
45 years or longer	14%	7%	16%	20%
Total	100%	100%	100%	100%

Q2. Which of the following best describes your status as a resident of Harwich?

	All Ages	Age 60-69	Age 70-79	Age 80+
I live in Harwich year-round	94%	94%	93%	95%
I primarily live in Harwich, but spend winters living elsewhere	5%	4%	7%	4%
I primarily live elsewhere, but spend parts of the year living in Harwich	1%	2%	0%	1%
Total	100%	100%	100%	100%

Q3. How important is it to you to remain living in Harwich as you get older?

	All Ages	Age 60-69	Age 70-79	Age 80+
Very Important	74%	71%	74%	78%
Somewhat Important	22%	25%	22%	18%
Slightly Important	3%	3%	2%	2%
Not at All Important	1%	1%	2%	2%
Total	100%	100%	100%	100%

Q6. Please indicate your level of agreement with the following statement: “Local policy makers consider the interests and concerns of older residents.”

	All Ages	Age 60-69	Age 70-79	Age 80+
Strongly Agree	8%	6%	8%	10%
Agree	37%	36%	35%	45%
Neither Agree nor Disagree	34%	36%	33%	29%
Disagree	9%	7%	11%	7%
Strongly Disagree	2%	3%	2%	2%
I Don’t Know	10%	12%	11%	7%
Total	100%	100%	100%	100%

Q7. Would you know whom to contact in Harwich should you or someone in your family need help accessing social services (e.g., subsidies for transportation or housing, in-home supports, or access to mental health services)?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	62%	53%	65%	70%
No	38%	47%	35%	30%
Total	100%	100%	100%	100%

Q8. Who do you live with?

	All Ages	Age 60-69	Age 70-79	Age 80+
I live alone	24%	18%	26%	35%
A spouse/partner	64%	74%	67%	55%
My adult children (age 18 or older)	8%	12%	5%	7%
My children (under age 18)	1%	2%	0%	0%
My parent(s)	1%	2%	0%	0%
My grandchildren	1%	1%	2%	1%
Pets	14%	23%	13%	7%
Another relative	2%	2%	2%	0%
Someone else	2%	2%	2%	0%

**Figures do not sum to 100%*

Q9. Does your current residence have “first-floor living” with a bedroom and a full bathroom on the entry level such that you could meet your self-care needs as you age?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	88%	87%	89%	87%
No	12%	13%	11%	13%
Total	100%	100%	100%	100%

Q10. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next 5 years?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these modifications	35%	36%	36%	32%
Yes, but I cannot afford to make these modifications	6%	5%	8%	4%
Yes, but I am not responsible for making these modifications	3%	2%	3%	3%
No, my current residence does not need modifications	56%	57%	53%	61%
Total	100%	100%	100%	100%

Q11. Does your current residence need home repairs (e.g., a new roof, electrical work, heating system, etc.) to improve your ability to live in it safely for the next 5 years?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes, and I can afford to make these repairs	20%	22%	20%	20%
Yes, but I cannot afford to make these repairs	12%	14%	11%	9%
Yes, but I am not responsible for making these modifications or repairs	3%	2%	3%	3%
No, my current residence does not need repairs	65%	62%	66%	68%
Total	100%	100%	100%	100%

Q12. In the next 5 years, if you needed to move from your current residence, what kind of housing would you prefer in Harwich?

	All Ages	Age 60-69	Age 70-79	Age 80+
Smaller single-family home	22%	30%	24%	13%
Single-story home	19%	28%	18%	12%
Apartment	7%	7%	9%	7%
Multi-family home (2,3 or more units)	2%	3%	2%	1%
Condominium or townhome	27%	32%	30%	20%
Accessory apartment	5%	6%	5%	5%
A multigenerational home	5%	6%	5%	3%
Cohousing with non-relatives	3%	3%	3%	2%
55+ community	21%	21%	21%	25%
Assisted living community	18%	12%	19%	27%
Affordable housing	14%	13%	15%	17%
Other	8%	7%	8%	10%

**Figures do not sum to 100%*

Q13. Do you own or rent your current residence?

	All Ages	Age 60-69	Age 70-79	Age 80+
The residence is owned by me or someone with whom I live	91%	94%	91%	88%
My home is rented by me or someone with whom I live	6%	5%	6%	8%
Other	3%	1%	3%	4%
Total	100%	100%	100%	100%

Q14. Which of the following best describes your driving status?

	All Ages	Age 60-69	Age 70-79	Age 80+
I drive with no limitations	84%	94%	85%	70%
I drive with some limitations (e.g., avoid driving at night or on highways)	11%	5%	11%	18%
I do not drive	5%	1%	4%	12%
Total	100%	100%	100%	100%

Q15. What are the primary ways in which you meet your transportation needs?

	All Ages	Age 60-69	Age 70-79	Age 80+
I drive myself	88%	99%	92%	83%
My partner or child(ren) drive(s) me	22%	21%	23%	25%
Friends or neighbors drive me	6%	4%	7%	8%
Taxi or ride sharing options	2%	2%	2%	3%
Transportation via Nauset Neighbors	1%	0%	0%	2%
Cape Cod Regional Transit Authority (CCRTA)	2%	0%	2%	3%
PT-1 transportation (MassHealth)	0%	0%	1%	0%
Walk or bike	11%	18%	11%	6%
Volunteer transportation	1%	0%	1%	3%

Medical transportation	1%	0%	1%	3%
Council on Aging van	2%	0%	1%	4%
SmartDART (app-based)	0%	0%	0%	0%
Dial-A-Ride Transportation (DART)	1%	0%	0%	2%
Other	2%	1%	2%	3%

**Figures do not sum to 100%*

Q16. What kind of difficulties do you have in getting the transportation that you need?

	All Ages	Age 60-69	Age 70-79	Age 80+
Public transportation around Harwich is inaccessible or inconvenient	6%	6%	7%	5%
I need flexibility in planning	3%	2%	3%	5%
No door-to-door assistance	2%	1%	2%	1%
I do not have a travel companion to help me	2%	1%	2%	2%
Transportation options cost too much	2%	1%	3%	2%
Technology access to transportation options such as Uber and Lyft is challenging	3%	1%	3%	5%
Transportation not available where I need to go	4%	2%	4%	6%
Lack of transportation options in evening and on weekends	3%	3%	3%	4%
No one I can depend on for a ride	2%	1%	2%	3%
I don't have information about what is available	6%	5%	7%	5%
I have no difficulties	72%	85%	75%	67%
Other	3%	3%	3%	4%

**Figures do not sum to 100%*

Q17. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of lack of transportation?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	4%	3%	5%	3%
No	96%	97%	95%	97%
Total	100%	100%	100%	100%

Q18. Do you now or have you in the past 5 years provided care or assistance to a person who is *disabled or frail*?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	37%	50%	34%	25%
No	63%	50%	66%	75%
Total	100%	100%	100%	100%

Q19. If yes: Did this person have any of the following conditions?

	All Ages
Alzheimer's disease or dementia, Parkinson's disease	11%
Psychological condition	4%
Intellectual or developmental disability	1%
Sensory impairment (e.g., vision, hearing)	6%
Chronic disease (e.g., cancer, diabetes, asthmas)	9%
Frailty or mobility impairment	19%
Recovering from surgery or injury	10%
Forgetfulness or confusion (undiagnosed)	7%
Other	4%

**Figures do not sum to 100%*

Q20. If yes: In your role as a caregiver, have you experienced any of the following?

	All Ages	Age 60-69	Age 70-79	Age 80+
My physical health has deteriorated	7%	9%	8%	6%
My mental health has deteriorated	7%	14%	5%	3%
My social life has deteriorated	10%	13%	10%	7%
My financial circumstances have deteriorated	5%	9%	5%	2%

**Figures do not sum to 100%*

Q21. If yes: What supports were, or would have been, most valuable to you during your time providing care or assistance?

	All Ages
Informal support from family and friends	14%
Adult Day program	3%
Respite care	4%
Memory Café	1%
Web-based resources	1%
Formal in-home caregiver or homemaking services	10%
Support groups	4%
On-call support from medical professionals	6%
Transportation	4%
Other	4%

**Figures do not sum to 100%*

Q22. “I have been, or I have friends or family members who have been, affected by substance abuse (such as misuse of alcohol, prescription medication or illegal drugs).”

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	32%	41%	31%	24%
No	68%	59%	69%	76%
Total	100%	100%	100%	100%

Q23. “I have been, or I have friends or family members who have been, affected by suicide.” (If you or someone you know is struggling, help is available 24/7 through the Suicide or Crisis Lifeline. Call or text 988.)

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	16%	24%	13%	10%
No	84%	76%	87%	90%
Total	100%	100%	100%	100%

Q24. Do you have an impairment or condition that limits your ability to participate in your community?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	13%	7%	11%	22%
No	87%	93%	89%	78%
Total	100%	100%	100%	100%

Q25. Do you have sufficient help to meet your needs?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes, I have enough help from family or friends	46%	40%	46%	61%
Yes, I have enough help from paid caregivers	4%	1%	3%	8%
No, I do not have enough help at this time	4%	3%	3%	5%
N/A I do not require any help at this time	46%	58%	51%	34%
Total	100%	100%	100%	100%

**Figures do not sum to 100%*

Q26. Do you have a regular source of care (e.g., Primary care provider)?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	86%	85%	89%	84%
No	14%	15%	11%	16%
Total	100%	100%	100%	100%

Q27. In the past 12 months have you had trouble accessing the health care providers that you need?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	19%	26%	17%	12%
No	77%	70%	79%	80%
I have not tried accessing health care providers	4%	4%	4%	8%
Total	100%	100%	100%	100%

Q28. How often do you talk on the phone or video call, send email, use social media, or get together to visit with family, friends, or neighbors?

Talk on the phone, FaceTime, or Zoom with family, friends, or neighbors

	All Ages	Age 60-69	Age 70-79	Age 80+
Everyday	51%	58%	48%	50%
One or more times a week	36%	32%	38%	36%
More than once a month	7%	6%	8%	7%
Once a month	3%	2%	4%	3%
2-3 times a year	2%	1%	1%	3%
Never	1%	1%	1%	1%
Total	100%	100%	100%	100%

Send email or use social media with family, friends, or neighbors

	All Ages	Age 60-69	Age 70-79	Age 80+
Everyday	57%	63%	58%	46%
One or more times a week	30%	27%	31%	32%
More than once a month	6%	5%	6%	9%
Once a month	1%	1%	2%	1%
2-3 times a year	2%	3%	1%	3%
Never	4%	1%	2%	9%
Total	100%	100%	100%	100%

Get together, in person with family, friends, or neighbors

	All Ages	Age 60-69	Age 70-79	Age 80+
Everyday	21%	23%	19%	21%
One or more times a week	48%	49%	49%	47%
More than once a month	18%	17%	19%	18%
Once a month	6%	5%	6%	6%
2-3 times a year	6%	5%	6%	7%
Never	1%	1%	1%	1%
Total	100%	100%	100%	100%

Q29. Do you know someone living nearby on whom you can rely for help when you need it?

	All Ages	Age 60-69	Age 70-79	Age 80+
Yes	85%	83%	87%	86%
No	15%	17%	13%	14%
Total	100%	100%	100%	100%

Q30. In the past five years, have you ever felt excluded in Harwich because of any of the following?

	All Ages	Age 60-69	Age 70-79	Age 80+
Age	3%	3%	4%	2%
Disability	2%	1%	2%	4%
Gender	1%	1%	1%	0%
Cognitive status	1%	0%	1%	1%
Religion or cultural background	1%	1%	1%	0%
Skin color, race, or ethnicity	1%	1%	0%	0%
Sexual orientation	0%	0%	1%	0%
Language or accent	0%	0%	0%	0%
Physical appearance	1%	1%	1%	0%
Political views	4%	6%	5%	1%
Income	2%	4%	2%	0%
No, I have never felt excluded	81%	85%	86%	90%
Other	3%	3%	3%	2%

**Figures do not sum to 100%*

Q31. Over the last 12 months, how frequently have you used services or attended programs offered by the Harwich Council on Aging?

	All Ages	Age 60-69	Age 70-79	Age 80+
Two or more times a week	6%	2%	6%	10%
About once a week	4%	1%	4%	6%
A few times a month	4%	1%	4%	9%
About once a month	5%	3%	4%	9%
A few times a year (e.g., special events only)	24%	17%	27%	28%
Never	57%	76%	55%	38%
Total	100%	100%	100%	100%

Q32. Which of the following factors limit your use of the Harwich Council on Aging?

	All Ages	Age 60-69	Age 70-79	Age 80+
I am not interested in programs offered	13%	14%	14%	15%
I do not need the services offered	33%	42%	36%	25%
I do not know what is offered	19%	24%	22%	12%
I participate in programs elsewhere	7%	4%	9%	9%
I do not have time	11%	11%	11%	12%
I do not identify with the people at the community center	4%	5%	4%	4%
I am still working	15%	36%	11%	4%
I do not have transportation	1%	0%	2%	2%
Hours of operation are inconvenient	2%	3%	1%	2%
The building is not accessible and comfortable	0%	0%	0%	0%
Other	12%	7%	13%	17%

**Figures do not sum to 100%*

Q33. “I would be more likely to use the Harwich Council on Aging programs and services if...”

	All Ages	Age 60-69	Age 70-79	Age 80+
Transportation options to the Council on Aging were more convenient	2%	1%	2%	4%
There was more parking	1%	0%	2%	1%
I had more knowledge about the programs and services that are available	31%	40%	35%	22%
Programs and services were better suited to my needs and interests	17%	21%	18%	16%
The space was more comfortable and inviting	2%	1%	2%	2%
The space could accommodate more participants (e.g., larger class sizes or more variety of programs)	5%	3%	6%	5%
There were more remote programs	6%	7%	7%	6%
The programs and services were offered on weekends	7%	11%	7%	4%
Programs included residents of all ages	6%	10%	5%	3%
The cost of programs was reduced or eliminated	8%	7%	10%	8%
It were easier to access the Harwich Community Center building	0%	0%	1%	0%
There were more people like me at Council on Aging events	5%	8%	4%	3%
There was more special interest (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	2%	3%	3%	2%
The programs and services were offered at nights	6%	12%	6%	3%
Other	14%	11%	16%	18%

**Figures do not sum to 100%*

Q34. Thinking about your own future needs and interests, which of the following programs would you prioritize in expanding through the Harwich Council on Aging

	All Ages	Age 60-69	Age 70-79	Age 80+
Arts programs	24%	34%	27%	16%
Educational Courses	32%	46%	34%	23%
Lectures, guest speakers, or cultural events	42%	47%	47%	40%
Technology skills classes	25%	19%	28%	26%
Performances and presentations (e.g., theater, comedy)	34%	44%	36%	29%
Virtual programming	7%	11%	7%	4%
Social programming for special-interest groups	15%	16%	15%	10%
Day trips	28%	35%	31%	22%
Overnight trips	7%	12%	8%	5%
Opportunities for informal socializing	13%	23%	12%	8%
Volunteer Opportunities	19%	30%	20%	9%
Outdoor exercise	27%	49%	27%	12%
Indoor exercise	35%	49%	39%	26%
Caregiver programs	7%	7%	8%	7%
Special interest social programming	3%	6%	3%	2%
Intergenerational activities	6%	10%	7%	2%
Evening or weekend activities	10%	21%	8%	5%
Professional development or job seeking support	3%	7%	2%	1%
Recreational activities	14%	22%	14%	10%
Technology skills classes	23%	19%	28%	26%
Other	6%	5%	7%	8%

**Figures do not sum to 100%*

Q35. Thinking about your own future needs and interests, which of the following services would you prioritize in expanding through the Harwich Council on Aging

	All Ages	Age 60-69	Age 70-79	Age 80+
Lunch offerings	15%	15%	16%	15%
Breakfast offerings	7%	8%	8%	6%
Wellness programs	38%	55%	41%	25%
Information and referral about health and social services	24%	31%	26%	19%
Mental Health	9%	14%	10%	6%
Professional services	25%	36%	26%	19%
Access to health insurance counseling	19%	29%	20%	9%
Transportation to medical appointments	17%	17%	17%	21%
Non-medical transportation	13%	14%	12%	16%
Information and referral about local contractors	27%	30%	32%	24%
Respite programs	5%	7%	6%	4%
In-home programs	13%	16%	14%	13%
Other (Please specify):	5%	5%	7%	5%

Figures do not sum to 100%

Q36. What is your employment status?

	All Ages	Age 60-69	Age 70-79	Age 80+
Working full-time	12%	36%	5%	1%
Working part-time	11%	17%	13%	6%
Looking for work	2%	3%	2%	0%
Retired	70%	47%	83%	91%
Other	4%	6%	4%	1%

**Figures do not sum to 100%*

Q37. When do you plan to fully retire?

	All Ages	Age 60-69	Age 70-79	Age 80+
N/A I am already fully retired	73%	45%	82%	94%
Within the next 3 years	6%	11%	5%	1%
In 3 to 5 years	6%	13%	3%	1%
In 6 to 10 years	5%	16%	1%	1%
In more than 10 years	2%	5%	0%	0%
Not sure	8%	10%	9%	3%
Total	100%	100%	100%	100%

Q38. Where would you prefer to find information about the activities and services offered by the Harwich Council on Aging?

	All Ages	Age 60-69	Age 70-79	Age 80+
Harwich Council on Aging Newsletter (print)	52%	35%	60%	71%
Harwich Council on Aging Newsletter (online)	40%	57%	42%	28%
The local newspaper	36%	33%	42%	38%
Public postings (flyers, bulletin boards)	8%	9%	8%	7%
Facebook or other social media sites	19%	33%	19%	8%
Local Public Access TV	4%	4%	4%	5%
Town of Harwich website	27%	46%	28%	13%
Council on Aging website	28%	41%	32%	14%
Email or text communication	31%	42%	33%	24%
Radio	5%	5%	4%	5%
Word of mouth	8%	5%	9%	13%
Other (Please specify):	2%	1%	3%	2%

**Figures do not sum to 100%*

Q39. How confident do you feel about the following activities?

Finding information online

	All Ages	Age 60-69	Age 70-79	Age 80+
I am confident	82%	92%	85%	64%
I need more practice	10%	6%	10%	15%
I am not confident	4%	1%	4%	8%
N/A I don't do these things	4%	1%	1%	13%
Total	100%	100%	100%	100%

Submitting information or making applications online

	All Ages	Age 60-69	Age 70-79	Age 80+
I am confident	74%	90%	75%	50%
I need more practice	11%	6%	13%	16%
I am not confident	7%	3%	8%	11%
N/A I don't do these things	8%	1%	4%	23%
Total	100%	100%	100%	100%

Purchasing items and managing money online

	All Ages	Age 60-69	Age 70-79	Age 80+
I am confident	77%	90%	80%	56%
I need more practice	9%	7%	9%	11%
I am not confident	5%	1%	5%	10%
N/A I don't do these things	9%	2%	6%	23%
Total	100%	100%	100%	100%

Staying safe (e.g., protecting your personal data)

	All Ages	Age 60-69	Age 70-79	Age 80+
I am confident	61%	76%	60%	44%
I need more practice	19%	17%	21%	19%
I am not confident	14%	6%	16%	20%
N/A I don't do these things	6%	1%	3%	17%
Total	100%	100%	100%	100%

Making and attending virtual medical appointments

	All Ages	Age 60-69	Age 70-79	Age 80+
I am confident	67%	80%	68%	49%
I need more practice	10%	8%	11%	10%
I am not confident	6%	4%	7%	8%
N/A I don't do these things	17%	8%	14%	33%
Total	100%	100%	100%	100%

Registering for events online

	All Ages	Age 60-69	Age 70-79	Age 80+
I am confident	78%	94%	79%	55%
I need more practice	8%	4%	9%	11%
I am not confident	5%	1%	6%	10%
N/A I don't do these things	9%	1%	6%	24%
Total	100%	100%	100%	100%

Q40. Please select your gender.

	All Ages	Age 60-69	Age 70-79	Age 80+
Female	59%	64%	59%	54%
Male	41%	36%	41%	46%
Non-binary	0%	0%	0%	0%
Other	0%	0%	0%	0%
Total	100%	100%	100%	100%

Q41. What is your age range?

	All Ages
60-69	28%
70-79	46%
80+	26%
Total	100%

Q42. In the past 12 months have you been concerned about any of the following due to finances?

	All Ages	Age 60-69	Age 70-79	Age 80+
Paying rent or mortgage	5%	8%	5%	3%
Getting basic maintenance completed on my home	13%	13%	16%	12%
Paying for utilities	7%	8%	9%	6%
Paying real estate taxes	9%	11%	9%	10%
Accessing health care	6%	10%	6%	4%
Accessing hearing aids	5%	1%	7%	7%
Attending exercise classes or gyms	4%	5%	5%	2%
Going to social gatherings or activities	3%	4%	4%	3%
Accessing healthy food	3%	4%	5%	1%
Having reliable transportation (e.g., car maintenance or paying for ride share services)	4%	3%	5%	4%
Paying for prescription drugs	6%	6%	7%	5%
Accessing dental care	11%	12%	13%	9%
Accessing eyeglasses or vision care	7%	8%	8%	6%
Obtaining pet supplies or veterinary care	4%	5%	4%	3%
N/A I have not been concerned about my finances in the past 12 months	58%	62%	61%	65%
Other	2%	2%	2%	3%

**Figures do not sum to 100%*

Q43. In the past 12 months, "I worried whether my food would run out before I got money to buy more."

	All Ages	Age 60-69	Age 70-79	Age 80+
Often	1%	2%	1%	0%
Sometimes	4%	4%	5%	3%
Never	93%	93%	92%	95%
I don't know	2%	1%	2%	2%
Total	100%	100%	100%	100%

