Credit: Tommy Colbert Photography

LIVABLE DUXBURY:
Age- and Dementia-friendly Action Plan 2024-2027

Page held for town letter of adoption.

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Acknowledgments

Old Colony Planning Council (OCPC) developed this report for the Town of Duxbury, in partnership with the Duxbury Senior Center, the Center's Welcoming Committee, and the town's recently established resident-led Age- and Dementia-friendly Task Force. OCPC's District Local Technical Assistance Program, which the Commonwealth of Massachusetts funds to help municipalities achieve planning and development goals consistent with state and regional priorities, funded the project.

OCPC, the Town of Duxbury, and members of the Task Force thank all those who participated in the process that culminated with this Action Plan. We thank Joanne Moore and Brooke McDonough at the Duxbury Senior Center for spearheading the initial town effort to become an age- and dementia-friendly community.

Duxbury Age- and Dementia-friendly Task Force
- Kevin Mullins, Chair
- Joanne Moore, Director, Duxbury Senior Center
- Brooke McDonough, Media Manager, Duxbury Senior Center
- Christopher Ryan, former Duxbury Director of Planning
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- Charles Kilmer, Deputy Director and Transportation Program Manager
- David Klein, Administrator – Area Agency on Aging

The Town of Duxbury encourages everyone's participation in its programs and activities, regardless of age or ability. **To receive this document in an alternative format, please contact Joanne Moore, Director, Duxbury Senior Center, at joannemoore@duxbury-ma.gov or (781) 934-5774 extension 5700.** For more about the Age- and Dementia-friendly Task Force, please visit the town website at https://www.town.duxbury.ma.us/duxbury-age-and-dementia-friendly-task-force.

Executive Summary

This Action Plan will help ensure that our town remains livable for all and that it continues to be an inclusive, supportive, and vibrant community for residents of all ages and abilities. The Age and Dementia Friendly Communities initiative in Duxbury benefits all of us by prioritizing walkability, access to transportation and other services, community engagement, and housing suitable to meeting the needs of our community.

We have already made some progress in these areas through the adoption of, for example, Envision Duxbury, the town's comprehensive master plan, which includes dozens of actions seeking to make our community more livable for all. However, our town is rapidly changing. Almost one-third of Duxbury's population is 60+ and this will rise to about forty percent over the next decade.
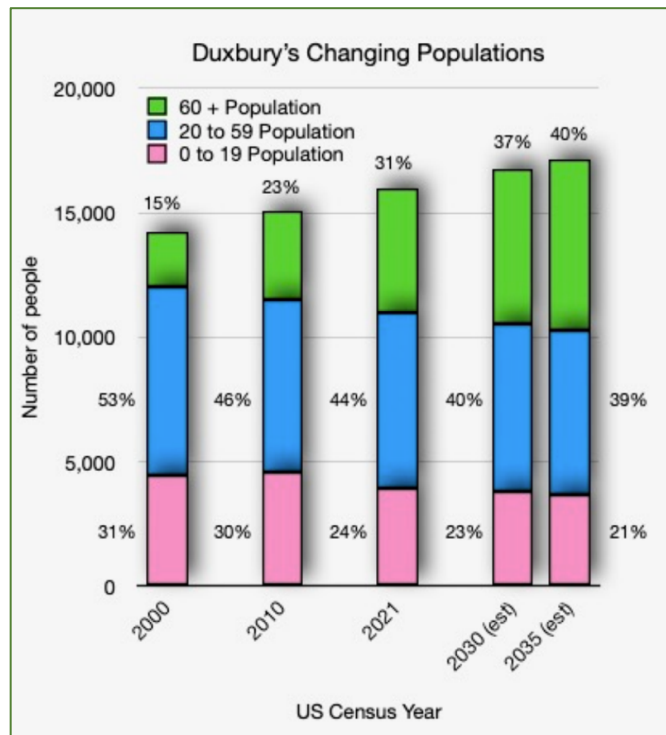
To best prepare for these changes, the Town of Duxbury joined the AARP Network of Age-friendly Communities and signed the Dementia Friendly America Pledge. For nearly two years, the Duxbury Senior Center board, staff, and volunteers worked diligently through the Age- and Dementia-friendly Task Force to understand our community's needs and identify opportunities for making our town more livable for all.

The result of this intensive effort is this three-year Action Plan, a collaborative community effort. Over 1,300 residents took the time to share their thoughts and opinions through a community survey. Dozens of residents, subject experts, town staff, elected officials, and town volunteers participated in interviews, focus groups, and meetings. A public consultation process was included to refine a draft of the plan further.

Housing, transportation, and communication comprise areas of focus for this plan. Future priorities include community and health services. As the work of the Age- and Dementia-friendly Task Force evolved, certain key findings influenced its work and recommendations:

- Previous and ongoing initiatives in town, including Envision Duxbury, the Council on Aging's Long-range Plan, and the Halls Corner Study, have identified parallel concerns. The Task Force will actively support previous recommendations and assist in their implementation, especially regarding housing and transportation.
- Over 5,000 Duxbury residents are 60+. We will maintain open and frequent communication with this group and seek their involvement and support.
- Throughout this effort, mental health emerged regularly as an area needing more attention in the community. We will address this topic formally in 2024-2025, but we do include some recommendations in this report.

The plan pinpointed nearly fifty actions. The Age- and Dementia-friendly Task Force, the Council on Aging Board, and the Duxbury Senior Center management will lead most of these specific and measurable actions. Several, however, require the leadership of the Selectboard, Town Manager, Planning Department, Duxbury Affordable Housing Trust, and others. All of them require collaboration and community support.

The following summarizes some major recommendations in this plan. We encourage all to read the full plan to best understand its development with the community and to learn more about the goals, strategies, and actions selected for implementation.

Housing

Duxbury can achieve progress on diversifying housing while addressing the concerns of residents in our community. We can ensure that housing in our town
- Meets the needs of diverse constituencies;
- Meets town standards;
- Respects open space objectives;
- Advances commercial goals; and
- Addresses neighborhood concerns.

"Nuclear families," that is, a mother, father, and two children, account for only twenty percent of today's households. This popular image of American households needs updating as does the assumptions we may have about the types of housing required in our community: "Our current stock isn't nearly as diverse as we are" (AARP).
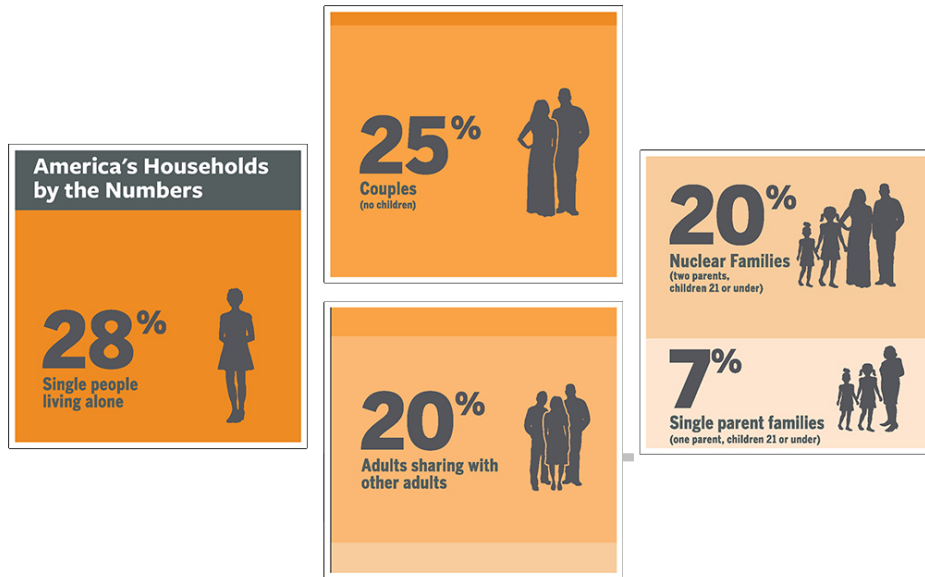
The goals, strategies, and actions recommended in this plan related to housing include the following:

- Focus on the development of smaller, more attainably priced housing as well as elder housing. Redevelopment and mixed-use development should be explored, particularly in Hall's Corner and other business districts.
- Explore conversion opportunities, such as large single-unit homes being converted to multi-unit properties like at the corner of Washington and Harrison Streets.
- Promote smaller, more attainably priced housing in cottage-style developments in keeping with the character of our community.
- Encourage the creation of Accessory Dwelling Units through appropriate zoning changes.
- Explore the feasibility of using town-owned land to increase the diversity of housing stock.
- Use Community Preservation Act funds to support more housing projects.
- Continue and expand programs, such as property tax work-off, to decrease the financial burden on vulnerable residents.
- Support the town's Housing Production Plan and the Duxbury Affordable Housing Trust's efforts to build "Green House" homes in town that would provide supportive services and high-quality living for older residents in our community.

Transportation

The vision for transportation is that enough safe, affordable, and accessible transportation options are available so residents of all ages and abilities can go where they need and want to go. Transportation is no longer a barrier to social participation, enjoyment, or access to medical care. Those who walk or bike feel safe doing so.

The goals, strategies, and actions recommended broadly include the following:
- Provide resources to caregivers to help them navigate options.
- Support implementation of Complete Streets and Safe Routes to Schools as well as maximize all funding opportunities.
- Focus on safe, accessible travel for all ages, with equal emphasis on walking and bicycling alongside driving and public transportation.
- Improve walking safety and connectivity, especially in and between commercial areas.
- Support efforts to expand the Duxbury Senior Center's local and medical transportation program, and explore supplemental partnerships with, for example, GoGoGrandparent, and GATRA.
- Develop a grant-writing volunteer program to support the town in funding these initiatives, with the view of the town hiring a grant writer when the budget allows.
- Implement Envision Duxbury's transportation goals, requiring collaboration between many town departments, boards, and committees.
- Explore the expansion of GATRA services in the community.

Communication and Information

The Task Force and Council on Aging Board will work to ensure all town communication is age-positive, inclusive, and accessible, and will combat any stigma regarding aging, dementia, and mental health.

The goals, strategies, and actions recommended broadly include the following:
- Prioritize improving the Town of Duxbury's website and promote its use as a central place for communicating with all.
- Develop effective ways to share information within the community, which may include improved town-wide communications platforms and/or technologies.
- Advocate for improved broadband and cellular services in town to help ensure residents remain connected.
- Expand digital inclusion programs, including training for technology use.

- Request that the Town of Duxbury leverage the Senior Center and Task Force's communication network of over 5,000 residents to improve the dissemination of information in the community and mobilize action.

Next Steps

Health and Community Services, including mental health and dementia care, will be the next focus for the Task Force, alongside the implementation of this Action Plan. We have already begun to study this important topic and expect to build on the following:
- Remove stigma around mental health and dementia to create a safe environment for all community members to seek support.
- Learn from the Plymouth County crisis intervention model to improve preventative action in our community.
- Provide resources, training, and other educational opportunities to residents, caregivers, staff, and volunteers around mental well-being and Alzheimer's disease and other forms of dementia.
- Seek to increase funding for mental health and social services at the local level.
- Work with groups like Duxbury's faith communities and other relevant organizations to understand community needs and improve outreach.
- Expand the Senior Center's successful Social Day Program, which has a waitlist.

To accomplish the actions in this plan and improve the livability of our community for all, the Task Force, Council on Aging Board, and Senior Center will oversee Action Plan implementation and communicate regularly on town progress through the Selectboard, Senior Center newsletter, and other channels, leveraging the network of 5,000+ residents in our community who are 60+.

To expedite Action Plan implementation, it will be important to support the work of the town's Planning Department and Department of Public Works, especially concerning the implementation of complementary town plans like Envision Duxbury.

Our vision for Duxbury is that residents of all ages and abilities enjoy a high quality of life and feel a sense of belonging in the community. This plan, alongside other initiatives in town, will continue moving us in the right direction.

To support the implementation of this plan and get involved, please contact Joanne Moore, Director, Duxbury Senior Center, at joannemoore@duxbury-ma.gov or (781) 934-5774 extension 5700. For more about the Age- and Dementia-friendly Task Force, please visit the town website at https://www.town.duxbury.ma.us/duxbury-age-and-dementia-friendly-task-force.

Table of Contents

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Message from the Duxbury Senior Center

Dear Community Members,

It is our pleasure to share with you *Livable Duxbury*, Duxbury's first Age- and Dementia-friendly Action Plan, for the years 2024 to 2027. Our population is aging, demographics are changing, and we need to implement programs and services most needed by Duxbury residents. This collaboratively developed plan has brought people together around a shared roadmap to make our town more livable for all even as health, financial, and/or social needs change.

The Duxbury Senior Center is committed to being a welcoming center that provides space and resources to enable people to live well and age well. We are proud to be one of only 41 accredited centers nationwide. Our Long-Range Plan sets five guiding principles for us as we move into the future:

- We are a welcoming community for all.
- We strive to be the best in programming.
- We are good stewards of our resources.
- We will effectively communicate our message.
- We will work to facilitate independence for older adults.

These principles are reflected throughout this Age- and Dementia-friendly Action Plan, an initiative launched through the leadership of our board members. We thank them and everyone involved, including the almost 1,500 residents who replied to our survey, for contributing to the development of this plan and supporting its implementation.

Our vision for Duxbury is that residents of all ages and abilities enjoy a high quality of life and feel a sense of belonging in the community. This plan, alongside other initiatives in town, will continue moving us in the right direction.

Sincerely,

Joanne Moore

Joanne Moore
Director, Duxbury Senior Center

Message from the Age- and Dementia-friendly Task Force

Dear Friends and Neighbors in the Duxbury Community,

It is my honor to chair the Age- and Dementia-friendly Task Force for this exciting effort! It was very encouraging for us to review the thoughtful, thorough, and detailed work already completed in many areas that are the focus of our Task Force. Envision Duxbury, the town's 2019 comprehensive master plan, the 2022 Council on Aging Age and Dementia Friendly Community Survey, and specific projects like the Halls Corner Study in 2018, all have served as the basis for the foundation of this Task Force's efforts.

Here are four things that our Task Force commits to you, the Duxbury Community:

1. **We will continue to listen and learn.** Over the past nine months, we have been working hard to get input and gather and review data and opinions from a multitude of people and groups in the community and from experts in many specific fields (e.g., housing and mental health).
2. **We will regularly and openly share and communicate** information, findings, and data with you. Also, we have worked hard to facilitate communication between groups, committees, and others in the town.
3. **We will strive to achieve consensus** on the specific actions we and the town should take in the key focus areas that you identified were most important.
4. **We will strive to see the recommended actions implemented, executed, and measured** within a reasonable amount of time.

To achieve these objectives we will need active, vigorous participation in the items above by as many members of our community as possible.

A special thanks to the Task Force members and our OCPC mentors for their hard work on this project.

Sincerely,

Kevin Mullins

Kevin Mullins
Chair, Age- and Dementia-friendly Task Force

1 Introduction

Duxbury's blend of history, natural beauty, strong community spirit, cultural offerings, and commitment to education and conservation contribute to its uniqueness and make it a special place to live and visit along the Massachusetts coast. The Town of Duxbury commits to including people of all ages and abilities in planning and civic processes and strives to meet the needs of all residents – children and older adults alike.

Recognizing that 31% of Duxbury's population is 60+ and that this age group is expected to grow to about 40% within the next ten years (Figure 1), in 2022, the town joined the AARP Network of Age-Friendly Communities and signed the Dementia Friendly America Pledge.

Figure 1. Duxbury's Increasing 60+ Population (Data: Census 2000 and 2010; ACS 2021 5-year estimates; MAPC projections)
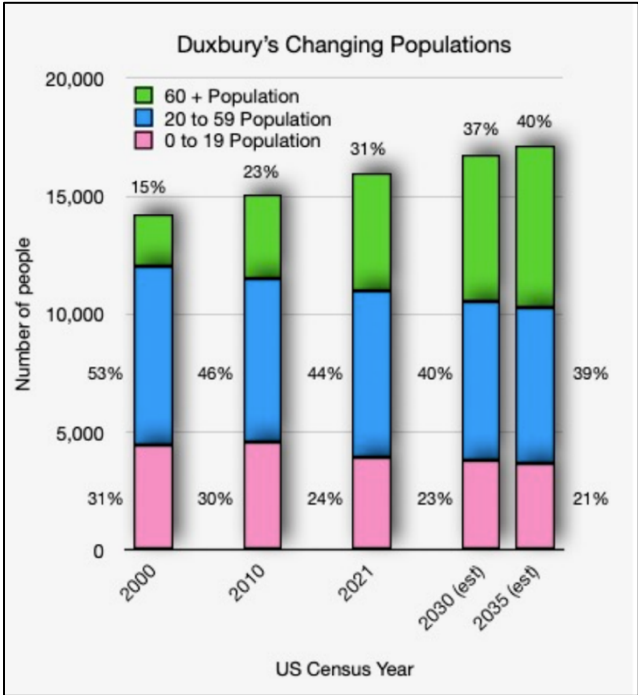
An aging population (appendix 6) presents both opportunities and challenges. On the opportunity side, the 5,000 or so Duxbury residents 60+ offer an ocean of potential volunteer power and community engagement opportunities. More than three times the number in 2000. On the challenge side, older adults may require more specialized care and support services. Healthcare systems face increased demands and costs. Family dynamics can shift as caregiving responsibilities increase. Housing and infrastructure need to adapt to best accommodate older adults.

Duxbury is aging more quickly than neighboring communities, the state, and the nation. Since 2000, the median age in the community has risen seven years, to 47. The town's semi-rural nature, seaside location, and dispersed commercial centers are important factors to consider in planning for the town's future. Addressing these challenges requires thoughtful policy and planning initiatives to promote healthy aging, support caregivers, and foster age-friendly environments.

This plan builds upon and directly supports the vision, goals, and objectives of Envision Duxbury, the town's comprehensive master plan adopted in 2019. Together, these and other town plans[1] drive forward action in the community to make it livable for all.

1.1 Age-friendly Communities

An age-friendly community is livable for people of all ages and abilities:

> The common thread […] is the belief that the places where we live are more livable, and better able to support people of all ages, when local leaders commit to improving the quality of life for the very young, the very old, and everyone in between.
>
> People of all ages benefit from the adoption of policies and programs that make neighborhoods walkable, feature transportation options, enable access to key services, provide opportunities to participate in community activities, and support affordable, adaptable housing.
>
> Well-designed, age-friendly communities foster economic growth and make for happier, healthier residents of all ages.
>
> – AARP

AARP launched The AARP Network of Age-Friendly States and Communities[2] in 2012, joining the Global Network for Age-Friendly Cities and Communities[3] that the World Health Organization launched in 2010. While the global network aims to connect municipalities and organizations worldwide under a shared vision of making communities great places to age, the AARP's Network provides a framework for communities in the U.S. to implement age-friendly initiatives.

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[1] https://www.town.duxbury.ma.us/planning-department/pages/plans-reports

[2] https://www.aarp.org/livable-communities/network-age-friendly-communities

[3] https://extranet.who.int/agefriendlyworld/who-network

Since 2012, over 800 U.S. towns, cities, counties, states, and territories have joined the national age-friendly movement. Massachusetts joined in 2018, becoming one of only ten states AARP has designated as Age-friendly. ReiMAgine Aging,[4] the Commonwealth's Age-friendly Action Plan, was launched in 2019 with the mission of "amplifying, aligning, and coordinating local, regional, and statewide efforts to create a welcoming and livable Commonwealth as residents grow up and grow older together." Each year the Executive Office of Elder Affairs releases a progress report summarizing implementation efforts.

1.2 The Dementia-friendly Pledge

For a community to be age-friendly, it must also become dementia-friendly. The two movements are intertwined. As median age increases so does the number of people living with illness and disability, including dementia. Statewide trends show the number of people living with Alzheimer's disease or related dementias to be rapidly increasing.[5] In 2014-2015, based on the most recent data available, Alzheimer's disease or related dementias affected an estimated 13.6% of those 65+ in Duxbury, about 355 people.[6]

A community that pledges to become dementia-friendly strives to be more welcoming, inclusive, and supportive of people living with dementia as well as their caregivers. Nationally, Dementia Friendly America[7] leads the movement, helping communities understand, embrace, and support those affected by dementia. A dementia-friendly community is "informed, safe, and respectful of individuals living with dementia, their families, and caregivers, and provides supportive options that foster quality of life."

In Massachusetts, Dementia Friendly Massachusetts[8], an initiative of the Massachusetts Councils on Aging in partnership with the Massachusetts Executive Office of Elder Affairs, the Alzheimer's Association of MA/NH, and others, leads the movement. Over 100 municipalities in Massachusetts have pledged to become dementia friendly.

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[4] https://www.mass.gov/info-details/age-friendly-massachusetts

[5] Massachusetts State Plan on Alzheimer's Disease and Related Dementias, April 2021 (https://www.mass.gov/lists/annual-reports-and-alzheimers-state-plan)

[6] 2018 Massachusetts Healthy Aging Data Report https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/

[7] https://www.dfamerica.org/

[8] https://dfmassachusetts.org

1.3 Vision for Duxbury

Age- and Dementia-friendly Vision for Duxbury

An age-friendly community is livable for all. The shared vision for Duxbury is of a community in which older adults as well as those with dementia and their caregivers are respected and supported. Residents of all ages and abilities enjoy a high quality of life and a feeling of belonging in the community. The social and physical environments in town promote the health and well-being of all residents, and the town remains committed to providing services and programs that enable residents to live with dignity while maintaining their health and independence.

This is Duxbury's first Age- and Dementia-friendly Action plan; however, the town and community already have made some progress toward related goals, for example:

- The Duxbury Senior Center hosted a Housing Summit that brought together those working on housing issues in the community to discuss the topic and share information
- GATRA SAIL service was recently expanded to include Sundays.
- Last fiscal year, over 300 outreach contacts were made with those 60+ and their caregivers through telephone calls, home visits, and office visits.

The Duxbury Senior Center, which increased its budget, staffing, and open hours over recent years, also has been successful at addressing issues facing older adults:

- Offering free transportation around Duxbury and nearby towns to residents – 5,580 rides in Fiscal Year 2023
- Expanding the home-delivered meals program – 9,663 meals delivered in Fiscal Year 2023
- Social Day Program for people with dementia and their caregivers – 30 individuals were supported in Fiscal Year 2023; since 2005, 344 participants and their caregivers have been supported
- Wide range of programming in health, exercise, lifelong learning, culture, technology, and more – 19,105 older adults participated in 5,000 programs in Fiscal Year 2023
- Partnering with the Fire Department for well-being checks and other services
- Partnering with the Duxbury Free Library, Duxbury Police, Fire Department, and Assessors Department to share information and offer educational programs

Despite these successes, as the population ages, more resources will be needed to expand on what is already in place as well as build upon it and raise awareness of all the resources available in the community.

During the development of Duxbury Senior Center's Long-Range Plan 2018-2023, [9] it became evident to town staff and volunteers that more needed to be done to address the needs of the town's aging population. Under the leadership of the Duxbury Senior Center, the town began exploring resources available to communities interested in becoming more age- and dementia-friendly. In 2022, the Senior Center Welcoming Committee established an age- and dementia-friendly team. Through their efforts, the town officially joined AARP's Age-Friendly Communities Network and signed Dementia Friendly America's Pledge.

The town also applied successfully to Old Colony Planning Council, the regional planning agency for the Greater Brockton and Greater Plymouth areas, for technical assistance to develop an integrated Age- and Dementia-friendly Action Plan. Developing a plan to become more age- and dementia-friendly is a proactive and strategic investment in creating an inclusive, healthy, and vibrant community that benefits residents of all ages and abilities, now and in the future. As a next step, in 2023, the town established a formal committee, the Age- and Dementia-friendly Task Force[10] to oversee the development of an action plan and ensure its implementation over the coming years.

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[9] https://www.town.duxbury.ma.us/senior-center/get-know-us/pages/long-range-plan

[10] https://www.town.duxbury.ma.us/duxbury-age-and-dementia-friendly-task-force

2 Action Plan Overview

Driven by this vision, the Age- and Dementia-friendly Task Force, under the leadership of the Duxbury Senior Center, developed this Age and Dementia Friendly Action Plan. This plan is the first output of the Task Force. It is a collaborative community effort to establish an informed, realistic, three-year plan of action that responds to the age- and dementia-friendly needs of residents.

2.1 Development Process

The needs and wants of the Duxbury community inform the Action Plan. This plan is the result of almost two years of collaboration between town staff, resident volunteers, Old Colony Planning Council, subject experts, and residents. Table 1 summarizes the extensive research and participation process followed for the development of this plan.

Table 1. Research and Participation Process in Plan Development

When	What	Description	Refer to
2022: October to December	Community Needs Survey	Received 1,391 responses (68 from non-residents) about their views and needs related to aging	Section 3.3 Appendix 5
2023: July to October	Task Force meetings with Subject Experts	Heard from experts in transportation (2), housing (1), communication (1), and mental health (1)	Section 3.4 Appendix 1
2023: July to October	Focus Groups	Led topic-specific focus groups on with residents and subject experts familiar with Duxbury	Section 3.4 Appendix 1
2024: January	Housing Summit	Convened town staff and volunteers working on housing issues and residents to facilitate conversation and exchange ideas	Section 3.5 Appendix 2
2024: January	Town Staff Interviews	Interviewed five town staff to hear their perspectives on the topics	Section 3.4 Appendix 1
2024: May	Follow-up Focus Groups	Reconvened focus groups to review the draft action plan	Section 3.3 Appendix 1
2024: May	Public Consultation	Made the Draft Action Plan available for public review and comment and held two public listening sessions	Appendix 3
2024: July	Selectboard Meeting	To review and discuss the Action Plan and consider town adoption	

2.2 Domains of Focus

The plan follows AARP's Eight Domains of Livability[11] framework for age-friendly communities (Figure 2). Many of the towns and cities AARP-designated as age-friendly use this framework to organize and prioritize their work to become more livable for both older residents and people of all ages.

Figure 2. AARP's Eight Domains of Livability

Recognizing that taking on at once all eight domains in-depth would be too difficult, and after hearing through the community needs survey (section 3.3) that Housing and Transportation were of top priority to residents, the Task Force agreed to focus on those two domains for this first phase of work. The Task Force also chose Communications and Information as the third domain of focus, seen as fundamental to all the other domains. Improvements here will affect the work to follow.

These are starting points. The Town of Duxbury and Task Force recognize that all eight domains are important to address in efforts to make Duxbury more age- and dementia-friendly. The Task Force intends to cover all domains as their work progresses, next moving on to Community and Health Services, which survey respondents ranked high in importance.

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[11] https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html

2.3 Interlinked Themes

All goals in this plan advance age-friendly efforts in our community. Some goals, however, more specifically advance dementia-friendly efforts in town. The purple dementia-friendly notation indicates these efforts. Although not a formal domain within AARP's framework, dementia-friendly initiatives (Figure 3) overlap and complement age-friendly efforts. Some communities pursue these efforts separately, but many, like Duxbury, pursue them together.

Figure 3. Dementia-friendly Communities

The plan includes goals to advance the mental health and well-being of the community, indicated by the green mental health notation. The Task Force recognizes the importance of mental health and well-being among all age and ability groups in our community. In the community needs survey, almost two-thirds (64%) of respondents rated Duxbury as poor or only fair on locally available mental health services. Therefore, the opportunity to include mental health-related goals in this plan where they intersect with domains of focus could not be missed. The physical and social environments contribute both positively and negatively to mental well-being (Figure 4 and Figure 5).

Figure 4. Ways in which Community Design Contributes to Public Health[12]

NEIGHBOURHOOD DESIGN FEATURES

Promote physical activity
- Density
- Connected streets with paths and sidewalks
- Place to walk and ride a bike
- Close to stores, school and work
- Attractive areas
- Parks, green spaces and recreation facilities
- Good public transit
- Safety

Provide healthy food options
- Stores that sell healthy food nearby
- Farmers' markets
- Community gardens

Create a supportive environment
- Places to gather
- Front porches, front yards
- Good sidewalks
- Access to attractive and green spaces
- Cultural spaces, architecture, public art

HEALTHY LIVING

Physical activity

Healthy diets

Supportive environments

HEALTH

Reduced risk for obesity and diabetes

Reduced risk for poor mental health

Improved mental wellness

Figure 5. How Community Design Influences Experiences of Social Support, Stress, and Community Belonging[13]

NEIGHBOURHOOD FEATURES
- Low population density
- Houses close to the street
- Front porches, front gardens or yards
- Green space
- Destinations nearby
- Public transit
- Places to gather
- Community facilities and services
- Paths, trails, sidewalks
- Public art
- Attractiveness

MEDIATING FACTORS

Examples:
- Low crime
- Safe traffic
- Few hazards
- Low noise
- Affordable housing
- Little trash, litter, graffiti, vandalism or abandoned buildings

HUMAN RESPONSE
- Social support
- Reduced stress
- Community belonging

HEALTH OUTCOMES

Reduced risk for:
- Poor mental health
- Premature death
- Poor immune function
- Many chronic diseases and conditions

OTHER DETERMINANTS OF HEALTH

e.g., age, genetics, gender, social environment, income, education, culture, health care system

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[12] Adapted from the Canadian Designing Healthy Living Report, 2017

[13] Adapted from the Canadian Designing Healthy Living Report, 2017

Addressing mental health and well-being in older adults is crucial for healthy aging, requiring a comprehensive approach that includes prevention, access to care, social support, and destigmatization efforts. Older adults are at an increased risk of mental health conditions like depression and anxiety. Managing multiple health conditions or going through big life changes like retirement or loss can trigger or worsen mental health. In addition, many older adults feel lonely or socially isolated and fear the perceived stigma associated with mental health services. In addition to supporting older adults, the mental well-being of caregivers also deserves recognition.

These two interlinked themes – dementia-friendly and mental health – will continue to be integrated into the future work of the Task Force, and more specifically taken on when the Task Force turns their attention to the domain of Community and Health Services.

2.4 Plan Organization

The next chapter, What We Learned, summarizes findings from the research and participation process that informed the development of this plan.

The three chapters that follow set out goals and strategies for the three domains of focus: Housing, Transportation, and Communication and Information. A goal is an outcome, a result. It is something we wish to achieve. Strategies are approaches to take to reach our desired goals.

The final chapter, Plan Implementation, includes actions to be taken over the next three years to implement this plan. Appendices provide further details about the research and participation process and its results.

2.5 Plan Adoption

The Age- and Dementia-friendly Task Force accepted the Duxbury Age- and Dementia-friendly Action Plan 2024-2027 on DATE TO BE ENTERED and submitted it to the Selectboard for consideration. The Selectboard endorsed and adopted the plan on DATE TO BE ENTERED.

Community members interested in becoming involved in this initiative should contact Joanne Moore, Director, Duxbury Senior Center, at joannemoore@duxbury-ma.gov or (781) 934-5774 extension 5700.

3 What We Learned

Envision Duxbury,[14] the Town of Duxbury's Comprehensive Master Plan, adopted in 2019, includes an extensive profile of Duxbury as well as many goals and strategies that advance age- and dementia-friendly living and promote the mental health and well-being of the community. Those eager to see the implementation of this Age- and Dementia-friendly Action Plan are encouraged to read the Master Plan and support its implementation also.

This chapter summarizes the information learned during the development of this plan. Pre-existing data is reviewed, and the new information gathered through the plan development process (Table 1 in section 2.1) is summarized.

It is important to be aware of different and additional needs within the community, and the possibility of disparities, so that all needs may be met. Disparities may occur across race and ethnicity, socioeconomic status, age, geography, language, gender, disability status, citizenship status, sexual identity and orientation, and more. The information provided in this chapter helps develop a plan that meets the needs of everyone in Duxbury.

3.1 U.S. Census Data

Stable but Aging Population

Duxbury has a population of 16,090 people (2020 Census). Between 2010 and 2020, the population increased by 6.8%, a slightly slower rate than Massachusetts overall (7.4%). The Metropolitan Area Planning Council (MAPC) characterizes Duxbury as an Established Suburb, a lower-density suburb that is approaching buildout with limited amounts of vacant land. According to their projections, Duxbury's population is expected to remain stable moving forward, with only modest growth.

The population is aging (Figure 6). U.S. Census data show that the median age in Duxbury in 2020 was 47, an 18% increase since 2000 and a 52% increase since 1980. According to projections made by MAPC, this trend will continue to intensify.

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[14] https://envisionduxbury.mapc.org

Figure 6. Duxbury's Aging Population
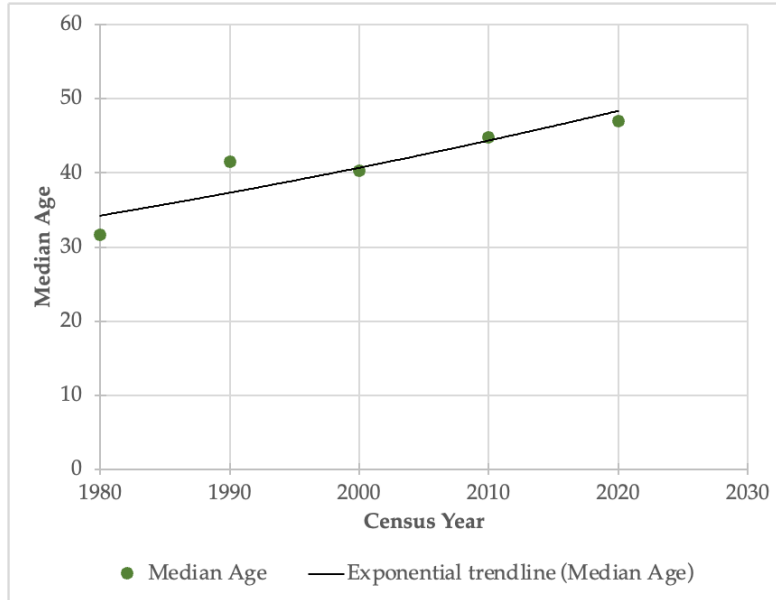
In 2022, almost one-third (31%) of Duxbury residents were 60+ (Figure 7). This is higher than the state's one-quarter (24%). Over half (52%) of households in town include one or more people 60+.

Figure 7. Duxbury Population by Age (ACS 2022 5-year; censusreporter.org)
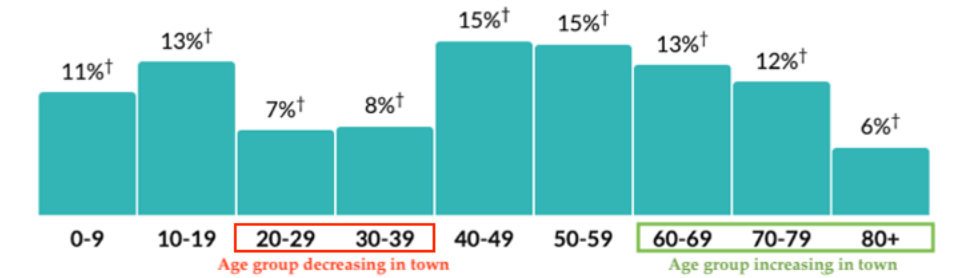
While the 60+ age group increased in Duxbury, the "young professionals" age group decreased. In 2022, 15% of the town's population was 20 to 39, compared to 28% statewide.

About 5% of Duxbury residents identify as a race other than White Alone. About 4% speak a language other than English at home (2% Spanish, 1.7% Other Indo-European languages, and 0.1% Asian and Pacific Islander languages).

High Educational Attainment

Educational attainment is high. Nearly three-quarters of residents (72%) have a bachelor's degree or higher (ACS 2022 5-year). Almost all are high school grads (96%).

Technologically Connected

About 97% of households in Duxbury have one or more computing devices (e.g., desktop, laptop, smartphone, tablet, etc.). About 97% of households have an internet subscription, either through cellular service or broadband.

Higher Levels of Poverty among Older Residents

According to 2022 ACS estimates, the median household income in Duxbury was $148,505. This is 1.6 times higher than the median household income in Massachusetts ($93,550).

Although the median is high, 5% of Duxbury residents do live in poverty,[15] and the proportion increases to 7% among those 60+. Over one-quarter (27%) of households receiving food stamps/Supplemental Nutrition Assistance have one or more people in the household 60+.

Renters More likely to be Housing Cost-Burdened

About 88% of housing stock in Duxbury is owner-occupied compared to 62% across the state. The average household size of these units is 2.7 people. About 65% of these units are mortgaged. About 27% of these households are considered housing cost-burdened, where 30% or more of their household income is spent on housing costs.

Renter-occupied units account for 12% of housing stock. The average household size of these units is 1.79 people. About 47% of these households are housing cost-burdened.

Older Adults More likely to have One or More Disabilities

About 9% of Duxbury's population has a disability in 2022. Among those 65+, 59% have a disability. The prevalence of disabilities across all ages is as follows (respondents were able to select one or more disabilities):

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[15] As defined by the U.S. Census Bureau: https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

- Hearing difficulty 4.4% (± 1.6%)
- Ambulatory difficulty 4.0% (± 1.2%)
- Independent living difficulty 3.8% (± 1.3%)
- Cognitive difficulty 2.8% (± 1.0%)
- Self-care difficulty 1.1% (± 0.5%)
- Vision difficulty 0.4% (± 0.3%)

Disabled Veterans More Likely to be in Poverty

About 8% of residents in Duxbury are veterans and over three-quarters (77%) of them are 65 and older. Although veterans in Duxbury are less likely than civilians to be in poverty (2% v. 5%, respectively), disabled veterans are more likely to be in poverty – 33% of veterans in poverty are disabled compared to 9% of civilians in poverty being disabled.

3.2 Healthy Aging Profile

The Massachusetts Healthy Aging Data Report, most recently released in 2018, provides important information about older adults – their ages, living arrangements, health status, strengths, and vulnerabilities. Overall, "compared to state averages, older residents [in Duxbury] fare better on several healthy aging indicators […]. However, older residents have higher rates of excessive drinking, prostate cancer, and cataracts. They are also likely to take the health-promoting steps of following the CDC guidelines for physical activity and having an annual dental exam." The full profile for Duxbury is included in Appendix 4: Healthy Aging Profile.

3.3 Community Needs Survey

Between October and December of 2022, Duxbury conducted an Age-friendly Community Needs Survey. The survey, available online and in print throughout town, explored residents' views about where they live, how they live, and how they want to live – all through an age-friendly lens. The AARP Age-friendly Online Community Survey largely provided the basis for the questionnaire.

In total, residents submitted 1,391 responses. Respondents were a diverse mix of town residents; however, results may be skewed somewhat toward the views of women and those 50+. These groups were a greater proportion of respondents.

Results relevant to the areas of focus of this plan are included below. Full results are included in Appendix 5.

3.3.1 General Findings

Overall, most respondents (86%) considered Duxbury a good or better than a good place to live as they age (Figure 8).

Figure 8. How would you rate Duxbury as a place for people to live as they age? (1,139 responses)
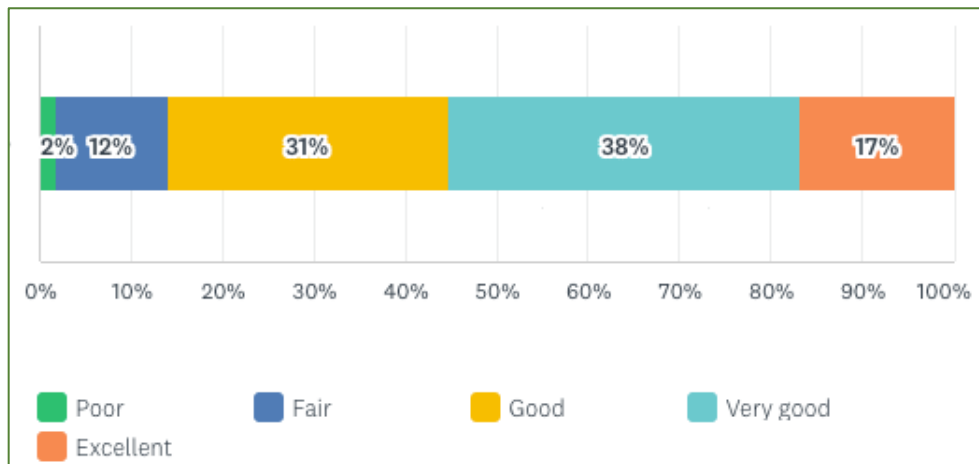
Over 150 positive comments were left by respondents. About two-thirds related to the high quality of the Duxbury Senior Center and the rest to excellent town services and scenic beauty:

> "There are so many offerings for all ages all over town – from the excellent children's section at the library for little ones, to guest speakers and events for older ones. The Senior Center is an amazing resource. Duxbury for All, the Art Complex museum, concerts, etc. There's no end to things to do for all ages."

> "The beauty of this town is incredible and there are many public spaces that are elder-friendly and dog-friendly."

Comments included areas needing improvement. Most frequent comments referred to the high expense of living in the community (117 comments), followed by the lack of walkability in town (66 comments), lack of age-friendly housing (50 comments), and transportation issues (46 comments).

> "Duxbury offers a lot for the elderly but is outpricing housing for younger families. As people age, many of us will rely on our children to help out.

So, if your children can't afford to live here, it may end up making it difficult for many elderly to stay in town as well."

"I have lived in Duxbury for about 1.5 years. I am in a wheelchair. It would be helpful if there were more sidewalks. The lack of sidewalks prevents me from going not very far at all from my apartment complex. Many businesses are not wheelchair accessible […]. Many buildings also do not have automatic doors, a situation which makes entering a building quite challenging because many of us lack arm strength and have trouble maneuvering. We seniors would like to be more independent, and these obstacles make for difficult challenges."

"It's very sad that an elderly person would find it so difficult to go for a gentle walk in this town, unless they live on Washington or St. George's Streets. Not all seniors can still drive (or may not feel safe in doing so). Sidewalks would benefit everyone, not just kids. What a sad reflection of how current and future citizens are considered."

"Once someone is deemed too old or too fragile to continue to drive, Duxbury offers little to help them get around -- not only within the town but also throughout the South Shore and Boston. In my neighborhood, the closest stop for GATRA is located on Rte. 3A at a blind curve in the road – TOTALLY NOT SAFE for elders! Since Duxbury gets assessed for MBTA service, WHY can't our elders also get access to The Ride, which is available throughout the South Shore, including Cohasset?"

Participants were asked to rank AARP's Domains of Livability in order of importance in Duxbury (Figure 9). Housing was ranked as most important by the most respondents. Community and Health Services and Transportation followed closely behind in overall importance.

Figure 9. Below are eight areas of focus for making Duxbury more age friendly. Which do you think are most important? Please rank in order of importance with 1 being most important and 8 being least important. (839 respondents)
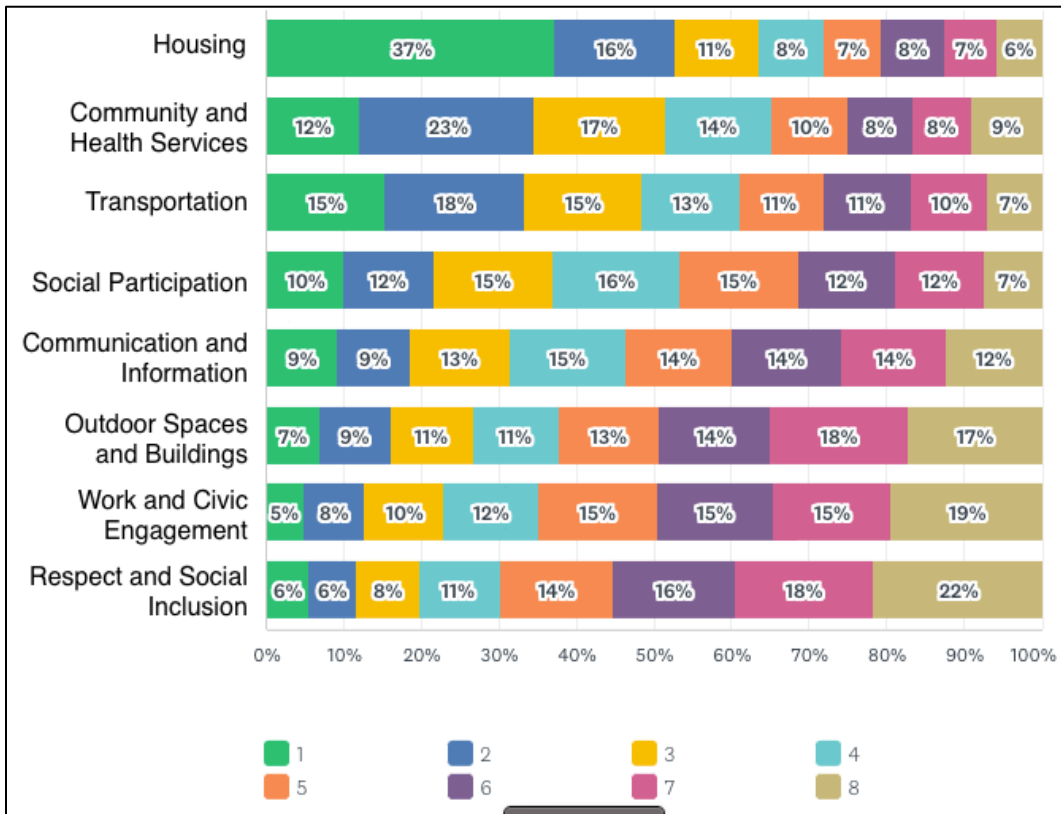
3.3.2 Housing

About two-thirds of respondents (63%) thought it most likely that they would stay in their current residence as they grew older (Figure 10). Of the 340 comments left, many related to uncertainties associated with planning for the future – would taxes rise so much as to make staying put impossible? Would current good health continue? Others stated they had already thought about aging in place and consequently had renovated or will be renovating with accessibility in mind, or had already purchased smaller, more manageable properties. One hundred and forty comments related to concerns about accessibility and 117 to affordability:

> "We are moving to Pinehills…wish there were more first-floor master bedrooms in Duxbury."

> "Lack of reasonably priced down-sizing options."

"Not sure what I will do with the cost that comes with living here; taxes are the big one that make people move."

Figure 10. Thinking about your future years, which of the following is most likely? (1,121 respondents)
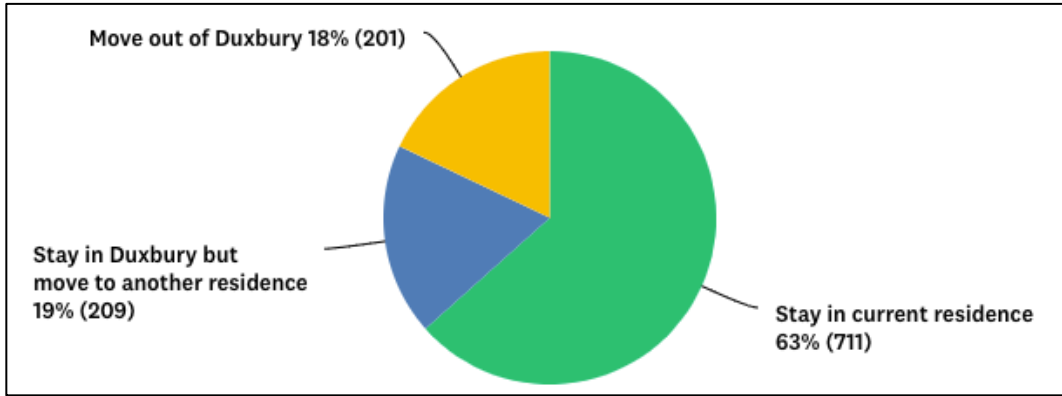
Move out of Duxbury 18% (201)

Stay in Duxbury but move to another residence 19% (209)

Stay in current residence 63% (711)

The factor most likely to influence the decision of whether to stay put or move was home accessibility, closely followed by the need to decrease costs (Figure 11). Intergenerational/co-living appeared to be a factor in decision-making for only a quarter of respondents.

Figure 11. Some people find that they need or want to move out of their homes as they get older. If you were to consider moving, to what extent would the following be a factor in your decision? (1,101 answered)
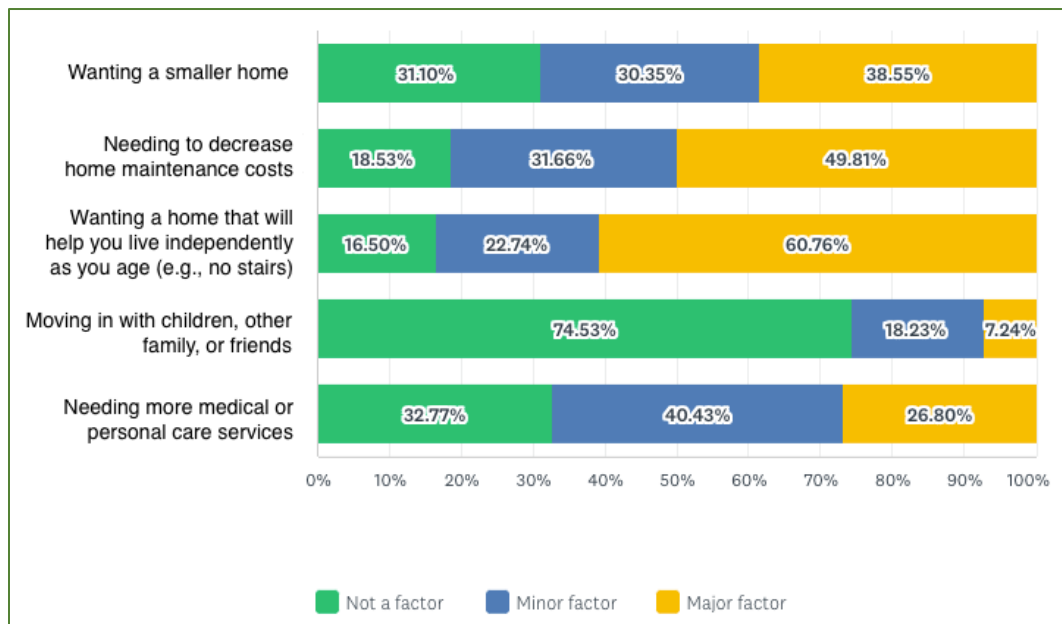
Factor	Not a factor	Minor factor	Major factor
Wanting a smaller home	31.10%	30.35%	38.55%
Needing to decrease home maintenance costs	18.53%	31.66%	49.81%
Wanting a home that will help you live independently as you age (e.g., no stairs)	16.50%	22.74%	60.76%
Moving in with children, other family, or friends	74.53%	18.23%	7.24%
Needing more medical or personal care services	32.77%	40.43%	26.80%

The most significant factor that would affect respondents considering leaving Duxbury as they age appeared to be wanting to live in an area with a lower cost of living (Figure 12). This was followed by wanting to be closer to family/friends. Wanting to live in a more diverse community or an area with better healthcare facilities were both seen by the majority as factors that would not factor into decision-making.

Figure 12. Some people need or want to move out of Duxbury as they get older. If you were to consider leaving Duxbury, to what extent would the following be a factor in your decision? (1,093 respondents)
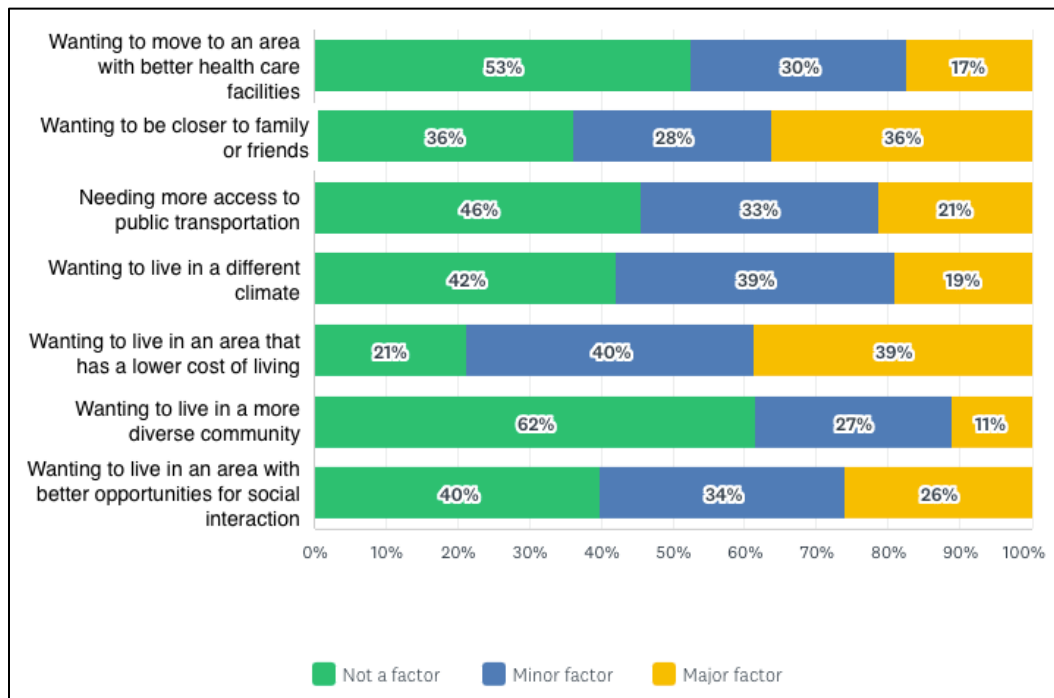
Of those who had an opinion (i.e., did not select "I don't know"), the majority rated Duxbury as good or better on trustworthy contractors and affordable seasonal services (Figure 13). Just under half thought the same about affordable handyman services. With housing choice, however, most respondents did not rate the town well:

- 84% rated Duxbury poor or fair for lower-income housing options
- 79% rated Duxbury poor or fair for enough accessible homes
- 71% rated Duxbury poor or fair for enough housing diversity

Figure 13. How would you rate Duxbury on having the following? (1,061 respondents)

Home modification and repair contractors who are trustworthy and do quality work: Poor 4%, Fair 18%, Good 38%, Very Good 29%, Excellent 11% — n=908

Affordable seasonal services, such as lawn-mowing, fall clean-up, and snow clearing: Poor 11%, Fair 32%, Good 33%, Very Good 18%, Excellent 7% — n=910

Affordable home repair services for smaller, handyman type jobs like gutter repair or shower head replacement: Poor 16%, Fair 36%, Good 29%, Very Good 15%, Excellent 5% — n=902

Enough housing options for adults of lower income levels: Poor 49%, Fair 35%, Good 11%, Very Good 3% — n=863

Enough diversity in housing options, like assisted living facilities and 55+ communities: Poor 33%, Fair 38%, Good 18%, Very Good 6%, Excellent 4% — n=900

Enough homes that are accessible; for example, have no-step entries and first floor bedrooms: Poor 39%, Fair 40%, Good 15%, Very Good 4% — n=778

Legend: Poor, Fair, Good, Very Good, Excellent

3.3.3 Transportation

Most respondents were aware of both GATRA SAIL bus services and the Duxbury Senior Center's free transportation services (Figure 14).

Figure 14. How familiar are you with the following?

GATRA SAIL bus services: Never heard of it 8%, Aware but never used 86%, Used sometimes 6%

Duxbury Senior Center's free transportation services: Never heard of it 12%, Aware but never used 82%, Used sometimes 4%

Legend: Never heard of it, Aware but never used, Used sometimes, Used regularly
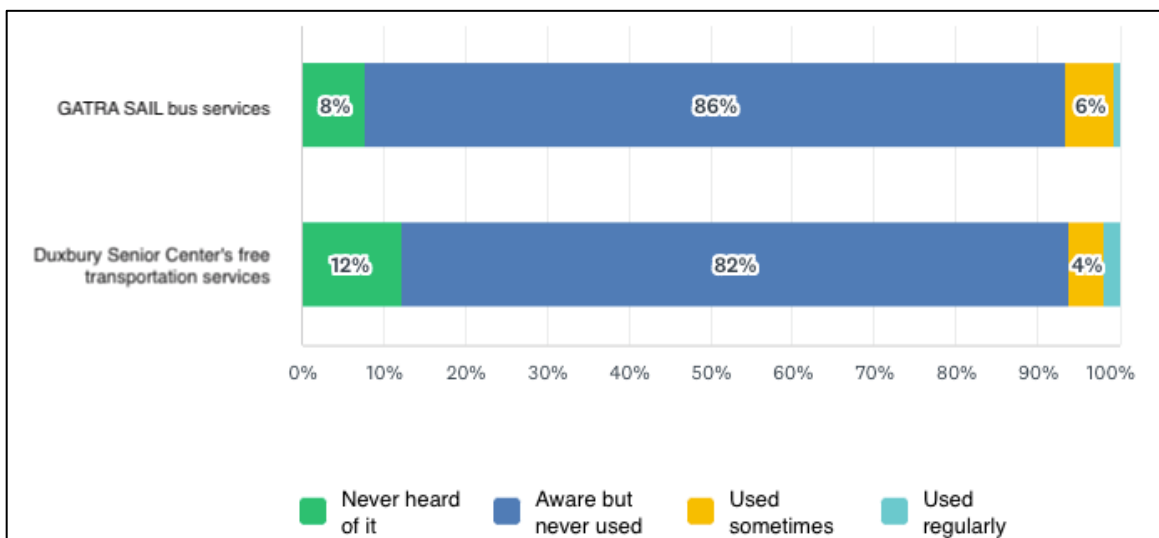
However, most respondents reported driving themselves as their main mode of transport (Figure 15). Ten percent of respondents reported walking as their main mode of transport, followed by ten percent as having others drive them.
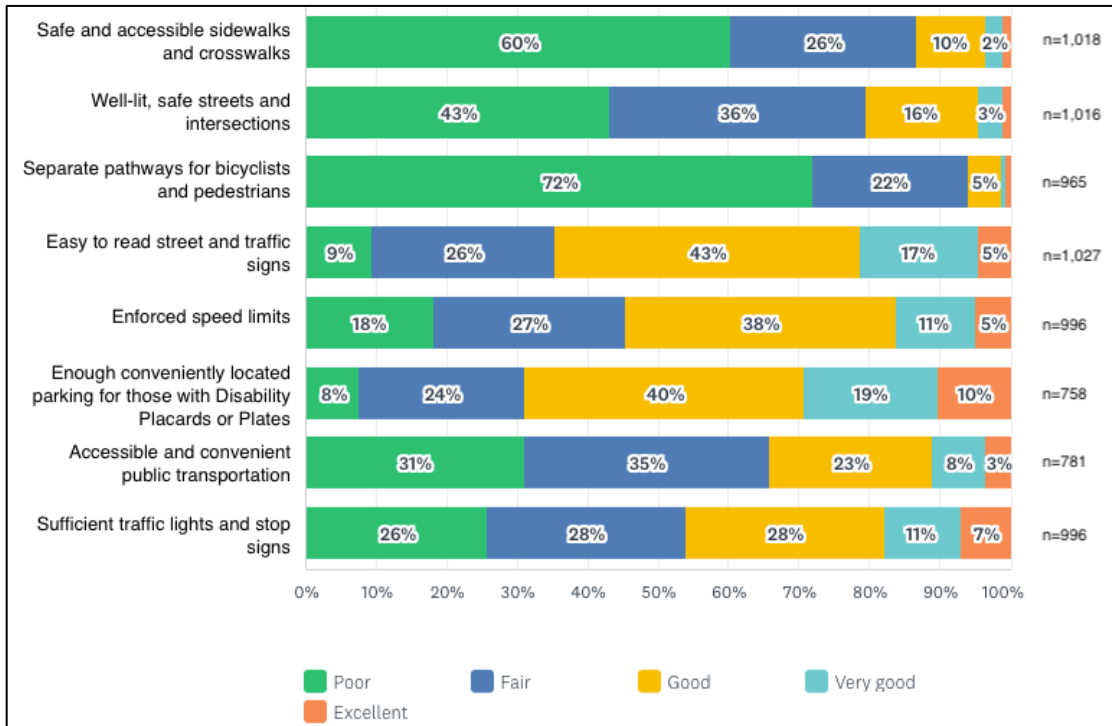
Figure 15. How do you usually get around Duxbury for things like shopping, medical appointments, and errands? (1,044 respondents)
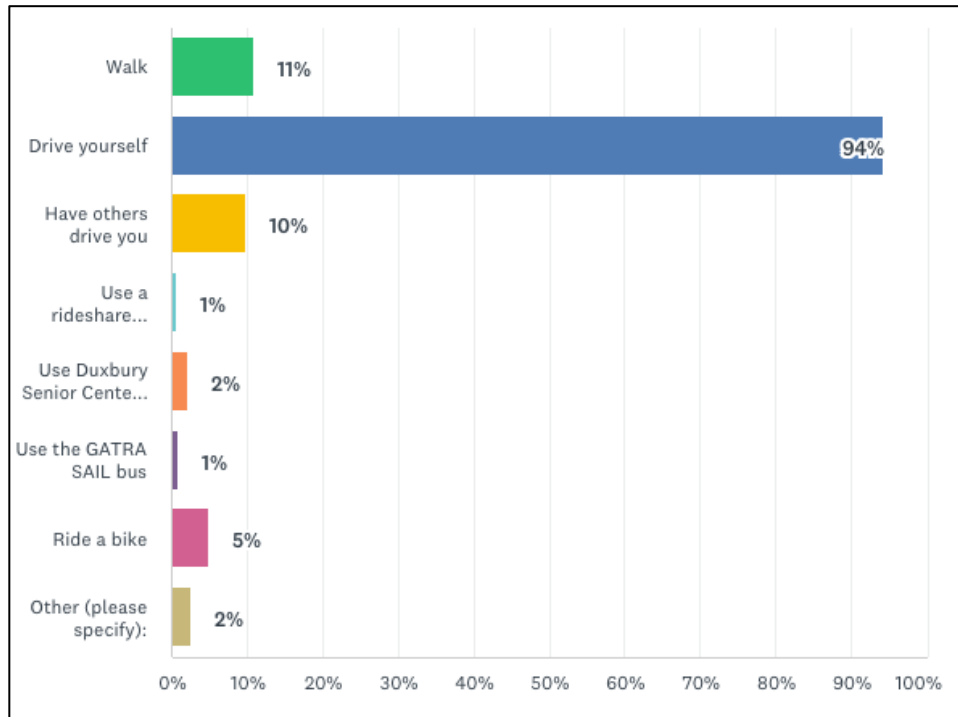
Of those who had an opinion (i.e., did not select "I don't know"), Duxbury was rated good or better by the majority for easy-to-read signs, enforced speed limits, and accessible parking (Figure 16). Just under half thought the same about sufficient traffic and stop signs. Two-thirds rated the town as poor or only fair when it came to public transportation, but by far most respondents ranked the town poorly on walkability:

- 94% rated the town poor or only fair on separate pathways for bicyclists and pedestrians
- 86% rated the town poor or only fair on safe, accessible sidewalks and crosswalks
- 79% rated the town poor or only fair on well-lit, safe streets and intersections
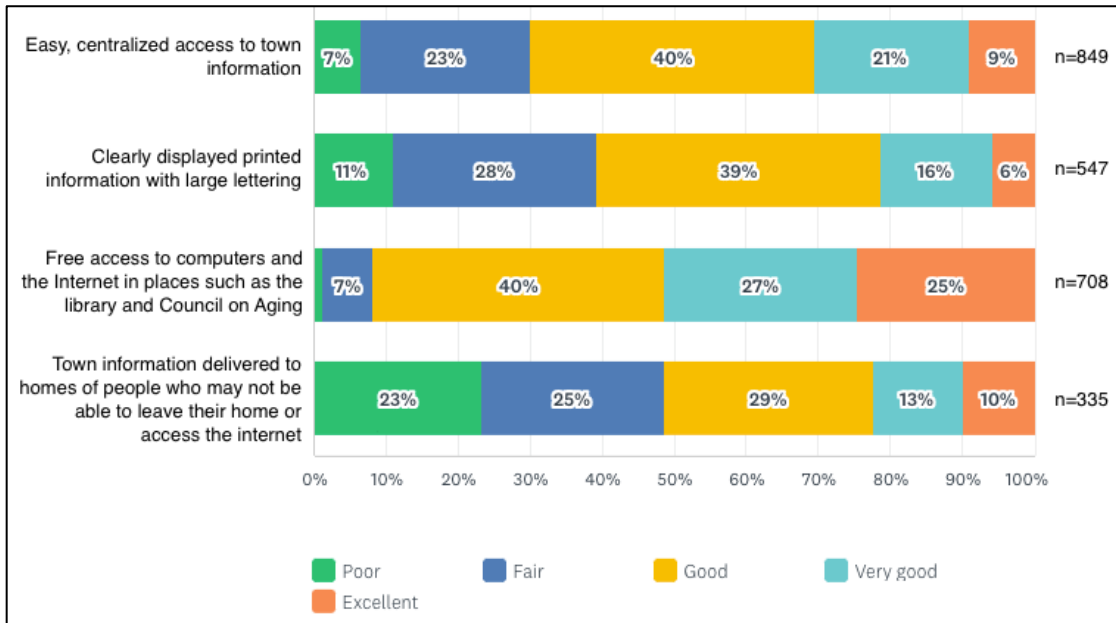
Category	Poor	Fair	Good	Very good	Excellent	n
Safe and accessible sidewalks and crosswalks	60%	26%	10%	2%		n=1,018
Well-lit, safe streets and intersections	43%	36%	16%	3%		n=1,016
Separate pathways for bicyclists and pedestrians	72%	22%	5%			n=965
Easy to read street and traffic signs	9%	26%	43%	17%	5%	n=1,027
Enforced speed limits	18%	27%	38%	11%	5%	n=996
Enough conveniently located parking for those with Disability Placards or Plates	8%	24%	40%	19%	10%	n=758
Accessible and convenient public transportation	31%	35%	23%	8%	3%	n=781
Sufficient traffic lights and stop signs	26%	28%	28%	11%	7%	n=996

### 3.3.4 Communication and Information

Of those who had an opinion (i.e., did not select "I don't know"), most respondents rated Duxbury as good or better on communication and information (Figure 17). About half rated the town as poor or only fair regarding the delivery of town information to those without internet and/or unable to leave home.

Figure 17. How would you rate Duxbury on having the following? (932 respondents)

|	Poor	Fair	Good	Very good	Excellent	
Easy, centralized access to town information	7%	23%	40%	21%	9%	n=849
Clearly displayed printed information with large lettering	11%	28%	39%	16%	6%	n=547
Free access to computers and the Internet in places such as the library and Council on Aging	7%		40%	27%	25%	n=708
Town information delivered to homes of people who may not be able to leave their home or access the internet	23%	25%	29%	13%	10%	n=335

In addition, the majority of respondents rated communication and information in the community as good to excellent across the specific areas of health, town happenings, and volunteer opportunities (Figure 18, Figure 19, Figure 20).

Figure 18. How would you rate Duxbury on having readily available info about healthcare, in-home care, and other services for older adults (1,004 respondents)

	Poor	Fair	Good	Very good	Excellent	
Readily available info about healthcare, in-home care, and other services for older	13%	25%	30%	21%	11%	n=562
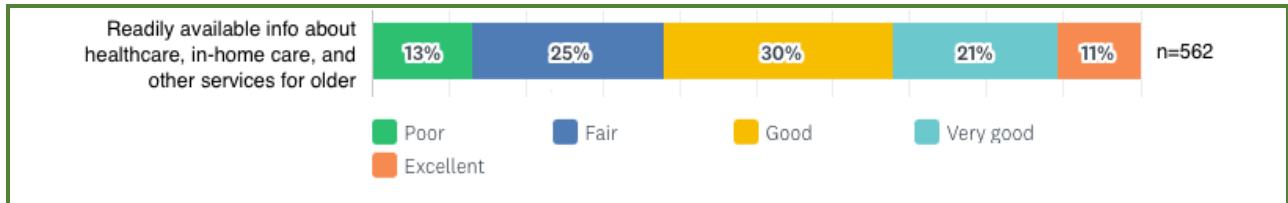
Figure 19. How would you rate Duxbury on readily available information about local activities, events, and educational opportunities? (956 respondents)

|	Poor	Fair	Good	Very good	Excellent	
Readily available information about local activities, events, and educational opportunities	8%	18%	31%	26%	18%	n=856
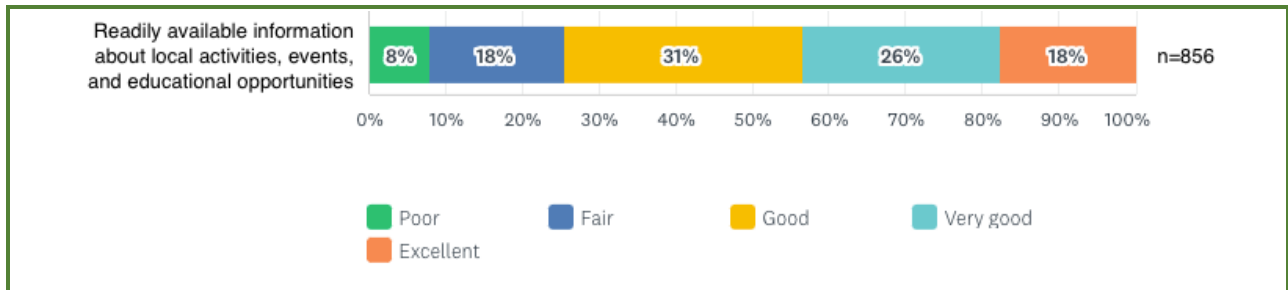
Figure 20. How would you rate Duxbury on easy-to-find information on available local volunteer opportunities? (939 respondents)
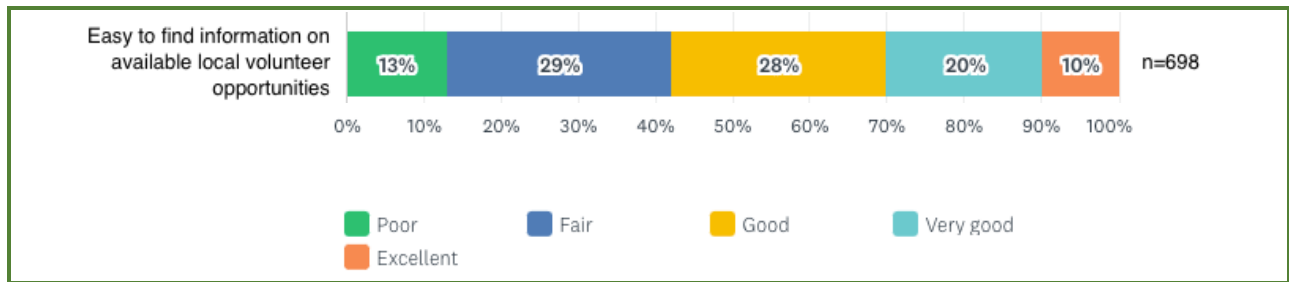
The top three best ways to share information with respondents were reported to be through email, *The Clipper*, and the Duxbury Senior Center/the Center's newsletter (Figure 21).
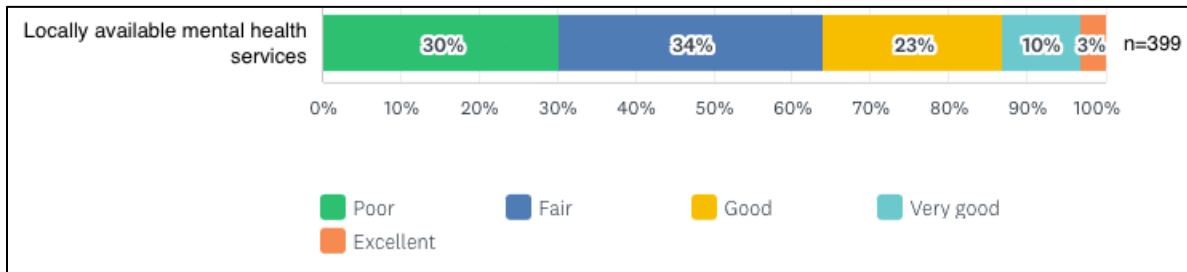
Figure 21. What is the best way to share information with you? (933 respondents)
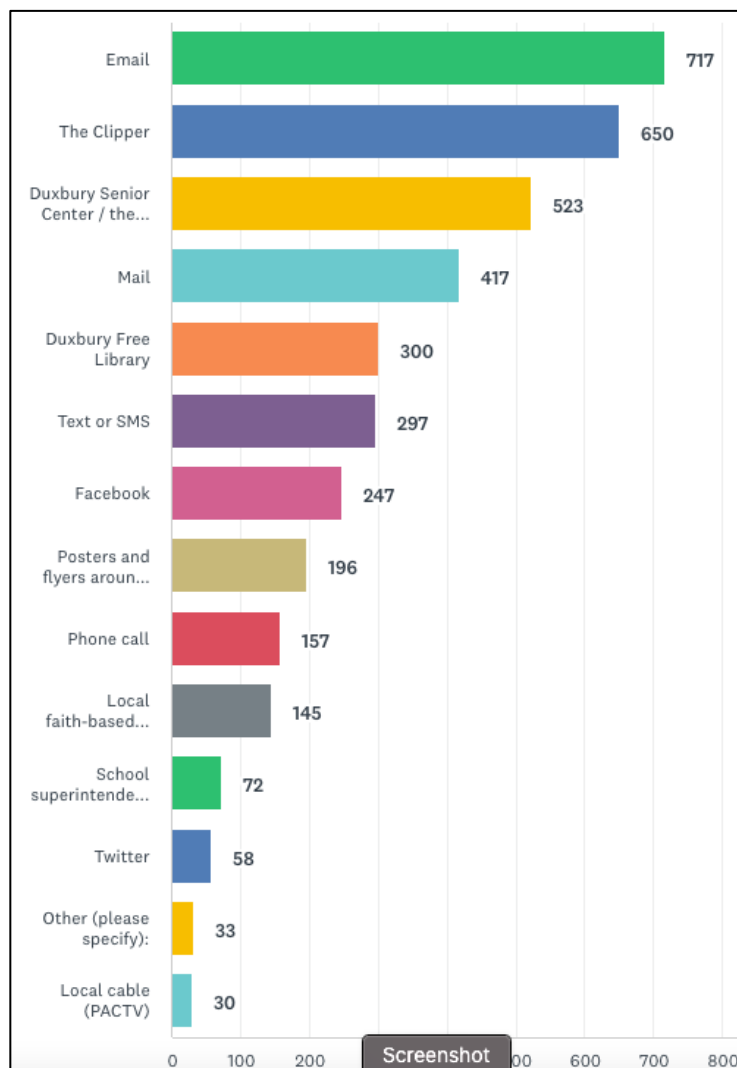
3.3.5 Mental Health

About two-thirds of survey respondents rated Duxbury as poor or only fair on having locally available mental health services (Figure 22).

Figure 22. How would you rate Duxbury on having locally available mental health services? (1,004 respondents)

The survey attempted to get a glimpse into feelings of loneliness among residents (Figure 23), an important gauge of community well-being, especially in the post-COVID world. When asked directly if respondents felt lonely, 71% said they never or rarely did. About a quarter said sometimes, and 3% often or always.

The survey included the three-item UCLA Loneliness Scale to measure dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation (Figure 23). Responses were similar to the question about loneliness.

Figure 23. How often do you feel the following? (997 respondents)
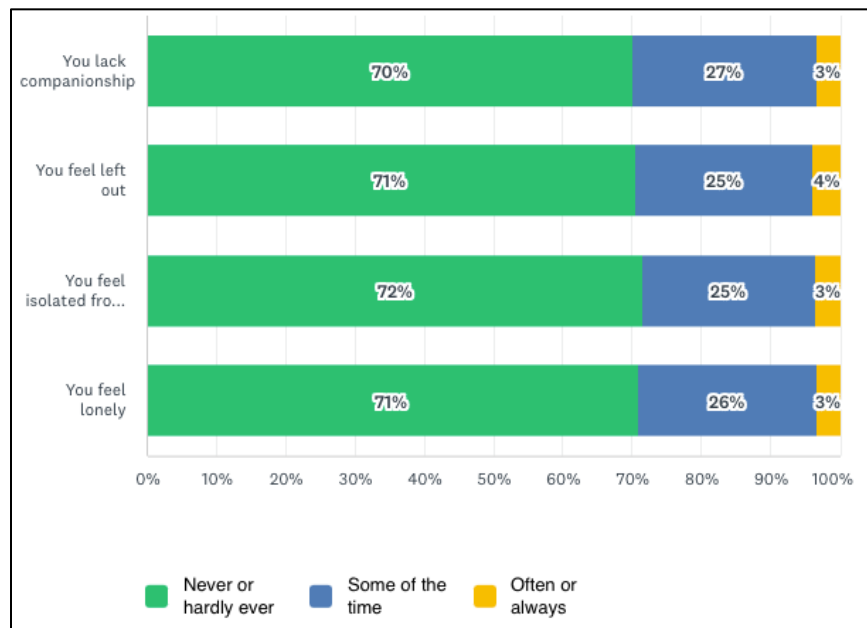
3.4 Meetings, Interviews, and Focus Groups

In addition to the survey, additional qualitative research was undertaken. Between July and October 2023, the Task Force met with five subject experts and OCPC held focus groups with key informants within the community as well as conducted interviews with town staff. A summary of findings is presented below:

3.4.1 Housing

Adaptable Homes: Participants discussed challenges around aging in place. There was consensus around the need to explore ways to encourage new residential development that is better designed for aging and different abilities. The need to support residents looking to adapt their existing homes also was discussed and thought important.

ADUS: Accessory Dwelling Units were thought beneficial to the community overall, helping create ADA-accessible living space, encouraging intergenerational family living, enabling professional live-in caregiving, and possibly providing supplemental income for those on fixed incomes. All agreed that Duxbury's regulations needed improvement to better encourage and enable the construction of ADUs in the community. Participants also agreed that promotion and education about ADUs were needed in the community.

Housing for All: Participants agreed that Duxbury's aging population indicated a need for more housing choices and agreed that the community did not have enough suitable housing for older residents looking to downsize within the community, for young professionals looking to live where they grew up, and for essential workers, like teachers and firefighters, and their families. It was noted that waiting lists for independent living, assisted living, and memory care facilities were often long, and the supply of these units was nowhere near keeping up with demand.

Affordability: The stigma around "affordable" housing was discussed and identified as a barrier to addressing the need for smaller, cost-attainable housing. It was noted that moderately increasing density in appropriate areas of town would not likely change the overall suburban/rural feel of Duxbury. The increasing tax burden was identified as a barrier to aging in place, especially for those on fixed incomes. Tax freezes for long-term residents on low, fixed incomes were discussed.

Accessing Mail Safely: It was pointed out that some residents must cross Route 3A to get their mail, and this could potentially be a safety issue, especially for older adults and those with mobility needs.

Communication and Information: Much discussion was had about the need to promote and educate residents about housing needs and concepts, and related programs and services. Property tax work-off programs, universal design principles, and visitability were some of what participants mentioned.

3.4.2 Transportation

Importance of Transportation: All participants talked about the importance of transportation and transportation services to all ages in the community, including those 60+. Transportation to medical appointments was seen as especially critical, but also to enable social participation within the community.

Holistic Approach: Transportation safety was paramount, including for pedestrians and bicyclists, but participants agreed that connectivity and walkability also were crucial to a high quality of life. Housing and other aspects of how a community develops are important considerations in transportation planning, and transportation is an important consideration when planning housing, recreational open space, etc.

GATRA: There was much discussion about GATRA services – encouraging and enabling residents to make more use of it as well as exploring possibilities for service expansion. Several people noted challenges related to the expansion of services in a low-density community, mainly the cost associated with that. It was also noted that school bus service is not available for after-school activities, so some use GATRA SAIL. Many older residents and students living in Island Creek also rely on GATRA. It was asked whether reliability and service are enough to meet needs since many in that area walk along the dangerous main road.

Senior Center Transportation: The Duxbury Senior Center offers free transportation to those 60+ and demand for this service has been increasing. The challenge is that transport is only available during business hours though the Center is looking to expand hours.

Alternative Transportation Services: Alternative services such as GoGoGrandparent[16] and Plymouth's micro-transit program were discussed, and participants agreed these should be explored for Duxbury.

Walking and Cycling: Pedestrian and bicyclist safety were identified as significant areas of concern. There was general agreement that more sidewalks and bicycle lanes were

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[16] https://www.gogograndparent.com/

needed, as well as safety improvements to intersections. Funding aside, the greatest barrier to more sidewalks in the community was thought to be community opposition. Bay Road was noted as the safest road for bicyclists.

West Duxbury: It was noted that there are challenges for older people living in West Duxbury, not near GATRA stops. There are fewer transportation options, and this part of town is often overlooked.

Pursuing Town Plans and Implementing Policies: It was recognized that several town efforts to date already identified and at least partially sought to address transportation issues in the community. These should be reviewed for progress and implemented:

- The town has a Complete Streets policy.[17] The plan was accepted in 2021 and the town is now eligible to apply for one project a year.
- The town has completed an ADA Transition Plan and Self-Evaluation, a requirement under Title II of the Americans with Disabilities Act (ADA).[18] This self-evaluation includes a review of the town's facilities, programs, and more for ADA compliance and identifies how barriers to accessibility will be corrected.
- High schools were added recently to the state's Safe Routes to School Program. [19] The town could now partner with this program to increase safe walking, biking, and rolling, benefitting all in the community, not just students.
- Envision Duxbury, the town's Master Plan, includes goals, strategies, and actions to advance transportation improvements in the community.

Funding: Ultimately progress is linked to the availability of funding. The town could always use help to apply for more regional, state, and federal grants.

3.4.3 Communication and Information

How Best to Communicate: There was consensus that communication in Duxbury was good. Discussions focused on how people get information and connect to sources – the town website, Senior Center newsletter, Facebook groups, Fire Department on X (formerly Twitter), Duxbury Community Collaborative, and *The Clipper* were mentioned. Three angles needed to be considered – information needed by those 60+; information needed by younger residents, especially caregivers; and how best to deliver

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[17] https://www.town.duxbury.ma.us/planning-department/pages/complete-streets-program

[18] https://www.town.duxbury.ma.us/commission-disabilities/pages/disability-documents

[19] https://www.mass.gov/safe-routes-to-school

information. What messages work best? The importance of font size, contrast, and other factors were noted.

Too much information: It was noted that some folks feel inundated and overwhelmed with too many communication channels and too much information. Being mindful of that and tailoring information is important.

Reach: There is a need to communicate with those who are less technologically able, but how? Important to recognize that some are just not interested in technology and other methods of communication with them is important. Also, how best to reach those 60+ who are not yet in touch with the Senior Center? Ideas included regular programming on local cable channels and YouTube, and partnering with the library, businesses, and interfaith groups.

Guidance: An idea for a guide to community communication was discussed and participants thought it could be useful. The suggestion was to develop a list of social media groups, bulletin boards, traditional media outlets in town, and other information that could help the town and groups within the community share information more efficiently and effectively.

Town Website: Noted as needing ADA accessibility features. Regular updates and expansion of information regarding age- and dementia-friendly is important.

First Responders: Well-equipped first responders are important as well as a local database of residents needing special accommodations, especially during power outages, extreme weather, etc. The community was noted as having excellent, well-equipped, and prepared first responders.

Digital Equity: Digital Equity is important and there are grants available from the Mass Broadband Institute to address technological needs in communities. In Duxbury, cellphone reception is a big issue and, less so, broadband quality.

Education: Digital access can help combat social isolation and loneliness so everyone must have access and opportunities to learn. Providing training throughout the community is important, including older adults to use apps to access in-store coupons, online banking, etc.

Needs: Participants noted several resources, programs, and services that needed to be communicated within the community: GATRA SAIL schedule and stops, AARP guides to help adapt homes, local memory cafés, availability of Social Day Program at the

Senior Center (and need to expand it), programs to help businesses become dementia-friendly, etc. It was suggested the Council on Aging review the information available at the Center and on its website to develop a library of the most-requested information and consider training volunteers to help residents navigate information.

Stigma: Some noted stigma associated with words like "senior" as well as with accepting services like Meals on Wheels. How can we break past that?

3.4.4   Mental Health

Understanding Mental Health: Much discussion was had about mental health treatment and access to treatment. The difference between mental health and behavioral health was noted – that mental health is about how your psychological state affects your well-being while behavioral health is about how your actions affect your well-being. Participants agreed that this was a complex and important topic, especially after COVID-19.

Removing Stigma: Participants agreed that there was still a stigma around mental health and services, and it was noted that many older adults are even more likely to be unused to talking about these issues due to generational differences and changes in society. Younger people are more likely to recognize mental health as an important aspect of overall health and talk about it, often having a better language with which to discuss it. It was agreed that normalizing this issue was important.

Community Challenges: Challenges within the community were raised, including addressing the mental health needs of youth and older adults, barriers to care, and how grief, loss, and caregiving all factor in. Especially as we age, health becomes another concern that can lead to depression and social isolation. Loneliness was thought a significant problem among older adults, and alcohol use was a less seen but problematic issue across all ages. Hearing and vision difficulties can lead to the same isolation as well as contribute to the progression of dementia. Among younger residents and especially students, stress was a big concern.

Crisis Intervention: Based on a model developed in Canada, Plymouth County mental health professionals and first responders meet once a week to discuss challenging cases (presented anonymously) and offer advice and support to one another. This has been an effective initiative in the county, and there was discussion about whether this model could/should be replicated on a smaller scale in Duxbury. The consensus was that the county initiative should continue and that the Senior Center and Duxbury first responders should continue to communicate informally and regularly about local cases

so that Duxbury first responders may escalate difficult cases to the county level when appropriate.

Local Prevention: The model discussed focused on crisis cases, but participants pointed out that more could perhaps be done locally to get to people before the crisis stage. A local hub was considered that could focus on pre-crisis, low-risk situations, like residents living alone who are feeling lonely or losing their hearing. It was noted that the Senior Center already does outreach, but how could it be expanded to those in the community who are not yet connected to the Senior Center? Is there local data that could help identify others to reach out to? TeleHelp/TeleCheck, a volunteer program in Italy that has been modeled elsewhere, was discussed as an example for making outbound calls to isolated older adults. The Duxbury Fire Department was doing similar work with wellness checks.

Importance of Training: Many people interact with those who have mental illnesses, including first responders, volunteers delivering home meals, interfaith groups delivering baskets, etc. Ensuring sufficient training to understand, recognize, and refer is important, especially for volunteers. (Professional first responders are likely to be well-trained already.) It was agreed that volunteers needed to be trained to recognize issues, provide resources, and refer.

Greater Awareness and Education: It was thought that continuing to raise awareness of mental health as well as Alzheimer's disease and other dementias was important in Duxbury, especially to help younger residents identify the needs of older loved ones and help everyone understand their own needs that may be changing. Providing easy-to-access, succinct resources throughout the community was agreed to be important, in addition to workshops and programs.

Access to Care: A variety of new resources to support mental health and well-being were mentioned, but it was noted that many were phone apps or online programs. For older folks, accessing these digital resources could be an issue. Finding mental health providers was challenging. Participants also discussed how the insurance and medical communities' response to physical health issues was likely to be more comprehensive whereas with mental health issues, it was felt that similar extensive systems of support were nonexistent or limited. The consensus was that physical health was still taken more seriously than mental health and well-being.

Good and Bad of Social Media: Social media was discussed as both a great resource as well as a contributor to stress and mental health issues, especially among younger people.

Limited Funding: Funding limitations were noted as preventing many of the solutions discussed, including more social workers in schools, expanded transportation programs, etc.

3.5 Housing Summit

The Duxbury Senior Center in collaboration with the Planning Department held a Housing Summit on January 17, 2024. Guests included housing experts as well as town staff and volunteers working on housing and related issues in the community. A summary of the event is included in Appendix 2.

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4 Action on Housing

All goals and strategies in this plan advance age-friendly principles. Some, however, more specifically advance dementia-friendly efforts in town or seek to improve the mental health and well-being of our community. These are indicated by the purple dementia-friendly abbreviation **DF** and/or green mental health and well-being abbreviation **MH**.

VISION FOR HOUSING

Diverse housing options and affordable services are available in town so that all residents may continue to live in the Duxbury community as their financial, social, and/or health needs change.

GOAL 1
Sufficient supplies of diverse housing units in a variety of price ranges are available for residents of all ages and abilities.

Strategy 1.1 **DF** **MH**
Build community consensus around where the development of smaller, more attainably priced housing as well as elder housing (e.g., supportive housing, shared living in congregate settings, continuing care communities, etc.) would be appropriate, and what these developments should look like to maintain the rural character of the community. Mixed-use development and redevelopment opportunities should be explored, particularly in Hall's Corner and other business districts, as well as residential developments with moderately increased densities that allow for, for example, quaint pocket or "village-style" homes like those seen in areas of Easton or Nantucket. Converting large, older homes into multi-units like on Washington and Harrison Streets may also be possible.

> *Action 1.1.1*
> The Age- and Dementia-friendly Task Force in partnership with the Planning Department will continue to build on the momentum of the January 2024 Housing Summit by reconvening participants in a more focused workshop-like setting to review real-world examples of housing options, like Pinehills in Plymouth, that may be suitable in Duxbury as well as locations most favored for development or redevelopment, including town-owned land that may be appropriate for use.

Action 1.1.2
The Senior Center in partnership with the Planning Department will regularly host "Housing Drop-ins" where residents may come to hear updates on housing efforts in the community and speak with staff about their own housing ideas, needs, and concerns.

Action 1.1.3
The Age- and Dementia-friendly Task Force will continue to advocate for the housing needs of those 60+ and/or with disabilities in the community and will collaborate with other town boards and commissions as well as community organizations to advocate for solutions.

Action 1.1.4
The Planning Department will advocate for and coordinate the implementation of Envision Duxbury, the town's comprehensive master plan. Efforts to implement housing goals in the plan will need to be pursued between many town departments, boards, and committees.

Action 1.1.5
The Selectboard will annually review progress toward the implementation of Envision Duxbury.

Action 1.1.6
The Duxbury Community Preservation Committee will explore opportunities to use Community Preservation Act Funding to support desirable housing projects in town.

Strategy 1.2 DF MH
Promote and enable Accessory Dwelling Units (ADUs), also known as granny flats, in-law suites, or secondary units. ADUs provide additional housing options within existing residential properties, allowing homeowners to accommodate aging relatives, caregivers, or long-term renters that may provide much-needed supplemental income for those on fixed retirement incomes. ADUs increase housing options without significantly altering the character of existing residential neighborhoods.

Action 1.2.1
The Planning Department will propose improvements to local regulations and permitting to remove barriers to the development of ADUs, and will work with the Selectboard and other town departments, boards, and commissions to make changes locally.

Action 1.2.2

The Senior Center legislative advocacy group and the Age- and Dementia-friendly Task Force will bring together advocates for ADUs to support state-level changes being proposed to allow ADUs as of right in single-family zones.

Action 1.2.3

The Age- and Dementia-friendly Task Force and Planning Department will develop a short "Guide to Accessory Dwelling Units" that will help raise awareness of ADUs in the community and educate residents interested in developing an ADU.

Strategy 1.3

Address the unmet housing needs of low- to moderate-income residents, including first-time homebuyers, those looking to downsize, veterans, and essential workers like teachers and other municipal employees, by implementing the town's Housing Production Plan.

Action 1.3.1

The Duxbury Affordable Housing Trust will ensure the town's Housing Production Plan remains updated and will collaborate with the Senior Center, Planning Department, and other town departments, boards, and commissions to implement plan recommendations.

Action 1.3.2

The Selectboard will annually review progress toward the implementation of the town-approved Housing Production Plan.

GOAL 2

Housing is built and large renovations are done in such a way as to suit all ages and abilities or at least be adaptable to the changing needs of residents.

Strategy 2.1 DF

Promote accessibility, visitability, and universal design in new construction and renovations to existing homes. Accessibility typically refers to Americans with Disabilities Act (ADA) standards for doorway and hallway widths, ramp slopes, wheelchair-turning radiuses, etc. Visitability is about making design inclusive for all to visit, with features such as step-free entrances, wider doorways, and bathrooms on the first floor. Universal design is an approach that emphasizes design that works for everyone across all ages and abilities and that enhances the human experience.

Action 2.1.1

The Planning Department, through the planning and permitting process, will encourage developers and residents to consider accessibility, visitability, and universal design in new construction and renovations to existing homes.

Action 2.1.2

The Age- and Dementia-friendly Task Force, Municipal Commission on Disabilities, and Planning Department will collaborate to create a directory of resources on the town's website to support Action 2.1.1. Resources may include materials from AARP, listings of local occupational therapists and Certified Aging-in-Place Specialists, local experienced contractors, etc.

Action 2.1.3

The Planning Board will collaborate with the Age- and Dementia-friendly Task Force to explore how to incentivize developers to implement accessibility, visitability, and universal design. This may include exploring ways bylaws could mandate such development, especially for projects involving town funds and/or town-owned land, as well as advocacy needs to change at the state level.

GOAL 3
Community programs and services support residents to age in their homes even as their health and financial needs change.

Strategy 3.1 `DF` `MH`

Promote existing local services that help vulnerable residents meet basic needs. The Senior Center, for example, offers supportive home visits to homebound or socially isolated older adults as well as home-delivered meals. South Shore Habitat's Critical Home Repair Program aids qualified older adults, veterans, and families struggling to maintain their homes. Other organizations like the Rotary Club and Interfaith Council offer fuel assistance, home care services, and more.

Action 3.1.1

The Senior Center will continue its marketing efforts, including open houses, to disseminate information within the community and will explore ways to increase reach through, for example, a regular column in *The Clipper* and a short program on PACTV, inserts in water bills, letters to new residents, etc.

Action 3.1.2

The Senior Center will continue to fund and offer virtual and in-person programs that may help reduce loneliness.

Strategy 3.2 `MH`

Ease the financial burden of low- to moderate-income residents 60+ and/or with disabilities through continued, expanded, and/or new local relief programs, such as reductions, exemptions, deferrals, freezes, credits, and work-offs. These programs help older adults remain in their homes and communities without facing the risk of property tax delinquency or foreclosure. Preserving homeownership and freeing up resources for needed services like transportation and healthcare contributes to the well-being and quality of life of older adults and strengthens the community as a whole.

Action 3.2.1

The Senior Center will explore the feasibility of increasing positions available under its property tax work-off program and will explore whether surrogates may volunteer on behalf of residents whose health prevents them from doing so.

Action 3.2.2

The Senior Center will hold information sessions about home sharing. According to the Massachusetts Councils on Aging, home sharing is a simple idea where two or more people share a home to their mutual benefit, just like an old-fashioned barter relationship. One person offers accommodations, and the other offers help around the house, rent, or both.

Action 3.2.3

The Senior Center will develop and distribute a handout listing local relief programs and eligibility, including the tax work-off program, property tax exemptions, reduced water rate base charge, etc., and will partner with the Town Assessor to host an information session annually.

Action 3.2.4

The Age and Dementia-friendly Task Force will collaborate with the Fiscal Advisory Committee to review local relief programs, possibly expanding or improving programs to ease the financial burden of low- to moderate-income residents 60+ and/or with disabilities. Consideration may be given, for example, to the introduction of a tax freeze; a tax relief incentive for home modifications, repairs, or ADUs; an interest rate freeze on local tax deferral options; etc.

Strategy 3.3 `DF` `MH`

Strengthen local crisis response.

Action 3.3.1

Explore whether a formal risk prevention and response team is needed and feasible at the town level, modeled after the Plymouth County HUB[20]. The goal would be to identify individuals or families at risk and provide services locally to reduce and prevent the risk of harm – before cases escalate to the county HUB.

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[20] https://www.plymouthcountyhub.com/about

5 Action on Transportation

All goals and strategies in this plan advance age-friendly principles. Some, however, more specifically advance dementia-friendly efforts in town or seek to improve the mental health and well-being of our community. These are indicated by the purple dementia-friendly abbreviation **DF** and/or green mental health and well-being abbreviation **MH**.

VISION FOR TRANSPORTATION

Enough safe, affordable, and accessible transportation options are available in Duxbury so that residents of all ages and abilities can go where they need and want to go. Transportation is no longer a barrier to social participation or access to medical care, and those who choose to walk or bike in town feel safe doing so.

GOAL 4
Residents are aware of, know how to use, and feel comfortable using existing transportation options in town, particularly those operated to support the mobility needs of residents 60+ and/or with disabilities.

Strategy 4.1 DF MH
Raise awareness and encourage the use of existing transportation options in Duxbury, including but not limited to services offered by the Senior Center and GATRA.

> *Action 4.1.1*
> The Senior Center will develop a concise "Guide to Getting Around Town" that will be offered on the town's website and in print at the Senior Center, library, Town Hall, etc. This guide will summarize existing transportation services in Duxbury. Print copies will be made available around town, subject to budget.

> *Action 4.1.2*
> The Senior Center will regularly host workshops and an annual fair to encourage and enable residents to make the most of the transportation options available to them. These may include workshops such as the following:
> o In partnership with GATRA, "Charlie Card Workshops" will be held to help residents with card applications and will include an overview of how to use the public transportation system.

- o "Transportation: What Caregivers Need to Know" will be held to help caregivers navigate transportation options available for their loved ones as well as address driving cessation when necessary.
- o Rideshare workshop introducing GoGoGrandparent and other services available in town as well as safety and how to use them.

Action 4.1.3
The Age- and Dementia-friendly Task Force will engage with local organizations, such as the Newcomers Club, and local media, such as *The Clipper*, to promote the Guide and workshops.

Strategy 4.2 DF MH
Improve the ability of residents to get around town safely via all transportation modes, including but not limited to ride-sharing, driving, walking, and bicycling.

Action 4.2.1
The Library will partner with the Senior Center to offer ride-sharing app tutorials during Device Advice Drop-in at the library.

Action 4.2.2
The Senior Center will regularly offer safe walking, bicycling, and driving refreshers, including partnering with the RMV to hold free, one-hour safe driving workshops at least once a year.

Goal 5

Transportation services and infrastructure in the community meet the needs of everyone, of all ages and abilities, whether they walk, bicycle, drive, or use public transportation.

Strategy 5.1 DF MH
Actively engage in transportation adaptation programs, including but not limited to Complete Streets,[21] Safe Routes to School,[22] and the Transportation Improvement Program (TIP)[23]. These infrastructure programs seek to improve the safety and accessibility of travel for people of all ages and by all modes, including walking, bicycling, driving, and public transportation. Community needs and safety concerns

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[21] https://www.mass.gov/complete-streets-funding-program and
https://www.town.duxbury.ma.us/planning-department/pages/complete-streets-program

[22] https://www.mass.gov/safe-routes-to-school

[23] https://oldcolonyplanning.org/metro-transportation-planning/

related to sidewalks, crossings, bicycle lanes, obstructive utility poles, and more are components of what these programs aim to address.

Action 5.1.1
The Planning Department will advocate for and coordinate the implementation of Envision Duxbury, the town's comprehensive master plan. Efforts to implement transportation goals in the plan will need to be pursued between many town departments, boards, and committees, including the Department of Public Works, Sidewalk Committee, and others.

Action 1.1.5 *(same action as for Housing)*
The Selectboard will annually review progress toward the implementation of Envision Duxbury.

Action 5.1.2
The Senior Center with the Age- and Dementia-friendly Task Force will recruit volunteers with grant-writing experience to support the Planning Department and the Department of Public Works in the pursuit of transportation infrastructure and services funding opportunities. The volunteer program will be temporary until the town hires a professional grant writer.

Strategy 5.2 `DF` `MH`
Identify and address any unmet transportation needs among those 60+ and/or with disabilities.

Action 5.2.1
The Planning Department will coordinate with the Senior Center and other town departments to explore with GATRA the feasibility of the following:
o Adding a bus stop at the Senior Center
o Extending hours for existing routes
o Increasing the frequency of services to the Kingston Commuter Rail
o Expanding local routes, including in West Duxbury
o Expanding regional routes and connections to the Weymouth/South Shore Hospital area, MBTA bus services, and other priority destinations

Action 5.2.2
The Senior Center will explore expanding or supplementing its on-demand local and medical driving program. Possibilities include subsidized partnerships with rideshare companies like Uber, Lyft, or GoGoGrandparent; additional microtransit

services like GATRA GO; or in-house rideshare software enabling municipal rideshare services like NewMo in Newton[24] or Salem Skipper[25].

Strategy 5.3 `DF` `MH`

Improve the experience of getting around town so that people of all ages and abilities may enjoy all Duxbury has to offer.

Action 5.3.1

The Age- and Dementia-friendly Task Force, Municipal Commission on Disabilities, Conservation Commission, and Open Space Committee will collaborate on a review of Conservation Trail Maps to improve the accessibility of online and print materials and will work together to promote and improve trail accessibility.

Action 5.3.2

The Age- and Dementia-friendly Task Force will support and promote Duxbury Beach Reservation's Access for All initiative to make the beach more accessible for all.

Action 5.3.3

The Age- and Dementia-friendly Task Force and Municipal Commission on Disabilities will collaborate with other departments, boards, and commissions to identify areas in town that need more benches, accessible picnic tables, accessible restrooms, and other amenities so residents of all ages and abilities can rest when needed and stay outdoors longer because they have access to facilities.

Action 5.3.4

The Senior Center will offer dementia awareness training to all transportation staff and volunteers, using resources provided by Dementia Friendly America, Alzheimer's Association, or similar subject matter experts.

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[24] https://www.newtonma.gov/government/planning/transportation-planning/newmo

[25] https://www.salemma.gov/mobility-services/pages/salem-skipper

6 Action on Communication and Information

All goals and strategies in this plan advance age-friendly principles. Some, however, more specifically advance dementia-friendly efforts in town or seek to improve the mental health and well-being of our community. These are indicated by the purple dementia-friendly abbreviation **DF** and/or green mental health and well-being abbreviation **MH**.

VISION FOR COMMUNICATION AND INFORMATION
Everyone in Duxbury, regardless of age or ability, has access to relevant, understandable, and actionable information that empowers them to make informed decisions, participate in and contribute to community life, and maintain their health and well-being as they age.

GOAL 6
All town communications are age-positive and inclusive as well as easy to see, hear, and understand. This helps everyone in the community get the most current information and feel more connected.

Strategy 6.1 DF
Improve understanding of dementia among town staff and volunteers so they may engage with and respond effectively when serving the needs of those living with dementia and their caregivers.

> ### Action 6.1.1
> The Senior Center will coordinate with the Town Manager's office and town department heads to offer dementia awareness training to all resident-facing town staff and volunteers, using resources provided by Dementia Friendly America, Alzheimer's Association, or similar subject matter experts.

Strategy 6.2 DF
Ensure that town communications (digital and in print) are accessible and use age-positive language and images of older adults.

> ### Action 6.2.1
> The Town Manager will explore the feasibility of redesigning the town website or implementing features on it to make it more accessible. An accessible website is

designed and developed so that people of all ages and abilities can perceive, understand, navigate, and interact with it.

Action 6.2.2

The Age- and Dementia-friendly Task Force will recruit volunteers and/or interns to research and develop a concise how-to for town staff communicating with the public. This how-to will be based on good practices and resources available online from reputable organizations.[26]

Action 6.2.3

The Town Manager and Selectboard will encourage town staff to use the communications how-to in their communication with the public.

GOAL 7
All residents and caregivers are connected to the information and resources they need to maintain a high quality of life as they age.

Strategy 7.1

Conduct outreach to those who may have limited access to mainstream communication channels, may be socially isolated, or may not have yet heard of the Senior Center.

Action 7.1.1

The Senior Center will mail a copy of the center's newsletter to residents on their 60th birthday with a letter inviting them to come visit the center and learn about all it has to offer.

Action 7.1.2

The Age- and Dementia-friendly Task Force annually will host an event for town boards and commissions, schools, community groups, and local organizations to exchange information and discuss ways to improve the dissemination of information within the community.

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[26] For example, https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2021/language-aging.doi.10.26419-2Fres.00466.001.pdf, https://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/various-varies/afcomm-commavecaines/AFComm-Commavecaines-eng.pdf, and https://monroeagingalliance.org/wp-content/uploads/2023/11/MCAA-Age-Friendly-Style-Guide-FINAL-8.5x11-print.pdf.

Action 7.1.3

The Age- and Dementia-friendly Task Force will recruit volunteers and/or interns to develop a Community Marketing Guide for Duxbury. This guide will list all the different ways news and information may be spread around town, including locations of community billboards, popular social media groups and pages, town social accounts and contact details, etc. The purpose of this guide will be to improve communication efficiencies in the community and help town departments, boards, commissions, community groups, and local organizations spread news, information, and resources effectively.

Action 7.1.4

The Senior Center will update its communications strategy to actively target the Boomer Generation and those recently retired.

Action 7.1.5

The Age- and Dementia-friendly Task Force will advocate for improved broadband and cellular services in town to help ensure residents remain connected.

Strategy 7.2 DF MH

Keep residents informed about efforts to expand the Senior Center Social Day Program, which is in high demand. Duxbury currently offers an outstanding Social Day Program that provides 12 hours of social activities every week for those 60+ with dementia as well as 12 hours of respite time for their caregivers. Efforts to expand this program are underway in response to the program's long waitlist.

Action 7.2.1

The Senior Center will regularly include program expansion updates in its newsletter.

Action 7.2.2

The Senior Center with the Age- and Dementia-friendly Task Force will continue to work toward the expansion of the Senior Center Social Day Program. The town will need to support expansion.

GOAL 8

Older adults are seen positively as contributors in the community, and stigma surrounding dementia and mental health and well-being no longer exists.

Strategy 8.1

Ensure town-led projects and initiatives include an older adult advocate on any steering committees or boards to help ensure that the needs of those 60+ and/or with disabilities are considered.

Action 8.1.1

The Town Manager and Selectboard will contact the Age- and Dementia-friendly Task Force with requests for representation or feedback on town projects and initiatives.

Strategy 8.2

Welcome all community members to the Duxbury Senior Center, raising awareness of the center as a resource for everyone, of all ages and abilities.

Action 8.2.1

The Senior Center will regularly host inclusive Community Open Houses so all residents, regardless of age, ability, sexual orientation, etc., can come to the center to learn about all it has to offer.

Action 8.2.2

The Senior Center will continue to include updates in the annual town report, including updates specific to the implementation of this Age- and Dementia-friendly Action Plan.

Strategy 8.3 DF MH

Encourage local organizations and businesses to use age-inclusive language and visuals in their communications, and to become age- and dementia-friendly.

Action 8.3.1

The Age- and Dementia-friendly Task Force will explore launching an age-friendly Business program. An age- and dementia-friendly business is one in which people of all ages and abilities can comfortably shop for goods or services. The Duxbury program could be modeled after programs in other Massachusetts communities such as Salem[27] and Boston[28].

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[27] https://salemforallages.org/services/age-friendly-business/

[28] https://www.boston.gov/departments/age-strong-commission/age-friendly-businesses

GOAL 9

Town boards and commissions communicate regularly and effectively with one another and with town departments so that efforts that require a holistic approach, like achieving an age- and dementia-friendly community, may succeed.

Strategy 9.1

Provide opportunities for boards, commissions, and departments to discuss and collaborate on related and interlinked issues.

Action 9.1.1

The Senior Center with the Age- and Dementia-friendly Task Force will use the success of the 2024 Housing Summit to organize meetings and events around other important topics.

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7 Next Steps

The Age- and Dementia-friendly Task Force, supported by the Senior Center, will continue to meet regularly to

- advocate for age- and dementia-friendly initiatives in town,
- facilitate coordinated implementation of this plan, including overseeing the implementation of actions assigned to the Senior Center and/or Task Force,
- advise town boards, committees, and projects on aging and dementia and how those issues relate to and could be integrated into their work,
- monitor and at least annually report on progress to the Selectboard,
- in 2024-2025, develop plans and secure funding for addressing the other AARP domains not included in this first plan and continue to integrate dementia-friendly principles in all work,
- continue to help improve the mental well-being of the community by exploring collaborations with the town, first responders, schools, community groups, and others to develop outreach materials and expand outreach efforts,
- and keep the community updated on progress and opportunities for involvement.

The Duxbury Senior Center's Council on Aging Board will work with the Age- and Dementia-friendly Task Force and the Town Manager to ensure Duxbury maintains its AARP Age-friendly Designation through annual reporting to AARP, and that Annual Town Reports include progress updates on Action Plan implementation.

Community members interested in becoming involved in this initiative should contact Joanne Moore, Director, Duxbury Senior Center, at joannemoore@duxbury-ma.gov or (781) 934-5774 extension 5700. For more about the Age- and Dementia-friendly Task Force, please visit the town website at https://www.town.duxbury.ma.us/duxbury-age-and-dementia-friendly-task-force.

Appendix 1: Research Participants

7.1 Task Force Meetings with Subject Matter Experts

6/1/2023 on Transportation
- Charles Kilmer, Deputy Director and Transportation Program Manager at Old Colony Planning Council
- David Klein, Administrator – Area Agency on Agency, Old Colony Planning Council

8/3/2023 on Housing
- Dottie Fulginiti, Chair of the Easton Select Board and former Senior Planner in Housing and Economic Development at Old Colony Planning Council

9/12/2023 on Communication and Information
- James Fuccione, Executive Director of the Massachusetts Healthy Aging Collaborative

10/4/2023 on Mental Health
- Sarah Cloud, Director of Social Services at Beth Israel Deaconess Hospital – Plymouth

7.2 Focus Groups with Key Informants

Transportation Focus Group, July 12, 2023
- Angela Constantino, GATRA
- Fred Von Bargen, COA Board Member, and Highway committee
- Lauren Wallberg, Duxbury Senior Center Transportation Coordinator
- Norman Smith, Duxbury DPW
- Elaine Philbrick, Duxbury Sidewalk/Bike Path Committee
- Kerri Victorio, GATRA
- Leslie McCarthy, Duxbury resident, Former COA Board

Housing Focus Group, August 9, 2023
- Chrissy Antonellis, Duxbury realtor
- Jonathon Mark, Duxbury realtor
- Michael Juliano, Duxbury developer
- Emmett Sheehan, Duxbury landscaping, Zoning Board of Appeals
- Paul Casale, Welch Company/senior housing

- Rob Fawcett, Duxbury developer
- Chris Ryan, Duxbury Planning Director (former)
- Jim Middleton, Habitat for Humanity
- Mike Herlihy Duxbury COA Long Range Plan, Duxbury resident
- Marika Reuling, planner Harvard University
- Martha Himes, Duxbury Housing Trust
- Pam Campbell Smith, COA Board

Mental Health Focus Group, September 13, 2023
- Penny Herlihy, COA Board
- Alexandra Newcomb, DSC Outreach Manager
- Anna Seery, Social worker
- Kirsten Piper, Duxbury paramedic
- Michael Carbone, Duxbury Police
- Peter Holden, COA Board
- Sarah Cloud, Social Work PID Plymouth
- Andrew Homestead, Duxbury Police
- Kathleen Dowling, Duxbury resident, former COA Board
- Lisa Dembowski, Duxbury Schools
- Mickey Barry, Duxbury Resident, DSC LGBTQ Committee
- Marybeth Emerson, Reverend Deacon

Communication and Information Focus Group, October 5, 2023
- Nancy McDermott, Duxbury Senior Center Front Desk
- Cristin Mitchell, Duxbury Schools
- Mathew Nadler, Editor, *The Clipper*
- Maurice Myrie, IT Town of Duxbury
- Nancy O'Connor, Assistant to Town Manager
- Rob Reardon, Duxbury Fire Chief
- Kerry Dowling, Duxbury Resident
- Dwight Shepard, COA Board
- Merry Dalahmeh, Welch Company
- Sam Correia, Outreach Duxbury Free Library

7.3 Town Staff and Volunteer Interviews

1. January 18, 2024, Brian Glennon, Select Board
2. January 18, 2024, Sheila Sgarzi, DPW Director

3. January 18, 2024, Alex Chin, Chair, Fiscal Advisory Committee, and Mary MacKinnon, Finance Director
4. January 19, 2024, Betsy Sullivan, Chairperson, Finance Committee, and Friend S. Weiler, Sr., Member, Finance Committee
5. René Read, Town Manager

Appendix 2: Housing Summit Summary

The following summary of the Housing Summit was taken from the January 24, 2024 edition of *The Clipper*:

Summit looks at Duxbury's housing challenges

Focus is on elderly, affordability and new options

By Matthew Nadler
Clipper Editor

In a wide-ranging presentation last Wednesday at the Senior Center, local officials discussed the state of housing in Duxbury.

Officially, the "Duxbury Housing Summit," as it was titled, was focused on the housing needs of the town's elderly population. The event was organized by the Age and Dementia Friendly Task Force. Even so, the discussion also touched on the general need for affordable housing and the kinds of housing the town could offer.

People over age 60 make up one-third of Duxbury's population, Task Force Chairman Kevin Mullins said. That will continue to rise, he added.

An age-friendly community is one that's walkable, Joanne Zygmunt of the Old Colony Planning Council said. That doesn't mean "just

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Focus is on elderly, affordability and new options

moms with strollers or kids going to school," she added. Housing that's built for senior citizens, with such accessibility features as wider doors and no-step entrances, also benefit caregivers and other groups, such as those with dementia.

Housing production has been an issue since the 1980s when production for many types of homes "fell off a cliff," Former Duxbury Town Planner Chris Ryan said. The only kind of housing that interests developers these days are single-family homes sold at the market rate. But that can't keep up with the demand. Duxbury's housing reflects that reality, Ryan said.

The Affordable Housing Trust is focused on developing housing that fits the character of the town and benefits low and moderate income people. Dan Coughlin, Chairman of the DAHT, pointed out that people sometimes confuse affordable and public housing. "Sometimes people who work for the town qualify for this kind of housing," he said. Duxbury should be proactive in getting to the 10 percent threshold and staying there, Ryan said.

There are several projects in the works, he said. The town needs 129 more units of housing to meet the 10 percent threshold that would exempt it from the rules of 40B. "We've got a long way to go," Coughlin said. Duxbury should be proactive in getting to the 10 percent threshold and staying there, Ryan said.

The Duxbury Housing Authority oversees Duxbury's public housing supply, Chair-woman Bri Lieng said. The daily management, however, is handled by the Plymouth Housing Authority.

"Sometimes people who work for the town qualify for this kind of housing," he said. Duxbury should be proactive in getting to the 10 percent threshold and staying there, Former Duxbury Town Planner Chris Ryan said.

The DHA oversees 52 units at Duxborough Village on Chestnut Street, seven individual homes and 12 "special occupancy" units. There are 629 locals on the waiting list for Duxburough Village, she said. But the waiting list also includes 4,386 state-wide applicants. There are 460 local and 6,451 state-wide applicants for those units. Those applicants are "local people, their grandparents, they're disabled, they need somewhere to stay, they don't need their three-bedroom home anymore."

Ryan explained the Commonwealth's MBTA zoning law, which requires all MBTA member communities to zone 50 acres of land zoned to allow 15 units of housing on each acre. For Duxbury, that means a potential 750 new dwellings. He added that the law doesn't require towns to have a plan to produce the housing, just to have zoning for it. "It's very challenging, particularly for a smaller community like Duxbury."

When he was here, Ryan identified three sites that met the criteria for the MBTA zoning rules. He also got a grant to hire a company, Boston-based Stantec, to do the work. He recommended the town establish an advisory committee to assist Stantec. One of those is the Island Creek development on Tremont Street, which largely fits the requirements of the law already. The other locations are on Summer and Congress Street, and Temple Street.

Besides the MBTA rezoning, which will require Town Meeting approval, work on updating the town's housing production plan is underway, Ryan said. He called it a great opportunity to show the challenges the town faces. The town also got a grant to update its inclusionary and zoning bylaw.

Different interest groups should meet to discuss their vision for the town's housing. He noted that different needs can overlap. For example, senior housing could be built within an area zoned to meet the MBTA requirements.

Seniors want housing near commercial districts, Mullin said.

Participants also offered ideas for new kinds of housing. John Cruz from the Metropolitan Area Planning Commission talked about Accessory Dwelling Units and the role they can play in alleviating housing concerns for the elderly. Interest in ADUs have grown beyond ""we don't know what to do with mom," he said. People want flexibility, he said. For example, they could build an ADU, move into that and rent out the main house. Or vice-versa.

While many towns don't allow ADUs, Duxbury's by-law "is pretty good," he said.

The problem for ADUs is that banks don't have programs to pay for them. It's hard, Cruz said, for banks to figure out how to provide loans for two dwellings on the same property. They can also be expensive, costing in the area of $200,000, he said.

Lieng would like to find creative ways to reuse existing buildings. "We have lots of big buildings not getting used," Lieng said.

Besides ADUs, Ryan brought up the idea of small cottage developments, 500 to 900-square foot homes built around common green spaces, as one option. "People are looking for less yard and space," he said.

One woman pointed out that getting people on board with new types of housing is going to be a challenge. Ryan replied, saying that it was important to get people to think about who would occupy it. "Try to get people to look at it from a different perspective."

The session ended with a discussion of what other people and communities should be heard, along with what other steps can be taken. Finance Committee Chairwoman Betsy Sullivan asked how people who want to stop development can be brought into the discussion, if only to get them to understand the reasons for it. Other groups suggested included people who already live in affordable housing, those who are on the waiting lists and people who work in social services. Also on the list were first responders, the director of the Housing Authority, members of the faith community and architects. The last suggested to show how higher density housing could work in Duxbury.

In the view of those attending, issues to be addressed included affordability, and converting existing buildings into multiple unit housing.

END.

Appendix 3: Public Consultation and Feedback

Page held for public comments received in May.

DRAFT

Appendix 4: Healthy Aging Profile

"The Massachusetts Healthy Aging Data Report is designed to help residents, agencies, providers and governments understand the older adults who live in their cities and towns – their ages, living arrangements, health status, strengths, and vulnerabilities. The report was first released in January 2014 and updated in March 2015 and most recently in December 2018.

The 2018 report includes 379 Community Profiles: 351 for each of the Commonwealth's 351 cities and towns plus neighborhoods in Boston, Springfield, and Worcester. Each Community Profile includes 179 indicators of individual and community health listed alongside state averages, allowing for a comparison of how a town is doing relative to the rest of the state by each variable.

The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston."

For further information, including on data sources and methods, please visit https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/.

Duxbury (Plymouth)

TUFTS
Health Plan
F O U N D A T I O N

Duxbury is a suburban south shore community with 2,617 residents aged 65 and older. The transit score indicates that there is minimal transit (1/10). Compared to state averages, older residents fare better on several healthy aging indicators with lower rates of tooth loss, obesity, high cholesterol, depression, anxiety disorders, bipolar disorders, post-traumatic stress disorder, substance use disorder, tobacco use disorder, diabetes, chronic obstructive pulmonary disease, asthma, heart attack, hypertension, ischemic heart disease, peripheral vascular disease, congestive heart failure, lung cancer, hypothyroidism, anemia, chronic kidney disease, liver disease, fibromyalgia, migraine, glaucoma, ulcers, and visual impairment. However, older residents have higher rates of excessive drinking, prostate cancer, and cataract. They are also likely to take the health promoting steps of following the CDC guidelines for physical activity and having an annual dental exam. Community resources to promote healthy aging include a Council on Aging walking club, a memory café, and a cultural council.
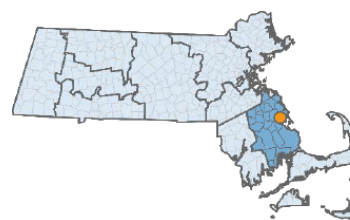
POPULATION CHARACTERISTICS

	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		15,444	6,742,143
Population 60 years or older as % of total population		25.0%	21.2%
Total population 60 years or older		3,861	1,428,144
Population 65 years or older as % of total population		16.9%	15.1%
Total population 65 years or older		2,617	1,016,679
% 65-74 years		61.0%	55.3%
% 75-84 years		22.6%	29.4%
% 85 years or older		16.4%	15.2%
Gender (65+ population)			
% female		53.4%	57.2%
Race/Ethnicity (65+ population)			
% White		97.8%	90.0%
% African American		1.3%	4.3%
% Asian		0.5%	3.2%
% Other		0.3%	2.5%
% Hispanic/Latino		0.0%	3.8%
Marital Status (65+ population)			
% married		64.1%	52.5%
% divorced/separated		6.7%	14.0%
% widowed		22.5%	25.5%
% never married		6.7%	8.0%
Education (65+ population)			
% with less than high school education		2.3%	16.5%
% with high school or some college		43.1%	52.6%
% with college degree		54.6%	30.9%
% of 60+ LGBT (county)		2.8%	3.2%
% of 65+ population living alone		23.6%	30.2%
% of 65+ population who speak only English at home		97.9%	83.3%
% of 65+ population who are veterans of military service		19.9%	18.8%
Age-sex adjusted 1-year mortality rate		3.7%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		4.4%	3.6%
% moved from different county in Massachusetts		0.3%	1.1%
% moved from different state		1.0%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		75.8%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		30.4%	27.7%
% 60+ met CDC guidelines for aerobic physical activity	B	64.9%	56.8%
% 60+ met CDC guidelines for both types of physical activities		24.6%	20.8%
% 60+ getting recommended hours of sleep		69.1%	62.7%
% 60+ injured in a fall within last 12 months		8.5%	10.6%
% 65+ had hip fracture		3.9%	3.7%
% 60+ with self-reported fair or poor health status		13.5%	18.0%
% 60+ with 15+ physically unhealthy days last month		10.6%	12.7%
% 60+ with physical exam/check-up in past year		88.4%	89.3%
% 60+ met CDC preventive health screening goals		35.2%	35.0%
% 60+ flu shot past year		66.3%	60.8%
% 65+ with pneumonia vaccine		72.5%	72.0%
% 60+ with shingles vaccine		36.9%	39.7%
% 60+ with cholesterol screening		97.0%	95.7%
% 60+ women with a mammogram within last 2 years		88.0%	84.8%
% 60+ with colorectal cancer screening		64.3%	63.3%
% 60+ with HIV test	*	10.9%	15.6%
% 60+ current smokers		6.1%	8.5%
% 60+ living in a home where smoking is not allowed		87.6%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth	B	24.9%	32.5%
% 60+ with annual dental exam	B	82.3%	77.5%
# of dentists per 100,000 persons (all ages)		123	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		26.4%	21.5%
% 60+ self-reported obese		24.6%	23.1%
% 65+ clinically diagnosed obese	B	12.8%	19.0%
% 65+ with high cholesterol	B	72.3%	75.0%
% 60+ excessive drinking	W	15.0%	9.3%
% 65+ with poor supermarket access		62.9%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		7.7%	7.0%
% 65+ with depression	B	27.3%	31.5%
% 65+ with anxiety disorders	B	22.2%	25.4%
% 65+ with bipolar disorders	B	2.9%	4.5%
% 65+ with post-traumatic stress disorder	B	1.1%	1.8%
% 65+ with schizophrenia & other psychotic disorders		5.3%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		1	1,873
% 65+ with substance use disorders (drug use +/or alcohol abuse)	B	5.0%	6.6%
% 65+ with tobacco use disorders	B	6.2%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		13.6%	13.6%
% 65+ with diabetes	B	23.4%	31.7%
% 65+ with stroke		12.7%	12.0%
% 65+ with chronic obstructive pulmonary disease	B	15.9%	21.5%
% 65+ with asthma	B	12.6%	15.0%
% 65+ with hypertension	B	71.5%	76.2%
% 65+ ever had a heart attack	B	3.5%	4.6%
% 65+ with ischemic heart disease	B	36.5%	40.2%
% 65+ with congestive heart failure	B	19.4%	22.4%
% 65+ with atrial fibrillation		16.5%	15.9%
% 65+ with peripheral vascular disease	B	16.3%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis		50.8%	52.4%
% 65+ with osteoporosis		20.3%	20.7%
% 65+ with leukemias and lymphomas		2.8%	2.3%
% 65+ with lung cancer	B	1.5%	2.1%
% 65+ with colon cancer		2.4%	2.9%
% 65+ women with breast cancer		12.3%	10.9%
% 65+ women with endometrial cancer		1.8%	1.9%
% 65+ men with prostate cancer	W	17.2%	13.8%
% 65+ with benign prostatic hyperplasia		40.0%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism	B	18.9%	21.1%
% 65+ with anemia	B	44.2%	46.6%
% 65+ with chronic kidney disease	B	22.9%	27.3%
% 65+ with liver diseases	B	7.0%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue	B	15.8%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache	B	3.7%	4.6%
% 65+ with epilepsy		2.5%	2.9%
% 65+ with traumatic brain injury		1.8%	1.5%
% 65+ with autism spectrum disorders		0.1%	0.1%
% 65+ with glaucoma	B	22.6%	25.7%
% 65+ with cataract	W	72.1%	65.4%
% 65+ with pressure ulcer or chronic ulcer	B	7.0%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	B	54.6%	60.7%
% 65+ with 0 chronic conditions		8.3%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		15.4%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		17.6%	16.1%
% 65+ with self-reported vision difficulty		5.2%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment	B	0.8%	1.5%
% 65+ with self-reported cognition difficulty		3.9%	8.3%
% 65+ with self-reported ambulatory difficulty		14.7%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.6%	3.9%
% 65+ with self-reported self-care difficulty		3.2%	7.9%
% 65+ with self-reported independent living difficulty		9.9%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	11.1%	23.1%
% dually eligible for Medicare and Medicaid	*	5.4%	16.7%
% 60+ with a regular doctor		96.9%	96.4%
% 60+ who did not see doctor when needed due to cost		3.7%	4.1%
# of primary care providers within 5 miles		35	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		1	399
# of home health agencies		21	299
# of community health centers		0	116
# of adult day health centers		0	131
# of memory cafes		1	95
# of dementia-related support groups		0	136
SERVICE UTILIZATION			
Physician visits per year		8.0	7.8
Emergency room visits/1000 persons 65+ years per year	*	491	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year	*	44.3	52.4
Home health visits per year		3.8	4.0
Durable medical equipment claims per year	*	1.4	1.9
Inpatient hospital stays/1000 persons 65+ years per year	*	241	294
Medicare inpatient hospital readmissions (as % of admissions)		17.6%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		93	106
# skilled nursing home Medicare beds/1000 persons 65+ years		38	43
% 65+ getting Medicaid long term services and supports	*	2.9%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		1	N/A
Open space in community		20.7%	18.0%
Walkability score of community (0-100)		32	N/A
% of grandparents raising grandchildren		0.6%	0.8%
% of grandparents who live with grandchildren		2.1%	2.9%
# of assisted living sites		1	238
% of vacant homes in community		9.8%	9.8%
# of universities and community colleges		0	163
# of public libraries		1	470
# of YMCAs		0	83
% in county with access to broadband (all ages)		98.0%	97.0%
% 60+ who used Internet in last month		75.8%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		77.7%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		56	396
Homicide rate /100,000 persons (county)		2	2
# firearm fatalities (county)		82	1,126
Property crime rate /100,000 persons		423	1,825
% of licensed drivers who are age 61+		35.5%	28.7%
% 65+ who own a motor vehicle		90.6%	82.4%
% 60+ who always drive wearing a seatbelt		88.1%	86.3%
# of fatal crashes involving adult age 60+/town		0	529
# of fatal crashes involving adult age 60+/county		50	529
Total # of all crashes involving adult age 60+/town		223	132,351
# of senior transportation providers		17	324
# of medical transportation services for older people		24	268
# of nonmedical transportation services for older people		63	252
Summary transportation performance score		1.0	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE[1]	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		4.7%	8.7%
% 60+ receiving food stamps past year		3.2%	12.3%
% 65+ employed past year		29.8%	24.3%
Household income (65+ householder)			
% households with annual income < $20,000		9.1%	23.6%
% households with annual income $20,000-$49,999		25.3%	32.5%
% households with annual income > $50,000		65.6%	43.9%
% 60+ own home		88.3%	72.7%
% 60+ have mortgage on home		40.3%	34.1%
% 65+ households spend >35% of income on housing (renter)		3.1%	11.6%
% 65+ households spend >35% of income on housing (owner)		22.8%	20.4%

COST OF LIVING	$ COUNTY ESTIMATE	$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	$25,044	$24,636	1.02
Single, renter, good health	$29,160	$28,248	1.03
Couple, homeowner without mortgage, good health	$37,056	$36,168	1.02
Couple, renter, good health	$41,172	$39,780	1.03

TECHNICAL NOTES

*See our technical report (online at http://mahealthyagingcollaborative.org/data-report/explore-the-profiles/data-sources-and-methods/#technical) for comprehensive information on data sources, measures, methodology, and margin of errors.

For most indicators the reported community and state values are both estimates derived from sample data. Thus, it is possible that some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms "better" and "worse" to highlight differences between community and state estimates that we are confident are not due to chance. "Better" is used where a higher/lower value has positive implications for the health of older residents. "Worse" is used where a higher/lower score has negative implications for the health of older people, and when the implication is unclear we use an *.

General Notes

We balance two goals. First, we aim to report data at very local levels because we believe change is often locally driven. Second, we vowed to protect the privacy of the people providing the information reported. Thus, given the constraints of the data analyzed we used a hierarchical approach to reporting. When possible we report estimates for 379 geographic units (i.e., every Massachusetts city/town and 16 Boston neighborhoods, 6 Worcester neighborhoods, and 6 Springfield neighborhoods). For example, the population characteristics and information from the US Census were reported for all 379 units. For other data (i.e., highly prevalent chronic disease, health services utilization) we could report for 310 geographic units. For less prevalent conditions we report for 201 geographic units. For the BRFSS data we report for 41 geographic units, and for the lowest prevalence conditions (e.g., HIV) we report for 18 geographic units. The same estimate is reported for all cities/towns within aggregated geographic areas. Maps of the different geographic groupings and the rationale behind the groupings are in the Technical Report.

Data Sources. The Technical Report describes the all of the data sources for the report, but three to note are: (1) the American Community Survey (2012-2016); (2) Centers for Medicare and Medicaid Services Master Beneficiary Summary File (2014-2015); and (3) The Behavioral Risk Factor Surveillance System (2010-2015).

Appendix 5: Community Needs Survey Findings

OLD COLONY
PLANNING COUNCIL

**2022 Duxbury Age- and Dementia-friendly Community Survey
Summary of Findings, February 14, 2023**

METHOD

In collaboration with Old Colony Planning Council, the Duxbury Senior Center and the Center's Welcoming Committee conducted a community survey between October and December of 2022. The survey explored residents' views about where they live, how they live, and how they want to live – all through an age-friendly lens.

The questionnaire was largely based on the AARP Age-Friendly Online Community Survey[29] but included some changes to wording as well as custom questions. Questions were both broad – for example, asking folks whether it was important to remain in their community as they age – and specific, focusing on the following Domains of Livability:
- Housing
- Outdoor Spaces and Buildings
- Transportation and Streets
- Health and Wellness
- Social Participation, Inclusion, and Education Opportunities
- Volunteering and Civic Engagement9

The questionnaire was made available online through SurveyMonkey as well as in hard copy throughout town. Survey participation was broadly encouraged through traditional and social media, word of mouth, and through other outlets:
- 'Bookmarks' (Figure 24) were included in bags at Brothers Marketplace
- The survey link was shared through many channels, including the following:
  - Duxbury Public Schools
  - Recreation Department
  - Interfaith Council (church bulletins)
  - Senior Center mailing list
  - Village at Duxbury
- The project was featured and the survey promoted
  - on WATD

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[29] https://www.aarp.org/livable-communities/info-2014/aarp-community-survey-questionnaire.html, accessed 2/13/23

- o in the Duxbury Clipper (article, ad, and banner)
- o PACTV presentation

### Figure 24. Promotional bookmark
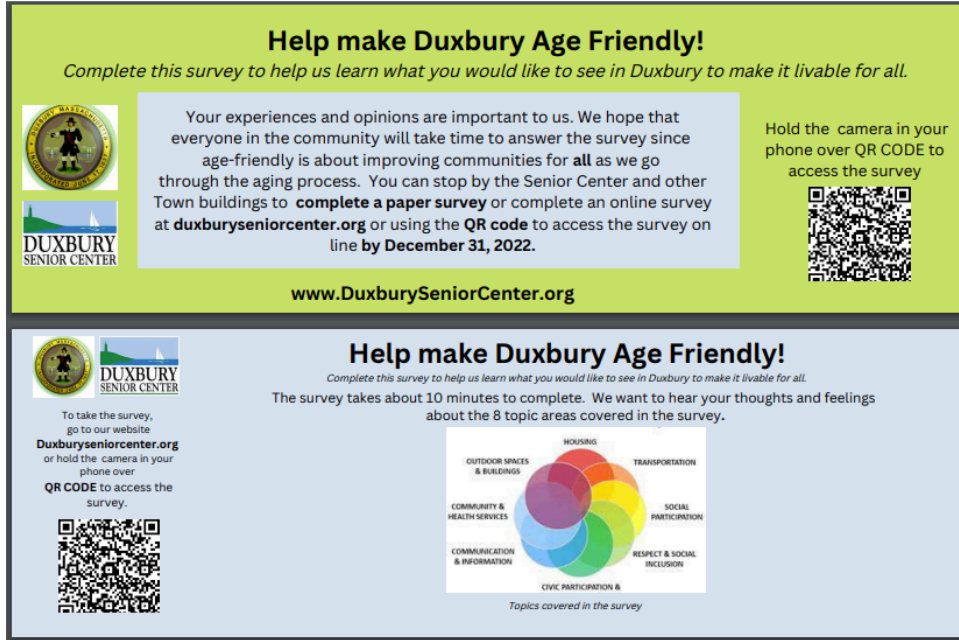
RESPONDENTS

The survey received 1,459 responses. Of these, 68 were not residents of Duxbury. The analysis excluded those responses. The final sample analyzed was 1,391 people who stated they lived in Duxbury or were answering on behalf of someone who lived in Duxbury.

Overall, survey respondents were a diverse mix of town residents, as shown in the figures that follow. Results may be skewed, however, toward the views and perspectives of those identifying as women (Figure 29) as well as those 50+ and especially 70+ (Figure 25). This should be kept in mind when results are considered.

Figure 25. Age of respondents (844 answered)

18-29, 2, 0%
30s, 18, 2%
Under 18, 2, 0%
40s, 45, 6%
50s, 119, 14%
70+, 446, 53%
60s, 212, 25%
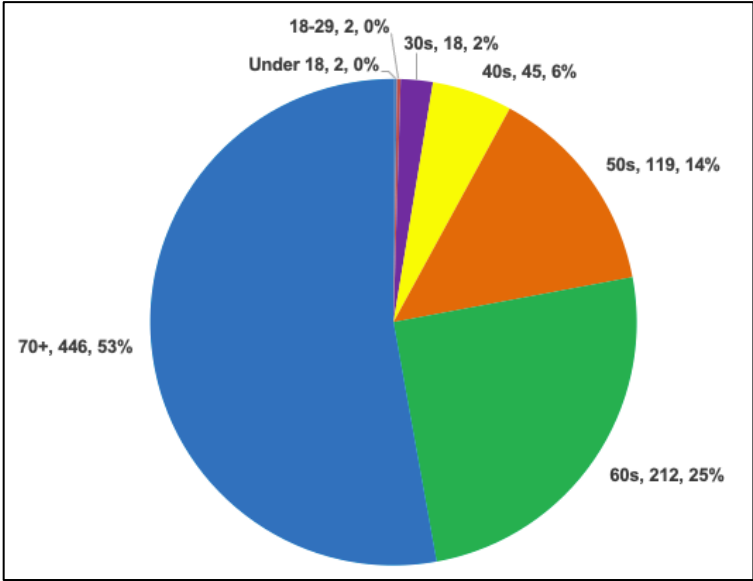
Figure 26. Identifying as a family caregiver, i.e., providing unpaid care to an adult loved one to help them take care of themselves (846 answered)
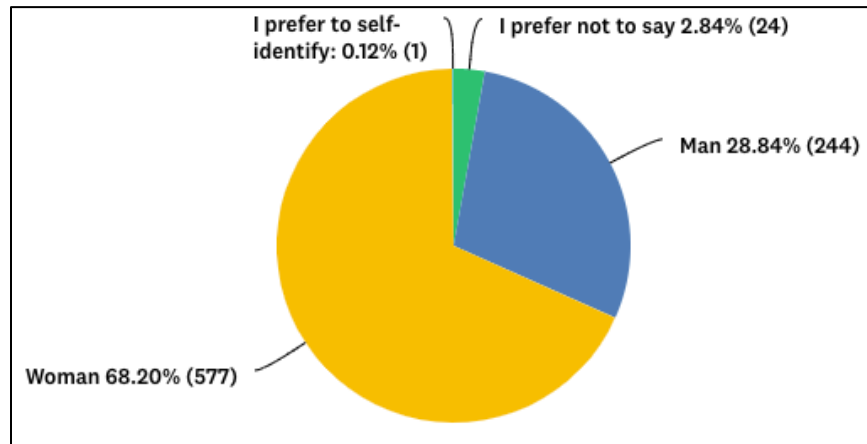

Yes 14.78% (125)

No 85.22% (721)
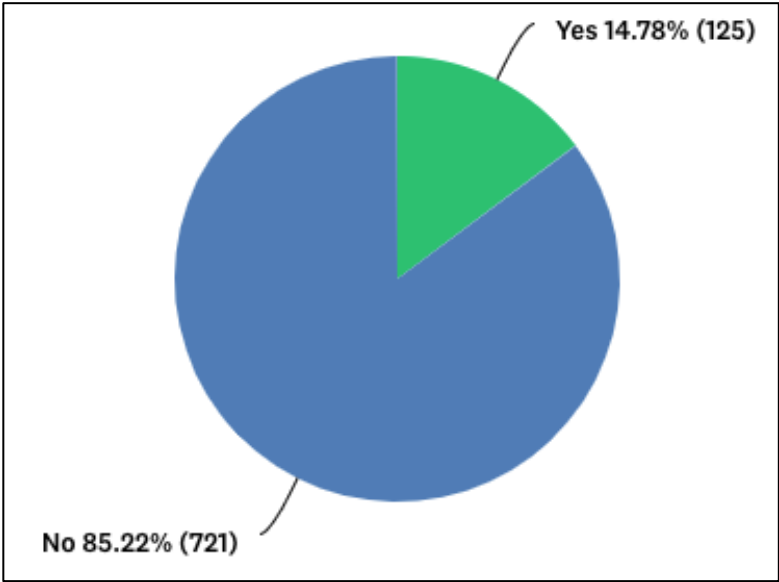
Figure 27. Now serving or have served in the U.S. Armed Forces (838 answered)

Yes 10.14% (85)

No 89.86% (753)
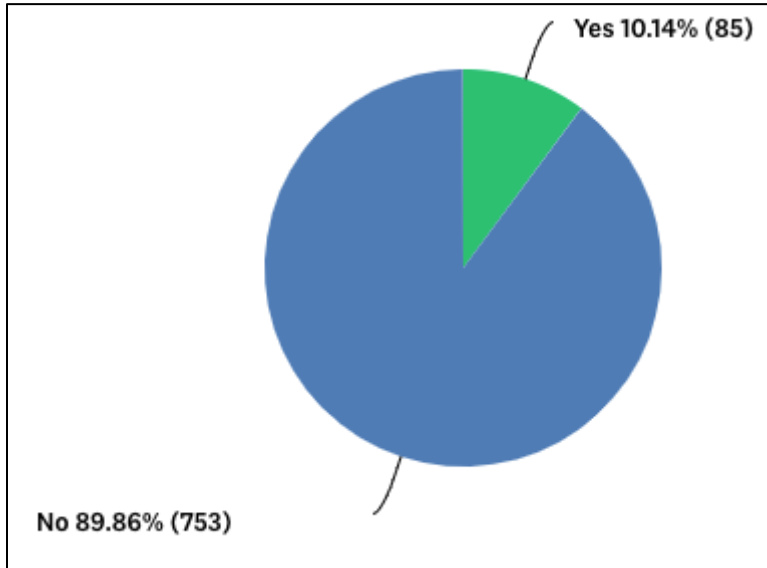
Figure 28. Having a disability, handicap, or chronic disease that keeps them from participating fully in work, school, housework, or other activities (840 answered)
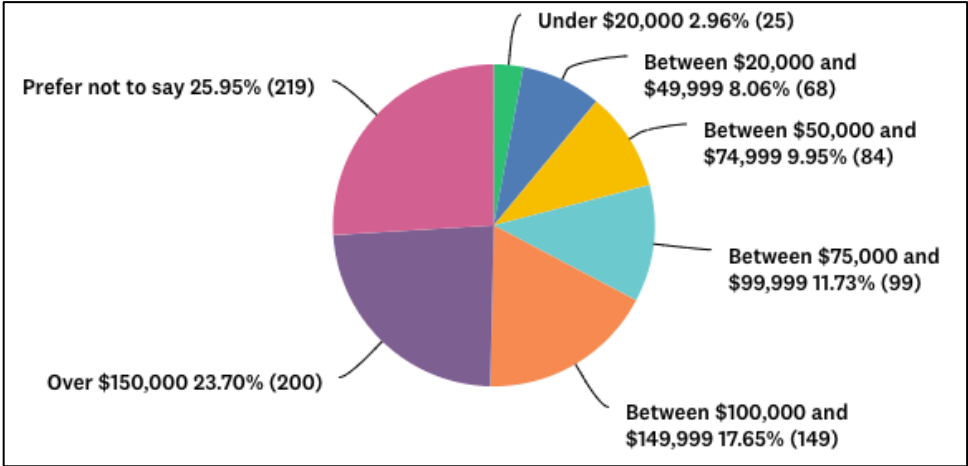
Yes 14.76% (124)

No 85.24% (716)
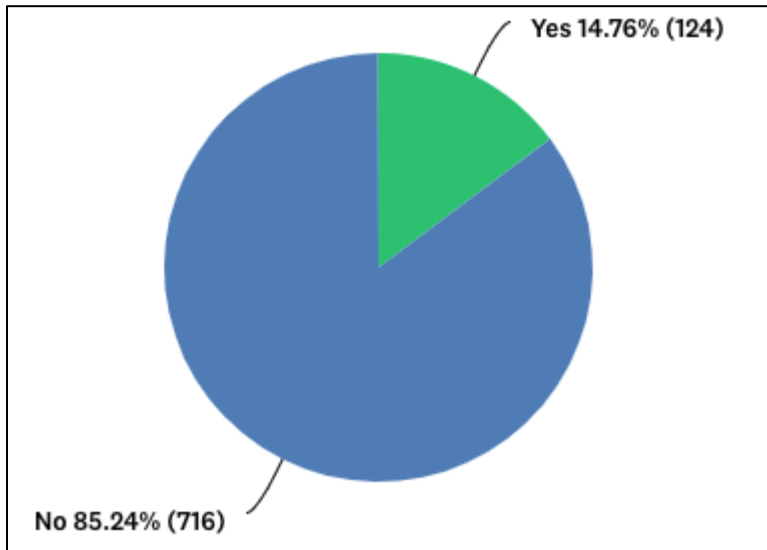
Figure 29. Gender identification (846 answered)

I prefer to self-identify: 0.12% (1)

I prefer not to say 2.84% (24)

Man 28.84% (244)

Woman 68.20% (577)

Figure 30. Race (845 answered)

I prefer not to say	4.62%
White or Caucasian	93.02%
Black or African...	0.12%
Hispanic or Latino	0.95%
Asian or Asian American	0.59%
American Indian or...	0.59%
Native Hawaiian or...	0.36%
Other (please specify):	0.95%
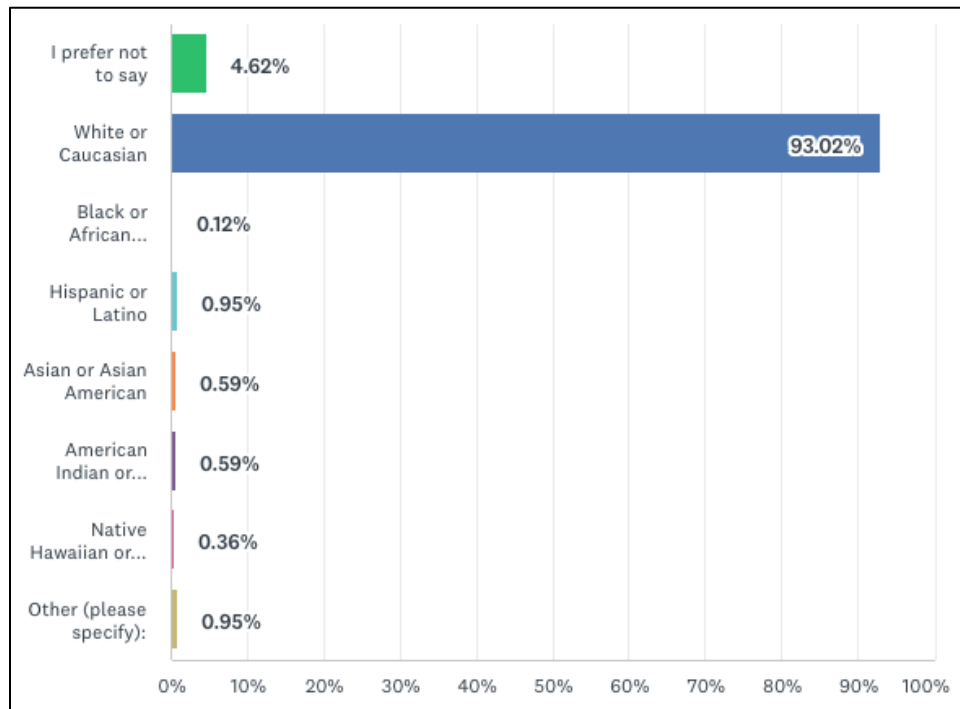
Figure 31. Annual household income before taxes (844 answered)

HOME AND COMMUNITY

1. Most respondents (86%) considered Duxbury a good or better than good place to live as they age.

DRAFT

Figure 32. How would you rate Duxbury as a place for people to live as they age? (1,139 respondents)
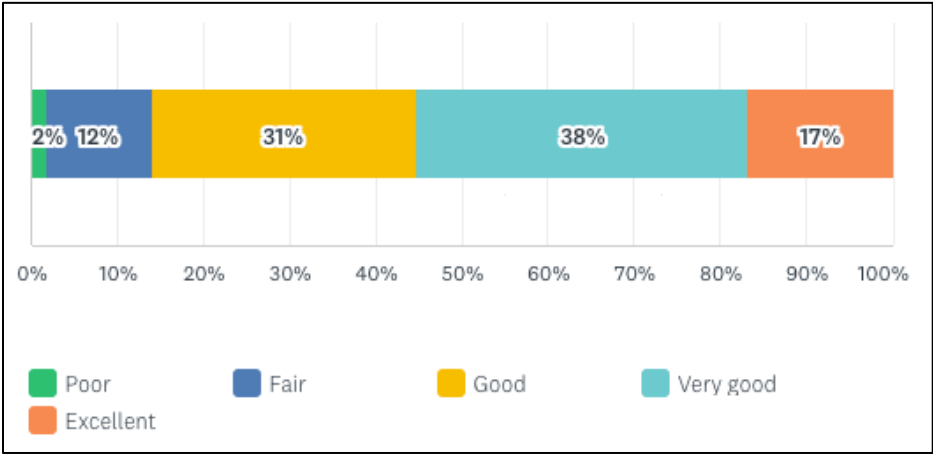
Among positive comments left, 94 related to the high quality of the Senior Center, 37 to good services, and 27 to scenery:

> "There are so many offerings for all ages all over town – from the excellent children's section at the library for little ones, to guest speakers and events for older ones. The Senior Center is an amazing resource. Duxbury for All, the Art Complex museum, concerts, etc. There's no end to things to do for all ages."

"The beauty of this town is incredible and there are many public spaces which are elder friendly and dog friendly. The Senior Center is amazing, with excellent programs for all and at an affordable, (or free,) price tag! I have learned so much and have met a number of new friends."

Comments were also left about areas needing improvement. More than any other, with 117 related comments, was the high expense of living in the community. In addition, 66 expressed dissatisfactions with the lack of town walkability, 50 with the lack of age-friendly housing, and 46 with various transportation issues.

"It offers a lot for elderly but is outpricing housing for younger families. As people age, many of us will rely on our children to help out. So if your children can't afford to live here, it may end up making it difficult for many elderly to stay in town as well."

"I have lived in Duxbury for about 1.5 years. I am in a wheelchair. It would be helpful if there were more sidewalks. The lack of sidewalks prevents me from going not very far at all from my apartment complex. Many businesses are not wheelchair accessible […]. Many buildings also do not have automatic doors, a situation which makes entering a building quite challenging because many of us lack arm strength and have trouble maneuvering. We seniors would like to be more independent, and these obstacles make for difficult challenges."

"It's very sad that an elderly person would find it so difficult to go for a gentle walk in this town, unless they live on Washington or St. George's Streets. Not all seniors are able to still drive (or may not feel safe in doing so). Sidewalks would benefit everyone, not just kids. What a sad reflection of how current and future citizens are considered."
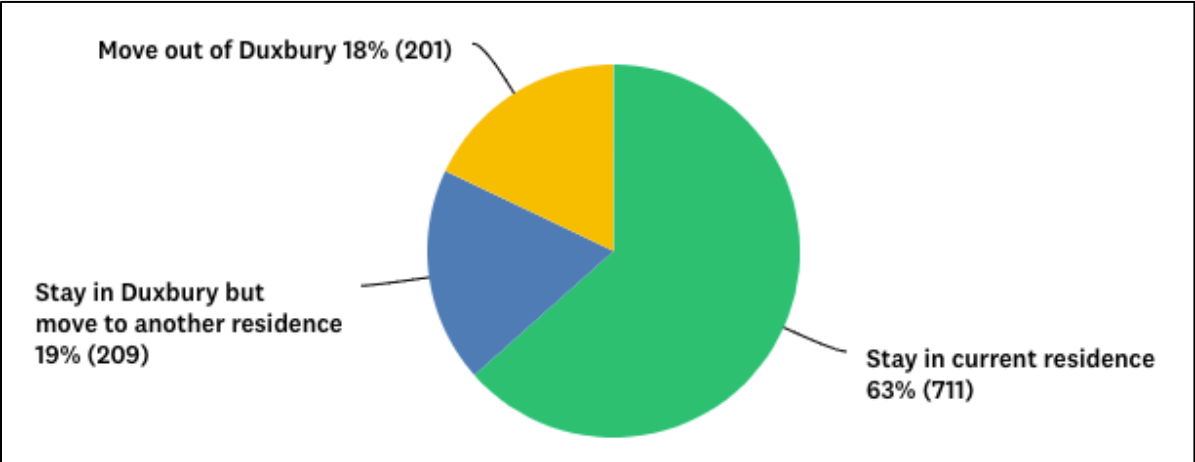

"It's a great place to age IF you have the financial means to pay for exorbitant real estate taxes."

"Once someone is deemed too old or too fragile to continue to drive, Duxbury offers little to help them get around -- not only within the town, but also throughout the South Shore and Boston. In my neighborhood, the closest stop for GATRA is located on Rte. 3A at a blind curve in the road – TOTALLY NOT SAFE for elders! Since Duxbury gets assessed for MBTA service, WHY can't our elders also get access to The Ride, which is available throughout the South Shore, including Cohasset?"

2. The majority of respondents (63%) thought it most likely that they would stay in their current residence as they grew older.

Figure 33. Thinking about your future years, which of the following is most likely? (1,121 respondents)

Of the 340 comments left, many related to uncertainties associated with planning for the future – would taxes rise so much as to make staying put impossible? Would current good health continue? Others stated they had already thought about aging in place and consequently had renovated or will be renovating with accessibility in mind, or had already purchased smaller, more manageable properties. One hundred and forty comments related to concerns about accessibility and 117 to affordability:

> "We are moving to Pinehills…wish there were more first floor master bedrooms in Duxbury."
>
> ---
>
> "Lack of reasonably priced down-sizing options."
>
> ---
>
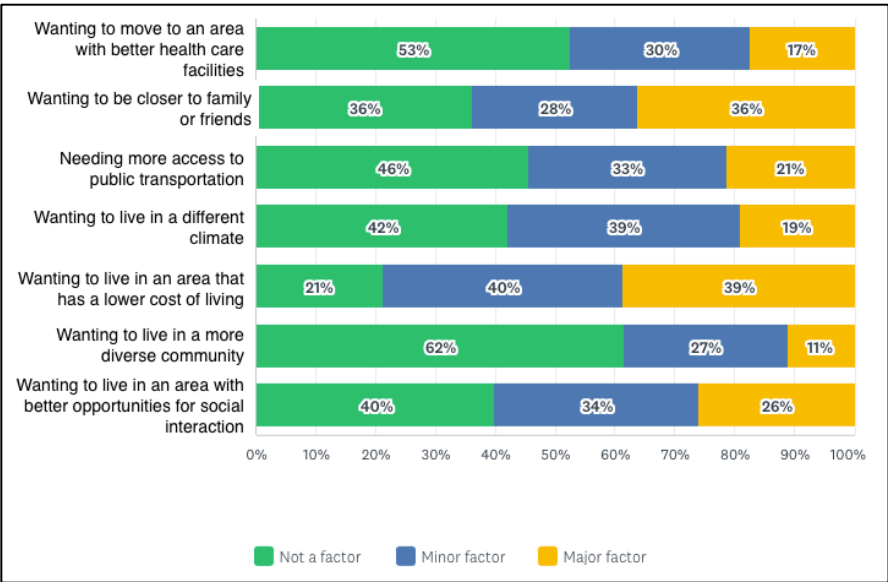> "Not sure what I will do with the cost that comes with living here, taxes are the big one that make people move."

3. The factor most likely to influence the decision of whether to stay put or move was home accessibility, closely followed by the need to decrease costs. Intergenerational/co-living appeared to be a factor in decision-making for only a quarter of respondents.

Figure 34. Some people find they need or want to move out of their homes as they get older. If you were to consider moving, to what extent would the following be a factor in your decision? (1,101 respondents)
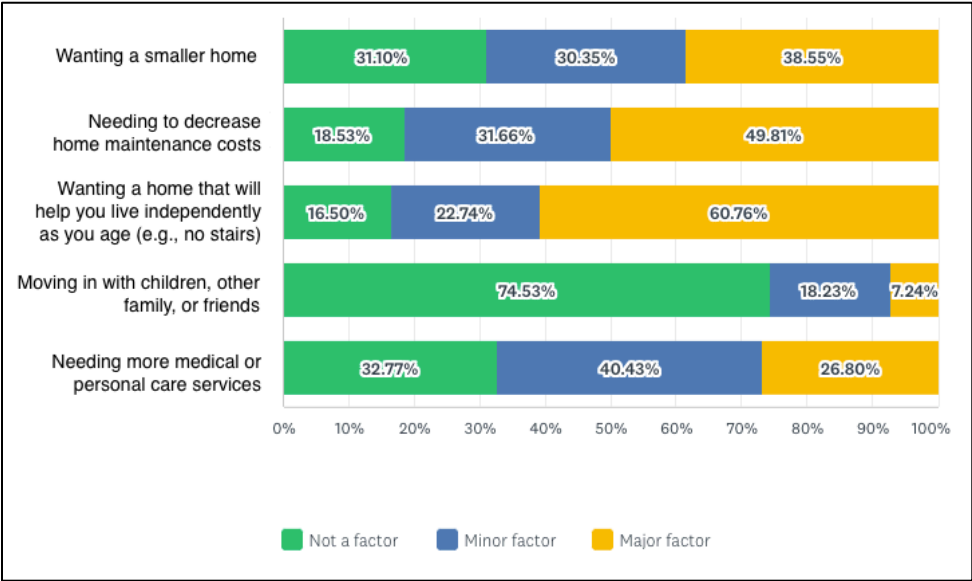
4. The most significant factor that would affect respondents considering leaving Duxbury as they age appeared to be wanting to live in an area with a lower cost of living. This was followed by wanting to be closer to family/friends. Wanting to live in a more diverse community or an area with better healthcare facilities were both seen by most as factors that would not come into consideration in decision-making.

Figure 35. Some people need to want to move out of Duxbury as they get older. If you were to consider leaving Duxbury, to what extent would the following be a factor in your decision? (1,093 respondents)

5. Of those who had an opinion (i.e., did NOT select "I don't know"), most rated Duxbury as good or better on contractors and seasonal services. Just under half thought the town was good or better on affordable handyman jobs. Most, however, thought the town was fair or worse on housing – both lacking enough accessible homes and enough diversity in housing. Nearly half rated the town poor and an additional third rated it fair on having enough housing for lower income levels.

Figure 36. How would you rate Duxbury on having the following? Please choose one answer for each row. (1,061 respondents)
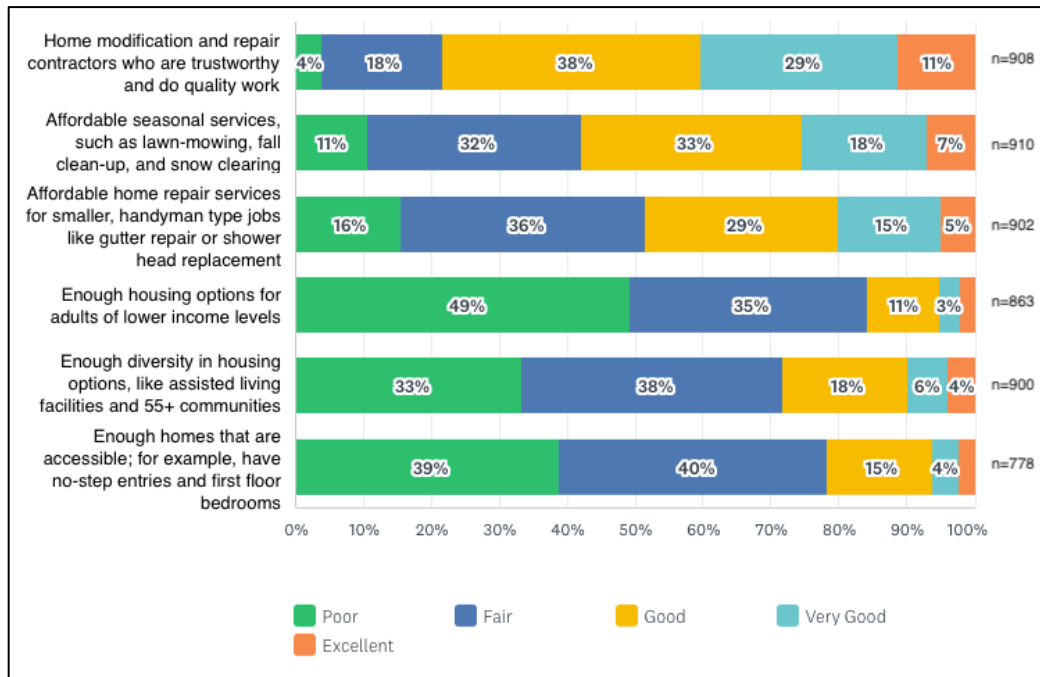
6. Of those who had an opinion (i.e., did NOT select "I don't know"), the majority rated Duxbury good or better on town building accessibility, beach and park accessibility, and enough fields and courts in town. The town was rated as fair or worse by the majority, however, when it came to having enough public seating, enough accessible public bathrooms, and enough accessible trails.

Figure 37. How would you rate Duxbury on having the following? Please choose one answer for each row. (1,062 respondents)
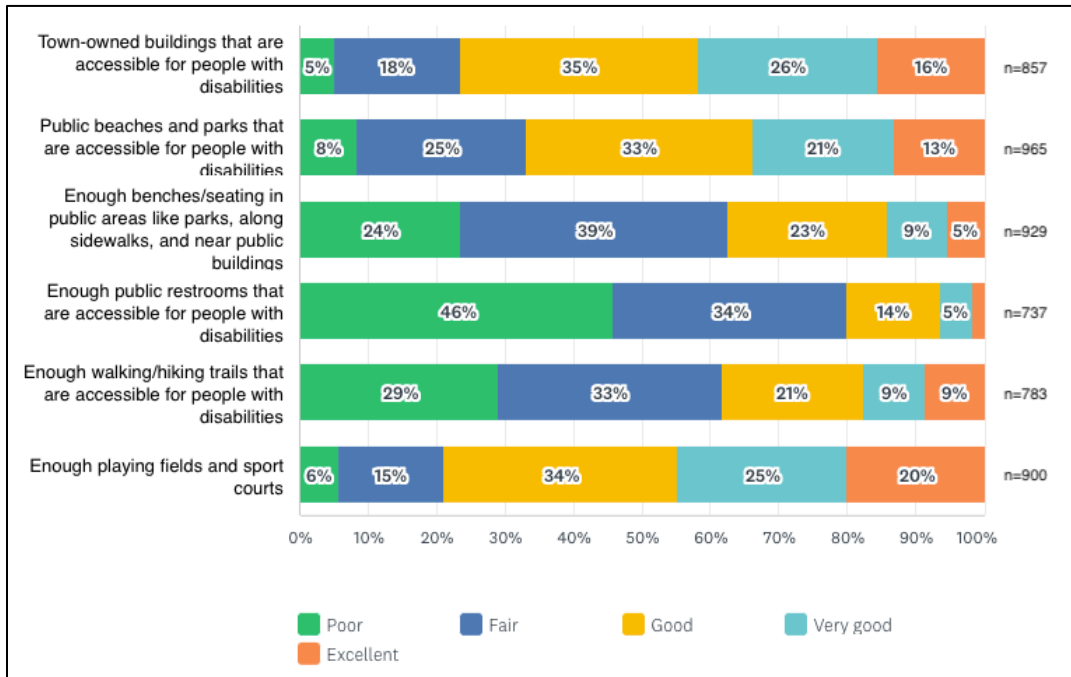

TRANSPORTATION AND MOBILITY

7. Most respondents were aware of both GATRA SAIL bus services and the Senior Center's free transportation services.

Figure 38. How familiar are you with the following? Please choose one answer for each row. (1,042 respondents)
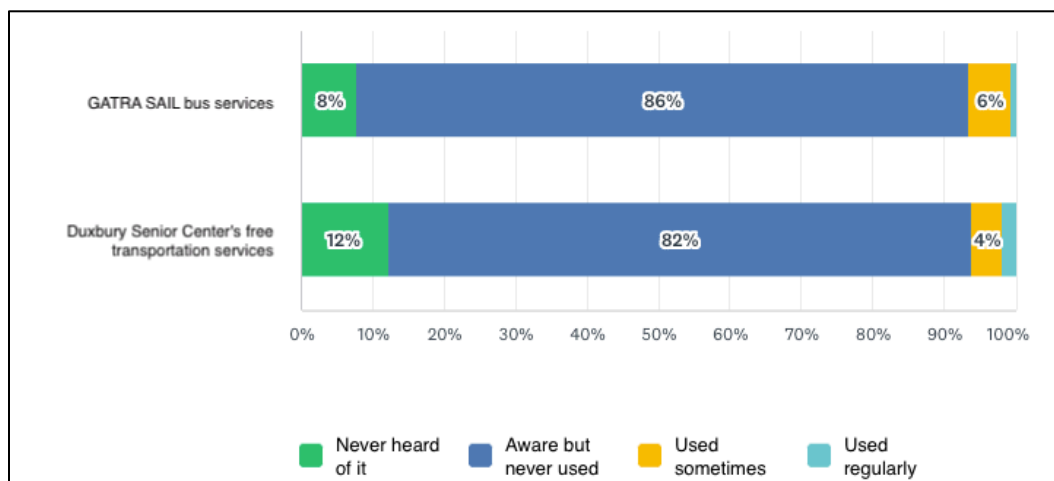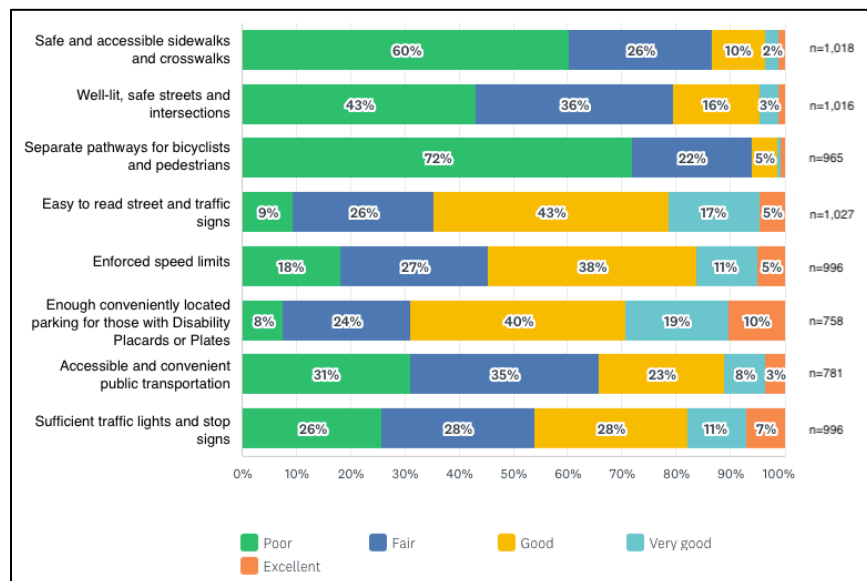

8. Most respondents reported driving themselves as their main mode of transport. About 10-11% reported having others drive them or walking.

Figure 39. How do you usually get around Duxbury for things like shopping, medical appointments, and errands? Please tick one or more boxes. (1,044 respondents)
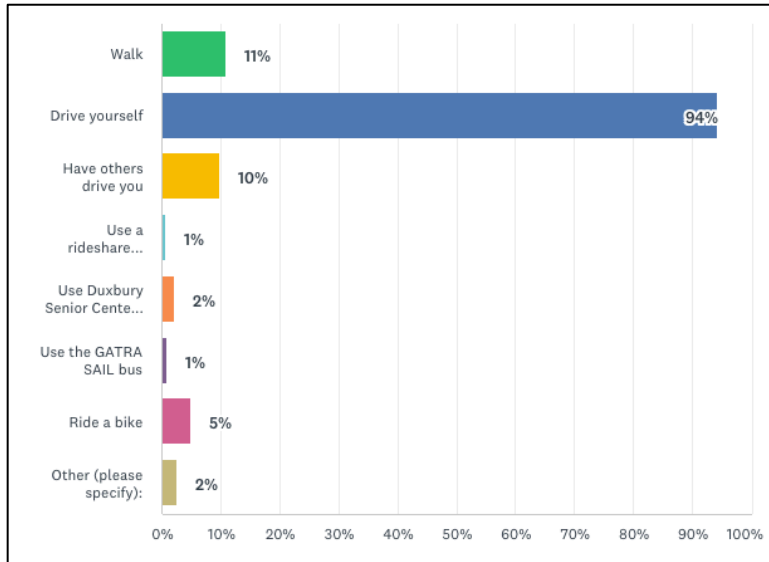
9. Of those who had an opinion (i.e., did NOT select "I don't know"), Duxbury was rated good or better by most for easy-to-read signs, enforced speed limits, and accessible parking. Roughly half to a third rated the town as fair or poor on public transportation and sufficient traffic and stop signs. By far, most respondents were dissatisfied with the town's lack of walkability. The majority rated the town as just fair or worse on streets and intersections, sidewalks and crosswalks, and bicycle-pedestrian lanes – this last topic had nearly three-quarters of respondents rating the town poorly.

Figure 40. How would you rate Duxbury on having the following? Please choose one answer for each row. (1,044 respondents)

10. Of those who had an opinion (i.e., did NOT select "I don't know"), the town was rated by most respondents as good or better on home health care, variety of health professionals, quality hospitals and healthcare facilities, convenient emergency centers, and readily available information about health and wellness services. When it came to affordable home health care providers and locally available mental health services, most respondents rated the town as fair or worse – nearly one-third of respondents rated the town poor on mental health services.

<p style="color:green">Figure 41. How would you rate Duxbury on having the following? Please choose one answer. (1,004 respondents)</p>
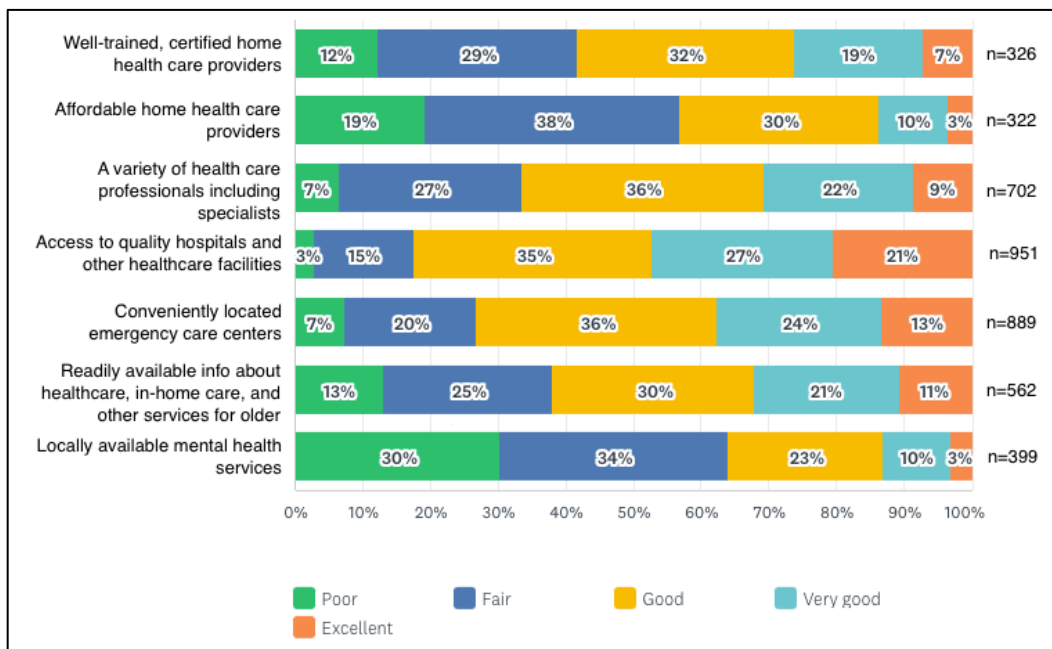
11. About 70-72% of respondents reported never or rarely ever feeling lonely; however, about a quarter reported feeling that way some of the time, and 3-4% stated often or always. Lack of companionship, a feeling of being left out, and isolation – all dimensions of loneliness – were also asked about, with similar results.

The first three questions are the well-used three-item UCLA Loneliness Scale while the fourth question is a direct measure of loneliness. These questions give only a small glimpse into the health and wellness of a community and should be interpreted with caution.

Figure 42. How often do you feel the following? (997 respondents)
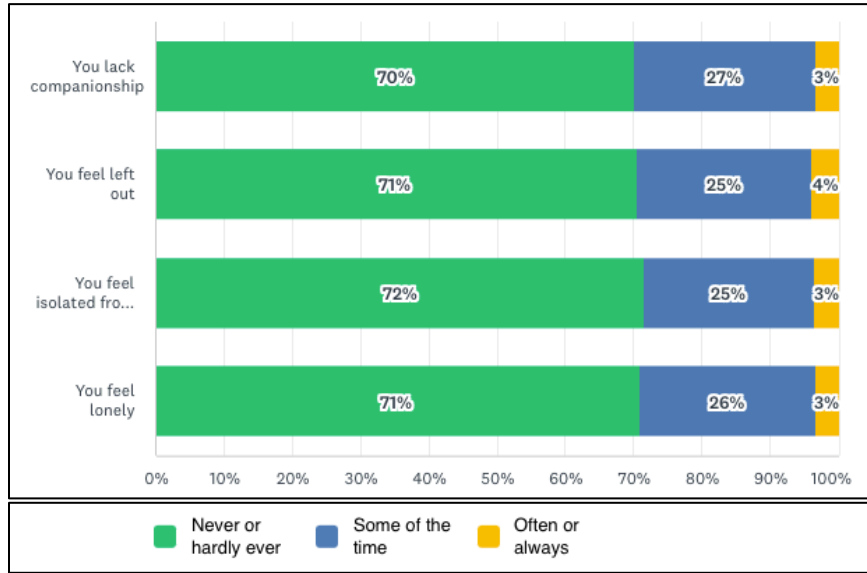
PARTICIPATION, INCLUSION, AND EDUCATION

12. Of those who had an opinion (i.e., did NOT select "I don't know"), most respondents rated Duxbury as good or better across all participation, inclusion, and education topics. The area most needing improvement was opportunities for intergenerational interaction, with 42% rating the town as fair or worse in that respect.

Figure 43. How would you rate Duxbury on having the following? (956 respondents)
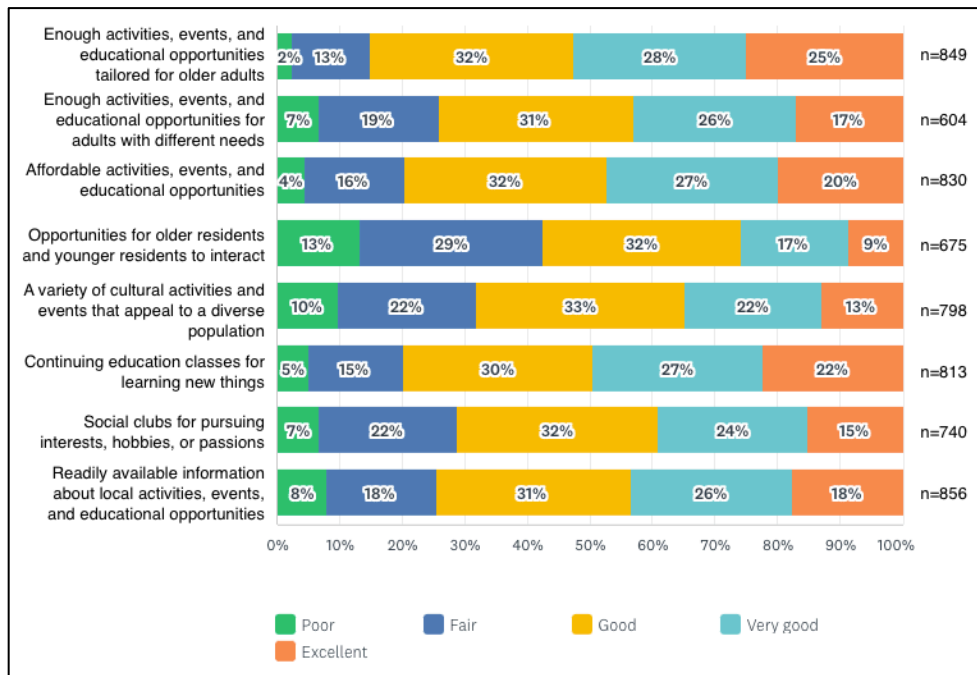
13. Participants were asked which sources they used for information about happenings in town. Most stated the Duxbury Free Library and the Senior Center, with far fewer indicating the use of other sources.

Figure 44. Which of the following sources, if any, do you use for activities, events, and/or education? (960 respondents)

Source	Count
Duxbury Free Library	663
Duxbury Senior Center	559
Faith community	285
Local businesses	268
Duxbury Bay Maritime School	231
Duxbury Recreation...	229
Local groups like the...	200
Online programs	178
Duxbury Before and After Dark	175
Duxbury Public Schools / PT...	139
Other (please specify):	103
None of the above	64
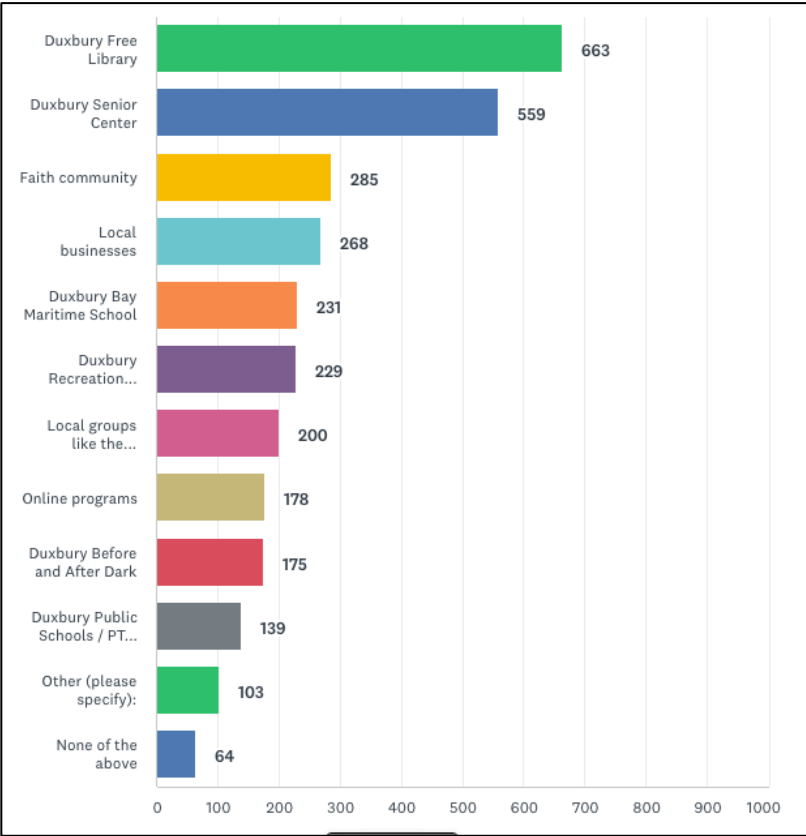
14. Several programs at the Senior Center proved popular, with most respondents having heard of and/or used author events, fitness classes, and vaccine clinics.

Figure 45. Which of the following programs at the Duxbury Senior Center have you heard of and/or used before? (942 respondents)
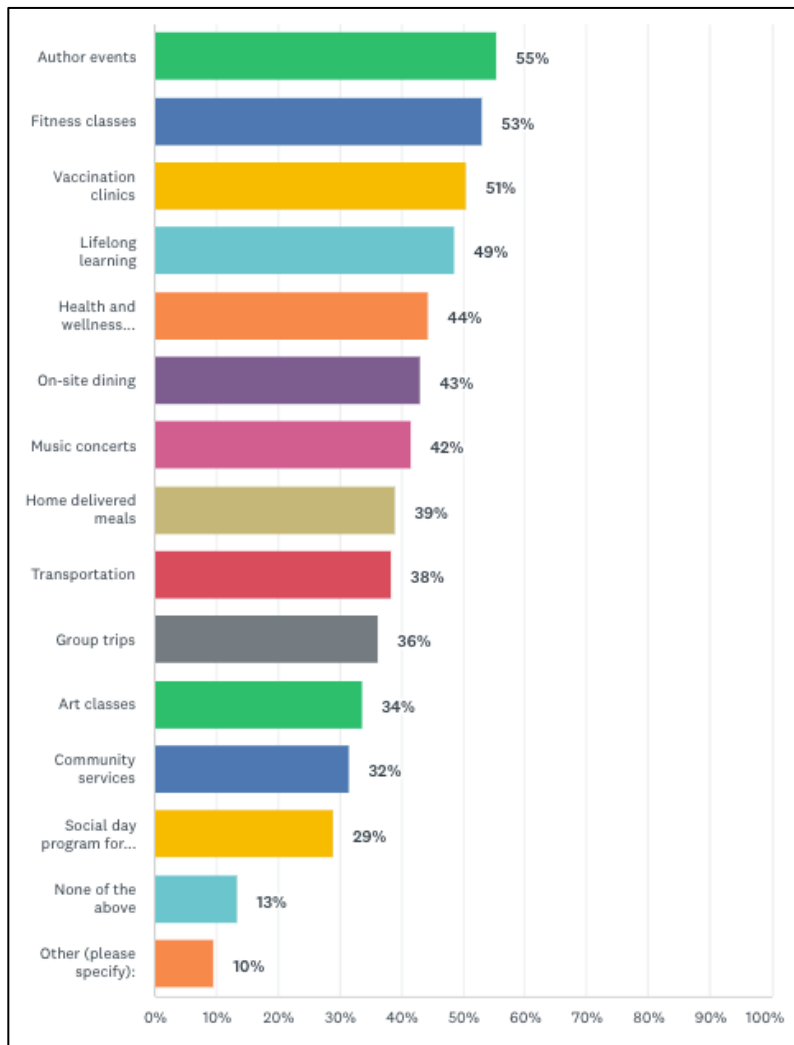
15. Two hundred and fifty survey participants responded to the question asking why they did not use the Senior Center. The most common answer was that they felt too young for the Center (83 respondents) followed by being too busy or inconvenient Center hours (67 respondents). Some simply had no interest or felt no need to use it (45 respondents).

16. Survey respondents agreed to some extent (62%) that older residents in town were treated respectfully by the community. Over a quarter of respondents (27%) were in the middle, neither agreeing nor disagreeing. Only 11% disagreed to some extent.

Figure 46. To what extent do you agree or disagree with the following: Old residents in Duxbury are treated respectfully by the community as a whole – their input on community issues is sought, their contributions are valued, and their needs accommodated. (949 respondents)
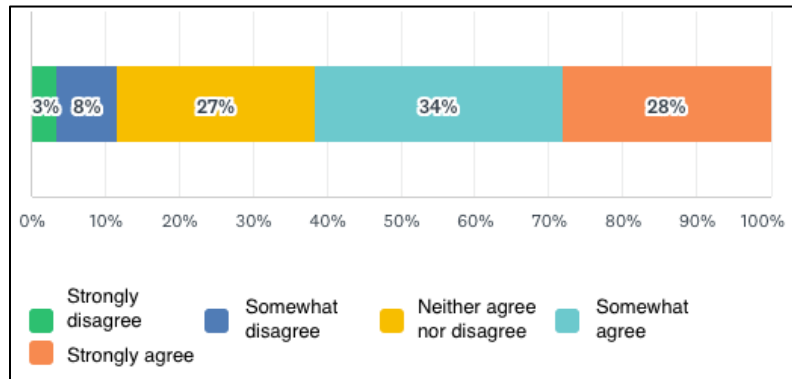

17. Survey respondents were mixed about whether the Senior Center should be renamed or not. Twenty-eight percent agree to some extent while 38% disagreed to some extent. There seemed to be stronger feelings about disagreeing, with 22% strongly disagreeing versus 11% strongly agreeing. A large portion of respondents – 35% – neither agreed nor disagreed.

Figure 47. To what extent do you agree or disagree with the following: The Duxbury Senior Center should be renamed to be more age-inclusive, removing the word 'Senior.' (948 respondents)
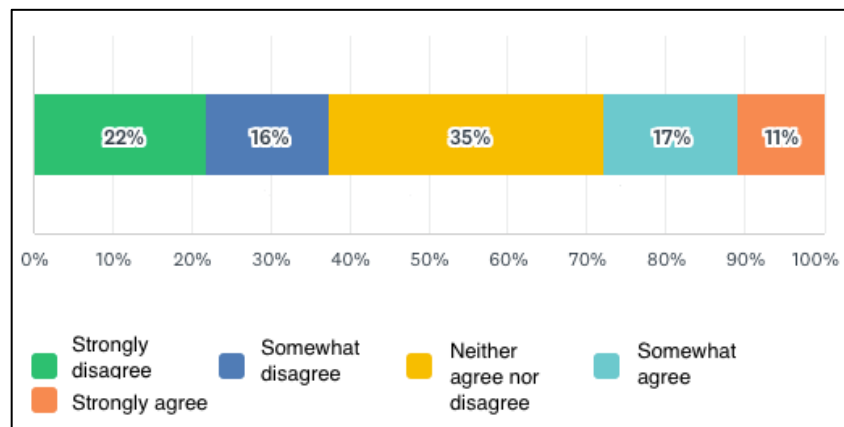
When asked what the name should be changed to and if it should be changed, one hundred and eighty-one suggestions were left. Fifty-seven respondents suggested simply 'Community Center' or 'Duxbury Community Center.'

VOLUNTEERING AND EMPLOYMENT

18. Of those who had an opinion (i.e., did NOT select "I don't know"), the majority rated the town good or better on age-friendly volunteer opportunities, easy-to-find volunteer information, and town participation opportunities. The majority, however, rated Duxbury as only fair or poor on job opportunities for both adults and those with disabilities, and on job training opportunities.

Figure 48. How would you rate Duxbury on having the following? (939 respondents)
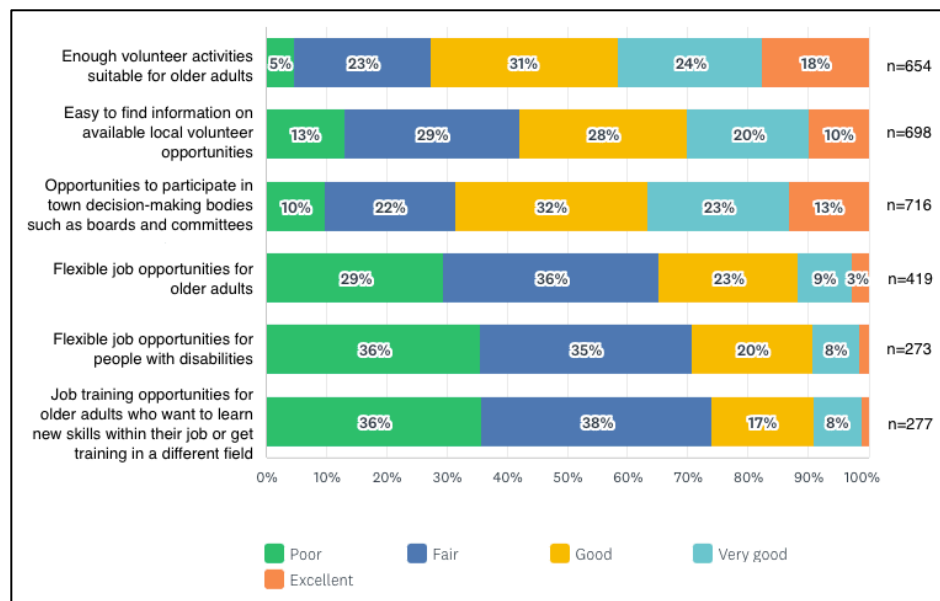
COMMUNICATION AND INFORMATION

19. Of those who had an opinion (i.e., did NOT select "I don't know"), most rated Duxbury as good or better on communication and information. There appears to be most room for improvement in the delivery of information to those without internet and/or unable to leave home.

Figure 49. How would you rate Duxbury on having the following? (932 respondents)

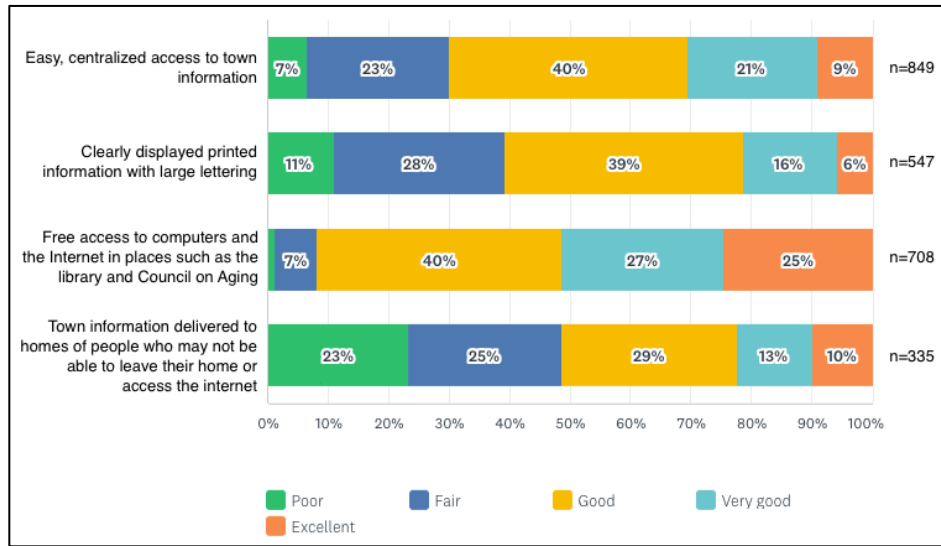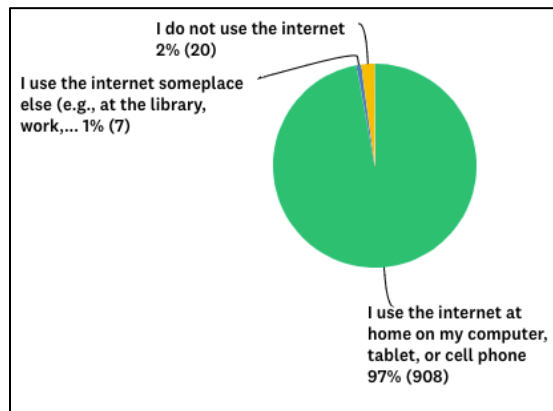|	Poor	Fair	Good	Very good	Excellent	
Easy, centralized access to town information	7%	23%	40%	21%	9%	n=849
Clearly displayed printed information with large lettering	11%	28%	39%	16%	6%	n=547
Free access to computers and the Internet in places such as the library and Council on Aging	7%		40%	27%	25%	n=708
Town information delivered to homes of people who may not be able to leave their home or access the internet	23%	25%	29%	13%	10%	n=335

20. Most respondents (97%) use the internet at home. This finding should be interpreted with caution, however, since most survey responses were received online and, therefore, findings may be biased toward those with internet and technology access. (Ninety-seven responses were collected as hard copies).

Figure 50. Which of the following best describes you? (935 respondents)

I do not use the internet 2% (20)

I use the internet someplace else (e.g., at the library, work,... 1% (7)

I use the internet at home on my computer, tablet, or cell phone 97% (908)

21. Respondents indicated that the top three ways to share information with them were through email, *The Clipper*, and the Senior Center/its newsletter.

Figure 51. What is the best way to share information with you? Specifically, information about Duxbury, local events and activities, educational opportunities, and community health services.
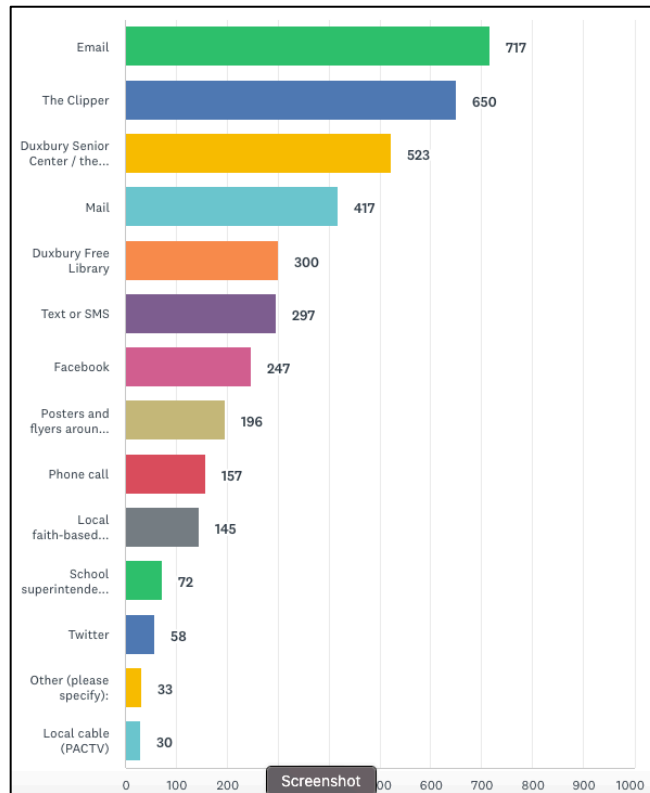
AGE-FRIENDLY PRIORITIES

22. Participants in the survey were asked to rank in order of importance the eight domains of age-friendly living. Housing came out clearly on top. Next, and ranked closely, were Community and Health Services and Transportation, followed by Social Participation in fourth place. Respect and Social Inclusion came out on the bottom.

Figure 52. Below are eight areas of focus for making Duxbury more age friendly. Which do you think is most important? Please rank 1 to 8, with 1 being most important. (839 respondents)
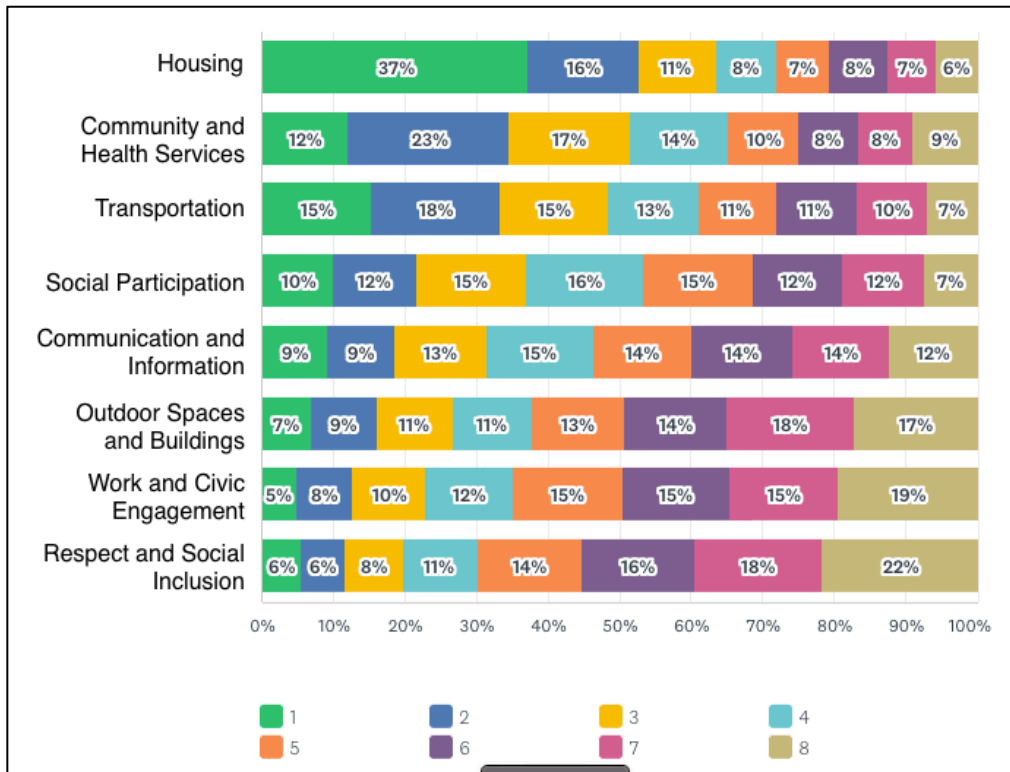
2000-2021 Trends and Analysis

2021 Duxbury Population: 16,004
2021 males: 7,710
2021 females: 8,294

(Population pyramid by age group: 85 years and over, 80 to 84 years, 75 to 79 years, 70 to 74 years, 65 to 69 years, 60 to 64 years, 55 to 59 years, 50 to 54 years, 45 to 49 years, 40 to 44 years, 35 to 39 years, 30 to 34 years, 25 to 29 years, 20 to 24 years, 15 to 19 years, 10 to 14 years, 5 to 9 years, Under 5 years)

2010 Duxbury Population: 15,059
2010 males: 7,241
2010 females: 7,818

2000 Duxbury Population: 14,248
2000 males: 6,846
2000 females: 7,402

Duxbury, MA US Census Population and Growth Percent by Age Group and Gender

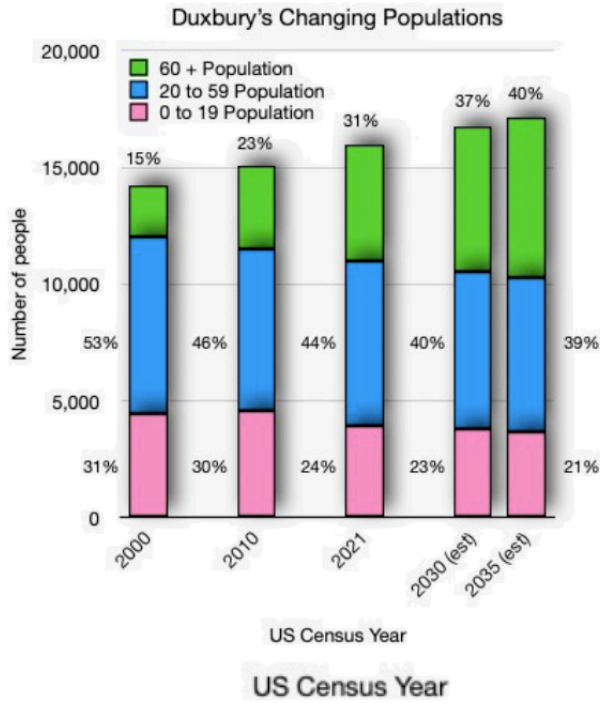| Age Group	Ages	2000		2010		2021	
		male	female	male	female	male	female
Total Population (% decade growth)	All	14,248		15,059 +6%		16,004 +6%	
	Gender Populations	6,846	7,402	7,241	7,818	7,710	8,294
Super Senior	75 +	266	593	414	708	664	944
Retired	60 to 74	704	629	1,175	1,233	1,591	1,809
	All Seniors 60 and	2,192		3,530 +61%		5,008 +42%	
Parenting	30 to 59	3,219	3,696	2,893	3,285	2,916	3,020
Young Adult	25 to 29	142	116	175	170	240	229
	All Adults 25 to 59	7,173		6,523 -9%		6,405 -2%	
College	20 to 24	214	209	246	208	346	342
	College	423		454 +7%		688 +52%	
High School	15 to 19	472	505	604	544	498	419
Middle School	10 to 14	603	556	764	711	669	604
Elementary	5 to 9	731	585	616	604	439	531
	K - 12	3,452		3,843 +11%		3,160 -18%	
Pre-school	<5	495	513	354	355	347	396
Median age		40		44		47	

Label (Grouping)	2000		2010		2021	
	male	female	male	female	male	female
Total population	14,248		15,059		16,004	
Gender population	6,846	7,402	7,241	7,818	7,710	8,294
85 years and over	31	186	135	313	225	336
80 to 84 years	114	155	128	193	133	240
75 to 79 years	121	252	151	202	306	368
70 to 74 years	184	215	248	244	691	585
65 to 69 years	233	214	412	428	375	609
60 to 64 years	287	200	515	561	525	615
55 to 59 years	551	573	590	642	576	659
50 to 54 years	607	646	621	641	415	589
45 to 49 years	660	732	679	779	907	650
40 to 44 years	658	735	518	653	323	533
35 to 39 years	467	542	329	383	423	307
30 to 34 years	276	468	156	187	272	282
25 to 29 years	142	116	175	170	240	229
20 to 24 years	214	209	246	208	346	342
15 to 19 years	472	505	604	544	498	419
10 to 14 years	603	556	764	711	669	604
5 to 9 years	731	585	616	604	439	531
Under 5 years	495	513	354	355	347	396
Median age	40		44		47	

Duxbury's Changing Populations

Legend:
- 60 + Population (green)
- 20 to 59 Population (blue)
- 0 to 19 Population (pink)

Year	60+	20-59	0-19
2000	15%	53%	31%
2010	23%	46%	30%
2021	31%	44%	24%
2030 (est)	37%	40%	23%
2035 (est)	40%	39%	21%

Y-axis: Number of people (0 to 20,000)

US Census Year

US Census Year

Town and County 2021 Population Cohort Comparison

Duxbury pop: 16,004

Kingston. Pop: 13,618

Nantucket pop: 13,585

Plymouth County pop: 533,069
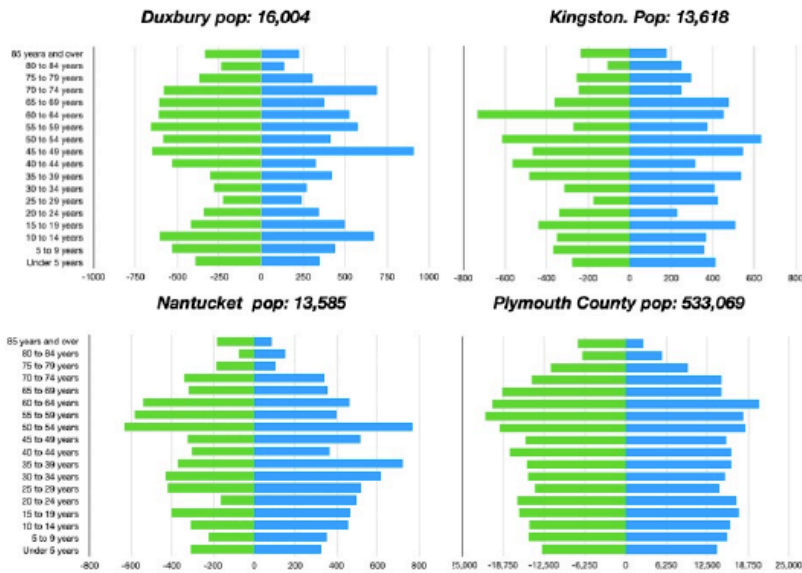
Cohorts	Duxbury	Kingston	Nantucket	Plymouth County
Total Population	16,004	13,618	13,585	533,069
60 + Population	5,008 (31%)	3,840 (28%)	3,130 (23%)	146,690 (28%)
K-12 Population	3,160 (20%)	2,392 (18%)	2,208 (16%)	94,793 (18%)
Median age	47	45	46	43