

Aging in the Town of Brookline: A Community Needs Assessment

September 2026

Commissioned by the Town of Brookline

Center for Social and Demographic Research on Aging
Gerontology Institute
Donna M. and Robert J. Manning College of Nursing and Health Sciences
University of Massachusetts Boston



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Dear Brookline Residents and Community Members,

On behalf of the Town of Brookline Council on Aging and Senior Center, I am pleased to share the findings of the Aging in the Town of Brookline: A Community Needs Assessment. This comprehensive assessment was commissioned by the Town and led by the Council on Aging to better understand the evolving needs, priorities, and aspirations of Brookline's older adults and to help inform future strategic planning efforts.

As Brookline's population continues to age, it is essential that we plan thoughtfully for the future. This assessment represents an important step in ensuring that our policies, programs, services, and community investments reflect the experiences and needs of residents today while preparing for the opportunities and challenges of tomorrow. Building a community where older adults can thrive strengthens Brookline for residents of all ages.

Conducted by the expert team at the University of Massachusetts Boston Gerontology Institute, this report is the result of extensive community engagement and collaboration. Over the past year, older adults, caregivers, community leaders, service providers, business owners, municipal staff, and residents contributed their perspectives through surveys, focus groups, interviews, and community discussions.

The assessment explores a broad range of topics that influence quality of life as we age, including transportation, housing, social connection, civic engagement, communication and access to information, health and wellness services, outdoor spaces and public buildings, and diversity, equity, and inclusion.

We are deeply grateful to everyone who participated and shared their experiences, insights, and ideas. Your voices have helped create a comprehensive picture of aging in Brookline and will play a critical role in shaping future priorities.

The findings and recommendations in this report will serve as a foundation for strategic planning initiatives led by the Brookline Council on Aging and Senior Center and its community partners. They will guide decision-making, help identify service gaps and emerging needs, and support the development of programs and policies that promote healthy, connected, and engaged aging.

We encourage residents of all ages to review the report and join us in the important work ahead. Together, we can build a more age-friendly, inclusive, and vibrant Brookline—one that supports people throughout every stage of their life.

Thank you for your engagement, partnership, and commitment to our community.

Sincerely,

A handwritten signature in black ink that reads "Emily Williams". The script is elegant and cursive.

Emily J. Williams, MSG
Director

Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston's Donna M. and Robert J. Manning College of Nursing and Health Sciences. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies throughout the Commonwealth.

Kathy Burnes, Nancy Mazonson, Ceara Somerville, and Caitlin Coyle are primarily responsible for the contents of this report. Other contributors include research associate Beth Rouleau, and undergraduate students Kyrie Chung, Gabriela Gonzalez, Eli Mari Roman Lima, Ariel Nguyen, and Nathan Rubin.

We would like to acknowledge the Town of Brookline for their support of this project. Specifically, we offer our appreciation to Emily J. Williams, Director of the Senior Center and Council on Aging, and to Assessment Committee Members Yolanda Rodriguez, Chair of the Council on Aging, Hsiu-Lan Chang, Julia Herskowitz, and Joan Lancourt who provided guidance and leadership that enabled the success of the project. Also, we are grateful to several Brookline Town Departments (Administration, Police, Fire, Library, Diversity, Equity and Inclusion and Public Relations, Public Works, Planning, Senior Center and Council on Aging, and Board of Health), and to the Brookline Housing Authority, Hebrew Senior Life, 2Life Communities, Springwell, Brookline Food Panty, and Brookline Chamber of Commerce. We are also deeply grateful to every Brookline resident who took time to participate in this endeavor.

For more information, contact:

[The Center for Social and Demographic Research on Aging](#)

Gerontology Institute

University of Massachusetts Boston

CSDRA@umb.edu | 617.287.7413

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Table of Contents

1. Introduction	1
2. Methods.....	8
3. Demographic Profile	11
3.1. Age Structure and Population Growth	11
3.2. Socio-Demographic Characteristics of Brookline's Older Population.....	15
3.3. Living arrangements and housing costs of Brookline's older population	17
4. Results from Qualitative Data	24
4.1. Key Informant Interviews	24
4.2. Insights from Focus Group Participants.....	28
4.2.1. Resident Focus Groups.....	28
4.2.2. Stakeholder Focus Groups	30
5. Results from Community Survey	33
5.1. Community & Neighborhood	34
5.2. Housing & Living Situation	41
5.3. Transportation	45
5.4. Employment & Retirement	49
5.5. Health & Caregiving.....	53
5.6. Social Activities & Relationships.....	59
5.7. Current & Future Programs & Services at the Brookline Senior Center.....	63
5.8. Communication & Information.....	71
6. Conclusions & Recommendations	77
7. Appendix: Complete Survey Results by Age.....	86
Section I: Community & Neighborhood.....	86
Section II: Housing & Living Situation	88
Section III: Transportation.....	90
Section IV: Social Activities and Relationships.....	92
Section V: Health & Wellness.....	94
Section VI: Caregiving.....	95
Section VII: Current & Future Programs & Services Provided by the Brookline Council on Aging.....	97
Section VIII: Information Access	100
Section IX: Demographic Information	102

1. Introduction

Located four miles from downtown Boston, Brookline is one of the largest towns in New England. It is primarily a mature suburban residential community with urban characteristics. The Town of Brookline is considered a safe and highly desirable place to live because of its proximity to job opportunities, excellent public transportation and school systems, livable neighborhoods that balance green space, historic preservation, and exceptional commercial services. Surrounded by the City of Boston on three sides, Brookline consists of roughly six square miles of land.

Over one-fifth (21%) of Brookline's population of 63,266 is 60 years of age or older. Projections suggest that by 2040, 24% of Brookline's residents will be age 60 or older. Brookline has continued to become more racially diverse with approximately 17% of the Town's population being a minority or mixed race. Brookline median housing prices are among the highest in Massachusetts.

Brookline was the first New England community recognized into the World Health Organization's Global Network of Age-Friendly Cities and Communities in 2012. In 2024, the Town of Brookline joined the AARP nation-wide Network of Age-Friendly States and Communities. Network members demonstrate ongoing commitment to providing services and programs that ensure their communities are livable for residents in all life stages.

In 2022, Brookline's older adults were the focus of the [Brookline Older Adult Community Health Needs Assessment](#) which identified the needs and strengths of the older adult community. As part of the results, it recommended the need for a much more in-depth examination of issues relating to aging in Brookline involving greater representation of stakeholders and residents.

This report presents the results of a comprehensive examination of issues relating to aging in Brookline. A needs assessment was undertaken to support planning on the part of the Town of Brookline, the Council on Aging (COA), the Senior Center, and the community as a whole. Results presented here focus on the characteristics and needs of Brookline residents who are age 60 and older. While the primary goal of this report is to support COA planning, a secondary goal is to present information that will be useful to other Brookline offices and organizations interacting with older residents.

1.1. The Brookline Council on Aging and Senior Center

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

The Brookline Council on Aging (COA), a municipally appointed board, and the Senior Center, a municipal department, are meant to link older residents to needed resources and desired activities. The mission of the COA and Senior Center is to ensure that Brookline is a community where residents age 60+ can age with dignity, independence, and connection. The Brookline COA is charged with providing services, programming, and support to the town's older population so that they may live well and independently in the community. This work is done in concert with other town departments and various local private and public providers and organizations, including Springwell—the regional Area Agency on Aging serving Brookline—the Massachusetts Council on Aging (MCOA) and the Executive Office of Aging and Independence (AGE). The goal is to provide a welcoming environment that services the diversity of the Town's older adult residents. Working toward that end, they assist in delivering programs and initiatives that shape and enrich the experiences of older adults.

In general, when considering the mission of COAs, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, late-life learning programs, and informational programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services.

Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible by providing needed information and referring residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through the state or federal government. Lastly, COAs provide leadership within the community around issues faced by older adults by serving on municipal boards, interacting with other municipal offices, and serving as resources to residents and organizations.

Figure 1. Core responsibilities of the Brookline COA & Senior Center



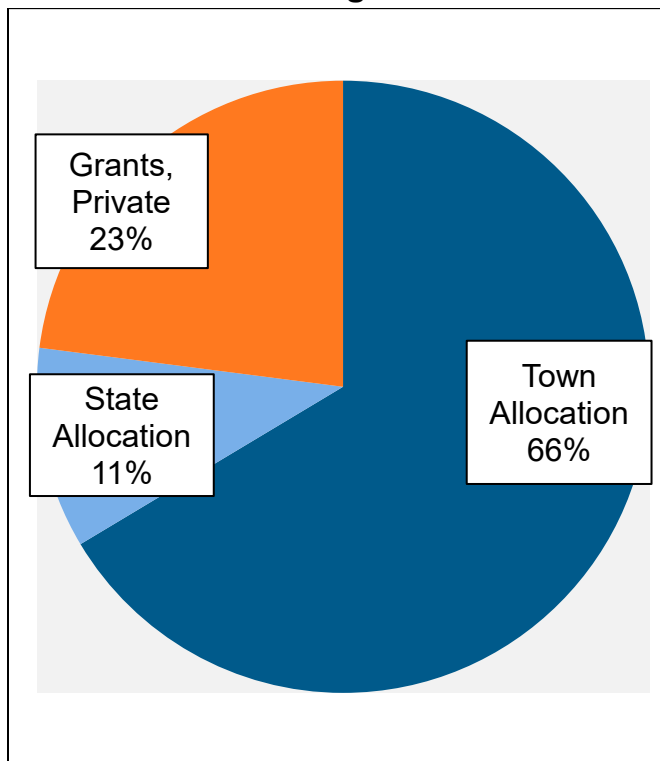
The Brookline Council on Aging includes representatives of six town departments as well as fifteen citizens and ten associate members. The Council on Aging plans, coordinates, and provides comprehensive services to Brookline older residents. The goal is to enhance the quality of life for all of Brookline's older adult residents and their families. As the first Age-Friendly Community in New England, the Council on Aging's mission is to ensure that Brookline is a community where residents can age with dignity, independence, and connection ([COUNCIL ON AGING | Brookline, MA - Official Website](#)).

The Brookline Council on Aging (COA) Senior Center is one of the most active centers in Massachusetts. It provides a vast selection of free programs and services in the areas of health, fitness, learning, art, socialization, nutrition, and recreation. There is a fully equipped supervised on-site Fitness Center, as well as varied health and exercise related programs and services, including clinics for podiatry, blood pressure, hearing, and health support. In 2026 the Brookline Senior Center was awarded [Nonprofit of the Year by the Charles River Regional Chamber](#) in recognition of its outstanding contributions to the community.

Senior Center Operations Overview

For the following section, data reported about the Brookline Senior Center was gathered from recent editions of the Brookline Beacon, COA & Senior Center website, and from the Senior Center Director. As the number of older residents increases, the need for resources dedicated to this segment of the population will also continue to grow and to change. Thus, it is crucial that the Brookline COA plan in earnest to ensure that resources are used efficiently and effectively to meet the current and future needs of older people in the Town.

Figure 2. FY2026 COA/Senior Center Budget



In 2026, The Council on Aging/Senior Center received 66% of its budget from the Town of Brookline (representing 0.3% of the total Town of Brookline budget). The support (34% of revenue) that comes from the mix of state and other grants, and private philanthropy is critical in sustaining essential services, and expanding access.

These sources include an Executive Office of Aging and Independence State grant, Friends of the Brookline Senior Center Foundation, Massachusetts Department of Transportation, Brookline Community Foundation, Community Development Block Grant (CDBG), Mass Cultural Council Grant, and Brookline Transportation Network Companies (TNC).

The Senior Center hours of operations are Monday – Friday from 8:30 a.m. to 5 p.m. with some evening and weekend events. There are 31 staff including 14 full-time staff (COA Senior Center Director, Supervisor of Services and Supports, Operations Coordinator, Program Manager, five Social Workers, Transportation Coordinator, 2 COA Van Drivers and 2 facilities staff); and 17 part-time staff (Newsletter Editor, Creative Communications & Digital Content Coordinator, Tech Navigator, two Transportation Assistants, Receptionist, Volunteer Coordinator, Senior Tax Work Off Coordinator, and six COA assistants).

Programs and Services at the Brookline Senior Center

The Senior Center offers a wide variety of programs and services to support the engagement and well-being of older adults. Some occur regularly and others episodically. Though most take place at the Senior Center during business hours, there is joint programming at the Putterham Library (to engage residents living in South Brookline) and programs that are offered in the evening (primarily Wednesdays). Examples are provided on the next two pages from a recent listing of monthly activities.

Utilization numbers of the Senior Center for 2025 include: over 200 residents using the Senior Center daily; 90% of those who contact or visit the Senior Center seek the support of the social work team (12,000+ visits annually) representing 13,650 hours of care and guidance to older Brookline adults and their families; over 1,000 hours of one-on-one tech support through the Tech Buddies Program; 4,076 riders to and from the Senior Center for classes, events and services, 12,003 subsidized rides to medical appointments and other essential activities.

Educational Programs

- Food preservation Classis Now: Kitchen Remedies & Home Organization
- Crafts with Ivy Street School
- Art Class with Artist Ilana
- Spanish 1 Lessons

Interest Groups

- Brookline Bees sewing group
- Virtual French Conversation Group
- Wise Aging Group
- Sports Fan Forum
- Dick's ESL Classes
- Brookline Acoustic Jam Wednesday Nights
- Coolidge Corner Community Chorus
- Knitting Group
- Current Event Fridays
- Public Issues Non-Fiction Book Discussion Group
- Investors Group
- Amateur Classical Music Jam
- Book group at Putterham Library

Volunteerism

- In 2025 there were over 288 volunteers at the Senior Center providing 41,000 hours of support

Health, Wellness, & Fitness

- Fitness Center (monthly membership fee)
- Ping-Pong
- Dancing through the Decades
- Broadway Dance
- Moving with Ballet
- Qigong Health
- Zumba Gold
- On-Line Dance party
- Gentle Yoga (Putterham Library)
- Mindfulness
- Monthly Blood Pressure Clinic
- Monthly Food Commodity program

Events, Programs, & Workshops

- Sidewalk Sale
- S.S. Pierce: A Boston Tradition
- Brookline Band
- Ice Cream Social
- Film/Movie
- Senior Center Chorus
- Monthly Birthday Party
- Ballroom and Latin Partner Dance Workshops with Dance Caliente
- Israeli Music on the World Stage: The Eurovision Songs
- Let's Go Out for Brunch
- Pedestrian Safety
- Lerner & Lowe's "my Fair Lady – multimedia presentation
- Shredding Event
- Tech Buddies Digital Navigator assistance and Computer Lab

Services & Resources

- Transportation: subsidized Lyft and GoGo Grandparent rides based on income
- HELP Program – limited transportation and escorts;
- Free transportation to eye care appointments
- Information on other transportation options
- Translation services
- S.H.O.P. (Students Helping Older People) – collaboration with Brookline High School; students grocery shop for seniors
- Springwell Lunch Program – grab and go or eat lunch in dining room
- AARP Tax Aide Program
- SHINE program -health insurance counseling
- Retired Employee Assistance Program – offers those 55+ employment counseling and implements the Senior Work-Off Tax Exemption program
- Assistance filling out applications
- Durable medical equipment exchange

Financial Resources

- Tax Work Off Program – in collaboration with the Assessor's Office

Communication

The COA/Senior Center offers 3 publications.

- A free monthly online newsletter, **The Brookline Beacon**, highlights new programming and provides updates on numerous existing programs and services. Individual copies are also available at sites throughout Brookline.
- Those who sign up for The Beacon also receive a weekly Friday publication, **The Spotlight**, which highlights the week ahead and program and service updates.
- Updates from the Brookline Senior Center Foundation are also sent through **The Navigator**.

2. Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses to capture a broad and deep understanding of the Town of Brookline and its older residents. Methods used in compiling this report include analysis of existing data and primary data collected through qualitative and quantitative methods. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and from projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including key informant interviews and focus groups, and through a community survey. Additional information about the Town of Brookline was drawn from the COA website and recent newsletters, as well as original data collected for this study.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Brookline's older population through quantitative data, we generated a demographic profile of the Town of Brookline using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2020-2024), along with U.S. Census data for the Town of Brookline to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race, and education distributions, householder status, living arrangements, household income, and disability status.

Key Informant Interviews

Key informant interviews were conducted with 7 Brookline municipal and organizational leaders, including the Fire Chief, Chief of Police, Commissioner of Public Works, Senior Center and Council Aging social worker, Director of the Brookline Housing Authority, Director of the Brookline Food Pantry and Director of Diversity, Equity and Inclusion. Participants were asked to provide their experiences and perspectives on several questions focused on the impact, needs, and interests of the older adults of Brookline. All interviews were conducted remotely via video conference software. Interviews ranged from 30 to 60 minutes.

Focus Groups

Research staff from the Center for Social and Demographic Research on Aging conducted four focus groups in Brookline. Participants included residents and community stakeholders who provide services and interact with residents of Brookline. Two stakeholder groups (one online and one in person) were attended by 17 leaders from organizations throughout the town. A focus group of 11 residents age 60+ was held at the Brookline Senior Center. A second resident focus group of 13 was held at 61 Park Street, a Brookline Housing Authority residence for older adults. Participants came from different Brookline communities, varied in age and economic status, lived in different housing settings (e.g. senior independent housing, single family homes, apartments, group living, and condos). All four focus groups lasted close to ninety minutes. A total of 36 individuals participated and shared insights related to their interests, needs, and experiences as residents and stakeholders in the community.

Community Survey

In collaboration with the working group, a community survey was developed for this study and mailed to a random sample of residents age 60 and over (N=5,000). A mailing list was obtained from the Brookline Town Clerk, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to the sample of residents who received the postcard, along with a postage-paid return envelope. The remaining 8,377 Brookline residents age 60+ who were not selected for the random sample were instead mailed a letter invitation to complete the survey online through the Town's website or by picking up a paper copy from the Senior Center, Town Hall, or any of the three Brookline Public Library locations. Translated copies of the survey were made available in Spanish, Russian, Korean and Chinese at all locations.

A total of 2,259 responses to the survey were obtained, demonstrating a strong survey return rate, representing approximately 17% of the Town's 60+ population. Approximately 44% of the surveys (n=987) were returned online, and the rest of the responses were returned by mail. A small number of surveys (n=33) were returned across the four available translated versions.

Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in the **Appendix: Complete Survey Results by Age** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., “What are your greatest concerns about your ability to continue living in the Town of Brookline?”). Detailed notes taken during the study’s qualitative components (i.e., interviews, focus groups) were reviewed by multiple project staff and used to characterize and categorize the ways in which aging issues are impacting older adults and individuals who work with older adults in the Town of Brookline. We used information from all sources of data to develop recommendations reported in the final section of this report.

3. Demographic Profile

3.1. Age Structure and Population Growth

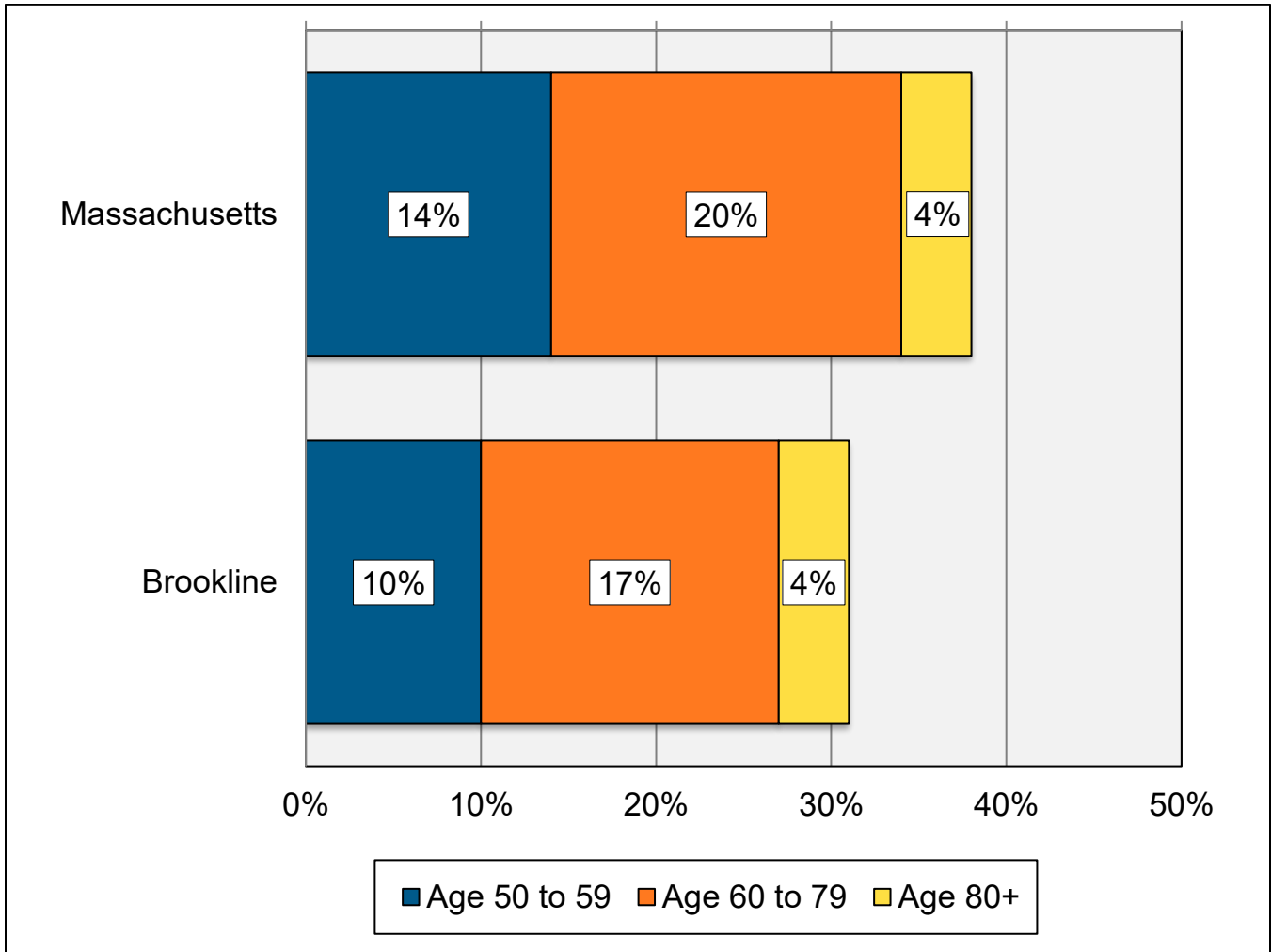
According to American Community Survey (ACS) estimates, there were about 63,266 residents living in the Town of Brookline in 2024. About 31% of the population (19,462 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (6,115 individuals) made up 10% of the population; residents age 60 to 79 (10,671 individuals) comprised around 17%, and another 2,676 residents (4%) were age 80 and older.

Table 1. Number and percentage distribution of Brookline’s population by age category, 2024

Age Category	Number	Percentage
Under age 18	11,832	19%
Age 18 to 49	31,972	50%
Age 50 to 59	6,115	10%
Age 60 to 79	10,671	17%
Age 80 and older	2,676	4%
Total	63,266	100%

Source: American Community Survey, 2020-2024, Table B01001. Numbers are calculated from 5-year survey estimates.

The share of Brookline’s population age 50 and older (31%) is smaller than that of the state of Massachusetts (38%; **Figure 3**Figure 4). The share of Brookline residents age 50-59 (10%) is slightly lower than the share for the state of Massachusetts (14%). Compared to the Commonwealth, Brookline has a smaller share of residents age 60 and older: 21% of Brookline residents are age 60 and older, including 4% age 80 and over. The share of residents age 60 and over across the state of Massachusetts is 24%, including 4% age 80 and over.

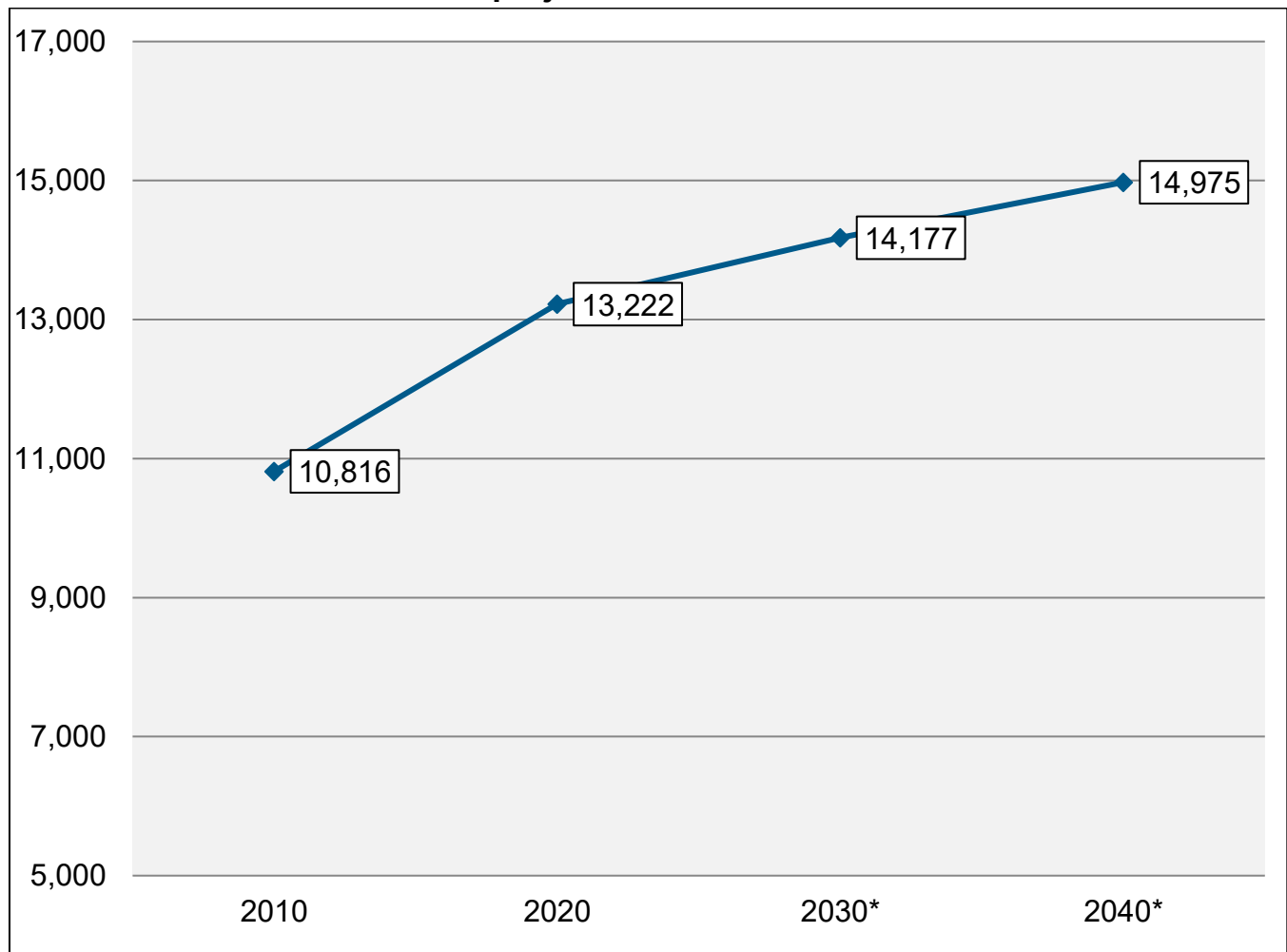
Figure 3. Age distribution in Brookline and Massachusetts

Source: American Community Survey, 2020–2024, Table B01001. Numbers are calculated from 5-year survey estimates

Population growth in both Massachusetts and the Town of Brookline has been concentrated in the population of residents who are age 60 and older. Between 2010 and 2020, the population of all ages increased by 8% in Brookline and 7% in the state as a whole. While the absolute number of Brookline residents age 50 to 59 decreased in size by 4%, the population of residents who are age 60 and older increased by 22% in Brookline, and 34% for the state of Massachusetts. (*US Census, Tables P012 and P12*).

The increments in the share of the older population are projected to continue in the following decades. **Figure 4** shows projections for the population age 60 and over generated by the Donahue Institute at the University of Massachusetts¹. This data suggests steady increments in the size of the older population between 2020 and 2040.

Figure 4. Number of residents age 60 and older in 2010 and 2020, with projections to 2040*



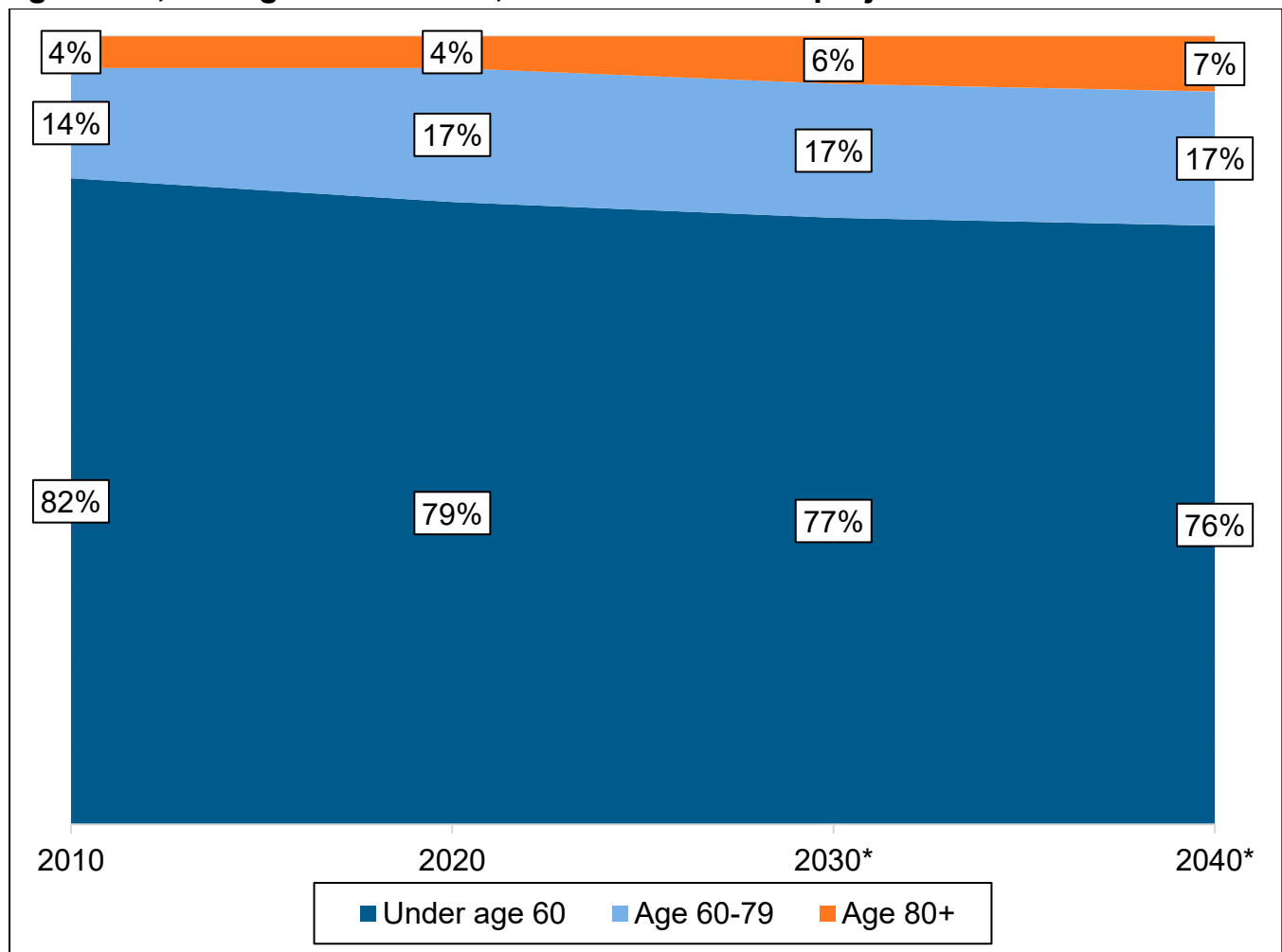
Source: Population figures for 2010 and 2020 are from the U.S. Decennial Census.

*The projections for 2030 and 2040 estimated by the [Donahue Institute, University of Massachusetts](#)

¹ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see [Renski, Koshgarian, & Strate \(March 2015\)](#)

Figure 5 shows the age distribution of Brookline’s population from 2010 to 2020, and population projections for 2030 and 2040. In 2010, about 18% of the Town’s population was age 60 and older; this percentage increased to 21% in 2020. According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Projections suggest that by 2040, 24% of Brookline’s residents will be age 60 or older—17% of the Town’s population will be between the ages of 60 and 79, with an additional 7% age 80 and older.

Figure 5. Population trends; age distribution of Brookline residents under age 60, age 60-79, and age 80 and older, 2010 and 2020 with projections to 2030* and 2040*



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

*Figures for 2030 and 2040 are projections generated by the [Donahue Institute, University of Massachusetts](#)

3.2. Socio-Demographic Characteristics of Brookline's Older Population

Brookline is slightly more diverse than the state with respect to race. For all ages combined, about 64% of Brookline residents report their race as White non-Hispanic, compared to 67% in Massachusetts (ACS, 2020–2024, Table B01001H). Among Brookline residents age 65 and older, 83% reported white race and ethnicity, which is comparable to the share for the state.

Table 2 displays the race and ethnicity of Brookline residents age 65 and older. The large majority of older residents report White race (83%). The remaining percentage of the population age 65 and older reported Asian (9%), two or more races or other race (6%), Black (2%), and 5% percent report Hispanic ethnicity.

Table 2. Race and ethnicity distribution of residents who are age 65 and older in Brookline

Race & Hispanic Ethnicity	Number	Percent
White	8,280	83%
Asian	870	9%
Other	609	6%
Black	227	2%
Total	9,986	100%
Hispanic, any race	475	5%

Source: American Community Survey, 2020–2024, Tables B01001A-I. Numbers are calculated from 5-year survey estimates

Additionally, 27% of older Brookline residents speak a language other than English at home (ACS, 2020–2024, Table B16004). Those who speak another language other than English at home most commonly speak an Indo-European language other than Spanish (15%) followed by Asian and Pacific Island language (6%), Spanish (4%), and 2% who speak one or more other languages.

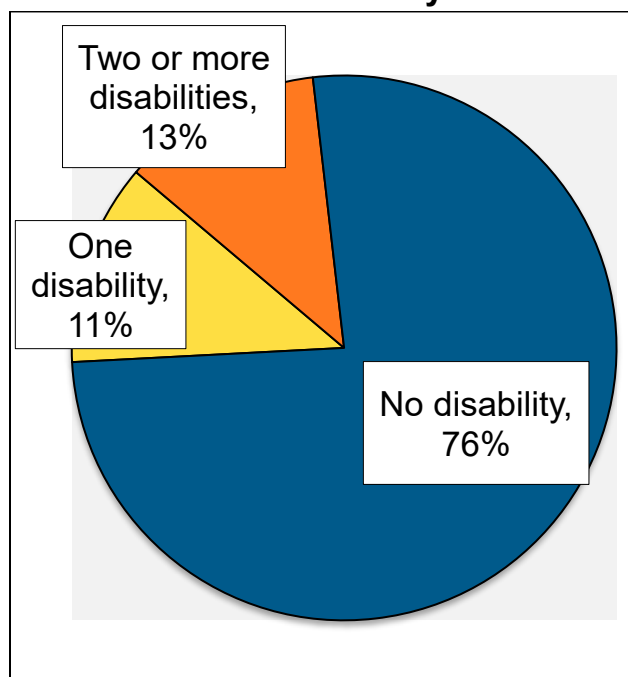
Like many older adults living in communities throughout the U.S., a large proportion of Brookline residents aged 65 and over remain in the workforce. More than 51% of adults age 65 to 74 are participating in the labor force. Of those age 75 and older, 15% remain in the workforce (ACS, 2020–2024, Table S2301).

American Community Survey estimates on education suggest that Brookline residents are well educated on average: 75% of persons 65 and older have either a bachelor's degree or a graduate/professional degree (ACS, 2020–2024, *Table B15001*). Among this cohort, 28% have a bachelor's degree and 72% have a graduate degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities.

Nearly 12% of men age 65 and older report veteran status (ACS, 2020–2024, *Table B21001*). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

The increased likelihood of acquiring a disability with age is evident in data from the ACS. Many of Brookline's residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. While 11% of Brookline residents age 65-74 experience at least one disability, that figure increases to 39% of residents age 75 and older (ACS 2020–2024, *Table B18101*).

Figure 6. Percentage of Brookline residents age 65+ reporting at least one disability



About 12% of Brookline residents age 65 and older have one disability, and approximately 12% report two or more disabilities (**Figure 6**). Among the different types of disability that are assessed in ACS, the most commonly cited by Brookline residents 65 and older were self-care difficulties (6%); independent living limitations-difficulty doing errands alone, such as visiting a doctor's office or shopping vision problems (4%); and vision problems (3%).

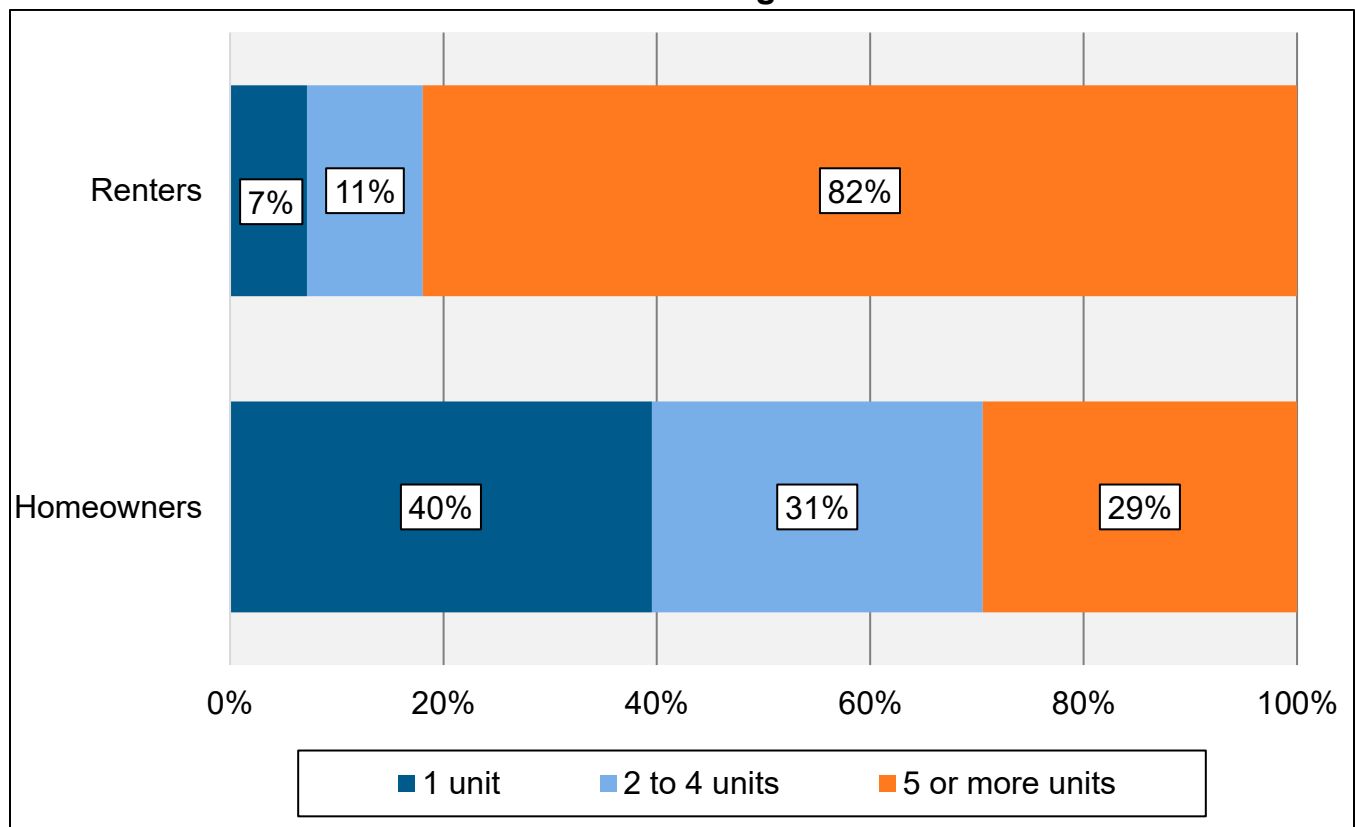
Source: U.S. Census Bureau; American Community Survey, 2020–2024, *Table C18101*

3.3. Living arrangements and housing costs of Brookline's older population

Among the total of 28,873 housing structures in Brookline, 24% are single unit structures, and the remaining 76% are housing structures that contain two or more housing units, including apartment complexes (ACS, 2020–2024, Table B25024).

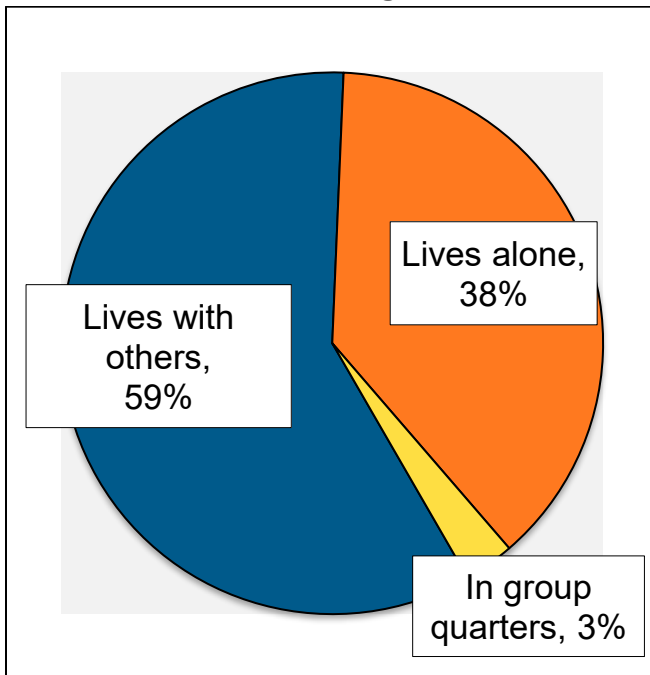
Among homeowners age 65 and older, 40% live in single unit dwellings, a much higher proportion than the 7% of older renters (Figure 7). The vast majority of renters age 65+ (82%) live in housing structures with 5 or more units, though a notable share of owners (29%) live in these larger buildings as well. This large share of older residents living in multi-unit structures has implications for the types of support a person may need as they age. For example, a person living in an apartment building may have less need for home maintenance or repair resources but face additional barriers to aging in place like accessibility features (e.g., stairs) or an unforeseeable rise in costs (e.g., rent).

Figure 7. Number of units in occupied housing structures, by tenure among householders age 65+



Source: American Community Survey, 2020–2024, Table B25125. Numbers are calculated from 5-year survey estimates

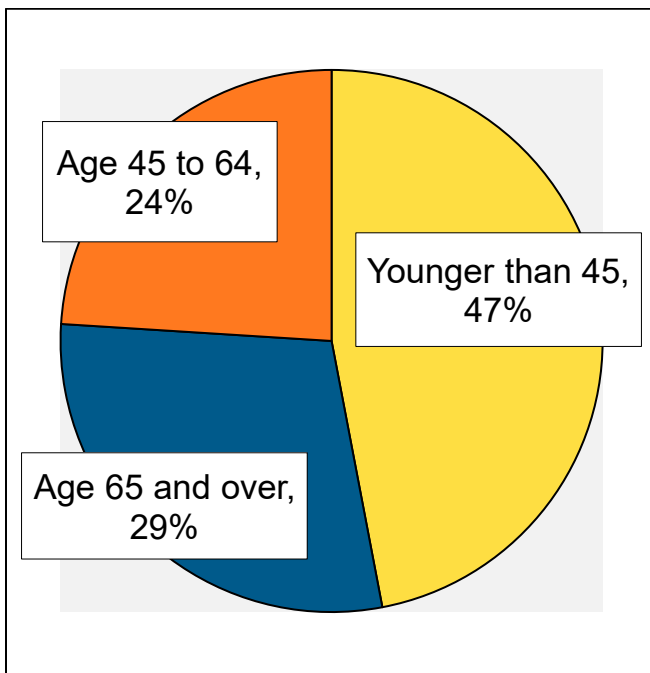
Figure 8. Living arrangements of Brookline residents, age 65 and older



Source: American Community Survey, 2020–2024, Table B09020. Numbers are calculated from 5-year survey estimates

A moderate proportion of Brookline residents who are age 65 and older (38%) live alone in their household, whereas 59% live in households that include other people, such as a spouse, parents, children, or grandchildren. The remaining 3% of residents reside in group quarters (**Figure 8**).

Figure 9. Age structure of Brookline householders



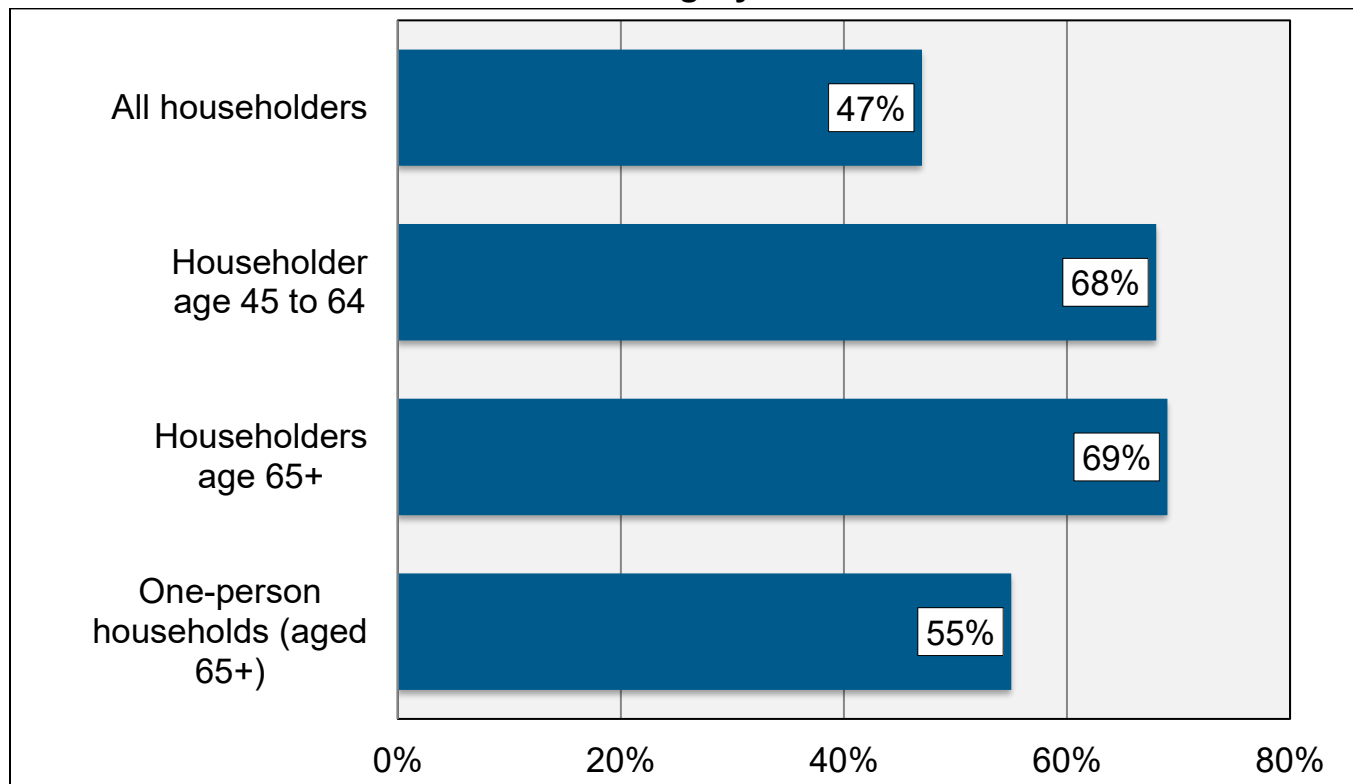
Source: American Community Survey, 2020–2024, Table B25007. Numbers are calculated from 5-year survey estimates

A majority of Brookline’s 27,587 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older represent 53% of all households in Brookline, including 24% of those who are age 65 and over (**Figure 9**).

Additionally, 33% of Brookline’s 27,587 households have at least one individual who is age 60 or older (ACS, 2020-2024, Table B11006). This high proportion— which is likely to increase in the future—generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Many Brookline residents live in homes that they own or are purchasing (**Figure 10**). About 68% of residents age 45 to 64 own their homes, and 69% of householders 65 and older own their homes. A third of homeowners age 65 and older own their home with a mortgage, compared to 67% of homeowners age 45-64 (ACS, 2020-2024, Table B25027). A sizeable share of Brookline residents who are 65 and older and live alone, also own their home (55%). The high number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

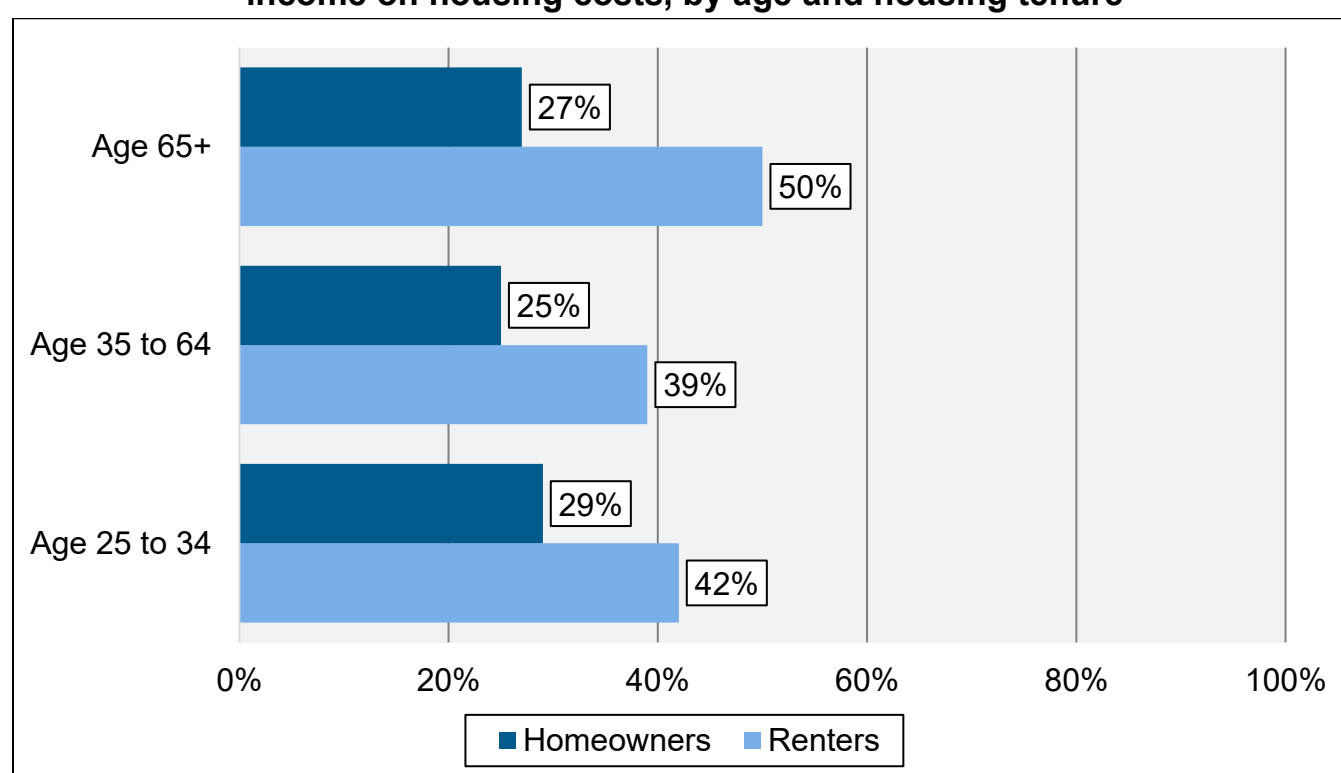
Figure 10. Percent of Brookline householders who are homeowners by age category



Source: American Community Survey, 2020–2024, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Many households in Brookline experience housing cost burden, with 26% of all homeowners spending 30% or more of their income on monthly housing costs² and 43% of all renters spending 30% or more of their income on gross rent³. **Figure 11** shows the proportion of householders spending more than 30% of their income each month on housing costs by age and tenure. Half of renters age 65 and older spend 30% or more of their income on housing costs, which is also the highest for all age ranges. The risk of experiencing financial burden due to housing costs is greater for renters compared to homeowners and is particularly true for older renters.

Figure 11. Proportion of householders spending 30% or more of their monthly income on housing costs, by age and housing tenure



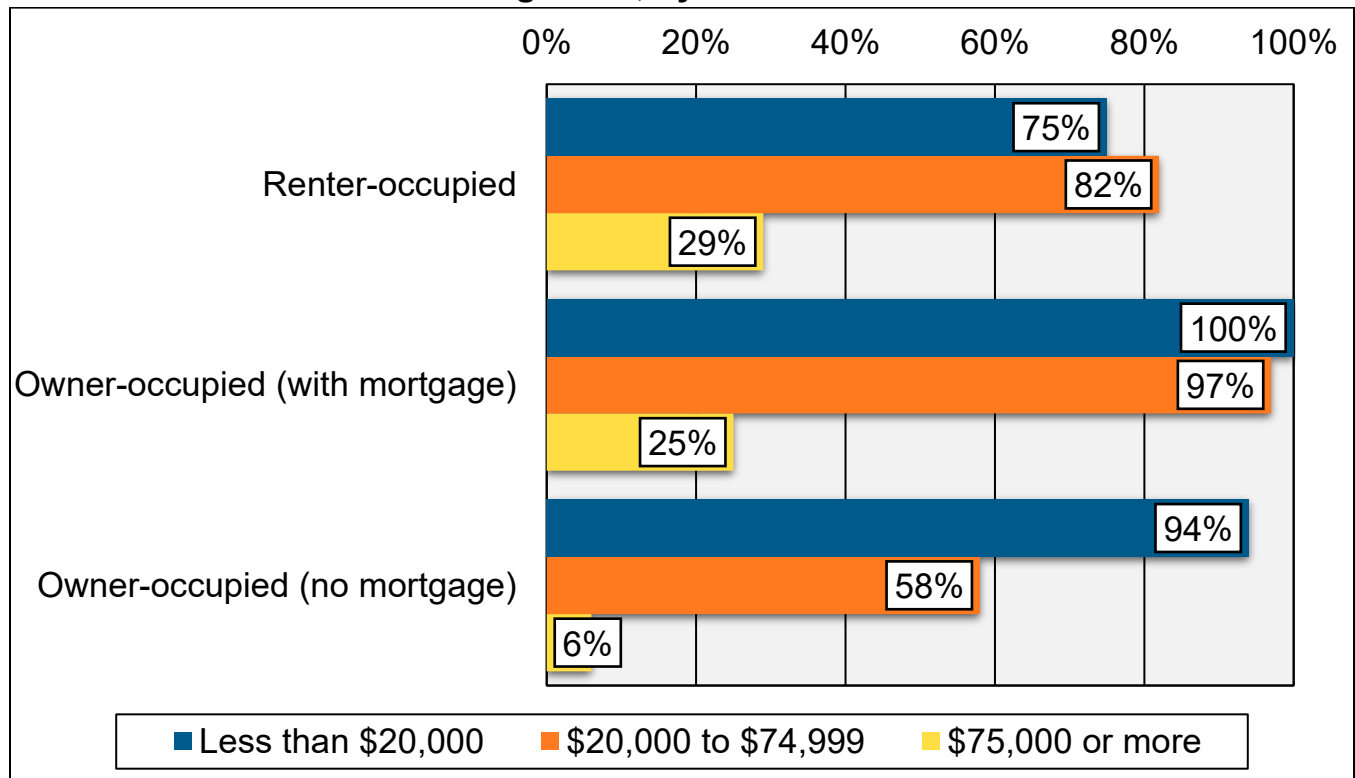
Source: American Community Survey, 2019–2023, Tables B25093 and B25072. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

² Monthly housing costs for homeowners is defined by the U.S. Census Bureau as “the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)” ([2023 Subject Definitions](#), p. 37).

³ Monthly housing costs for renters is defined by gross rent, which is the “contract rent plus the estimated average cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else)” ([2023 Subject Definitions](#), p. 19).

Although the proportion of homeowners experiencing housing cost burden is consistent across age groups, there are some differences when looking at financial status. About 30% of all homeowners who have a mortgage spend 30% or more of their income on housing costs, more than twice the share of homeowners without a mortgage (16%; ACS, 2020-2024, Table B25140). **Figure 12** shows the proportion of households spending more than 30% of their income on housing costs, by annual household income and housing tenure. Among homeowners, the high share of housing costs decreases as the household income increases. For income brackets less than \$20,000, a much higher share of owner-occupied households (96%) spends more than 30% on housing costs, compared to 75% of renter-occupied households. For renters with income thresholds over \$20,000, the share of households spending more than 30% of their income on housing costs decreases with income. For renters with incomes between \$20,000 and \$74,999, 82% of renter-occupied households spend more than 30% of household income on housing costs. For households with incomes of \$75,000 or more, the proportion of households spending more than 30% on housing costs is 29% for renter-occupied and 25% for owner-occupied households. For households with incomes of \$75,000 or more, the proportion of households spending more than 30% on housing costs is 29% for renter-occupied and 25% for owner-occupied households.

Figure 12. Proportion of households spending more than 30% or more of income on housing costs, by income and tenure

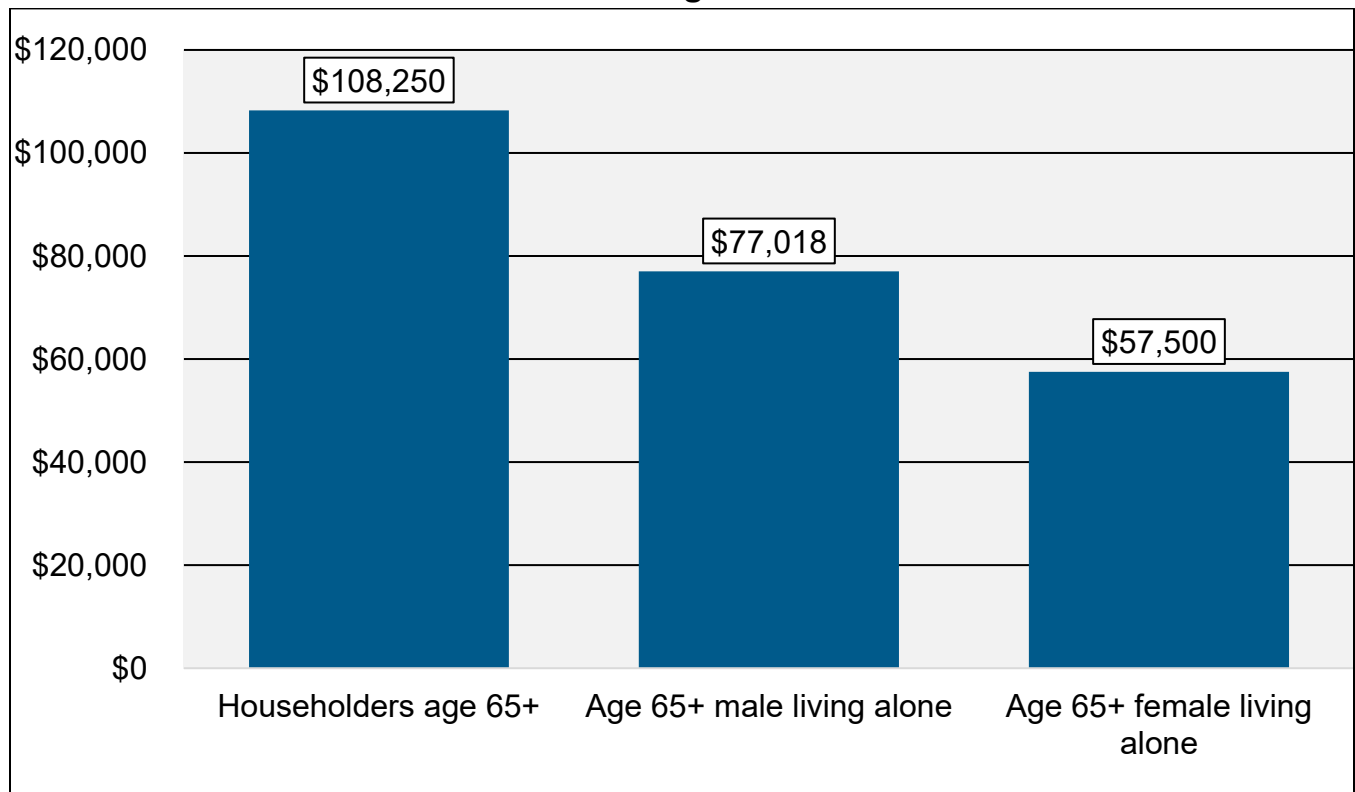


Source: American Community Survey, 2020–2024, Tables B25106 and B25101. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

With respect to household income, there is some comparative disadvantage of older residents in Brookline. As a whole, Brookline residents' median household income is higher than the one estimated for Massachusetts: \$142,100 compared to \$103,960 (ACS 2020–2024, Table B19049). Younger Brookline householders, however, have much higher median household incomes compared to statewide statistics. Brookline's householders aged 45 to 64 have the highest median income at \$223,250 followed by householders aged 25-44 (\$154,284). The statewide median for those aged 45-64 is \$128,381, and the statewide median for those aged 25-44 is \$120,614. Among householders 65 and older, the median income is \$108,250, also higher than the statewide median for this age group (\$66,336).

Older residents living alone are at the greatest disadvantage in terms of household income with some gender differences as well, as shown in **Figure 13**. Older men living alone have a median income of \$77,018 while older women living alone have a median income of \$57,500. Given that about 30% of older residents age 65 and older live alone in Brookline, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

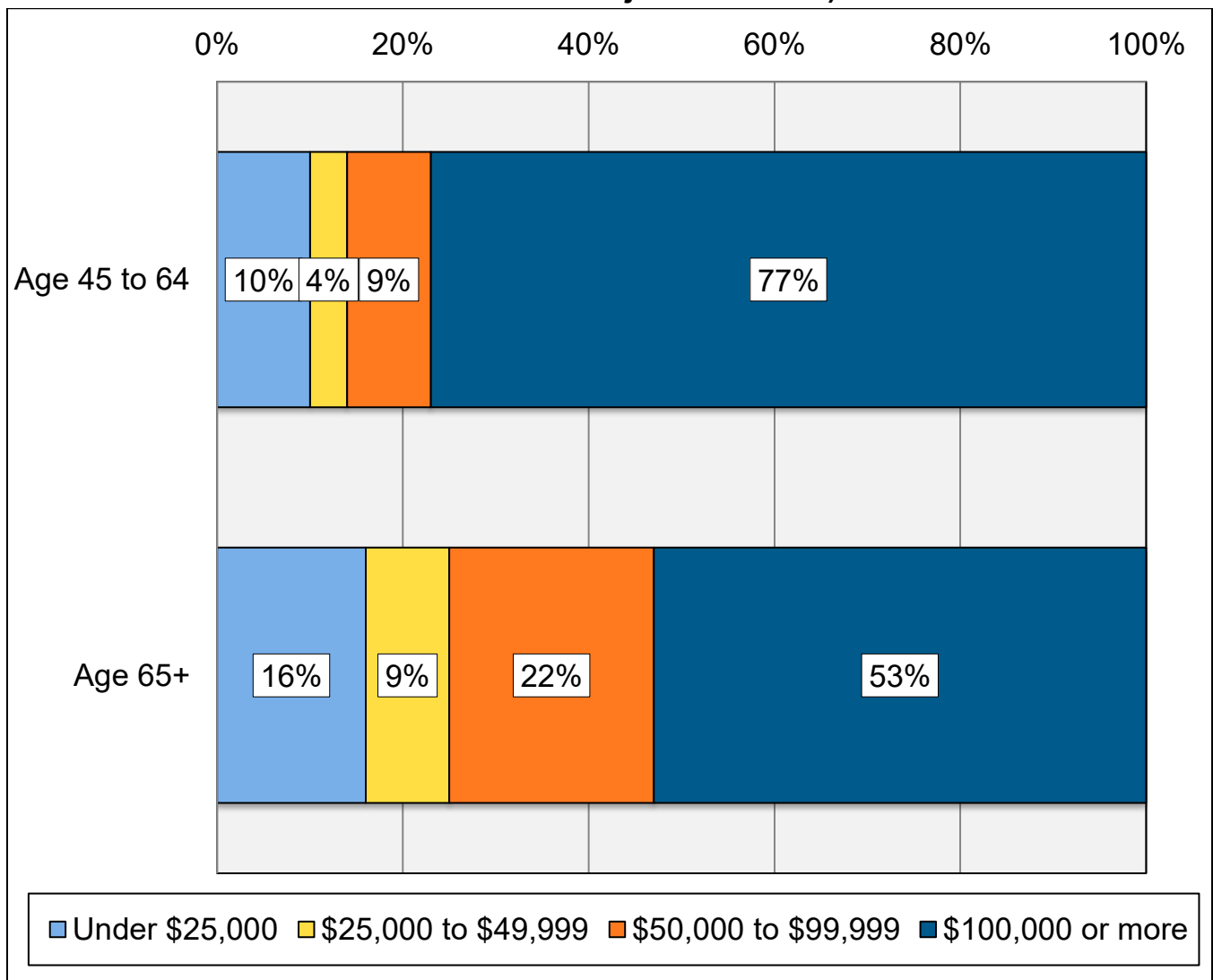
Figure 13. Median household income (in 2024 inflation-adjusted dollars) for householders age 65 and older



Source: American Community Survey, 2020–2024, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

The economic profile of older Brookline residents relative to younger residents is further illustrated in **Figure 14** which shows that the older adult population lives on a more modest income. About half of Brookline residents age 65 and older report incomes of \$100,000 or more. By comparison, 77% of households headed by residents aged 45-64 report this level of income. Nearly 16% of households headed by someone age 65 and older report annual incomes under \$25,000, compared with 10% of households headed by individuals age 45 to 64. Thus, there is a sizeable segment of Brookline's older population that is at risk of financial insecurity or economic disadvantage.

Figure 14. Household income distribution in Brookline by age of householder (in 2024 inflation-adjusted dollars)



Source: American Community Survey, 2020–2024, Table B19037. Numbers are calculated from 5-year survey estimates.

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

4. Results from Qualitative Data

The qualitative data from the needs assessment centers on results from individual interviews with municipal leaders, as well as group discussions – focus groups - with organizational representatives and older adult residents. Inevitably there is overlap between the different topics, views and ideas of those who contributed to the qualitative data. Below key themes and quotes that emerged are combined to give voice to the experience and perspective of participants.

4.1. Key Informant Interviews

The needs assessment process included interviews with seven leaders in Brookline. The purpose of these conversations was to assess the needs of the community from key viewpoints and to provide context relevant to various other priorities and issues facing the Town. Interview participants included the Public Works Commissioner, director of the Brookline Food Pantry, director of the Brookline Housing Authority, the Police and Fire Chiefs, the Chief Diversity Officer and Assistant Director, and the director of the Senior Center and Council on Aging.

Senior Center

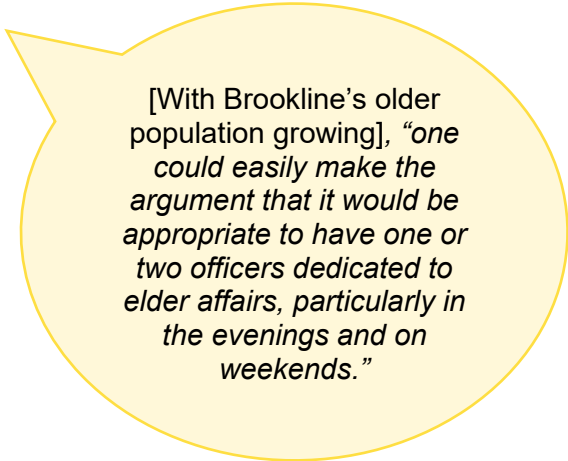
The Senior Center is well regarded by leaders in Brookline, and many departments have strong working relationships with it. Several partner with the Senior Center to provide educational programming (e.g. once a year six-week police academy for seniors, talks on scams, etc.) and services. The police department has an elder affairs officer who works closely with the Senior Center following up on issues related to scams, food insecurity, hoarding, etc.

One leader stated that the Senior Center seems “at capacity”. Another shared “We need an intergenerational community center. Seniors would be embedded in this space with programs for them and for others overlapping. It would be an age-friendly destination with universal design.”

Town-wide, while there has been an increased sensitivity to and respect for diversity, more is needed. The Senior Center staff and participants are not very diverse. While a good deal of cultural programming is offered, more of their materials need to be available in different languages. Asian and Russian speaking participation has increased, but Black and Latino participation has not.

The Senior Center is a resource for a number of town departments needing help with outreach to seniors. But it is not able to reach out to those who are not already engaged.

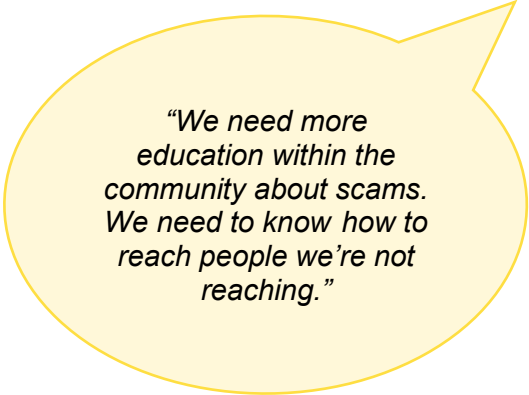
Safety and the increasing concern around cyber crime



[With Brookline's older population growing], *"one could easily make the argument that it would be appropriate to have one or two officers dedicated to elder affairs, particularly in the evenings and on weekends."*

In addition to the elder affairs officer, the police department has three social workers who provide invaluable on-site and follow-up help on cases involving mental health, domestic violence, and scams. They also help address loneliness by following up with residents who frequently call. As well, the crime analyst on staff can flag calls from a particular address for follow-up by the elder service officer or a social worker.

A great challenge for the police department is dealing with scams and other cyber-crimes, and resources to address them are limited. While some older people do not use technology, those who do may be less familiar with technology and therefore are vulnerable.



"We need more education within the community about scams. We need to know how to reach people we're not reaching."

In addition to more education about scams, education on driving alternatives would be helpful. *"It's really hard; people need help on how to talk to your loved one when they shouldn't be driving anymore."*

Installations of smoke detectors, carbon monoxide detectors and bed shakers and strobes for the hearing-impaired help promote safety. However, it is challenging to reach people to educate them about these resources.

Communication

An overarching theme around communication is the challenge of accessing seniors. Old fashioned door knocking may not always be successful in reaching people, but one interviewee indicated that it is "critical for building relationships."

Both the Police and Fire Departments are looking for ways to educate and support older residents in Brookline around safety. A new and enhanced Mass Communication Notification platform is designed to reach all citizens. A Smart 911 opt-in system can help those residents with autism, language difficulties, cognitive challenges, etc. Currently, 7,000 of 62,000 residents are enrolled.

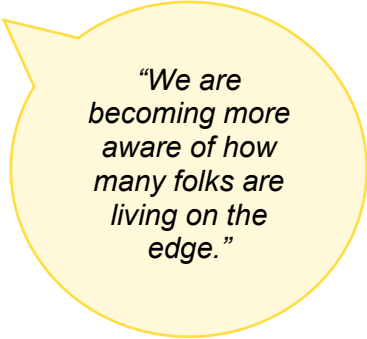
Another respondent wanted to see more identification and involvement of neighborhood associations. There is no umbrella coordination of their contact information to help communicate and involve older residents.

The Brookline Food Pantry invites “groups to provide information tables at the pantry.” (e.g. Friends of Brookline Health, Dental Schools). It is a good spot to offer information about resources in Brookline (e.g. around scams, mental health, Senior Center).

There is a need to continue efforts to engage older adults in accessing and using technology. The American with Disabilities (ADA) coordinator that works with the Senior Center through the Tech Buddies program is seeing increased demand.

A valuable interdepartmental communication tool is the Quarterly Stakeholder meetings held by the Police Department. These meetings are focused on crisis prevention and involve between 30 and 40 representatives from Town Departments and organizations. These meetings are an opportunity to share information, provide updates, and provide networking support.

Housing and Financial Insecurity



“We are becoming more aware of how many folks are living on the edge.”

The ability to age in place is a big concern. Many people want to stay in Brookline but struggle financially. Property taxes, home repairs, and/or maintenance costs become unaffordable. If homeowners want or need to move, relocating within Brookline may not be affordable. One participant shared *“We should offer more tax incentives, deduction incentives to reduce the tax burden.”*

Though a range of housing options is available in Brookline – from home ownership, condominiums, apartments, assisted living and continuing care retirement communities – affordability is a concern. Waitlists for affordable and subsidized housing are long. For affordable and subsidized housing, *“It would take eight years to serve those Brookline residents let alone everybody else on the waitlist.”* Many people living in senior housing apartments are receiving important onsite services but can no longer live independently even in these high-support affordable or subsidized apartments. Issues around mental health, cognition, and mobility affect people’s ability to maintain their units without help. Recurring instances of flooding, cooking fires, and wandering point to the challenge of supporting an aging population. *“How to get them the type of housing they need?”*

Older adults living on fixed incomes increasingly need food assistance. More than 40% of Food Pantry clients are seniors. The Pantry experienced a surge in demand during COVID, and the number of families served has remained steady at 600 to 700 since then.

Infrastructure

Public Works touches the daily lives of seniors in nearly every way, every day. Mobility, safety, accessibility, public spaces, tree canopies, storm water resilience, snow and ice response, solid waste services, sidewalk roadway maintenance and just the overall ability to live confidently and age comfortably in our community. It was one of the first departments to support an age-friendly Brookline.

Challenges include aging infrastructure, gaps in the ADA network, and funding winter hazards. Funding to address capital projects in addition to regular work is an ongoing challenge.

Of particular interest to seniors is pedestrian scale lighting that is more robust than what exists to increase safety, access and sure footing. [The Washington Street project](#) – complete street project- is an example of efforts to improve pedestrian lighting to benefit everyone whether biking, walking or driving.

Civic Engagement

Many boards and commissions include older adults, but there is a lack of diverse voices weighing in. *“There is a demographic that is very civically engaged and vocal, and we have a hard time reaching out to some of our more historically underrepresented, less vocal groups [e.g. more representation from public housing].”*

4.2. Insights from Focus Group Participants

A total of 24 residents participated in two focus groups, one at the Senior Center and the other at a senior public housing site. Participants' tenure living in Brookline ranged from 2.5 months to 66 years with the average being 31 years.

Two other stakeholder focus groups convened 17 senior-facing professionals representing: the disability commission, board of health, senior center, library, planning department, BrooklineCAN, 2Life Communities, Hebrew Senior Life, Food Pantry, town administration, Aging Service Access Point (ASAP), recreation department, chamber of commerce, real estate, and the Senior Center.

Participants in all focus groups were encouraged to share their thoughts regarding features that support successful aging and barriers that make it challenging to age in Brookline along with strategies for Brookline to remain a strong and vibrant community for residents of all ages.

4.2.1. Resident Focus Groups

Residents identified numerous features that make Brookline an attractive place to age, including its walkability, access to public transportation, proximity to healthcare services, public safety, parks and green spaces, diverse population, housing options, restaurants, and easy access to Boston. Participants also highlighted the town's rich cultural and educational resources, with several specifically praising institutions such as the Coolidge Corner Theatre. Many described Brookline as having a strong sense of community and a "hometown feel," noting that the quality and breadth of local services contribute significantly to residents' quality of life.

Social connection is important.

A reoccurring theme was the importance of social connection and neighborhood-based support. Several participants spoke highly of neighborhood associations and informal networks that help older adults remain engaged and independent. Residents living in senior housing communities with on-site staff and programming emphasized the benefits of having built-in opportunities for socialization and support. At the same time, many participants were unaware of existing neighborhood organizations, suggesting opportunities to improve awareness and participation in these community-building efforts.

Affordability is a challenge to aging.

Despite Brookline's many strengths, residents identified affordability as one of the greatest challenges to aging in the community. Participants expressed concerns about rising property taxes and the increasing cost of living, with some noting that their adult children cannot afford to live nearby and provide support as they age. Several felt that older adults are overlooked in local decision-making and funding priorities, contributing to feelings of invisibility. Concerns were also raised about the growing number of solo agers and the risk of social isolation among older residents without nearby family support.

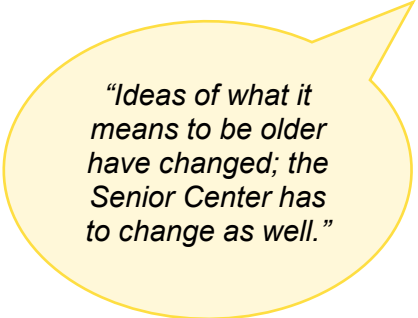


"We want to count on our kids, but they can't afford to live here."

Transportation and mobility issues generated significant discussion.

Residents from South Brookline described a greater reliance on driving and expressed frustration with limited parking availability in commercial areas such as Coolidge Corner. Some suggested expanded parking accommodations for older adults who travel from farther parts of town. Participants were also disappointed by reductions in medical transportation services, which many viewed as an essential resource for older residents. While residents generally praised Brookline's walkability, many expressed concerns about pedestrian safety, citing conflicts with vehicles, bicycles, scooters, and delivery services.

Senior Center identity and programming should reflect changing experiences of aging.



"Ideas of what it means to be older have changed; the Senior Center has to change as well."

The Senior Center elicited both strong appreciation and thoughtful criticism. Participants widely praised the Center's social workers, technology assistance programs, trips, and communication efforts, while also expressing reassurance that support is available when needed. However, many felt that the Center's identity and programming should evolve to reflect changing expectations among today's older adults. Some participants noted that they do not identify with the term "senior" and believe that traditional perceptions of aging no longer reflect the experiences and interests of current generations.

Residents also raised concerns about the Senior Center's physical environment and capacity. Several participants described the building as outdated, overcrowded, and in need of renovation, including improvements to audiovisual technology and gathering spaces. Others noted that the social atmosphere can feel intimidating for newcomers, making it difficult for first-time visitors to become involved. Participants expressed interest in more welcoming spaces, greater opportunities for intergenerational engagement, and programming that leverages the talents and expertise of Brookline's highly educated and accomplished residents.

Finally, residents emphasized the need for better coordination and communication across the community. Participants expressed strong interest in a centralized community calendar and a comprehensive directory of volunteer opportunities, events, courses, and services. Several suggested that the Senior Center could serve as a community-wide hub or clearinghouse for activities and resources that appeal to residents of all ages, helping strengthen connections across Brookline and making it easier for residents to discover opportunities for engagement, learning, and service.

4.2.2. Stakeholder Focus Groups

Digital access and tech skills are a concern.

Stakeholders described technology access and digital literacy as growing concerns for older adults in Brookline. While many seniors are interested in learning new technologies, they often require individualized support and "handholding" to build confidence using tools such as eBooks, audiobooks, ride-hailing services, texting, and virtual meeting platforms. Participants emphasized that the increasing shift of public benefits and services to online systems has created additional barriers, particularly for older adults whose technological skills have not kept pace with these changes.



"It's been very challenging helping people access public benefits because so much of it has shifted to web-based applications"

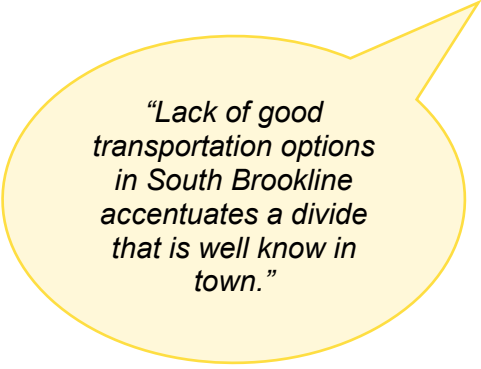
Housing affordability and accessibility emerged as major concerns.

Participants noted that many older residents are "house rich but tax poor," facing rising costs while living on fixed incomes. There was concern that longtime residents could be priced out of the community, resulting in the loss of important social networks and increased isolation. Beyond affordability, stakeholders highlighted challenges related to accessibility, noting that many

homes, businesses, and community spaces remain difficult to navigate for individuals using wheelchairs, walkers, or other mobility aids. Participants also reported growing challenges among older adults aging independently without nearby family support, particularly as residents live longer with dementia, mental health concerns, and increasing support needs.

Where you live can impact services and access.

Several stakeholders discussed transportation and service access challenges in South Brookline. While participants acknowledged that the traditional "north-south divide" can



"Lack of good transportation options in South Brookline accentuates a divide that is well known in town."

oversimplify community differences, they noted that limited weekend transportation service creates barriers for some residents seeking to access programs and resources. Organizations such as the Putterham Library and local food distribution programs have worked to address these gaps by bringing services closer to residents who may otherwise struggle to participate.

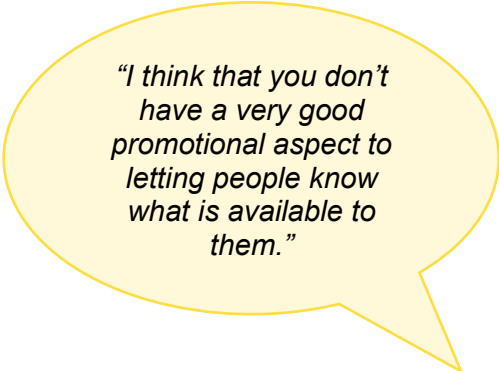
Living alone is among potential risks for social isolation.

Social isolation was identified as a growing concern, particularly among the increasing number of "solo agers" who lack nearby family or caregiving support. Participants emphasized the importance of creating opportunities for social engagement, community participation, and conversations about planning for later life. Existing homebound outreach programs were described as valuable but insufficient to meet growing demand.

Communication with older adults remains a persistent challenge.

Stakeholders expressed concern that outreach efforts often reach individuals who are already connected to community resources while missing those who are more isolated. Although printed materials continue to be highly valued by many older adults, they are costly to produce and distribute. Participants consistently emphasized that personal relationships, word-of-mouth communication, and face-to-face engagement remain the most effective ways to connect with seniors. Several also expressed concern that recent shifts toward exclusively digital communication may unintentionally reduce access for some residents.

Participants highlighted Brookline's strong culture of interdepartmental collaboration and praised existing efforts to coordinate services, volunteer opportunities, and emergency preparedness initiatives. Programs such as the Home and Escort Linkage Program (HELP) were viewed as important resources for helping older adults navigate complex systems and caregiving responsibilities.



"I think that you don't have a very good promotional aspect to letting people know what is available to them."

At the same time, stakeholders expressed a desire for greater coordination across town departments, including centralized information, improved scheduling of community initiatives, and expanded navigation services. As one participant noted, many residents require assistance that extends beyond the scope of any single department, underscoring the need for a more integrated approach to service delivery.

The Senior Center is a valued and respected resource and, at the same time, is challenged in several areas.

Discussion of the Senior Center focused on both its strengths and its challenges. Participants described the Senior Center as an essential community institution, particularly praising its social work staff and commitment to supporting older adults with dignity and respect. However, many noted that the current facility is no longer adequate to meet the needs of Brookline's growing older population.

Concerns included limited parking, overcrowding, and insufficient space for programming. Stakeholders also observed changing interests among newer generations of older adults, who may be less interested in traditional daytime programming and more interested in civic engagement, volunteerism, and committee-based activities.



"Institutional strength of the Senior Center is critical. There is a real strong network of public private partnerships that provide resources."

To address capacity and access challenges, participants discussed expanding satellite programming and bringing more services directly into senior housing communities, where residents could receive information and support in familiar and accessible settings.

5. Results from Community Survey

In this section, we report key findings from each section of the survey. Respondents to the community survey included 2,259 Brookline residents, representing 17% of all residents age 60+. This is a strong return rate and reflects interest among community residents. About 64% of respondents are female (**Q39, Appendix**), which is slightly higher than the proportion of Brookline population age 60+ (57%; *ACS, 2020–2024, Table B01001*). Compared to the age distribution of Brookline as a whole, we heard from a larger share of residents age 60-69 and a larger share of respondents age 70-79 (see **Table 3**). Throughout the remainder of this report, results will be reported for age groups 60-69, 70-79, and 80+. Response distributions by age group are shown for all survey questions in the **Appendix: Complete Survey Results by Age**.

Table 3. Community survey respondents

	Number of survey responses	Age distribution (%), survey responses	Age distribution (%) of Brookline's 60+ population*
Age 60 to 69**	669	30%	39%
Age 70 to 79	953	44%	37%
Age 80 to 89	499	23%	19%
Age 90+	69	3%	5%
Total***	2,259	100%	100%

* Source: Town of Brookline census file current as of 2025.

** Age 60 to 69 includes 8 respondents who reported age under 60.

*** Total includes 69 respondents who did not report their age.

Most respondents (83%) identified as white, not Hispanic or Latino (**Q41, Appendix**). Approximately 8% of all respondents identified as Asian, with the highest share among those age 60-69 (11%). About 1% identified as Black or African American and another 6% identified as another race or multiple racial identities. About 2% identified as Hispanic or Latino of any race.

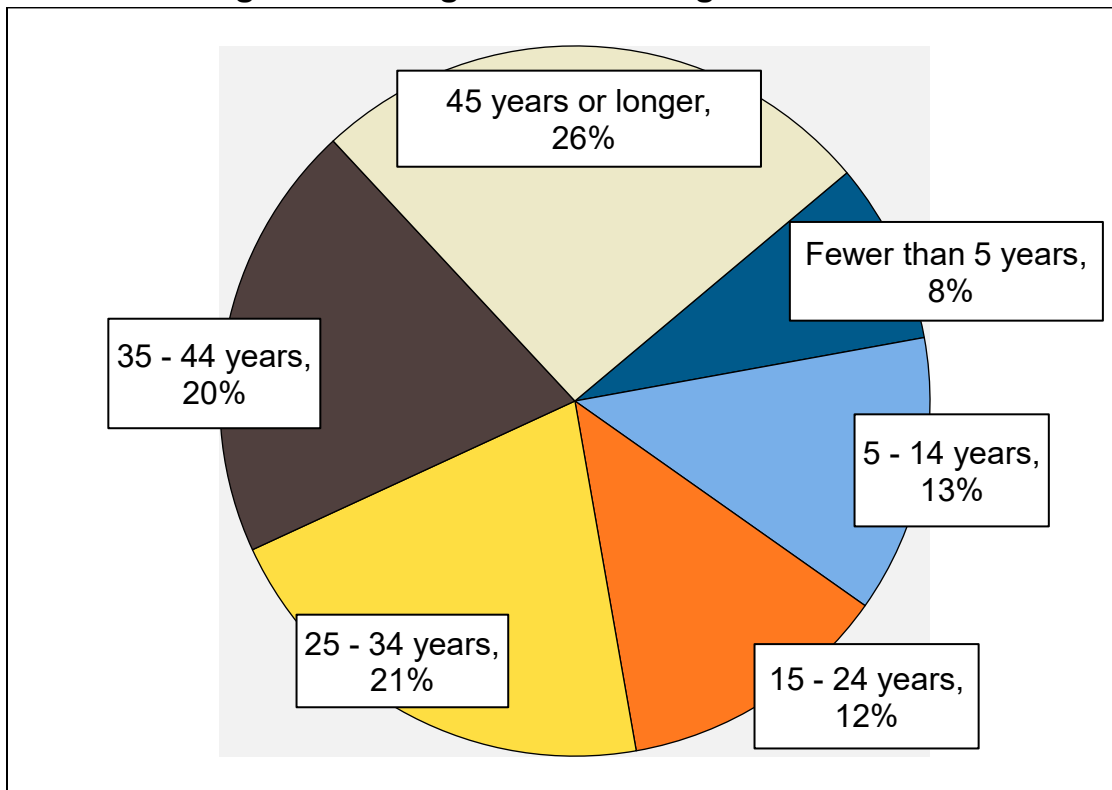
The most frequently cited neighborhood of residence was Coolidge Corner, reported by about 38% of all respondents (**Q2, Appendix**). Brookline Village, Chestnut Hill, and Washington Square were near equally represented by approximately 14% of respondents in each neighborhood. About 12% selected “Other” as their neighborhood, with write-in responses describing living in between neighborhoods, as well as more specific areas, such as Pill Hill.

5.1. Community & Neighborhood

A commonly expressed goal of older adults is to remain living in their own homes for as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes. By aging in place, older adults can retain their independence, as well as maintain valued social relationships and engagement with the community.

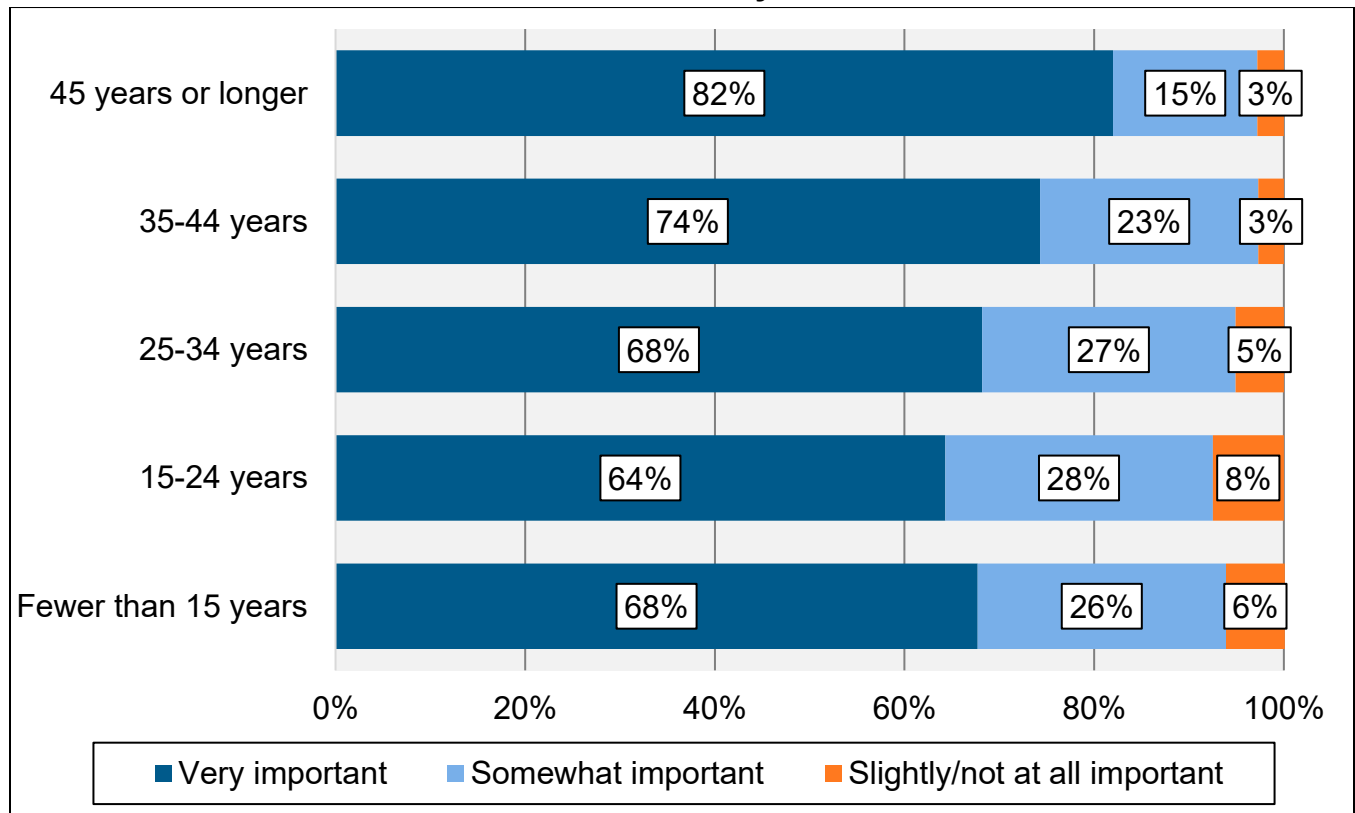
Survey respondents include longtime residents of Brookline as well as relative newcomers (**Figure 15**). Almost half of respondents have lived in Brookline for 35 years or longer. These residents can offer valuable insights based on their long history and experiences living in the town. Also, 21% of survey respondents have lived in Brookline for fewer than 15 years. Those who have lived in the community for a shorter duration of time also have valuable perceptions about aging in Brookline, and it is important to hear from both longtime residents and relative newcomers.

Figure 15. Length of time living in Brookline



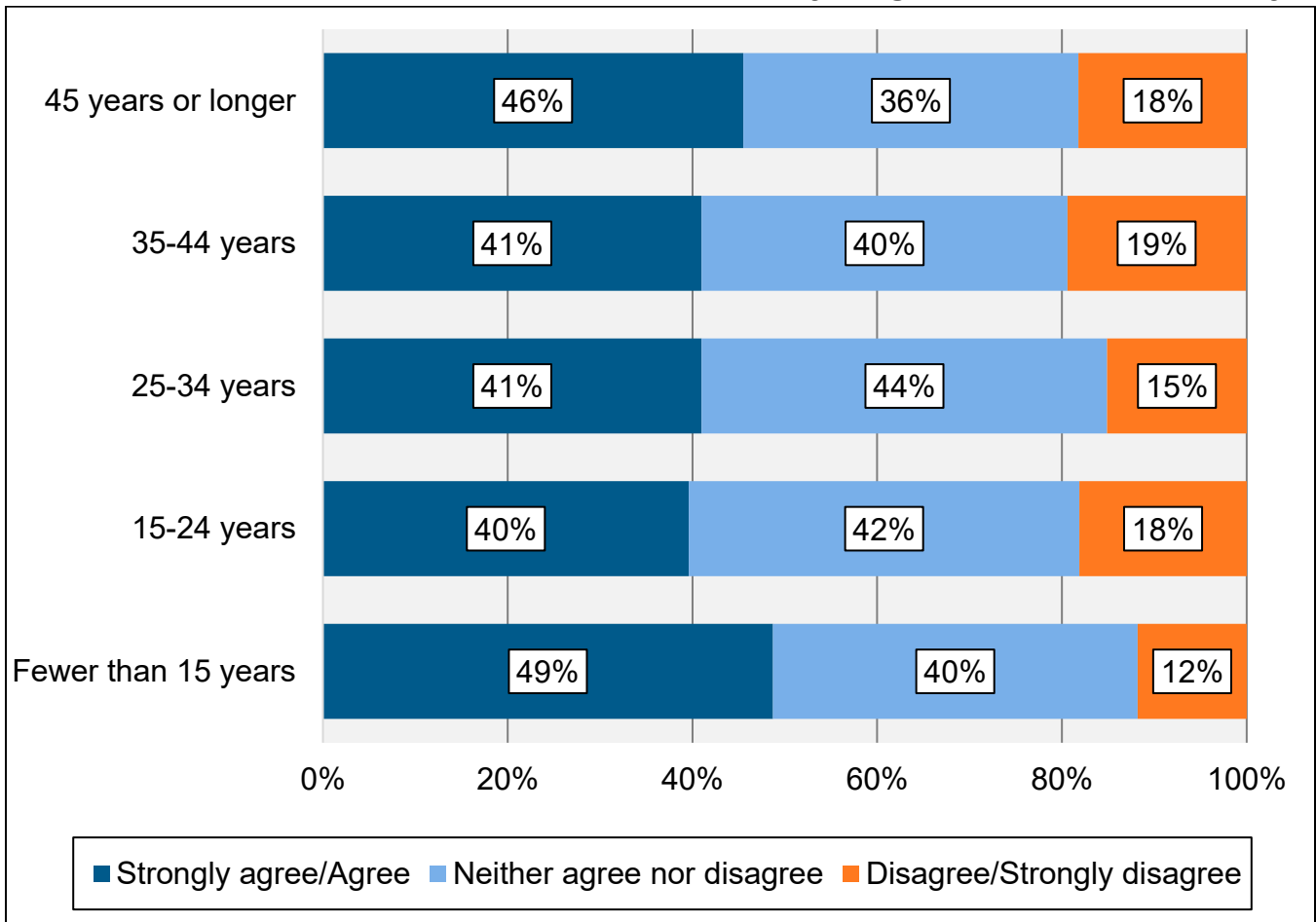
A vast majority of residents (95%) report that it is very or somewhat important for them to remain in Brookline as they get older. **Figure 16** shows how important it is for older residents in Brookline to remain living in the community as they age by how long they have lived in the community. The highest proportion of “very important” responses is among residents of 45 years or longer. Residents who have lived in Brookline for less than 35 years report remaining in Brookline was somewhat or not at all important at a lower rate than those who have lived in town for 35-44 years and 45 years or longer.

Figure 16. Importance remaining in Brookline, by length of time living in community



Among all respondents, 40% of participants responded, “neither agree nor disagree” to the statement “*local town officials consider the interests and concerns of older residents*,” while another 44% “strongly agree” or “agree” and 16% “disagree” or “strongly disagree,” with insignificant differences across age groups (**Q7, Appendix**). **Figure 17** presents the levels of agreement to this statement by length of time lived in Brookline. Respondents who have lived in Brookline for 45 years or more reported the smallest share of indifference (36%), while residents who have lived in Brookline for less than 15 years reported the smallest share of disagreement with the statement (12%).

Figure 17. Level of agreement with the statement “*Local policy makers consider the interests and concerns of older residents,*” by length of time in community



Nearly every respondent (n=2,181) took time to respond to the open-ended question, “What do you value most about living in Brookline?” Responses are summarized into major themes with verbatim quotes shown in **Table 4**. Most write-in responses emphasized the importance of Brookline’s uniquely urban-suburban quality. Proximity to Boston and other communities, needed amenities such as healthcare, shopping and restaurants are highly valued. The park, green spaces and access to public transportation as well as the walkability of the town are important. Many respondents appreciate the diversity, progressive values, and civic engagement in Brookline. The ability to access the many cultural, educational and community services in the town is what many value about living in Brookline. Finally, a sense of community and neighborhood connections are important as is the feeling of being safe in Brookline.

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

Urban-Suburban Experience: Proximity, Amenities
<i>“...the cultural attractions of a major city, my walkable neighborhood (I don't use my car for a week at a time). And the quality of life in my neighborhood, with my good neighbors and good town services, against the backdrop of Brookline's historic fabric. And my friends are here.”</i>
<i>“Mix of urban and suburban amenities, supportive population and town government, much can be done by walking or public transport.”</i>
<i>“I don't drive, so I love Brookline's walkability and proximity to bustling commercial centers like Coolidge Corner. I like its diverse, educated residents; its libraries and parks, and my ability to live independently. As my health has declined a bit, I also value its proximity to excellent hospitals and medical professionals. I also enjoy being part of Brookline's large Jewish population.”</i>
<i>“Abundance of preserved nature in an urban setting, proximity to Boston, availability of public transportation, dynamic dining/ retail opportunities in walking distance, historic homes and settings, friendly people in community. proximity to and abundance of quality medical care.”</i>
Convenience: Walkability, Public Transportation
<i>“The amazing convenience: walking distance to everything needed including necessities, entertainment, world class parks, bus and T, quality public schools, support services for seniors, proximity to the waterfront, Boston, Cambridge etc, cultural mecca, diversity, safety, sanitation, thriving independent theatre and bookshop, progressive government...”</i>
<i>“I love the walkability of the neighborhood and the easy access to commercial areas. Having the T is wonderful as is the lack of crime.”</i>
<i>“Brookline feels safe and friendly. I love the convenience of walking to restaurants and businesses. I also value public transportation offered in Brookline.”</i>
<i>“Accessibility to everything--shopping, health services, recreation, religious, community, social networking, and cultural activities.”</i>
Culture, Diversity, Progressive Values
<i>“What I value most about living in Brookline is its vibrant and diverse social fabric. It's a place where people from different backgrounds, professionals, and cultures intersect in schools, parks, local businesses, and neighborhood events, creating a community that feels genuinely connected. The diversity isn't abstract; you experience it in everyday life, from conversations at local cafes to community gatherings.”</i>
<i>“I think that the essence/culture of Brookline with its open mind, good schools, excellent libraries, many quality services, and above all the diverse and interesting horizon of cultures make it where I want to be.”</i>
<i>“Many who live and work here are open minded, caring, and compassionate. People from a variety of backgrounds and income levels are welcome.”</i>
<i>“I have wonderful neighbors and my neighborhood is a walking neighborhood so I run into people all the time. I appreciate that it is a largely liberal to progressive community.”</i>

Table 4 continued

Community and Neighborhoods
<i>“our neighborhood connections...Sharing our lives with our new and old neighborhood friends”</i>
<i>“Neighborhood where I can walk safely, see familiar faces, find low cost activities, meet shopping and medical needs. The look and feel of a smaller town is important even if the population grows.”</i>
<i>“I live in an area of one and 2 family homes next to triple deckers. It’s a real neighborhood where people know each other and help each other. It’s a semi-suburban environment that is steps away from commercial areas. It’s a safe place.”</i>
<i>“Eclectic neighborhood, educated people, public transit, proximity to Boston, lots of young people...”</i>
Safety
<i>“The sense of community and feel safe living here. People are very kind.”</i>
<i>“It’s welcoming and friendly. I feel safe and comfortable.”</i>
<i>“It’s a safe, beautiful community with a kind, intelligent and diverse population.”</i>

Similarly, 93% of respondents wrote about their greatest concerns about aging in Brookline. Commonly cited concerns with sample quotes are included in **Table 5**. Most responses focused on financial security: residents are concerned about being able to afford to continue living in Brookline as they age, citing property taxes, cost of living and rising rents as burdensome, especially with respect to limited income in retirement. Several respondents communicated challenges with housing: maintaining current homes could become physically and financially burdensome, but the ability to affordably downsize or relocate to within Brookline is limited. Many cited concerns about rental or home owned property that is not age in place friendly. Aligned with these concerns were fears about what kind of support would be available should mobility and/or physical health become an issue. This included concerns about being able to drive later in life as well as the availability of safe infrastructure for alternative modes of transportation. Concerns about transportation most often referred to being able to get to where respondents need to go—healthcare services, shopping, social engagements, and others. Many cited concerns about the safety of sidewalks and streets and about the importance of sufficient and accessible parking.

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

Affordability, Cost of living, and Taxes
<i>“I’m still working. I don’t know how long I’ll be able to afford Brookline property taxes after I retire. I have saved but I work in a low paying profession, so my savings is low when considering the costs of living here.”</i>
<i>“Taxes are crushing us; cannot keep up with increases; falling behind on paying for services (water, trash, electric, heat expenses)”</i>
<i>“Steeply increasing taxes on a fixed income with dwindling resources. Should I survive my husband, that would add more financial burdens.”</i>
<i>“I am also very worried about whether I can continue to afford to live in Brookline. I still have a mortgage on my property and condo fees to pay each month. I don’t qualify for any property tax relief, but I am currently paying over 55% of my income on my home (including utilities). Between inflation and property tax increases, I worry about whether I will be forced to move away from Brookline.”</i>
Housing
<i>“By far, my greatest concern is housing affordability. I rent and prices every year go up tremendously. I will not be able to stay.”</i>
<i>“\$Cost\$ Would like to age in place but owned apt. is not elder friendly (walk up & old bathroom) Impossible to see how we could buy something smaller.”</i>
<i>“I will not be able to afford rental housing with an elevator. I now live in a walk up apartment and know this will be dysfunctional as I age.”</i>
<i>“I worry there may not be enough senior housing/assisted living units available.”</i>
<i>“Ability to stay in my house, both my own health and mobility as I age and maintaining the house itself, especially if my spouse dies and I am alone.”</i>
Accessible Transportation
<i>“There’s a lot of very dense automobile traffic that can make walking and cycling unsafe for older people.”</i>
<i>“Transportation (I currently drive, but at some point will need to give up my car).”</i>
<i>“Getting around if unable to drive as we age. lack of cheaper transport; I don’t use the T anymore as it’s so jerky and I’m afraid I’ll fall; also hard to get into. There are not enough subsidized Lyft rides per month, and not enough medical transport rides. I don’t qualify for ‘The Ride’”</i>
<i>“Availability of public transportation that just does not go through the main thoroughfares, but gives a wider access to Brookline and beyond.”</i>
Infrastructure
<i>“...that streets and sidewalks are well maintained for walkers of all ages, especially in winter with snow and ice.”</i>
<i>“I am aging and now use a walker. The sidewalks are unsafe and I often have to walk in the street.”</i>
<i>“An abundance of parks which are kid-friendly but alas very poor amenities and senior ‘play and well-being’ corners that can promote better health and social interaction for seniors.”</i>
<i>“Sidewalk safety and better snow removal and trolley accessibility after a snowstorm.”</i>

Table 5 continued

Ability to Maintain Living in Current Home
<i>"Being able to continue to afford maintenance and repairs to my condo. (I am responsible for 1/5 of the building, as well as my own unit)"</i>
<i>"My house's steps - from street to front door + to second level 2. Isolation - if my husband passes away"</i>
<i>"Access to reasonably priced and readily available services like lawn care, snow shoveling, handyman services, and other services that will help me stay in my home."</i>
Health Change and Necessary Support
<i>"Being able to afford home healthcare if I can continue living alone."</i>
<i>"Currently, I believe Brookline is one of the best places to live as I age. My greatest fears revolve around not being able to walk!"</i>
<i>"I have lost my family and friends to death. There is little support when I need it."</i>
<i>"Isolation. Since I live alone in my own house. Neighbors tend to be younger with busy lives. Older friends/neighbors are moving away, getting sick/dementia, etc. Can create "loneliness". Which makes having a great + accessible Senior Center so important."</i>
<i>"Having access to assistance in daily living as needed."</i>
<i>"Ability to maintain relationships and community if my physical and/or cognitive capabilities are compromised."</i>
<i>"Ability to get around and carry out the tasks of daily living if our health declines, as we do not have children"</i>

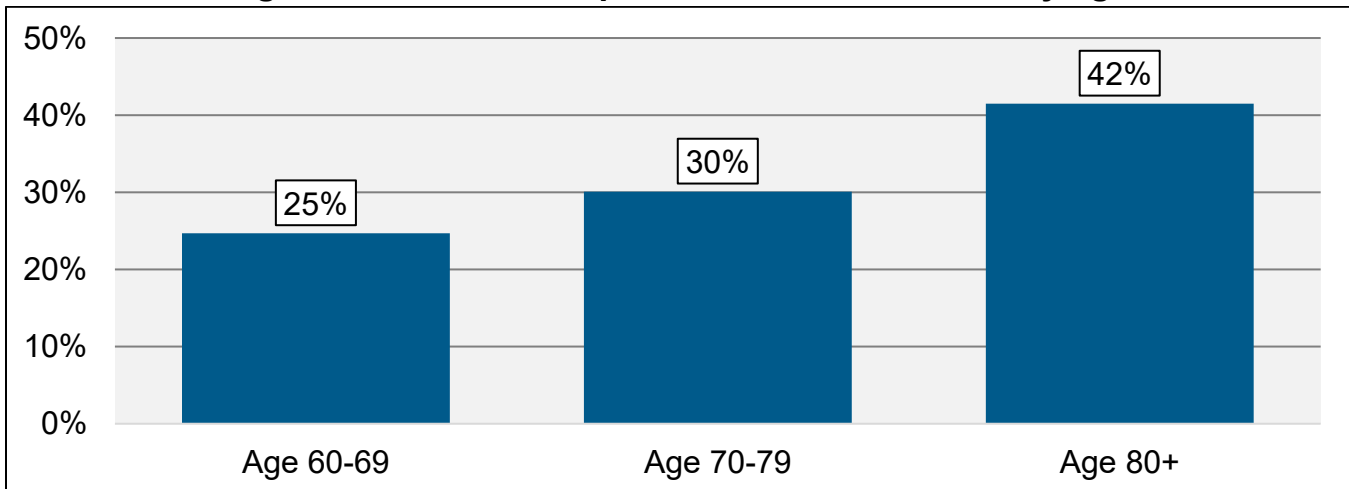
5.2. Housing & Living Situation

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

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

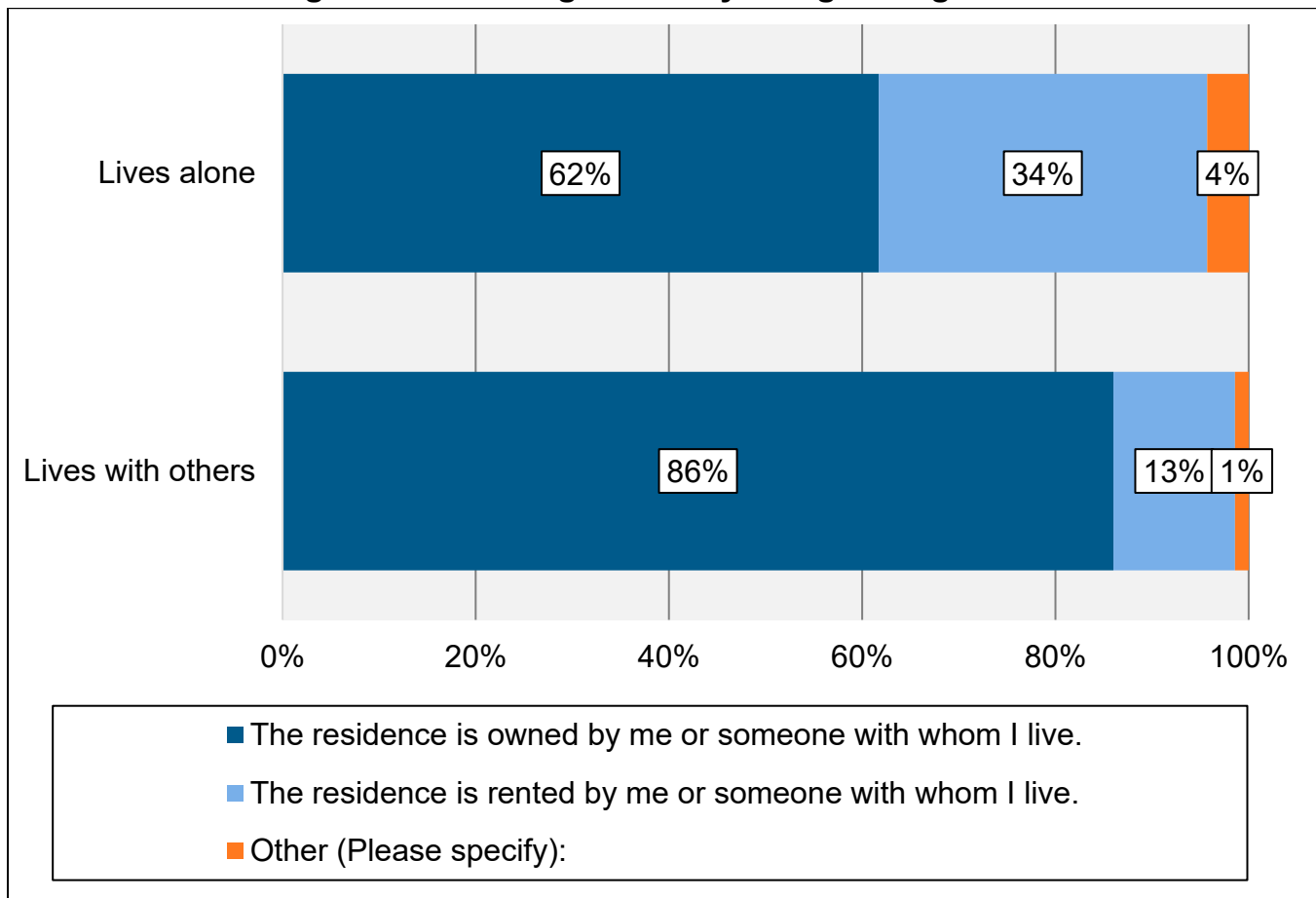
Most survey respondents live with at least one other person (69%), but this figure decreases with age. One in four respondents in their 60s live alone; this increases to 30% among those in their 70s and to 42% of respondents age 80+ (**Figure 18**). Living alone can exacerbate social isolation and contribute to feelings of loneliness; older adults who do not live with others may benefit from programs and services offered by the Town of Brookline.

Figure 18. Share of respondents who live alone, by age

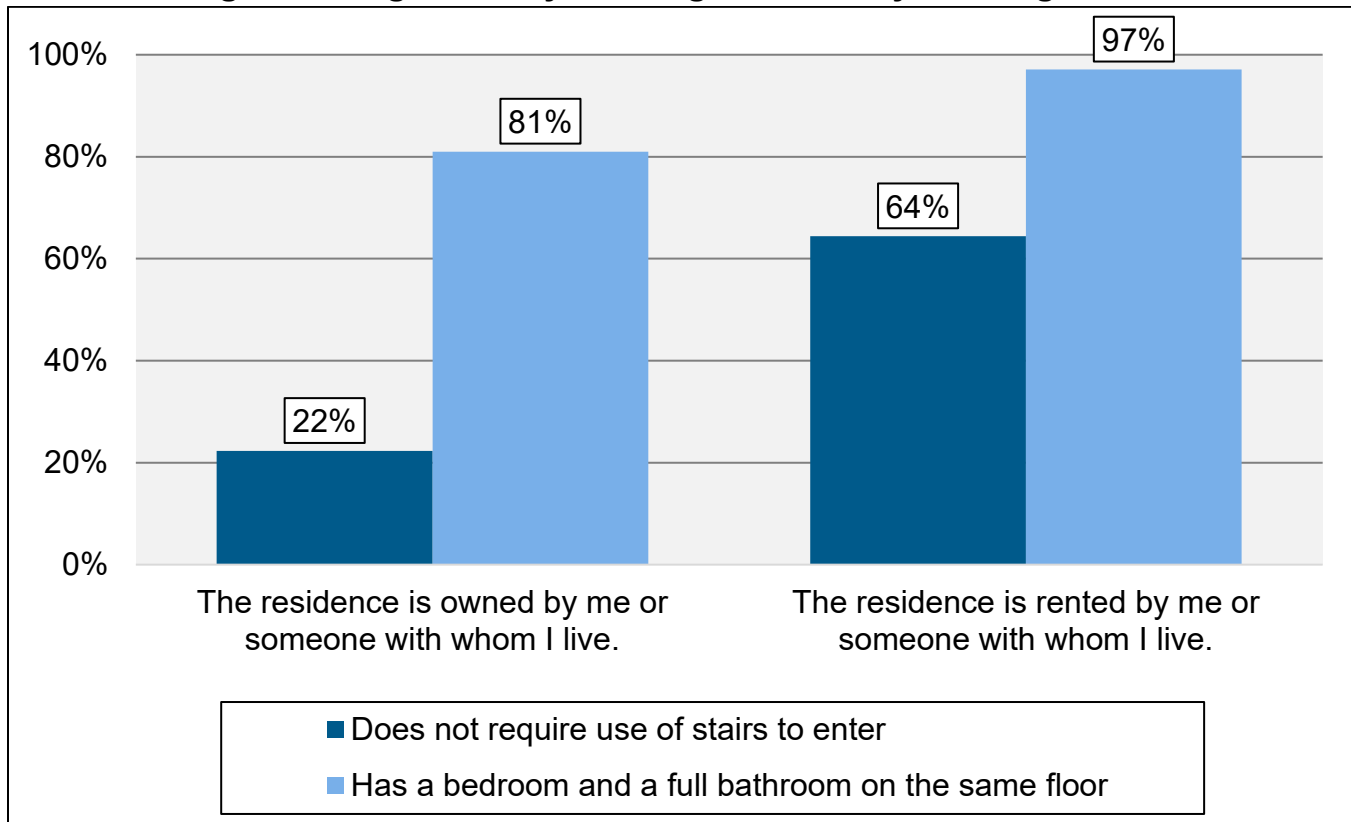


Most survey respondents reported owning the home they currently live in (79%), while about 19% of survey respondents reported renting their current residence and an additional 2% reported having an “other” housing arrangement (see **Q9, Appendix**). Over a third of respondents who live alone rent their residence, compared to just 13% of respondents who live with others, as shown in **Figure 19**. As well, a slightly higher share of respondents who live alone selected “Other” to describe their living situation. Among the written descriptions from those who selected “other,” many reported living in public, affordable, or senior housing.

Figure 19. Housing tenure by living arrangement



To assess the “age-friendliness” of the housing stock in Brookline, respondents were asked (1) if their residence requires the use of stairs to access the front door, and (2) if they currently had a bedroom and full bathroom on the entry-level of their home—an important feature as occupants age and mobility (up and down stairs) becomes more challenging. **Figure 20** demonstrates that higher proportions of renters reported having accessible housing compared to homeowners with respect to both step-free access into the home and the ability to convert to single-floor living in their existing homes.

Figure 20. Age-friendly housing features, by housing tenure

Maintaining a home requires resources, including people who can make modifications and repairs and the finances to pay for these repairs. For example, survey respondents were asked about the need for home modifications or significant repairs that are needed to maintain their current property. About half of respondents reported that their current residence does not need home modifications (**Q12, Appendix**) nor do they need home repairs to improve their ability to live there safely for the next 5 years (see **Q13, Appendix**). Among renters, 39% reported needing modifications and 33% reported needing home repairs (not shown).

Figure 21 shows that half of respondents reported that their residence needs home modifications to improve their ability to live safely for the next five years. Among respondents who need home modifications, most can afford to make these modifications (78%), but 9% report not being able to afford to make needed modifications and 13% report not being responsible for making them (e.g., they are renters).

A similar pattern of responses regarding the need for home repairs to improve safety for the next 5 years is exhibited in **Figure 22**: 45% of respondents need home repairs; among them, 14% cannot afford to make those repairs and 29% are not responsible for making repairs.

Figure 21. Need for home modifications (e.g., grab bars in showers or railings on stairs) to improve safety for the next 5 years

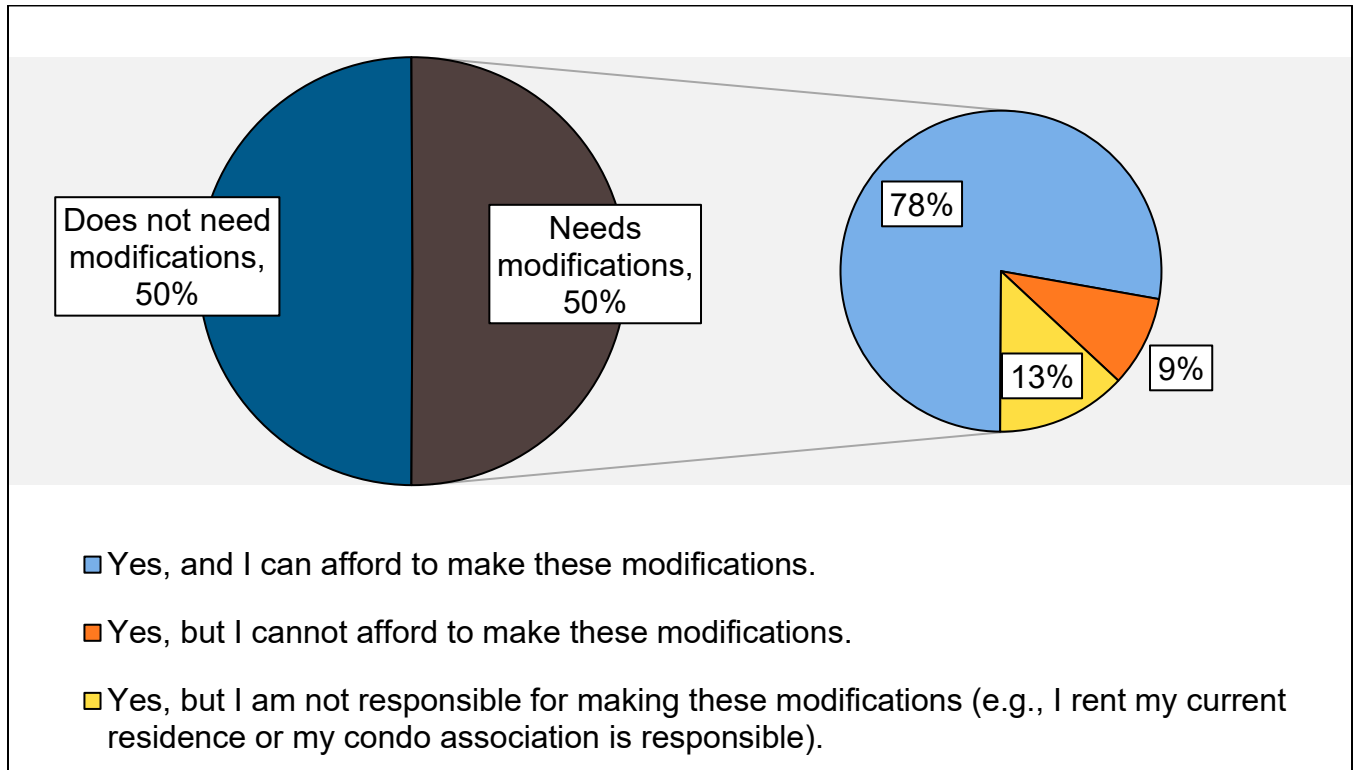
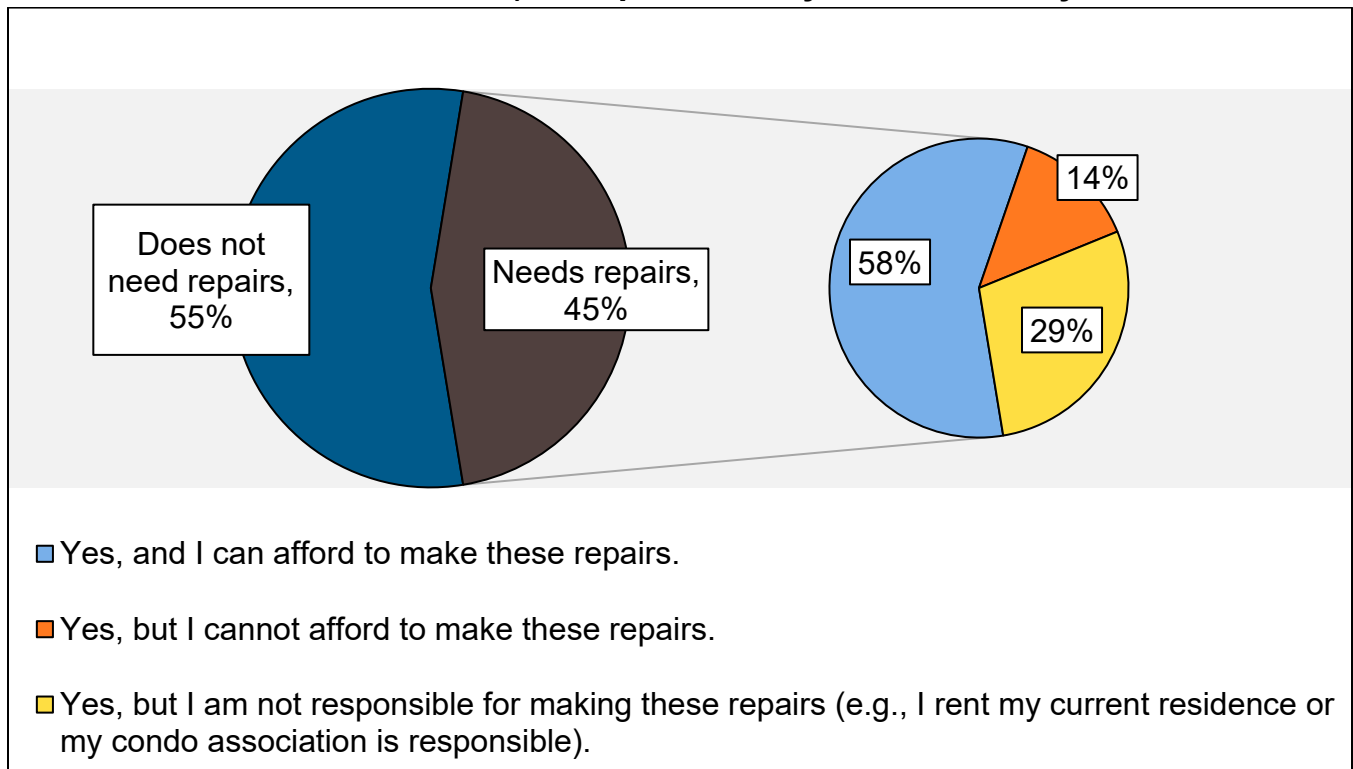


Figure 22. Need for home repairs (e.g., new roof, electrical work, climate control/HVAC, etc.) to improve safety for the next 5 years

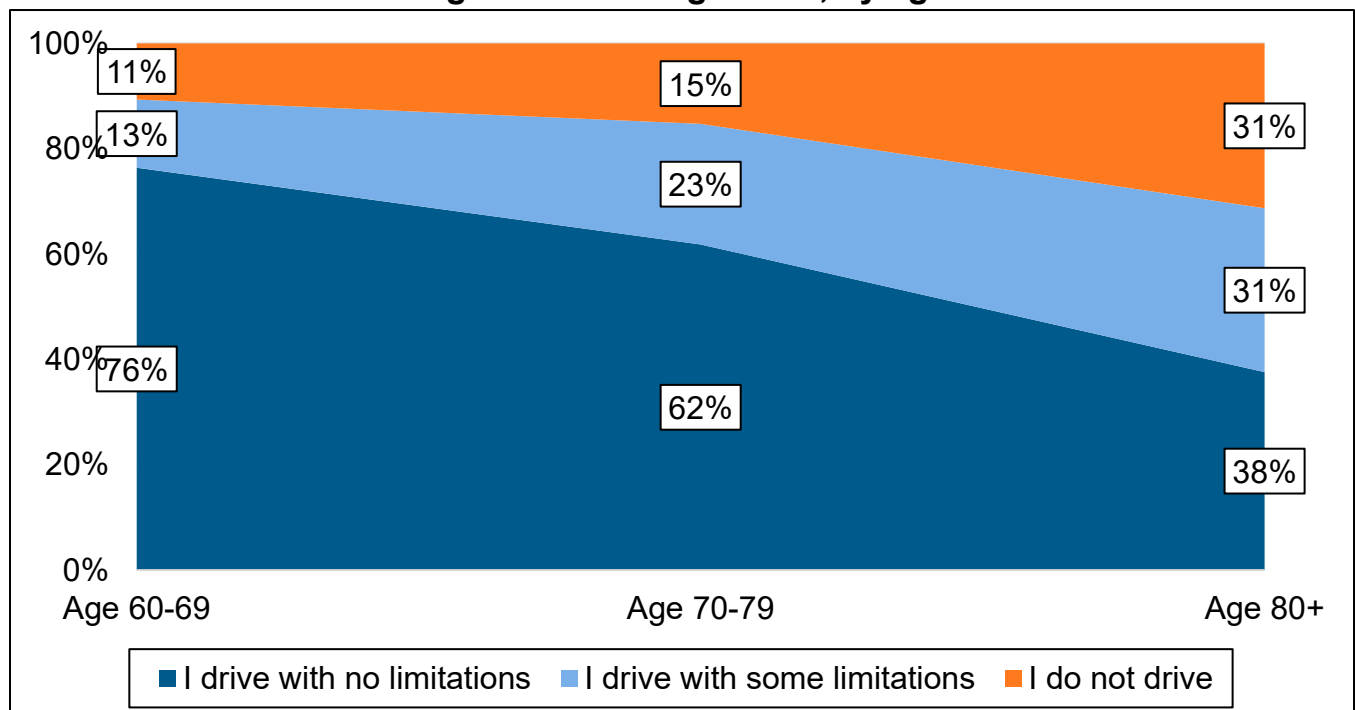


5.3. Transportation

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

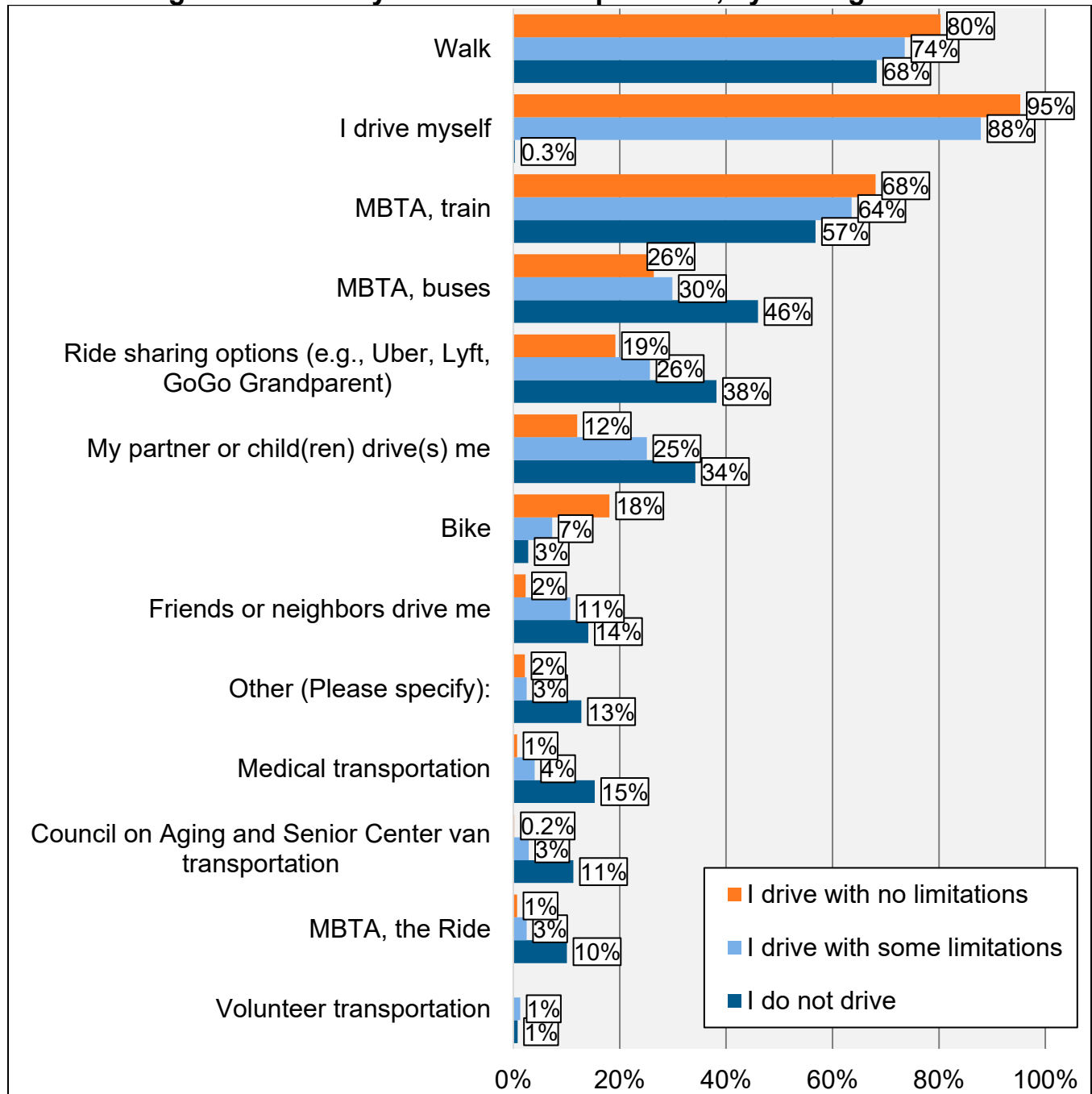
Survey results show that about 18% of respondents do not drive, and an additional 22% drive with some limitations (e.g., avoid driving at night, during bad weather, in unfamiliar areas; **Q15, Appendix**). The proportion of those who limit their driving or cease driving altogether rises with age, as presented in **Figure 23**. For example, 13% of those in their 60s report modifying their driving in some way compared to 23% of those in their 70s and 31% of those age 80 or older. Almost a third of respondents age 80 or older reported not driving at all.

Figure 23. Driving status, by age



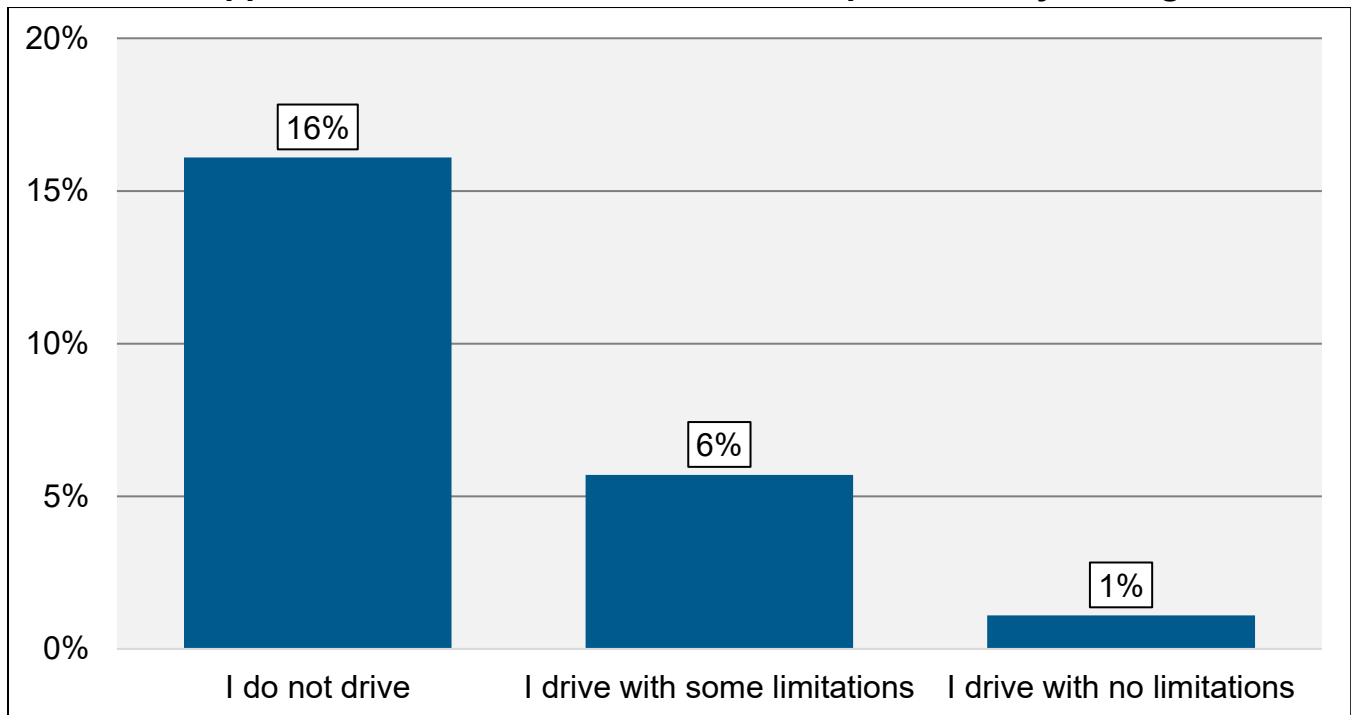
When it comes to how people get around Brookline, most drive themselves or walk (**Q14, Appendix**). **Figure 24** shows that for those who drive with some limitations, reliance on MBTA trains (64%) and buses (30%) and using rideshare options (e.g., taxi, Uber, Lyft; 26%) is how they supplement their transportation needs. For those who do not drive at all, they also rely on MBTA services and ridesharing options but also rely on informal support such as from a partner or child (34%) Alternative transportation services, such as through the MBTA and others are critical for those who need them most.

Figure 24. Primary modes of transportation, by driving status



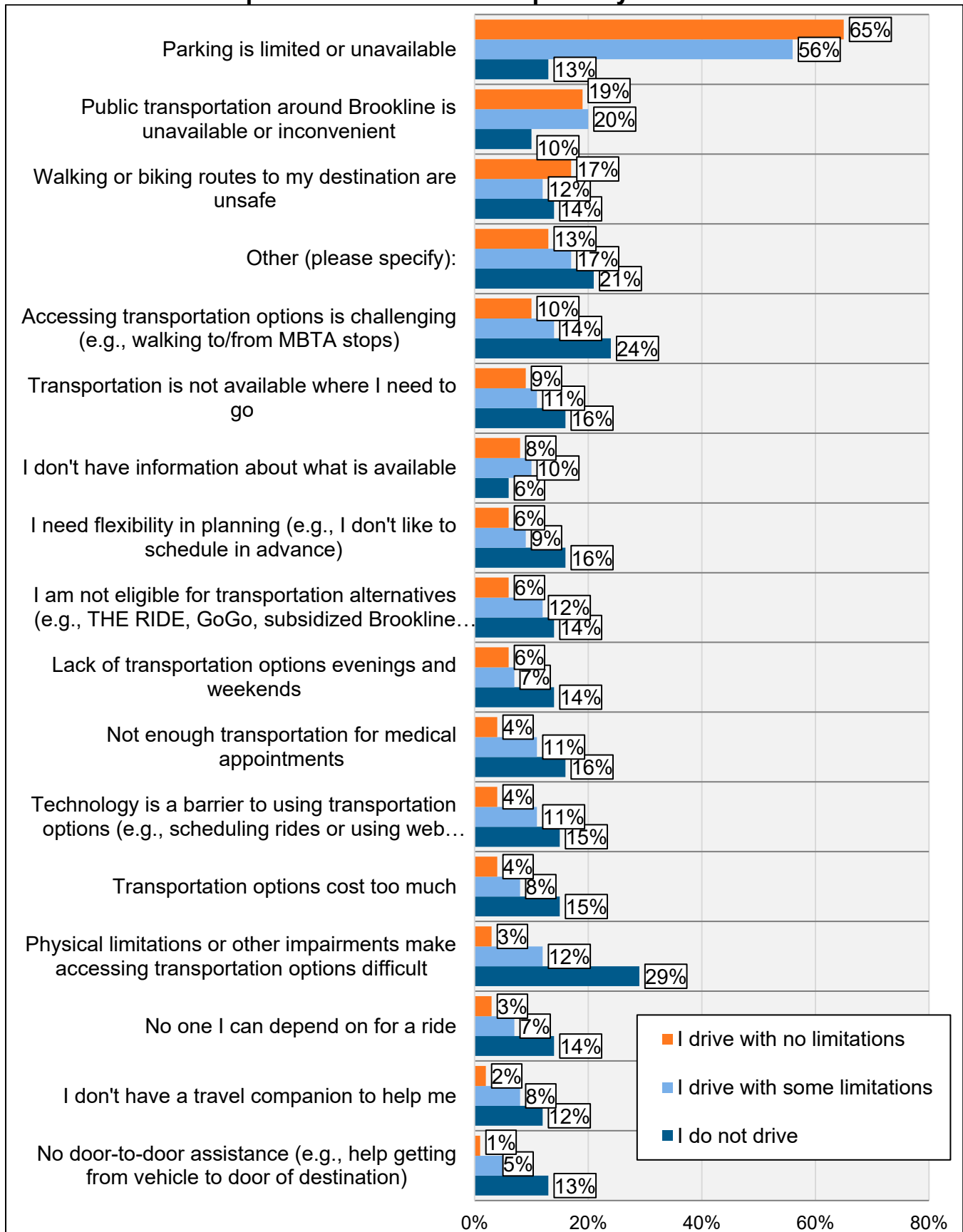
Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled, or rescheduled a medical appointment because of a lack of transportation. A small share of respondents (5%) reported "yes" when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (**Q17, Appendix**). When considering driving status, however, 6% of those who drive with limitations and 16% of those who do not drive reported "yes" to this question (**Figure 25**).

Figure 25. Percent of respondents who have had to miss, cancel, or reschedule a medical appointment because of a lack of transportation, by driving status



Almost half of all survey respondents selected at least one difficulty getting transportation that they need (47%); that share increases to 61% of respondents who drive with some limitations and 60% of respondents who do not drive at all (Tabulations not shown). **Figure 26** presents the transportation challenges encountered by those who have experienced at least one difficulty, by driving status. Limited or unavailable parking was the most frequently cited challenge for drivers (with and without limitations) who have experienced transportation difficulties. Among non-drivers, physical accessibility was the top concern, with 29% identifying physical limitations as barriers to access, and 24% selecting accessing transportation options is challenging (e.g., walking to/from MBTA stops).

Figure 26. Difficulties getting transportation by driving status, excluding respondents who did not report any difficulties

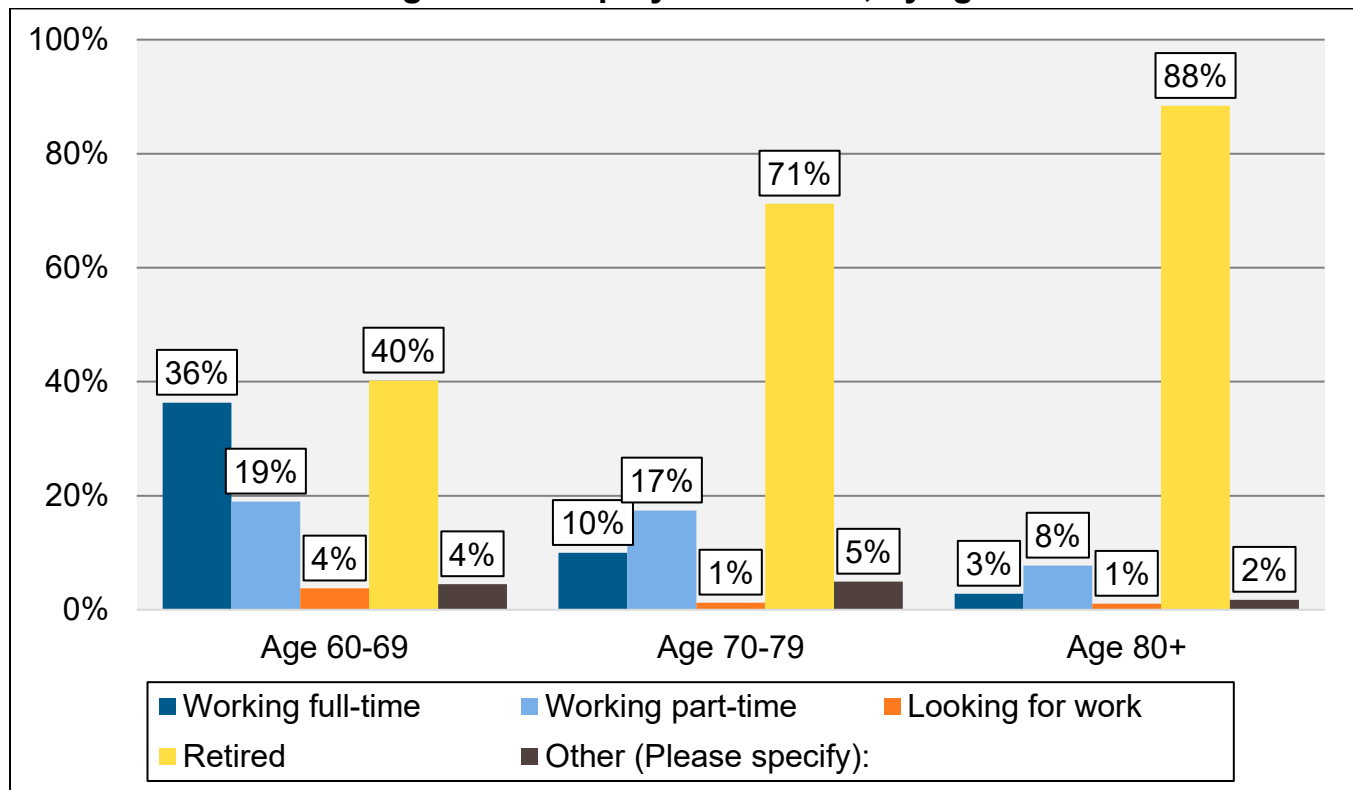


5.4. Employment & Retirement

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

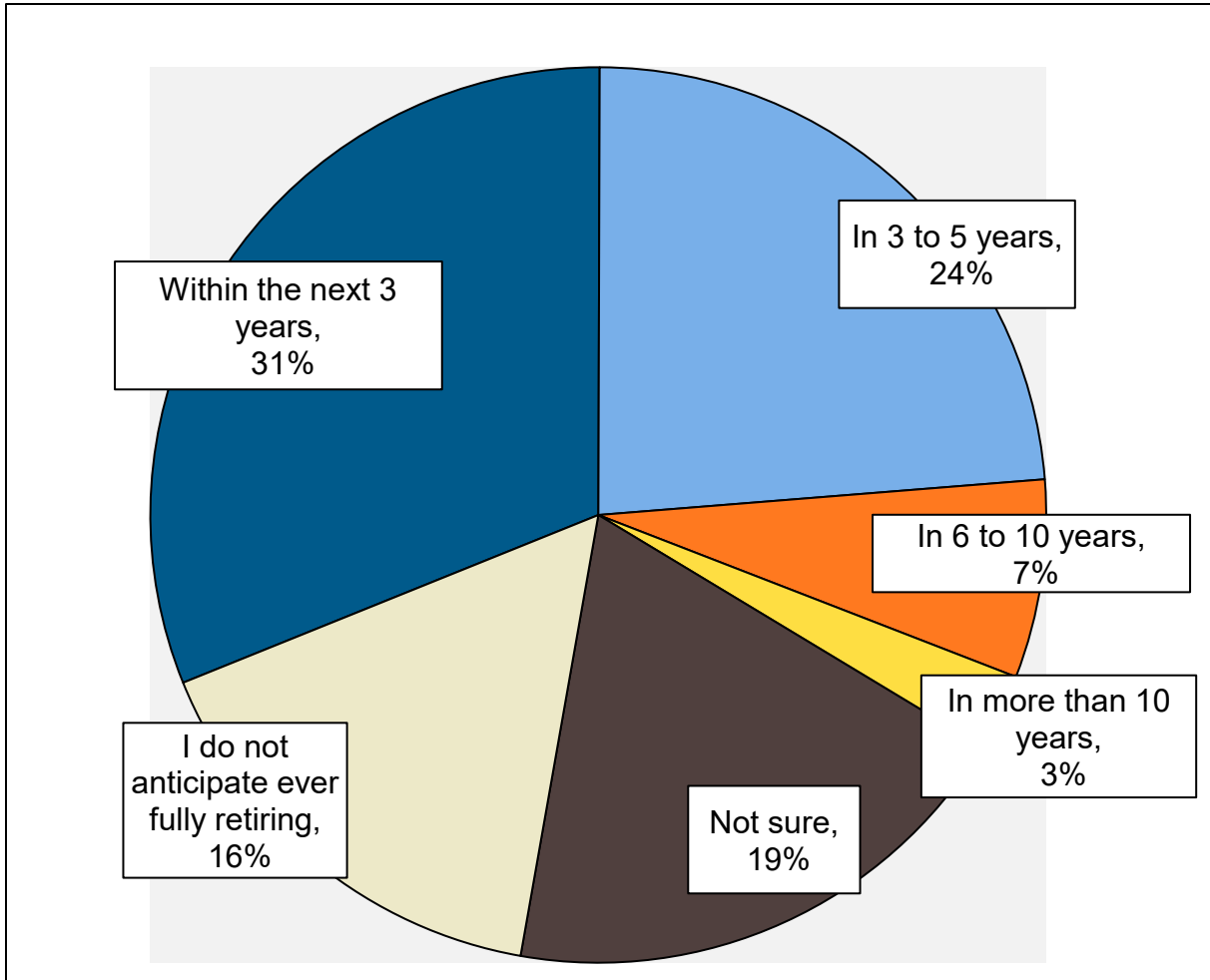
Many people across the country continue to work past the traditional retirement age of 65, and this is evident in the Brookline survey results. Among all respondents, 31% are still working full- or part-time (**Q42, Appendix**). **Figure 27** shows that a large share of residents in their 60s are still working full-time (36%) or part-time (19%), and a portion of respondents in their 70s are working full-time (10%) or part-time (17%), and a portion of respondents in their 70s are working full-time (10%) or part-time (17%).

Figure 27. Employment status, by age



For those who responded that they are still working full- or part-time or are looking for work, more than half expect to retire within the next 5 years (see **Figure 28**). Interestingly, 19% of respondents who are still working do not know when they expect to retire, and 16% do not anticipate ever retiring. Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

Figure 28. Anticipated retirement timing, among those currently working



In addition to current employment, the survey questions covered topics of financial security. When asked about difficulties paying for necessities in the past 12 months, 80% of survey respondent selected, “N/A, I did not lack money,” which was consistent across age groups (**Q44, Appendix**).

Although 20% of respondents reported financial difficulty in the past 12 months, some groups of older adults are at greater risk of financial insecurity. **Figure 29** shows that renters, those who live alone, women, and those with a condition that limits participation in the community more frequently reported financial difficulty than their counterparts.

Figure 29. Respondents who lacked finances for at least one necessity in the past 12 months

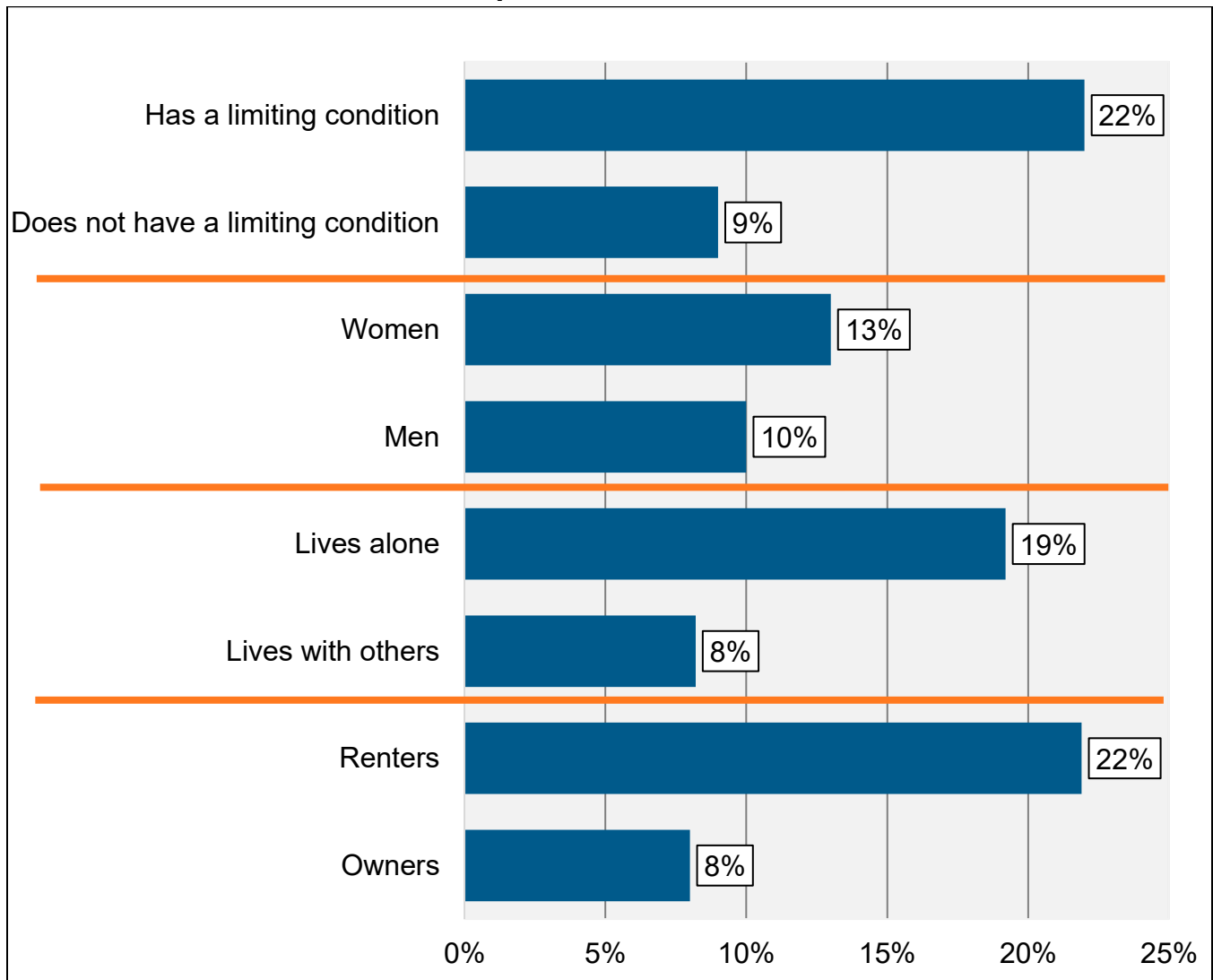
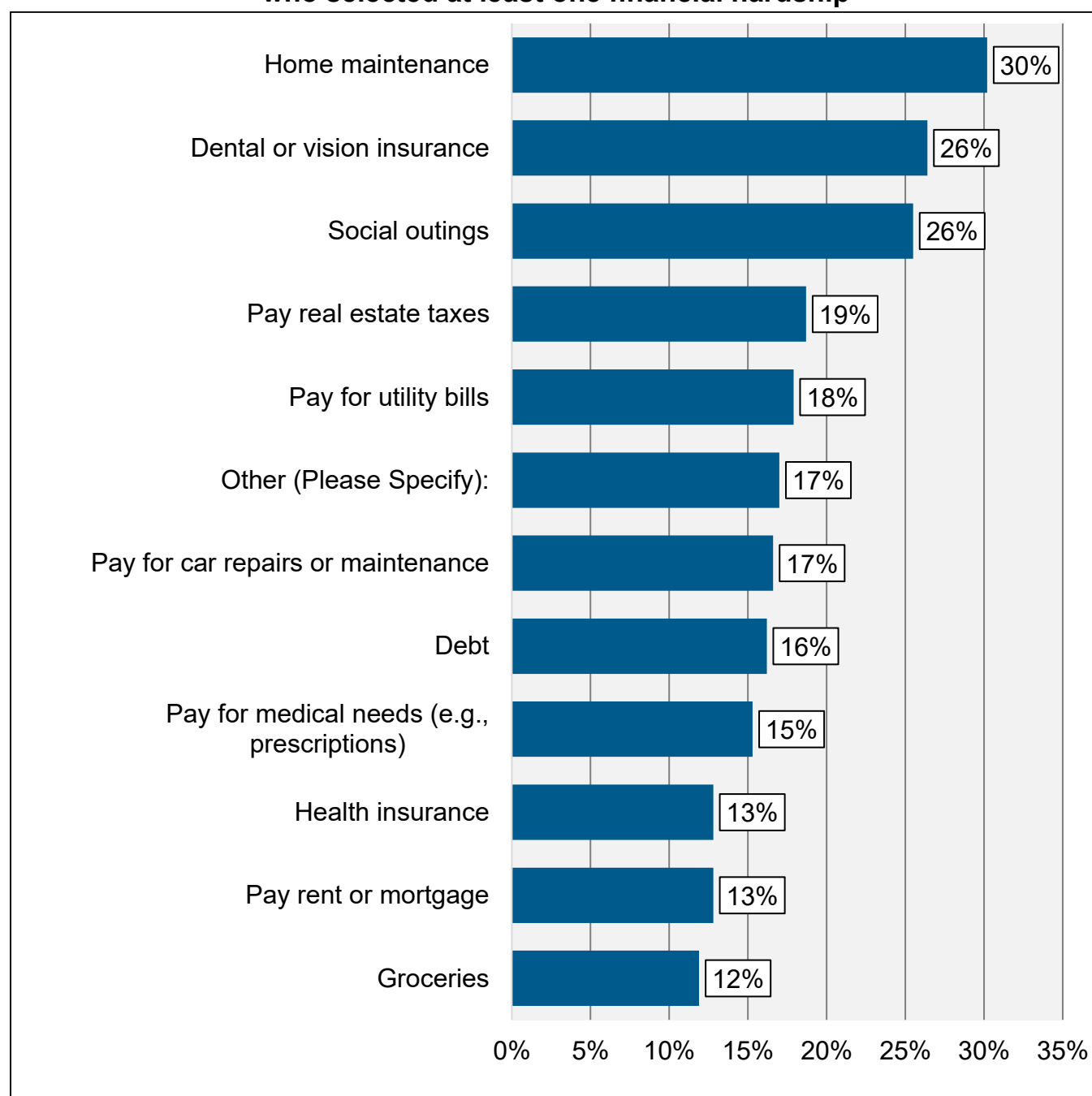


Figure 30 presents the necessities for which respondents did not have money in the past 12 months, among those who selected at least one financial hardship (n=235). Paying for home maintenance was selected the most frequently, with 30% of respondents who have had financial hardship reporting they had difficulty paying for this. About 1 in 4 respondents who experienced financial hardship reported having trouble paying for dental or vision insurance, and social events.

Figure 30. Difficulties paying for necessities in the past 12 months, among those who selected at least one financial hardship

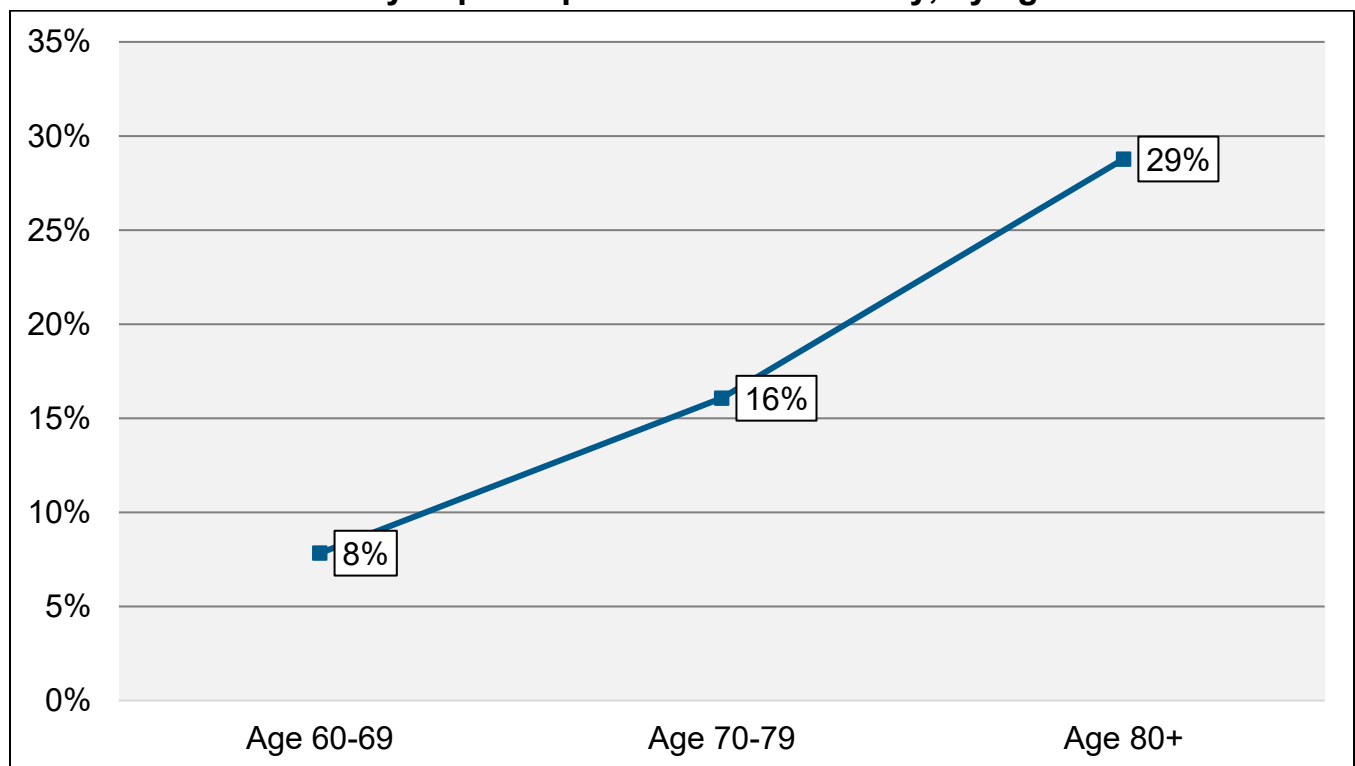


5.5. Health & Caregiving

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

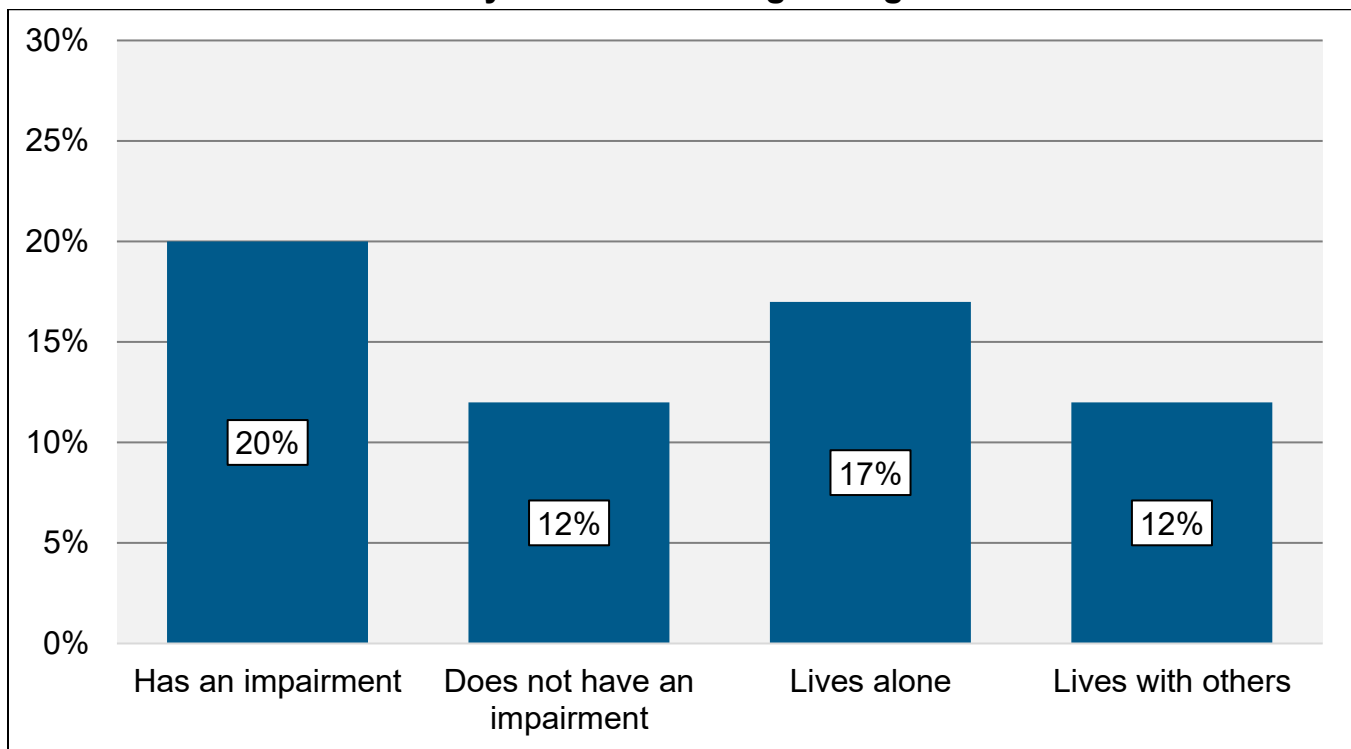
Survey participants were asked to report whether they had an impairment that limits their ability to participate in community activities. Although 17% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 8% of those in their 60s and 16% in their 70s reported having an impairment that limits their ability to participate in the community. This share increases to 29% of respondents age 80 or older (Figure 31).

Figure 31. Respondents reporting an impairment or condition that limits their ability to participate in the community, by age



Health status can influence one's ability to perform household tasks or participate in community activities, and this is the case for some Brookline older adults. Among the 61% of survey respondents who do require help to meet their needs, most have enough help from family, friends, or paid helpers at this time (**Q22, Appendix**). About 20% of respondents with an impairment or condition that limits their ability to participate in the community do **not** have enough help to meet their needs, which is significantly greater than the share of respondents who do not have an impairment (**Figure 32**). A slightly higher share of respondents who live alone reported not having enough help (17%) compared to those who live with others (12%).

Figure 32. Percent that do NOT have sufficient help to meet their needs, by disability status and living arrangement

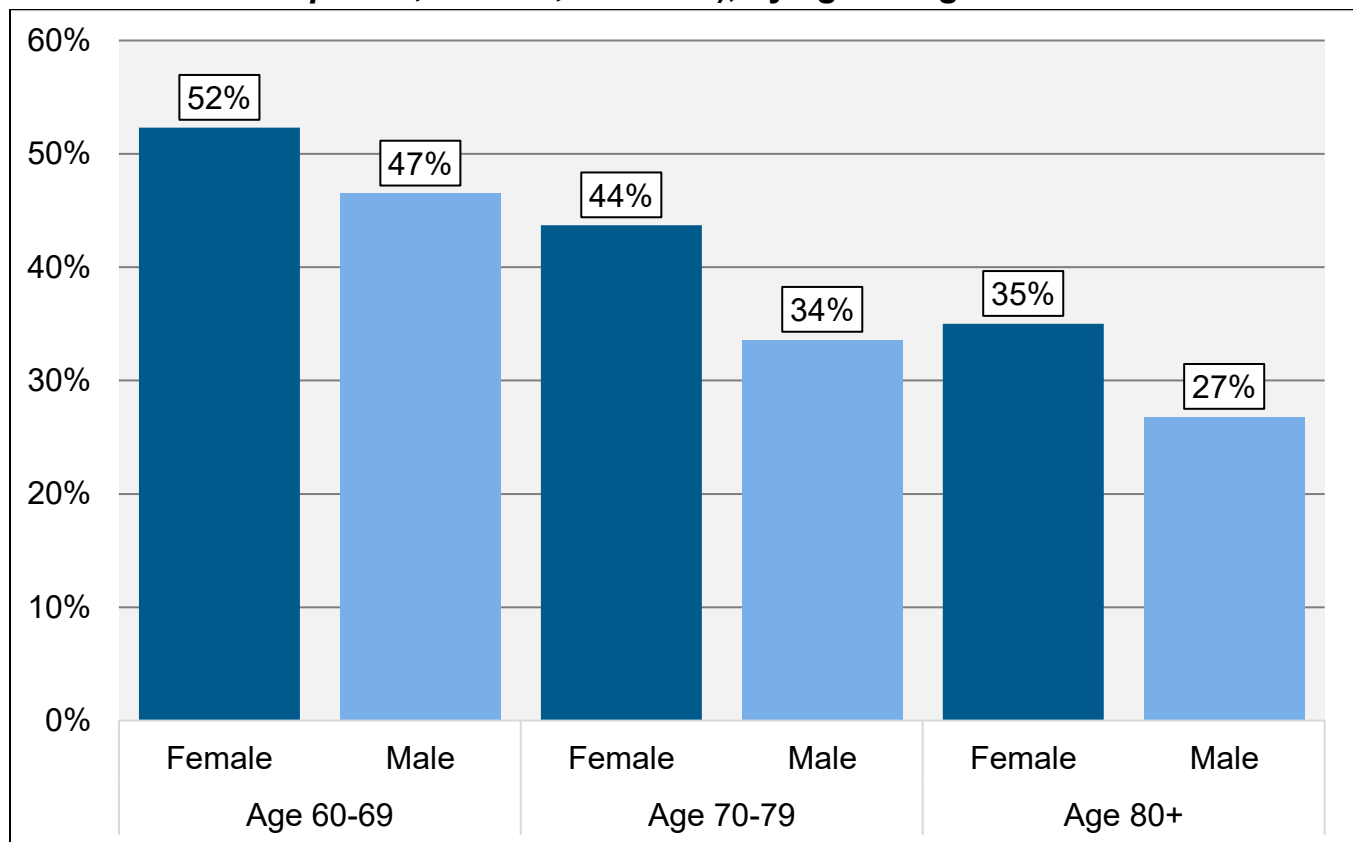


A fifth of survey respondents have been affected by substance misuse (**Q25, Appendix**), and 18% have been affected by suicide (**Q26, Appendix**). Those figures are highest among respondents in their 60s, and decrease with age.

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

About 41% of Brookline survey respondents reported that they are currently providing care or have provided care or assistance to a person who is disabled or frail in the past five years, and that share is highest among respondents in their 60s (50%; **Q27, Appendix**). Across all age groups, men reported recent caregiving experience at a lower rate than women (**Figure 33**), though that gap is smallest among respondents in their 60s.

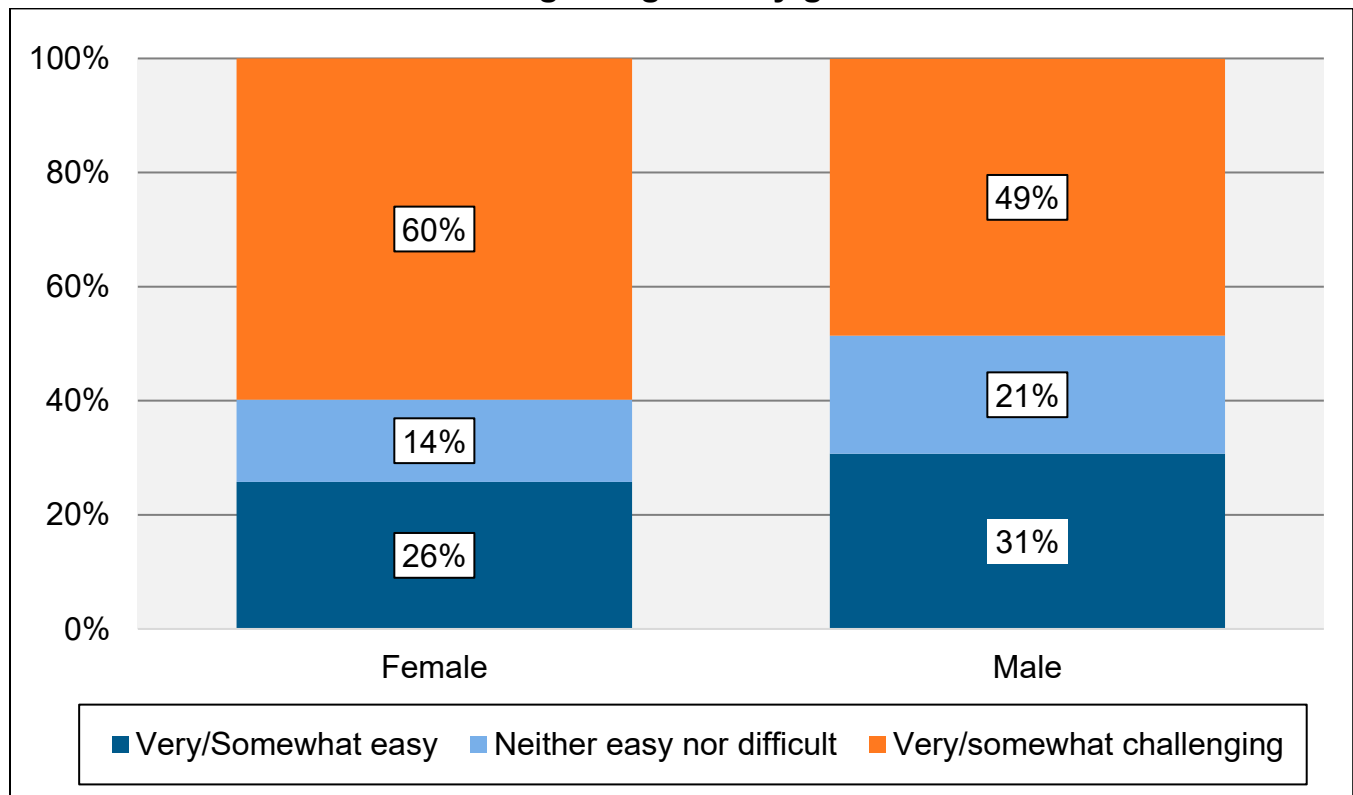
Figure 33. Percent of respondents who are currently or have in the past 5 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend), by age and gender



Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was frailty or mobility impairment (such as difficulty walking or climbing stairs; 57%; **Q30, Appendix**). More than one quarter of the caregivers reported caring for someone with Alzheimer's disease or other dementias (29%), and 27% reported caring for someone with undiagnosed forgetfulness or confusion. About 27% of caregivers also reported caring for people who were recovering from recent surgery or injury, or were living with a chronic disease such as cancer, diabetes, or asthma. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.

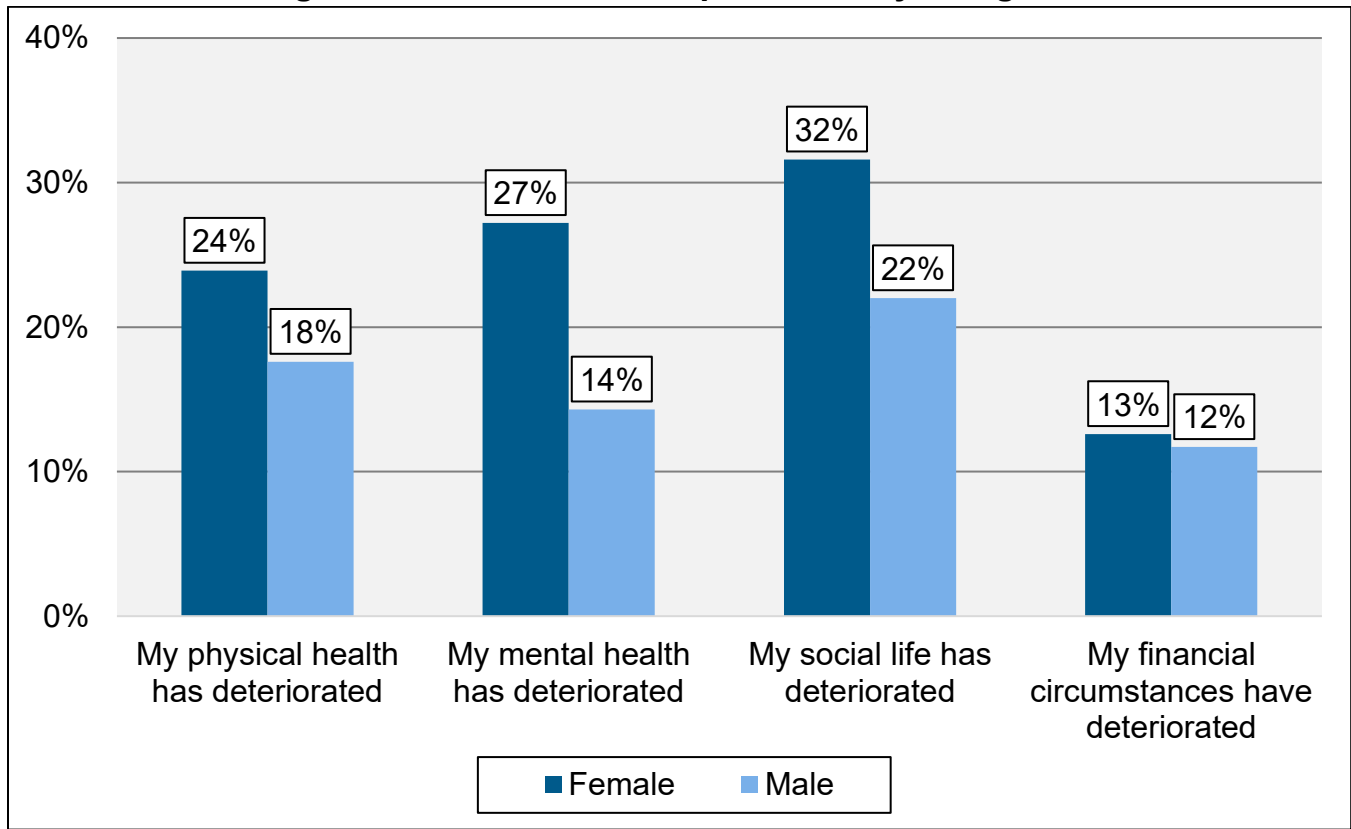
Most of those who have provided care or assistance to someone within the past 5 years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities (57%). A slightly higher share of caregivers in their 60s (61%) reported their experience as somewhat or very challenging compared to 55% of respondents in their 70s and 50% of those age 80 or older. (**Q28, Appendix**). **Figure 34** shows that female caregivers reported more challenging caregiver experience compared to their male counterparts.

Figure 34. Degree of difficulty balancing caregiving and other responsibilities, among caregivers by gender

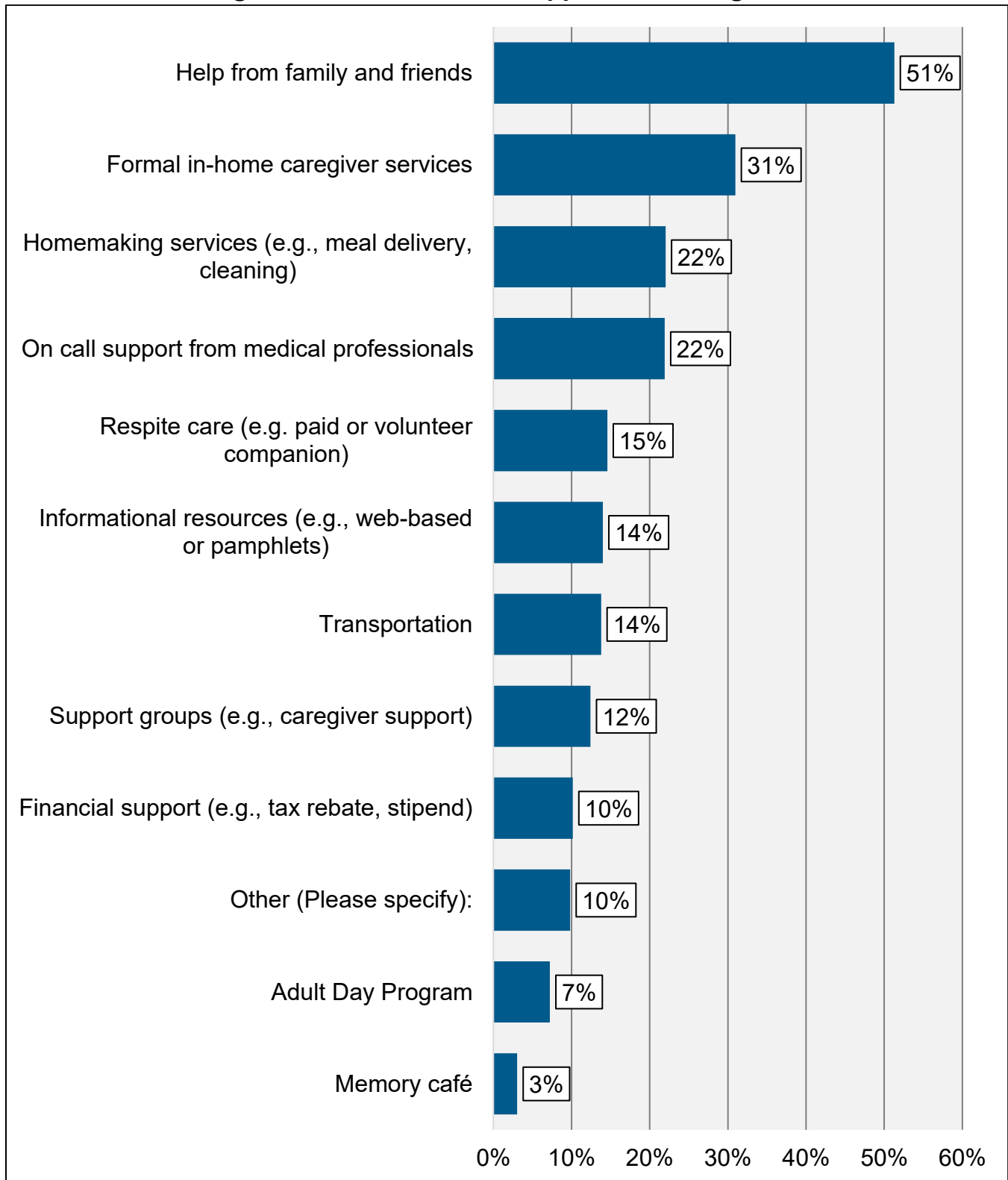


Approximately one in five caregivers reported experiencing deteriorated physical health, mental health, and social life during their time providing care, and 12% reported their financial circumstances worsened (**Q29, Appendix**). **Figure 35** shows that male caregivers reported experiencing any deterioration at lower rates than female caregivers, with the exception of financial circumstances.

Figure 35. Deterioration experienced by caregivers



We then asked caregivers what supports were, or would have been, most valuable during their time as a caregiver, presented in **Figure 36**. Informal support from family and friends was selected by 40% of caregivers, followed by formal in-home caregivers or homemaking services, reported by 39% of caregivers. A fifth of caregivers identified on-call support from medical professionals (21%) and informational resources about accessing services and programs as valuable. These findings suggest that caregivers value a combination of direct clinical care, social services, and emotional supports for them and their care partners.

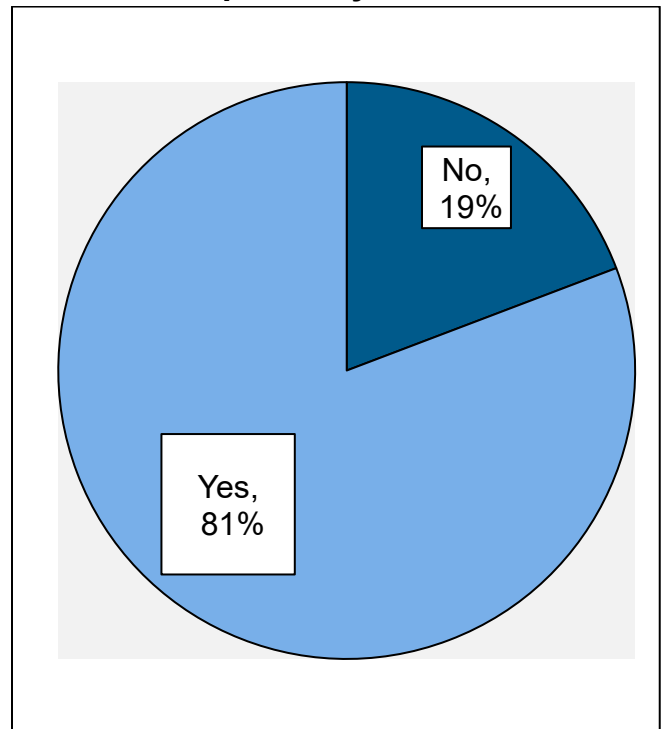
Figure 36. Most valuable supports for caregivers

5.6. Social Activities & Relationships

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

Figure 37. Do you know someone living close by on whom you can rely for help when you need it?

Openness to helping others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living nearby on whom they could rely for help when needed, 19% of all respondents said they did not (**Figure 37**).



The majority of survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (**Figure 38**). Although 69% of respondents get together in person with someone at least weekly, 31% of survey respondents only get together monthly or less frequently. Survey respondents report social connections by email or social media most frequently, with 86% using these methods at least weekly. This method of social connection is the only one with a notable difference across age groups: 10% of respondents age 80+ never or infrequently send email or use social media, whereas 4% of respondents in their 60s and 70s use electronic communication this infrequently (**Q20, Appendix**). Individuals who have infrequent contact with friends or relatives represent important groups to target efforts aimed at reducing isolation and, more generally, improving emotional well-being.

Figure 38. Frequency of social contact with family, friends, or neighbors, by mode of contact

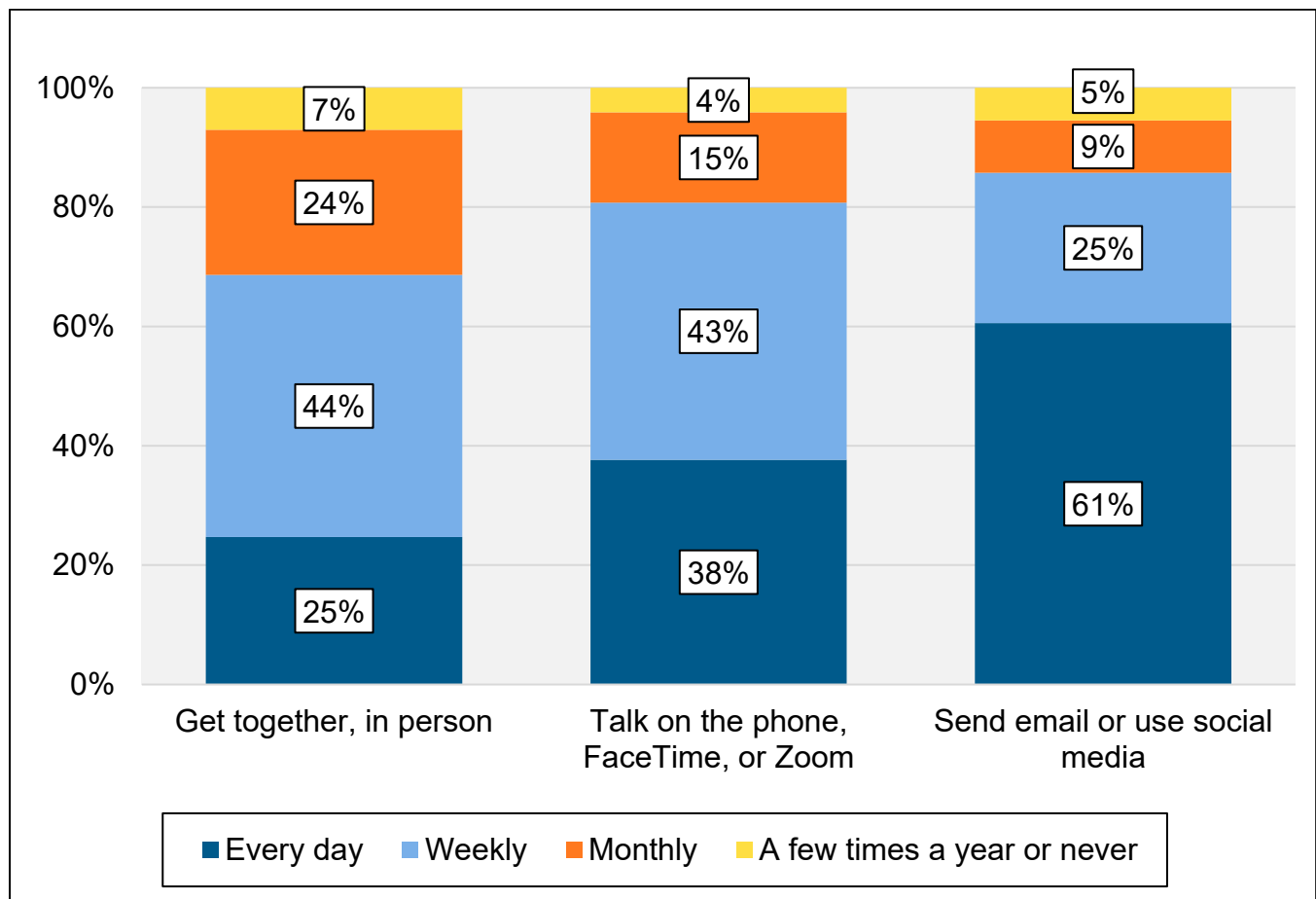
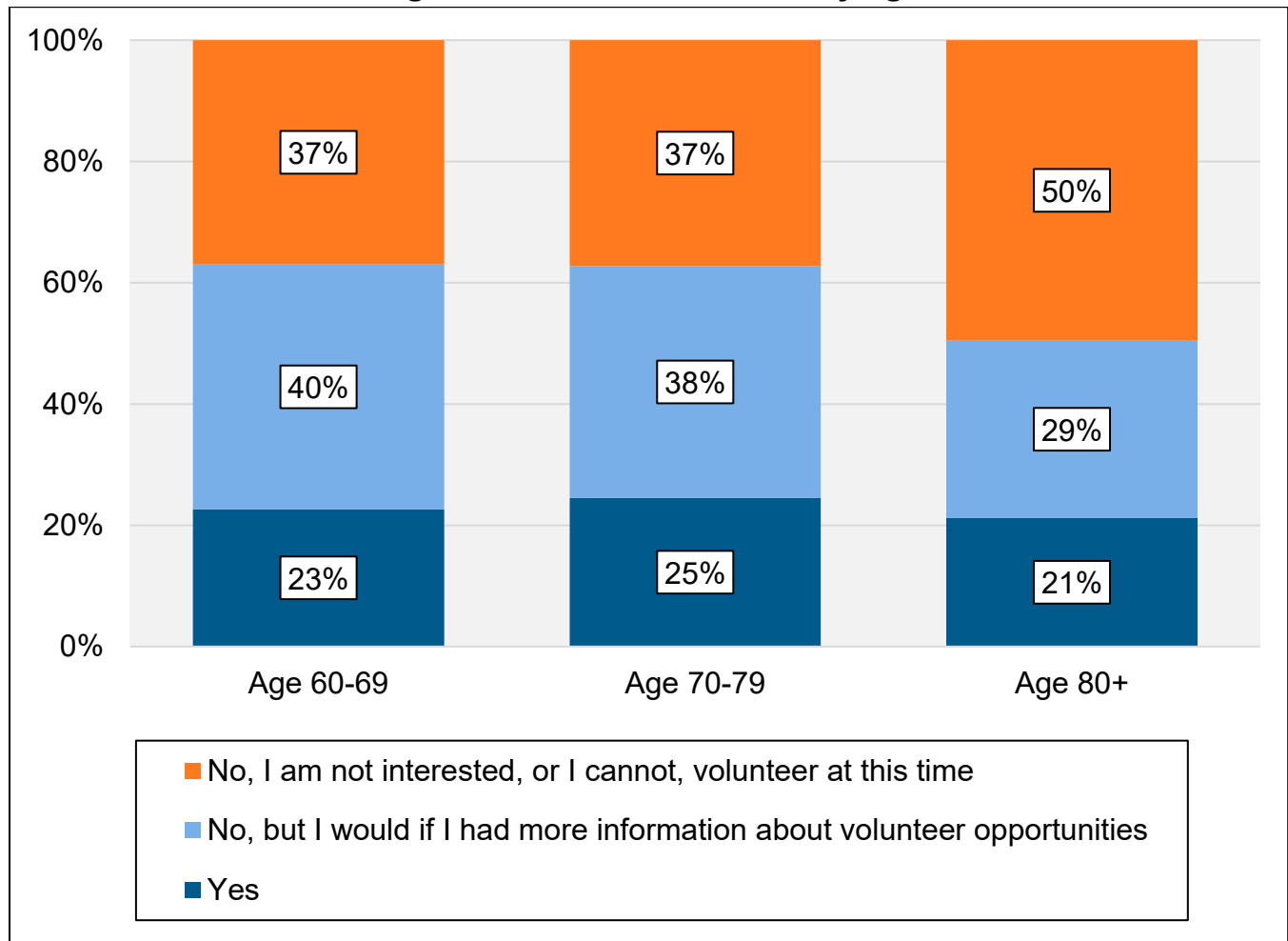


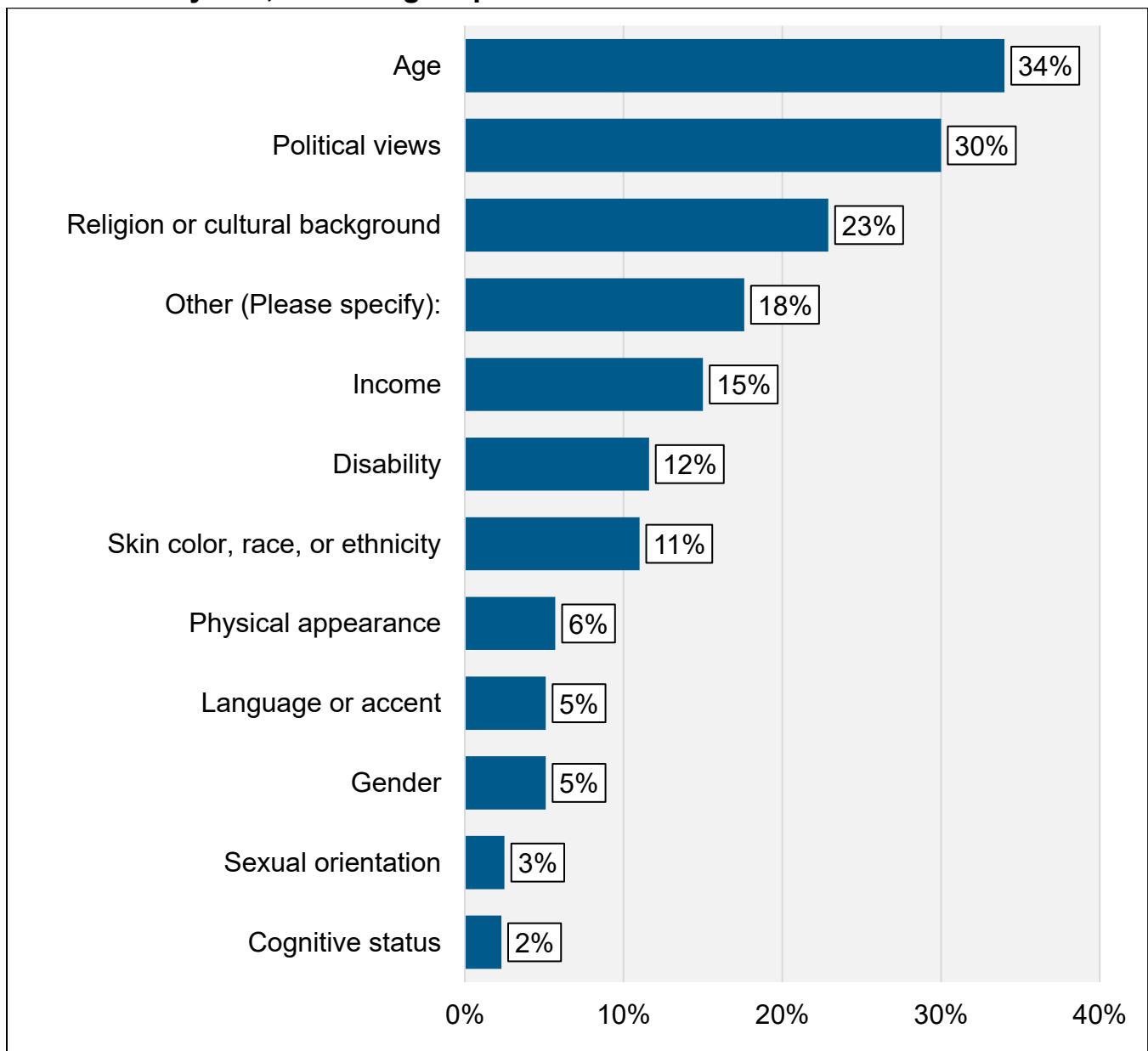
Figure 39 shows that current volunteering rates are relatively similar across age groups, with 23% of adults ages 60–69, 25% of those ages 70–79, and 21% of those ages 80+ reporting that they currently volunteer. Across all age groups, a substantial share indicated they would volunteer if they had more information about opportunities, including 40% of adults ages 60–69, 38% of those ages 70–79, and 29% of those ages 80+. Adults ages 80 and older were the most likely to report that they were not interested in or unable to volunteer (50%), compared with 37% of respondents ages 60–69 and 70–79.

Figure 39. Volunteer status, by age



Respondents were asked if they have felt excluded or unwelcome in Brookline because of personal characteristics over the last five years. Although the majority (81%) have not felt excluded (**Q19, Appendix**), that share is smallest among respondents in their 60s (78%), Black or African American respondents (67%) and respondents of another or multiple races (62%: tabulations not shown). Among respondents who identified at least one reason for feeling excluded or unwelcome, (n=353), a third have felt excluded due to age (**Figure 40**). About 30% identified political views and 23% identified religious or cultural beliefs as contributing to feeling excluded or unwelcome.

Figure 40. Reasons for feeling excluded or unwelcome in Brookline over the past few years, excluding respondents who have never felt excluded

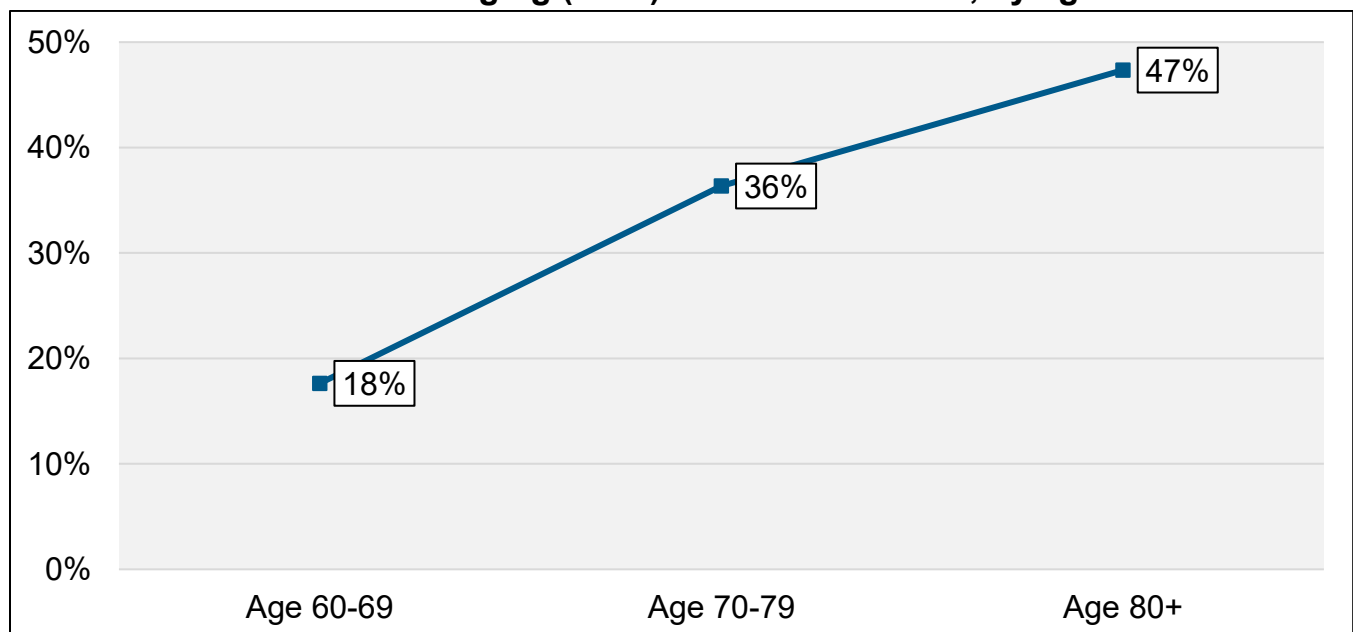


5.7. Current & Future Programs & Services at the Brookline Senior Center

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

Survey results suggest that participation in programs and use of services offered by the Brookline Council on Aging (COA) and Senior Center is more common among older residents. As shown in **Figure 41**, 18% of those age 60 to 69 have used programs or services offered by the Senior Center, while 36% of those age 70 to 79 and 47% of those 80 and older indicated they have participated in programs or used services provided by the Center. This age-graded pattern of usage is not unusual in Councils on Aging and may reflect the increasing value of the Brookline Senior Center as one ages.

Figure 41. Participation rates at programs and services offered by the Brookline Council on Aging (COA) and Senior Center, by age



Of those who do use the Brookline Senior Center, 52% only participate a few times a year, while 29% of participants attend programs and services at least once a week (**Figure 42**). This range of participation level highlights the broad continuum of affiliation with the Brookline COA & Senior Center, with many residents participating just periodically, while others include engagement with the Center as part of their regular weekly schedule. Considering ways to increase the reach of the Brookline COA & Senior Center to those who never attend programs and services and exploring ways to increase participation of those who attend programs only a few times a year might be a worthwhile goal.

Figure 42. Frequency of participation at the Brookline Senior Center, excluding those who selected "never"

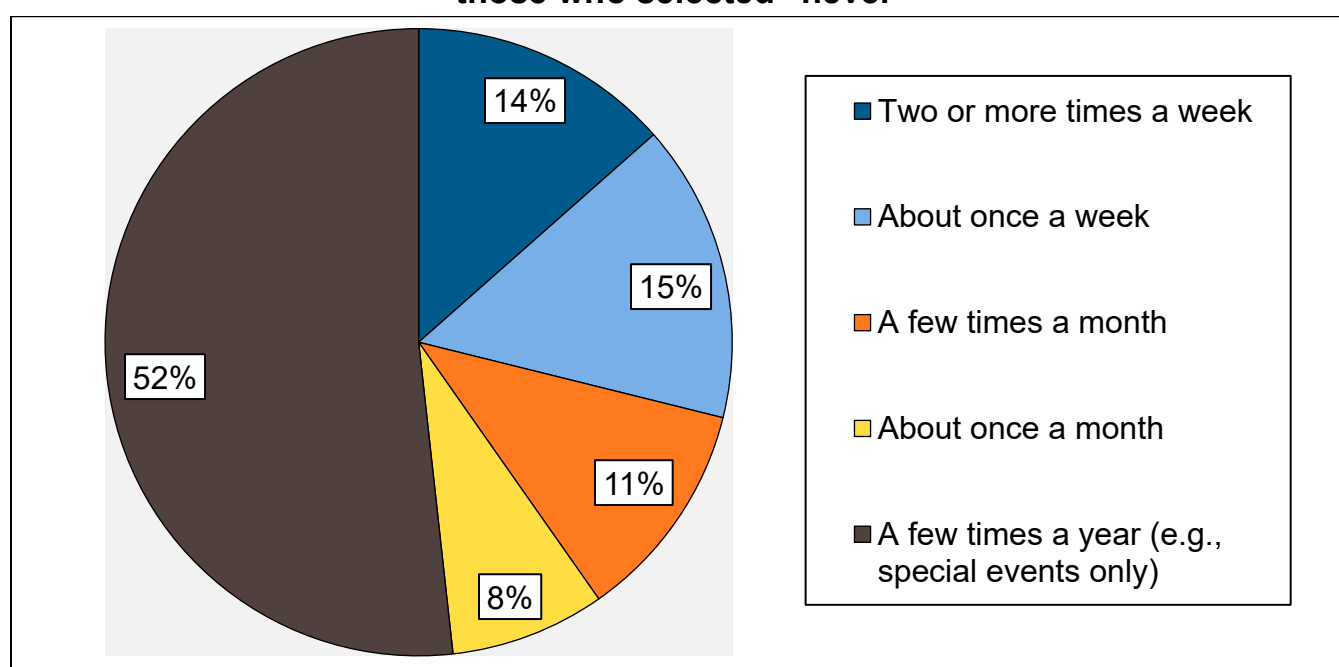
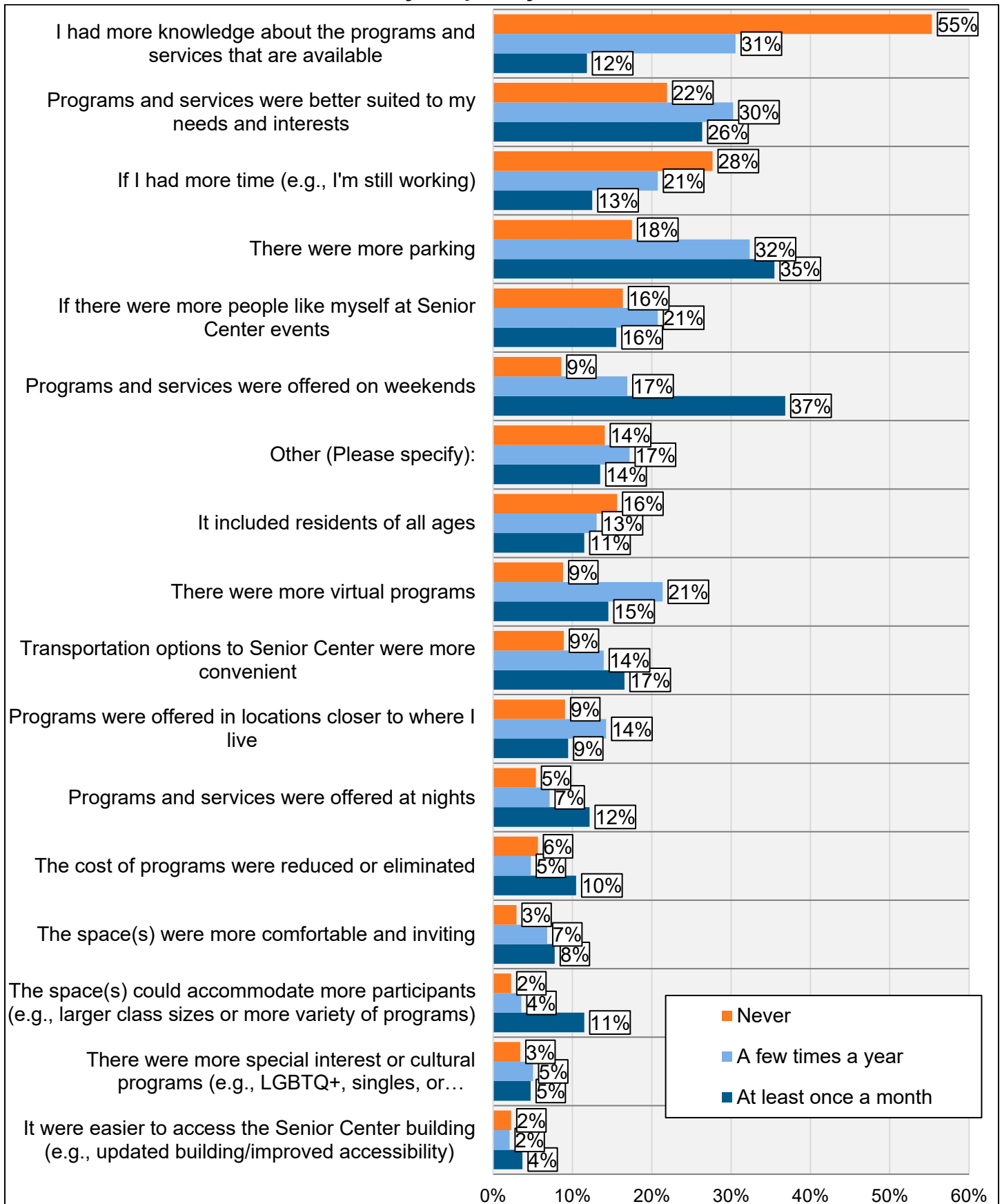


Figure 43 presents the factors that limit participation at the Brookline Senior Center by frequency of current participation at the Center. First, among individuals who never attend the Brookline Senior Center, the most commonly cited factor that would increase attendance was having more knowledge about available programs and services (55%), far exceeding any other reason. Second, among those who attend at least once a month, the leading factors were weekend programming (37%), more parking (35%), and programs that were better suited to their needs and interests (26%). Finally, respondents who attended a few times a year were most likely to report that attendance would increase if they had more parking (32%), more knowledge about programs and services (31%), and programs that were better aligned with their needs and interests (30%).

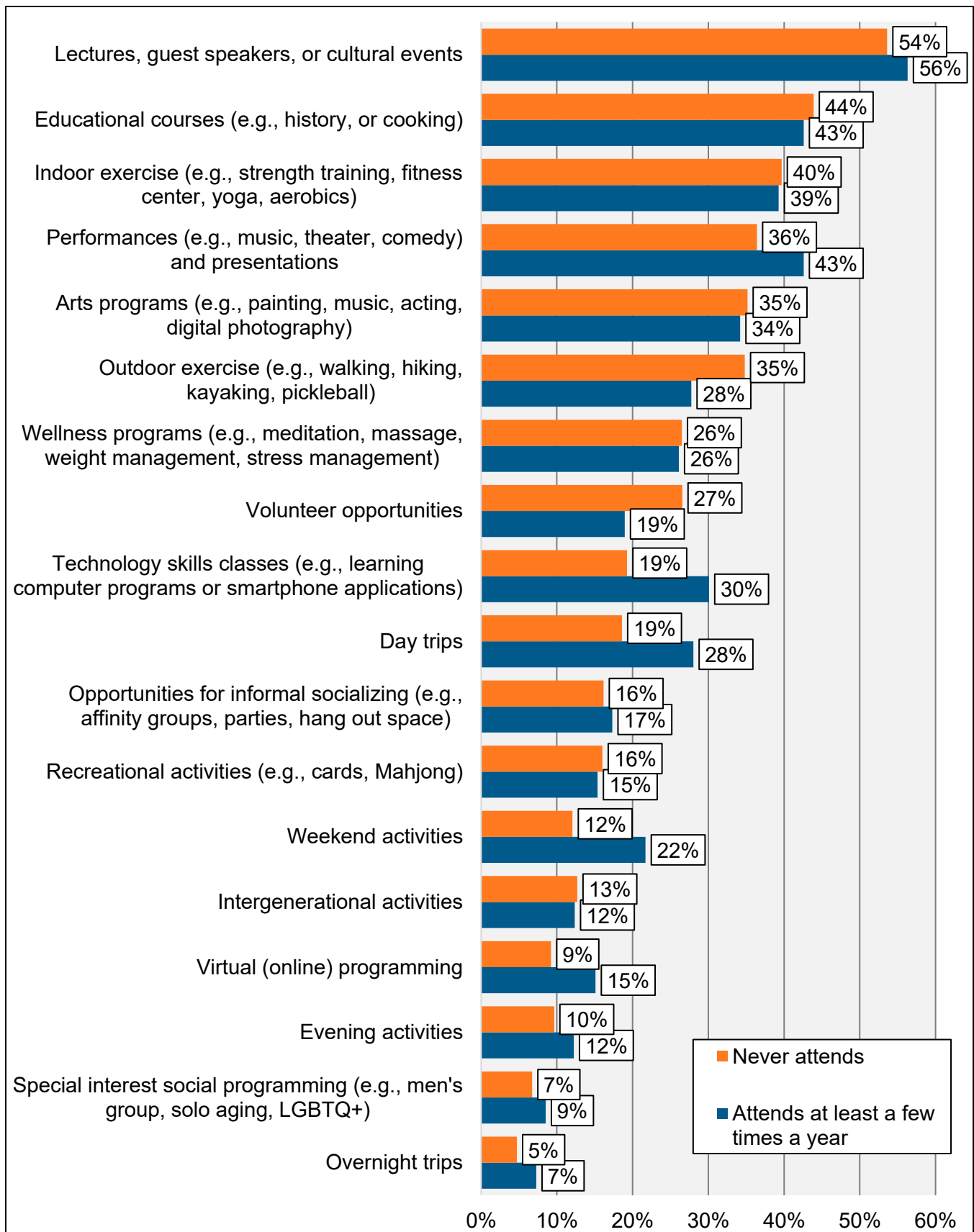
Figure 43. Factors that would increase likelihood of attendance at the Brookline Senior Center, by frequency of attendance



All survey respondents were asked to consider their own future needs and interests while identifying priority areas for expanding *programs* and *services* offered by the Brookline COA & Senior Center. Overall, regular attendees (i.e., attends at least once a month) and infrequent attendees (i.e., attends a few times a year) responded to these questions similarly to one another, thus the following two figures present findings for all attendees compared to non-attendees.

With respect to programs, about half of all respondents (53%) identified guest speakers, lectures, or cultural events and 42% selected educational courses/programming (e.g., history, or cooking) (**Q34, Appendix**). **Figure 44** suggests broad interest in expanding educational, cultural, and wellness-oriented programming at the Brookline Senior Center, though some program priorities differ between attendees and non-attendees of the Brookline Senior Center. A higher share of attendees prioritized performances (43% vs 36%), technology skills classes (30% vs 19%), day trips (28% vs 19%), and weekend activities (22% vs 12%) compared to non-attendees. About a third of non-attendees (35%) prioritized outdoor activities, compared to 28% of attendees. As well, 27% of non-attendees prioritized volunteer activities for program expansion, whereas 19% of attendees selected this option.

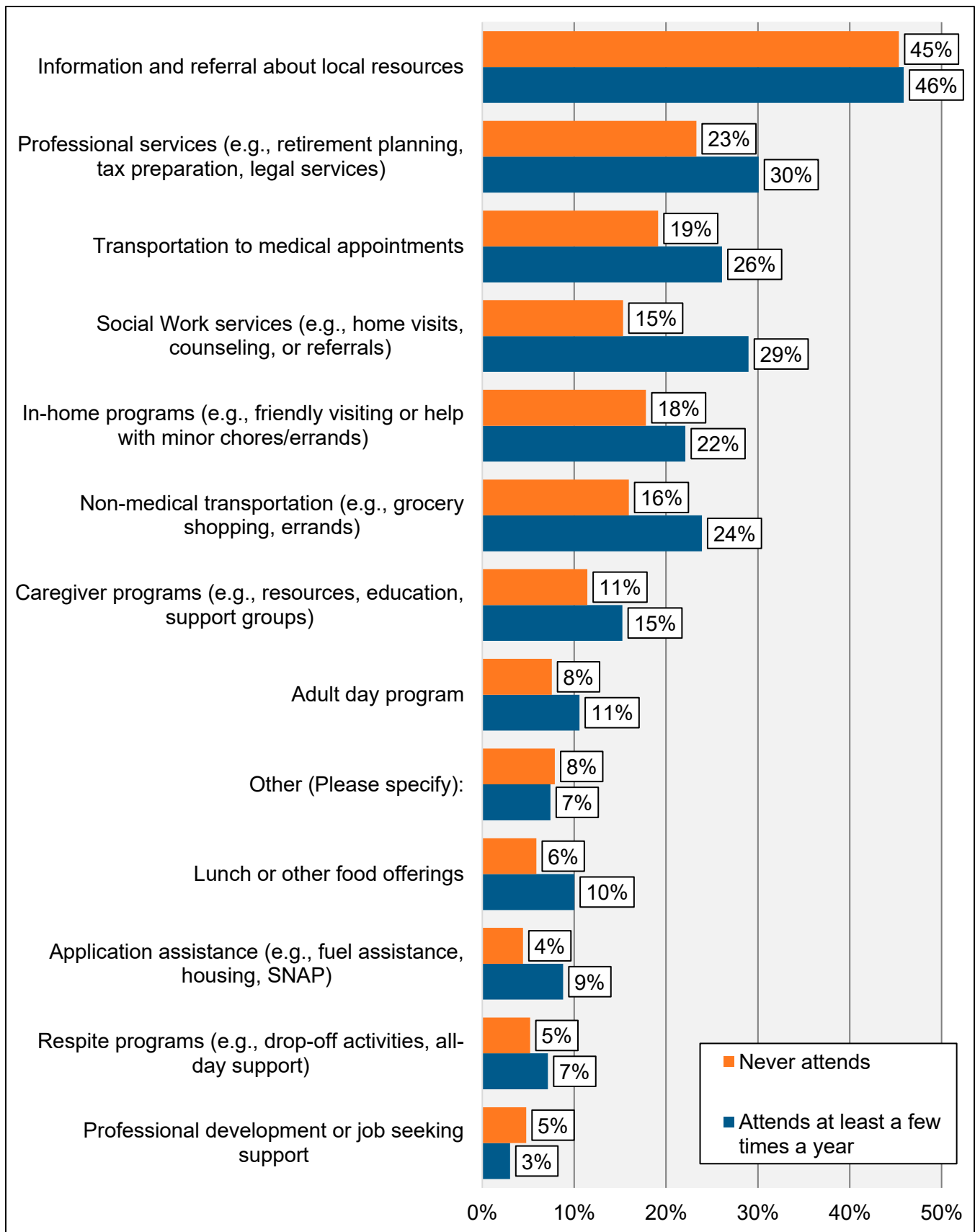
In a separate analysis (tabulations not shown), program priorities differed significantly among regular, infrequent, and non-attendees on just three items. First, the share of respondents who selected weekend activities decreases as participation frequency decreases (27% of regular attendees, 17% occasional attendees, and 12% non-attendees). Secondly, a third of regular attendees prioritized day trips, higher than the 23% of infrequent and 19% of non-attendees. Finally, nearly a fifth of regular attendees (21%) prioritized opportunities for informal socialization, higher than the 14% of infrequent and 16% of non-attendees.

Figure 44. Priorities for *program* expansion through the Brookline Senior Center, by attendance

Regarding priorities for expanding services offered through the Brookline Senior Center, about 44% of respondents selected information/referral about local resources (**Q36, Appendix**), and **Figure 46** indicates that information and referral was the highest priority for service expansion for both attendees and non-attendees. Among those who attend the Senior Center, there was particularly strong interest in professional services such as retirement planning, tax preparation, and legal assistance (30%), social work services (29%), transportation to medical appointments (26%), and non-medical transportation (24%). Attendees were also more likely than non-attendees to prioritize supportive aging-in-place services, including in-home programs (26% vs. 18%), non-medical transportation (27% vs. 16%), and caregiver support programs (17% vs. 11%), suggesting a growing interest in practical assistance and community-based supports as engagement with the Center increases.

In a separate analysis (tabulations not shown), service priorities differed significantly among regular, infrequent, and non-attendees on just two items. First, half of infrequent attendees selected information and referral, the highest proportion compared to regular attendees (41%) and non-attendees (41%). Secondly, there is a gradient of interest in social work services, with 15% of non-attendees, 25% of infrequent attendees, and 33% of regular attendees selecting this option.

Figure 46. Priorities for service expansion through the Brookline Senior Center, by frequency of attendance



5.8. Communication & Information

Staying connected with events, news, and activities with timely, accessible, and practical information is a key part of healthy aging. Having multiple medium (e.g., combination of print, word of mouth and electronic) and accessible platforms ensures older adults are informed about available services, programs, and community events, allowing them to actively participate and maintain a sense of connection, while also facilitating their needs being understood and addressed effectively, ultimately contributing to their overall well-being and quality of life.

Figure 47 shows that communication preferences vary substantially by level of participation in the Brookline Senior Center. Among those who attend at least monthly, the most preferred source of information was the Brookline Beacon print newsletter (73%), followed by the Brookline Beacon online newsletter (39%), the Senior Center website (44%), and email or text communication (42%). In contrast, non-attendees were most likely to prefer email or text communication (44%), local online newspapers (34%), and the Brookline Town website (33%), while only 21% identified the print Beacon as a preferred information source. Across all groups, traditional outreach methods such as radio (3–5%), local public access television (2–3%), and public postings (8–12%) were among the least preferred channels. These findings suggest that increasing awareness among non-participants may require greater use of digital communication and local media, while maintaining the Beacon newsletter remains important for engaging current senior center users.

Figure 47. Preferred ways to find information about the activities and services offered by the Brookline Senior Center, by participation

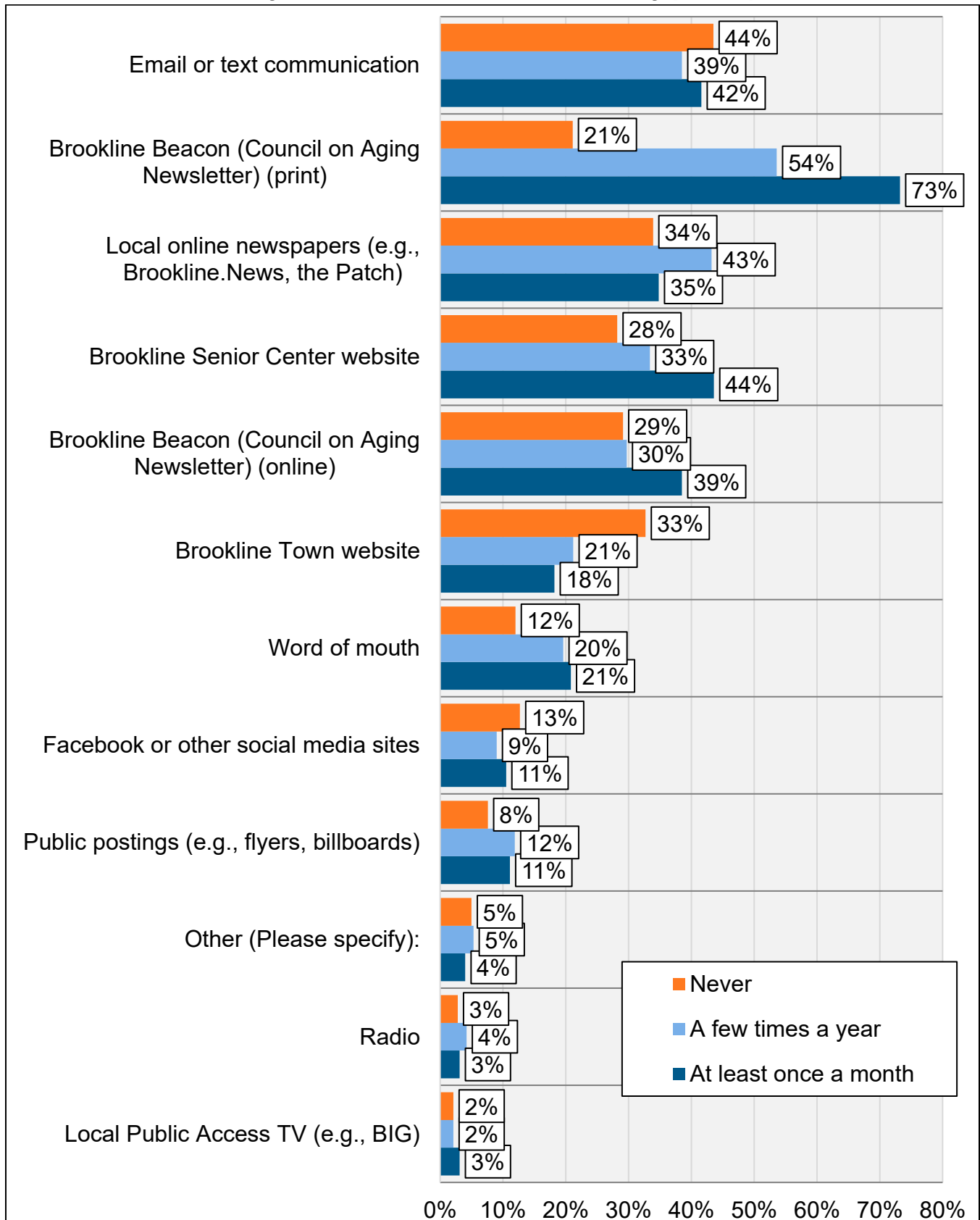
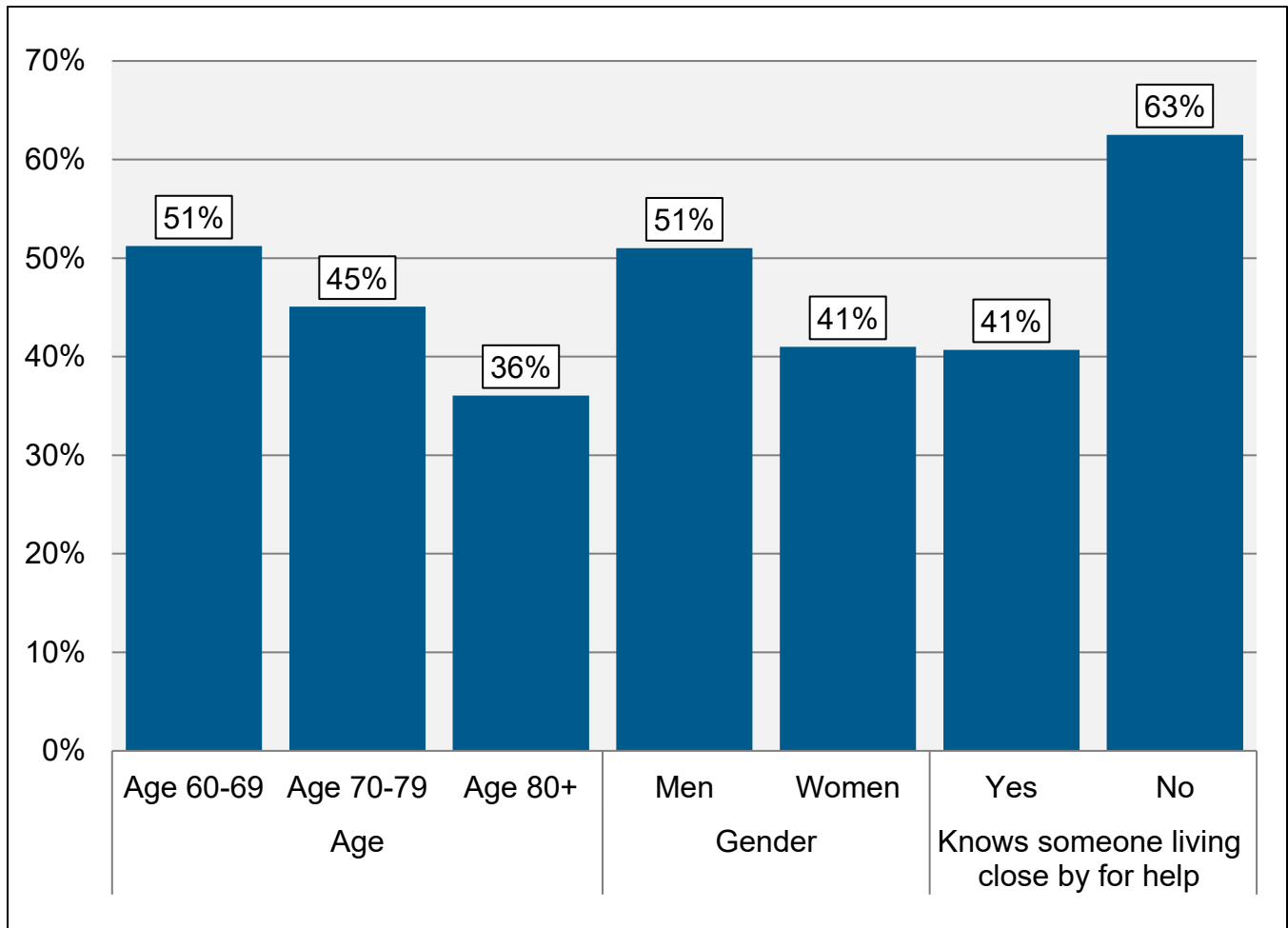


Figure 48 shows that a large share of older adults do **not** know whom they should contact in the community if they or a family member needs help in accessing services. The percentage decreases with age (51% of those age 60-69 compared to 36% of those respondents age 80+) but is, overall, still large. Moreover, half of male respondents do not know whom to contact, compared to 41% of women. 63% of older adults who do not know anyone living nearby on whom they could rely for help also do not know whom to contact if they need help accessing social services. These findings indicate an important need to provide more information on how and where to access essential social and economic resources in the community.

Figure 48. Percent of respondents who do NOT know whom to contact in Brookline if looking for help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home supports, or access to mental health services)



At the end of the survey, respondents were provided with an open-ended question asking for additional thoughts or comments about the Council on Aging and Brookline Senior Center, or about current or future needs of older residents in Brookline. One-third of respondents (n=742) shared their thoughts and suggestions, summarized in **Table 6**. Brookline residents consistently described the Senior Center as a highly valued community asset, praising its wide range of programs, knowledgeable staff, and critical support services such as benefits counseling, caregiving assistance, and social connection opportunities. At the same time, many respondents emphasized the need to increase awareness of available services, expand outreach to working older adults and newer residents, and improve access through additional programming in South Brookline, better transportation options, and more convenient parking. Looking ahead, residents called for a larger, more accessible Senior Center with expanded space for programs, greater multigenerational engagement, stronger support for aging in place, and continued investment in age-friendly community infrastructure that enables older adults to remain active, connected, and engaged throughout Brookline.

Table 6. Sample responses to the question, “... other thoughts or comments about the Council on Aging and Brookline Senior Center, or about current or future needs of older residents in Brookline.”

The Senior Center is a valuable asset for the community of Brookline
<i>“For me, the center is a great source of interaction, enrichment, information. I really think the Center is a great place.”</i>
<i>“I find that the Senior Center currently offers an amazing number of on-target activities. I am familiar with what the social workers do also and think that they are excellent. Most of all, when I reflect on the Brookline Senior Center, I feel aware of great well-directed energy that is expended by the Center to assure the welfare of older people in Brookline.”</i>
<i>“I think the COA is very responsive and offers a lot of options to seniors who are able to get there.”</i>
<i>“The Brookline Senior Center has been very helpful to me in the past when I did not know where else to turn--with selection of Medicare drug plans and help with finding a nursing home for my mother. I think the variety of services offered is excellent.”</i>
Strengthening awareness, engagement and relevance for the Senior Center
<i>“Perhaps there could be an evening event to introduce those of us who are working full-time to the center.”</i>
<i>“I’m sure you all are doing excellent work but for folks like me who do not need or access your offerings you need to publicize your programs so that they reach folks like me.”</i>
<i>“New residents 60+ should get a listing of town resources targeted to older residents.”</i>
<i>“I would attend evening activities...but currently, I am not aware of the current programs. More direct outreach to elders in the community is needed (phone/mail). Not everyone is agile with email and online resources or signing up for programs online or own a computer or tablet. More central events. Remember elders get help from children and family members too and they need to be educated also on your services.”</i>

Table 6 continued

Improving access to services and participation
<i>"It would be wonderful to have a senior center in South Brookline too... Driving to north Brookline can take an age now, with the new traffic and bus lanes, and then parking is impossible in the area (and the meters can be expensive for some people)."</i>
<i>"I would participate more if I didn't live so far from the center. It takes 25 mins to drive and park from So. Brookline. Please schedule more activities at Putterham Library!!!"</i>
<i>"If more information would be provided and the senior center were not on the opposite side of the town and parking had more availability. Being on the wrong side of town where we are the last for everything makes town life harder."</i>
<i>"Please give us back complete medical transportation. Limited to 3 rt rides per month is completely inadequate as we age."</i>
<i>"I enjoy the Brookline Sr Ctr and staff very much. Parking in the winter months Dec-March makes it impossible to attend due to ice/snow conditions in the area. I cannot attend usual programs because transportation is not available after 2:30. It is impossible to drive and park in the winter months! I feel very isolated!!"</i>
<i>"Need any time parking sticker for seniors to make senior center more accessible to full day use of center."</i>
Planning for Future Senior Center Facilities and Programs
<i>"Senior center is too small for the number of elderly who live in Brookline, Classes in exercise in Brookline are too small and fill up fast. Space is inadequate. A much larger building is needed with parking!"</i>
<i>"I believe that with all of the property taxes that older Brookline residents pay to the town that some of those funds should be used to update and renovate the Senior Center and add more transportation opportunities for seniors."</i>
<i>"Senior programs and the physical structure (building) could be a lot more applicable to the community in order to engage the citizens. Right now the building is small and tucked away in a dense neighborhood. Programs are great but not applicable to a large number of individuals."</i>
<i>"Brookline is great and could do so much more. The few times I have visited the Senior Center to see what is offered I have felt like I entered an assisted living facility. Please offer more outdoors activities for active seniors. I hike 3-5 miles a few times a week. That is what interests me. Thank you for your consideration."</i>
Multigenerational Programming
<i>"Volunteers to contact solo people/people with no family."</i>
<i>"I don't think I'm alone with my opinion that segregating elders isn't a good idea. I'd like to see more cross generational focus and activities/programs. Thank you!!"</i>
<i>"It would be great to make the Center more welcoming for younger seniors -- more intergenerational perhaps. ... That would break down some of the walls between the older seniors who have greater need for support and the rest of the community. Many older residents are still intellectually and psychologically robust and would benefit from more stimulation and socialization with a greater variety of people."</i>

Table 6 continued

Support Age-Friendly Living in Brookline
<i>"For the Town as a whole, the key issues are the growing percentage of seniors among Town residents and tax-payers, the longevity of seniors (sometimes outliving their assets), the wide distribution of seniors across Brookline (leaving some without effective means to get to Sr Ctr services), and the underfunded COA budget which leaves the Senior Center hugely dependent on non-Town sources of funding."</i>
<i>"I loved the effort for "age-friendly" spaces and retail/eating establishments because it promotes a focus on being/existing in community rather than a focus on identifying and solving the "problems" of aging. Anything that emphasizes living-while-older instead of surviving-while-old broadens the appeal of the great work that CoA and the Senior Center do."</i>
<i>"To keep seniors in their homes, costs must be controlled. Taxes have escalated and Brookline seems to always be courting a new override. Electricity and heating costs are also high, but can't be adjusted at the local level."</i>
<i>"It is very difficult to age in place with the costs in Brookline, if you have lived in your home for over 10 years and are over 65, taxes should be frozen."</i>
Town infrastructure and accessibility
<i>"My dream (even though I am 75 I do have one) is to work on creating dedicated areas in Brookline's many public parks where seniors can gather outdoors. Where there are senior-friendly (and disabled-friendly) exercise equipment, tables and seating. Where senior well-being is promoted, social interaction is ignited and community spirit and exchange is fostered"</i>
<i>"Please lobby the town for more on street parking or permits that permit overnight street parking and permits that permit adjacent street parking... it's often difficult to park close to my home on my street when I have trades people coming or friends of senior age."</i>
<i>"Although I understand the larger picture of limited resources, I would like to see the Town of Brookline provide a larger percentage of the Senior Center's financial needs so that they are not as dependent on grants and fundraising."</i>

6. Conclusions & Recommendations

A broad range of findings are reported in this document, highlighting the many positive features of Brookline, the strengths of existing programs and services, and opportunities for expansion. The key findings from this needs assessment can be summarized into the following themes:

- **Financial insecurity and housing expenses**
- **Current and future programs at the Brookline Senior Center**
- **Communications strategies**
- **Transportation and accessibility**
- **Social wellness and inclusion**
- **Caregiving**

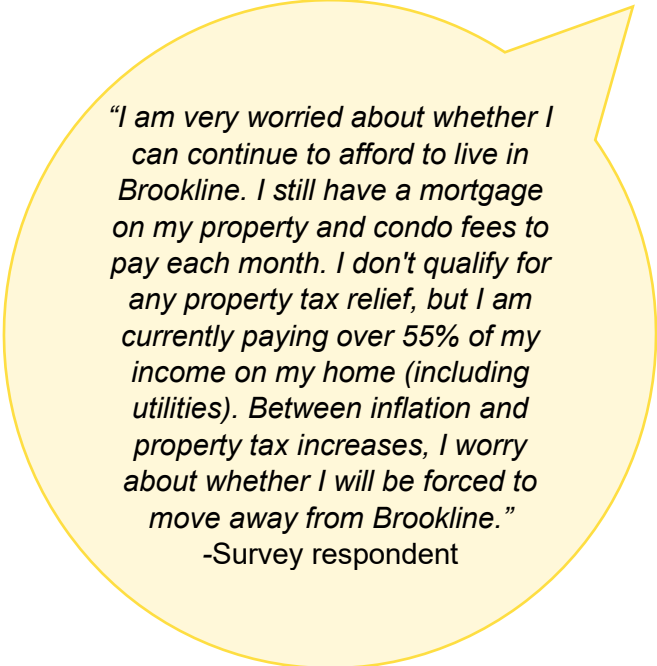
In this section, the key findings are summarized in greater detail and accompanied by strategic recommendations. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Brookline Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

The results underscore a clear call for collaborative and proactive planning, ensuring that programs, spaces, and services evolve to meet the needs of current and future generations. By grounding decisions in this community-informed data, Brookline can continue to lead as an age-friendly community, fostering inclusion, independence, and well-being for residents across the lifespan.

Financial Insecurity & Housing Costs

Financial insecurity, driven largely by taxes, is a top concern for older residents

- The most commonly reported concern about being able to stay in Brookline is cost of living—predominately related to home maintenance, taxes and utilities (37% of survey respondents wrote about these concerns).
- Half of renters age 65+ spend 30% or more of their income on housing costs, the highest rate of any age group.
- Nearly half (45%) of survey respondents reported needing home repairs to safely remain in their homes over the next five years, and 14% of those needing repairs said they could not afford them.
- Stakeholders described many residents as "house rich but tax poor" and expressed concern that longtime residents may be priced out of Brookline.
- 20% of survey respondents lacked the finances for at least one basic necessity in the past 12 months.
- Older adults living alone have substantially lower incomes than those who do not live alone, particularly women living alone, whose median income is \$57,500.



"I am very worried about whether I can continue to afford to live in Brookline. I still have a mortgage on my property and condo fees to pay each month. I don't qualify for any property tax relief, but I am currently paying over 55% of my income on my home (including utilities). Between inflation and property tax increases, I worry about whether I will be forced to move away from Brookline."

-Survey respondent

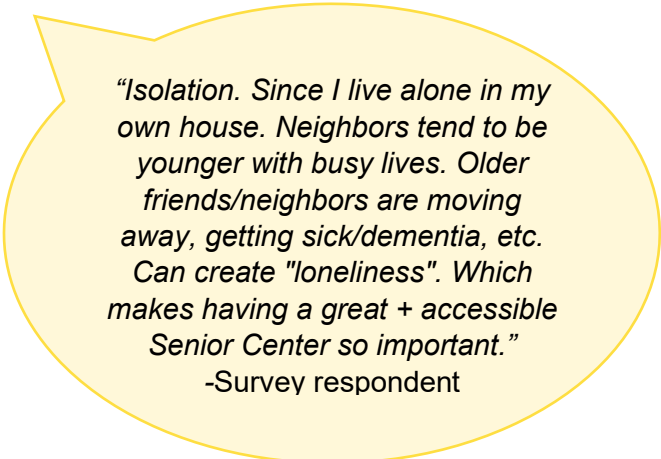
Recommendation: Address Financial Security for Older Residents.

Recognizing concerns about rising property taxes and cost of living, Brookline should explore strategies that reduce financial strain on older adults aging in place. Potential approaches include expanding awareness of existing tax relief programs, reviewing eligibility requirements, increasing outreach to eligible residents, and advocating for additional local or state-level property tax protections for older homeowners on fixed incomes. Strengthen access to home repair and modification providers. Help create a list of "handy person" workers. Continue educating residents about home maintenance and repair practices. Increase community education and awareness about alternative housing options that support aging in place, including home sharing and accessory dwelling units (ADUs).

Social Wellness & Inclusion

Residents, especially older adults living alone, can benefit from programs and services that create opportunities to connect with the community in person.

- 42% of respondents age 80+ live alone, compared to 25% of those in their 60s.
- Residents cited concerns about isolation, loss of social networks, and lacking family nearby to assist as they age.
- Participants expressed concern about losing the ability to drive and the resulting risk of isolation. Participants also described a desire for more neighborhood-based and in-home supports. These findings suggest that a Village model—which coordinates volunteer assistance, transportation, social engagement, and practical support at the neighborhood level—could help residents remain connected and age in place
- Stakeholders reported increasing numbers of older adults aging independently with dementia, mobility limitations, and mental health challenges but limited informal support systems.
- Nearly 1 in 4 respondents report having been affected in some way by substance misuse and 18% by suicide.
- According to the [2025 MA Healthy Aging Community Profile](#) – Brookline rates of older adults with depression are higher than state - 37.8% vs. 34.6%.
- About 19% of survey respondents reported some form of exclusion. About 33% of those respondents cited age as the reason for feeling excluded.



"Isolation. Since I live alone in my own house. Neighbors tend to be younger with busy lives. Older friends/neighbors are moving away, getting sick/dementia, etc. Can create "loneliness". Which makes having a great + accessible Senior Center so important."
-Survey respondent

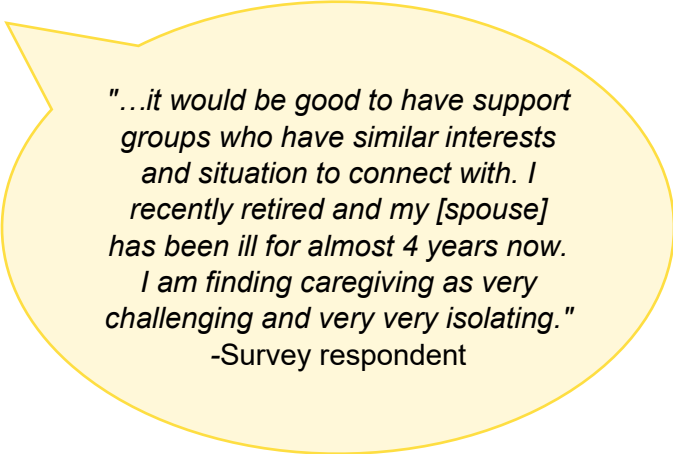
Recommendation: Prioritize outreach and in-home supports for adults ages 80 and older, particularly those living alone or without nearby family support.

The Town should prioritize outreach and in-home supports for adults ages 80 and older, particularly those living alone or without nearby family support. Services could include friendly visiting programs, technology assistance, wellness checks or home-based programming. Consider exploring elder mental health outreach programs that already exist to pilot-test in Brookline. Such efforts can help reduce social isolation, improve quality of life, and prevent avoidable crises that lead to institutional care.

Caregiving

Older residents experience changing physical and psychological conditions, and caregivers to older adults need help managing this care.

- 41% of survey respondents reported providing care or assistance to a disabled or frail person within the past five years, with the highest percentage of caregivers (50%) in the age 60-69 cohort suggesting that some are part of the “sandwich” generation (i.e., caring for children and parents).
- 57% of caregivers reported that caregiving was somewhat or very challenging to balance with other responsibilities.
- Approximately one in five caregivers reported declines in their physical health, mental health, or social life due to caregiving.
- Caregivers most frequently identified informal support, in-home assistance, and navigation to services as valuable resources.



"...it would be good to have support groups who have similar interests and situation to connect with. I recently retired and my [spouse] has been ill for almost 4 years now. I am finding caregiving as very challenging and very very isolating."
-Survey respondent

Recommendation: Expand support for family caregivers and identify pathways to reach “younger older adults” who would benefit from caregiving support.

Brookline should expand support for family caregivers through education, navigation assistance, support groups, respite opportunities, and referrals to community resources. Residents age 60-69 should be targeted with tailored information about planning and supporting aging loved ones-- although they may be least likely to use the Senior Center they have real needs for service. Given the growing number of older adults aging at home and the increasing complexity of caregiving responsibilities, caregivers represent a critical population for prevention and early intervention efforts. Identify pathways to reach “younger older adults” who would benefit from caregiving support.

Transportation & Accessibility

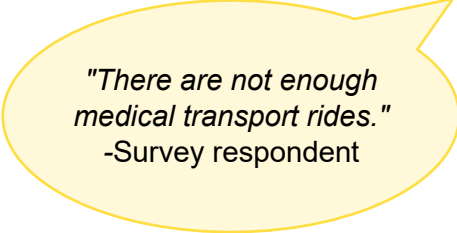
As the population ages, investments in accessible buildings, sidewalks, crossings, seating, and wayfinding will become increasingly important for maintaining participation in community life.

- 39% of Brookline residents age 75+ report at least one disability.
- Stakeholders noted that many homes, businesses, and community spaces remain difficult to navigate for people using walkers or wheelchairs.
- Residents frequently cited concerns about unsafe sidewalks, winter conditions, and pedestrian infrastructure.
- Public Works staff identified gaps in the ADA network and aging infrastructure as ongoing challenges.
- Focus group participants described reductions in medical transportation as affecting what they considered a "core service."
- Among respondents who do not drive, 16% reported missing, cancelling, or rescheduling a medical appointment because of transportation barriers.
- Nearly half of respondents reported at least one transportation challenge, and transportation difficulties increase substantially among those who limit or stop driving.

Recommendation: Prioritize the restoration and expansion of transportation services that help older adults access healthcare appointments.

Focus group participants repeatedly identified medical transportation as a core service that supports independence, preventive care, and aging in place.

The Town should assess current gaps in service and explore partnerships with regional transportation providers, volunteer driver programs, and healthcare organizations.



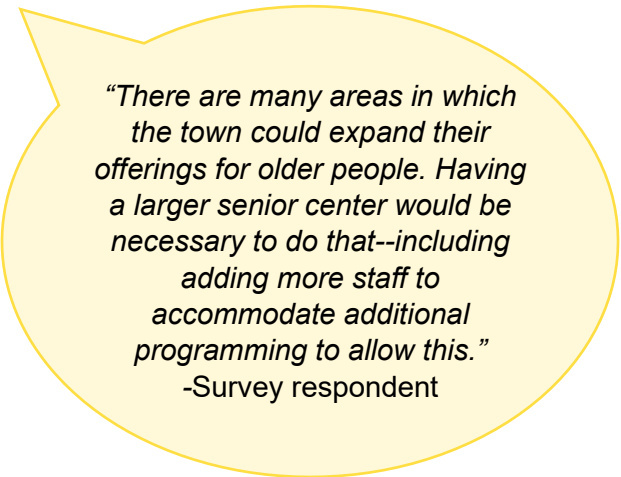
"There are not enough medical transport rides."
-Survey respondent

Recommendation: Improve Accessibility Across the Community.

Brookline should conduct an accessibility review of municipal facilities, community destinations, and public spaces to ensure they can accommodate residents with mobility limitations. As the population ages, investments in accessible buildings, sidewalks, crossings, seating, and wayfinding will become increasingly important for maintaining participation in community life. Continue to incorporate Age-Friendly principles into all municipal planning efforts across departments and boards.

Current & future programs at the Brookline Senior Center

The Brookline Senior Center is an invaluable resource, and residents want the Center to continue to expand options for participation, but its capacity to serve the diverse needs and preferences of older residents is limited.



"There are many areas in which the town could expand their offerings for older people. Having a larger senior center would be necessary to do that--including adding more staff to accommodate additional programming to allow this."
-Survey respondent

- 34% of survey respondents have attended the Senior Center. Participation in programs and use of services offered by the Brookline Senior Center is more common among older residents.
- The Brookline Senior Center opened in 2001, a time when approximately 9,028 residents were age 60 or older compared to 2024, when approximately 13,347 residents are age 60 and older.
- Stakeholders noted that the current facility is "at capacity" and residents described it as "crowded," with concerns about limited parking and insufficient space for programming.
- 37% of respondents would like to see increased weekend programming.
- Survey respondents expressed strong interest in expanded educational, cultural, and wellness programming. Half of all respondents (53%) identified guest speakers, lectures, or cultural events as a priority, 42% selected educational courses/programming, 39% for indoor exercise programs, and 37% for performances and presentations. These findings suggest continued demand for additional space to accommodate fitness, learning, and cultural programming.
- Parking emerged as a significant barrier for many current and occasional users of the Senior Center. Approximately one-third of respondents who attend at least monthly (35%) and those who attend a few times per year (32%) indicated that more parking would increase their participation, making it one of the most frequently cited factors influencing Senior Center use.

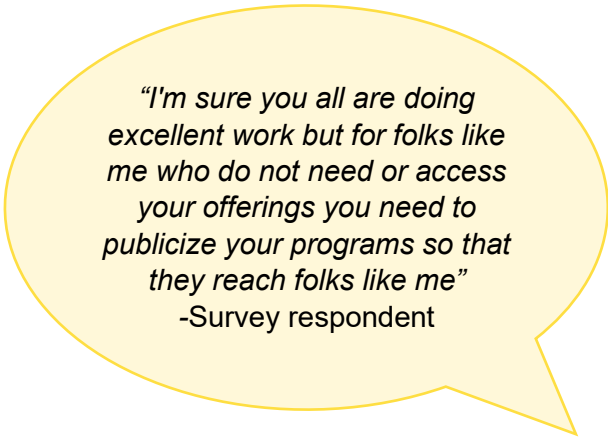
Recommendation: Develop a Long-Term Senior Center Facilities Plan that focuses on expanding access to performances, lifelong learning, & exercise.

Brookline should develop a long-term facilities strategy that enables more residents to be served by the Senior Center. Residents and stakeholders consistently identified inadequate space, overcrowding, limited parking, and insufficient room for fitness, cultural, and educational programming. Future planning should consider renovation, expansion, or alternative service delivery models that better reflect the size, diversity, and interests of Brookline's growing older adult population and the expansion of satellite programming in South Brookline.

Communications Strategies

Promoting widespread awareness of local services, programs, and resources strengthens the impact of community assets.

- Awareness appears to be a significant barrier to participation. Among residents who do not currently attend the Senior Center, 55% reported that having more knowledge about available programs and services would make them more likely to participate, making it the most commonly cited factor influencing future engagement.
- Communication preferences vary considerably across participation groups. Non-attendees were more likely to rely on email/text (44%), local online newspapers (34%), and the Town website (33%) than on Senior Center publications.
- 38% of adults ages 60–69, 40% of those ages 70–79, and 29% of those ages 80+ said they would volunteer if they had more information about opportunities.
- There is some confusion around the various organizations in Brookline that promote programs and services focused on growing older in Brookline (Senior Center, Age and Dementia Friendly Initiative, Council on Aging, BrooklineCAN, Friends of Brookline Senior Center).
- Focus group participants expressed the idea that many adults do not “feel old enough” to participate at the Brookline Senior Center and yet they still have needs that are relevant to the services provided by the Brookline Senior Center. Positioning the organization as a lifelong community resource that supports residents as they plan for, prepare for, and experience later life may increase engagement among younger older adults and those still in the workforce.



“I’m sure you all are doing excellent work but for folks like me who do not need or access your offerings you need to publicize your programs so that they reach folks like me”
-Survey respondent

Recommendation: Reposition the Senior Center as a central hub for information, engagement, and community connection by leading or participating in a coordinated communications strategy.

Residents expressed strong interest in a centralized community calendar and a comprehensive listing of volunteer opportunities, courses, events, and services. Given the importance of personal outreach, communication efforts should also leverage trusted community organizations, neighborhood networks, and word-of-mouth ambassadors.

As an initial step, conduct an environmental scan of organizations and initiatives serving older adults to identify shared goals, opportunities for programmatic and financial efficiencies, and strategies for coordinated communication. In an environment of constrained resources, bringing organizations together to align efforts and leverage existing assets can streamline communication, reduce duplication, and create a clear, centralized clearinghouse of resources and engagement opportunities for Brookline residents ages 60 and older. Among stakeholder groups, organize around advocacy efforts to expand influence and maximize the potential for successful change.

As part of efforts to update and improve communications about the Senior Center and about aging issues in general, utilize [National Center to Reframe Aging](#) and the [Frameworks Institute](#) evidence-based research. For example, the National Center to Reframe Aging, in collaboration with the Pennsylvania Department of Aging produced a [report](#) and [quick start guide](#) with recommended communication strategies for senior centers.

7. Appendix: Complete Survey Results by Age

Note: Appendix tables are based on 2,259 responses to the Town of Brookline Survey of residents age 60 and over, conducted between February and March 2026. Of all the respondents, 44% completed the survey online and the rest were returned via mail. See text for additional details.

Section I: Community & Neighborhood

Q1. How long have you lived in Brookline?

	Age 60-69	Age 70-79	Age 80+	All Ages
Fewer than 5 years	9%	7%	9%	8%
5 - 14 years	15%	12%	9%	13%
15 - 24 years	18%	10%	10%	12%
25 - 34 years	31%	19%	13%	21%
35 - 44 years	19%	27%	11%	20%
45 years or longer	8%	25%	48%	26%
Total	100%	100%	100%	100%

Q2. In which area of Brookline do you currently live?

	Age 60-69	Age 70-79	Age 80+	All Ages
Coolidge Corner	35%	39%	41%	38%
Brookline Village	16%	15%	13%	15%
Longwood	4%	4%	4%	4%
Chestnut Hill	13%	12%	13%	13%
South Brookline	5%	5%	5%	5%
Washington Square	15%	12%	13%	13%
Other (<i>Please specify</i>):	12%	13%	11%	12%
Total	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	63%	75%	78%	72%
Somewhat Important	30%	20%	20%	23%
Slightly Important	4%	4%	1%	3%
Not at All Important	3%	1%	1%	2%
Total	100%	100%	100%	100%

Q4. What do you value most about living in Brookline?

Open-ended responses are summarized with demonstrative quotes in **Table 4**.

Q5. What are your greatest concerns about your ability to continue living in Brookline as you get older?

Open-ended responses are summarized with demonstrative quotes in **Table 5**.

Q6. Would you know whom to contact in Brookline should you or someone in your family need help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home support, or access to mental health services)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	49%	55%	64%	55%
No	51%	45%	36%	45%
Total	100%	100%	100%	100%

Q7. Please indicate your level of agreement with the following statement: “Local policymakers consider the interests and concerns of older residents.”

	Age 60-69	Age 70-79	Age 80+	All Ages
Strongly Agree	7%	7%	9%	8%
Agree	34%	36%	38%	36%
Neither Agree or Disagree	41%	40%	39%	40%
Disagree	14%	13%	10%	12%
Strongly Disagree	4%	4%	4%	4%
Total	100%	100%	100%	100%

Section II: Housing & Living Situation

Q8. Who do you live with? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I live alone	24%	29%	40%	31%
A spouse/partner	67%	63%	49%	61%
My adult child(ren) (<i>age 18 or older</i>)	13%	8%	7%	9%
My child(ren) (<i>under age 18</i>)	3%	0%	0%	1%
My parent(s)	1%	0%	0%	1%
My grandchild(ren)	0%	1%	2%	1%
Pet(s)	12%	11%	6%	10%
Another relative	1%	1%	1%	1%
Someone else (<i>Please specify</i>):	1%	2%	3%	2%

**Figures do not sum to 100%*

Q9. Do you own or rent your current residence?

	Age 60-69	Age 70-79	Age 80+	All Ages
The residence is owned by me or someone with whom I live.	84%	79%	71%	79%
The residence is rented by me or someone with whom I live.	15%	19%	25%	19%
Other (<i>Please specify</i>):	1%	2%	4%	2%
Total	100%	100%	100%	100%

Q10. Does your current residence require the use of stairs to enter? (e.g., up to the property from ground level or within the property to access your unit)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	76%	68%	60%	69%
No	24%	32%	40%	31%
Total	100%	100%	100%	100%

Q11. Does your current residence have a bedroom and a full bathroom on the same floor such that you could meet your self-care needs as you age?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	82%	85%	87%	84%
No	18%	15%	13%	16%
Total	100%	100%	100%	100%

Q12. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next 5 years?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these modifications.	39%	43%	33%	39%
Yes, but I cannot afford to make these modifications.	5%	4%	5%	5%
Yes, but I am not responsible for making these modifications (e.g., <i>I rent my current residence or my condo association is responsible</i>).	5%	8%	6%	6%
No, my current residence does not need modifications.	51%	45%	56%	50%
Total	100%	100%	100%	100%

Q13. Does your current residence need home repairs (e.g., new roof, electrical work, climate control/HVAC, etc.) to improve your ability to live in it safely for the next 5 years?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these repairs.	26%	29%	22%	26%
Yes, but I cannot afford to make these repairs.	6%	5%	7%	6%
Yes, but I am not responsible for making these repairs (e.g., <i>I rent my current residence or my condo association is responsible</i>).	11%	13%	13%	13%
No, my current residence does not need repairs.	57%	53%	58%	55%
Total	100%	100%	100%	100%

Section III: Transportation

Q14. What are the primary ways in which you meet your transportation needs? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I drive myself	81%	77%	63%	74%
Walk	83%	77%	62%	74%
Bike	23%	11%	4%	13%
MBTA, train	73%	66%	48%	63%
MBTA, buses	33%	32%	25%	30%
MBTA, the Ride	1%	2%	4%	3%
My partner or child(ren) drive(s) me	14%	18%	24%	18%
Friends or neighbors drive me	4%	6%	9%	6%
Medical transportation	2%	4%	7%	4%
Volunteer transportation	0%	0%	0%	0%
Council on Aging and Senior Center van transportation	1%	2%	6%	3%
Ride sharing options (e.g., <i>Uber, Lyft, GoGo Grandparent</i>)	24%	23%	23%	23%
Other (<i>Please specify</i>):	2%	4%	7%	4%

**Figures do not sum to 100%*

Q15. Which of the following best describes your driving status? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
I do not drive.	11%	15%	31%	18%
I drive with some limitations (e.g., <i>I avoid driving at night, during bad weather, in unfamiliar areas</i>).	13%	23%	31%	22%
I drive with no limitations.	76%	62%	38%	60%
Total	100%	100%	100%	100%

Q16. What kinds of difficulties do you have in getting the transportation that you need? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Public transportation around Brookline is unavailable or inconvenient	10%	7%	5%	8%
I don't have information about what is available	2%	3%	5%	3%
Transportation is not available where I need to go	6%	4%	5%	5%
Walking or biking routes to my destination are unsafe	9%	6%	4%	7%
Parking is limited or unavailable	24%	23%	20%	23%
Transportation options cost too much	3%	3%	4%	3%
Technology is a barrier to using transportation options (e.g., scheduling rides or using web applications)	1%	5%	6%	4%
Not enough transportation for medical appointments	3%	3%	6%	4%
I need flexibility in planning (e.g., <i>I don't like to schedule in advance</i>)	3%	4%	5%	4%
Physical limitations or other impairments make accessing transportation options difficult	1%	4%	11%	5%
No door-to-door assistance (e.g., <i>help getting from vehicle to door of destination</i>)	1%	2%	4%	2%
Accessing transportation options is challenging (e.g., <i>walking to/from MBTA stops</i>)	4%	6%	9%	6%
Lack of transportation options evenings and weekends	4%	3%	3%	3%
I don't have a travel companion to help me	1%	2%	6%	3%
No one I can depend on for a ride	3%	3%	4%	3%
I am not eligible for transportation alternatives (e.g., <i>THE RIDE, GoGo, subsidized Brookline Program with Lyft</i>)	3%	4%	6%	4%
I have no difficulties	59%	57%	51%	55%
Other (please specify):	6%	8%	6%	7%

*Figures do not sum to 100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	4%	4%	8%	5%
No	96%	96%	92%	95%
Total	100%	100%	100%	100%

Section IV: Social Activities and Relationships

Q18. Do you know someone living close by on whom you can rely for help when you need it?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	81%	81%	81%	81%
No	19%	19%	19%	19%
Total	100%	100%	100%	100%

Q19. In the past 5 years, have you ever felt excluded or unwelcomed in Brookline because of any of the following? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Age	4%	5%	6%	5%
Disability	2%	1%	2%	2%
Gender	2%	0%	1%	1%
Cognitive status	0%	0%	1%	0%
Income	3%	2%	1%	2%
Language or accent	1%	0%	1%	1%
Physical appearance	1%	1%	1%	1%
Political views	7%	3%	4%	5%
Sexual orientation	1%	0%	0%	0%
Skin color, race, or ethnicity	3%	1%	1%	2%
Religion or cultural background	6%	3%	3%	4%
No, I have never felt excluded or unwelcomed	77%	84%	84%	81%
Other (Please specify):	4%	3%	2%	3%

**Figures do not sum to 100%*

Q20. How often do you get together to visit, talk on the phone, or send email or use social media with family, friends, or neighbors?

Q20_1 Get together in person

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	28%	24%	22%	25%
One or more times a week	40%	46%	46%	44%
A few times a month	19%	16%	19%	18%
About once a month	6%	7%	7%	6%
A few times a year (e.g., holidays)	5%	6%	5%	6%
Never	2%	1%	1%	1%
Total	100%	100%	100%	100%

Q20_2 Talk on the phone, FaceTime or Zoom

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	37%	38%	38%	38%
One or more times a week	42%	44%	43%	43%
A few times a month	14%	11%	11%	12%
About once a month	3%	3%	4%	3%
A few times a year (e.g., holidays)	2%	2%	3%	2%
Never	2%	2%	1%	2%
Total	100%	100%	100%	100%

Q20_3 Send email or use social media

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	60%	63%	56%	61%
One or more times a week	25%	25%	25%	25%
A few times a month	9%	6%	7%	7%
About once a month	2%	2%	2%	2%
A few times a year (e.g., holidays)	2%	2%	3%	2%
Never	2%	2%	7%	3%
Total	100%	100%	100%	100%

Q21. Do you currently volunteer in Brookline?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	23%	25%	21%	23%
No, but I would if I had more information about volunteer opportunities	40%	38%	29%	37%
No, I am not interested, or I cannot, volunteer at this time	37%	37%	50%	40%
Total	100%	100%	100%	100%

Section V: Health & Wellness

Q22. Do you have an impairment or condition that limits your ability to participate in your community?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	8%	16%	29%	17%
No	92%	84%	71%	83%
Total	100%	100%	100%	100%

Q23. Do you have sufficient help to meet your needs (e.g., yard work, snow removal, cleaning, small tasks, or errands)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, I have enough help from family, friends, or paid helpers.	55%	56%	64%	58%
No, I do not have enough help at this time.	7%	9%	9%	8%
N/A I do not require any help at this time.	38%	35%	27%	34%
Total	100%	100%	100%	100%

Q24. In the past 12 months, I worried whether my food would run out before I got money to buy more.

	Age 60-69	Age 70-79	Age 80+	All Ages
Often True	1%	<1%	<1%	1%
Sometimes True	4%	2%	2%	3%
Never True	94%	96%	96%	95%
I Don't Know	1%	2%	2%	1%
Total	100%	100%	100%	100%

Q25. "I have been, or I have friends or family members who have been, affected by substance misuse (such as misuse of alcohol, prescription medication or illegal drugs)."

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	28%	22%	15%	22%
No	72%	78%	85%	78%
Total	100%	100%	100%	100%

Q26. "I have been, or I have friends or family members who have been, affected by suicide." (If you or someone you know is struggling, help is available 24/7 through the Suicide or Crisis Lifeline. Call or text 988.)

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	24%	17%	11%	18%
No	76%	83%	89%	82%
Total	100%	100%	100%	100%

Section VI: Caregiving

Q27. Do you now or have you in the past 5 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	50%	40%	32%	41%
No	50%	60%	68%	59%
Total	100%	100%	100%	100%

Q28. How challenging is/was it for you to care for this person and meet your other responsibilities with family, your personal health, and/or work?* (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Easy	10%	13%	13%	12%
Somewhat Easy	16%	14%	17%	15%
Neither Easy nor Challenging	13%	18%	20%	16%
Somewhat Challenging	46%	41%	30%	41%
Very Challenging	15%	14%	20%	16%
Total	100%	100%	100%	100%

**Includes only respondents who selected "Yes" on Q27*

Q29. In your role as a caregiver, have you experienced any of the following?* (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
My physical health has deteriorated	19%	21%	30%	22%
My mental health has deteriorated	27%	22%	17%	23%
My social life has deteriorated	31%	26%	30%	29%
My financial circumstances have deteriorated	13%	11%	13%	12%

** Includes only respondents who selected "Yes" on Q27*

** Figures do not sum to 100%*

Q30. Did this person have any of the following conditions?* (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Alzheimer's disease or other dementia, Parkinson's disease	30%	28%	30%	29%
Forgetfulness or confusion (<i>undiagnosed</i>)	28%	26%	26%	27%
Psychological condition (e.g., <i>anxiety, depression</i>)	29%	21%	17%	22%
Intellectual or developmental disability	5%	6%	7%	5%
Chronic disease (e.g., <i>cancer, diabetes, asthma</i>)	24%	29%	30%	27%
Sensory impairment (e.g., <i>vision, hearing</i>)	22%	17%	13%	18%
Frailty or mobility impairment (e.g., <i>difficulty walking, climbing stairs</i>)	60%	55%	53%	57%
Recovering from surgery or injury	28%	26%	26%	27%
Other (<i>Please specify</i>):	7%	9%	10%	9%

* Includes only respondents who selected "Yes" on Q27

* Figures do not sum to 100%

Q31. What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Help from family and friends	53%	53%	47%	51%
Informational resources (e.g., <i>web-based or pamphlets</i>)	13%	15%	14%	14%
On call support from medical professionals	18%	23%	25%	22%
Adult Day Program	9%	7%	5%	7%
Memory café	5%	2%	1%	3%
Respite care (e.g. <i>paid or volunteer companion</i>)	17%	14%	12%	15%
Formal in-home caregiver services	33%	30%	33%	31%
Homemaking services (e.g., <i>meal delivery, cleaning</i>)	21%	24%	20%	22%
Support groups (e.g., <i>caregiver support</i>)	11%	11%	19%	12%
Financial support (e.g., <i>tax rebate, stipend</i>)	11%	9%	10%	10%
Transportation	13%	15%	15%	14%
Other (<i>Please specify</i>):	10%	11%	8%	10%

* Includes only respondents who selected "Yes" on Q27

* Figures do not sum to 100%

Section VII: Current & Future Programs & Services Provided by the Brookline Council on Aging

Q32. Currently, how frequently do you participate (e.g., use programs or services or volunteer) at the Brookline Council on Aging (COA) and Senior Center?

	Age 60-69	Age 70-79	Age 80+	All Ages
Two or more times a week	3%	4%	7%	5%
About once a week	2%	6%	8%	5%
A few times a month	2%	4%	5%	4%
About once a month	1%	3%	5%	3%
A few times a year (e.g., special events only)	10%	19%	22%	17%
Never, I do not use programs or services offered by the Council on Aging and Brookline Senior Center	82%	64%	53%	66%
Total	100%	100%	100%	100%

Q33. “I would be more likely to use the Brookline COA and Senior Center programs and services if...” (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Transportation options to Senior Center were more convenient	5%	8%	17%	9%
There were more parking	11%	22%	25%	19%
I had more knowledge about the programs and services that are available	45%	36%	28%	36%
Programs and services were better suited to my needs and interests	21%	22%	17%	20%
If I had more time (e.g., I'm still working)	34%	17%	9%	20%
It were easier to access the Senior Center building (e.g., updated building/improved accessibility)	2%	1%	4%	2%
If there were more people like myself at Senior Center events	18%	13%	11%	14%
There were more virtual programs	7%	9%	15%	10%
Programs and services were offered on weekends	13%	13%	11%	12%
Programs and services were offered at nights	8%	5%	4%	6%
The cost of programs were reduced or eliminated	7%	4%	5%	5%
Programs were offered in locations closer to where I live	7%	8%	12%	8%
The space(s) were more comfortable and inviting	2%	4%	5%	4%
Programs were offered in locations closer to where I live	7%	8%	12%	8%
The space(s) were more comfortable and inviting	2%	4%	5%	4%

(continued on next page)

Q33 continued

	Age 60-69	Age 70-79	Age 80+	All Ages
The space(s) could accommodate more participants (e.g., larger class sizes or more variety of programs)	2%	4%	3%	3%
There were more special interest or cultural programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	5%	4%	1%	3%
It included residents of all ages	15%	13%	8%	12%
Other (Please specify):	11%	12%	13%	12%

*Figures do not sum to 100%

Q34. Thinking about your own future needs and interests, which of the following programs would you prioritize in expanding through the Brookline COA and Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Arts programs (e.g., painting, music, acting, digital photography)	45%	36%	21%	34%
Educational courses (e.g., history, or cooking)	54%	43%	31%	42%
Lectures, guest speakers, or cultural events	59%	54%	48%	53%
Performances (e.g., music, theater, comedy) and presentations	42%	37%	36%	37%
Evening activities	15%	9%	8%	10%
Weekend activities	19%	15%	12%	15%
Day trips	26%	22%	19%	22%
Overnight trips	8%	5%	4%	6%
Opportunities for informal socializing (e.g., affinity groups, parties, hang out space)	23%	14%	13%	16%
Outdoor exercise (e.g., walking, hiking, kayaking, pickleball)	48%	29%	19%	32%
Indoor exercise (e.g., strength training, fitness center, yoga, aerobics)	45%	40%	32%	39%
Wellness programs (e.g., meditation, massage, weight management, stress management)	34%	25%	19%	26%
Special interest social programming (e.g., men's group, solo aging, LGBTQ+)	10%	7%	6%	7%
Intergenerational activities	16%	13%	8%	12%
Recreational activities (e.g., cards, Mahjong)	21%	15%	11%	15%
Volunteer opportunities	34%	21%	17%	23%
Virtual (online) programming	11%	10%	13%	11%
Technology skills classes (e.g., learning computer programs or smartphone applications)	19%	23%	27%	22%

*Figures do not sum to 100%

Q35. What kinds of programs (e.g., social, health, volunteer, service) for residents age 60+ would you like to see more of in Brookline?

Open-ended responses are summarized on page 68, accompanying **Figure 45**.

Q36. Thinking about your own future needs and interests, which of the following services would you prioritize in expanding through the Brookline COA and Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Information and referral about local resources	48%	48%	38%	44%
Social Work services (e.g., home visits, counseling, or referrals)	20%	19%	23%	20%
Professional development or job seeking support	8%	3%	1%	4%
Non-medical transportation (e.g., grocery shopping, errands)	17%	18%	21%	18%
Transportation to medical appointments	20%	21%	23%	21%
Lunch or other food offerings	8%	7%	8%	7%
Professional services (e.g., retirement planning, tax preparation, legal services)	33%	24%	19%	25%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	21%	18%	20%	19%
Caregiver programs (e.g., resources, education, support groups)	15%	11%	14%	12%
Respite programs (e.g., drop-off activities, all-day support)	7%	6%	5%	6%
Adult day program	10%	8%	8%	9%
Application assistance (e.g., fuel assistance, housing, SNAP)	7%	6%	4%	6%
Other (Please specify):	7%	8%	7%	8%

*Figures do not sum to 100%

Section VIII: Information Access

Q37. Where do you prefer to find information about the activities and services offered by Brookline COA and Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Brookline Beacon (<i>Council on Aging Newsletter</i>) (<i>print</i>)	23%	37%	48%	35%
Brookline Beacon (<i>Council on Aging Newsletter</i>) (<i>online</i>)	35%	30%	27%	30%
Local Public Access TV (e.g., <i>BIG</i>)	2%	2%	3%	2%
Public postings (e.g., <i>flyers, billboards</i>)	11%	8%	9%	9%
Word of mouth	13%	14%	19%	14%
Facebook or other social media sites	16%	11%	8%	11%
Local online newspapers (e.g., <i>Brookline.News, the Patch</i>)	33%	39%	33%	35%
Brookline Town website	38%	27%	18%	28%
Brookline Senior Center website	36%	32%	25%	31%
Radio	1%	3%	4%	3%
Email or text communication	43%	43%	40%	41%
Other (<i>Please specify</i>):	4%	5%	5%	5%

*Figures do not sum to 100%

Q38. How confident do you feel about the following activities? Use the “not applicable” column if you do not currently engage in these activities.

Q38_1 Finding information online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	92%	85%	71%	84%
I need more practice	5%	7%	11%	7%
I am not confident	1%	3%	6%	3%
N/A I don't do these things	2%	5%	12%	6%
Total	100%	100%	100%	100%

Q38_2 Submitting information or applications online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	88%	78%	59%	77%
I need more practice	6%	10%	13%	9%
I am not confident	3%	6%	10%	6%
N/A I don't do these things	3%	6%	18%	8%
Total	100%	100%	100%	100%

Q38_3 Purchasing items and managing money online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	90%	81%	64%	79%
I need more practice	6%	9%	9%	8%
I am not confident	2%	4%	8%	5%
N/A I don't do these things	2%	6%	19%	8%
Total	100%	100%	100%	100%

Q38_4 Staying safe online (e.g., protecting your personal data)

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	75%	65%	50%	65%
I need more practice	16%	21%	20%	19%
I am not confident	7%	10%	15%	10%
N/A I don't do these things	2%	4%	15%	6%
Total	100%	100%	100%	100%

Q38_5 Making and attending online medical appointments

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	86%	80%	67%	79%
I need more practice	7%	6%	6%	6%
I am not confident	1%	3%	5%	3%
N/A I don't do these things	6%	11%	22%	12%
Total	100%	100%	100%	100%

Q38_6 Registering for events online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	90%	83%	68%	82%
I need more practice	6%	7%	9%	7%
I am not confident	1%	4%	6%	4%
N/A I don't do these things	3%	6%	17%	7%
Total	100%	100%	100%	100%

Q38_7 Other (Please specify):

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	39%	33%	35%	35%
I need more practice	12%	10%	4%	10%
I am not confident	7%	17%	13%	13%
N/A I don't do these things	42%	40%	48%	42%
Total	100%	100%	100%	100%

Section IX: Demographic Information

Q39. Please select your gender.

	Age 60-69	Age 70-79	Age 80+	All Ages
Female	64%	63%	64%	64%
Male	35%	36%	36%	36%
Non-binary	<1%	0%	0%	<1%
Other (<i>Please specify</i>):	<1%	<1%	<1%	<1%
Total	100%	100%	100%	100%

Q40. What is your age range? (Check only one)

Under age 60	<1%
60 to 69	30%
70 to 79	44%
80 to 89	23%
90+	3%
Total	100%

Q41. What is your race or ethnicity? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
American Indian or Alaska Native	0%	0%	1%	0%
Asian	11%	6%	8%	8%
Black or African American	2%	1%	2%	1%
Hispanic or Latino	5%	1%	1%	2%
Middle Eastern or North African	1%	1%	1%	1%
Native Hawaiian or Pacific Islander	0%	0%	0%	0%
White	80%	87%	86%	82%
Other (<i>Please specify</i>):	3%	5%	3%	3%

**Figures do not sum to 100%*

Q41A. Race and ethnicity recoded into distinct categories for analysis

	Age 60-69	Age 70-79	Age 80+	All Ages
White alone	78%	85%	86%	83%
Black or African American alone	2%	1%	1%	1%
Asian alone	11%	6%	8%	8%
Another race or multi-racial ⁺	4%	7%	4%	6%
Hispanic or Latine, any race	5%	1%	1%	2%
Total	100%	100%	100%	100%

⁺ Includes respondents who selected "Other," American Indian or Alaska Native," "Middle Eastern or North African," "Native Hawaiian or Pacific Islander," or multiple races on Q41.

Q42. What is your employment status? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Working full-time	36%	10%	3%	16%
Working part-time	19%	17%	8%	15%
Looking for work	4%	1%	1%	2%
Retired	40%	71%	88%	64%
Other (<i>Please specify</i>):	4%	5%	2%	4%

**Figures do not sum to 100%*

Q43. When do you plan to retire?

	Age 60-69	Age 70-79	Age 80+	All Ages
N/A, I am already fully retired	38%	67%	88%	63%
Within the next 3 years	19%	11%	3%	11%
In 3 to 5 years	18%	6%	1%	9%
In 6 to 10 years	6%	1%	0%	3%
In more than 10 years	3%	<1%	0%	1%
Not sure	9%	7%	3%	7%
I do not anticipate ever fully retiring	6%	7%	5%	6%
Total	100%	100%	100%	100%

Q44. Was there any time in the past 12 months when you did not have money for the following necessities? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
N/A, I did not lack money	80%	84%	83%	80%
Pay rent or mortgage	2%	1%	1%	1%
Pay real estate taxes	2%	2%	2%	2%
Debt	2%	2%	1%	2%
Health insurance	2%	1%	1%	1%
Home maintenance	4%	3%	3%	3%
Pay for car repairs or maintenance	2%	2%	1%	2%
Pay for utility bills	2%	2%	2%	2%
Dental or vision insurance	3%	3%	2%	3%
Social outings	4%	3%	2%	3%
Groceries	3%	1%	1%	1%
Pay for medical needs (e.g., prescriptions)	2%	2%	1%	2%
Other (<i>Please Specify</i>):	2%	3%	2%	2%

**Figures do not sum to 100%*

Q45. If you have any other thoughts or comments about the Council on Aging and Brookline Senior Center, or about current or future needs of older residents in Brookline, please include them here:

Open-ended responses are summarized with demonstrative quotes in **Table 6**.