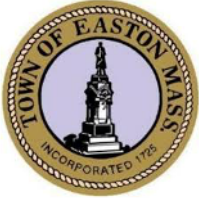


AGE-FRIENDLY EASTON

ACTION PLAN
CYs 2022-2024



OLD COLONY
PLANNING COUNCIL



*Office of the Select Board
Town of Easton*

*136 Elm Street
North Easton, Massachusetts 02356*

February 5, 2022

The Select Board is pleased to submit the Town of Easton's Age-Friendly Action plan. This plan focuses on areas that are important to the emotional and physical well-being and quality of life of community members as they age.

Easton is a special place where people of all ages and abilities are welcome and valued.

This plan focuses action steps to improve *Housing, Transportation and Communication*. The Age Friendly Action Committee is eager and enthusiastic to add to the report in the future by exploring the other five domains, *Outdoor Spaces and Buildings, Civic Participation and Employment, Respect and Social Inclusion, Health Services and Community Supports and Social Participation*.

Our older community members are a vital part of the vibrancy of our town. They work, volunteer, serve on boards and committees, share their talents, and inspire our younger generation.

We look forward to creating more opportunities so all our residents can thrive and grow with our town.

Respectfully submitted,

Dottie Fulginiti
Chair, Easton Select Board

Craig Barger, Vice Chair
Marc Lamb
Jamie Stebbins
Jennifer Stacy

Acknowledgements

This report was developed by Old Colony Planning Council (OCPC) for the Town of Easton, in partnership with the town's resident-led Age-friendly Advisory Committee (AFAC). The project was delivered through OCPC's District Local Technical Assistance (DLTA) Program, which is funded annually by the Commonwealth of Massachusetts to help municipalities achieve planning and development goals consistent with state and regional priorities.

OCPC, the Town of Easton, and members of the AFAC thank all Easton residents who participated in the process that culminated with this Action Plan. We also thank Kristin Kennedy, Easton's Director of Health and Community Services, for spearheading the initial town effort to become an Age-friendly Community, and Boston University faculty, students, and MetroBridge Program staff for their research contributions.

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- Kim Bales
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The Town of Easton encourages everyone's participation in its programs and activities, regardless of ability. **To receive this document in an alternative format, please call Anne Daley, Deputy Director of Health and Community Services for the Town of Easton, at (508) 230-0690 or email adaley@easton.ma.us.** For more information about Age-friendly Easton, please visit the Town of Easton's website.

Summary

Easton is a vibrant, beautiful town that is rich in history and populated with residents active in their community. The town has been voted one of CNN Money Magazine's Top 100 Places to Live and one of the 50 Safest Towns in Massachusetts. With one of the best public-school systems in the state, access to miles of public trails and open space, and a thriving business community, the town is continuously and proactively planning to meet the present and future needs of its residents.

Recognizing that about 17% of Easton's population is aged 60+ and that this age group is expected to grow significantly over the next few years, the Select Board of Easton voted in 2018 to proclaim Easton as a town "committed to promoting, creating and sustaining a community for all ages." The town then joined the nationwide AARP Network of Age-Friendly Communities.

Research shows that older Americans overwhelmingly want to remain in their homes and communities as they age. Access to quality health care, affordable housing, transportation, and other community services are essential for this to happen. As such, in 2019, the town established the resident-led Easton Age-Friendly Advisory Committee to help develop an action plan and ensure ongoing success toward its implementation.

The Committee, in collaboration with the Town of Easton, Boston University, and Old Colony Planning Council, carried out a community needs assessment between 2019 and 2021 that included interviews and surveys with residents. Based on assessment results, three domains were selected as a starting point for the community to focus on:



Through 2021, the Committee explored each domain in-depth and developed goals and strategies that would help make Easton more age friendly. The following goals were identified:

HOUSING

1. Our goal is to ensure that Easton residents living at home are connected with the affordable, quality support they may need to live independently.
2. Our goal is to ensure that Easton's housing stock is diverse enough to accommodate the needs of all older residents, including those who may want to downsize, move into a more affordable home, or need a home designed to be accessible for all abilities.
3. Our goal is to ensure that a strong partnership exists between the Town of Easton and Easton Housing Authority.

TRANSPORTATION

4. Our goal is to ensure that transportation services meet all the needs of older residents, improving quality of life and furthering social inclusion.
5. Our goal is to ensure that infrastructure continues to improve and incorporates age-friendly good practices.
6. Our goal is to ensure that conditions town-wide are friendly for all pedestrians, meaning that there is good walking infrastructure and that conditions for walking are safe and pleasant.

COMMUNICATION AND INFORMATION

7. Our goal is to ensure that good communication practices are implemented to reach residents of all ages and abilities.
8. Our goal is to ensure that residents of all ages and abilities are aware of age-friendly initiatives in town and related resources available for all.
9. Our goal is to ensure that, regardless of age or ability, residents are engaged and as active in their community as they want to be.

Strategies for each goal are identified in this Action Plan, which also includes project details and findings from the community needs assessment. The Age-friendly Advisory Committee and the Town of Easton will work together to implement and monitor progress. Community members interested in getting involved are encouraged to contact their Select Board representative or town staff at the Council on Aging.

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1 Introduction

The population of the United States is rapidly aging. According to the U.S. Census Bureau, one of every five people in the U.S. will be 65 or older by the year 2030. By 2035, the number of adults older than 65 will be greater than the number of children under 18. In Easton, census data show the trend to be the same. The continuous increase in Easton's median population age illustrates these changes. In 1980, Easton's median age was 28.4 years. By 2010, the median age had increased to 39.5 years; by 2019, to about 41.3. According to state-wide projections made by the Metropolitan Area Planning Council, this trend will continue to intensify over the next decade.

The Town of Easton is committed to including people of all ages and abilities in planning and civic processes and strives to meet the needs of all residents – children and older adults alike. Given our aging population, now is the time to pay particular attention to furthering age-friendly initiatives in our community. The town is committed to providing services and programs that enhance quality of life and enable older adults to live with dignity while maintaining their health and independence. To that end, the town has joined the global movement of age-friendly communities.

1.1 Age-friendly Communities

In 2010, the World Health Organization established the Global Network for Age-friendly Cities and Communities to connect municipalities and organizations worldwide under a shared vision of making communities great places to age. The Network emphasizes action at the local level and the full participation of older people in community life. Healthy and active ageing also is promoted.

In 2012, AARP launched The AARP Network of Age-Friendly States and Communities, joining the global network as an independent affiliate. Since then, over 803 U.S. towns, cities, counties, states, and territories have joined the national age-friendly movement.

The common thread [...] is the belief that the places where we live are more livable, and better able to support people of all ages, when local leaders commit to improving the quality of life for the very young, the very old, and everyone in between.

People of all ages benefit from the adoption of policies and programs that make neighborhoods walkable, feature transportation options, enable

access to key services, provide opportunities to participate in community activities, and support affordable, adaptable housing.

Well-designed, age-friendly communities foster economic growth and make for happier, healthier residents of all ages.

– AARP¹

1.2 Age-friendly Massachusetts

In 2018, Massachusetts joined the movement, becoming one of only eight states designated Age-friendly by AARP. *ReiMagine Aging*², the Commonwealth's Age-friendly Action Plan, was launched in 2019 with the mission of "amplifying, aligning, and coordinating local, regional, and statewide efforts to create a welcoming and livable Commonwealth as residents grow up and grow older together." The plan establishes six goals against which progress is reported.

1.3 Easton Joins the Movement

Following the Commonwealth's progress as well as that of over 80 cities and towns in Massachusetts, the Easton Select Board voted on September 24, 2018 to proclaim Easton as a town "committed to promoting, creating, and sustaining a community for all ages." Shortly thereafter, the town joined The AARP Network of Age-Friendly States and Communities and committed to using guidance from AARP and the World Health Organization to plan and implement age-friendly initiatives. The town began a process of assessment, planning, action, and evaluation in 2019.

¹ AARP. (2021) AARP Network of Age-Friendly States and Communities. <https://www.aarp.org/livable-communities/network-age-friendly-communities>

² Commonwealth of Massachusetts. (2019) *ReiMagine Ageing: Planning Together to Create an Age-Friendly Future*. <https://www.mass.gov/lists/age-friendly-massachusetts-action-plan>

2 Age-friendly Easton

Vision

Our vision is of a town in which the social and physical environments promote the health and well-being of residents of all ages.

2.1 Advisory Committee Established

In 2019, the Easton Select Board adopted a Charge to establish the Easton Age-friendly Advisory Committee (AFAC)³. This nine-person committee is composed of town staff, a select board member, and volunteer residents who are appointed by the Select Board to serve one-year terms with the possibility for reappointment.

The primary charge of the committee is to coordinate age-friendly initiatives in the community and ensure ongoing success toward the implementation of the town's Age-friendly Action Plan. The committee met for the first time in February 2021.

2.2 Community Needs Assessed

A significant part of the age-friendly planning process is the assessment of community needs. Results of the assessment help identify priority areas for improvement and develop actions for implementation. In 2019, the Town of Easton partnered with Boston University's (BU) MetroBridge Program to deliver a series of postgraduate student-led projects examining the age-friendly needs of Easton's residents:

- Fall 2019 – Informal conversations with town staff and residents
- Spring 2020 – Community survey utilizing AARP's questionnaire
- Fall 2020 – Virtual public listening sessions

In 2021, after formation of the Easton Age-friendly Advisory Committee, the town began working with the Committee and Old Colony Planning Council, the regional community planning agency for the Greater Brockton and Plymouth areas, to further assess community needs and develop this plan. An additional community survey was

³ Town of Easton. (2021) Easton Age-friendly Advisory Committee (AFAC).
https://www.easton.ma.us/boards_and_committees/age_friendly_advisory_committee.php

conducted in 2021. Details of these projects and related information are included in chapters 3 and 4.

2.3 Action Planning

In addition to directing Old Colony Planning Council’s work, the Easton Age-friendly Advisory Committee, which met at least once a month throughout 2021, focused on learning more about other age-friendly communities, reviewing results from assessment projects, and discussing and formulating age-friendly actions for Easton. The committee used AARP’s Eight Domains of Livability as the framework for organizing and prioritizing age-friendly initiatives. These domains, or areas of focus, are community features that affect the well-being of older adults.

AARP’s Eight Domains of Livability



While some communities choose to address all eight domains at once, others choose to focus on fewer or combined domains. Using findings from the assessment and recognizing resource limitations due to the COVID-19 pandemic, the Easton committee agreed to focus on three domains to start:

Easton’s Priority Domains for this Action Plan



The Town and Committee recognize that all eight domains are important to address in efforts to make Easton friendly for all ages. The committee intends to cover all domains as their work progresses.

This Age-friendly Action Plan is the first output of the committee. It is a collaborative community plan that establishes an informed, realistic plan of action to respond to the age-friendly related housing, transportation, and communication and information needs of residents in the community.

2.4 Public Consultation and Plan Adoption

Following the Age-friendly Advisory Committee's review of the draft Easton Age-friendly Action Plan, the plan was shared with the Easton community for review and comment during November and December of 2021. Comments received were reviewed and discussed by the Committee, and this final Age-friendly Easton Action Plan was adopted by the Easton Select Board on January 24, 2022.

2.5 Next Steps

The Age-friendly Advisory Committee will continue to meet to monitor age-friendly initiatives in the community, review Action Plan outcomes, develop plans for addressing additional domains, and keep the community updated on progress.

Working with the Committee, the town will manage the Action Plan going forward and ensure Easton maintains its AARP Age-friendly designation through annual reporting. The town will ensure the Annual Town Report includes an update on progress toward this plan and that an annual presentation on progress is made to the Select Board.

Community members interested in getting involved in Age-friendly Easton are encouraged to contact their Select Board representative or town staff at the Council on Aging.

3 Community Profile

Incorporated in 1725, Easton is located 30 minutes from Boston and 45 minutes from both Cape Cod and Providence, RI. It encompasses 29.18 square miles (18,675.2 acres).

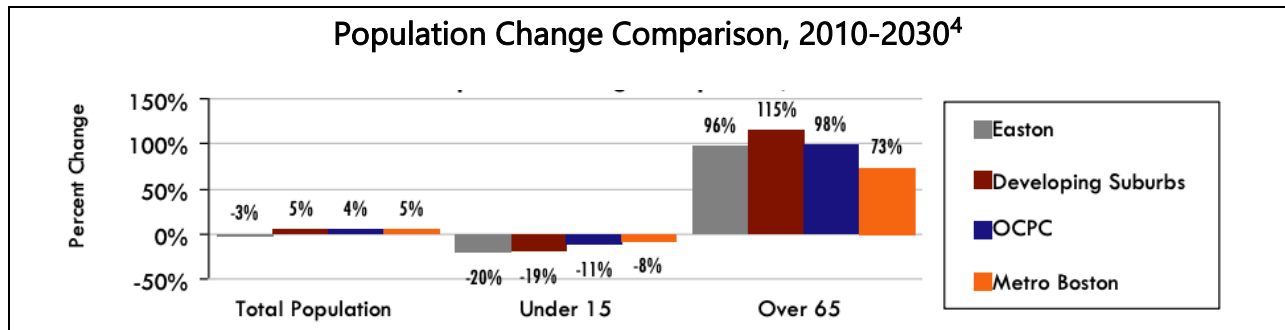
3.1 Demographics

Data in this section is taken from the U.S. Census Bureau unless otherwise referenced.

3.1.1 Population, Sex, and Age

According to the 2020 Census, Easton has a population of 25,058. Population increased by 8.4% (1,946) between 2010 and 2020, a faster rate than Massachusetts as a whole (7.4%). About 52.5% of Easton’s population is female (2019 estimates).

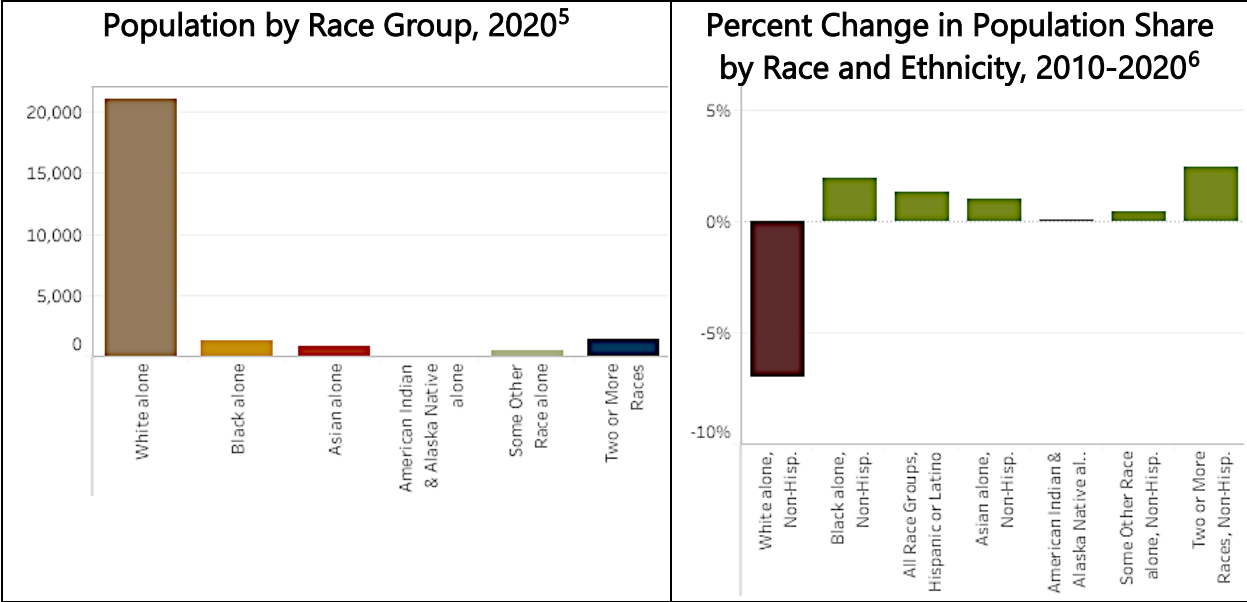
According to 2019 estimates from the U.S. Census Bureau, 15% of Easton’s population was aged 65 or older, up from 12% in 2010. In 1980, the median age was 28.4 years. By 2010, the median age had increased to 39.5 years and by 2019, the median age was 41.3. According to state-wide projections made by Metropolitan Area Planning Council, this trend will intensify over the next decade, reflecting the national trend.



3.1.2 Race, Ethnicity, and Language

Easton is predominantly white. According to 2020 Census data, residents identifying as White Alone account for 83.9%. The town is becoming more racially and ethnically diverse, reflecting the same state-wide trend.

⁴ Metropolitan Area Planning Council. (2018) Population and Housing Demand Projections for Metro Boston: Municipal Report for the Town of Easton. OCPC refers to the Old Colony region, which is the communities of Abington, Avon, Bridgewater, Brockton, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Kingston, Pembroke, Plymouth, Plympton, Stoughton, West Bridgewater, and Whitman.



Among those aged 5 years and older, 10.1% spoke a language other than English at home (2019 estimates). The top three languages other than English were Spanish, French, and Portuguese.

3.1.3 Income, Veteran Status, and Education

According to 2019 estimates, median household income in Easton is \$112,268, which is about 1.5 times the household income in Bristol County and 1.4 times the household income in Massachusetts. The true median household income may be higher since Stonehill College students living off-campus are included in data.

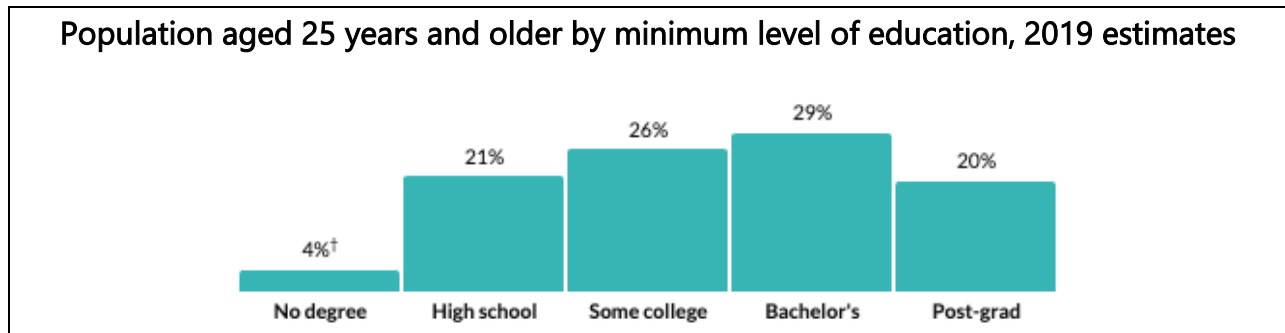
The percent of Easton residents living in poverty is 3.7%. Among those aged under 18, the poverty rate is 2.8%. Among those 65 and older, the rate doubles to 6.9%. As the 65+ population comprises an increasing share of Easton’s population, the overall rate of poverty will continue to rise. Easton’s food pantry served about 770 individuals in 2019 and about 1,134 individuals in 2020.⁷ Older residents living alone use the food pantry most regularly, with visits during the winter rising with the need to meet heating costs.

⁵ UMass Amherst Donahue. (2021). Census 2020 Data for Massachusetts: Municipal Summaries from the Census 2020 PL-94 Redistricting Data. <https://donahue.umass.edu/business-groups/economic-public-policy-research/massachusetts-population-estimates-program/census-2020-data-for-massachusetts>

⁶ Ibid.

⁷ Data from Easton Food Pantry

The veteran population is about 1,277. Nearly half of Easton’s residents have a bachelor’s degree or higher.



3.1.4 Housing and Households

According to 2019 estimates, owner-occupied units in Easton account for 77.3% of housing stock and the number of persons per household is 2.7. About 3% of the population over 65 live alone. Most households (71.2%) are married couples; non-family households account for 12.1%. Female householders account for 11.9%; male householders for 4.8%. The housing stock in Easton increased by 977 units (12%) between 2010 and 2020.

3.2 Healthy Aging Indicators

The *2018 Massachusetts Healthy Aging Profile*, available from the Massachusetts Healthy Aging Collaborative, provides data related to population characteristics and healthy aging indicators for older residents in Easton (appendix 8.1). Although the report is based on data from 2016 or earlier and not directly comparable to data that may be presented elsewhere in this Action Plan, the information useful in providing a snapshot of the community.

The full report was considered in the development of this Action Plan. The following are some estimates especially relevant to this Action Plan:

- Of those 65+
 - 22.9% live alone
 - 9% with self-reported independent living difficulty
 - 9.2% of renters and 20.4% of homeowners spend more than 35% of household income on housing (NB: 30% of household income on housing is generally considered cost burdened)
 - 74.6% with poor supermarket access (state estimate is 29.3%)
 - 22.0% are veterans of military service

- 27.9% with anxiety disorders (higher than the state estimate of 25.4%)
- 33% with depression
- 13.5% with Alzheimer's disease or related dementias
- 7.9% with *zero* chronic conditions (such as arthritis, hypertension, cataract, cancers, etc.)
- Of those 60+
 - 31.0% met CDC guidelines for muscle-strengthening activity
 - 62.1% met CDC guidelines for aerobic physical activity
 - 9.9% injured in a fall within the last 12 months
 - 23.5% self-reported obese
 - 77.9% used internet in last month

4 Community Needs Assessment

The Town of Easton has led and participated in several projects that have identified community needs, including some needs relevant to age-friendly planning (appendix 8.3). In addition, the town, in collaboration with the Age-friendly Advisory Committee, Boston University, and Old Colony Planning Council, completed four projects specific to assessing the community's age-friendly needs.

These projects are described in this chapter, and general findings related to age-friendly planning are summarized. Findings specific to housing, transportation, and communication and information, the three areas of focus for this Action Plan, are summarized in chapters that follow.

4.1 Post-graduate Student Research

4.1.1 BU Fall 2019 Informal Conversations

During the fall semester, Boston University postgraduate students twice visited and toured the town to learn more about the community and gather perspectives from older residents, service providers, and other stakeholders. Informal interviews were conducted with residents at the Council of Aging, pickle ball courts, and the Easton Housing Authority.

Findings from this project are included in the chapters on housing, transportation, and communication and information. Project outputs, including the final report, are available on the town's website.

4.1.2 BU Spring 2020 Survey

METHOD

Between March and April of 2020, post-graduate students conducted a community survey in Easton using AARP's Livable Communities questionnaire⁸. Publicly available voter registration records were used to randomly select 368 Easton residents aged 50+ to be contacted. An introductory letter on town letterhead and the questionnaire were mailed to these residents on March 9, 2020. Due to the start of the COVID-19 pandemic,

⁸ AARP. (2021). AARP Community Survey Questionnaire. <https://www.aarp.org/livable-communities/info-2014/aarp-community-survey-questionnaire.html>

an online version of the questionnaire also was developed and launched shortly thereafter. The online survey was promoted through the Council on Aging's newsletter.

The survey closed on May 15, 2020. Due to the university term soon ending, students reported findings using data collected through April 17, 2020. Findings presented in this Action Plan reflect all responses received through to May 15.

The numbers following "n=" below indicate the number of respondents to a question; not all respondents answered every question.

RESPONDENTS

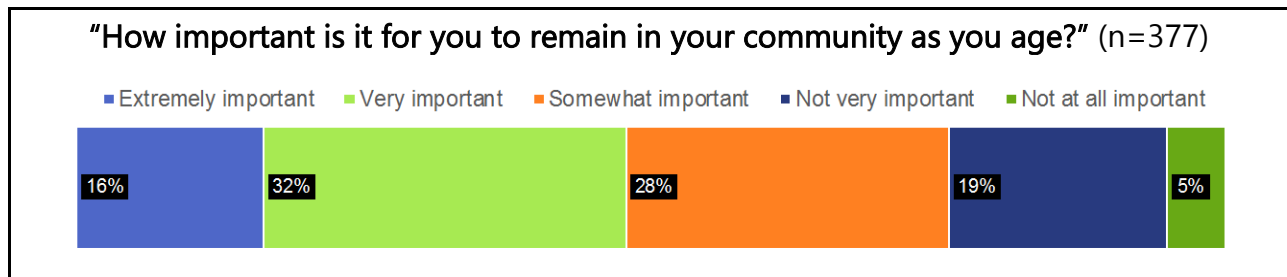
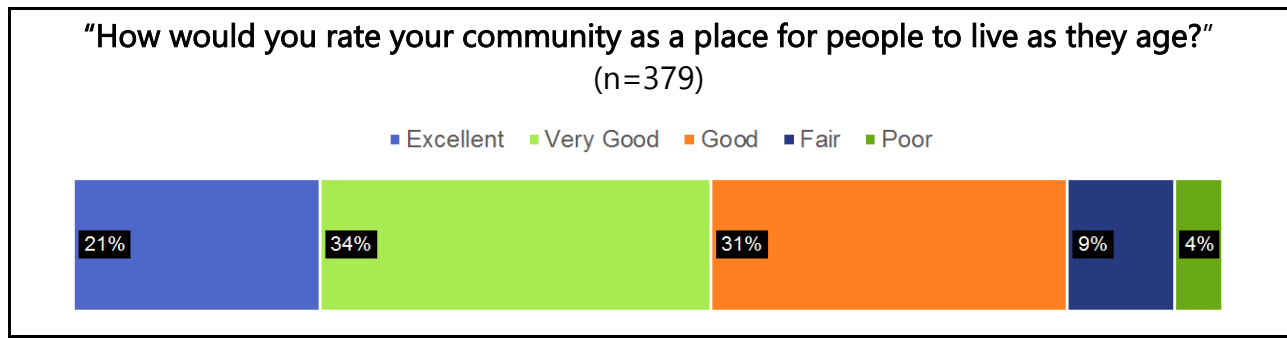
In total, 379 responses were received. Forty-seven were received by mail. Two of these were excluded because respondents were not Easton residents. An additional 336 responses were received via the online questionnaire.

- All respondents were 50 years of age or older (n=258): 25% were in their 50s, 37% in their 60s, 32% in their 70s, and 6% in their 80s or 90s
- 65% of respondents identified as female and 35% as male (n=266)
- Most (61%) have lived in Easton for 25 years or more; only 8% were relatively new, having lived in town for less than 5 years (n=377)
- 92% said they owned their home, 5% rented, and 3% had another type of living arrangement (n=351); 84% lived in a single-family home (n=351)
- 74% were married (n=264)
- 22% reported they or their spouse/partner has a disability, handicap, or chronic disease that keeps them or their spouse/partner from fully participating in work, school, housework, or other related activities (n=263)
- Two (<1%) identified as being of Hispanic, Spanish, or Latino origin or descent (n=264)
- 98% identified as White or Caucasian; one respondent identified as Black or African American and four as Other (n=262)
- 69% said they had a four-year college degree or higher; 24% a two-year college degree or other non-degree education/training; 6% a high school diploma or equivalent; and 1% no high school diploma (n=266)

- About half (51%) reported their household income before taxes in the most recent tax year as \$100,000 or more; 15% between \$99,999 and \$75,000; 19% between \$74,999 and \$50,000; and 15% less than \$50,000

GENERAL FINDINGS

Most respondents (87%) rated their community as an excellent, very good, or good place for people to live as they age. About half (48%) thought that remaining in their community as they ages was extremely or very important. Other findings specific to housing, transportation, and communication and information are presented in later chapters.



Project outputs, including survey materials and the final report, are available on the town’s website.

4.1.3 BU Fall 2020 Virtual Listening Sessions

During October 2020, Boston University students held four virtual public listening sessions. Recruitment was done through a combination of automated calls; announcements on Facebook, *The Town Crier*, Easton Cable Access Television (ECAT), and town website; and outreach through town programs and clubs. Sixteen Easton residents participated – 13 women and three men, all between the ages of 57 and 92.

Findings from this project are included in the chapters on housing, transportation, and communication and information. Project outputs, including the final report, are available on the town's website.

4.2 2021 Community Survey

METHOD

Between June and July of 2021, the Age-friendly Advisory Committee in collaboration with Old Colony Planning Council conducted another community survey using a custom questionnaire that included some questions from the original survey plus additional new questions. The survey was made available in hard copy at the Council on Aging, library, and housing authority properties and was also mailed to veterans aged 50+ with the help of Easton VFW Post 5118. The survey was also available online.

Participation in the survey was encouraged town-wide via the Council on Aging newsletter, town website, town social media, *The Town Crier*, and other outlets. Important to note is that the Committee wanted to hear from residents under the age of 50, too. Unlike the BU Spring 2020 Survey, this survey sought responses from all adults and the results that follow reflect the full array of ages represented.

The numbers following "n=" below indicate the number of respondents to a question; not all respondents answered every question.

RESPONDENTS

In total, 291 responses were received. Forty-six were received by mail and 254 via the online survey. Nine were excluded because respondents did not live in Easton.

- 64% of respondents were 50 years of age or older (n=291)
- Of those who provided their age, about half were in their 50s and 60s; the majority of those under 50 were in their 40s (n=196)
- 70% identified as female; 28% as male; one respondent identified as X (n=291)
- 87% owned their home, 6% rented, and 7% had some other living arrangement (n=291)
- 16% stated that a disability, handicap, or chronic disease keeps them from participating fully in work, school, housework, or other activities (n=192)

- 11% said they are now or have served on active duty in the U.S. Armed Forces, either in the regular military or in the National Guard or Reserves (n=193)
- One-third indicated they were caregivers – most to children, but 19 respondents said to an adult with a disability, handicap, or chronic illness (n=193)
- Only 7% said they did not use the internet (n=196)
- Only two respondents said they were of Hispanic, Spanish, or Latino origin or descent (n=187)
- 96% of respondents identified as White or Caucasian; two identified as Black or African American, one as Hispanic or Latino, two as Asian or Asian American, and one as Middle Eastern (n=189)
- The majority (56%) had a household income of \$75,000 or more; 26% of between \$50,000 and \$74,999; and 20% below \$50,000

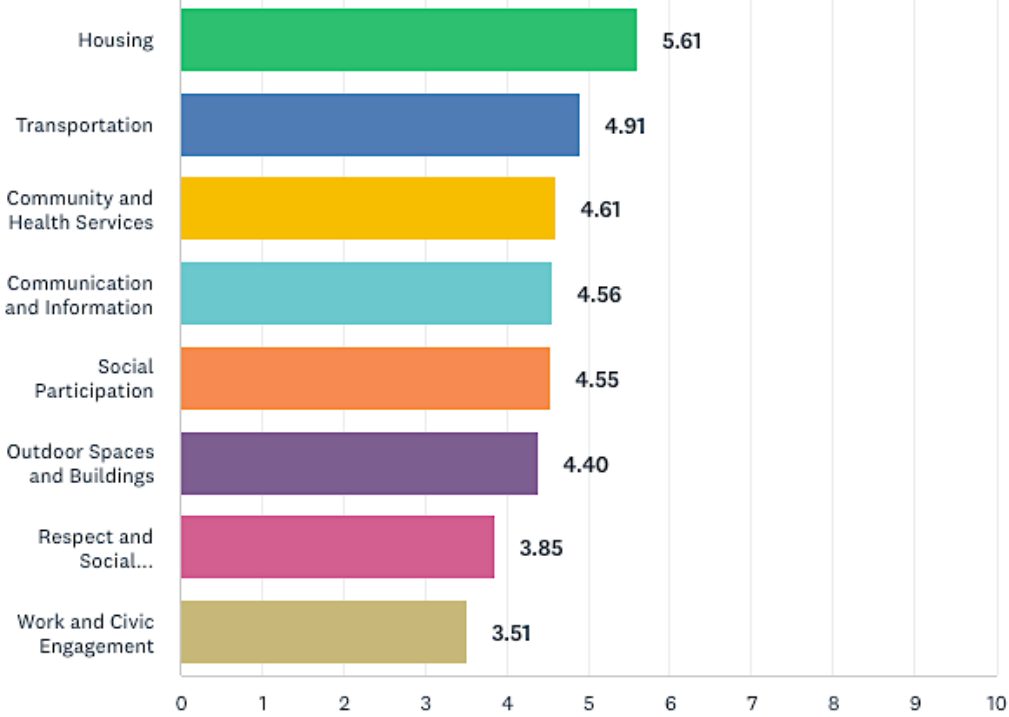
GENERAL FINDINGS

Three-quarters of respondents rated their community as an excellent to good place for people to live as they age.



Survey participants were provided short descriptions of AARP’s Eight Domains of Livability and asked to rank them in order of importance based on which they thought needed the most attention. Housing was seen as the most important domain, followed by transportation. Community and Health Services, Communication and Information, and Social Participation roughly tied.

“For the following eight categories, which do you think need the most work to make Easton a place where you can remain as you age? Please rank in order of importance with 1 being most important and 8 being least important.” (n=201)



5 Focus on Housing

Vision

Our vision is of a town where diverse housing options are available and residents can age-in-place, remaining independent in their homes for as long as possible.

5.1 Goals and Strategies Moving Forward

Goals and strategies developed for the Housing domain are based on findings from the community needs assessment (see following section) and are in line with the vision for this area of focus.

GOAL 1

Our goal is to ensure that Easton residents living at home are connected with the affordable, quality support they may need to live independently.

- **Strategy 1.1** Support local, regional, and state-wide efforts to grow a skilled workforce that supports older residents in our communities, such as personal care attendants, home health aides, homemakers, visiting nurses, and others
- **Strategy 1.2** Improve communication between the town and older residents so those who may need support are able to easily find it
- **Strategy 1.3** Develop an Age-friendly Easton Resource Guide that includes information about home modification options, existing home repair services, energy efficiency and weatherization programs, and related resources; consider holding an annual resource fair or workshop
- **Strategy 1.4** Explore strategies to expand assistance to all older residents needing home modification, repair, or maintenance help; strategies may include
 - increasing local volunteer programs,

- collaborating with local private contractors or non-profit community organizations,
- locally or regionally implementing low-cost loan programs to help homeowners make their homes more accessible, and/or
- securing grant funding for small home repairs in the community.
- **Strategy 1.5** Raise awareness of tax relief programs including the Senior Circuit Breaker Tax Credit and local property tax exemptions, deferrals, and work-offs

GOAL 2

Our goal is to ensure that Easton’s housing stock is diverse enough to accommodate the needs of all older residents, including those who may want to downsize, move into a more affordable home, or need a home designed to be accessible for all abilities.

- **Strategy 2.1** Review and address barriers to and encourage and incentivize age-friendly development, and advocate for solutions; for example,
 - encourage and expand allowable accessory dwelling units (e.g., in-law apartments) and mixed-use, walkable development as age-friendly solutions and
 - explore the feasibility of requiring that all new residential construction include visitability and certain other accessibility features
- **Strategy 2.2** Encourage property developers to include universal design principles and other features that allow for aging in place, and to explore innovative housing models like cooperative and dementia-friendly housing
- **Strategy 2.3** Examine the cost-effectiveness of developing age-friendly housing options like smaller homes or pocket neighborhoods
- **Strategy 2.4** Building on Strategy 1.3, include in the Age-friendly Easton Resource Guide information about finding an age-friendly home, preventing foreclosure, tenant rights, and other information

- **Strategy 2.5** Promote 'homesharing' as an option for older homeowners to rent a room in their home to college students or other older adults

GOAL 3

Our goal is to ensure that a strong partnership exists between the Town of Easton and Easton Housing Authority.

- **Strategy 3.1** Advocate for state funding to update and improve public housing
- **Strategy 3.2** Encourage collaboration between the Council on Aging and senior public housing; for example, to promote events in the community and expand transportation options

5.2 What we Heard from the Community

The goals and strategies set out in the previous section are based on what we heard from the community.

5.2.1 BU Fall 2019 Informal Conversations

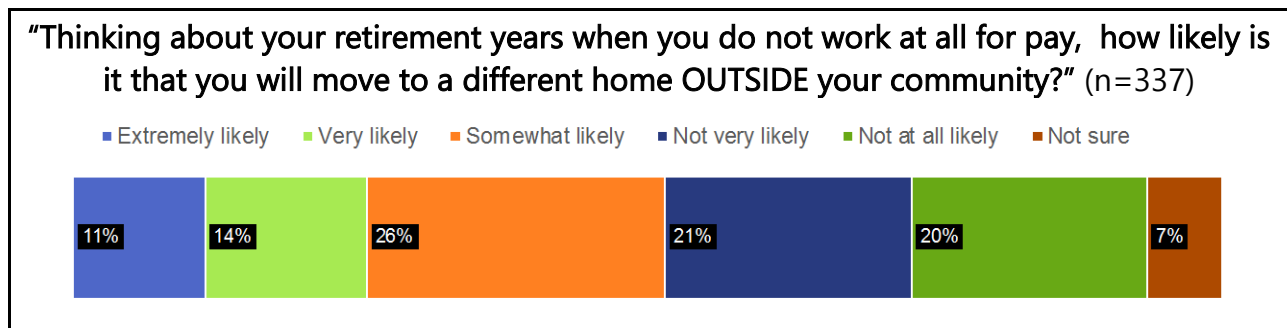
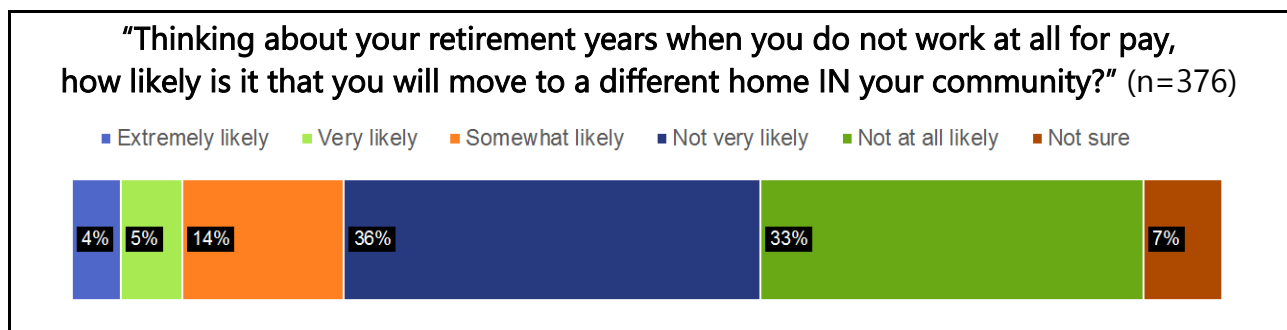
Students found satisfaction with Easton Housing Authority properties, but some frustration that the housing authority was not more responsive to their needs. Some felt their voice was often not heard. One older resident described an urgent need for shade at the outdoor tables at Elise Circle, pointing out that older residents enjoy time outside, but many cannot endure the hot sun. The need was eventually addressed but it took far too long (well over a year) in his opinion. Similarly, he described requests for inexpensive indoor recreation opportunities, like a pool table, being denied without explanation. Similar complaints were heard from another resident. He explained that it took extraordinary effort on his part for over three years to finally see broken benches fixed. A third resident emphasized that residents do not even participate in housing authority meetings because their suggestions and requests “**go in one ear of the administration and out the other.**”

Another resident noted that private communities for older residents were often designed more like dormitories to facilitate socialization, but housing authority properties were the opposite – apartment-like residences that led to isolation. He also noted that recreational opportunities at housing authority properties were too repetitive, lacking variety.

Students also heard about the long waitlist for housing authority units and growing demand for very limited accessible units.

5.2.2 BU Spring 2020 Survey

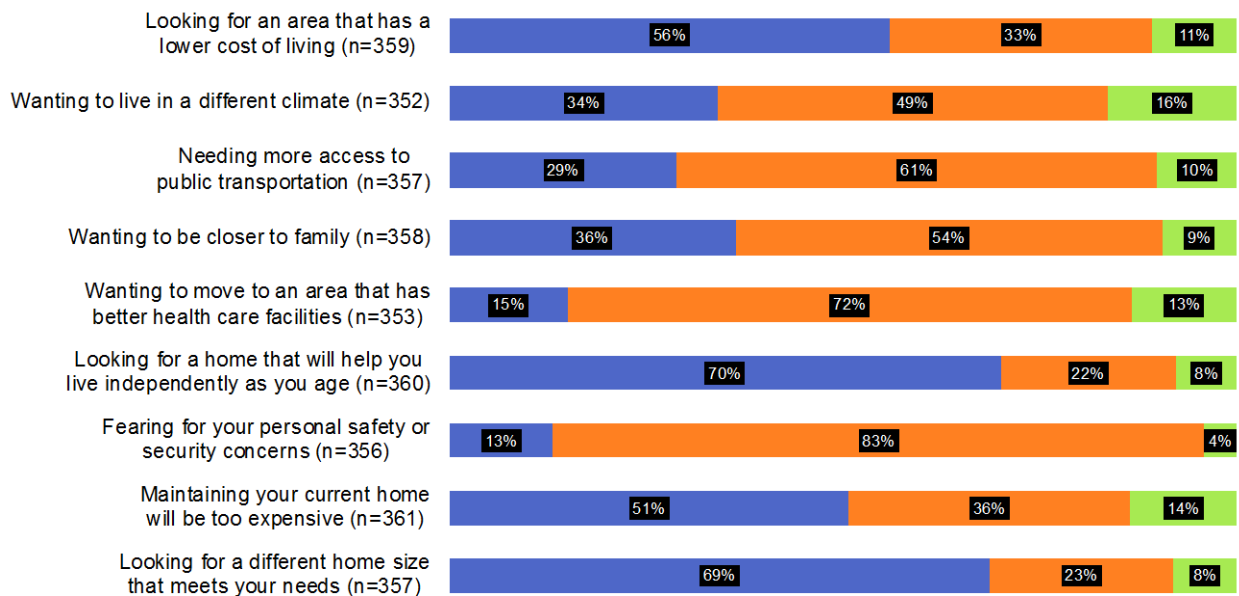
When respondents to the student-administered survey were asked about their retirement years when they were no longer working, 69% said it was not very or not at all likely they would move to a different home in their community. When asked the same question about moving *outside* their community, that seemed more of a possibility – only 41% stated that it was not very or not at all likely.



Respondents also were asked about factors that would impact their decision to move *outside* their community. Over two-thirds (70%) said that looking for a home that would help them age independently would impact their decision to move. This was closely followed by looking for a different home size to meet their needs (69%). Lower cost of living (56%) and lower home maintenance costs (51%) were also factors for the majority of respondents.

“If you were to consider moving out of your community during your retirement when you do not work at all, would the following factors impact your decision to move?”

■ Yes ■ No ■ Not sure



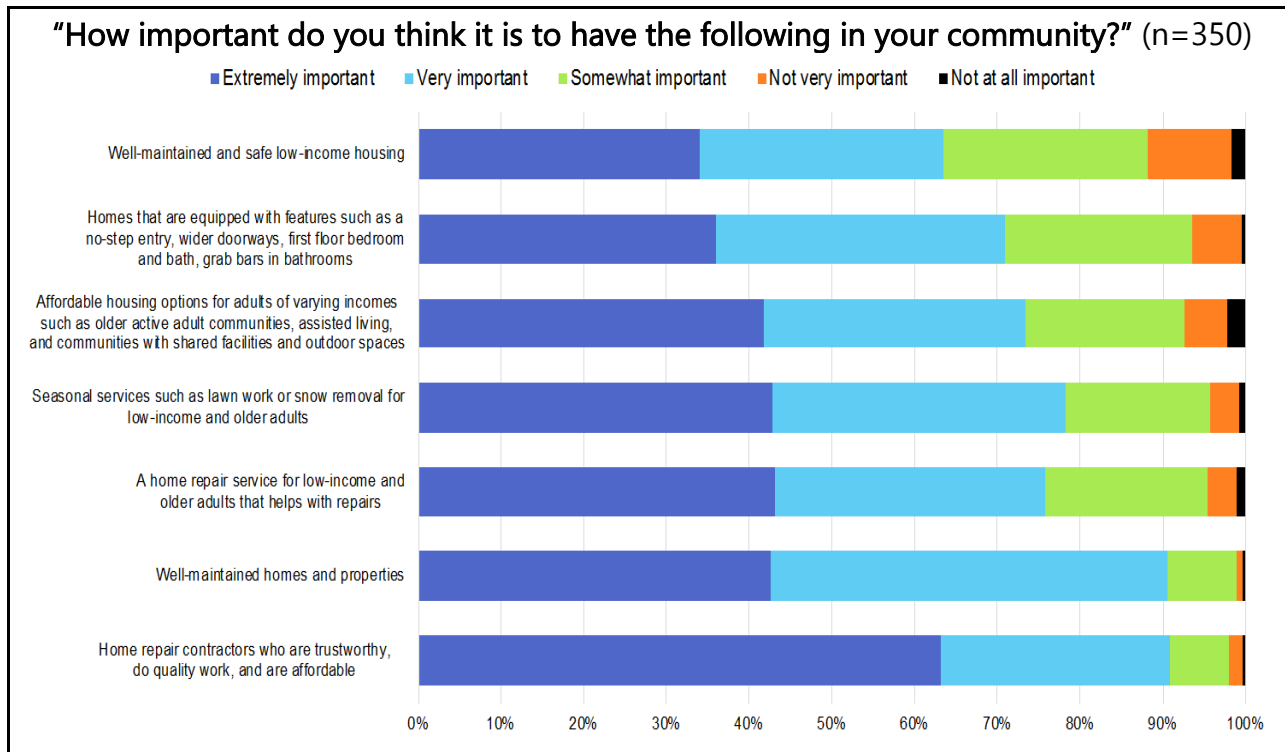
Comments left by respondents included “Taxes are outrageous,” it’s “almost impossible to build a smaller home in Easton as the cost of land is extremely high,” and “Not being able to physically care for my home and garden.” Other reasons included wanting to “live within walking distance to amenities” (mentioned by six respondents).

When respondents were asked how important it was to be able to live independently in their own home as they age, the overwhelming majority said it was extremely or very important (62% and 31%, respectively; n=351). For the rest of the respondents, it was somewhat important. No one thought it was not very or not at all important.

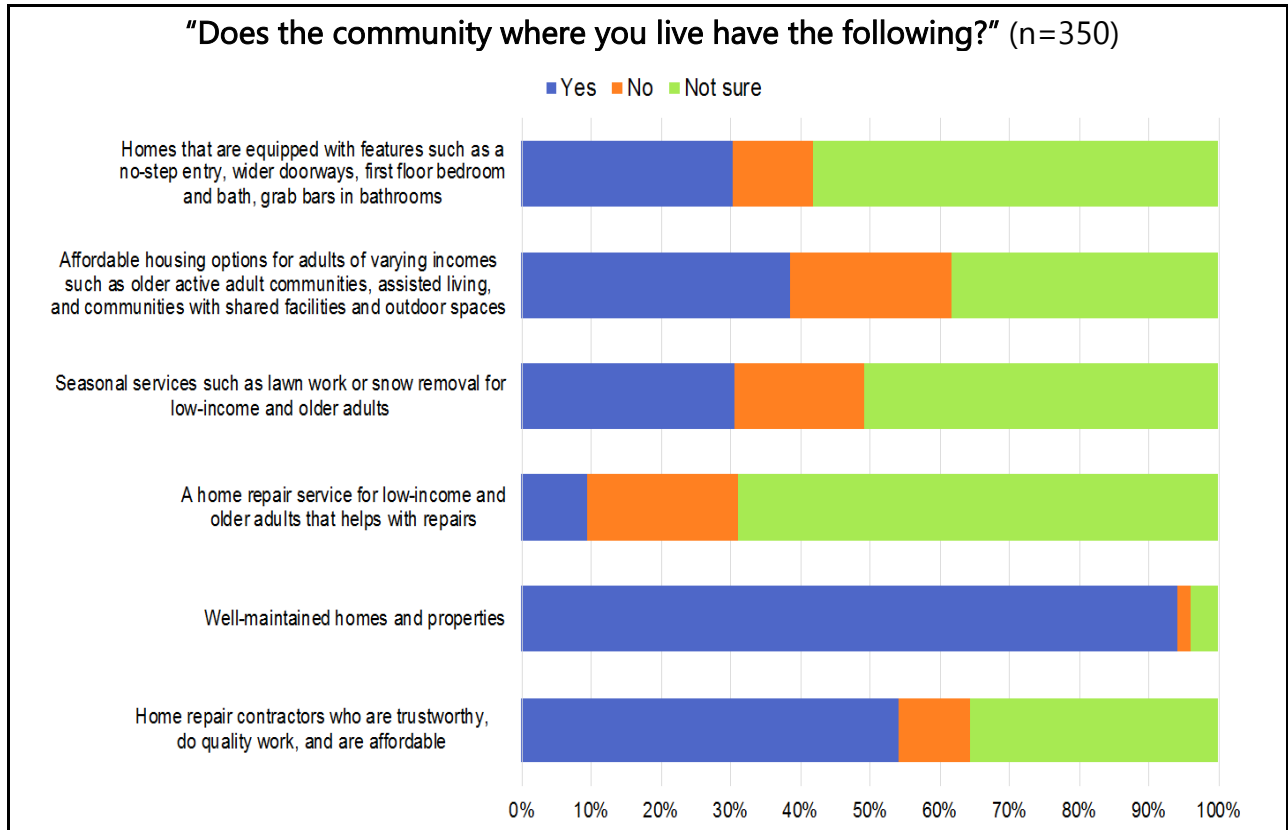
When asked about modifications that may be needed to their home, 42% (n=342) said bathroom modifications such as grab bars, handrails, etc. Thirty percent (n=342) thought they would need a medical emergency response system. Other modifications needed included easier in-home access, e.g., chairlift, (23%; n=342); primary living space on the first floor, e.g., bedroom, (20%; n=342); or improved lighting (14%; n=337). Three

residents commented that their house was not suitable for modifications, and five others that they had already made most of the modifications needed.

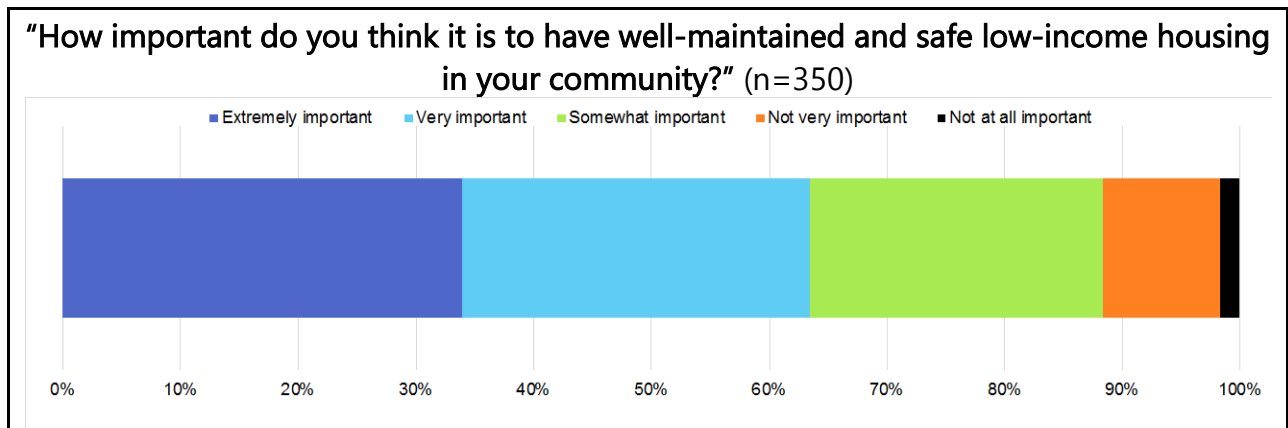
The survey also explored the importance of several housing-related qualities and services, and respondents were asked whether these existed in their community. When asked about each one, the majority thought each to be extremely or very important – good home repair contractors were seen by most as extremely important.



Almost all respondents said Easton had well-maintained homes and properties, and about half said the community had good repair contractors. For the other qualities and services, respondents either thought their community didn't have those or they were not sure. Although the majority said Easton had good repair contractors, most thought the town did not or they were not sure if it had repair services for low income or older residents. Homes with accessibility in mind was the other quality/service respondents were most not sure about.



Participants also were asked about the importance of quality low-income housing – nearly two-thirds (63%) said it was extremely or very important for their community to have it.



5.2.3 BU Fall 2020 Virtual Listening Sessions

When asked about housing, residents expressed concern for the lack of subsidized housing for seniors, the lack of local affordable housing in general, and the difficulty in relocating to a one-story home.

The biggest concern I have is in finding affordable, low-income senior housing. My situation has changed radically and at this point I'm on a list for local senior housing. It's great, but there are over 200 people on that list, which takes us a year or more out and that's very stressful for me. I'm happy and safe where I am, but it's disrupted my family a great deal and it's my biggest issue right now.

– Easton resident

Residents agreed they would like to age in place, but were worried about keeping up with maintenance, including landscaping. They expressed concern about their future physical ability as well as with the high cost of outsourcing maintenance. Some chose to live in condos for this reason.

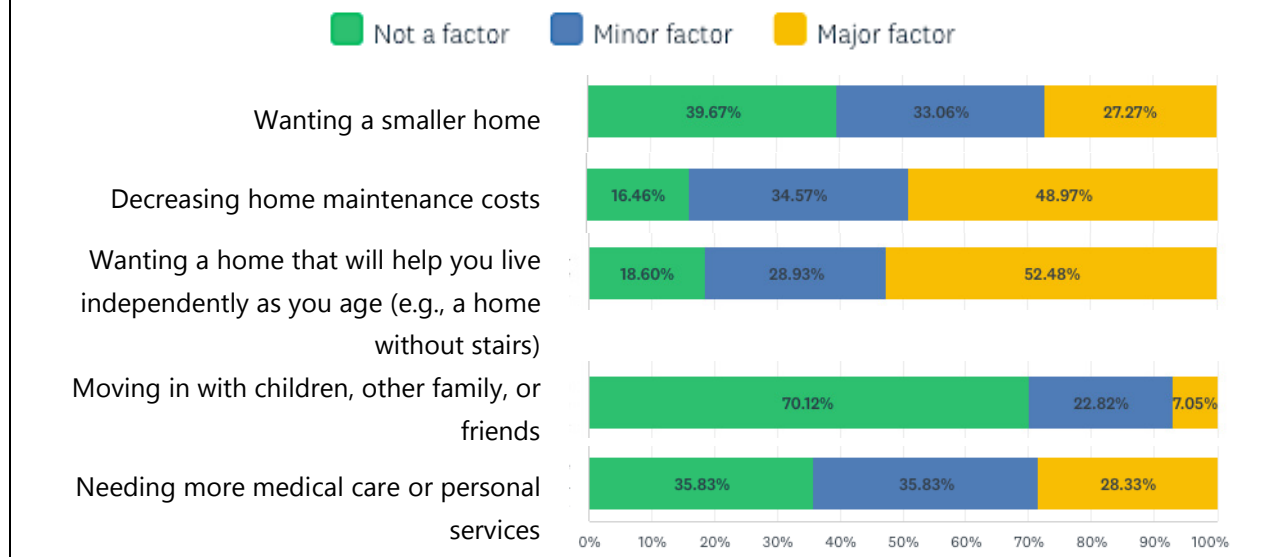
The affordability and availability of homecare and preventative services was also a worry for some, with one resident pointing out that not being to access and afford those services would force some out of their homes and into elder care facilities.

5.2.4 2021 Community Survey

When asked about the future, about two-thirds of respondents thought they would stay in their current home. Ten percent thought they would move to a different home in Easton and 27% out of Easton altogether.

When asked why they would move out of their current home, most (52%) stated that wanting a home that would help them live independently would be a major factor in their decision. Nearly half said that decreasing home maintenance costs would be a major factor. Moving in with children, other family, or friends was thought to be a minor factor by over two-thirds of respondents.

“Some people find that they need or want to move out of their home as they get older. If you were to consider moving, to what extent would the following be a factor in your decision? Please choose one answer for each row.” (n=249)



When asked about why they would move out of Easton as they got older, lowering the cost of living was seen most often as a major factor (38%). Thirteen comments were left on the survey that illustrated this factor more:

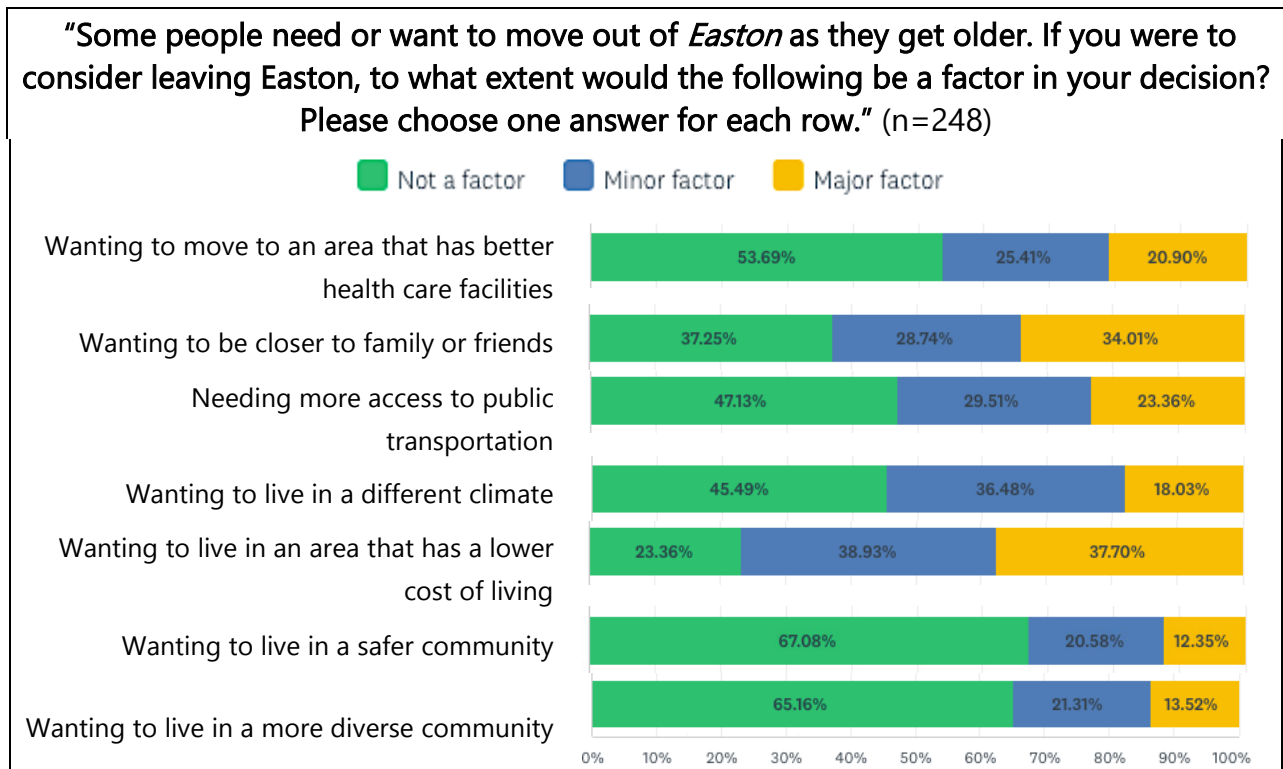
Taxes are terrible. People on social security had to sell their houses. [...] We really do not use a lot of services. [...] This town does not take of seniors. Many friends had to move out. Could not pay taxes. [...]
 -- Easton resident

Eventually, we have to consider leaving Easton due to the high property taxes and our lower income.
 -- Easton resident

[We need] more opportunities to lower the oppressively high tax burden to help older people to afford living here.
 -- Easton resident

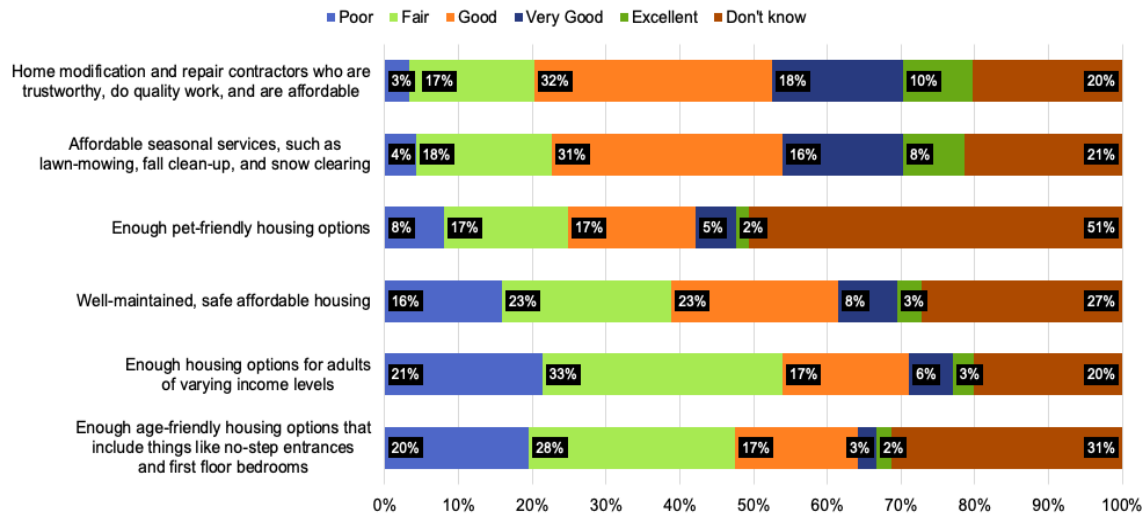
Following cost of living, 34% of respondents thought wanting to be closer to family or friends a major factor. Overall, lower cost of living, proximity to friends/family, different climate, and access to public transportation were all seen as factors. Wanting to live in a

safer or more diverse community, or in a community with better health care facilities were not seen as factors.



Participants were asked about housing-related qualities and services in Easton. Over 55% of respondents thought contractors and seasonal services to be good to excellent in town. About half did not know when it came to rating pet-friendly housing options, and among the other half rating were split – a quarter thought the town poor to fair while just about another quarter good to excellent.

“How would you rate Easton on having the following? Please choose one answer for each row.” (n=242)



When asked to rate the town on well-maintained, safe affordable housing, 39% rated that quality as poor to fair. One commenter said,

Housing for the elderly (Elise) is a disgrace. Apartments need to be remodeled and they are in need of everything. Residents need help with trash take out – trash is always overflowing from barrels onto the ground. No noise barriers between apartments, inadequate parking, etc.
 -- Easton resident

When asked about housing options, 54% rated the town poor to fair on housing options for adults of varying income levels. Nearly half (48%) rated the town poor to fair on accessible housing options.

5.3 Progress to Date

Although this is the Town of Easton’s first Age-friendly Action Plan, the town has made some progress related to age-friendly housing through other planning and development initiatives. Some examples of progress to date follow:

- Easton Town Meeting has voted to support using Community Preservation Fund (CPA) funds to allow Easton Housing Authority to repair roofs and windows in aging public housing
- The Affordable Housing Trust has provided rental and mortgage assistance during the COVID-19 pandemic

- Zoning was created to allow for Residence at Five Corners Assisted Living and Memory Care
- The town continues to promote and advance housing assistance grants, senior tax relief, and other programs to assist qualified income-eligible seniors
- Select Board presented and Town Meeting voted to create a Taxation Aid Fund to provide tax assistance for elderly and/or disabled Easton residents who are homeowners with limited income and assets
- Zoning currently allows Accessory Dwelling Units under a certain size by-right, and over that size (up to a maximum) by Special Permit, though units must be attached to or within an existing structure and are restricted to family members

6 Focus on Transportation

Vision

Our vision is of a town where enough safe, affordable, and accessible transportation options exist within the community that older residents may go where they need and want to go in Easton or surrounding areas.

6.1 Goals and Strategies Moving Forward

Goals and strategies developed for the Transportation domain are based on findings from the community needs assessment (see following section) and are in line with the vision for this area of focus.

GOAL 4

Our goal is to ensure that transportation services meet all the needs of older residents, improving quality of life and furthering social inclusion.

- **Strategy 4.1** Conduct a user survey of those who do and do not use COA transportation to understand needs and identify critical service gaps
- **Strategy 4.2** Explore the feasibility of expanding COA transportation services; for example, to include evening and weekend service, on-demand service, and out-of-area transportation; this could be through the existing program, through additional programs that are volunteer-run, commercial rideshare partnerships, or regional collaborations
- **Strategy 4.3** Raise awareness of existing transportation options, including interconnections, by, for example, including transportation options in the Age-friendly Easton Resource Guide and teaching older residents how to use ridesharing apps
- **Strategy 4.4** When promoting town events, also promote transportation options for residents of all ages and abilities

GOAL 5

Our goal is to ensure that infrastructure continues to improve and incorporates age-friendly good practices.

- **Strategy 5.1** Improve visibility where needed with better lighting, easily readable signage, and visible crosswalks
- **Strategy 5.2** Improve sidewalks, crosswalks, bicycle paths, and walking trails to ensure suitability for residents of all ages and abilities, in particular older adults
- **Strategy 5.3** Use walkability audits to identify and prioritize pedestrian improvements
- **Strategy 5.4** Building on Strategy 2.1, encourage mixed-use developments that are walkable to services and amenities, and promote the idea of a 15-minute neighborhood
- **Strategy 5.5** Advocate at the state and federal levels for more transportation infrastructure funding
- **Strategy 5.6** Collaborate with regional and state transit agencies to advance age-friendly mobility

GOAL 6

Our goal is to ensure that conditions town-wide are friendly for all pedestrians, meaning that there is good walking infrastructure and that conditions for walking are safe and pleasant.

- **Strategy 6.1** Raise awareness among residents and businesses of local snow removal regulations and options for assistance with snow removal
- **Strategy 6.2** Evaluate possible locations for benches with shade to enable pedestrians to rest when needed
- **Strategy 6.3** Evaluate possible locations for reserved senior parking near entrances to buildings such as the public library

6.2 What we Heard from the Community

The goals and strategies set out in the previous section are based on what we heard from the community.

6.2.1 BU Fall 2019 Informal Conversations

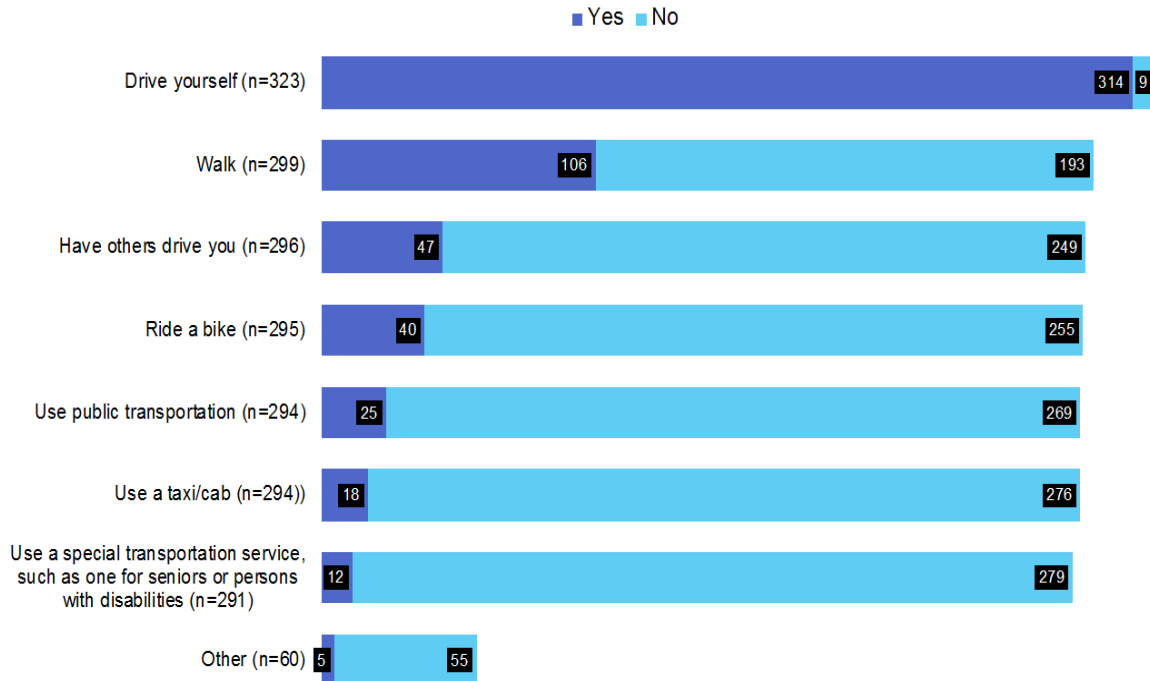
The Ames Free Library is a wonderful asset for older (and all) residents in the community. Students, however, found that access to the building after dark and during times of rain, ice, and snow was sometimes dangerous for older adults as they made their way from cars to the building, especially when parking was limited and spots farther away had to be used. The problem is exacerbated for older residents with mobility issues.

Students also found that the Council on Aging's transportation service was an asset to the community. Notable gaps in service, however, include the lack of last-minute scheduling (the service must be booked two days in advance), no service after 4 p.m. or on weekends, and no service outside the defined local area.

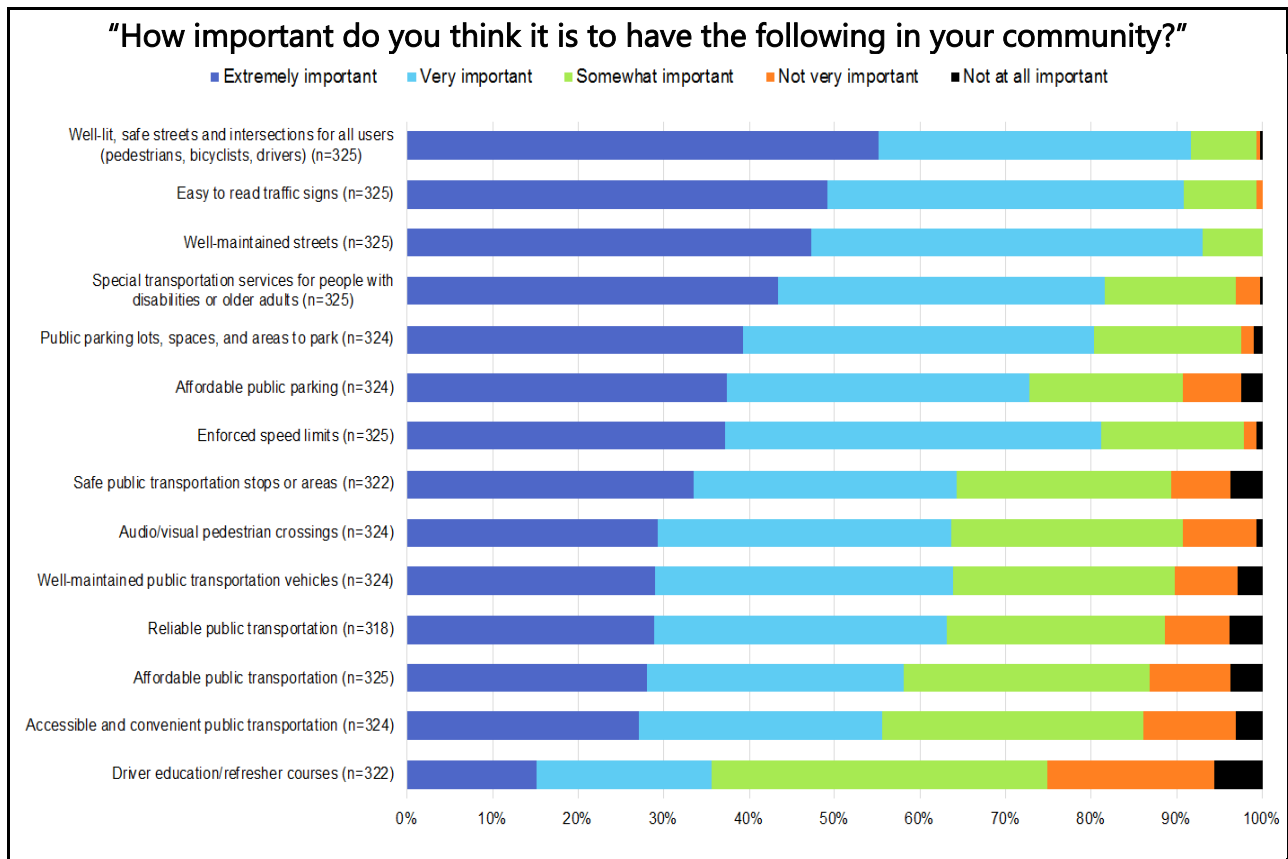
6.2.2 BU Spring 2020 Survey

When respondents to the student-administered survey were asked how they got around, nearly all (97%) said they drove themselves. Just over one-third said they walked. Only 12 reported using special transportation services for seniors or persons with disabilities.

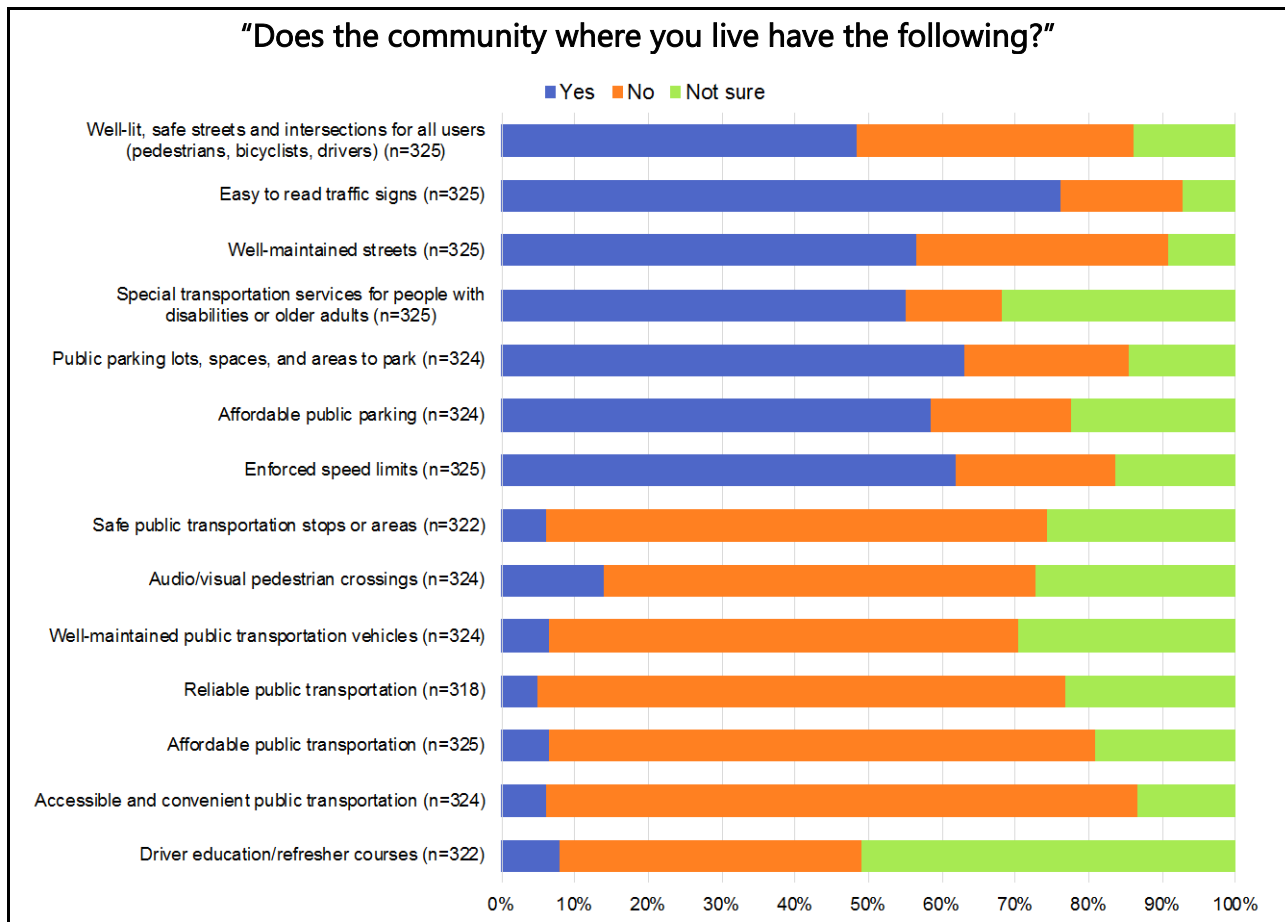
“Do you get around for things like shopping, visits to the doctor, running errands, or going to other places in the following ways?”



The survey also explored the importance of several transportation-related qualities and services, and respondents were asked whether these existed in their community. When asked about each one, the majority thought each to be extremely or very important except for drivers’ education courses. Road related qualities – in particular, well-maintained streets, easy-to-read traffic signs, and well-lit and safe streets for all users – had the most respondents stating these were extremely or very important.



Over 90% of respondents said that their community did not have any of the qualities/services associated with public transportation, and over 80% said Easton did not have audio/visual pedestrian crossings. Most were unsure about drivers’ education, and a third about special transportation service. For the other qualities and services, the majority said Easton did have these, including those most often considered to be extremely or very important – well-maintained streets and easy-to-read traffic signs. Almost half said their community had well-lit and safe streets for all users, which was another quality/service considered to be extremely or very important.



6.2.3 BU Fall 2020 Virtual Listening Sessions

Residents said that transportation for those who did not drive was difficult in the community. There were no public bus routes in town and, as other residents in 2019 had said, Council on Aging transportation was limited. Some residents mentioned having to rely on taxis to reach shopping malls and other neighborhoods in town.

Residents agreed that sidewalk connectivity and infrastructure needed to be improved to make the community more accessible, walkable, and safe. It was pointed out that walking was popular among older residents. Improving opportunities for walking was important, as well as for other transport modes such as scooters and bicycles.

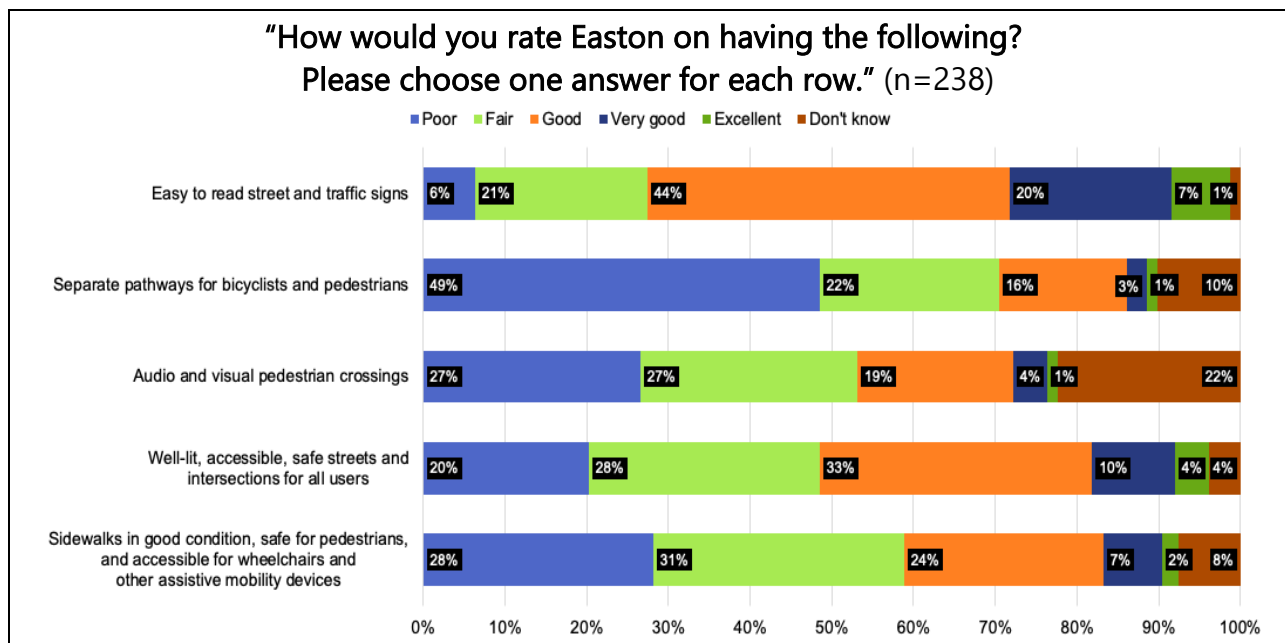
Sidewalks and crosswalks were a major point of discussion and identified as a hazard by several participants. In particular, the road crossing in the area around the supermarket

in North/Central Easton was seen as dangerous – as one resident said, “Can you walk to them? Yes. Can you walk to them safely? No.”

6.2.4 2021 Community Survey

Almost all respondents (93%) to the survey said they got around by driving themselves. Only 5% said others drove them and just three respondents said they used Council on Aging transportation.

Participants also were asked about transportation-related qualities and services in Easton. Relatively, the only quality/service that was rated well was easy-to-read street and traffic signs – 71% rated that as good to excellent in town. The other qualities and services asked about had more room for improvements. Separate pathways for bicyclists and pedestrians were most often raked lowest, with 71% of respondents rating the town as poor to fair on that quality.



Similarly, sidewalks were seen as an area for improvement – 59% rated the town poor to fair on that quality. In comments left through the survey, 13 residents specifically mentioned the need for improved sidewalks in the community.

Improve sidewalks to enable seniors to walk safely. So many sidewalks in the downtown area are uneven and poorly cared for.
-- Easton resident

There needs to be more consideration given to the handicapped. Main St. has very little handicap parking on the street and the town parking lot requires walking uphill or a long way around. Dining and displays of clothing take up much of the sidewalks which should be kept free and open for all residents. The parking across the street is hazardous for a handicapped person who moves slowly.

-- Easton resident

Similarly, 54% rated Easton as having poor to fair audio/visual pedestrian crossing – but a quarter did state they did not know. Respondents were split on streets and intersections. Nearly half (48%) rated the town as poor to fair on this quality, but 47% rated it good to excellent.

Thirteen comments left through the survey related to the town needing more transportation options in general, and especially affordable public transportation.

Bringing the train back to town. Would be great to access Boston.

Resident parking only at the station would be great.

-- Easton resident

Improved transportation to nearby healthcare, shopping, friends, churches, dining, and entertainment venues would make staying in Easton a lot easier.

-- Easton resident

[We need] affordable public transportation.

-- Easton resident

6.3 Progress to Date

Although this is the Town of Easton's first Age-friendly Action Plan, the town has made some progress related to age-friendly transportation through other planning and development initiatives. Some examples of progress to date follow:

- Upgraded and expanded sidewalks in the Village area and Pond Street to improve walkability and allow for outside dining, and created speed bumps in the area to slow vehicles down as they enter the downtown
- The town consistently works with legislators, the Massachusetts Municipal Association, and Old Colony Planning Council to advocate for roadway funding

- \$10 million roadway project on Depot Street connecting Route 138 to Easton Five Corners will include sidewalks, bicycle lanes, and improved traffic signals
- Council on Aging drivers have been trained in working with those having dementia
- Two Road Safety Audits were done with Old Colony Planning Council in 2021

7 Focus on Communication and Information

Vision

Our vision is of a town where age-friendly information is communicated regularly in an accessible and user-friendly way, effectively reaching residents of all ages and abilities.

7.1 Goals and Strategies Moving Forward

Goals and strategies developed for the Communication and Information domain are based on findings from the community needs assessment (see following section) and are in line with the vision for this area of focus.

GOAL 7

Our goal is to ensure that good communication practices are implemented to reach residents of all ages and abilities.

- **Strategy 7.1** Review good practices for communicating with older adults, drawing from the experience of other communities, organizations (e.g., Old Colony Elder Services and AARP), and the commercial marketing industry
- **Strategy 7.2** Review town communications, identifying opportunities to implement good practices; in particular, review the town website, *Discover Easton* smartphone app, and Council on Aging newsletter
- **Strategy 7.3** Collaborate in the development and implementation of a town-wide age-friendly communications strategy

- **Strategy 7.4** Explore whether Council on Aging data may be compared to Census data to identify areas of the community for priority outreach
- **Strategy 7.5** Explore the possible adoption of a minimum accessibility standard for all Town of Easton communications

GOAL 8

Our goal is to ensure that residents of all ages and abilities are aware of age-friendly initiatives in town and related resources available for all.

- **Strategy 8.1** Inventory age-friendly resources available locally, and identify important regional, state, and federal level resources; note any resource gaps
- **Strategy 8.2** Develop and promote an Age-friendly Easton Resource Guide to support Goals 1, 2, and 4 and provide residents with other important information
- **Strategy 8.4** Consider holding an annual Age-friendly Easton celebration to share Action Plan progress, provide residents with an opportunity to participate in and comment on planned initiatives, and promote age-friendly resources
- **Strategy 8.5** Explore the possibility of regular, volunteer-run outreach such as the following:
 - A show on Easton Community Access TV (ECAT) that would talk about age-friendly matters and promote age-friendly resources
 - An age-friendly column in *The Town Crier*
 - A resource table at Town Meeting
 - Resource Guide reminders in bulletins of local organizations, such as places of worship and clubs

GOAL 9

Our goal is to ensure that, regardless of age or ability, residents are engaged and as active in their community as they want to be.

- **Strategy 9.1** Encourage older residents to join together to advocate for the housing, transportation, and other services they need
- **Strategy 9.2** Urge the Town and other businesses and organizations in the community to take an age-friendly perspective and use age-inclusive language and visuals in their communications
- **Strategy 9.3** Rebrand the Council on Aging as an age-inclusive, multigenerational community center that welcomes all
- **Strategy 9.4** Help residents improve their technology skills; for example, by promoting skill-building opportunities at town facilities like the library, and collaborating to expand these programs through, for example, multigenerational or student volunteer programs

7.2 What we Heard from the Community

The goals and strategies set out in the previous section are based on what we heard from the community.

7.2.1 BU Fall 2019 Informal Conversations

Students found that some residents had trouble finding parking spaces at the Council on Aging and felt the building too limited. It was suggested that moving to a larger space and making it intergenerational would maximize the buildings use and also connect older residents with younger ones.

Students found the Council on Aging's print newsletter, *The Coordinator*, to be an important communication asset in the community. Sent by mail and posted on the town's website at the start of each month, one of the challenges found with the newsletter, however, was that post-release changes to programming were not always effectively communicated to recipients. There was some concern among town staff that

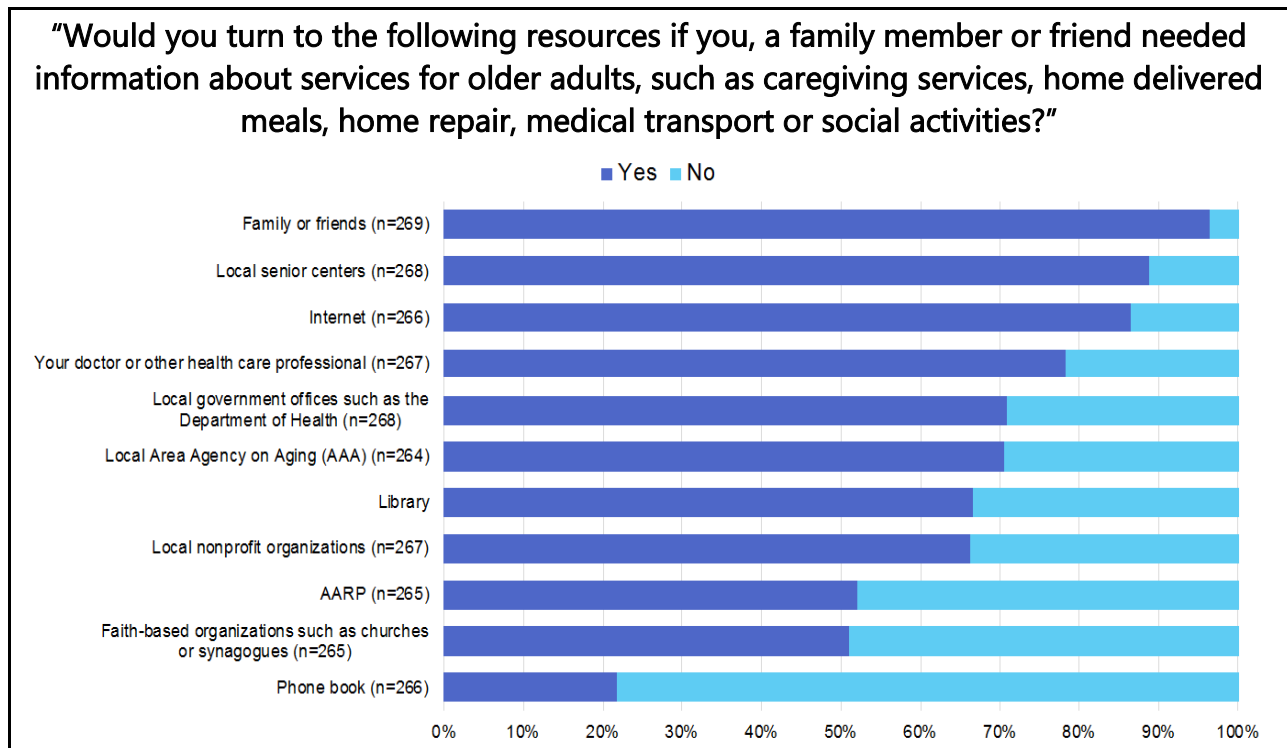
moving to a digital-only version would exclude older residents who did not have internet access or technology know-how.

Students also found that the town had a wide variety of services and activities for older residents, especially at the Ames Free Library, Queset House, and Council on Aging. These resources perhaps were not widely known within the community. Technology classes and Medicare counseling were thought under-advertised in the community.

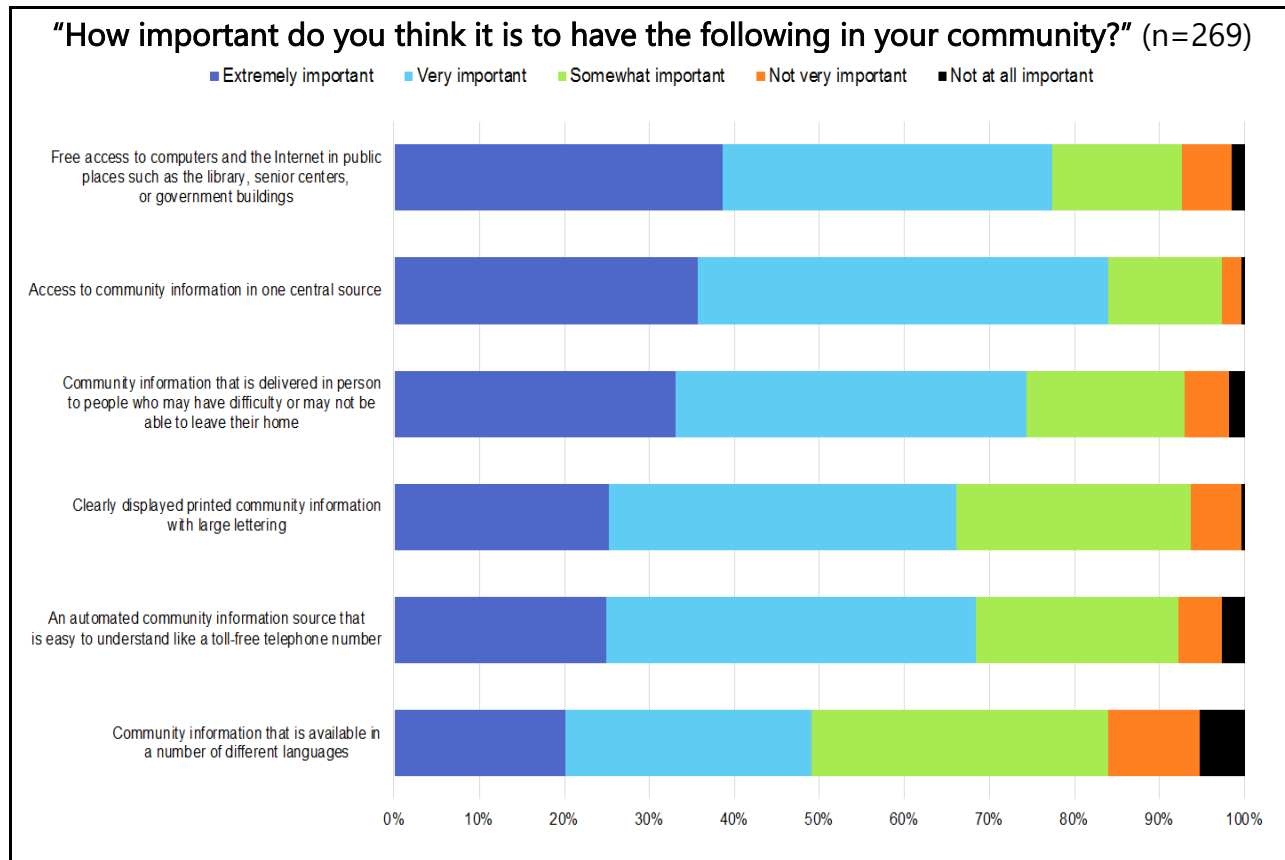
Ten residents interviewed noted barriers to their adoption of technology. Screens and keyboards on phones and tablets were difficult to see, and technology developed too fast – once you finally learn something and get used to it, it changes. These were seen as barriers to improved digital communication with some older residents.

7.2.2 BU Spring 2020 Survey

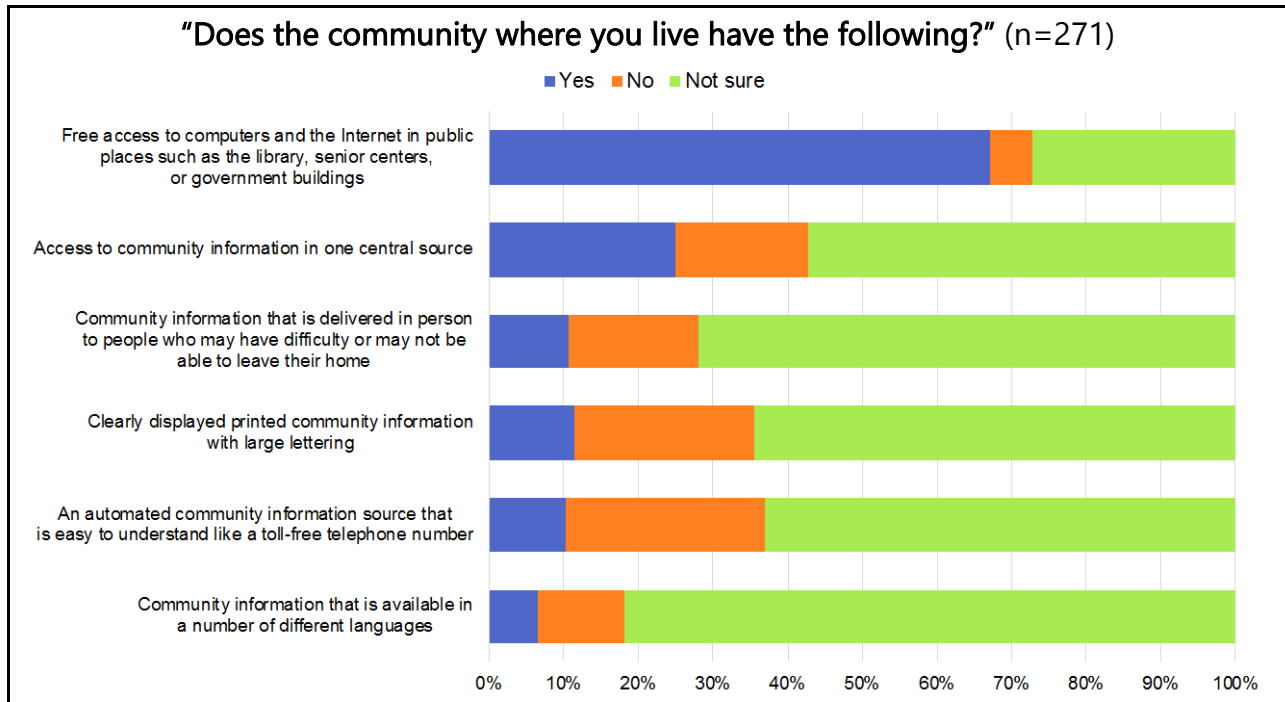
When respondents to the student-administered survey were asked about resources they would turn to for aging-related information, nearly all said they would turn to family or friends. The phone book was the only source most said they would not use. For all other resources, the majority said they would use them. Over three-fourths said they would turn to the senior center, internet, or their health care providers.



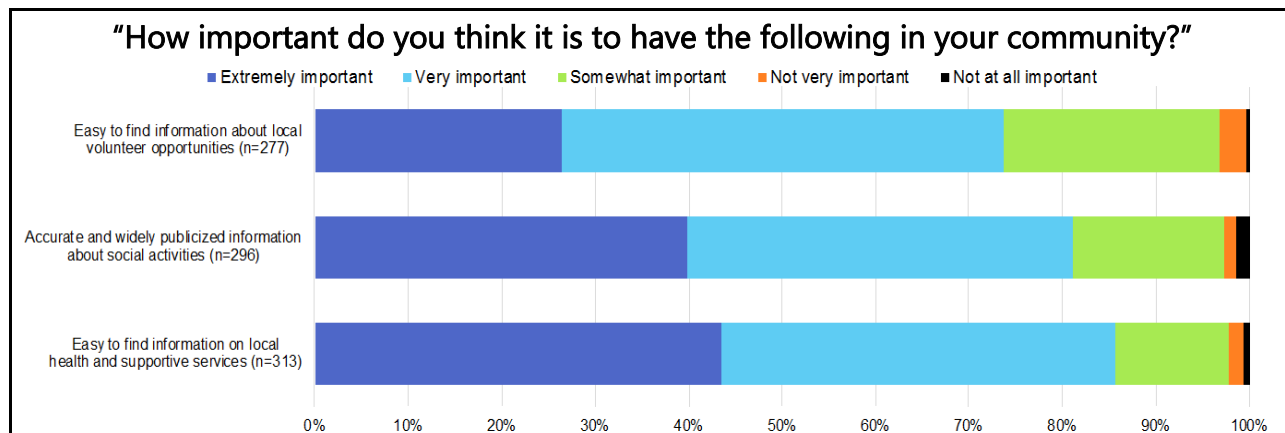
The survey also explored the importance of several information-related qualities and services, and respondents were asked whether these existed in their community. When asked about each one, over two-thirds thought each to be extremely or very important except for information in different languages. That was though by about half to be extremely or very important; another third said it was somewhat important. Only about 15% thought it not very or not at all important.



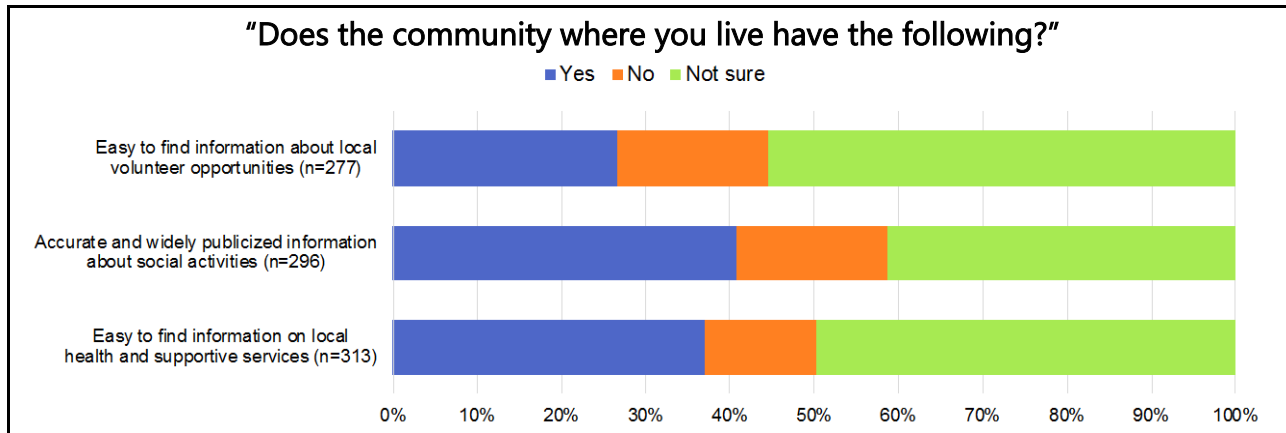
Most respondents were not sure whether their community had the informational services asked about. The only exception was for free access to computers and the internet – two-thirds said their community had this as a resource. About 20-25% said Easton did not have information in large lettering, a central source for information, or an automated or in-person service for information.



Survey participants were asked three questions specific to local health and supportive services, social activities, and volunteering. Three-quarters or more thought that each was extremely or very important to have information about in their community. Information about social activities, and health and supportive services were thought most often to be extremely important.



When asked about whether their community had accurate and widely publicized information about social activities, the majority said that Easton did not have that, or they did not know if it did. Half also did not know or said that their community did not have easy to find information on local health and supportive services. Only a quarter said Easton had easy to find volunteering information.



7.2.3 BU Fall 2020 Virtual Listening Sessions

Residents echoed comments made by other residents in 2019. There seemed to be consensus that services and activities needed to be better promoted in the town, and that the town website could be improved.

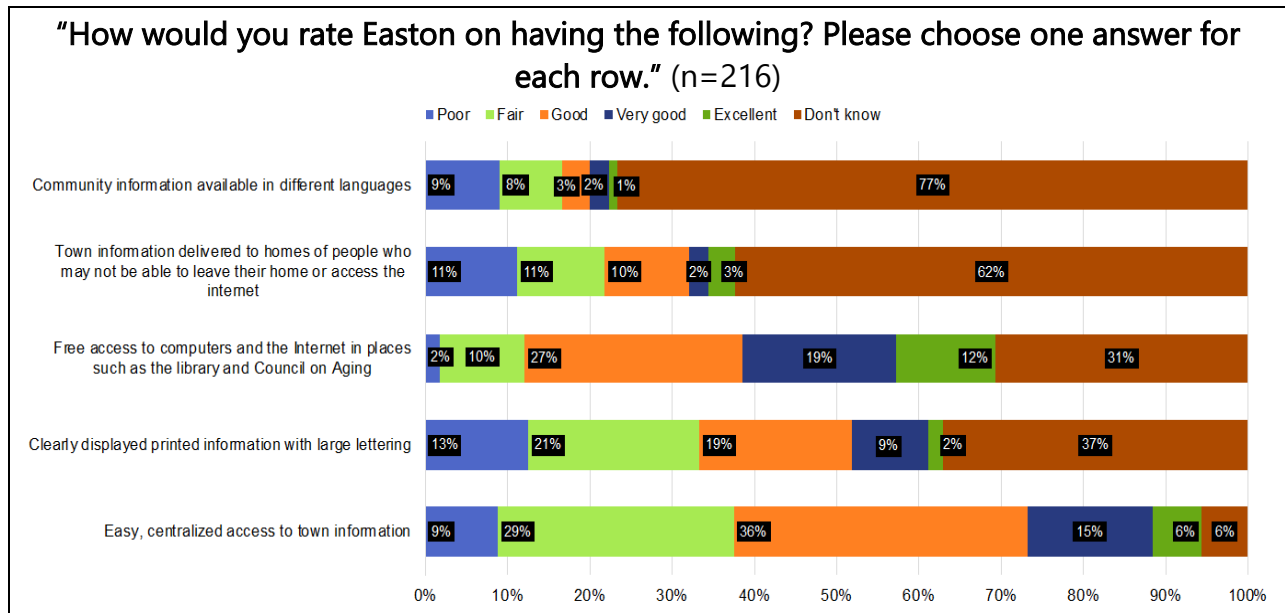
I think there probably are a lot of things in town that are available, but people just don't take advantage because they are not aware of it.
 – Easton resident

Email as a channel of communication with older adults was considered with some uncertainty since some older adults struggled with email in general. A few residents mentioned they found the town website difficult to navigate and suggested its organization and functionality be improved.

I know we can read the paper and stuff, but one kind of thing that has been bugging me for a while is our town website. To me, that should be a place where people can go and just find anything they want, and it should be really easy to find. It should be intuitive for you to find out information that you need; our website is not intuitive at all.
 – Easton resident

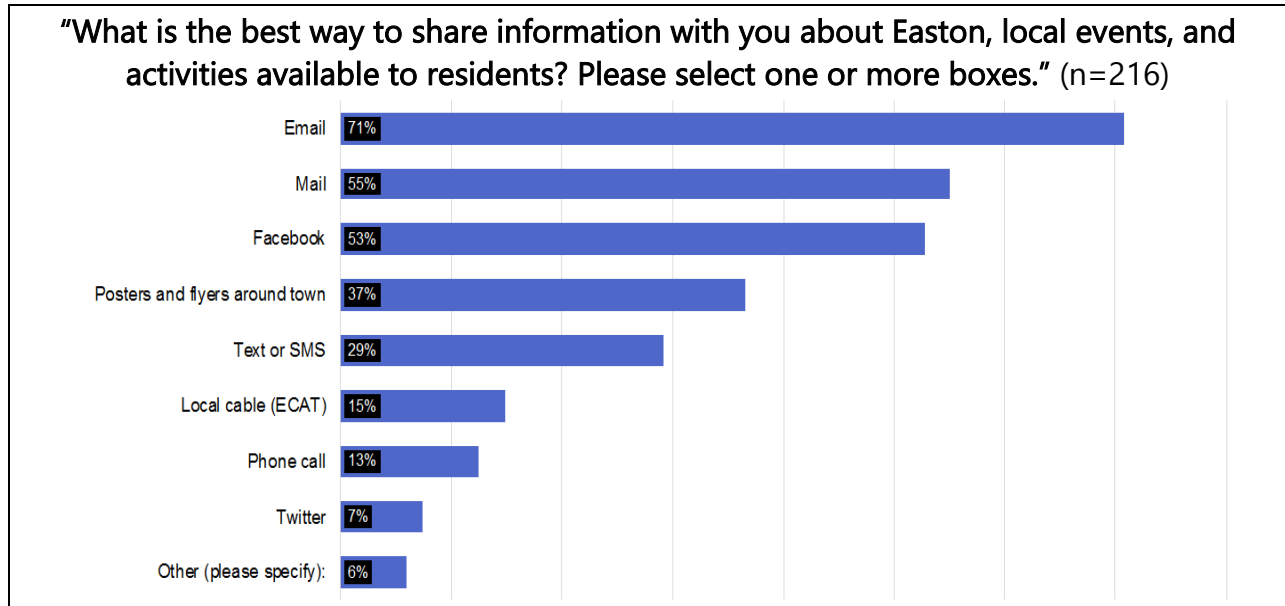
7.2.4 2021 Community Survey

Survey participants were asked to rate several communication and information related qualities and services in Easton. Most (77%) did not know about information available in other languages. Most (62%) also did not know about delivery of information to home-bound residents or those without internet access. Respondents were split about clearly displayed printed information – 37% did not know, 34% thought the town good to excellent, and 30% rated Easton poor to fair.



Although 31% did not know about free access to computers and the internet, 58% rated the town as good to excellent on this service. The majority (57%) thought Easton good to excellent when it came to easy, centralized access to town information, although 38% rated the town poor to fair.

When asked about the best way to share information with them, email, mail, and Facebook were most popular. Other ways mentioned including newspapers (five respondents), town website (three people), and the Council on Aging (two people).



The Council on Aging or a community center were also mentioned in six comments left through the survey, all stating the community needed to a better resource for the community.

It's time to build a new *larger* Community Center for the Council on Aging. It should have been started 10 years ago.
-- Easton resident

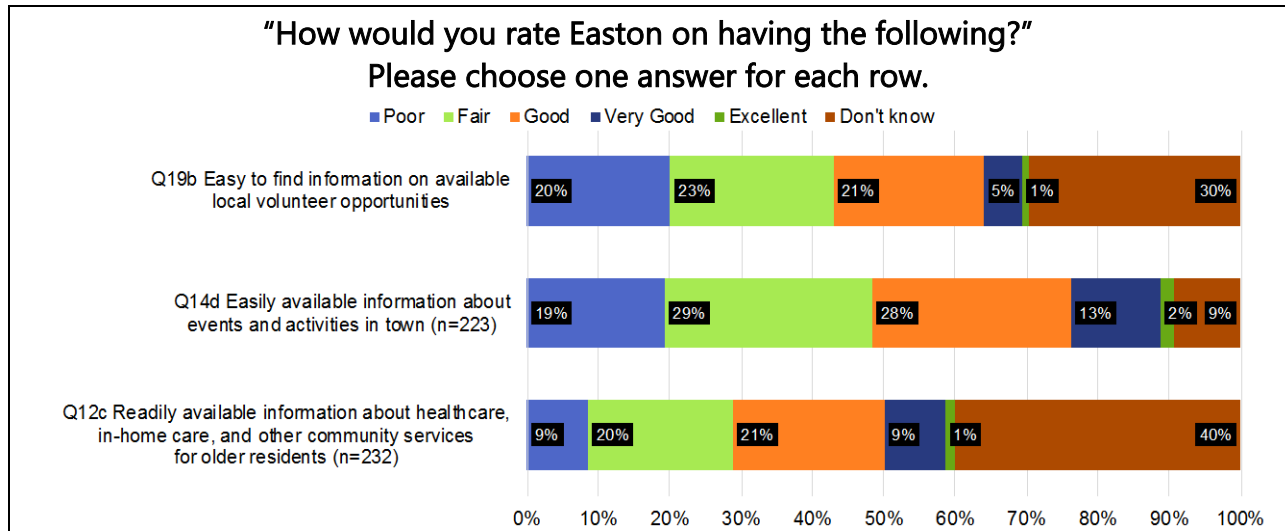
Would love to see an attractive senior/community center...perhaps an intergenerational center.
-- Easton resident

We need a community center.
--Easton resident

The survey included three questions specific to health and community services, social activities, and volunteering opportunities. Nearly half (48%) of respondents rated Easton poor to fair on easily available information about events and activities in town, but 43% rated the town good to excellent.

Although 30% did not know about how Easton did on information related to volunteer opportunities, 43% rated the town poor to fair. Just over a quarter (27%) rated the town good to excellent.

Lastly, when asked about health and community services information, 40% did not know. The rest were split – 29% rated the town poor to fair but 31% rated Easton good to excellent.



7.3 Progress to Date

Although this is the Town of Easton’s first Age-friendly Action Plan, the town has made some progress related to age-friendly communication and information. Some examples of progress to date follow:

- Robust Council on Aging newsletter and Veteran newsletter
- Council on Aging Friendly Caller program
- Website updated to allow users to increase font size and view the site in multiple languages
- Closed captioning services for Zoom meetings
- Town Crier weekly email news
- Active town pages on social media
- Hosted opportunities for high school students to partner with older residents and teach them how to use devices like electronic tablets

8 Appendixes

8.1 Goals and Strategies

HOUSING

GOAL 1. Our goal is to ensure that Easton residents living at home are connected with the affordable, quality support they may need to live independently.

- **Strategy 1.1** Support local, regional, and state-wide efforts to grow a skilled workforce that supports older residents in our communities, such as personal care attendants, home health aides, homemakers, visiting nurses, and others
- **Strategy 1.2** Improve communication between the town and older residents so those who may need support are able to easily find it
- **Strategy 1.3** Develop an Age-friendly Easton Resource Guide that includes information about home modification options, existing home repair services, energy efficiency and weatherization programs, and related resources; consider holding an annual resource fair or workshop
- **Strategy 1.4** Explore strategies to expand assistance to all older residents with home modification, repair, or maintenance needs; strategies may include
 - increasing local volunteer programs,
 - collaborating with local private contractors or non-profit community organizations,
 - locally or regionally implementing low-cost loan programs to help homeowners make their homes more accessible, and/or
 - securing grant funding for small home repairs in the community.
- **Strategy 1.5** Raise awareness of tax relief programs including the Senior Circuit Breaker Tax Credit and local property tax exemptions, deferrals, and work-offs

GOAL 2. Our goal is to ensure that Easton’s housing stock is diverse enough to accommodate the needs of all older residents, including those who may want to downsize, move into a more affordable home, or need a home designed to be accessible for all abilities.

- **Strategy 2.1** Review and address barriers to and encourage and incentivize age-friendly development, and advocate for solutions; for example,
 - encourage and expand allowable accessory dwelling units (e.g., in-law apartments) and mixed-use, walkable development as age-friendly solutions and
 - explore the feasibility of requiring that all new residential construction include visitability and certain other accessibility features
- **Strategy 2.2** Encourage property developers to include universal design principles and other features that allow for aging in place, and to explore innovative housing models like cooperative and dementia-friendly housing
- **Strategy 2.3** Examine the cost-effectiveness of developing age-friendly housing options like smaller homes or pocket neighborhoods
- **Strategy 2.4** Building on Strategy 1.3, include in the Age-friendly Easton Resource Guide information about finding an age-friendly home, preventing foreclosure, tenant rights, and other information
- **Strategy 2.5** Promote ‘homesharing’ as an option for older homeowners to rent a room in their home to college students or other older adults

GOAL 3. Our goal is to ensure that a strong partnership exists between the Town of Easton and Easton Housing Authority.

- **Strategy 3.1** Advocate for state funding to update and improve public housing
- **Strategy 3.2** Encourage collaboration between the Council on Aging and senior public housing; for example, to promote events in the community and expand transportation options

TRANSPORTATION

GOAL 4. Our goal is to ensure that transportation services meet all the needs of older residents, improving quality of life and furthering social inclusion.

- **Strategy 4.1** Conduct a user survey of those who do and do not use COA transportation to understand needs and identify critical service gaps
- **Strategy 4.2** Explore the feasibility of expanding COA transportation services; for example, to include evening and weekend service, on-demand service, and out-of-area transportation; this could be through the existing program, through additional programs that are volunteer-run, commercial rideshare partnerships, or regional collaborations
- **Strategy 4.3** Raise awareness of existing transportation options, including interconnections, by, for example, including transportation options in the Age-friendly Easton Resource Guide and teaching older residents how to use ridesharing apps
- **Strategy 4.4** When promoting town events, also promote transportation options for residents of all ages and abilities

GOAL 5. Our goal is to ensure that infrastructure continues to improve and incorporates age-friendly good practices.

- **Strategy 5.1** Improve visibility where needed with better lighting, easily readable signage, and visible crosswalks
- **Strategy 5.2** Improve sidewalks, crosswalks, bicycle paths, and walking trails to ensure suitability for residents of all ages and abilities, in particular older adults
- **Strategy 5.3** Use walkability audits to identify and prioritize pedestrian improvements
- **Strategy 5.4** Building on Strategy 2.1, encourage mixed-use developments that are walkable to services and amenities, and promote the idea of a 15-minute neighborhood

- **Strategy 5.5** Advocate at the state and federal levels for more transportation infrastructure funding
- **Strategy 5.6** Collaborate with regional and state transit agencies to advance age-friendly mobility

GOAL 6. Our goal is to ensure that conditions town-wide are friendly for all pedestrians, meaning that there is good walking infrastructure and that conditions for walking are safe and pleasant.

- **Strategy 6.1** Raise awareness among residents and businesses of local snow removal regulations and options for assistance with snow removal
- **Strategy 6.2** Evaluate possible locations for benches with shade to enable pedestrians to rest when needed
- **Strategy 6.3** Evaluate possible locations for reserved senior parking near entrances to buildings such as the public library

COMMUNICATION AND INFORMATION

GOAL 7. Our goal is to ensure that good communication practices are implemented to reach residents of all ages and abilities.

- **Strategy 7.1** Review good practices for communicating with older adults, drawing from the experience of other communities, organizations (e.g., Old Colony Elder Services and AARP), and the commercial marketing industry
- **Strategy 7.2** Review town communications, identifying opportunities to implement good practices; in particular, review the town website, *Discover Easton* smartphone app, and Council on Aging newsletter
- **Strategy 7.3** Collaborate in the development and implementation of a town-wide age-friendly communications strategy
- **Strategy 7.4** Explore whether Council on Aging data may be compared to Census data to identify areas of the community for priority outreach

- **Strategy 7.5** Explore the possible adoption of a minimum accessibility standard for all Town of Easton communications

GOAL 8. Our goal is to ensure that residents of all ages and abilities are aware of age-friendly initiatives in town and related resources available for all.

- **Strategy 8.1** Inventory age-friendly resources available locally, and identify important regional, state, and federal level resources; note any resource gaps
- **Strategy 8.2** Develop and promote an Age-friendly Easton Resource Guide to support Goals 1, 2, and 4 and provide residents with other important information
- **Strategy 8.4** Consider holding an annual Age-friendly Easton celebration to share Action Plan progress, provide residents with an opportunity to participate in and comment on planned initiatives, and promote age-friendly resources
- **Strategy 8.5** Explore the possibility of regular, volunteer-run outreach such as the following:
 - A show on Easton Community Access TV (ECAT) that would talk about age-friendly matters and promote age-friendly resources
 - An age-friendly column in *The Town Crier*
 - A resource table at Town Meeting
 - Resource Guide reminders in bulletins of local organizations, such as places of worship and clubs

GOAL 9. Our goal is to ensure that, regardless of age or ability, residents are engaged and as active in their community as they want to be.

- **Strategy 9.1** Encourage older residents to join together to advocate for the housing, transportation, and other services they need
- **Strategy 9.2** Urge the Town and other businesses and organizations in the community to take an age-friendly perspective and use age-inclusive language and visuals in their communications

- **Strategy 9.3** Rebrand the Council on Aging as an age-inclusive, multigenerational community center that welcomes all
- **Strategy 9.4** Help residents improve their technology skills; for example, by promoting skill-building opportunities at town facilities like the library, and collaborating to expand these programs through, for example, multigenerational or student volunteer programs

8.2 2018 Healthy Aging Profile for Easton

The MA Healthy Aging Data Report is designed to help residents, agencies, providers, and governments understand the older adults who live in their cities and towns. The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at UMass Boston. Available at <https://mahealthyagingcollaborative.org>

POPULATION CHARACTERISTICS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		23,770	6,742,143
Population 60 years or older as % of total population		19.7%	21.2%
Total population 60 years or older		4,683	1,428,144
Population 65 years or older as % of total population		13.7%	15.1%
Total population 65 years or older		3,246	1,016,679
% 65-74 years		62.3%	55.3%
% 75-84 years		28.4%	29.4%
% 85 years or older		9.2%	15.2%
Gender (65+ population)			
% female		55.6%	57.2%
Race/Ethnicity (65+ population)			
% White		96.1%	90.0%
% African American		2.5%	4.3%
% Asian		0.3%	3.2%
% Other		1.0%	2.5%
% Hispanic/Latino		0.8%	3.8%
Marital Status (65+ population)			
% married		59.4%	52.5%
% divorced/separated		12.0%	14.0%
% widowed		23.3%	25.5%
% never married		5.3%	8.0%
Education (65+ population)			
% with less than high school education		10.0%	16.5%
% with high school or some college		57.4%	52.6%
% with college degree		32.6%	30.9%
% of 60+ LGBT (county)		2.6%	3.2%
% of 65+ population living alone		22.9%	30.2%
% of 65+ population who speak only English at home		91.7%	83.3%
% of 65+ population who are veterans of military service		22.0%	18.8%
Age-sex adjusted 1-year mortality rate		4.5%	4.2%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Geographic Migration (65+ population) in the past 12 months			
% moved within same county		1.3%	3.6%
% moved from different county in Massachusetts		2.3%	1.1%
% moved from different state		0.7%	0.8%
WELLNESS & PREVENTION			
% 60+ with any physical activity within last month		74.2%	73.3%
% 60+ met CDC guidelines for muscle-strengthening activity		31.0%	27.7%
% 60+ met CDC guidelines for aerobic physical activity		62.1%	56.8%
% 60+ met CDC guidelines for both types of physical activities		25.1%	20.8%
% 60+ getting recommended hours of sleep		56.4%	62.7%
% 60+ injured in a fall within last 12 months		9.9%	10.6%
% 65+ had hip fracture	B	2.8%	3.7%
% 60+ with self-reported fair or poor health status		14.7%	18.0%
% 60+ with 15+ physically unhealthy days last month		14.0%	12.7%
% 60+ with physical exam/check-up in past year		87.8%	89.3%
% 60+ met CDC preventive health screening goals		31.8%	35.0%
% 60+ flu shot past year		56.4%	60.8%
% 65+ with pneumonia vaccine		74.6%	72.0%
% 60+ with shingles vaccine		32.9%	39.7%
% 60+ with cholesterol screening		98.1%	95.7%
% 60+ women with a mammogram within last 2 years		86.6%	84.8%
% 60+ with colorectal cancer screening		58.4%	63.3%
% 60+ with HIV test		10.8%	15.6%
% 60+ current smokers		8.8%	8.5%
% 60+ living in a home where smoking is not allowed		80.8%	84.7%
Oral Health			
% 60+ with loss of 6 or more teeth		32.6%	32.5%
% 60+ with annual dental exam		77.5%	77.5%
# of dentists per 100,000 persons (all ages)		114	84
NUTRITION/DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		22.2%	21.5%
% 60+ self-reported obese		23.5%	23.1%
% 65+ clinically diagnosed obese		19.0%	19.0%
% 65+ with high cholesterol		75.6%	75.0%
% 60+ excessive drinking		7.0%	9.3%
% 65+ with poor supermarket access		74.6%	29.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
BEHAVIORAL HEALTH			
% 60+ with 15+ days poor mental health last month		6.1%	7.0%
% 65+ with depression		33.0%	31.5%
% 65+ with anxiety disorders	W	27.9%	25.4%
% 65+ with bipolar disorders		4.7%	4.5%
% 65+ with post-traumatic stress disorder		1.6%	1.8%
% 65+ with schizophrenia & other psychotic disorders		5.9%	5.9%
% 65+ with personality disorders		1.0%	1.4%
# opioid deaths (all ages)		7	1,873
% 65+ with substance use disorders (drug use +/- alcohol abuse)		6.1%	6.6%
% 65+ with tobacco use disorders	B	8.3%	10.2%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias		13.4%	13.6%
% 65+ with diabetes		31.8%	31.7%
% 65+ with stroke		11.7%	12.0%
% 65+ with chronic obstructive pulmonary disease		22.2%	21.5%
% 65+ with asthma		13.7%	15.0%
% 65+ with hypertension		76.0%	76.2%
% 65+ ever had a heart attack		4.3%	4.6%
% 65+ with ischemic heart disease	B	36.4%	40.2%
% 65+ with congestive heart failure	B	19.5%	22.4%
% 65+ with atrial fibrillation	B	13.6%	15.9%
% 65+ with peripheral vascular disease	B	17.2%	19.4%
% 65+ with osteoarthritis/rheumatoid arthritis		50.8%	52.4%
% 65+ with osteoporosis	B	18.6%	20.7%
% 65+ with leukemias and lymphomas		2.5%	2.3%
% 65+ with lung cancer		2.4%	2.1%
% 65+ with colon cancer		2.9%	2.9%
% 65+ women with breast cancer		12.5%	10.9%
% 65+ women with endometrial cancer		1.5%	1.9%
% 65+ men with prostate cancer	B	11.6%	13.8%
% 65+ with benign prostatic hyperplasia		43.1%	40.9%
% 65+ with HIV/AIDS	*	0.1%	0.2%
% 65+ with hypothyroidism		22.0%	21.1%
% 65+ with anemia		46.2%	46.6%
% 65+ with chronic kidney disease		26.6%	27.3%
% 65+ with liver diseases		9.7%	8.6%
% 65+ with fibromyalgia, chronic pain and fatigue		19.9%	19.8%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with migraine and other chronic headache		4.9%	4.6%
% 65+ with epilepsy		3.0%	2.9%
% 65+ with traumatic brain injury		1.9%	1.5%
% 65+ with autism spectrum disorders	*	0.1%	0.1%
% 65+ with glaucoma		26.1%	25.7%
% 65+ with cataract		63.5%	65.4%
% 65+ with pressure ulcer or chronic ulcer		7.6%	8.5%
% 65+ with 4+ (out of 15) chronic conditions	B	57.9%	60.7%
% 65+ with 0 chronic conditions		7.9%	7.3%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		11.3%	14.2%
% 65+ with clinical diagnosis of deafness or hearing impairment		14.9%	16.1%
% 65+ with self-reported vision difficulty		3.5%	5.8%
% 65+ with clinical diagnosis of blindness or visual impairment		1.5%	1.5%
% 65+ with self-reported cognition difficulty		3.5%	8.3%
% 65+ with self-reported ambulatory difficulty		12.0%	20.2%
% 65+ with clinical diagnosis of mobility impairments		3.7%	3.9%
% 65+ with self-reported self-care difficulty		3.7%	7.9%
% 65+ with self-reported independent living difficulty		9.0%	14.3%
ACCESS TO CARE			
Medicare (65+ population)			
% Medicare managed care enrollees	*	18.8%	23.1%
% dually eligible for Medicare and Medicaid	*	9.5%	16.7%
% 60+ with a regular doctor		98.1%	96.4%
% 60+ who did not see doctor when needed due to cost		3.6%	4.1%
# of primary care providers within 5 miles		14	10,333
# of hospitals within 5 miles		0	66
# of nursing homes within 5 miles		1	399
# of home health agencies		14	299
# of community health centers		0	116
# of adult day health centers		0	131
# of memory cafes		0	95
# of dementia-related support groups		0	136
SERVICE UTILIZATION			
Physician visits per year	*	8.3	7.8
Emergency room visits/1000 persons 65+ years per year	*	538	639

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE¹	COMMUNITY ESTIMATE	STATE ESTIMATE
Part D monthly prescription fills per person per year		52.0	52.4
Home health visits per year		3.5	4.0
Durable medical equipment claims per year		1.7	1.9
Inpatient hospital stays/1000 persons 65+ years per year		287	294
Medicare inpatient hospital readmissions (as % of admissions)		19.3%	17.9%
# skilled nursing facility stays/1000 persons 65+ years per year		104	106
# skilled nursing home Medicare beds/1000 persons 65+ years		47	43
% 65+ getting Medicaid long term services and supports		4.2%	4.9%
COMMUNITY VARIABLES & CIVIC ENGAGEMENT			
Age-friendly efforts in community		Not yet	Yes
Air pollution: annual # of unhealthy days for 65+ (county)		4	N/A
Open space in community		24.1%	18.0%
Walkability score of community (0-100)		34	N/A
% of grandparents raising grandchildren		0.8%	0.8%
% of grandparents who live with grandchildren		3.6%	2.9%
# of assisted living sites		0	238
% of vacant homes in community		3.5%	9.8%
# of universities and community colleges		1	163
# of public libraries		1	470
# of YMCAs		1	83
% in county with access to broadband (all ages)		98.0%	97.0%
% 60+ who used Internet in last month		77.9%	71.3%
Voter participation rate in 2016 presidential election (age 18+)		68.9%	71.3%
SAFETY & TRANSPORTATION			
Violent crime rate /100,000 persons		126	396
Homicide rate /100,000 persons (county)		2	2
# firearm fatalities (county)		96	1,126
Property crime rate /100,000 persons		959	1,825
% of licensed drivers who are age 61+		30.1%	28.7%
% 65+ who own a motor vehicle		93.4%	82.4%
% 60+ who always drive wearing a seatbelt	B	94.4%	86.3%
# of fatal crashes involving adult age 60+/town		4	529
# of fatal crashes involving adult age 60+/county		67	529
Total # of all crashes involving adult age 60+/town		469	132,351
# of senior transportation providers		25	324
# of medical transportation services for older people		34	268
# of nonmedical transportation services for older people		76	252
Summary transportation performance score		0.8	N/A

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE ¹	COMMUNITY ESTIMATE	STATE ESTIMATE
ECONOMIC & HOUSING VARIABLES			
% 65+ with income below the poverty line past year		5.4%	8.7%
% 60+ receiving food stamps past year		4.1%	12.3%
% 65+ employed past year		28.4%	24.3%
Household income (65+ householder)			
% households with annual income < \$20,000		15.9%	23.6%
% households with annual income \$20,000-\$49,999		32.8%	32.5%
% households with annual income > \$50,000		51.4%	43.9%
% 60+ own home		83.2%	72.7%
% 60+ have mortgage on home		44.2%	34.1%
% 65+ households spend >35% of income on housing (renter)		9.2%	11.6%
% 65+ households spend >35% of income on housing (owner)		20.4%	20.4%
COST OF LIVING			
	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE	RATIO (COUNTY/STATE)
Elder Economic Security Standard Index			
Single, homeowner without mortgage, good health	\$23,376	\$24,636	0.95
Single, renter, good health	\$25,932	\$28,248	0.92
Couple, homeowner without mortgage, good health	\$35,556	\$36,168	0.98
Couple, renter, good health	\$38,112	\$39,780	0.96

TECHNICAL NOTES

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

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

General Notes

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

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

Healthy Aging Data Report Team. Many people contributed to this research. The 2018 research team: Beth Dugan PhD, Frank Porell PhD, Nina Silverstein PhD, Chae Man Lee PhD, Shuang Shuang Wang PhD, Ban Kim, Natalie Pitteckoff, Haowei Wang, Sae Hwang Han, Richard Chunga, & Shiva Prasad from the Gerontology Institute in the McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston. The Tufts Health Plan Foundation supported the research and provided important guidance. We thank our Advisory Committee members for contributing ideas and advice on how to make the Data Report best address the needs of Massachusetts. We thank our colleagues at JSI for their continued partnership. Questions or suggestions? Beth.dugan@umb.edu

8.3 Building on Progress

The Town of Easton has led and participated in several projects that have identified community needs, including some needs relevant to age-friendly planning. The following are some examples. For further information about these projects, please visit the town's website or contact town staff.

Envision Easton, the Town's Masterplan

The Easton Planning and Zoning Board unanimously adopted Easton's Comprehensive Master Plan, *Envision Easton*, in December 2014. Members of the Master Plan Steering Committee, working groups, other town boards and commissions, and Easton residents, business owners, and community leaders participated in a two-year planning effort that resulted in the Master Plan. The plan provides a road map for Easton's future.

Easton Housing Production Plan

A Housing Production Plan is a community's proactive strategy for planning and developing affordable housing, enabling it to meet its affordable housing needs in a manner consistent with the Chapter 40B statute and regulation. These plans are important because resulting actions will help address any unmet community needs for low-to-moderate income housing, such as unmet needs among older adults. Strategies set in the plan also influence the type, amount, and location of some housing developments in the community.

The current Plan for the Town of Easton went into effect in 2017 and will expire in 2022. The Town is currently updating this plan and will be reaching out to the public to participate in the process.

Complete Streets Prioritization Plan

A new design strategy called Complete Streets enables safe road access and operation for all users including pedestrians, bicyclists, motorists, and public transportation users of all ages and abilities. Complete Streets makes it easy to cross the street, walk, and bicycle to and from destinations by integrating safety for non-motorized travel in the design and construction of roads.

The Complete Streets Funding Program under the Massachusetts Department of Transportation funds projects for municipalities that adopt Complete Streets policies

and practices. Municipalities must have staff trained, pass a Complete Streets ordinance, and complete a Complete Streets Prioritization Plan to be eligible for technical assistance and project funding. Easton has gone through this process and identified eighteen projects in its 2017 prioritization plan.

Easton Commission on Disability

Easton's resident-led Commission on Disability was established in 2007 to ensure compliance with the Americans with Disabilities Act (ADA) and advocate for the rights of disabled residents. The Commission's goal is to bring about the full and equal participation of people with disabilities in all aspects of life. It is composed of Easton residents who have volunteered and then been appointed by the Select Board. Members are either persons with disabilities or closely tied to individuals with disabilities.

The Commission is tasked with the following:

- Research local problems of people with disabilities
- Advise and assist town officials and employees in ensuring compliance with state and federal laws and regulations that affect people with disabilities
- Coordinate or carry out programs designed to meet the problems of people with disabilities in coordination with programs of the MA Office on Disability
- Review and make recommendations about policies, procedures, services, activities and facilities of departments, boards, and agencies of the town as they affect people with disabilities
- Provide information, referrals, guidance, and technical assistance to individuals, public agencies, businesses, and organizations in matters pertaining to disability
- Coordinate activities of other local groups organized for similar purposes

Area Plan on Aging

Old Colony Planning Council (OCPC) is the state-designated Area Agency on Aging (AAA) for the Greater Brockton and Greater Plymouth areas. Area Agencies on Aging were formally established in the 1973 update to the Older Americans Act and charged with helping vulnerable older adults live with independence and dignity in their homes and communities. Using a combination of federal Older Americans Act, state, and local funding, the OCPC AAA addresses the Home- and Community-based Service needs and

concerns of older persons, primarily through service providers such as Old Colony Elder Services (OCES), local Councils on Aging, and other non-profits.

Under Executive Office of Elder Affairs guidance, every four years the OCPC AAA develops an Area Plan on Aging that includes a community needs assessment for older Individuals. The 2022-2025 OCPC AAA Area Plan and Assessment are available as both a resource and comparative data planning tool between member communities, such as Easton, and the OCPC region as-a whole.

Old Colony Metropolitan Planning Organization

The regional transportation policy-making organization is the Old Colony Metropolitan Planning Organization (MPO), staffed by Old Colony Planning Council. The Old Colony MPO exists to create a fair and impartial setting for effective regional decision-making on transportation. An inclusionary approach is taken, and effort is made to effectively engage communities and stakeholders.

Old Colony MPO annually prepares the Transportation Improvement Program (TIP), a staged five-year program of capital improvements that reflect the needs of the regional transportation system. The TIP may include projects such as sidewalks, bicycle paths, roadways, bridges, transit services, and capital items. The following are some the improvements made or being made in Easton through the Old Colony MPO TIP:

- Corridor improvements on Route 138 including intersection improvements at Route 138 (Washington Street) and Elm Street (programmed for FFY 2025): installation of traffic signals, including pedestrian signals, are proposed at this location as well as the realignment of the west leg of Elm Street with the opposite Elm Street approach, sidewalks on both sides of Washington Street and the west leg of Elm Street, bike accommodating shoulders on Washington Street, and other improvements.
- Corridor improvements on Depot Street (Route 123), from Newell Circle to Washington Street (Route 138) (FFY 2021): reconstruction of the roadway to provide bicycle accommodation in addition to reconstructed sidewalks and extensions, and other improvements.

- Intersection Improvements at Washington Street (Route 138) and Union Street (FFY 2018): intended to improve safety at the intersection through the installation of an actuated traffic signal, minor widening of the Union Street approach to two lanes, and construction of a left turn lane on Route 138 SB. Also included were sidewalk extensions in the vicinity of the intersection and restriping of shoulders to better accommodate bicycles.
- Reconstruction of Route 123 (Foundry Street) from Norton T.L. to Route 106 (FFY 2008): improvements consisted of wider travel lanes, paved shoulders to accommodate bicyclists, sidewalks for pedestrians, wheelchair ramps, and a closed drainage system.

Regional Bicycle and Pedestrian Connectivity and Safety Studies

In 2018 Old Colony Planning Council completed the Bicycle and Pedestrian Connectivity and Livability Study and, in 2021, an Active Transportation Network Study. These studies help guide municipalities in improving bicycle and pedestrian transportation networks. The studies found sidewalk gaps between arterial corridors and pocket neighborhoods in Easton, although North Easton did have extensive sidewalks. Sidewalk connections were noted absent between Depot Street (Route 123) and Foundry Street (Route 106) where there is a high concentration of businesses and potential for pedestrian access. A wayfinding system to help direct bicyclists to locations within the community also was recommended.

8.4 Public Comments Received

The draft Easton Age-friendly Action Plan was shared with the Easton community for review and comment during November and December of 2021. The Committee thanks everyone for their time and feedback. The following comments were received then reviewed and discussed by the Committee:

1. Easton Resident via email on December 4, 2021

What I find to be an issue at 77, while appreciating all your work on "aging in place", is that there is nowhere in town for me to move to. I would like to live in a small over-55 community in this town that has modest manufactured homes on one floor and is affordable. Brockton has two that I know of: Skyview Village and Chesnut Woods. Easton has one that I know of that is financially out of reach and is very exclusive called Fox Hill. There is also an apartment Building (Roosevelt) which is also very pricey, doesn't allow pets. I will have to move to Taunton or Brockton to find a small, AFFORDABLE, retirement community. I watch the local cable and all the meetings approving these homes and mega homes for families. Why can't the town ever court a developer who can provide us with a modest community for seniors with housing on one level. In search of community I looked at Lenox Lane Eastondale Village but the price is too high and the interiors are clearly not designed for seniors with the bathroom downstairs away from the bedroom and the staircase itself a challenge. There is another new community on Washington Street but those start at \$499,000 and are all two floors. There is the development on Union Street but not for seniors (although there are a very few units with one floor) and it is also very expensive. We of modest means are pushed out of the market. I am not ready for independent living institutions. I just want to live in my town.

Committee response: Concerns expressed are intended to be addressed through Housing Goal 2 and associated strategies.

2. Town Staff Person via email on December 9, 2021

Great action plan and congratulations on the high response rate to the surveys. From personal experience with my own parents and as a [staff person] in Easton, I think the domains the committee chose to focus on are the most important for aging adults to not only be able to stay in their homes, but have a better chance at maintaining their physical and mental health. If you don't have to worry about whether your housing is stable (affordable, in good repair), you can stay physically and socially active, and you

have a means to communicate and receive communication the other domains are easy to cover.

My comments are mostly confirming or identifying some of the policies that already exist and support the goals and strategies.

First, congratulations on the high response rate to the survey.

Housing

Strategy 1.1 livable wages and path to advancement will factor in to attracting and keeping people in these vocations

Strategy 1.4 implementing a low-cost loan program making it possible for people to stay in their homes as they age. Easton had such a program funded through the Affordable Housing Trust which was very popular. It was shut down when we were informed the DOR requires an affordably restriction (the public benefit) and it was unrealistic to expect a property owner would restrict the re-sale value of their home for such a small amount money (i.e. the loan).

Strategy 2.1 – Easton zoning allows accessory dwellings under a certain size by-right, and over that size (up to a maximum) by a relatively easy to pursue Special Permit. Two constraints to making these fully age-friendly exist: units must be attached to or within existing structure, thus no small stand-alone structures; and they are restricted to family members which precludes the ability for a full-time aid, who is not a family, member to occupy an accessory dwelling unit. Easton has policies, plans and governance that supports more walkable, accessibly friendly development and infrastructure

Strategy 2.5 – Easton zoning code allows owner (long-term) rental of up to 3 bedrooms of their home by-right

5.2.3 – observation about difficulty in relocating to one-story homes, this may require changing the mindset about ranch style housing

5.3 Progress to date – add Accessory Dwelling Units as noted above

Transportation

Strategy 4.3 teaching how to use ridesharing apps – maybe petition the rideshare providers to design apps that are easier for seniors and people with disabilities to use

Separate comment: the ability to get out and about is critical to maintaining both physical and mental health, so many seniors drive beyond their ability to do so safely, but taking away their licenses without alternative transportation that is relatively convenient and doesn't make them feel demeaned can accelerate the demise of both physical and mental health

Committee response: Strategy 2.1 has been changed to emphasize expansion of allowable Accessory Dwelling Units. Strategy 2.5 has been changed from explore to promote homesharing since long-term rental is already allowed in town. Section 5.3 has been edited to highlight the town's progress on Accessory Dwelling Units.

3. Easton Commission on Disability via email on December 17, 2021

My comments are on Goal #7 on page 42 where it states,

"Strategy 7.2 Review town communications, identifying opportunities to implement good practices; in particular, review the town website, Discover Easton smartphone app, and Council on Aging newsletter."

Attached please find a copy of the Website Accessibility Checklist (in PDF and WORD format) that the New England ADA Center recommends municipalities use to evaluate the accessibility and compliance of their websites with the W3C Web Content Accessibility Guidelines (WCAG) 2.0 and Section 508 Standards. A separate checklist should be completed, by a staff member or other person with administrative privileges, for each website owned or affiliated with the Town.

Once completed, the checklists should be sent to Town Engineer [...] to be added to Easton's ADA Self-Evaluation & Transition Plan (revised 9/16/20). In doing so, the Town would become eligible to apply for a grant out of the \$2.5 million (up to 250K per grant) available annually through the Massachusetts Office on Disability Municipal ADA Improvement Grant Program (see email below from MOD confirming the same). Unfortunately, the MOD is selective in the grants they give out and are never guaranteed.

Should AFAC wish to assist our Commission in working together to ensure ADA compliance of our Town websites, then I would encourage you to contact [us].

Committee response: The Commission would like to collaborate with the Easton Commission on Disability and will reach out as implementation of this Easton Age-friendly Action Plan begins.

4. AARP Massachusetts Staff Person via email on December 27, 2021

I want to start off with this plan is excellent and very well presented. Love the way you presented the desired outcomes for the identified domains then provided a path for achieving the identified goals.

I look forward to seeing how the collaboration with the schools and other organizations in the community continue to develop.

Additionally, a small edit for Strategy 2.2 encouraging universal design. Are you able to provide a specific tactic for how you hope to achieve this goal?

Committee response: The Commission discussed with Old Colony Planning Council and the Town of Easton how best to encourage universal design and agreed that the Action Plan would remain as is and the Committee would begin to unpack how best to pursue this strategy once plan implantation begins.