

# **Up-Island Council on Aging: Planning for the Future**

February 2025

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Commissioned by the Up-Island Council on Aging

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Center for Social and Demographic Research on Aging  
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## Contributors and Acknowledgements

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## Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging (CSDRA) within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Up-Island Council on Aging (UICOA). **The goals of this project were to investigate the needs, interests, preferences, and opinions of Aquinnah, Chilmark, and West Tisbury residents age 50 or older by engaging the community regarding their experiences and needs relevant to the Council on Aging's (UICOA's) objective to identify and serve the needs of older residents of Up-island.**

### Project Components

- ❖ Key informant interviews with 11 stakeholders who have direct experience with aging up-island
- ❖ Four focus groups were held: one in West Tisbury, one in Aquinnah, one in Chilmark and one via Zoom. Approximately 56 individuals participated in these conversations.
- ❖ A community survey of residents age 50+ was conducted between July and August 2024.
  - The survey was open to all older residents, with access online, by phone, and by paper.
  - We mailed paper copies to all residents aged 50 or older in Aquinnah, Chilmark, and West Tisbury; additional paper copies were available at the UICOA, the town libraries and the town halls.
  - We received 691 responses to the survey, representing a strong survey return rate of 25%.

The contents of this report are meant to inform the UICOA, other municipal departments and leadership in Aquinnah, Chilmark, and West Tisbury, and organizations that work with and on behalf of older residents of Up-island for the purposes of UICOA mission fulfillment alongside planning and coordination of services for current and future needs of residents. The report will also help to build awareness about issues facing Up-island community members at large.

A broad range of findings are reported in this document, highlighting the many positive features of Martha's Vineyard as well as concerns expressed by older residents. While many of our findings, and the recommendations that follow, intersect with the scope of responsibility of the Up-Island Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort. We summarize **key findings** and make the following **recommendations** to the Up-Island Council on Aging.

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## Up-Island Council on Aging: Challenges and Recommendations



**Key finding: Demand for Up-Island Council on Aging programs and services is high and expected to increase as the older populations of Aquinnah, Chilmark, and West Tisbury continue to grow.** According to the 2020 census, half of the residents living up-island were aged 50 or older. That share is expected to remain nearly the same in West Tisbury by 2030 (49%), but Aquinnah and Chilmark are expected to see growth in their 50+ populations by 2030: in Chilmark, 58% of the population was aged 50+ in 2020 and that share is expected to grow to 61% in 2030. Additionally, about two-thirds of the population in Aquinnah is projected to be aged 50+ by 2030. Most of the expected growth is concentrated among those age 70 and older. Survey results suggest that participation in programs and use of services offered by the UICOA is more common among older residents: 21% of those aged 60 to 69 have ever used programs or services offered by the UICOA, while 40% of those age 70 to 79 and 58% of those 80 and older indicated they have participated in programs or used services provided by the UICOA.



**Key finding: The Up-Island Council on Aging is an asset to residents wishing to age well; but its capacity to serve the growing and diverse needs and preferences of older residents is limited by its physical space.** The UICOA provides nearly all its programs and services at the Howes House in West Tisbury, but demand for programs and services has outgrown the usable space within Howes House. Focus group participants and key informants agree that the great work of the staff and volunteers at the UICOA is hampered by the lack of space and resources currently available. Currently, the Howes House building is not compliant with the Americans with Disabilities Act (ADA) and its second floor is unusable due to the condition of the building. Additionally, the current building lacks essential features that would allow the staff to meet the range of needs and interests of the older residents in the Up-island communities. For example, there is not sufficient private meeting space for confidential matters and the most popular programs—exercise classes—are held in the basement where the lighting is dim, and support-poles are scattered throughout the space where participants are exercising. There is no-bathroom on the basement level and the elevator is not reliable. In order for the UICOA to fulfill its mission to meet the needs and interests of all residents age 55 and older, expanded and updated space is needed.

About 16% of survey respondents would be more likely to participate in UICOA offerings if it included residents of all ages and functioned as a community center; that share is higher among younger respondents and those who never participate at the UICOA. When asked to rate their preferences for a future potential operational arrangement, current operations—programs and services being provided primarily at Howes House with some offerings in Aquinnah and Chilmark—was preferred most highly compared to the other two scenarios for all respondents. As well, there were large shares reporting “I don’t know,” particularly those from Aquinnah, indicating that further assessment and community engagement will be valuable to inform decisions about where and how the UICOA continues to operate.

**Recommendation: Address immediate space needs of the Council on Aging.** The UICOA is already at capacity with its current space. The Howes House Building Committee spearheaded efforts to assess and address space limitations within Howes House and their work is foundational to moving forward. To adopt recommendations that would enable the UICOA to meet the range and interests of its constituencies, additional space is needed. In considering options, we suggest that the UICOA and the three communities it serves reflect on the following:

- Convene leaders of the three communities to create a set of objectives for the UICOA space.
- Build on previous efforts to generate plans for space for the UICOA by convening a new building committee. The building committee should consider:
  - Conducting a site feasibility study to determine potential “fits” for new space
  - Explore *all* possible suitable locations in the three up-island towns. This may, or may not, include Howes House
  - Consider incorporating key features of modern senior centers:
    - Private meeting space
    - Expansive multipurpose space for exercise
      - Exercise options included space for classes and fitness equipment
    - Kitchen space that can accommodate on-site food preparation for regular meals to be served
    - Welcoming entry space and places for residents to drop-in to informally socialize
    - Classroom space for educational opportunities and lectures that includes technology capacity for remote participation
    - Energy efficiency and outdoor spaces
    - Signage and physical accessibility for persons with physical or cognitive limitations to navigate
    - Accessibility
    - Adequate parking
    - On public transportation routes
  - Potential multigenerational uses of the space in addition to UICOA operations
  - Community engagement in site selection and public education about the need for expanded space for the operations of the UICOA



**Key finding: Many older residents are not aware of the full range of offerings provided by the UICOA. As well, there’s a perception that one must ‘need’ help to participate.** When asked what would increase likelihood of using UICOA programs and services, the option, “if I had more knowledge about programs and services available” was the top response from those who never participate (48%), those who occasionally participate (46%) and even for those who participate regularly (38%). Nearly 1 in 5 survey respondents selected, “Other,” and a third of the accompanying written responses centered on not needing the programs and services provided by the UICOA. Focus group participants and key informants describe the interaction of values of independence that older islanders embody, lack of awareness of the UICOA and the physical barriers of participation of the space (e.g., physically unwelcoming and small) as being primary reasons for limited participation. Residents will realize even stronger benefits from the UICOA when awareness is strengthened.

**Recommendation: Focus efforts on increasing visibility and awareness of the Up-Island Council on Aging.** The UICOA currently advertises programs and services through a variety of media (e.g., UICOA newsletter in print and online, social media). In addition to continuing those efforts, consider expanding outreach efforts and messaging. For example:

- Continue and expand the provision of programs in satellite spaces throughout the region, particularly in Aquinnah and Chilmark, such as the municipal libraries, schools, and Chilmark Community Center, so that more residents can participate, feel involved, and decide if the UICOA is for them.
  - Consider hosting outreach “office hours” regularly in Chilmark and Aquinnah to ensure that residents have convenient access to these services.
- Expand reach of the newsletter by making printed copies available at locations in Aquinnah, Chilmark, and West Tisbury (e.g., libraries, local businesses, town halls)
- Find new ways to connect with residents as they age
  - Send a birthday greeting to residents when they turn 60, inviting them to the UICOA
  - Consider creating an incentive for “first-time” participants or a “welcome committee” at the UICOA to ensure that new participants have a pleasant first experience
- Consider re-messaging efforts at the UICOA to avoid inferences of ageism
  - Correct misperceptions about who is “eligible” to participate in UICOA activities
  - Work with the existing outlets, like *The MV Times* and *Martha’s Vineyard Community Television* to
    - Highlight programs and services offered each month
    - Publish monthly profiles of UICOA participants. Invite participants to share their experiences with UICOA staff and highlight their stories
- Consider using different messages for different audiences when marketing services and programs. For example, encourage adult children to access the UICOA webpage by including specific sections for them (e.g., sections about caregiving, support for “taking away the keys”, etc.)
- Assess the feasibility of recruiting a volunteer or intern to support staff with outreach and communications



**Key finding: Programs and services that facilitate independence and intellectual stimulation are desired by many survey participants, with some different priorities from those with no or limited engagement with the UICOA.**

Among all survey respondents, nearly half would prioritize lectures, guest speakers, or cultural events, and almost a third would prioritize education courses/programming for program expansion. More respondents who participate at the UICOA at least once a month and those who attend a few times a year prioritized indoor fitness and technology skills classes than those who never participate. Those who never participate and those who attend regularly prioritized volunteer opportunities, arts programs, and skill development more frequently than those who participate occasionally. Resident focus group participants commented on the unifying experience of sharing a meal and the power that the weekly lunches (monthly in Aquinnah) have at drawing in a range of people and providing opportunities to maintaining sense of community in the face of aging related changes by sharing a meal with others.

Regarding essential services, UICOA participants and non-participants alike prioritized transportation to medical appointments off-island (42%), professional services (e.g., tax prep, legal services, financial advisor; 33%), information/referral for social services (30%), transportation to on-island medical appointments (30%), and in-home programs (e.g., friendly visiting or help with minor chores/errands; 30%) most highly. However, a third of respondents who attend occasionally cited the SHINE program as a priority, and those who attend regularly prioritized nutrition programs (e.g., grab ‘n’ go or home delivered meals on-site meals or café services) more frequently than other respondents.

**Recommendation: Expand programs and services offered by the UICOA to reach a broader segment of up-island residents.** While the UICOA already offers a variety of programs, identifying opportunities for expansion is critical to continue meeting the needs and interests of older residents of Aquinnah, Chilmark, and West Tisbury. We make the following suggestions for addressing programming expansions:

- Seize the opportunity to implement programs and services that will support the active, healthy-aging goals of older adults. Prioritize the most valued programs and needed services and let those programming needs direct discussions about space and staffing requirements
  - Many survey respondents wrote in ideas for programs and services they would like to see at the UICOA, such as more information and referral (e.g., medical care, home maintenance services), social groups, skills-based activities, creative programs—these can provide a starting point for determining what areas to prioritize
  - Focus group participants desired activities such as animal therapy, outdoor events, intergenerational programs, and educational programming to prepare for aging-related changes (e.g., ageism, mental wellness, brain health)

- Recruit older residents with skills and knowledge (e.g., retired tradespeople, teachers, doctors) to share their expertise through programs, lectures, or ‘lunch and learn’ events
- Explore ways to expand congregate meal opportunities for residents
- Consider extending hours to include late afternoon, evening, and weekend hours, to reach those who are still working or have other daytime commitments
- Address the need for additional staff as programs and services are improved and expanded and participation increases
  - Consider selectively increasing the involvement of volunteers in staffing the Council on Aging. Recognize that recruiting, training, and managing a strong volunteer program will require additional paid staff effort

**Recommendation: Continue growing the capacity of the UICOA to assess participants’ levels of engagement and satisfaction with program variety.** Specific examples could include:

- Evaluate ways to maximize current use of the MySeniorCenter software for streamlining attendance records, member information, and annual reporting
  - Identify opportunities to introduce participants to use the software directly, which can reduce staff efforts to manually input participation information from paper sign-in sheets. These may include
    - Teaching participants to create and update a member profile
    - Given space constraints at the main entrance of the Howes House, having a sign-in kiosk right as people enter the building cannot be monitored by front desk staff and volunteers. Alternatively,
      - Re-introduce the sign-in kiosks for select programs (e.g., exercise class) and build up to requiring electronic sign-in for all programs
      - Look into acquiring a few mobile scanners that can be managed by instructors for programs within Howes House and for programs offered in satellite spaces between Aquinnah, Chilmark, and West Tisbury
- Provide a comment box to solicit feedback and ideas for additional programming
  - Review comments left regularly and feature responses publicly, such as in the newsletter

**Recommendation: Nurture existing cross-departmental and public-private relationships and encourage the development of more partnerships.** The UICOA does not need to reinvent the wheel with respect to developing and implementing programs and services when there is a network of agencies on Martha’s Vineyard addressing the needs and interests of older residents. Specific examples could include:

- Strengthen communication and information sharing across all Martha’s Vineyard COAs:
  - Advocate for monthly or quarterly meetings of all COA Directors on Martha’s Vineyard to discuss current challenges and opportunities within communities and across the Island that can facilitate coordination of programs and services.
    - For example, this could be led by Elder Services of the Cape & Islands and/or Healthy Aging Martha’s Vineyard
  - Produce a shared calendar of programs and services offered by all COAs each month

- Work with *MV Times* to make information more accessible. This may be a good outlet to publish an island-wide shared calendar of programs and services for older adults
  - Suggest more consistent reporting under the “55+” column
  - Cross-list “Islander Profiles” with the “55+” column as appropriate to expand readership
  - Recommend making the “55+” column more readily available on the MV Times website, such as adding it under “Quick Links” or listing it under Community Columns<sup>1</sup>
- Collaborate with other organizations on grant opportunities that can support program and service expansion (e.g., community transit, home delivered meals, evidence-based programming) for up-island older adults
- Strengthen relationships with other municipal departments in Aquinnah, Chilmark, and West Tisbury
  - Develop mechanisms by which departments in all three communities (e.g., Police and Fire) can communicate with the UICOA about vulnerable seniors as a strategy to prevent serious isolation and its negative effects
  - Work with public safety officials to identify ways of sharing integral information about residents who may benefit from additional services and supports provided by the Up-Island Council on Aging
  - Reinvigorating collaborations between COAs and schools, such as mentorship programs, shared meals, and reading initiatives, can foster meaningful connections across age groups

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## Aging in Aquinnah, Chilmark, and West Tisbury: Challenges and Recommendations



**Key finding: Limited transportation options up-island are a challenge to aging in place. This is particularly true for those with mobility limitations.** There are limited transportation options in Aquinnah, Chilmark, and West Tisbury, which is particularly challenging for those who do not drive and those who drive with limitations (e.g., avoid driving at night, on the highway, in inclement weather, etc.). Although the majority of survey respondents drive themselves, 16% of those 80 and older do not drive. An additional 23% of those age 80 and older drive with some limitations, while 13% of those age 70 to 79 do not drive or drive with some limitations. Other aspects of a community also impact one’s ability to get around. About 27% of respondents reported walking and biking is not safe or feasible.

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<sup>1</sup> <https://www.mvtimes.com/community/>

**Recommendation: Continue efforts to make up-island accessible for all, with particular attention on those with mobility impairments and advanced age.** For example,

- Promote awareness of transportation options already available on Martha’s Vineyard, including medical trips but also “amenity trips” for social participation
- Advocate for extending routes, hours, and on demand services available on Island
- Explore feasibility of developing a transportation program provided by the UICOA
  - Evaluate opportunities to use existing municipal vehicles for transportation services to older residents
  - Focus group participants suggested piloting a shuttle service in between COAs or expanding the door-to-door transportation options. Encourage ridership by offering a “travel training” program
- Assess the viability of continuing or expanding partnerships with local healthcare or social service providers to supplement transportation



**Key finding: Risk of social isolation and loneliness among older residents is growing.** About 22% of older adults live alone up-island; that increases by age with almost half (34%) of those age 80 or older living alone. Those who live alone reported feeling less financially secure than those who live with others. Nearly 1 in 4 survey respondents do not know someone living nearby on whom they can rely for short-term help when needed, and that share is higher for seasonal residents (38%). A quarter of survey respondents also do not know whom to contact for help accessing social services or municipal services, indicating a sizeable share of the up-island 50+ population who may be disconnected from important services.

Focus group and key informant interview conversations illuminated that one of the most significant challenges living on Martha’s Vineyard is social isolation and exclusion. Many older adults experience loneliness due to limited mobility, lack of transportation, and fewer opportunities for social interaction. Without accessible programs and services, maintaining meaningful connections becomes increasingly difficult. Issues of isolation, both geographic and social, are particularly salient in Chilmark and Aquinnah where there are few places for residents to interact regularly and properties set far apart create barriers for those who may be experiencing physical mobility changes or during dark times of day or bad weather.

**Recommendation: Promote stronger community cohesion across and within Aquinnah, Chilmark, and West Tisbury to combat social isolation.** Drawing on neighborhood connections, the up-island region could foster ways for residents to work together on strategies for addressing social isolation and loneliness of residents. Some examples to consider include,

- Host “meet your neighbor” events to bring residents together. Provide information about public safety and other community events. Encourage ways for neighbors to help neighbors and share information
- Encourage businesses to think about ways to increase sensitivity to meet the needs of older residents

- Curate a network of residents who are willing to do odd jobs or help with errands to facilitate neighbor-to-neighbor interactions
- Explore opportunities to launch a Village<sup>2</sup> that will support growing needs related to companionship, transportation, and home maintenance supports. Alternatively, encourage residents to join Vineyard Village at Home, an existing Village serving Martha’s Vineyard since 2006<sup>3</sup>
- For residents with family out of town, consider creating an “Adopt-a-grandparent” program in which local residents can meet up with younger families and do things together like celebrate Grandparents Day with a luncheon or bake cookies for the holidays.
- Consider celebrating National Good Neighbor Day (9/28) or Older Americans Month (May) with a series of “Let’s Chat, Up-Island” programs in which residents come together to be in conversation with one another that are exhilarating, inspiring, and meaningful.
- Consider the dedication of existing benches or installation of new benches as “age friendly” or “happy to chat” benches that include features like shade, arm rests, and solid pathways to/from the bench.



**Key finding: Caregiving is common, and families could use support.** About 43% of survey respondents reported providing care or assistance to someone with a disability or frailty in the past 5 years. Caregiving was higher among younger respondents (50% of those in their 60s), who are also more likely to still be working. Most caregivers reported experiencing reduced quality of life, including deteriorated social life (36%), deteriorated mental health (28%) and physical health (27%), and deteriorated finances (23%). The most frequently identified supports that we would have been helpful included formal in-home caregiving or homemaking services (40% of caregivers) and informal support from friends and family (39% of caregivers).

**Recommendation: Enhance direct support for caregivers living up-island.** For example,

- Consider hosting a “Caregiver’s Night Out” to provide residents who might be caring for a spouse, parent, or grandparent an opportunity to enjoy a night of entertainment
  - Explore partnerships with volunteer groups and other aging service providers to provide respite care during the event
- Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available. Consider hosting a family caregiver “resource fair” as an opportunity to connect the UICOA with family caregivers
- Consider ways to connect residents with respite. This could include coordination among Vineyard UICOA’s to pilot-test a drop-in respite program or supportive day program

<sup>2</sup> <https://www.vtvnetwork.org/>

<sup>3</sup> <https://vineyardvillage.org/>

**Recommendation: Promote public education and awareness of caregiving experiences, particularly for Alzheimer’s Disease and other dementias, as indirect support for caregivers.** For example,

- Encourage municipal employees and resident volunteers to become “dementia friends<sup>4</sup>” to learn more about communication and reduction of stigma around dementia
- Through partnerships like Healthy Aging MV or Martha’s Vineyard Hospital, continue to promote brain health education and activities and increase public awareness of the disease<sup>5</sup>

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## Next Steps for the Up-Island Council on Aging

The UICOA, along with other agencies and community stakeholders, have already committed to planning for the current and future needs of older residents on Martha’s Vineyard. Most notably, efforts to update the Howes House, as well as updating administrative documentation of the UICOA, have been priorities over the last few years. Moreover, a new director of the UICOA was hired in the spring of 2024, replacing a longtime and beloved director upon her retirement. An outreach coordinator was also hired in 2024 bringing the staff to its full capacity. This marks a new era for the UICOA and is an ideal time to embark on strategic planning.

The recommendations and example action items laid out in this report address a broad range of findings from this assessment and represent varying levels of effort, collaboration, and community engagement needed for implementation. It is up to the UICOA Board and staff to determine how to prioritize areas to focus on in the short-, mid-, and long-term. That said, we recommend that the following are prioritized for more immediate action

1. Continue and expand efforts to provide programs and services in Aquinnah and Chilmark. Engage in partnerships with local businesses, the public libraries, schools, and other accessible spaces to host programs and services.
2. Seize the opportunity to implement programs and services that will support the active, healthy-aging goals of older adults. Prioritize the most valued programs and needed services—many ideas were identified during data collection and are included in this report.
3. Consider re-messaging efforts at the UICOA to avoid inferences of ageism and misconceptions about eligibility to participate. Clarify that the UICOA is a resource for *all* older residents of up-island through a variety of media.
4. Convene leaders of the three communities to create a set of objectives for the UICOA space.
5. Build on previous efforts to generate plans for space for the UICOA by convening a new building committee. Explore *all* possible suitable locations in the three up-island towns. This may, or may not, include Howes House.

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<sup>4</sup> <https://dementiafriendsusa.org/>

<sup>5</sup> <https://www.bc.edu/bc-web/bcnews/nation-world-society/social-work/exhibit-on-dementia.html>

## Introduction

The towns of Aquinnah, Chilmark, and West Tisbury—together, known as the up-island region of Martha’s Vineyard—are located on the westernmost side of the island, occupying about 55% of the island’s 57,599 acres of land<sup>6</sup>. The up-island communities also have the smallest populations on the island, thus making Aquinnah, Chilmark, and West Tisbury the least densely populated and more remote communities in relation to down-island communities.

All of Martha’s Vineyard is comprised of a significant share of older adults (i.e., residents aged 60 and older) and those soon to identify as older adults (e.g., residents age 50-59). In fact, nearly half of Dukes County residents were aged 50 and older in 2020, and that share is expected to remain about the same by 2030<sup>7</sup>. The share of residents aged 50 and older in West Tisbury is comparable to that of the county in both 2020 and 2030, but in Chilmark, 58% of the population was aged 50+ in 2020 and that share is expected to grow to 61% in 2030. Additionally, about two-thirds of the population in Aquinnah is projected to be aged 50+ by 2030. Indeed, it is expected that growth rates of older adults will outpace those of younger segments of the population. In part, this can be attributed to the attraction of Martha’s Vineyard as a retirement destination. Its beautiful beaches and other outdoor amenities plus the close-knit community of residents make it an idyllic place to age.

Results from an island-wide survey conducted by Healthy Aging Martha’s Vineyard (HAMV) in 2020<sup>8</sup> suggest that older residents of Martha’s Vineyard enjoy living on the island and want to continue aging in place but have concerns about having the necessary services and supports to do so. The Up-Island Council on Aging (UICOA) currently serves many older adults who benefit from their programs and services designed to address aging related needs and prolong independence. As a shared entity supported by municipal governments of Aquinnah, Chilmark, and West Tisbury, the UICOA is an important and valued resource, operating as the region’s central point of contact for older residents who seek services to promote healthful and fulfilling lives. Growth of the older adult population therefore has special significance for the UICOA and increasing demand for its services and programs can be expected moving forward.

This report presents the results of a comprehensive examination of issues relating to aging in Aquinnah, Chilmark, and West Tisbury. A needs assessment was undertaken to support planning on the part of the UICOA, and the region as a whole. Results presented here focus on the characteristics and needs of Aquinnah, Chilmark, and West Tisbury residents who are aged 50 and older. While the primary goal of this report is to support strategic planning of the UICOA, a secondary goal is to present information that will be useful to other municipal offices and organizations interacting with older residents and considering plans for the future of the up-island region.

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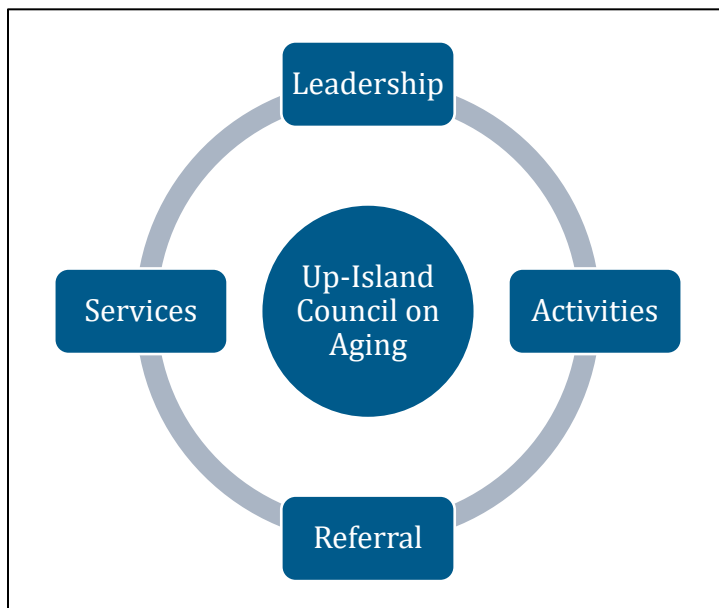
<sup>6</sup> As reported in the Martha’s Vineyard Statistical Profile of 2023, produced by the Martha’s Vineyard Commission: [Statistical Profile | mycommission.org](https://mycommission.org)

<sup>7</sup> Source: 2024 Vintage Projections estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/>. Calculations for Dukes County include Gosnold.

<sup>8</sup> [2020 Survey | healthyagingmy](https://healthyagingmy.com)

## The Up-Island Council on Aging

In Massachusetts, Councils on Aging (COAs) are municipally appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities, they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a senior center, a community space that houses senior services and programs, along with the staff and volunteers offering them. The Up-Island Council on Aging is a consortium representing and serving the towns of Aquinnah, Chilmark, and West Tisbury and is “*responsible for the administration, development and coordination of older adult programs. We are committed to expanding our programs to meet the ever-changing interests and needs of people who are 60 years of age and older. Further, the UICOA promotes the well-being of all Up-island residents.*”<sup>9</sup>



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

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

The UICOA consists of a 9-member advisory board, with each town’s Select Board appointing three members. The UICOA Board of Directors meets monthly and provides policy-setting guidance to the Director, a full-time paid staff person who is responsible for departmental operations. Other paid staff include an assistant director, administrative assistant, and an outreach coordinator. UICOA Board members help to set goals and objectives, and to offer their support and advocacy to help implement and promote the UICOA’s mission. Additionally, the UICOA Board promotes and helps educate the community on issues of importance to older adults and advocates on their behalf.

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<sup>9</sup> Source: <https://www.westtisbury-ma.gov/island-council-aging>

The adopted municipal budget for the Up-Island Council on Aging during Fiscal Year 2025 is \$356,219<sup>10</sup>. The budget is managed by the Town of West Tisbury, though the towns of Aquinnah and Chilmark contribute a proportionate share of the budget based on the size of the older population in each community<sup>11</sup>. The UICOA also relies on funds from the Executive Office of Aging & Independence (formerly the Executive Office of Elder Affairs) by way of the Formula Grant, which allocates \$15 per resident age 60 and older (with a minimum set at \$7,500) to each community during FY2025<sup>12</sup>. This amounted to \$7,500 for Aquinnah, \$8,265 for Chilmark, and \$19,290 for West Tisbury, totaling \$35,055 for FY2025. Another significant funding source for the UICOA is the Friends of the Up-Island Council on Aging, a 501(c)(3) volunteer-run non-profit which provides financial support to the UICOA through donations and fundraising<sup>13</sup>. During calendar year 2024, the Friends group donated \$12,920 which helped pay for special programs support and grounds maintenance. As well, they supported the Gift Fund, established in 2023 to provide up-island older residents financial assistance for essential costs, such as heating and utilities, prescriptions, transportation, and groceries; in 2024, assistance amounting to \$19,385 was provided to almost 21 households of Aquinnah, Chilmark, and West Tisbury<sup>14</sup>. The UICOA may also receive grant support from other sources, gifts and donations, and charge nominal fees for some activities.

The Council on Aging is located at Howes House in West Tisbury and is open Monday-Friday 8:30am-4pm. An array of services, resources, and programs are offered for free or at low cost to community members who are aged 60 and older<sup>15</sup>. Staff at the UICOA also refer eligible residents to services and programs available through other offices and organizations. Programs, services, and initiatives offered through the Up-Island Council on Aging include:

**In 2024, the UICOA served about 35% of up-island residents age 60+:**

- ❖ 82 from Aquinnah
- ❖ 125 from Chilmark
- ❖ 584 from West Tisbury
- ❖ 66 from other communities

- *Nutrition Offerings:* The UICOA provides a congregate lunch once a week at Howes House, a monthly luncheon at the Aquinnah Town Hall at noon on the last Wednesday of every month, and a coffee café at the Chilmark Library on the first Friday of every month. The UICOA distributes produce and dry goods once a month to those who meet a financial threshold through sponsorship from the Massachusetts Department of Agriculture; this program reaches 20-30 older adult households up-island<sup>16</sup>. Also, collaboration with the Island Grown Initiative allows for delivery of frozen meals and soups every Wednesday. The UICOA participates in the Martha's Vineyard Striped Bass and Bluefish Derby by distributing caught fish to residents up Aquinnah, Chilmark, and West Tisbury. During 2024, 181 individuals benefited from nutrition programs offered through the COA, which amounts to about 21% of the total number of participants over the course of the year.

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<sup>10</sup> [FY2026 Budget Compilation.xlsx](#)

<sup>11</sup> [UICOA board meeting minutes 12 18 2023.pdf](#)

<sup>12</sup> [Notice: Release of Fiscal Year 2025 Formula Grant to Massachusetts Councils on Aging - COA Administrator](#)

<sup>13</sup> [About Us | Friends of Howes House](#)

<sup>14</sup> 2024 Annual Town report of the UICOA, provided by the COA Director

<sup>15</sup> Participant counts presented in the blue box come from the 2024 Annual Report of the UICOA. The percent of the up-island 60+ population who participated was calculated using the local town census' from Aquinnah, Chilmark, and West Tisbury described later in this report.

<sup>16</sup> [february 2025 newsletter.pdf](#)

- Outreach: The UICOA assists older adults and their family members with their concerns and needs on a daily basis. Social services staff provide residents with information and referrals for housing assistance, in-home services, and caregiver information, as well as health insurance counseling (SHINE) and other benefits counseling (e.g., fuel assistance, SNAP). During 2024, UICOA staff provided over 400 cases of direct service to residents of Aquinnah, Chilmark, and West Tisbury.
- Support Services: Support groups (e.g., Parkinson’s support, Aging Greatfully with Dr. Michael Jacobs), durable medical equipment loans, provision of personal care products, wellness checks, case management, general support (e.g., assistance with errands, companionship, and socialization) are provided regularly through the UICOA and through collaboration with other organizations. During 2024, 1 in 5 participants (n=174) took advantage of the durable medical equipment program.
- Health & Wellness: The UICOA provides a wide variety of programs that help residents stay healthy, such as clinics (e.g., audiology), health education, and fitness and exercise (e.g., gentle yoga, strength training, gentle fitness for balance). Fitness classes are offered both in person and remotely via Zoom or Google Meet, allowing people to participate as is most suitable for them. Wellness and fitness programs are among the most popular at the COA, with 89 individuals accounting for 3,281 interactions with these offerings over the course of 2024.
- Professional Services: Legal assistance, notary public services, important document lamination, and AARP Tax Preparer Assistance are some of the professional services consistently offered through the UICOA.
- Recreation & Social Events: Regularly scheduled cards and dice games (e.g., American Mah Jong, Bridge), arts and crafts (e.g., ProCRAFTinators group, knitting group), and other social activities are also offered by the UICOA.
- Education: Programs that provide learning opportunities include technology skills classes, such as smartphone help in collaboration with HAMV and the West Tisbury library, and short-term classes (e.g., Writing Through<sup>17</sup>). The UICOA hosts informational programs and presentations on topics such as Dementia Friendly, Home Energy Assistance, and Emergency Preparedness.
- Transportation: Through the UICOA, older residents of up-island can get Martha’s Vineyard Transit Authority (MVTA) bus senior passes for \$40. Also, the UICOA provides information and helps connect residents to other transportation services on Martha’s Vineyard, including the GoGo Grandparent Pilot Program through Healthy Aging Martha’s Vineyard, and the VTA Medivan program, which provides off-island medical transportation.
- Newsletter: A complete calendar of programs and events is available at the UICOA and is available online<sup>18</sup>. Residents are also able to subscribe to have the monthly newsletter emailed or mailed to them each month. Currently, 200 people receive the emailed newsletter and approximately 30 copies are printed and made available at Howes House.

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<sup>17</sup> [UICOA newsletter may 2024.pdf](#)

<sup>18</sup> <https://www.westtisbury-ma.gov/island-council-aging/pages/newsletters>

- *Volunteering:* In addition to paid staff, the UICOA is supported by numerous volunteers who support daily administrative and programmatic operations; during 2024, volunteers committed over 180 hours of service.

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

## Space Limitations of Howes House

The Howes House has been a valued structure in the community since before the turn of the 20<sup>th</sup> century and has been home to the Up-Island Council on Aging for decades. A facility condition assessment was conducted in 2010<sup>19</sup>, which noted that although all the components and structures of the building were in good or fair condition at that time, most would need replacement or upgrades by 2026 (e.g., roof, exterior walls, pavement and asphalt, HVAC systems, interior finishes, life safety systems). Of note, the existing elevator was described as “obsolete and parts are difficult to obtain” (p.22) and had an estimated Remaining Useful Life of 3 years. As well, commercial kitchen appliances were noted as having an expected useful life of 20 years, and in 2011 were estimated to be about 10 years old, indicating likely replacements necessary around 2021. The assessment included a limited scope assessment of ADA accessibility, using an abbreviated accessibility checklist. Findings reported an immediate need to extend the left-side handrail of the exterior ramp such that it continues to end of the ramp, as the right-side handrail does, and suggested a full ADA compliance survey may identify other areas of improvement. The Howes House has undergone some routine maintenance and renovation projects to maintain its structural and cultural integrity, but despite these efforts, the second floor of Howes House remains unusable, and the building presents accessibility challenges.

Conversations about addressing the space needs of the UICOA and their relation to the Howes House have been ongoing since at least 2019<sup>20</sup>. In 2021, the Howes House Building Project was initiated, and the Howes House Feasibility Study Committee was assembled to assess potential renovations and/or expansions of the Howes House building to better suit the current and future needs of the community. The Committee, in collaboration with Healthy Aging Martha’s Vineyard, conducted 6 focus groups in October 2022 to seek input from older residents of up-island and stakeholders that serve older residents on the Vineyard about challenges experienced accessing Howes House and forward thinking about important physical attributes that are needed in a gathering space for older residents<sup>21</sup>. For example, the current space is difficult to identify from the road given its residential look and dark exterior. Upon entry to Howes House, the reception desk is not visible and stairs to the basement and entry to the kitchen are the first things participants encounter. Exercise space, in the basement, is limited by support beams that obstruct participants’ range of motion and dim

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<sup>19</sup> Facility Condition Assessment of Howes House, prepared by EMG. EMG Project #: 95268.10R-002.017; Date of Report: February 22, 2011; On site Date: December 22, 2010

<sup>20</sup> <https://www.westisbury-ma.gov/council-aging/agenda/howes-house-space-needs-committee-agenda-9-17-19>

<sup>21</sup> [Howes House Focus Group Analysis Slides](#)

lighting. Also, this important program space does not have a bathroom, and participants must go upstairs to use the bathroom. Staff offices are not private such that they cannot have confidential conversations in their office. Results from these focus groups suggested that the Howes House has exceeded its physical capacity to keep up with the demand for varied and innovative programs and services desired by older residents.

Results from these focus groups informed the next steps by the Howes House Building Committee, and by June 2023, draft renovation plans for the Howes House<sup>22</sup> were developed by Keenan & Kenny Architects, Ltd, intended to address basic structural updates as well as square footage expansions to accommodate space needs of the UICOA. However, moving forward with the proposed renovations to Howes House has been put on hold after discussions with the Historic District Commission, which reviews and approves all construction projects within the district<sup>23</sup>.

By late 2023, the Up-Island Council on Aging was facing upcoming changes and a need for internal assessment. First, the long-time director, Joyce Albertine, was scheduled to retire by June 2024, and a new director search was conducted by the UICOA Director Search Committee. Secondly, the UICOA Bylaws and Memorandum of Understanding between Aquinnah, Chilmark, and West Tisbury required review and updating to formally reaffirm the working relationship between the three communities<sup>24</sup>. The Bylaws/MOU subcommittee of the UICOA Board was established and, as of December 2024, all three Select Boards have approved updated bylaws and are reviewing the updated Memorandum of Understanding. And lastly, reflections from the Howes House Building Committee process prompted the UICOA to establish a Facilities/Strategic Planning subcommittee to more broadly assess the needs of older residents living up-island and how those needs may influence physical space for programs and services.

## Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses in order to capture a broad and deep understanding of the Up-Island Council on Aging, the towns of Aquinnah, Chilmark, and West Tisbury, and their older residents. Methods used in compiling this report include analysis of existing data and primary data collected through qualitative and quantitative methods. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and from projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including key informant interviews, focus groups, and through a community survey. Additional information about Martha's Vineyard, and more specifically, Aquinnah, Chilmark, and West Tisbury was gathered from Healthy Aging Martha's Vineyard, Martha's Vineyard Commission, and town websites. Information about the UICOA was retrieved from material drawn from the Council on Aging website and recent newsletters<sup>25</sup> as well as original data collected for this study.

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<sup>22</sup> [howes house - w tisbury UICOA progress drawings 6-21-23 reduced file size.pdf](#)

<sup>23</sup> <https://www.mvtimes.com/2023/06/30/howes-house-renovation-hits-snag/>

<sup>24</sup> [UICOA board minutes nov 6 2023.pdf](#)

<sup>25</sup> <https://www.westtisbury-ma.gov/island-council-aging>

## Focus Groups

Four focus groups were conducted in support of this study. Three of these focus groups were conducted in-person, with residents, in each of the three communities served by the Up-Island Council on Aging. The fourth focus group was conducted via Zoom with community stakeholders across the island. A total of 56 people participated in a focus group. All focus groups were recorded.

## Key Informant Interviews

In the fall of 2024, we conducted interviews with 11 individuals who are leaders in the community, both formally and informally. We spoke with the current and former directors of the Up-Island Council on Aging, as well the members of the Up-Island Council on Aging Board, select board members from Aquinnah and Chilmark, the West Tisbury Town Administrator. We also spoke with COA directors in Edgartown and Oak Bluffs. Interviews focused on the key informants' perceptions relating to unmet needs, as well as foreseeable community needs, and potential solutions that promote aging in place and wellness among residents. All interviews were conducted remotely via videoconference software. Interviews ranged from 30 to 60 minutes.

## Community Survey

In collaboration with the Up-Island Council on Aging, a community survey was developed for this assessment and mailed to all residents of up-island, age 50 and older (N=2,724). A mailing list was developed based on current town censuses, which were each obtained from the Town Clerks of Aquinnah, Chilmark, and West Tisbury. Postcards were mailed to participants alerting them that they would be receiving a survey in the mail approximately one week following the postcard. Subsequently, printed surveys were mailed to up-island residents age 50 and older, along with a postage-paid return envelope. The survey was also made available online via the towns' websites and publicized using social media and other electronic and print media (e.g., printed flyers across the region). A total of 691 responses to the survey were collected, representing a strong return rate of 25% (see **Tables 1** and **2**). About 19% of responses were returned online and the remaining 81% were returned by mail.

## Data Analysis

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

## Results

### Insights from Key Informant Interviews & Focus Groups

Notes and audio recordings were reviewed, and crosscutting themes are described in this section. Key informants and focus group participants describe those aging up-island as aspiring to maintain their independence at home and to maintain meaningful engagement with nature and in relationships with friends and neighbors. Participants acknowledged that the Up-Island Council on Aging offer programs that facilitate physical activity and resources to maintain independence at home while offering a multitude of opportunities for residents to engage meaningfully with one another and the communities. Having a place like Howes House where people can gather, participate in health and wellness programs, and get access to information about available resources and information is universally understood to be a key asset of the area; and also, a rather unique occurrence where so many things can be addressed in one location.

### Barriers to Engagement at Howes House

#### *Attitudinal Differences Across Communities*

Key informants and focus group participants acknowledge the necessity of the UICOA and the programs and services that it offers to residents of the-three communities of Aquinnah, Chilmark, and West Tisbury. They describe factors that limit the Howes House from being more widely used and known. There is an overall culture in the communities that creates an environment in which residents may be hesitant to travel to West Tisbury for social programming. In other words, the same “small town feel” that makes up-island desirable for people who value independence, being in nature, and solitude, can make it challenging to engage them in formal communities on the Island, like participation at Howes House. It was described by participants that broader concerns of social isolation are afoot, particularly up-island. Exacerbated by the rural nature of the area, one informant articulates the importance of *recognizing when isolation goes from being a personal choice to a negative set of circumstances*. It is also of note that the issues of isolation, both geographic and social, are particularly salient in Chilmark and Aquinnah where there are few places for residents to interact regularly and properties set far apart create barriers for those who may be experiencing physical mobility changes or during dark times of day or bad weather. One informant illustrates by saying, *“the rurality of Aquinnah makes it very special. People are here because they love it and the rural aspects of it. People have to wait a long time to get help with things and that can be frustrating”*. Suggesting that increasing the flexibility of services and programs is one avenue to consider when conducting outreach.

#### *Infrastructure of Howes House Limits its Capacity to Adapt to Growth or Change in Community Needs*

***Relatedly, there is a common perception that the UICOA primarily serve the “old and frail,” which deters many residents who do not identify with this demographic. This stigma is amplified by the inadequate conditions of Howes House.*** For instance, one key informant referred to Howes House as a *“dumpy little building”*. For some, the dismal qualities of the space and limited capacity of programs are among deterrents to participate, as well.

Others mention its lack of natural light, unclear and unwelcoming entrance barriers to participation; and one person mentions the fact that it is easy to pass the building without knowing it is a public space. Another describes the fact that the exercise space is downstairs in a basement room with metal poles that are difficult to navigate during classes like Zumba or Yoga makes it unwelcoming to new participants—for one reason there is not enough space, and it can be scary to consider the risk of falls in such exercise space. Not to mention that there is not a bathroom in the basement, so participants have to go upstairs to use the bathroom. There is an elevator in the building, but it is known for being unreliable and so use of it is avoided at all costs. The second floor is completely uninhabitable at this time. There is also very limited greenspace to access by participants of the UICOA, a feature that might attract additional participants. Across interview and focus group participants, there ***was no shortage of accolades for the excellent staff of the UICOA and that they could do much more with higher quality space.***

### *Transportation & Financial Security*

Transportation is a critical barrier for many older adults trying to access programs and social opportunities at the Up-Island Council on Aging (UICOA). Participants comment that participation at Howes House, a central hub for services, remains limited despite its strategic location near the library and historic district. Without consistent and accessible transit options, many seniors find themselves isolated, unable to participate in essential programs that support their well-being, social engagement, and overall quality of life. The lack of transportation options disproportionately affects those in more rural areas, making it even more difficult for them to stay connected to the community.

Challenges getting to the Howes House were discussed, particularly for residents in Aquinnah and Chilmark. Residents in these communities are geographically distant from Howes House in West Tisbury and live in more rural communities than the rest of Martha's Vineyard. The geographic isolation can contribute to feelings of social isolation that inhibit motivation to participate in programs offered at Howes House. ***For those in Aquinnah, it is a 20-minute drive to Howes House and there are no transportation options available. For residents of Chilmark, it is only a 10-minute drive; but the physical location of Howes house is a deterrent for participation in these two communities.*** The UICOA continues to work at conducting outreach that permeates these barriers of social isolation and rurality.

In addition to transportation challenges, the lack of walkability and outdoor gathering spaces further restricts participation at Howes House. Many older adults rely on safe and accessible pedestrian pathways to move around, yet limited infrastructure and inadequate sidewalks make it difficult for them to do so safely. Without well-maintained walking routes and inviting outdoor spaces, opportunities for spontaneous social interaction and community engagement diminish, leaving many feeling disconnected.

Not all older residents of the up-island communities have sufficient financial resources. In fact, focus group participants illustrate the various strains on financial circumstances that make aging well a challenge. For example, rising costs of living can mean that older adults need to work later in life to meet financial demands. The higher costs of living on the Island as well as rising expenses, coupled with insufficient retirement savings, mean that many seniors must continue working well past the

traditional retirement age. An alternative scenario is that retired residents, living on a fixed income, are forced to make decisions about how to allocate their resources—and sometimes this means going without social activities like going out to lunch or seeing a movie. It can also mean rationing prescription drugs or making unhealthy food choices. ***These financial strains make the programs and events offered by Howes House incredibly valuable.*** Addressing these barriers—considering programs for people who are still working, aiding in job training or retirement planning, and continuing to offer low-cost or free meals and social events—would help ensure that more older residents have the opportunity to participate fully in their community.

## Addressing Broader Challenges

The aging population on Martha’s Vineyard faces a range of systemic issues that impact their ability to live independently and engage fully in the community. One of the most significant challenges is social isolation and exclusion. Many older adults experience loneliness due to limited mobility, lack of transportation, and fewer opportunities for social interaction. Without accessible programs and services, maintaining meaningful connections becomes increasingly difficult. Maintaining strong social connections is further complicated by the transient nature of residents who travel to the mainland or spend parts of the year elsewhere. ***Risk of, and response to, social isolation is an important need to consider when promoting healthy aging on the Vineyard.***

*A shortage of healthcare providers leaves older adults with fewer options for medical care. This issue is particularly concerning for those with chronic conditions, physical disabilities, or cognitive impairments who require consistent and specialized care. High living costs add to another layer of difficulty, making it harder for older adults to afford necessary services, healthcare, and daily living expenses.*

Limited housing options and the high cost of property maintenance make it difficult for seniors to remain in their homes, especially those with mobility issues or financial constraints. ***The lack of skilled technicians and home repair services further complicates aging in place, as many seniors struggle to find affordable, reliable help for necessary home modifications and upkeep.***

Transportation and walkability remain persistent concerns—particularly up-island where residents are car-dependent for nearly all aspects of life. Many areas of Martha’s Vineyard lack pedestrian-friendly infrastructure, making it difficult for older adults to walk safely or access essential services. Additionally, transportation services are limited, preventing seniors from easily traveling to medical appointments, grocery stores, or social events. Resources like the MVTA<sup>26</sup> and Go-Go Grandparent<sup>27</sup> can help—but it takes time and effort to educate the community about these resources to drive ridership.

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<sup>26</sup> <https://www.vineyardtransit.com/>

<sup>27</sup> [https://www.hamv.org/files/ugd/c951bb\\_352f3a7940094b98a295978d49eb00b6.pdf](https://www.hamv.org/files/ugd/c951bb_352f3a7940094b98a295978d49eb00b6.pdf)

Beyond these physical and logistical challenges, the emotional aspects of aging, such as dealing with inner conflict and reconciling with one's experience of aging, are often overlooked. Many older adults struggle with a sense of loss, changing identities, and the need for emotional support. *Access to mental health resources and community support groups is essential in helping them navigate these transitions.*

Despite these challenges, the island's residents value kindness, advocacy, and inclusion. Programs that emphasize these qualities, while accommodating the unique lifestyle and rural characteristics of the Vineyard, hold promise for addressing the needs of older adults.

## Opportunities for Collaboration and Innovation

Efforts to strengthen coordination among UICOA's, address transportation barriers, and enhance programming in welcoming spaces like Howes House will be vital. By leveraging the island's deep sense of community and fostering collaboration among stakeholders, Martha's Vineyard can continue to be an ideal place to age while addressing the evolving needs of its older residents.

Participants identified several potential strategies to enhance services and combat isolation:

- **Producing a shared calendar of programs and services across all island Councils on Aging.**
- **Pilot-test a mobile unit that goes into the communities of Martha's Vineyard to promote access to programs and services.** For example, application assistance (e.g., applications for Medicare, property tax abatements, fuel assistance, or meals on wheels) and education about UICOA's throughout the island.
- **Pilot Transportation Solutions:** A shuttle service in between UICOA's or expanding the door-to-door transportation options. Encouraging ridership by offering a "travel training" program.
- **Intergenerational Programs:** Reinvigorating collaborations between UICOA's and schools, such as mentorship programs, shared meals, and reading initiatives, can foster meaningful connections across age groups.
  - The kids made them dinner and ate with people at the UICOA residents to develop these multigenerational relationships
  - Elderly residents read to kindergarten classes
- **Create an expanded community gathering space for the UICOA to expand access to health and social programming.** Continue to provide needed services and programs to older residents.
- **Animal Therapy and Outdoor Events:** Programs connecting residents with animals or encouraging outdoor socialization offer benefits and opportunities for engagement.
  - To get people outside and meet, socialize, get together for any shared experience
- **Educational programming to prepare for aging-related changes.**
  - Ageism
  - Mental wellness
  - Brain health
- **Curate a network of residents who are willing to do odd jobs or help with errands to facilitate neighbor-to-neighbor interactions**
- **Continue or expand satellite programming in Aquinnah and Chilmark**

## Results from Community Survey

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

### Respondent Characteristics

Respondents to the community survey included 691 residents of up-island, amounting to a 25% response rate. This is a strong response rate and reflects interest among community members. All residents, aged 50 or older, of Aquinnah, Chilmark, and West Tisbury were invited to participate in the survey. Representation from all three communities on the survey was fairly consistent with the population distribution of up-island (**Table 1**), though we heard from a slightly smaller share of West Tisbury residents (59%) compared to the population distribution (64%).

**Table 1.** Survey respondents, by community

	Geographic distribution of up-island's 50+ population*		Survey responses	
	Count	Distribution	Count	Distribution
<b>Aquinnah</b>	279	10%	75	11%
<b>Chilmark</b>	709	26%	198	29%
<b>West Tisbury</b>	1,736	64%	409	59%
<b>Elsewhere on Martha's Vineyard</b>	--	--	7	1%
<b>Total</b>	2,724	100%	691**	100%

\*Source: Aquinnah, Chilmark, and West Tisbury town census files current as of June 1, 2024

\*\*33 cases did not report residence community and are excluded from the distribution calculations

Compared to the age distribution of the up-island population, we heard from a larger share of residents in their 70s, and a slightly larger share of residents aged 80 and older (**Table 2**). About 9% of survey respondents were aged 50 to 59, compared to 22% of the population age 50+. Among all survey respondents, 62% identified as female, 38% as male, and less than 1% as non-binary or other gender (see **Q34, Appendix A**). About 1% of respondents reported membership with the Wampanoag Tribe of Gay Head (Aquinnah) (**Q36, Appendix A**).

**Table 2.** Survey respondents, by age

	Age distribution of up-island's 50+ population*		Survey responses	
	Count	Age distribution	Count	Age distribution
<b>Age 50 to 59</b>	596	22%	59	9%
<b>Age 60 to 69</b>	854	31%	183	28%
<b>Age 70 to 79</b>	921	34%	290	44%
<b>Age 80+</b>	353	13%	126	19%
<b>Total</b>	2,724	100%	691**	100%

\*Source: Aquinnah, Chilmark, and West Tisbury town census files current as of June 1, 2024

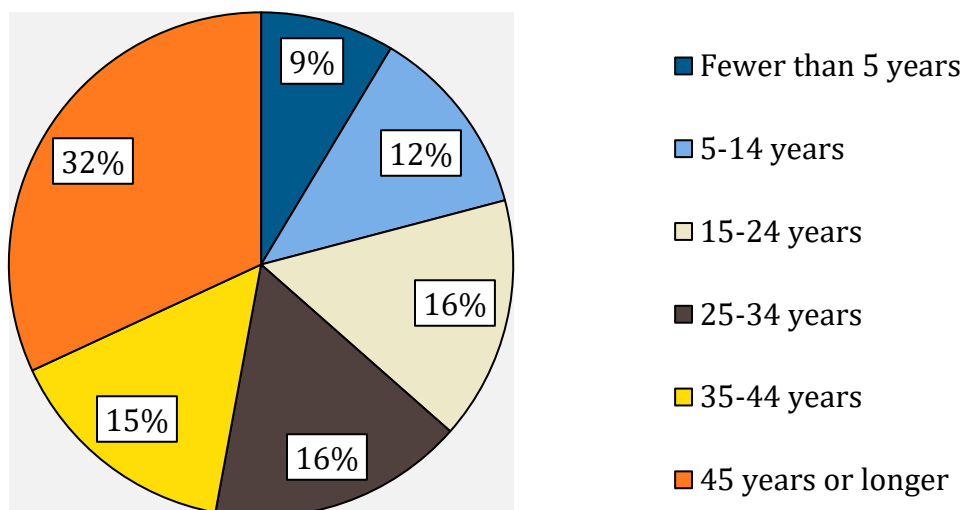
\*\*Includes 33 surveys where participants did not report their age

## Community and Neighborhood

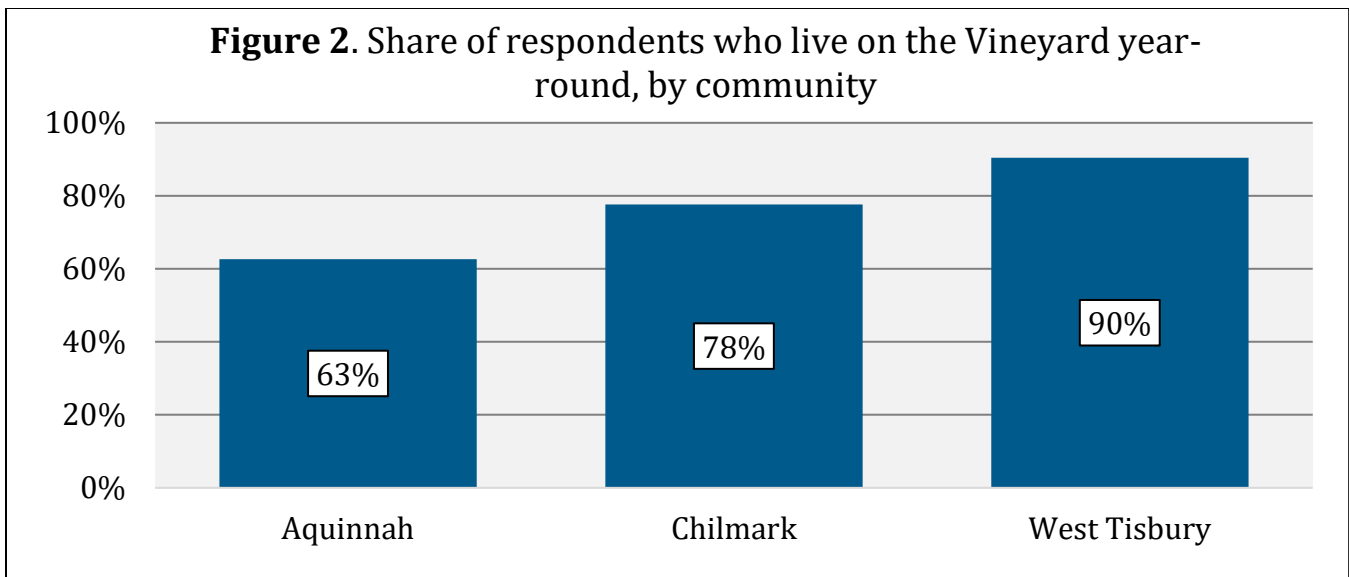
A commonly expressed goal of older adults is to remain living in their own homes for as long as possible. Aging in place implies remaining in familiar home and community settings, with supports as needed, as opposed to moving to institutional settings, such as nursing homes. By aging in place, older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

Survey respondents include longtime residents as well as relative newcomers (**Figure 1**). Almost half of respondents have lived on Martha's Vineyard for 35 years or longer. These residents can offer valuable insights based on their long history and experiences living on the island. Also, 21% of survey respondents have lived on the Vineyard for fewer than 15 years. Those who have lived on Martha's Vineyard for a shorter duration of time also have valuable perceptions about aging on the island, and it is important to hear from both longtime residents and relative newcomers.

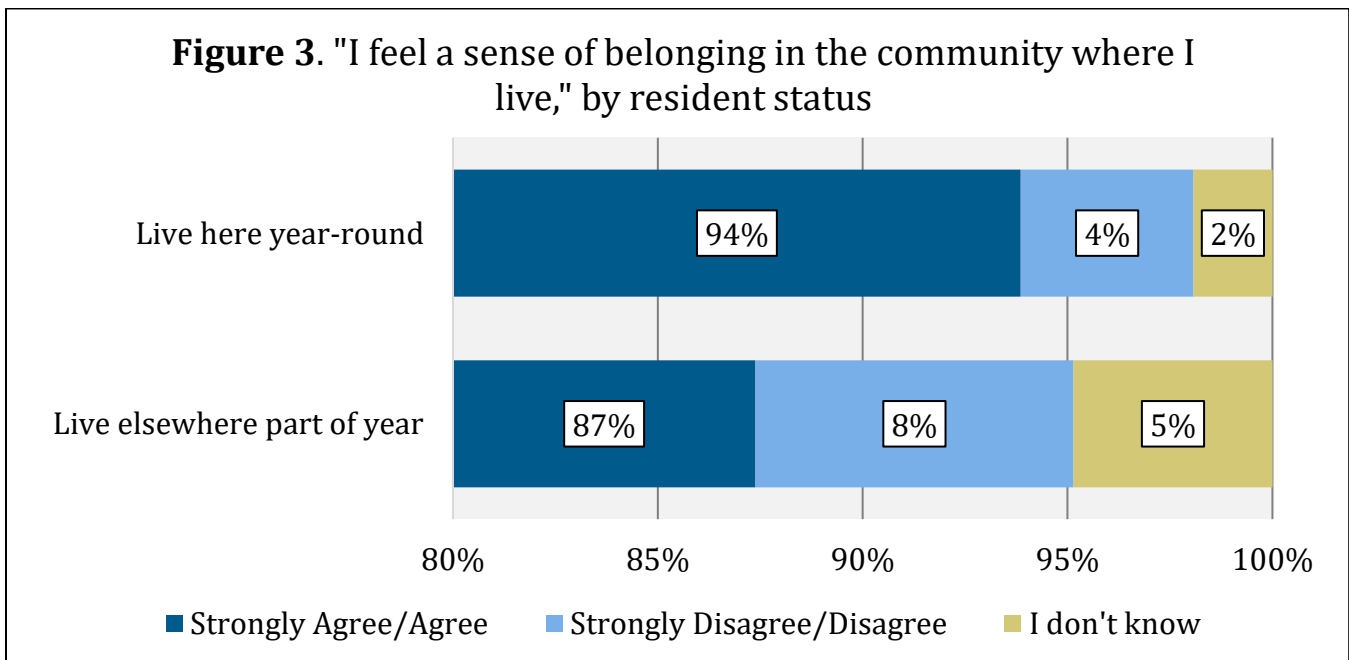
**Figure 1.** How long have you resided on Martha's Vineyard?



Most survey respondents (84%) reported living on Martha's Vineyard year-round (**Q2, Appendix A**). Among those who are not year-round residents, about half primarily live on the Vineyard but spend winters living elsewhere. **Figure 2** demonstrates the share of year-round residents differs across up-island communities. Almost two-thirds of respondents from Aquinnah are year-round residents, compared to 78% in Chilmark, and 90% in West Tisbury.

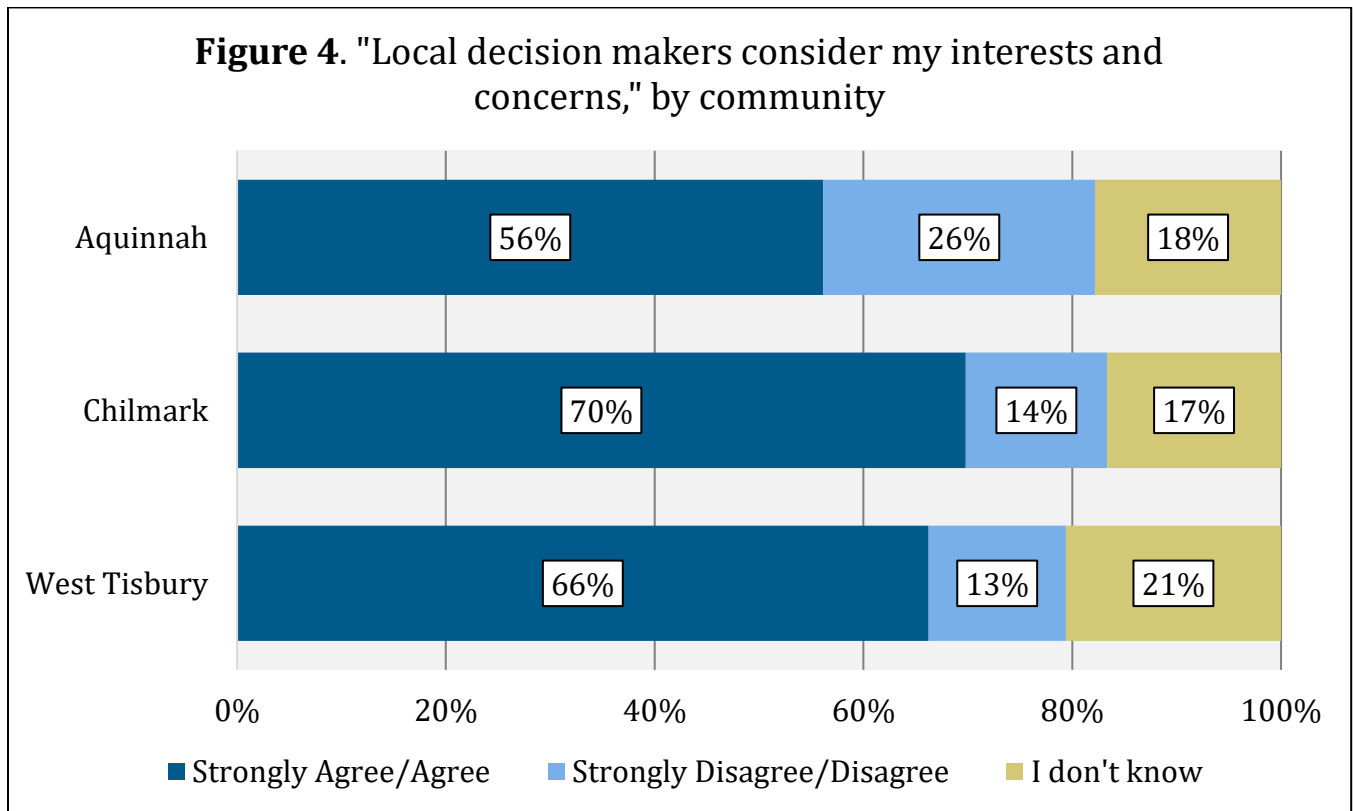


Although 93% of survey respondents agree or strongly agree with the statement, “I feel a sense of belonging in the community where I live” (Q6\_1, Appendix A), fewer seasonal residents agreed compared to year-round residents (87% compared to 94%)(Figure 3). Further, 5% of seasonal respondents selected “I don’t know,” compared to just 2% of year-round residents. These results emphasize the importance of community cohesion not only for those who live on the island full-time, but also for those who spend parts of the year off-island.



Two-thirds of all survey respondents agree or strongly agree with the statement, “local decision makers consider my interests and concerns,” and there is a slight increase in that share as age increases, with 62% of those in their 50s and 60s, to 67% of those in their 70s, to 70% of those age 80+ (Q6\_2, Appendix A). Figure 4 presents results for this question by up-island community. Fewer residents of Aquinnah agree with this statement (56%) compared to West Tisbury (66%) and Chilmark (70%), and about a quarter of Aquinnah survey respondents disagree with the statement that “local decision makers consider my interests and concerns.” Almost 20% of

respondents from each of the three communities selected “I don’t know.” These results suggest that additional outreach and community engagement from local decision makers may be needed in all up-island communities.



An open-ended question, “What are your greatest concerns about your ability to continue living in your community as you get older?” garnered written responses from 579 survey respondents, which amounts to 84% of all respondents. Results in **Table 3** summarize the most commonly cited concerns, with verbatim quotes from residents illustrating these themes. A third of the responses described concerns about accessing needed healthcare. Respondents noted that medical care on Martha’s Vineyard is limited, and needing to go off-island for routine and specialty appointments can be difficult. Relatedly, a large share of respondents reported concerns about being able to afford living on the Vineyard as they age. Not only were personal concerns about affordability and rising expenses described, but a few cited the high cost of living as a barrier for attracting and retaining residents in the workforce. The third most salient theme among write-ins was concern about remaining independent and healthy—physically, mentally, and socially. Respondents considered their ability to remain living independently at home if their health and mobility worsen, and a number of respondents cited isolation and loneliness as top concerns. More than a quarter of responses detailed transportation as a major concern for being able to continue living in the community. Many respondents focused on how difficult it would be to get around when they can no longer drive, citing limited alternative transportation services available. As well, a number of respondents described difficulties getting off-island, citing scheduling and cost challenges with the ferry. Lastly, a quarter of written responses reported challenges accessing services other than healthcare, such as home improvement/maintenance (e.g., tradespeople), grocery stores, banks, and other amenities. Needed services and amenities are limited in availability and thus difficult to access, too far away from up-island communities, or unreliable.

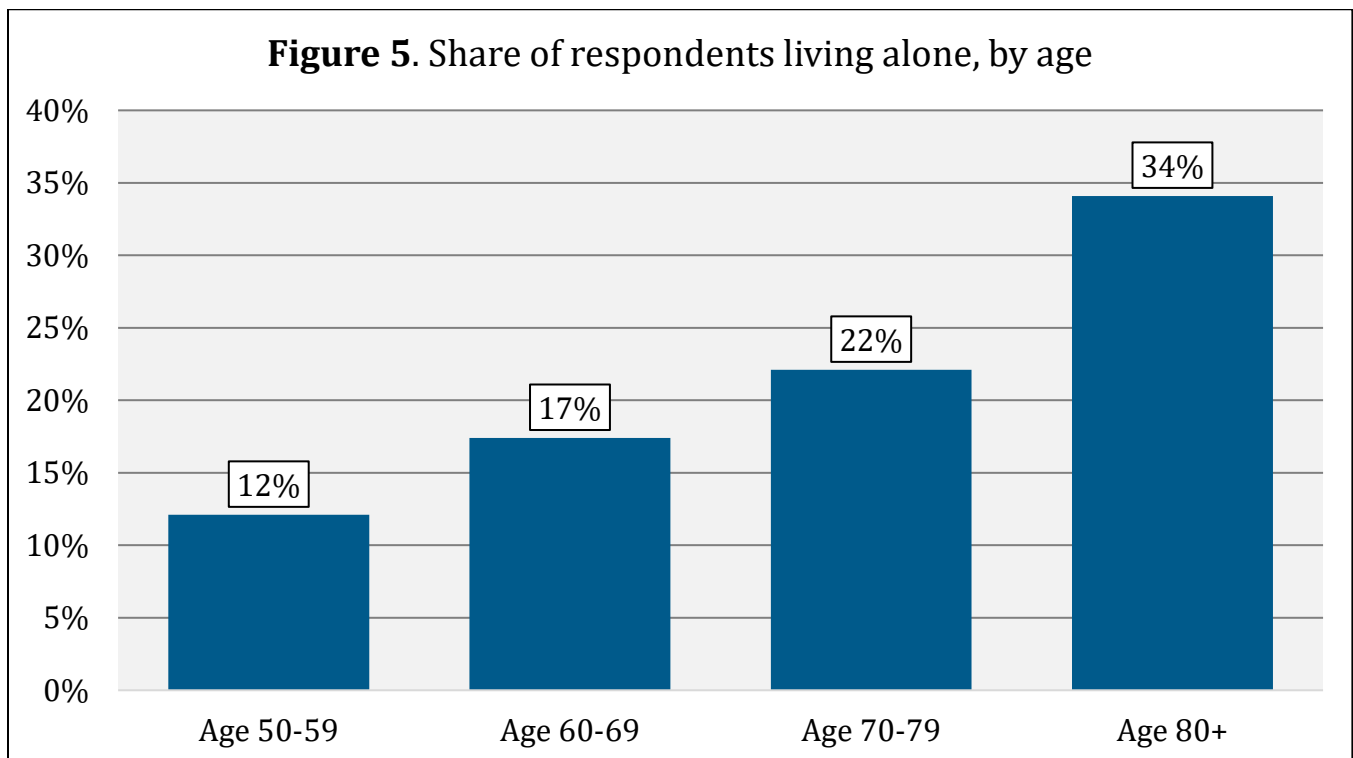
**Table 3.** Sample responses to, “What are your greatest concerns about your ability to continue living in your community as you get older?”

<b>Lack of local medical services</b>
<i>“Longing for more affordable dental care- see a lot of folks going off-island multiple times a month to eye/teeth/skin etc. - we can do that while we are still able to drive, but would love more Up-island options”</i>
<i>“Lack of medical resources, esp. specialized physicians and hospital care that MVH cannot offer. I do not see us living on MV in the next few years because of this”</i>
<i>“Medical &amp; Health related services for geriatric patients is limited or almost nonexistent, there is only 1 geriatrician on the island - she is outstanding but the Medical knowledge for the elderly is virtually absent from MV”</i>
<i>“Insufficient private caregivers and institutional caregiving”</i>
<b>Cost of living</b>
<i>“The expense of everyday necessities (food, propane, electric) and getting services for repairs/handyman, plumber auto etc.”</i>
<i>“Expenses keep rising. I'm worried about losing my home.”</i>
<i>“Affordability. As my income declines I am concerned whenever my costs rise. Including property taxes”</i>
<i>“That people (critical people, nurses doctors teachers police etc.) won't be able to afford to”</i>
<b>Maintaining personal wellness and independence</b>
<i>“If I am mentally or physically unable to stay in my home. I worry that I would be unable to find housing with supports”</i>
<i>“Coping with loneliness and with the tasks that were never on my side of the ledger”</i>
<i>“Having ways to connect with people in a meaningful way and feel like I am part of something; always feeling needed and able to contribute in a meaningful and impactful way”</i>
<i>“Diminishing ability to perform routine physical tasks such as home and yard care”</i>
<b>Transportation: getting where I need to go</b>
<i>“Lack of reliable transportation...GoGoGrandparents won't come up here and I am stuck missing important doctor appts.”</i>
<i>“Transportation when we cannot drive. It's 30 minutes to the closest grocery store in the winter”</i>
<i>“Driving to services in future old age. Need continued buses, and offer ride services @ discounted rates”</i>
<i>“Getting on and off the island can be difficult - sometimes impossible. This is a real concern”</i>
<b>Availability and accessibility of amenities and necessary services</b>
<i>“Lack of essential services because people can't afford to live here: veterinarians, doctors, dentists, electricians, plumbers, etc”</i>
<i>“Getting services + getting a plumber, electrician, someone to mow lawns etc</i>
<i>“Shopping in winter. Integrity of our electric service and internet. The stupid ferry.”</i>
<i>“So many services ...being down Island.”</i>
<i>“Accessibility to businesses (PO, bank, grocery)”</i>

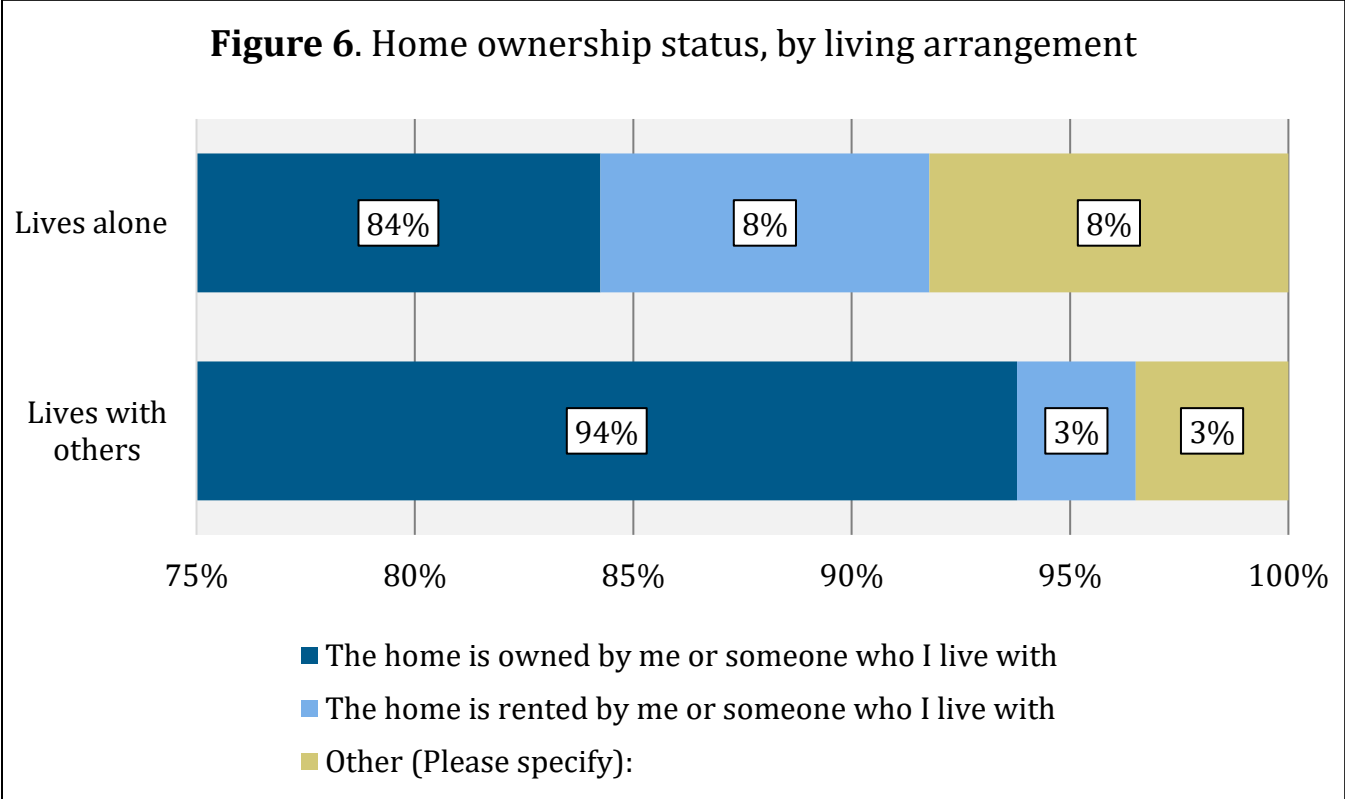
## Housing and Living Situation

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

Most survey respondents live with at least one other person (70%; **Q7, Appendix A**), but this figure decreases with age. About 12% of respondents in their 50s live alone; this increases to 17% among those in their 60s, 22% of those in their 70s and to about a third of respondents age 80+ (**Figure 5**). Additionally, 23% of year-round residents live alone compared to 12% of seasonal residents (tabulations not shown). Older adults who do not live with others may benefit from programs and services offered by the Up-Island Council on Aging.



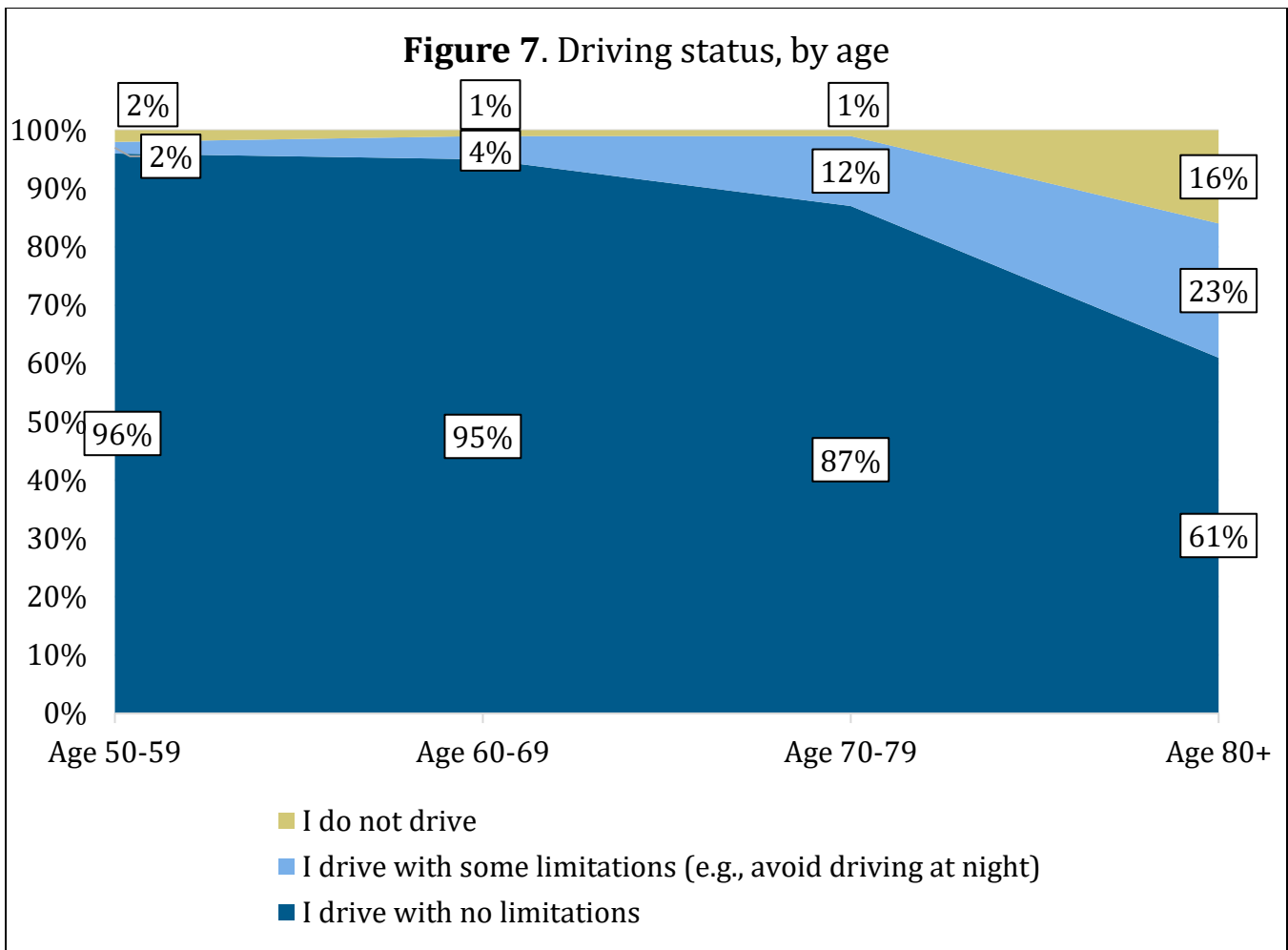
The vast majority of respondents (92%) live in homes that they own or someone they live with owns (Q8, Appendix A), but more respondents who live alone rent their residence (8%) compared to those who live with others (3%)(Figure 17). Also, 8% of respondents who live alone selected “other,” whereas only 3% of respondents who live with others selected that option. Among the written descriptions from those who selected “other,” many described situations of shared ownership, such as through a life estate agreement or trust.



**Transportation**

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

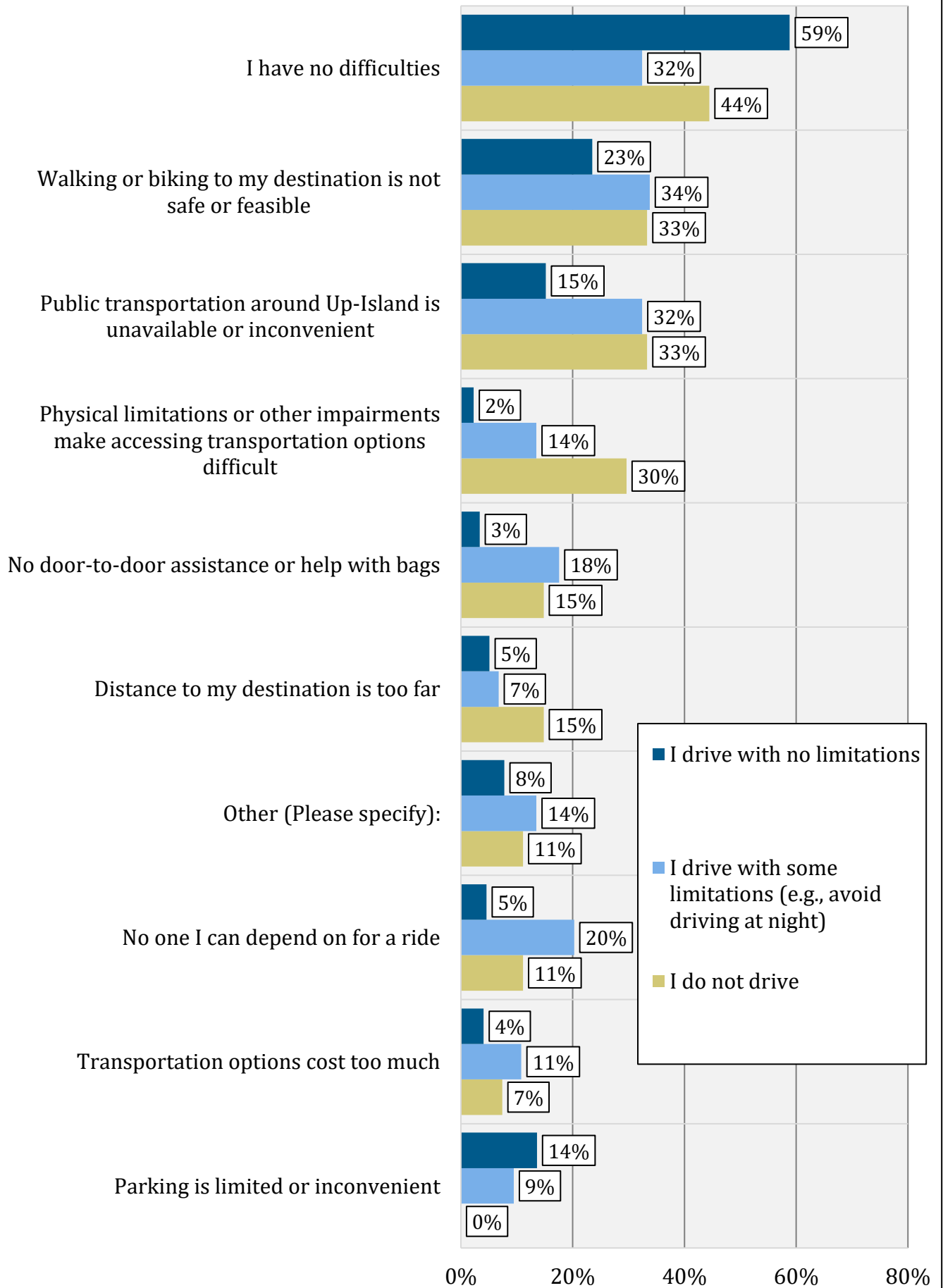
Survey results show that about 4% of respondents do not drive, and an additional 11% drive with some limitations (Q9, Appendix A). The proportion of those who limit their driving or cease driving altogether rises with age, as presented in Figure 7. For example, 4% of those in their 60s report modifying their driving in some way compared to 23% of those in their 80s or older. About 16% of respondents age 80 or older reported not driving at all.



About 40% of respondents reported at least one difficulty when getting needed transportation, and the challenges experienced differ slightly when compared by driver status (**Figure 8**). For example, a third of respondents who do not drive or drive with limitations reported walking or biking is not safe or feasible, compared to 23% of those who drive with no limitations. Similarly, 15% of those who drive without limitations identified unavailable or inconvenient public transportation as a difficulty—that percentage doubles for those who do not drive (33%) or drive with limitations (32%). Approximately 30% of respondents who do not drive reported physical limitations or other impairments that make accessing transportation challenging; in comparison, 16% of those who drive with limitations and 2% of those who drive without limitations selected this option.

Although no differences in driving status emerged across communities, 66% of West Tisbury survey respondents reported experiencing no difficulties getting needed transportation, compared to 50% of Chilmark and 52% of Aquinnah respondents (Tabulations not shown). Regarding cited difficulties, 15% of respondents in Aquinnah selected “Distance to my destination is too far,” compared to 4% of respondents from West Tisbury and 7% from Chilmark. Similarly, 13% of Aquinnah respondents reported physical limitations as a difficulty, more than twice the share from West Tisbury (4%) and Chilmark (6%).

**Figure 8.** Difficulties getting transportation, by driver status



## Employment, Retirement & Financial Security

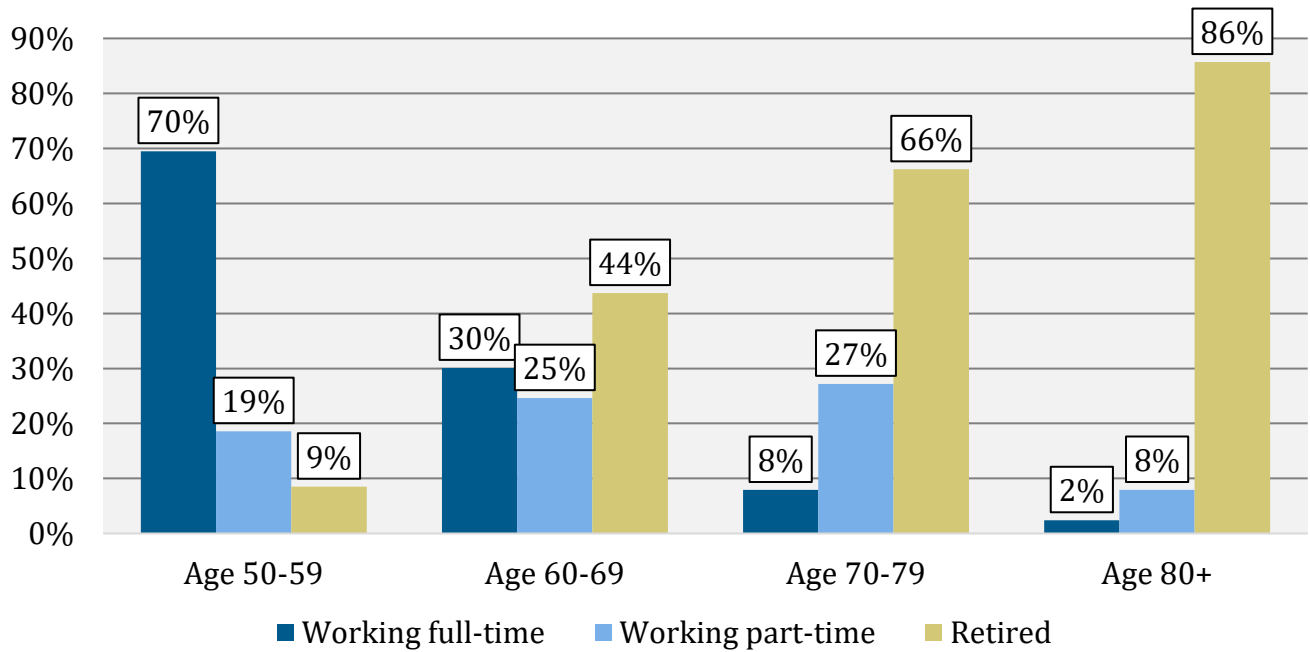
Remaining in or reentering the workforce due to financial necessity or personal preference is a decision that shapes later life for most older people. For those still working, their experiences can mean less hours, different schedules, and an interest in maintaining professional relationships. For those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

Many people across the country continue to work past the traditional retirement age of 65, and this is evident in the up-island survey results. Among all respondents, nearly 38% are still working (**Q37, Appendix A**); more than half of respondents reported being retired, but 6% of whom also reported working full- or part-time (tabulations not shown). **Figure 9** shows that a majority of residents in their 50s are still working full-time (70%) or part-time (19%). More than half of respondents in their 60s reported still working, about half of whom are working full-time, and about a third (35%) of respondents in their 70s are still working. These results are similar to results from the American Community Survey, which reports that approximately 35% of adults age 65 to 74 in Aquinnah, Chilmark, and West Tisbury are participating in the labor force. Of those aged 75 and older, nearly 15% remain in the workforce (*ACS, 2019-2023, Table S2301*)<sup>28</sup>.

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<sup>28</sup> Labor force participation rates reported here were computed for the Up-island region, weighted by population estimates for Aquinnah, Chilmark, and West Tisbury. While the labor force participation rate for residents aged 65 to 74 was consistent across communities, the rates for residents age 75+ ranged from 8% in West Tisbury, to 14% in Aquinnah, and 20% in Chilmark.

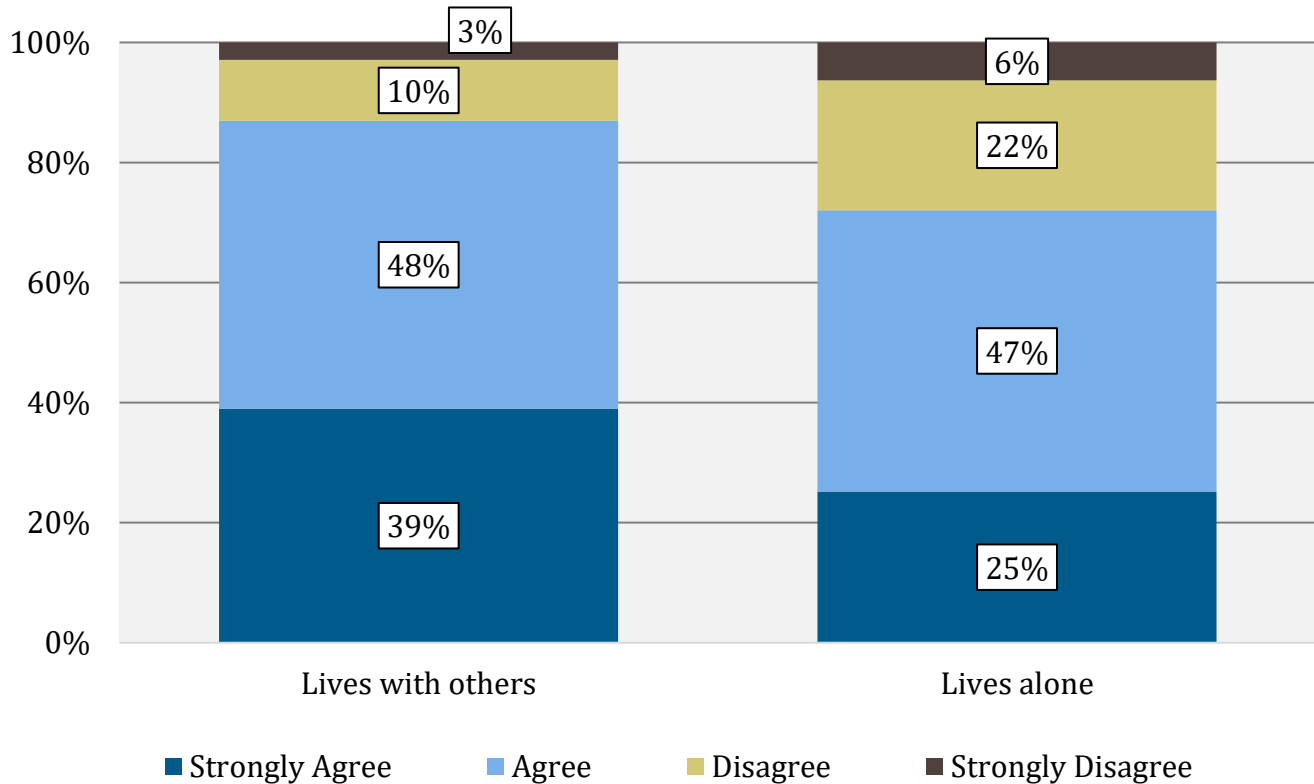
**Figure 9. Current employment status, by age**



*Percentages may not sum to 100% because respondents could select more than one option*

One reason for continuing to work is to maintain financial security in later life. Among up-island survey respondents, 16% report that they do not have adequate resources to meet their financial needs, including home maintenance, personal healthcare, and other expenses. **(Q38, Appendix A)**. Also, 6% of all respondents selected Often True or Sometimes True in response to the statement, “In the past 12 months, I worried whether my food would run out before I got money to buy more” **(Q39, Appendix A)**. As shown in **Figure 10**, respondents who live alone reported higher levels of disagreement (28%) with this statement than respondents who live with others (13%). Similarly, only 4% of respondents who live with others selected Often True or Sometimes True in response to the food security question, compared to 11% of those who live alone (tabulations not shown). These results show that financial security and access to food in relation to financial security, is a concern for a segment of the up-island population, particularly among those who live alone.

**Figure 10.** “I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses,” by living arrangement

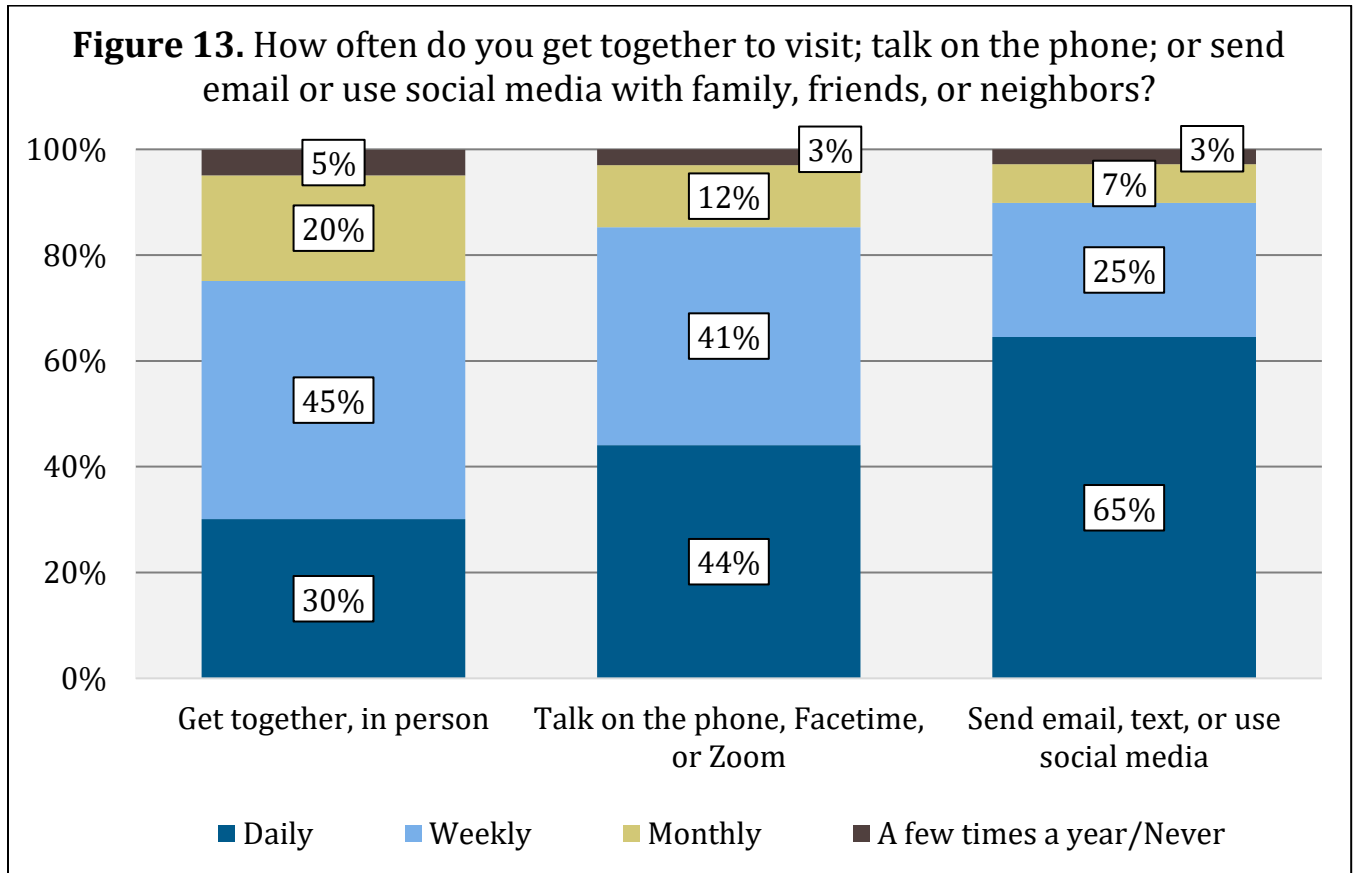


## Social Activities and Relationships

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

The majority of survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (**Figure 13**). Although 75% of respondents get together in person with someone at least weekly, 1 in 4 survey respondents only get together monthly or less frequently. Survey respondents report social connections by email, text, or social media most frequently, with 90% using these methods at least weekly. Of note, this method of social connection is the only one with a notable difference across age groups: 7% of respondents age 80+ send email, text, or use social media a few times a year or never, whereas 2%

of respondents in their 50s, 60s, and 70s use electronic communication this infrequently (**Q12, Appendix A**). Individuals who have infrequent contact with friends or relatives represent important groups to target efforts aimed at reducing isolation and, more generally, improving emotional well-being.

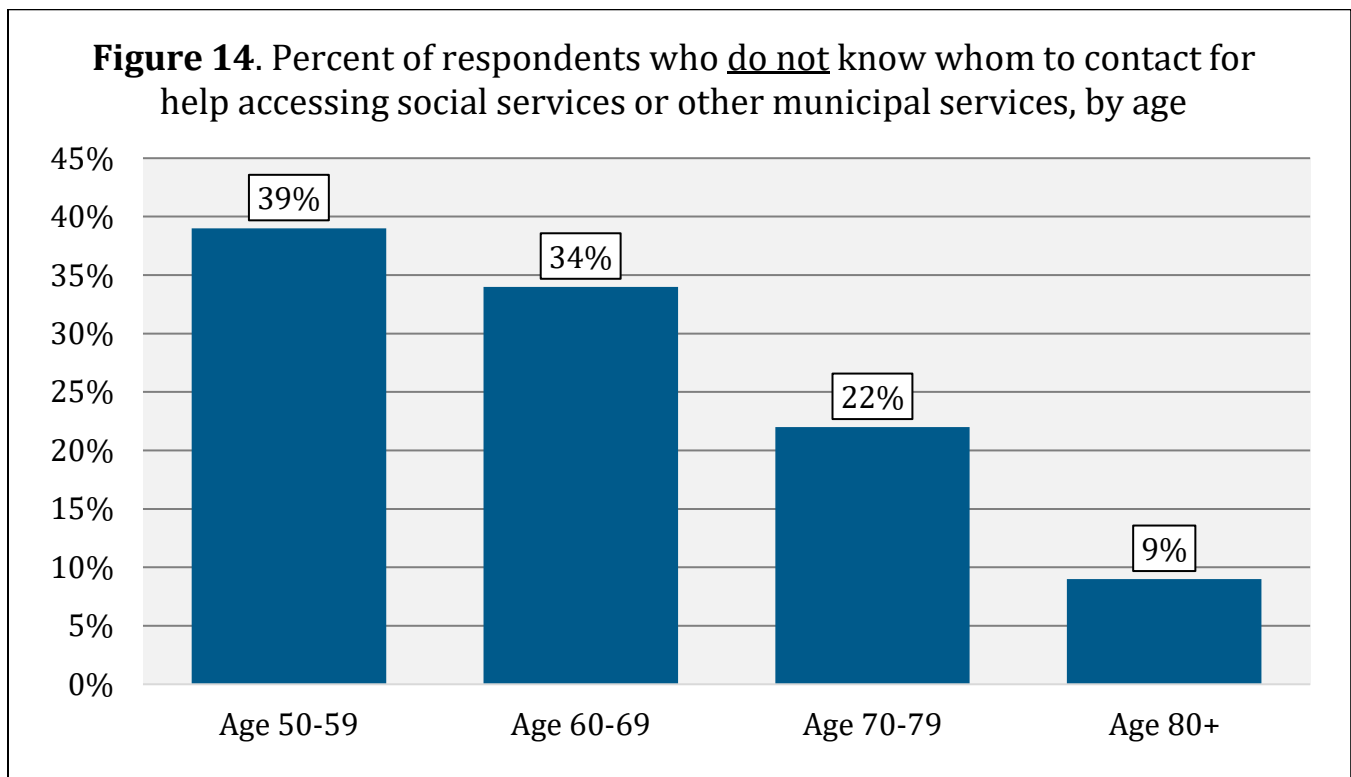


Most survey respondents (90%) provided a written response to the open-ended question, “where do you spend your free time on the Vineyard?” Many provided locations as well as activities enjoyed in their free time. The most frequently used words in response to this question are depicted in **Figure 12**, where larger and more boldly colored text indicates higher frequency than smaller and lighter colored text. About 56% of respondents reported spending their free time at home, though most cited other places and activities in addition to home. Spending time outdoors, including at local beaches, walking and hiking trails, and personal yards or gardens, was noted by 40% of respondents. Almost a fifth of respondents described taking part in arts and cultural activities across the Vineyard, such as classes at local libraries, exercise at the YMCA, taking in the MV museum with friends, or catching a show at the MV Playhouse.

**Figure 12.** Word cloud of most frequently used words in response to the open-ended question, “where do you spend your free time on the Vineyard?”



In a similar vein, survey participants were asked, “Would you know whom to contact in your community should you or someone in your family need help accessing social services or other municipal services (e.g., access to food, subsidies for transportation or housing, in-home supports)?” A quarter of participants selected “No,” (Q15, Appendix A), indicating a sizeable share of the up-island 50+ population who may be disconnected from important services. Responses to this question did not differ between community of residence, but differences across age groups are apparent (Figure 14). Just 9% of respondents age 80+ do not know whom to contact for help accessing social or municipal services, substantially lower than the share of those in their 70s (22%), those in their 60s (34%) and those in their 50s (39%).

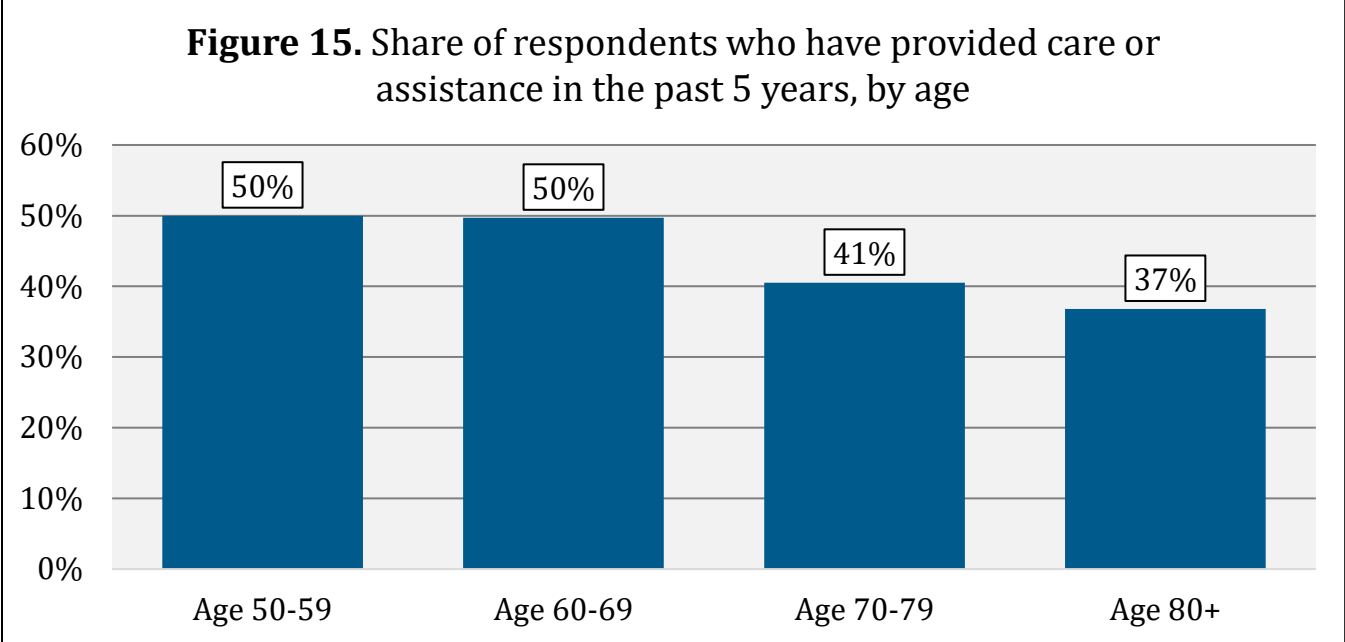


## Caregiving

Nationally, most of the care and support received by older adults due to health difficulties or disability is provided informally by family members or friends. Informal caregivers throughout the country contribute millions of hours of care without financial compensation (see statistics through the [Family Caregiver Alliance](#)). According to the Centers for Disease Control (CDC), the number of caregivers increased from 43.5 million in 2015 to 53 million in 2020. By 2030, an estimated 73 million people will be 65 or older, and many will require daily assistance from at least one caregiver. Studies show that caregiving can lead to physical, emotional, and financial strain for many individuals ([Caregiving | Caregiving | CDC](#))

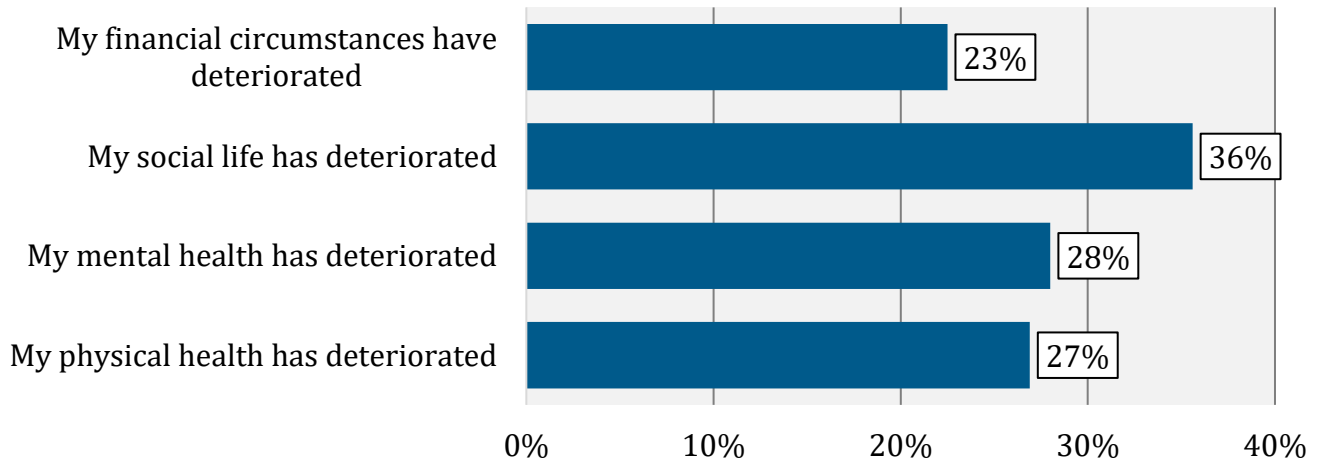
Among up-island survey respondents, 43% reported that they are currently providing care or have provided care or assistance to a person who is disabled or frail in the past five years (Q29, Appendix A). That share is highest among respondents in their 50s and 60s (50%) (Figure 15). Caregivers were asked to indicate which conditions were experienced by their care recipient; the

most frequently marked condition was mobility impairment (such as difficulty walking or climbing stairs; 55%) (Q30, Appendix A). About 30% of caregivers reported caring for someone with undiagnosed forgetfulness or confusion, and 20% reported caring for someone with Alzheimer’s disease or other dementias. A psychological condition, such as depression or anxiety, was reported by 28% of caregivers. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.



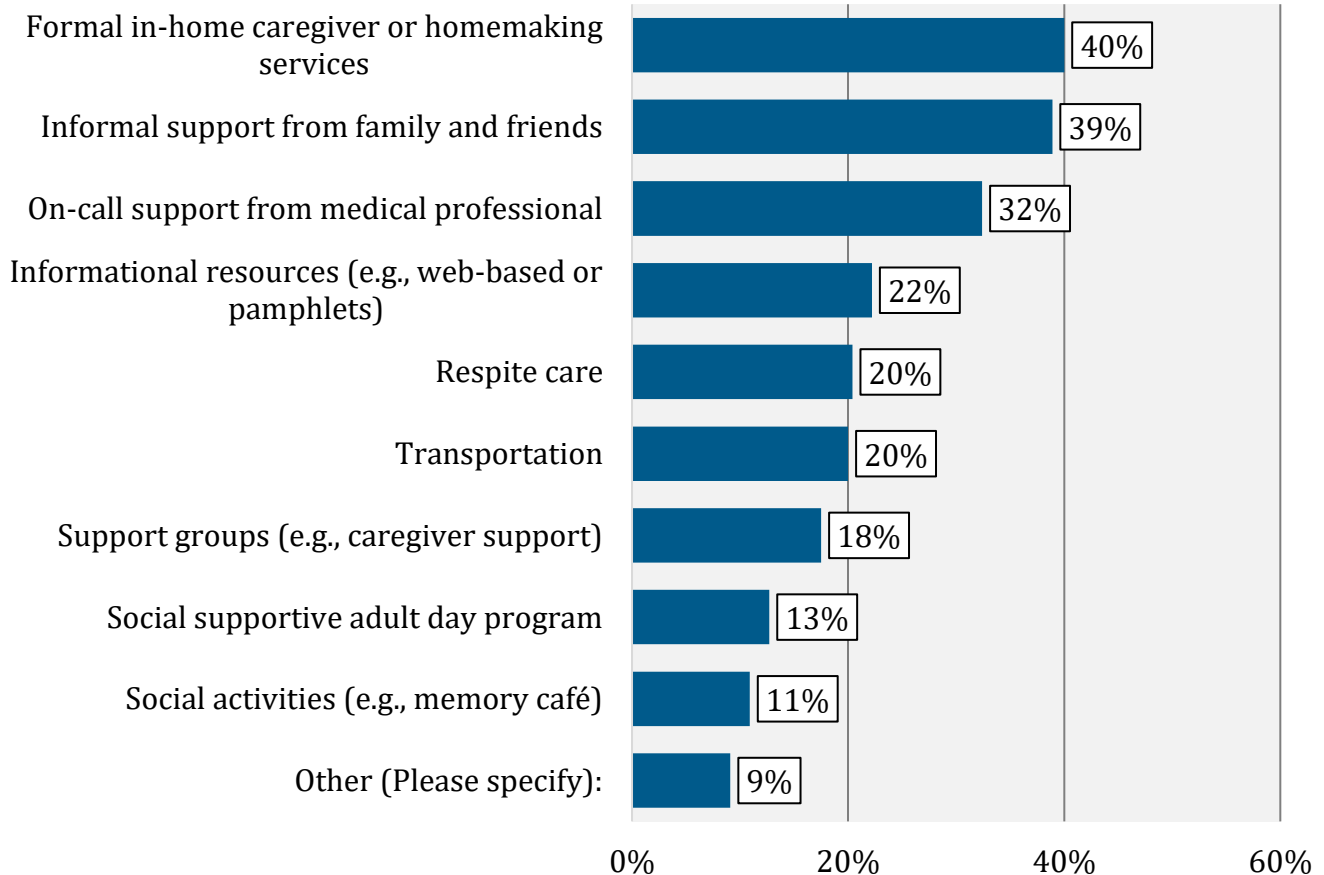
Many caregivers who responded to the survey reported deterioration in physical health, mental health, social life, and financial circumstances (Figure 16). Across all ages, 36% reported that their social life had deteriorated; 28% reported that their mental health had deteriorated; 27% reported that their physical health had deteriorated; and 23% reported that their financial circumstances had deteriorated. The percentages of caregivers reporting deterioration were highest among those age 80 and older—particularly with respect to physical health, social life, and financial circumstances—and caregivers in their 50s (Q31, Appendix A).

**Figure 16.** Among caregivers: "In your role as a caregiver, have you experienced any of the following?"



Lastly, caregivers were asked what supports were, or would have been, most valuable during their time as a caregiver, presented in **Figure 17**. Approximately 40% identified formal in-home caregiver or homemaking services, followed by informal support from family and friends (39%), and on-call support from medical professionals (32%). Results suggest that caregivers value information about accessing services and programs, and a combination of direct clinical care, social services, and emotional supports for them and their care partners.

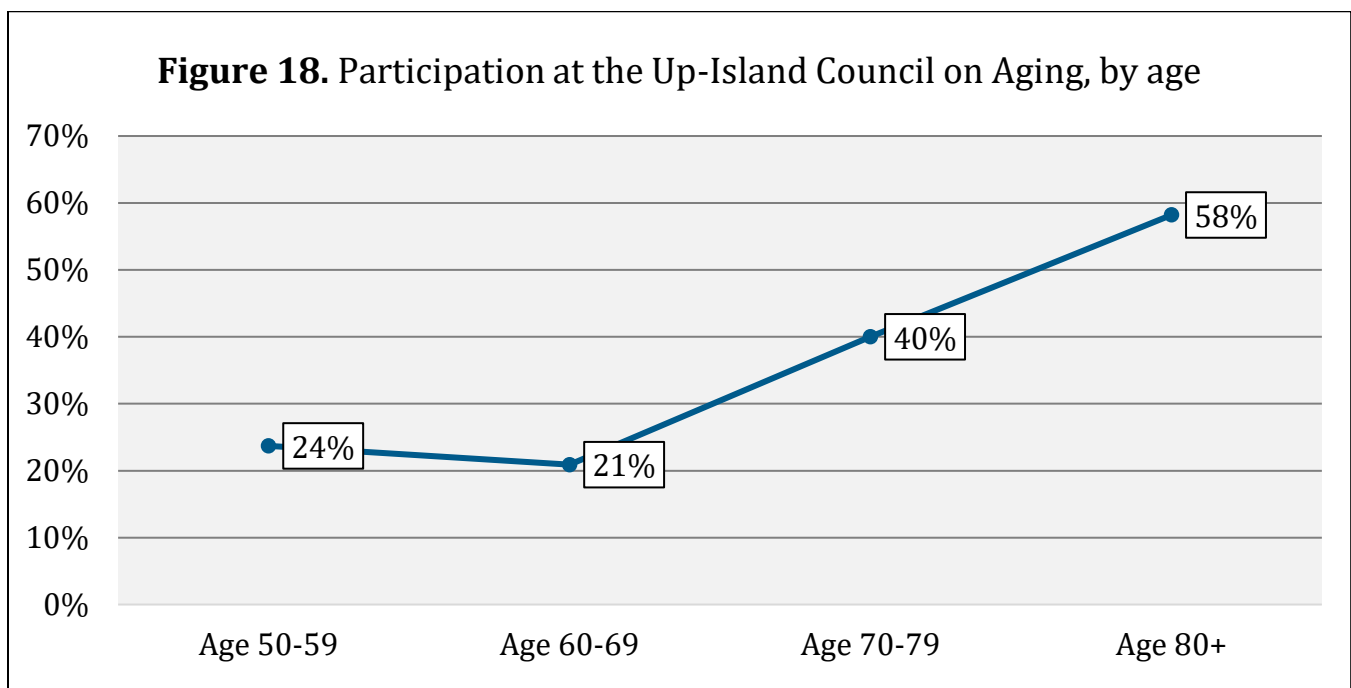
**Figure 17.** Among caregivers: Supports that were or would have been most valuable during time providing care or assistance, among caregivers



## Current & Future Programs & Services provided by the Up-Island Council on Aging

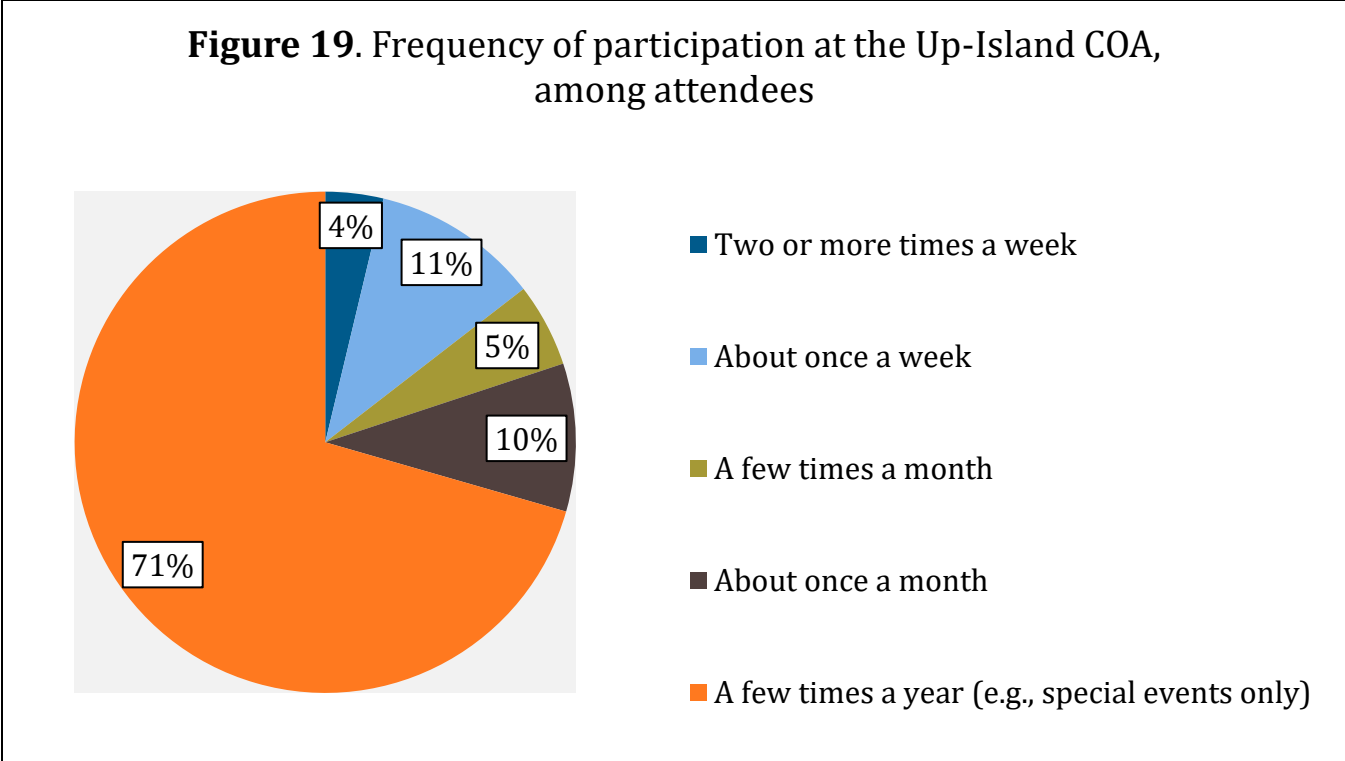
Local Councils on Aging and senior centers play a part in helping older adults age in place and in community. Residents may obtain transportation, health screening, or social services through their local COA. Older adults may seek opportunities for engagement and socialization through volunteer programs,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

Survey results suggest that participation in programs and use of services offered by the UICOA is more common among older residents. As shown in **Figure 18**, 21% of those age 60 to 69 have ever used programs or services offered by the UICOA, while 40% of those age 70 to 79 and 58% of those 80 and older indicated they have participated in programs or used services provided by the UICOA. This age-graded pattern of usage is not unusual in Councils on Aging and may reflect the increasing value of the UICOA as one ages.



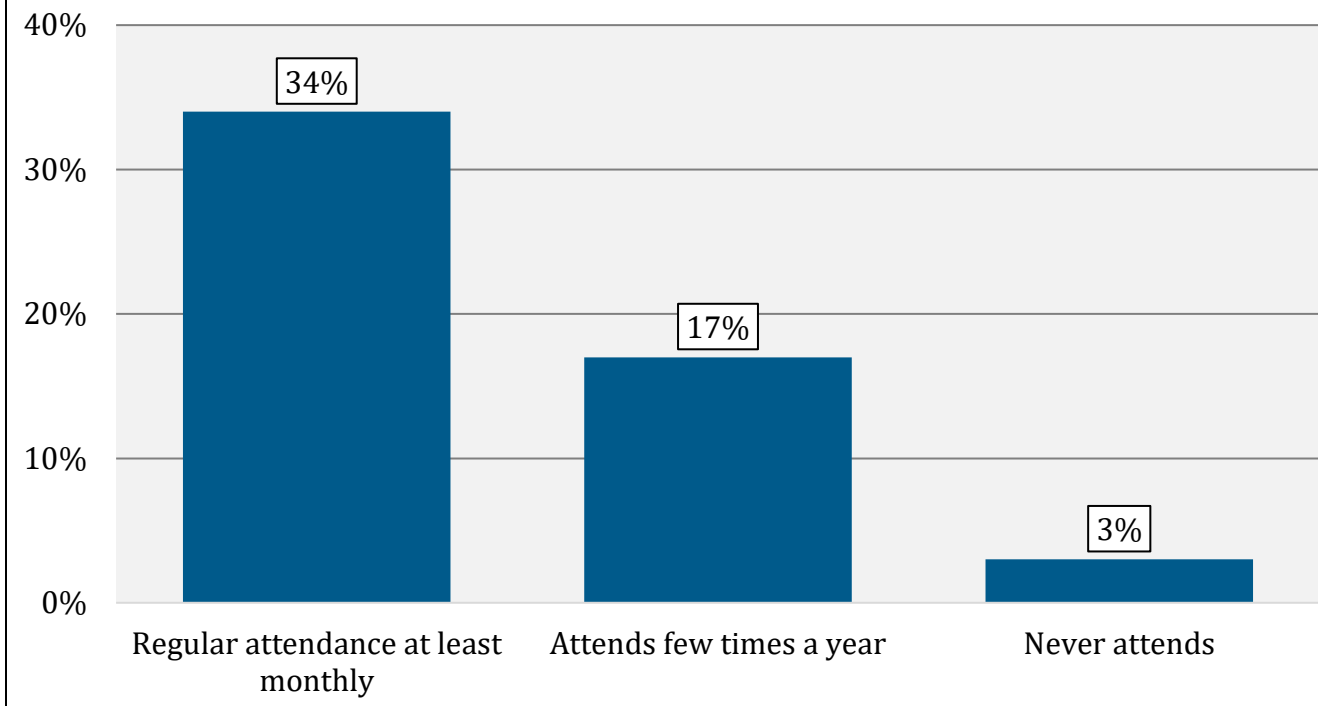
Note that participation on a weekly or more frequent basis was reported by just 1% of respondents who were aged 60 to 69, 3% of those age 70 to 79, and 16% of those age 80 and older, suggesting that older participants attend more frequently over the course of a month or a year (**Q17, Appendix A**). Additional analysis showed that survey respondents who live alone participate at the UICOA more frequently than those who live with others: 20% respondents who live alone participate regularly—once a month or more frequently—compared to just 9% of those who live with others. Over two-thirds (68%) of those who live with others never participate, compared to 47% of those who live alone (Tabulations not shown). Participation rates did not differ significantly when analyzed by community.

Of those who do use the UICOA, 71% only participate a few times a year, while 15% of UICOA participants attend programs and services at least once a week (see **Figure 19**). This range of participation level highlights the broad continuum of affiliation with the UICOA, with many residents participating just periodically, while others include engagement with the UICOA as part of their regular weekly schedule. Considering ways to increase the reach of the UICOA to those who never attend programs and services and exploring ways to increase participation of those who attend programs only a few times a year might be a worthwhile goal.



Only 10% of survey respondents reported that they attend other Councils on Aging/senior centers (**Q19, Appendix A**), but that share differs when considering how frequently respondents participate at the UICOA. As shown in **Figure 20**, a third of respondents who attend the UICOA regularly (i.e., once a month or more frequently) also visit other COAs. Among those who participate at the UICOA infrequently, 17% go to other COAs, and 3% of those who never participate at the UICOA do participate elsewhere. If survey respondents selected “Yes” to this question, they were then asked two follow-up questions. First, respondents were asked to write-in where they participate: among the 56 written responses, nearly all identified other COAs on Martha’s Vineyard, such as Tisbury and Edgartown. Secondly, respondents were asked to share why they attend other COAs or senior centers. About half (56%) of those who do attend other COAs/senior centers selected “the program is not offered at the UICOA), 25% selected that they “attend the other center with friends, and 38% selected “Other” (**Q21, Appendix A**). Among the two dozen written explanations for “Other,” most described specific programs or services offered for which they attend, with a few explaining that it is either not offered at the UICOA or that they prefer to participate elsewhere.

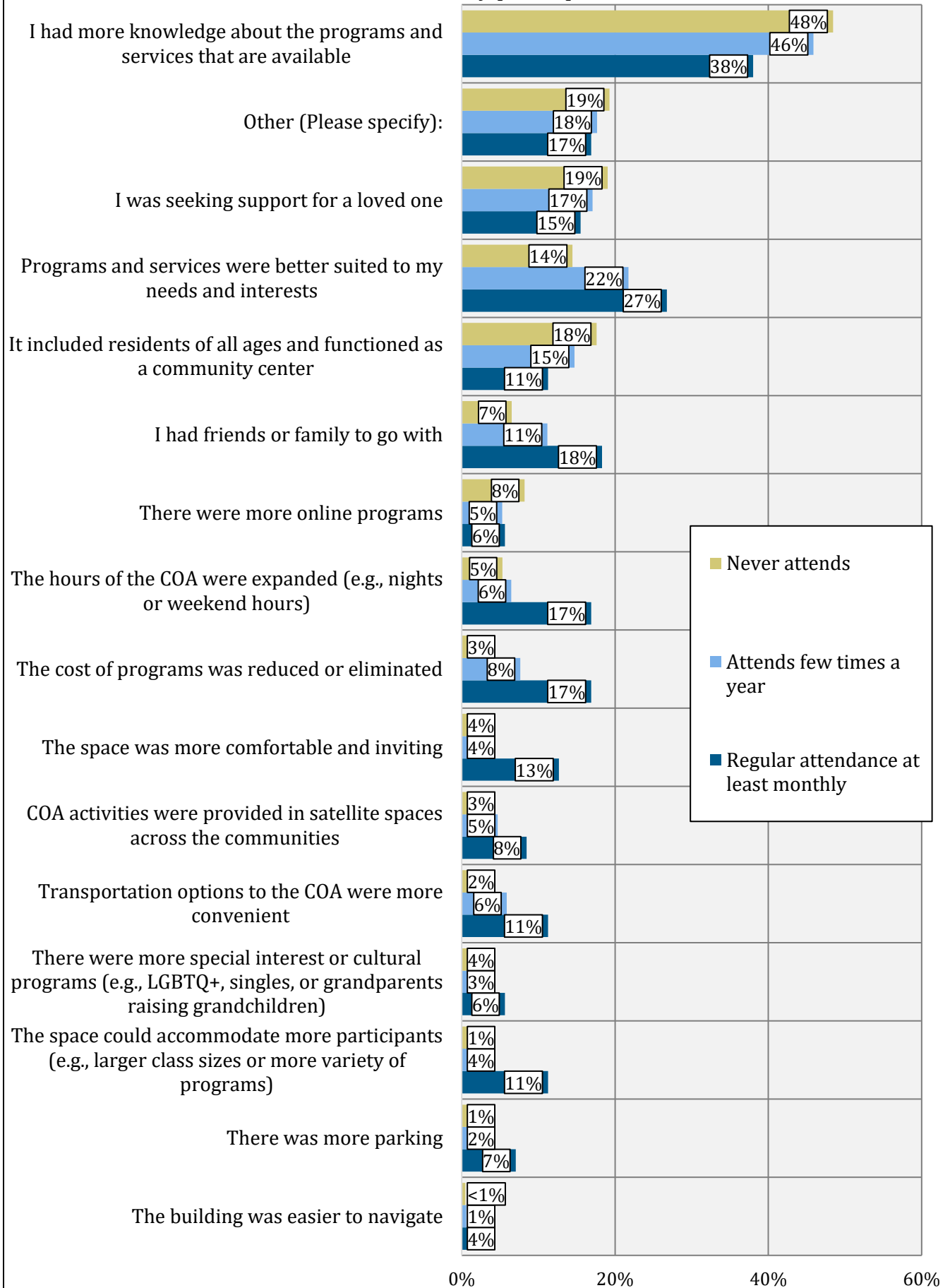
**Figure 20.** Percent of respondents who visit other COAs/senior centers, by frequency of attendance at the Up-Island COA



When asked to indicate what would make it more likely they would use the programs and services offered by the UICOA, almost half of respondents (45%) reported that having more knowledge about the programs and services available would be helpful (**Q18, Appendix A**). The second most frequently selected option is “Other (Please specify),” reported by about a fifth survey respondents. Among the written responses provided (n=129), about a third described not currently needing programs and services. Other written responses centered on not having enough time or not being old enough to participate at the UICOA. On the whole, respondents from Aquinnah, Chilmark, and West Tisbury responded similarly to this question, though two differences are notable (Tabulations not shown). First, 16% of Aquinnah respondents would be more likely to participate in UICOA programs and services if there were more remote programs. Only 4% of respondents from West Tisbury and 9% from Chilmark selected this option. Secondly, 11% of Aquinnah respondents would be more likely to participate if UICOA activities were provided in satellite spaces across the communities, which is greater than the share of respondents from West Tisbury (3%) and from Chilmark (4%) who selected this response.

**Figure 21** demonstrates differences in responses by frequency of attendance at UICOA offerings. Survey respondents who participate at the UICOA a few times a year responded more similarly to those who never participate than those who attend at least monthly. Of note, however, while 14% of those who never attend selected “[if] programs and services were better suited to my needs and interests,” 22% of those who attend infrequently and 27% of those who participate regularly selected this response. Other top responses among those who attend regularly include having friends or family to go with (18%), reduced or eliminated costs (17%), and expanded hours (e.g., nights or weekends; 17%).

**Figure 21.** “I would be more likely to use Up-Island Council on Aging programs and services if...”, by participation



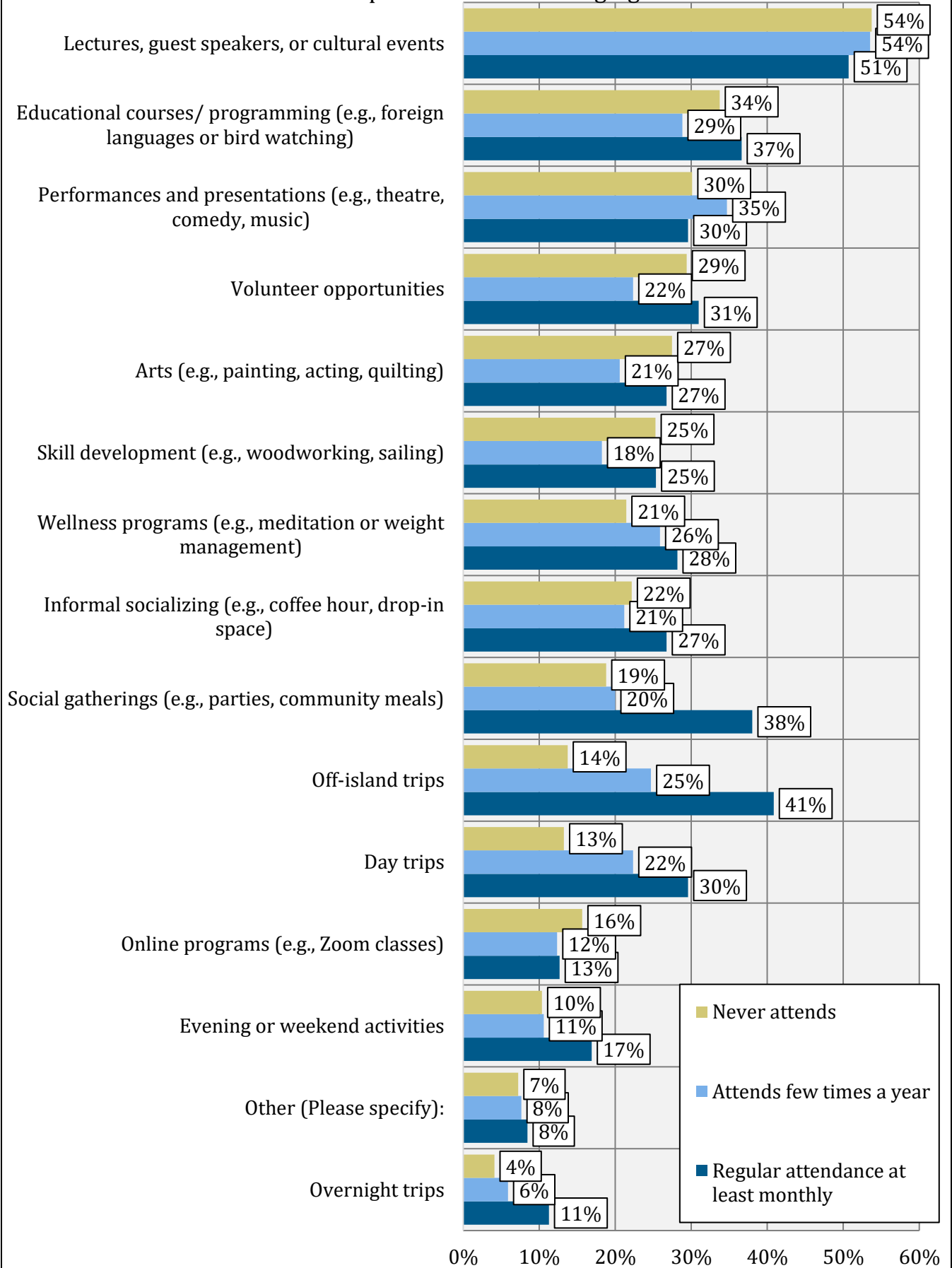
All survey respondents were asked to consider their own future needs and interests, while identifying priority areas for expanding programs and services offered by the UICOA. With respect to programs, about half of all respondents (53%) identified lectures, guest speakers, or cultural events, and a third selected educational courses/programming (e.g., foreign languages or bird watching). Similarly, 33% would prioritize indoor fitness (e.g., strength training, exercise equipment) and 30% would prioritize outdoor exercise, such as hiking or walking (**Q22, Appendix A**). The only difference that emerged when comparing responses by community was that 22% of West Tisbury respondents identified off-island trips as a program expansion priority, compared to 17% of Chilmark respondents and 9% of Aquinnah respondents.

In **Figure 22**, results are presented by participation frequency at the UICOA. Respondents who participate at the UICOA regularly or a few times a year responded similarly for indoor fitness (39% and 37%) and technology skills classes (35% and 36%), with higher shares than for respondents who never participate at the UICOA. In contrast, those who participate at the UICOA regularly responded similarly to those who never participate for volunteer opportunities (31% and 29%), Arts programs (27% each), and skill development (25% each). Lastly, the percentage of respondents who prioritize social gatherings, off-island trips, and day trips increases with frequency of participation at the UICOA.

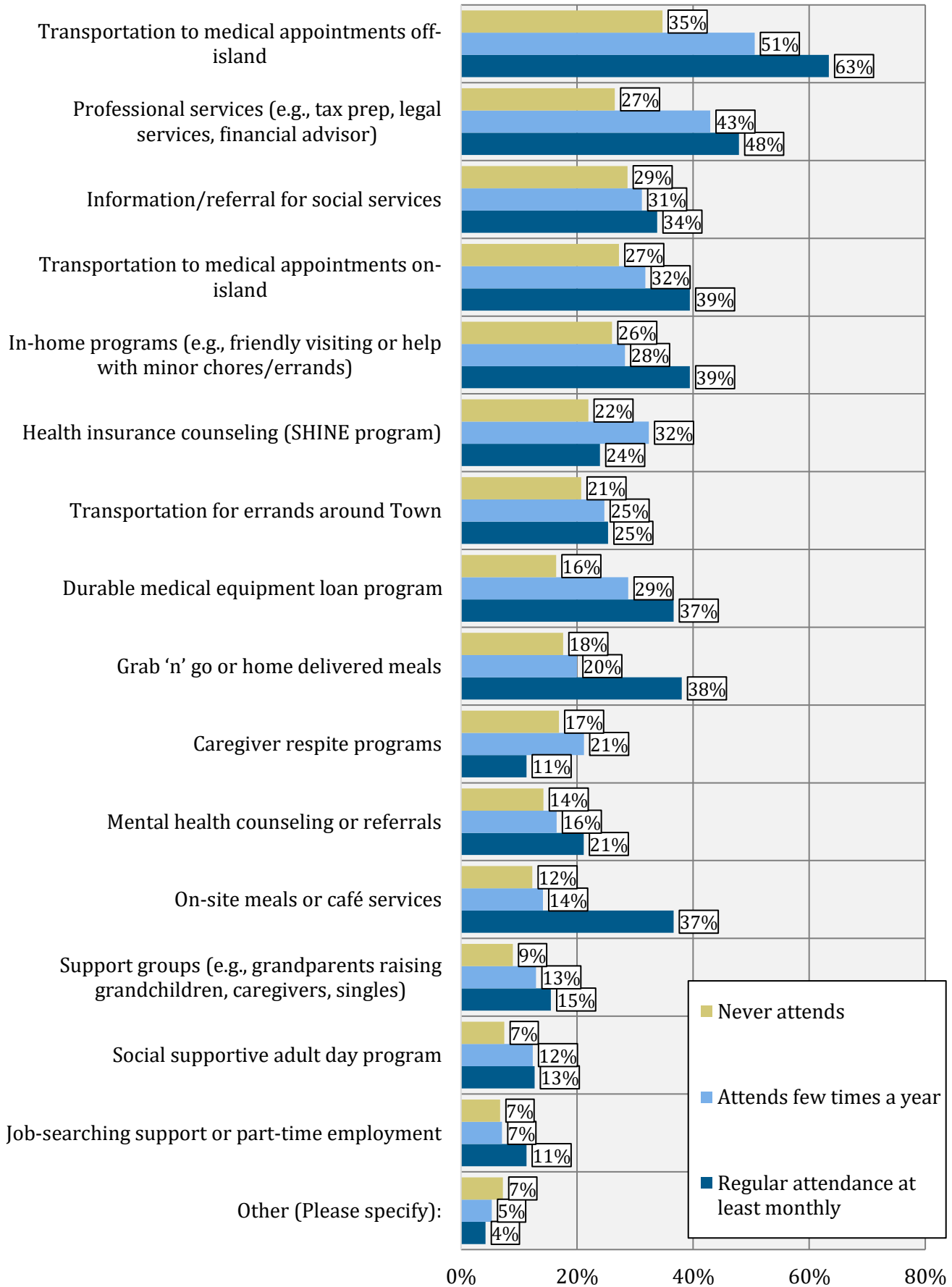
Regarding priorities for expanding services available through the UICOA, the top 5 most selected areas include transportation to medical appointments off-island (42%), professional services (e.g., tax prep, legal services, financial advisor; 33%), information/referral for social services (30%), transportation to on-island medical appointments (30%), and in-home programs (e.g., friendly visiting or help with minor chores/errands; 30%; **Q23, Appendix A**). These are the top 5 responses among those who never participate at the UICOA, but those who attend the UICOA have slightly different priorities (**Figure 23**). For example, 32% of respondents who attend the UICOA a few times a year identified health insurance counseling (SHINE program) as a priority area; this compares to 22% of those who never attend and 24% of those who attend regularly. Respondents who attend UICOA programs and services regularly identified nutrition programs, such as grab 'n' go or home delivered meals (38%) and on-site meals or café services (37%), more frequently than other respondents, as well as a durable medical equipment loan program (38%).

Four service areas were prioritized differently by residents of Aquinnah, Chilmark, and West Tisbury (Tabulations not shown). First, professional services were selected by 36% of West Tisbury respondents, whereas 24% of Aquinnah and 27% of Chilmark respondents selected this option. Secondly, health insurance counseling (SHINE program) was selected by 12% of Aquinnah respondents, 23% of Chilmark respondents, and 27% of West Tisbury respondents. A quarter of respondents from West Tisbury reported a durable medical equipment loan service as an expansion priority, compared to 15% and 16% in Aquinnah and Chilmark, respectively. Lastly, transportation to off-island medical appointments was selected by 28% of Aquinnah respondents, 38% of Chilmark respondents, and 45% of West Tisbury respondents.

**Figure 22.** Priority areas of expansion for programs offered through the Up-Island Council on Aging



**Figure 23.** Priority areas of expansion for *services* offered through the Up-Island Council on Aging



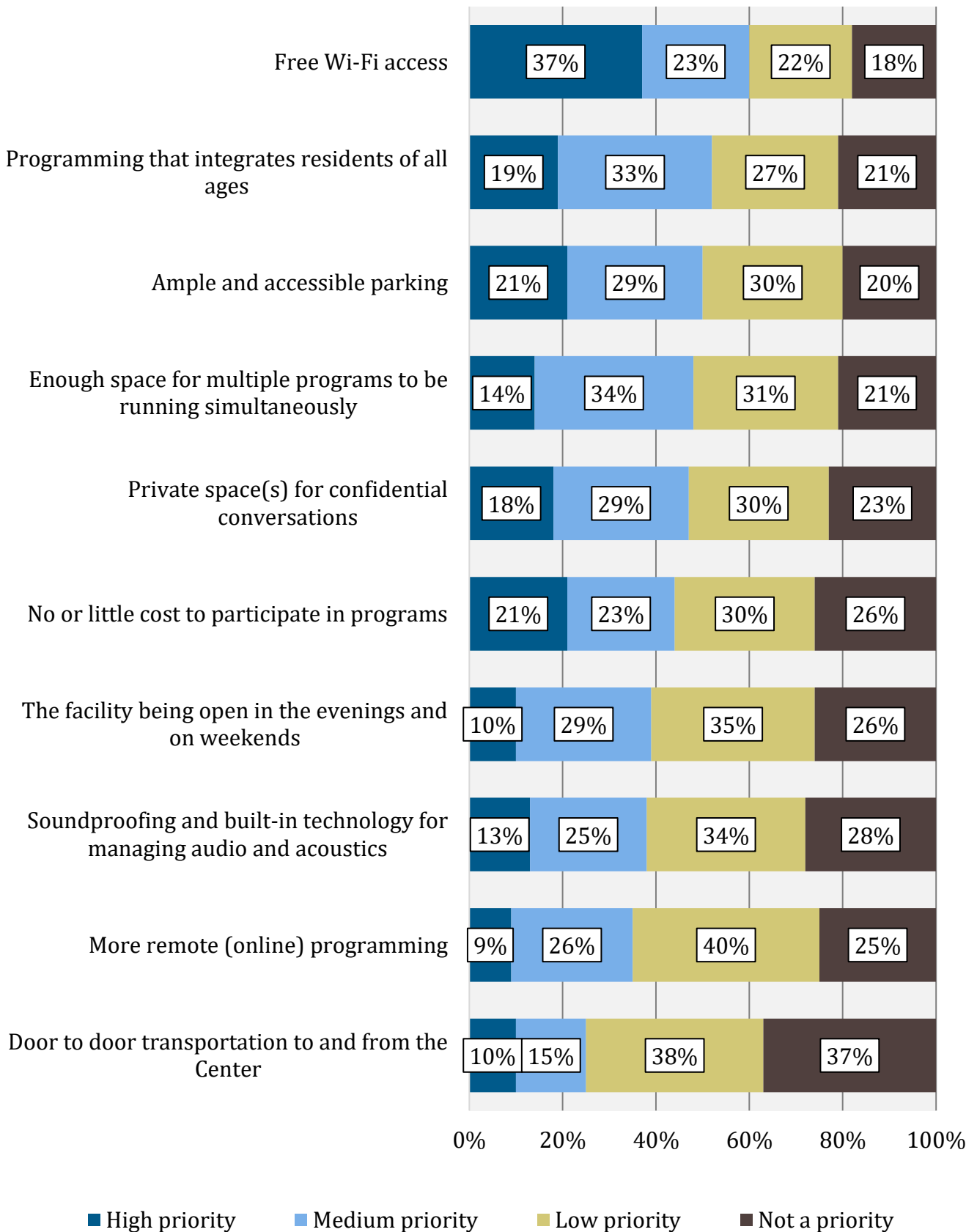
## Envisioning the Future of the Up-Island Council on Aging (UICOA)

As the older population grows, Councils on Aging and senior centers are tasked with serving an increasingly diverse range of needs, interests, and lived experiences of older adults in the community. COAs and senior centers across the nation are grappling with what it means to modernize administration, operations, programs, services, and messaging such that they continue to serve as vital community resources ([Today's Senior Centers: What Leaders and Stakeholders Say](#)). Considering how and where programs and services are provided in a manner that is best suited for the local community is an important piece of modernization, and community-engagement is necessary before committing to any formal plans or developments.

Results about preferences for programs and services point to a need for the Up-Island Council on Aging to consider its space and staffing capacity, along with programs and services offered, to best meet both the current demands of participants as well as the potential added demand of new participants of the UICOA. The following results come from a section on the survey intended as a preliminary assessment of needs and interests with respect to space and accessibility features. The survey section began with the following preamble: *“The UICOA is exploring all pathways for potential new, renovated, or expanded space in the coming years. **The following questions are based on your preferences for the types of spaces the UICOA should prioritize for the future and how programs and services are provided to the up-island region.**”*

Survey respondents were presented with a list of criteria to make UICOA programs and services more accessible and were asked to rate each item based on their priority to themselves or their family. The rating guide provided included “High priority (needed now),” “Medium priority” (needed soon), “Low priority (needed eventually),” and “Not a priority (no need now or in future).” **Figure 24** presents results for all survey respondents. Half or more respondents reported each of the listed accessibility criteria as low or not a priority, except for programming that integrates residents of all ages (48%), and free wi-fi access. Free wi-fi was rated as a high priority by 37% of respondents, followed by ample and accessible parking (21%) and no or little cost to participate in programs (21%). About a third of respondents identified programming that integrates residents of all ages and enough space for multiple programs to be running simultaneously as medium priority (needed soon).

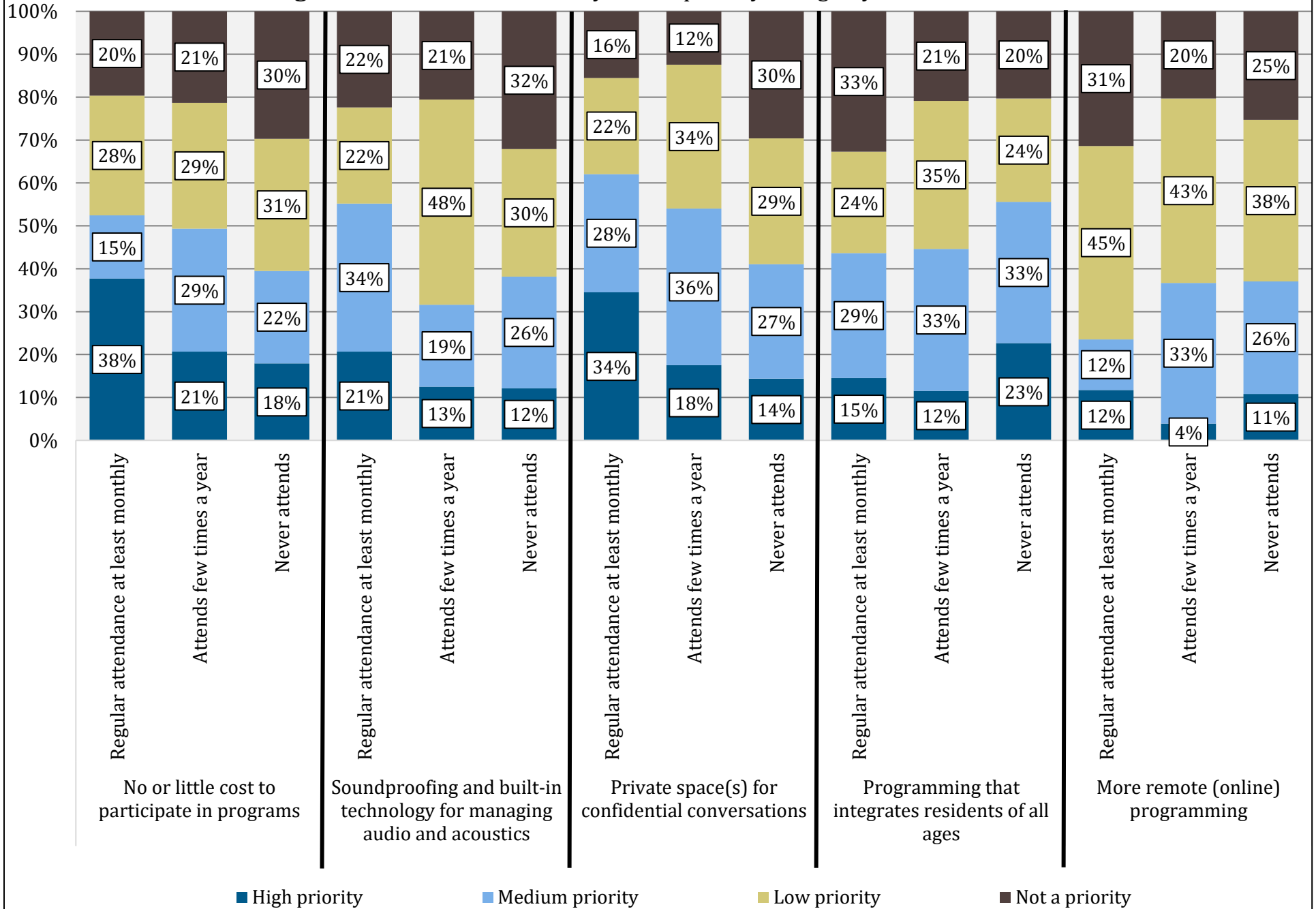
**Figure 24.** Priority ratings of criteria to make COA programs and services more accessible



Survey respondents who attend UICOA programs and services regularly or occasionally reported similar priority ratings as those who never attend for 5 of the 10 accessibility criteria listed. Responses by frequency of attendance for the other 5 criteria are presented in **Figure 25**. Structural features—soundproofing and technology for managing acoustics and private space(s) for confidential conversations—were rated more highly among respondents who participate regularly or occasionally compared to those who never attend. A similar trend emerged with respect to no or low cost to participate in programs: 39% of respondents who never attend the UICOA rated this as high or medium priority, compared to about half of respondents who participate regularly and of those who participate occasionally.

In contrast, accessibility criteria related to programming were rated more highly by those with no or limited experience at the UICOA. For example, 56% of those who never attend the UICOA rated programming that integrates residents of all ages as a medium or high priority, whereas about 45% of those who attend the UICOA regularly or occasionally rated this feature highly. Moreover, a third of respondents who attend the UICOA at least once a month reported integrated programming as not a priority, compared to about 20% of those who attend occasionally and those who never attend. With respect to more remote (online) programming, 37% of respondents who never attend and who attend occasionally rated this as medium or high priority, compared to nearly a quarter of respondents who attend regularly (24%). As well, 45% of those who attend regularly rated more remote programming as a low priority and 31% identified that this is not at all a priority. Taken together, these results suggest that those who are more familiar with the Up-Island Council on Aging identified structural attributes as higher priority to address for improved accessibility, whereas those with less familiarity prioritize diversified programming options, such as remote and multi-generational programs, as most important.

**Figure 25. Selected accessibility criteria priority ratings, by COA attendance**

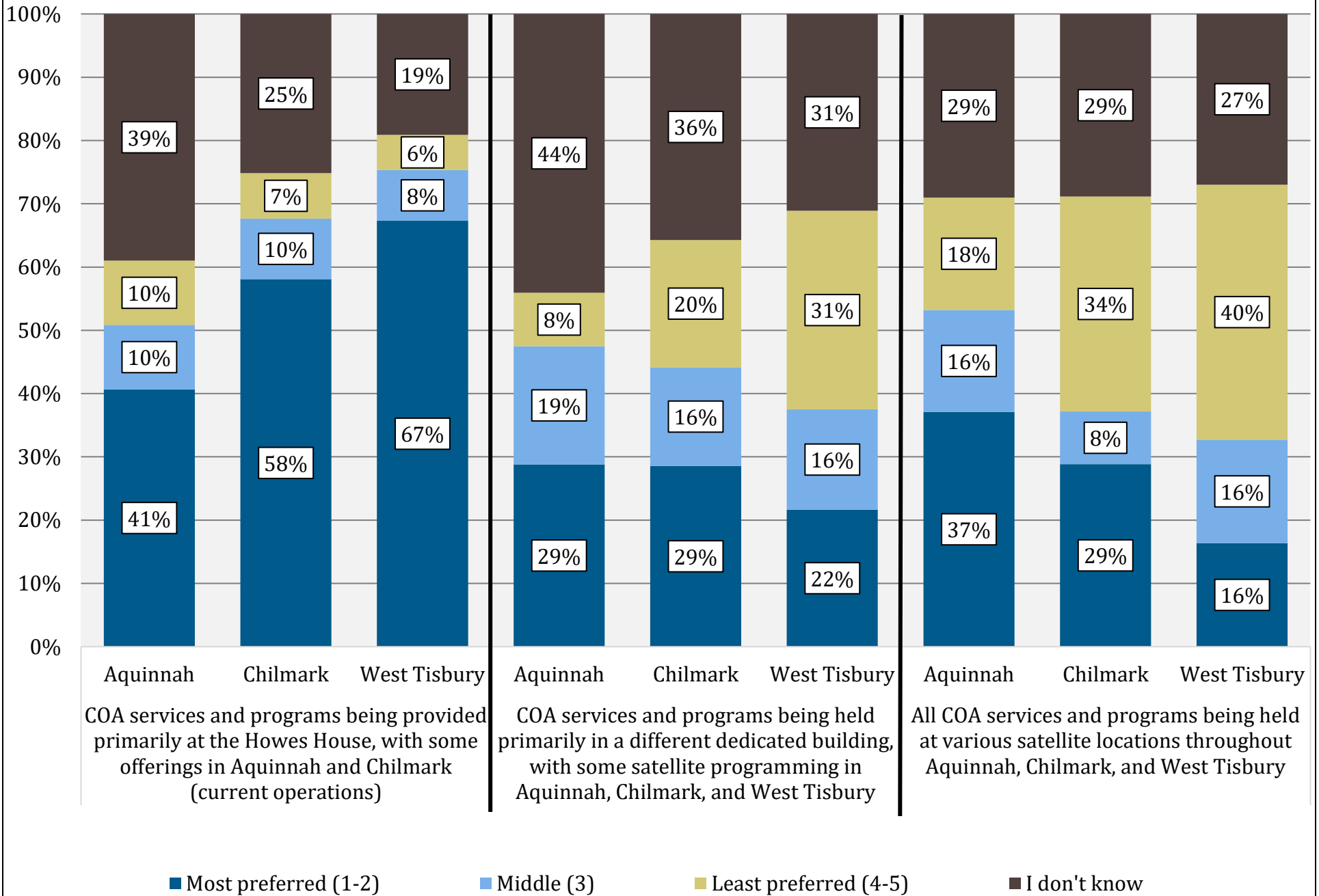


Survey respondents were asked to consider the future of programs and services offered through the Up-Island Council on Aging and to rate their preferences for how programs and services should be provided. Three scenarios were outlined, and respondents were asked to rate their preference on a scale of 1 (most preferred) to 5 (least preferred) or “I don’t know” for each arrangement: (1) UICOA services and programs being provided primarily at the Howes House, with some offerings in Aquinnah and Chilmark (current operations), (2) UICOA services and programs being held primarily in a *different dedicated building*, with some satellite programming in Aquinnah, Chilmark, and West Tisbury, and (3) All UICOA services and programs being held at various satellite locations throughout Aquinnah, Chilmark, and West Tisbury.

Among all respondents, most (62%) ranked the first scenario, current operations, as most preferred 1 or 2. Over a third (36%) rated the third scenario, in which all UICOA programs and services are held at various satellite locations across up-island, as the least preferred 4 or 5. Approximately a quarter of respondents selected “I don’t know” for the first and third scenarios (24% and 27%), whereas 34% selected I don’t know for the scenario in which UICOA programs and services are held primarily in a different dedicated building (**Q25, Appendix A**).

Scenario preferences differed between respondents from Aquinnah, Chilmark, and West Tisbury, as presented in **Figure 26**. Although current operations at the Howes House was rated most preferred among all survey respondents, 41% of Aquinnah respondents and 58% of Chilmark respondents rated this as most preferred, compared to 67% of West Tisbury respondents. As well, 19% of West Tisbury respondents selected “I don’t know” for scenario 1, compared to 25% of Chilmark and 39% of Aquinnah respondents. Considering scenario 2—UICOA programs and services being offered in a different dedicated building with some satellite programming—about the same share of respondents identified this as most preferred across communities (22%-29%), but 31% of West Tisbury respondents identified this as scenario as least preferred, compared to 20% of Chilmark respondents and just 8% of Aquinnah respondents. Also, 44% of Aquinnah respondents selected “I don’t know” for scenario 2, the highest share selecting “I don’t know” across communities and across scenarios. Lastly, the third scenario, in which all UICOA programs and services are provided at satellite locations across up-island, was preferred most by Aquinnah respondents (37%), followed by Chilmark respondents (29%) and West Tisbury respondents (16%). The share of respondents who selected “I don’t know” for scenario 3 was nearly equal across the three communities. In sum, these results demonstrate that while most survey respondents prefer to keep current operations, residents from Aquinnah and Chilmark are interested in different scenarios in which additional satellite programming and/or a different physical space are considered. Moreover, there is substantial uncertainty about preferences for future operations arrangements and thus further assessment and community engagement would be valuable to inform decisions when the time comes.

**Figure 26.** Preferences for potential future arrangements of UICOA program and service provision, by community

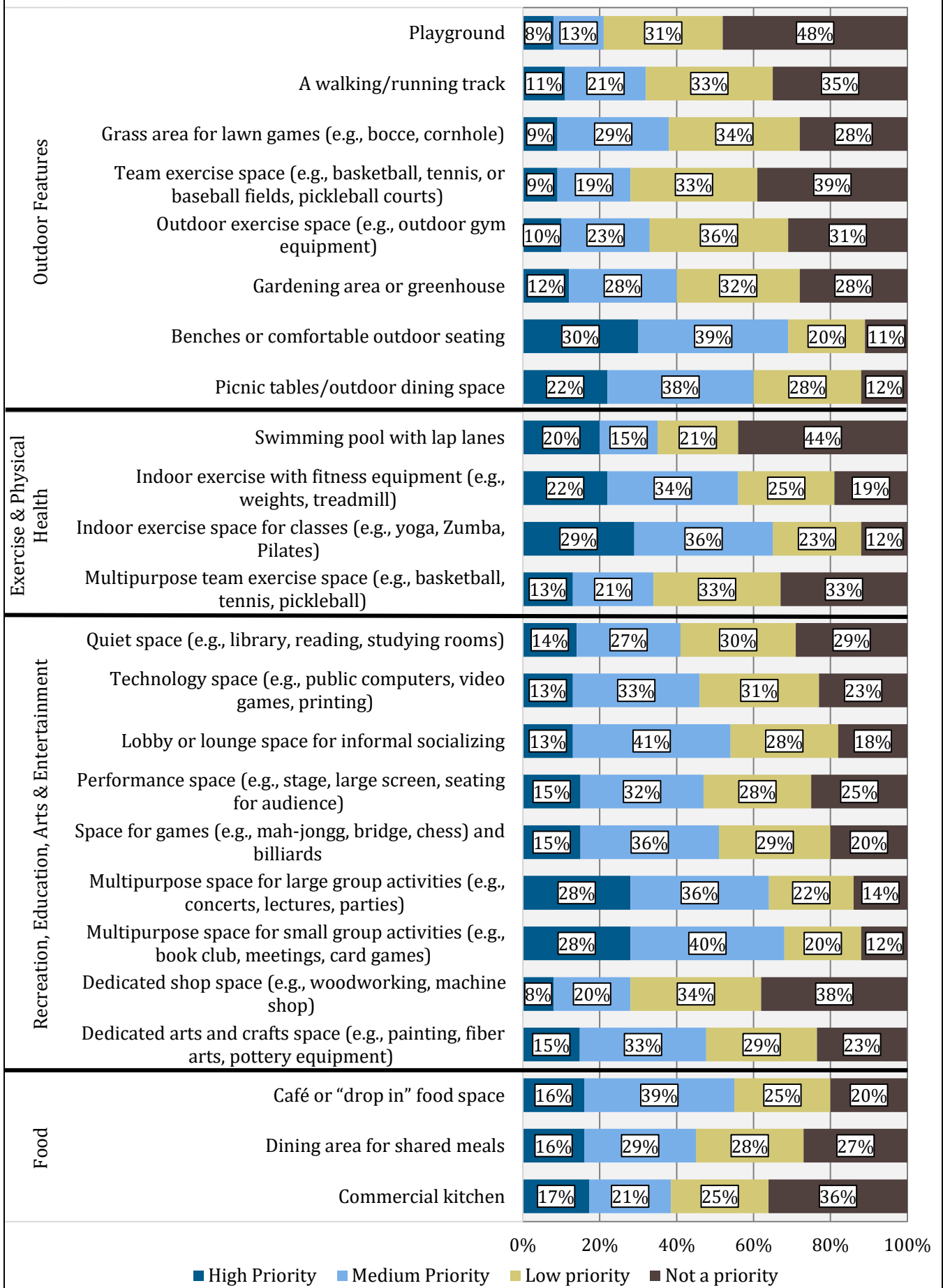


In addition to asking about broad scenarios for UICOA operational arrangements, survey respondents were asked to prioritize different types of facilities that may be of interest for up-island UICOA programs and services. The same priority rating scale as for **Q24 (Appendix A)** was provided as a guide here as well. Results from all survey respondents are presented in **Figure 27**. Regarding outdoor features, survey respondents prioritized many of the listed features similarly, with a few exceptions. First, benches and comfortable outdoor seating were identified as medium or high priority by nearly 70% of respondents, and 60% identified picnic tables/outdoor dining space as medium or high priority. Team exercise space and outdoor exercise space had the lowest priority ratings among outdoor features, with 72% and 67% identifying these as low or no priority, respectively. Among exercise and physical health facilities, indoor exercise space for classes was a high priority for 29% of respondents and a medium priority for 36% of respondents. Approximately 44% identified a swimming pool with lap lanes as not a priority for potential UICOA facility uses.

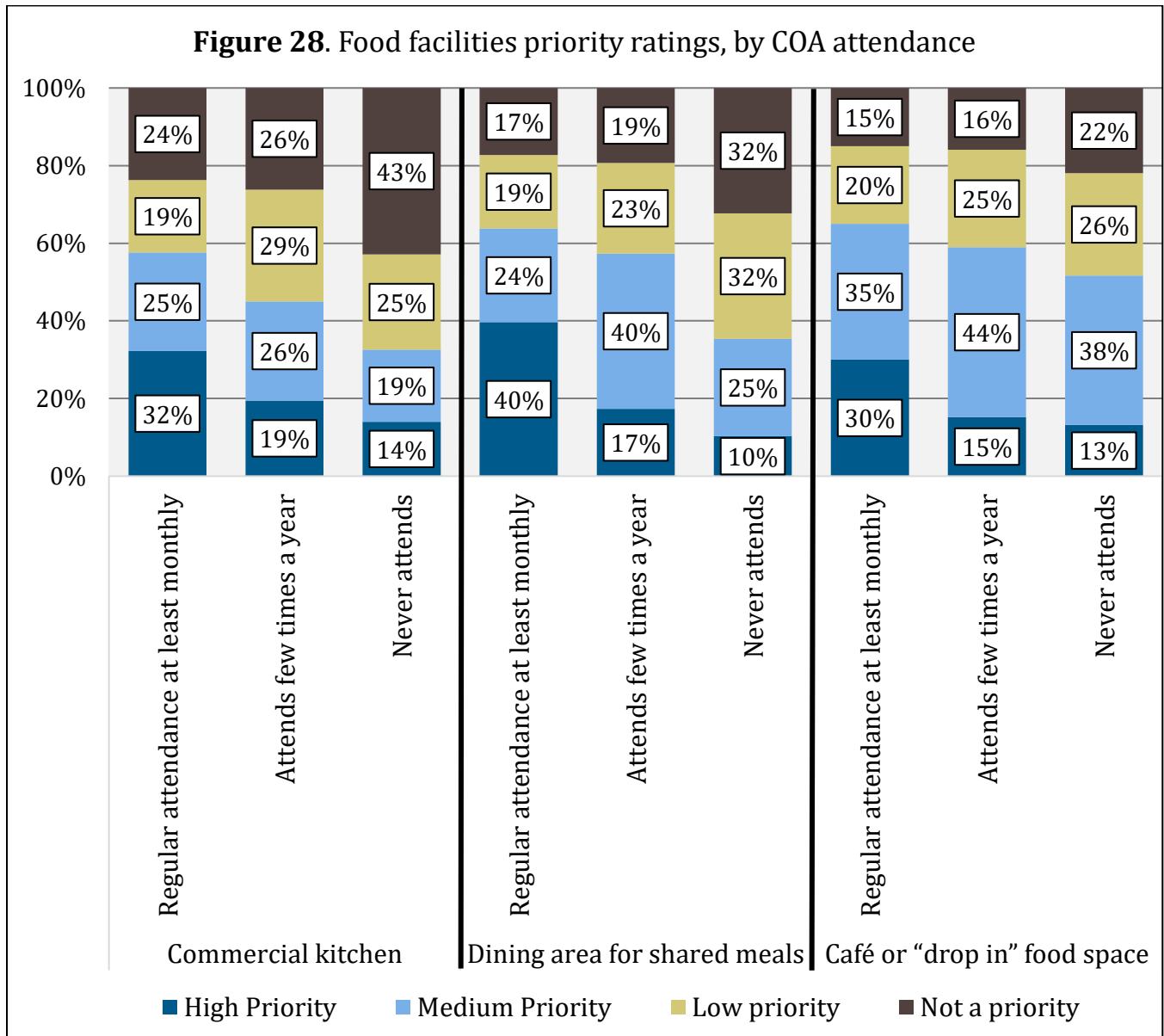
Several spaces designed for recreation, education, arts, and entertainment were listed, and the percentage of respondents identifying each as high or medium priority ranges from 41% (Quiet space) to 68% (multipurpose space for small group activities). Multipurpose spaces for both large and small groups, lobby or lounge space for informal socializing, and space for games, were prioritized by 50% or more of survey respondents. The recreation space that had the lowest priority rating was dedicated shop space: about a third of respondents (34%) identified this as a low priority and 38% of respondents identified this as not a priority.

Survey respondents rated each of the three food-focused facilities as a high priority equally, at about 16%. Café space or “drop in” food space was rated as a medium priority by 39%, followed by dining area for shared meals (29%), and a commercial kitchen (21%). Furthermore, 36% of respondents identified a commercial kitchen as not a priority.

**Figure 27. Facility priority ratings, all respondents**



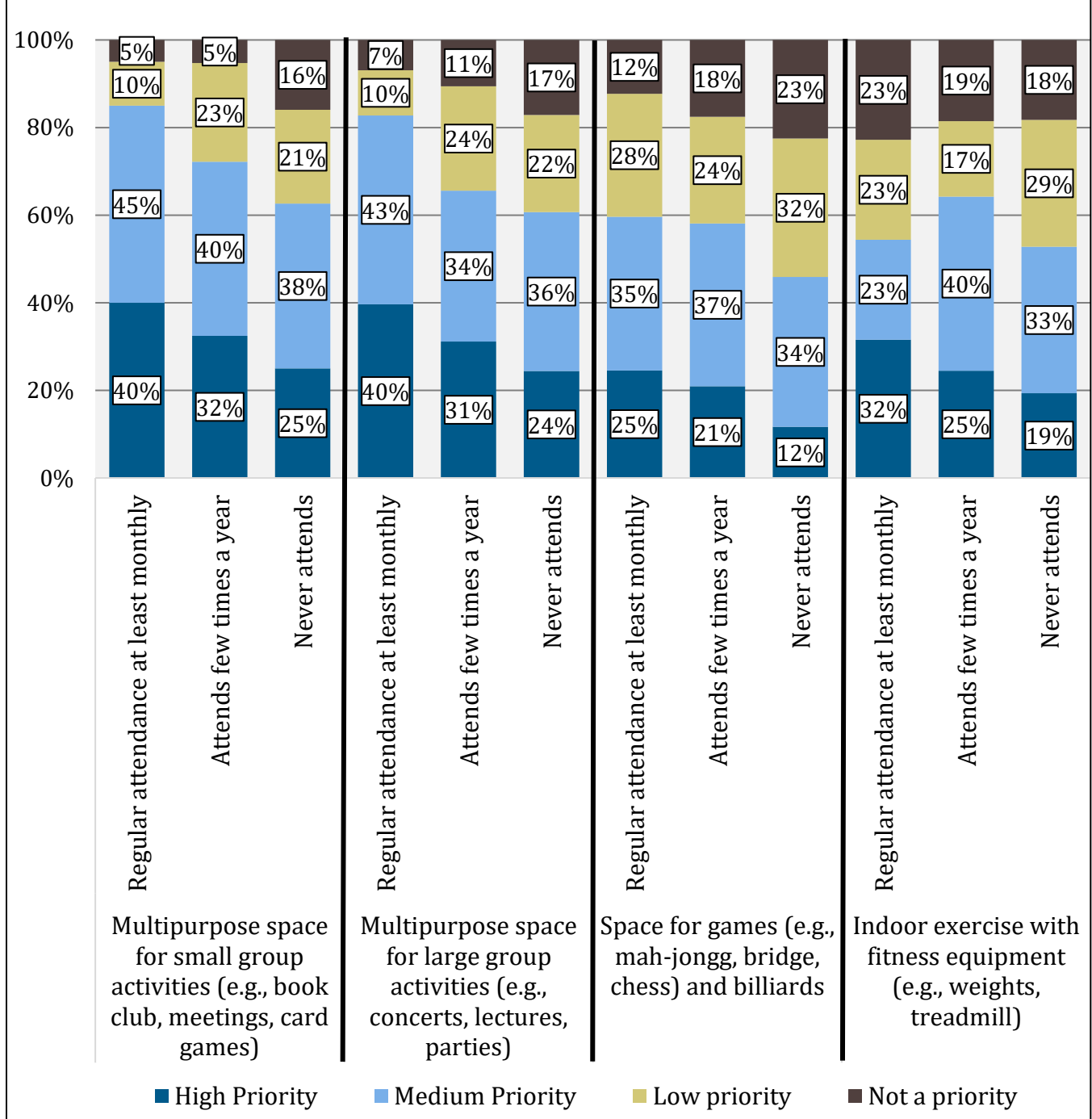
Frequency of attendance at UICOA programs and services was associated with priority ratings for a number of facility types. Results for notable response differences are presented in the next three figures. First, **Figure 28** shows priority ratings for food facility types by frequency of UICOA attendance. For each of the three facilities, priority levels generally decrease as frequency of attendance decreases. For example, nearly a third of respondents who attend the UICOA regularly identified a commercial kitchen as a high priority, whereas 20% of those who attend occasionally and 14% of those who never attend rated it similarly. Of note, the largest shares of respondents who selected not a priority are among those who never attend the UICOA for a commercial kitchen (43%) and for dining space (32%). A lack of knowledge about the current operations or familiarity with spaces the UICOA utilizes likely drives the higher shares of non-attendees reporting not a priority.



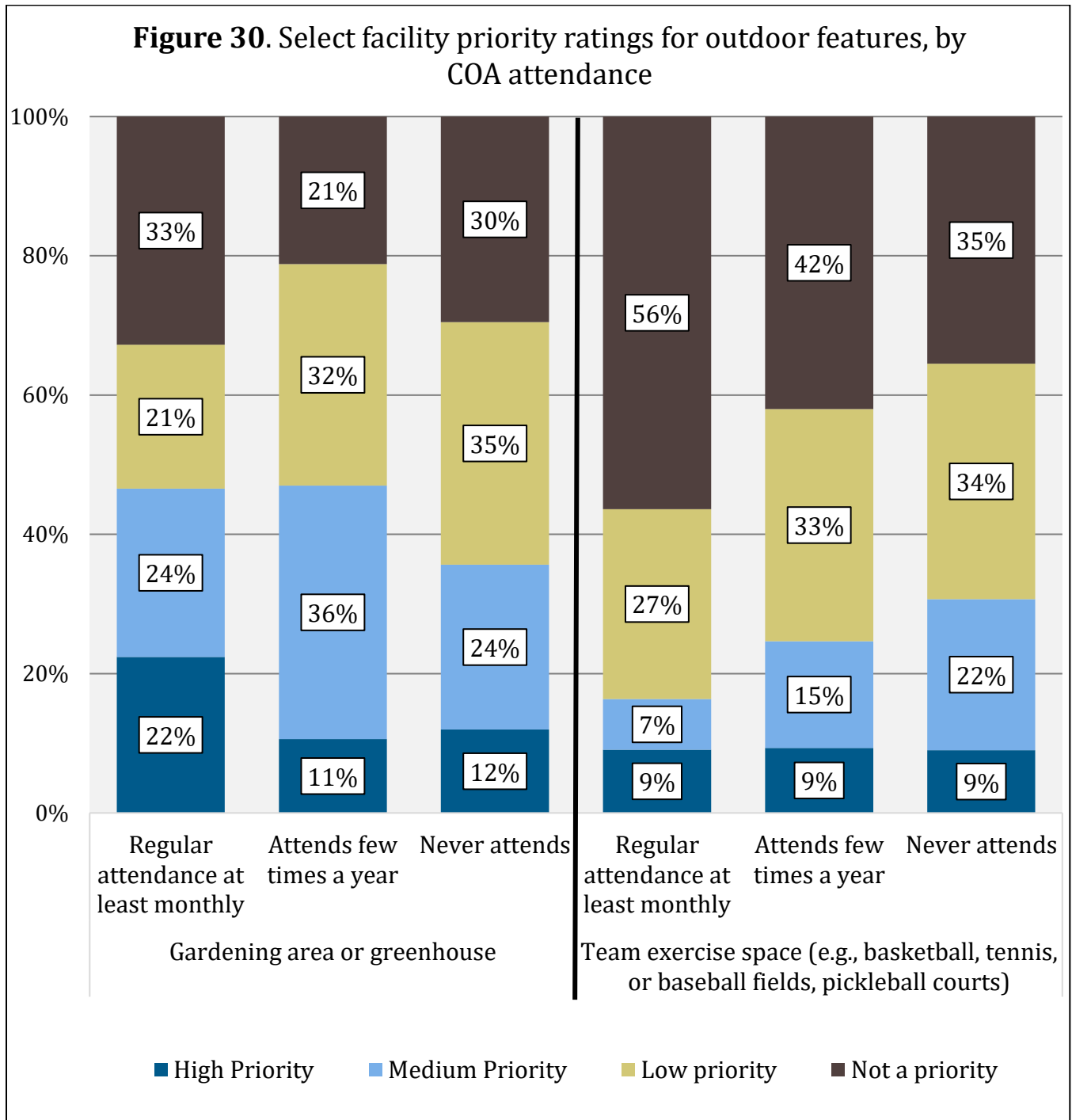
UICOA attendees and non-attendees rated some recreation, education, arts, & entertainment spaces, as well as one type of exercise & physical health facility different, as presented in **Figure 29**. Priorities for multipurpose space for small group activities follow a similar pattern of decreasing priority ratings associated with decreasing frequency of attendance at the UICOA as presented in the previous figure. Regarding multipurpose space for large activities, however, infrequent

attendees responded similarly to non-attendees: about two-thirds of respondents who attend the UICOA a few times of year identified multipurpose space for large group activities as a high or medium priority, like the share of non-attendees (61%), and lower than the share of regular attendees who prioritized small multipurpose space highly (83%). In contrast, respondents who attend occasionally responded more similarly to regular attendees regarding space for games, with 58% and 60%, respectively, identifying this as a medium or high priority compared to non-attendees (46%). Lastly, respondents who attend the UICOA a few times a year reported the highest share of medium and high priority ratings (65) for indoor exercise equipment, whereas slightly more than half of regular attendees and non-attendees rated indoor exercise equipment highly.

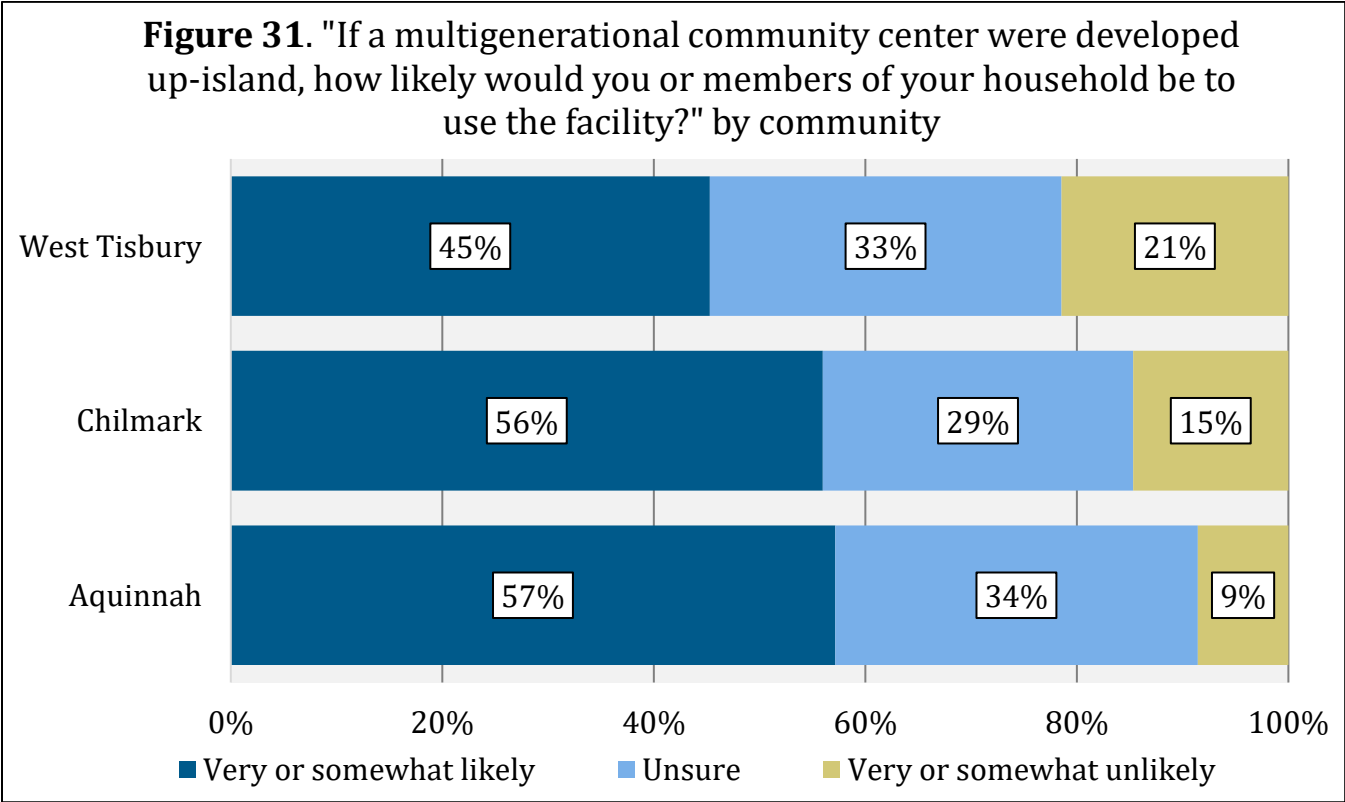
**Figure 29.** Select facility priority ratings for recreation, education, arts & entertainment spaces and exercise & physical health spaces by COA attendance



Lastly, UICOA attendees and non-attendees rated two outdoor features differently (**Figure 30**). First, about 46% of both regular attendees and infrequent attendees rated a gardening area or greenhouse as a high priority or medium priority, though more regular attendees rate it as needed now (high priority). Although 36% of non-attendees rate gardening facilities as a medium or high priority, 35% rated it as a low priority and 30% rated it as not a priority. Secondly, just 9% of all respondents, regardless of level of attendance at the UICOA, rated team exercise space as a high priority. But, over half of regular attendees (56%) identified team exercise space as not a priority, followed by 42% of infrequent attendees, and 35% of non-attendees. Although team exercise space is not much of a priority among all respondents, slightly greater priority ratings are present among those with no or limited engagement with the UICOA.

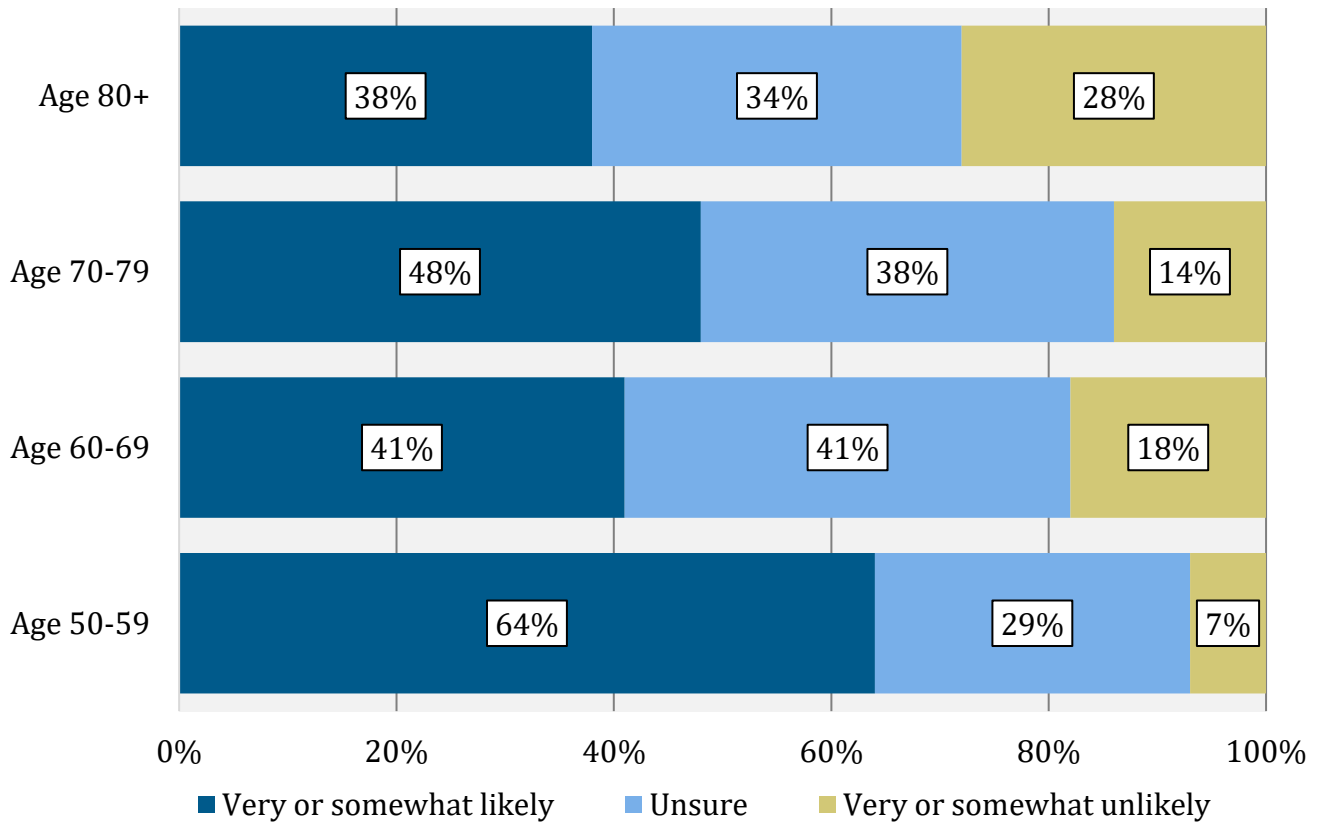


This section of the survey ended with two hypothetical questions about potential use of an up-island multigenerational community center and an island-wide senior center. Regarding a multigenerational community center developed up-island, over two-thirds (68%) of respondents age 50-59 would be likely to use such a facility, substantially more than respondents in their 60s (51%), 70s (51%), and age 80 or older (37%; **Q27, Appendix A**). Additionally, about a third of respondents are unsure if they or members of their household would use a multigenerational community center up-island, except among respondents in their 50s, of whom 22% are unsure. **Figure 31** presents the results regarding an up-island multigenerational community center by community. Fewer respondents from West Tisbury selected very or somewhat likely, compared to those from Aquinnah (57%) and Chilmark (56%). While about a third of respondents from Aquinnah and West Tisbury expressed uncertainty about the likelihood of using a multigenerational community center up-island, a slightly smaller share of Chilmark respondents (29%) reported unsure.



Among all respondents, 45% would be somewhat or very likely to use an island-wide senior/community center developed on Martha’s Vineyard; 37% reported unsure, and 18% reported somewhat or very unlikely (**Q28, Appendix A**). Similar to responses regarding an up-island multigenerational center, respondents in their 50s expressed greater likelihood of use compared to older age groups, as presented in **Figure 32**. The percentage who selected unsure ranges from 29% among respondents in their 50s to 38% of respondents in their 70s. About 28% of respondents aged 80 and older are not likely to use an island-wide senior/community center, the highest share compared to other age groups. Results from both questions about potential facility developments suggest that there is interest in an up-island multigenerational community center or an island-wide senior center, but also a lot of uncertainty, particularly among residents age 60+ and in different communities.

**Figure 32.** "If an island-wide senior/community center were developed on Martha's Vineyard, how likely would you or members of your household be to use the facility?" by age



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the UICOA or about current or future needs of older residents in Aquinnah, Chilmark, or West Tisbury, and 177 participants took the time to provide additional feedback. Nearly all of the responses focused on the UICOA, with some broader thoughts and suggestions about aging in the community (**Table 4**). About a quarter of responses provided positive feedback or appreciation about the UICOA and all it has done for elders living up-island. About 30% of written responses included suggestions for programs and services at that UICOA, with some providing specific examples (e.g., more trips), and some making suggestions about outreach and messaging strategies. A large share of responses could also be categorized as commentary about the future of the Council on Aging, regarding where and how it operates. Within this theme, about half were not supportive of any major changes, citing concerns about expected costs for renovations and new builds, as well as potential duplication of programs and services provided by other departments or organizations on the Vineyard. The other half who commented on the future of the UICOA expressed support for some changes, such as modest renovations to Howes House and interest in more structured collaboration with other UICOAs across the island that can incorporate a broader age range.

**Table 4.** Sample responses to, “If you have any other thoughts or comments about the Up-Island Council on Aging, or about current or future needs of older residents in Aquinnah, Chilmark, or West Tisbury, please include them here”

<b>Feedback for UICOA: Programs/services</b>
<i>“Encourage more affordable off island cultural trips. It’s easy to get in a rut on MV. There are a lot of lonely people here.”</i>
<i>“Spending time with age-mates is so important a range of offerings is needed”</i>
<i>“Communication has been poor. UICOA has not kept up with modern messaging technology. Younger "old people" don't think of UICOA as a resource because there is no outreach”</i>
<i>“The few times I have been there I felt it was only for VERY old people. At age 82 I am still very active, independent, and working part time in my profession. I have not seen any programs at this facility that apply to me.”</i>
<b>Comments about the future of the UICOA</b>
<b>Not supportive of expansion, development, or multigenerational model</b>
<i>“I take this as a “wish” list. Just because I “wish” I had something (like I wish I had a Lamborghini) doesn’t mean I’m willing to pay for it. I hope you will screen all these against a budget limit.”</i>
<i>“I really think that many of the questions are encouraging building new, fancy structures. The library has many resources available that can be shared by UICOA. I am against building, building, building - I am for sharing resources with library, YMCA, IGI etc.”</i>
<i>“Prefer not to combine all UICOA board on Up-island + down island. * Cultural differences”</i>
<b>Supportive of expansion, development, or multigenerational model</b>
<i>“WT UICOA is welcoming and pleasant, but you need larger spaces to accommodate more people.”</i>
<i>“Keep changes to the building simple. Do not make their project such that it overlaps w library offerings. Work together and create a nice campus for all.”</i>
<i>“Please collaborate with down island towns on a centralized multi-generational community UICOA for all island residents.”</i>
<b>Positive feedback for UICOA</b>
<i>“The Up-island COA has always been a source of info (insurance, taxes, finances, prescriptions etc.). If they don't have the info you need, they know who to refer you to for assistance. Their wide knowledge is a valuable asset to the Island Community.”</i>
<i>“Thank you for the survey and for all you do. As we get to spend more time here, we’re looking forward to enjoying more activities at COA. Good to know you're thinking creatively and collaboratively about the future”</i>
<i>“I like the idea of having someone to help navigate through social services if needed. It can be daunting”</i>
<b>Broader suggestions for the community</b>
<i>“I would love to see safer + easier ways to bike to area's like UICOA or Stop + Shop. I wish the VTA could get me from Old County Rd to Edgartown in 1/2 hour. It looks like it will take hours. I also wish that we use the schools space more when the school is not in use. Use it for ballroom dance lessons, yoga, etc. I feel like we so often duplicate space or some sit idle too often.”</i>
<i>“Older people need frequent access to a Bathroom. In the Winter, it is almost impossible to find a restroom that is open. This Island is desperately in need of Year-around restrooms”</i>
<i>“We own our home and the taxes keep increasing. A local residential exemption would help us.”</i>

## Conclusion

This report describes research undertaken by the Center for Social & Demographic Research on Aging (CSDRA) within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Up-Island Council on Aging. The goals of this project were to investigate the needs, interests, preferences, and opinions of Aquinnah, Chilmark, and West Tisbury residents aged 50 or older by engaging the community regarding their experiences and needs relevant to the Council on Aging and activities and programs offered by the staff of the UICOA. The contents of this report are meant to inform the Up-Island Council on Aging for the purposes of strategic planning towards mission fulfillment alongside planning for the operations of the UICOA. The report will also help to build awareness about issues facing older residents of the up-island region, among community members at large.

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

The recommendations and example action items laid out in this report address a broad range of findings from this assessment and represent varying levels of effort, collaboration, and community engagement needed for implementation. It is up to the UICOA Board and staff to determine how to prioritize areas to focus on in the short-, mid-, and long-term. That said, we recommend that the following are prioritized for more immediate action

1. Continue and expand efforts to provide programs and services in Aquinnah and Chilmark. Engage in partnerships with local businesses, the public libraries, schools, and other accessible spaces to host programs and services.
2. Seize the opportunity to implement programs and services that will support the active, healthy-aging goals of older adults. Prioritize the most valued programs and needed services—many ideas were identified during data collection and are included in this report.
3. Consider re-messaging efforts at the UICOA to avoid inferences of ageism and misconceptions about eligibility to participate. Clarify that the UICOA is a resource for *all* older residents of up-island through a variety of media.
4. Convene leaders of the three communities to create a set of objectives for the UICOA space.
5. Build on previous efforts to generate plans for space for the UICOA by convening a new building committee. Explore *all* possible suitable locations in the three up-island towns. This may, or may not, include Howes House.

## Appendix A: Survey Results

Note: Appendix tables are based on 691 responses to the Up-Island Council on Aging Regional Community Survey, conducted between July and August 2024. About 19% of all respondents completed the survey online and the rest were returned via mail. See text for additional details.

### Section I: Community & Neighborhood

#### Q1. Where do you live on Martha's Vineyard?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Aquinnah</b>	3%	11%	12%	11%	11%
<b>West Tisbury</b>	64%	59%	64%	52%	59%
<b>Chilmark</b>	31%	30%	24%	37%	29%
<b>Somewhere else on Martha's Vineyard</b>	2%	0%	1%	0%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q2 Which of the following best describes your status as a resident of Martha's Vineyard?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I live here year-round</b>	92%	83%	86%	84%	84%
<b>I primarily live here, but spend winters living elsewhere</b>	0%	11%	9%	8%	8%
<b>I primarily live elsewhere, but spend parts of the year living on Martha's Vineyard</b>	8%	6%	6%	8%	8%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q3 Do you plan to become a full-time resident of Martha's Vineyard within the next 5 years?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	3%	7%	5%	2%	5%
<b>No</b>	7%	9%	7%	11%	9%
<b>Not applicable, I am already a full-time resident</b>	90%	84%	88%	87%	86%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q4 How long have you resided on Martha's Vineyard?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages
<b>Fewer than 5 years</b>	9%	14%	5%	11%	9%
<b>5-14 years</b>	16%	15%	11%	7%	12%
<b>15-24 years</b>	22%	14%	16%	14%	16%
<b>25-34 years</b>	26%	12%	14%	19%	16%
<b>35-44 years</b>	10%	19%	16%	11%	15%
<b>45 years or longer</b>	17%	26%	38%	38%	32%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q6\_1 Please select your level of agreement with each statement below. – “I feel a sense of belonging in the community where I live.”**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	51%	51%	49%	47%	49%
<b>Agree</b>	37%	44%	44%	45%	44%
<b>Disagree</b>	7%	3%	4%	6%	4%
<b>Strongly Disagree</b>	0%	<1%	<1%	0%	<1%
<b>I don't know</b>	5%	2%	2%	2%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q6\_2 Please select your level of agreement with each statement below. – “Local decision makers consider my interests and concerns.”**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	14%	14%	20%	18%	17%
<b>Agree</b>	48%	48%	47%	52%	49%
<b>Disagree</b>	14%	9%	14%	10%	12%
<b>Strongly Disagree</b>	5%	3%	4%	2%	3%
<b>I don't know</b>	19%	26%	15%	18%	19%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Section II: Housing and Living Situation

**Q7. Who do you live with? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I live alone</b>	12%	17%	22%	34%	22%
<b>A spouse/partner</b>	71%	74%	72%	56%	70%
<b>My adult child(ren) (age 18 or older)</b>	19%	8%	7%	8%	9%
<b>My child(ren) (under age 18)</b>	26%	1%	<1%	0%	3%
<b>My grandchildren</b>	0%	1%	3%	3%	2%
<b>My pet(s)</b>	17%	11%	12%	15%	13%
<b>My parent(s)</b>	9%	2%	0%	0%	1%
<b>Another relative</b>	7%	3%	2%	3%	3%
<b>Someone else (Please specify):</b>	5%	4%	2%	4%	3%

*\*Figures do not sum to 100%*

**Q8 Do you rent or own your current place of residence? (Check only one)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>The home is owned by me or someone who I live with</b>	84%	93%	92%	90%	92%
<b>The home is rented by me or someone who I live with</b>	7%	4%	4%	3%	4%
<b>Other (Please specify):</b>	9%	3%	4%	7%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Section III: Transportation

Q9 Which of the following best describes your driving status on the Vineyard?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
I do not drive	2%	1%	1%	16%	4%
I drive with some limitations (e.g., avoid driving at night or on highways)	2%	4%	12%	23%	11%
I drive with no limitations	96%	95%	87%	61%	85%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Q10. What kind of difficulties do you have in getting the transportation that you need?  
(Check all that apply)

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Public transportation around Up-island is unavailable or inconvenient	22%	19%	16%	22%	19%
Transportation options cost too much	6%	4%	6%	7%	5%
Parking is limited or inconvenient	11%	16%	14%	9%	13%
Distance to my destination is too far	4%	6%	6%	8%	6%
Physical limitations or other impairments make accessing transportation options difficult	2%	2%	3%	15%	5%
Walking or biking to my destination is not safe or feasible	30%	28%	24%	31%	27%
No door-to-door assistance or help with bags	2%	5%	4%	11%	6%
No one I can depend on for a ride	6%	6%	7%	9%	7%
I have no difficulties	50%	62%	61%	58%	59%
Other (Please specify):	6%	8%	10%	10%	9%

*\*Figures do not sum to 100%*

### Section IV: Social Activities and Relationships

Q11 Do you know someone living nearby on whom you can rely for short-term help when you need it?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	Total
Yes	75%	77%	77%	75%	76%
No	25%	23%	23%	25%	24%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q12 How often do you get together to visit; talk on the phone; or send email or use social media with family, friends, or neighbors? (Check only one per item)**

**Q12\_1- Get together, in person**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Every day</b>	33%	29%	31%	30%	30%
<b>One or more times a week</b>	32%	52%	42%	46%	45%
<b>A few times a month</b>	16%	11%	18%	13%	15%
<b>About once a month</b>	14%	3%	5%	7%	5%
<b>A few times a year (e.g., holidays)</b>	3%	5%	4%	4%	4%
<b>Never</b>	2%	<1%	<1%	0%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**12\_2 Talk on the phone, FaceTime or Zoom**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Every day</b>	38%	46%	45%	43%	44%
<b>One or more times a week</b>	41%	41%	40%	41%	41%
<b>A few times a month</b>	16%	7%	9%	12%	10%
<b>About once a month</b>	0%	3%	2%	3%	2%
<b>A few times a year (e.g., holidays)</b>	3%	1%	2%	0%	1%
<b>Never</b>	2%	2%	2%	1%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**12\_3 send email, text, or use social media**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Every day</b>	69%	69%	64%	56%	65%
<b>One or more times a week</b>	21%	23%	28%	26%	25%
<b>A few times a month</b>	5%	3%	4%	8%	5%
<b>About once a month</b>	3%	2%	2%	3%	2%
<b>A few times a year (e.g., holidays)</b>	0%	1%	0%	1%	<1%
<b>Never</b>	2%	2%	2%	6%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q14 In the past 5 years, have you ever felt excluded in your community because of your (Check all that apply):**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Age</b>	5%	2%	6%	6%	5%
<b>Cognitive status</b>	0%	1%	1%	3%	1%
<b>Disability or mobility status</b>	2%	4%	3%	12%	5%
<b>Gender</b>	2%	1%	1%	0%	1%
<b>Language</b>	2%	1%	<1%%	0%	<1%
<b>Political views</b>	9%	4%	3%	3%	3%
<b>Income</b>	14%	8%	4%	2%	5%
<b>Sexual orientation</b>	4%	1%	1%	0%	1%
<b>Skin color, race or ethnicity</b>	4%	4%	0%	0%	1%
<b>Religion or cultural background</b>	2%	1%	1%	1%	1%
<b>No, I have never felt excluded</b>	66%	82%	85%	83%	82%
<b>Other (Please specify):</b>	7%	4%	4%	3%	4%

*\*Figures do not sum to 100%*

## **Section V: Communication & Information**

**Q15 Would you know whom to contact in your community should you or someone in your family need help accessing social services or other municipal services (e.g., access to food, subsidies for transportation or housing, in-home supports?)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	61%	66%	78%	91%	75%
<b>No</b>	39%	34%	22%	9%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q16 Where would you prefer to find information about the programs and services offered by the UICOA? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>UICOA newsletter (print)</b>	25%	26%	30%	45%	31%
<b>UICOA newsletter (online)</b>	51%	49%	51%	44%	48%
<b>Local Public Access TV</b>	2%	3%	3%	2%	3%
<b>Town website</b>	44%	39%	29%	17%	30%
<b>Local community newspaper(s)</b>	48%	50%	52%	55%	50%
<b>Public postings</b>	29%	15%	12%	14%	15%
<b>Email or text communication</b>	54%	45%	52%	59%	50%
<b>Facebook or other social media sites</b>	31%	21%	12%	6%	15%
<b>Word of mouth</b>	31%	20%	23%	27%	23%
<b>Other (Please specify):</b>	3%	6%	3%	3%	4%

*\*Figures do not sum to 100%*

## Section VI: Programs & Services at the Up-Island Council on Aging (UICOA)

Q17 How frequently do you use services or attend programs offered by the UICOA? (Check only one)

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Two or more times a week	0%	1%	<1%	4%	1%
About once a week	3%	0%	3%	12%	4%
A few times a month	2%	1%	2%	4%	2%
About once a month	2%	3%	3%	6%	4%
A few times a year (e.g., special events only)	17%	16%	32%	32%	26%
Never	76%	79%	60%	42%	63%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Q18 I would be more likely to use UICOA programs and services IF...

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
I had more knowledge about the programs and services that are available	56%	50%	45%	41%	45%
Programs and services were better suited to my needs and interests	15%	12%	19%	22%	17%
I was seeking support for a loved one	25%	19%	17%	14%	17%
The cost of programs was reduced or eliminated	7%	6%	6%	5%	6%
There was more parking	2%	3%	1%	3%	2%
Transportation options to the UICOA were more convenient	2%	4%	3%	8%	4%
There were more online programs	3%	8%	8%	7%	7%
There were more special interest or cultural programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	5%	6%	2%	4%	4%
The space could accommodate more participants (e.g., larger class sizes or more variety of programs)	2%	3%	2%	5%	3%
The hours of the UICOA were expanded (e.g., nights or weekend hours)	12%	9%	5%	6%	7%
I had friends or family to go with	9%	9%	9%	8%	9%
The building was easier to navigate	0%	1%	1%	0%	1%

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>The space was more comfortable and inviting</b>	7%	7%	3%	5%	5%
<b>UICOA activities were provided in satellite spaces across the communities</b>	10%	4%	3%	5%	4%
<b>It included residents of all ages and functioned as a community center</b>	27%	20%	13%	11%	16%
<b>Other (Please specify):</b>	22%	19%	20%	18%	19%

*\*Figures do not sum to 100%*

**Q19 Do you visit other Councils on Aging/Senior Centers?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	3%	5%	11%	15%	10%
<b>No</b>	97%	95%	89%	85%	90%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q21 If Yes, for what reason(s) do you attend the other Council on Aging or senior center? (Check all that apply)**

	All Ages
<b>The program is not offered at the UICOA</b>	56%
<b>The other Center is closer to my residence</b>	8%
<b>The other Center is easier to get to (e.g., parking and access)</b>	5%
<b>The hours of the other Center are more convenient for me</b>	2%
<b>Attend the other Center with friends</b>	25%
<b>The other Center space is more welcoming/inviting</b>	6%
<b>Other (Please specify):</b>	38%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q19*

**Q22 Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available through the UICOA? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Volunteer opportunities</b>	44%	32%	27%	18%	27%
<b>Technology skills classes (e.g., learning computer programs or smartphone applications)</b>	24%	24%	28%	27%	25%
<b>Performances and presentations (e.g., theatre, comedy, music)</b>	39%	36%	30%	28%	31%
<b>Lectures, guest speakers, or cultural events</b>	53%	60%	53%	46%	52%
<b>Educational courses/ programming (e.g., foreign languages or bird watching)</b>	54%	39%	29%	25%	32%

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Skill development (e.g., woodworking, sailing)</b>	48%	33%	20%	6%	22%
<b>Online programs (e.g., Zoom classes)</b>	20%	14%	14%	14%	14%
<b>Outdoor exercise (e.g., hiking/walking club)</b>	46%	33%	32%	11%	29%
<b>Indoor fitness (e.g., strength training, exercise equipment)</b>	36%	32%	36%	27%	32%
<b>Arts (e.g., painting, acting, quilting)</b>	48%	36%	21%	13%	25%
<b>Social gatherings (e.g., parties, community meals)</b>	37%	27%	15%	21%	20%
<b>Informal socializing (e.g., coffee hour, drop-in space)</b>	39%	22%	20%	21%	22%
<b>Evening or weekend activities</b>	27%	14%	9%	7%	11%
<b>Wellness programs (e.g., meditation or weight management)</b>	32%	27%	22%	18%	23%
<b>Day trips</b>	14%	16%	17%	23%	17%
<b>Overnight trips</b>	3%	8%	3%	7%	5%
<b>Off-island trips</b>	17%	20%	19%	21%	19%
<b>Other (Please specify):</b>	7%	9%	7%	6%	7%

*\*Figures do not sum to 100%*

**Q23 Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the services offered through the UICOA? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Mental health counseling or referrals</b>	31%	20%	12%	9%	15%
<b>Information/referral for social services</b>	27%	36%	31%	21%	29%
<b>Professional services (e.g., tax prep, legal services, financial advisor)</b>	39%	39%	32%	28%	33%
<b>Support groups (e.g., grandparents raising grandchildren, caregivers, singles)</b>	12%	14%	9%	10%	11%
<b>Health insurance counseling (SHINE program)</b>	34%	34%	21%	19%	25%
<b>Transportation for errands around Town</b>	25%	23%	19%	28%	22%
<b>Transportation to medical appointments on-island</b>	22%	32%	29%	33%	29%
<b>Transportation to medical appointments off-island</b>	29%	42%	44%	48%	41%

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Caregiver respite programs	24%	20%	16%	14%	17%
Grab 'n' go or home delivered meals	24%	18%	21%	21%	20%
On-site meals or café services	20%	16%	11%	21%	15%
Job-searching support or part-time employment	9%	10%	8%	2%	7%
Durable medical equipment loan program	29%	25%	19%	23%	21%
Social supportive adult day program	17%	13%	7%	9%	9%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	32%	32%	25%	32%	28%
Other (Please specify):	12%	6%	6%	6%	6%

\*Figures do not sum to 100%

## Section VII: Envisioning the Future of the Up-Island Council on Aging (UICOA)

Q24 Below is a list of criteria to make UICOA programs and services more accessible. Please rate each of the following items based on their priority level for you or your family.

Use the following rating system as a guide: High priority (needed now); Medium priority (needed soon); Low priority (needed eventually); Not a priority (no need now or in future).

### Q24\_1 Door to door transportation to and from the Center

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	13%	10%	9%	13%	10%
Medium priority	28%	11%	15%	17%	15%
Low priority	23%	39%	41%	35%	38%
Not a priority	36%	40%	35%	35%	37%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Q24\_2 No or little cost to participate in programs

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	24%	25%	20%	17%	21%
Medium priority	35%	22%	22%	18%	23%
Low priority	19%	28%	33%	33%	30%
Not a priority	22%	25%	25%	32%	26%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_3 Ample and accessible parking**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	24%	19%	19%	28%	21%
Medium priority	28%	31%	30%	25%	29%
Low priority	35%	32%	30%	22%	30%
Not a priority	13%	18%	21%	25%	20%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_4 The facility being open in the evenings and on weekends**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	19%	12%	9%	5%	10%
Medium priority	38%	30%	27%	28%	29%
Low priority	33%	38%	38%	27%	35%
Not a priority	10%	20%	26%	41%	26%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_5 Enough space for multiple programs to be running simultaneously**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	18%	17%	12%	11%	14%
Medium priority	34%	34%	35%	31%	34%
Low priority	32%	31%	31%	33%	31%
Not a priority	16%	18%	22%	25%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_6 Soundproofing and built-in technology for managing audio and acoustics**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	10%	13%	13%	14%	13%
Medium priority	26%	29%	23%	25%	25%
Low priority	40%	32%	37%	27%	34%
Not a priority	24%	26%	27%	34%	28%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_7 Private space(s) for confidential conversations**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	27%	15%	13%	25%	18%
Medium priority	27%	29%	29%	31%	29%
Low priority	27%	33%	34%	20%	30%
Not a priority	19%	23%	24%	24%	23%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_8 Programming that integrates residents of all ages**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	28%	25%	15%	14%	19%
Medium priority	29%	35%	31%	33%	33%
Low priority	28%	25%	31%	21%	27%
Not a priority	15%	15%	23%	32%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_9 More remote (online) programming**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	8%	9%	8%	10%	9%
Medium priority	21%	29%	29%	20%	26%
Low priority	56%	39%	40%	34%	40%
Not a priority	15%	23%	23%	36%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_10 Free Wi-Fi access**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High priority	45%	38%	37%	31%	37%
Medium priority	17%	26%	23%	21%	23%
Low priority	30%	20%	23%	20%	22%
Not a priority	8%	16%	17%	28%	18%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q24\_11 Other (Please specify):**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>High priority</b>	0%	23%	19%	29%	21%
<b>Medium priority</b>	0%	8%	6%	0%	5%
<b>Low priority</b>	0%	23%	19%	14%	19%
<b>Not a priority</b>	100%	46%	56%	57%	55%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q25 Considering the future of programs and services offered through the Up-Island Council on Aging, please rate your preference for each arrangement.**

**Q25\_1 UICOA services and programs being provided primarily at the Howes House, with some offerings in Aquinnah and Chilmark (current operations)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Most preferred (1)</b>	47%	40%	52%	50%	48%
<b>2</b>	13%	11%	16%	17%	14%
<b>3</b>	9%	11%	7%	9%	9%
<b>4</b>	2%	3%	3%	2%	3%
<b>Least preferred (5)</b>	7%	3%	3%	2%	3%
<b>I don't know</b>	22%	32%	19%	20%	23%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q25\_2 UICOA services and programs being held primarily in a different dedicated building, with some satellite programming in Aquinnah, Chilmark, and West Tisbury**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Most preferred (1)</b>	12%	16%	9%	11%	12%
<b>2</b>	17%	10%	15%	7%	12%
<b>3</b>	19%	18%	17%	11%	16%
<b>4</b>	10%	7%	10%	16%	10%
<b>Least preferred (5)</b>	13%	11%	17%	22%	16%
<b>I don't know</b>	29%	38%	32%	33%	34%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q25\_3 All UICOA services and programs being held at various satellite locations throughout Aquinnah, Chilmark, and West Tisbury**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Most preferred (1)</b>	13%	15%	14%	10%	14%
<b>2</b>	12%	9%	8%	6%	9%
<b>3</b>	13%	17%	15%	9%	14%
<b>4</b>	13%	10%	13%	13%	12%
<b>Least preferred (5)</b>	23%	18%	25%	33%	24%
<b>I don't know</b>	26%	31%	25%	29%	27%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26. Below is a list of facilities that may be of interest for UICOA programs and services. Please rate each of the following based on their priority level for you or your family.**

**Use the following rating system as a guide: High priority (needed now); Medium priority (needed soon); Low priority (needed eventually); Not a priority (no need now or in future).**

**Q26\_1 Food - Commercial kitchen**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>High Priority</b>	24%	18%	19%	12%	17%
<b>Medium Priority</b>	18%	18%	21%	26%	21%
<b>Low priority</b>	32%	24%	26%	22%	25%
<b>Not a priority</b>	26%	40%	34%	40%	36%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_2 Food - Dining area for shared meals**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>High Priority</b>	20%	12%	15%	18%	16%
<b>Medium Priority</b>	31%	29%	27%	32%	29%
<b>Low priority</b>	33%	26%	34%	18%	28%
<b>Not a priority</b>	16%	33%	24%	32%	27%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_3 Food - Café or “drop in” food space**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	23%	14%	14%	18%	16%
Medium Priority	37%	40%	43%	30%	39%
Low priority	29%	24%	27%	23%	25%
Not a priority	11%	22%	16%	29%	20%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_4 Recreation, Education, Arts & Entertainment - Dedicated arts and crafts space (e.g., painting, fiber arts, pottery equipment)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	17%	17%	16%	9%	15%
Medium Priority	38%	35%	31%	31%	33%
Low priority	32%	28%	29%	30%	29%
Not a priority	13%	20%	24%	30%	23%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_5 Recreation, Education, Arts & Entertainment - Dedicated shop space (e.g., woodworking, machine shop)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	6%	9%	8%	5%	8%
Medium Priority	27%	23%	20%	12%	20%
Low priority	48%	35%	31%	34%	34%
Not a priority	19%	33%	41%	49%	38%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_6 Recreation, Education, Arts & Entertainment - Multipurpose space for small group activities (e.g., book club, meetings, card games)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	38%	26%	28%	26%	28%
Medium Priority	36%	38%	40%	43%	40%
Low priority	21%	26%	20%	15%	20%
Not a priority	5%	10%	12%	16%	12%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_7 Recreation, Education, Arts & Entertainment - Multipurpose space for large group activities (e.g., concerts, lectures, parties)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	34%	27%	29%	25%	28%
Medium Priority	30%	40%	35%	36%	36%
Low priority	25%	19%	23%	20%	22%
Not a priority	11%	14%	13%	19%	14%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_8 Recreation, Education, Arts & Entertainment - Space for games (e.g., mah-jongg, bridge, chess) and billiards**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	10%	16%	16%	14%	15%
Medium Priority	43%	34%	35%	35%	36%
Low priority	41%	32%	26%	27%	29%
Not a priority	6%	18%	23%	24%	20%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_9 Recreation, Education, Arts & Entertainment - Performance space (e.g., stage, large screen, seating for audience)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	11%	14%	17%	16%	15%
Medium Priority	37%	38%	29%	24%	32%
Low priority	33%	27%	30%	21%	28%
Not a priority	19%	21%	24%	39%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_10 Recreation, Education, Arts & Entertainment - Lobby or lounge space for informal socializing**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	17%	12%	14%	12%	13%
Medium Priority	33%	43%	43%	39%	41%
Low priority	44%	30%	25%	23%	28%
Not a priority	6%	15%	18%	26%	18%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_11 Recreation, Education, Arts & Entertainment - Technology space (e.g., public computers, video games, printing)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	19%	13%	13%	12%	13%
Medium Priority	29%	33%	36%	26%	33%
Low priority	35%	32%	30%	31%	31%
Not a priority	17%	22%	21%	31%	23%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_12 Recreation, Education, Arts & Entertainment - Quiet space (e.g., library, reading, studying rooms)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	10%	10%	16%	16%	14%
Medium Priority	23%	30%	26%	24%	27%
Low priority	38%	30%	31%	25%	30%
Not a priority	29%	30%	27%	35%	29%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_13 Exercise & Physical Health - Multipurpose team exercise space (e.g., basketball, tennis, pickleball)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	13%	17%	13%	6%	13%
Medium Priority	31%	24%	20%	11%	21%
Low priority	39%	33%	34%	31%	33%
Not a priority	17%	26%	33%	52%	33%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_14 Exercise & Physical Health - Indoor exercise space for classes (e.g., yoga, Zumba, Pilates)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	21%	31%	35%	18%	29%
Medium Priority	46%	36%	32%	39%	36%
Low priority	27%	22%	22%	23%	23%
Not a priority	6%	11%	11%	20%	12%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_15 Exercise & Physical Health - Indoor exercise with fitness equipment (e.g., weights, treadmill)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	24%	22%	25%	14%	22%
Medium Priority	41%	34%	36%	27%	34%
Low priority	29%	25%	23%	27%	25%
Not a priority	6%	19%	16%	32%	19%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_16 Exercise & Physical Health - Swimming pool with lap lanes**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	23%	22%	21%	13%	20%
Medium Priority	15%	15%	19%	9%	15%
Low priority	27%	20%	21%	20%	21%
Not a priority	35%	43%	39%	58%	44%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_17 Outdoor Features - Picnic tables/outdoor dining space**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	17%	23%	24%	20%	22%
Medium Priority	42%	35%	38%	37%	38%
Low priority	33%	31%	27%	22%	28%
Not a priority	8%	11%	11%	21%	12%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_18 Outdoor Features - Benches or comfortable outdoor seating**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	31%	30%	32%	26%	30%
Medium Priority	42%	36%	39%	43%	39%
Low priority	17%	25%	19%	12%	20%
Not a priority	10%	9%	10%	19%	11%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_19 Outdoor Features - Gardening area or greenhouse**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	17%	15%	12%	7%	12%
Medium Priority	31%	28%	30%	22%	28%
Low priority	33%	40%	30%	26%	32%
Not a priority	19%	17%	28%	45%	28%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_20 Outdoor Features - Outdoor exercise space (e.g., outdoor gym equipment)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	10%	15%	8%	4%	10%
Medium Priority	37%	27%	21%	17%	23%
Low priority	38%	29%	43%	28%	36%
Not a priority	15%	29%	28%	51%	31%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_21 Outdoor Features - Team exercise space (e.g., basketball, tennis, or baseball fields, pickleball courts)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	12%	12%	9%	4%	9%
Medium Priority	20%	22%	20%	9%	19%
Low priority	47%	33%	33%	26%	33%
Not a priority	21%	33%	38%	61%	39%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_22 Outdoor Features - Grass area for lawn games (e.g., bocce, cornhole)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	12%	13%	8%	5%	9%
Medium Priority	47%	31%	28%	19%	29%
Low priority	35%	30%	36%	32%	34%
Not a priority	6%	26%	28%	44%	28%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_23 Outdoor Features - A walking/running track**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	19%	10%	11%	10%	11%
Medium Priority	24%	19%	25%	14%	21%
Low priority	36%	33%	34%	25%	33%
Not a priority	21%	38%	30%	51%	35%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q26\_24 Outdoor Features - Playground**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
High Priority	8%	9%	9%	4%	8%
Medium Priority	25%	9%	15%	10%	13%
Low priority	38%	33%	28%	31%	31%
Not a priority	29%	49%	48%	55%	48%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q27 If a multigenerational community center were developed Up-island, how likely would you or members of your household be to use the facility?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Very likely	35%	26%	23%	16%	24%
Somewhat likely	33%	25%	28%	21%	26%
Unsure	22%	34%	32%	34%	32%
Somewhat Unlikely	5%	7%	8%	13%	9%
Very Unlikely	5%	8%	9%	16%	9%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q28 If an island-wide senior/community center were developed on Martha's Vineyard, how likely would you or members of your household be to use the facility?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Very likely	22%	17%	17%	15%	17%
Somewhat likely	42%	24%	31%	23%	28%
Unsure	29%	41%	38%	34%	37%
Somewhat unlikely	5%	11%	7%	12%	9%
Very unlikely	2%	7%	7%	16%	9%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Section VIII: Caregiving

**Q29 Do you now or have you in the past 5 years provided care or assistance to a person who is disabled, frail, or struggling with a physical or mental health condition (e.g., a child, a spouse, parent, relative, or friend)?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	50%	50%	40%	37%	43%
<b>No</b>	50%	50%	60%	63%	57%
<b>Total</b>	100%	100%	100%	100%	100%

**Q31 If Yes: In your role as a caregiver, have you experienced any of the following? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>My physical health has deteriorated</b>	31%	19%	22%	54%	27%
<b>My mental health has deteriorated</b>	48%	25%	23%	35%	28%
<b>My social life has deteriorated</b>	45%	32%	30%	54%	36%
<b>My financial circumstances have deteriorated</b>	28%	16%	20%	40%	23%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q29*

**Q32 If Yes: Did this person have any of the following conditions? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Alzheimer's disease or dementia</b>	17%	23%	15%	28%	20%
<b>Chronic disease (e.g., cancer, diabetes, asthma)</b>	35%	28%	21%	30%	27%
<b>Psychological condition (e.g., anxiety, depression)</b>	48%	27%	22%	37%	28%
<b>Intellectual or developmental disability</b>	7%	5%	9%	12%	8%
<b>Neurological condition (e.g., Parkinson's disease, MS, ALS)</b>	21%	11%	16%	13%	14%
<b>Sensory impairment (e.g., vision, hearing)</b>	17%	25%	23%	33%	24%
<b>Forgetfulness or confusion (undiagnosed)</b>	24%	34%	22%	44%	30%
<b>Mobility impairment (e.g., difficulty walking, climbing stairs)</b>	52%	5%	50%	70%	55%
<b>Recent surgery</b>	28%	17%	27%	23%	24%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q29*

**Q33 If Yes: What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Informational resources (e.g., web-based or pamphlets)	24%	15%	23%	35%	22%
Social supportive adult day program	24%	13%	8%	19%	13%
Respite care	28%	16%	20%	23%	21%
Social activities (e.g., memory café)	17%	7%	11%	16%	11%
Informal support from family and friends	52%	33%	33%	58%	39%
Formal in-home caregiver or homemaking services	38%	41%	36%	49%	40%
Support groups (e.g., caregiver support)	21%	13%	19%	21%	18%
On-call support from medical professional	35%	39%	27%	30%	32%
Transportation	24%	25%	16%	19%	20%
Other (Please specify):	7%	8%	11%	9%	9%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q29*

## Section IX: Demographics

**Q34 Please select your gender.**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
Female	68%	67%	62%	52%	62%
Male	30%	33%	38%	48%	38%
Non-binary	2%	0%	0%	0%	<1%
Other	0%	0%	<1%	0%	<1%
Total	100%	100%	100%	100%	100%

**Q35 What is your age range?**

	Valid Percent
50-54	3%
55-59	6%
60-64	11%
65-69	17%
70-79	44%
80-89	17%
90+	2%
Total	100%

**Q36 Are you a Tribal member of the Wampanoag Tribe of Gay Head (Aquinnah)?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	2%	3%	1%	1%	1%
<b>No</b>	98%	97%	99%	99%	99%
<b>Total</b>	100%	100%	100%	100%	100%

**Q37 What is your employment status? (Check all that apply)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Working full-time</b>	70%	30%	8%	2%	18%
<b>Working part-time</b>	19%	25%	27%	8%	21%
<b>Looking for work</b>	0%	3%	1%	0%	1%
<b>Retired</b>	9%	44%	66%	86%	56%
<b>Homeworker</b>	3%	2%	1%	2%	2%
<b>Other (Please specify):</b>	3%	7%	4%	6%	5%

*\*Figures do not sum to 100%*

**Q38 Please indicate your level of agreement or disagreement with the following statement:  
“I have adequate resources to meet my financial needs, including home maintenance,  
personal healthcare, and other expenses.”**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	37%	39%	31%	45%	36%
<b>Agree</b>	49%	44%	51%	43%	48%
<b>Disagree</b>	12%	12%	14%	11%	13%
<b>Strongly Disagree</b>	2%	5%	4%	1%	3%
<b>Total</b>	100%	100%	100%	100%	100%

**Q39 In the past 12 months, I worried whether my food would run out before I got money to buy more.**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Often True</b>	3%	2%	<1%	0%	1%
<b>Sometimes True</b>	4%	5%	5%	6%	5%
<b>Never True</b>	93%	91%	94%	94%	93%
<b>I Don't Know</b>	0%	2%	1%	<1%	1%
<b>Total</b>	100%	100%	100%	100%	100%