

Aging in Somerville: A Community Needs Assessment

April 2025

Commissioned by the City of Somerville

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





CITY OF SOMERVILLE, MASSACHUSETTS
KATJANA BALLANTYNE
MAYOR

April 17, 2025

Dear Somerville Residents and Community Member,

Our seniors are vital members of our community. My administration is making sure the policies and programs we develop are inclusive of their needs. This is why I am excited to share with you the report *Aging in Somerville: A Community Needs Assessment*, researched and written by the team at the University of Massachusetts Boston Gerontology Institute in partnership with our Somerville Council on Aging. This assessment was designed to help us better understand three critical areas: the needs of older adults, where we are meeting their needs, and where there are gaps to fill.

Over the past year and a half, my administration has connected with more than a thousand Somerville residents to create a comprehensive picture of where our senior programming currently stands, and where it should go next. We are deeply grateful to the Somerville residents, community leaders, service providers, Council on Aging Board Members and municipal leaders who shared their time and insight to help us create a Somerville where seniors feel welcomed, supported, and engaged. Their knowledge will help the City advance projects to help older adults continue to thrive in Somerville. I am excited to share the culmination of their feedback and ideas.

On behalf of the City of Somerville and in particular, our Council on Aging, I would also like to thank Dr. Caitlin Coyle, Ceara Somerville and their team at UMass Boston, for their time, expertise, and partnership in capturing the voices and needs of our seniors.

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

Sincerely,

Katjana Ballantyne,
Mayor



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Contributors and Acknowledgements

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

Ceara Somerville, MS, and Caitlin Coyle, PhD, are primarily responsible for the contents of this report. Other contributors include Shu Xu, PhD, doctoral candidate Nidya Velasco Roldán, and undergraduate students MaryJane Barron, Taylor Carmody, Bowofoluwa Fahuwa, Niasia Hughes-Polk, Rin Hurd, Roisin O'Keeffe, Himani Pachigar, and Sabrin Zahid.

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For more information, contact:

The Center for Social and Demographic Research on Aging
Gerontology Institute
University of Massachusetts Boston
CSDRA@umb.edu | 617.287.7413

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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 City of Somerville. **The goals of this project were to investigate the needs, interests, preferences, and opinions of Somerville residents age 60 or older by engaging the community regarding their experiences and needs relevant to the Council on Aging's (COA's) objective to identify and serve the needs of all Somerville citizens 60 and older.**

Project Components

- ❖ A demographic profile of Somerville, focused on the older population
- ❖ Key informant interviews with 5 stakeholders who have direct experience with aging in Somerville
- ❖ A community survey of residents age 60+
 - The survey was open to all older residents, with access online, by phone, and by paper
 - We mailed paper copies to a random sample of 5,000 residents age 60 or older and additional paper copies were available at the COA
 - The paper survey was also available in Chinese, Haitian Creole, Portuguese, and Spanish
 - We received 1,519 responses to the survey, representing a strong survey return rate of 30% and representing approximately 15% of the City's total population 60+

The contents of this report are meant to inform the Somerville COA, other City of Somerville departments and leadership, and organizations that work with and on behalf of older residents of Somerville for the purposes of COA 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 Somerville community members at large.

A broad range of findings are reported in this document, highlighting the many positive features of Somerville 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 Somerville 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 City of Somerville. Specific examples of potential action items are detailed in the Conclusion and Recommendations section of the report.

Somerville Council on Aging: Opportunities for Growth and Recommendations



Key finding: Many older residents are not aware of the full range of offerings at the COA. As well, there is a perception that one must have “need” to participate at the COA, not just desire. Among those who never participate at the COA, 41% reported that they do not know what is offered, and 31% reported that they do not need the services offered. Furthermore, “if I had more knowledge about programs and services available” was a top response from both participants (36%) and non-participants (61%) when asked what would increase the likelihood of attendance at the COA.

Recommendation: Focus efforts on increasing awareness of the Council on Aging. The COA currently advertises programs and services through a variety of media (e.g., COA newsletter in print and online, social media, email). In addition to continuing those efforts, consider expanding outreach efforts and messaging. Residents will realize even stronger benefits from the COA when awareness is strengthened.



Key finding: Programs that support active aging are desired by many survey participants, especially among those who do not currently attend. A quarter of non-participants and 35% of COA participants would be more likely to participate in Somerville COA offerings if programs and services were better suited to their needs and interests. Among all survey respondents, 37% prioritize indoor fitness programs for expansion, followed by day trips and excursions (35%), lectures and other one-time education events (33%), and performances (33%). Older Somerville residents want opportunities to remain not only physically active, but intellectually and socially active as well.

Recommendation: Expand programs and services offered by the COA to reach a broader segment of Somerville residents. While the COA already offers a variety of programs, identifying opportunities for expansion is critical to continue meeting the needs and interests of older residents of Somerville, which is comprised of a very diverse group of individuals, backgrounds, and experiences.



Key finding: The Somerville Council on Aging provides crucial programs and services to a portion of Somerville residents; but its capacity to serve the diverse needs and preferences of older residents is limited. The COA has seen increased demand for services since the pandemic and is managing waitlists for nutrition services (i.e., lunches) and cultural events because neither the Holland Street Center nor the Ralph & Jenny Center have sufficient space to accommodate current demand. Approximately 1 in 5 survey respondents would be more likely to attend COA programs and services if it included residents of all ages and functioned as a community center. When survey respondents were asked to rate their preferences for each of three scenarios regarding how and where COA programs and services are provided, no clear ‘winner’ resulted, with large shares of non-participants selecting “I don’t know.”

Recommendation: Address immediate space needs of the Council on Aging, focusing on short-term accommodations. The COA is already at capacity with its current space. Some of the recommended programmatic changes cannot be implemented without access to additional space.

Recommendation: Collaborate with City leadership and other departments to plan for long-term space needs. Further community engagement and assessment is needed before making any major or long-term decisions about COA space changes (e.g., new location, community center, etc.).

Aging in Somerville: Opportunities for Growth and Recommendations



Key finding: Maintaining safety and quality of walkability and access to public transit are top priorities for older residents. This is particularly true for those with mobility limitations. Although older adults value walkability around Somerville, navigating uneven sidewalks, poor snow removal, and bike lane safety were described as common challenges for older residents by three key informants. About two-thirds of survey respondents rely on driving themselves to get around, though that share decreases with age. About 23% of older residents who do not drive have had to miss, cancel, or reschedule a medical appointment in the past 12 months, compared to 16% of those who drive with some limitations (e.g., avoid driving at night or on highways), and just 3% of those who drive with no limitations. Nearly 1 in 5 survey respondents identified lack of parking as a difficulty getting needed transportation. Moreover, 21% reported public transportation being unavailable, inconvenient, or unreliable as a difficulty.

Recommendation: Continue efforts to make Somerville accessible for all, with particular attention on those with mobility impairments and advanced age. Build upon current initiatives to improve walkability and safety across Somerville. Consider expanding transportation options available to older residents, which can help reduce dependence on driving.



Key finding: Accessibility of current housing stock, including ongoing home repair and maintenance are key features to being able to age well in Somerville. Older residents are concerned about their ability to maintain and modify their homes; if they cannot, they are concerned about where they would be able to move to and stay in Somerville. About half (54%) of the survey respondents need home repairs to continue living in their residence safely. A third of survey respondents would prefer a senior independent living community if they had to move in the next 5 years due to health or physical ability; 23% would prefer a condo or town home. Older residents need more information and access to resources as well as greater availability of alternative housing, both with services included and independent living.

Recommendation: Continue to develop, implement, and advertise information and resources that support aging in the community. Find ways to promote existing resources available to older residents, such as direct support services provided by the Office of Housing Stability¹. Continue and expand the support of the Somerville Housing Authority to provide affordable housing options as well as case management services for residents.



Key finding: Financial insecurity among older adults is a growing concern, as many face challenges in maintaining quality of life and good health. The median household income for Somerville residents age 65 and older is \$41,630, which is less than a third of the median household income for younger Somerville residents. Survey respondents of color reported greater financial insecurity than white non-Hispanic or Latine survey respondents, when asked if they have adequate resources to meet financial needs and if they have worried about food running out before getting money to buy more. Rising costs of rent and property taxes are among the major drivers of financial insecurity in later life coupled with the rising costs of things like insurance, utilities, and groceries, which make being able to stay in Somerville on a fixed income near impossible for many who have called Somerville home for decades.

Recommendation: Bolster communication & information about existing financial security supports. Strengthen communication across City departments and organizations about resources available to help seniors who are struggling financially. Strengthen mechanisms for other City Departments and local organizations to refer residents to outreach staff at the Senior Center when a community member is known to need assistance.

Recommendation: Facilitate new approaches to address financial insecurity. Forge new partnerships with local businesses and organizations and develop programs focused on financial literacy.

¹ <https://www.somervillema.gov/departments/office-strategic-planning-and-community-development-ospcd/office-housing-stability>



Key finding: Caregiving is common, and families could use support. A third 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 seniors (41% of those in their 60s), who are also more likely to still be working. Almost two-thirds of caregivers described their experience as somewhat or very challenging. The most frequently identified supports that were or would have been helpful included informal support from friends and family (47% of caregivers) and formal in-home caregiving or homemaking services (35% of caregivers).

Recommendation: Enhance direct support for caregivers in Somerville. Create new ways of providing information and assistance for caregivers, support groups for caregivers, and provide information about referral resources available.

Recommendation: Promote public education and awareness of caregiving experiences, particularly for Alzheimer’s Disease and other dementias, as indirect support for caregivers. Dementia Friendly Massachusetts² can provide resources and sample materials.



Key finding: Risk of social and political isolation among older residents is growing. About 37% of older adults live alone in Somerville; that increases by age with almost half (48%) of those age 80 or older living alone. Those who live alone reported worse emotional wellbeing than those who live with others. About 16% of respondents reported feeling excluded in Somerville due to age, and there were several written responses that articulated a sense that older residents are not valued by the community or local policymakers; many of which included a call for additional advocacy and recognition of residents of all ages. Older residents of Somerville have a complex set of needs and wide range of interests in social, recreational, and civic activities—they would benefit not only from new opportunities for engagement but increased awareness of existing opportunities.

Recommendation: Mobilize neighborhoods and communities within Somerville to combat social isolation. Drawing on neighborhood connections, Somerville could foster ways for residents to work together on strategies for addressing social isolation among seniors.

Recommendation: Foster and expand strategies to empower older adults living in Somerville to remain civically engaged through advocacy and volunteer work. Continue efforts such as the Somerville Civic Day³, and identify new ways for getting older residents involved.

Recommendation: Greater awareness and understanding of the diversity of aging experiences is needed. Identify ways to educate the public as well as City staff and elected officials to reframe aging as active an experience and to dispel notions of ageism.

² <https://dfmassachusetts.org/>

³ <https://www.somervillema.gov/civic-day>

Introduction

The City of Somerville is the most densely populated municipality in Massachusetts, located on the northwestern border of Boston and nestled among other cities that make up the Greater Boston area. The city is home to a rich diversity of cultures, strengthened by residents and families that have called Somerville home for multiple generations, as well as relatively new community members who have moved to the city for the economic, educational, and social opportunities that Somerville and the surrounding area have to offer. As of 2022, the median age of Somerville residents was 31 years old, making Somerville a considerably young community. Of note, however, over 11,000 older adults are living in Somerville—for the purposes of this report “older adult” refers to individuals age 60 and older. Currently, many older adults benefit from programs and services designed to address aging-related needs and prolong independence, offered through the Somerville Council on Aging. As a municipal entity, the Somerville COA is an important and valued resource, operating as the City’s central point of contact for older residents who seek services to promote healthy and fulfilling lives. Growth of the older adult population therefore has special significance for the COA and increasing demand for its services and programs can be expected moving forward.

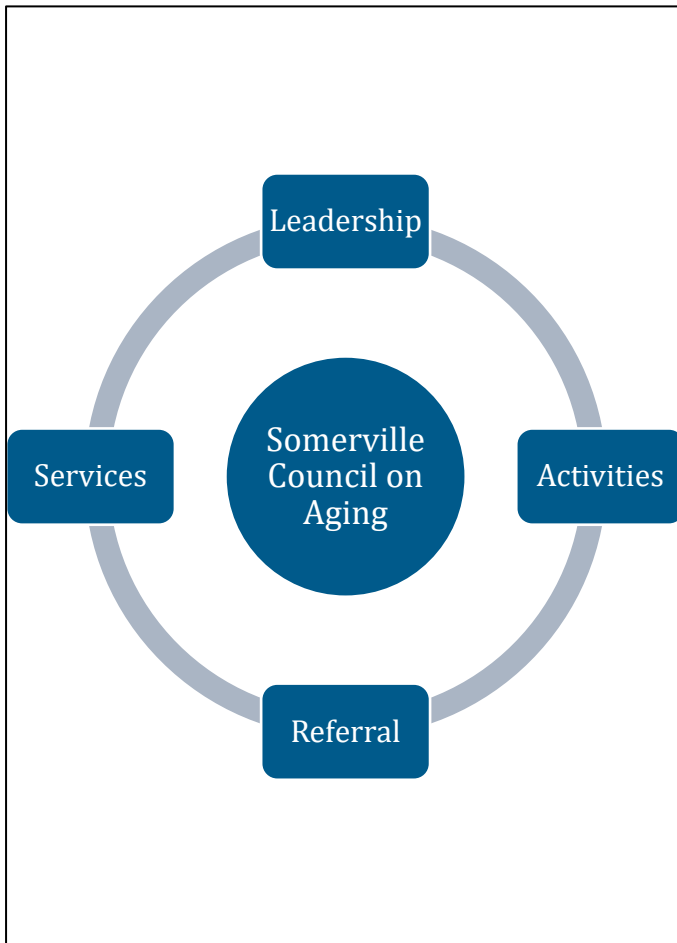
A needs assessment was undertaken in order to support planning on the part of the City of Somerville, the Council on Aging (COA), and the community as a whole. While the primary goal of this report is to support COA planning, a secondary goal is to present information that will be useful to other Somerville offices and organizations interacting with older residents. This report describes the research process, presents key findings of the study, and concludes with a set of recommendations for the Somerville COA as it moves ahead.

The City of Somerville Council on Aging

The Somerville Council on Aging (COA), as a Division of the Health and Human Services Department, and the municipally appointed board of the same name, are meant to link older residents to needed resources and desired activities. 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 Somerville COA is charged with providing services, programming, and support to the city’s older adult population so that residents may live well and independently in the community. This work is done in concert with other city departments and various local and regional, private and public providers and organizations, including Somerville Cambridge Elder Services—the regional Aging Service Access Point (ASAP) serving Somerville, the Massachusetts Council on Aging (MCOA) and the Executive Office of Aging & Independence (AGE). Their goal is to provide a welcoming environment that serves the diversity of the City’s older adult residents.



The Somerville COA's mission is *"to support older adults in their efforts to maintain their independence by enhancing growth, dignity, and a sense of belonging in mind, body, and spirit while they age in place."*⁴ Working toward that end, they assist in delivering programs and initiatives that shape and enrich the experiences of three generations of older adults.

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

Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible by providing needed information and referring residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through the state or federal government. 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 community organizations.

The Somerville COA provides programs and services at two dedicated senior centers in Somerville. The Holland Street Center (167 Holland St.) is the primary location and is located on the second floor of a building shared with Tufts University. The COA space at the Holland Street Center includes staff offices, a conference room (~8-10 people capacity), a large multipurpose room (~65 people max capacity), and shared access to an atrium that holds up to 25 people for a program. The COA can run up to 3 programs simultaneously across these spaces. The Holland Street Center is open regularly Monday through Wednesday 8:30am-4:30pm, Thursdays 8:30am-6:30pm, and Fridays 8:30am-1:30pm. The Somerville COA also provides programs and services at the Ralph & Jenny Center (9 New Washington St.), a building dedicated specifically for use by older Somerville residents by the late Ralph and Jenny DeVitto. The COA has access to one large multipurpose room here, in which a maximum of 45 people can participate.

⁴ This mission statement was retrieved in August 2024 from <https://www.somervillema.gov/departments/council-on-aging-board>

The Somerville Council on Aging is staffed by 6 full-time and 4 part-time employees. Full-time staff include the Director, an administrative assistant, outreach coordinator, health and wellness coordinator, and 2 licensed clinical social workers. A program coordinator is employed for 0.75 full-time equivalents, and other half-time staff include a receptionist, senior center coordinator, and nutritionist. In addition to paid staff, the Somerville COA is supported by numerous volunteers who support daily administrative and programmatic operations; during FY2024, volunteers committed over 2,500 hours of service to the COA.

The COA Director is responsible for department operations and works closely with the COA Board—a volunteer group of residents which serves in an advisory capacity to the Director. Board members help set goals and objectives for the COA, advocate for the older population in Somerville, and assist in the development of programs, services, and outreach strategies to meet the needs of the community.

Annual budget appropriations from the City, along with other grants, donations, gifts, and nominal fees, are crucial financial supports for the COA. During fiscal year 2024, the municipally appropriated budget for the Council on Aging was \$631,715—this was about 14% of the Health and Human Services budget, which makes up about 1% of the city budget⁵. Additionally, every Council on Aging across Massachusetts receives a Formula Grant from the Executive Office of Aging & Independence (AGE). During FY24, communities received \$14 per resident age 60 and older based on the 2020 Census; in Somerville, this amounted to \$153,734.

An array of services, resources, and programs are offered for free or at low cost to community members who are age 60 and older. Staff at the COA also refer eligible residents to services and programs available through other offices and organizations. The COA plays an important leadership role in the community, serving as a resource to other City offices and organizations working in the community, and collaborating on initiatives broadly beneficial to residents. Initiatives offered through the Somerville Council on Aging include:

- **Nutrition Offerings:** The Somerville COA provides meals five times a week through both congregate meals and grab & go meals, amounting to over 6,700 meals served in FY24. They also provide a monthly food pantry box in collaboration with the Greater Boston Food Bank. A multicultural meals program was offered through June 2024, funded by ARPA funds, and extended through September 30, 2024, in collaboration with Somerville Cambridge Elder Services.
- **Outreach:** The Somerville COA 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 such as housing options, in-home services, and caregiver information, as well as health insurance counselling (SHINE) and other benefits counselling. During FY24, COA social workers provided over 1,400 duplicated cases of outreach service; Across all service units across disciplines, nearly 20,000 duplicated cases of outreach were documented by the COA (estimated).

⁵ Retrieved from <https://www.somervillema.gov/budget>

- **Support Services:** Support groups (e.g., Veterans group, caregiver support), memory cafes, durable medical equipment loans, mental health services, and wellness checks are provided regularly through the COA and through collaboration with other organizations.
- **Recreation & Social Events:** Regularly scheduled Bingo, dancing, cards and dice games, knitting, and other social activities are also coordinated by the COA and offered at both the Holland Street Center and the Ralph and Jenny Center.
- **Education:** Programs that provide learning opportunities include book club, technology skills courses, topical presentations.
- **Health & Wellness:** The COA provides a wide variety of programs that help residents stay healthy, such as clinics (e.g., blood pressure, podiatry), health education, and fitness and exercise (e.g., walking club, yoga, Pilates).
- **Transportation:** Through the COA, free taxi rides for residents over 60 are available to go grocery shopping, the farmer's market, pharmacy, and to routine medical appointments in and around Somerville.
- **Newsletter:** A complete calendar of programs and events is available at both senior center locations and is available online⁶. Residents are also able to subscribe to have the monthly newsletter emailed or mailed to them each month.

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 Somerville COA plan in earnest to ensure that resources are used efficiently and effectively to meet the current and future needs of older people in the city.

Methods

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

⁶ <https://www.somervillema.gov/departments/health-and-human-services/council-aging>

Demographic Profile

As an initial step toward understanding characteristics of the City of Somerville's older population through quantitative data, we generated a demographic profile of the City using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2018-2022), along with U.S. Census data for the City of Somerville to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

Key Informant Interviews

Between January and April of 2024, we conducted interviews with five individuals who are leaders in the community, both formally and informally. We spoke with the Director of the Council on Aging, a member of the Somerville Police Department, the Director of Resident Services for the Somerville Housing Authority, and two residents who have been active in the community and involved in initiatives to improve accessibility and visibility of older residents in the City. Interviews focused on the key informants' perceptions relating to unmet, as well as foreseeable, community needs, and potential solutions that promote aging in place and wellness among residents. All interviews were conducted remotely via video conference software. Interviews ranged from 30 to 60 minutes.

Community Survey

In collaboration with Somerville COA staff and Board members, a community survey was developed for this study and mailed to a random sample of residents age 60 and over (N=5,000). A mailing list was obtained from the Somerville City Clerk, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to the sample of residents who received the postcard, along with a postage-paid return envelope. Also, the survey was made available to all Somerville residents age 60 or older via the City's website and hard copies were available for pickup and drop off at both COA locations. Translated copies of the survey were made available in Spanish, Portuguese, Haitian Creole, and Chinese through the COA. A total of 1,519 responses to the survey were obtained, representing a strong survey return rate of 30% and representing approximately 15% of the City's 60+ population. Approximately one third of the surveys (n=505) were returned online, and the rest of the responses 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 Somerville?"). Detailed notes taken during the study's qualitative components (i.e., 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 in Somerville. We used information from all sources of data to develop recommendations reported in the final section of this report.

Results

Demographic Profile

Age structure and population growth

According to American Community Survey (ACS) estimates, there were about 80,464 residents living in the City of Somerville in 2022. About 23% of the population (17,971 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (6,797 individuals) made up 9% of the population; residents age 60 to 79 (9,599 individuals) comprised around 12%, and another 1,575 residents (2%) were age 80 and older.

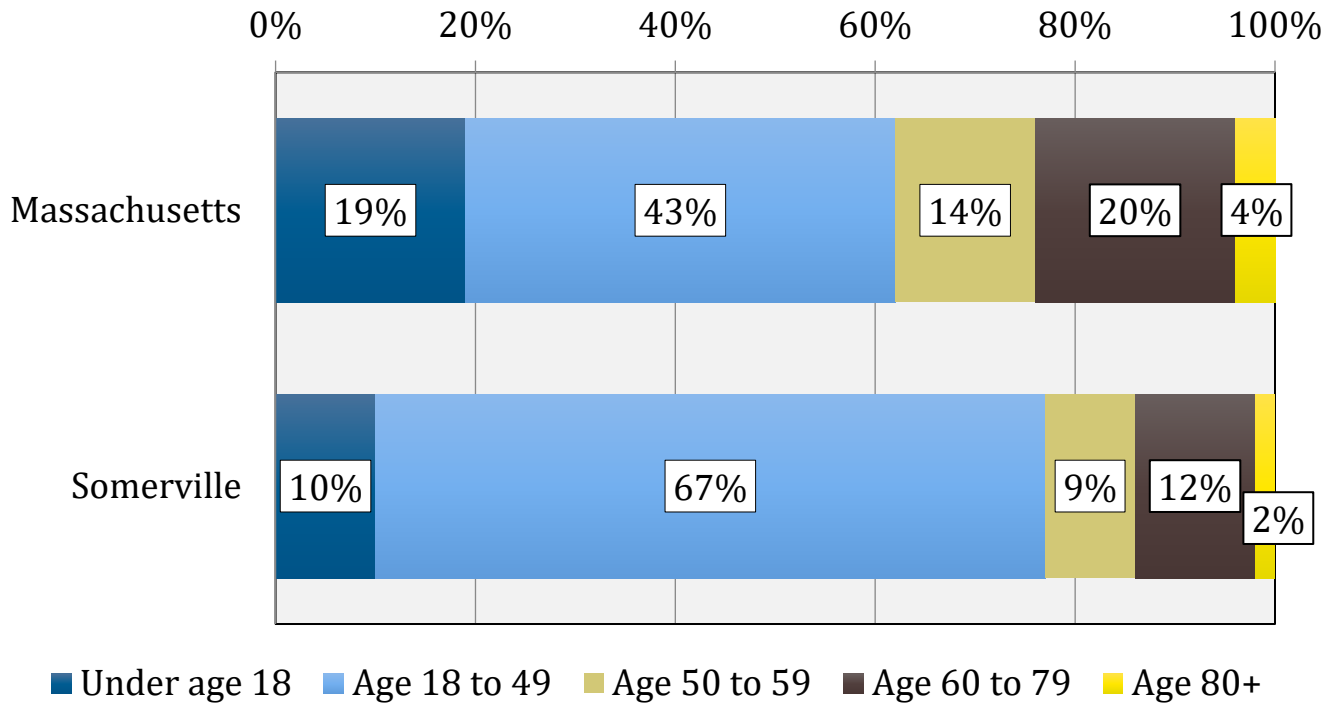
Table 1. Number and percentage distribution of Somerville’s population by age category, 2022

Age Category	Number	Percentage
Under age 18	8,379	10%
Age 18 to 49	54,114	67%
Age 50 to 59	6,797	9%
Age 60 to 79	9,599	12%
Age 80 and older	1,575	2%
Total	80,464	100%

Source: American Community Survey, 2018-2022, Table B01001. Numbers are calculated from 5-year survey estimates.

The share of Somerville’s population age 50 and older is smaller than that for the state of Massachusetts (**Figure 2**). About 38% of the Massachusetts population was in the 50+ age group in 2022, compared to just 23% of the Somerville population. Compared to the Commonwealth, Somerville also had a smaller portion of residents age 60 and older. In 2022, Massachusetts residents age 60 and over comprised about 24% of the population, including 4% age 80 and over. In Somerville, about 14% of the population was 60 or older, including 2% who were 80 years or older.

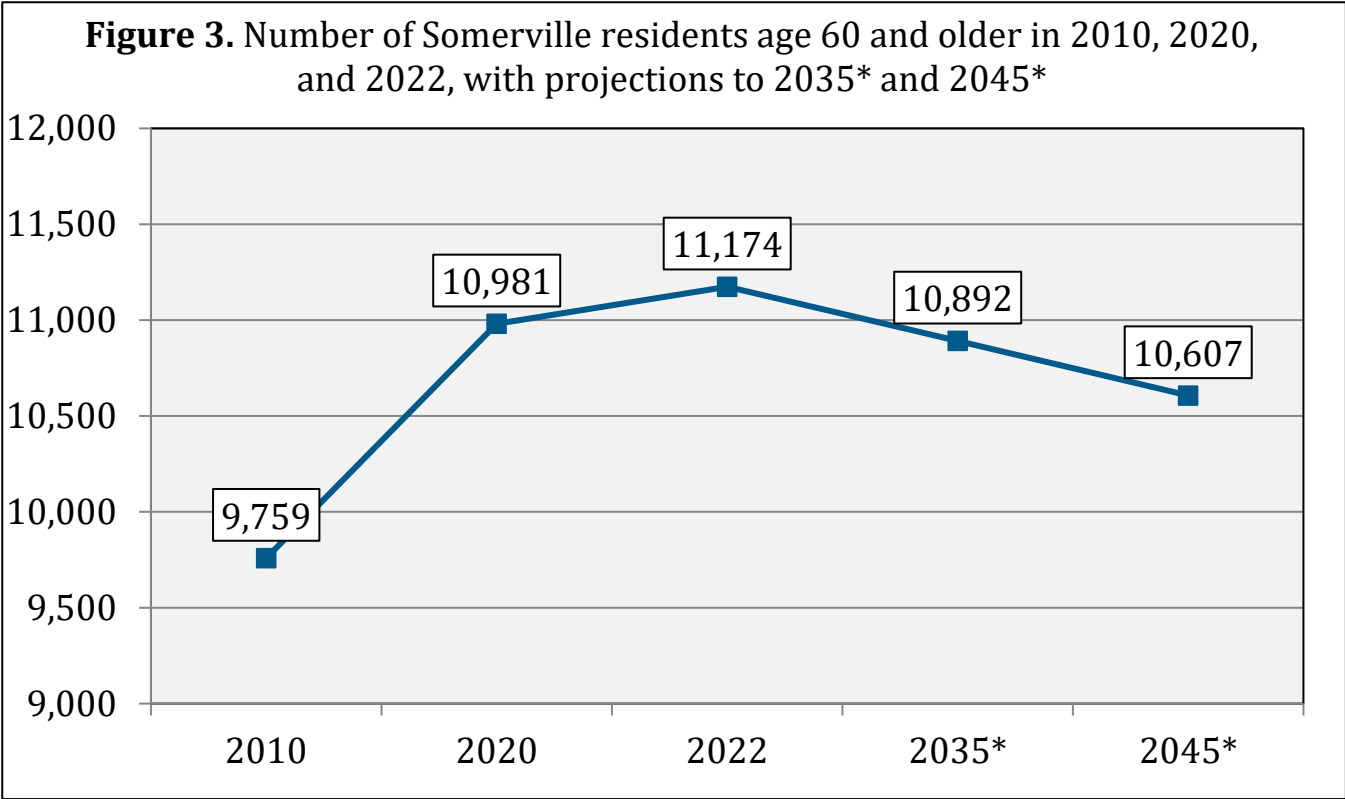
Figure 2. Age distribution in Somerville and Massachusetts



Source: American Community Survey, 2018–2022, Table B01001. Numbers are calculated from 5-year survey estimates

Population growth in both Massachusetts and the City of Somerville has been concentrated in the 60+ age group. Between 2010 and 2020, the population of all ages increased by 7% in both Somerville and Massachusetts. The population of residents who are age 60 and older increased by 13% in Somerville, a lower rate of growth compared to the 34% increase in population age 60 and over for Massachusetts. In Somerville, the absolute numbers of residents age 50 and over grew during this time period (*US Census, Table P12*). The segment of Somerville’s population age 50 to 59 decreased in size by 4%, while the same age group across the state as a whole increased by 4%.

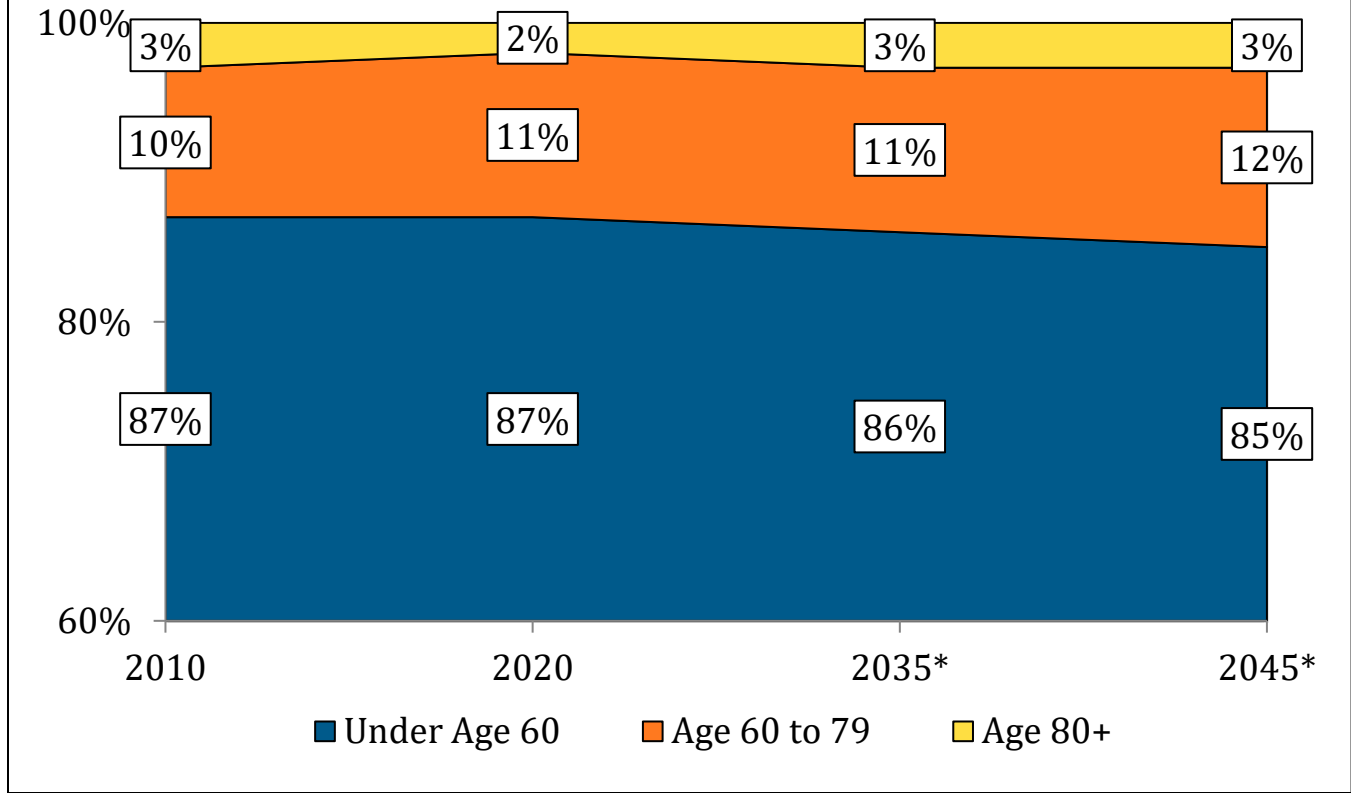
Changes in the number of older residents are projected to continue in the following decades, though the share of the total population that is age 60+ is expected to remain stable. Data from the Donahue Institute at the University of Massachusetts projects a reduction in the number of older adults between 2020 and 2035 (**Figure 3**). **Figure 4** shows the age distribution of Somerville’s population from 2010 to 2020, and population projections for 2025, 2035, and 2045⁷. In 2010, about 13% of the City’s population was age 60 and older; this percentage remained the same by 2020. According to projections generated by the Donahue Institute at the University of Massachusetts, a consistent share of the older population in Somerville is expected in future decades. Donahue Institute projections suggest that by 2045, about 15% of Somerville’s residents will be age 60 or older—12% of Somerville’s population will be between the ages of 60 and 79, with an additional 3% age 80 and older.



Source: Population figures for 2010 and 2020 are from the U.S. Decennial Census. Figures for 2022 come from the American Community Survey, 2018-2022, Table B01001. Numbers are calculated from 5-year survey estimates. *The projection for 2030 and 2035 are the 2024 Vintage Projections estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/>

⁷ Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).

Figure 4. Population trends; age distribution of Somerville residents under age 60, age 60-79, and age 80 and older, 2010 to 2020 with projections to 2035* and 2045*



Source: Population figures for 2010 and 2020 are from the U.S. Decennial Census. *Figures for 2025, 2035, and 2045 are the 2024 Vintage Projections estimated by the Donahue Institute, University of Massachusetts <http://pep.donahue-institute.org/>

Socio-demographic characteristics of Somerville's older population

Somerville is slightly more diverse than the state with respect to race. For all ages combined, about 69% of Somerville residents report their race as white non-Hispanic, compared to 71% in Massachusetts (ACS, 2018–2022, Table B01001). However, among older adults, Somerville is less diverse. **Table 2** displays the race and ethnicity of Somerville residents age 65 and older. The large majority of older residents report their race as white (77%). About 5% of Somerville's population age 65 and over reported identifying as Black or African American and an additional 5% reported Asian race. The remaining percentage of the population 65 and older reported another race or ethnicity (13%), which includes those reporting two or more races. About 8% of older Somerville residents of any race report their ethnicity as Hispanic.

More older residents were born outside of the United States compared to the total Somerville population. About 24% of Somerville's total population was born outside of the United States, but considering residents aged 60 and older, nearly a third are foreign-born (34%; ACS, 2018–2022, Tables B05013 and B01001). That figure increases from 31% among those in their 60s to 35% of residents in their 70s, and 41% of residents age 80+.

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

Race	Number	Percent
White	6,035	77%
Other	1,004	13%
Black	411	5%
Asian	412	5%
Total	7,862	100%
Hispanic, any race	660	8%

Source: American Community Survey, 2018–2022, Tables B01001A–I. Numbers are calculated from 5-year survey estimates.

Additionally, almost 32% of older Somerville residents speak a language other than English at home (ACS, 2018–2022, Table B16004). Those who speak another language other than English most commonly speak an Indo-European language (20%) followed by an additional 8% who speak Spanish. The remaining 4% of the population who speak another language speak an Asian or Pacific Island language (3%) or other language (1%).

American Community Survey estimates on education suggest that Somerville residents are well educated, on average. About 31% of people 65 and older have at least a bachelor’s degree; among those with a 4-year college degree, about 57% also have a graduate degree (ACS, 2018–2022, Table B15001). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Like older adults living in communities throughout the U.S., a large proportion of Somerville residents aged 65 and over remain in the workforce. Almost a third of adults age 65 to 74 are participating in the labor force. Of those age 75 and older, nearly 13% remain in the workforce (ACS, 2018–2022, Table S2301).

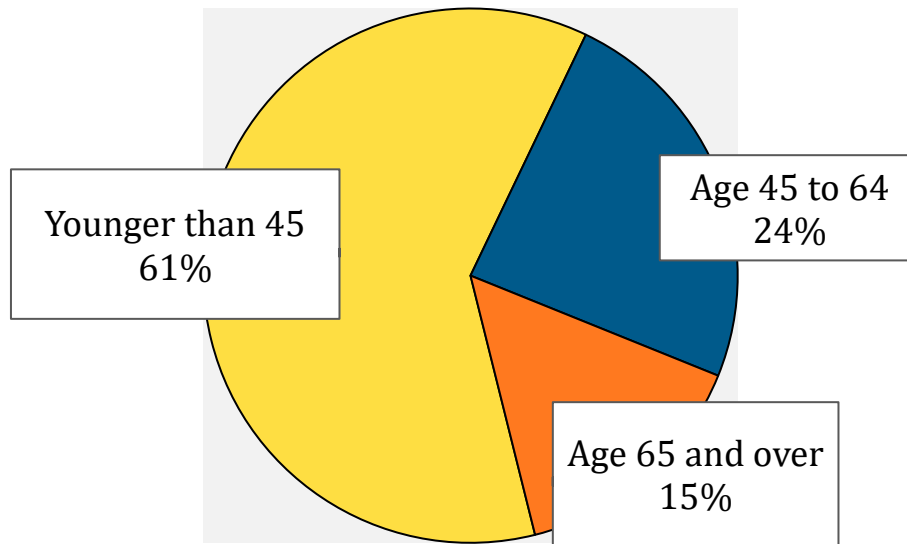
Nearly 19% of men age 65 and older report veteran status (ACS, 2018–2022, Table B21001). As a result, many of the City’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Living arrangements and housing costs of Somerville’s older population

A majority of Somerville’s 35,035 households have householders who are younger than 45. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 39% of all households in Somerville including 24% of those who are age 65 and over (**Figure 5⁸**).

⁸ Among householders younger than 45, 92% are between the ages of 25 and 44.

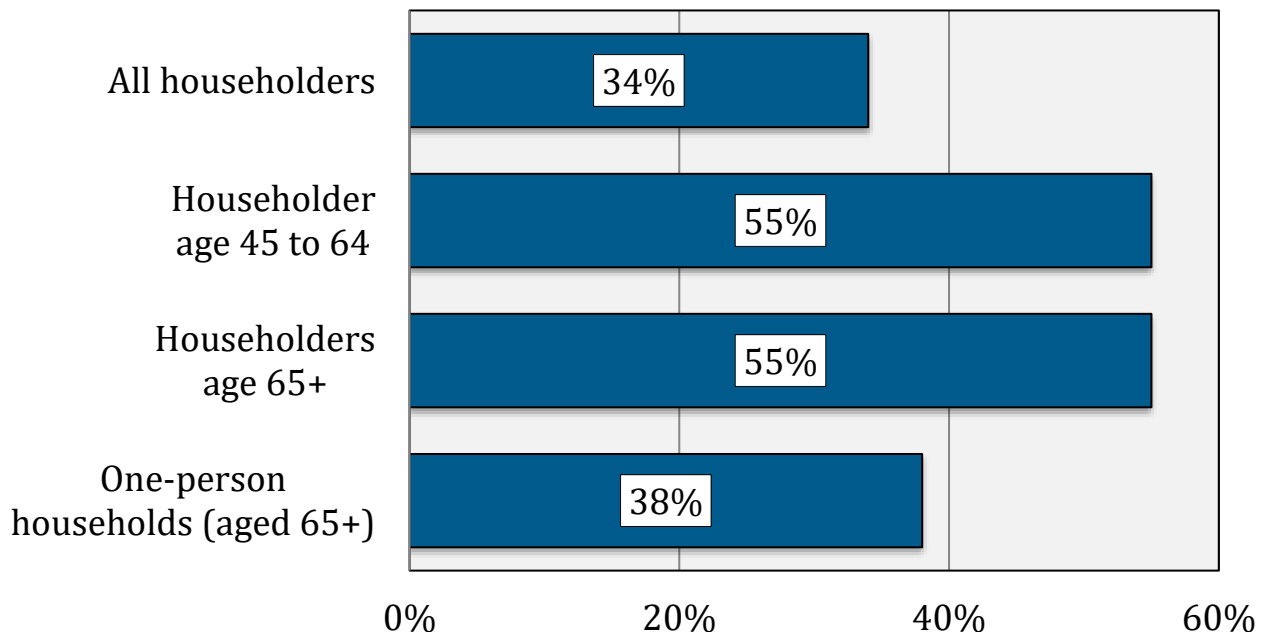
Figure 5. Age structure of Somerville householders



Source: American Community Survey, 2018–2022, Table B25007. Numbers are calculated from 5-year survey estimates.

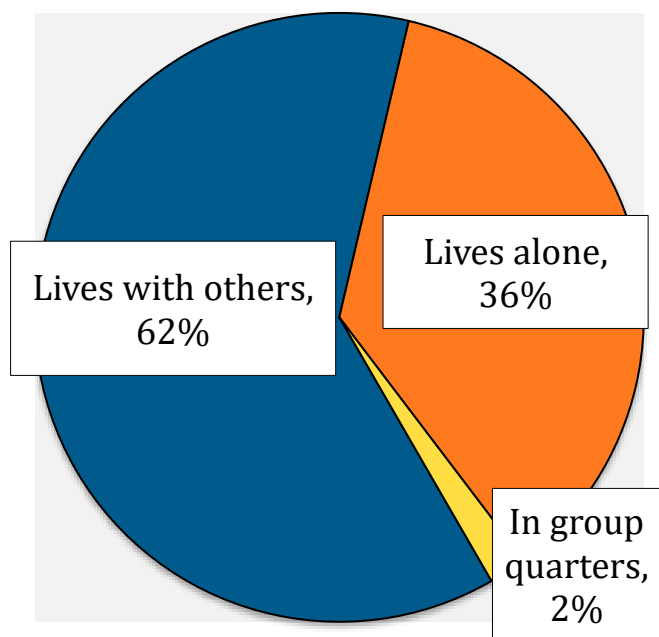
About a third of Somerville residents live in homes that they own or are purchasing (34%; **Figure 6**). More than half of residents age 45 and over own their homes. A sizeable share of Somerville residents who are 65 and older and live alone, also own their home (38%). The higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

Figure 6. Percent of Somerville householders who are homeowners, by age



Source: American Community Survey, 2018–2022, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

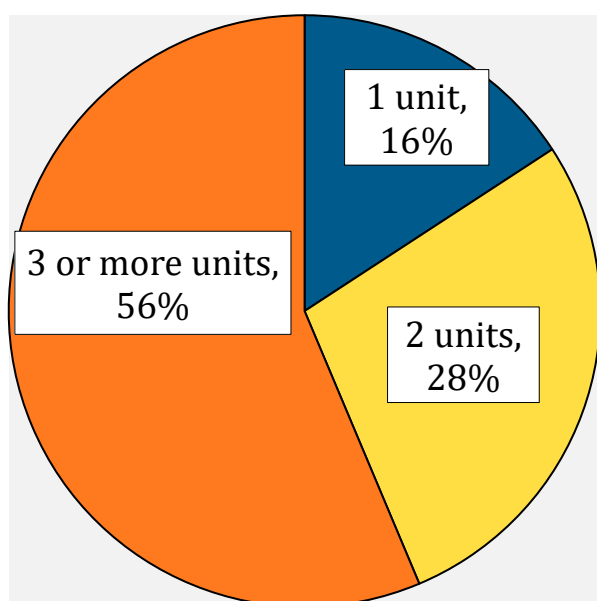
Figure 7. Living arrangements of Somerville residents, age 65 and older



A large proportion of Somerville residents who are age 65 and older (62%) live in households that include other people, such as a spouse, parents, children, or grandchildren, whereas 36% live alone in their household (**Figure 7**). Around 2% of older Somerville residents live within group quarters. Furthermore, 23% of Somerville's households have at least one individual who is age 60 or older (*ACS 2018–2022, Table B11006*). This high proportion— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Source: American Community Survey, 2018–2022, Table B09020. Numbers are calculated from 5-year survey estimates.

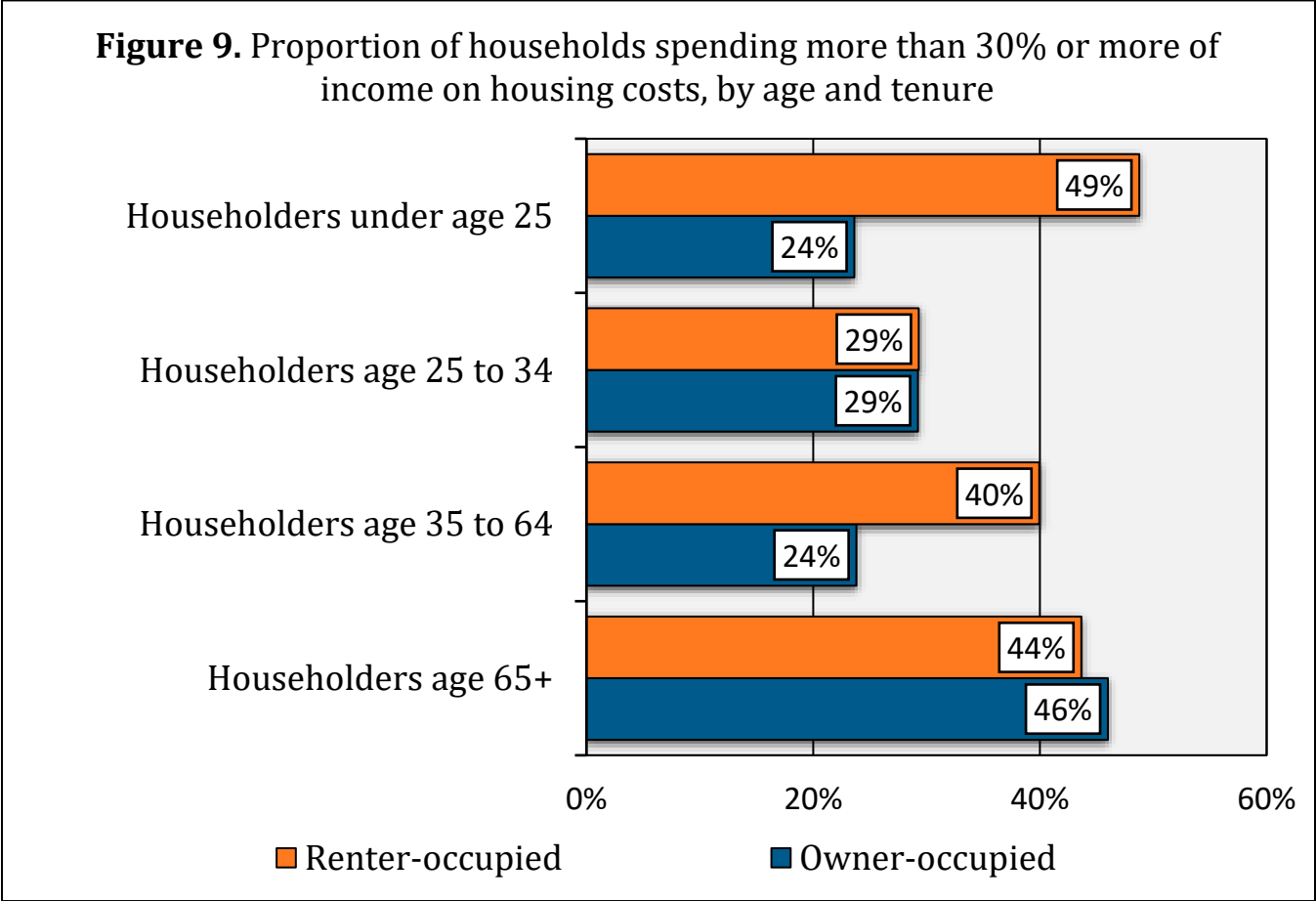
Figure 8. Number of units in Somerville housing structures



Among the 37,054 housing structures in Somerville (**Figure 8**), 16% are single unit structures and the remaining 84% are housing structures that contain two or more housing units, which include apartment complexes. This large share of older residents living in multi-unit structures has implications for the types of support a person may need as they age. For example, a person living in an apartment building may have less need for home maintenance or repair resources but face additional barriers to aging in place like accessibility features (e.g., stairs) or unforeseeable rise in costs (e.g., rent).

Source: American Community Survey, 2018–2022, Table B25024. Numbers are calculated from 5-year survey estimates.

Many homeowners and renters in Somerville experience housing cost burden, with 30% of all homeowners spending more than 30% of their income on monthly housing costs⁹ and 37% of renters spending 30% or more of their income on gross rent¹⁰. **Figure 9** shows the proportion of householders spending more than 30% of their income each month on housing costs by age and tenure. About 46% of older homeowners spend 30% or more of their income on housing costs each month, which is the largest share compared to younger homeowners. Similarly, about 44% of older renters spend 30% or more of their income on housing costs—comparable to the share of renters under age 25¹¹ and renters age 35 to 64. The risk of experiencing financial burden due to housing costs is greater for renters compared to homeowners, but older residents of Somerville are at risk no matter their housing tenure.



Source: American Community Survey, 2018–2022, Tables B25093 and B25072. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

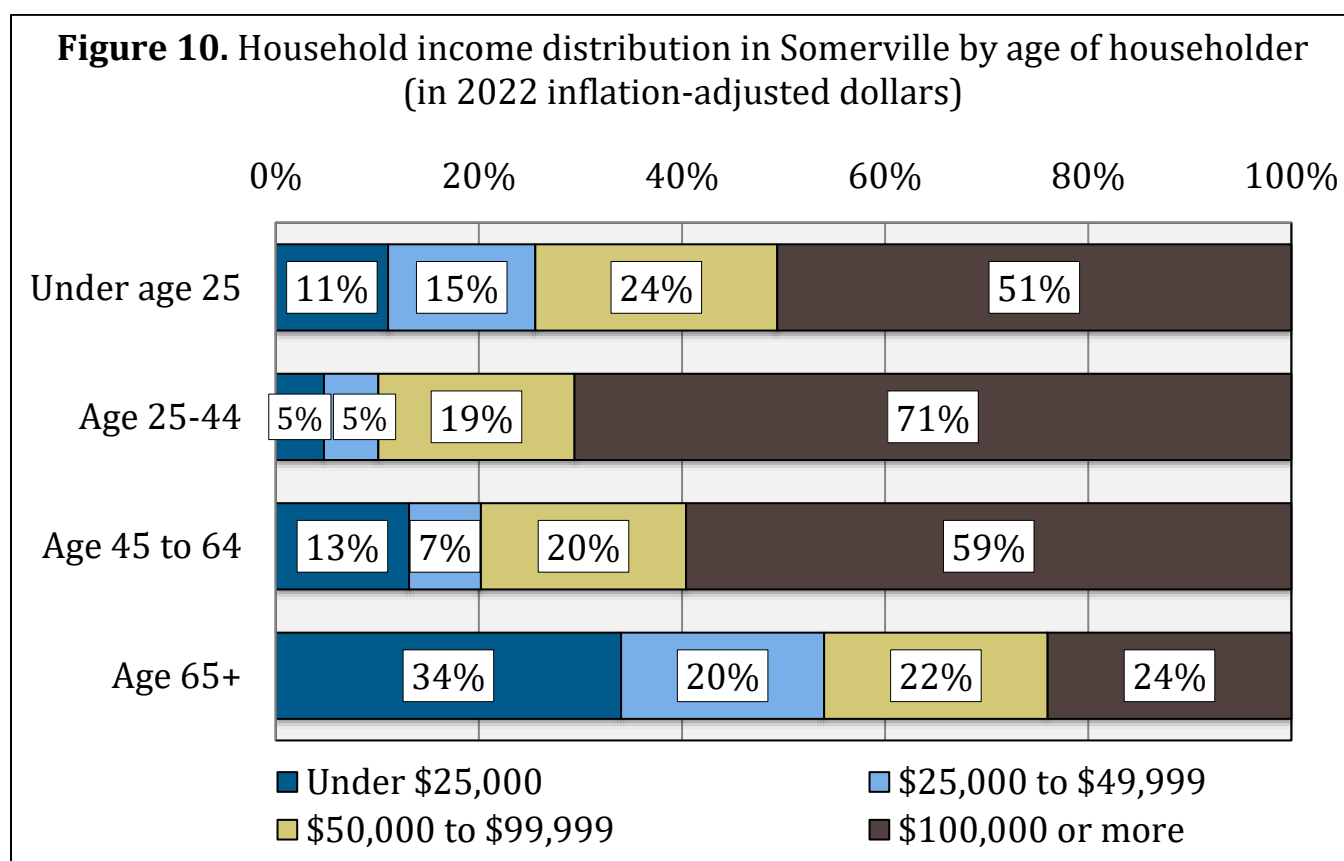
⁹ Monthly housing costs for homeowners is defined by the U.S. Census Bureau as “the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)” (2022 Subject Definitions, p. 36).

¹⁰ Monthly housing costs for renters is defined by gross rent, which is the “contract rent plus the estimated average cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else)” (2022 Subject Definitions, p. 19).

¹¹ The Census Bureau defines householders as young as age 15 (see page 83 of 2022 Subject Definitions for details)

With respect to household income, there are comparative disadvantages for some older residents in Somerville. Somerville residents' median household income is considerably higher than the one estimated for Massachusetts as a whole: \$120,778 compared to \$74,167 (*ACS 2018–2022, Table B19049*). Among Somerville's householders, those aged 25 to 44 have the highest median income at \$147,880—which is also greater than the statewide median for this age group (\$83,862). However, among householders age 65 and older, the median income (\$41,630) is lower than the statewide median for this age group (\$45,193), and substantially lower than the median income of householders 45 to 64 (\$115,026). Older residents living alone are at the greatest disadvantage in terms of household income. Older men living alone have lower median income (\$19,196) than women (\$22,409) (*ACS 2018–2022, Table B19215*). Given that about 36% of older residents age 65 and older live alone in Somerville, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

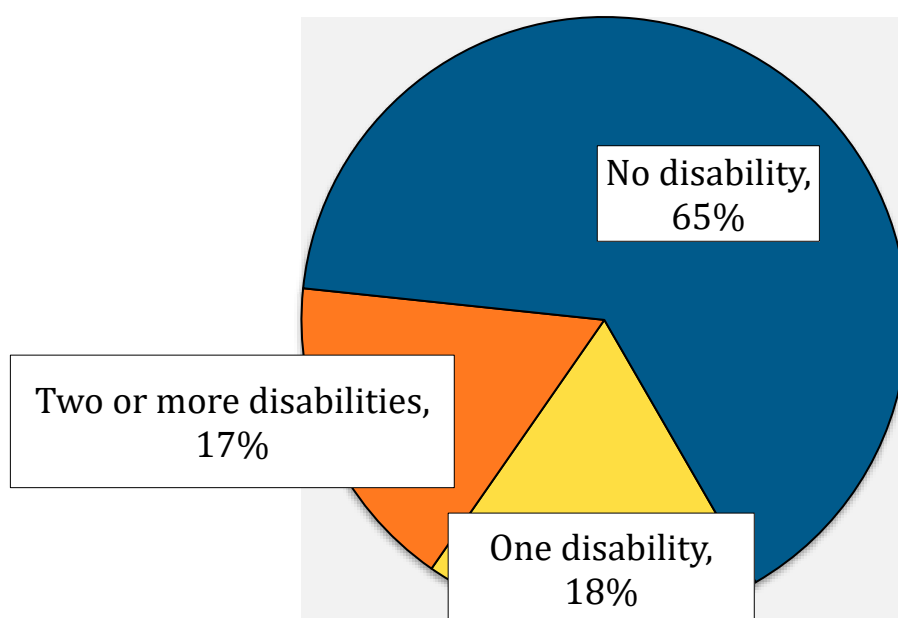
The economic profile of older Somerville residents relative to younger residents is further illustrated in **Figure 10**, which shows that the older adult population lives on a modest income. Almost one-quarter of Somerville residents age 65 and older report incomes of \$100,000 or more. By comparison, 59% of households headed by residents aged 45 to 64 report this level of income. Furthermore, a large share of households headed by someone age 65 and older (34%) report annual incomes under \$25,000. This compares with just 13% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, there is a sizeable segment of Somerville's older population that is at risk of financial insecurity or economic disadvantage.



Source: American Community Survey, 2018–2022, Table B19037. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

The increased likelihood of acquiring disability with age is evident in data from the ACS. Many of Somerville's residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 18% of Somerville's residents age 65 and older have one disability, and nearly 17% report two or more disabilities (**Figure 11**). Among the different types of disability that are assessed in ACS, the most commonly cited by older Somerville residents 65 and older were ambulatory difficulties: 21% reported difficulty walking or climbing stairs. About 15% reported independent living limitations, such as difficulty doing errands alone (like visiting a doctor's office or shopping). As well, 13% reported hearing problems (*ACS 2018–2022, Table S1810*). Other disabilities experienced by older Somerville residents include cognitive difficulty (7%), vision difficulties (7%), and self-care difficulties (6%).

Figure 11. Percentage of Somerville residents age 65+ reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2018–2022, Table C18108.

Key Informant Interviews

Interviews were conducted with five community leaders in the City of Somerville between January and April 2024. Interviewees included the COA Director, the Director of Resident Services at the Somerville Housing Authority, a representative from the Somerville Police Department's Community Affairs Unit, and two older residents active in the community. All interviews were conducted by video call and ranged from 30 to 45 minutes. We asked key informants to reflect on how their respective departments and the broader municipal agency have served older adults, how the needs of those adults have changed in recent years, and what needs remain unmet. Common themes emerged from those conversations, as well as unique perspectives by key informants.

The built environment and urban development

All five key informants discussed how the community has changed over time with respect to demographic composition and the built environment, and the effects on aging in Somerville. The recent surge in development and construction across the city was recognized by most key informants as challenging. On the one hand, issues related to mobility and getting around the City resulting from construction were emphasized; as sidewalks and streets get dug up, residents face barriers to getting where they need to go safely. On the other hand, a few key informants felt that recent building developments were not in the best interest of current residents and are affecting the character of the city. Older homes have been torn down and replaced or renovated such that they don't 'fit in' with the neighborhood anymore. An increase in mixed-use complexes that contain both commercial and residential spaces was seen as an effort to attract younger, more affluent people to the city and an associated fear of getting priced out of Somerville. Indeed, one key informant reflected that they would not be able to afford to buy or rent a home in Somerville if they had to today, with rents that *"we could never touch. I'd never be able to buy into this neighborhood."*

Although challenges related to recent developments were emphasized, two key informants also recognized that more housing is needed in Somerville. Housing that is affordable, accessible, comfortable, and safe is needed, particularly for older residents. Many existing housing structures in Somerville are old, with outdated and inaccessible features, making aging in place challenging for older residents. In particular, housing designated for older adults and that has supportive services included were noted as needs. The Director of Resident Services from the Somerville Housing Authority (SHA) explained that there is a long waiting list for public housing and has seen an increase in recent years. SHA has 11 buildings designated for older adults and people with disabilities, 1 of which has supportive services included. She further described how the role of public housing has changed, that they are *"more than just a landlord"* with older adults increasingly needing supportive services. Although SHA has a case manager on site in one building, assisting residents with access to services, residents in all buildings would benefit from this service.

Three key informants described issues with mobility and transportation as they related to the infrastructure and policy landscape of the city. All three discussed the focus on bicycles and the addition of bike lanes as they relate to older adults. The key informants communicated that they are not against bike lanes, but they felt like mobility needs of older adults and pedestrians more broadly, have not been given equal attention. One key informant explained that crossing a street can be more time consuming for someone with a mobility impairment, and that needing to look out for bikes in

the bike lane is an added layer to safety concerns. Additionally, two described how uneven sidewalks and poor snow removal techniques during the winter create significant mobility problems for pedestrians. Although there are a number of public transit options via MBTA busses, subway lines, and commuter rail, key informants cited concerns related to accessibility—not only physical accessibility, like being able to get in and out of stations and board busses or trains, but also geographic accessibility, referring to pockets of Somerville that are not well served by public transportation—as well as usability, such as how convenient the route schedules are.

Lastly, the Somerville Police representative discussed the accessibility of amenities and services in Somerville as disparate within and around the city. For example, there is no emergency room or trauma center within the City of Somerville. Although these exist in surrounding communities such as Boston, Cambridge, and Everett, the density and traffic congestion in the region impacts the time it takes to reach the hospital, which is particularly crucial in the event of an emergency. Moreover, large grocery stores, such as Stop & Shop, Star Market, or Market Basket, are located closer to city borders, creating barriers to access for those who do not live nearby and those who do not have sufficient transportation.

Complex needs among older residents, exacerbated since the pandemic

Unmet needs of older residents were discussed by all key informants, including financial, social, emotional, and physical health needs. The representative from the Somerville Housing Authority (SHA) summarized older Somerville residents' needs as being complex and intersectional, which describes perspectives from the COA Director and Police Department representative as well. All three key informants described seeing increased need for social and emotional support since 2020, citing social isolation and poor mental health as key factors. The COA Director described an increase in demand for their food pantry and meals programs during the pandemic which = has remained steadily high since then. As well, both the COA Director and Police Department representative discussed how the reliance on technology to access services and supports has surged in the wake of Covid-19, widening the 'digital divide' between older adults and younger community members. The COA Director described how more education, technical assistance, and accommodations are needed for older residents.

The three City departments have experienced greater demand for programs, services, and outreach provided under their purview, and each described how they collaborate well with one another and other municipal and local agencies to meet the needs of residents. One key informant also described greater burden, particularly for social workers, in recent times to connect residents to needed services. As older residents' needs have become more complex, it has become increasingly difficult for one social worker to take on case management and be able to connect that individual to a web of resources. Moreover, from their perspective, there has been a lot of turnover among service providers in the area such that finding the 'right' person has become more time-consuming, which can be burdensome for the staff person and frustrating for the person seeking support.

The two resident leader key informants had a slightly different perspective on what unmet needs of older residents are in Somerville, focused more on tangible support needed, rather than social or emotional. Older residents want to remain in their homes and active in the community, but concerns about financial insecurity were discussed by three key informants. Those who are retired and living

on a fixed income are at risk of not being able to keep up with the costs of living, which is a cause for concern among residents and their care partners. One key informant also expressed concern about being able to maintain their home. Although they feel they are in good health and remain independent, small activities such as changing a lightbulb or putting out the trash barrels can become difficult but should not be reasons for needing to leave their home. Indeed, both resident key informants emphasized throughout the interview that not all older residents are ‘needy.’ One described need as being on a spectrum, with many in the community who live independently and could be assets to the city on one end, and then those who have complex social care needs on the other end.

Responsiveness of City departments and administration

We asked all key informants to reflect on how well they believe the city administration and municipal departments have recognized and responded to the needs and interests of older Somerville residents. Key informants from municipal departments felt that they and their staff are in tune with those they serve but also recognized the need for greater outreach to interact with more Somerville residents. Two key informants cited recent City initiatives as indicative of responsiveness to residents, such as the creation of the Office of Housing Stability and the re-establishment of a Community Affairs unit within the police department.

Also, they explained that their departments work well with one another to address resident concerns, but there is room for improvement with respect to collaboration and communication. When asked for ideas about how to make improvements, key informants identified more opportunities to connect with other departments and organizations for information and resource sharing, as well as efforts to break down silos between departments and jobs. For example, the Somerville Police Department employs social workers through the Community Outreach, Help, and Recover (COHR) program to *“provide assistance with assessment, referral, alternative to arrest, as well as pre and post adjudication planning for individuals impacted by behavioral health,”*¹² with which the COA and SHA has collaborated; but more resource sharing through regular meetings, for example, between COHR social workers, the COA, SHA, and the Community Affairs Unit could allow for a more coordinated approach to addressing older residents’ needs.

Although some key informants described the city as supportive of older residents, four of those interviewed expressed concern that older adults’ voices and needs are not fully represented by City leadership. Both resident leaders expressed disappointment that city planning priorities appear to be focused on younger adults and families, without considering the effects on older residents. They believe City leadership has a narrow view of what it means to age—afraid that those in decision-making positions see older adults as frail, needy, and incompetent, not as a heterogenous group of residents with varied lived experiences, skills, interests, and needs. Indeed, both resident leaders reported feeling unheard and unrepresented at City Hall, one quoting the musical Hamilton: *“we want to be ‘in the room where it happened’, but we are not.”* Other key informants also discussed the need for older residents’ voices to be heard and included in city decisions. One recognized older residents as valuable, with historical and personal knowledge of the city as assets. A few key informants noted that the other city departments and local leadership do listen to older residents,

¹² Retrieved from <https://www.somervillepd.com/en-us/divisions/cohr>

but more changes are needed. One described the City as focused on the long-term, which is not an inherently bad thing, but the needs and interests of older residents are not always reflected in the outcomes of policy and development. Two key informants also recognized that the City is responsible for a large, diverse population with a complex array of needs and interests, making it difficult to implement policies that work for all residents. However, a resident leader described the long-term focus of the city as problematic because it does not address the needs of the people who live in Somerville now; rather, city efforts are designed to bring in new residents.

Role and function of the Council on Aging

All key informants talked about their interactions with and perception of the Somerville Council on Aging, and all agreed that the COA is a valuable community resource. The COA Director described the COA as a tool to help people remain active in the community, and to ‘fill the gaps’ by providing services that may be missing elsewhere in the community, such as exercise classes that are appropriate for people with mobility impairments. The COA has a focus on health and on decreasing isolation and loneliness by getting residents involved in a variety of programs designed to help them remain active and social in the community. Both the police and SHA work closely with the COA, not only by supporting programs (e.g., police provide transportation for residents to events) but also largely through referrals for individual support.

Although both resident leaders described the COA as valuable and important to the community, neither believe the COA is ‘for them.’ They find the COA offerings less appealing to more active and independent older adults in Somerville. When asked how the COA could better represent and serve *all* older residents, both resident leaders felt like the COA should not do anything different to attract other residents. They believe the COA is best functioning as a social service agency and that they should continue to focus on community members who have greater need for services and support. One resident leader described the role of the COA as being focused on individuals who need support, and the City needs an entity that can focus on the ‘big picture’ of aging and aging-related issues in Somerville.

One resident leader did provide other ideas about programs that the COA or other municipal departments could implement that would appeal to more active residents. One idea was to maintain a list or develop a program of individuals who can help with minor home repairs or upgrades, such as changing lightbulbs or installing grab bars. This key informant described concerns about safety and trust in finding reliable help and having guidance from the city about whom to contact would be a great resource. Additionally, developing a program through which older residents can share their skills and expertise with others in the community was suggested. This key informant emphasized that many older residents of Somerville are an underutilized resource and have a wealth of personal experiences and professional skills that could be utilized by others, but there is no one to facilitate connections at this time. Three other key informants also shared ideas for not only the Council on Aging, but other city departments and local organizations to better serve older adults. These are centered on improved communications and outreach. For example, having service providers go out into the community and “*meet seniors where they live*,” was noted by two key informants. Another noted suggestion was to make information about programs, services, and events more accessible—not only by electronic methods but also by flyers, mailings, and public access television.

Results from Community Survey

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

Respondent Characteristics

Respondents to the community survey included 1,519 Somerville residents, amounting to a 30% response rate (**Table 3**). This is a strong response rate and reflects interest among community members. About 61% of respondents are female (**Q39, Appendix A**), which is comparable to the gender distribution of all Somerville residents age 60+. Compared to the age distribution of the population¹³, we heard from a larger share of residents in their 70s, and slightly smaller shares of residents in their 60s, their 80s, and those age 90 and older. Given the small number of respondents age 90 or older, results for age 80-89 and 90+ are combined and presented as one age group (Age 80+) for the remainder of this report. As well, only 7 respondents selected “under age 60,” and will be combined with the “Age 60 to 69” age group. Therefore, throughout this report, results will be reported for age groups 60-69, 70-79, and 80+. Response distributions by these age groups are shown for all survey questions in **Appendix A**.

Table 3. Community Survey Respondents

	Mailing list, random sample of residents age 60+		Survey responses	
	Count	Age distribution	Count	Age distribution
Under 60	0	--	7	<1%
Age 60 to 69	2,383	48%	635	44%
Age 70 to 79	1,685	34%	588	41%
Age 80 to 89	720	14%	173	12%
Age 90+	212	4%	29	2%
TOTAL	5,000	100%	1,519*	100%

**Includes 87 surveys where participants did not report their age.*

Most respondents identified as white, not Hispanic or Latino (**Q40A, Appendix A**). Approximately 5% of all respondents identified as Asian, with the highest share among those age 80+ (8%). About 4% identified as Black or African American and another 4% identified as another race or multiple racial identities. About 5% identified as Hispanic or Latino of any race. We heard from relatively fewer foreign-born older residents on the survey compared to the Somerville population (see page 9). About 21% of respondents reported being born outside of the United States, though that figure is higher among respondents age 80 or older (34%).

¹³ The age distribution of the sample drawn for the mailing is equivalent to that of the city census.

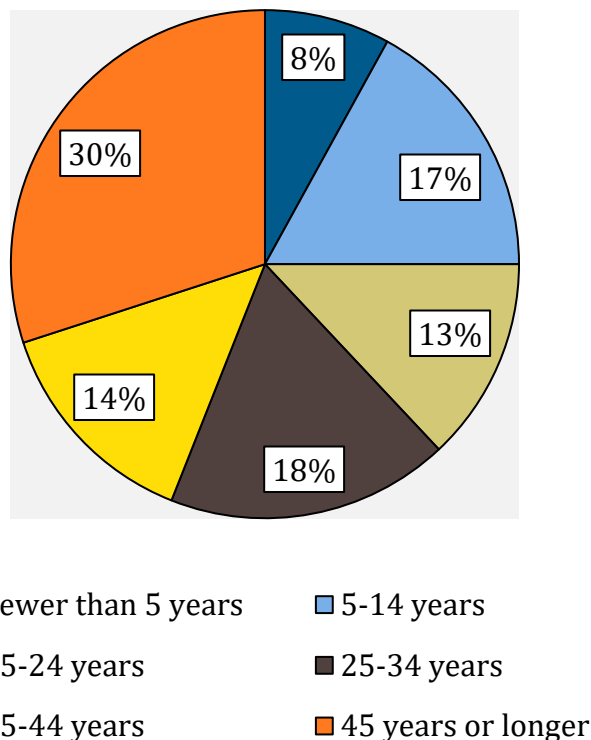
Although most survey respondents (99%) completed the English version of the survey¹⁴, a notable share (14%) reported speaking a language other than English. In response to the open-ended question, “what is the primary language spoken in your home,” 1,345 (89%) of respondents wrote a response. Nearly all (89%) responses included English, but a small share (3%) wrote it in multiple languages or identified themselves as bilingual. Among those who wrote in a language other than English, a quarter responded with Portuguese and about 20% wrote in an Asian or Pacific Island language (e.g., Chinese, Vietnamese, Japanese). About 15% wrote that they speak French or Haitian Creole at home as their primary language, and another 15% identified as primarily Spanish-speaking. Similarly, 15% of responses included other Indo-European languages (e.g., Italian, Greek, Russian), and a small share (10%) included Indian dialects, Nepalese, and Arabic.

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.

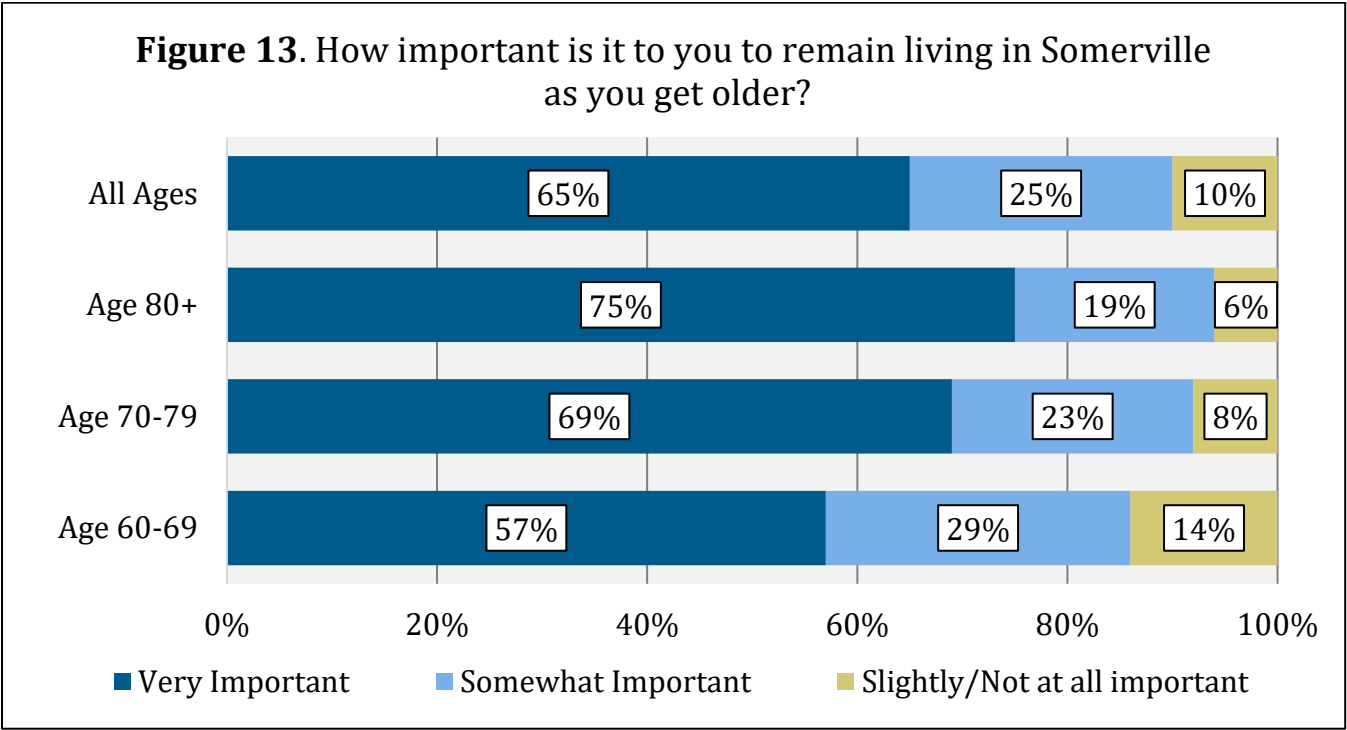
Survey respondents include longtime residents as well as relative newcomers (**Figure 12**). About 44% of survey respondents have lived in Somerville for 35 years or longer. These residents can offer valuable insights based on their long history and experiences living in the city. Also, a quarter of survey respondents have lived in Somerville for fewer than 15 years. Those who have lived in Somerville for a shorter duration of time also have valuable perceptions about aging in Somerville, and it is important to hear from both longtime residents and relative newcomers.

Figure 12. How long have you lived in the City of Somerville?



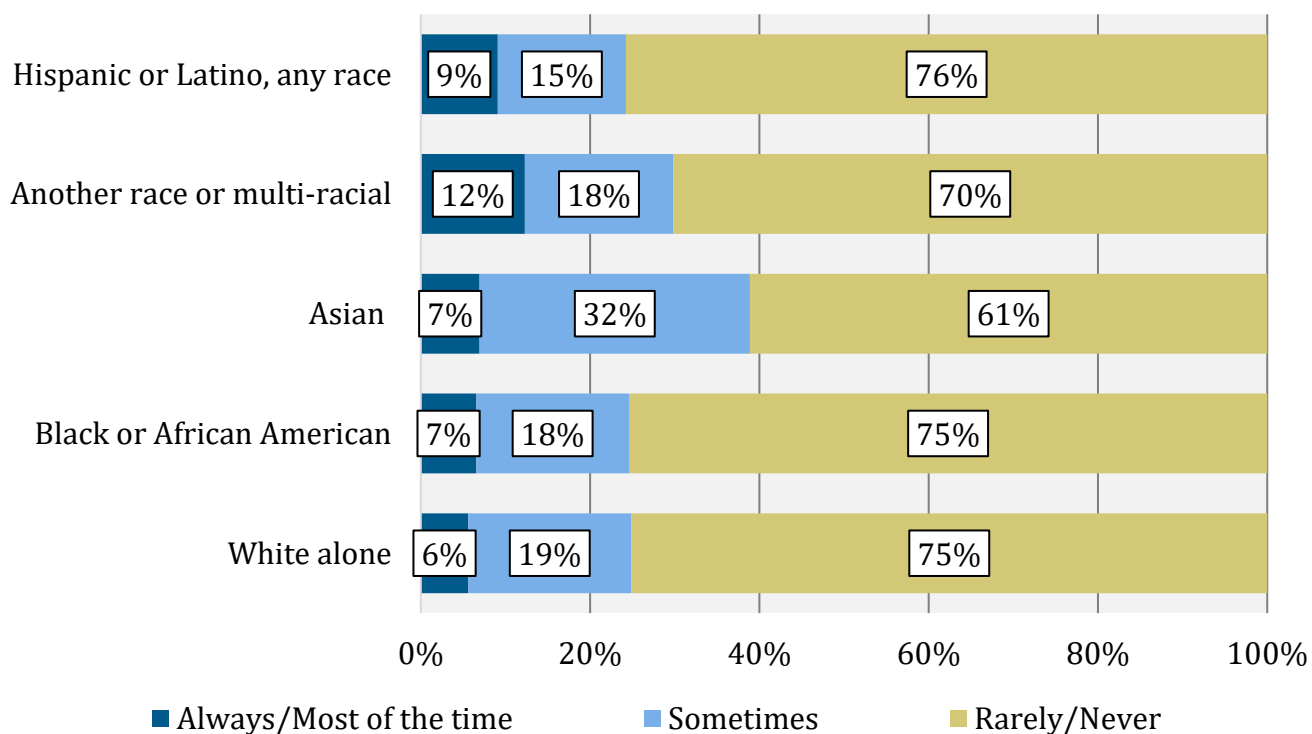
¹⁴ Less than 20 surveys were returned across the available translated versions, which included Spanish, Portuguese, Haitian Creole, and Chinese.

Given that more than half of respondents have lived in Somerville for at least 25 years, it is not surprising that a large share of survey respondents want to remain living in Somerville as they get older. Most respondents (90%) reported that remaining in Somerville is very or somewhat important (Q3, Appendix A). **Figure 13** presents responses by age group, demonstrating that the importance of remaining in the city is stronger among older age groups.



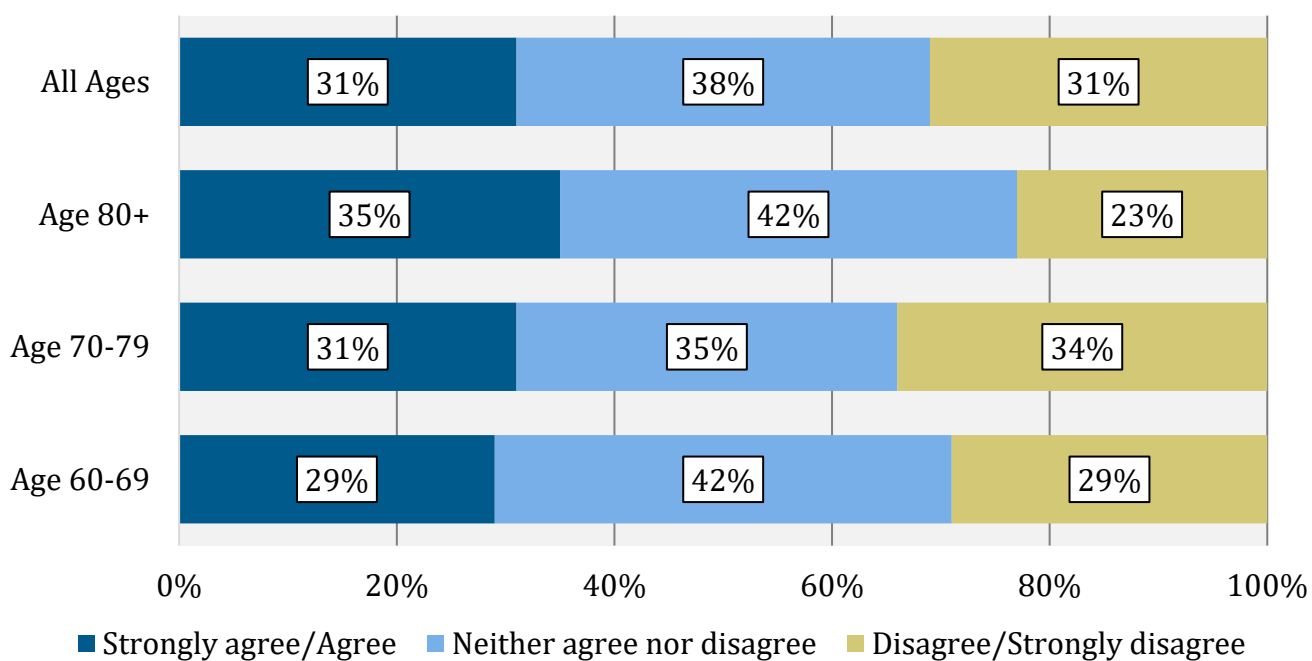
Three out of four survey respondents reported rarely or never feeling *unsafe* in the community in which they live, though about 12% of those age 80+ report ‘most of the time’ or ‘always’ feeling unsafe (Q4, Appendix A). This observed age gradation in perceptions of safety may mean that physical and personal safety become more salient with age. **Figure 14** presents responses to the question, “How often do you feel *unsafe* in the community where you live,” by respondent race and ethnicity. Almost one third of Asian respondents reported sometimes feeling unsafe in their neighborhood, along with 7% reporting most of the time or always feeling unsafe. Among survey respondents who identified as multiracial or another race (e.g., Middle Eastern or North African), 30% reported feeling unsafe sometimes or more frequently. Recognizing these racial differences in perceptions of safety among older adults has implications for safety features in Somerville and the importance of the Somerville Council on Aging to be part of public safety planning and response.

Figure 14. How often do you feel *unsafe* in the community where you live?



Across all age groups, 38% of participants responded, “neither agree nor disagree” to the statement “local policy makers consider the interests and concerns of older residents.” Respondents in their 70s were near evenly split across agreement levels (**Figure 15**), but 42% of respondents in their 60s and 42% of those age 80 and older reported they neither agreed nor disagreed.

Figure 15. “Local policy makers consider the interests and concerns of older residents.”



When asked what they value most about living in Somerville, 88% of respondents took the time to write about their experiences. Results were reviewed, tabulated, and described. Results in **Table 4** summarize the most cited features of Somerville that respondents value and provide verbatim quotes from residents describing these themes. First, respondents commented on the fact that Somerville is home to a diverse population of residents who contribute diverse perspectives, lifestyles, art, and cuisine, making Somerville a vibrant and energizing place to live. Second, respondents described the value of access to public transportation and proximity to amenities, including high quality healthcare offered in Boston and Cambridge. The third most commonly reported feature of Somerville that respondents value is the walkability of the community. The ability to walk is a freedom that offers solace to many who might be concerned about their ability to continue driving. Being able to walk to basic amenities in Somerville provides an opportunity for maintaining physical activity that can promote healthy aging.

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

Cultural diversity of the community and access to cultural amenities
<i>Community diversity (age, race, life style)</i>
<i>Vitality in the community: activism, culture, bar and restaurant scene</i>
<i>Diverse population in both origin, language, & age, many cultural & volunteer opportunities, brilliant neighbors, our gorgeous house, great library, favorite restaurants & shops, location</i>
<i>Diversity, great restaurants, affordability, live music, historic preservation, green space.</i>
<i>Culture, access to a variety of restaurants, vibrant art community,</i>
Access to public transportation and proximity to Boston or Cambridge
<i>Being able to walk/use transit as I am no longer able to drive & live alone</i>
<i>Proximity to Cambridge and Boston-- vibrant arts and music scene</i>
<i>Proximity to Boston hospitals</i>
<i>I like the convenience of living in Somerville and the transit options (as I don't drive)</i>
Walkability and access to basic amenities
<i>Access to grocery stores, pharmacies, retail, libraries, major highways, airport.</i>
<i>Everything that I need, shops, pharmacy, clinic, library, green spaces for recreational walks, is within walking distance. Public transportation is also close by.</i>
<i>Living close to basic needs, services, shopping and entertainment/ social activities by walking, driving, or public transportation</i>
<i>Like being able to walk to shopping and entertainment. I like the recent changes to the sidewalks - removing half the brick and pouring concrete on the walking lanes, but leaving some of the brick for accent. I feel much more confident walking on the sidewalks - much steadier on my feet.</i>

Most (88%) respondents wrote about their greatest concerns about aging in Somerville. Commonly cited concerns with sample quotes are included in **Table 5**. Top on the list of concerns about being able to age in Somerville were related to the physical accessibility of the community. The concern about being able to physically access public transportation and take advantage of local amenities is a barrier to aging well in Somerville. As previously described, the walkability of the community is a major asset for people as they get older; and yet, barriers to the feature also rise as a major concern for people experiencing mobility changes or disability. Ensuring safe paths for pedestrians, including signage and crosswalk signals that offer ample time for crossing, can enhance walkability features for older people. The second most described concern focused on financial security: residents are concerned about being able to afford to continue living in Somerville as they age. Rising costs of rent and property taxes are among the major drivers of financial insecurity in later life coupled with the rising costs of things like insurance, utilities, and groceries, which make being able to stay in Somerville on a fixed income nearly impossible for many who have called the city home for decades.

Concerns about being able to modify current homes for improved accessibility and the need for support related to property maintenance were cited as a third major concern for survey respondents. Embedded within these concerns is worry about being able to maintain the functionality to live independently in their homes. This included worries about physical health changes that could limit mobility and independence as well as concerns about being able to maintain their homes and accomplish activities of daily living. Another primary concern for those who provided a response was if they will be able to access in-home supports to enable them to remain living in the community when needed—this includes access to things like home health aids, access to other supportive services like transportation and home maintenance, and the general availability of family members to rely on for help when it is needed.

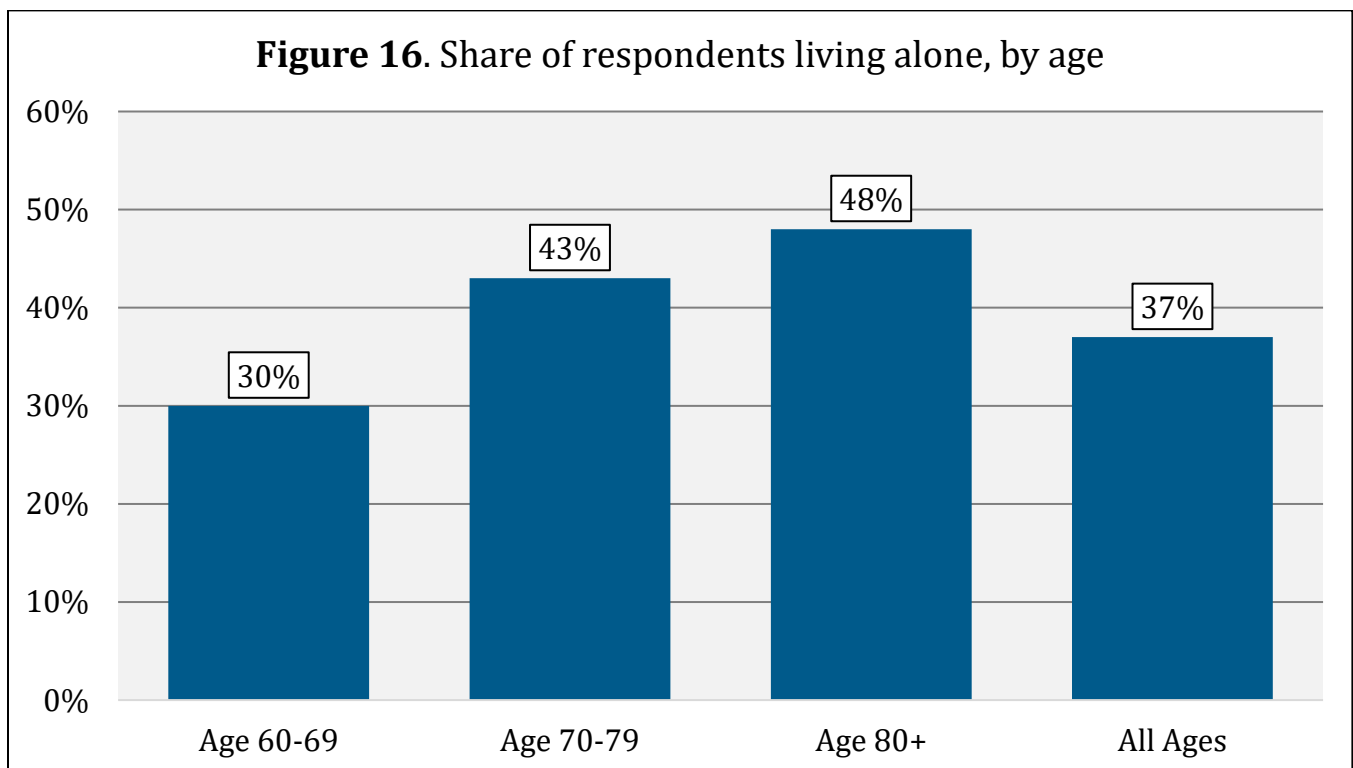
Table 5. Sample responses to, “What are your greatest concerns about your ability to continue living in Somerville as you get older?”

Sidewalk maintenance and lack of parking make it increasingly difficult for people with mobility limitations to get around for those who cannot access the MBTA
<i>Poor sidewalks throughout the city, limited parking for elderly and handicapped</i>
<i>I'm trying to age in place BUT the city is making it harder to go places. When you take away more than half of parking in front of Council on Aging it makes it hard for me to be guaranteed parking to go to exercise classes or events there. I only shop where I can go safely by car. NO I can't walk safely to ANY bus or T stop anymore (like I did when I was young).</i>
<i>Walking down the streets is also a problem. Lots of torn up pavement and tree roots making sidewalks difficult to navigate.</i>
Cost of living—including rent, property taxes, utilities and food
<i>I am getting priced out - taxes and water insurance - being on fixed income the increases in these things far exceeds any increase we get on S.S</i>
<i>Once I retire, my cost of living will become even more important as my income will go down drastically. I am afraid of what that will do to my ability to live a healthy life as rent continues to rise everywhere.</i>
<i>Economic, that is taxes, insurance and condo fees - all of which are increasing</i>
<i>The cost of rent is becoming unsustainable on a fixed budget. I have lost hope in purchasing a home so I live with the worry of having to move again if the landlord sells or raises the rent more.</i>
Home modifications and accessibility
<i>Maintaining an older home, dealing with landscaping (weeding, trimming, shoveling, etc.), retrofitting an older home for senior living.</i>
<i>I hope I can continue to get up the three flights of stairs to my apartment.</i>
<i>Can't afford help to maintain the house and yard, deal with snow & ice in the winter, and get groceries delivered.</i>
<i>Living on the second floor and having to deal with stairs</i>
Maintaining independence and health
<i>Getting a bit older and realizing the possibilities of the drastic decline in my medical health, I pray I don't ever leave what I call "my safe place" "my apt", "my home"! Along with that mortality constantly slaps me in my face!</i>
<i>My physical mobility and general health, having a meaningful role to play, not being a burden to my wife (we don't have kids), staying connected, people I know being priced out, keeping up with technologies we need to manage.</i>
<i>Isolation</i> , possible increase in crime, many stairs in most housing, uncertain about access to health care, possible decline in health and mental state

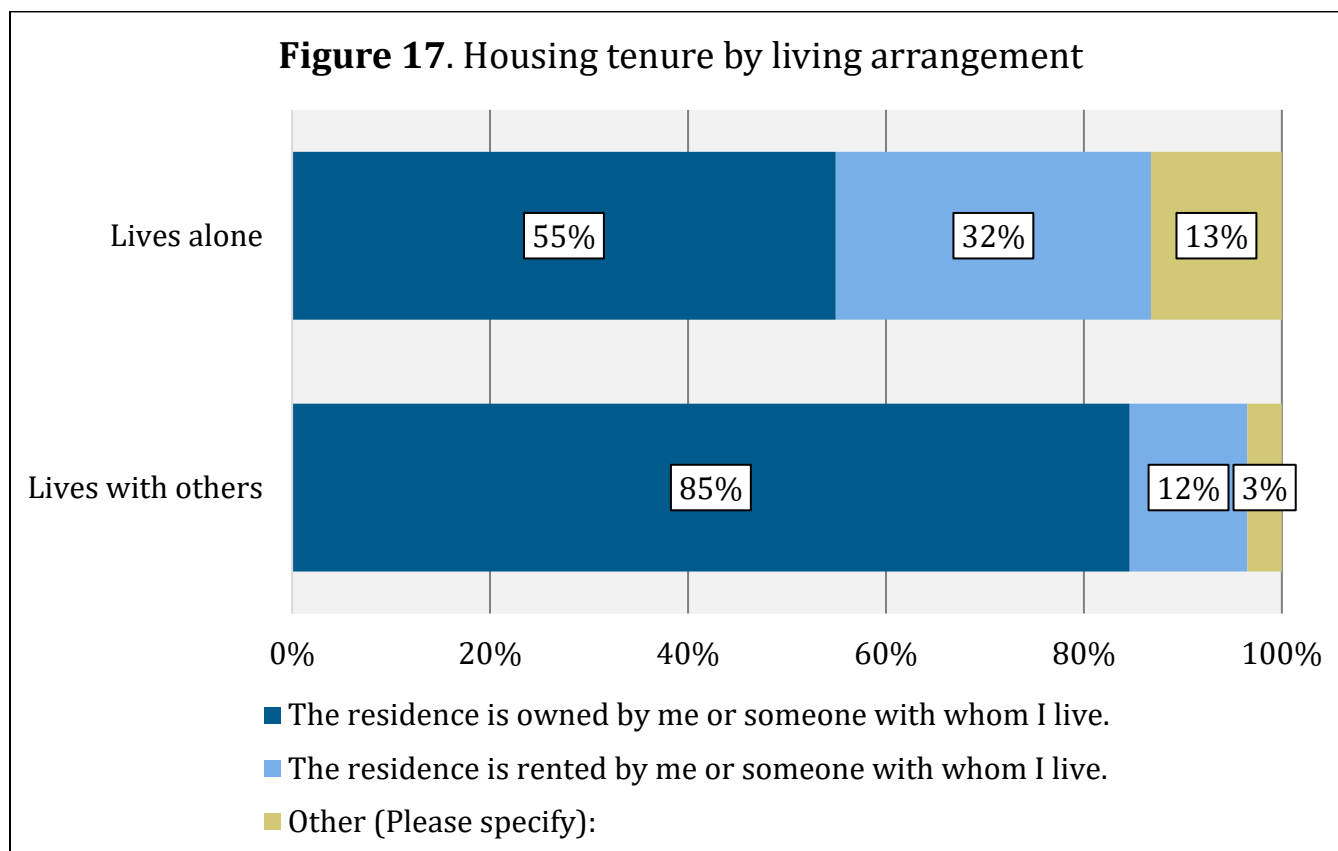
Housing and Living Situation

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 (63%), but this figure decreases with age. About 30% of respondents in their 60s live alone; this increases to 43% among those in their 70s and to almost half of respondents age 80+ (**Figure 16**). Among respondents who live alone, 10% reported living with pet(s) (tabulations not shown). Living alone can lead to social isolation and contribute to feelings of loneliness; while living with household pets can lessen the effects, older adults who do not live with others may benefit from programs and services offered by the City of Somerville.

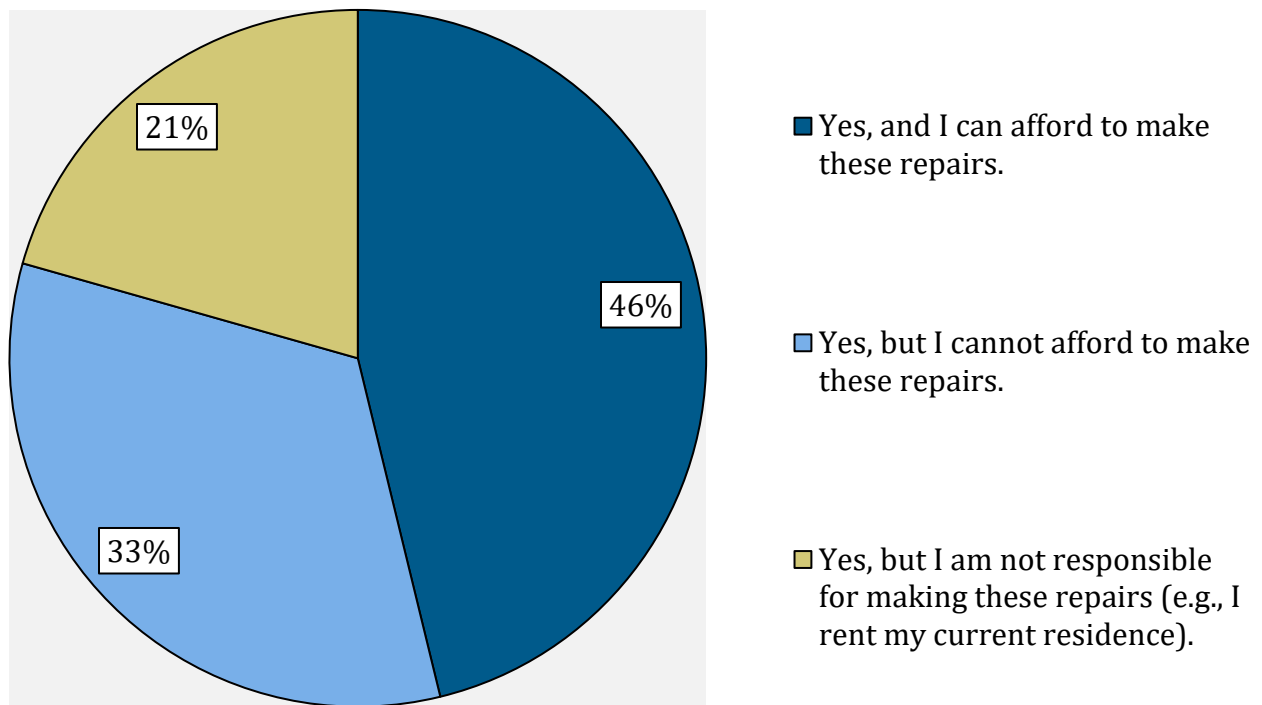


Nearly 43% of respondents live in a multi-family home (2,3, or more units) and a quarter live in a single-family home (**Q9, Appendix A**). About 14% of those in their 60s and 15% of those in their 70s live in a condo or townhome, compared to 5% of respondents age 80+. In contrast, 16% of the oldest respondents live in senior subsidized housing, whereas 10% of those in their 70s and 4% of those in their 60s live in senior subsidized housing. Three quarters of respondents live in homes that they own or someone they live with owns (**Q10, Appendix A**), but more respondents who live alone rent their residence (32%) compared to those who live with others (12%) (**Figure 17**). Also, 13% 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,” almost 40% reported living in public, affordable, or senior housing.



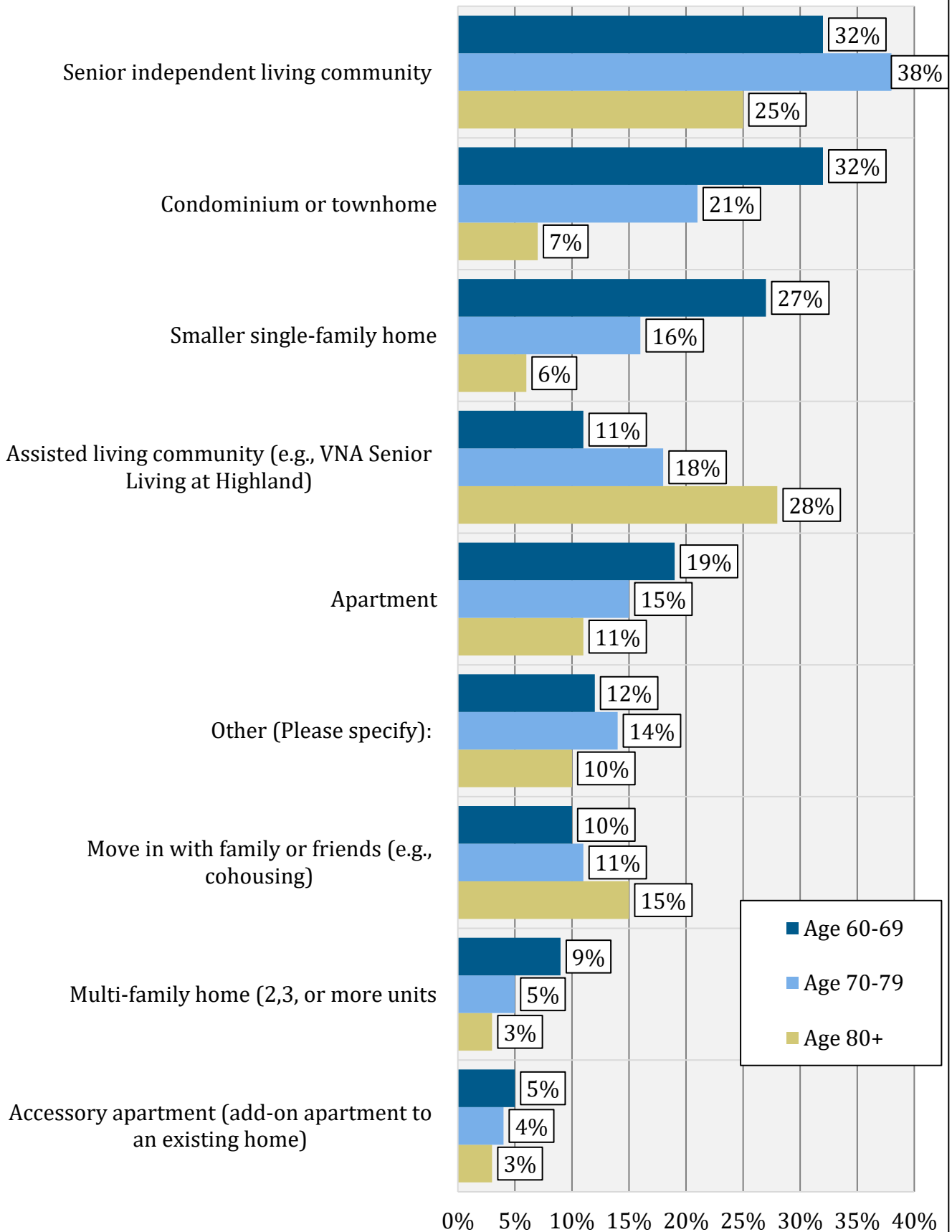
Maintaining a home requires resources, including people who can make modifications and repairs and the finances to pay for these repairs. Survey participants were asked, “Does your current residence need home repairs (e.g., a new roof, electrical work, climate control/ HVAC, etc.) to improve your ability to live in it safely for the next 5 years?” and 46% responded that their residence does not need repairs (**Q13, Appendix A**). Among those whose homes do need repairs, a third cannot afford to make repairs, and about a fifth are not responsible for making repairs (**Figure 18**). There is a sizeable segment of Somerville’s older population who may be struggling to meet basic housing needs.

Figure 18. Ability to afford home repairs, among respondents who reported their home needs repairs



Survey participants were asked again to consider the next 5 years and to identify preferred types of housing if they or their partners' health or physical ability required moving from their current residence. A senior independent living community was the most frequently reported type of preferred housing, selected by a third of respondents (Q14, Appendix A); however other preferences differed by age group, as presented in Figure 19. Respondents age 80 or older more frequently preferred housing that included some built-in community or supports, such as an assisted living community (28%), senior independent living community (25%), or moving in with family and friends (15%). Nearly 1 in 5 respondents in their 70s would prefer a condo or town home, and 18% would prefer to move to an assisted living community. Among respondents in their 60s, the most frequently selected housing options included a condo or town home (32%), a smaller single-family home (27%) and an apartment (19%). The varied interest and need for different kinds of housing for older residents to age in Somerville has implications for housing stock needs in the city.

Figure 19. In the next 5 years, if a change in your/your partner's health or physical ability required that you move from your current residence, what kind of housing would you prefer?



Transportation

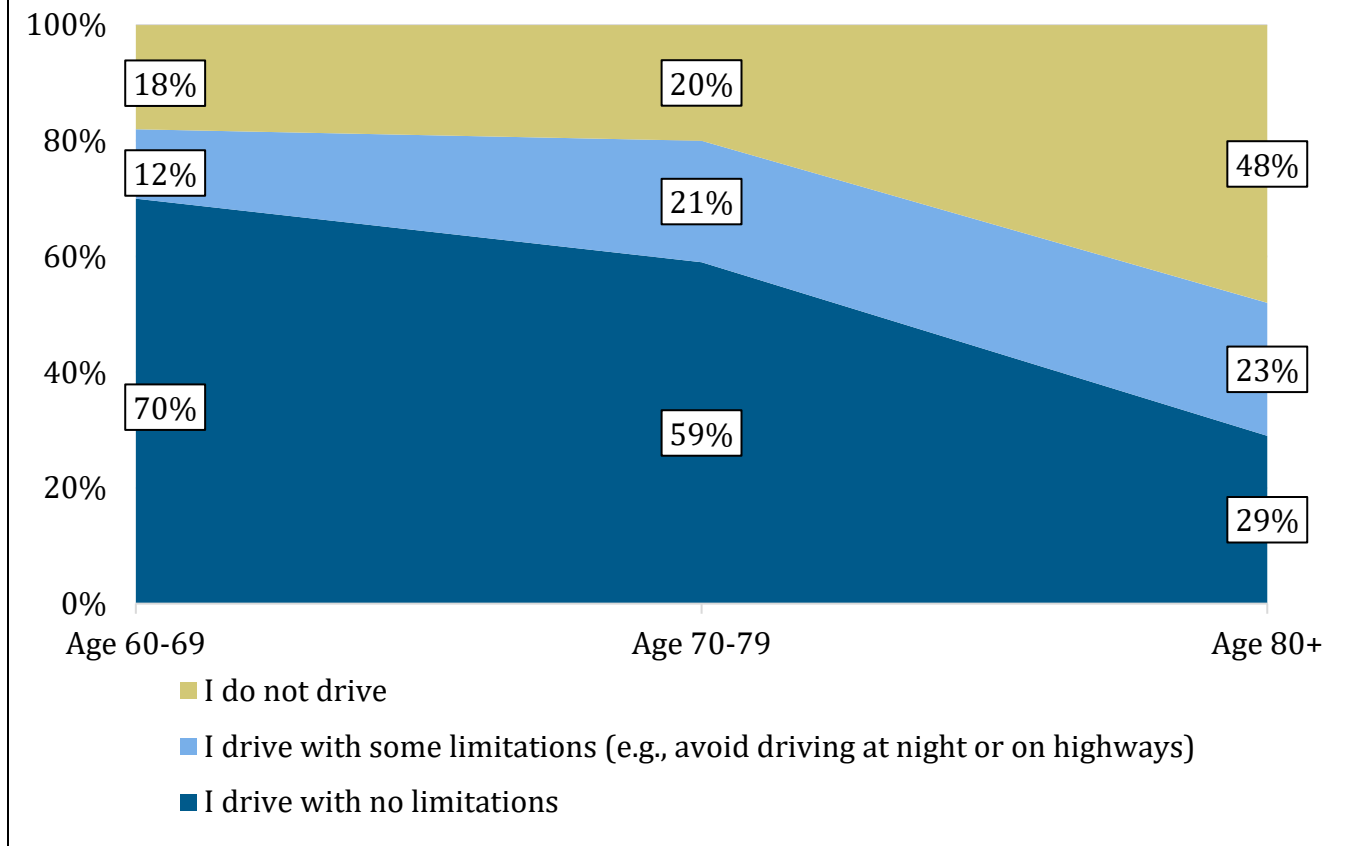
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast 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.

Somerville is a dense urban city with a variety of public transportation options¹⁵. Several MBTA bus routes operate throughout the city; there are subway stations servicing the MBTA red line and green lines, and the commuter rail station at Porter Square. As well, Mass General Brigham provides free shuttle service between Sullivan Square and the Inner Belt District. Older Somerville residents have access to paratransit services for medical appointments, errands, and other trips through the MBTA's The Ride or through Door2Door.

Survey results show that about 23% of respondents do not drive, and an additional 17% drive with some limitations (**Q17, Appendix A**). The proportion of those who limit their driving or cease driving altogether rises with age, as presented in **Figure 20**. For example, 12% of those in their 60s report modifying their driving in some way compared to 23% of those in their 80s or older. Almost half of respondents age 80 or older reported not driving.

¹⁵ More details about getting around Somerville can be found here:
<https://www.somervillema.gov/departments/ospcd/transportation-and-infrastructure/getting-around-somerville>.

Figure 20. Current driving status, by age



Survey participants meet their transportation needs by utilizing a medley of modes of transportation. On average, respondents selected 3 different primary ways in which they meet their transportation needs (tabulations not shown). While driving is a primary mode of transportation for most survey respondents, walking and taking the MBTA subway were selected by about half of all respondents (**Q17, Appendix A**). **Figure 21** presents primary modes of transportation by driving status and shows that respondents who do not drive more frequently selected public transportation options—MBTA buses, subway, taxi or rideshare options, The Ride paratransit, and COA transportation services—compared respondents who drive. Among those who drive without limitations, 15% also rely on a spouse or child(ren) to drive them; this compares to 31% of those who drive with some limitations and 31% of those who do not drive.

Almost half of respondents (45%) reported at least one difficulty getting needed transportation, and challenges experienced differ slightly when compared by driver status (**Figure 22**). For example, only 3% of respondents who drive with no limitations reported not having someone they can depend on for ride as a challenge, compared to 11% of those who drive with some limitations and 9% of those who do not drive. Similarly, 5% of those who drive without limitations cited physical limitations or other impairments that make accessing transportation challenging; this figure triples to approximately 15% for both drivers with limitations and non-drivers. Not enough handicap parking was cited by 15% of those who drive with limitations, which is greater than for those who drive without limitations (5%).

Figure 21. "What are the primary ways in which you meet your transportation needs?" by driving status

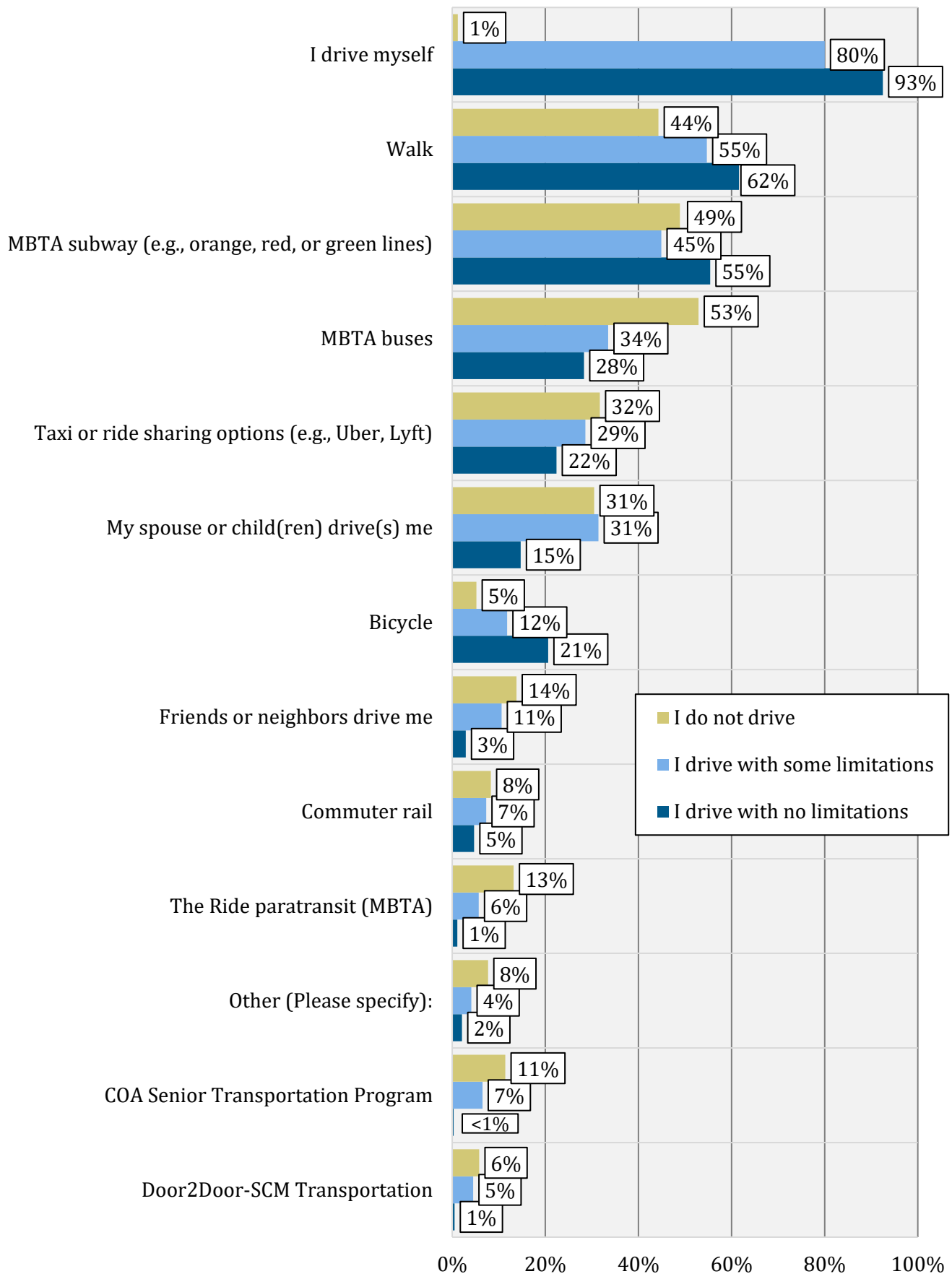
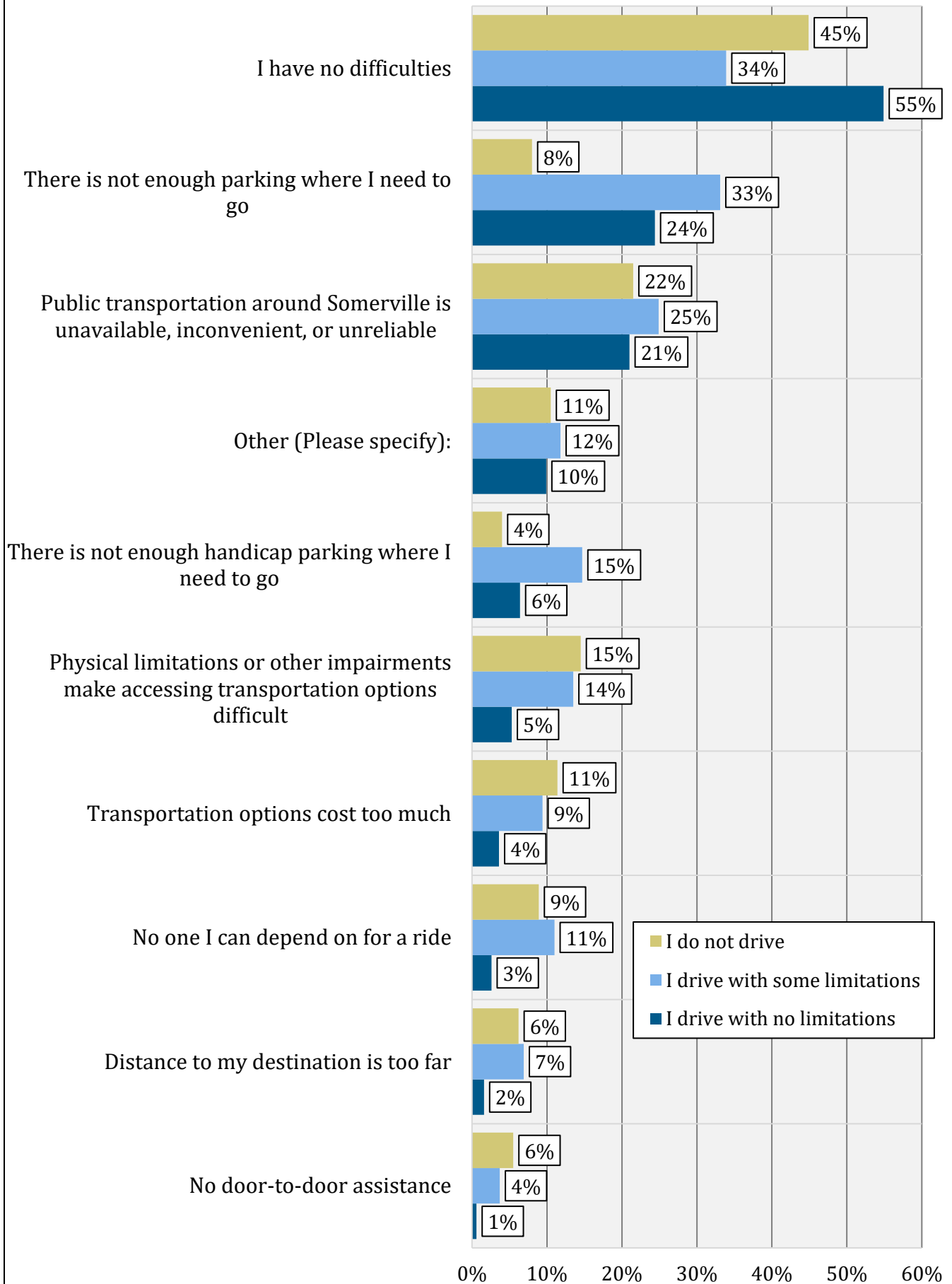
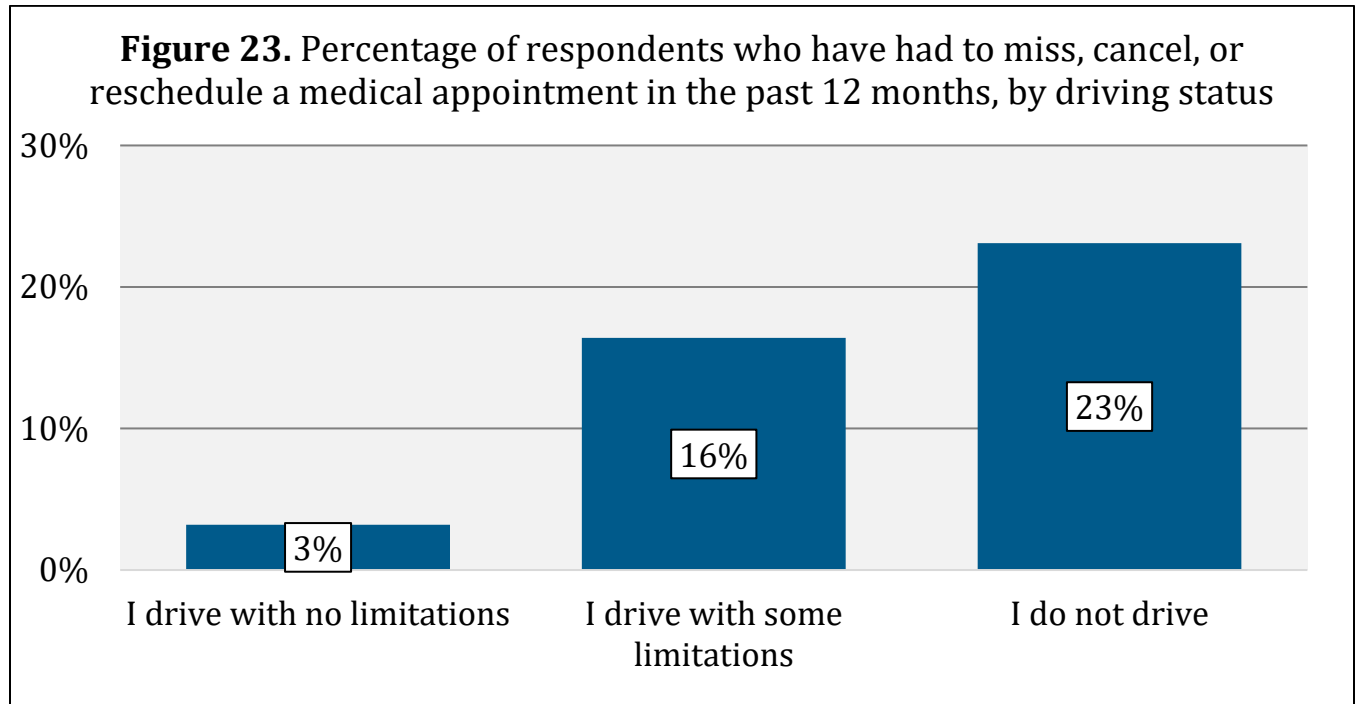


Figure 22. Difficulties getting transportation, by driver status



A small share of respondents (10%) reported “yes” when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (**Q18, Appendix A**). When considering driving status, however, 16% of those who drive with limitations and 23% of those who do not drive reported “yes” to this question (**Figure 23**). These findings suggest that transportation limitations appear to negatively impact accessing medical care for the most vulnerable segments of Somerville’s older resident community.



Employment, Retirement & Financial Security

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

More than half of respondents in their 60s are still working, most of whom are working full-time (**Figure 24, Q43, Appendix A**). Almost 1 in 4 respondents in their 70s are still working, with 9% reporting full-time work, 13% reporting part-time employment, and 2% looking for work. A small segment of respondents age 80+ also reported current employment, most of whom reported part-time work. These results are similar to estimates from the American Community Survey (presented on page 10 of this report) indicating that many of Somerville’s older residents remain in the workforce. Of those who reported “other”, most described types of self-directed or very part-time work (e.g., consulting, working for a few hours a week), and others noted that they have a disability or volunteer.

Figure 24. Current employment status, by age

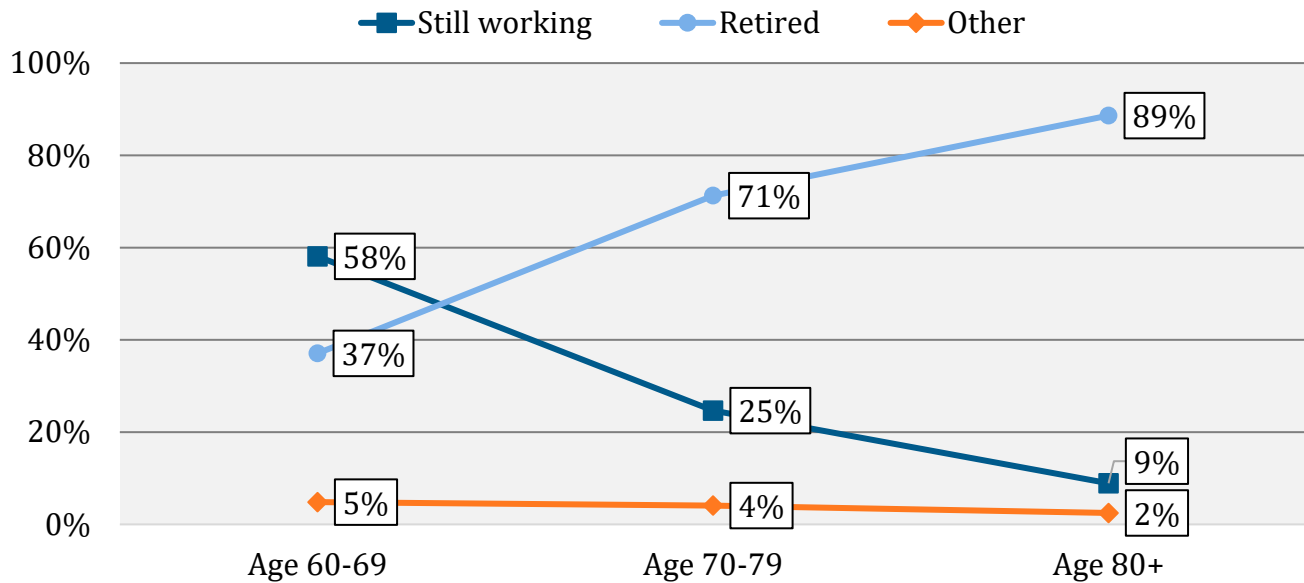
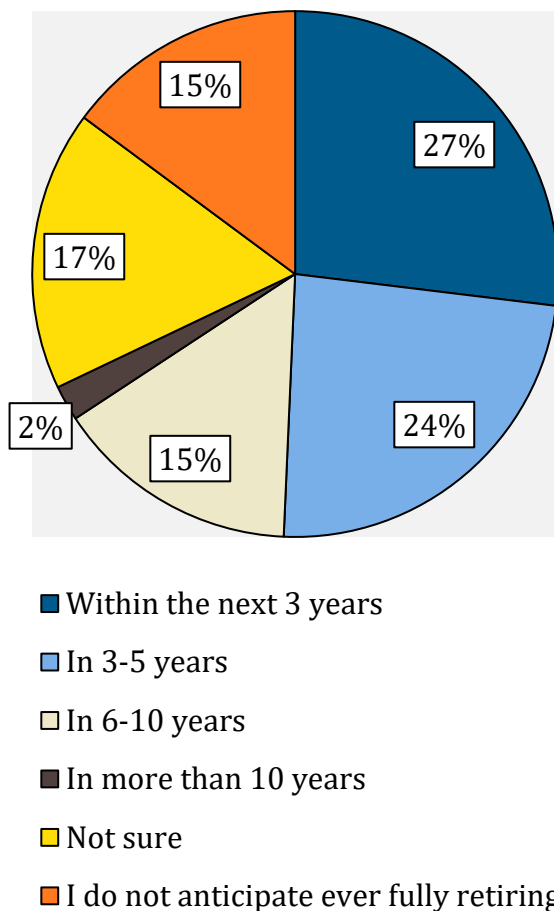


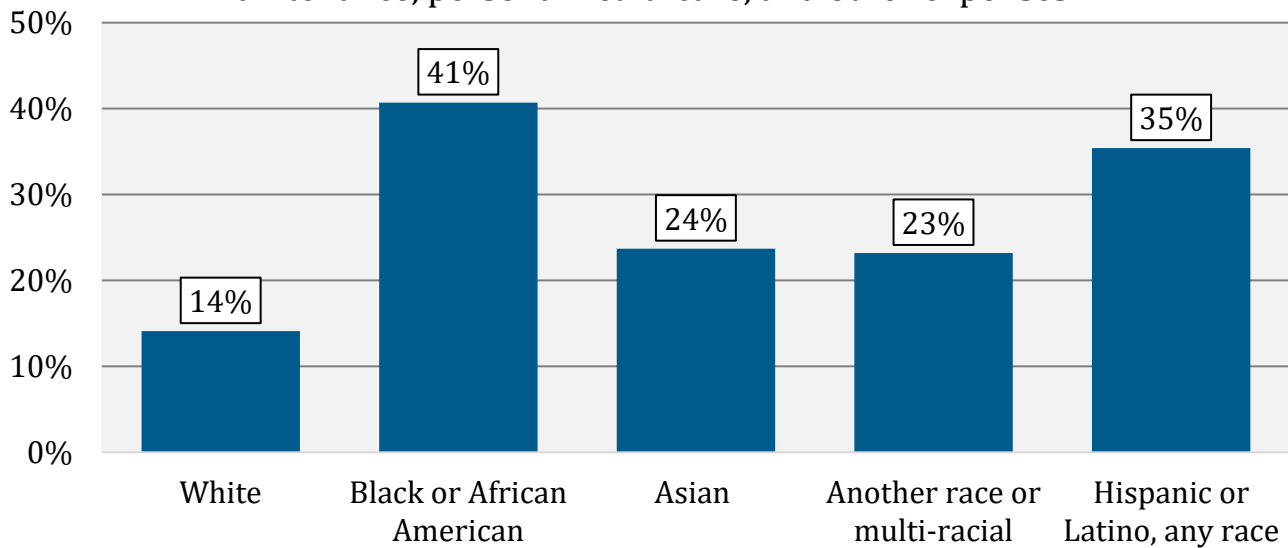
Figure 25. Anticipated retirement timing, among those currently working



For those who responded that they are still working full- or part-time, half expect to retire within the next 5 years (see **Figure 25**). Interestingly, 17% of respondents who are still working do not know when they expect to retire, and 15% do not anticipate ever retiring. Developing new programs that would particularly attract older workers may be useful. For example, convening a job fair for part-time or volunteer positions or hosting seminars on retirement planning—both financial and social.

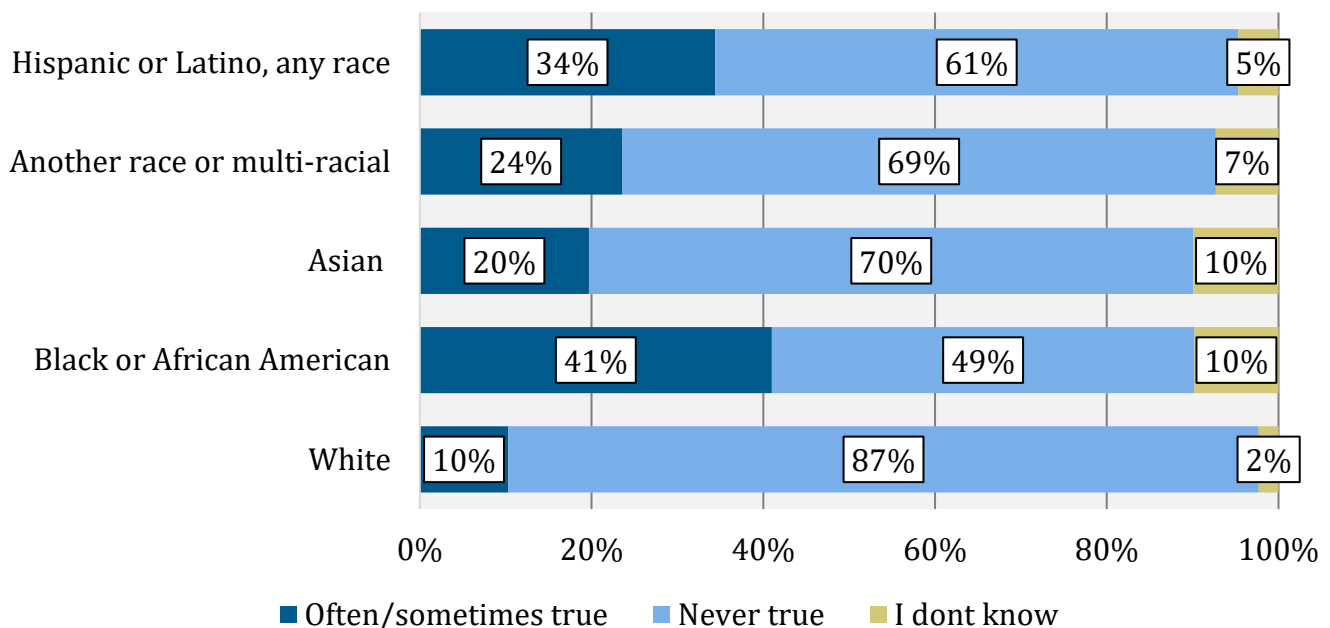
In addition to current employment, the survey questions covered topics of financial security. Participants were asked to rate their level of agreement with the statement, “I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses.” Most respondents across all ages agreed or strongly agreed with that statement (**Q45, Appendix A**). Stark differences emerge when considering the race and ethnicity of respondents, as presented in **Figure 26**. Over a third of Hispanic or Latino respondents and 41% of Black or African American respondents disagree or strongly disagree that they have adequate resources to meet their needs.

Figure 26. Percent who disagree or strongly disagree with the statement, “I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses.”



Similarly, respondents of color cited greater frequencies of concern and uncertainty with respect to running out of food before having enough money to buy more, compared to white non-Hispanic participants (**Figure 27**). Only 10% of white non-Hispanic selected often true or sometimes true, and 2% selected “I don’t know” 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.” In comparison, 20% of Asian respondents and 24% of respondents of other racial identities reported this level of worry. Moreover, a third of Hispanic or Latine respondents and 41% of Black or African American respondents reported often or sometimes true. Access to food, in relation to financial security, is a concern for Somerville residents, particularly among those from a minoritized identity.

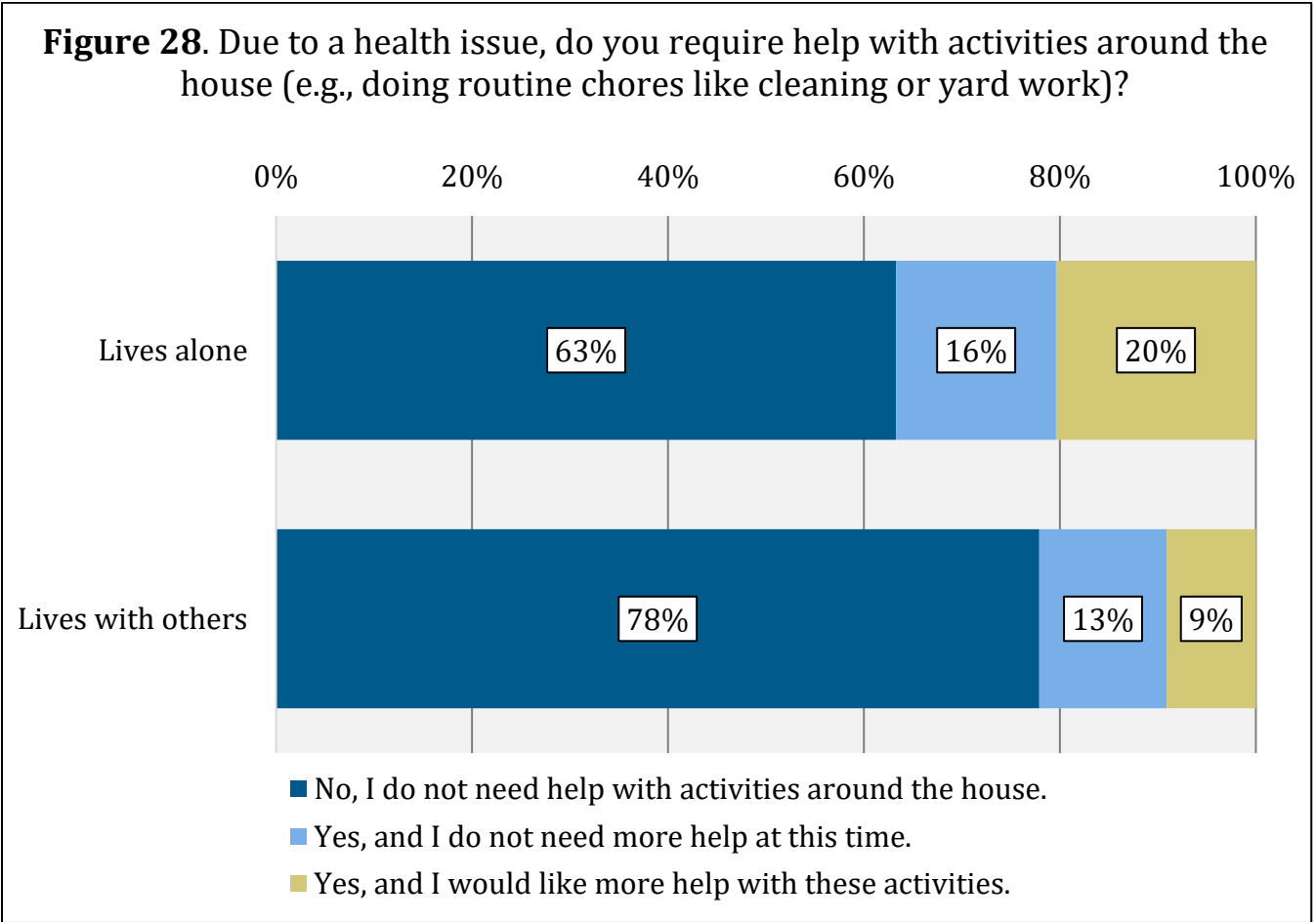
Figure 27. “In the past 12 months, I worried whether my food would run out before I got money to buy more.”



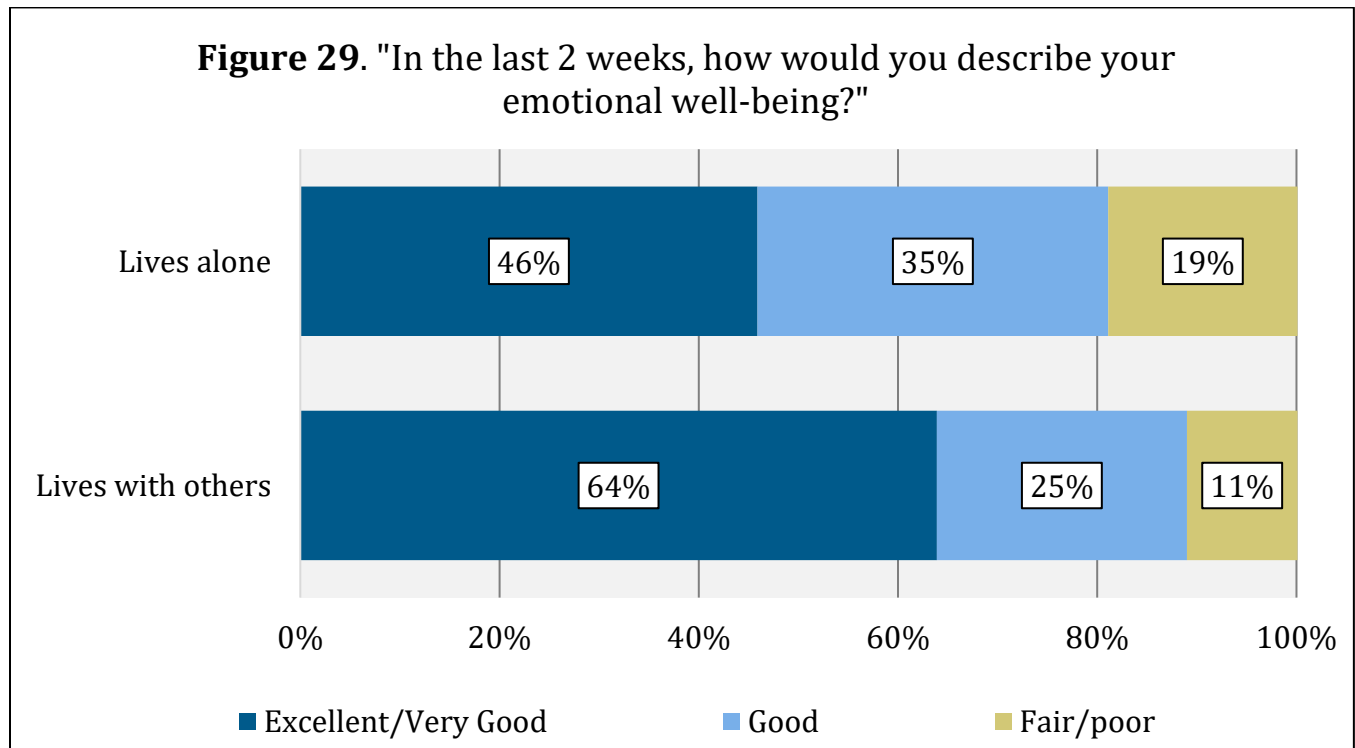
Health, Wellness, and Caregiving

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

Health status can influence one’s ability to perform household tasks or participate in community activities and this is the case for some Somerville older adults. Nearly three quarters of respondents reported that they do not need help with activities around the house (e.g., doing routine chores like cleaning or yard work) due to a health issue, but this figure decreases with age (**Q21, Appendix A**). Accounting for living arrangements, more older adults who live alone reported needing assistance due to a health issue than those who live with others (**Figure 28**). Furthermore, 20% of Somerville elders who live alone do not have enough assistance for activities around the house, which is more than twice the share of those who live with others (9%). Overall, a number of respondents are dealing with health challenges which lead to difficulty in taking care of household tasks or participating in community activities.



Self-reported emotional wellbeing is an informative assessment of individuals' overall mental health and happiness, which are tightly intertwined components of healthy aging. About 14% of respondents rated their emotional wellbeing as fair or poor, 29% as good, and 57% as very good or excellent. Responses across age groups were largely similar, except a slightly smaller share of those age 80+ reported their emotional wellbeing as very good or excellent (57%), compared to those in their 60s (60%) and 70s (58%) (**Q20, Appendix A**). Some notable differences in self-rated emotional wellbeing emerge when we compare respondents who live alone to those who live with others, presented in **Figure 29**. Less than half of those who live alone reported very good or excellent emotional wellbeing, compared to 64% of those who live with others. A fifth of respondents who live alone reported their emotional wellbeing as fair or poor.



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 individuals¹⁶. Among Somerville survey respondents, more than one third (36%) 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 (**Q23, Appendix A**). That share is highest among respondents in their 60s (41%) (**Figure 30**).

Most of those who have provided care or assistance to someone within the past 5 years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities (64%) (**Figure 31**). A slightly higher share of caregivers in their 60s (69%) reported their experience as somewhat or very challenging compared to 57% of respondents in their 70s and 55% of those age 80 or older. (**Q24, Appendix A**).

¹⁶ <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>

Figure 30. Percentage having provided care or assistance to a person who is frail or disabled in the past 5 years, by age

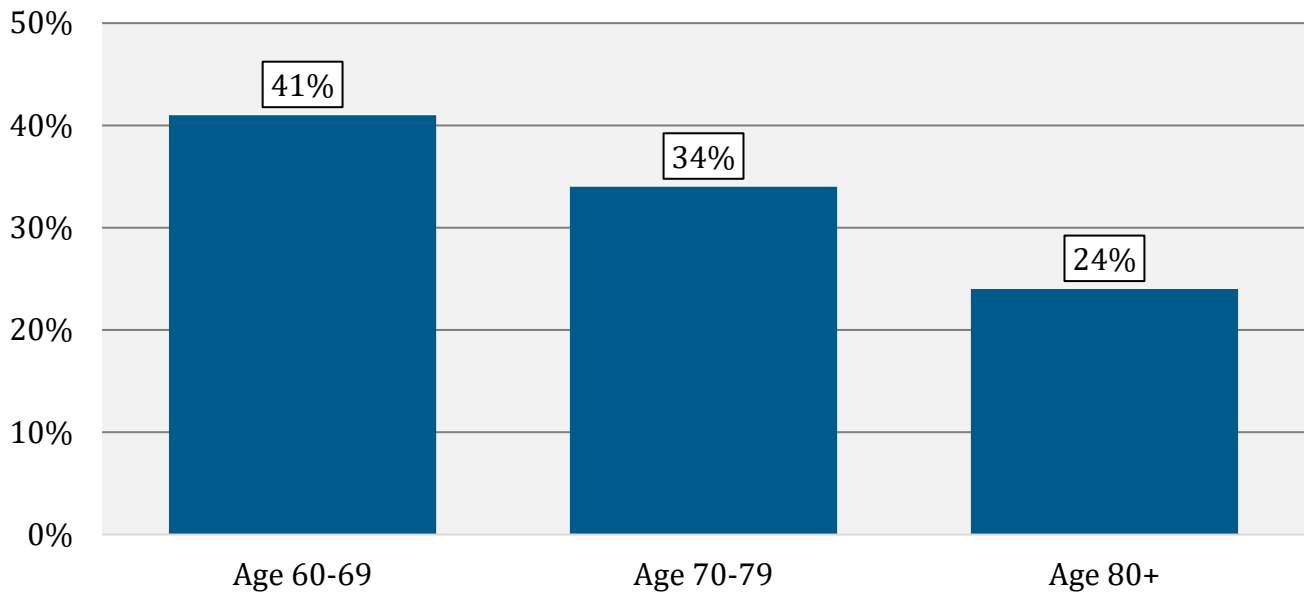
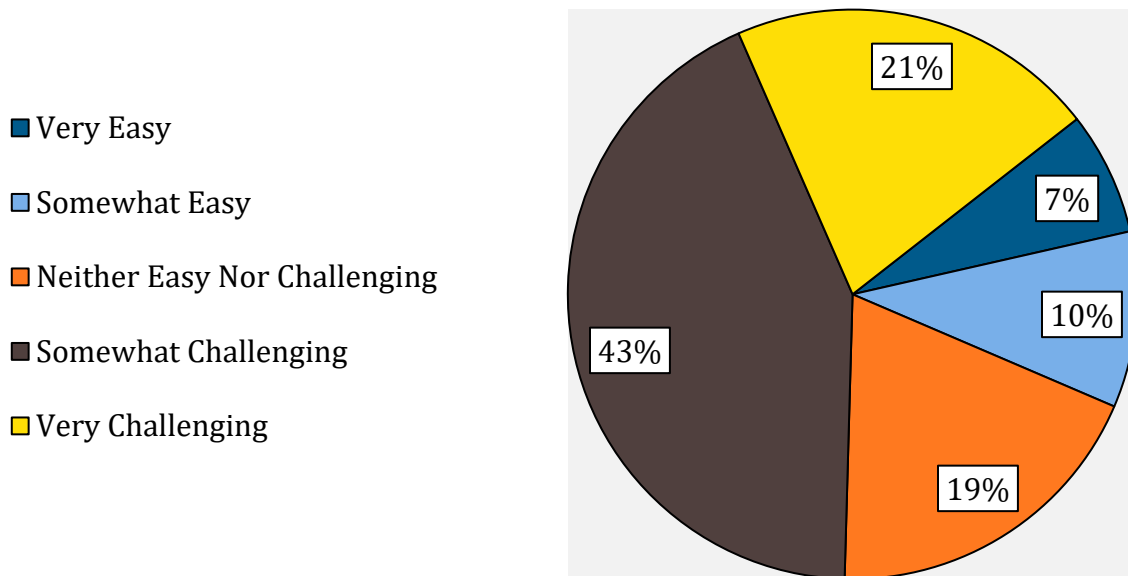


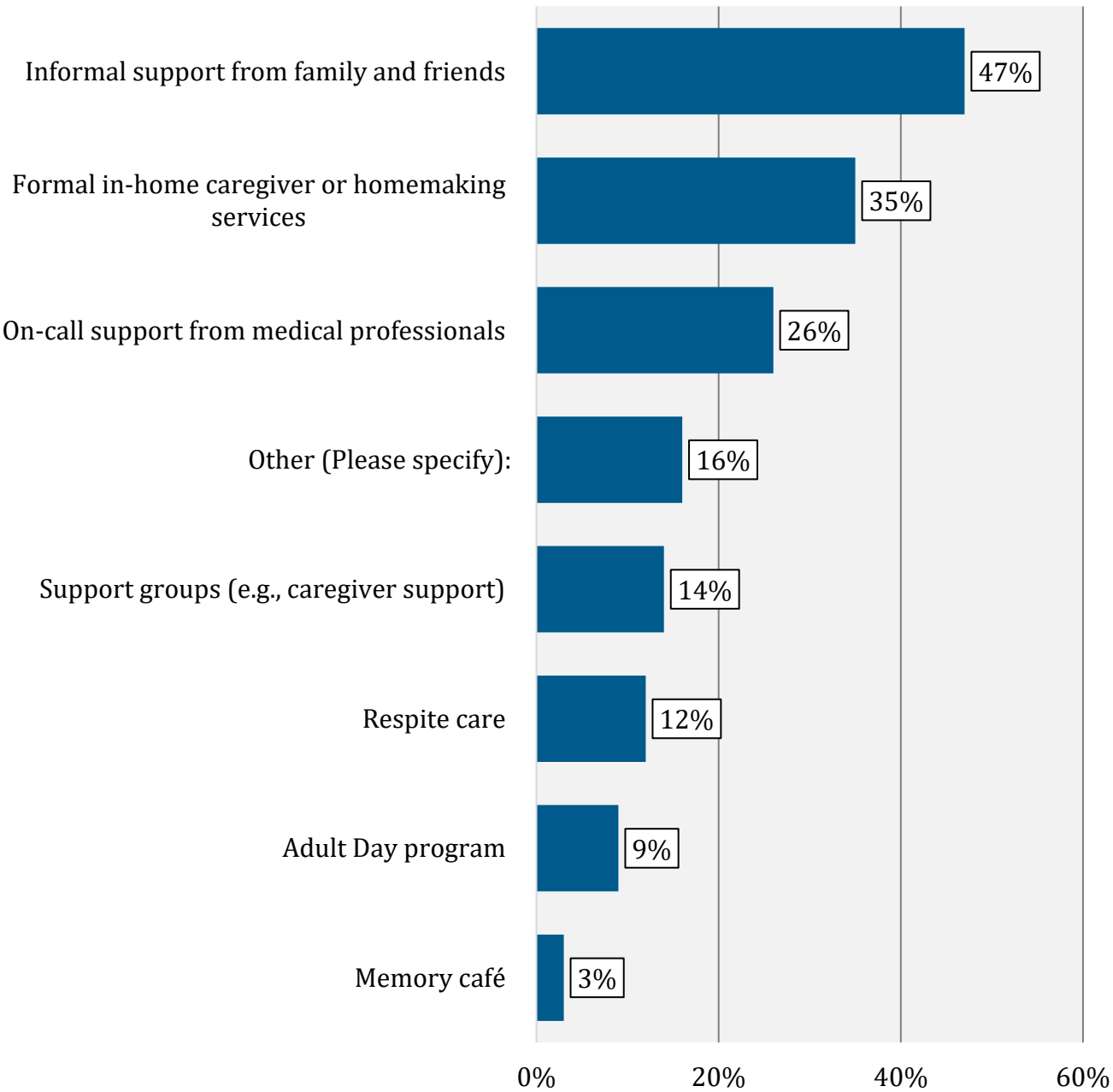
Figure 31. Among caregivers, how challenging is/was it for you to care for this person and meet your other responsibilities with family, your personal health, and/or work?



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; 58%), while 32% of the people the survey respondents cared for were living with a chronic disease such as cancer, diabetes, or asthma (**Q25, Appendix A**). More than one quarter of the caregivers reported caring for someone with Alzheimer's disease or other dementias (27%), and 20% reported caring for someone with a psychological condition, such as depression or anxiety. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.

We then asked caregivers what supports were, or would have been, most valuable during their time as a caregiver, presented in **Figure 32**. Nearly half (47%) identified informal support from family and friends as valuable, followed by formal in-home caregiver or homemaking services, reported by 35% of caregivers, and on-call support from medical professionals (26%). Among the 16% of caregivers who selected “Other,” most wrote in descriptions of specific clinical supports used or needed, such as hospice care, access to psychiatric professionals, and the PACE program. About a quarter of those who selected “Other” wrote-in that they did not use or need any services. Services (e.g., transportation to adult day programs) and programming (e.g., support groups), as well as information about accessing services and programs, might be needed to support caregivers.

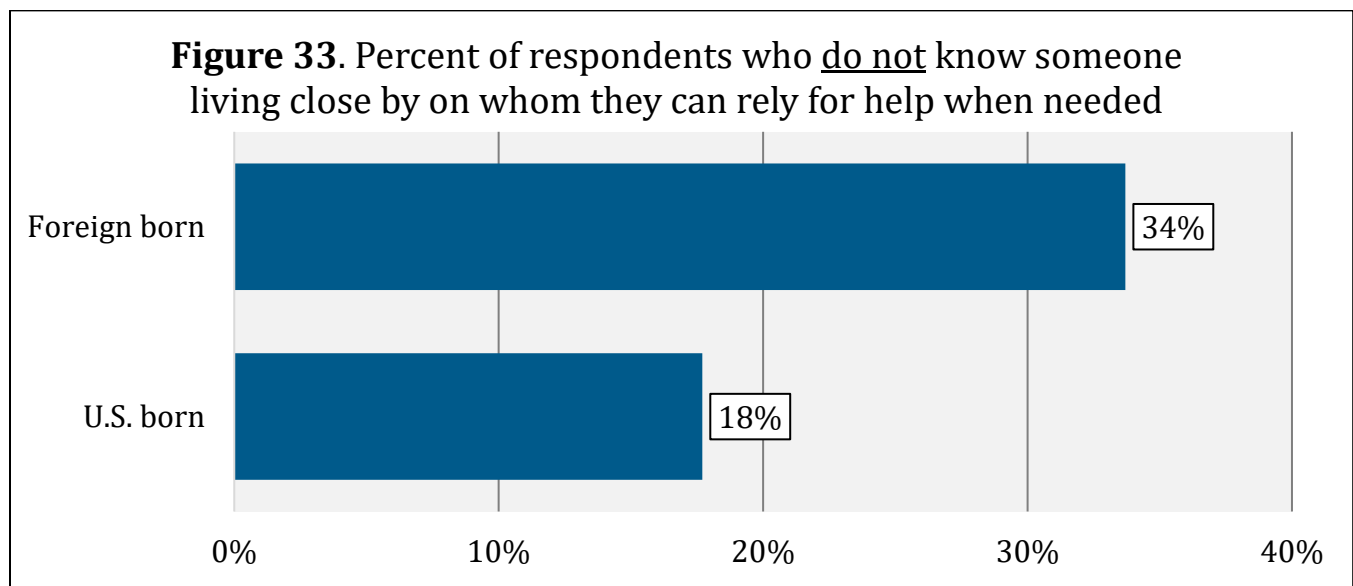
Figure 32. Among caregivers, What supports were, or would have been, most valuable to you during your time providing care or assistance?



Social Activities and Relationships

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

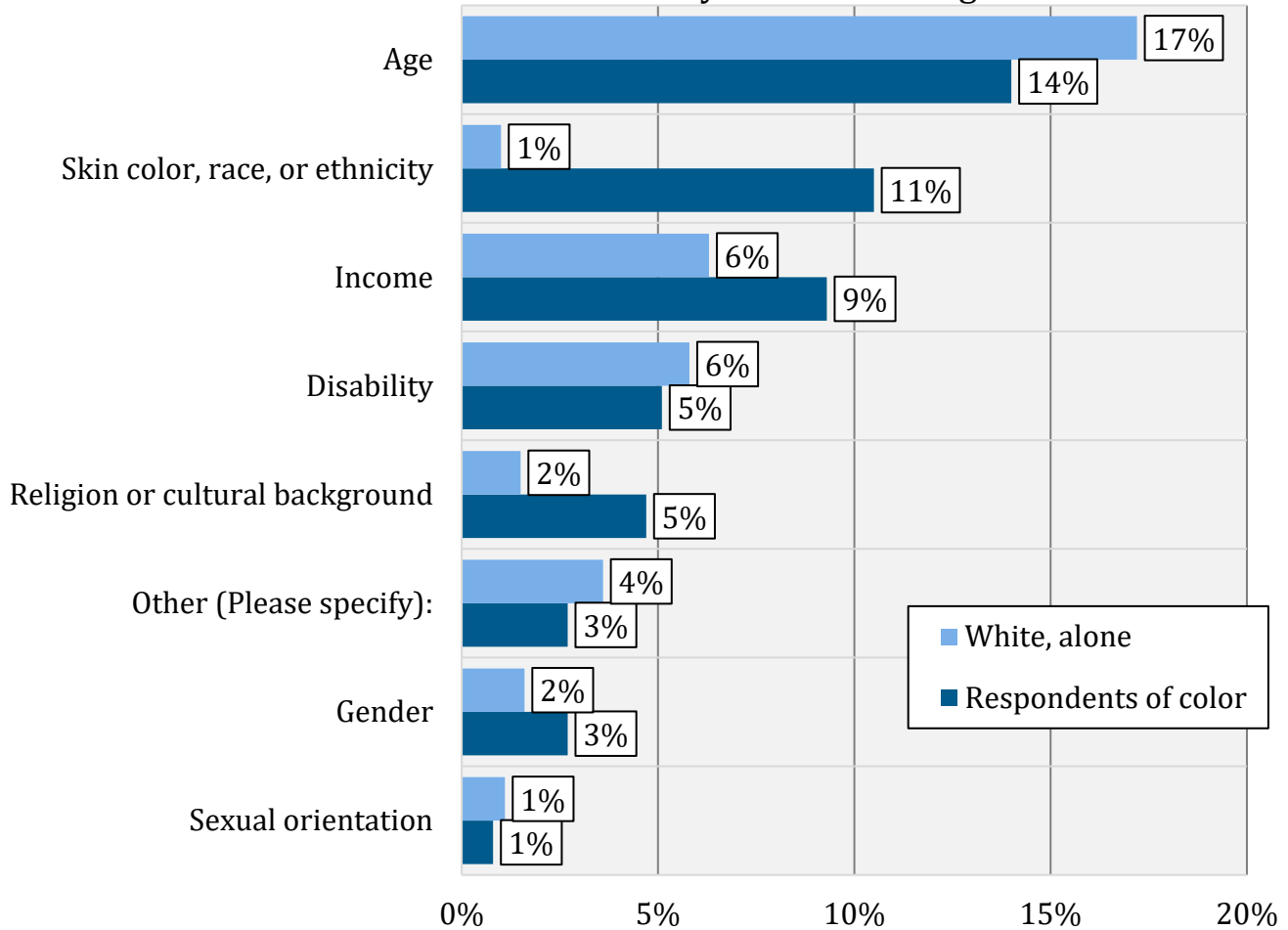
Openness to help others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living nearby on whom they can rely for help when needed, 21% of all respondents said they did not (**Q27, Appendix A**). One notable difference is that approximately one third (34%) of respondents who were not born in the United States reported not knowing someone close by on whom they can rely for help; this compares to 18% of respondents who were born in the United States (**Figure 33**).



Respondents were asked if they have felt excluded in Somerville because of personal characteristics over the last five years. Although the majority (69%) have not felt excluded, some respondents cited age (16%), income (7%), or disability (6%) as reasons for feeling excluded (**Q28, Appendix A**). Respondents of color¹⁷ more frequently reported having felt excluded due to their skin color, race, or ethnicity (11%), income (9%), and religion or cultural background (5%) compared to white respondents (see **Figure 34**).

¹⁷ Statistics are not presented broken down further by race and ethnicity as they were earlier in this report due to small cell sizes for this question. We recognize that people of color are not a homogenous group of people and that lived experiences vary across and within the standardized race and ethnicity categories used throughout this report.

Figure 34. In the past 5 years, have you ever felt excluded in Somerville because of any of the following?

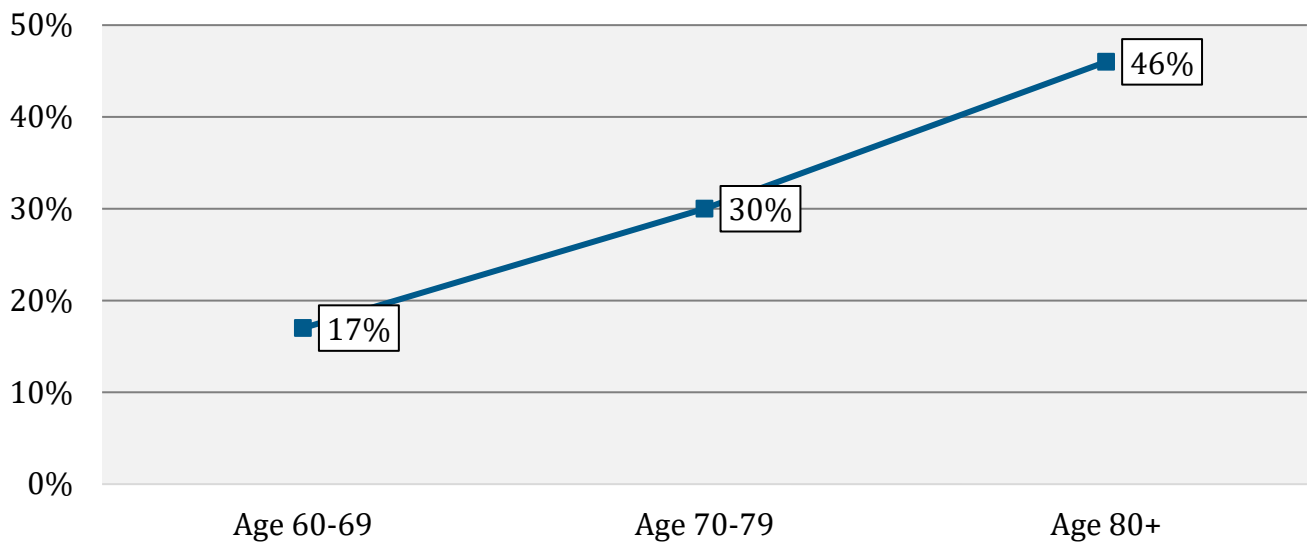


Current & Future Programs & Services provided by the Somerville Council on Aging

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

Survey results suggest that participation in programs and use of services offered by the Somerville COA is more common among older residents. As shown in **Figure 35**, 17% of those age 60 to 69 have used programs or services offered by the Somerville COA, while 30% of those age 70 to 79 and 46% of those 80 and older indicated they have participated in programs or used services provided by the Somerville COA. This age-graded pattern of usage is not unusual in Councils on Aging and may reflect the increasing value of the Somerville COA as one ages.

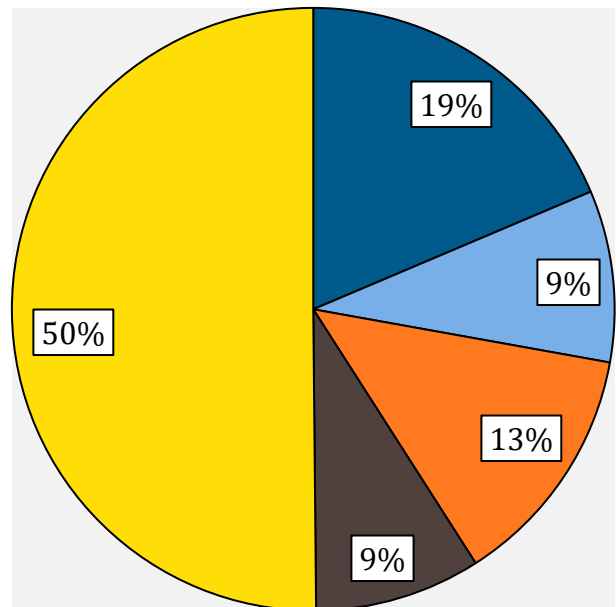
Figure 35. Participation at Somerville COA programs and services



Note that participation on a weekly or more frequent basis was reported by just 4% of participants who were age 60 to 69, 5% of those age 70 to 79, and 20% of those age 80 and older, suggesting that older participants attend more frequently over the course of a month or a year (**Q29, Appendix A**). Also, more survey respondents of all ages who live alone attend COA offerings at least once a month (19%) compared to those who live with others (10%; tabulations not shown).

Of those who do use the Somerville COA, 50% only participate a few times a year, while 28% of COA participants attend programs and services at least once a week (see **Figure 36**). This range of participation level highlights the broad continuum of affiliation with the Somerville COA, with many residents participating just periodically, while others include engagement with the Somerville COA as part of their regular weekly schedule. Considering ways to increase reach of the Somerville COA to those who never attend programs and services and exploring ways to increase participation of those who attend programs only a few times a year might be a worthwhile goal.

Figure 36. Frequency of participation at the Somerville COA, among attendees



- Two or more times a week
- About once a week
- A few times a month
- About once a month
- A few times a year (e.g., special events only)

The following two figures present findings related to barriers and facilitators to participation at the Somerville Council on Aging. Results are presented for both participants and non-participants (respondents who never attend the COA). Results for all respondents and by age group can be found in **Appendix A**.

Figure 37 presents the factors that limit participation at the Somerville Council on Aging. The top factors limiting participation among those who never attend included not knowing what is offered (41%), followed by not needing the services offered by the Somerville COA (31%), and still working (29%). About a fifth of non-participants also reported not being interested in programs and not knowing where programs or services are offered. Interestingly, the top factor limiting participation reported by respondents who do participate the COA was “other” (26%). Upon review of these written responses, most were related to “not having a need” to attend the Somerville COA and not being able to park at current locations or access easily by MBTA routes. As well, not knowing what is offered was reported by 20% of current participants, suggesting that information about offerings may not be reaching residents as effectively as possible. Not needing the services offered was named as a limiting factor by 19% of respondents. These results suggest that there is a perception that one has to “need” to attend the COA, not just desire, and that accessibility to community resources for those in the workforce is crucial to participation. Approximately 12% of both participants and non-participants reported not having enough time as a limiting factor to participation at the COA (**Q31, Appendix A**).

When asked to indicate what would make it more likely they would use the services offered by the Somerville COA, almost half of respondents (45%) reported that having more knowledge about the programs and services available would be helpful (**Q33, Appendix A**). **Figure 38** demonstrates differences in responses between participants and non-participants. Higher shares of non-participants reported that additional information about the COA would increase the likelihood of attendance compared to participants (61% vs 36%). Among those who have used programs or services at the Somerville COA, 18% would be more likely to use the facility if the hours were more accommodating for those who work (e.g., being open during evenings or weekends) and 15% of participants would be more likely to participate if there were more remote programs that could be offered. Programs and services being better suited to their needs and interested was a top response for both participants (35%) and non-participants (25%). Regardless of participation status, 22% of survey respondents would be more likely to use Somerville COA programs and services if it included residents of all ages and functioned as a community center (**Q33, Appendix A**).

Figure 37. Which of the following factors limit how often you attend programs or services provided by the Somerville Council on Aging?, by participation

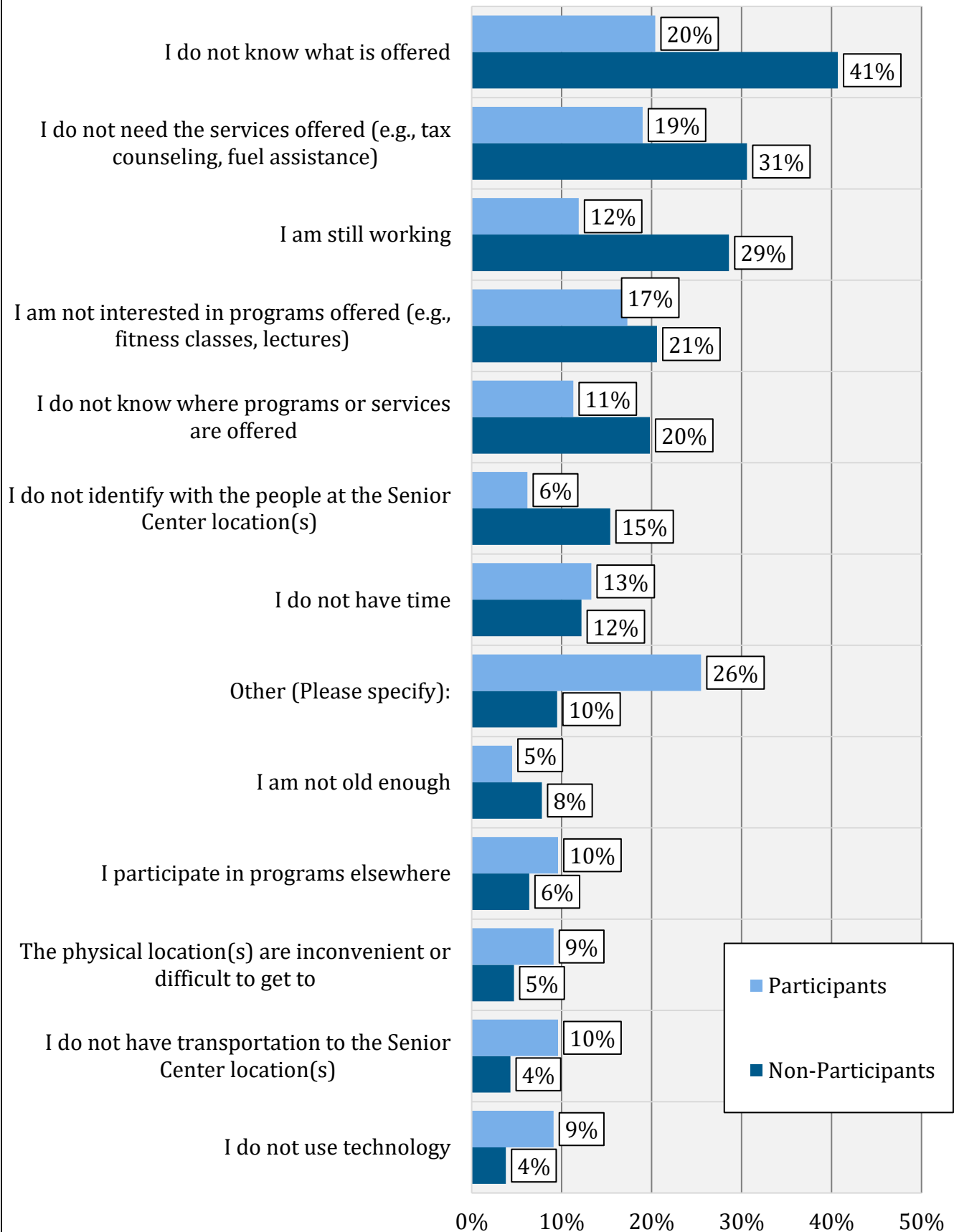
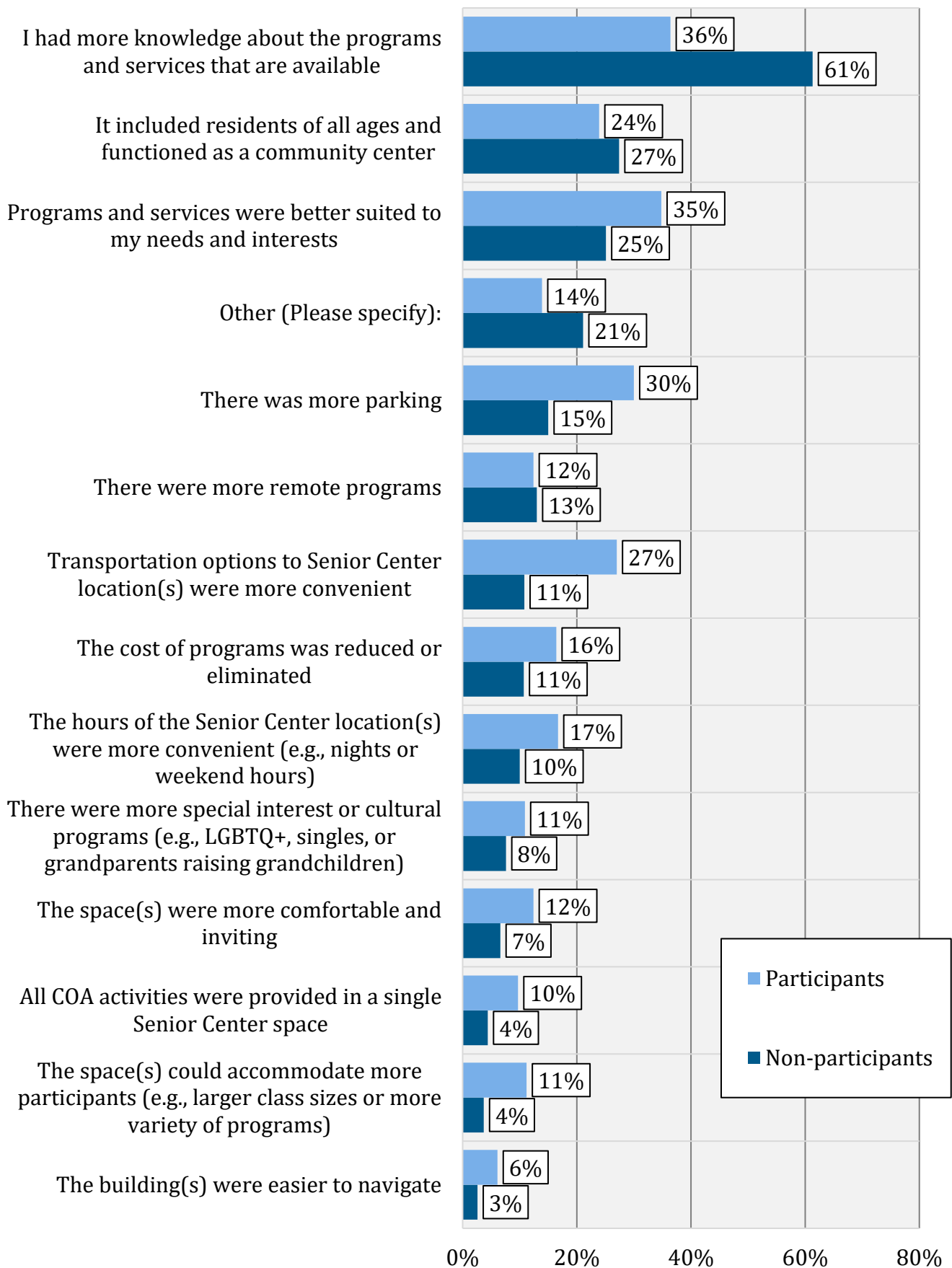
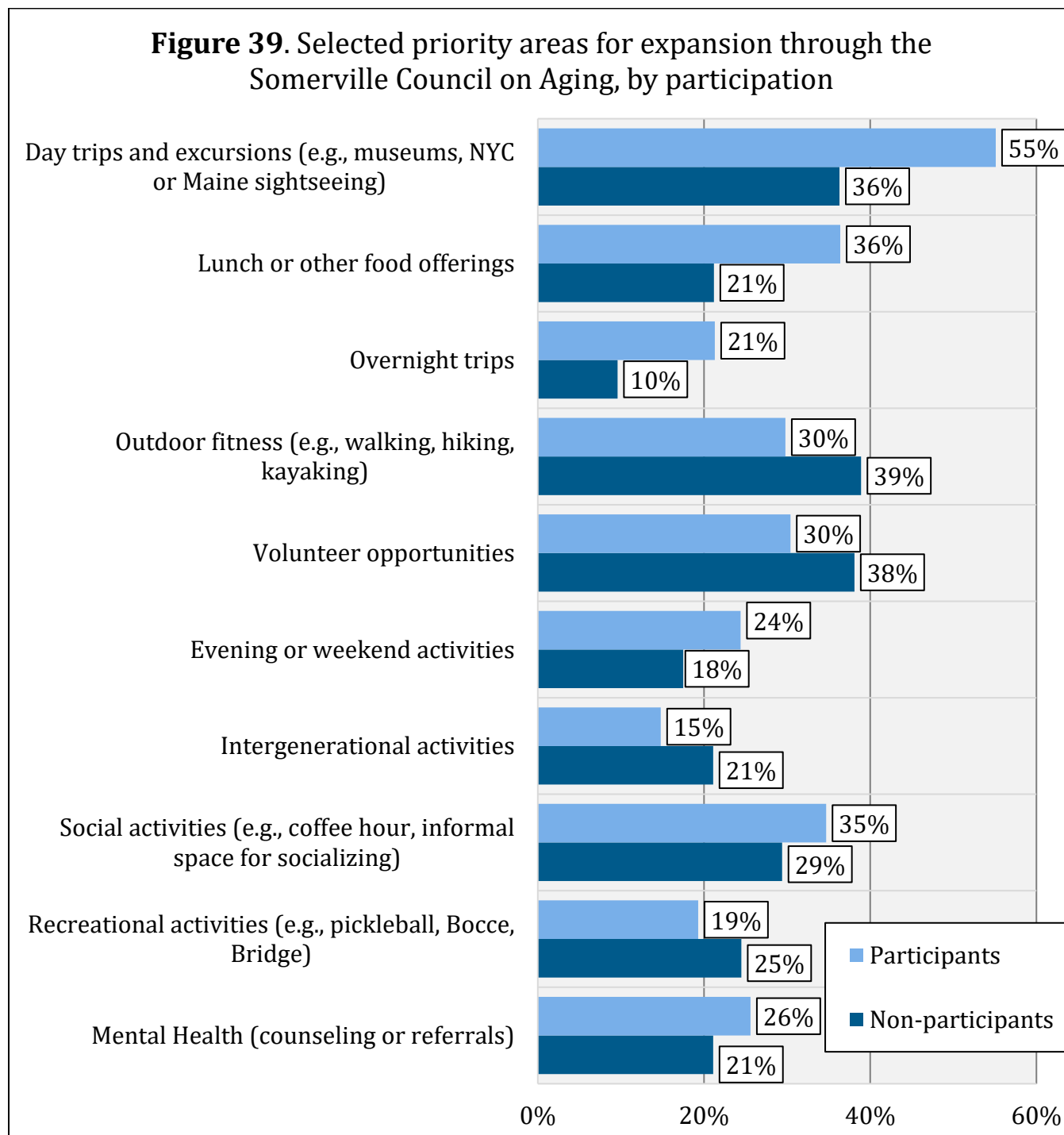


Figure 38. “I would be more likely to use the Somerville Council on Aging programs and services if...”, by participation

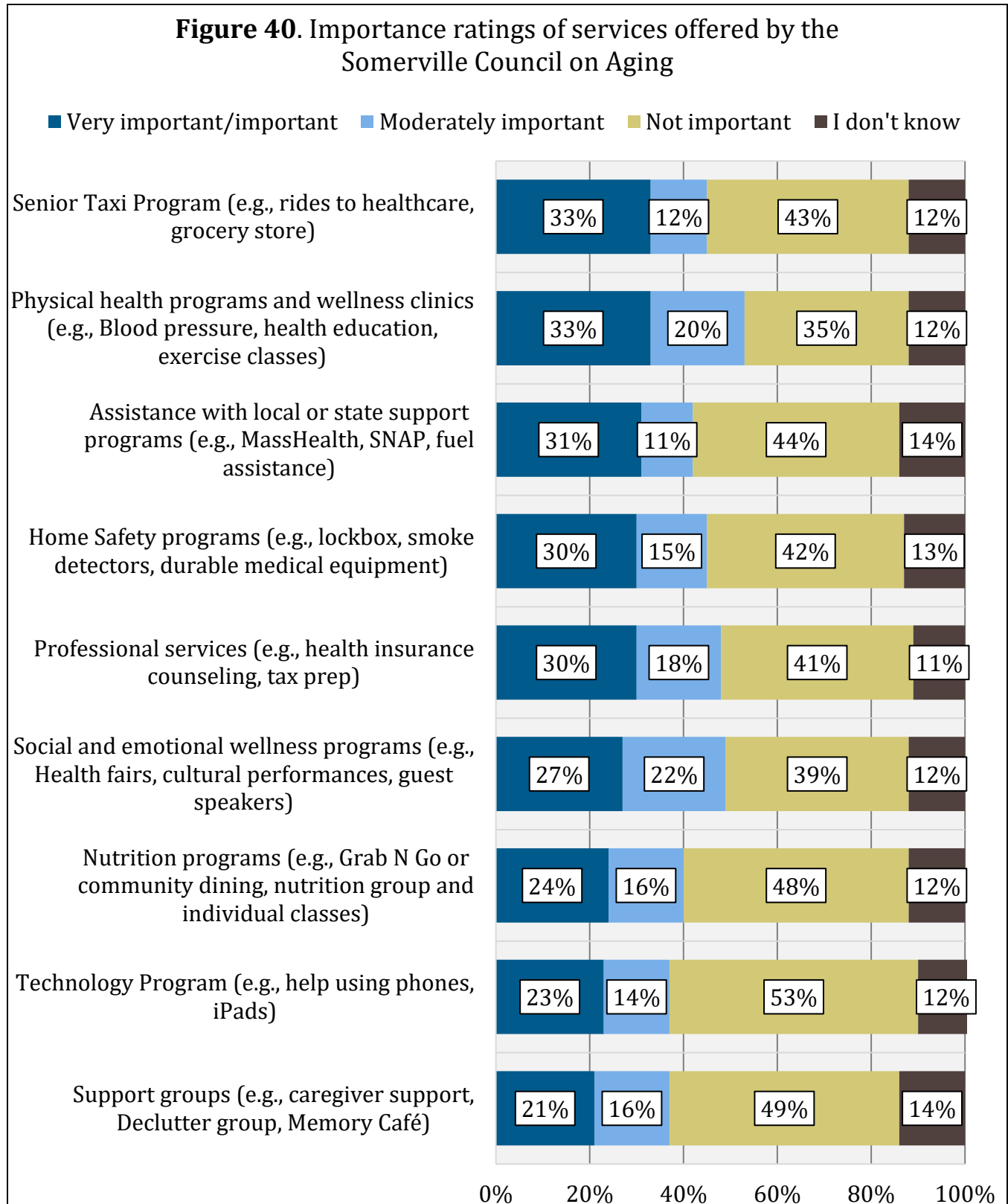


There are two ways that respondents were asked to identify their preference for programs and services. First, survey respondents were asked to identify types of programs and services for which they would prioritize expanding through the Somerville COA. The most frequently selected areas among all respondents represent interests in active aging, including indoor fitness activities (37%), day trips and excursions (35%), lectures and other one-time education events (33%), and performances (33%) (**Q34, Appendix A**). Notable differences emerged between COA participants and non-participants on 10 of the 20 response options, presented in **Figure 39**. Over a third of participants (36%) prioritize lunch or other nutritional offerings, compared to 21% of non-participants. Higher shares of non-participants prioritize outdoor fitness, volunteer opportunities, intergenerational activities, and recreational activities, compared to current participants.

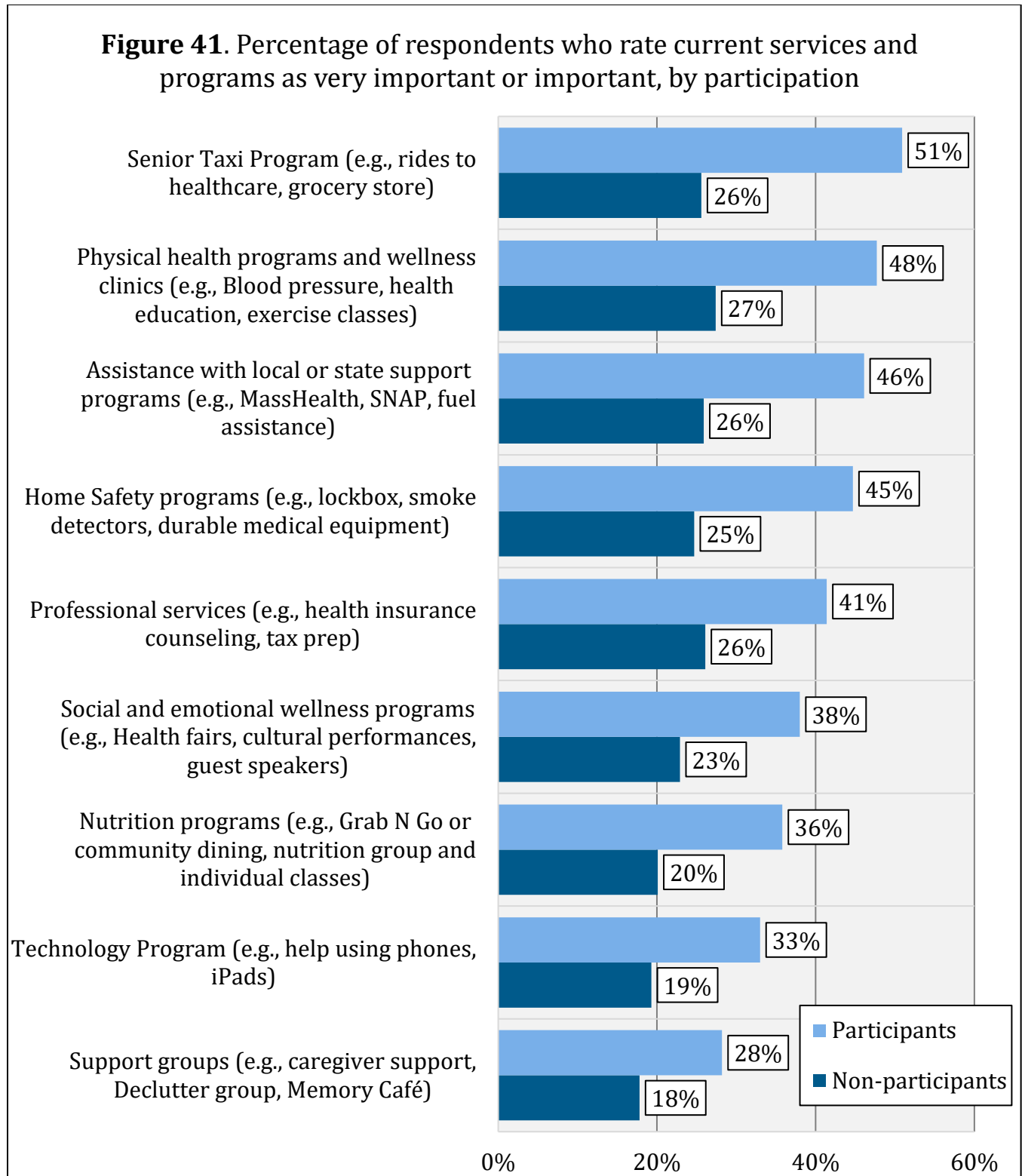
Figure 39. Selected priority areas for expansion through the Somerville Council on Aging, by participation



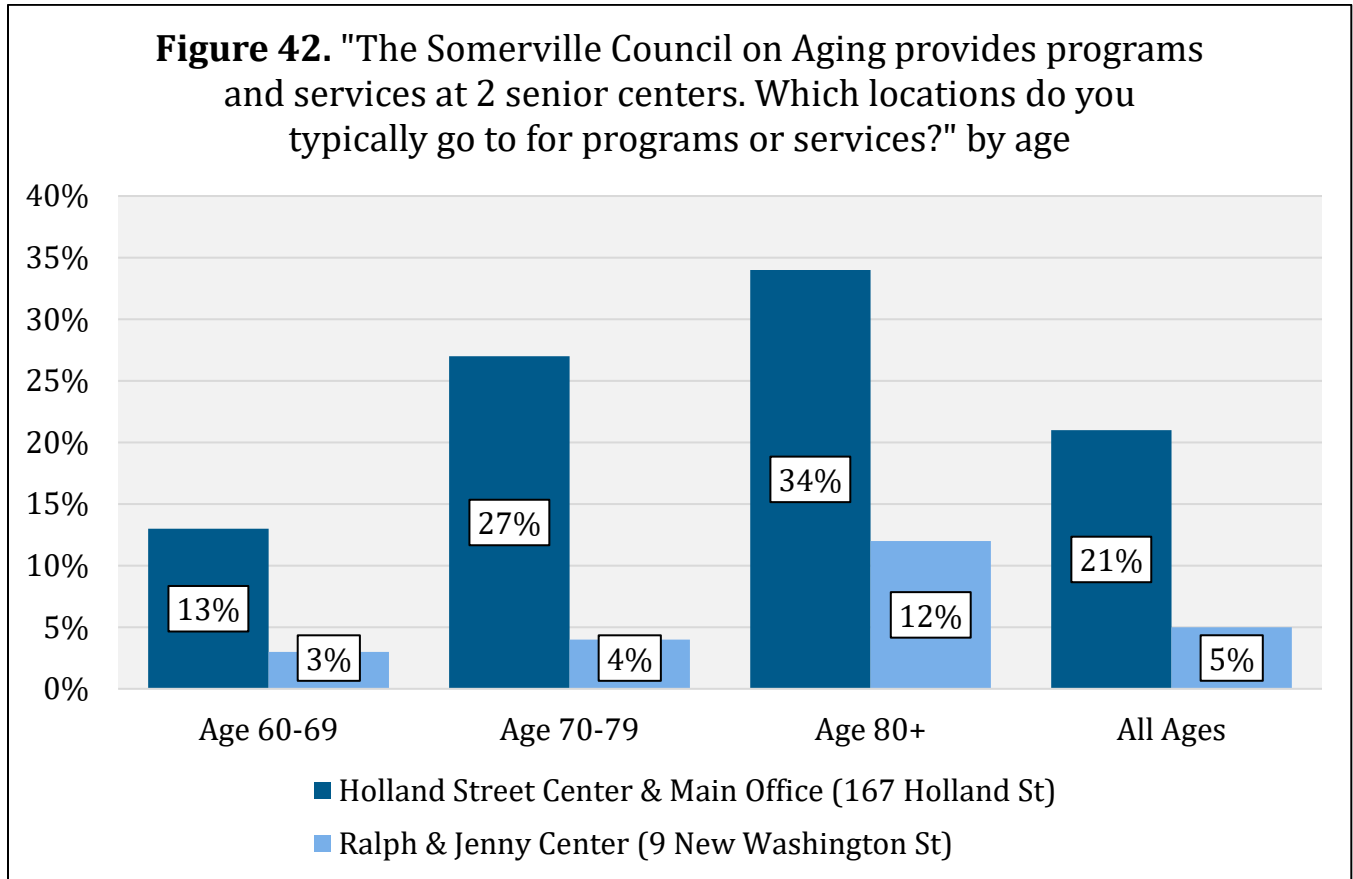
Another way that the survey assessed preferences was by asking respondents to rate how important existing services offered through the Somerville COA are to themselves or their family. Thirty percent or more of survey participants rated many of the programs and services as very important or important, including the Senior Taxi Program, physical health programs and wellness clinics, assistance with local or state support programs, home safety programs, and professional services (Figure 40).



When comparing the importance of services by COA participation status, there is greater variation in importance ratings among participants than non-participants. **Figure 41** presents the share of respondents who rated each service as important or very important for participants and non-participants. The share of non-participants rating services as important or very important ranges between 18% and 26%. In contrast, the range among participants spreads from 28% (support groups) to 51% (Senior taxi program). As well, non-participants consistently rated services as “I don’t know” approximately twice as frequently as participants (on average, 15% vs. 7%).



Results about preferences for programs and services point to a need for the City of Somerville to consider its space and staffing capacity, along with the 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 Somerville COA. The Somerville Council on Aging provides programs and services at two senior center locations in the city; among respondents, most reported typically attending programs or services at the Holland Street Center (**Figure 42**).

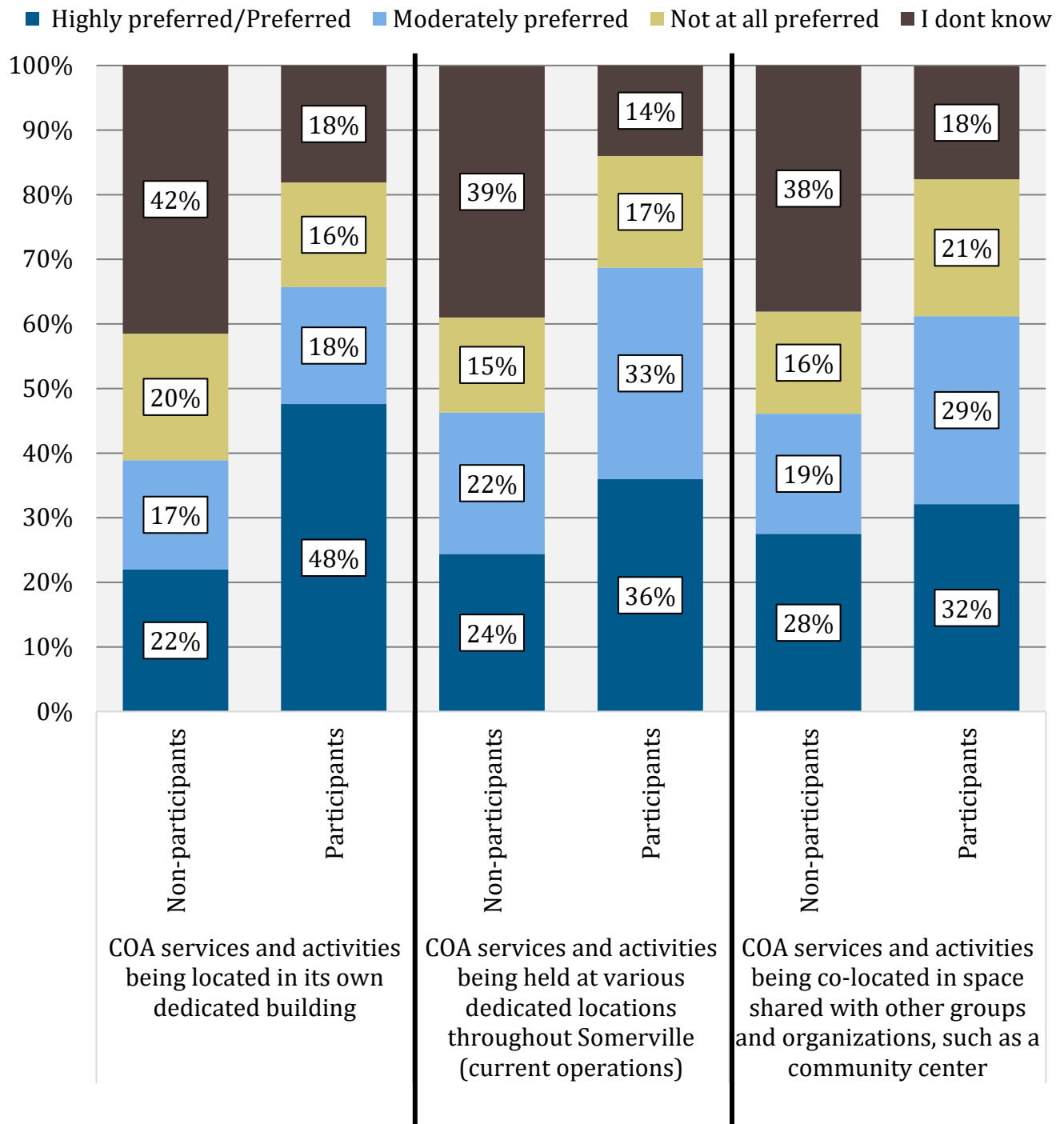


Survey respondents were asked to consider the current function of the Somerville Council on Aging and to rate their preferences for how programs and services should be provided. Three scenarios were outlined, and respondents were asked to rate their preference for each: (1) COA services and activities being located in its own dedicated building, (2) COA services and activities being held at various dedicated locations throughout Somerville (current operations), and (3) COA services and activities being co-located in space shared with other groups and organizations, such as a community center. Among all respondents, preferences for each of the three scenarios were rated nearly equally, with about 28% rating each as highly preferred or preferred, 18%-25% rating each as moderately preferred, 15%-19% rating each as not preferred or not at all preferred, and almost a third responding to each scenario with "I don't know" (**Q35, Appendix A**). A few differences by age emerged. The scenario rated highly preferred most frequently by respondents in their 60s was "COA services and activities being co-located in space shared with other groups and organizations, such as a community center" (33%). In comparison, respondents in their 70s and those age 80 and older rated "COA services and activities being located in its own dedicated building" as highly preferred more frequently than the other scenarios (30% and 38%).

We also compared preferences for COA operations scenarios by participation status, presented in **Figure 43**. Almost half of current participants (48%) highly prefer COA programs and services being offered at a single dedicated senior center space in the city, though about a third of respondents would also highly prefer maintaining current operations (36%). Although 32% of participants rated scenario #3—programs and services being co-hosted in shared space, such as a community center—highly, about 21% reported not preferred or not at all preferred on this scenario; this was the least preferred scenario among participants.

Among non-participants, no more than 28% selected preferred or highly preferred on any of the three scenarios. Scenario #3 was the most preferred, with 47% of non-participants rating co-located shared space as moderately to highly preferred. Nearly the same share of non-respondents (46%) rated scenario #2—current operations—as moderately to highly preferred. The least preferred scenario among non-participants was the single dedicated senior center space: about 39% rated it as moderately to highly preferred, but 42% selected “I don’t know,” which is the highest share reporting I don’t know across scenarios. Although the percentage of respondents selecting “I don’t know” was relatively consistent across age groups (**Q35, Appendix A**), non-participants selected this option almost twice as frequently as participants for all three scenarios. A lack of knowledge about the current operations or familiarity with spaces the COA utilizes likely drives the higher share of non-participants reporting “I don’t know.”

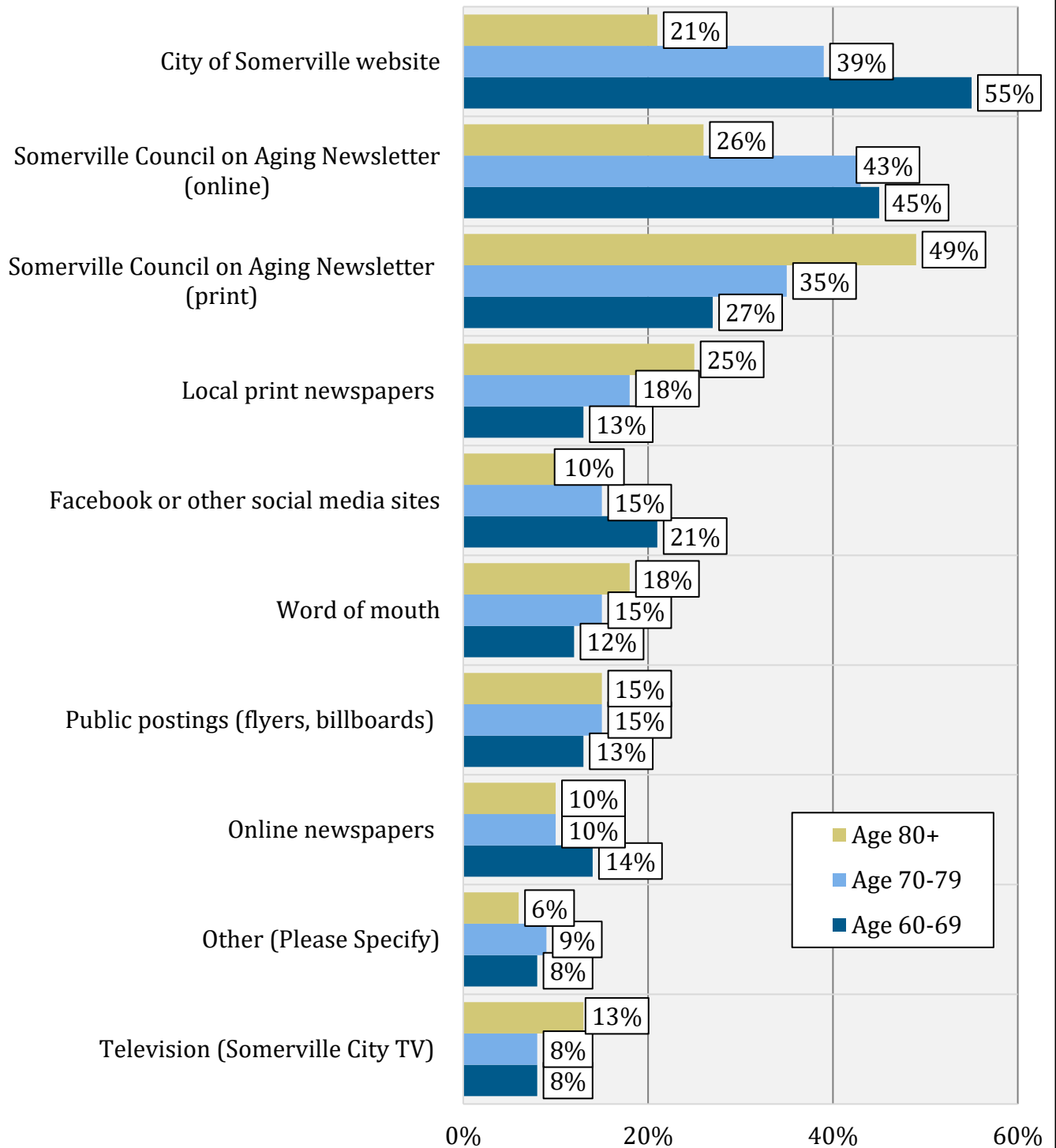
Figure 43. "Thinking about the activities and services offered through the Somerville Council on Aging, please rate your preference for each arrangement" by participation



Survey respondents were asked how they prefer to find information about what is going on at the Somerville COA, and about 40% of respondents identified the City of Somerville website and the electronic version of the Somerville COA newsletter; almost a third (32%) also prefer the printed version of the COA newsletter. (**Q36, Appendix A**). Comparisons by age (**Figure 44**) demonstrate that younger survey respondents prefer electronic modes of communication (e.g., City website, electronic COA newsletter, Facebook or other social media) compared to older respondents.

Similarly, older respondents prefer more ‘traditional’ sources of information than younger respondents, such as printed COA newsletters, local newspapers, word of mouth, and public access television. To further illustrate preferences for non-digital information sources among the oldest respondents, only 74% of survey respondents age 80+ reported having access to the internet at home, compared to 91% of respondents in their 70s and 96% of respondents in their 60s (**Q37, Appendix A**). Among those age 80 or older, 20% reported choosing not to have internet access and 6% reported not being able to afford it.

Figure 44. Preferred sources of information about the activities and services offered by the Council on Aging, by age



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the COA or about aging in Somerville and about 600 participants took the time to provide additional feedback. Some comments mirrored support for topics learned during this needs assessment, while many comments provided fresh insights. The most prominent themes that emerged are presented in **Table 6**, with sample quotes. Many of the comments were positive feedback for the Somerville COA. It is evident from the comments that while some of those who complimented the COA take advantage of the programs and services, others do not at this time but are comforted to know that the COA is available for their future needs. There were a number of responses that articulated a sense that older residents are not valued by local policymakers and included a call for additional advocacy and recognition of residents of all ages. In addition, there were many suggestions about programs and services that could be considered as solutions for the issues raised in this needs assessment process.

Table 6. Sample responses to, “If you have any other thoughts or comments about the City of Somerville Council on Aging, or about current or future needs of older residents in Somerville, please include them here”

Positive feedback for COA
<i>All the staff at council on aging are wonderful very helpful - excellent staff also 61 Medford street [Somerville-Cambridge Elder Services] also very helpful. Great work</i>
<i>The people working with council of aging are angels. Thank you for all you do.</i>
<i>COA is an important resource for older residents. It was helpful to me when caring for my mother. Appreciate the resources available for older residents of Somerville.</i>
Sense that older residents are not valued by City policy or decisionmakers
<i>City policies must consider the needs of older homeowners who are relying on rental income and equity for financial well-being. We aren't the reason that rents are high. We have spent years of our lives raising families here and being a part of this community. Value that, and take our needs into consideration when putting new policies and regulations in place</i>
<i>Feel very strongly that seniors have become a marginalized group - little advocacy for or focus on senior needs.</i>
<i>I like to feel that residents, especially the elderly, are responded to by City officials. At this moment there not.</i>
<i>This administration treats us like second class citizens! Hoping we either move or die so they can get property!</i>
<i>We are underrepresented or not represented at all at the level of decision making that impacts our safety, well-being and inclusion now and in the future. There should be an official office of senior affairs in City Hall with a professional in elder needs and services that has major input into planning and decisions around mobility/transportation, housing, financial consideration, etc.</i>
<i>Everything is about youth- bike paths, more development, too crowded some of us need to drive and there are fewer spaces. I would reinstitute services in the future if I need them</i>

Table 6. continues on next page

Table 6. Continued

Ideas for programs & Services
<i>I'd love to have some program that suits working seniors, especially counseling + orientation on things like Medicare</i>
<i>The most important service required by all seniors is help from a professional in navigating the healthcare system.</i>
<i>would like spaces to write/practice instruments or sing/do art (i.e. studios). Ability to audit university classes free of charge/low cost</i>
<i>I'd love a pickleball class!</i>
<i>There should be free taxi rides for visiting friends at hospitals or nursing homes instead of just relatives. Also graffiti on McGrath T-lines should be resolved</i>
<i>There should be more public toilets, especially along the community path. I like to walk, but I have to plan for toilet and it's very tricky.</i>
<i>There seem to be a growing number of us, and loneliness is a big issue. Any activities that get people together are great. Activities such as gathering at a brewery in the early evening, or learning to knit (it's all the rage, apparently!) would be great.</i>
<i>My internet bill is outrageous, so is cell phone bill - why are these so high? There should be more discounts for seniors, I have a job but it's still expensive for me. There needs to be more resources for older folk, I work so I'm not poverty level - but the way prices are going for housing & groceries, utilities & cell phone, something has to be done. I could also use free or low cost legal help around condo issues: problem contractors, costly repairs, unit owners who don't abide by condo docs and rules, rat infested neighborhood...</i>
<i>property taxes should be reduced for homeowners over 65 yrs old, utilities should be subsidized for residents over 65 years old. elders are a great resource in a community, so they should be actively recruited for paid part-time work and for volunteering in community and service organizations</i>
<i>Many seniors living in their single family homes may need help with snow removal, maybe a volunteer coordination by ward/ neighborhood?</i>
<i>I tried and tried to find a volunteer who could walk my husband with dementia from Davis Square to Porter Square to the gym and back home. Finally I connected with a woman who lives outside Powder house Circle who came and walked him once or twice a week for about 6 months. It was wonderful! It seems like there is nowhere that volunteers can connect with people who really need them.</i>
<i>Having a food pantry/fridge @ each Senior facility would help those w/food insecurity. There are many seniors who visit the 3 community fridges where I volunteer & deliver/stock food.</i>
<i>At this point in my life, the best thing the Council on aging can do is to lobby within the city for the needs of the elderly. I still can and need to drive, so driving safely (especially at night) is important, as is parking near small business.</i>
<i>As a newer resident, I don't have an adequate social network. Opportunities to get involved in active volunteerism and cultural outings through the COA would be greatly appreciated.</i>

Conclusions and Recommendations

The share of residents age 60 and older in Somerville is expected to remain stable at about 14% over the next decade. In such a densely populated community, that amounts to nearly 11,000 residents—a sizeable number that makes clear the importance of considering how well the features of the city, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward. Planning is especially warranted with respect to the Somerville Council on Aging, which will continue to be heavily impacted by aging of Somerville residents.

The goals of this project were to investigate the needs, interests, preferences, and opinions of Somerville residents age 60 or older by engaging the community regarding their experiences and needs relevant to the Council on Aging's (COA's) objective to identify and serve the needs of all Somerville citizens 60 and older. The contents of this report are meant to inform the Somerville COA, other City of Somerville departments and leadership, and organizations that work with and on behalf of older residents of Somerville for the purposes of COA 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 Somerville community members at large.

A broad range of findings are reported in this document, highlighting positive features of Somerville 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 Somerville 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.

Somerville Council on Aging: Opportunities for Growth and Recommendations



Key finding: Many older residents are not aware of the full range of offerings at the COA. As well, there is a perception that one must have “need” to participate at the COA, not just desire. Among those who never participate at the COA, 41% reported that they do not know what is offered, and 31% reported that they do not need the services offered. Furthermore, “if I had more knowledge about programs and services available” was a top response from both participants (36%) and non-participants (61%) when asked what would increase the likelihood of attendance at the COA.

Recommendation: Focus efforts on increasing awareness of the Council on Aging. The COA currently advertises programs and services through a variety of media (e.g., COA newsletter in print and online, social media, email). Residents will realize even stronger benefits from the COA when awareness is strengthened. In addition to continuing those efforts, consider expanding outreach efforts and messaging. For example:

- Find new ways to connect with residents as they age
 - For example, send a birthday greeting to residents when they turn 60, inviting them to the COA
- Consider hosting community events that will draw residents into the Senior Center as a basis for expanding awareness
- Establish neighborhood liaisons as volunteers to serve as the conduit between the Council on Aging and their neighbors
- Consider re-messaging efforts at the COA to avoid inferences of ageism
 - Correct misperceptions about who is “eligible” to participate in COA activities
 - Work with the local news (e.g., *The Somerville Times*) to publish monthly profiles of COA participants. Invite participants to share their experiences with COA staff and highlight their stories
- Consider a rebranding effort to raise awareness about what is offered by the Somerville Council on Aging
 - Consider changing the department name and newsletter to be more inclusive and create an image that reframes aging as a positive and active experience
 - Make presentations to other City Department leaders and staff as a way of widening recruitment efforts while simultaneously educating City staff
- Consider using different messages for different audiences when marketing services and programs
 - For example, encourage adult children to access the COA 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
- Consider one city-wide calendar combining events from the COA, the library, and the school. This will increase awareness of COA events to all segments of the population



Key finding: Programs that support active aging are desired by many survey participants, especially among those who do not currently attend. A quarter of non-participants and 35% of COA participants would be more likely to participate in Somerville COA offerings if programs and services were better suited to their needs and interests. Among all survey respondents, 37% would prioritize indoor fitness programs for expansion, followed by day trips and excursions (35%), lectures and other one-time education events (33%), and performances (33%). Older Somerville residents want opportunities to remain not only physically active, but intellectually and socially active as well.

Recommendation: Expand programs and services offered by the COA to reach a broader segment of Somerville residents. While the COA already offers a variety of programs, identifying opportunities for expansion is critical to continue meeting the needs and interests of older residents of Somerville, which is comprised of a very diverse group of individuals, backgrounds, and experiences. We make the following suggestions for addressing program and service expansions:

- Continue offering culturally themed meals as a way of bridging and celebrating cultures
 - Work with City leadership or other departments to identify stable funding to continue these meals past grant funding
 - Continue collaborating with Somerville-Cambridge Elder Services and other local organizations or restaurants
- Seize the opportunity to design senior services and programs that will support the active, healthy-aging goals of seniors. Prioritize the most valued and needed services and programs, and let those programming needs direct discussions about space and staffing requirements
 - Many survey respondents wrote in ideas for programs they would like to see at the COA, such as skills-based activities, creative programs, programs designed for men, programs offered in other languages—these can provide a starting point for determining what areas to prioritize
 - 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
- Host programming for newly retired residents or those considering retirement. Topics could include financial planning, health insurance coverage, volunteer work etc.
- Consider further expanding hours to include late afternoon, evening, and weekend hours, to reach those who are still working or have other daytime commitments
 - The Holland Street Center is open until 6:30pm on Thursdays. Try providing programs at the Ralph & Jenny Center or other locations (e.g., library) in the early evening
- 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



Key finding: The Somerville Council on Aging provides crucial programs and services to a share of Somerville residents; but its capacity to serve the diverse needs and preferences of older residents is limited. The COA has seen increased demand for services since the pandemic and is managing waitlists for nutrition services (i.e., lunches) and cultural events because neither the Holland Street Center nor the Ralph & Jenny Center have sufficient space to accommodate current demand. Approximately 1 in 5 survey respondents would be more likely to attend COA programs and services if it included residents of all ages and functioned as a community center. When survey respondents were asked to rate their preferences for each of three scenarios regarding how and where COA programs and services are provided, no clear ‘winner’ resulted, with large shares of non-participants selecting “I don’t know.”

Recommendation: Address immediate space needs of the Council on Aging, focusing on short-term accommodations. The COA is already at capacity with its current space. Some of the recommended programmatic changes cannot be implemented without additional space. In considering options, we suggest that the city reflect on the following:

- Continue and expand the provision of programs in satellite spaces throughout the community, such as the library, public housing, schools
- Consider expanding partnerships with local businesses, restaurants, and organizations to host events and activities in different neighborhoods

Recommendation: Collaborate with City leadership and other departments to plan for long-term space needs. Further community engagement and assessment is needed before making any major or long-term decisions about COA space changes (e.g., new location, community center, etc.). We recommend the COA work collaboratively to plan for the future:

- Explore additional ways to connect with community members for input and feedback about what ideal COA space might look like.
 - Explore multiple avenues of communication and information (e.g., written feedback, email or online feedback, public forums) and ensure that perspectives representative of the community are heard, to gain a better understanding for what dimensions of space (e.g., standalone COA, community center, adding another permanent satellite space for the COA, etc.) will best meet the needs and interests of the community
- Organize a task force to identify suitable existing space(s) in Somerville while exploring the appetite and potential for a Community Center
 - For example, the Reading Center for Active Living Committee (ReCalc)¹⁸ was established in 2021 as a volunteer ad hoc committee to comprehensively assess the current and future needs of the community, specific to the development of a potential new Senior/Community Center.
 - Include City Departments that may be most affected by the development of a center, such as the departments of recreation, the COA, and school leaders

¹⁸ <https://www.readingma.gov/601/Reading-Center-for-Active-Living-Committ>

Aging in Somerville: Opportunities for Growth and Recommendations



Key finding: Maintaining safety and quality of walkability and access to public transit are top priorities for older residents. This is particularly true for those with mobility limitations. Although older adults value walkability around Somerville, navigating uneven sidewalks, poor snow removal, and bike lane safety were described as common challenges for older residents by three key informants. About two-thirds of survey respondents rely on driving themselves to get around, though that share decreases with age. About 23% of older residents who do not drive have had to miss, cancel, or reschedule a medical appointment in the past 12 months, compared to 16% of those who drive with some limitations (e.g., avoid driving at night or highways), and just 3% of those who drive with no limitations. Nearly 1 in 5 survey respondents identified lack of parking as a difficulty getting needed transportation. Moreover, 21% reported public transportation being unavailable, inconvenient, or unreliable as a difficulty.

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

- Continue sharing information about current and upcoming construction projects¹⁹
 - Look into sharing construction updates in additional formats, such as print copies of the Construction newsletter and flyers in public places; community meetings in neighborhoods; informational flyers mailed to affected neighborhoods
- Ensure the presence of temporary pathways, crosswalks, signals that are well marked for both public and private construction projects that affect sidewalk accessibility
- Consider implementing community walk audits to identify additional barriers to walkability and locations for curb cut outs, shelter, and seating
- Prioritize parking spaces for those who need it most, such as those with mobility impairments (Potential Task identified by Somervision2040, p. 62)
- Expand alternative transportation options for older residents
 - Explore feasibility of expanding COA free taxi program
 - Evaluate opportunities to use existing City vehicles (e.g., Somerville PD van) for transportation services to older residents
 - Pilot test a program like Go Go Grandparent²⁰ to connect people with on-demand rides through services such as Uber and Lyft, but with reduced technology burden and added safety and trust
 - Assess viability of continuing or expanding partnerships with local healthcare or social service providers and colleges/universities to supplement transportation

¹⁹ <https://www.somervillema.gov/construction>

²⁰ <https://www.gogograndparent.com/#Hero>



Key finding: Accessibility of current housing stock, including ongoing home repair and maintenance are key features to being able to age well in Somerville. Older residents are concerned about their ability to maintain and modify their homes; if they cannot, they are concerned about where they would be able to move to and stay in Somerville. About half (54%) of survey respondents need home repairs to continue living in their residence safely. A third of survey respondents would prefer a senior independent living community if they had to move in the next 5 years due to health or physical ability; 23% would prefer a condo or townhome. Older residents need more information and access to resources and greater availability of alternative housing, both with services included and independent living.

Recommendation: Continue to develop, implement, and advertise information and resources that support aging in community. The following are ideas to consider:

- Consider developing an accessible database of information regarding available opportunities that support older residents remaining in their home safely and comfortable. See the Boston HOME Center²¹ as one possible model
 - Work closely with the Somerville Office of Housing Stability²², which provides direct services and engages in policymaking, and other departments as needed
- Develop information to share with community members about home modifications that can make their homes safer to live in as they age, and programs that may help pay for modifications
- Consider ways to connect residents with local handyman services or home repair services
- Engage with fraternal and non-profit organizations to identify volunteers or low-costs resources for doing the work and to consider raising funds to supplement the needs that some seniors have
- Evaluate the feasibility of replicating or expanding the COA snow shoveling assistance program for other home maintenance tasks, such as yard work and gardening
- Encourage the development of a “village” in Somerville to connect residents with peer support like transportation and friendship²³
 - Cambridge Neighbors²⁴, part of the larger Village to Village network, is open to members from Arlington, Belmont, Cambridge, Somerville, and Watertown
- Identify ways to increase affordable housing options for seniors
- Convene residents for an interactive housing forum with planning experts to discuss housing needs and preferences; explore planning solutions (e.g., The Village model, accessory flats, and group living options; and educate residents about aging in place resources such as tax deferrals, accessory dwellings, and reverse mortgages)
- Expand capacity of the Somerville Housing Authority for supportive housing units and increased case management across buildings

²¹ <https://www.boston.gov/departments/housing/boston-home-center>

²² <https://www.somervillema.gov/departments/office-strategic-planning-and-community-development-ospcd/office-housing-stability>

²³ <https://www.vtvnetwork.org/>

²⁴ <https://cambridgeneighbors.org/>



Key finding: Financial insecurity among older adults is a growing concern, as many face challenges in maintaining quality of life and good health. The median household income for Somerville residents age 65 and older is \$41,630, which is more than a third of the median household income for younger Somerville residents. Survey respondents of color reported greater financial insecurity than white non-Hispanic or Latine survey respondents, when asked if they have adequate resources to meet financial needs and if they have worried about food running out before getting money to buy more. Rising costs of rent and property taxes are among the major drivers of financial insecurity in later life coupled with the rising costs of things like insurance, utilities, and groceries make being able to stay in Somerville on a fixed income nearly impossible for many who have called Somerville home for decades.

Recommendation: Bolster communication & information about existing financial security supports. For example:

- Consider ways to make tax relief programs available to the widest range of residents and advocate for other ways to bring economic support to seniors via discounts on fees associated with housing or property maintenance
 - For example, publicize existing mechanisms²⁵ for exemptions and tax relief through a variety of media
- Strengthen communication across City departments and organizations about resources available to help seniors who are struggling financially. Strengthen mechanisms for other City Departments and local organizations to refer residents to outreach staff at the Senior Center when a community member is known to need assistance

Recommendation: Facilitate new approaches to addressing financial insecurity, such as:

- Engage with local businesses and organizations to create “senior discount” programs for a range of programs and services that can offset costs and improve quality of life for older residents
- Develop a “help a neighbor” fund that would allow for small grants to be given for home repair projects, subsidizing snow removal or lawn care for older adults who cannot afford it.
- Consider hosting a program like “How to Cut the Cord” to educate residents on how they can access streaming or other online media to eliminate or reduce their cable bill

²⁵ <https://www.somervillema.gov/departments/finance/assessing>



Key finding: Caregiving is common and families could use support. A third 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 seniors (41% of those in their 60s), who are also more likely to still be working. Almost two-thirds of caregivers described their experience as somewhat or very challenging. The most frequently identified supports that were our would have been helpful included informal support from friends and family (47% of caregivers) and formal in-home caregiving or homemaking services.

Recommendation: Enhance direct supports for caregivers in Somerville. For example:

- Continue providing the Memory Café program offered through the Council on Aging
 - Assess capacity and consider expanding promotion of the program
 - Identify stable funding to continue providing this program
 - The COA received a grant from the Massachusetts Councils on Aging in December 2023 to relaunch their Memory Café program
- 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 Senior Center with family caregivers

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

For example,

- Consider partnership with Dementia Friendly Massachusetts²⁶ to hold a forum featuring Purple Table, a dining reservation and training provider for restaurant staff, and Dementia Friends, a training provider that promotes understanding and support for those living with dementia and their caregivers
 - Encourage City employees and resident volunteers to become “dementia friends²⁷” to learn more about communication and reduction of stigma around dementia
- Approach the faith communities about participating in the “Purple Pew” initiative. During Alzheimer’s and brain health awareness months (June and September), decorate the pews in purple to raise awareness about dementia in the community and to demonstrate that persons of all cognitive abilities are welcome

²⁶ <https://dfmassachusetts.org/>

²⁷ <https://dementiafriendsusa.org/>



Key finding: Risk of social and political isolation among older residents is growing. About 37% of older adults live alone in Somerville; that increases by age with almost half (48%) of those age 80 or older living alone. Those who live alone reported worse emotional wellbeing than those who live with others. About 16% of respondents reported feeling excluded in Somerville due to age, and there were a number of written responses that articulated a sense that older residents are not valued by the community or local policymakers and included a call for additional advocacy and recognition of residents of all ages. Older residents of Somerville have a complex set of needs and wide range of interests in social, recreational, and civic activities—they would benefit not only from new opportunities for engagement but increases awareness of existing opportunities

Recommendation: Mobilize neighborhoods and communities within Somerville to combat social isolation. For example:

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

Recommendation: Foster and expand strategies to empower older adults living in Somerville to remain civically engaged through advocacy and volunteer work. For example,

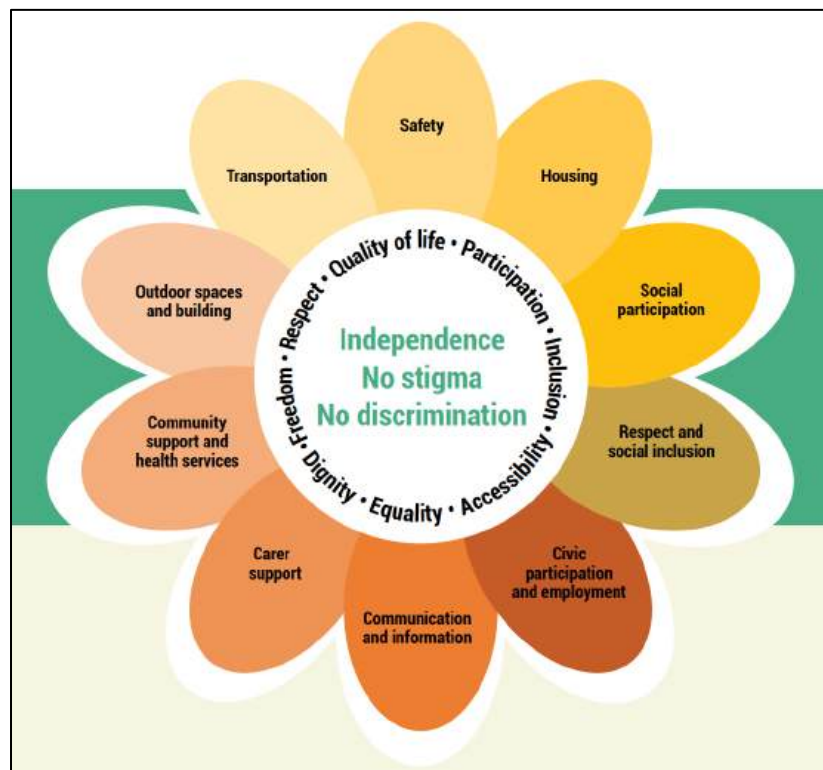
- Continue offering the Somerville Civic Day²⁸, but target develop marketing and outreach materials targeted to older residents, encouraging them to participate
- Consider developing a “senior civic academy²⁹” to familiarize older residents about the local policymaking process and provide them with appropriate advocacy tools and skills
- Continue to encourage cross-pollination of boards and committees. For example, ensure that older residents are represented on school committees, youth boards etc. and vice versa.

²⁸ <https://www.somervillema.gov/civic-day>

²⁹ For example, <https://www.boston.gov/departments/age-strong-commission/senior-civic-academy>

Recommendation: Greater awareness and understanding of the diversity of aging experiences is needed. Consider the following:

- Engage City staff and elected officials in education and training focused on age inclusivity
 - Suggested resources available from the [National Center to Reframe Aging](#)
- Evaluate the feasibility of developing a public awareness campaign to promote
 - One example to draw on is the City of Boston’s “How do you age strong?” campaign³⁰
- Consider adopting an Age-and Dementia-Friendly framework for community planning and policy setting
 - An age- and dementia-friendly framework provides a lens for planning, implementing, and evaluating efforts to improve livability across domains for older adults, people living with dementia and their care partners, and people of all ages and abilities. It can provide additional structure for convening key stakeholders—policymakers, City staff, and residents alike—and fostering collaboration
 - While the City of Somerville has been and continues to be active in making improvements within the domains of livability, approaching these topics with a particular focus on aging and disability can only strengthen those efforts and support changemaking that will positively impact a wider net of residents
 - The state of Massachusetts is a designated Age-Friendly State³¹ and has resources for communities, including a tool kit for integrating age- and dementia-friendly initiatives³²



Source: Towards a dementia-inclusive society: WHO toolkit for dementia-friendly initiatives (DFIs). Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO.

³⁰ <https://www.boston.gov/departments/age-strong-commission/how-do-you-age-strong>

³¹ <https://www.mass.gov/info-details/age-friendly-massachusetts>

³² <https://www.mass.gov/handbook/massachusetts-age-and-dementia-friendly-integration-toolkit>

Appendix A: Survey Results

Note: Appendix tables are based on 1,519 responses to the City of Somerville Community Survey of Residents age 60 and over, conducted between October and November 2023. One third of all respondents completed the survey online and the rest were returned via mail. See text for additional details.

Section I: Community & Neighborhood

Q1. In which neighborhood do you currently live?

	Age 60-69*	Age 70-79	Age 80+	All Ages
Assembly Square	1%	1%	1%	1%
Ball Square	5%	4%	5%	5%
Powder House Square	5%	8%	6%	6%
Ten Hills	1%	3%	2%	2%
East Somerville	9%	14%	13%	11%
Gilman Square	4%	3%	5%	4%
Spring Hill	16%	13%	9%	14%
Union Square	16%	15%	16%	15%
Inner Belt District	1%	1%	3%	1%
Magoun Square	6%	4%	4%	5%
Teele Square	13%	12%	15%	13%
Winter Hill	12%	12%	13%	13%
Davis Square+	11%	10%	8%	10%
Total	100%	100%	100%	100%

*Includes 7 respondents who selected "Under 60".

+ Davis Square was a response option on the online version of the survey only.

Q2. How long have you lived in the City of Somerville?

	Age 60-69	Age 70-79	Age 80+	All ages
Fewer than 5 years	10%	7%	4%	8%
5-14 years	18%	17%	11%	17%
15-24 years	17%	10%	10%	13%
25-34 years	22%	16%	10%	18%
35-44 years	14%	18%	8%	14%
45 years or longer	19%	32%	57%	30%
Total	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	57%	69%	75%	65%
Somewhat Important	29%	23%	19%	25%
Slightly Important	7%	5%	3%	5%
Not at All Important	7%	3%	3%	5%
Total	100%	100%	100%	100%

Q4. How often do you feel *unsafe* in the community where you live?

	Age 60-69	Age 70-79	Age 80+	All Ages
Always	2%	2%	5%	2%
Most of the time	3%	3%	7%	4%
Sometimes	20%	21%	19%	20%
Rarely	50%	49%	40%	48%
Never	25%	25%	29%	26%
Total	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Strongly Agree	5%	7%	7%	6%
Agree	24%	24%	28%	25%
Neither Agree nor Disagree	42%	35%	42%	38%
Disagree	17%	23%	13%	19%
Strongly Disagree	12%	11%	10%	12%
Total	100%	100%	100%	100%

Q8. Would you know whom to contact in Somerville should you or someone in your family need help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home supports, or access to mental health services)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	49%	62%	67%	57%
No	51%	38%	33%	43%
Total	100%	100%	100%	100%

Section II: Housing & Living Situation

Q9. Which of the following best describes your current place of residence? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Single-family home	24%	23%	23%	23%
Multi-family home (2,3, or more units)	44%	42%	46%	43%
Accessory apartment (add-on apartment to an existing home)	0%	<1%	<1%	<1%
Apartment	12%	7%	6%	9%
Senior subsidized housing	4%	10%	16%	8%
Assisted living community	<1%	0%	2%	<1%
Senior independent living community	1%	1%	2%	1%
Condominium or townhome	14%	15%	5%	13%
Other (Please specify):	1%	2%	<1%	2%
Total	100%	100%	100%	100%

Q10. Do you own or rent your current residence?

	Age 60-69	Age 70-79	Age 80+	All Ages
The residence is owned by me or someone with whom I live	75%	73%	68%	74%
The residence is rented by me or someone with whom I live	21%	18%	19%	19%
Other (Please Specify):	4%	9%	13%	7%
Total	100%	100%	100%	100%

Q11. Who do you live with? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I live alone ^a	30%	43%	48%	37%
A spouse/partner	58%	47%	30%	49%
My adult child(ren)(age 18 or older)	15%	8%	13%	12%
Pet(s)	14%	12%	5%	12%
My grandchildren	2%	2%	3%	2%
My child(ren) (under age 18)	2%	<1%	<1%	1%
My parent(s)	1%	<1%	0%	1%
Another relative	4%	2%	3%	3%
Someone else (Please specify):	5%	5%	3%	4%

**Figures do not sum to 100%*

a. Includes 13 respondents who only selected "Pets"

Q12. Do you plan to stay in Somerville for the next 5 years or more?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, I plan to stay in Somerville in my current home	85%	88%	96%	88%
Yes, I plan to stay in Somerville but move to a different residence	6%	5%	2%	5%
No, I plan to move out of Somerville	9%	7%	2%	7%
Total	100%	100%	100%	100%

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these repairs	25%	26%	23%	25%
Yes, but I cannot afford to make these repairs	18%	18%	14%	18%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)	11%	11%	11%	11%
No, my residence does not need repairs	46%	46%	52%	46%
Total	100%	100%	100%	100%

Q14. In the next 5 years, if a change in your/your partner's health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Smaller single-family home	27%	16%	6%	19%
Multi-family home (2,3, or more units)	9%	5%	3%	6%
Accessory apartment (add-on apartment to an existing home)	5%	4%	3%	4%
Apartment	19%	15%	11%	16%
Condominium or townhome	32%	21%	7%	23%
Senior independent living community	32%	38%	25%	33%
Assisted living community (e.g., VNA Senior Living at Highland)	11%	18%	28%	16%
Move in with family or friends (e.g., cohousing)	10%	11%	15%	11%
Other (Please specify):	12%	14%	10%	12%

**Figures do not sum to 100%*

Section III: Transportation

Q15. What are the primary ways in which you meet your transportation needs? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I drive myself	72%	73%	44%	67%
My spouse or child(ren) drive(s) me	19%	17%	36%	20%
Friends or neighbors drive me	4%	9%	11%	7%
The Ride paratransit (MBTA)	4%	5%	7%	5%
MBTA buses	39%	34%	23%	33%
MBTA subway (e.g., orange, red, or green lines)	58%	53%	30%	50%
Commuter rail	7%	6%	2%	6%
COA Senior Transportation Program	2%	3%	12%	4%
Door2Door-SCM Transportation	2%	2%	6%	2%
Taxi or ride sharing options (e.g., Uber, Lyft)	25%	28%	22%	24%
Walk	65%	56%	29%	54%
Bicycle	24%	11%	2%	15%
Other (Please specify)	3%	4%	6%	4%

**Figures do not sum to 100%*

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

	Age 60-69	Age 70-79	Age 80+	All Ages
Public transportation around Somerville is unavailable, inconvenient, or unreliable	25%	21%	10%	21%
Transportation options cost too much	7%	7%	4%	6%
No one I can depend on for a ride	5%	6%	5%	5%
There is not enough parking where I need to go	21%	22%	19%	21%
I have no difficulties	51%	47%	45%	47%
Physical limitations or other impairments make accessing transportation options difficult	8%	8%	14%	9%
No door-to-door assistance	2%	2%	3%	2%
Distance to my destination is too far	3%	4%	5%	3%
There is not enough handicap parking where I need to go	6%	7%	9%	7%
Other (Please specify):	12%	10%	7%	10%

**Figures do not sum to 100%*

Q17. Which of the following best describes your driving status? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
I do not drive	18%	20%	48%	23%
I drive with some limitations (e.g., avoid driving at night or on highways)	12%	21%	23%	17%
I drive with no limitations	70%	59%	29%	60%
Total	100%	100%	100%	100%

Q18. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	9%	9%	15%	10%
No	91%	91%	85%	90%
Total	100%	100%	100%	100%

Q19. How satisfied are you with the transportation options available to you in Somerville?

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Satisfied	32%	32%	19%	30%
Somewhat Satisfied	36%	35%	40%	36%
Slightly Satisfied	16%	15%	13%	15%
Not at All Satisfied	8%	7%	7%	8%
Not Applicable	8%	11%	21%	11%
Total	100%	100%	100%	100%

Section IV: Health & Wellness

Q20. In the last 2 weeks, how would you describe your emotional well-being?

	Age 60-69	Age 70-79	Age 80+	All Ages
Excellent	26%	25%	20%	24%
Very Good	34%	33%	31%	33%
Good	26%	29%	37%	29%
Fair	12%	11%	11%	12%
Poor	2%	2%	1%	2%
Total	100%	100%	100%	100%

Q21. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I would like more help with these activities	8%	14%	27%	13%
Yes, and I do not need more help at this time	8%	17%	27%	14%
No, I do not need help with activities around the house	84%	69%	46%	73%
Total	100%	100%	100%	100%

Q22. In the past 12 months, I worried whether my food would run out before I got money to buy more.

	Age 60-69	Age 70-79	Age 80+	All Ages
Often True	3%	1%	3%	3%
Sometimes True	13%	10%	13%	12%
Never True	81%	86%	81%	82%
I Don't Know	3%	3%	3%	3%
Total	100%	100%	100%	100%

Section V: Caregiving

Q23. Do you now or have you in the past 5 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	41%	34%	24%	36%
No	59%	66%	76%	64%
Total	100%	100%	100%	100%

Q24. If “Yes” on Question 23: How challenging is/was it for you to care for this person and meet your other responsibilities with family, your personal health, and/or work? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Easy or Somewhat Easy	13%	23%	28%	17%
Neither Easy Nor Challenging	18%	20%	17%	19%
Very or Somewhat Challenging	69%	57%	55%	64%
Total	100%	100%	100%	100%

**Includes only respondents who selected “Yes” on Q23*

Q25. If “Yes” on Question 23: Did this person have any of the following conditions? (Check all that apply)

	All Ages
Alzheimer’s disease or dementia, Parkinson’s disease	27%
Psychological condition (e.g., anxiety, depression)	20%
Intellectual or developmental disability	6%
Sensory impairment (e.g., vision, hearing)	16%
Chronic disease (e.g., cancer, diabetes, asthma)	32%
Mobility impairment (e.g., difficulty walking, climbing stairs)	58%
Recent surgery	19%
Other (Please Specify):	12%

**Figures do not sum to 100%*

**Includes only respondents who selected “Yes” on Q23*

Q26. If “Yes” on Question 23: What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)

	All Ages
Informal support from family and friends	47%
Adult Day program	9%
Respite care	12%
Formal in-home caregiver or homemaking services	35%
Memory café	3%
Support groups (e.g., caregiver support)	14%
On-call support from medical professionals	26%
Other (Please specify):	16%

**Figures do not sum to 100%*

**Includes only respondents who selected “Yes” on Q23*

Section VI: Social Activities and Relationships

Q27. Do you know someone living close by on whom you can rely for help when you need it?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	77%	80%	81%	79%
No	23%	20%	19%	21%
Total	100%	100%	100%	100%

Q28. In the past 5 years, have you ever felt excluded in Somerville because of any of the following? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Age	18%	18%	10%	16%
Disability	7%	6%	5%	6%
Gender	2%	2%	1%	2%
Income	8%	7%	4%	7%
Religion or cultural background	3%	2%	1%	2%
Skin color, race, or ethnicity	3%	3%	1%	3%
Sexual orientation	2%	1%	0%	1%
No, I have never felt excluded	72%	70%	75%	69%
Other (Please specify)	4%	3%	4%	4%

**Figures do not sum to 100%*

Section VII: Current and Future Programs & Services provided by the Somerville Council on Aging

Q29. Currently, how frequently do you use programs or services offered by the Somerville Council on Aging? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Two or more times a week	2%	4%	14%	5%
About once a week	2%	1%	6%	2%
A few times a month	2%	4%	6%	4%
About once a month	2%	4%	1%	2%
A few times a year (e.g., special events only)	9%	17%	19%	13%
Never, I do not use programs or services offered by the Somerville Council on Aging	83%	70%	54%	74%
Total	100%	100%	100%	100%

Q30. The Somerville Council on Aging provides programs and services at 2 senior centers. Which locations do you typically go to for programs or services? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Holland Street Center & Main Office (167 Holland St)	13%	27%	34%	21%
Ralph & Jenny Center (9 New Washington St)	3%	4%	12%	5%
I have not been to either of these senior center locations	84%	69%	60%	72%

**Figures do not sum to 100%*

Q31. Which of the following factors limit how often you attend programs or services provided by the Somerville Council on Aging? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I am not interested in programs offered (e.g., fitness classes, lectures)	16%	20%	25%	18%
I do not know what is offered	40%	33%	22%	33%
I do not know where programs or services are offered	19%	17%	14%	17%
I do not have time	15%	10%	7%	12%
I do not use technology	2%	5%	14%	5%
I do not have transportation to the Senior Center location(s)	5%	5%	10%	5%
I do not need the services offered (e.g., tax counseling, fuel assistance)	28%	28%	19%	25%
I am not old enough	12%	2%	1%	6%
The physical location(s) are inconvenient or difficult to get to	6%	6%	5%	5%
I participate in programs elsewhere	5%	9%	7%	7%
I am still working	38%	15%	5%	23%
I do not identify with the people at the Senior Center location(s)	13%	13%	11%	12%
Other (Please specify):	9%	17%	16%	13%

**Figures do not sum to 100%*

Q32. The following items refer to services that are offered through the Somerville Council on Aging. Please rate the importance of each service to you or a member of your family. (Check only one box per item)

Q32_1 : Assistance with local or state support programs (e.g., MassHealth, SNAP, fuel assistance)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	29%	26%	32%	28%
(2)	4%	2%	2%	3%
Moderately Important (3)	11%	10%	15%	11%
(4)	7%	6%	1%	6%
Not at All Important (5)	35%	43%	32%	38%
I Don't Know	14%	13%	18%	14%
Total	100%	100%	100%	100%

Q32_2: Physical health programs and wellness clinics (e.g., Blood pressure, health education, exercise classes)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	25%	27%	28%	26%
(2)	8%	5%	5%	7%
Moderately Important (3)	21%	20%	20%	20%
(4)	8%	8%	2%	7%
Not at All Important (5)	25%	30%	33%	28%
I Don't Know	13%	10%	12%	12%
Total	100%	100%	100%	100%

Q32_3: Social and emotional wellness programs (e.g., Health fairs, cultural performances, guest speakers)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	21%	21%	24%	22%
(2)	7%	4%	2%	5%
Moderately Important (3)	23%	21%	22%	22%
(4)	9%	8%	3%	8%
Not at All Important (5)	26%	35%	36%	31%
I Don't Know	14%	11%	13%	12%
Total	100%	100%	100%	100%

Q32_4: Nutrition programs (e.g., Grab N Go or community dining, nutrition group and individual classes)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	20%	18%	20%	19%
(2)	6%	3%	4%	5%
Moderately Important (3)	14%	15%	22%	16%
(4)	7%	9%	5%	8%
Not at All Important (5)	38%	43%	40%	40%
I Don't Know	14%	12%	9%	12%
Total	100%	100%	100%	100%

Q32_5: Professional services (e.g., health insurance counseling, tax prep)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	27%	22%	18%	25%
(2)	7%	5%	2%	5%
Moderately Important (3)	18%	16%	23%	18%
(4)	7%	9%	3%	7%
Not at All Important (5)	28%	37%	45%	34%
I Don't Know	13%	11%	9%	11%
Total	100%	100%	100%	100%

Q32_6: Support groups (e.g., caregiver support, Declutter group, Memory Café)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	14%	16%	19%	16%
(2)	6%	4%	3%	5%
Moderately Important (3)	18%	14%	14%	16%
(4)	8%	10%	6%	8%
Not at All Important (5)	38%	43%	44%	41%
I Don't Know	16%	13%	14%	14%
Total	100%	100%	100%	100%

Q32_7: Home Safety programs (e.g., lockbox, smoke detectors, durable medical equipment)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	21%	23%	27%	23%
(2)	7%	6%	11%	7%
Moderately Important (3)	16%	15%	12%	15%
(4)	8%	9%	5%	8%
Not at All Important (5)	34%	35%	32%	34%
I Don't Know	14%	12%	13%	13%
Total	100%	100%	100%	100%

Q32_8: Senior Taxi Program (e.g., rides to healthcare, grocery store)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	27%	25%	37%	28%
(2)	4%	6%	4%	5%
Moderately Important (3)	12%	12%	12%	12%
(4)	6%	7%	2%	6%
Not at All Important (5)	37%	38%	35%	37%
I Don't Know	14%	12%	10%	12%
Total	100%	100%	100%	100%

Q32_9: Technology Program (e.g., help using phones, iPads)

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important (1)	17%	19%	17%	18%
(2)	4%	5%	7%	5%
Moderately Important (3)	12%	15%	16%	14%
(4)	7%	9%	4%	8%
Not at All Important (5)	46%	42%	44%	45%
I Don't Know	14%	10%	11%	12%
Total	100%	100%	100%	100%

Q33. "I would be more likely to use the Somerville Council on Aging programs and services if..." (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Transportation options to Senior Center location(s) were more convenient	12%	12%	21%	13%
There was more parking	12%	19%	21%	16%
The building(s) were easier to navigate	3%	3%	6%	3%
I had more knowledge about the programs and services that are available	50%	48%	33%	45%
Programs and services were better suited to my needs and interests	21%	28%	20%	23%
All COA activities were provided in a single Senior Center space	4%	6%	6%	5%
There were more remote programs	11%	13%	7%	11%
The hours of the Senior Center location(s) were more convenient (e.g., nights or weekend hours)	13%	9%	5%	10%
The cost of programs was reduced or eliminated	11%	10%	10%	10%
The space(s) were more comfortable and inviting	7%	8%	5%	7%
The space(s) could accommodate more participants (e.g., larger class sizes or more variety of programs)	4%	6%	5%	5%
There were more special interest or cultural programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	8%	7%	5%	7%
It included residents of all ages and functioned as a community center	25%	21%	17%	22%
Other (Please specify):	17%	16%	15%	16%

**Figures do not sum to 100%*

Q34. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding through the Somerville Council on Aging? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Lunch or other food offerings	22%	20%	28%	21%
Arts programs (e.g., painting, music, acting, digital photography)	37%	33%	15%	31%
Lectures and other one-time education events	38%	35%	19%	33%
Mental Health (counseling or referrals)	21%	19%	15%	19%
Performances (e.g., music, theater, comedy)	38%	35%	22%	33%
Social activities (e.g., coffee hour, informal space for socializing)	31%	24%	20%	26%
Day trips and excursions (e.g., museums, NYC or Maine sightseeing)	35%	38%	37%	35%
Overnight trips	10%	12%	12%	11%
Adult day health program	14%	11%	14%	12%
Evening or weekend activities	21%	15%	10%	16%
Volunteer opportunities	38%	30%	12%	30%
Educational courses/programming (e.g., technology, foreign language courses)	33%	29%	14%	27%
Intergenerational activities	22%	14%	7%	16%
Job-seeking or employment support	11%	4%	1%	6%
Outdoor fitness (e.g., walking, hiking, kayaking)	39%	29%	14%	30%
Indoor fitness (e.g., strength training, exercise equipment)	43%	40%	23%	37%
Recreational activities (e.g., pickleball, Bocce, Bridge)	26%	17%	9%	19%
Wellness (e.g., meditation, massage)	35%	29%	18%	29%
Retirement or long-term care planning	31%	20%	16%	23%
Other (Please specify):	7%	8%	9%	7%

**Figures do not sum to 100%*

Q35. Thinking about the activities and services offered through the Somerville Council on Aging, please rate your preference for each arrangement:

Q35_1: COA services and activities being located in its own dedicated building

	Age 60-69	Age 70-79	Age 80+	All Ages
Highly Preferred (1)	18%	24%	32%	22%
2	7%	6%	6%	6%
Moderately Preferred (3)	18%	17%	15%	18%
4	7%	7%	2%	7%
Not at All Preferred (5)	14%	12%	8%	12%
I Don't Know	36%	34%	37%	35%
Total	100%	100%	100%	100%

Q35_2: COA services and activities being held at various dedicated locations throughout Somerville (current operations)

	Age 60-69	Age 70-79	Age 80+	All Ages
Highly Preferred (1)	17%	18%	18%	18%
2	12%	9%	9%	10%
Moderately Preferred (3)	25%	24%	26%	25%
4	6%	5%	3%	5%
Not at All Preferred (5)	8%	12%	13%	10%
I Don't Know	32%	32%	31%	32%
Total	100%	100%	100%	100%

Q35_3. COA services and activities being co-located in space shared with other groups and organizations, such as a community center

	Age 60-69	Age 70-79	Age 80+	All Ages
Highly Preferred (1)	18%	17%	13%	17%
2	15%	8%	12%	11%
Moderately Preferred (3)	20%	23%	22%	22%
4	4%	7%	3%	5%
Not at All Preferred (5)	10%	13%	15%	12%
I Don't Know	33%	32%	35%	33%
Total	100%	100%	100%	100%

Section VIII: Communication

Q36. Where do you prefer to find information about the activities and services offered by the Council on Aging? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Somerville Council on Aging Newsletter (print)	27%	35%	49%	32%
Somerville Council on Aging Newsletter (online)	45%	43%	26%	39%
Television (Somerville City TV)	8%	8%	13%	8%
Public postings (flyers, billboards)	13%	15%	15%	13%
Facebook or other social media sites	21%	15%	10%	16%
Local print newspapers	13%	18%	25%	16%
Online newspapers	14%	10%	10%	11%
City of Somerville website	55%	39%	21%	41%
Word of mouth	12%	15%	18%	13%
Other (Please Specify)	8%	9%	6%	8%

**Figures do not sum to 100%*

Q37. Are you able to access the internet from your home?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, I have access to the internet at home.	96%	91%	74%	91%
No, I cannot afford to have access to the internet at home	3%	4%	6%	4%
No, I choose not to have access to the internet at home.	1%	5%	20%	5%
Total	100%	100%	100%	100%

Section IX: Demographic Information

Q39. Please select your gender. (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Female	62%	60%	63%	61%
Male	37%	40%	37%	38%
Another (Please describe)	1%	<1%	0%	1%
Total	100%	100%	100%	100%

Q40. What is your race or ethnicity? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
American Indian or Alaska Native	<1%	1%	0%	1%
Asian	5%	5%	8%	5%
Black or African American	6%	5%	5%	5%
Hispanic or Latino	4%	4%	3%	4%
Middle Eastern or North African	<1%	1%	1%	1%
Native Hawaiian or Pacific Islander	<1%	<1%	1%	<1%
White	84%	83%	81%	79%
Other (Please specify):	4%	4%	5%	4%

**Figures do not sum to 100%*

Q40A. Race and ethnicity recoded into distinct categories for analysis

	Age 60-69	Age 70-79	Age 80+	All Ages
White alone	82%	83%	81%	82%
Black or African American alone	5%	4%	3%	4%
Asian alone	5%	5%	8%	5%
Another race or multi-racial ⁺	4%	3%	3%	4%
Hispanic or Latine, any race	4%	5%	5%	5%
Total	100%	100%	100%	100%

⁺ Includes respondents who selected "Other," American Indian or Alaska Native," "Middle Eastern or North African," "Native Hawaiian or Pacific Islander," or multiple races on Q40.

Q42. In what country were you born?

	Age 60-69	Age 70-79	Age 80+	All Ages
United States	82%	80%	66%	79%
Other (Please specify):	18%	20%	34%	21%
Total	100%	100%	100%	100%

Q43. What is your employment status? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Working full-time	37%	9%	1%	19%
Working part-time	17%	13%	6%	13%
Looking for work	4%	2%	1%	2%
Retired	39%	77%	90%	59%
Other (Please specify):	8%	7%	4%	7%

**Figures do not sum to 100%*

Q44. When do you plan to fully retire? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
N/A, I'm already fully retired	37%	71%	89%	58%
Within the next 3 years	17%	7%	2%	11%
In 3-5 years	18%	2%	1%	9%
In 6-10 years	12%	1%	0%	6%
In more than 10 years	1%	1%	1%	1%
Not sure	10%	8%	4%	8%
I do not anticipate ever fully retiring	5%	10%	3%	7%
Total	100%	100%	100%	100%

**Q45. Please indicate your level of agreement or disagreement with the following statement:
“I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses.”**

	Age 60-69	Age 70-79	Age 80+	All Ages
Strongly Agree	37%	34%	28%	34%
Agree	44%	50%	56%	48%
Disagree	16%	13%	13%	15%
Strongly Disagree	3%	3%	3%	3%
Total	100%	100%	100%	100%