

Belmont Council on Aging: Planning for the Future

October 2025

Commissioned by the Town of Belmont

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



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November 2025

Dear Belmont Residents and Community Members,

We are so pleased to share with you the Belmont Senior Needs Assessment Survey, created in partnership with the University of Massachusetts Boston Gerontology Institute. This important project is part of our continued effort to make Belmont a community where residents of all ages, especially our older adults, feel supported, valued, and connected.

Over the past several months, we've worked closely with UMass Boston researchers, local partners, and residents to better understand the experiences, priorities, and hopes of older adults in Belmont. The survey results will help us learn what we are doing well and where we can do better in meeting the needs of our community. Most importantly, it gives every voice a chance to be heard.

We are deeply grateful to the many residents, community leaders, service providers, and volunteers who have already contributed their time and insights to this process. Your participation helps shape the future of Belmont and ensures that the Town's programs, services, and facilities reflect the values and needs of those who call it home.

A special thank you to Dr. Caitlin Coyle, Patrice Garvin, The COA Board, The Beech Street Center Staff, and the team at the UMass Boston Gerontology Institute for their partnership, expertise, and care in helping us tell the story of Belmont's aging community in such a meaningful way.

We believe you will find this report to be informative, and we encourage you to join us in the work ahead to support the needs of older adults in Belmont. We will continue to seek your input as we develop projects, services, and programs that have a positive impact on how residents live in the Town of Belmont, and on how we can make our community even more age-friendly.

Thank you for your time, support, and engagement as we continue building a Belmont that truly is a community for all ages.

With appreciation,

Brandon Fitts, CTRS, CPRP
Director of Community Services
Town of Belmont

Table of Contents

<i>Contributors and Acknowledgements</i>	<i>iii</i>
<i>Introduction</i>	<i>1</i>
<i>Methods</i>	<i>4</i>
<i>Results</i>	<i>6</i>
Demographic Profile.....	<i>6</i>
Insights from Key Informant Interviews and Focus Groups	<i>15</i>
Results from Community Survey.....	<i>18</i>
<i>Conclusions & Recommendations</i>	<i>51</i>
<i>Appendix A: Survey Results</i>	<i>58</i>

Contributors and Acknowledgements

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The Town of Belmont is gratefully acknowledged for its support of this project. We extend our appreciation to Brandon Fitts, Director of Community Services, and Heidi Barberio, Assistant Director of the Council on Aging, for their collaboration and steadfast commitment to this effort. We also wish to recognize Karen Donelan (Chair), Judy Morrison, and Andrea Hassol of the Council on Aging Board for their guidance and leadership, which were instrumental in advancing the project. Finally, we extend our sincere gratitude to the residents of Belmont who generously shared their time, perspectives, and experiences to inform and strengthen this work.

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Introduction

Belmont Massachusetts is a suburban community located just eight miles from downtown Boston. Established in 1859, Belmont has evolved from its agricultural roots into a primarily residential town with a rich history of attracting educators, scientists, artists, and professionals. Today, it is home to more than 25,000 residents and is recognized for its strong neighborhoods, proximity to Boston, and high quality of life.

Like many communities across Massachusetts, Belmont's population of older adults is a significant portion of the community. Currently 1 out of 4 Belmont residents (25%) are age 60 or older. Most older adults in Belmont own their homes, including many who live alone. This high rate of homeownership underscores the importance of supports such as home maintenance, safety modifications, and services that enable older residents to age comfortably in their own homes.

Belmont's older population is largely White (85%), but the community is becoming more diverse, with Asian, Black, Hispanic, and other groups represented among residents age 65 and over. This growing diversity highlights the need for inclusive, culturally responsive services and programs.

Belmont as an Age-Friendly Community

In 2018, Belmont was designated as an Age-Friendly Town, joining a global movement to make communities more livable for people of all ages. Belmont's Age-Friendly Action Plan set goals across four key areas:

- **Housing:** Expand options for aging in place through supports for home modifications and policies that allow accessory dwelling units.
- **Transportation and Walkability:** Improve sidewalks and create reliable, affordable transportation options for older adults.
- **Outdoor Spaces:** Ensure recreational areas and public spaces are designed with accessibility and age-friendly features.
- **Communication:** Strengthen information-sharing between the Town and residents, with specific attention to the needs of older adults.

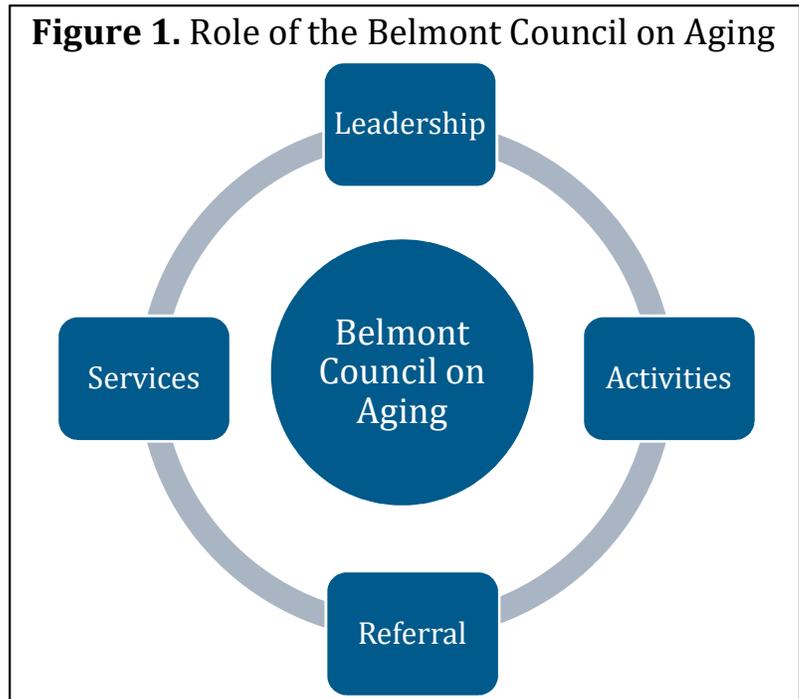
These goals provide an important framework for understanding both the progress made and the ongoing challenges in making Belmont a truly age-friendly community.

The Belmont Council on Aging and Beech Street Senior Center

The Belmont Council on Aging and the Beech Street Center are charged with providing services, programming, and support to the town's older 60+ population so that they may live well and independently in the community. Working toward that end, they assist in delivering programs and initiatives that shape and enrich the experiences of three generations of older adults. This work is done in concert with other local town departments and various area private and public providers and organizations, including Springwell, the regional Area Agency on Aging serving Belmont—the Massachusetts Council on Aging (MCOA) and the Executive Office of Aging and Independence (AGE).

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.

Figure 1. Role of the Belmont Council on Aging



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

The Belmont Council on Aging (COA), a municipally appointed eleven-member board and the Beech Street Senior Center, a municipal department, 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.

The Belmont COA board is appointed by the Belmont Select Board to oversee programs and policies of the Council on Aging. The COA operates from the Beech Street Senior Center¹, a 19,800-square-foot facility that opened in 2009. The Center is open Monday through Friday from 8am to 4pm; and on Mondays it is open until 7pm. The Center houses administrative offices as well as spaces for activities, fitness, meals, and social services. Together, the COA and Senior Center provide a wide range of offerings, including:

¹ In 2005, the Town of Belmont voted to approve borrowing funds, in the form of a debt exclusion to “design and construct a municipal senior center”. On June 8, 2011, a Memorandum of Understanding (MOU) was signed with the Friends of the Council on Aging acknowledging their raising of \$1 million in support of the Center, and agreeing that the Beech Street Center at 266 Beech Street would be held for “the primary purpose of operating COA programs; at least or until the facility is fully depreciated in 2049. COA programs will be given preference over other uses of the facility, and the facility will not be sold or converted to another use without a two-third vote of the Town’s legislative body (Town Meeting or its successor).

- **Social and Recreational Programs:** Exercise classes, arts and crafts, discussion groups, cultural events, and volunteer opportunities.
- **Health and Wellness Services:** Blood pressure clinics, counseling, podiatry, vaccinations, memory support, and equipment loans.
- **Transportation:** Local rides for medical appointments, shopping, and trips to the Center, plus a medical taxi program supported by the Friends of the COA. For example, in June 2025 a total of 732 rides were provided to older residents of Belmont.
- **Nutrition:** Daily lunches at the Center and home-delivered meals coordinated with Springwell. Grab and go lunches are also available. An average of 50 meals are served per day.
- **Social Services:** Benefits applications, health insurance enrollment, caregiver support, and case management through a licensed social worker. The social worker works with approximately 25 residents per day via phone, email or in person.
- **Staying Connected to Community:** Residents of Belmont are encouraged to volunteer at the COA doing various tasks and there is a monthly newsletter printed for residents to keep them informed of the happenings at the Beech Street Center. Currently, 4,303 residents receive newsletters via email each month.

The FY 2025 budget for the Council on Aging was \$422,086. The COA is supported by town funds, state and federal grants, and the Friends of the Belmont COA, a nonprofit that raises additional funds for programming, transportation, and other services. Partnerships with local and regional organizations further extend their reach and impact.

A Time of Transition

This needs assessment comes at a pivotal time. The Beech Street Senior Center has temporarily housed library operations while a new library building is under construction. This arrangement will end in late Fall of 2025, and the Beech Street Center will be back to operating in the full capacity of its space.

Simultaneously, Belmont has adopted a new Community Services model that combines the COA, Recreation Department, and Veterans Services under one department. These changes affect space use, staffing, and program delivery, creating both challenges and opportunities for the future. Currently, the Community Services Department is home to approximately 20 staff people. The Director and Assistant Director of Community Services oversee the Directors of Recreation, Veterans Affairs, and Senior Services/Programs. There are also 3 part-time administrative assistant positions that are split across the 3 divisions. There are 9 staff positions dedicated to Senior Services, as well as 1 town-wide social worker:

- | | | |
|--|--|---|
| • 1 full-time Director of Programs and Senior Services | • 1 full-time Transportation coordinator | • 3 part-time Drivers |
| • 1 full-time Program Coordinator | • 1 part-time Dispatcher (vacant at time of reporting) | • 1 full-time Social Worker (LICSW), serves whole community |
| • 1 Media Specialist (PT) | • 1 full-time Driver | |

Purpose of This Report

This report presents the results of a comprehensive needs assessment of Belmont’s older adult population. The study was conducted to support planning by the Belmont Council on Aging and Beech Street Senior Center, and it also provides valuable information for other town departments, community organizations, and residents.

Specifically, this report aims to:

- Describe Belmont’s current older adult population and their needs.
- Assess the services and resources currently available.
- Identify gaps and opportunities for improvement.
- Provide recommendations to ensure Belmont remains a supportive, age-friendly community for years to come.

As the number of older residents grows, so too will the need for resources, programs, and services that allow them to remain engaged, independent, and supported in Belmont. This report is intended as a tool to guide planning, investment, and collaboration across the community.

Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses in order to capture a broad and deep understanding of Belmont and its older residents. Methods used in compiling this report include analysis of existing data and primary data collected through qualitative and quantitative methods. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and from projections generated by the Donahue Institute at the University of Massachusetts. Primary data was collected through qualitative methods, including key informant interviews and focus groups, and through a community survey. Additional information about the Belmont COA was retrieved from material drawn from the COA section of the Town’s 2024 Annual Report and data provided by the director of Senior Services and Programs at Beech Street Senior Center.

Demographic Profile

As an initial step toward understanding characteristics of the Town of Belmont’s older population through quantitative data, we generated a demographic profile of the Town of Belmont 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 (2019-2023), along with U.S. Census data for Belmont 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

In the spring of 2025, we conducted interviews with five individuals who currently hold leadership positions in Belmont. The five individuals included Select Board liaison to the COA, the Fire Chief and Public Educator and Community Liaison, the Age Friendly Committee chair, the Police Department Community Services Lieutenant, and the Town Social Worker. 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 and one of the interviews was completed in a pair (Fire). Interviews ranged from 35 to 70 minutes. Informational meetings were also held with the Director and Assistant Director of Community Services, and the new Director of Senior Services.

Focus Groups

A total of 17 residents participated in the two citizens focus groups. The first group included seniors who frequently use the Beech Street Senior Center and the second included seniors who do not, or only occasionally use Beech Street. These groups were held in person in May 2025. Another focus group which met remotely convened senior-facing professionals including: a realtor, a social work intern working at Beech Street, a staff member from the Belmont media center, a career higher education administrator, a retired town clerk, an in-home hairdresser, a Springwell supervisor, and the former director of the public library. Participants in all of the focus groups were encouraged to share their thoughts regarding features that support successful aging and barriers that make it challenging to age in Belmont along with strategies regarding ways Belmont can be a strong and vibrant community for residents of all ages.

Community Survey

In collaboration with the Belmont COA and representatives from Belmont departments that interact with older adults, a community survey was developed for this study and mailed to all residents age 60 and over (n=6,380). A mailing list was obtained from the Belmont Town Clerk, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to Belmont residents meeting the age requirement, along with a postage-paid return envelope. An electronic version of the survey was made available via the Town's website. A total of 1,944 responses to the survey were obtained, representing a return rate of 30% of the surveys. Fourteen percent were returned online (n=266), 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 Belmont?"). Detailed notes taken during the study's qualitative components (i.e., interviews, focus groups) were reviewed by multiple project staff and used to characterize and categorize the ways in which aging issues are impacting older adults and individuals who work with older adults in Belmont. 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

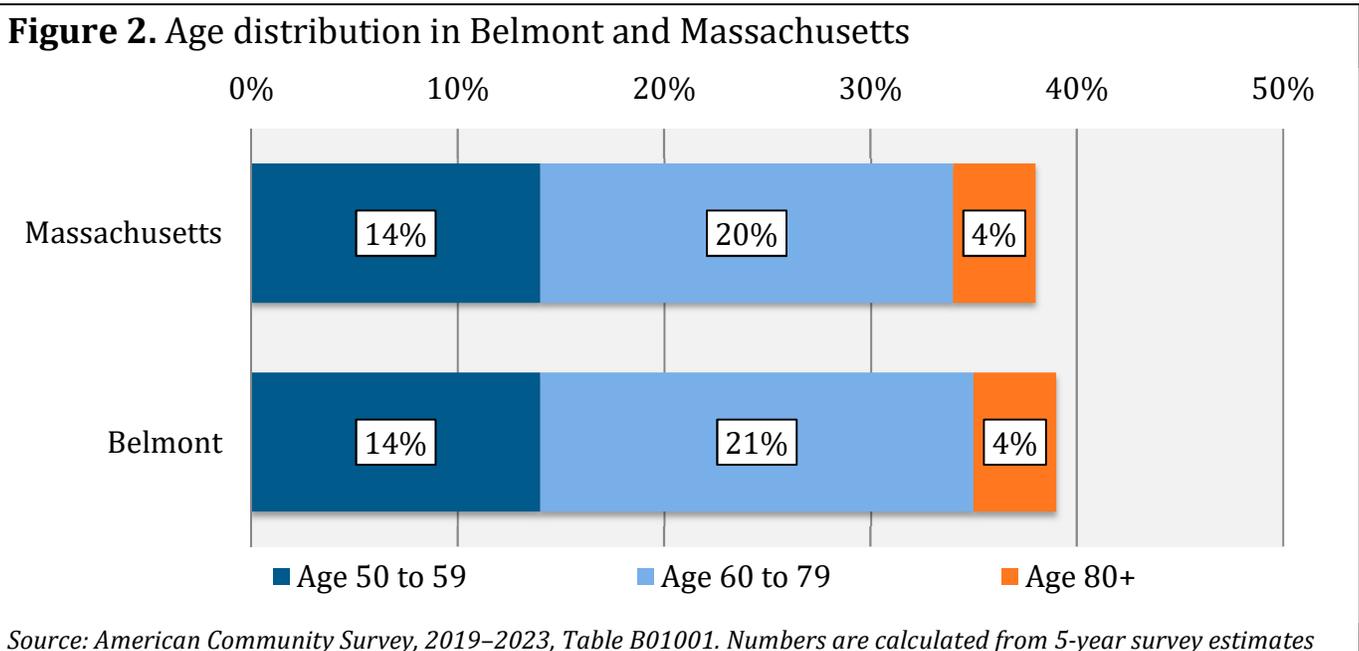
According to American Community Survey (ACS), there were about 27,009 residents living in the Town of Belmont in 2023. About 39% of the population (10,478 individuals) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 (3,894 individuals) made up 14% of the population; residents age 60 to 79 (5,598 individuals) comprised around 21%, and another 986 residents (4%) were age 80 and older.

Table 1. Number and percentage distribution of Belmont’s population by age category, 2023

Age Category	Number	Percentage
Under age 18	6,579	24%
Age 18 to 49	9,952	37%
Age 50 to 59	3,894	14%
Age 60 to 79	5,598	21%
Age 80 and older	986	4%
Total	27,009	100%

Source: American Community Survey, 2019-2023, Table B01001. Numbers are calculated from 5-year survey estimates

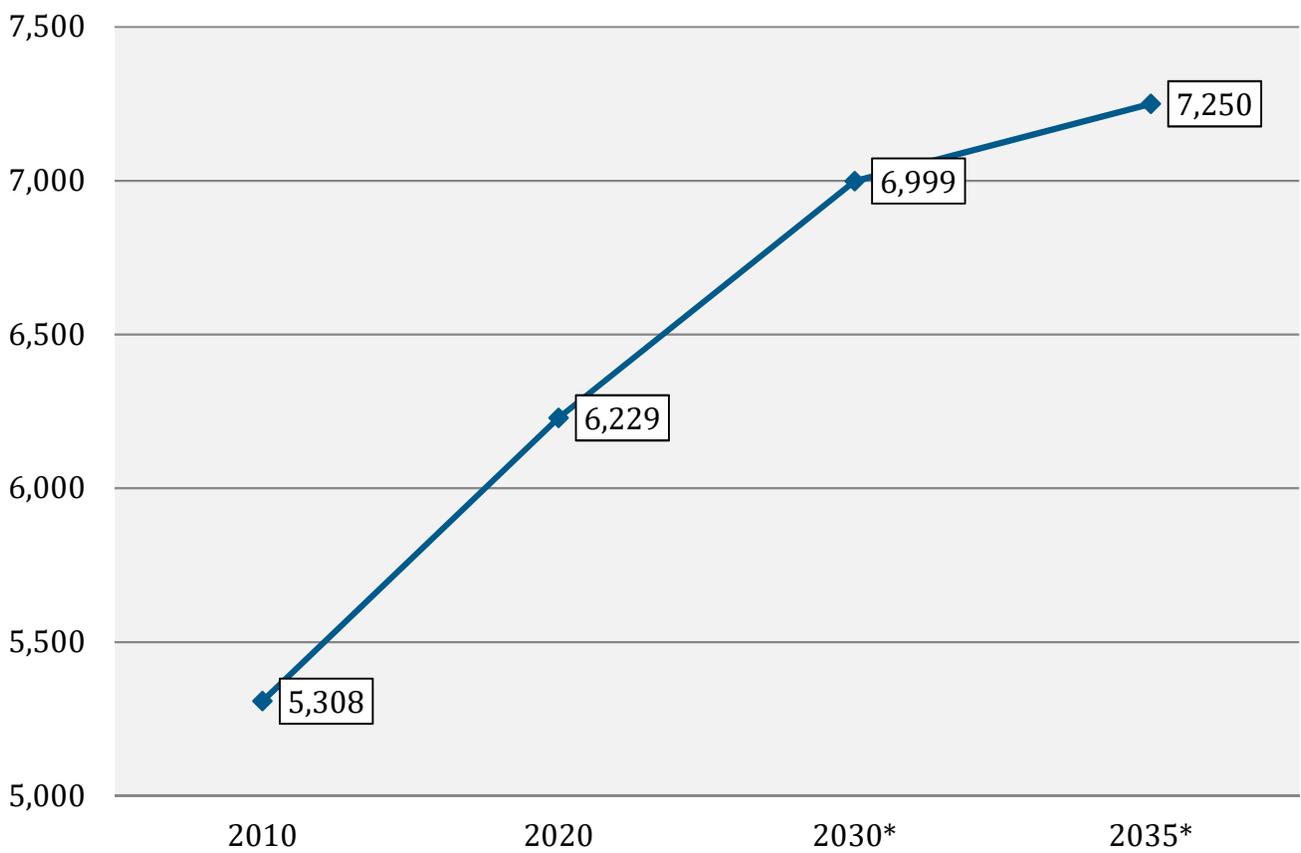
The share of Belmont population age 50 and older is about the same as the overall state of Massachusetts (**Figure 2**). About 38% of the Massachusetts population was in the 50+ age group in 2023, compared to 39% of the Belmont population. Compared to the Commonwealth, Belmont also had a similar portion of residents age 60 and older. In 2023, Massachusetts residents age 60 and over comprised about 24% of the population, including 4% age 80 and over. In Belmont, about 25% of the population was 60 or older, including 4% who were 80 years or older.



Population growth in both Massachusetts and the Town of Belmont has been concentrated in older age groups. Between 2000 and 2010, the population of all ages increased by 2% in Belmont and increased by 3% in the state as whole. In both Belmont and Massachusetts, the absolute numbers of residents age 50 and over grew more substantially during this time period (*US Census, Tables P012 and P12*). The segment of Belmont's population age 50 to 59 increased in size by 17%, a rate of growth lower than in Massachusetts overall (29%). The population of residents who are age 60 and older increased by 5% in Belmont, compared to a 16% increase for the state.

Growth in the size of the older population is projected to continue in the following decades. **Figure 3** shows the projection for Belmont population age 60 and over. It is generated by the Donahue Institute at the University of Massachusetts and suggests a steady increase in the number of older adults between 2010 and 2035.

Figure 3. Number of residents age 60 and older in 2010 and 2020, with projections to 2035*



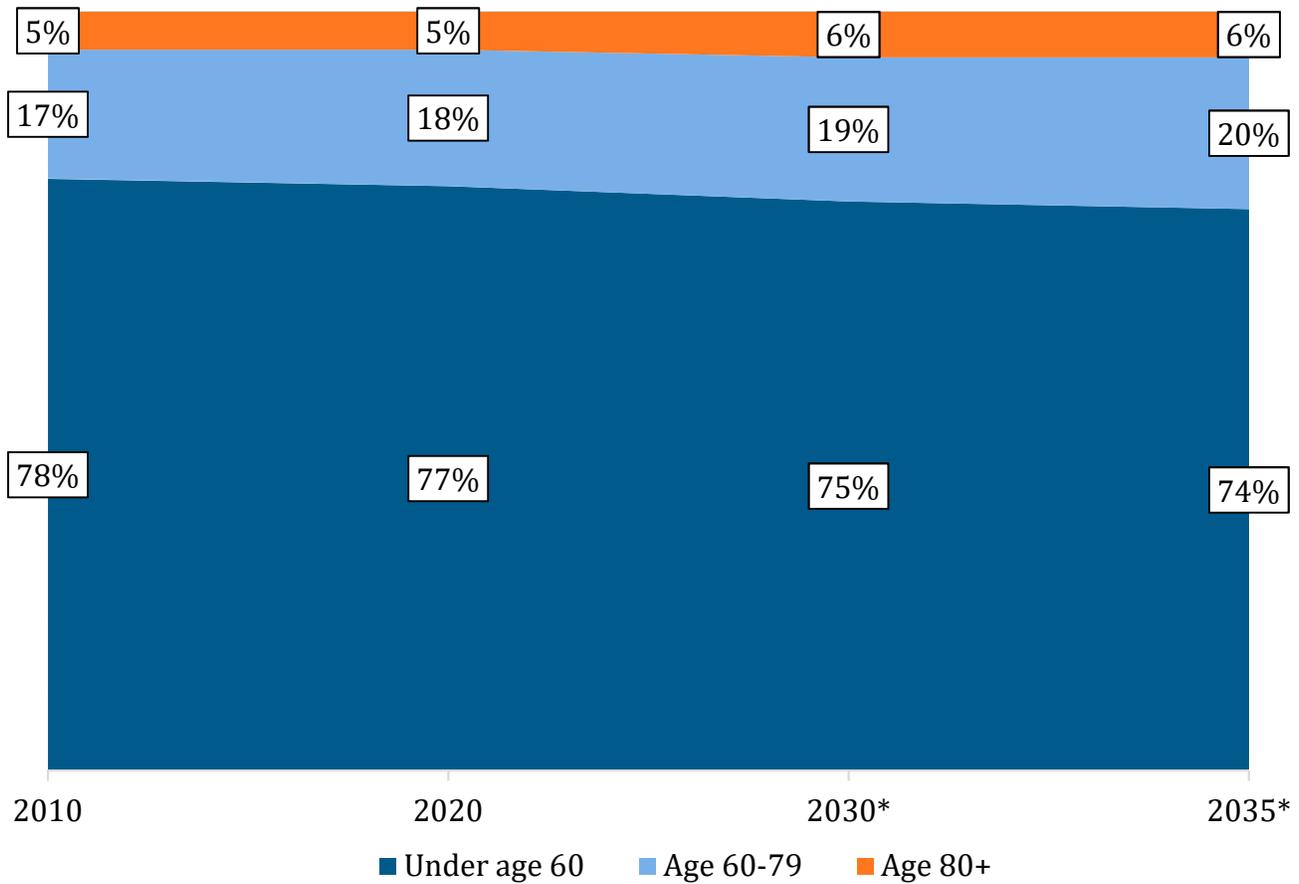
Source: Population figures for 2010 and 2020 are from the U.S. Census.

* The projections for 2030 and 2035* estimated by the Donahue Institute, University of Massachusetts

<http://pep.donahue-institute.org/>

Figure 4 shows the age distribution of Belmont’s population from 2010 to 2020, and population projections for 2030 and 2035². In 2010, about 22% of Belmont’s population was age 60 and older; this percentage increased slightly by 2020 (23%). According to projections developed by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Donahue Institute V2024 projections suggest that by 2035, about one out of each four Belmont’s residents will be age 60 or older—20% of Belmont’s population will be between the ages of 60 and 79, with an additional 6% age 80 and older.

Figure 4. Age distribution of Belmont residents under age 60, age 60-79, and age 80 and older, 2010 to 2020 with projections to 2035*



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

* Figures for 2030 are the Vintage Population Projections generated by the Donahue Institute, University of Massachusetts: <http://pep.donahue-institute.org/>

² 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).

Socio-Demographic Characteristics of Belmont’s Older Population

Belmont is less diverse than the state with respect to race. For all ages combined, about 68% of Belmont residents report their race as white non-Hispanic, which is equivalent to the percentage across the state (ACS, 2019–2023, Table B01001). **Table 2** displays the race and ethnicity of Belmont residents age 65 and older. The large majority of older residents report white race (85%). The remaining percentage of the population 65 and older reported Asian (9%), Black (2%), and other race (4%). About 3% of Belmont residents age 65 and older reported Hispanic ethnicity.

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

Race	Number	Percent
White	4,213	85%
Black	92	2%
Asian	435	9%
Other	196	4%
Total	4,936	100%
Hispanic, any race	165	3%

Source: American Community Survey, 2019–2023, Tables B01001A-I. Numbers are calculated from 5-year survey estimates

Additionally, about 24% of older Belmont residents speak a language other than English at home (ACS, 2019–2023, Table B16004). Those who speak another language at home most commonly speak an Indo-European language (13%) followed by an additional 7% who most commonly speak an Asian and Pacific Island language. The remaining 4% of the population who speak a language other than English speak Spanish or other language.

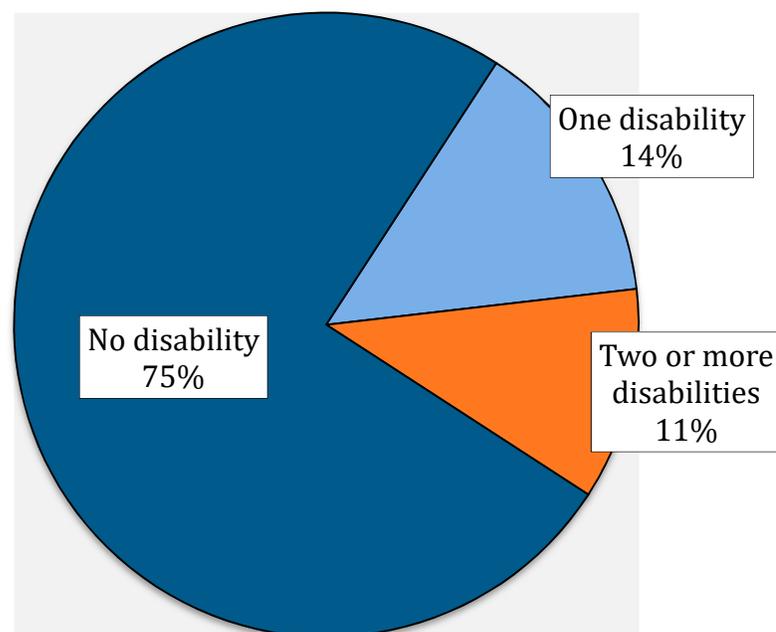
American Community Survey estimates on education suggest that Belmont residents are well educated, on average. About 63% of persons 65 and older have either a bachelor’s degree or a graduate/professional degree (ACS, 2019–2023, Table B15001). Among this cohort, 33% have a bachelor’s degree and 67% have a graduate degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of Belmont residents aged 65 and over remain in the workforce. Almost 43% of adults age 65 to 74 are participating in the labor force. Of those age 75 and older, nearly 10% remain in the workforce (ACS, 2019–2023, Table S2301).

Nearly 13% of men age 65 and older report veteran status (ACS, 2019–2023, Table B21001). As a result, many of Belmont’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

The increased likelihood of acquiring disability with age is evident in data from the ACS. About 1 in 4 Belmont residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 14% of Belmont’s residents age 65 and older have one disability, and nearly 11% report two or more disabilities (**Figure 5**). Among the different types of disability that are assessed in ACS, the most commonly cited by older Belmont residents 65 and older were ambulatory difficulties—difficulty walking or climbing stairs— independent living limitations—difficulty doing errands alone, such as visiting a doctor’s office or shopping—and hearing problems. Each difficulty was reported by 10-11% of the 65+ population in Belmont (*ACS 2019–2023, Table S1810*). Other disabilities experienced by older Belmont residents include self-care difficulties (5%), cognitive difficulty (7%), and vision difficulties (3%).

Figure 5. Percentage of Belmont residents age 65+ reporting at least one disability



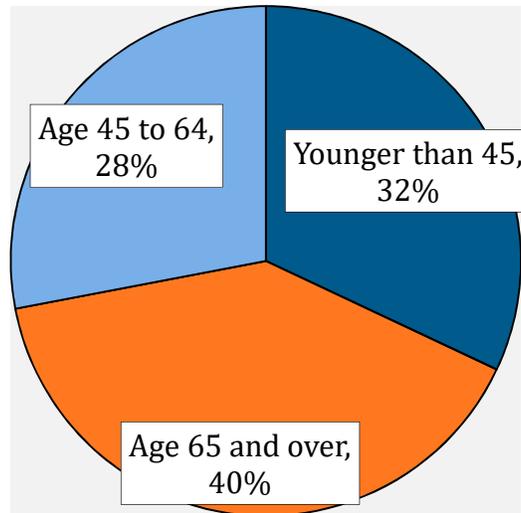
Source: U.S. Census Bureau; American Community Survey, 2019–2023, Table C18108.

Living arrangements and housing costs of Belmont’s older population

A majority of Belmont’s 10,358 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 68% of all households in Belmont³ including 28% of those who are age 65 and over (**Figure 6**).

³ Many available Census data on the older population of Belmont are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

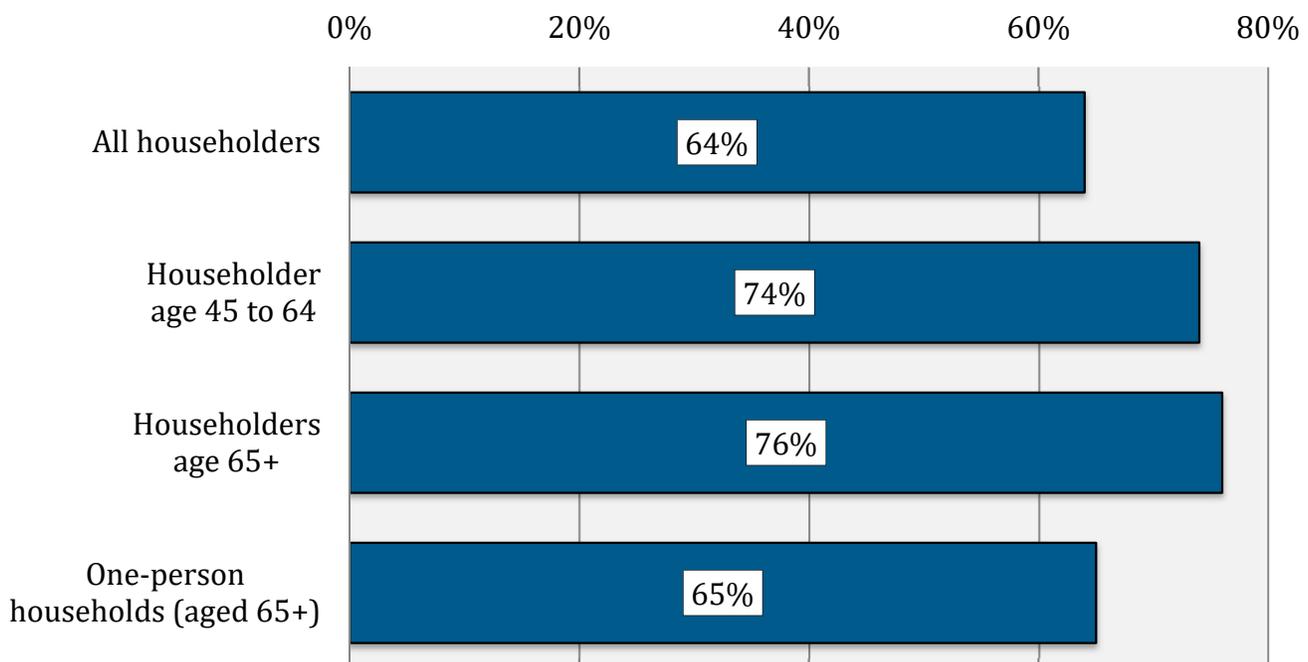
Figure 6. Age structure of Belmont householders



Source: American Community Survey, 2019–2023, Table B25007. Numbers are calculated from 5-year survey estimates.

Most Belmont residents live in homes that they own or are purchasing (64%; **Figure 7**). Nearly 74% of residents age 45 to 64 own their homes, and 76% of householders 65 and older own their homes. A sizeable share of Belmont residents who are 65 and older and live alone, also own their home (65%). The high number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

Figure 7. Percent of Belmont householders who are homeowners by age category

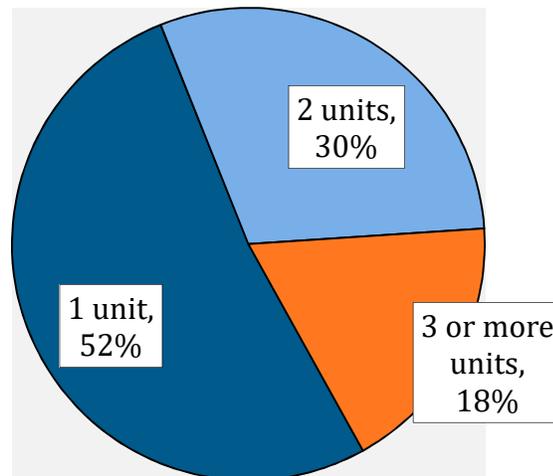


Source: American Community Survey, 2019–2023, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.

Additionally, 42% of Belmont’s households have at least one individual who is age 60 or older (*ACS 2019–2023, Table B11006*). This moderate 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.

Among the 10,833 housing structures in Belmont (**Figure 8**), 52% are single unit structures and the remaining 48% are housing structures that contain two or more housing units, which include apartment complexes.

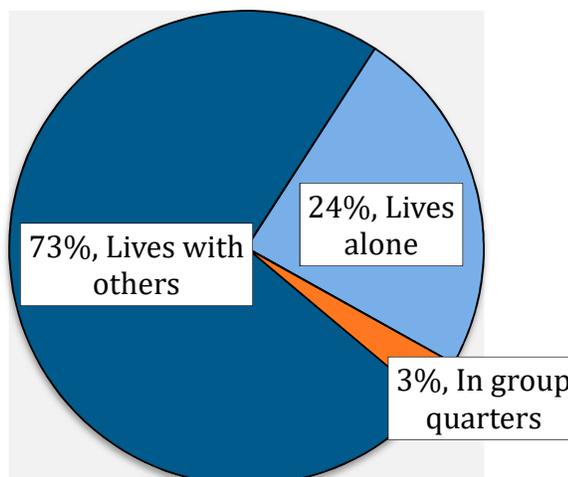
Figure 8. Number of units in Belmont housing structures



Source: American Community Survey, 2019–2023, Table B25024. Numbers are calculated from 5-year survey estimates.

About 1 in 4 Belmont residents who are age 65 and older (24%) live alone in their household, whereas 73% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 9**). Additionally, around 3% of older Belmont residents live within group quarters.

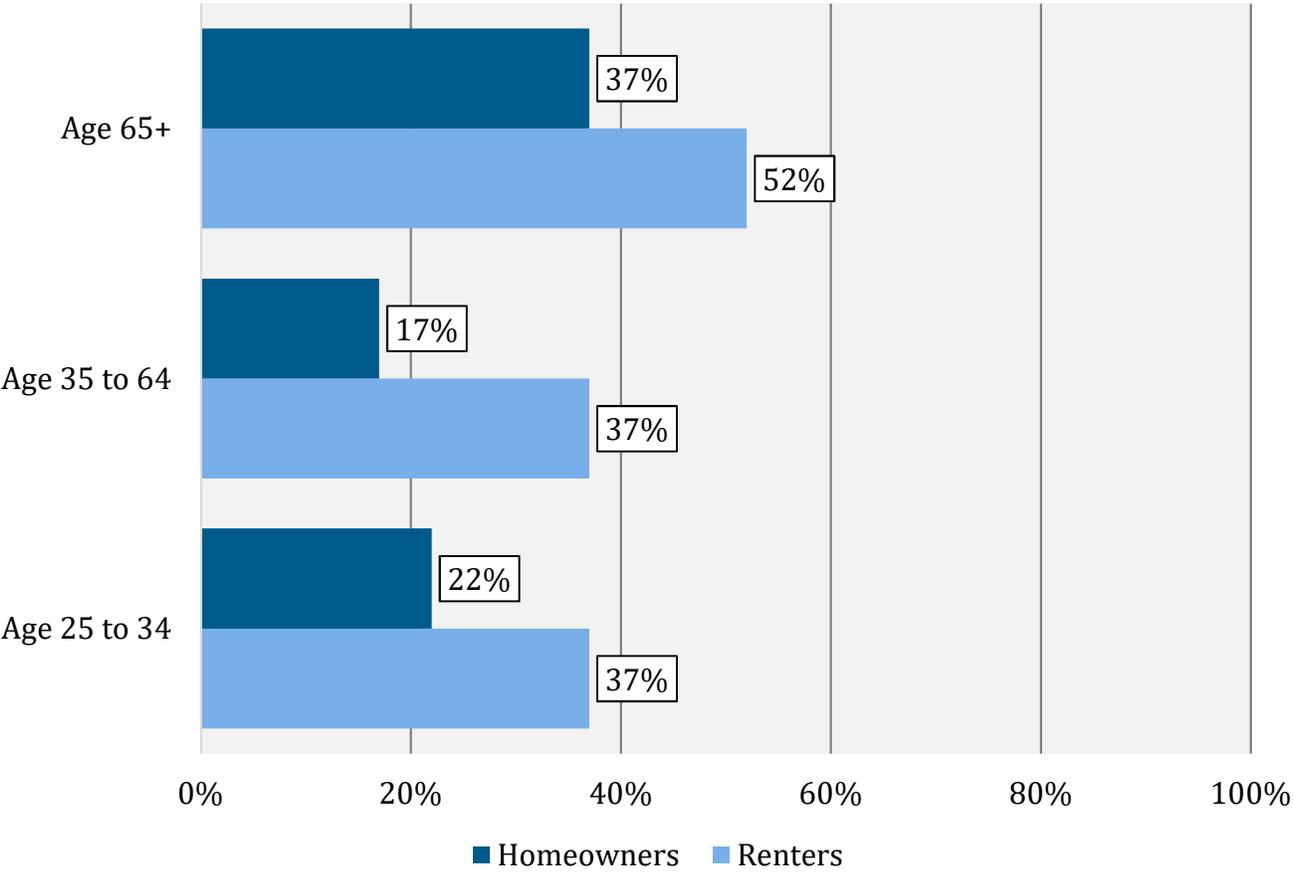
Figure 9. Living arrangements of Belmont residents, age 65 and older



Source: American Community Survey, 2019–2023, Table B09020. Numbers are calculated from 5-year survey estimates.

Many homeowners and renters in Belmont experience housing cost burden, with 23% of homeowners spending more than 30% of their income on monthly housing costs⁴ and 40% of renters spending 30% or more of their income on gross rent⁵. **Figure 10** shows the proportion of householders spending more than 30% of their income each month on housing costs by age and tenure. About 37% of older homeowners spend 30% or more of their income on housing costs each month, which is the largest share compared to younger homeowners. On the other hand, about 52% of older renters spend 30% or more of their income on housing costs—which is also the highest for all age ranges. The risk of experiencing financial burden due to housing costs is greater for renters compared to homeowners, but older residents of Belmont are at risk no matter their housing tenure.

Figure 10. Share of householders spending 30% or more of their monthly income on housing costs, by age and housing tenure



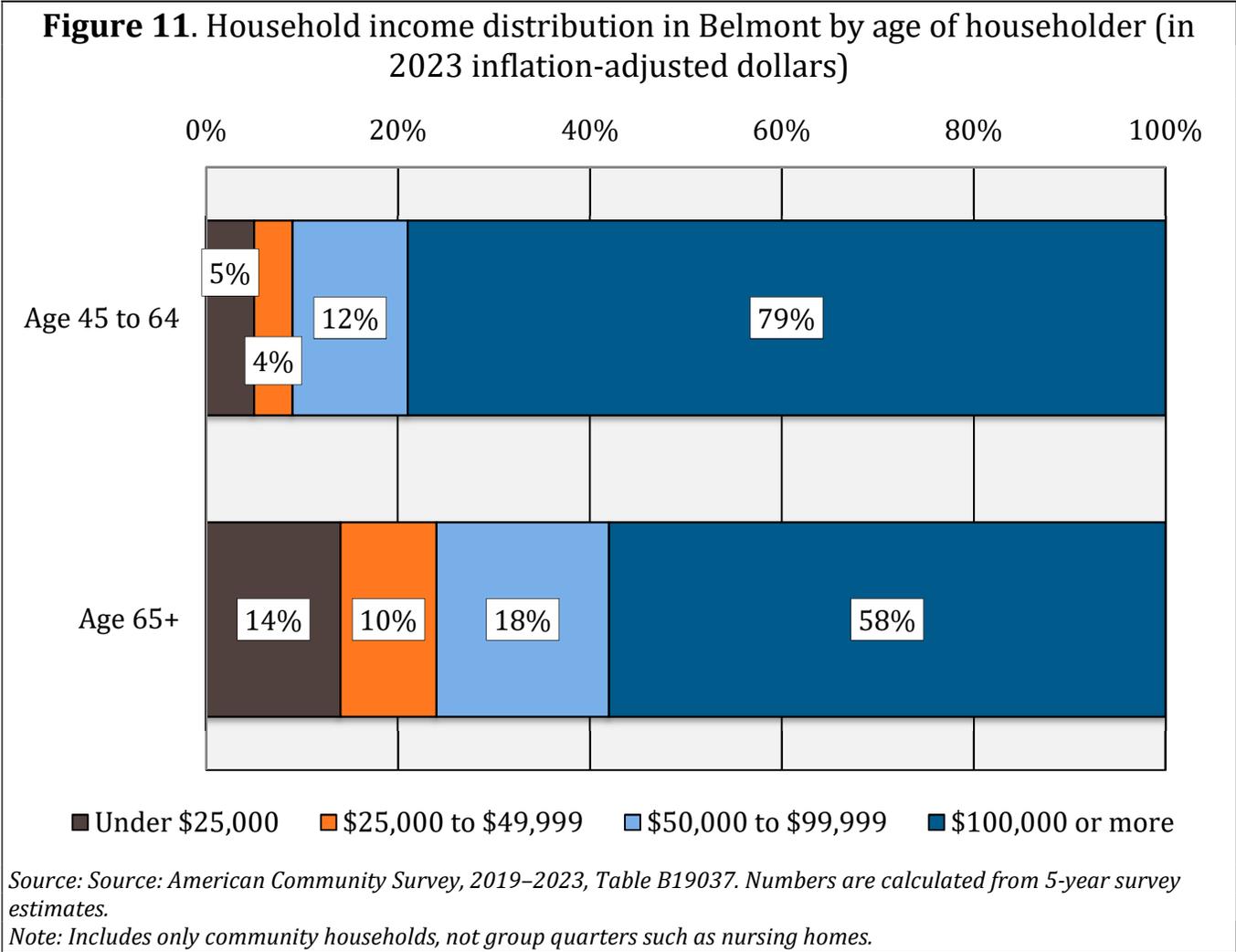
Source: American Community Survey, 2019–2023, Tables B25093 and B25072. Numbers are calculated from 5-year survey estimates. Note: Includes only community households, not group quarters such as nursing homes.

⁴ Monthly housing costs for homeowners is defined by the U.S. Census Bureau as “the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)” (2023 Subject Definitions, p. 37).

⁵ Monthly housing costs for renters is defined by gross rent, which is the “contract rent plus the estimated average cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else)” (2023 Subject Definitions, p. 19).

With respect to household income, there is some comparative disadvantage of some older residents in Belmont. Belmont residents' median household income is considerably higher than the one estimated for Massachusetts as a whole, \$178,188 compared to \$101,341. Among Belmont's householders, those aged 45 to 64 have the highest median income at \$227,500—which is also greater than the statewide median for this age group (\$124,618). Among householders 65 and older, the median income is \$118,318, also higher than the statewide median for this age group (\$64,818), and much lower than the median income of younger Belmont householders. Older residents living alone are at the greatest disadvantage in terms of household income. Older women living alone have a much smaller median income (\$47,083) than men (\$103,676). Given that about 23% of older residents age 65 and older live alone in Belmont, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

The economic profile of older Belmont residents relative to younger residents is further illustrated in **Figure 11**, which shows that the older adult population lives on a more modest income. Just over half of Belmont residents age 65 and older report incomes of \$100,000 or more. By comparison, 79% of households headed by residents aged 45-64 report this level of income. Nevertheless, a moderate share of households headed by someone age 65 and older (24%) report annual incomes under \$50,000. This compares with just 9% of households headed by individuals age 45 to 64 having incomes under \$50,000. Thus, there is a sizeable segment of Belmont's older population that is at risk of financial insecurity or economic disadvantage.



Insights from Key Informant Interviews and Focus Groups

Overview of the Process

The needs assessment process included five in-depth one-to-one interviews with individuals currently holding or having recently held leadership or senior-facing positions in Belmont. In addition, two resident focus groups (n=17) and one focus group with resident-facing human service professionals were conducted (n=8). *The purpose of these conversations was to assess the needs of the community from varied perspectives and provide context to the priorities and challenges facing older residents in Belmont.*

The individual interviews were conducted remotely via video conference and lasted between 35 and 70 minutes. Participants included the Select Board liaison to the Council on Aging (COA), the Fire Chief Public Educator and Community Liaison, the Age-Friendly Committee Chair, the Police Community Services Lieutenant, and the Town Social Worker. Additional informational meetings were held with the Director and Assistant Director of Community Services, as well as the new Director of Senior Services.

The two resident focus groups were held in person and together included 17 older residents. One group included frequent users of the Beech Street Senior Center, while the second group was composed of older residents who either did not use or only occasionally used the Center. Participants represented both long-standing Belmont families spanning multiple generations, as well as residents who had lived in Belmont for between 20 and 60 years.

The senior-facing professionals' focus group included participants whose roles brought them into regular contact with older residents. Professions represented included a realtor, a social work intern at Beech Street, a staff member from the Belmont media center, a retired town clerk, a career higher education administrator, an in-home hairdresser, a Springwell supervisor, and a former public library director.

Together, these conversations surfaced not only the perceived strengths of Belmont as a community in which to age, but also a number of pressing challenges that influence older residents' well-being and quality of life.

Strengths of Belmont as a Place to Age

Across all groups, participants expressed pride in Belmont's many community assets. The town's proximity to Boston and access to cultural amenities, hospitals, and healthcare services were frequently cited as benefits. Belmont's safety, strong school system, and abundant natural resources—including bike trails and Rock Meadow—were also identified as central to quality of life.

Participants praised Belmont's interdepartmental collaboration, noting that town professionals in frontline roles such as police, fire, and social work communicate effectively and work in tandem to support senior needs. One participant reflected, *"It's not perfect, but people know each other and will pick up the phone if they need to. That makes a difference."*

Some comments highlighted the everyday conveniences that add to quality of life in Belmont. One resident quipped, *"I can walk to 3 Dunkins. That's pretty good!"* These seemingly small amenities were described as part of the fabric of daily living that makes Belmont feel accessible and livable. The ability to walk to nearby amenities like grocery stores, public transportation, parks and restaurants was identified as an asset of Belmont.

The Beech Street Senior Center was consistently recognized as a community strength. Many described it as a *"catcher's mitt"* for seniors in need, offering a wide range of programs and supports. The fitness center, educational lectures, and craft fairs were all mentioned as valued entry points. One participant described their regular use of the fitness center to maintain stamina after completing a cardiac rehabilitation program. Membership has expanded in recent years, with more than 300 new members joining within the past year. For some younger seniors, however, the Center still carries a perception of being oriented toward the "older old." The new Director of Senior Services was praised for efforts to diversify programming and appeal to younger seniors without losing focus on current users.

Financial Pressures and Housing Gaps

Despite these many strengths, financial concerns emerged as one of the most consistent themes. Belmont's 95% residential tax base places a high burden on homeowners, particularly older residents on fixed incomes. While the town offers a limited senior tax work-off program (with a cap of \$2,000 and limited to 25 participants annually), and deferred tax payment options exist, participants agreed these measures fall short of meeting needs.

For many, taxes were not just a financial concern but a point of tension between generations. Several residents expressed frustration that, after decades of contributing tax dollars, they felt overlooked as increasing revenues were directed toward schools and major infrastructure projects rather than senior programs. *"We've paid into the system for years,"* one participant shared, *"but when it's our turn to need services, the focus is somewhere else."*

Housing also surfaced as a pressing need. Many seniors expressed a desire to downsize within Belmont but noted the lack of affordable, accessible housing options. The town's dominant stock of two-story homes without first-floor bedrooms or bathrooms poses barriers for older adults with mobility challenges. Some participants shared that they wanted to remain in Belmont but felt they might eventually be forced to relocate because of housing constraints. Given the limited number of downsizing options in Belmont, home modifications and property maintenance will continue to be a major need for older residents aging in place.

Community Change

Several participants observed that Belmont has shifted from being a multigenerational town to one that feels more transient. With fewer older residents having children nearby, some felt there was less informal support for aging in place. One participant noted, *"In the 90s there was an' old townies vs. new residents' mentality. Now it has flipped, and the townies are no longer the cultural determinants of town policy."*

At the organizational level, participants described significant restructuring efforts as town officials moved to streamline staffing and professionalize services through the creation of a Community Services Department (see page 3). While these changes were framed by town officials as efforts to increase efficiency, many older residents expressed concern about how these shifts affect the Beech Street Senior Center. The temporary use of the Center by the library during renovations and, more recently, the decision to house recreation department functions within the building were perceived by some seniors as encroachments. They expressed frustration at not being consulted about changes, describing the process as lacking transparency. One participant summarized the sentiment: *“These changes are being decided for us, not with us.”*

While interdepartmental communication among town staff was praised as strong, communication with residents—especially seniors—was widely identified as a challenge. While some do not use the internet, leaving them reliant on print sources such as *The Belmont Voice* others simply do not identify the Beech Street Center as a place where they belong. Raising awareness of the Beech Street Center programs and services is an ongoing need. Participants recommended expanding the distribution of senior programming calendars to high-traffic locations such as supermarkets and pharmacies.

The Beech Street Center is a Valued Community Asset for Older Residents

Like other stages of life, older adulthood comes with changes and needs for support and peer support. Physical changes, loss of social network members to death or disability, seeking purpose after retirement and managing the rising costs of living and the need to find information and be in community with peers are all reasons why senior centers exist. Most towns in Massachusetts have this dedicated space and staff to ensure that older residents have what they need to thrive. The Beech Street Senior Center is this space in Belmont and is at a major transition point. Coming on the heels of sharing the space with the library and the introduction of a new staffing model, some focus group participants reported feeling that the culture of the Beech Street Center had changed. For example, one participant said, *“I don’t feel welcome when I enter. There is nobody to greet you.”*

Other seniors who primarily engaged with the fitness center expressed satisfaction with that entry point but wanted expanded hours, improved equipment maintenance, and clearer fee structures. They also sought programming more aligned with their interests, suggesting models drawn from adult education, affinity-based groups (e.g., fishing, flower arranging), and partnerships with other town institutions. Several wondered if bringing programming into newer community spaces such as the library might help create a more inclusive, intergenerational feel.

Once the library is no longer occupying space at the Beech Street Center, it will be imperative to rebuild an organizational culture that is older adult-centered and focused on transparency.

Walkability

Sidewalks and walkability were also noted as important issues. While Belmont offers many natural walking routes and paths, poor sidewalk conditions limit accessibility for older residents. Public transit is available but is most useful for those commuting to Boston, offering less benefit for those with primarily local needs. Participants suggested that framing sidewalk and transit improvements as cross-generational benefits might help garner broader community support.

In sum, the qualitative data reveal a community with deep pride in its amenities, natural resources, safety, and strong interdepartmental collaboration. The Beech Street Senior Center plays a central role in supporting older adults, though concerns about transparency, inclusion, and space use threaten trust among some users. Financial strain, limited housing options, and concerns about communication further complicate the landscape of aging in Belmont.

Taken together, these insights point toward both the assets Belmont can build upon and the critical areas of investment and dialogue needed to strengthen the community for its older residents.

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**. Respondents to the community survey included 1,944 Belmont residents, representing a 30% response rate (see **Table 3**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Belmont as a whole, we heard from a smaller share of residents age 60-69. Throughout the remainder of this report, results will be reported for age groups 60-69, 70-79, and 80+. Response distributions by age group are shown for all survey questions in **Appendix A**.

Table 3. Community survey respondents

	Number of survey responses	Age distribution (%), survey responses	Age distribution (%) of Belmont’s 60+ population***
Age 60 to 69*	731	38.5%	47%
Age 70 to 79	731	38.5%	33%
Age 80 to 89	364	19%	16%
Age 90+	78	4%	4%
Total**	1,944	100%	100%

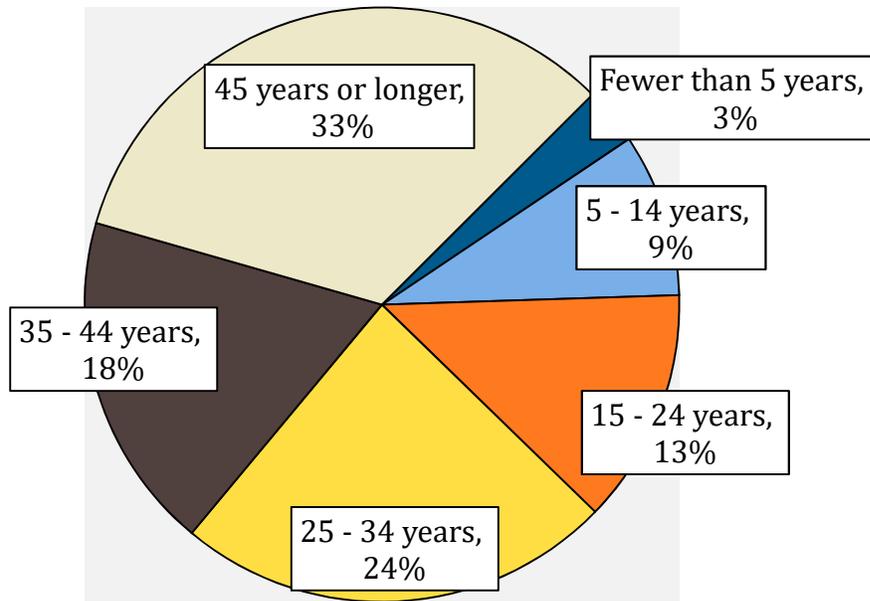
* Age 60 to 69 includes 9 respondents who reported age under 60.

** Total includes 40 respondents who did not report their age.

*** Source: Town of Belmont census file current as of March 2025.

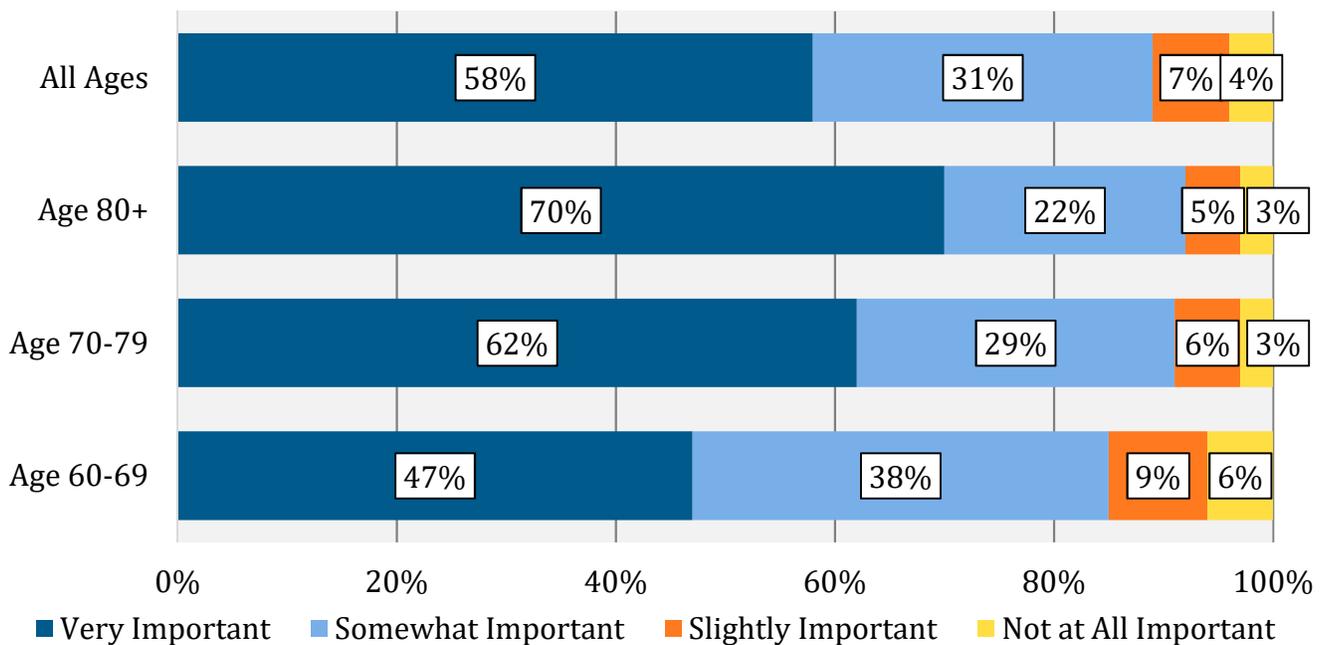
Survey respondents include longtime residents of Belmont as well as relative newcomers (**Figure 12**). About half of respondents have lived in Belmont for 35 years or longer. These residents can offer valuable insights based on their long history and experiences living in the town. Also, 12% of survey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

Figure 12. Length of time living in Belmont



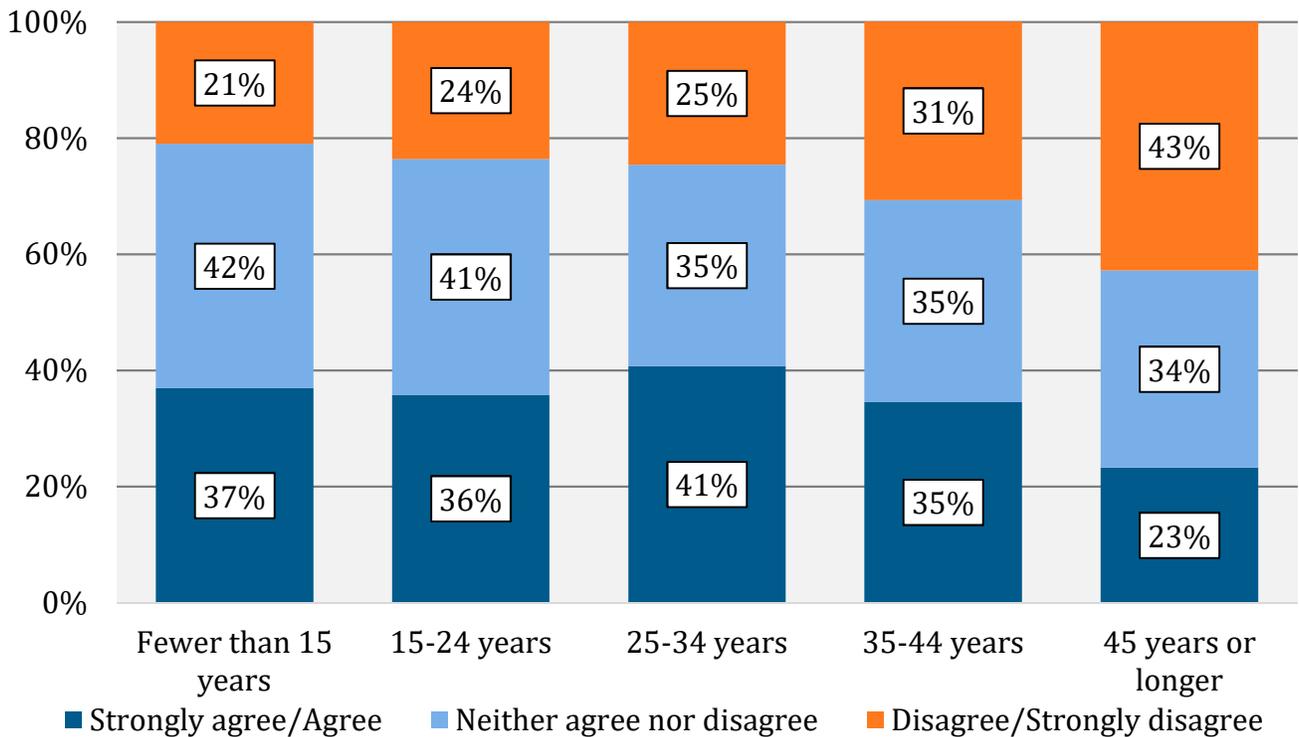
A vast majority of residents (89%) report that it is very or somewhat important for them to remain in Belmont as they get older. **Figure 13** shows how important it is for different age groups in Belmont to remain living in the community as they age. Importance increases with age, with the highest proportion of “very important” responses among those 80 and older. Among respondents aged 80+, about 70% rated it as “very important,” compared to 62% for ages 70–79, and 47% for ages 60–69. Only about 11% across all groups considered it “slightly” or “not at all important,” though that share is highest among respondents in their 60s (15%) compared to those in their 70s (9%) and those 80+ (8%)—these age-grade differences suggest that attachment to living in Belmont is changing.

Figure 13. Importance remaining in Belmont, by length of time lived in Belmont



Among all respondents, 37% of participants responded, “neither agree nor disagree” to the statement “local town officials consider the interests and concerns of older residents,” and the remaining respondents were split between “strongly agree/agree” (33%) and “disagree/strongly disagree” (31%), and participants across age groups responded similarly (Q5, Appendix A). **Figure 14** presents the levels of agreement to this statement by length of time lived in Belmont. About 1 in 5 respondents who have lived in Belmont for fewer than 15 years, and 1 in 4 respondents who have lived in Belmont for 15-34 years do not agree that local town officials consider the interests and concerns of older residents. This share increases to 31% of respondents who have lived in the community for 35-44 years and 43% of those who have lived in Belmont for 45 or more years.

Figure 14. Level of agreement, with the statement “Local town officials consider the interests and concerns of older residents,” by length of time living in Belmont



More than half of the survey respondents took time to respond to the open-ended question, “What do you value most about living in Belmont?” Some of the reasons, noted repeatedly, about why respondents choose to live and remain in Belmont include: the culture of neighborliness and small-town feel, close to family and friends; Belmont’s proximity to Boston and its desirable location; and the sense of safety they experience. Responses are summarized into these three major themes with verbatim quotes shown in **Table 4**.

Similarly, many of the respondents took time to write about their greatest concerns about living in Belmont. Commonly cited concerns with sample quotes are included in **Table 5**. Most responses focused on financial security including property taxes and the overall cost of living; concerns regarding residents’ difficulty maintaining their homes and limited alternative housing options; and challenges to personal wellness and independence.

Table 4. Sample responses to, “What do you value the most about living in the town of Belmont?”

Culture of neighborliness/small town feel near family and friends
<i>“deep personal history - my grandparents moved here almost 100 years ago. My daughter and grandchildren live right around the corner.”</i>
<i>“I know my neighbors. Its high standards for education, justice, equity, and inclusion.</i>
<i>“A wonderful town and as a senior, COA guarantees wonderful programs-outstanding.”</i>
Proximity to Boston/desirable location
<i>“It’s quiet in Belmont even though we are in the middle of everything. I love Belmont!”</i>
<i>“A community of nice people and homes. Proximity to Boston and highways. My “hometown”.</i>
<i>“I like the small-town feel, the fact that I am likely to run into someone I know, the passion + tenacity that can lead to a new library, that we’re close to Cambridge and Boston.</i>
Sense of safety
<i>“I’m a city person, so I value the proximity to Boston while living in a safe, friendly community that is small enough that one feels very connected.”</i>
<i>“Safe streets and low crime, can walk to shops and services, access to parks and nature preserves.”</i>
<i>“Safe welcoming community and its walkability, with easy access to local shops, parks, and services.”</i>

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

Property taxes and the overall cost of living
<i>“I am concerned about the high tax and fiscal problems in the town. The continuing increases in taxes may make the town unaffordable.”</i>
<i>“Many senior citizens are retired and living on fixed incomes. Every time Belmont raises its taxes, it puts added stress on our ability to survive in Belmont. One must choose between paying for medicines or even food and paying the increased tax burden.”</i>
<i>“My property taxes on my modest, but perfect home, are now my highest expense, by far, compared to all other expenses. I will retire in the next few months, and these taxes will be very difficult to afford on my fixed income. I have friends who have been forced to leave Belmont.”</i>
Difficulty maintaining homes and limited alternative housing options
<i>“We are witnessing some of our peers moving and started to wonder how we’ll manage as we get older. We see how physical vulnerability (and financial vulnerability) drives people to make changes and forces moves.”</i>
<i>“We are quite independent and able to take care of our needs, but as we get older we need a home more adapted to physical limitations. Our current home can’t be adapted and we’re very concerned there isn’t housing for us Belmont we can afford.”</i>
Challenges to personal wellness and independence
<i>“Lack of infrastructure maintenance (e.g., road repairs). Unsafe walking conditions especially on Grove St.”</i>
<i>“Financial security, rising real estate taxes, physical limitations, changing neighborhood=isolation/loneliness. Care of roads + sidewalks -safety for walking/driving.”</i>
<i>“Existing disproportionate budgeting of schools relative to insufficient budgeting of fire, police, and safety”.</i>

Housing & Living Situation

The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current home, even if the “fit” between individual capacity and the home environment decreases. Homes may become too large for current needs or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge older residents’ ability to remain living safely in their home. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support residents’ safety and facilitate aging in place. Programs that connect older homeowners with affordable assistance for maintaining and modifying their homes and their yards can help protect the value of investments, improve the neighborhoods in which older people live, and support safe living. The availability of affordable housing options, especially those with accommodating features, 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 reported owning the home they currently live in (86%), while about 12% of survey respondents reported renting their current residence and an additional 2% reported having an “other” housing arrangement (see **Q8, Appendix A**).

Maintaining a home requires resources, including people who can make modifications and repairs and the finances to pay for these repairs. For example, survey respondents were asked about the need for home modifications or significant repairs that are needed to maintain their current property. About 55% of respondents reported that their current residence does *not* need home **modifications** (**Q9, Appendix A**) and 52% do *not* need home **repairs** to improve their ability to live there safely for the next 5 years (see **Q10, Appendix A**).

Figure 15 shows that almost half of respondents reported that their residence needs home repairs to improve their ability to live safely for the next five years. Among respondents who need home modifications, most can afford to make these modifications (72%), but 18% report not being able to afford to make needed modifications and 10% report not being responsible for making them (e.g., they are renters). A similar pattern of responses regarding the need for home repairs to improve safety for the next 5 years is exhibited in **Figure 16**: 48% of respondents need home repairs; among them, 28% cannot afford to make those repairs and 12% are not responsible for making repairs.

Figure 15. Need for home **modifications (grab bars in showers or railings on stairs) to improve safely for the next 5 years**

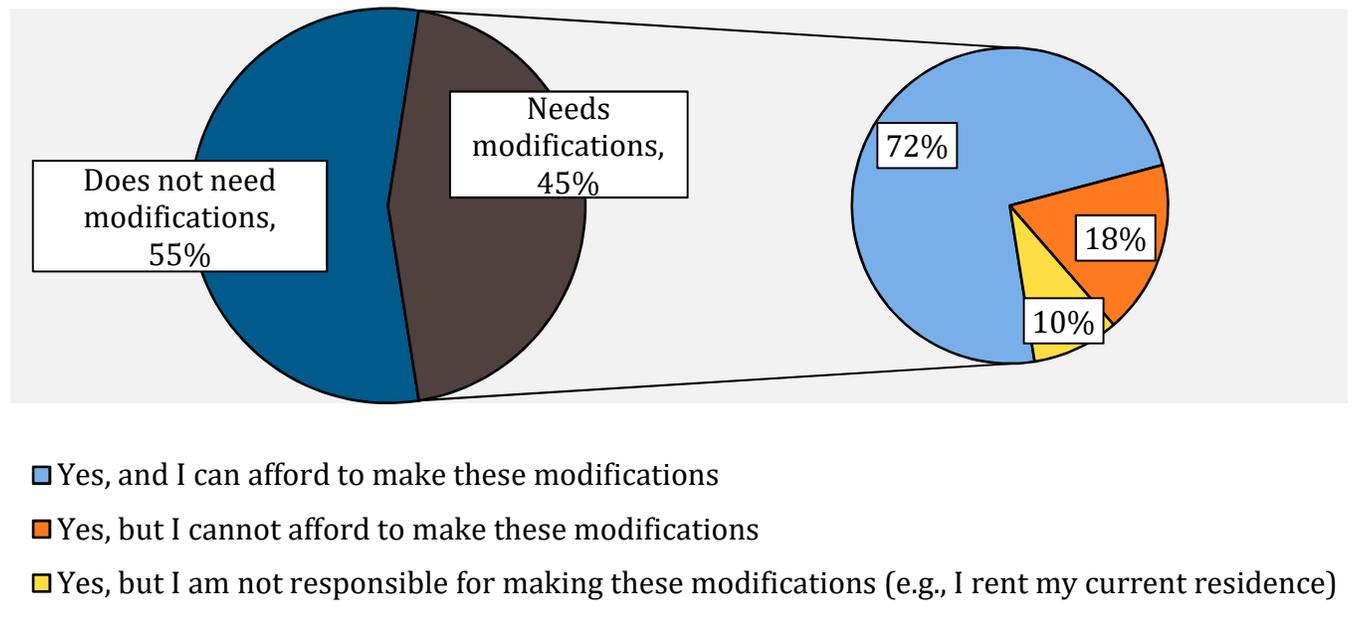
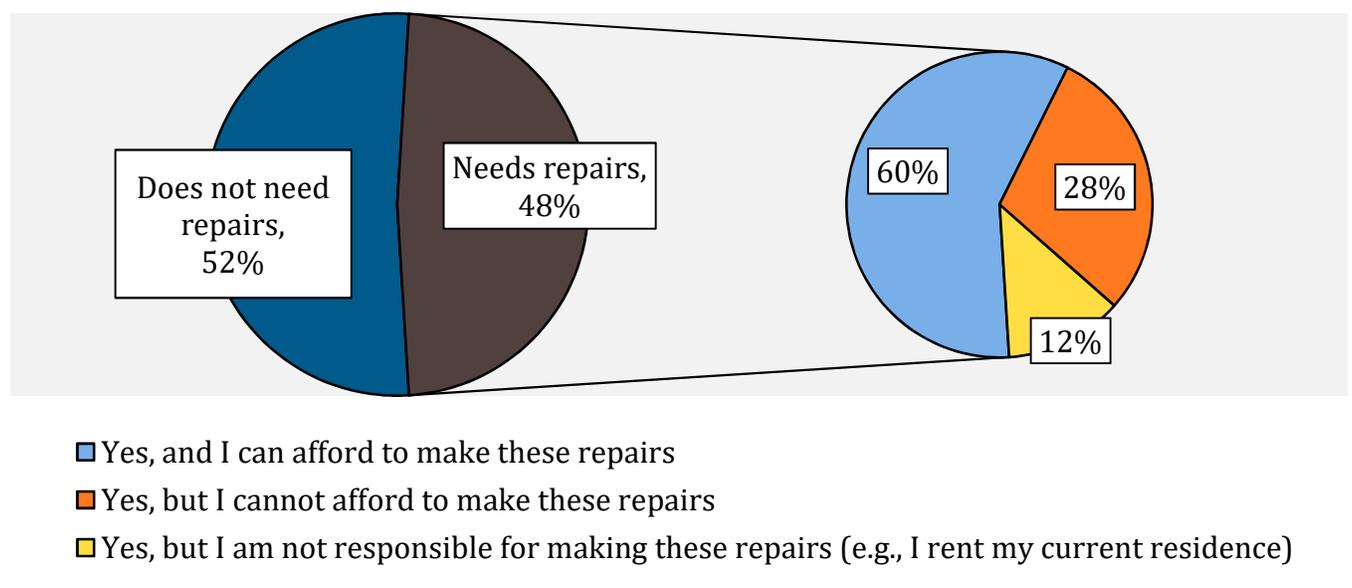


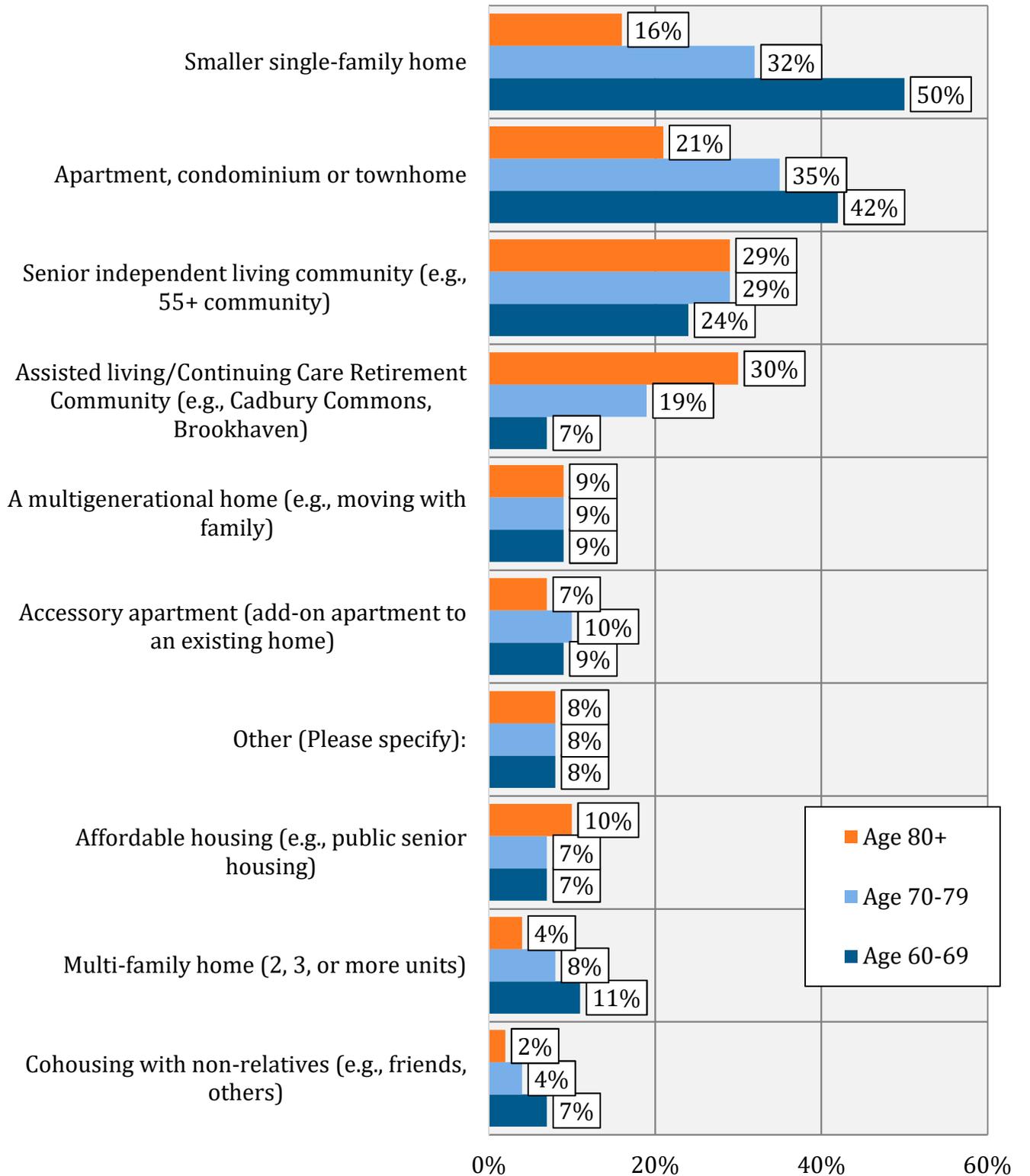
Figure 16. Need for home **repairs (e.g., new roof, electrical work, climate control/HVAC, etc.) to improve safely for the next 5 years**



Survey participants were asked again to consider the next 5 years and to identify preferred types of housing if they had to move from their current residence. A smaller single-family home and an apartment, condominium, or townhome were most the frequently reported type of preferred housing, each selected by about third of respondents (**Q11, Appendix A**). However, differences in preferred housing across age groups are presented in **Figure 17**. Respondents age 80 or older preferred housing that included some built-in community or supports, such as an assisted living community/continuing care retirement community (30%) or senior independent living community (29%). Respondents who reported renting their current residence selected apartment, condo, or

townhome (45%) and affordable housing (39%) most frequently, compared to homeowners who selected smaller single family home (42%) and apartment, condo, or townhome (36%) most frequently (tabulations not shown). These preferences for alternative senior living options by older residents have implications for future housing policy decisions in Belmont.

Figure 17. Preferences for future housing if needed to move from current residence in the next 5 years, by age

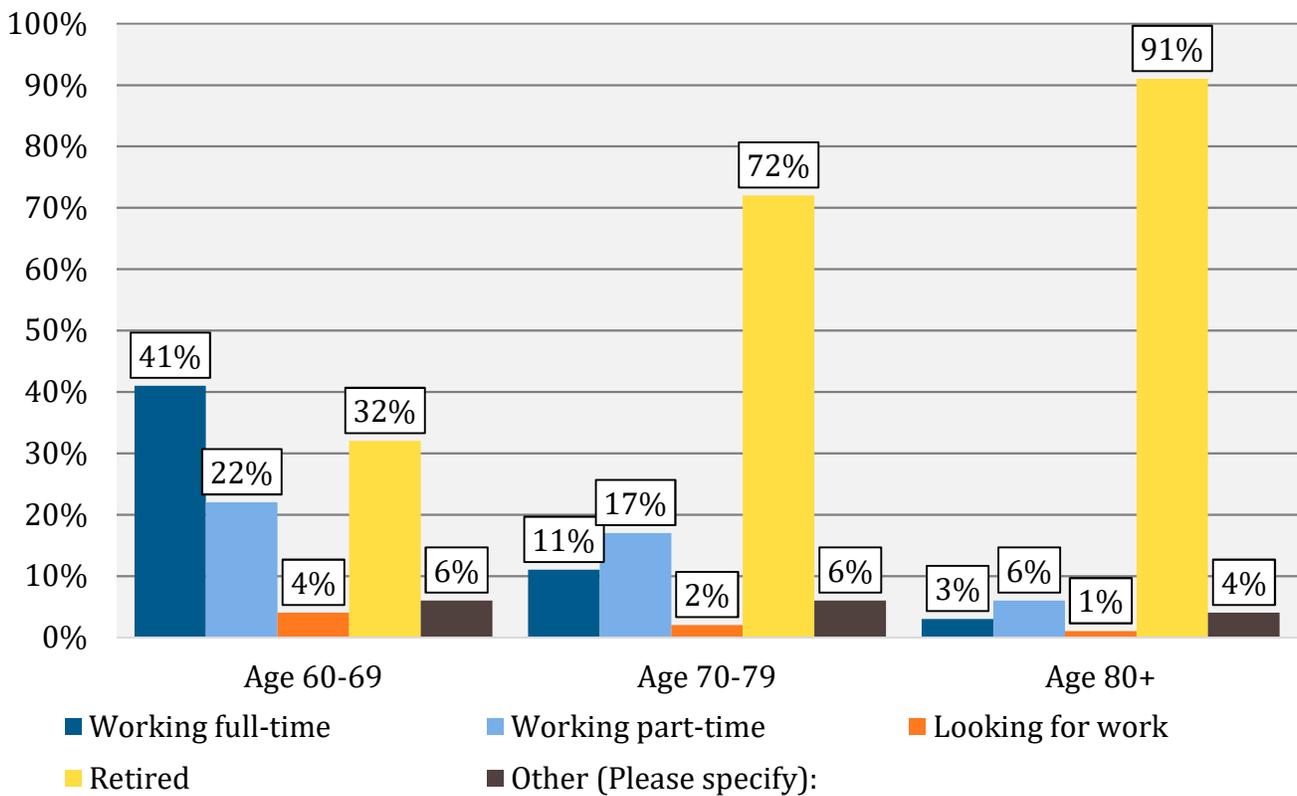


Employment & Retirement

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

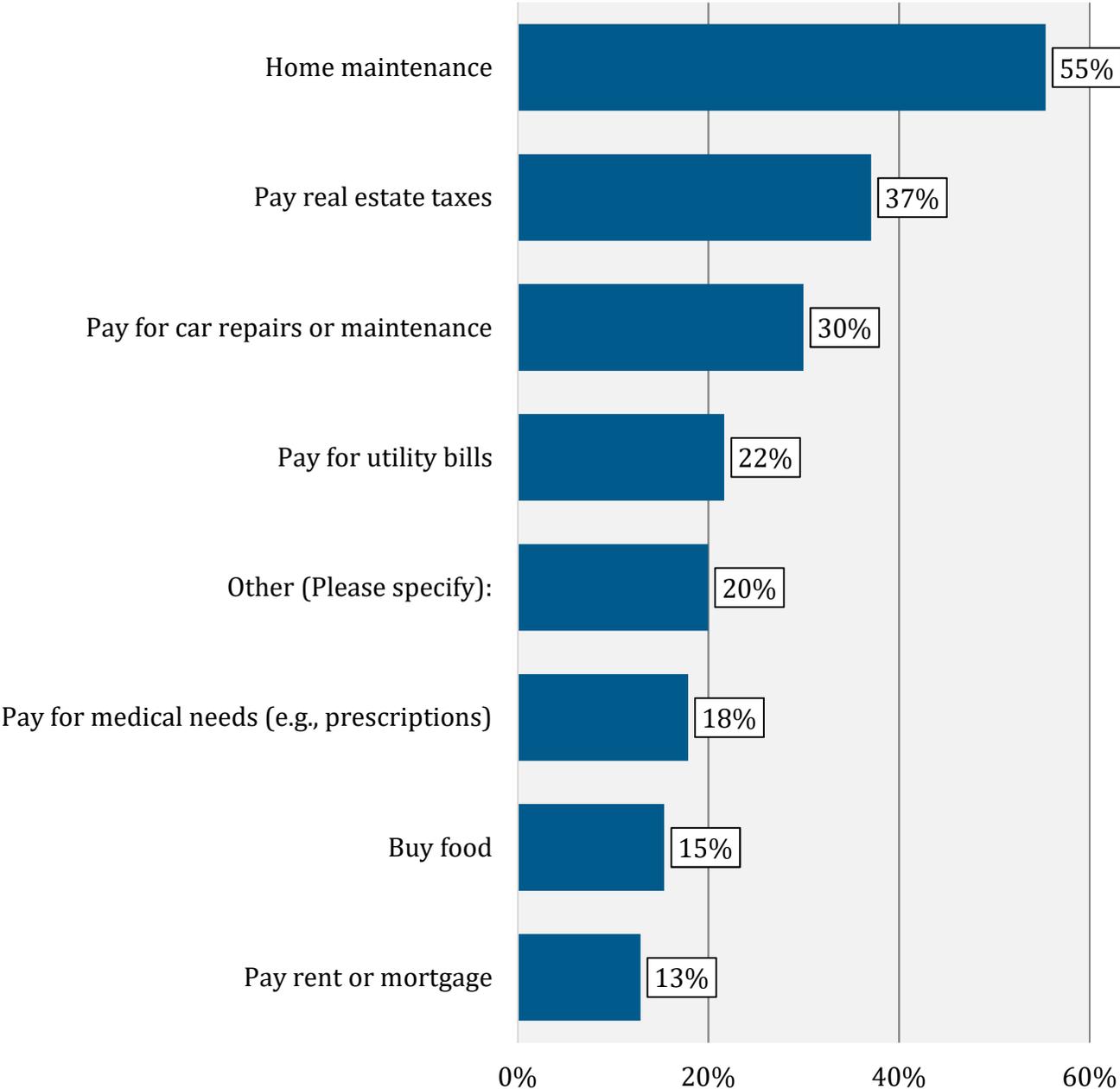
Many people across the country continue to work past the traditional retirement age of 65, and this is evident in the Belmont survey results. Among all respondents, 37% are still working full- or part-time (Q40, Appendix A) **Figure 18** shows that a large share of residents in their 60s are still working full-time (41%) or part-time (22%), and a portion of respondents in their 70s are working full-time (11%) or part-time (17%). Nearly 60% of respondents reported being retired, but 4% of whom *also* reported working full- or part-time (tabulations not shown).

Figure 18. Employment status, by age



When asked about difficulties paying for necessities in the past 12 months, 81% of survey respondent selected, “N/A, I did not lack money,” which was consistent across age groups (Q41, Appendix A). Among respondents who did not select that response (n=372), most experienced difficulties with home-related expenses: 55% did not have money to pay for home maintenance, 35% could not afford to pay real estate taxes, and 22% could not pay for utility bills (Figure 19).

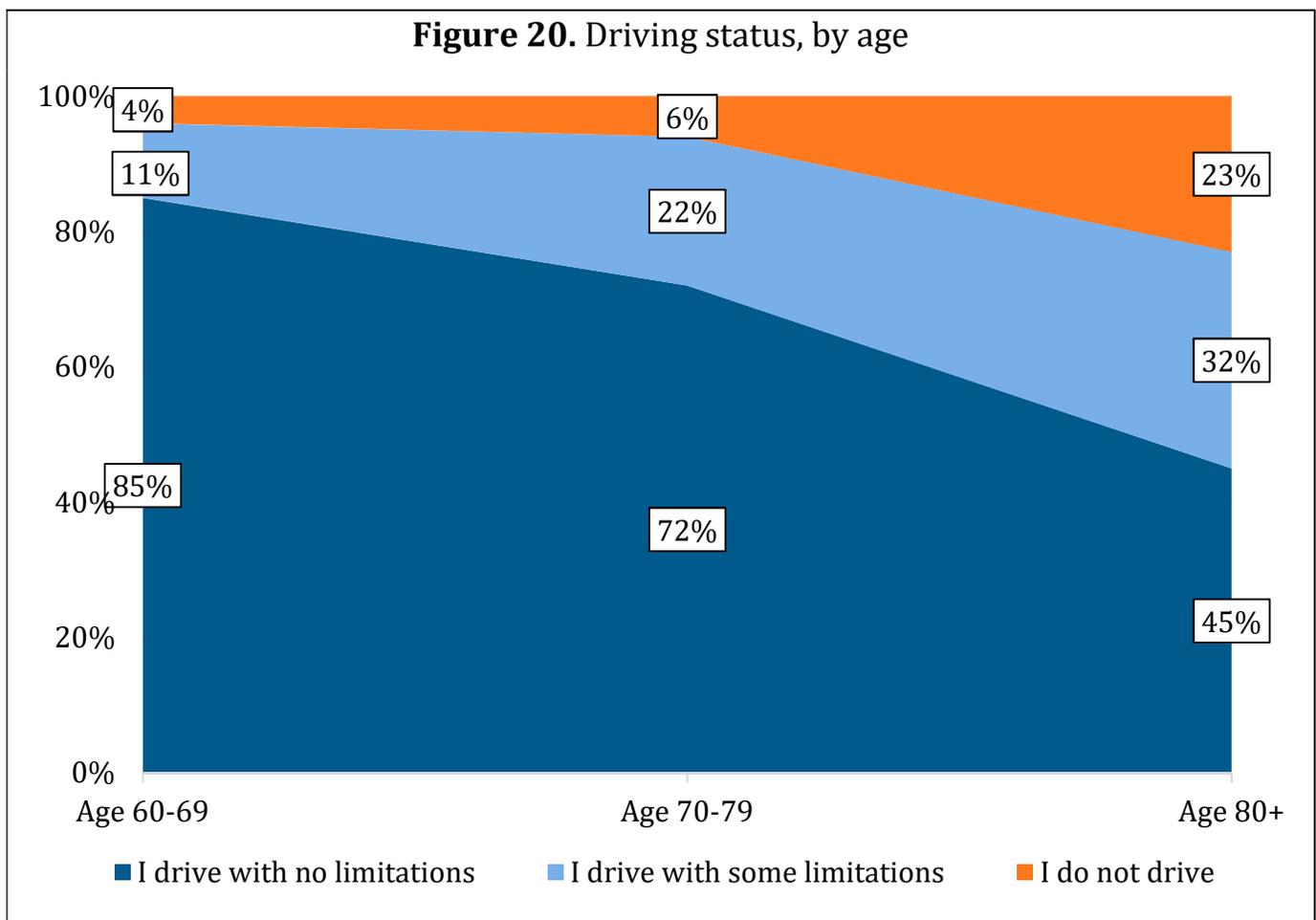
Figure 19. Difficulties paying for necessities in the past 12 months, among those who selected at least one financial hardship



Transportation & Walkability

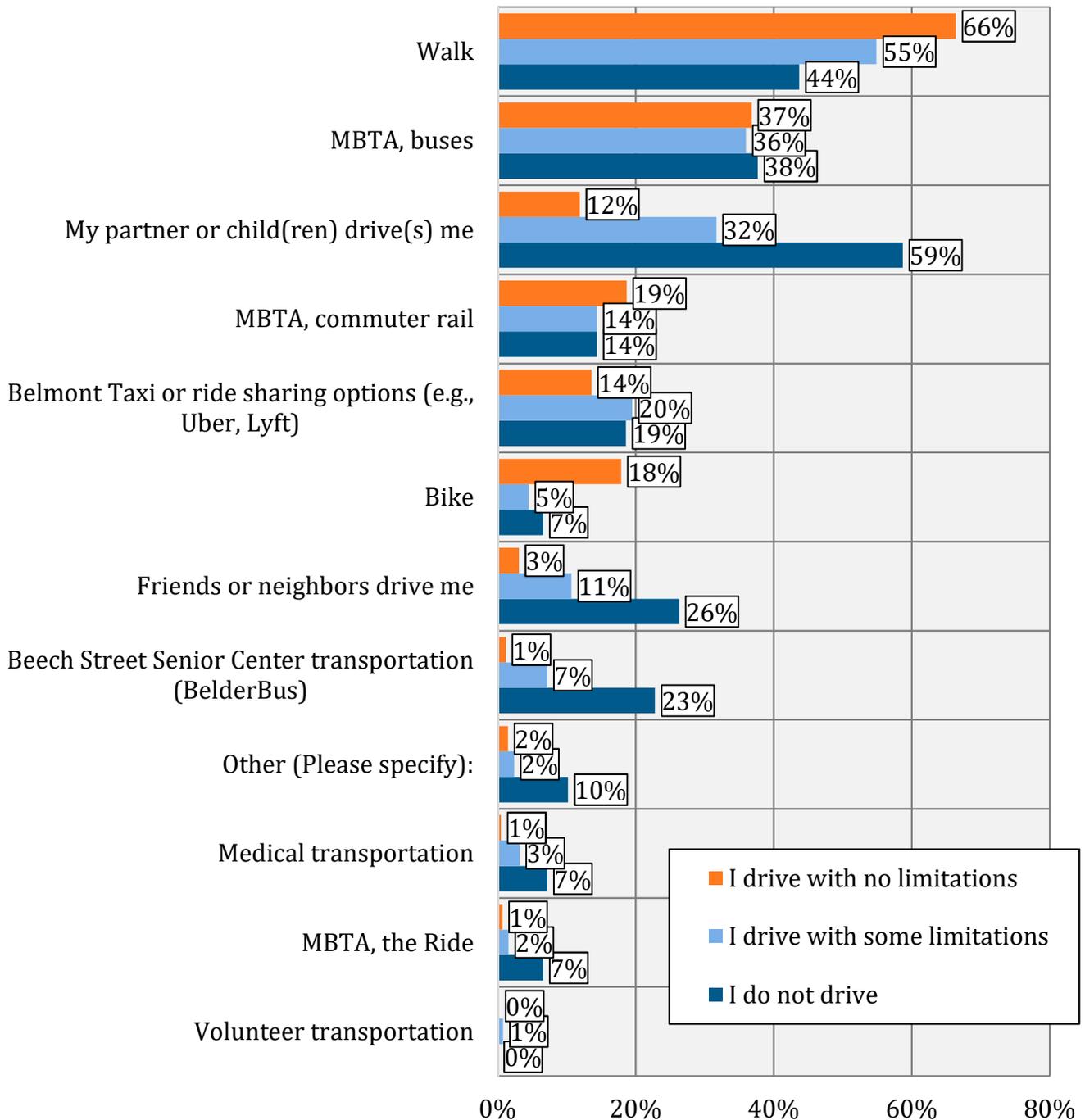
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast 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, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation.

Survey results show that about 9% of respondents do not drive, and an additional 11% drive with some limitations (Q13, Appendix A). The proportion of those who limit their driving or cease driving altogether rises with age, as presented in **Figure 20**. For example, 11% of those in their 60s report modifying their driving in some way compared to 22% of those in their 70s and 32% of those age 80 or older. Almost a quarter of respondents age 80 or older reported not driving at all.



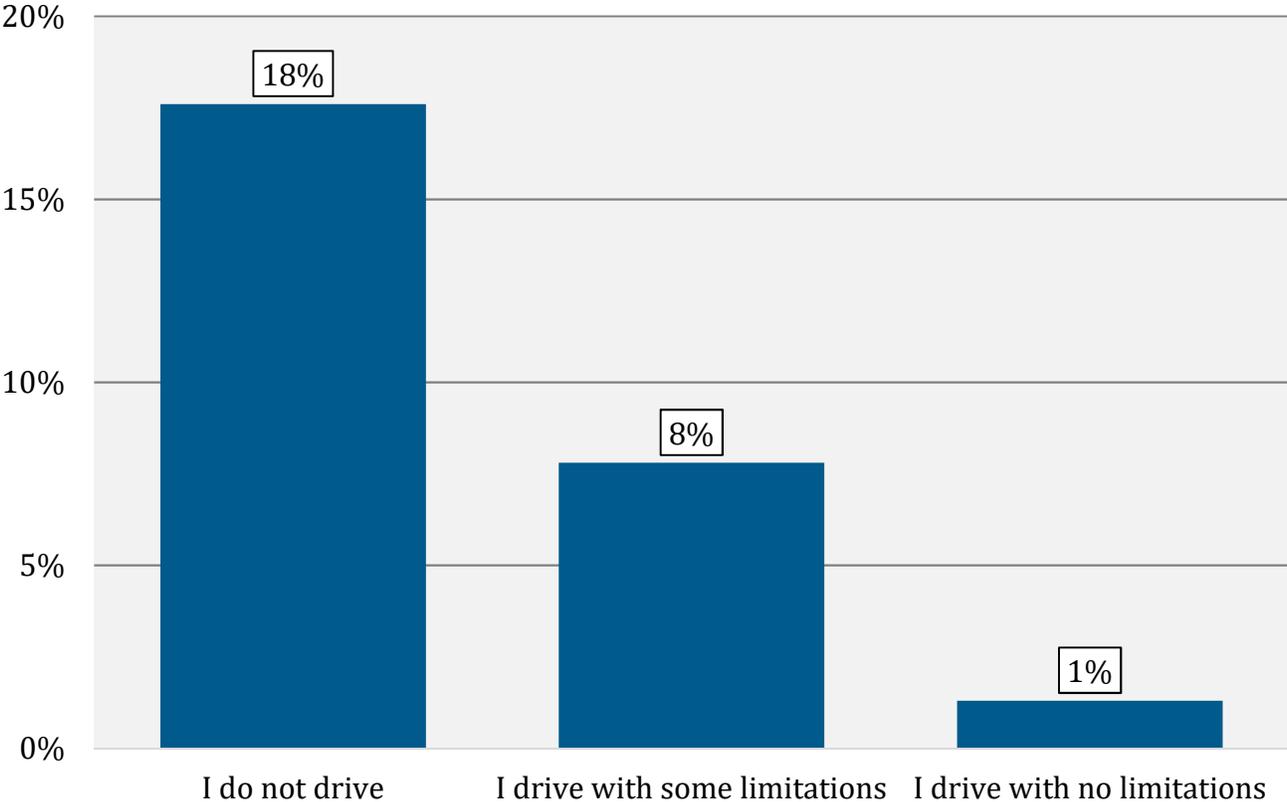
When it comes to how people get around Belmont, most drive themselves (Q12, Appendix A). Walking was the second most selected mode of transportation among all respondents (59%) and remained a top selection when comparing responses by driving status. Figure 21 shows that for those who drive with some limitations—reliance on a partner or child (32%) or MBTA buses (36%) is how they supplement their transportation needs. For those who do not drive at all—they also rely on informal supports such as a partner or child (59%) and friends or neighbors (26%) but also 38% of them use the MBTA bus services and 23% use the Belderbus, provided by the Beech Street Center. Alternative transportation services, such as through the MBTA and Beech Street Center are critical for those who need them most.

Figure 21. Primary ways respondents meet their transportation needs, by driving status



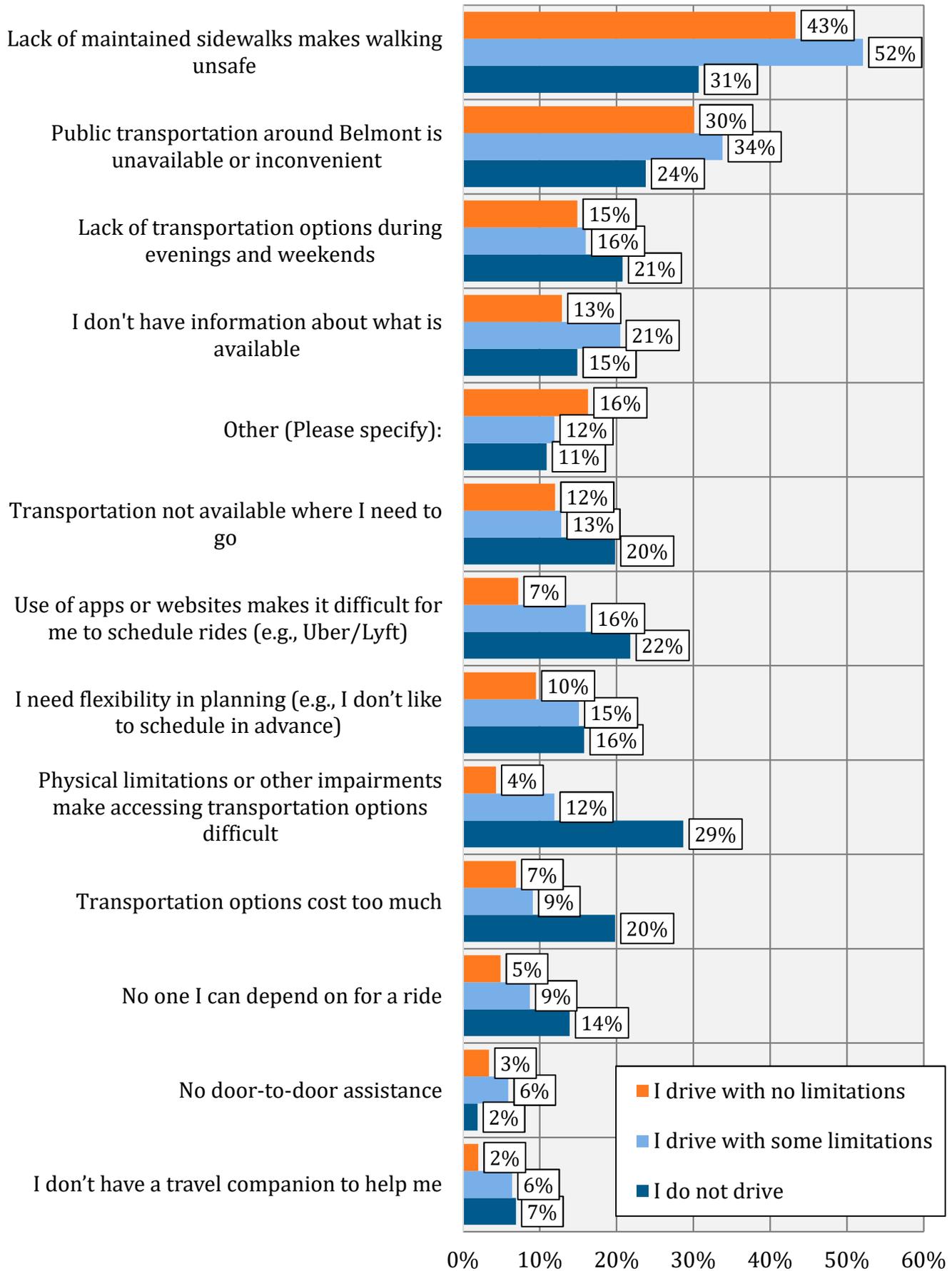
Transportation barriers can limit a person’s access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, cancelled, or rescheduled a medical appointment because of a lack of transportation. A small share of respondents (4%) reported “yes” when asked if they have had to miss, cancel, or reschedule a medical appointment due to lack of transportation (Q15, Appendix A). When considering driving status, however, 8% of those who drive with limitations and 18% of those who do not drive reported “yes” to this question (Figure 22).

Figure 22. Percent of respondents who have had to miss, cancel, or reschedule a medical appointment because of a lack of transportation, by driving status

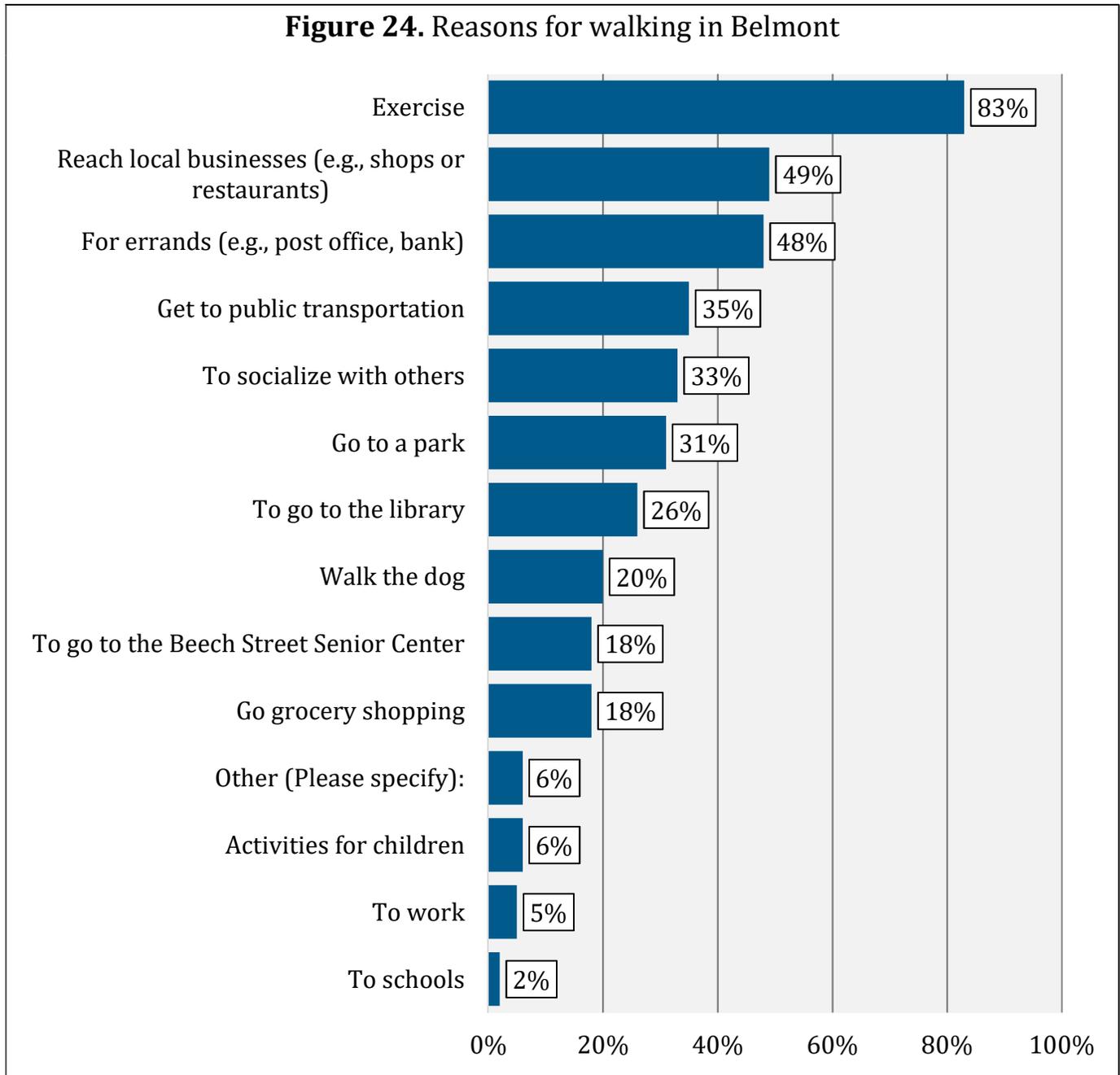


Over a third of survey respondents selected at least 1 difficulty getting transportation that they need (n=725); that share increases to 60% of respondents who drive with some limitations and 59% of respondents who do not drive at all (Tabulations not shown). **Figure 23** presents the transportation challenges encountered by those who have experienced at least one difficulty, by driving status. Lack of maintained sidewalks was most frequently cited challenge for all respondents who have experienced transportation difficulties. Public transportation around Belmont being unavailable or inconvenient was selected by 34% of respondents who drive with limitations, 30% of drivers, and 24% of non-drivers.

Figure 23. Difficulties getting transportation, by driving status, among respondents who have experienced at least one difficulty

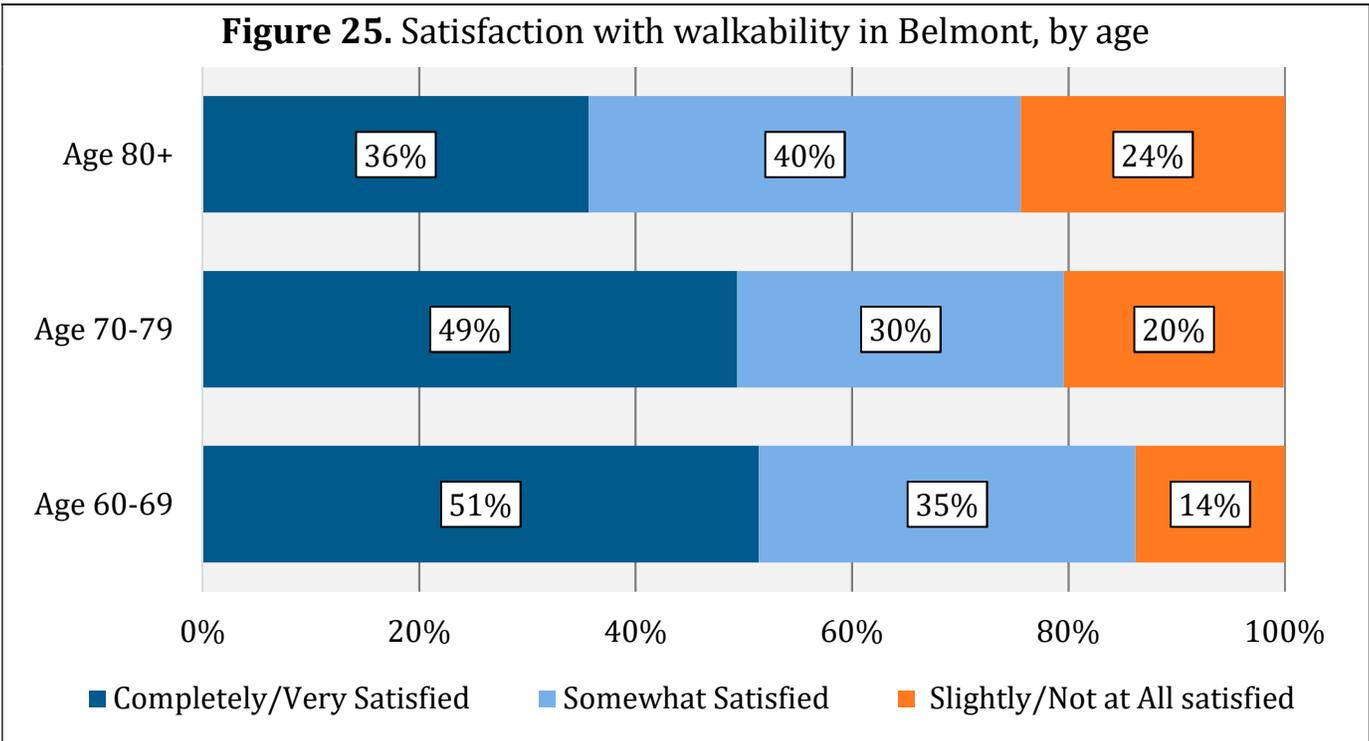


Nearly all respondents (97%) identified at least one reason for walking in Belmont. Respondents in their 60s and 70s selected an average of 4 reasons while respondents age 80 or older selected an average of 3 reasons (tabulations not shown); although the share of respondents selecting each reason differs by age, the rank order of reasons for walking is consistent across age groups (**Q17, Appendix A**). As shown in **Figure 24**, exercise was the top reason for walking (83%) among survey respondents, followed by reaching local businesses (49%) and running errands (48%).



About 47% of respondents are completely or very satisfied with walkability in Belmont, 34% somewhat satisfied, and 19% slightly or not at all satisfied (**Q16, Appendix A**). The share of respondents who are slightly or not at all satisfied with the walkability around town increases from 14% of respondents in their 60s, 20% of respondents in their 70s, and 24% of respondents age 80+ (**Figure 25**).

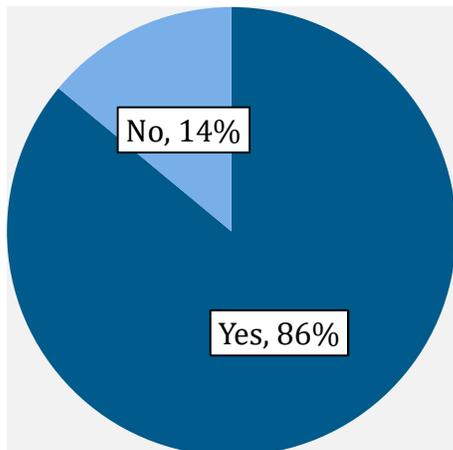
Figure 25. Satisfaction with walkability in Belmont, by age



Social Activities & Relationships

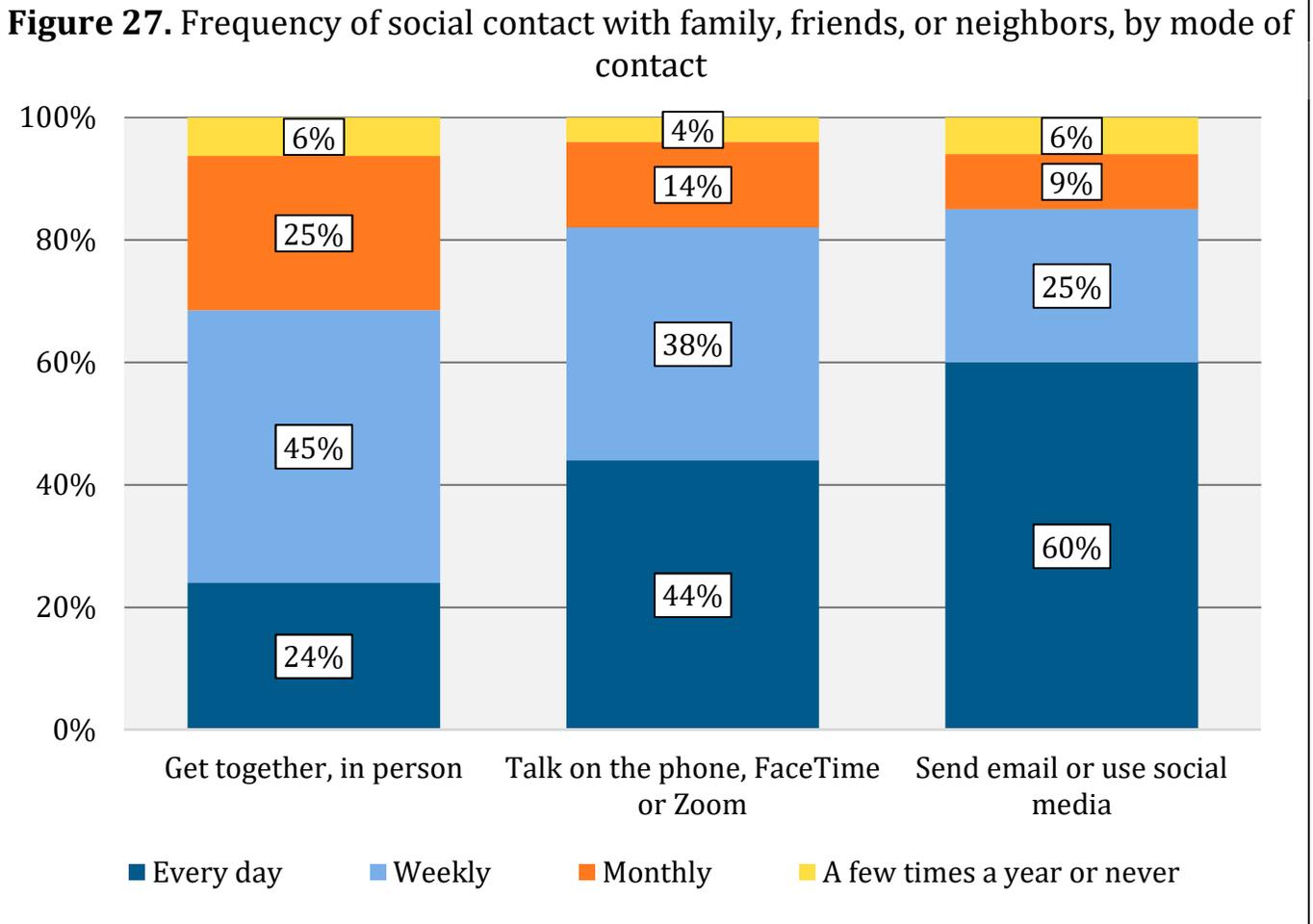
Social activities and relationships shape wellbeing for individuals of all ages. Indeed, the absence of social relationships may have a substantial negative impact on health as behaviors such as smoking or overeating. Many older adults are at high risk for social isolation, especially if their health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

Figure 26. Do you know someone living close by on whom you can rely for help when you need it?



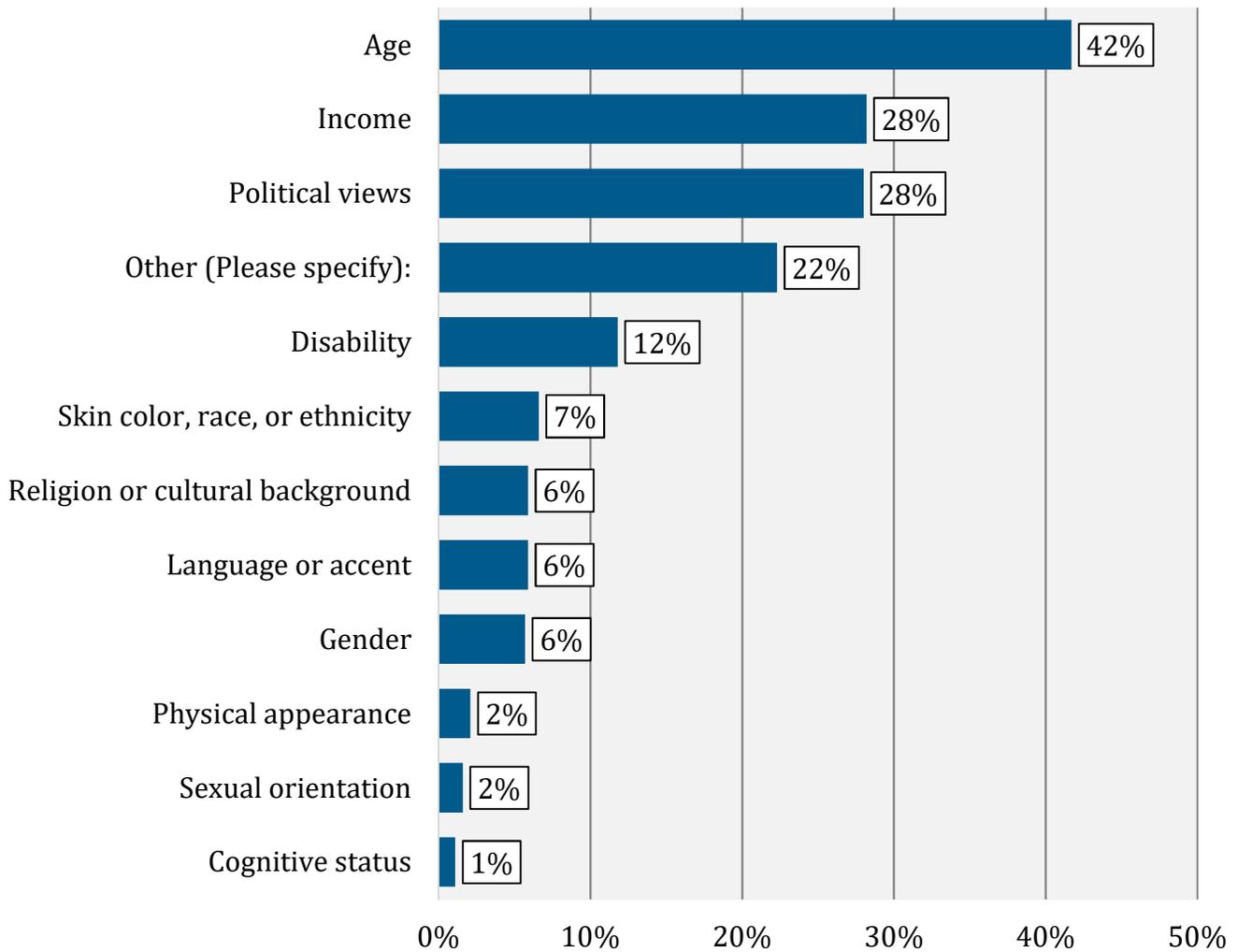
Openness to help others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living nearby on whom they could rely for help when needed, 15% of all respondents said they did not (**Figure 26**).

The majority of survey respondents speak with someone or use email or social media on at least a weekly basis to connect with family, friends, or neighbors (**Figure 27**). Although 69% of respondents get together in person with someone at least weekly, 31% of survey respondents only get together monthly or less frequently. Survey respondents report social connections by email or social media most frequently, with 85% using these methods at least weekly. This method of social connection is the only one with a notable difference across age groups: 13% of respondents age 80+ never or infrequently send email or use social media, whereas 4% of respondents in their 60s and 70s use electronic communication this infrequently (**Q18, Appendix A**). Individuals who have infrequent contact with friends or relatives represent important groups to target efforts aimed at reducing isolation and, more generally, improving emotional well-being.



Overall, 23% of survey respondents reported feeling excluded in Belmont over the past 5 years (tabulations not shown). Among them, age (42%), income (28%), and political views (28%) were the most commonly reported reasons for feeling excluded. About 22% of those who have experienced feeling excluded reported an “other” reason.

Figure 28. Reasons for feeling excluded in Belmont over the past 5 years, among respondents who have felt excluded



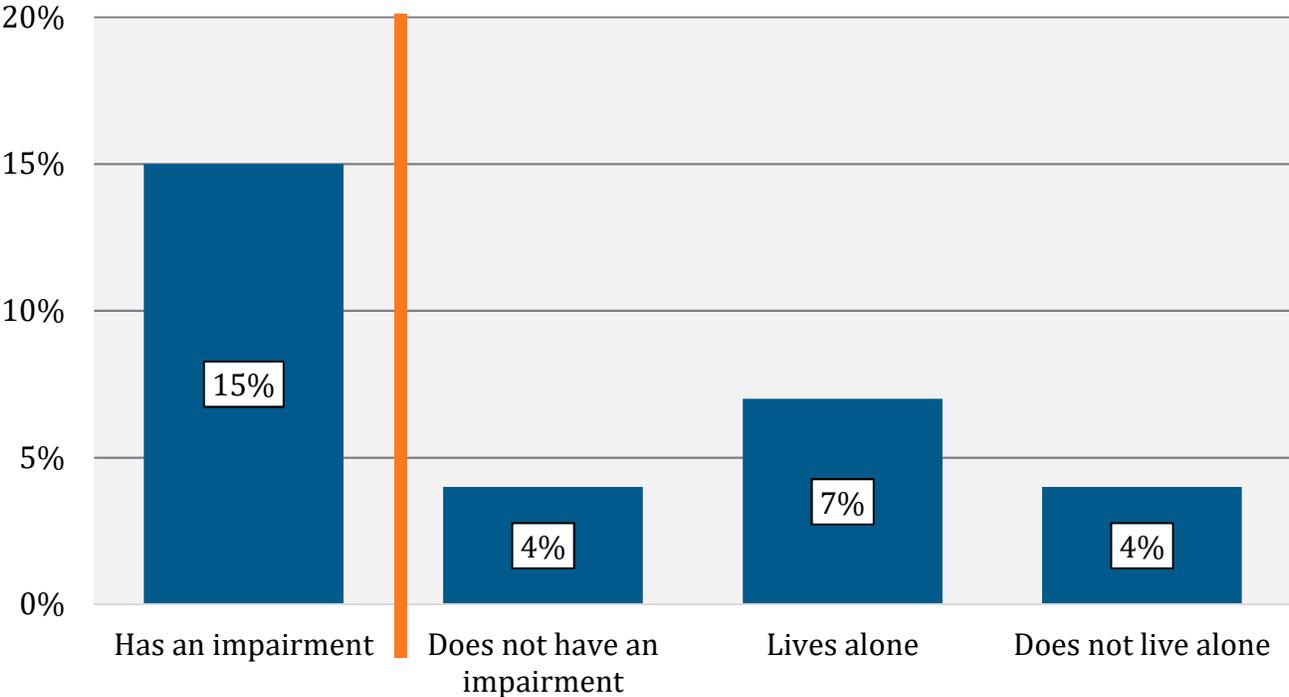
Health & Caregiving

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

Survey participants were asked to report whether they had an impairment that limits their ability to participate in community activities. Although 13% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 7% of those in their 60s and 9% in their 70s reported having an impairment that limits their ability to participate in the community. This share increases to 31% of respondents age 80 or older (**Q21, Appendix A**).

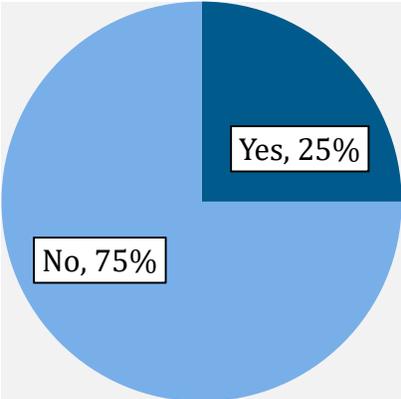
Health status can influence one’s ability to perform household tasks or participate in community activities, and this is the case for some Belmont older adults. Among the 61% of survey respondents who do require help to meet their needs, most have enough help from family, friends, or paid helpers at this time (Q22, Appendix A). About 15% of respondents with an impairment or condition that limits their ability to participate in the community do **not** have enough help to meet their needs, which is more than three times greater than the share of respondents who do not have an impairment (Figure 29). A slightly higher share of respondents who live alone reported not having enough help (7%) compared to those who live with others (4%).

Figure 29. Percent that do **NOT** have sufficient help to meet their needs, by disability status and living arrangement



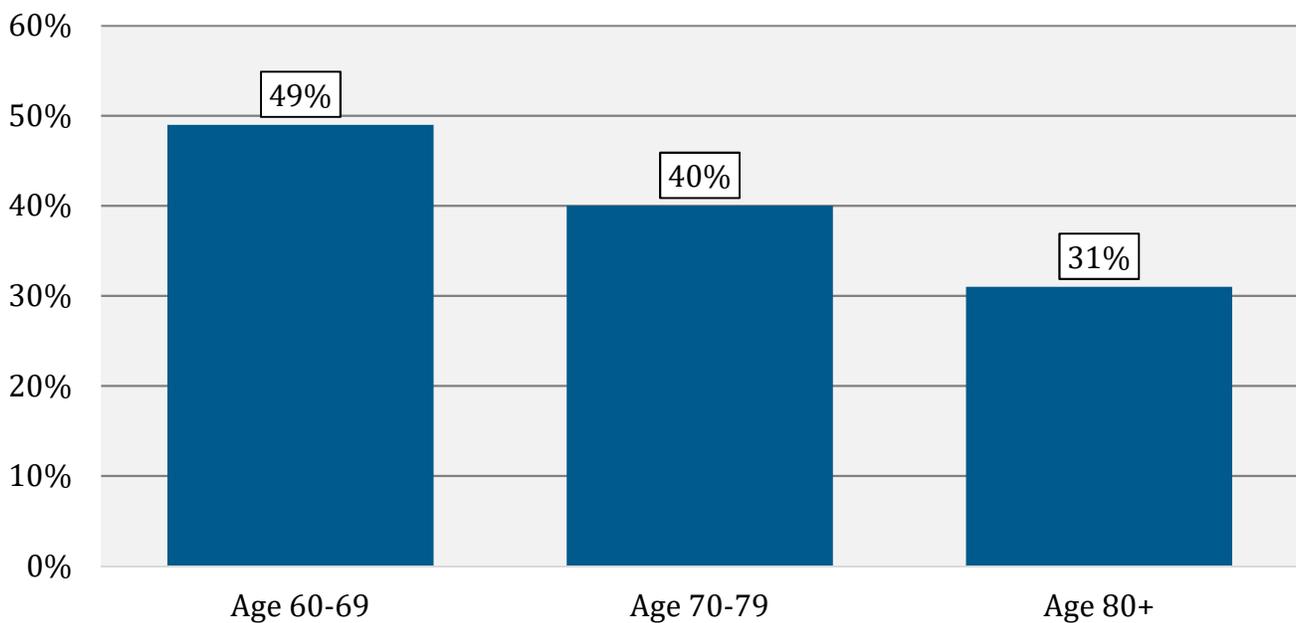
A quarter of survey respondents have been affected by substance misuse (Figure 30). That figure is highest among respondents in their 60s (32%; Q23, Appendix A).

Figure 30. “I have been, or I have friends or family members who have been, affected by substance misuse (such as misuse of alcohol, prescription medication or illegal drugs).”



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 individuals⁶. About 41% of Belmont survey respondents reported that they are currently providing care or have provided care or assistance to a person who is disabled or frail in the past five years (**Q25, Appendix A**). That share is highest among respondents in their 60s (49%) (**Figure 31**).

Figure 31. Percent of respondents who are currently or have in the past 5 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend), by age



Caregivers were asked to indicate which conditions were experienced by their care recipient; the most frequently marked condition was frailty or mobility impairment (such as difficulty walking or climbing stairs; 60%), while 30% of the people the survey respondents cared for were living with a chronic disease such as cancer, diabetes, asthma, or Parkinson’s (**Q28, Appendix A**). More than one quarter of the caregivers reported caring for someone with Alzheimer’s disease or other dementias (27%), and 26% reported caring for someone with undiagnosed forgetfulness or confusion. Many respondents checked multiple responses to this question, indicating that their care recipient had more than one disability.

Most of those who have provided care or assistance to someone within the past 5 years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities (57%) (**Q26, Appendix A**). A slightly higher share of caregivers in their 60s (66%) reported their experience as somewhat or very challenging compared to 55% of respondents in their 70s and 57% of those age 80 or older. (**Figure 32**).

⁶ <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>

Figure 32. Degree of difficulty balancing caregiving and other responsibilities, with family, personal health, and/or work, among caregivers

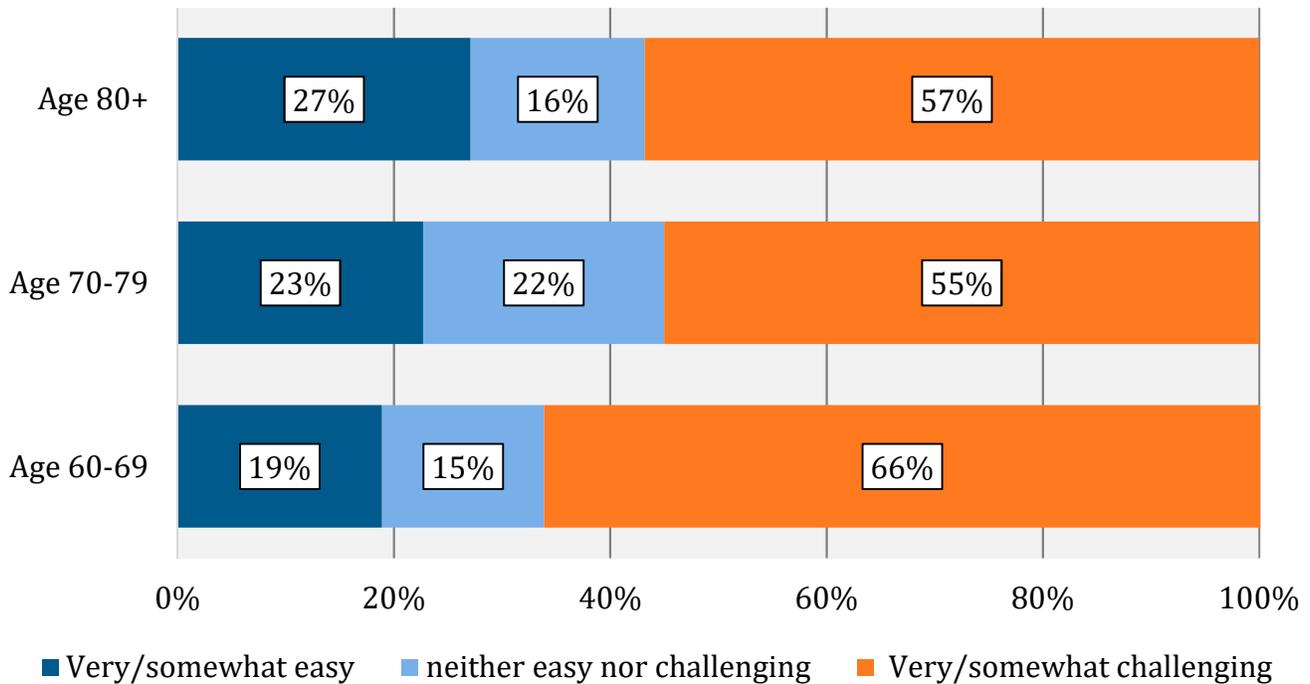
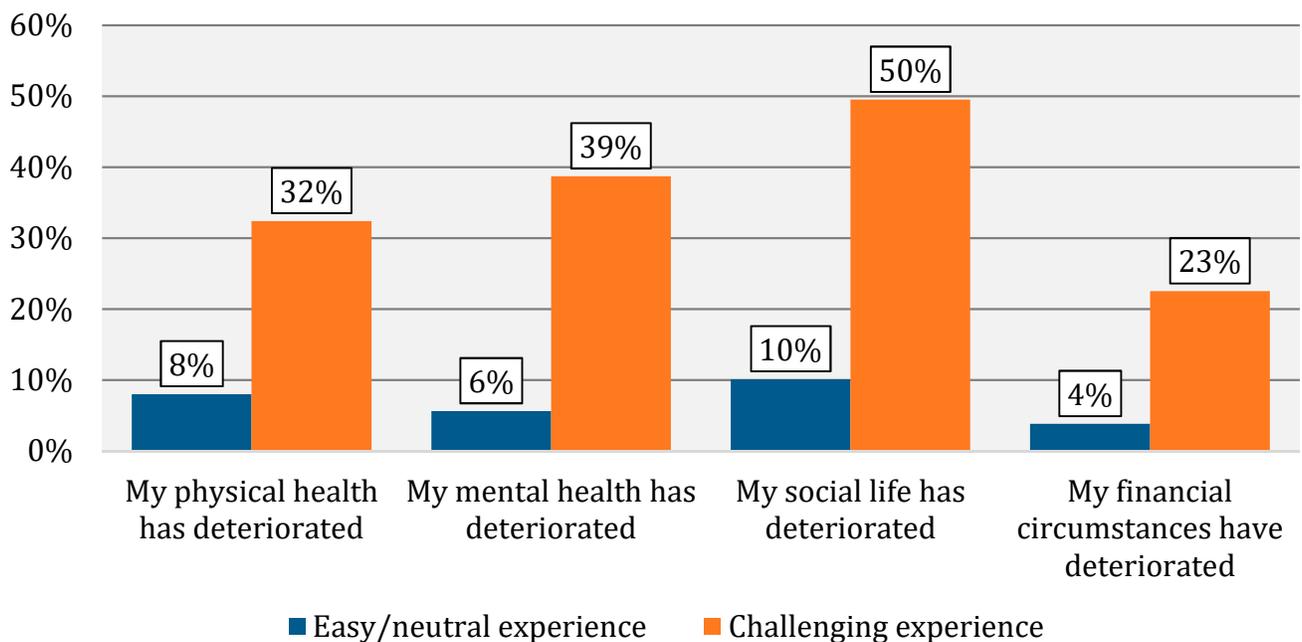


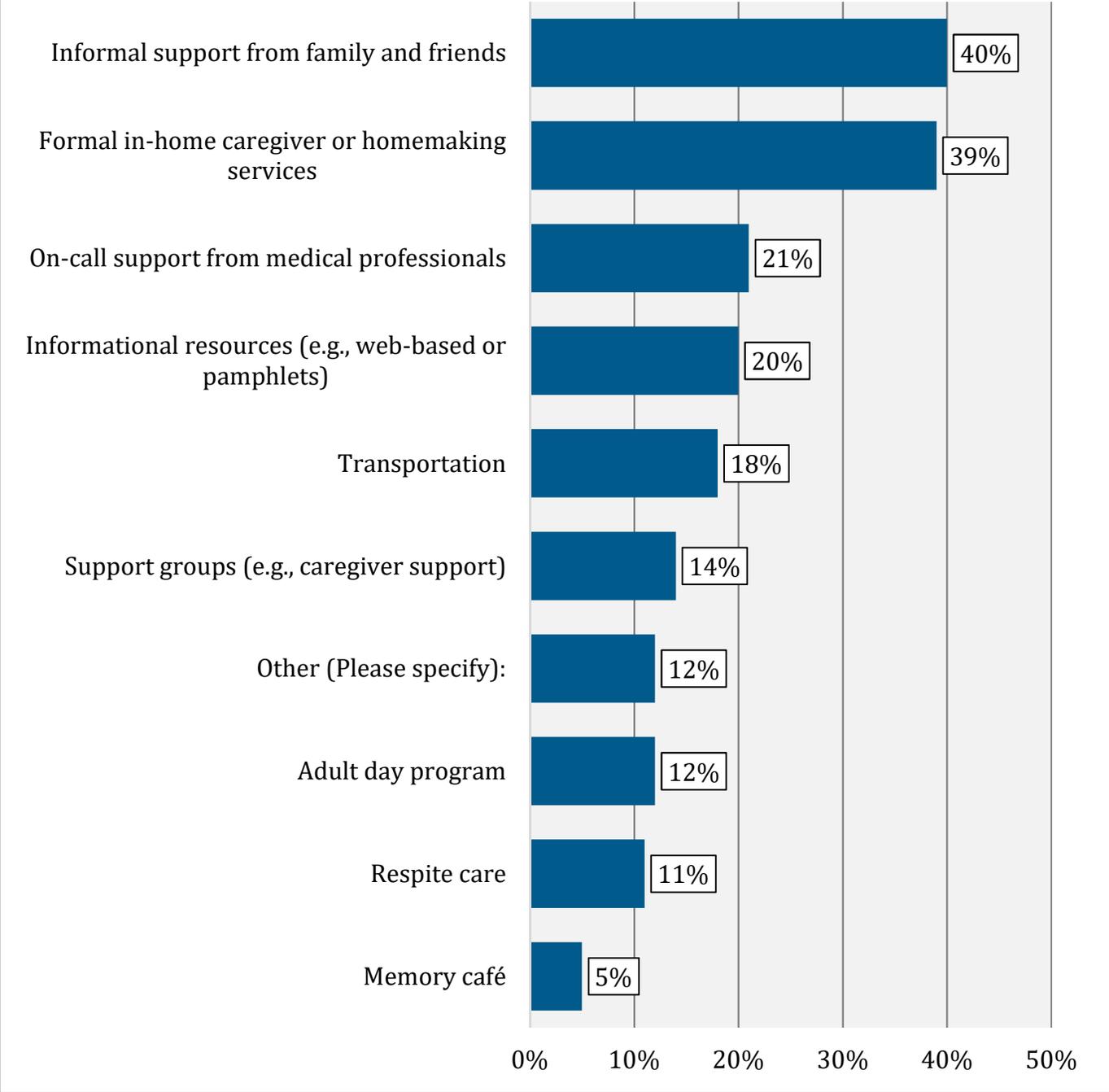
Figure 33 shows the implications of what can sometimes be challenging caregiving scenarios. Half of Belmont caregivers who described their experience as challenging also reported that their social life had deteriorated; this compares to 10% of caregivers who rated their experience of providing care as easy or neither easy nor difficult. Caregivers who had a difficult time providing care also experienced worsening mental health (39%) and physical health (32%), as well as declined finances (23%).

Figure 33. Deterioration experienced by caregivers



We then asked caregivers what supports were, or would have been, most valuable during their time as a caregiver, presented in **Figure 34**. Informal support from family and friends was selected by 40% of caregivers, followed by formal in-home caregivers or homemaking services, reported by 39% of caregivers. A fifth of caregivers identified on-call support from medical professionals (21%) and informational resources about accessing services and programs as valuable. These findings suggest that caregivers value a combination of direct clinical care, social services, and emotional supports for them and their care partners.

Figure 34. Most valuable supports for caregivers

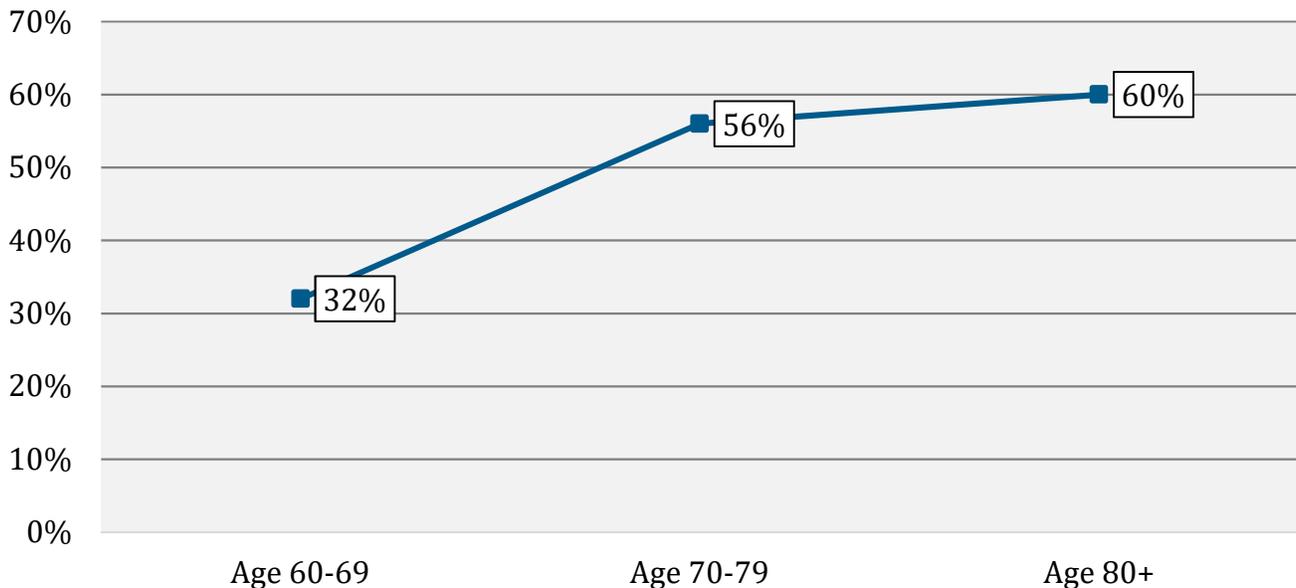


Current & Future Programs & Services at the Beech Street Center

Local Council on Aging (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.

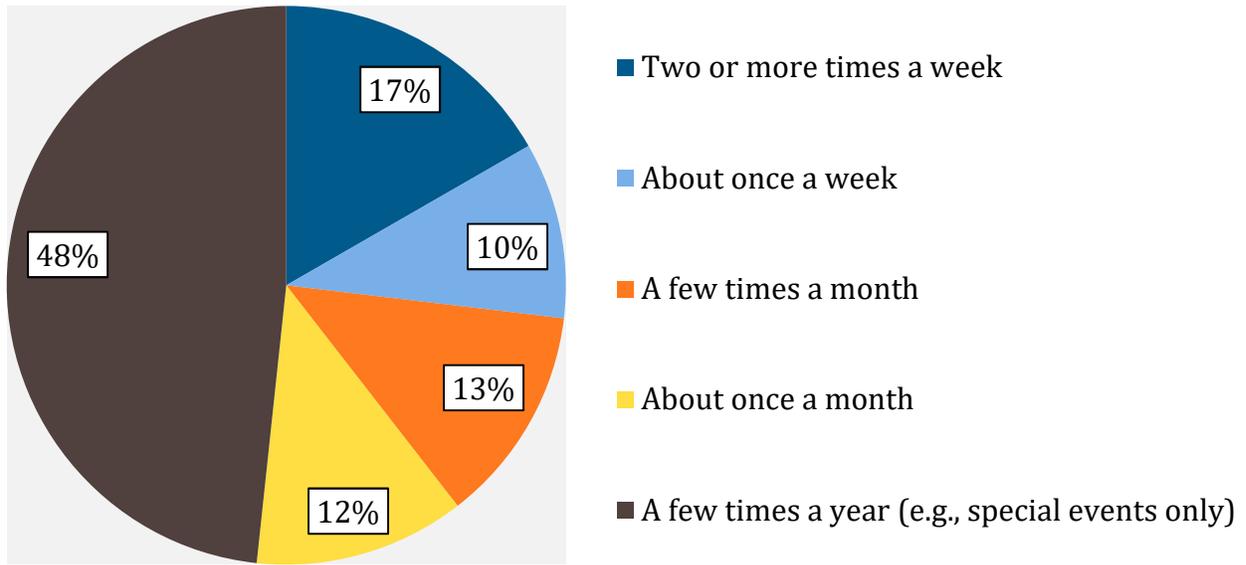
Survey results suggest that participation in programs and use of services offered by the Beech Street Center is more common among older residents. As shown in **Figure 35**, 32% of those age 60 to 69 have used programs or services offered by the Beech Street Center, while 56% of those age 70 to 79 and 60% of those 80 and older indicated they have participated in programs or used services provided by the Center. This age-graded pattern of usage is not unusual in Councils on Aging and may reflect the increasing value of the Beech Street Center as one ages.

Figure 35. Participation rates at programs and services offered by the Beech Street Center, by age



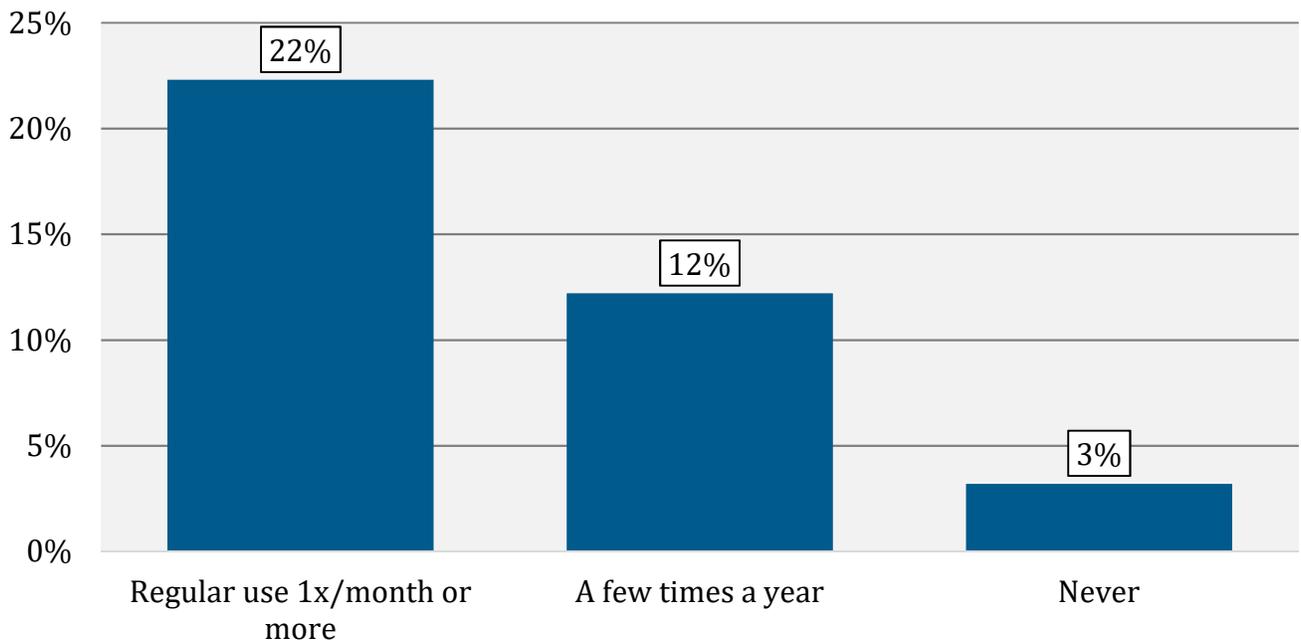
Of those who do use the Beech Street Center, 48% only participate a few times a year, while 27% of COA participants attend programs and services at least once a week (**Figure 36**). This range of participation level highlights the broad continuum of affiliation with the Beech Street Center, with many residents participating just periodically, while others include engagement with the Center as part of their regular weekly schedule. Considering ways to increase the reach of the Belmont COA and Community Services Department 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 Beech Street Center, excluding those who selected "never"



Only 10% of survey respondents reported that they attend other Councils on Aging/senior centers (Q35, Appendix A), but that share differs when considering how frequently respondents participate at the Beech Street Center. As shown in Figure 37, 22% of respondents who attend the Beech Street Center regularly (i.e., once a month or more frequently) also visit other COAs. Among those who participate at the Beech Street Center infrequently, 12% go to other COAs, and 3% of those who never participate at the Center also do participate elsewhere.

Figure 37. Share of respondents who visit other Councils on Aging/senior centers, by frequency of attendance at the Beech Street Center



The following two figures present findings related to barriers and facilitators to participation at the Beech Street Center. Results are presented for those who participate at the Beech Street Center regularly (i.e., at least once a month), those who participate infrequently (i.e., a few times a year), and non-participants (respondents who never attend). Results for all respondents and age groups can be found in **Appendix A**.

Figure 38 presents the factors that limit participation at the Beech Street Center by frequency of current participation at the Center. Respondents who participate at the Beech Street Center a few times a year had the same top four most frequently selected limitations as non-participants, but at lower rates. For example, the majority of non-participants (69%) do not know what is offered, and about a third reported still working as a barrier to participation; these were selected by 20% and 22% of infrequent participants, respectively. Nearly 31% of non-participants and 30% of infrequent participants reported they did not need the services offered and almost a quarter of non-participants and 22% of infrequent participants reported not being interested in programs offered. Both regular and infrequent participants reported participating in programs elsewhere (10% and 15%) and lack of parking at the Beech Street Center (17% and 10%) more frequently than non-participants. A quarter of regular participants selected “Other,” which was selected by 14% of all survey respondents. Among all respondents who selected “other,” written responses can be summarized into the following themes: (1) not needing or being interested in the programs and services offered but expect to in the future, (2) being too busy with other responsibilities and leisure activities, and (3) desire for more/different programs.

When asked to indicate what would make it more likely they would use the services offered by the Beech Street Center, a third of survey respondents selected “if I had more knowledge about the programs and services that are available” (**Q32, Appendix A**), though this result differs significantly when considering current level of engagement with the Beech Street Center. As demonstrated in **Figure 39**, 42% of non-participants would be more likely to participate if they had more information, compared to 35% of infrequent participants and 15% of regular participants. A third of respondents who participate a few times a year would increase their participation if ‘programs and services were better suited to my needs,’ as would 27% of regular participants and 24% of those who never participate at the Beech Street Center. Both infrequent and regular participants would be more likely to participate if programs and services were offered at night, reported by 22% and 28%, respectively. Over a third of regular participants would also be more likely to participate if there were weekend offerings, compared to 19% of infrequent and 14% of non-participants. Reducing or eliminating costs of programs was rated highly by regular participants (22%). Although 6% of regular participants would be more likely to participate if the Beech Street Center included residents of all ages, that share nearly doubles for respondents who participate a few times a year (13%) and those who never attend (14%).

Figure 38. Factors that limit attendance at the Beech Street Center, by frequency of attendance

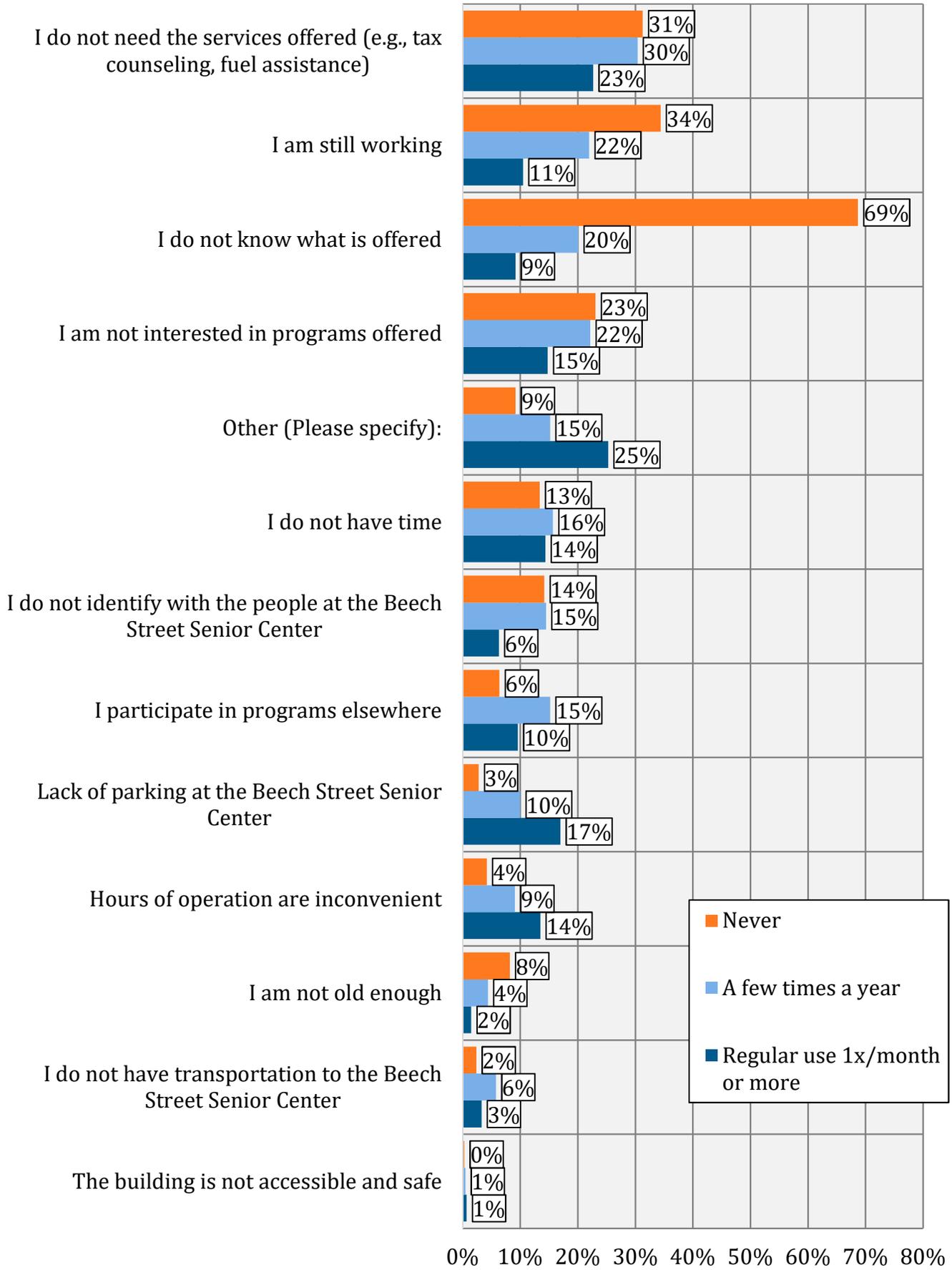
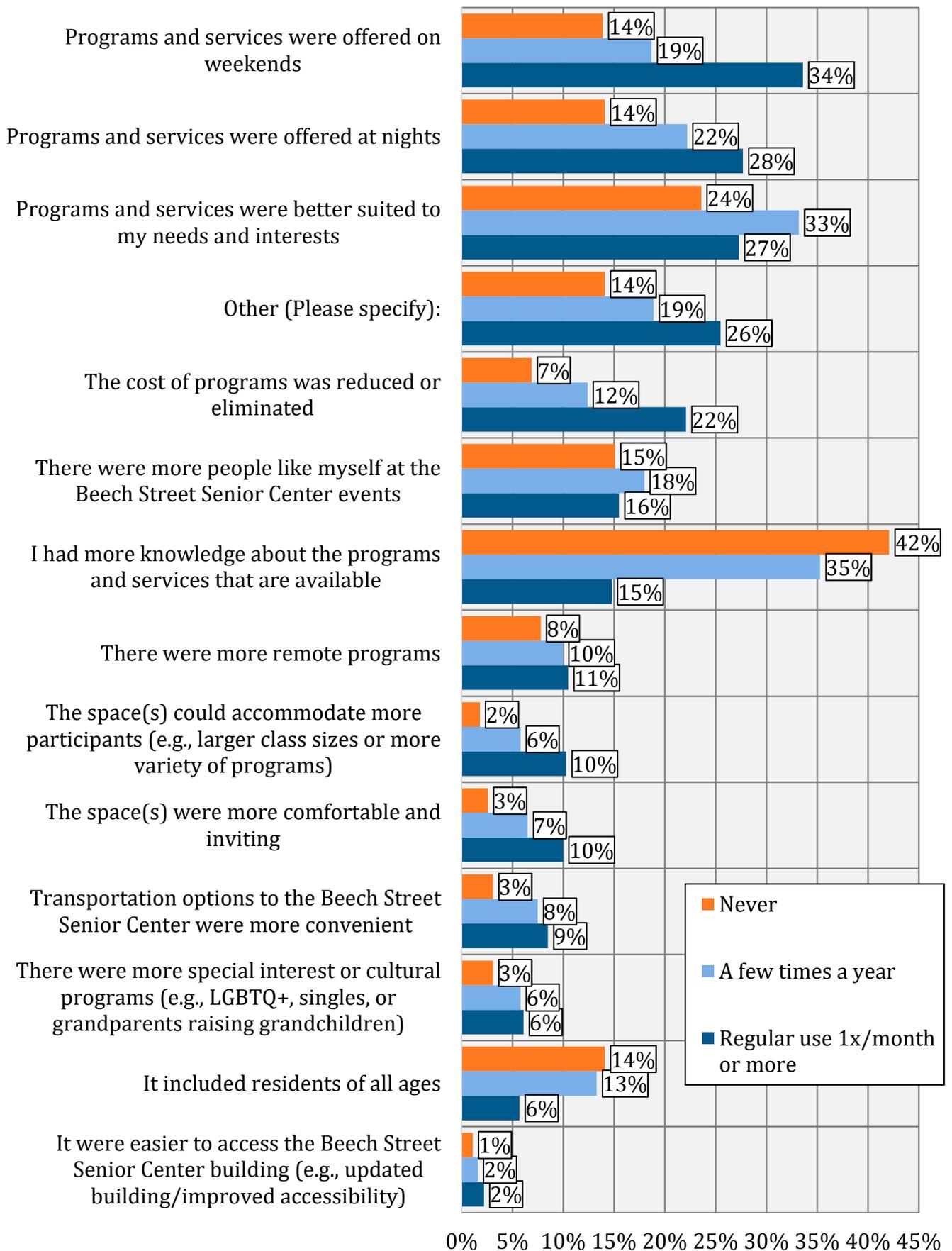


Figure 39. Factors that would increase likelihood of attendance at the Beech Street Center, by frequency of attendance



All survey respondents were asked to consider their own future needs and interests while identifying priority areas for expanding programs and services offered by the Beech Street Center. With respect to programs, about half of all respondents (52%) identified occasional guest speakers or lectures and 40% selected educational courses/programming (e.g., foreign languages or bird watching). Similarly, 43% prioritize indoor fitness (e.g., strength training, exercise equipment) (**Q22, Appendix A**).

Some program priorities differ between regular, infrequent, and non-participants of the Beech Street Center, as shown in **Figure 40**. Outdoor exercise was a priority for about a third of infrequent and non-participants, compared to a quarter of regular participants. While wellness programs were a priority for 31% of non-participants and 36% of infrequently participants, nearly 42% of regular participants prioritize these for expansion. Respondents who participate at the Beech Street Center regularly selected technology skills classes (38%) more frequently than both infrequent participants (28%) and non-participants (22%). This pattern emerged for day and overnight trips as well. Respondents who participate at the Beech Street Center a few times a year selected spaces for informal socializing, evening or weekend activities, and performances (e.g., music, theater, comedy) as priorities for expansion at significantly different rates than both regular participants and non-participants.

Regarding priorities for expanding services offered through the Beech Street Center, about 41% of respondents selected information/referral about local resources (**Q34, Appendix A**); that percentage increases to 61% among respondents who never participate in programs/services at the Beech Street Center (see **Figure 41**). Aside from information/referral, non-participants selected each of the other service options at a rate that is about equal to or less than that of both regular and infrequent participants. Approximately one-third of regular and infrequent participants identified professional services (e.g., financial planning, tax preparation) as a needed service expansion, compared to 25% of non-participants. In-home programs, such as friendly visiting or help with minor chores/errands were selected by 31% of regular participants, 26% of infrequent participants, and 17% of non-participants. Transportation to medical appointments and non-medical transportation (e.g., grocery shopping, errands) were rated highly by participants. Lastly, a quarter of respondents who participate at the Beech Street Center at least once a month identified lunch or other food offerings as priority for service expansion, which is greater than the share of infrequent participants (14%) and non-participants (9%).

Figure 40. Priorities for program expansion through the Beech Street Center, by frequency of attendance

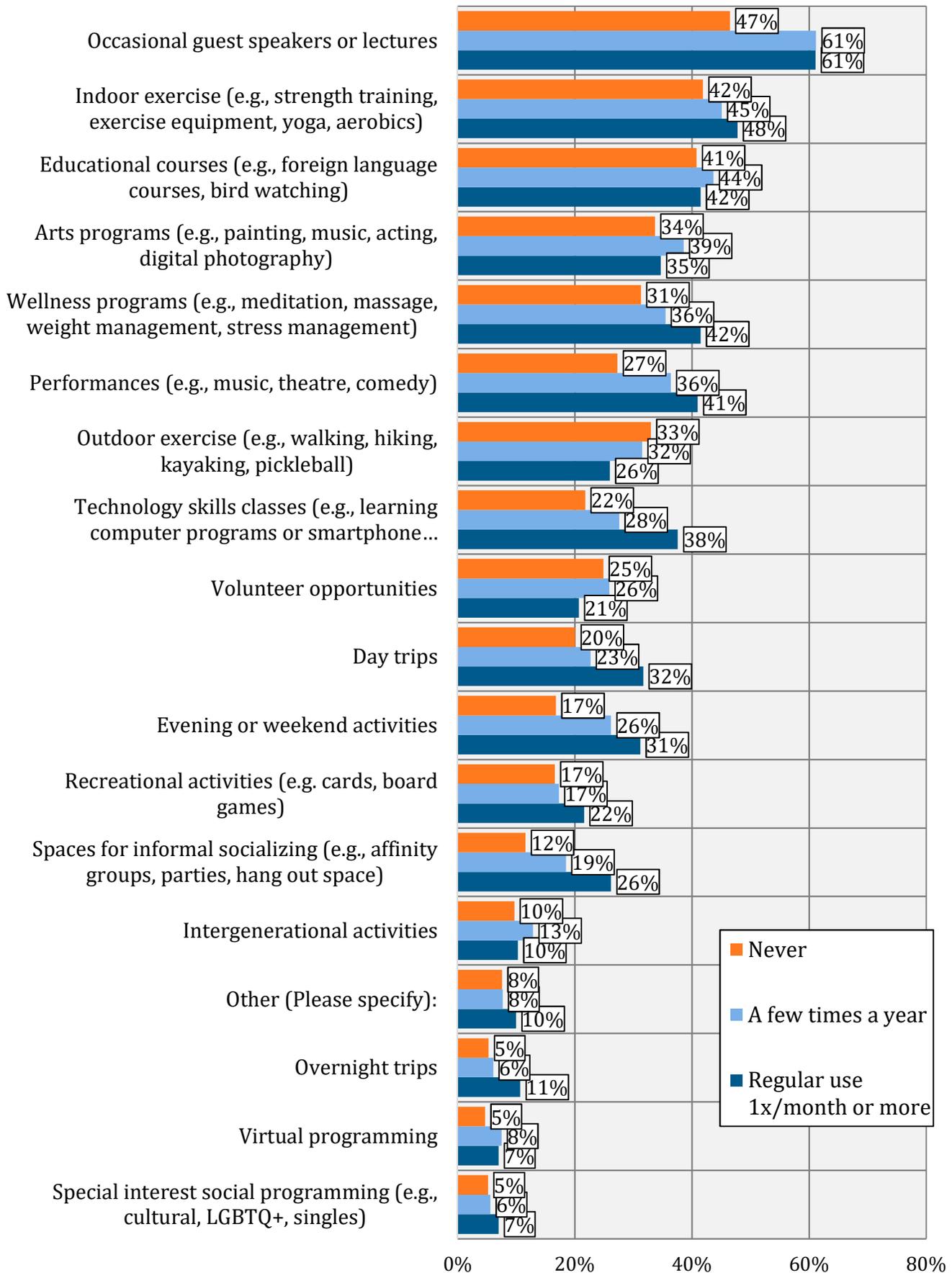
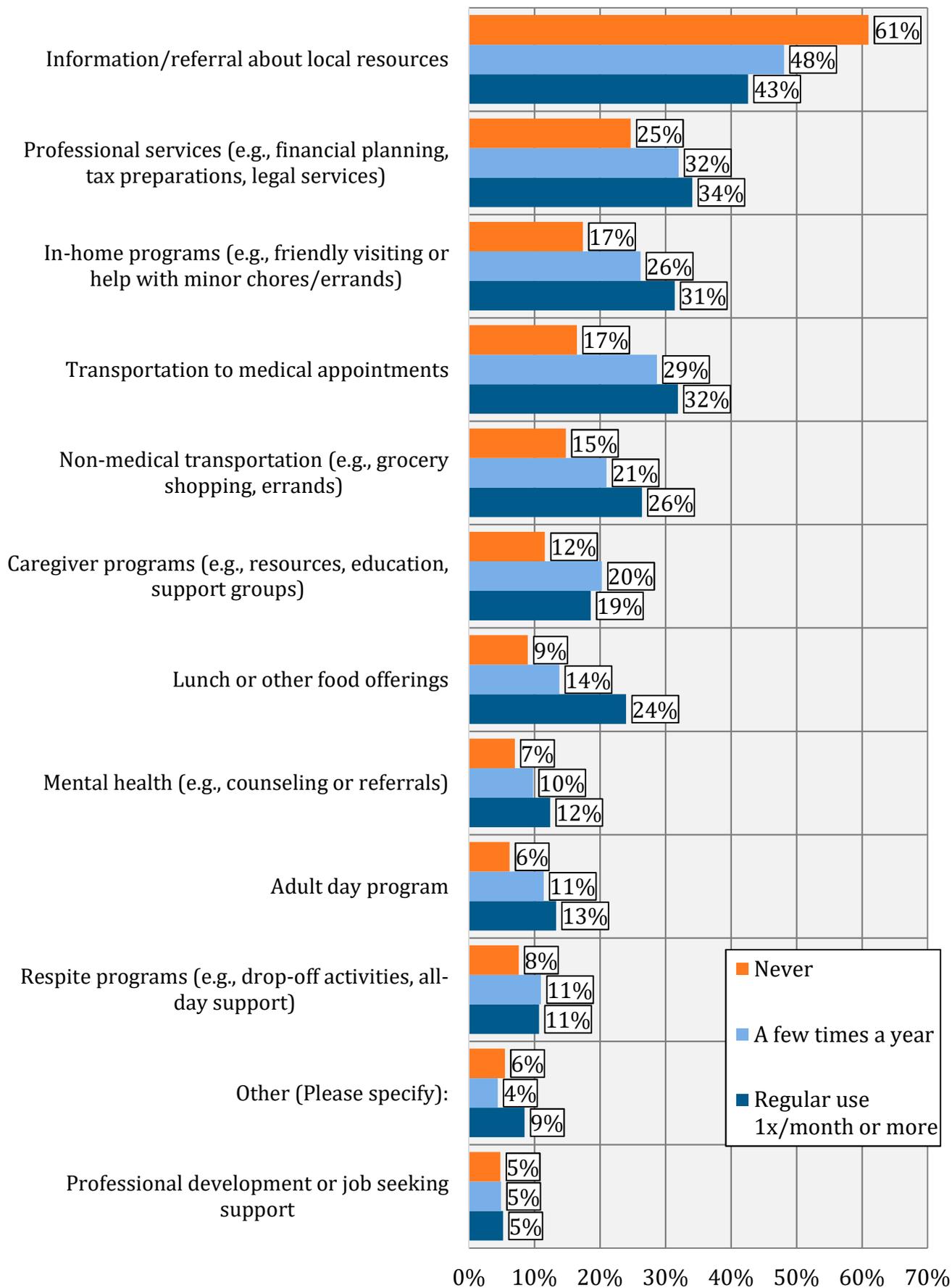


Figure 41. Priorities for **service expansion through the Beech Street Center, by frequency of attendance**



Communication & Information

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

Figure 42 shows that a large share of older adults do **not** know whom they should contact in the community if they or a family member needs help in accessing services. The percentage decreases with age (57% of those age 60-69 compared to 45% of those respondents age 80+) but is, overall, still large. It indicates an important need to provide more information on how and where to access essential social and economic resources in the community.

Figure 42. Percent of respondents who do **NOT** know whom to contact in Belmont if looking for help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home supports, or access to mental health services), by age

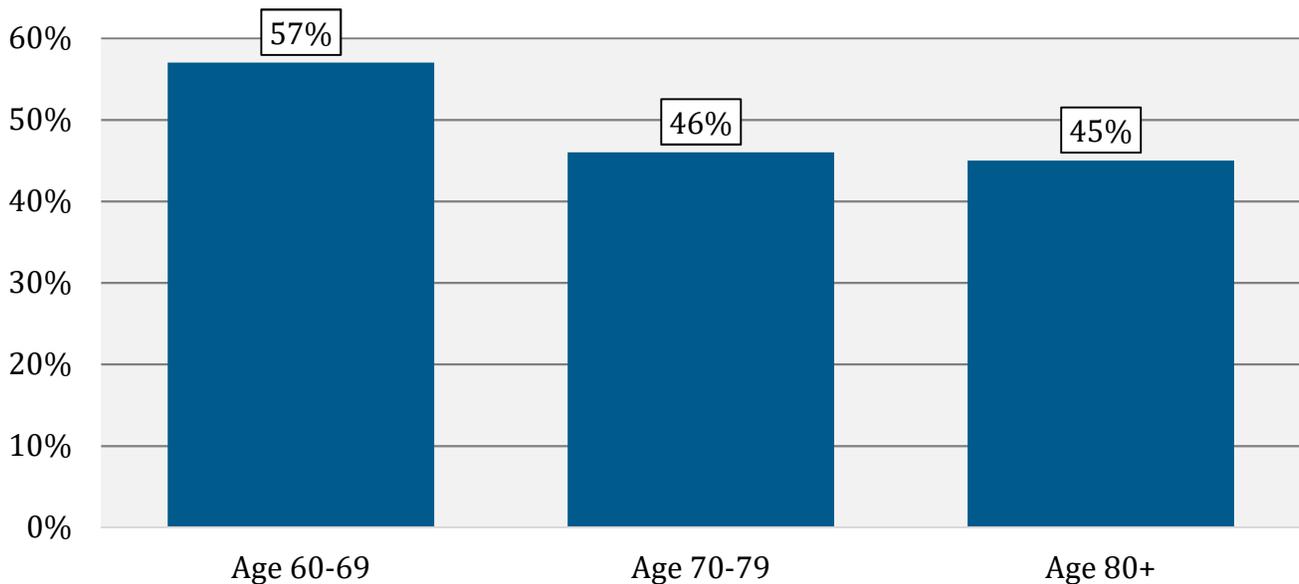
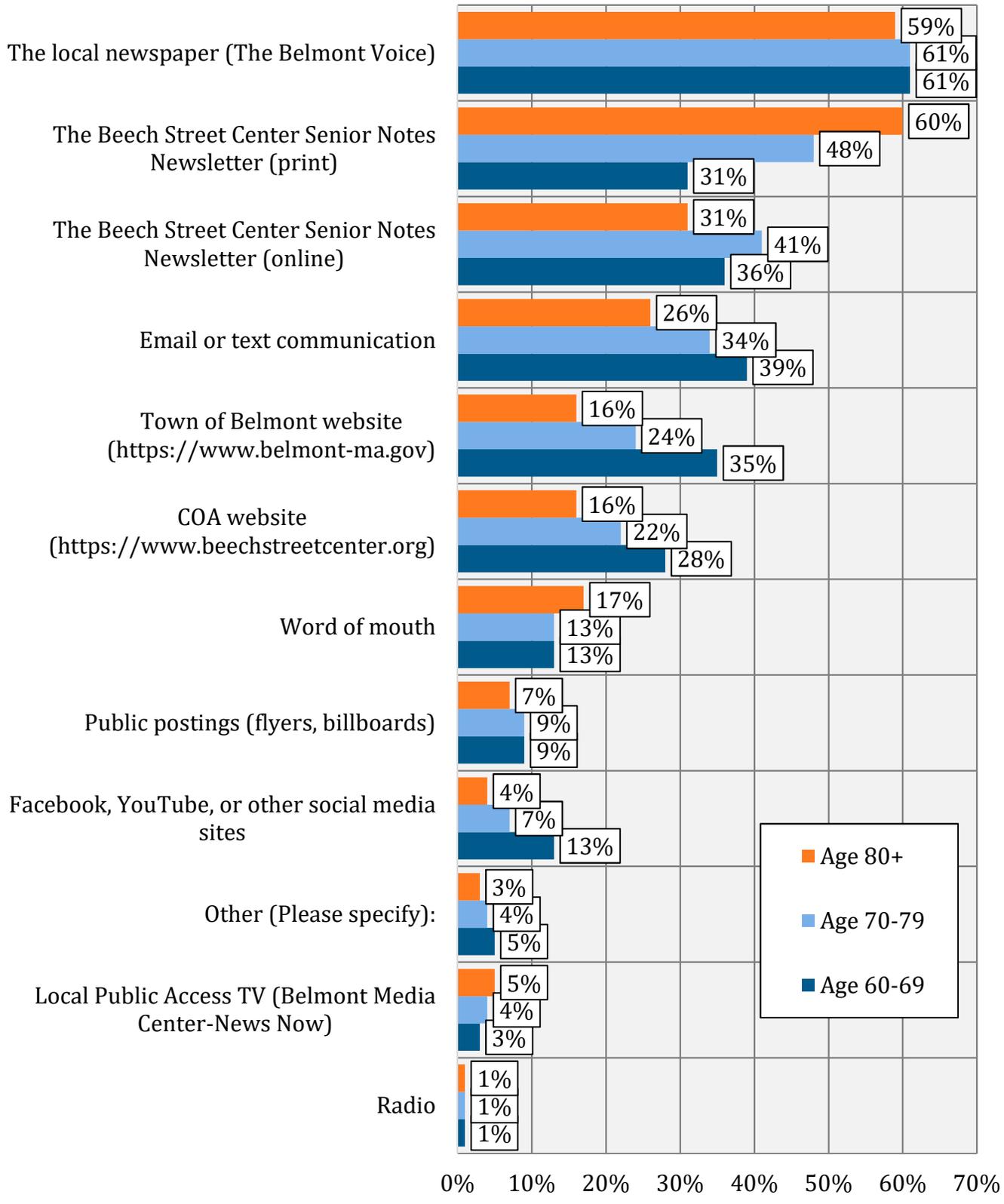


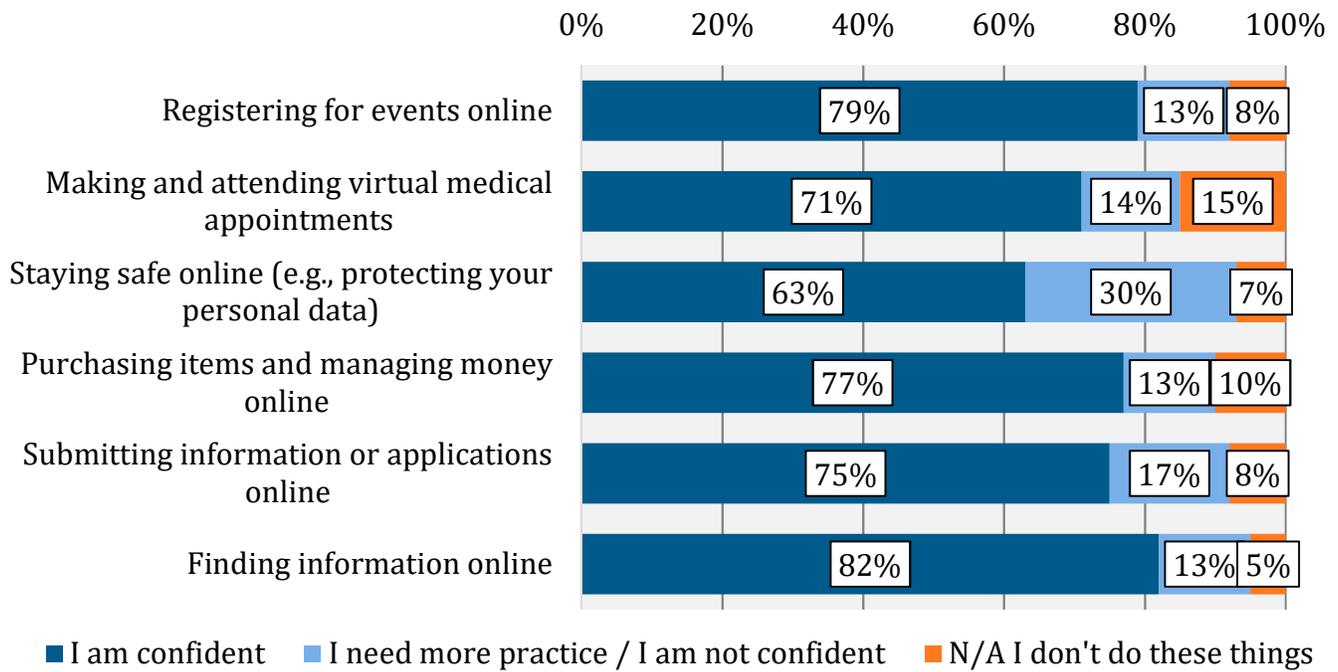
Figure 43 shows that regardless of age, local newspapers are the preferred source for information (59%-61%) about the Beech Street Center. Age differences are observed when it comes to digital sources of information (i.e., email or text, town and COA websites, and social media), which are preferred more frequently by younger respondents than older. The Beech Street Center newsletter (in print) is preferred by 60% of those age 80 or older, compared to 48% of respondents in their 70s and 31% of respondents in their 60s.

Figure 43. Preferred ways to find information about the activities and services offered by the Beech Street Senior Center, by age



Accessing information online continues to be a primary mechanism for staying informed. When asked about various online skills, respondents reported needing the most support related to staying safe online (30%) (see **Figure 44**). Tailoring technology skills programs could be an avenue of program expansion for the Beech Street Center and partners.

Figure 44. Confidence with accessing information online



At the conclusion of the survey, respondents were invited to write in any additional thoughts or comments about the Beech Street Center or about current or future needs of older residents in Belmont, and 829 participants (43%) took the time to provide additional feedback. Nearly all of the responses focused on the COA and Beech Street Center, with some broader thoughts about aging in the community (**Table 6**). A portion of responses provided positive feedback about or appreciation for the Beech Street Center, citing the COA and all it offers for older residents as important community resources. About 40% of written responses included suggestions for the COA/Beech Street Center, including recommendations to diversify the types of programs and services and to consider night and weekend hours to accommodate those who are busy during the day. Many of the suggestions are focused on improving communication about what is offered, as well as marketing efforts that effectively identify the purpose of the COA/Beech Street Center, dispelling any misconceptions about who can or cannot participate. The third category of suggestions for the Beech Street Center concentrated on the environment—feeling comfortable around other participants and staff, as well as keeping dedicated space for older residents were noted as necessary features of cultivating a welcoming and accessible environment.

The third major theme that emerged from responses to the last open-ended question represents broad concern about older residents feeling seen, heard, and represented by the Town. This sentiment was common among comments about the space-use at the Beech Street Center: almost 20% of written responses (n=155) stated a desire to keep the Beech Street Center exclusive to the Council on Aging, which was underpinned by a fear that dedicated programs, services, and space for older residents have and will continue to be reduced. Those fears may be quelled by more active communication and engagement with older residents when it comes to administrative and facility changes at the Beech Street Center, as discussed by a number of respondents. Beyond the Beech Street Center, a sizable share of written responses expressed the opinion that the needs of older residents are neither understood nor respected by local policymakers. There is an impression that Town spending prioritizes youth and families without considering the effects on older residents.

Table 6. Sample responses to the request for “additional thoughts or comments about the Beech Street Senior Center or about current or future needs of older residents in Belmont”

The COA/Beech Street Center is a valuable resource to the community
<i>“Serves as one of my security environments and home away from home. Proud of Belmont for this awareness to supports its aging citizens with/without needs.”</i>
<i>“When I was taking care of my mom whom I moved from NYC to live with me, I found the COA and the newly formed caregiver support group invaluable. The senior center provided many resources that enhanced quality of life. I'm very grateful.”</i>
<i>“While I have not yet participated much at the Belmont senior center- I am very open to doing so as I grow older + appreciate all the services + programs there. Thank you!”</i>
Suggestions for making the COA/Beech Street Center more appealing to a wider array of older residents
More variety of programs and services with expanded scheduling
<i>“Center should be open on Saturdays and open later during the week. Not all older people want to watch a movie in the afternoon when the sun is showing and I can be outdoors.”</i>
<i>“I get lonely. I WFH [work from home] 100%. want more inexpensive ways to meet local people. Would love more “third places” Beech st. is good start, but not for people who work”</i>
<i>“I know many people with graduate education and long work history who would like to volunteer in their area of expertise. Resources to volunteer would be helpful.”</i>
Clarify the identity of the COA/Beech Street Center & expand outreach
<i>“It seems that the Beech Street center offerings are geared towards needy people.”</i>
<i>“I would like and probably use the center if something was mailed to me monthly with events and programs available. I never think to search online for senior center activities”</i>
<i>“I really don't know much about what goes on there or what age users are. Maybe an annual or biannual open house or some other “introduction” for new/potential members would be helpful.”</i>
<i>“Belmont council on aging seems to be losing its identity as a separate and important entity in town”</i>
Maintaining a welcoming & accessible environment
<i>“Making sure that COA / senior center has staff and knowledgeable about senior services - professionally trained gerontologists and social workers.”</i>
<i>“The BSC needs more quiet spaces for seniors to hang out, chat, read, etc. There is not enough parking space. MORE importantly, senior need to feel that the BSC is an extension to their home where they feel support, community and engagement.”</i>
<i>“I have been to a few events there in the past few months - a few meetings and a lecture - and it strikes me as barely adequate in terms of comfort and usability of space. There are no wayfinding signs (e.g. if you're going to a meeting in Room A, there's no way to know where it is without asking someone).”</i>

Table 6. Continued

Older residents are vocal about ensuring their needs are represented in Town decisions
<i>“Despite all the great things Beech St [Center] does, it’s hard to feel like seniors count when important decisions are made without including COA + other community”</i>
<i>“If town officials are really concerned about seniors, more attention to realistic solutions (some very simple, like fixing sidewalks) should be prioritized. If Belmont really is to be a town welcoming to all generations, then it needs to change course.</i>
<i>“The sidewalks need to be a safety priority for all seniors. This expense is not prioritized as we instead spend override revenues on schools, libraries and links. I have supported all these over the years. It’s time to make aging seniors as high a priority as schools are having young families”</i>
<i>“Senior citizens have contributed much to the Belmont community... The town of Belmont currently makes me feel irrelevant and burdensome.”</i>
<i>“Just treat us with respect. We’re part of Belmont too, Belmont is not just about kids. it’s about older folks too”</i>

Conclusions & Recommendations

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 Town of Belmont. The goals of this project were to investigate the needs, interests, preferences, and opinions of Belmont’s residents aged 60 or older by engaging the community regarding their experiences and needs relevant to aging well in Belmont. These findings are meant to inform the Town of Belmont and the Belmont Council on Aging in planning for the future to ensure that programs and services offered by the Council on Aging are aligned with the needs and preferences of Belmont residents.

A broad range of findings are reported in this document, highlighting the many positive features of Belmont 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 Belmont Council on Aging, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort.

The population of Belmont residents age 60 and older is a sizeable share of the community and is expected to continue growing.

- Currently, 25% of Belmont’s 27,009 residents are aged 60 and older.
- Although the share of the population that is age 60+ has remained relatively stable since 2010, the number of older residents grew from 5,308 in 2010 to 6,229 in 2020 and is expected to continue to grow to 7,250 residents in 2035.

Recommendations:

- The Town should continue and expand its [Age-Friendly Community](#) initiatives to ensure that all departments, boards, and community partners are actively acknowledging and planning for the town’s demographic shift. This includes integrating age-friendly

principles into municipal planning, zoning, transportation, housing, and public health efforts; maintaining an active Age-Friendly Committee; and engaging residents of all ages in developing policies and programs that promote inclusion, accessibility, and well-being across the lifespan.

- In order to plan for expanded capacity for older adult services to meet the needs of a growing population of residents aging in Belmont, the Belmont Council on Aging should formulate a strategic plan. This includes identifying programming initiatives and opportunities for creative use of facilities in collaboration with related departments to strengthen partnerships with community-based organizations with the goal of delivering coordinated, accessible, and high-quality supports that promote aging in place and community engagement.

Financial insecurity, driven largely by taxes and housing expenses, is the top concern for older residents to age well in Belmont.

- 24% of Belmont residents age 65+ live alone (ACS data).
- Older women living alone are at the greatest disadvantage with respect to income, with a median household income of \$47,083—compared to \$103,676 for older men living alone and \$118,318 of all 65+ householders (ACS data).
- A moderate share of households headed by someone age 65 and older (24%) report annual incomes under \$50,000. This compares with just 9% of households headed by individuals age 45 to 64 having incomes under \$50,000. Thus, there is a sizeable segment of Belmont’s older population that is at risk of financial insecurity or economic disadvantage. (ACS data).
- 37% of homeowners 65+ and 52% renters 65+ are housing cost burdened—higher rates than for younger age groups of both owners and renters (ACS data).
- Among survey respondents who have experienced financial difficulties in the past 12 months (n=372), most experienced difficulties with home-related expenses: 55% did not have money to pay for home maintenance, 35% could not afford to pay real estate taxes, and 22% could not pay for utility bills.
- Almost half of survey respondents need home modifications to continue living in their home safely for the next 5 years: among them, 18% cannot afford to make those modifications and 10% are not responsible.
- Almost half of survey respondents need home repairs to continue living in their home safely for the next 5 years: among them, 28% cannot afford to make those modifications and 12% are not responsible.
- Focus group and interview participants cited that the town offers a limited senior tax work-off program (with a cap of \$2,000 and limited to 25 participants annually), and deferred tax payment options exist; participants agreed these measures fall short of meeting needs.
- Housing also surfaced as a pressing need. Focus group participants and survey respondents expressed a desire to downsize within Belmont but noted the lack of affordable, accessible housing options. The town’s dominant stock of two-story homes without first-floor bedrooms or bathrooms poses barriers for older adults with mobility challenges.

transparency, one participant surmised: *“These changes are being decided for us, not with us.”*

- Many older residents perceive town decision-making and spending as predominantly focused on younger residents; one survey respondent wrote, *“Just treat us with respect. We’re part of Belmont too, Belmont is not just about kids. it’s about older folks too.”*

Recommendations:

- Work collaboratively with the Community Service divisions and associated boards of directors and create a mission statement the Beech Street Center building.
- Implement a Senior [Civic Academy](#)—a brief course that educates residents about local policymaking and ways to self-advocate. Ensure that it is accessible to older residents by offering daytime sessions, considering adult learner styles, and ensuring that topics relevant to healthy aging in Belmont are included (e.g., transportation, how to access resources, and social engagement opportunities.) Participants become advocates for their fellow citizens and can serve as a pipeline of volunteers for boards and committees.
- Integrate [Reframing Aging](#) into Town communications. Language shapes how residents, policymakers, and staff perceive aging. Using positive, asset-based messaging helps reduce ageism, highlights the contributions of older adults, and supports age-friendly community goals.
- It is important that older residents know who they should contact, and for what, when they have questions or needs. Ensure that the Council on Aging website is updated to be explicitly clear about who to contact at the COA and for what issues the COA can be helpful. Consider articulating a “no wrong door” policy for accessing older adult services in Belmont to ensure that residents can access what they need, regardless of where they first enter the system.

Belmont has access to public transportation; but walkability is key to maintaining independence and connection to resources.

- One out of five survey respondents modify (11%) their driving in some way or do not drive at all (9%). This increases to 28% of those in their 70s and 55% of those in their 80s. Almost a quarter of respondents age 80 or older reported not driving at all.
- 18% of respondents who do not drive have had to miss, cancel, or reschedule a medical appointment because of lack of transportation.
- Most respondents drive themselves as a primary mode of transportation (85%) followed by 59% who report walking as a mode of transportation and 35% of respondents rely on the MBTA busses.
- When asked what transportation barriers are faced, “lack of maintained sidewalks makes walking unsafe” was the top transportation difficulty reported.
- 34% of survey respondents are somewhat satisfied, and 19% slightly or not at all satisfied with walkability around Belmont. The share of respondents who are slightly or not at all satisfied with the walkability around town increases from 14% of respondents in their 60s, to 20% of respondents in their 70s, and 24% of respondents age 80+.

Recommendations:

- Strengthen access to home repair and modification providers. Consider ways to connect residents with providers by working with partners to create a list of “handy person” workers for small repairs and accessibility improvements and work with partners to continue educating residents about home maintenance and repair practices.
- Increase community education and awareness about alternative housing options that support aging in place, including home sharing and accessory dwelling units (ADUs). The Town should provide clear information on local zoning and permitting, host educational workshops, and explore partnerships with regional home share programs to pilot local participation.
- Consider ways to partner with the Age Friendly Belmont Action Plan Committee and local business to offer an older adult discount program in Belmont.
- Review and expand existing property tax relief programs to help older homeowners remain in their homes. The Town’s Senior Tax Relief Working Group should continue to evaluate current eligibility and benefit levels, simplify application processes, enhance outreach and communication, and explore new income-based or cost-of-living-adjusted relief mechanisms that reflect Belmont’s housing market conditions.
- Continuing to offer frequent educational workshops to varied audiences in expanded locations will increase community awareness of the resources above and should be a top priority.

Older residents view being heard and respected by leaders and neighbors as essential to their sense of belonging in Belmont.

- When asked about their level of agreement with the statement, “*local town officials consider the interests and concerns of older residents*,” 31% of respondents reported that they disagreed or strongly disagreed. Among residents who have lived in Belmont for 45 years or more, this rose to 43% of respondents reporting that local town officials do not consider the interests or concerns of older residents.
- About a quarter of survey respondents reported feeling excluded in Belmont over the past five years—among them, age (42%), income (28%), and political views (28%) were the most commonly reported reasons for feeling excluded.
- 14% of survey respondents do **not** know someone living close by on whom they can rely for help when needed.
- 50% of respondents do **not** know whom to contact in Belmont if they needed help accessing social services.
- Some residents perceived the library’s temporary use of the Center during renovations, and the later addition of recreation department functions, as encroachments on dedicated space for older residents to gather, engage and learn. They expressed frustration over being excluded from decisions, describing the process as lacking

Recommendations

- Enhance older adult mobility options for transportation. Expand and promote accessible transportation options for those who are limiting their driving in some way—this includes the Belderbus, volunteer driver programs, and ride-share partnerships.
- Improve sidewalks and pedestrian infrastructure. Prioritize repair and maintenance of sidewalks in areas with high concentrations of older residents. Add curb cuts, ramps and other features to improve safety for walkers and those using mobility aids and implement clear and well-marked pedestrian crossings near transit stops, community centers, and medical facilities.
- Promote safe and accessible walking. [Develop age-friendly walking](#) maps and routes highlighting safe routes, benches, and resting areas and continue to advocate for increased lighting, signage, and traffic calming measures.

Older residents experience changing physical and psychological conditions; and those providing care to older adults need help managing this care.

- According to American Community Survey estimates, 25% of Belmont residents age 65+ report having at least one disability. Although 13% of all survey respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 7% of those in their 60s and 9% in their 70s reported having an impairment that limits their ability to participate in the community. This share increases to 31% of respondents age 80 or older
- 15% of respondents with an impairment do not have sufficient help to meet their needs.
- 25% of respondents have been affected, in some way, by substance misuse.
- About 41% of Belmont survey respondents reported that they are currently providing care or have provided care or assistance to a person who is disabled or frail in the past five years. That share is highest among respondents in their 60s (49%).
- Most of those who have provided care or assistance to someone within the past 5 years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities (57%). Half of Belmont caregivers who described their experience as challenging reported that their social life had deteriorated. Caregivers who had a difficult time providing care also experienced worsening mental health (39%) and physical health (32%), as well as declined finances (23%).
- Informal support from family and friends was selected by 40% of caregivers, followed by formal in-home caregivers or homemaking services, reported by 39% of caregivers. A fifth of caregivers identified on-call support from medical professionals (21%) and informational resources about accessing services and programs as valuable. These findings suggest that caregivers value a combination of direct clinical care, social services, and emotional support for them and their care partners.

Recommendations

- Expand access to respite options like hosting a monthly [memory café](#) or working with area senior centers to offer [supportive day programming](#) for residents needing extra support.

- Explore programming collaborations with the Belmont Department of Youth and Families, the public health nurse, and the Town’s social worker to create lifespan access to mental and behavioral health support. Consider the formation of a [peer support group](#).
- Adopt a [Dementia Friendly initiative](#) to accompany the age friendly work and ensure that residents living with the diseases and their families are included in Belmont.
- Continue to create programming that enhances multigenerational and intersectional events that tie residents of all ages together. Examples include intergenerational art or music workshops, shared volunteer projects, storytelling circles, and community celebrations that reflect the cultural, linguistic, and lived diversity of Belmont’s residents

The Beech Street Center is an invaluable resource for older adults in Belmont; and residents want to continue strengthening its capacity to expand participation among older residents.

- Despite the Beech Street Center's strong reputation among users, 20% of infrequent participants and 69% of non-participants of the Center report *being unaware of available services and programs*.
- There is a desire for more evening hours and weekend activities to include more older adults who may still be working.
- A third of respondents who participate a few times a year would increase their participation if ‘*programs and services were better suited to my needs,*’ as would 27% of regular participants and 24% of those who never participate at the Beech Street Center.
 - Users who primarily engaged with the fitness center expressed satisfaction with that entry point but wanted expanded hours, improved equipment maintenance, and clearer fee structures.
- More educational opportunities (e.g., occasional guest speakers and topical courses) and indoor fitness were identified as top priorities by all survey participants. Regular users of the Beech Street center want wellness programs, technology skills classes, and both day and overnight trips; non-users and infrequent users want outdoor exercise, and volunteer opportunities.
- Regular, infrequent, and non-users of the Beech Street Center want information/referral about local resources (e.g. fuel assistance, SNAP, health insurance counseling). Professional services (e.g. legal, financial, employment) in-home programs (e.g., friendly visiting or help with minor chores/errands), and transportation are desired by regular and infrequent users
- 24% of respondents who participate regularly at the Beech Street Center desire expanding lunch or other food offerings
- 30% of survey respondents are not confident or need more practice staying safe online (e.g., protecting personal data)

Recommendations

- Consider mailing a postcard to residents when they turn 75 explaining how to sign up for the Senior Notes newsletter.
- Increase proactive outreach efforts related to raising awareness of what services are available to residents at the Council on Aging.

- Consider the formation of regularly offered [lifelong learning](#) courses and frequent guest lectures to engage residents.
- To attract new participants, consider hosting satellite programs elsewhere in Belmont. For example, facilitate a [dinner club](#) for older adults to go to local restaurants together or [classes](#) with the Belmont Art Association.
- Consider incentives for participants to bring new people to the Council on Aging. For example, host a “newcomers’ breakfast” or offer discounts to people who refer a friend.
- Develop an orientation packet for first-time users of the Council on Aging services explaining available services and contacts.
- Prioritize creating a welcoming environment within the Beech Street Center for older adults. Continue to enhance the atmosphere of the Center by ensuring that the physical space feels warm, inclusive, and reflective of the community it serves. Consider ways to display the work and creativity of Belmont’s older residents—such as art exhibits, photography, or storytelling projects—and feature highlights of local intergenerational partnerships. Ensure that signage, lighting, and seating arrangements foster comfort and accessibility, and that visitors are greeted in a friendly and informative manner upon arrival.

Appendix A: Survey Results

Note: Appendix tables are based on 1,944 responses to the Belmont Community Survey of residents age 60+, conducted between April and May 2025. Of all the respondents, 14% completed the survey online and the rest were returned via mail. See text for additional details.

Section I: Community & Neighborhood

Q1 How long have you lived in Belmont?

	Age 60-69	Age 70-79	Age 80+	All Ages
Fewer than 5 years	4%	2%	2%	3%
5 - 14 years	10%	8%	7%	9%
15 - 24 years	20%	9%	8%	13%
25 - 34 years	36%	21%	8%	24%
35 - 44 years	16%	25%	11%	18%
45 years or longer	14%	34%	64%	33%
I do not live in Belmont	<1%	<1%	0%	<1%
Total	100%	100%	100%	100%

Q2 How important is it to you to remain living in Belmont as you get older?

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	47%	62%	70%	58%
Somewhat Important	38%	29%	22%	31%
Slightly Important	9%	6%	5%	7%
Not at All Important	6%	3%	3%	4%
Total	100%	100%	100%	100%

Q5 Please indicate your level of agreement with the following statement: “Local town officials consider the interests and concerns of older residents.”

	Age 60-69	Age 70-79	Age 80+	All Ages
Strongly Agree	6%	5%	7%	6%
Agree	29%	25%	25%	27%
Neither Agree nor Disagree	37%	35%	38%	36%
Disagree	18%	22%	19%	19%
Strongly Disagree	10%	13%	11%	12%
Total	100%	100%	100%	100%

Q6 Would you know whom to contact in Belmont 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	43%	54%	55%	50%
No	57%	46%	45%	50%
Total	100%	100%	100%	100%

Section II: Housing & Living Situation

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

	Age 60-69	Age 70-79	Age 80+	All Ages
I live alone	16%	22%	36%	22%
A spouse/partner	72%	69%	45%	64%
My adult child(ren) (age 18 or older)	18%	7%	13%	12%
My child(ren) (under age 18)	4%	<1%	0%	2%
My parent(s)	1%	<1%	0%	<1%
My grandchild(ren)	1%	2%	3%	2%
Pet(s)	14%	9%	7%	11%
Another relative	3%	1%	2%	2%
Someone else (Please specify):	2%	3%	2%	2%

**Figures do not sum to 100%*

Q8 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.	87%	87%	84%	86%
The residence is rented by me or someone with whom I live.	11%	11%	13%	12%
Other (Please specify):	2%	2%	3%	2%
Total	100%	100%	100%	100%

Q9 Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next 5 years?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these modifications	28%	37%	33%	33%
Yes, but I cannot afford to make these modifications	8%	8%	8%	8%
Yes, but I am not responsible for making these modifications (e.g., I rent my current residence)	4%	5%	3%	4%
No, my current residence does not need modifications	60%	50%	56%	55%
Total	100%	100%	100%	100%

Q10 Does your current residence need home repairs (e.g., new roof, electrical work, climate control/ HVAC, etc.) to improve your ability to live in it safely for the next 5 years?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, and I can afford to make these repairs	28%	30%	27%	28%
Yes, but I cannot afford to make these repairs	13%	15%	11%	14%
Yes, but I am not responsible for making these repairs (e.g., I rent my current residence)	6%	5%	6%	6%
No, my current residence does not need repairs	53%	50%	56%	52%
Total	100%	100%	100%	100%

Q11 In the next 5 years, if you needed to 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	50%	32%	16%	35%
Multi-family home (2, 3, or more units)	11%	8%	4%	8%
Accessory apartment (add-on apartment to an existing home)	9%	10%	7%	9%
Apartment, condominium or townhome	42%	35%	21%	34%
Senior independent living community (e.g., 55+ community)	24%	29%	29%	26%
Affordable housing (e.g., public senior housing)	7%	7%	10%	8%
Assisted living/Continuing Care Retirement Community (e.g., Cadbury Commons, Brookhaven)	7%	19%	30%	17%
A multigenerational home (e.g., moving with family)	9%	9%	9%	9%
Cohousing with non-relatives (e.g., friends, others)	7%	4%	2%	4%
Other (Please specify):	8%	8%	8%	8%

**Figures do not sum to 100%*

Section III: Transportation & Walkability

Q12 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	90%	89%	72%	85%
Walk	70%	62%	39%	59%
Bike	22%	12%	2%	14%
MBTA, commuter rail	23%	15%	9%	17%
MBTA, buses	40%	36%	25%	35%
MBTA, the Ride	1%	1%	3%	1%
My partner or child(ren) drive(s) me	14%	17%	32%	19%
Friends or neighbors drive me	5%	5%	12%	6%
Medical transportation	1%	1%	3%	2%
Volunteer transportation	0%	<1%	1%	<1%
Beech Street Senior Center transportation (BelderBus)	2%	3%	11%	4%
Belmont Taxi or ride sharing options (e.g., Uber, Lyft)	17%	14%	12%	15%
Other (Please specify):	1%	3%	4%	2%

**Figures do not sum to 100%*

Q13 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	4%	6%	23%	9%
I drive with some limitations (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	11%	22%	32%	20%
I drive with no limitations	85%	72%	45%	71%
Total	100%	100%	100%	100%

**Q14 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 Belmont is unavailable or inconvenient	12%	11%	11%	11%
I don't have information about what is available	3%	8%	8%	6%
No door-to-door assistance	<1%	2%	5%	2%
Transportation options cost too much	3%	4%	5%	4%
I need flexibility in planning (e.g., I don't like to schedule in advance)	3%	4%	7%	5%
Use of apps or websites makes it difficult for me to schedule rides (e.g., Uber/Lyft)	2%	4%	9%	4%
Lack of transportation options during evenings and weekends	5%	5%	7%	6%
Physical limitations or other impairments make accessing transportation options difficult	2%	2%	10%	4%
Transportation not available where I need to go	5%	5%	4%	5%
I don't have a travel companion to help me	<1%	1%	4%	2%
No one I can depend on for a ride	1%	3%	5%	3%
Lack of maintained sidewalks makes walking unsafe	13%	21%	22%	18%
I have no difficulties	69%	60%	51%	60%
Other (Please specify):	5%	7%	6%	6%

**Figures do not sum to 100%*

Q15 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	3%	3%	7%	4%
No	97%	97%	93%	96%
Total	100%	100%	100%	100%

Q16 How satisfied are you with the walkability of Belmont?

	Age 60-69	Age 70-79	Age 80+	All Ages
Completely Satisfied	11%	12%	11%	11%
Very Satisfied	40%	37%	25%	36%
Somewhat Satisfied	35%	30%	40%	34%
Slightly Satisfied	9%	11%	11%	10%
Not at All Satisfied	5%	10%	13%	9%
Total	100%	100%	100%	100%

Q17 What are the reasons that you walk in Belmont? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Walk the dog	29%	17%	9%	20%
Activities for children	6%	8%	2%	6%
Go to a park	36%	34%	20%	31%
Go grocery shopping	19%	19%	17%	18%
Get to public transportation	41%	35%	25%	35%
To schools	3%	2%	1%	2%
Reach local businesses (e.g., shops or restaurants)	58%	52%	33%	49%
To work	8%	4%	2%	5%
Exercise	89%	87%	72%	83%
To socialize with others	38%	34%	26%	33%
For errands (e.g., post office, bank)	55%	48%	38%	48%
To go to the library	29%	30%	17%	26%
To go to the Beech Street Senior Center	13%	21%	19%	18%
Other (Please specify):	4%	5%	10%	6%

**Figures do not sum to 100%*

Section IV: Social Activities & Relationships

Q18 How often do you get together to visit, talk on the phone, or, send email or use social media with family, friends, or neighbors?

Q18_1 Get together, in person

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	24%	22%	27%	24%
One or more times a week	43%	46%	45%	45%
A few times a month	20%	20%	16%	19%
About once a month	6%	7%	7%	6%
A few times a year (e.g., holidays)	7%	5%	4%	6%
Never	<1%	<1%	1%	<1%
Total	100%	100%	100%	100%

Q18_2 Talk on the phone, FaceTime or Zoom

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	39%	43%	52%	44%
One or more times a week	41%	39%	32%	38%
A few times a month	11%	13%	7%	11%
About once a month	3%	3%	3%	3%
A few times a year (e.g., holidays)	4%	1%	3%	3%
Never	2%	1%	3%	1%
Total	100%	100%	100%	100%

Q18_3 Send email or use social media

	Age 60-69	Age 70-79	Age 80+	All Ages
Every day	64%	60%	53%	60%
One or more times a week	25%	26%	25%	25%
A few times a month	6%	8%	7%	7%
About once a month	1%	2%	2%	2%
A few times a year (e.g., holidays)	1%	2%	1%	1%
Never	3%	2%	12%	5%
Total	100%	100%	100%	100%

Q19 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	84%	88%	86%	86%
No	16%	12%	14%	14%
Total	100%	100%	100%	100%

Q20 In the past 5 years, have you ever felt excluded in Belmont because of any of the following? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Age	7%	12%	10%	10%
Disability	3%	2%	5%	3%
Gender	2%	1%	1%	1%
Cognitive status	<1%	0%	1%	<1%
Income	8%	7%	3%	7%
Language or accent	2%	1%	2%	1%
Physical appearance	<1%	<1%	<1%	<1%
Political views	8%	7%	4%	6%
Sexual orientation	<1%	<1%	<1%	<1%
Skin color, race, or ethnicity	2%	1%	1%	2%
Religion or cultural background	1%	1%	2%	1%
No, I have never felt excluded	74%	73%	76%	73%
Other (Please specify):	6%	6%	5%	6%

**Figures do not sum to 100%*

Section V: Health & Wellness

Q21 Do you have an impairment or condition that limits your ability to participate in your community?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	7%	9%	31%	13%
No	93%	91%	69%	87%
Total	100%	100%	100%	100%

Q22 Do you have sufficient help to meet your needs?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes, I have enough help from family, friends, or paid helpers.	49%	57%	68%	56%
No, I do not have enough help at this time.	4%	4%	7%	5%
N/A I do not require any help at this time.	47%	39%	25%	39%
Total	100%	100%	100%	100%

Q23 "I have been, or I have friends or family members who have been, affected by substance misuse (such as misuse of alcohol, prescription medication or illegal drugs)."

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	32%	26%	13%	25%
No	68%	74%	87%	75%
Total	100%	100%	100%	100%

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

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

Section VI: Caregiving

Q25 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	49%	40%	31%	41%
No	51%	60%	69%	59%
Total	100%	100%	100%	100%

Q26 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	8%	9%	8%	8%
Somewhat Easy	11%	14%	19%	13%
Neither Easy nor Challenging	15%	22%	16%	18%
Somewhat Challenging	46%	37%	42%	43%
Very Challenging	20%	18%	15%	18%
Total	100%	100%	100%	100%

**Includes only respondents who selected "Yes" on Q25*

Q27 In your role as a caregiver, have you experienced any of the following? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
My physical health has deteriorated	23%	19%	30%	23%
My mental health has deteriorated	27%	27%	18%	26%
My social life has deteriorated	36%	31%	35%	34%
My financial circumstances have deteriorated	17%	13%	14%	15%

**Includes only respondents who selected "Yes" on Q25*

**Figures do not sum to 100%*

Q28 Did this person have any of the following conditions? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Alzheimer's disease or other dementias	29%	23%	30%	27%
Forgetfulness or confusion (undiagnosed)	30%	25%	19%	26%
Chronic disease (e.g., cancer, diabetes, asthma, Parkinsons)	31%	28%	29%	30%
Intellectual or developmental disability	7%	7%	8%	7%
Psychological condition (e.g., anxiety, depression)	22%	23%	22%	22%
Sensory impairment (e.g., vision, hearing)	19%	19%	24%	20%
Frailty or mobility impairment (e.g., difficulty walking, climbing stairs)	64%	56%	57%	60%
Recovering from surgery or injury	29%	30%	18%	28%
Other (Please specify):	9%	11%	14%	10%

**Includes only respondents who selected "Yes" on Q25*

**Figures do not sum to 100%*

Q29 What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Informational resources (e.g., web-based or pamphlets)	18%	22%	18%	20%
Informal support from family and friends	41%	38%	44%	40%
Adult day program	11%	14%	12%	12%
Respite care	9%	13%	9%	11%
Memory café	7%	3%	2%	5%
Formal in-home caregiver or homemaking services	41%	35%	41%	39%
Support groups (e.g., caregiver support)	13%	15%	13%	14%
On-call support from medical professionals	19%	22%	21%	21%
Transportation	17%	18%	22%	18%
Other (Please specify):	9%	16%	16%	12%

**Includes only respondents who selected "Yes" on Q25*

**Figures do not sum to 100%*

Section VII: Programs & Services Provided by the Beech Street Senior Center

Q30 Currently, how frequently do you use programs or services offered by the Beech Street Senior Center? (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
Two or more times a week	4%	10%	12%	8%
About once a week	3%	5%	8%	5%
A few times a month	3%	7%	9%	6%
About once a month	4%	7%	7%	6%
A few times a year (e.g., special events only)	18%	27%	24%	23%
Never, I do not use programs or services offered by the Beech Street Senior Center	68%	44%	40%	52%
Total	100%	100%	100%	100%

Q31 Which of the following factors limit how often you attend programs or services provided by the Beech Street Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I am not interested in programs offered	19%	20%	23%	20%
I do not need the services offered (e.g., tax counseling, fuel assistance)	27%	30%	29%	28%
I do not know what is offered	29%	21%	16%	22%
I do not have time	18%	12%	9%	14%
I am still working	45%	18%	4%	25%
Lack of parking at the Beech Street Senior Center	5%	9%	11%	8%
I am not old enough	12%	2%	0%	6%
I do not identify with the people at the Beech Street Senior Center	15%	13%	5%	12%
The building is not accessible and safe	1%	0%	1%	0%
Hours of operation are inconvenient	8%	9%	5%	8%
I participate in programs elsewhere	8%	11%	10%	9%
I do not have transportation to the Beech Street Senior Center	2%	2%	9%	3%
Other (Please specify):	12%	16%	17%	14%

**Figures do not sum to 100%*

Q32 “I would be more likely to use the Beech Street Senior Center programs and services if...”
(Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Transportation options to the Beech Street Senior Center were more convenient	3%	3%	12%	5%
It included residents of all ages	18%	9%	6%	12%
I had more knowledge about the programs and services that are available	39%	32%	23%	33%
Programs and services were better suited to my needs and interests	30%	27%	19%	26%
It were easier to access the Beech Street Senior Center building (e.g., updated building/improved accessibility)	1%	1%	2%	2%
There were more people like myself at the Beech Street Senior Center events	19%	14%	12%	15%
Programs and services were offered on weekends	22%	20%	15%	19%
Programs and services were offered at nights	25%	19%	11%	19%
There were more remote programs	9%	9%	9%	9%
The cost of programs was reduced or eliminated	9%	12%	15%	12%
The space(s) were more comfortable and inviting	4%	7%	5%	5%
The space(s) could accommodate more participants (e.g., larger class sizes or more variety of programs)	3%	6%	5%	5%
There were more special interest or cultural programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)	6%	4%	3%	4%
Other (Please specify):	15%	20%	20%	18%

**Figures do not sum to 100%*

Q33 Thinking about your own future needs and interests, which of the following *programs* would you prioritize in expanding through the Beech Street Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Arts programs (e.g., painting, music, acting, digital photography)	45%	33%	19%	34%
Educational courses (e.g., foreign language courses, bird watching)	50%	43%	23%	40%
Occasional guest speakers or lectures	52%	55%	49%	52%
Technology skills classes (e.g., learning computer programs or smartphone applications)	23%	28%	31%	27%
Evening or weekend activities	27%	22%	14%	22%
Day trips	22%	23%	25%	23%
Overnight trips	7%	6%	7%	7%
Spaces for informal socializing (e.g., affinity groups, parties, hang out space)	18%	16%	14%	16%
Recreational activities (e.g. cards, board games)	21%	17%	12%	18%
Outdoor exercise (e.g., walking, hiking, kayaking, pickleball)	43%	28%	14%	30%
Indoor exercise (e.g., strength training, exercise equipment, yoga, aerobics)	51%	46%	28%	43%
Performances (e.g., music, theatre, comedy)	33%	34%	28%	32%
Special interest social programming (e.g., cultural, LGBTQ+, singles)	7%	5%	4%	6%
Intergenerational activities	13%	10%	6%	10%
Volunteer opportunities	31%	25%	10%	23%
Virtual programming	5%	6%	7%	6%
Wellness programs (e.g., meditation, massage, weight management, stress management)	37%	36%	26%	34%
Other (Please specify):	7%	8%	10%	8%

**Figures do not sum to 100%*

Q34 Thinking about your own future needs and interests, which of the following *services* would you prioritize in expanding through the Beech Street Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Information/referral about local resources	43%	41%	37%	41%
Professional services (e.g., financial planning, tax preparations, legal services)	31%	27%	25%	28%
Professional development or job seeking support	8%	4%	2%	5%
Non-medical transportation (e.g., grocery shopping, errands)	17%	18%	23%	19%
Transportation to medical appointments	19%	22%	29%	22%
Lunch or other food offerings	13%	12%	16%	14%
Mental health (e.g., counseling or referrals)	10%	8%	8%	9%
In-home programs (e.g., friendly visiting or help with minor chores/errands)	22%	23%	23%	22%
Caregiver programs (e.g., resources, education, support groups)	16%	14%	15%	15%
Respite programs (e.g., drop-off activities, all-day support)	10%	9%	7%	9%
Adult day program	9%	8%	10%	9%
Other (Please specify):	5%	6%	6%	6%

**Figures do not sum to 100%*

Q35 Do you visit other Councils on Aging/Senior Centers?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	6%	11%	15%	10%
No	94%	89%	85%	90%
Total	100%	100%	100%	100%

Section VIII: Information Access

Q36 Where do you prefer to find information about the activities and services offered by the Beech Street Senior Center? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
The Beech Street Center Senior Notes Newsletter (print)	31%	48%	60%	44%
The Beech Street Center Senior Notes Newsletter (online)	36%	41%	31%	36%
Local Public Access TV (Belmont Media Center-News Now)	3%	4%	5%	4%
Public postings (flyers, billboards)	9%	9%	7%	9%
Word of mouth	13%	13%	17%	14%
Facebook, YouTube, or other social media sites	13%	7%	4%	8%
The local newspaper (The Belmont Voice)	61%	61%	59%	59%
Town of Belmont website (https://www.belmont-ma.gov)	35%	24%	16%	26%
COA website (https://www.beechstreetcenter.org)	28%	22%	16%	22%
Radio	1%	1%	1%	1%
Email or text communication	39%	34%	26%	33%
Other (Please specify):	5%	4%	3%	4%

**Figures do not sum to 100%*

Q37 How confident do you feel about the following activities?

Q37_1 Finding information online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	91%	83%	64%	82%
I need more practice	6%	10%	14%	9%
I am not confident	2%	4%	9%	4%
N/A I don't do these things	1%	3%	13%	5%
Total	100%	100%	100%	100%

Q37_2 Submitting information or applications online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	89%	76%	48%	75%
I need more practice	6%	11%	17%	10%
I am not confident	4%	7%	14%	7%
N/A I don't do these things	1%	6%	21%	8%
Total	100%	100%	100%	100%

Q37_3 Purchasing items and managing money online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	88%	80%	51%	77%
I need more practice	6%	8%	9%	7%
I am not confident	3%	5%	13%	6%
N/A I don't do these things	3%	7%	27%	10%
Total	100%	100%	100%	100%

Q37_4 Staying safe online (e.g., protecting your personal data)

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	75%	62%	43%	63%
I need more practice	15%	20%	15%	17%
I am not confident	8%	14%	22%	13%
N/A I don't do these things	2%	4%	20%	7%
Total	100%	100%	100%	100%

Q37_5 Making and attending virtual medical appointments

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	82%	74%	48%	71%
I need more practice	6%	8%	12%	8%
I am not confident	4%	4%	10%	6%
N/A I don't do these things	8%	14%	30%	15%
Total	100%	100%	100%	100%

Q37_6 Registering for events online

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	91%	81%	54%	79%
I need more practice	4%	8%	13%	8%
I am not confident	3%	5%	10%	5%
N/A I don't do these things	2%	6%	23%	8%
Total	100%	100%	100%	100%

Section IX: Demographic Information

Q38 Please select your gender.

	Age 60-69	Age 70-79	Age 80+	All Ages
Female	60%	61%	58%	60%
Male	40%	39%	42%	40%
Non-binary	0%	0%	<1%	<1%
Other (Please specify):	<1%	0%	0%	<1%
Total	100%	100%	100%	100%

Q39 What is your age range? (Check only one)

	Percent
Under age 60	1%
60-69	38%
70-79	38%
80-89	19%
90+	4%
Total	100%

Q40 What is your employment status? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Working full-time	41%	11%	3%	21%
Working part-time	22%	17%	6%	16%
Looking for work	4%	2%	<1%	2%
Retired	32%	72%	91%	60%
Other (Please specify):	6%	6%	4%	6%

**Figures do not sum to 100%*

Q41 Was there any time in the past 12 months when you did not have money for the following necessities? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
N/A, I did not lack money	81%	83%	84%	81%
Pay rent or mortgage	3%	1%	1%	2%
Pay real estate taxes	6%	5%	3%	5%
Home maintenance	8%	7%	6%	7%
Pay for car repairs or maintenance	5%	4%	2%	4%
Pay for utility bills	4%	2%	2%	3%
Buy food	3%	1%	1%	2%
Pay for medical needs (e.g., prescriptions)	3%	2%	2%	2%
Other (Please specify):	3%	4%	4%	3%

**Figures do not sum to 100%*