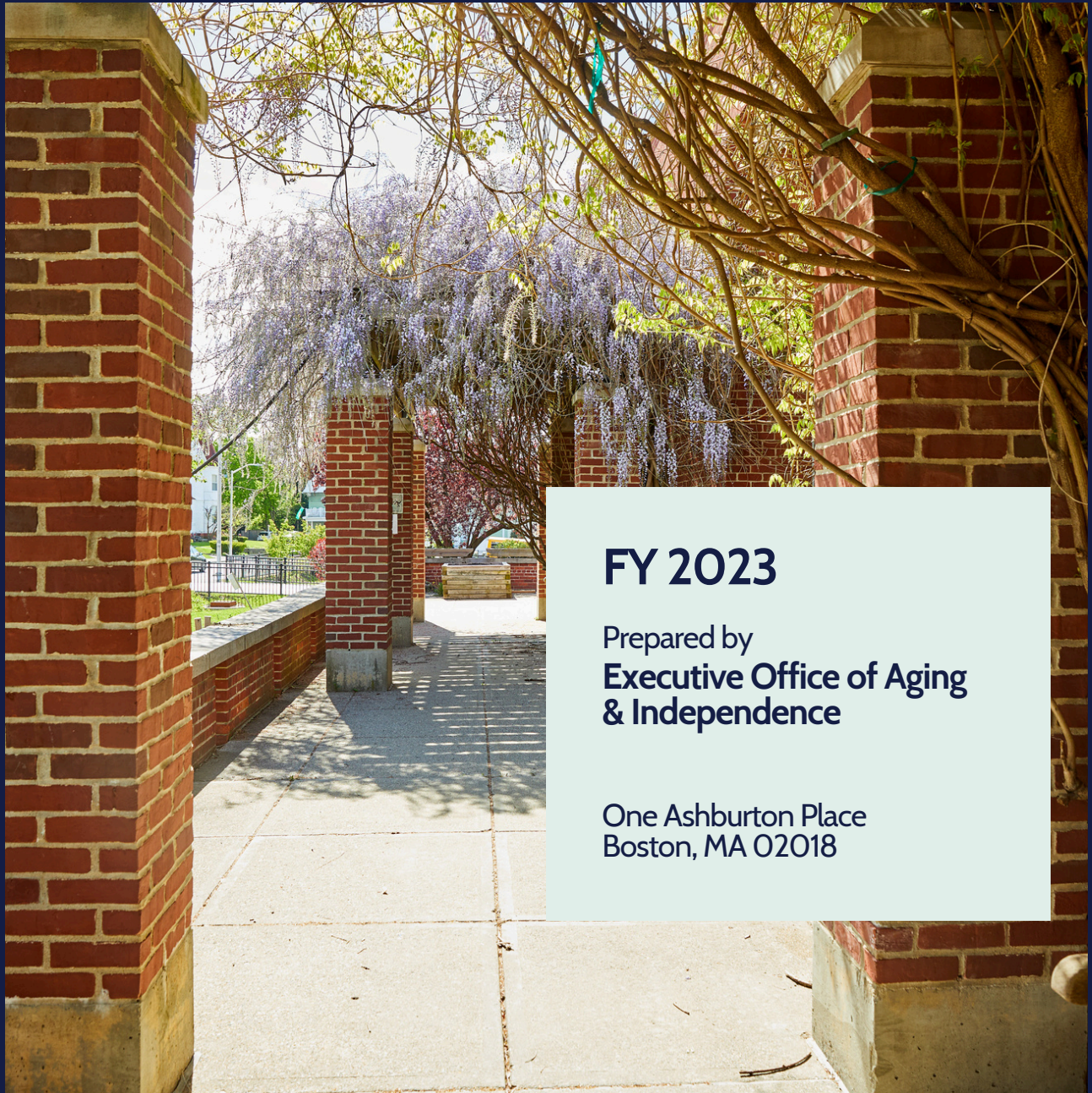


# Councils on Aging Annual Report



**FY 2023**

Prepared by  
**Executive Office of Aging  
& Independence**

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# ABOUT THIS REPORT

Councils on Aging (COAs) are municipal organizations in Massachusetts that provide support, outreach, social and health services, advocacy, and resources to older adults, their families, and caregivers. Their mission is to help older adults maintain their independence, health, and well-being while living in their communities for as long as possible. There are 350 COAs in Massachusetts, and most operate one or more senior centers in each municipality. The local senior centers serve as a link to older adults by providing important support services in the community. Each COA determines its own priorities based on local needs and resources.

Each year, COAs are required by law ([Mass. Gen. Laws ch. 40 § 8B](#)) to submit annual reports to the Executive Office of Aging & Independence (AGE). This report serves as a compilation of data and resources submitted to the agency for FY23 (July 2022 – June 2023).

To share ideas and inspire new approaches, this report provides an overview of successful practices by COAs throughout the Commonwealth. The report appendices present statistics on COA personnel, senior center operating hours, funding, services provided and estimates on the number of residents who benefit from each program. Note that some programs and services are provided directly by COAs and others are provided via COA-brokered partnerships at senior centers or in the community. Finally, COAs are often supported by a volunteer network, and this report outlines where volunteers play a critical role in supporting Massachusetts' aging population.



# FY23 AT A GLANCE

During FY23, COAs provided programs and services to over 330,000 unique individuals throughout Massachusetts. Activities ranged from chair yoga to foot clinics to community meals. Here are just a few highlights from FY23:



- Over 100,000 older adults participated in recreational or social activities, ranging from games to crafts to music.
- COAs distributed over 1 million meals to over 48,000 older individuals.
- Over 58,000 older adults participated in fitness programs.
- COAs provided nearly 600,000 rides to over 140,000 people.
- Over 50,000 people cultivated friendships and received a nutritious meal at COA-based congregate meal sites.
- Over 35,000 people received wellness checks and visits from COA staff and volunteers.
- Over 20,000 older adults broadened their minds at one or more educational programs.
- Over 1,800 caregivers received respite through COA supportive day programs.
- Nearly 30,000 people received tax, financial or legal assistance at their senior center.
- Over 18,000 individuals were screened for hearing or vision loss, or chronic health conditions in a trusted, confidential setting.



Meals Distributed

**1M**



Fitness Participants

**58,000**



Wellness Checks

**35,000**



# AGE- AND DEMENTIA-FRIENDLY COMMUNITIES

As the municipal agencies charged with serving the needs of older adults, COAs spearhead community efforts to become age- and dementia-friendly. These efforts include rallying neighbors, local businesses and municipal agencies to make businesses more accessible, outdoor spaces more walkable, transportation more available, and the public more knowledgeable about older adults' strengths and challenges, and the needs of people living with dementia. Over 100 communities have been designated dementia-friendly and 150 as age-friendly, with an additional 50 making preparations to do so.

**100+**

Dementia-friendly communities

**150**

Age-friendly communities



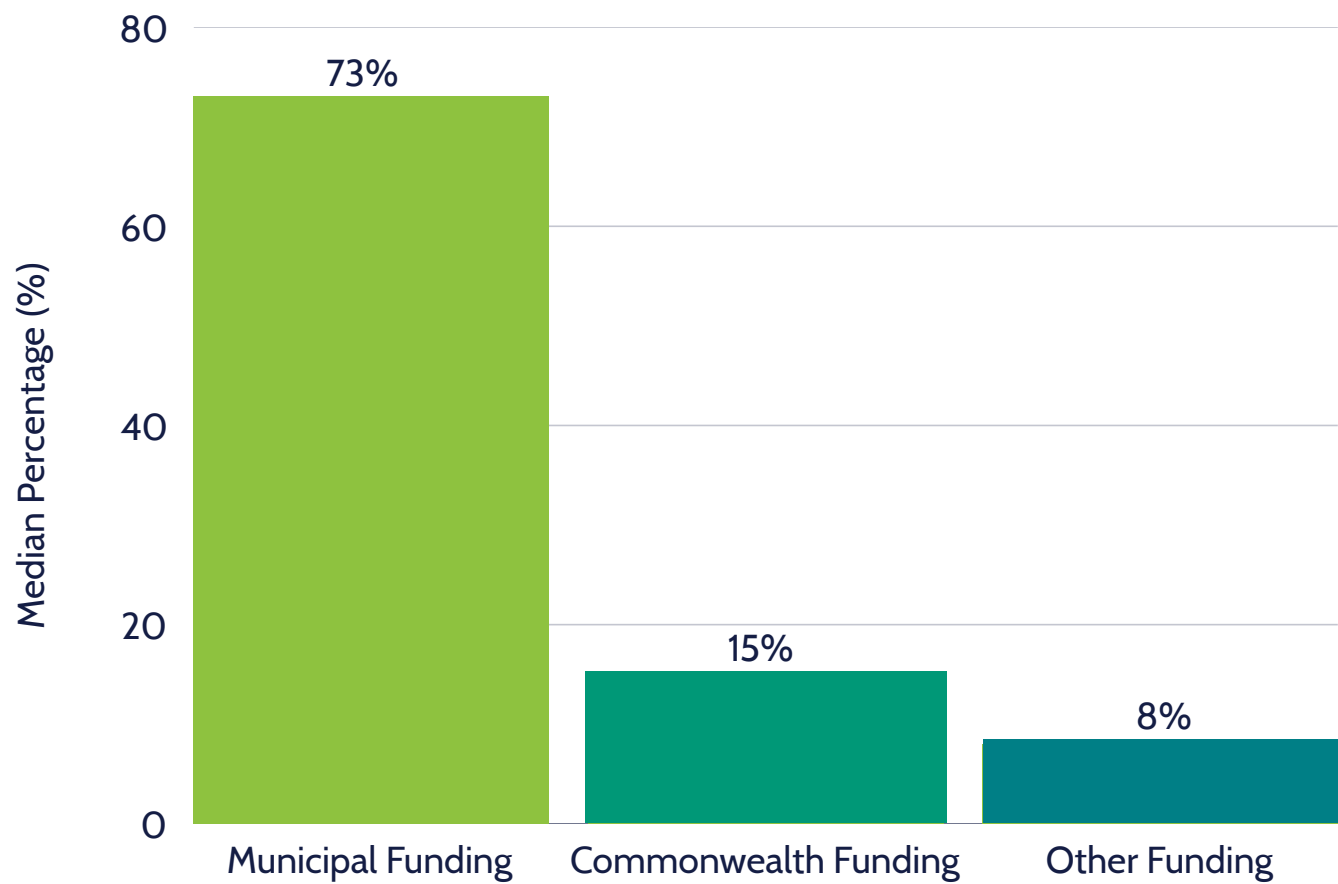


# REVENUE

COAs are primarily funded by their municipalities, but also receive funding from the Commonwealth and other sources (Figure 1). In FY23, COA state funding was determined by the number of older adults in each municipality. For each older resident, a Council on Aging received \$14. Many COAs receive additional funds through municipal and federal funding streams, grants, and donations. For example, of the COAs that provided data, approximately half receive at least 73% of funding from their municipality. Municipal funding comprised 87% of total COA funding for those COAs reporting. The average expenditure per town for reporting COAs was \$41.82 for every person aged 60 and over, with an average total COA budget for reporting COAs coming to \$60.43 per person over 60.

Municipal funding per older adult was highest among town with 1,000 to 2,499 people, with reporting towns spending an average of \$71.36 per person aged 60 and older, decreasing to \$56.30 for communities with 2,500-4,999 older adults, \$43.03 for communities with 5,000-10,000 older adults, and \$27.19 for communities with 10,000 or more older adults. Towns with 500-999 older adults spent allocated an average of \$51.66 per person aged 60 or older.

Figure 1. Median COA Funding Percentages in FY23, by Sources



**NOTE:** Half of COAs receive a lower percentage than the median and half receive a higher percentage (that is, the median is the 50th percentile). Figure based on data provided by 208 COAs in municipalities with more than 500 older adults. Other funding sources are: federal government, transportation authorities, programming fees, COA Friends organizations, and other donations and funds. Three of the COAs reported no municipal funding, and some COAs did not provide revenue information for some categories. Median percentages need not sum to 100.



## STAFFING

COAs reported retaining over 2,000 full- and part-time employees, or an average of 7.5 per town. These include directors, activity coordinators, outreach staff and clerical staff. Smaller communities reported a higher number of employees per 60+ population, with an average ranging from one employee for every 338 people aged 60 and over for towns withing the 500-999 range, compared to one employee for every 1,224 people aged 60 and older for towns with over 10,000 older adults.

## VOLUNTEERS

Councils on Aging thrive because of their local volunteer force. In FY23, over 13,000 volunteers contributed over 500,000 hours of their time to their local COAs—with their time constituting a value of over \$20 million to the commonwealth of Massachusetts. These included instructors, home-delivered meals drivers, friendly visitors and board members—just to name a few services provided by generous Massachusetts residents.



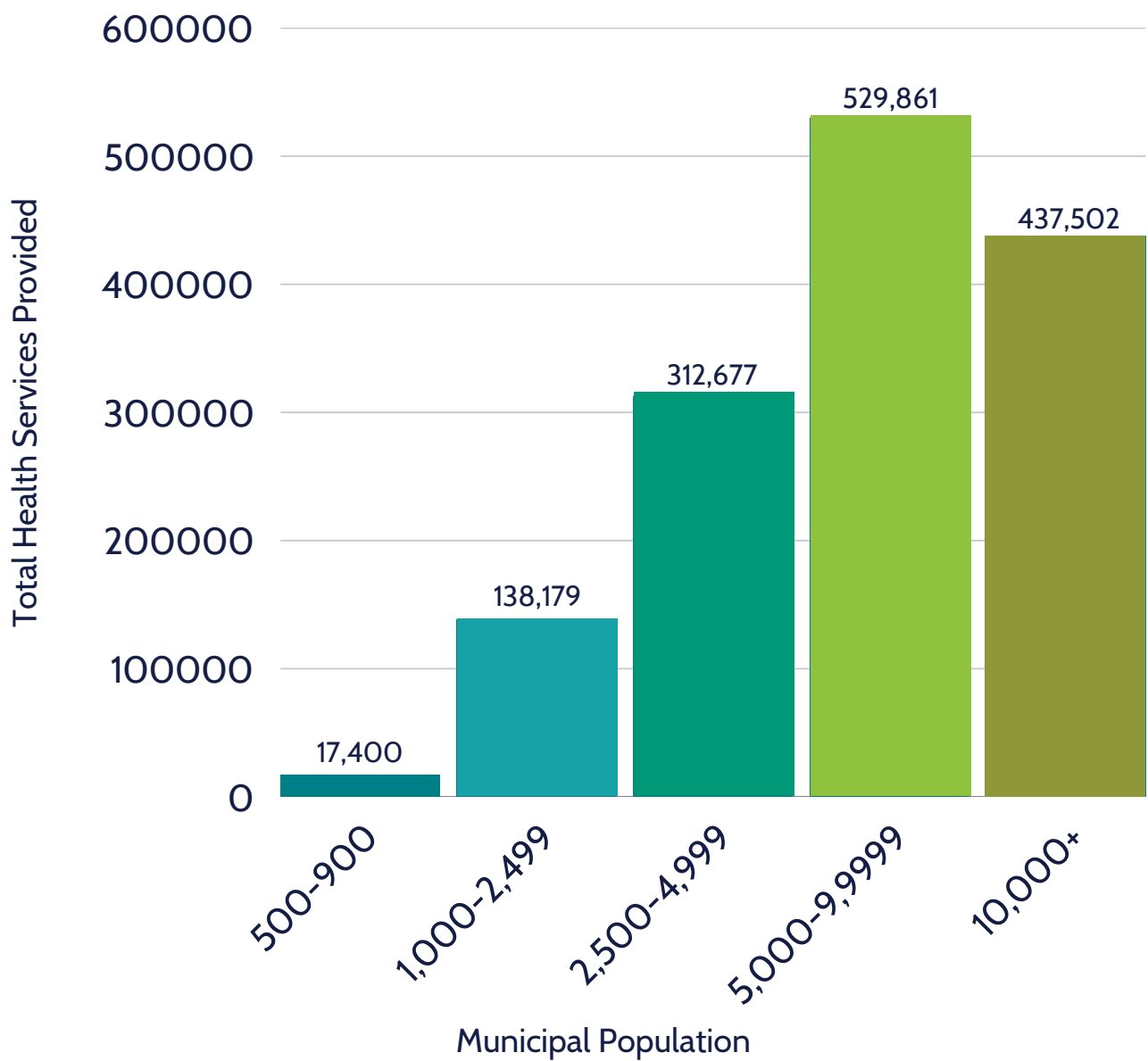
Volunteerism was highest per capita among smaller communities, with one volunteer for every 69 residents for towns with 500-999 people aged 60 and over, and one for every 49 residents for towns with 1,000 to 2,499 older adults. Volunteerism among larger communities ranged from one volunteer for every 80 people aged 60 and over in communities with 2,500-4,999 people aged 60 and over, to one for every 199 people aged 60 and over for communities with 10,000 or more people.

# SUPPORTING PHYSICAL HEALTH & WELLNESS



As we age, it is important to maintain physical health and wellness to maintain quality of life and mobility, reduce risk of illness and injury and promote mental health and wellbeing. COAs provide health services such as fitness and exercise classes, wellness checks, health education, health screenings, other health services, and mental health services. Figure 2 outlines the total number of health services that were offered by COAs based on municipal population.

Figure 2. Total health and wellness services provided, by municipality size



**NOTE:** Total health services include the following health services: fitness and exercise, wellness checks, health education, health screening, other health services, and mental health services. The actual number of health services provided by COAs will be larger, as some COAs did not provide data.

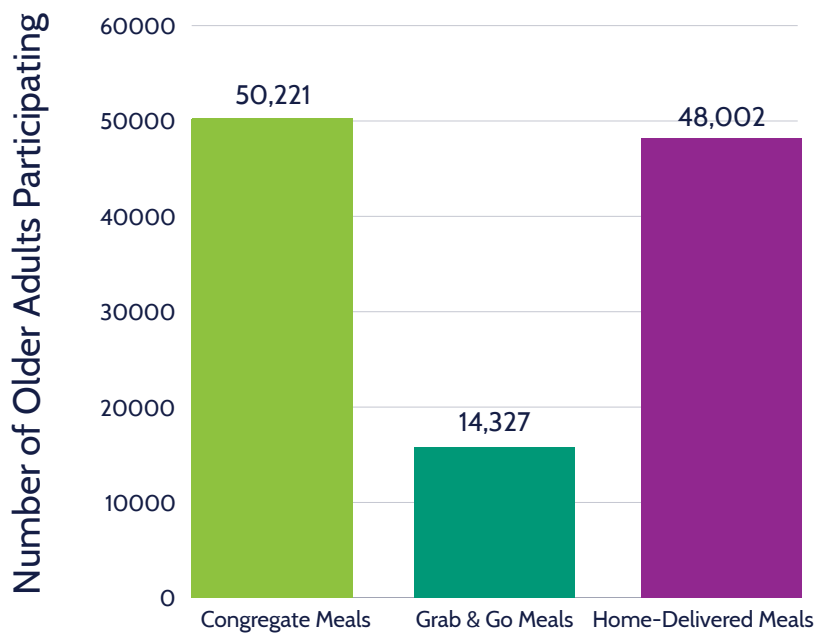


## NUTRITION SERVICES

COAs provide several nutrition programs including nutrition-related risk screening, education, and counseling. Senior Centers also offer community meals and home-delivered meals to reduce food insecurity and malnutrition, promote socialization, and promote the health and wellbeing.

The goal of these programs is to help older residents maintain independence so they can continue to live in their homes and communities of their choice. Since the pandemic, many centers have also launched and maintained grab-and-go meal programs and grocery delivery assistance (Figure 3).

**Figure 3. Number of older adults participating in COA nutrition services programs in FY23**



**NOTE:** The actual number of adults participating in a COA nutrition services program will be larger, as some COAs did not provide data.

Over half of the 83,000 people enrolled in the home-delivered meals program receive their meals through their local Council on Aging. This service offers a lifeline to older adults, with over 70% reporting that the service provides their main meal of the day and over half of their daily food intake. One third report that, without the program, there would be a shortage of food in the house. 89% indicated that the program made them feel less lonely.



### LOCAL SUCCESS

\* The Lynn Senior Center partners with the local Phoenix Food Hub located at the region's Aging Services Access Point—Greater Lynn Senior Services—to host [cooking classes](#) for older adults who are also family caregivers.



\* Pittsfield COA has a monthly Brown Bag program where they collaborate with Door Dash, an online food ordering and food delivery service, to deliver food pantry items.

“ This partnership allows us to continue to offer this important program, while minimizing the disruption of transporting our seniors on those days.

--Pittsfield COA

”

## PHYSICAL HEALTH SCREENINGS

COAs offer health screenings such as blood pressure, vision, and hearing checks. The goal is to catch any health adversities early in their progression, when intervention can be most effective, and to reach people who may be averse to seeking out preventive care in a clinical setting. Throughout the COVID-19 pandemic and after, senior centers have been vital community partners hosting vaccine and booster clinics.

## PHYSICAL ACTIVITIES

To help residents maintain and build their strength and balance. COAs reported that over 50,000 older adults received these services. Examples include walking clubs, yoga classes, and ballroom dancing.

**18,910**

Unique participants benefitted from health screenings

**60,998**

Total screenings were provided

**86%**

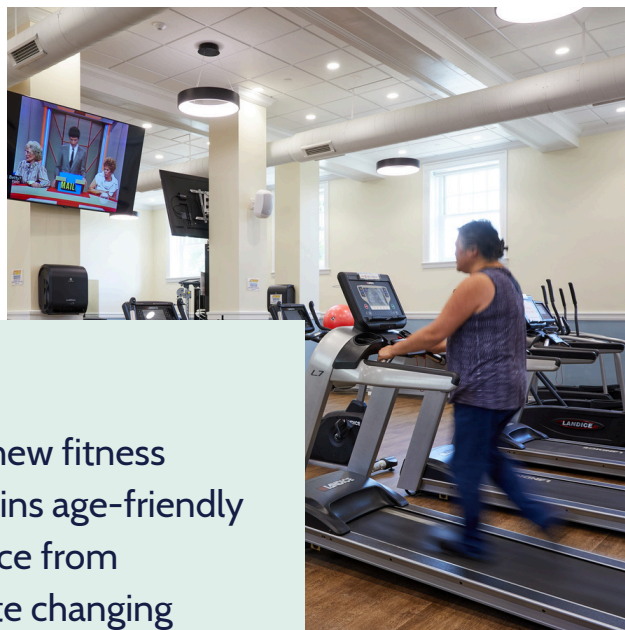
Of COAs offered physical health screenings

**97%**

Of COAs offered physical activities, providing a total of 1,169,107 services to 58,634 unique participants

## LOCAL SUCCESS

The Worcester Senior center unveiled a new fitness center (pictured right) in 2022 that contains age-friendly exercise equipment and full-time guidance from professional fitness staff. There are private changing rooms, showers, and lockers.





## HEALTH INSURANCE SUPPORT

Turning 60 offers a new world of options of health insurance programs and other needs-based benefits, a world that can often be difficult to navigate as rules of eligibility change over time, new programs emerge, and consumers are barraged with marketing for supplemental insurance programs. Many older adults need assistance figuring out which benefits best meet their needs.

To assist aging residents with their evolving health needs, senior centers offer a variety of health insurance support services, including health benefits counseling. Specific programs include SHINE (Serving Health Insurance Needs of Everyone), which provides free health insurance information, counseling, and assistance to people who are eligible for Medicare and their caregivers.

There are over 650 SHINE volunteers providing counseling in Massachusetts. In FY23, over 37,324 residents received assistance from SHINE at their COA (Figure 4).

In 2023, SHINE saved around 2,610 consumers \$8.78 million, or roughly \$3,364 per person.



**650**

SHINE volunteers provided counseling across Mass.

**37,324**

Residents received SHINE counseling services

Figure 4. Number of older adults participating in COA benefits counseling programs in FY23



**NOTE:** The actual number of adults participating in a COA benefits counseling program will be larger, as some COAs did not provide data.

LOCAL SUCCESS

“Mr. and Mrs. Smith came to the Springfield Regional SHINE office on September 12. They were recently approved for the Medicare Savings Program, QMB which is the highest level of assistance on this program. It will afford them payment of their Medicare Part B Premium, all Part A and B deductibles, and copays. They are now saving more than **\$500.00 a month** with the assistance of the Medicare Savings Program, and the SHINE office.”

--Springfield COA

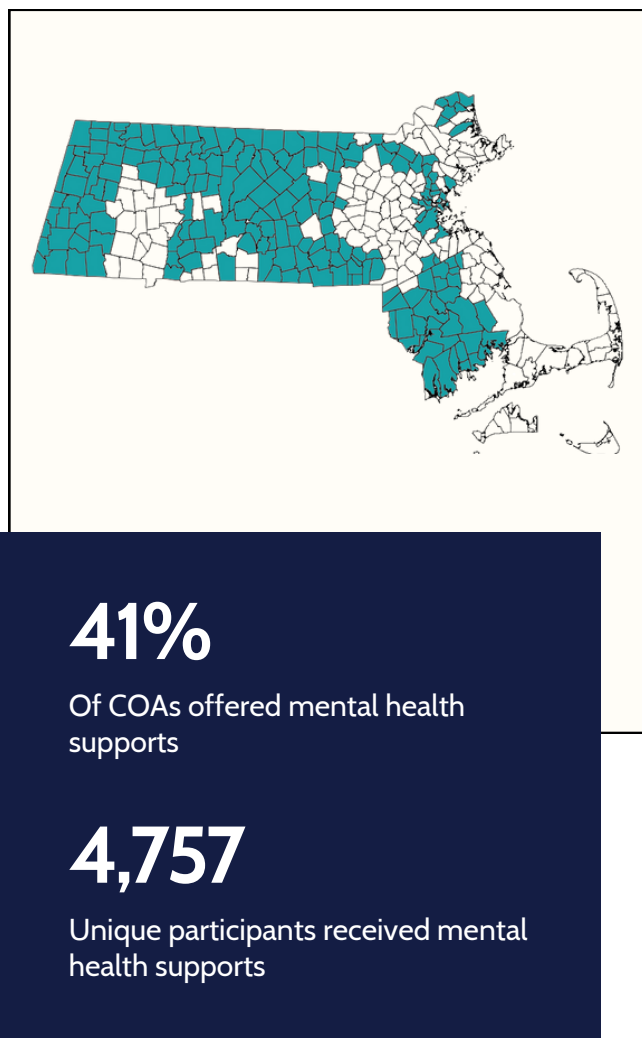
# SUPPORTING BEHAVIORAL HEALTH & WELLNESS

One in four older adults experience mental health or substance use challenges. In Massachusetts alone, 31% have been diagnosed with depression, and in some communities that rate is as high at 49% ([MA Healthy Aging Data Report, 2018](#)).

Not receiving help can often lead to worsening symptoms or sometimes, hospitalization. As a trusted source of information and support in the community, COAs are uniquely positioned to connect older adults with behavioral health services and wellness programs in a safe, confidential space.

## BEHAVIORAL HEALTH OUTREACH FOR AGING POPULATIONS (BHOAP)

This program is available to provide help and support to older adults and their families. Through the program, behavioral health clinicians work directly with adults experiencing emotional challenges or behavioral health conditions. The clinicians



will come right to you, to your home or a location in your community where you feel most comfortable. There are 18 community partners contracted to offer services through Behavioral Health Outreach for Aging Populations. 211 cities and towns are served through the program.



“

“It is crisis driven for short term therapy. Men and women 60 and older in the six communities that we serve can refer themselves or be referred by another professional. There are three of us on the team, three mental health clinicians and one master of social work intern... we're getting on average 15 to 20 referrals I would say every two weeks. We are inundated with referrals.”

”

-- BHOAP Program Manager Courtney Huchinson

## WELLNESS CHECKS

Over 180 COAs make regular calls—by phone or in-person—to check on the health and well-being of older adults in their community. People who choose to get wellness checks get daily or weekly phone calls or visits to assess their living condition and see if there has been any change that would require home and community-based supports, assistance from protective services, or other interventions.

**72%**

Of COAs offered wellness checks

**21,604**

Unique participants received wellness checks



The need for wellness checks was never more apparent than during the COVID-19 pandemic, when staff no longer had the opportunity to regularly informally evaluate participants' wellbeing at the senior center. Isolation and loneliness can lead to depression, so several COAs initiated wellness checks for the first time and continue to offer them as a way to ensure that older adults stay connected with their community.

# SUPPORTING INDEPENDENCE

Aging with dignity and independence involves more than physical and behavioral health. Lifelong learning and social engagement are essential tools to maintain cognitive health. Engaging in new learning activities helps keep the brain active and sharp. Staying socially active helps combat loneliness and isolation, which can be detrimental to overall well-being and independence. COAs are hubs for promoting social connection and skill development.



**22,520**

Unique participants took part in lifelong learning



**115,937**

Total units of lifelong learning were provided



**53%**

Of Councils on Aging offered lifelong learning opportunities

## SOCIAL AND SUPPORTIVE DAY

Supportive Day programs provide a safe space for people with Alzheimer's and related dementias to gather, socialize and foster connections. It allows the participant the opportunity for supervised activity, while offering their caregivers the opportunity to visit with friends, engage in the workforce, or just take an afternoon off. 38 COAs reported they provide social/supportive day programming.



*Pictured above and below is the Westport COA Supportive Day Program*

## LOCAL SUCCESS

The Westport Council on Aging offers a safe, supportive, and structured environment for seniors who are isolated, suffer from memory or personal loss, recovering from illness, or have physical restrictions because of age-related disabilities. This community care program allows older adults to remain in their homes while providing much needed respite for caregivers. These services are provided in a non-medical facility.

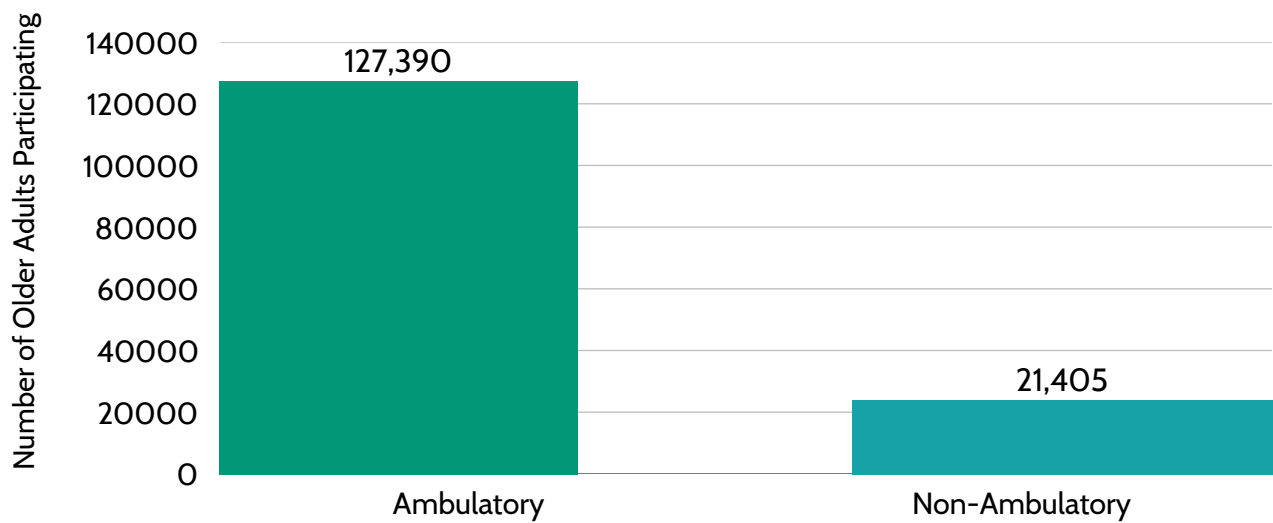




# TRANSPORTATION

Transportation is an essential tool for residents of all ages. COAs connect older adults and people with disabilities with rides though municipal vehicles, often driven by volunteers (Figure 5). COAs also connect residents with rides and special offers at regional transit authorities. Some towns get even more creative, appropriating school buses that would be otherwise unused during the day to provide rides to older adults. In FY 2023, COAs provided over 550,000 rides to over 8,000 people.

Figure 5. Number of older adults participating in COA transportation program in FY23



**NOTE:** The actual number of adults participating in a COA transportation program will be larger, as some COAs did not provide data.



## LOCAL SUCCESS

The City of Salem offers the Salem Skipper, a ridesharing service serving the entire city. It works like a minibus that comes when you want, where you want — book a ride straight from your phone, get picked up in minutes, and skip the hassle of parking. Rides Typically cost \$2-\$3, but are just \$1 for older residents.



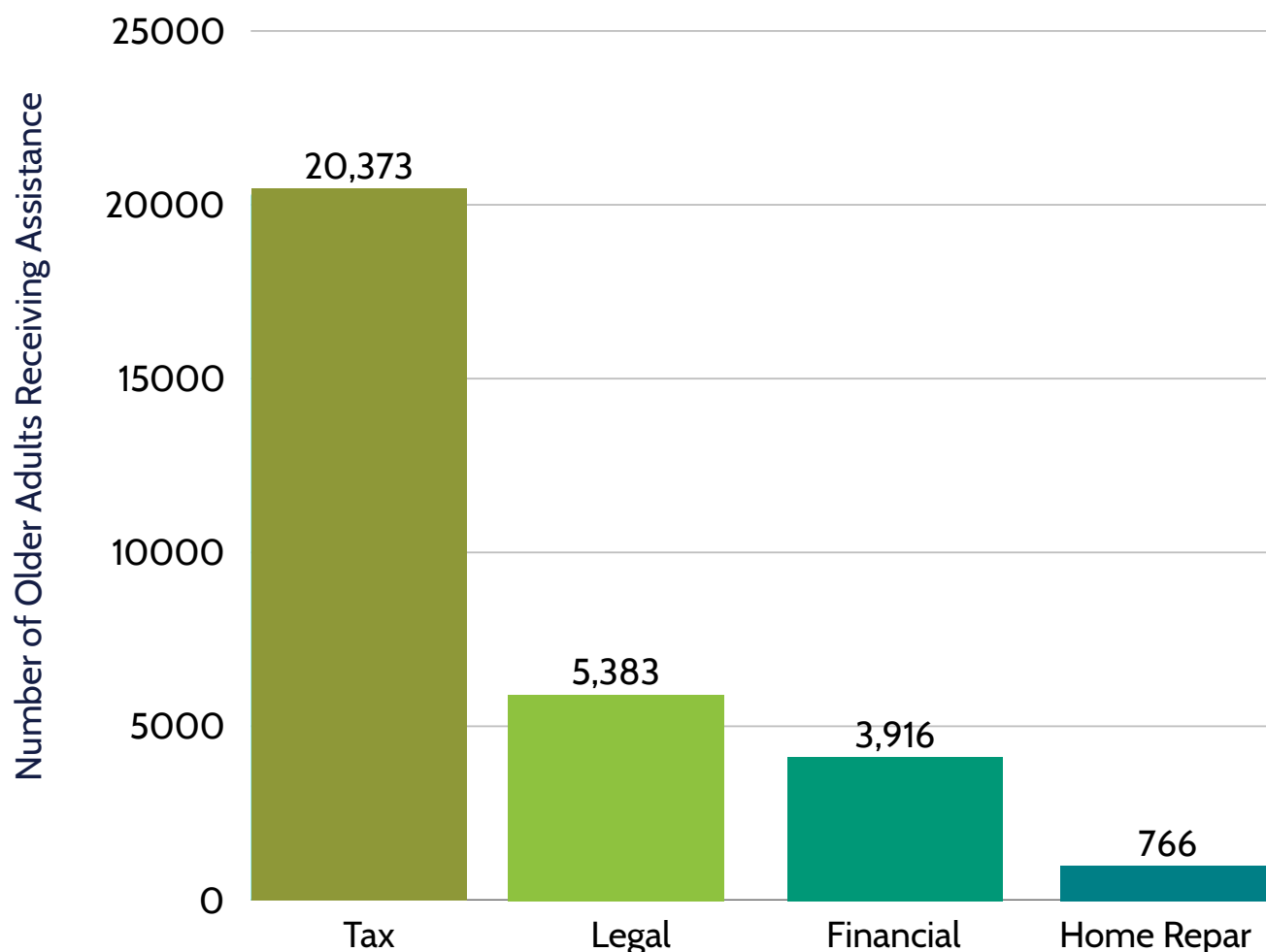
# TRUSTED COMMUNITY ADVOCATE

COAs and senior centers act as a crucial bridge between older adults and the resources they need. Each resident comes to their senior center with unique needs and requests, and in turn, the centers provide support, advocacy for services, and community connections that help residents live fulfilling, independent lives. The following are just a few examples of how senior centers take on the role of trusted community advocate:

## **HOME REPAIRS, LEGAL ASSISTANCE, FINANCIAL MANAGEMENT AND TAX ASSISTANCE**

Growing older often requires new approaches to familiar situations. Changes in income, qualifications for benefits or physical abilities may entail extra help in areas that we once handled on our own. COAs serve as trusted sources for information and assistance in a full range of fields that may require attention as we get older (Figure 6). Many offer low- or no-cost handyman services to install grab bars and rails, or just conduct minor repairs around the house. Others host lectures by elder law attorneys or offer tax-assistance hours. Some hold “60th birthday parties” to acquaint their community’s newest older adults with the new range of benefits and other financial and health care options available to them.

**Figure 6. Number of older adults receiving specific types of COA assistance in FY23**



**NOTE:** The actual number of adults receiving COA assistance in these specific areas will be larger, as some COAs did not provide data.

## LOCAL SUCCESS

“The Home Repair Program has been extremely helpful; I am working less and less, and I am on a fixed income it really is the only way I am able to have things fixed around my house now. I used to do all the repairs on my own but now I really need someone to help and am not able to pay a handy man.”

--Kathy P., Shelburne Falls, MA

# SHARE YOUR FEEDBACK



This is the second annual report from the Executive Office of Aging & Independence (AGE) on data retrieved from the Council on Aging annual report. The goal of this report is to provide an overview for stakeholders, policy makers and citizens of the services and programs offered by COAs throughout the state, and a metric for COA staff to compare their agency and its resources to others throughout the state. Data on age, gender and ethnicity is now being utilized to determine the COAs success in ensuring that the diversity of their participants is comparable to the diversity of their communities. Moreover, with two reports now complete, any changes in services, resources and diversity can be tracked over time in order to monitor emerging trends and inform policy and funding priorities for future years.

While the annual report is required by statute, approximately 85 percent of COAs complete the report. AGE anticipates that publication of this report, along with tangential reports from the University of Massachusetts School of Gerontology, will motivate more COAs to complete the report in order to ensure that future policy is fully informed regarding the essential programs and services provided by Councils on Aging throughout the Commonwealth.



## APPENDIX A. OVERVIEW OF STATISTICS

To facilitate COA learning and benchmarking, Appendices B – E describe how COA resources and services vary within and across municipalities of different sizes: 500-999 older adults in the municipality (n=22 COA with valid data), 1,000-2,499 older adults in the municipality (n=68), 2,500-4,999 older adults in the municipality (n=77), 5,000-9,999 older adults in the municipality (n=64), and 10,000 or more older adults in the municipality (n=36).<sup>1</sup> Appendix F describes how COA resources and services vary in towns with less than 500 older adults (n= 29). Appendix G provides information on the data collection and cleaning.

To describe how COAs serve older adults, Appendices E and F presents the total activities and services provided by responding Massachusetts COAs. These statistics *underestimate the actual COA activities and services* for two reasons. First, only 85% (296/350<sup>2</sup>) of COAs provided data to AGE; services provided by the non-responding COAs are missing from the reported totals.<sup>3</sup> Second, some submitting COAs did not provide valid data for some services or activities; for these resources and services, AGE coded the data as missing (see Appendix B).

To present the variation within and between types of municipalities, AGE has visualized statistics using boxplots, which present the median (50<sup>th</sup> percentile) COA value, the spread (25<sup>th</sup> and 75<sup>th</sup> percentiles), and the minimum and maximum values (see example below). Within each category, approximately 25% of COAs have a lower value than the 25<sup>th</sup> percentile, half of COAs have a lower value than the 50<sup>th</sup> percentile (*median*), and 75% of COAs have a lower value than the 75<sup>th</sup> percentile.

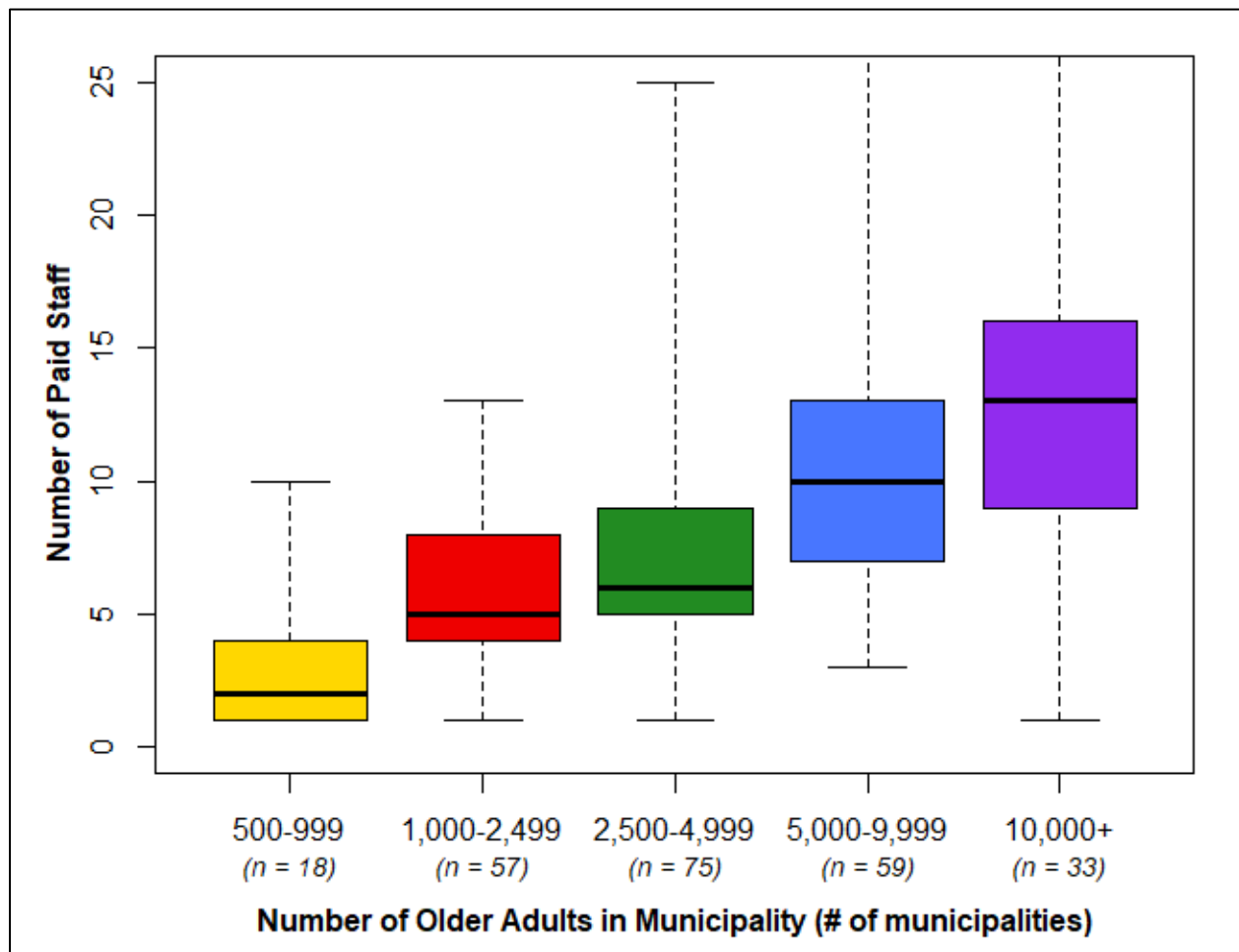
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<sup>1</sup> The municipal population data was estimated by the U.S. Census for 2020. For information on the population of older adults in each municipality, see Appendix H. The text "(n=)" identifies the number of responding COAs in municipalities with that older adult population.

<sup>2</sup> Monroe does not have a COA.

<sup>3</sup> The COA in in Massachusetts' largest city (Boston's Age Strong Commission) did not submit data due to reporting issues. This lack of data from Boston means the reported statistics disproportionately underestimate the services COAs provided and the unique people COAs served. However, Age Strong is also a federal Area Agency on Aging, which means they receive significant federal funding to provide services as well (that is, Age Strong is more than a COA) and so some of Age Strong's services should not be attributed to COAs.

## BOXPLOT EXAMPLE



*Notes.* The maximum value for COAs in municipalities with more than 10,000 older adults was 43 paid staff and the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 32 paid staff.

In this example boxplot, the bottom of the green box indicates that 25% of COAs in municipalities with 2,500-4,999 older adults have 5 or fewer paid staff (25<sup>th</sup> percentile) and the top of the green box indicates that 75% of COAs have 9 or fewer paid staff (75<sup>th</sup> percentile). The line in the middle of the green box indicates that half of COAs in municipalities with 2,500-4,999 older adults have 6 or fewer staff (*median* or 50<sup>th</sup> percentile). The ends of the dashed lines (*whiskers*) emerging off the top and bottom of the green box indicate the number of paid staff for the COA with the fewest staff (1 paid staff for COAs in a municipality with 2,500-4,999 older adults) and the number of paid staff for the COA with the most staff (25 paid staff for COAs in a municipality with 2,500-4,999 older adults).

For some boxplots, the ends of the dashed lines are not visible on the boxplot because displaying the extreme values (*outliers*) can obscure important details. For example, roughly 99% of COAs report less than 31 paid staff but one COA reported 43 paid staff; including this

COA in the boxplot would mean obscuring all other differences between COAs.<sup>4</sup> In the example boxplot, the ends of the dashed line are not displayed for the two largest municipality types. Following a common rule, AGE does not display a maximum value when the value is larger than the 75<sup>th</sup> percentile of all COAs plus three times the 25<sup>th</sup>-75<sup>th</sup> percentile range. Instead, the maximum values are listed in the figure notes.<sup>5</sup>

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<sup>4</sup> Specifically, having a Y-axis scale maximum of 50 makes differences of 5 paid staff more difficult to visually distinguish.

<sup>5</sup> AGE considered completely excluding outliers from the boxplots, but that exclusion often affects the median and other percentiles such that the boxplots do not accurately display the distribution of the data.

## APPENDIX B: PERSONNEL

COAs utilize different types of personnel: paid staff, volunteers, older adults who work to reduce their property taxes (*Senior Property Tax Workoff or SPTW individuals*), interns, and paid contractors.

### PERSONNEL

The responding COAs reported employing 2,054 part- and full-time paid staff, 13,301 volunteers, 2,762 SPTW individuals, 118 interns, and 685 paid contractors (Table 1). The actual personnel employed by all COAs will be larger because roughly 15% of COAs did not complete the survey, COAs in municipalities with fewer than 500 older adults are reported in Appendix F, and other COAs did not provide valid personnel data.

**Table B.1. Total number of personnel in responding COAs, by size of municipality**

Personnel Category	Size of Municipality (number of older adults)					Total
	500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000+	
Part- and Full-time Paid Staff (n= 246)	51	343	540	654	466	2,054
Volunteers (n=256)	279	2,471	3,452	4,203	2,896	13,301
SPTW Individuals (n=237)	21	418	903	966	454	2,762
Interns (n=229)	0	16	25	48	29	118
Paid Contractors (n=142)	22	69	221	237	136	685

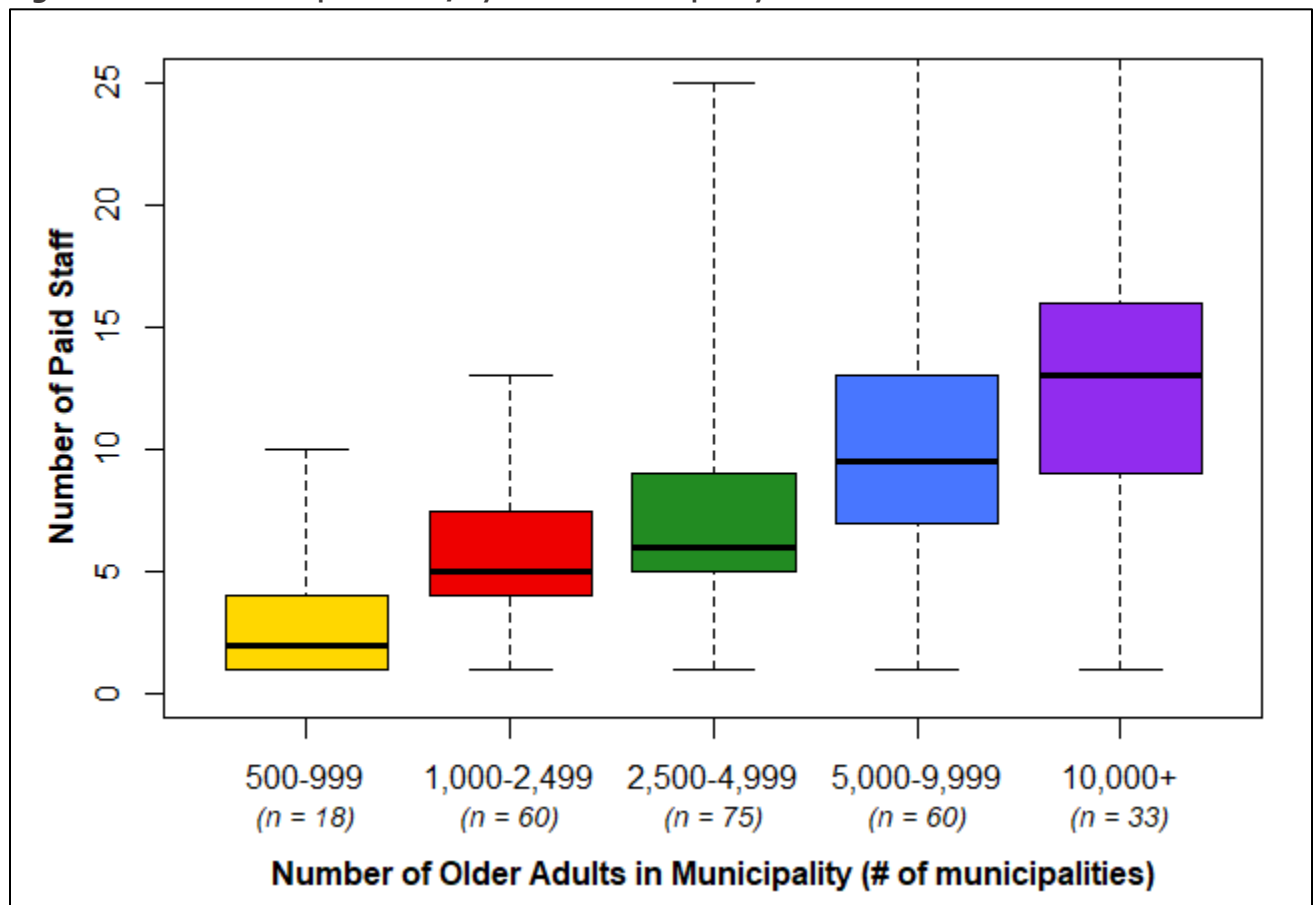
*Notes.* These statistics underestimate the actual personnel because some COAs did not provide data. The number of COAs that provided valid data for each type of personnel is indicated by “n=” in the row heading. To provide valid data, a COA needed to report a number greater than or equal to 0 personnel (that is, the COA could not leave the field blank). For 21 COAs, AGE converted 0 reported paid staff to blank because all COAs appear to have at least some paid staff; this appears to be an issue with completing the database report (17 of 21 COAs submitted via database provider).



## PAID STAFF

The median number of paid COA staff consistently increased with municipality size, from roughly 2 paid staff in municipalities with less than 500 older adults to approximately 13 in municipalities with 10,000 or more older adults (Figure B.1).

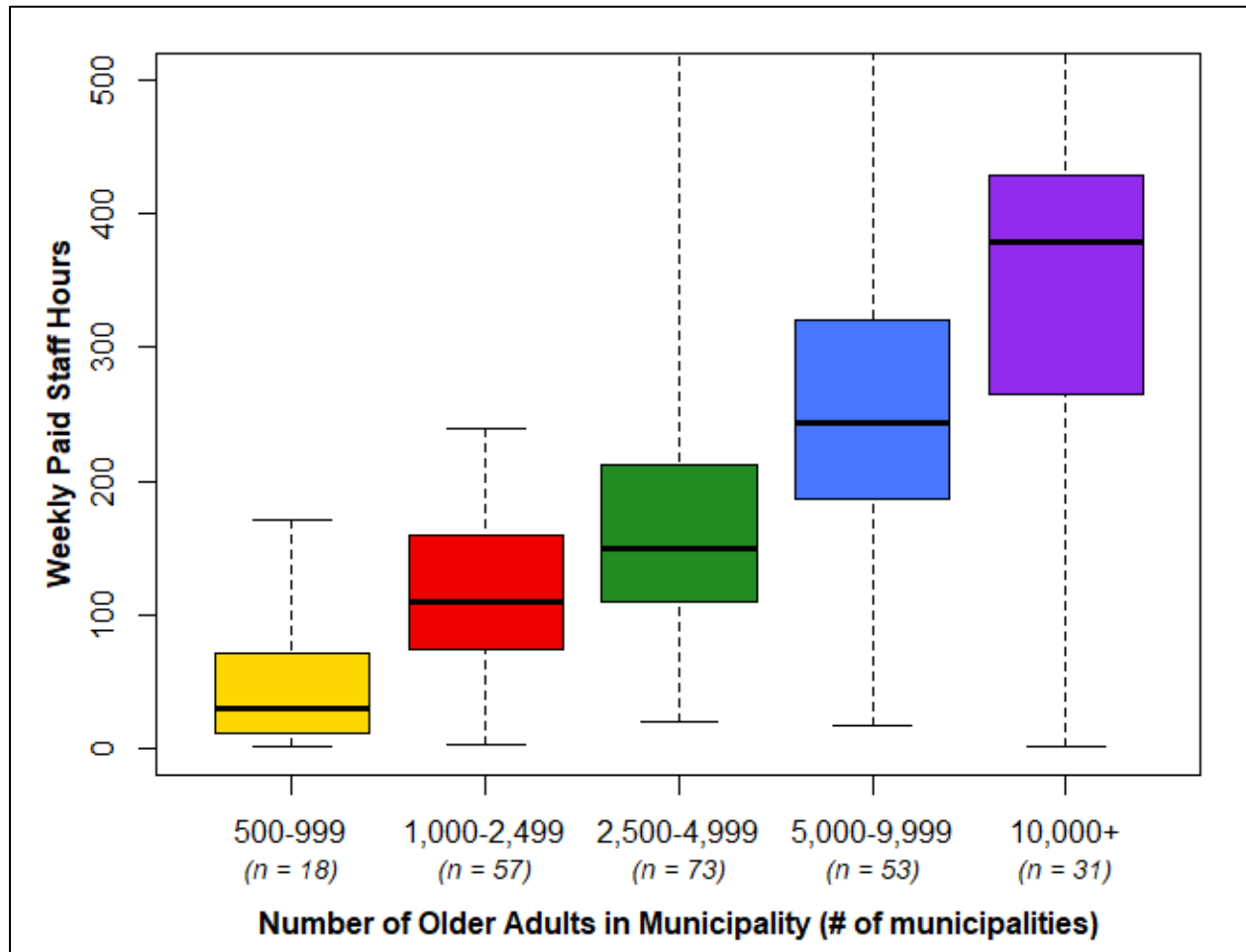
**Figure B.1. Number of paid staff, by size of municipality**



*Notes.* The maximum value for COAs in municipalities with more than 10,000 older adults was 43 paid staff and the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 32 paid staff.

The median number of paid staff hours consistently increased with municipality size, from approximately 30 hours in municipalities with less than 500 older adults to roughly 381 in municipalities with more than 10,000 older adults (Figure B.2).

**Figure B.2. Paid staff hours, by size of municipality**

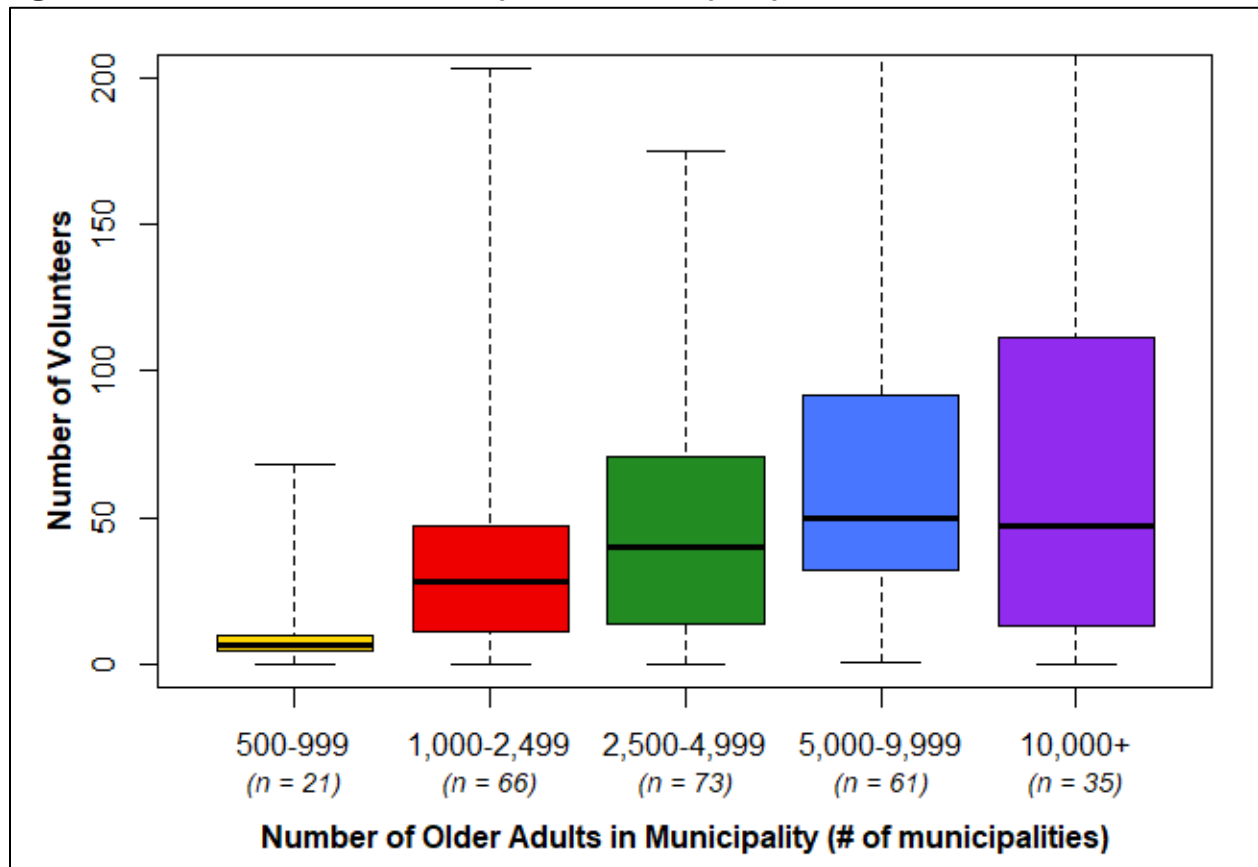


*Notes.* The minimum number of hours was 2 hours per week. The maximum value for COAs in municipalities with more than 10,000 older adults was 803 weekly staff hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 795 weekly staff hours, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 620 hours.

## VOLUNTEERS

The median number of volunteers also steadily increased with municipality size until leveling off in larger municipalities—from 7 COA volunteers in the municipalities with the fewest older adults to roughly 50 COA volunteers in municipalities with more than 5,000 or 10,000 older adults (Figure B.3). In the largest municipalities (10,000+ older adults), there was substantial variation in the number of weekly volunteer hours, with the 25<sup>th</sup> percentile at 13.5 volunteers and the 75<sup>th</sup> percentile at 111 volunteers.

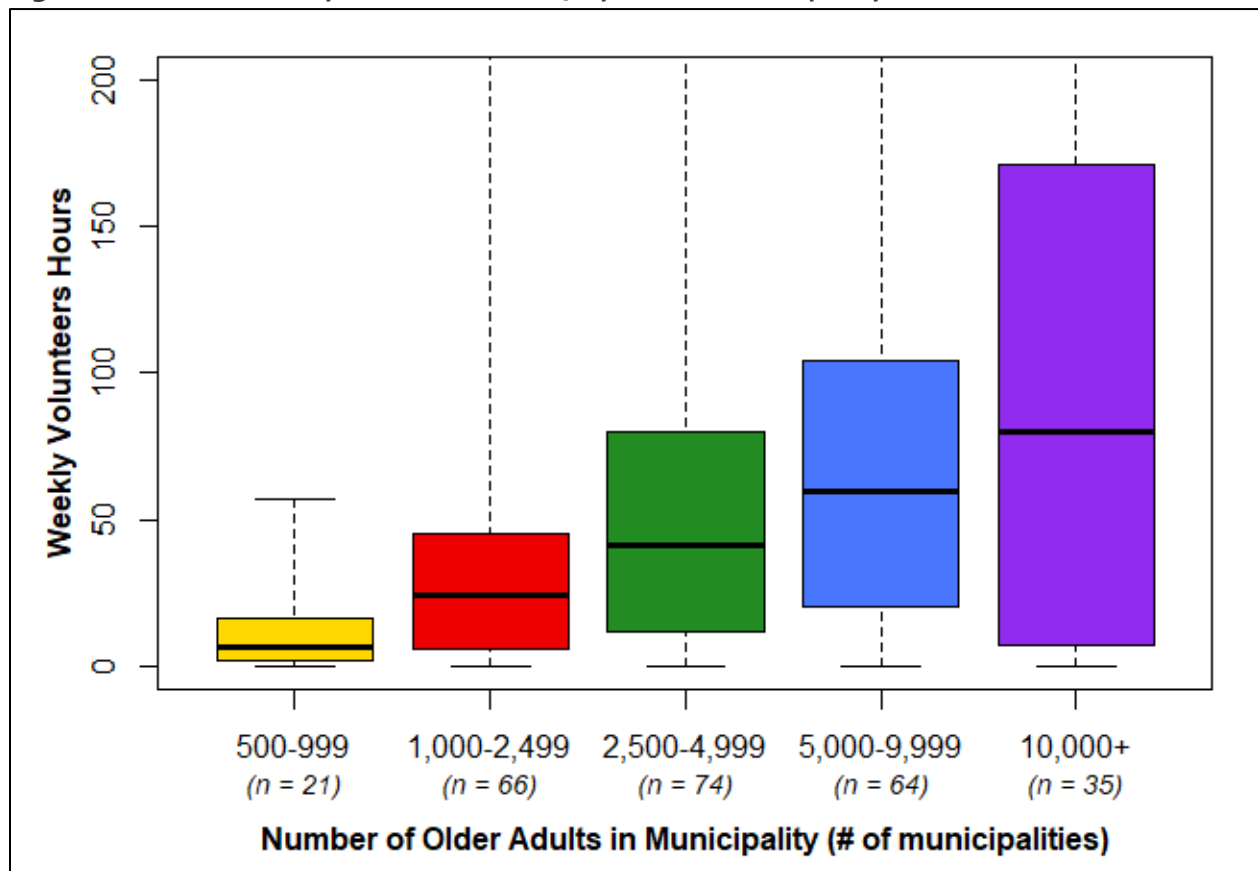
**Figure B.3. Number of volunteers, by size of municipality**



*Notes.* The maximum value for COAs in municipalities with more than 10,000 older adults was 370 volunteers, and the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 415 volunteers.

The median total weekly hours worked by all COA volunteers consistently increased with municipality size, from approximately 7 weekly hours in the smallest municipalities to 80 in the largest (Figure B.4). In the largest municipalities (10,000+ older adults), there was substantial variation in the number of weekly volunteer hours, with the 25<sup>th</sup> percentile at 7.5 hours and the 75<sup>th</sup> percentile at 171 hours.

**Figure B.4. Total weekly volunteer hours, by size of municipality**



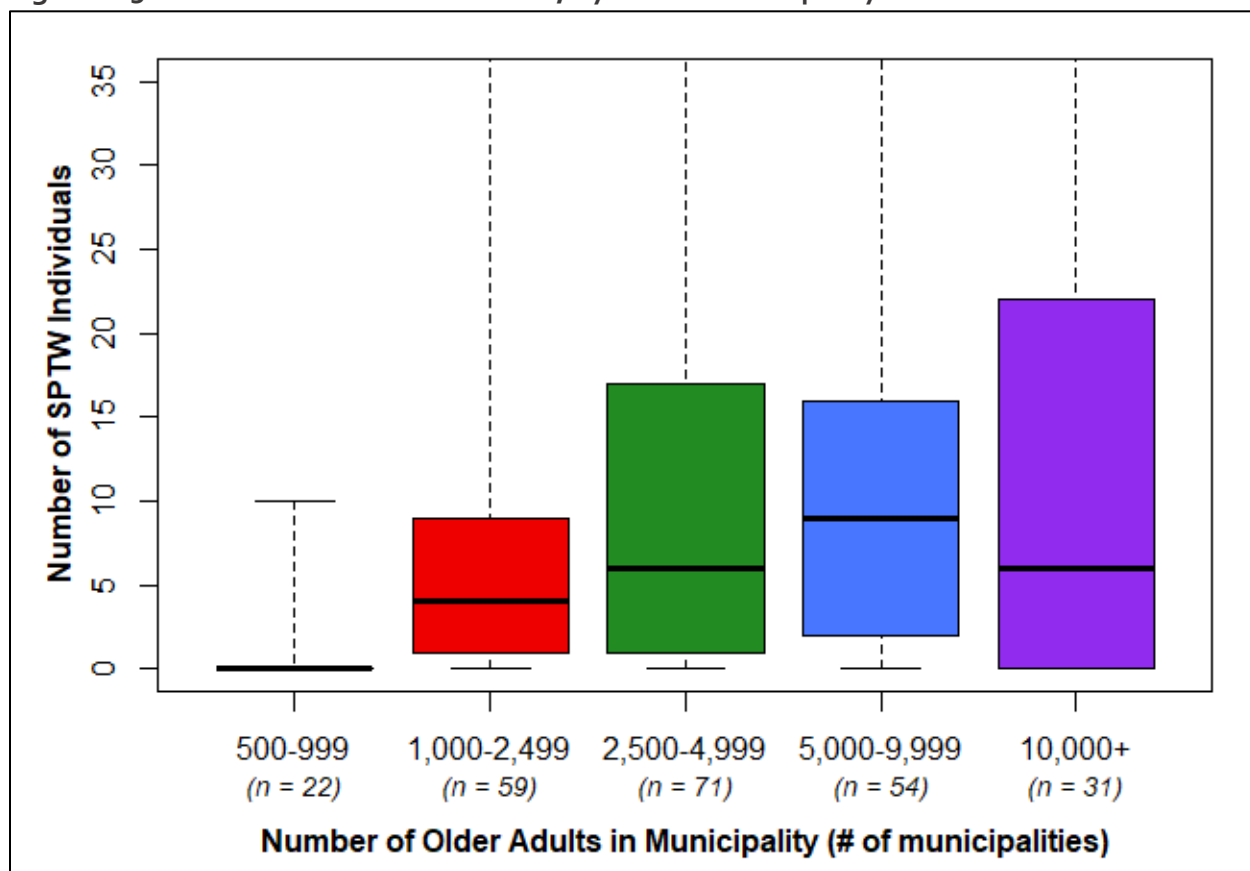
*Notes.* COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 808 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 435 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 350 hours, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 262 hours.



## SENIOR PROPERTY TAX WORKOFF INDIVIDUALS

The median number of SPTW individuals did not vary consistently with municipality size—the median was 0 for smallest COAs in the smallest COAs, 9 for COAs with between 5,000 – 9,000 older adults and, for other COAs, the median was between 4-6 (Figure B.5).

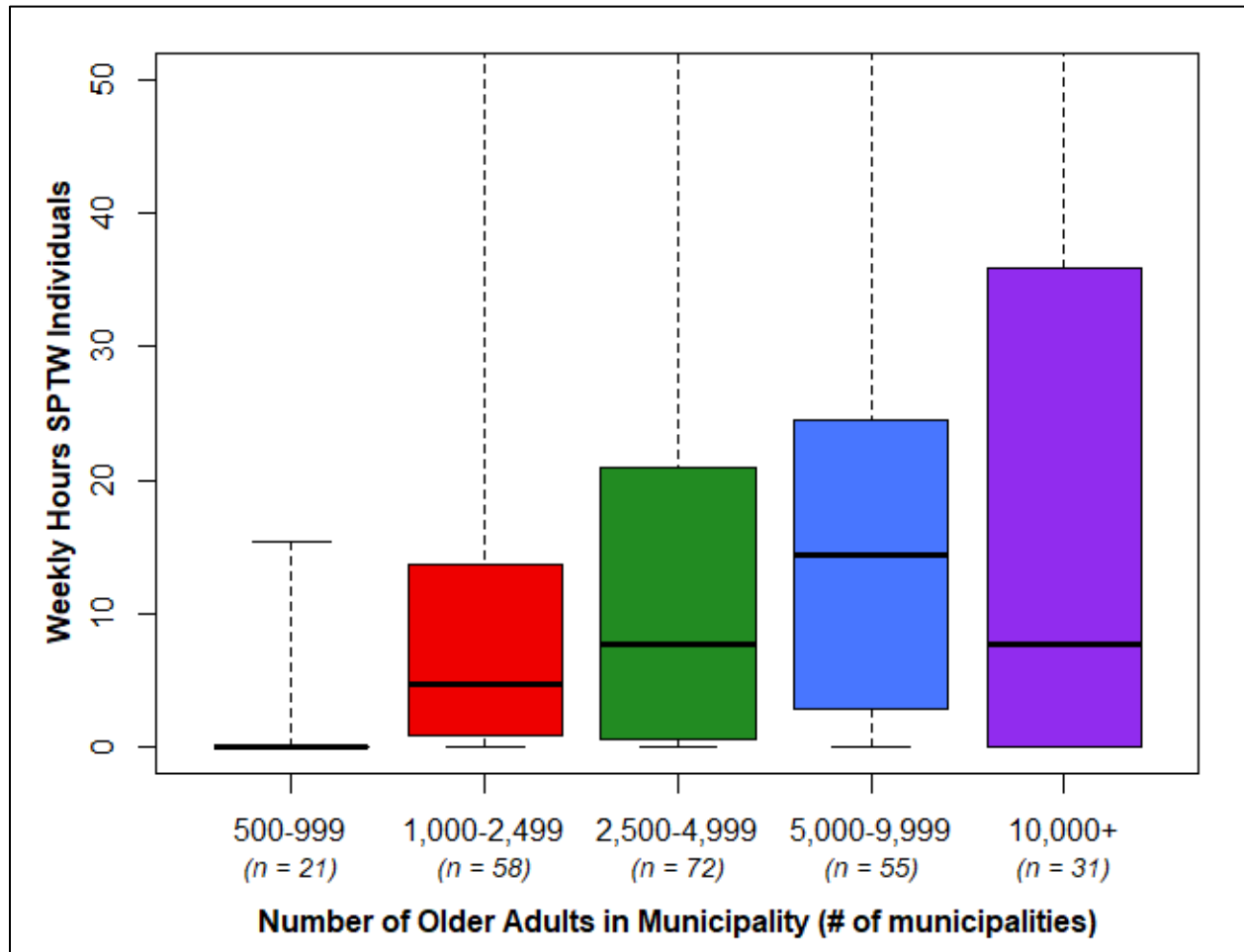
**Figure B.5. Number of SPTW individuals, by size of municipality**



*Notes.* The maximum value for COAs in municipalities with more than 10,000 older adults was 101 individuals, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 182 individuals, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 82 individuals, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 46 individuals.

The total weekly hours worked across all SPTW individuals was usually below 8 hours a week, except for COAs with between 5,000 – 9,000 older adults (median of 14; Figure B.6).

**Figure B.6. Total weekly SPTW hours, by size of municipality**

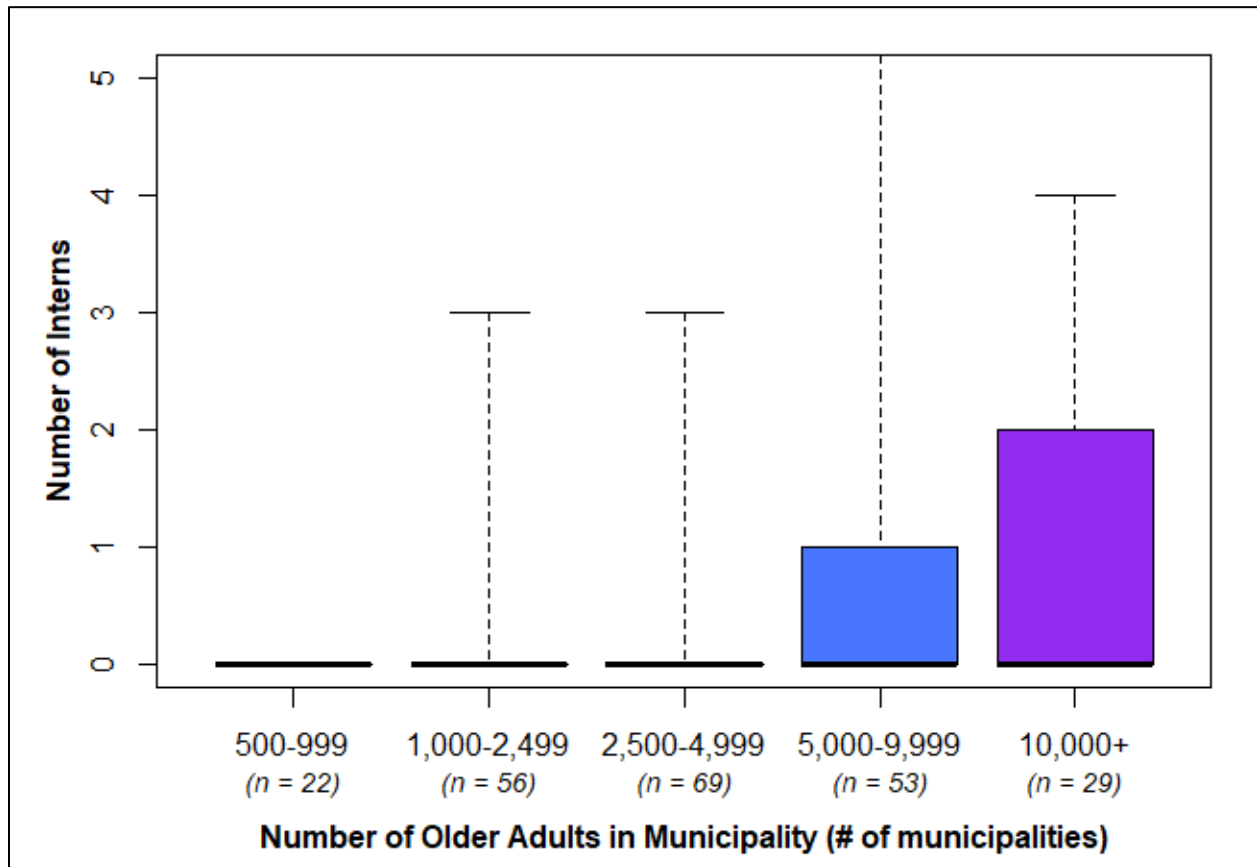


*Notes.* COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 128 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 250 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 1558 hours, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 61 hours.

## INTERNS

Regardless of municipality size, the median number of interns working was 0 (Figure B.7). Some COAs in larger towns did utilize interns, typically only 1 or 2.

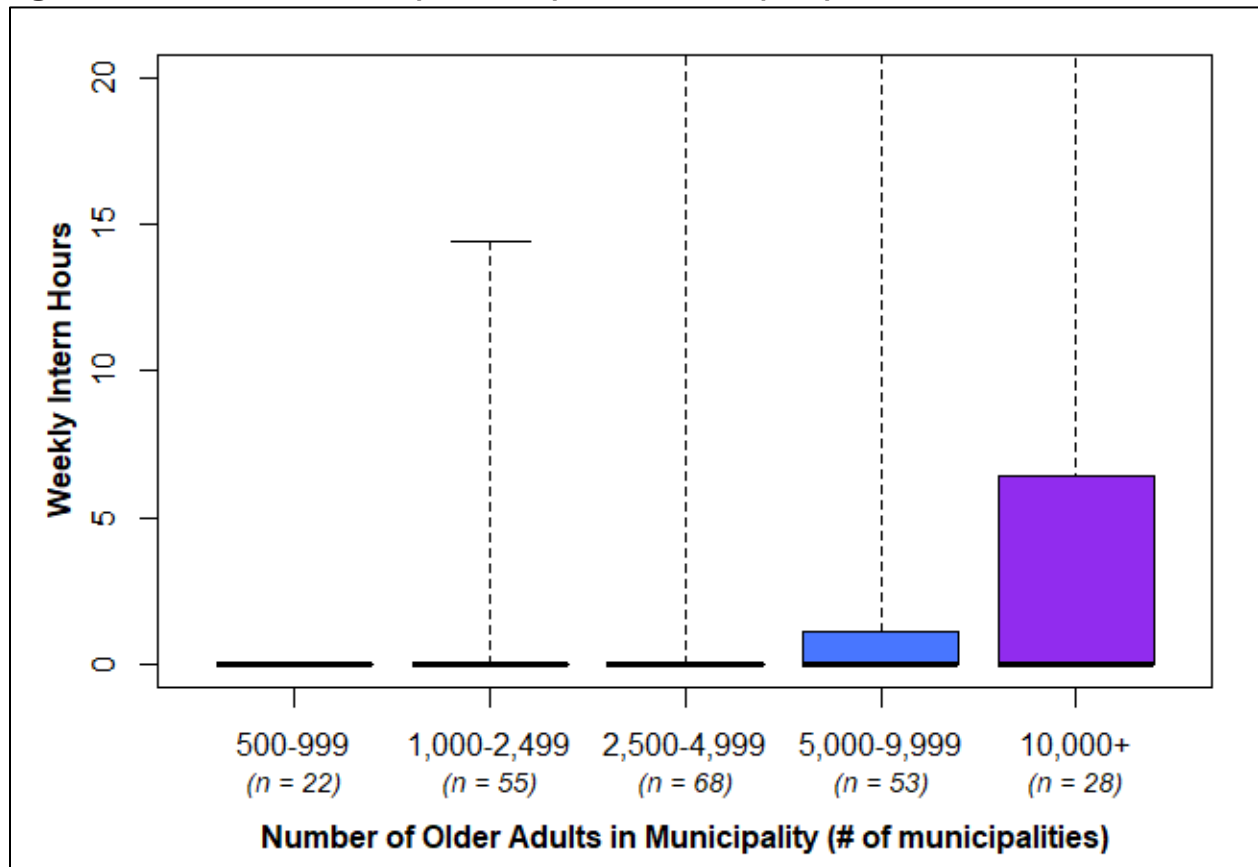
Figure B.7. Number of interns, by size of municipality



Notes. The maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 9 interns.

Few COAs, regardless of size, utilized interns for more than 10 hours a week (Figure B.8).

**Figure B.8. Total intern weekly hours, by size of municipality**

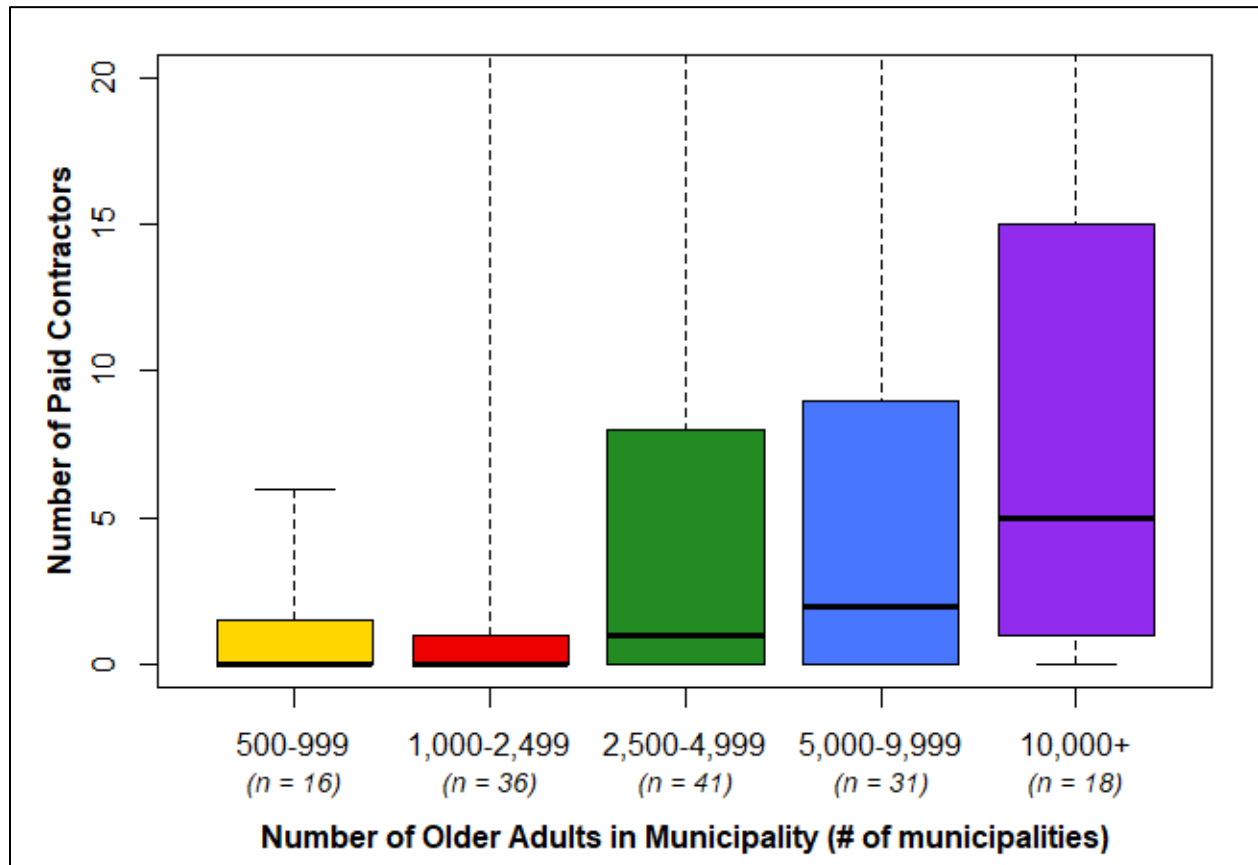


*Notes.* COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 72 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 48 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 23 hours, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 14 hours.

## PAID CONTRACTORS

Smaller COAs typically did not employ paid contractors, but larger COAs usually did (Figure B.9). The median number of paid contractors for the largest COAs was 5.

Figure B.9. Number of paid contractors, by size of municipality

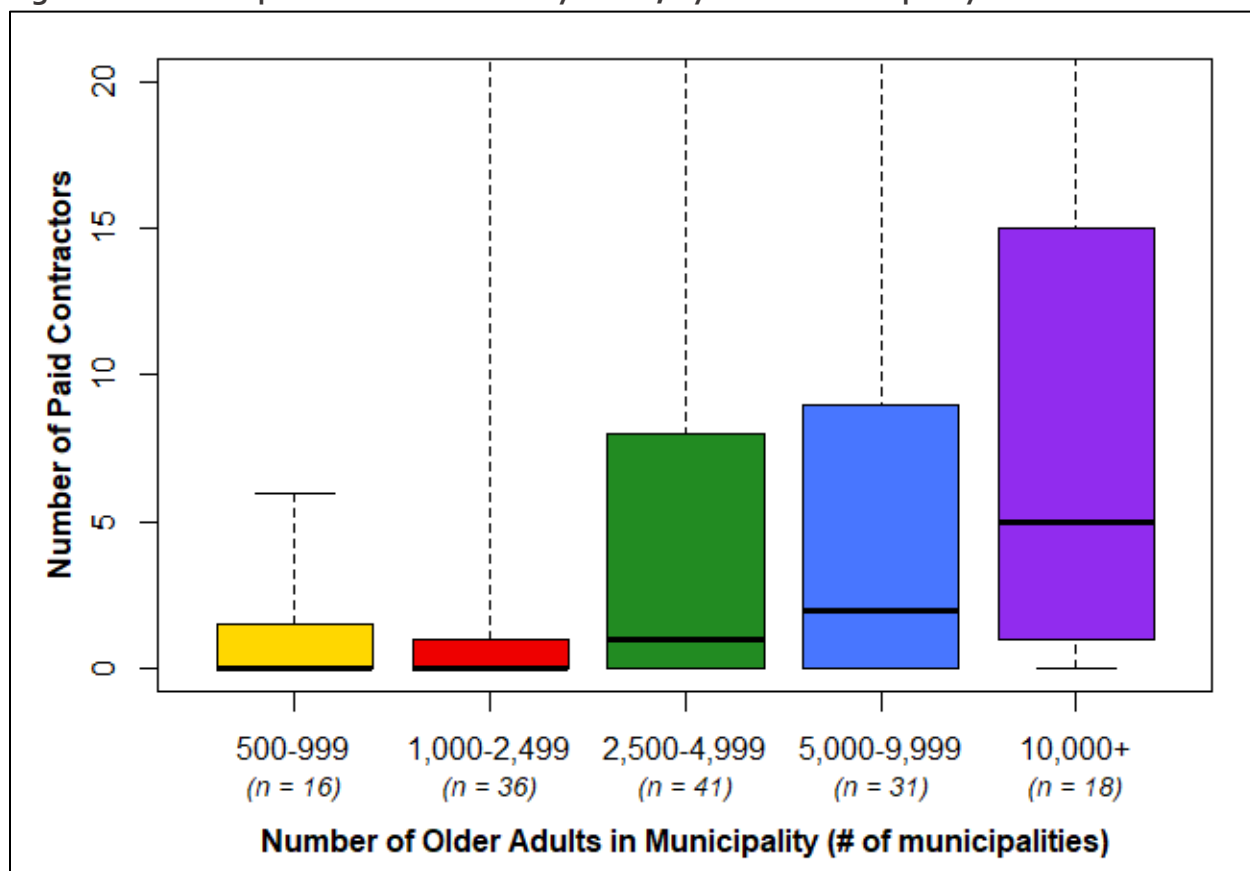


*Notes.* The maximum value for COAs in municipalities with more than 10,000 older adults was 23 contractors, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 40 contractors, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 35 contractors, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 27 contractors.



Only COAs in larger municipalities typically employed paid contractors for more than a few hours a week (Figure B.10).

**Figure B.10. Total paid contractor weekly hours, by size of municipality**



*Notes.* COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 103 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 564 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 104 hours.

## APPENDIX C: SENIOR CENTER HOURS

Most COAs operate senior centers, a building where older adults can participate in activities and receive services. Of the 240 COAs that reported usable data on whether the COA operated a senior center, approximately 80% reported operating a center (Table C.1).

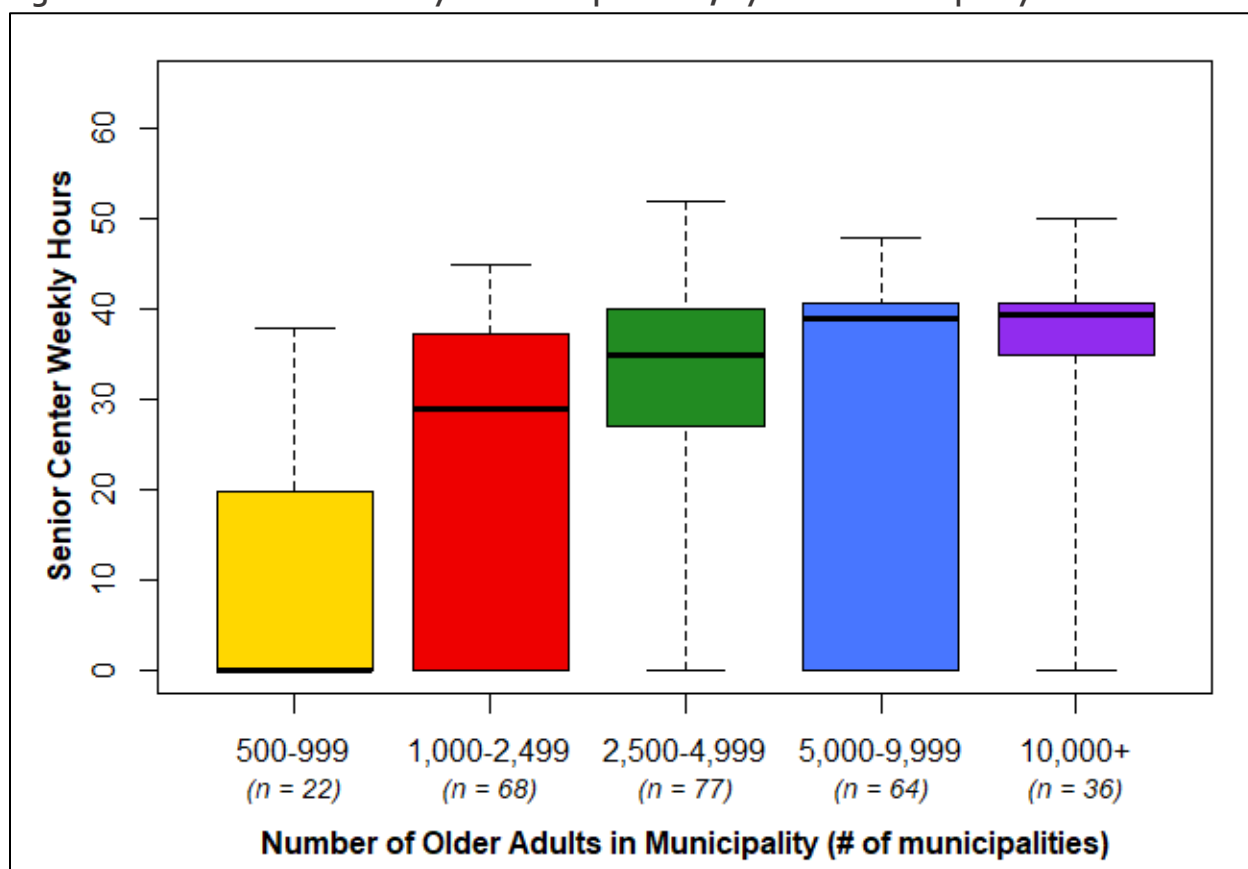
**Table C.1. Percentage of Responding COAs with Senior Center, by size of municipality**

Personnel Category	Size of Municipality (number of older adults)				
	500-999 (n=22)	1,000-2,499 (n=60)	2,500-4,999 (n=74)	5,000-9,999 (n=55)	10,000+ (n=32)
Operate (n=191)	45%	75%	82%	87%	88%
Do Not Operate (n=49)	55%	25%	18%	13%	13%

Notes. 24 COAs did not report whether they operated a senior center. Percentages might not sum to 100 due to rounding.

For COAs in cities and towns with more than a thousand older adults, at least 75% of senior centers were open for at least 30 hours a week (Figure C.2). In the largest municipalities, those with more the 5,000 older adults, the median senior center was open for 40 hours per week.

**Figure C.1. Senior center weekly hours of operation, by size of municipality**



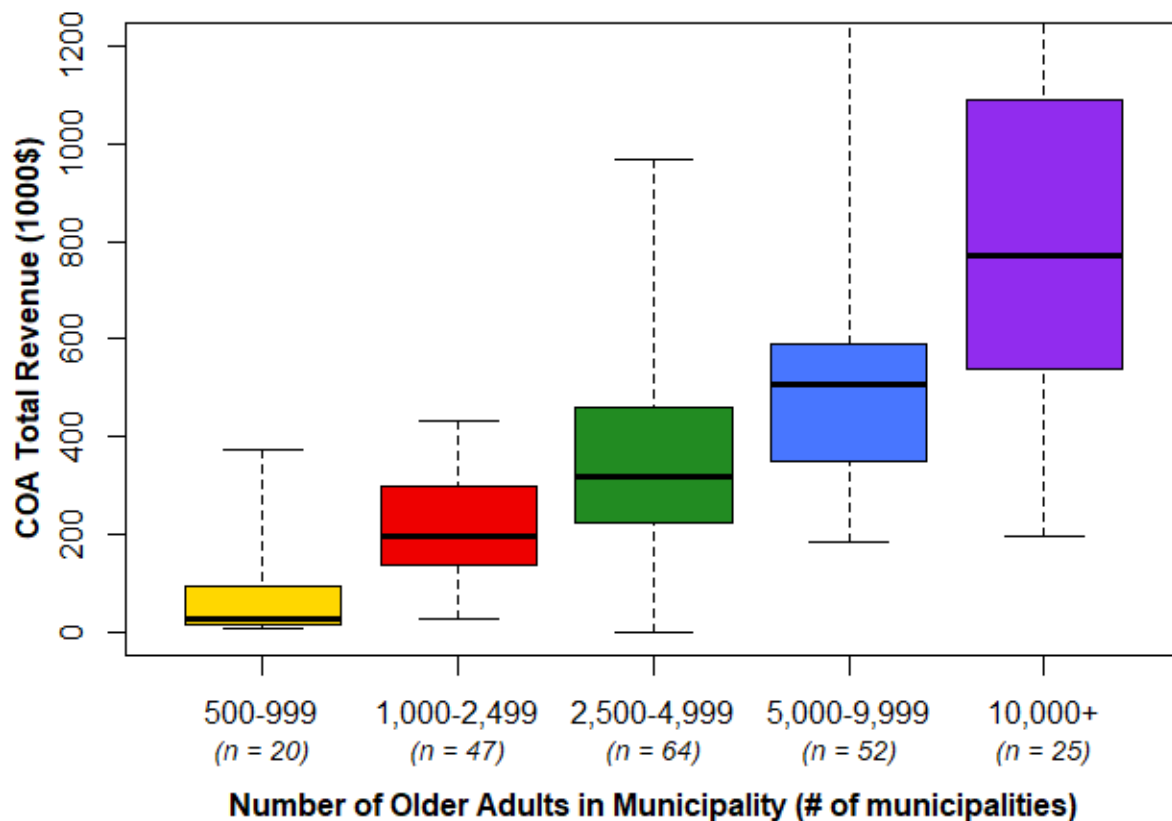
## APPENDIX D: COA REVENUES

COAs typically receive most of their funds from their municipal government. All COAs also receive funding from the Commonwealth of Massachusetts (in FY23, this was \$14 per older adult in the municipality or a minimum of \$7,000), and COAs can also receive funding from other government agencies and via donations.

### TOTAL REVENUE

The median COA total revenue consistently increased with municipality size, from roughly \$30,000 for COAs in municipalities with between 500-999 older adults to approximately \$770,000 for COAs in municipalities with more than 10,000 older adults (Figure D.1).

Figure D.1. COA total revenues, by size of municipality



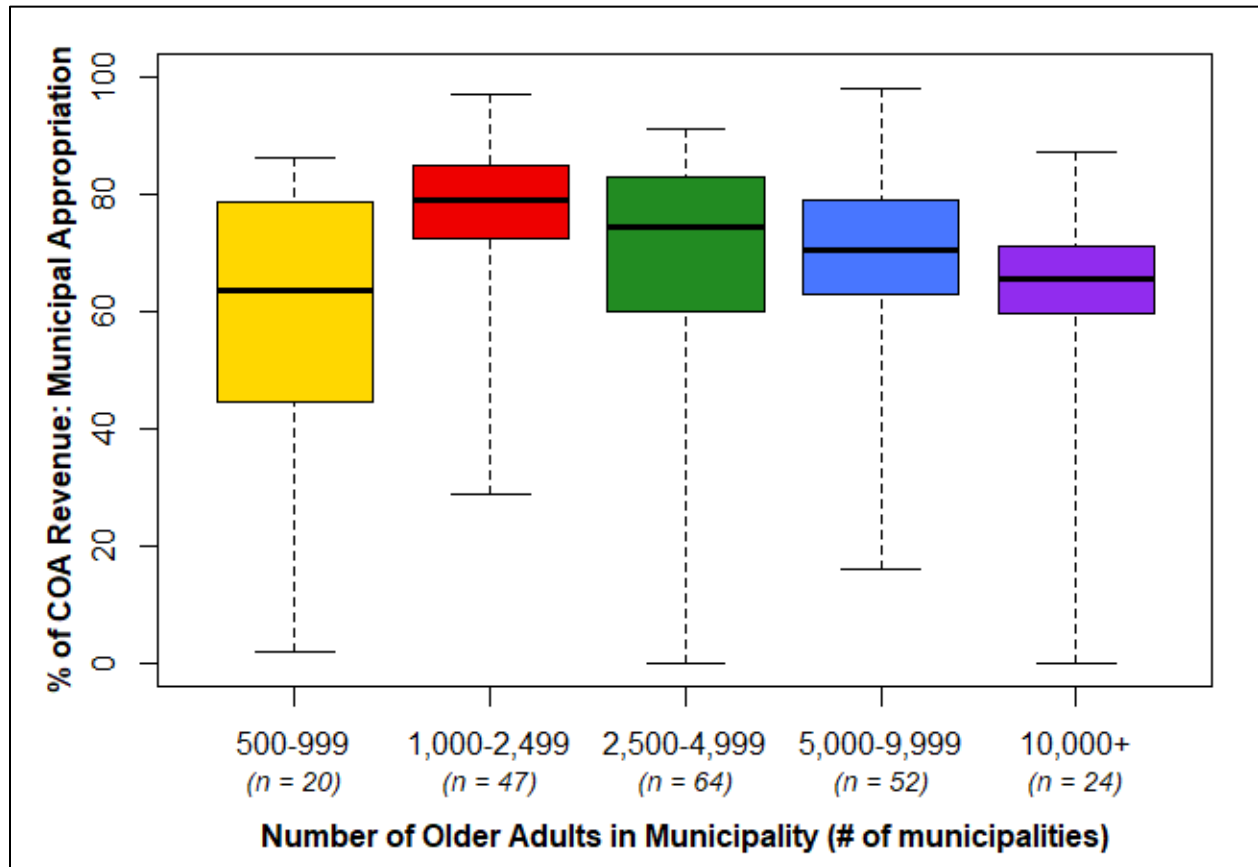
*Notes.* The maximum revenue for COAs in municipalities with more than 10,000 older adults was \$2.63 million, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was \$2.31 million.

## REVENUE BY CATEGORY

### A. Municipal Appropriation

Approximately 86% of all COAs reported receiving most of their funding from their town or city government. COAs in the smallest and largest municipalities had the lowest median municipal funding at 63.5% and 65.5%, respectively, while the highest median, 79%, was for COAs in municipalities with between 1,000-2,499 older adults (Figure D.2).

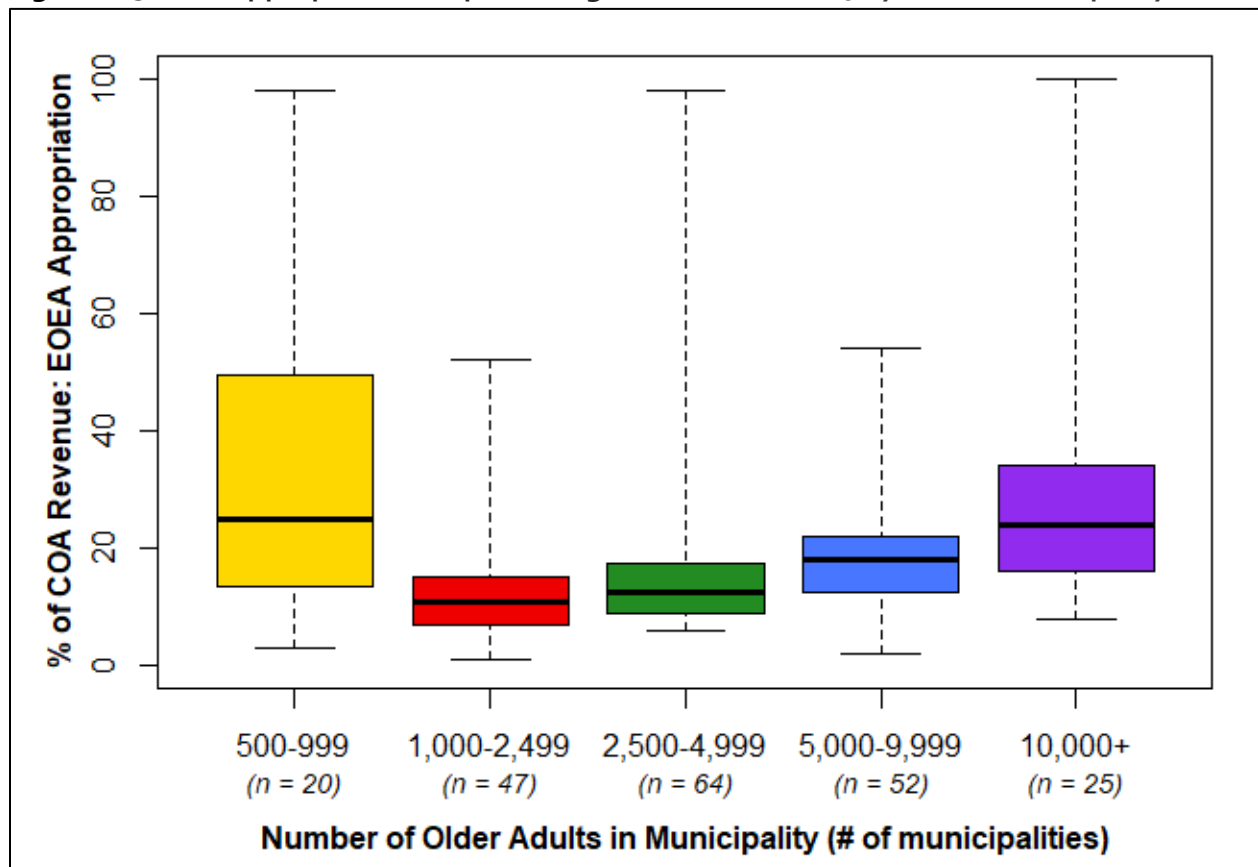
Figure D.2. Municipal appropriation as percentage of total revenue, by size of municipality



## B. AGE Appropriation

Approximately 68% of COAs reported that AGE appropriations were 20% or less of their overall revenue. The median for COAs in municipalities with between 1,000-2,499 older adults was 11%, while the median for COAs in municipalities with less than 500 older adults was 25% (Figure D.3).

Figure D.3. AGE appropriation as percentage of total revenue, by size of municipality

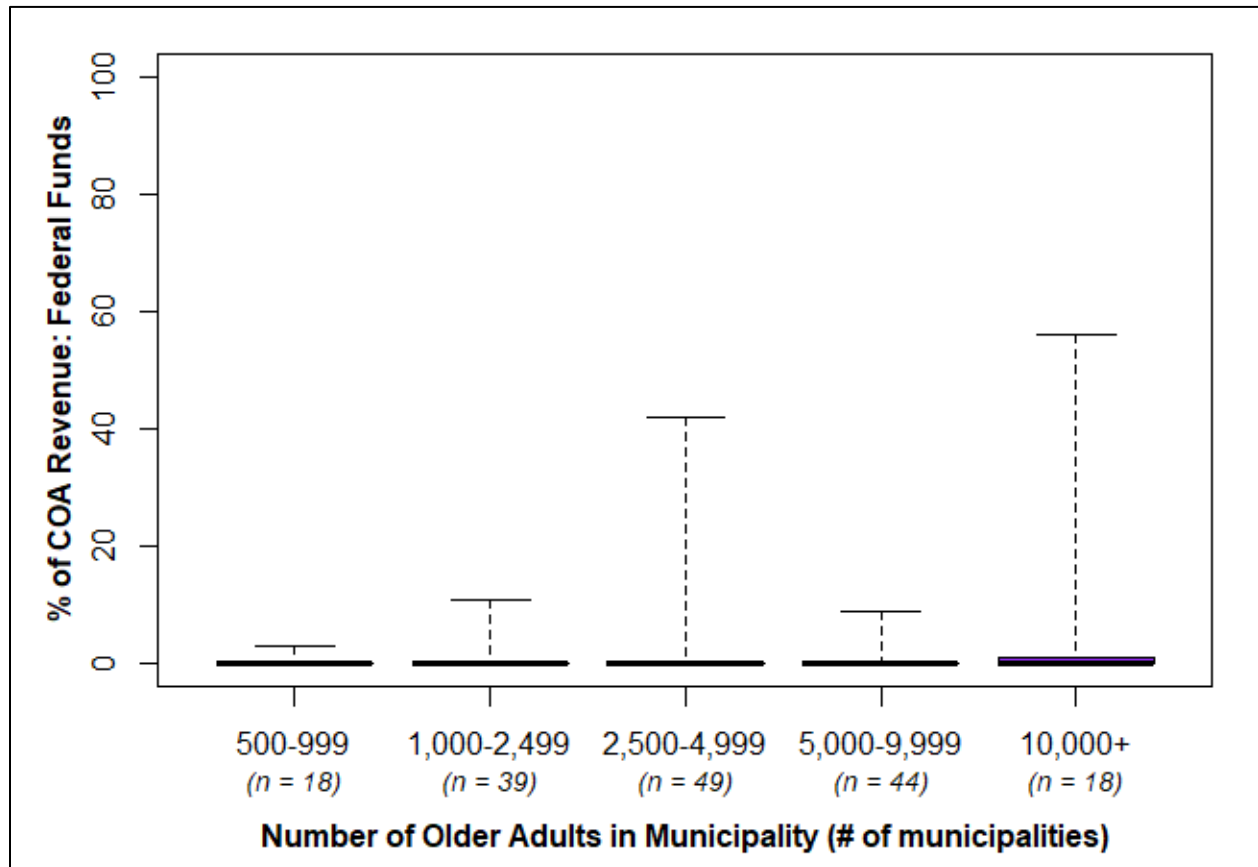




### C. Federal Funds

Across all sizes of municipalities, the median percentage of federal funds was 0 (Figure D.4), and approximately 93% of COAs reported that less than 5% of their revenues were from federal funds.

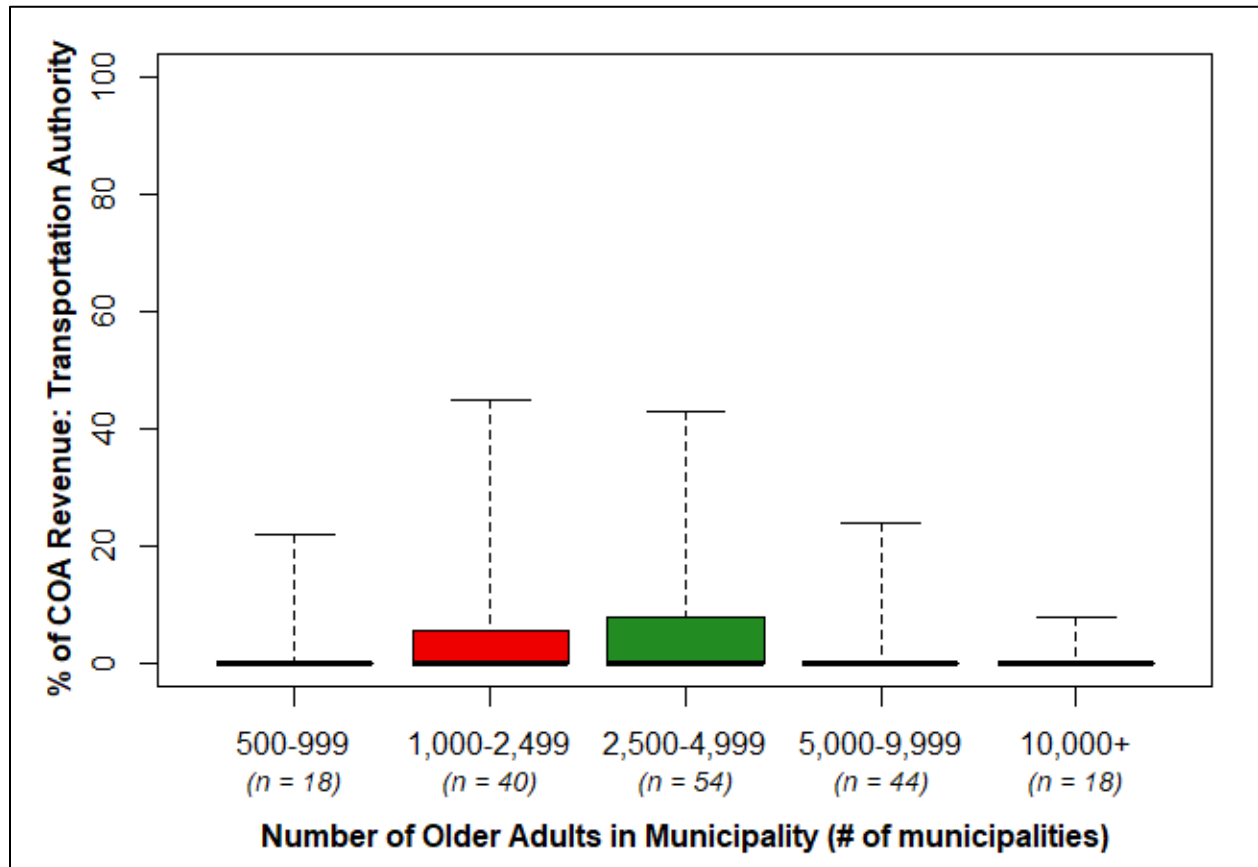
**Figure D.4. Federal funds as percentage of total revenue, by size of municipality**



#### D. Regional Transportation Authority (RTA)

Over 70% of COAs reported receiving no RTA funds and, across all sizes of municipalities, the median percentage of RTA funds was 0, (Figure D.5).

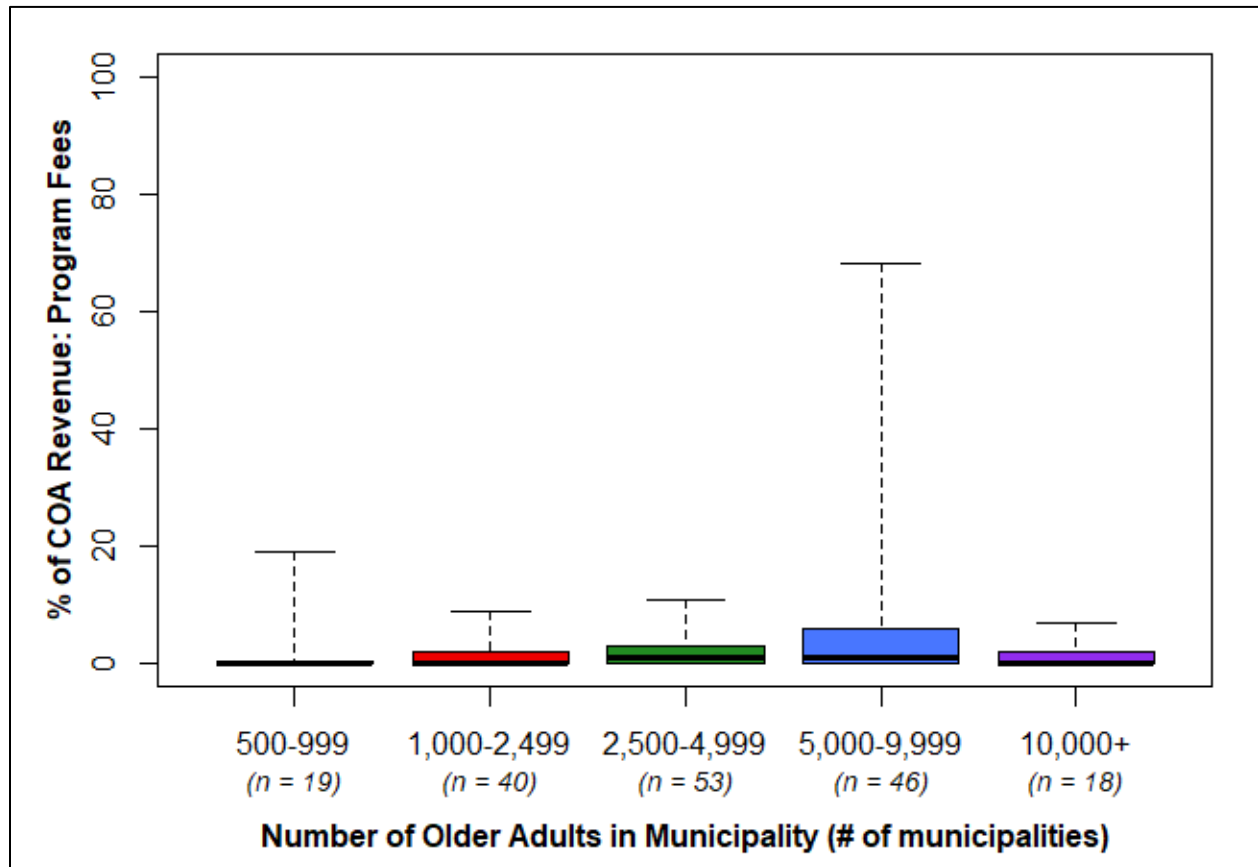
Figure D.5. RTA funds as percentage of total revenue, by size of municipality



### E. COA Program Fees

Program fees made up less than 5% of COA revenues for almost 80% of COAs, and there was little variation by municipality size (Figure D.6). Only a few COAs raised more than 10% of revenues through program fees.

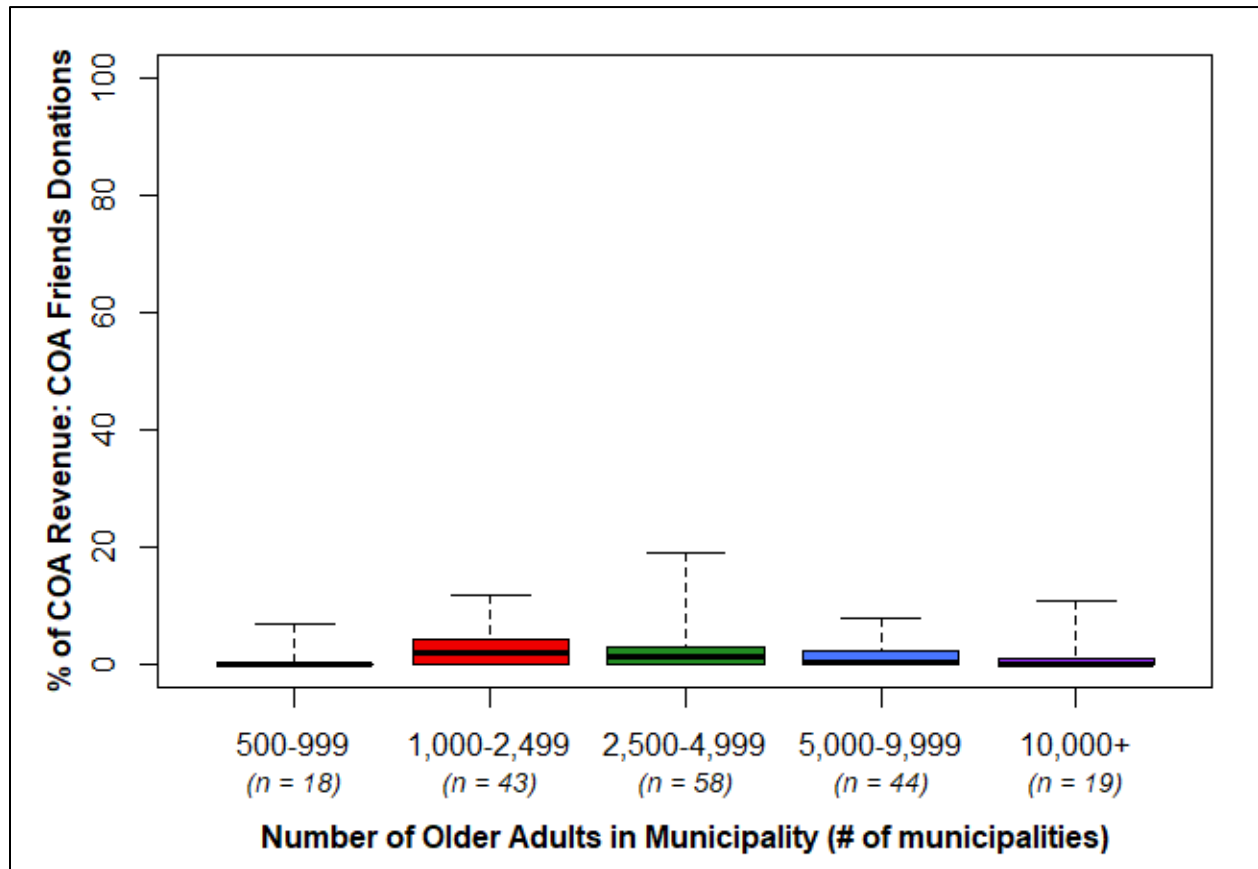
Figure D.6. COA program fees as percentage of total revenue, by size of municipality



## F. COA Friends

Funds from COA Friends, which are non-profit organizations, made up less than 5% of COA revenues for roughly 82% of COAs, and there was little variation by municipality size (Figure D.7). Only a few COAs received more than 10% of revenues through their affiliated Friends organizations.

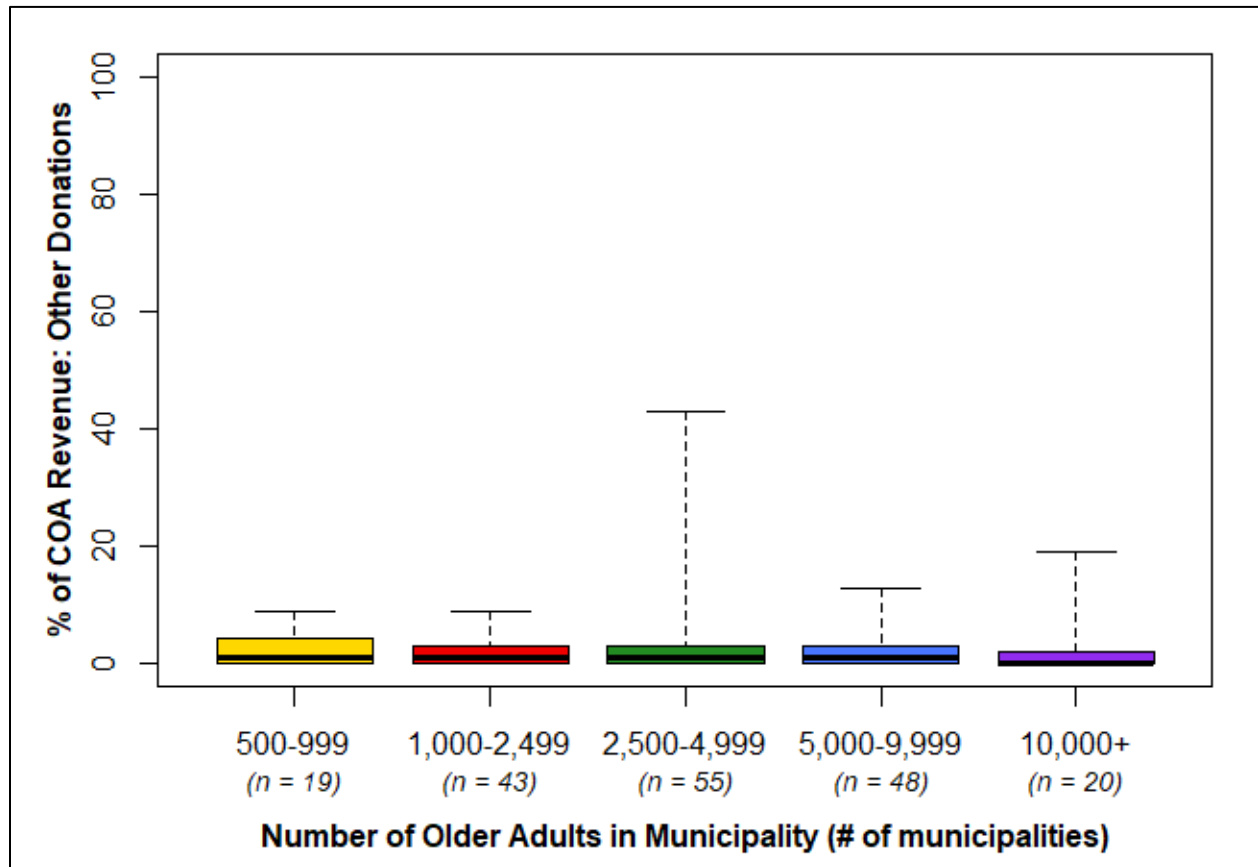
Figure D.7. COA Friends funds as percentage of total revenue, by size of municipality



### G. Other Donations

Other donations made up less than 5% of COA revenues for roughly 82% of COAs. COAs in the smallest municipalities raised a higher percentage (median = 4%) from other donations (Figure D.8).

Figure D.8. Other donations as percentage of total revenue, by size of municipality

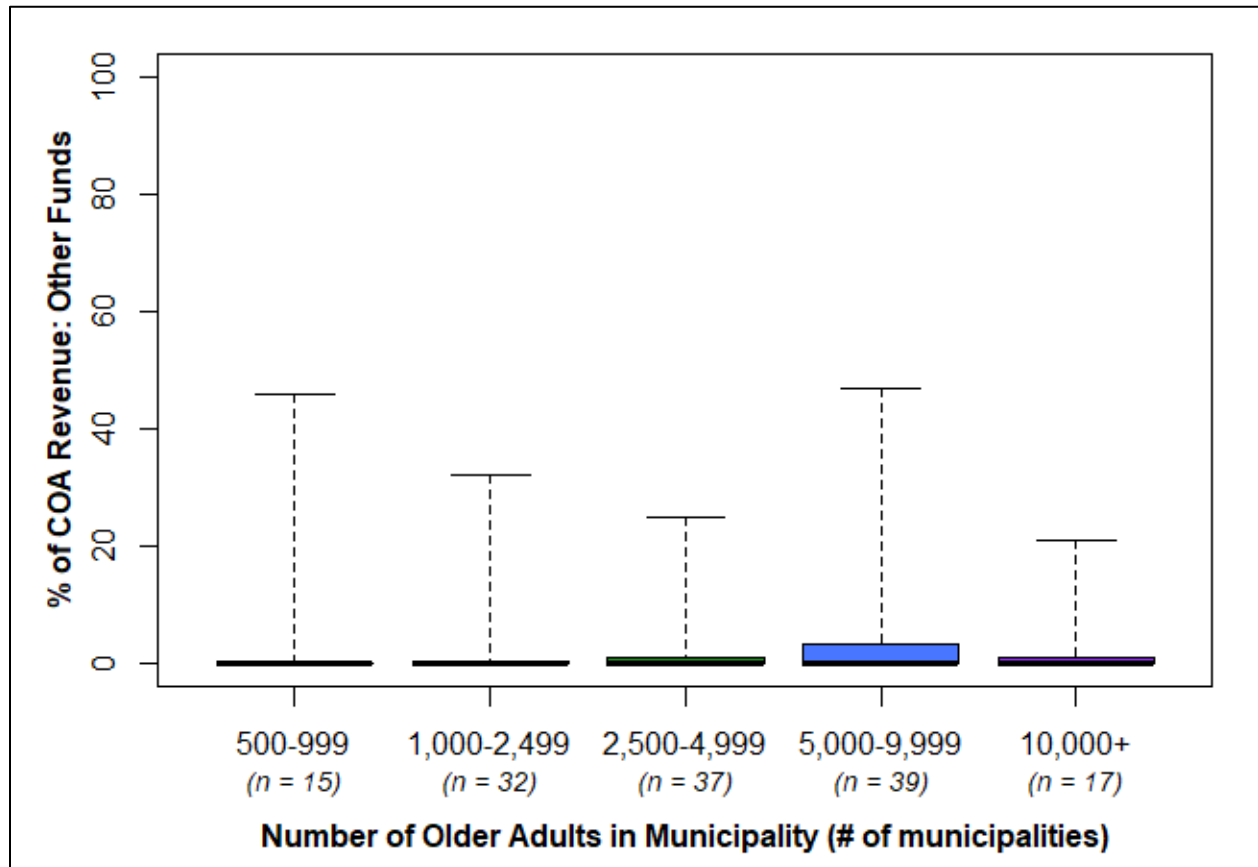




## H. Other Funds

Other sources of funding made up less than 5% of COA revenues for roughly 86% of COAs, and there was little difference by municipality size (Figure D.9).

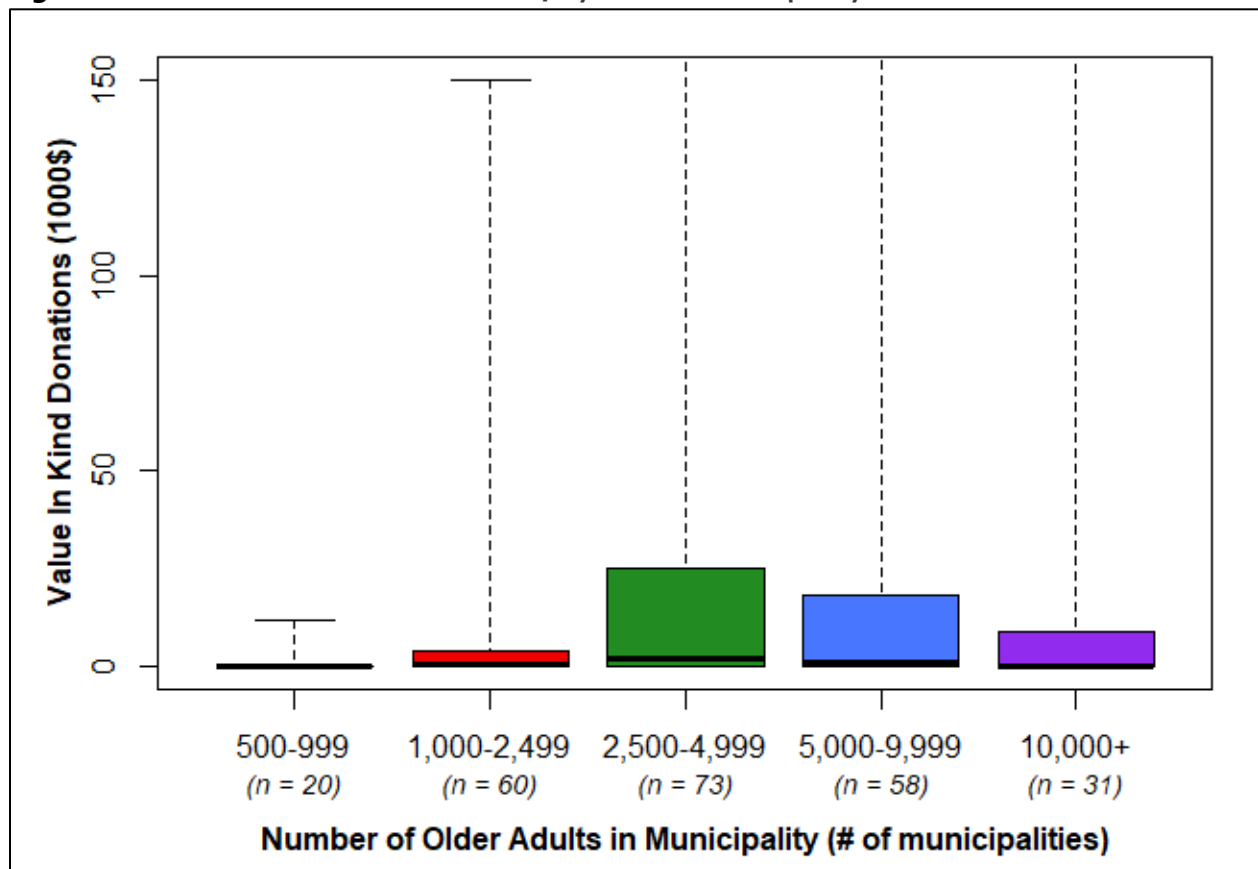
Figure D.9. Other funds as percentage of total revenue, by size of municipality



## IN-KIND DONATIONS

Roughly 59% COAs also received in-kind (non-monetary) donations, such as furniture. Half of COAs received in-kind donations valued at \$2,000 or less, and roughly 8% of COAs received in-kind donations valued at more than \$100,000 (Figure D.10).

**Figure D.10. Value of in-kind donations, by size of municipality**



*Notes.* The maximum value for COAs in municipalities with more than 10,000 older adults was \$1.13 million, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was \$650,000, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was \$284,258.

## APPENDIX D: SERVICES & ACTIVITIES

COAs provide older adults with different services (such as delivering meals to their homes) and offer diverse activities for older adults to participate in (such as fitness and exercise classes). Each COA determines which services and activities to offer based on local needs and capacity.

AGE requested that COAs provide information on 31 different service/activity categories for FY23. For each category, COAs provided two statistics:

- **Total Units Provided** is the total attendance for that category of service or activity during FY22 (*duplicated participants*)
- **Total Unique Participants** is the total number of different people who received services or participated in activities in the category during FY22 (*unduplicated participants*)

For example, if Person A attended a yoga activity 30 times in FY22, that person would receive 30 total units in the Fitness/Exercise category and count as one unique participant.

### SERVICES AND ACTIVITIES: TOTALS

As presented in Table 3, the five most common services provided by COAs in FY22 were home delivered meals (786,316 meals provided), general information (652,657 responses provided), recreation and socialization (561,986 units provided), fitness/exercise (469,069 units provided) and outreach (290,501 units provided). COAs reported serving hundreds of thousands of different people, for example providing general information to 205,198 unique individuals and that 40,161 different people participated in fitness/exercise (Table 3).

The totals listed in Table 3 are approximations, as some COAs do not always maintain attendance records or were unable to analyze all their attendance records. COAs completing the online survey indicated whether their reported statistics were an “estimate” or actual.<sup>6</sup> The percentage of COAs reporting “estimated” statistics varied from 14% to 79%, depending on the service/activity (Table 3).

The totals listed in Table 3 underestimate the number of services provided and unique people served by COAs for three reasons: (1) roughly 22% of COAs did not submit information to AGE, (2) COAs in municipalities with fewer than 500 older adults did not provide information on specific activities, and (3) some COAs that completed the survey did not provide information on specific services/activities or provided inconsistent information (*invalid data*).

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<sup>6</sup> Only COAs completing the online survey could indicate whether their statistics were estimated. The denominator for the percentage is the number of COAs submitting via online survey and providing valid data for units provided.

**Table D.1. Total service units provided and number of unique participants**

<b>Service/Activity Category</b>	<b>% COAs Reporting Estimate</b>	<b>Total Units Provided</b>	<b>COAs w/ Valid Data</b>	<b>Total Unique Participants</b>	<b>COAs w/ Valid Data</b>
Recreation & Socialization	53%	1,401,057	231	101,518	227
Home Delivered Meals	33%	1,173,418	236	48,002	197
Fitness/Exercise	50%	1,169,107	233	58,634	229
General Information	76%	790,987	224	181,978	207
Congregate Meals	44%	604,523	228	50,221	219
Ambulatory Transportation	41%	522,393	231	127,390	212
Outreach	59%	221,415	230	76,569	208
Case Management	54%	219,520	229	45,426	201
Grab & Go Meals	28%	177,452	234	14,327	192
Lifelong Learning	29%	115,937	236	22,520	188
Cultural Events	51%	85,721	225	22,468	206
Wellness Check	48%	84,421	225	21,604	207
Intergenerational Programming	36%	76,793	231	14,504	192
Food Shopping	39%	70,597	240	18,261	200
Health Education	52%	69,133	225	21,476	212
Non-Ambulatory Transportation	38%	66,727	229	21,405	198
SHINE	58%	64,224	220	37,324	220
Health Screening	46%	60,998	235	18,910	208
Group Support	40%	51,027	227	14,404	205
Social/Supportive Day Care	19%	49,473	238	1,804	179
Other Benefits Counseling	46%	48,640	224	17,669	191
Friendly Visiting	36%	43,062	235	17,568	193
Day Trips	36%	39,399	220	13,389	195
Other Health Services	35%	34,973	232	13,576	189
Dur. Medical Equipment Loan	55%	24,402	225	17,201	205
Tax Assistance	30%	19,914	226	20,373	206
Mental Health	28%	16,987	231	4,757	180
Legal Assistance	39%	7,763	229	5,383	196
Financial Management	25%	6,672	238	3,916	183
Employment Services	16%	2,990	238	701	172
Home Repair	18%	2,057	241	766	177

*Notes.* These statistics underestimate the actual COA activities/services provided because some COAs did not provide valid data. COAs could submit data to AGE in two ways: by completing an online survey or authorizing their database provider to submit data directly to AGE. When completing the online survey, some COAs left both the service provided and the unique participant fields blank for specific services/activities (no COA completing the online survey left both fields blank for all activities). When COAs left both fields blank, AGE classifies the COAs as providing zero services units and having zero unique participants (that is, AGE assumes that the respondent left both fields blank because the COA does not provide the service/activity). Only COAs completing the online survey could indicate whether their statistics were estimated, and the reported percentages are for those COAs that completed the online survey.

**Table D.2. Percentage of COAs providing service/activity, by municipality size**

Service/Activity Category	All	Size of Municipality (number of older adults)				
		500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000+
Fitness/Exercise	97%	85%	98%	96%	98%	100%
Recreation & Socialization	96%	82%	98%	93%	100%	100%
SHINE	91%	77%	90%	94%	91%	97%
General Information	90%	80%	88%	90%	95%	94%
Health Screening	86%	57%	85%	85%	95%	91%
Outreach	85%	64%	85%	92%	88%	81%
Congregate Meals	81%	77%	77%	85%	81%	84%
Health Education	78%	33%	78%	79%	85%	94%
Cultural Events	76%	57%	83%	75%	75%	81%
Dur. Medical Equipment Loan	74%	57%	72%	74%	82%	78%
Case Management	72%	38%	68%	71%	86%	81%
Wellness Check	72%	68%	75%	77%	69%	63%
Ambulatory Transportation	71%	57%	82%	69%	77%	52%
Day Trips	67%	48%	74%	67%	67%	70%
Group Support	64%	23%	51%	66%	81%	81%
Tax Assistance	63%	14%	55%	72%	76%	64%
Legal Assistance	62%	23%	53%	68%	74%	68%
Home Delivered Meals	59%	41%	68%	66%	55%	42%
Other Benefits Counseling	59%	40%	65%	58%	57%	63%
Other Health Services	58%	38%	61%	50%	64%	72%
Food Shopping	57%	59%	69%	58%	48%	50%
Intergenerational Programming	57%	36%	55%	61%	58%	63%
Non-Ambulatory Transp.	54%	29%	57%	58%	57%	53%
Lifelong Learning	53%	36%	49%	50%	67%	56%
Friendly Visiting	51%	68%	61%	49%	41%	44%
Grab & Go Meals	42%	41%	46%	41%	39%	47%
Mental Health	41%	27%	42%	42%	38%	50%
Financial Management	36%	18%	38%	34%	41%	38%
Home Repair	22%	9%	26%	22%	28%	16%
Social/Supportive Day Care	17%	9%	15%	15%	22%	22%
Employment Services	15%	5%	13%	12%	18%	26%

*Notes.* COAs could submit data to AGE in two ways: by completing an online survey or authorizing their database provider to submit data directly to AGE. The database provider did not report data for some service/activity categories: tax assistance, lifelong learning, day trips, and other benefits counseling. When completing the online survey, some COAs left both the service provided and the unique participant fields blank for specific services/activities (no COA completing the online survey left both fields blank for all activities). The percentage of COAs leaving both fields blank varied by activity, from 7% to 49%. When COAs left both fields blank, AGE



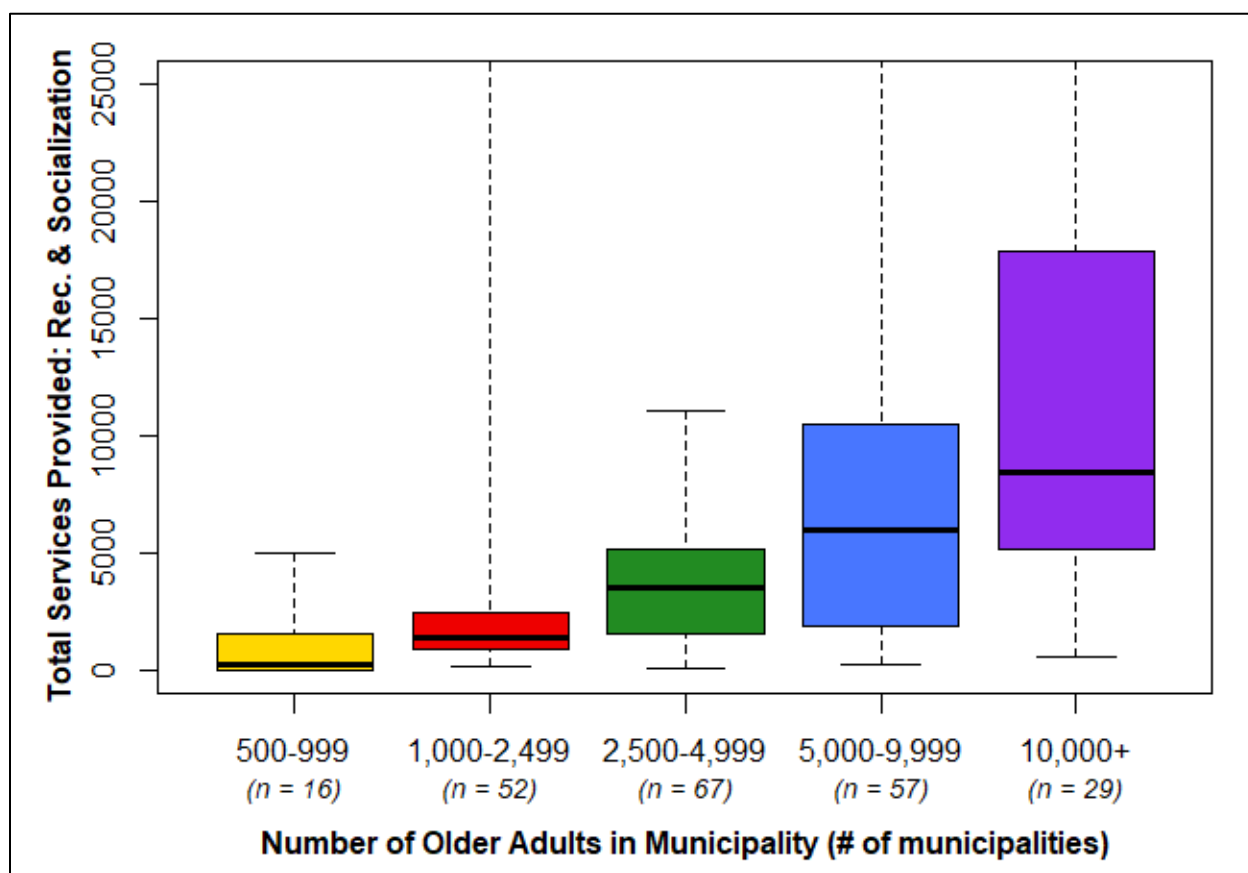
classifies the COAs as not providing the service/activity (that is, AGE assumes that the respondent left both fields blank because the COA does not provide the service/activity).

## MOST POPULAR: SERVICE UNITS PROVIDED & UNIQUE PEOPLE SERVED<sup>9</sup>

### A. Recreation & Socialization

The median number of recreation and socialization activities provided by COAs consistently increased with municipality size, ranging from approximately 281 activities for COAs in the smallest municipalities to 8,444 activities for COAs in municipalities with 10,000+ older adults (Figure D.1).

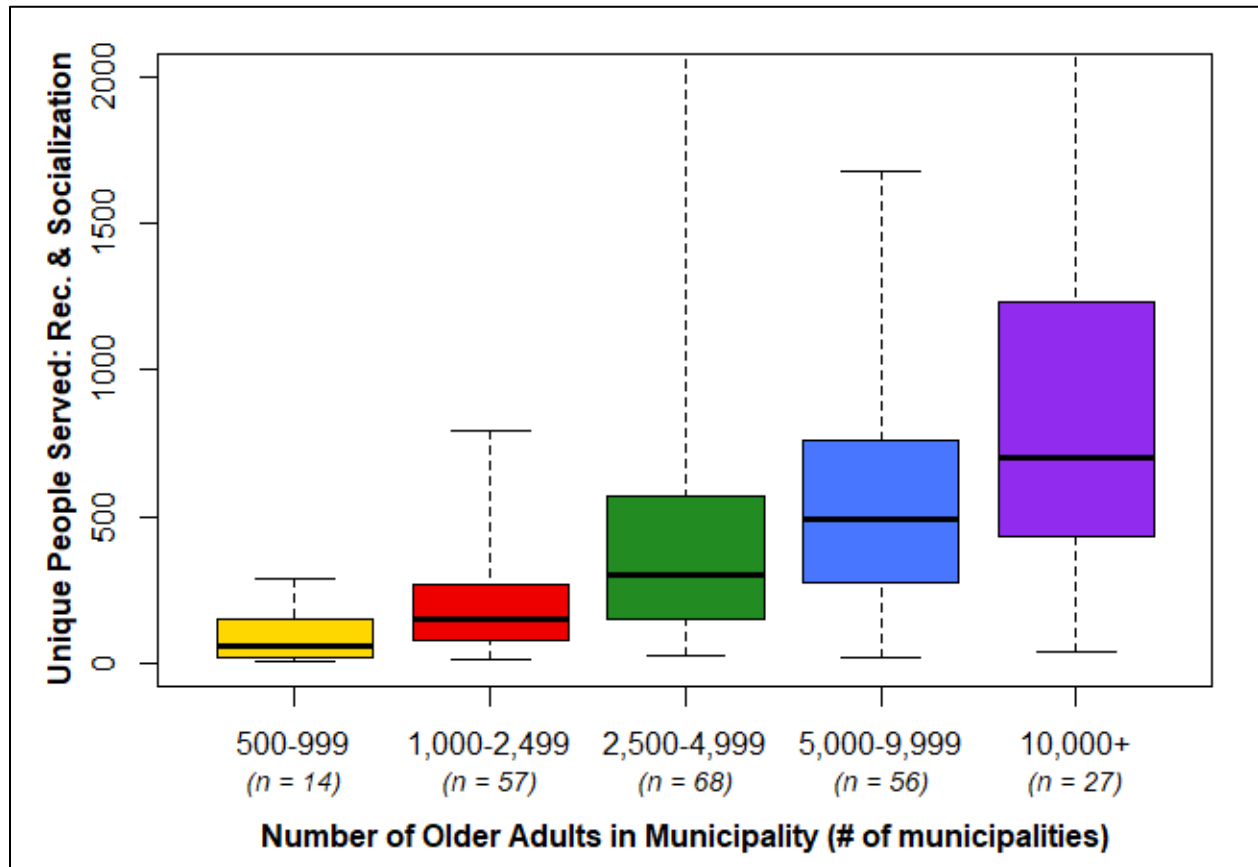
**Figure D.1. Total recreation services provided, by municipality size**



*Notes.* This figure excludes COAs that reported providing zero service units. The maximum for COAs in municipalities with more than 10,000 older adults was 173,941 services, the maximum for COAs in municipalities with between 5,000 and 9,999 older adults was 71,266, and the maximum for COAs in municipalities with between 1,000 and 2,499 older adults was 33,123.

The median number of unique participants also consistently increased with municipality size, ranging from approximately 58 participants for COAs in the smallest municipalities to 700 participants for COAs in municipalities with 10,000+ older adults (Figure D.2).

**Figure D.2. Total unique people participating in recreation activities, by municipality size**

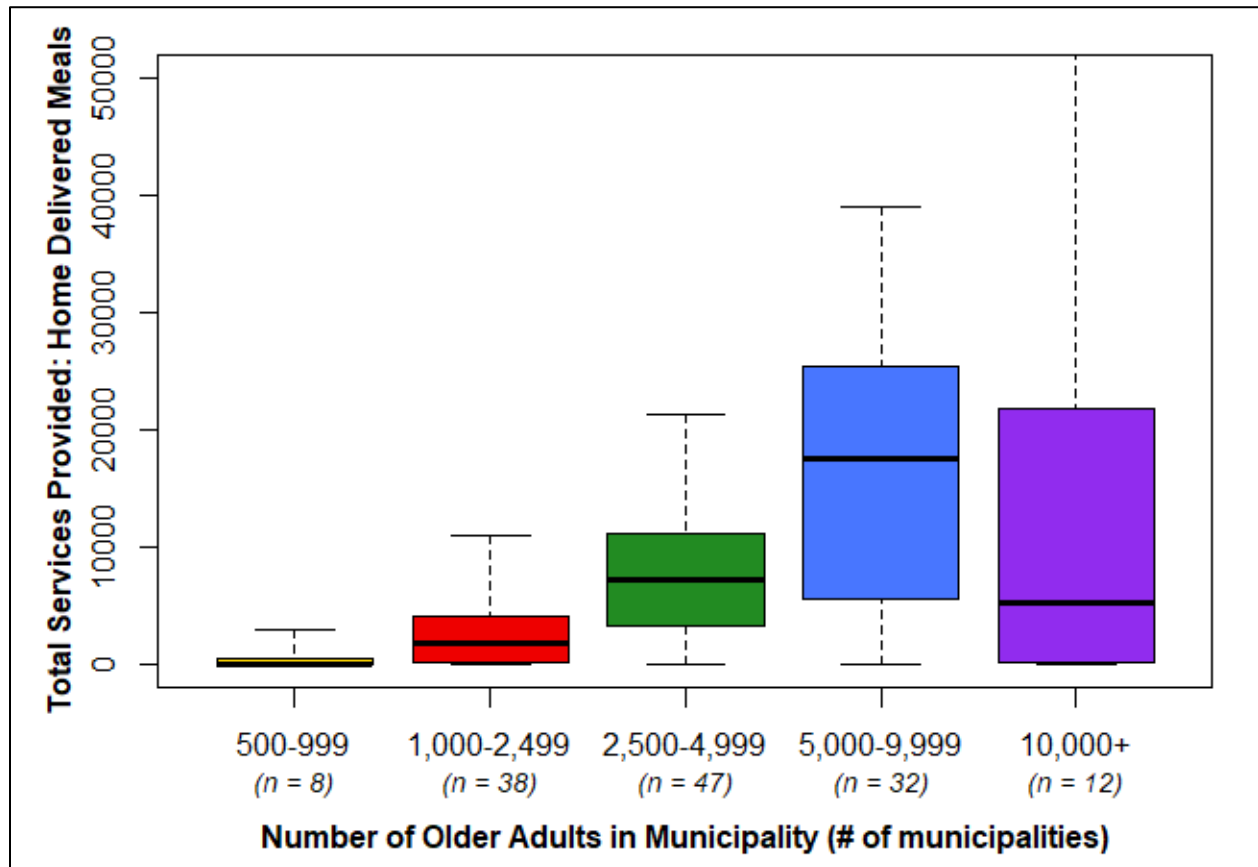


*Notes.* This figure excludes COAs that reported providing zero unique participants. The maximum value for COAs in municipalities with more than 10,000 older adults was 3,638 unique participants, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 4,000 unique participants.

## B. Home Delivered Meals

The median number of home delivered meals ranged from 35 for COAs in the smallest municipalities to 17,499 meals for COAs in municipalities with between 5,000 to 9,999 older adults (Figure D.3).

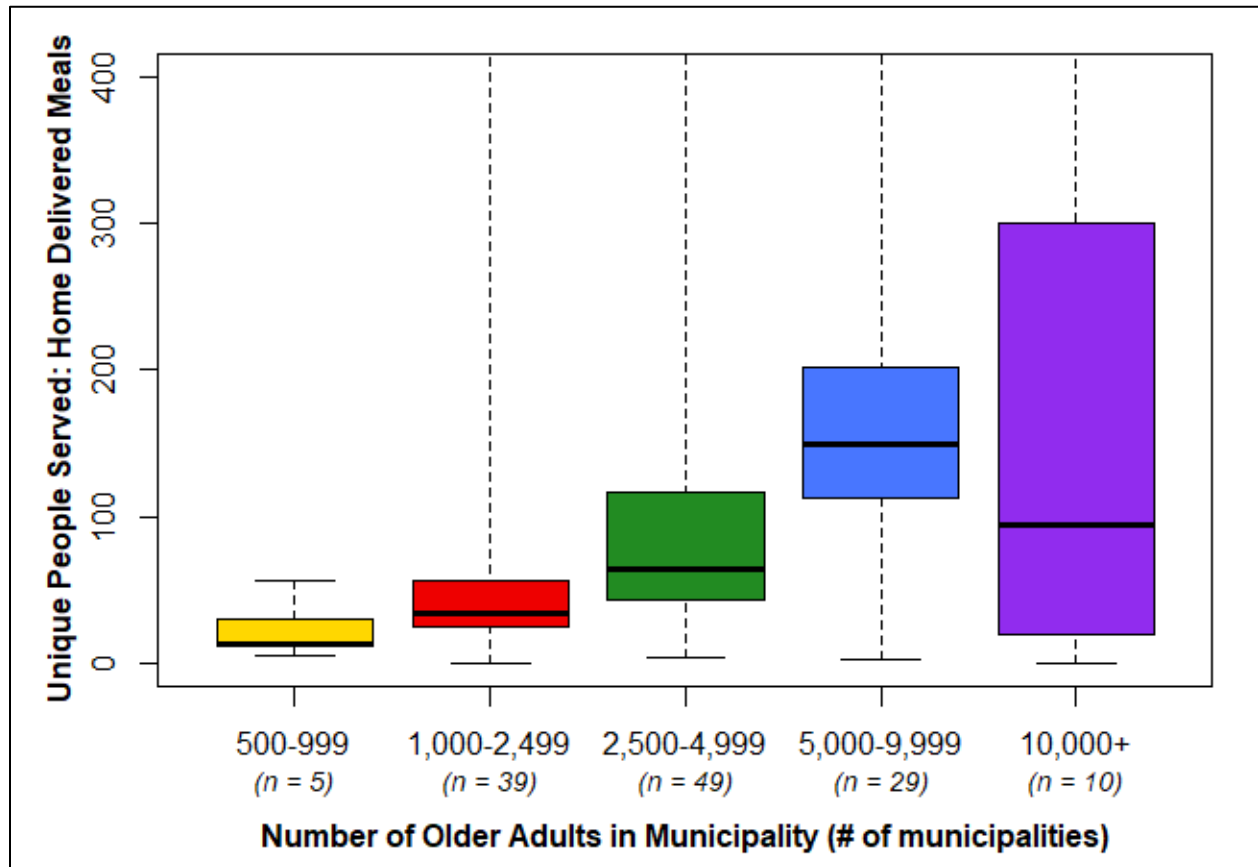
Figure D.3. Total home delivered meals provided, by municipality size



Notes. This figure excludes COAs that reported providing zero meals. The maximum for COAs in municipalities with more than 10,000 older adults was 77,317 meals.

The median number of unique participants consistently increased with municipality size, from 13 in the smallest municipalities to 150 in municipalities with between 5,000 to 9,999 older adults (Figure D.4).

**Figure D.4. Total unique participants receiving home delivered meals, by municipality size**

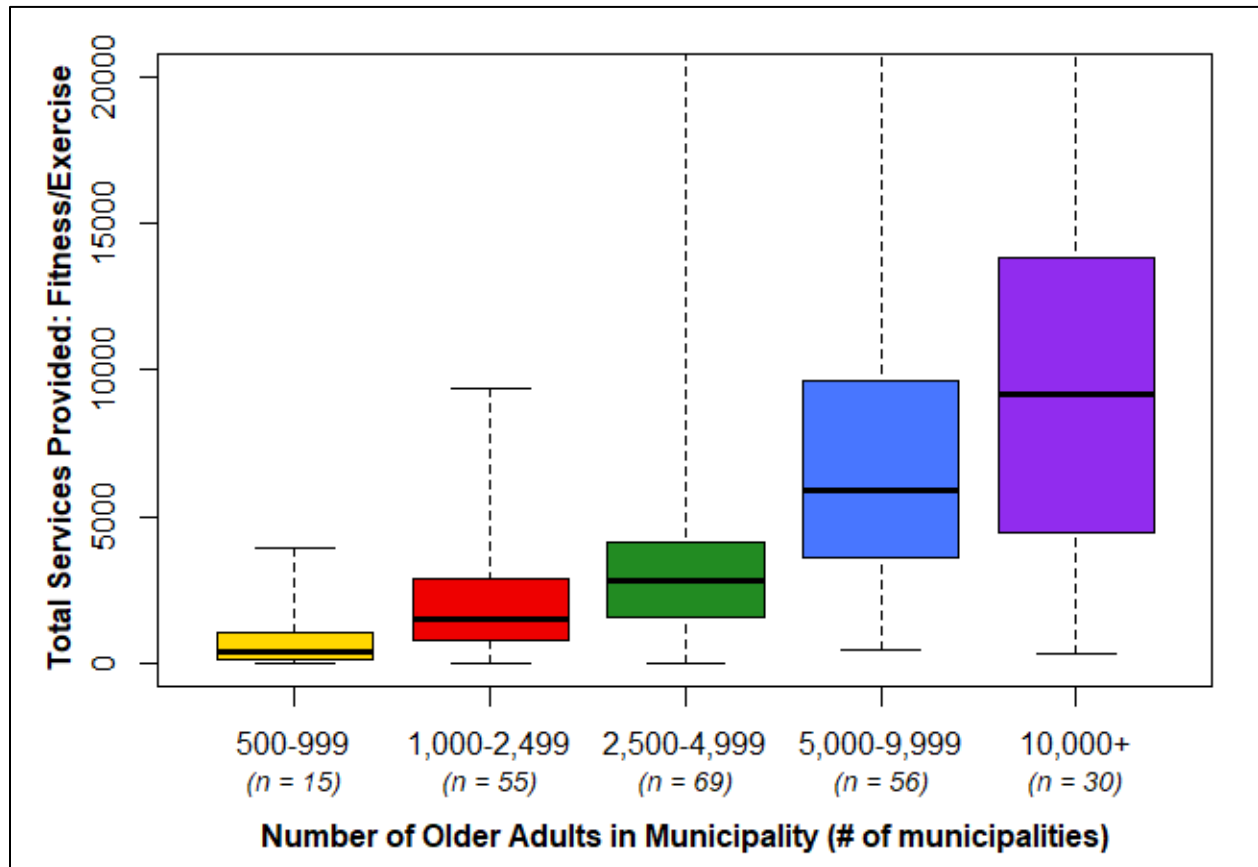


*Notes.* This figure excludes COAs that reported providing zero unique participants. The maximum value for COAs in municipalities with more than 10,000 older adults was 465 unique participants, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 687 unique participants, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 19,824 unique participants, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 2,928 unique participants.

### C. Fitness/Exercise

The median number of fitness/exercise units consistently increased with municipality size, from 440 for COAs in the smallest municipalities to almost 9,205 for COAs in the largest municipalities (Figure D.5).

**Figure D.5. Total fitness and exercise services provided, by size of municipality**

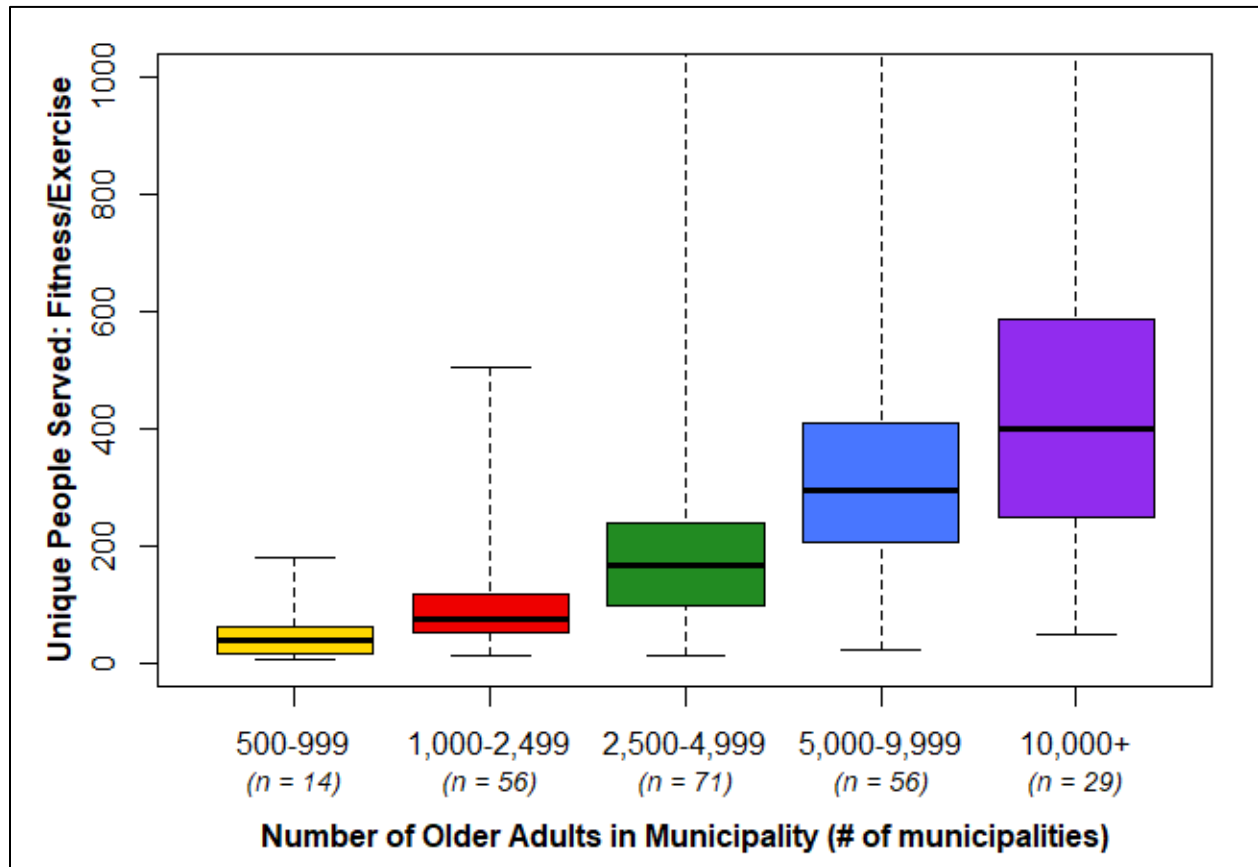


*Notes.* This figure excludes COAs that reported providing zero service units. The maximum for COAs in municipalities with more than 10,000 older adults was 89,308 services, the maximum for COAs in municipalities with between 5,000 and 9,999 older adults was 31,200, and the maximum for COAs in municipalities with between 2,500 and 4,999 older adults was 28,218.



The median number of unique older adults participating in fitness/exercise activities consistently increased with municipality size, from 40 in the smallest municipalities to 401 in the largest (Figure D.6).

**Figure D.6. Total unique people participating in fitness/exercise activities, by municipality size**



*Notes.* This figure excludes COAs that reported providing zero unique participants. The maximum value for COAs in municipalities with more than 10,000 older adults was 1,134 unique participants, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 1,167 unique participants, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 5,634 unique participants.

## APPENDIX E: MUNICIPALITIES WITH LESS THAN 500 OLDER ADULTS

To minimize administrative burden, AGE asked COAs in municipalities with less than 500 older adults to complete an abridged version of the online survey<sup>7</sup> that requested:

- Contact Information
- Average weekly hours of paid staff service and annual hours for volunteers, SPTW individuals, interns, and paid contractors
- Revenues from municipalities, AGE, and all other revenues
- Total units served across all services/activities and total unique participants across all services/activities

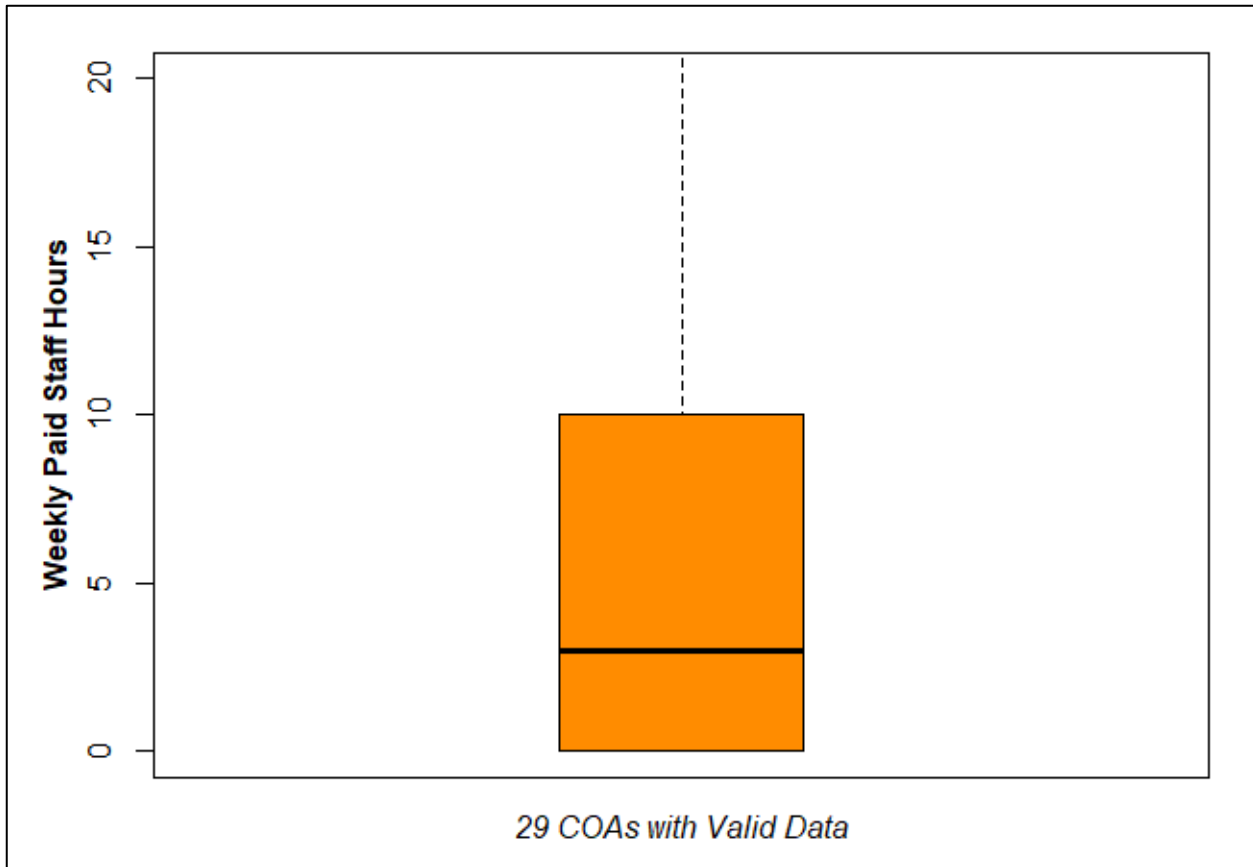
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<sup>7</sup> Three COAs in towns with more than 500 older adults completed this version of the survey. As each town had fewer than 700 older adults, AGE data from these COAs is included in the analyses in this appendix.

## PERSONNEL

For these small COAs, the median number of weekly paid staff hours was 3 (see Figure E.1).

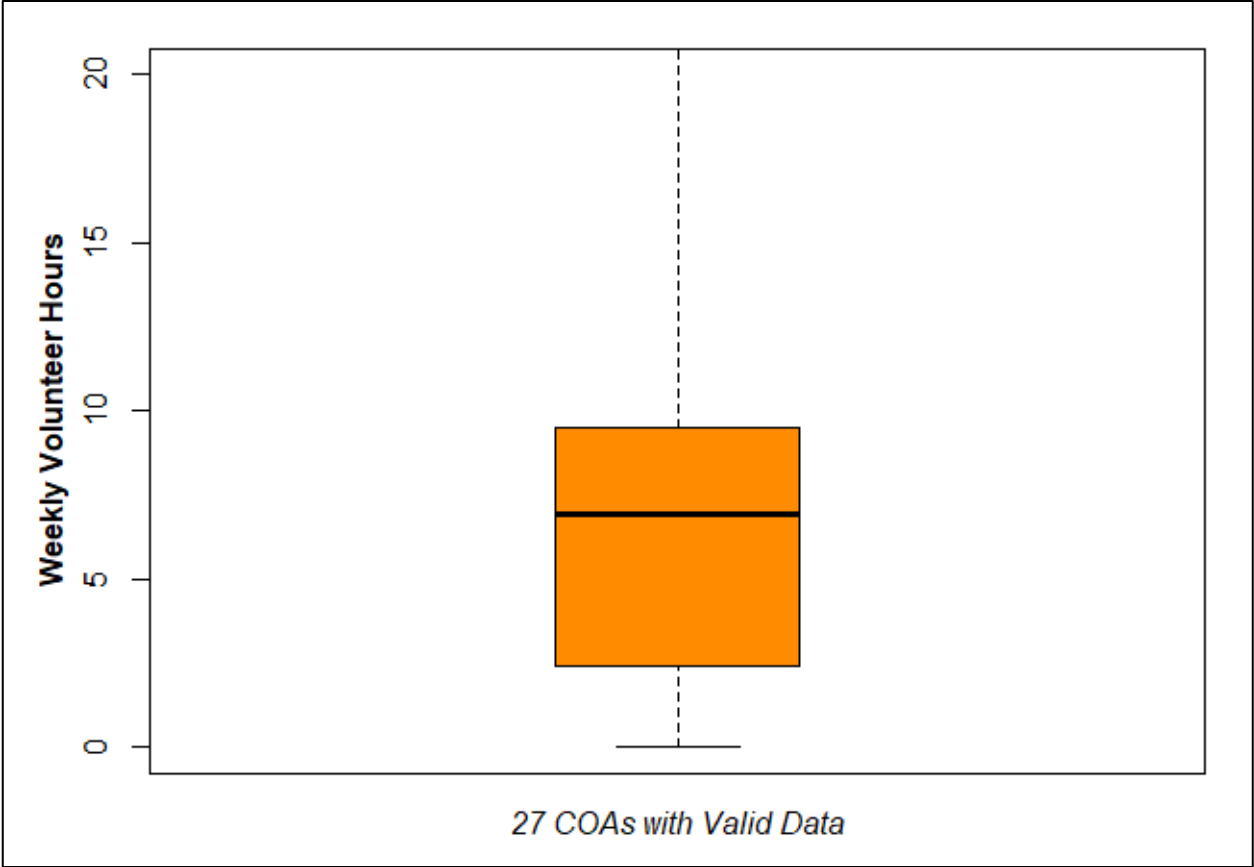
Figure E.1. Average weekly paid staff hours, COAs in towns with < 500 older adults



*Notes.* The maximum value for these COAs was 60 weekly hours.

The median weekly volunteer hours was approximately 7, with 25% of COAs reporting more than 9.5 hours (see Figure E.2).

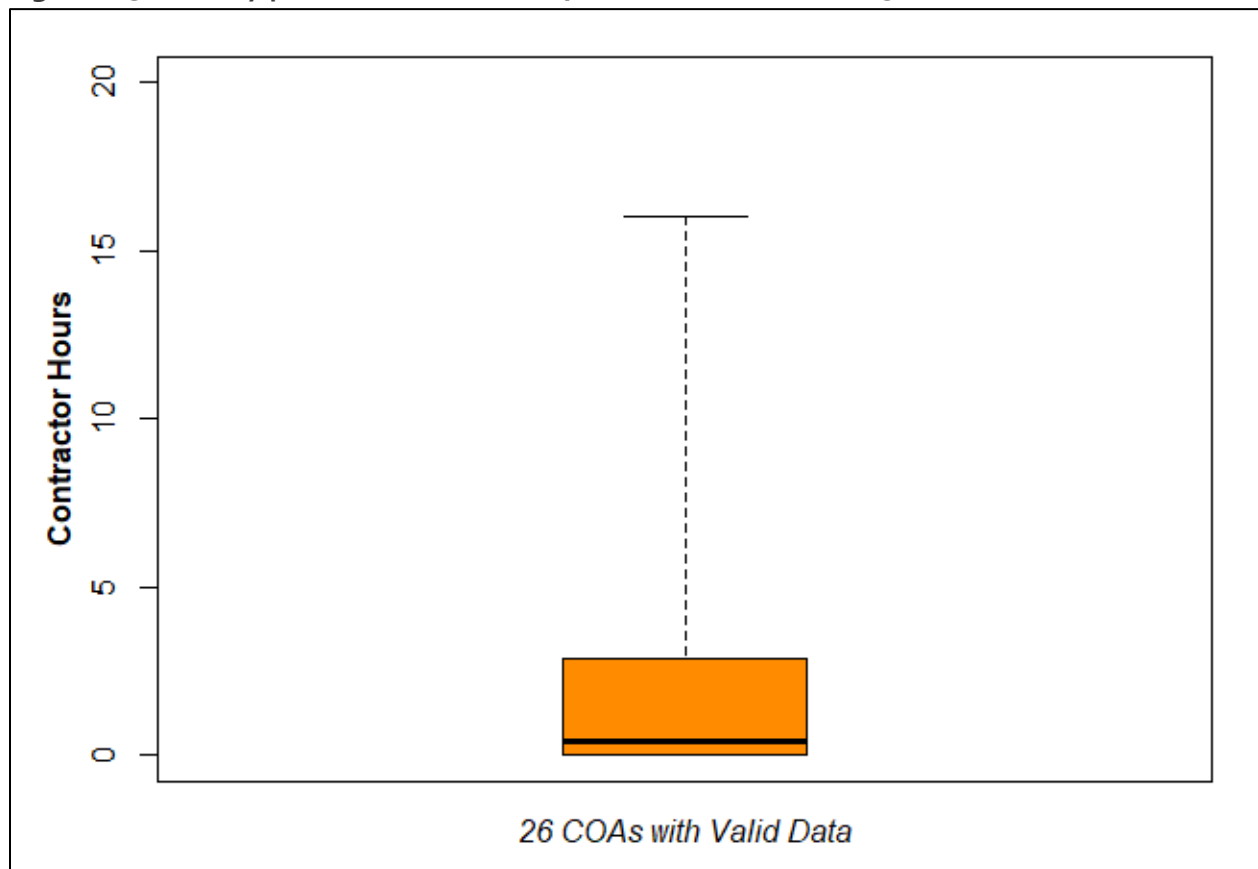
Figure E.2. Weekly volunteer hours, COAs in towns with < 500 older adults



Notes. COAs reported total annual hours; AGE divided this number by 52 to calculate weekly hours. The maximum value for these COAs was 21 hours.

The median weekly paid contractor hours was approximately 0.4 hours (Figure E.3).

Figure E.3. Weekly paid contractor hours, COAs in towns with < 500 older adults



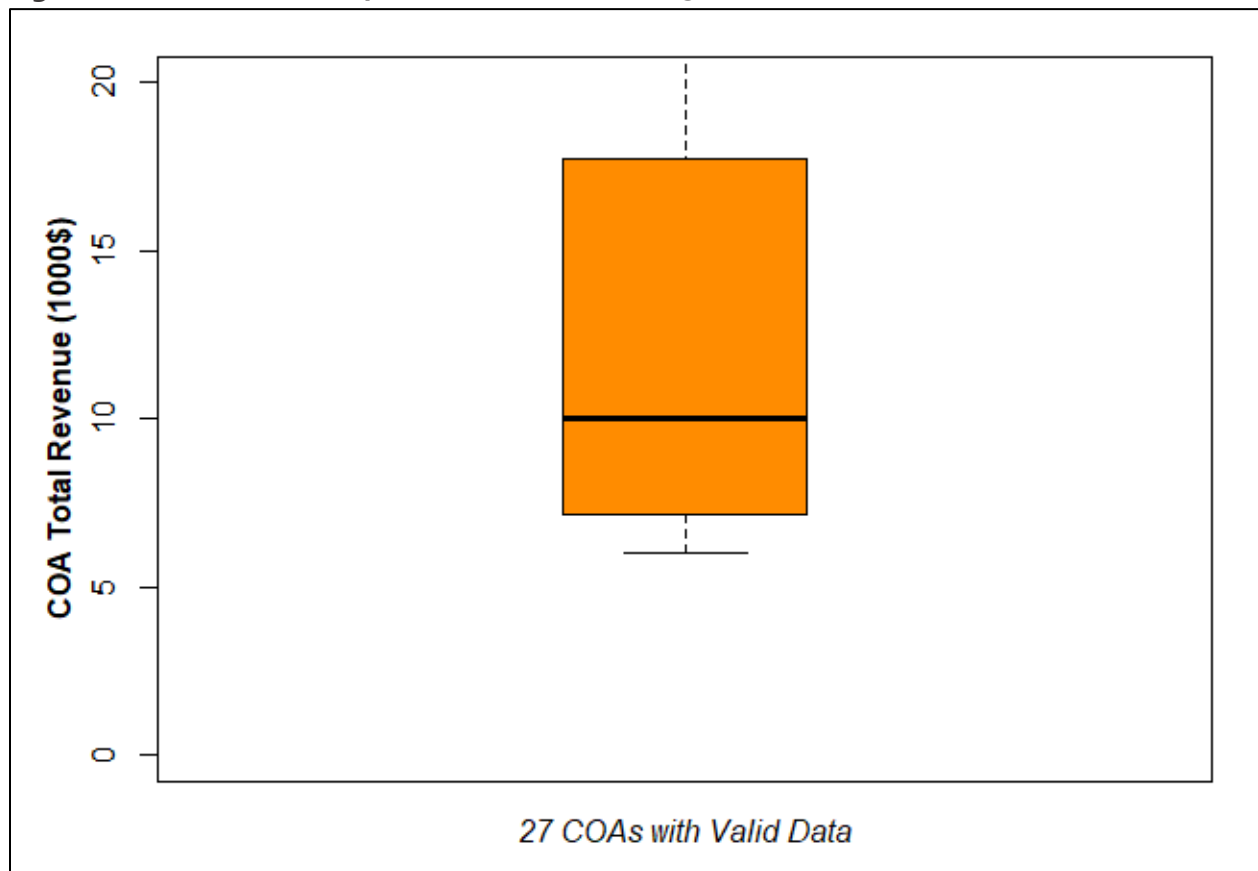
Notes. COAs reported total annual hours; AGE divided this number by 52 to calculate weekly hours.

Box plots are not presented for SPTW individuals and interns, as three COAs reported using SPTW individuals and one reported engaging interns.

## REVENUES

The median total revenue for COAs in these small towns was approximately \$10,000, and 75% of these COAs had total revenues of \$17,700 or less (Figure E.4).

Figure E.4. Total revenues, COAs in towns with < 500 older adults



Notes. The maximum value for these COAs was \$'163,698.

Compared to COAs in larger municipalities, COAs in these smaller towns received a much larger percentage of revenue from AGE (median = 60%) and less from their municipal governments (median = 34%), see Figures E.5 and E.6.



Figure E.5. Municipal funding percentage of revenue, COAs in towns with < 500 older adults

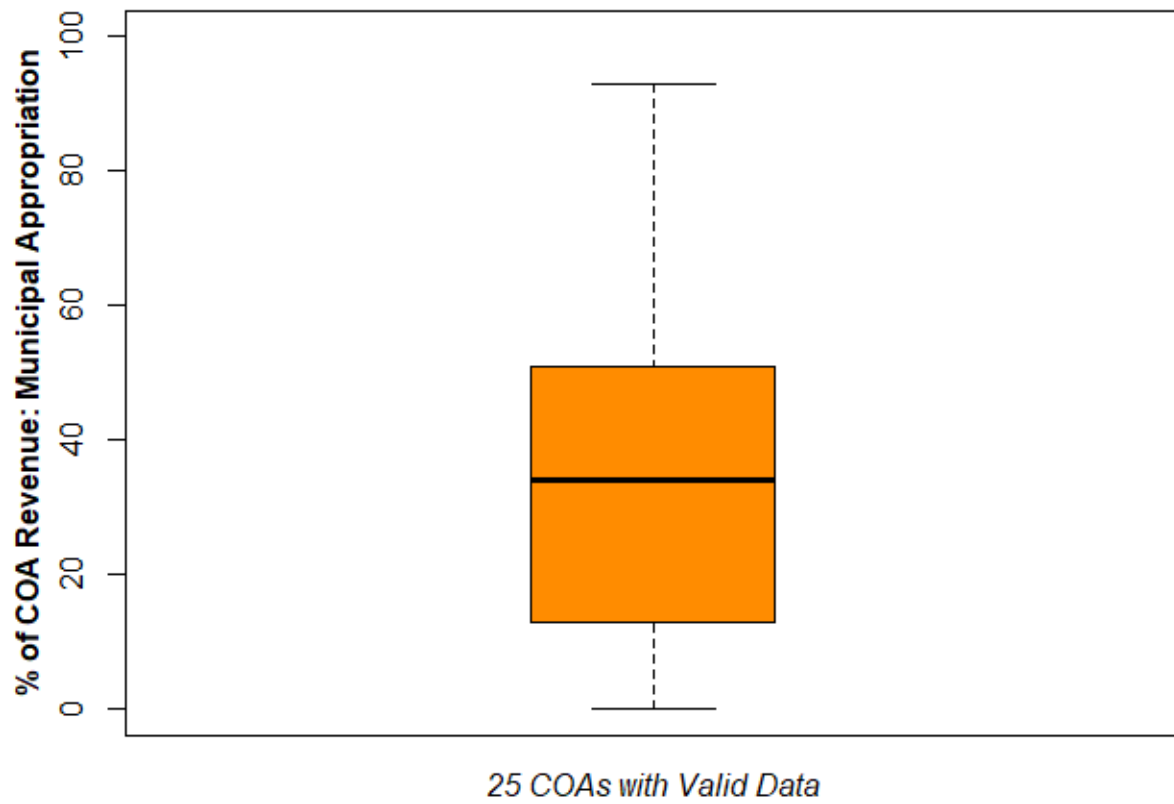
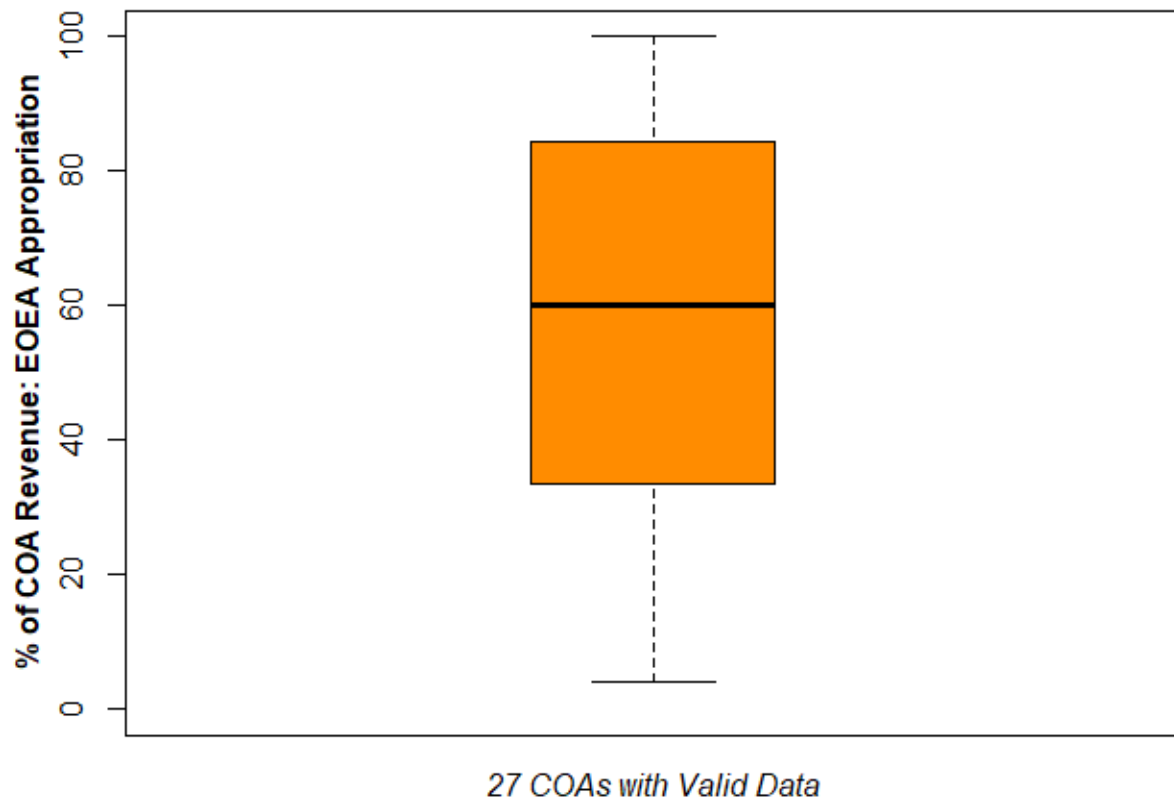


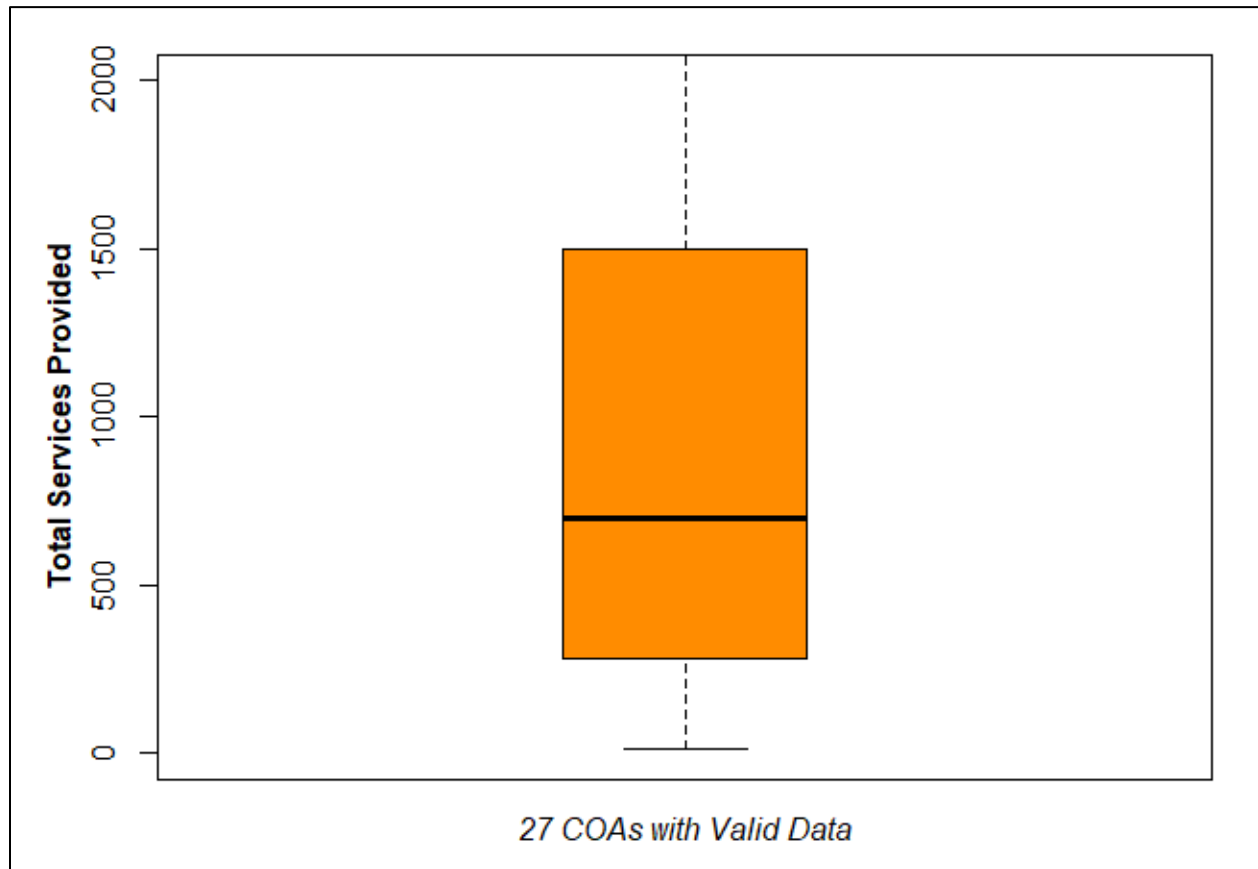
Figure E.6. AGE appropriation percentage of revenue, COAs in towns with < 500 older adults



## SERVICES AND ACTIVITIES

The median service units provided in FY22 was 700 (Figure E.7).

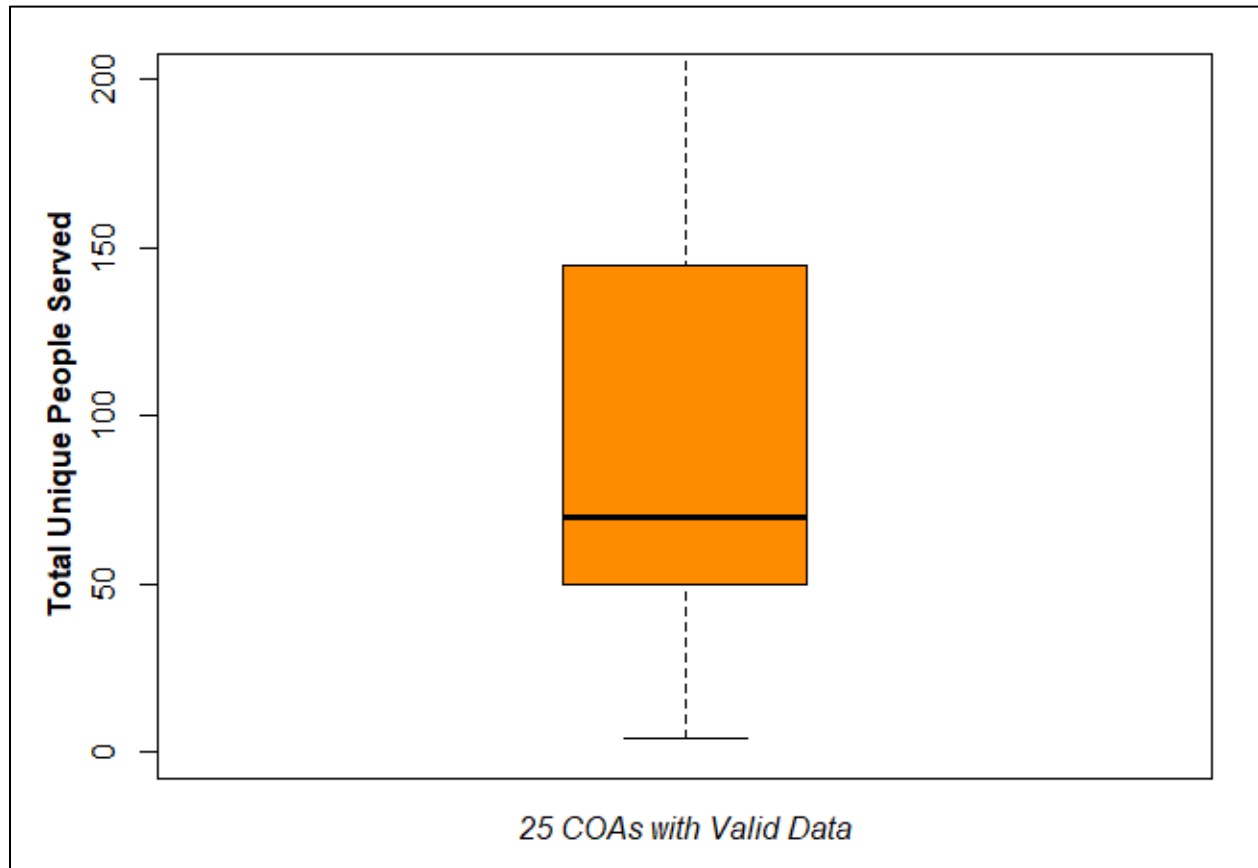
Figure E.7. Total services/activities provided, COAs in towns with < 500 older adults



Notes. The maximum value for these COAs was 10,854 service units.

Even though all of the hosting towns had fewer than 500 older adults, the median number of different people served by these small COAs was 70 (Figure A.8).<sup>8</sup>

**Figure E.8. Total unique participants, COAs in towns with < 500 older adults**



*Notes.* The maximum value for these COAs was 581 unique people served.

<sup>8</sup> Two towns reported serving 1,000 or more older adults. This could be a reporting error or possibly collaboration with neighboring towns.

## APPENDIX F: DATA COLLECTION & VALIDATION

The data in this report were provided by Massachusetts COAs, sometimes through a database provider, and processed and analyzed by AGE.

### DATA COLLECTION

In early January 2024, AGE emailed all COAs asking them to submit their annual report data by mid-February 2024. The email noted that “in accordance with Mass. Gen. Laws ch. 40, § 8B, each Massachusetts council on aging (COA) shall submit an annual report to the Executive Office of Aging & Independence (AGE).”

COAs could submit their annual report data either by (1) completing an online form that permitted their database provider to share the information with AGE,<sup>9</sup> or (2) using an online survey developed by AGE. AGE asked the 40 COAs in towns with fewer than 500 older adults to provide less information (for more information, see Appendix E).<sup>10</sup>

Of the 310 COAs in municipalities with 500 or more older adults, 162 completed AGE’s online survey and 105 completed the form permitting the database provider to provide data to AGE.<sup>11</sup> Of the 40 COAs in towns with fewer than 500 older adults, 29 COAs completed the online survey. Roughly 86% of COAs in larger municipalities and 73% of COAs in small towns with less than 500 older adults provided at least some data to AGE.

### DATA CLEANING

The database provider needed COAs to complete a workflow to create the data to be submitted to AGE.<sup>12</sup> Some COAs did not complete the workflow. Consequently, roughly 15% of COAs that chose the database option and were included in the final analysis had missing personnel and revenue information and service/activity information. In addition, a few types of data collected in the online survey were not created by the database workflow.

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<sup>9</sup> Roughly 75% of COAs use the same database provider.

<sup>10</sup> COAs in small towns often had low response rates to previous AGE data requests. AGE hoped that reducing the administrative burden would improve response rates.

<sup>11</sup> Originally, AGE received form data for 125 COAs. However, there was duplicate form data for one of these COAs and 19 COAs completed both the survey and form. For these 19 COAs, AGE only used the online survey data because those data consistently appeared more complete.

<sup>12</sup> The workflow required COAs to: (1) complete fields to report their personnel and revenue, and (2) choose the relevant COA services/activities that fit into each AGE service/category (for example, a COA might have an activity of *Yoga* that would need to be matched with the AGE category of *Fitness/Exercise*).

While completing the online AGE survey for COAs in municipalities with 500 or more older adults, some COAs left some fields blank. AGE processed the data differently depending on the data being entered. When respondents left fields for personnel or revenues blank, AGE classified the data as missing (the rates of missing were typically less than 5%). In contrast, for services and activities, a larger fraction of COAs left both the services provided and unique people served fields blank for many activities.<sup>13</sup> In these cases, AGE imputed 0s because the agency believes the double blanks most likely resulted from COAs intending to indicate no services/activities. This imputation only affects the percentage of COAs that provided service/activity.<sup>14</sup>

## DATA VALIDATION

When a COA submitted inaccurate or inconsistent data, AGE converted the inconsistent data to missing.

AGE corrected the following personnel errors:

- When COAs reported zero paid staff or zero paid staff hours, AGE changed paid staff or paid staff hours to missing
- Three COAs reported more than zero paid staff and zero paid staff hours; for these COAs, AGE set paid staff hours to missing
- 11 COAs reported that staff, on average, worked more than 50 hours per week; for these COAs, AGE set paid staff hours to missing
- One COA reported that senior property tax workoff individuals, on average, worked more than 1000 hours per year; for this COA, AGE set hours to missing
- One COA reported that contractors worked more than 50,000 hours annually; for this COA, AGE set hours to missing

AGE corrected the following revenue errors:

- When a COA reported total revenues of 0, AGE changed total revenues to missing because all COAs received at least some funds from AGE
- When a COA reported AGE appropriations of 0, AGE changed all revenue categories to missing because all COAs received at least some funds from AGE<sup>15</sup>

AGE corrected the following inconsistencies for activities/services:

- When a COA reported that the total services provided were greater than 0 but the total unique participants was 0, AGE changed the total unique participants to missing

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<sup>13</sup> Depending on the activity, between 3% - 28% of COAs left both fields blank.

<sup>14</sup> If AGE did not impute zeros and respondents meant to indicate zeros, the reported statistics in Table 4 would overestimate the percentage of COAs providing the service/activity because COAs that mean to indicate 0 would be classified as missing and thus excluded from the denominator.

<sup>15</sup> Underreporting the AGE appropriation means that AGE cannot accurately calculate the percentage revenue in each category. Accordingly, all other revenue categories were also set to missing.



- When a COA reported that the total unique participants was greater than 0 but the total services provided were 0, AGE changed the number of services provided to missing
- When a COA reported the total number of unique participants was greater than the number of services provided, AGE changed both fields to missing