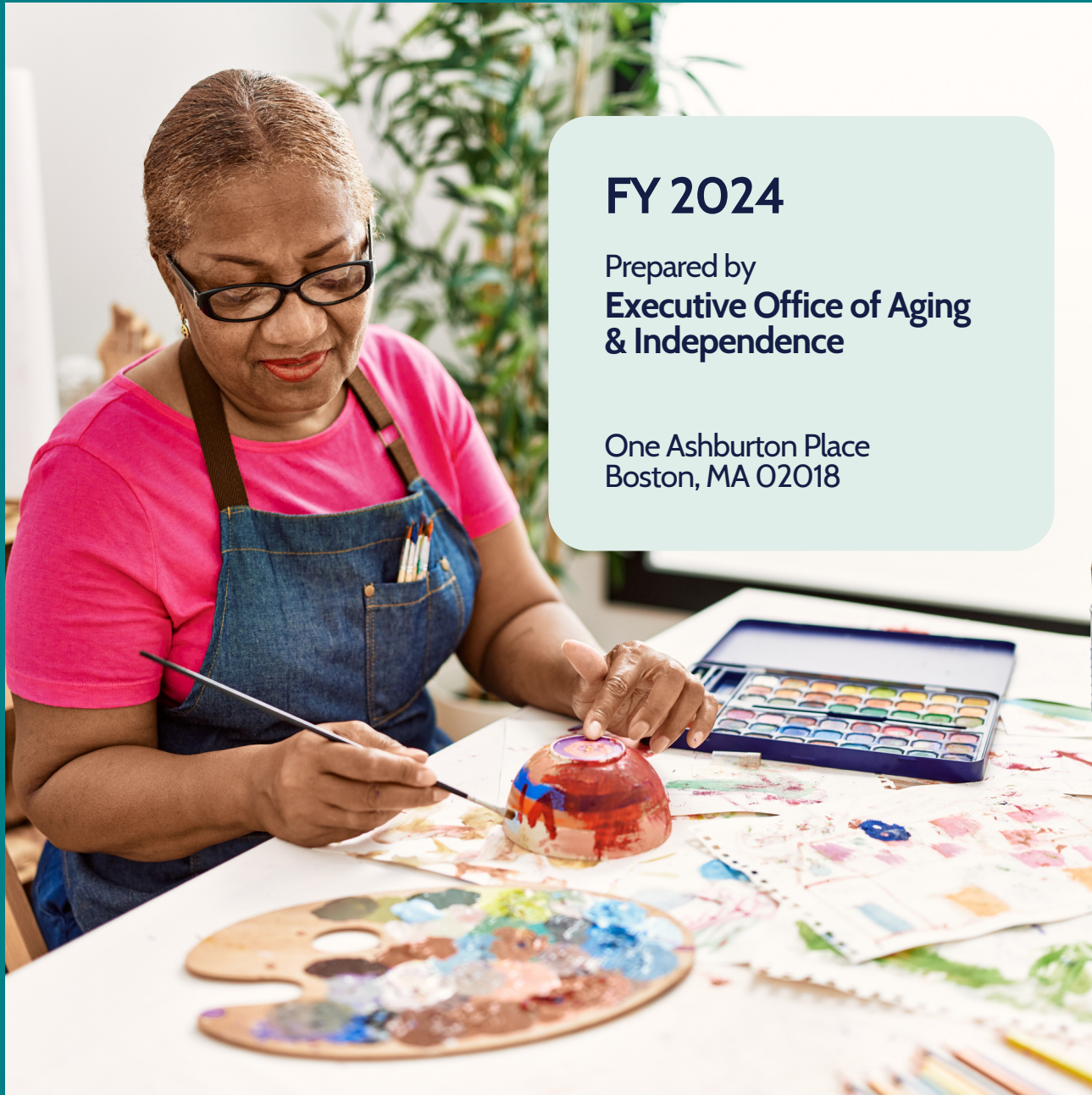


Councils on Aging Annual Report



FY 2024

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. The mission of COAs 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 FY24 (July 2023 – June 2024).

This report provides an overview of successful practices by COAs to help policy makers, stakeholders, and the public at large understand and appreciate the depth and breadth of services provided by COAs, and to facilitate the sharing of ideas and best practice across the 350 COAs in Massachusetts.

The report appendices present statistics on services provided, COA personnel, senior center operating hours and funding, and estimates on the number of residents who benefit from the COA 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.

FY24 at a Glance

- During FY24, COAs provided programs and services to over 400,000 unique individuals.
- This work was facilitated by the generosity of over 17,000 volunteers throughout the state, donating over 1.2 million hours of their time.
- COAs reported operating 267 senior centers in Massachusetts, offering older adults a place to learn, exercise, build friendships and more.
- COAs delivered over 766,859 home-delivered meals and served 360,614 congregate meals.
- Over 99% of COAs hosted exercise and fitness activities, attended by 77,122 unique people.
- COAs provided over 350,000 rides to over 20,000 unique individuals, making it possible for older adults to keep appointments, run critical errands and visit friends and family.
- Over 20,000 individuals participated in health screenings for hearing and vision impairments, high blood pressure and other conditions for which early detection can be critical.
- Over 35,000 people received wellness checks and visits from COA staff and volunteers, promoting well-being and reducing isolation.
- Nearly 30,000 people received tax, financial or legal assistance at their senior center.
- Approximately 8,500 individuals received digital literacy education and technical assistance, learning to stay better connected to loved ones and service providers through their smartphones, computers and social media.



17,000

People volunteered
at COAs



766,859

Meals were
delivered



350,00

Rides were given



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 by rallying and educating 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. Age- and dementia-friendly communities strive to ensure that older adults experience meaningful connections in their communities, accessible places and spaces, optimal health and well-being, public policies that consider their needs and priorities, and economic security. COAs are proud to lead the way toward achieving these goals. There are 134 age-friendly communities and 141 dementia friendly communities in Massachusetts, with approximately 85 advancing both goals.



Belchertown Success

A bench installation project was completed in December 2024 with financial support from a Community Action Grant through AARP. Carriage Drive is now home to 6 benches along the walking path.

By increasing means to rest, older adults and those who rely on a care partner may be more likely to walk longer distances than they would be able to without a place to rest. Exercise, nature, and fresh air are all proven ways to improve mood and health.

The background image is a collage of financial and business-related items. It includes a bar chart with green bars and a line graph with a green line, both showing data over time with years like 1977, 1980, 1985, 1990, 1995, and 2000 visible. A yellow pencil with a black eraser is positioned diagonally across the middle. To the right, a portion of a silver calculator is visible, showing buttons for numbers 0-9, a decimal point, and mathematical symbols like plus, minus, multiply, and divide. The word 'Revenue' is written in white on a dark blue rectangular background that overlaps the bottom of the charts and the pencil.

Revenue

COAs are primarily funded by their municipalities, with three quarters receiving over half of their funding from their local government. Additionally, each Council on Aging receives funding from the Commonwealth of Massachusetts based on the number of people aged 60 and older in their community.

In FY24, COAs received \$14 for each older adult from the state, with a minimum of \$7,000.

On average, municipal appropriation represented approximately 60% of COAs' total budgets, and state funding represented approximately 15%.

COAs also receive funding from the Commonwealth, donations, federal funding and regional transit authorities. The average expenditure per town for reporting COAs was \$53.04 for every person aged 60 and over, with an average total COA budget for reporting COAs coming to \$86.00 per person over 60.



Staffing

COAs reported retaining nearly 2,600 full- and part-time employees, or an average of 8.5 employees per town, each working an average of 24 hours per week. These include directors, activity coordinators, outreach staff, clerical staff, van drivers, and kitchen staff.

On average, COAs employ one staff person, at an average of 27 hours per week, for every 652 people aged 60 and over. For COAs with 10,000 or more older adults, the ratio was lower—one staff for every 1,159 people age 60 or older, but with higher average weekly hours (40.1) per staff member. Councils on Aging with fewer than 500 older adults reported an average of 8 paid staff hours per week.

Volunteers

Councils on Aging thrive because of their local volunteer force.

In FY24, over 17,000 volunteers contributed over 1.2 million hours of their time to their local COAs—with their time constituting a value of over \$40 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 per capita

Volunteerism was highest per capita among smaller communities, with one volunteer for every 59 residents for towns with 500-999 people aged 60 and over, and one for every 52 residents for towns with 1,000 to 2,499 older adults.

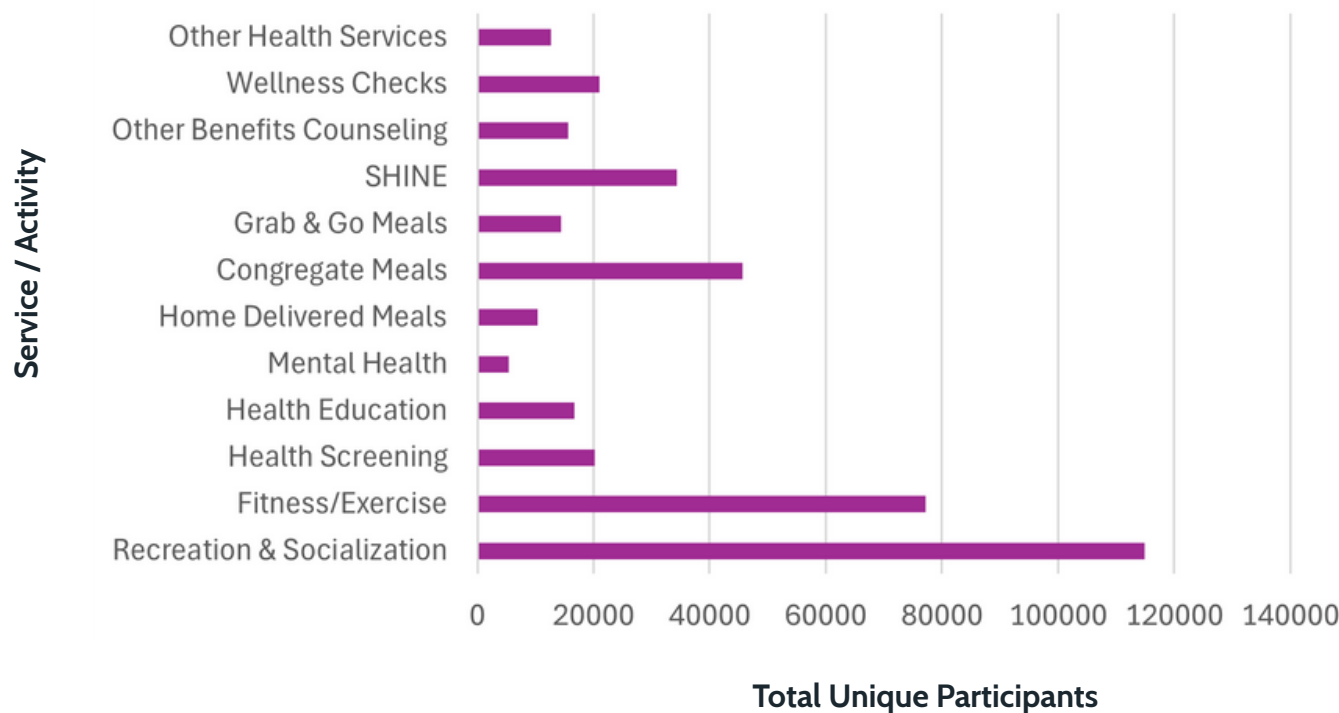
Volunteerism among larger communities ranged from one volunteer for every 65 people aged 60 and over in communities with 2,500-4,999 people aged 60 and over, to one for every 182 people in that age range for communities with 10,000 or more people.





Supporting Physical Health & Wellness

As we age, staying physically healthy is key to preserving mobility, enhancing quality of life, preventing illness and injury, and supporting mental health and well-being. COAs help by offering fitness classes, health education, screenings, and a range of physical and mental health services. The following table outlines the total number of unique participants that utilized health services offered by COAs.



Nutrition Services

COAs offer a wide array of nutrition services including nutrition-related risk screening, education, and counseling. Senior centers provide community meals and home-delivered meals to reduce food insecurity and malnutrition, and to boost social connection and overall 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.

Over 10,000 people receive their home delivered meals through their local Council on Aging. The program offers a lifeline to older adults, with 59% of home delivered meals recipients reporting that the service provides over half of their daily food intake. One third report that, without the program, there would be a shortage of food in the house. One third live alone with no one else to check on them, and 89% indicated that the program made them feel less lonely. Over 80% report that the meals help them live independently.

Congregate meals not only provide a nutritious meal and an opportunity to build friendships, but they also serve as a gateway to other vital services provided by the COA.

”

Freetown Success

“After about a year of being present at almost every meal, a resident asked if they could speak with me privately. The resident explained that [they] had been experiencing some significant medical complications that had left themselves with urinary incontinence and the cost of guards was all adding up on a fixed income. We were able to provide the resident with gift cards to buy some. I truly do not believe the resident would have ever approached me if we had not built that rapport during Tuesday lunches.”

— Rebecca Frias, Freetown COA Director

Physical Health Screenings

Older adults face barriers to preventive health that include geographic isolation and lack of transportation, lack of access to or familiarity with computers, distrust of clinical settings, and language barriers. COAs address these obstacles by offering health screenings on-site in a familiar setting with trusted staff nearby. COAs screen for blood pressure, vision, and hearing to catch potential issues early—when intervention can be most effective. COAs offered over 44,000 screenings to 20,000 individuals in FY24.



44,000

COAs offered over
44,000 screenings
to 20,000
individuals in FY24.

”

East Bridgewater Success

“A woman became a regular weekly visitor to the clinic. We checked her blood pressure every week and we would chat about our physical activity and diet choices. She actually shared a couple of recipes that I have made at home. Together, through ongoing discussions and support she was able to lower her blood pressure and total cholesterol over about an eight-month timespan.”

— East Bridgewater Public Health Nurse

Physical Activities

The World Health Organization recommends a minimum of 150 minutes per week of moderate physical activity for people aged 65 and older to support healthy aging, maintain physical and mental health, foster social inclusion, and manage chronic conditions. COAs are a powerful resource to help older adults meet that goal by offering a host of programs that includes line dancing, yoga classes, Zumba, and walking clubs. Over 75,000 older adults participated in these and other fitness activities in FY24.



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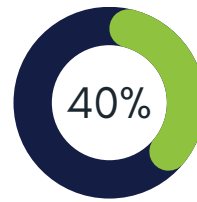
Newburyport Success

“Though hesitant—she had never played before—a Newburyport resident who is dealing with Parkinson’s Disease; eventually picked up a table tennis paddle. What followed was a transformation: ‘We laugh. We giggle. Usually, Parkinson’s and laughter don’t go in the same sentence,’ she told us, describing the unexpected joy and connection she found. The weekly sessions helped her feel physically better and emotionally uplifted: ‘I feel great after I go. It checks all the boxes. It’s just a bright light.’”

— Sara Landry, Newburyport COA Director

Health Insurance Support

Turning 60 opens the door to a range of health insurance programs and needs-based benefits—but navigating these options can be overwhelming. Eligibility rules shift, new programs appear, and aggressive marketing for supplemental plans add to the confusion. Many older adults need help identifying which benefits truly fit their needs. To support aging residents, senior centers offer vital services like health benefits counseling. One key program is SHINE (Serving Health Insurance Needs of Everyone), a network of over 600 trained counselors that provides free, unbiased information and assistance to Medicare-eligible



SHINE by the numbers

40% of SHINE participants received assistance at their COA

individuals and their spouses/caregivers in 23 languages and dialects. SHINE counselors assist consumers with complicated benefits such as Medicare Advantage Plans, Medigap Plans, and Part D Plans.

In FY24, over 34,000 residents received assistance from SHINE at their COA, comprising over 40% of all SHINE participants statewide. In 2024, SHINE saved over 1,200 people an average of \$4,497 in drug payments by helping them select the right prescription plan.

”

Needham Success

“Needham COA received a call from a person with limited English who was dually eligible for both Medicare and Medicaid. He was very upset because he had been enrolled into a Medicare Advantage plan, and now his in-home services had been terminated because the agency was not in the plan’s network. The COA had a trained SHINE counselor who was fluent in his language and determined that the consumer had received a notice that appeared to be from Medicare, and so he did not realize that when he responded, he had been enrolled in a different plan. SHINE worked with the regional CMS office to put him back in his previous plan, which allowed him to continue getting his home services.”

— Needham SHINE Program

Supporting Behavioral Health & Wellness

The [2025 Massachusetts Healthy Aging Data Report](#) indicates that over one third of people aged 65 or older live with depression and/or an anxiety disorder, and that rates of depression have increased since 2014. The report also recommends efforts to promote social connections, and inclusion is a key strategy to address this growing challenge.

Councils on Aging, as trusted sources of information and support in the community, are uniquely positioned to connect older adults with behavioral health services and wellness programs in a safe, confidential space. These services can prevent minor issues from becoming severe, offer coping strategies, and enhance overall quality of life for older adults.



Data indicates that over one third of people aged 65+ live with depression and/or anxiety



Tewksbury Success

“By partnering with interns from Salem State and Boston University, we’ve launched support groups, assisted unhoused individuals across five local communities in obtaining vital identification, and provided emergency shelter—offering not just services, but dignity and compassion. One individual expressed deep gratitude simply for the chance to enjoy a hot shower and a safe place to sleep.”

— Jan Canole, Tewksbury COA Director

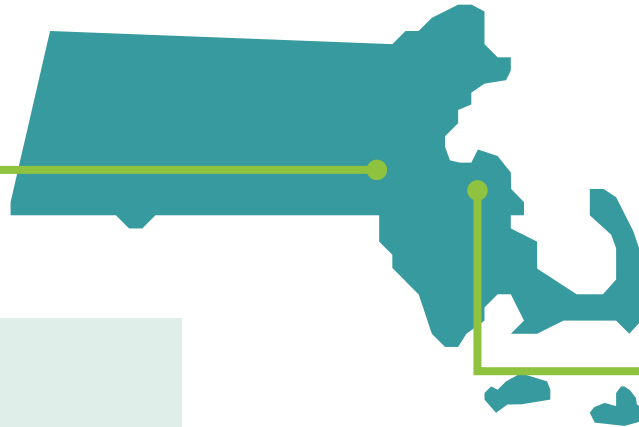
Behavioral Health Outreach for Aging Populations (BHOAP)

BHOAP 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—four of which are COAs—contracted by the state to offer services. COAs, along with regional Aging Services Access Points (ASAPs) and other community-based organizations, are critical partners in all BHOAP networks. 211 cities and towns are served through the program.

Wellness Checks

Over 240 COAs make regular calls—by phone or in-person—to check on the health and well-being of older adults in their community. People can elect to get daily or weekly checks by phone or in-person 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. Often, a regular participant in COA activities will be missed by friends and staff, so a staff member or volunteer will call to check if they are okay. Isolation and loneliness can lead to depression, so wellness checks are a critical tool to ensure that older adults stay connected with their community.



Sherborn Success

“We often check in with residents we haven’t seen in a while and encourage them to try out programs or events that might interest them. One resident was interested in our upcoming luncheon and was able to reconnect with old friends and meet some new ones.”

— **Kristina Gallant, Sherborn COA Director**

Hanover Success

“Wellness calls help us build rapport, so a resident felt comfortable opening up to me about all aspects of her life. [A resident] was going through mental health challenges, financial hardships, isolation... We have a close working relationship with the Fire Department, so the Deputy Chief was able to meet me at the home, listen to [the resident’s] concerns, determine the risk level, contact [their] PCP, and with enough persuasion, we were able to convince [them] to go to the hospital.”

— **Katie O'Brien, Outreach Coordinator, Hanover COA**



Supporting Independence

Councils on Aging and senior centers serve as vital connectors between older adults and the resources they need to thrive. Each person walks through their doors with unique needs, and in response, these centers offer personalized support, service advocacy, and meaningful community connections.

Their mission is to help older adults lead independent, fulfilling lives. What follows are just a few examples of how senior centers step into the role of trusted community advocates.

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. 26 COAs reported they provide social/supportive day programming serving local residents and surrounding communities.



”

Hudson Success

“Participants in Daybreak experience socialization, lunch with peers and a sense of belonging. Caregivers enjoy respite and valuable connections with others. One caregiver told us; ‘I am in awe of the patience and understanding the DayBreak facilitators give to everyone. I am forever grateful for their dedication and compassion and unwavering support. It has been a life saver for my husband and myself!’”

— Janice Long, Hudson COA Director



Learn as if you were to live forever.

— Mahatma Gandhi



Lifelong Learning

Lifelong learners benefit from new skills, enhanced self-esteem and increased psychological well-being. Councils on Aging provide a myriad of opportunities for lifelong learning on a range of topics that includes local history, current events, music appreciation and world travel.



Sherborn Success

“This course offered the opportunity not only for personal growth, but also to stay informed, connected, and involved. The instructor was excellent and presented the material in a way that made politics and current events clear, relevant, and thought-provoking, regardless of prior knowledge or experience. I especially appreciated the strong participation and the opportunity for meaningful questions and answers throughout the course.”

— Sherborn Resident



Middleton Success

“We may not be 45 anymore, but we still have SPARKLE! Joining the Neverland Theatre and doing one of the shows was quite the experience! I have never done 'formal' acting but always wanted to try. I met up for a rehearsal, I was given some lines...and proceeded to jump out of my senior mode into an unknown character. I made many new friends who assisted me with any trepidations What fun!!!!” – Middleton resident

— Middleton Resident



Digital Literacy

COAs offer a broad spectrum of lifelong learning opportunities, ranging from local history to current events. Digital Literacy is the latest topic of interest to emerge at COAs and senior centers throughout the state, with 238 COAs reporting that they assist older adults with their computers, phones and tablets through classes and technical assistance sessions, helping them stay connected with loved ones, book appointments and explore! As modern life demands that people of all ages navigate and communicate online to manage banking, healthcare portals, streaming entertainment, and more, many older adults struggle to detect the difference between an authentic Medicare offers from scams, keep their computers free of “phishing” expeditions and viruses, and avoid con games. To address these challenges, many COAs engage IT professionals or partner with local high schools and community colleges to educate, answer questions and troubleshoot.

”



Montague Success

“We seniors are at risk in terms of our health, financial security, and falling victim to telephone scammers; which now is expanding to online scammers. Avoiding technology is no longer tenable... The good news is, thanks to a partnership with Franklin County Technical School and the Gill-Montague Center for the Aging (Senior Center), we senior citizens can gain some “agency” in digital literacy.

— Montague Resident

Transportation

Transportation is a vital resource for people of all ages – especially older adults and individuals with disabilities – and is a top concern for COA Directors throughout the commonwealth. COAs help people stay connected, conduct errands, and keep appointments by coordinating rides through their own COA vans, other municipal vehicles, volunteer driver services, and regional transit authorities.



”

Hull Success

“A resident needed to get her spouse to Dana Farber every day for a month, but was extremely uncomfortable with the idea of driving in the city. I contacted our team of volunteer drivers and put together a schedule. She was very nervous about having people she didn’t know drive them every day, and concerned about their reliability and would they know the route. She was starting to feel less anxious when the first driver contacted her the day before to confirm and the next morning of the first ride to say, “I’m on my way”. They hit it off with the driver and it set her at ease. It made what was otherwise a difficult experience easier—and financially manageable.”

— Lisa Thornton, Hull COA Director

Home Repairs, Legal Assistance, Financial Management, and Tax Assistance

Aging often calls for new strategies to manage everyday life. Shifts in income, benefit eligibility, or physical ability can make once-routine tasks more challenging. Councils on Aging are trusted hubs for guidance and support across all aspects of aging. Many offer free or low-cost handyman services for installing grab bars, rails, or handling small home repairs. Others provide practical resources like elder law seminars, tax prep assistance, or even “60th birthday parties” to welcome new older adults and introduce them to the financial, health, and community benefits now available to them.



”

Canton Success

“Since the launch of the Anti-Scam Task Force, we have seen an increase in residents reaching out with scam-related concerns. This is an encouraging sign that more people are recognizing scams and, importantly, seeking help before becoming victims. It also reflects growing confidence that they can speak up—without shame or judgment.”

— Diane Tynan, Canton COA Director

Intergenerational Programming

Young people and older adults have lots to learn from one another. Students are attuned to emerging social trends and shifting cultural norms. And, as digital natives, they often have expertise in technology that older adults have not yet acquired. Older adults, in addition to their own rich personal histories, can offer first-hand accounts of historical events ranging from the civil right movement to the birth of Motown and the British Invasion.

Approximately 45 percent of COAs offer opportunities for young and old to get to know one another better. These include pen pal groups, volunteer shoveling programs and computer and smartphone technical assistance workshops. All offer the opportunity to forge lasting and important friendships and to remind us that, no matter our differences, there is more that binds us than separates us.

”

Swampscott Success

“The curriculum of our abutting High School Health class now includes Gerontology, Brain Health and exposure to dementia. These trained students then come to the senior center during the school day to be paired with senior center participants who are living with dementia. Together, they create abstract art. Other programs include Multigenerational Current Event Group Discussions.”

— Heidi Whear, Swampscott COA Director

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 the public on 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.

Appendix A. Overview of Statistics

These appendices present statistics describing Massachusetts COAs during Fiscal Year 2024 (FY24).

- Appendix B presents statistics on COA personnel
- Appendix C presents statistics on COA revenues
- Appendix D presents statistics on COA senior center hours
- Appendix E presents statistics on COA services and activities as well as participant age group and gender,
- Appendix F presents statistics on COAs in towns with fewer than 500 older adults, and
- Appendix G provides more information on how these statistics were estimated

These appendices report two different types of statistics.

The first type of statistics, presented in tables, describes: the total number of older adults who participated in 32 different types of COA activities or services (such as exercise classes or health screenings); the total number of activity/service units that COAs provided for each of the 32 types (for example, COAs delivered 766,859 home-delivered meals); and the resources COAs used to provide the activities/services (such as COAs employed 2,585 full and part-time staff).¹ These statistics document how COAs served Massachusetts older adults and the funds, personnel and facilities that COAs used.

The second type of statistics, presented in boxplots, describe how COA services and resources vary by municipality size. For these statistics, COAs are categorized into the following groups: fewer than 500 older adults in the municipality (n= 30 COAs providing valid data), 500-999 older adults in the municipality (n=28), 1,000-2,499 older adults in the municipality (n=80), 2,500-4,999 older adults in the municipality (n=84), 5,000-9,999 older adults in the municipality (n=71), and 10,000 or more older adults in the municipality (n=39). COAs can use these statistics to learn what similar COAs are doing and to benchmark their own activities.

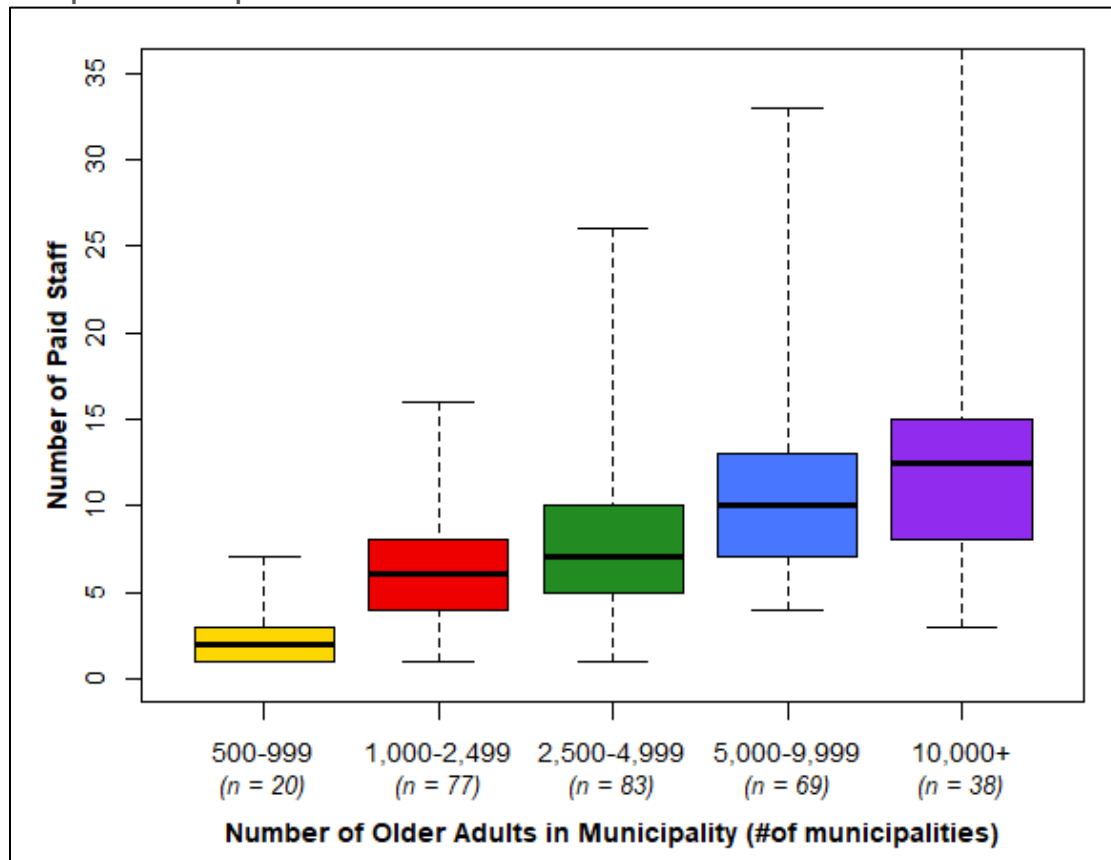
The boxplots visualize the variation within and between types of municipalities, including the median (50th percentile) COA value, the spread (25th and 75th percentiles), and the minimum and maximum values (see example below).² Within each category, approximately 25% of COAs have a lower value than the 25th percentile, approximately half of COAs have a lower

¹ These statistics underestimate actual COA activities and services for two reasons. First, 96% (337/350) of COAs provided data to the Executive Office of Aging & Independence (AGE); services provided by the non-responding COAs are missing from the reported totals. Second, some submitting COAs did not provide valid data for some services or activities (see reported sample sizes and Appendix G).

² The boxplots do not include Boston's Age Strong Commission because Age Strong is also a federal Area Agency on Aging, receiving significant federal funding to provide specific services.

value than the 50th percentile (*median*), and approximately 75% of COAs have a lower value than the 75th percentile.

Boxplot Example



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 47 paid staff. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

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 (25th percentile) and the top of the green box indicates that 75% of COAs have 10 or fewer paid staff (75th 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 7 or fewer staff (*median* or 50th 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 (26 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 fewer than 31 paid staff but one COA reported 47 paid staff; including

this COA in the boxplot would mean obscuring other differences between COAs.³ In the example boxplot, the ends of the dashed line are not displayed for the two largest municipality types.

³ Specifically, having a Y-axis scale maximum of 50 makes differences of 5 paid staff more difficult to visually distinguish.

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 2,585 part- and full-time paid staff, 17,207 volunteers, 3,668 SPTW individuals, 147 interns, and 1,274 paid contractors (Table B.1).

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= 294)	47	449	685	780	624	2,585
Volunteers (n=291)	361	2,683	4,717	5,480	3,966	17,207
SPTW Individuals (n=292)	46	555	1,131	1,195	741	3,668
Interns (n=297)	0	31	37	43	36	147
Paid Contractors (n=297)	38	179	332	480	245	1,274

Notes. 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 zero personnel (that is, the COA could not leave the field blank). Valid data for paid staff required a number greater than zero for municipalities with 1,000 or more older adults, as the Executive Office of Aging & Independence (AGE) assumes that all COAs of this size must employ at least some part-time staff. Additional personnel were employed by COAs in towns with less than 500 older adults.

Most COAs did not employ a dedicated full-time or part-time volunteer coordinator to recruit and manage the volunteers, instead using a staff member who also had other responsibilities (Table B.2).

Table B.2 Number of COAs reporting volunteer coordinator, by size of municipality

Type of Coordinator	Size of Municipality (number of older adults)					Total
	500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000+	
No Volunteer Coordinator	13	17	17	8	5	60
No Dedicated Coordinator (performed by other position)	12	51	48	35	18	164
Full-Time Volunteer Coordinator	0	2	8	15	8	33
Part-Time Volunteer Coordinator	1	4	8	9	8	30

Notes. 287 COAs provided valid data.

The most common volunteer roles were food delivery volunteer, board member, and

instructor (Table B.3)

Table B.3 Total number of volunteers, by role and size of municipality

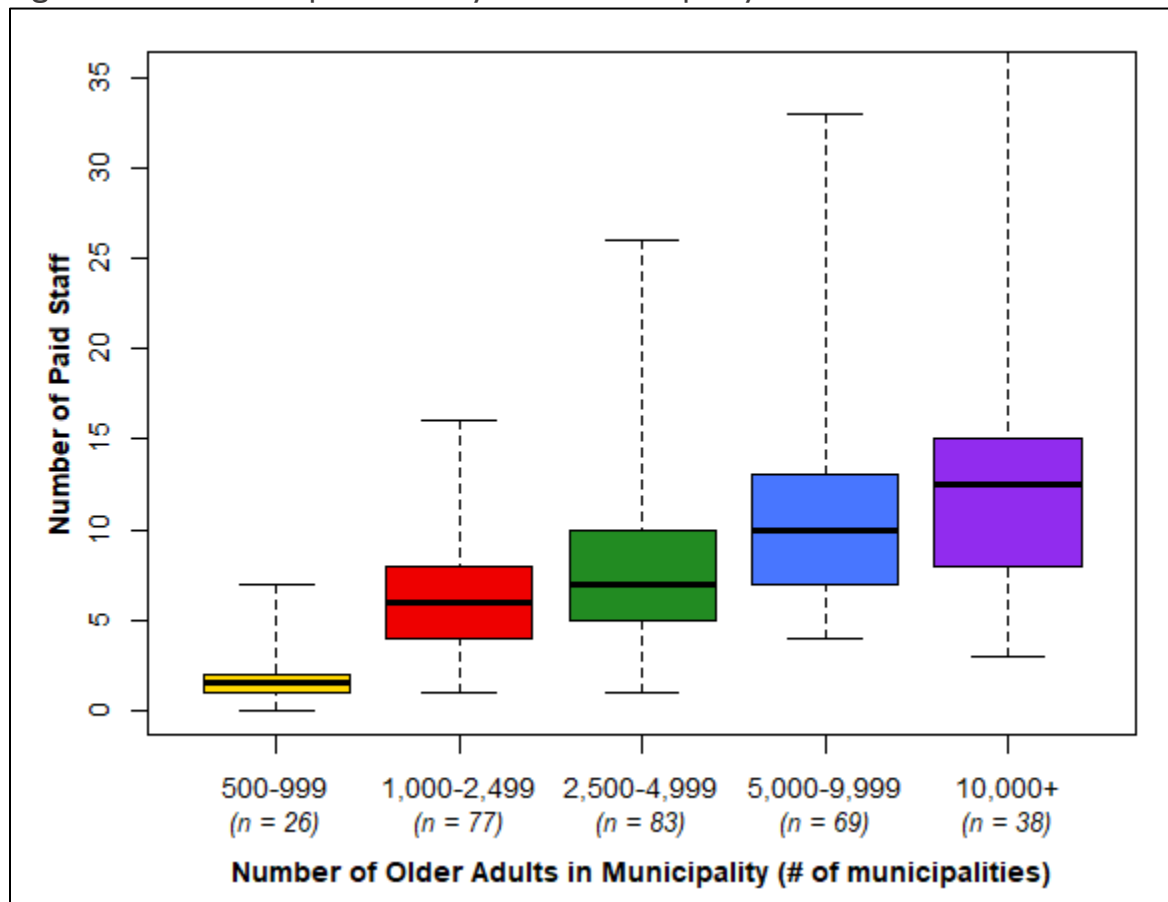
Type of Volunteer	Size of Municipality (number of older adults)					Total
	500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000+	
Board Member	158	1,029	749	640	442	3,018
Newsletter/Media	38	221	237	185	153	834
Food Delivery	53	1,228	970	1,345	690	4,286
Instructors	46	789	434	613	400	2,282
SHINE Counselor	13	118	84	210	144	569
Support Counselors	2	24	71	112	71	280
Administrative	38	454	390	436	405	1,723
Professional	25	98	221	356	565	1,265
Companion	22	207	106	117	144	596

Notes. 280 COAs provided valid data.

Paid Staff

The median number of paid COA staff consistently increased with municipality size, from roughly 2 paid staff in municipalities with between 500-999 older adults to approximately 13 in municipalities with 10,000 or more older adults (Figure B.1).

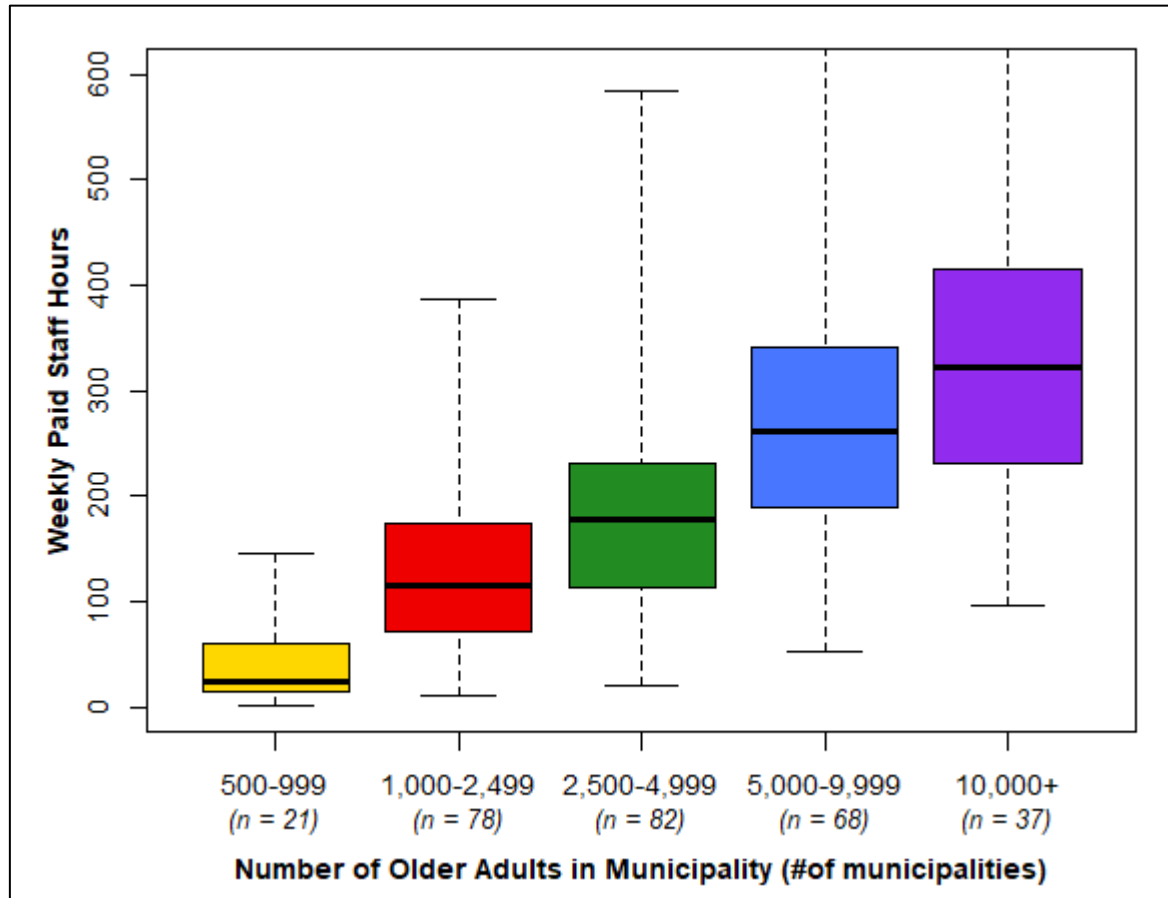
Figure B.1. Number of paid staff, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 47 paid staff. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

The median number of paid staff hours consistently increased with municipality size, from approximately 24 hours in municipalities with between 500 and 999 older adults to roughly 323 in municipalities with more than 10,000 older adults (Figure B.2).

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

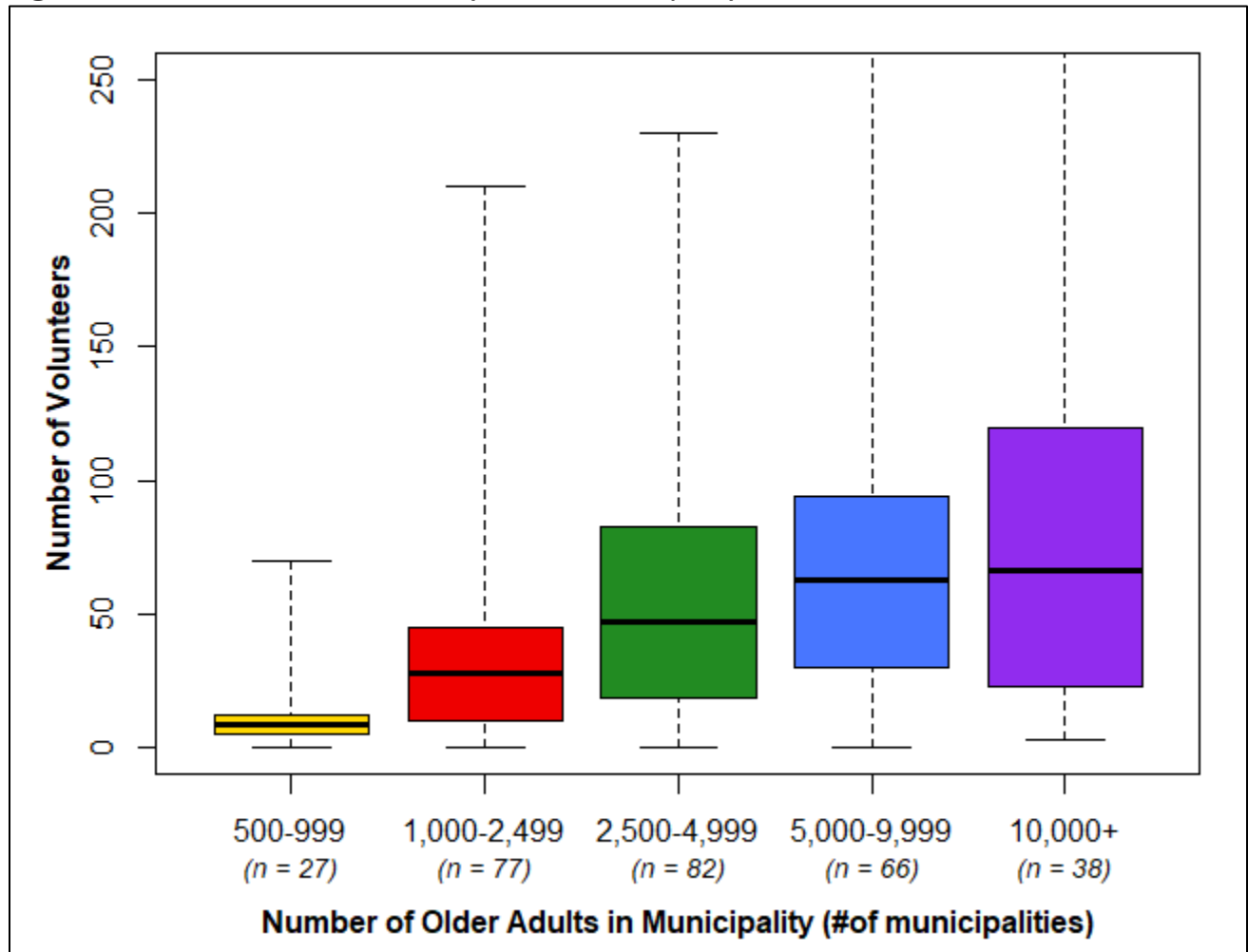


Notes. The minimum number of hours was 2 hours per week. The maximum value for COAs in municipalities with more than 10,000 older adults was 1446 weekly staff hours and the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 840 weekly staff hours. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Volunteers

The median number of volunteers steadily increased with municipality size—from 9 COA volunteers in the municipalities with the fewest older adults to roughly 67 COA volunteers in municipalities with more than 10,000 older adults (Figure B.3).

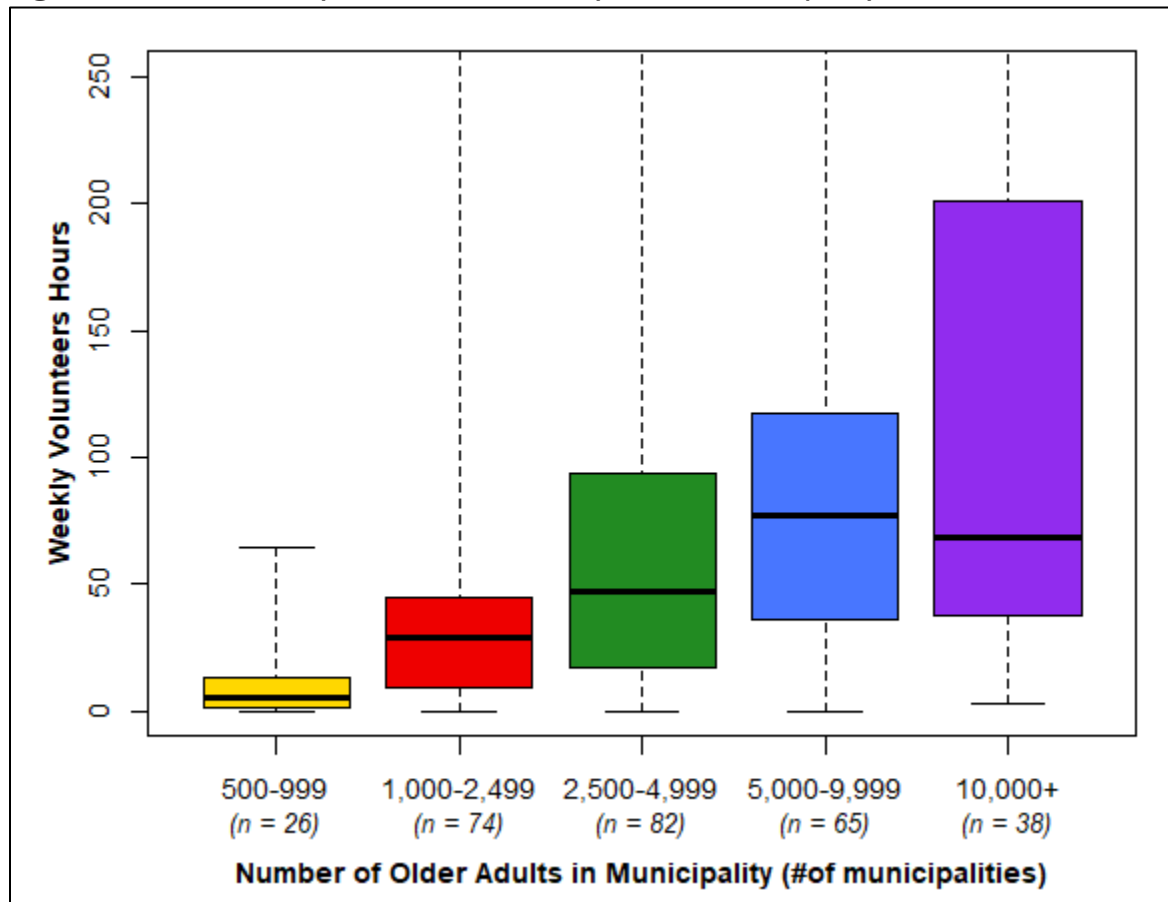
Figure B.3. Number of volunteers, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 370 volunteers, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 929 volunteers. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

The median total weekly hours worked by all COA volunteers increased with municipality size before leveling off, from approximately 5 weekly hours in the smallest municipalities to 77 in municipalities with between 5,000 and 9,999 older adults (Figure B.4).

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

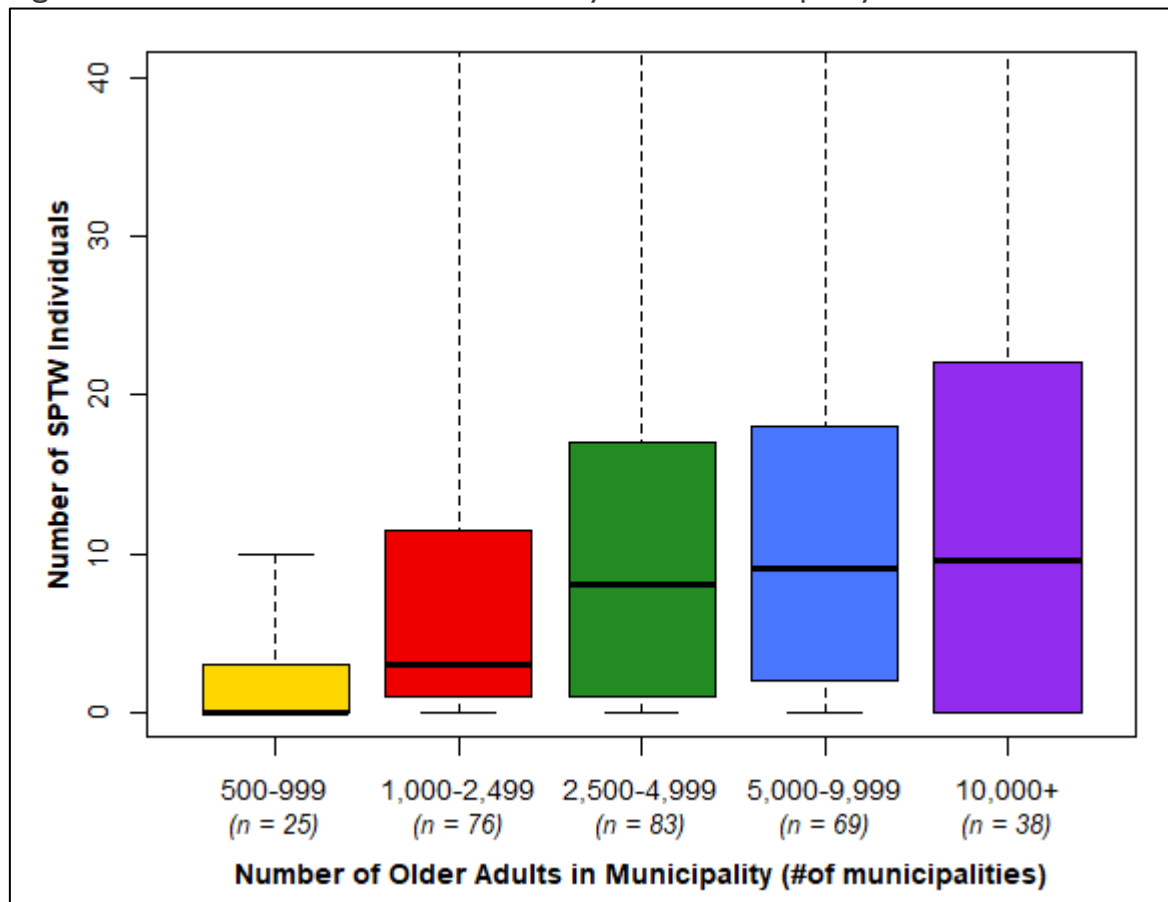


Notes. COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 808 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 395 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 851 hours, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 280 hours. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Senior Property Tax Workoff Individuals

The median number of SPTW individuals increased with municipality size before leveling off—the median was 0 for COAs in the smallest towns, 3 for COAs with between 1,000 – 2,499 older adults and, for larger COAs, the median was between 8-10 (Figure B.5).

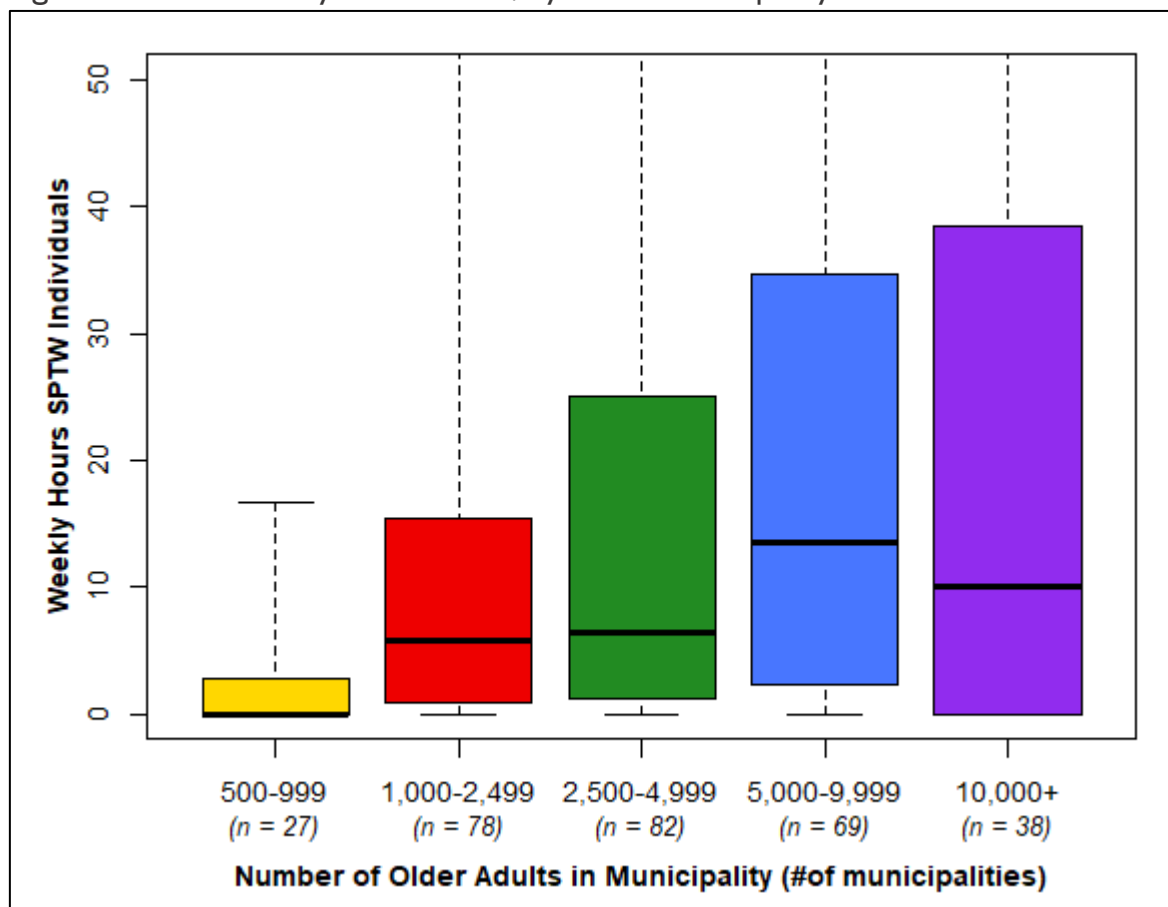
Figure B.5. Number of SPTW individuals, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 127 individuals, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 196 individuals, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 103 individuals, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 50 individuals. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Across all SPTW individuals, the total weekly hours worked was usually below 8 hours a week, except for COAs in municipalities with more than 5,000 older adults (Figure B.6).

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

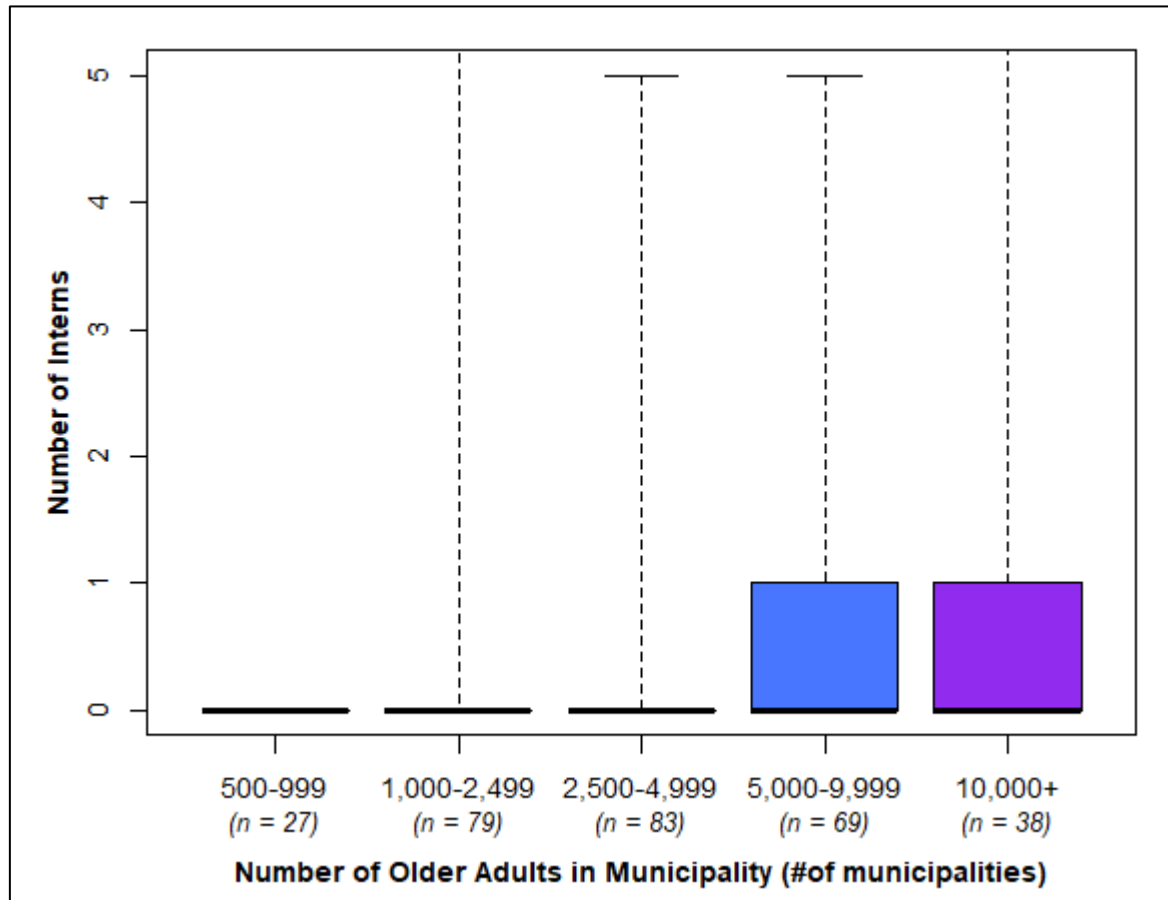


Notes. COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 175 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 319 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 192 hours, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 93 hours. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Interns

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

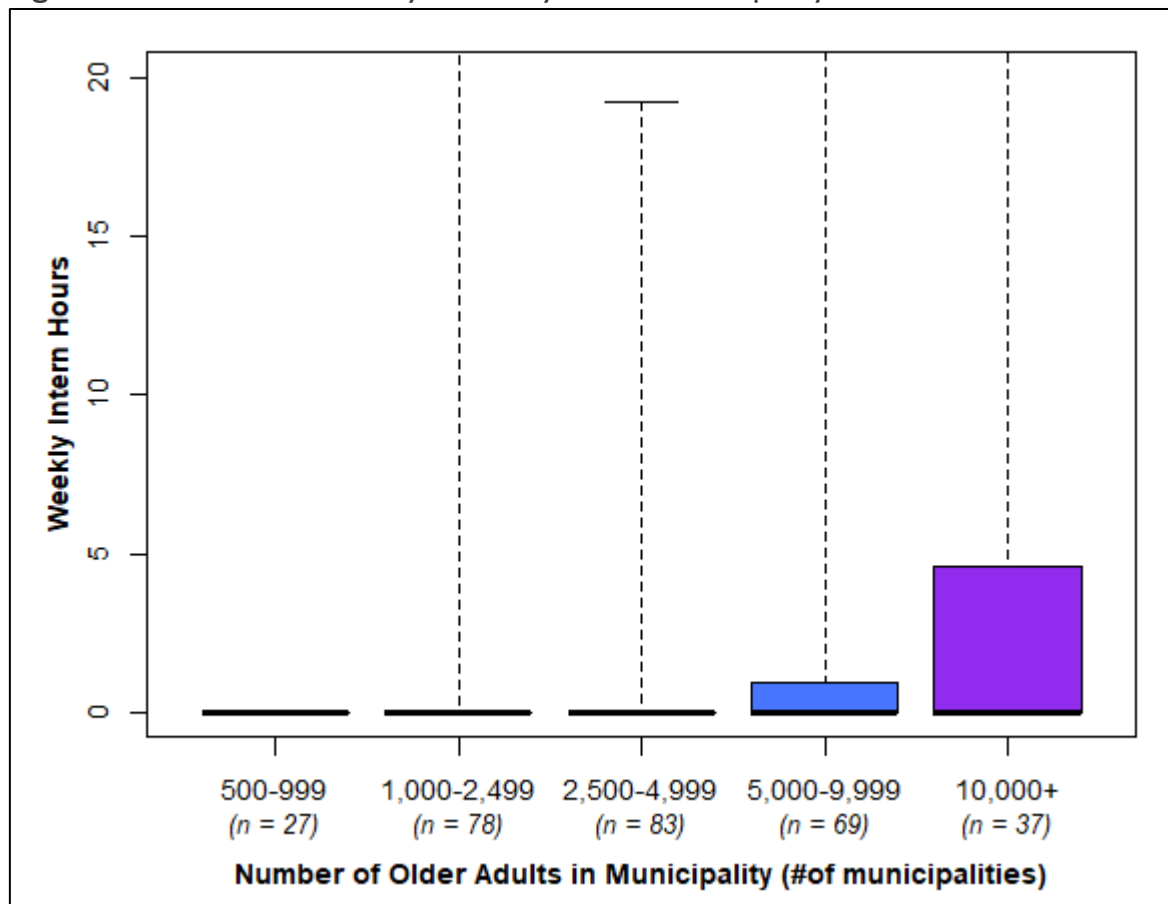
Figure B.7. Number of interns, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 6 interns, and the maximum value for COAs in municipalities with between 1,000 and 2499 older adults was 12 interns. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

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

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

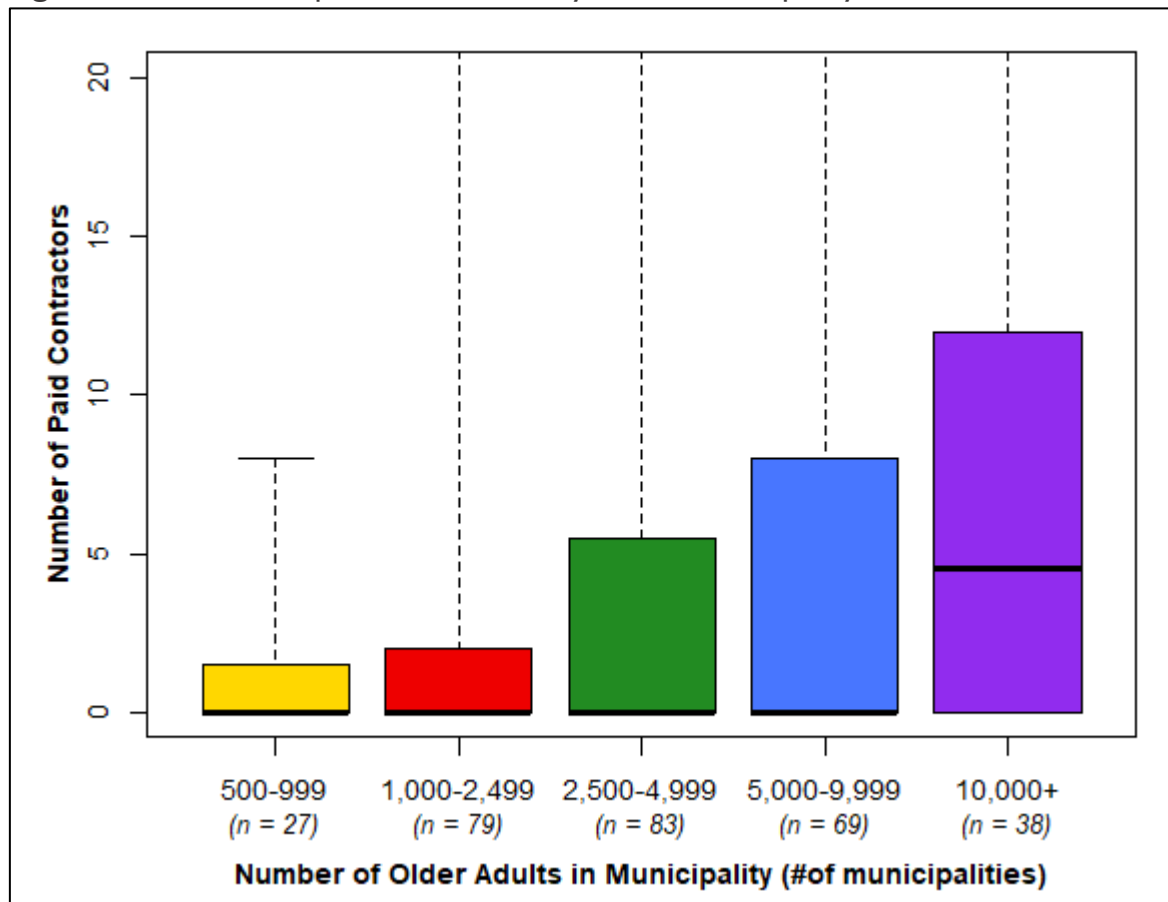


Notes. COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 53 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 27 hours. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Paid Contractors

Smaller COAs typically did not use paid contractors, and COAs in the largest municipalities usually did (Figure B.9). The median number of paid contractors for the largest COAs was 4.5.

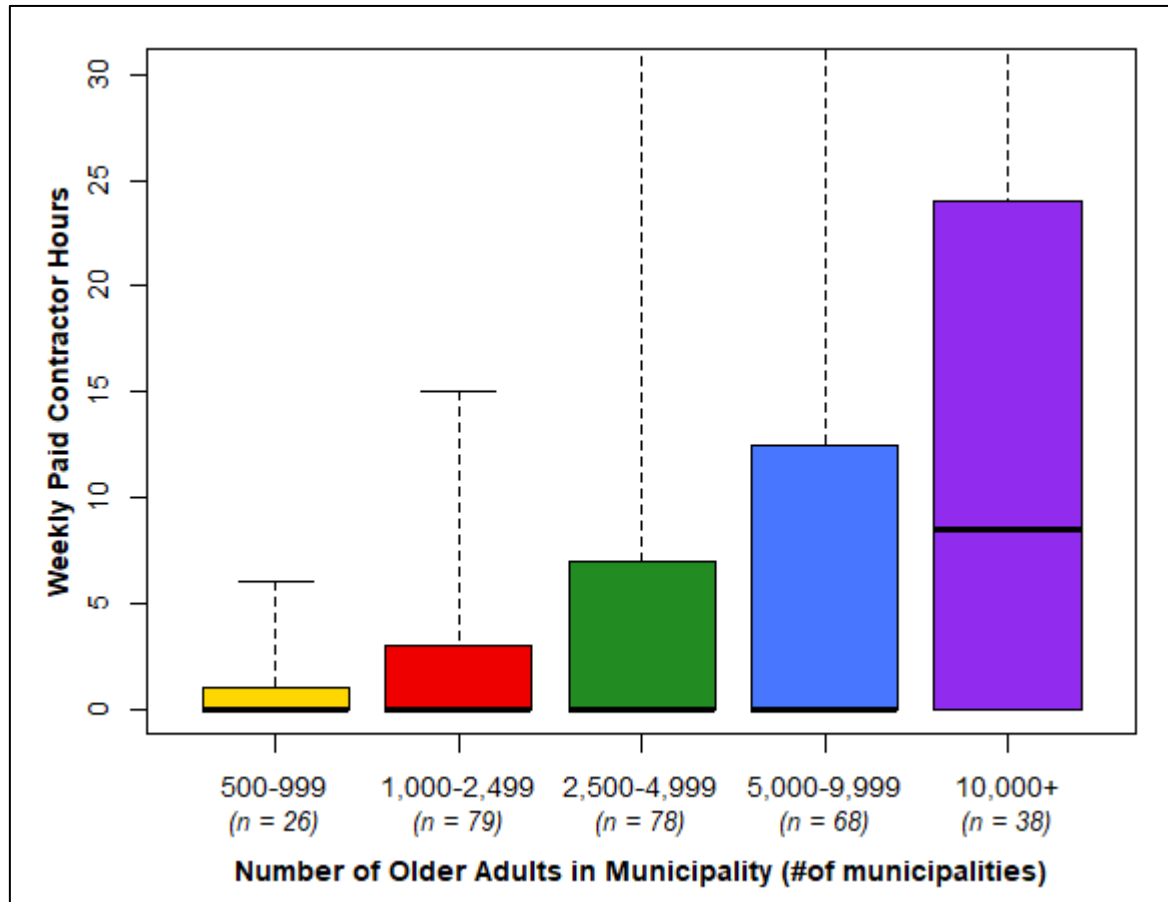
Figure B.9. Number of paid contractors, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 34 contractors, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 60 contractors, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 27 contractors, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 32 contractors. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Only COAs in larger municipalities typically used 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 112 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 153 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 1058 hours. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Appendix C. Senior Center Hours

Most COAs operate senior centers, buildings where older adults can participate in activities and receive services. Of the 292 COAs that reported usable data on whether the COA operated a senior center, approximately 91% (267/292) reported operating a center (Table C.1).

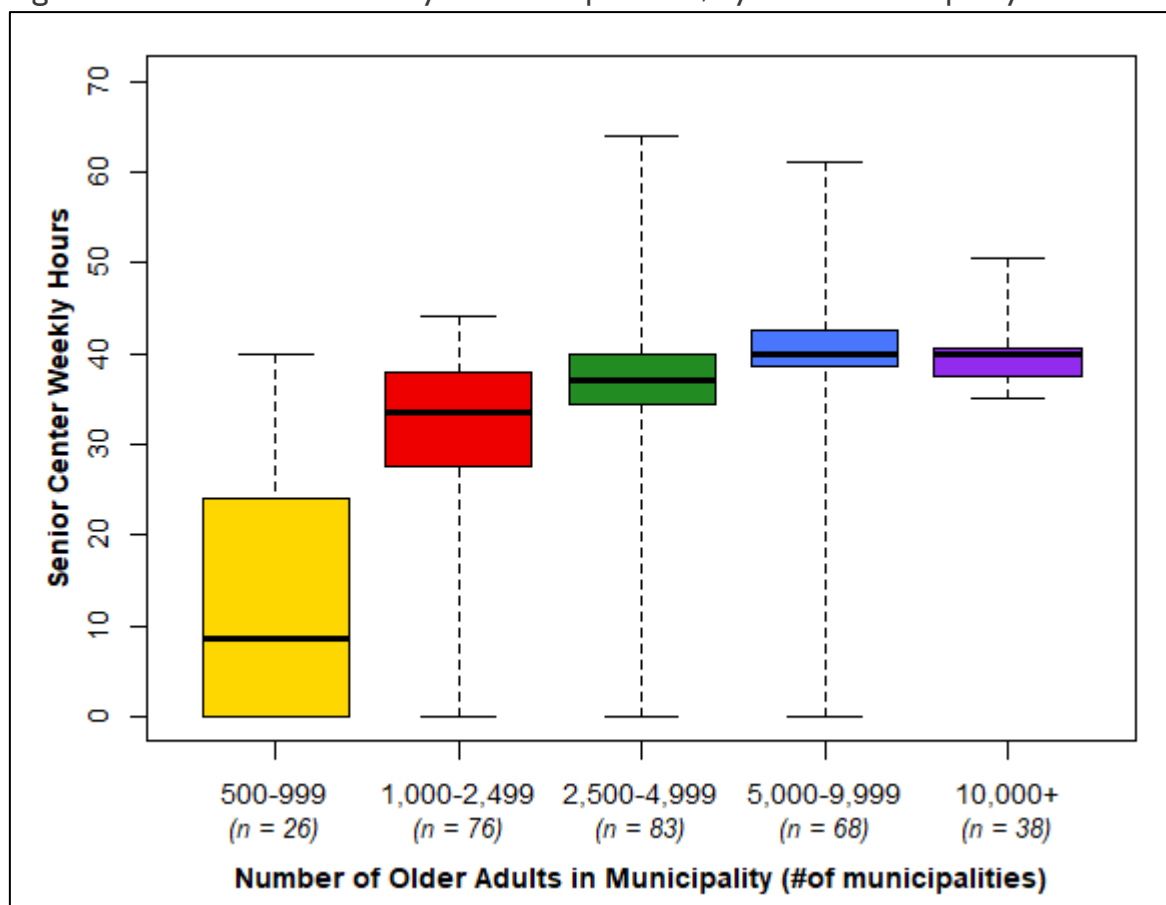
Table C.1. Percentage of responding COAs with senior center, by size of municipality

Personnel Category	Size of Municipality (number of older adults)				
	500-999 (n=26)	1,000-2,499 (n=76)	2,500-4,999 (n=83)	5,000-9,999 (n=68)	10,000+ (n=39)
Operate (n=267)	54%	87%	98%	99%	100%
Do Not Operate (n=25)	46%	13%	2%	1%	0%

Notes. 10 COAs did not report if they operated a senior center.

For COAs in cities and towns with more than a thousand older adults, the median hours of operation ranged from 34-and 40 hours, with little variation (Figure C.1).

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



Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

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 FY24, 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.

COA Revenues

The responding COAs reported approximately \$146m in revenues (Table D.1). Roughly 62% of the revenues were provided by municipalities and roughly 16% by the Commonwealth through Executive Office of Aging & Independence (AGE).

Table D.1. Total revenues for responding COAs, by category and size of municipality

Revenue Category	Totals	Size of Municipality (number of older adults)				
		500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000+
Municipal	\$90,299,086	\$1,099,369	\$13,070,916	\$19,742,338	\$27,216,754	\$29,169,709
AGE	\$23,208,137	\$262,488	\$1,782,378	\$4,426,535	\$6,738,745	\$9,997,992
Federal	\$8,816,652	\$177,341	\$175,458	\$485,319	\$712,540	\$7,265,995
RTA	\$4,353,661	\$62,083	\$819,698	\$1,954,711	\$1,273,035	\$244,135
Program Fees	\$4,116,541	\$21,006	\$166,422	\$1,003,949	\$2,245,047	\$680,117
COA Friends	\$2,776,633	\$6,554	\$549,944	\$690,974	\$732,255	\$796,906
Other Donations	\$6,892,760	\$175,125	\$598,046	\$1,825,861	\$2,557,129	\$1,736,598
Other Funds	\$5,931,698	\$2,550	\$58,441	\$493,434	\$1,119,220	\$4,258,053
Total Revenues	\$146,395,168	\$1,806,514	\$17,221,303	\$30,623,121	\$42,594,724	\$54,149,506

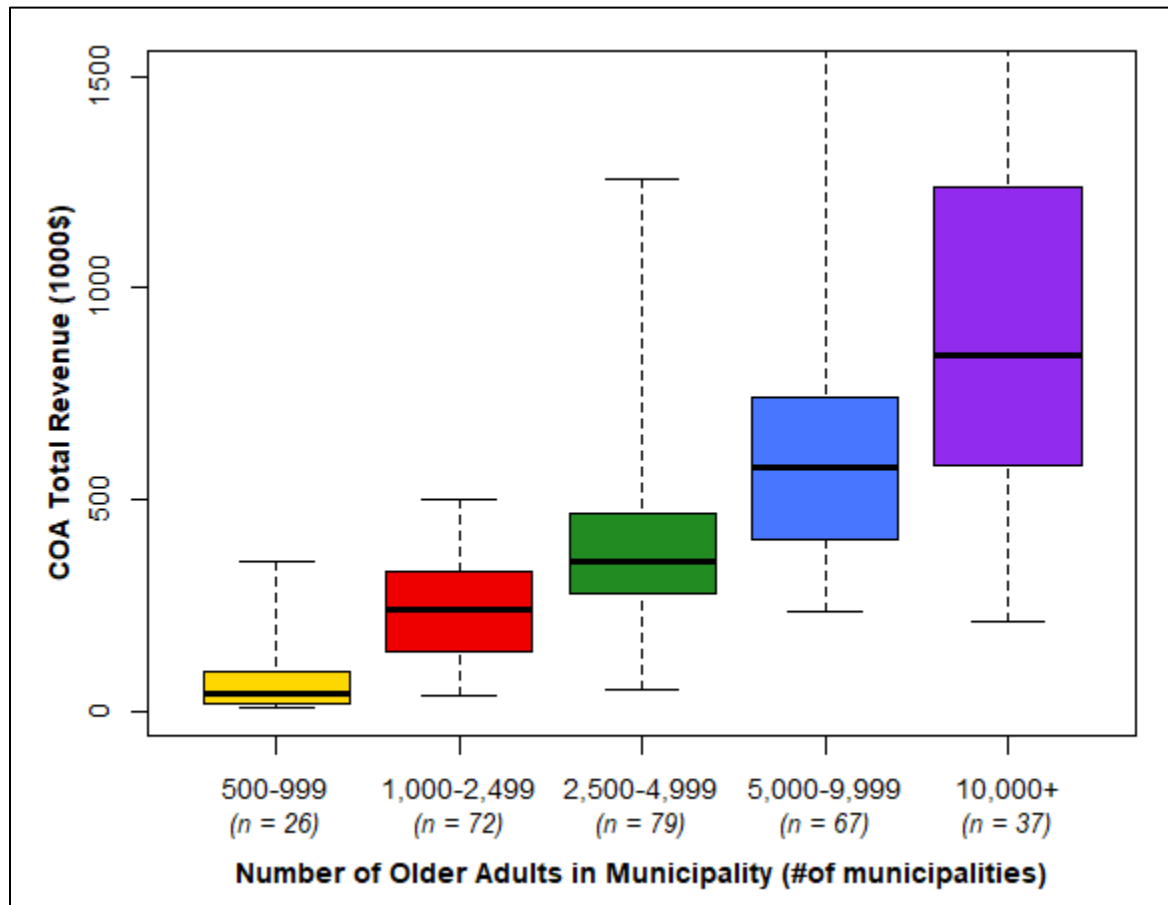
RTA = Regional Transportation Authority

Notes. 288 COAs provided valid data for each revenue category. To provide valid data, a COA needed to report a number greater than or equal to zero revenue for the category (COAs had to report a number greater than zero for AGE funding, as AGE provided some funds to all COAs, see Appendix G). Additional revenues were received by smaller COAs in towns with less than 500 older adults (see Appendix F).

Total Revenue

The median COA total revenue consistently increased with municipality size, from \$40,418 for COAs in municipalities with between 500-999 older adults to approximately \$843,383 for COAs in municipalities with more than 10,000 older adults (Figure D.1).

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



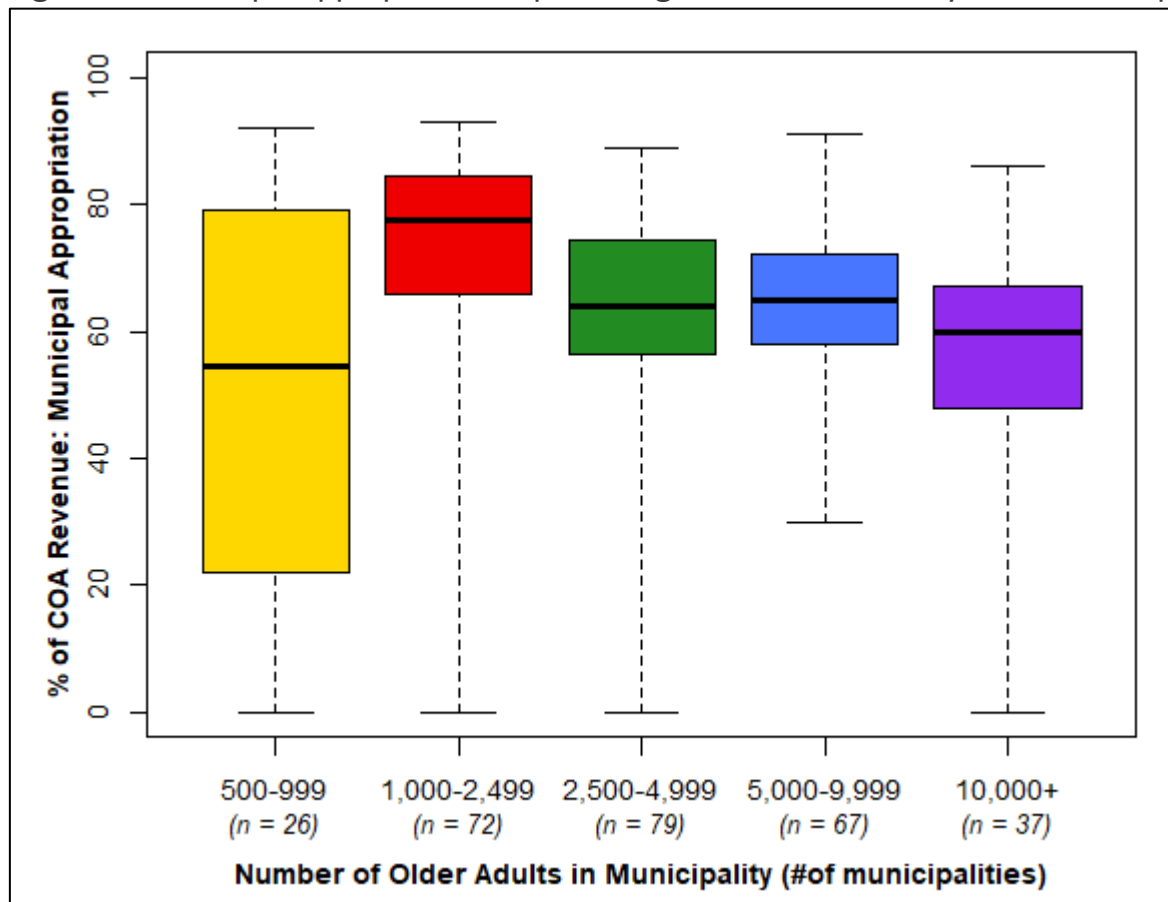
Notes. The maximum revenue for COAs in municipalities with more than 10,000 older adults was \$3.20 million, and the maximum revenue for COAs in municipalities with between 5,000 and 9999 older adults was \$2.29 million. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Revenue by Category

Municipal Appropriation

Approximately 77% (224/291) 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 55% and 60%, respectively, while the highest median, 77%, 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

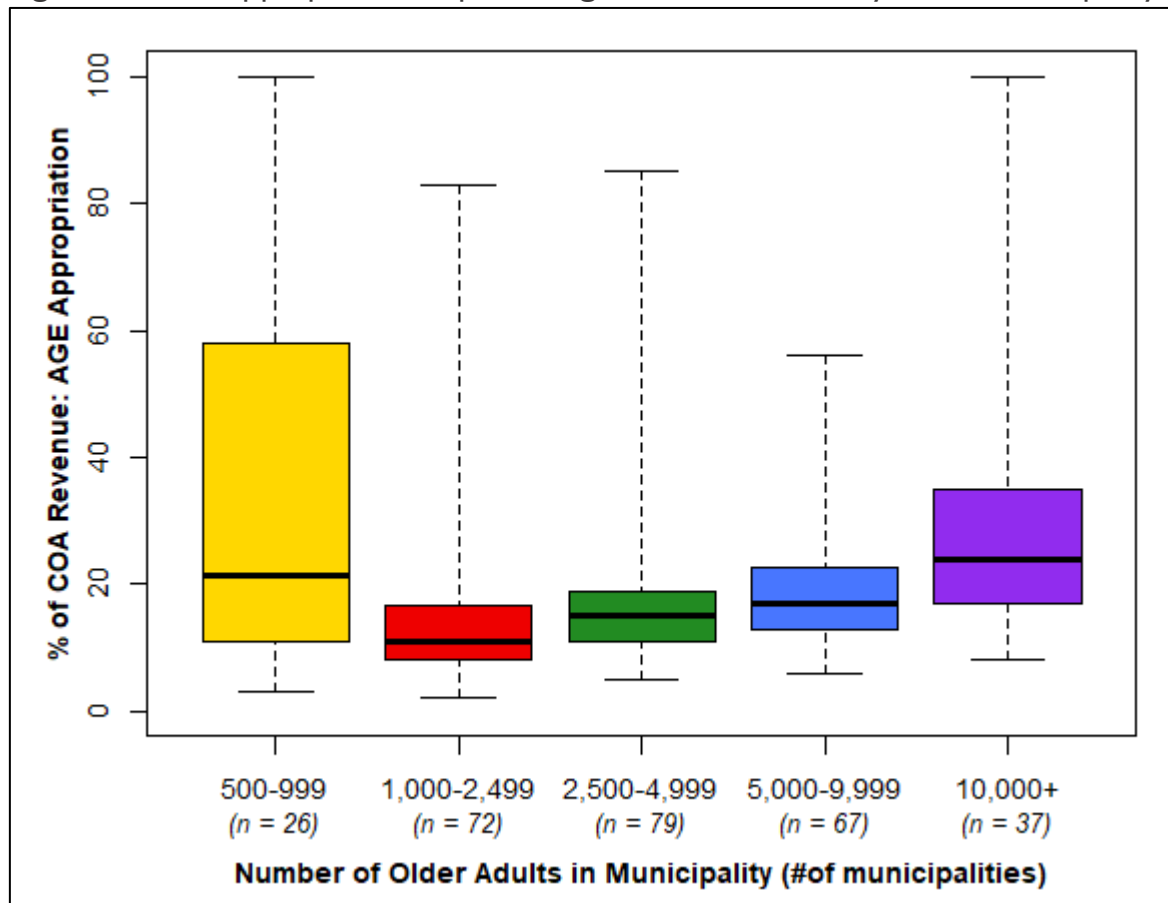


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

AGE Appropriation

Approximately 67% 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 11.5%, while the median for COAs in municipalities with fewer than 500 older adults was 24% (Figure D.3).

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

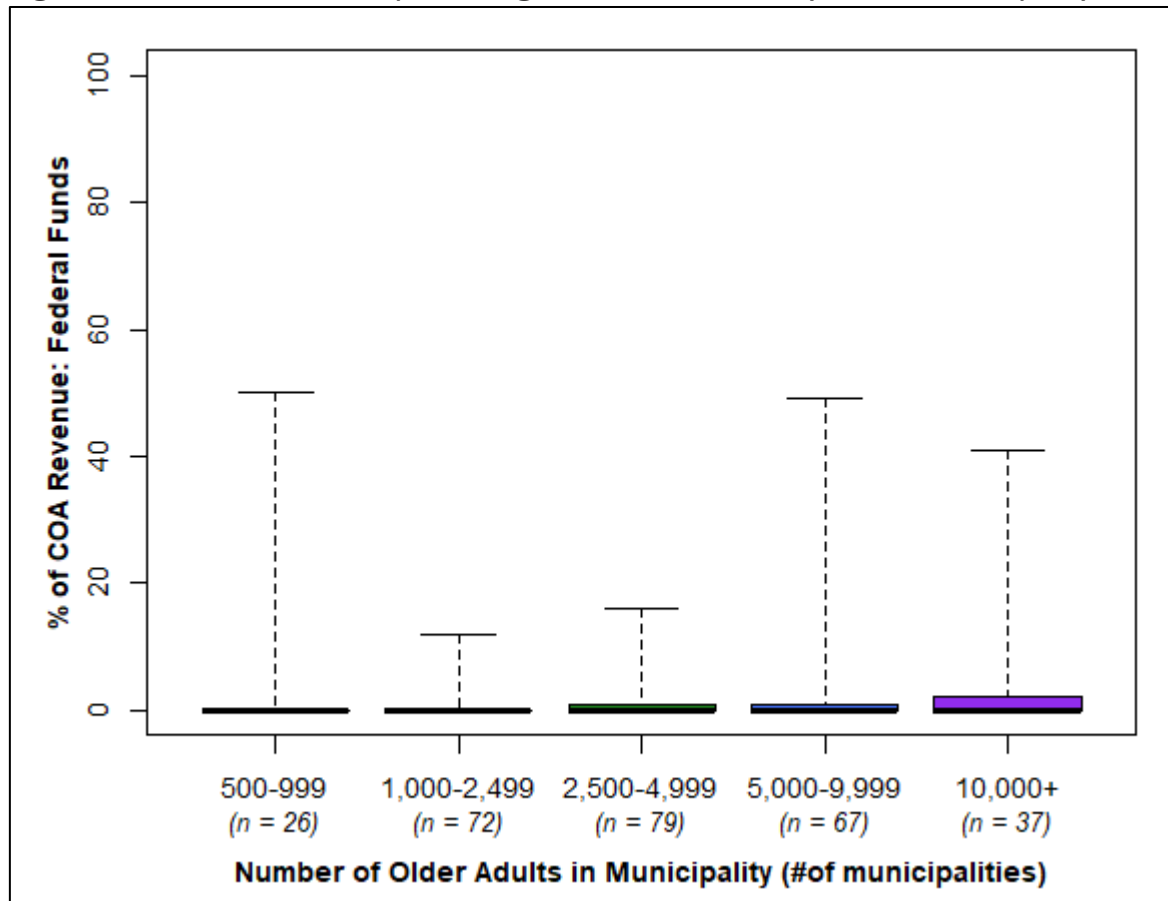


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Federal Funds

Across all sizes of municipalities, the median percentage of revenues from federal funds was zero (Figure D.4), and approximately 88% 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

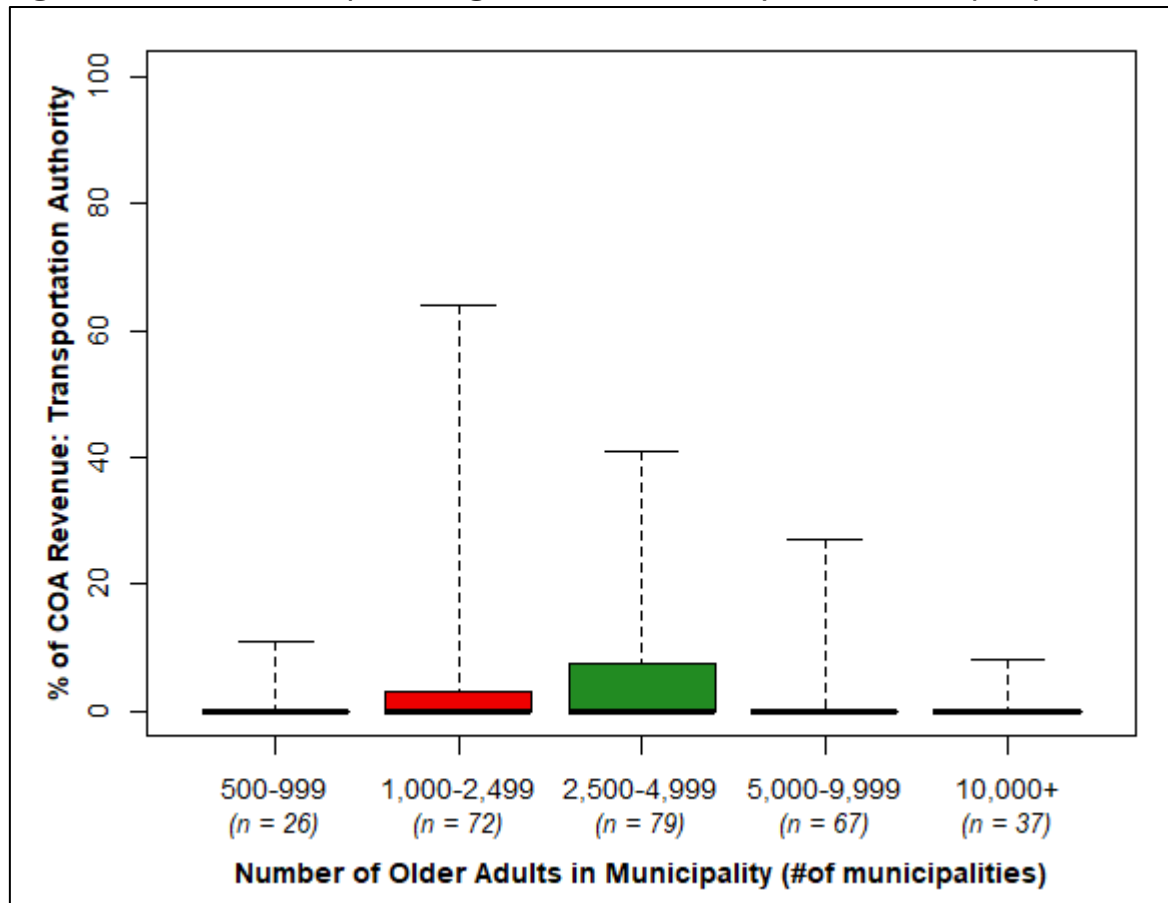


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Regional Transportation Authority (RTA)

Roughly 83% of COAs reported received less than 5% of revenues from RTAs and, across all sizes of municipalities, the median percentage of RTA funds was zero (Figure D.5).

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

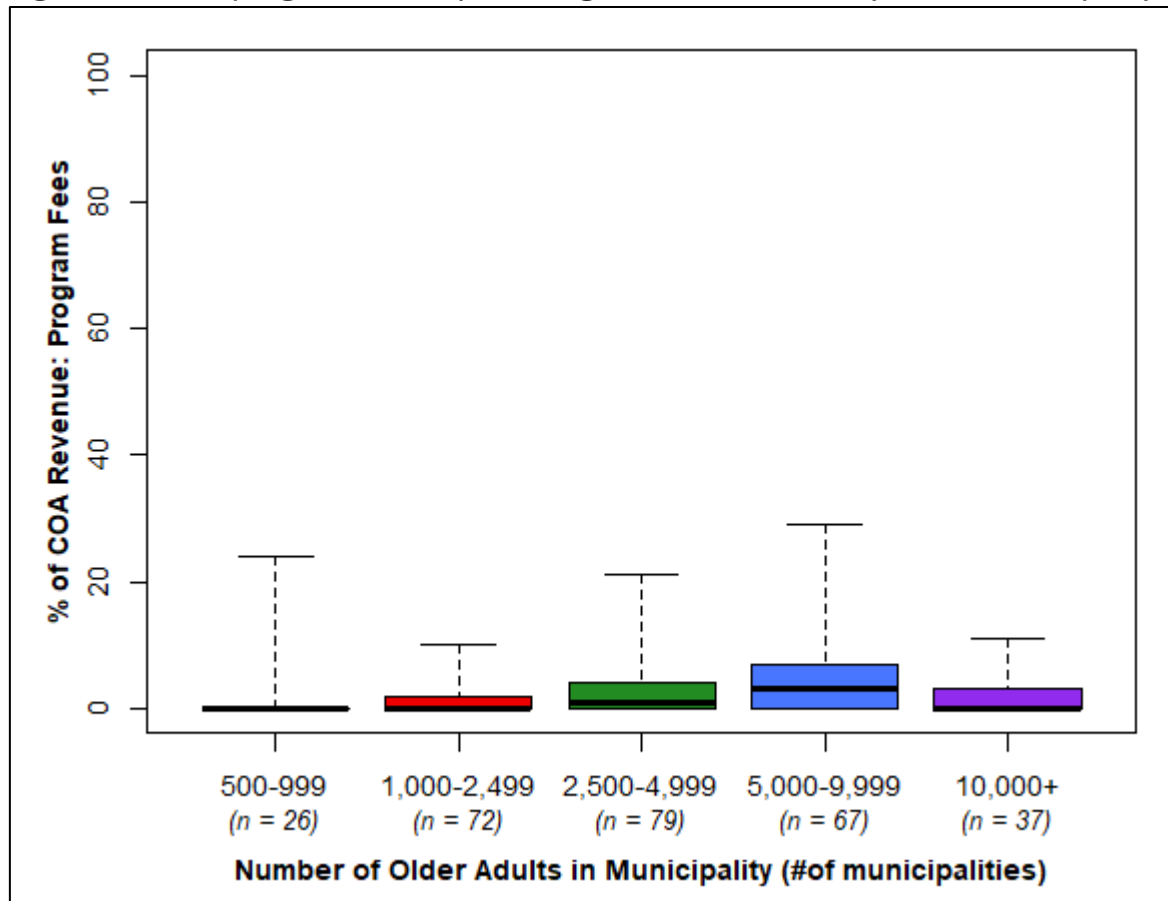


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

COA Program Fees

Program fees made up less than 5% of COA revenues for approximately 78% 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

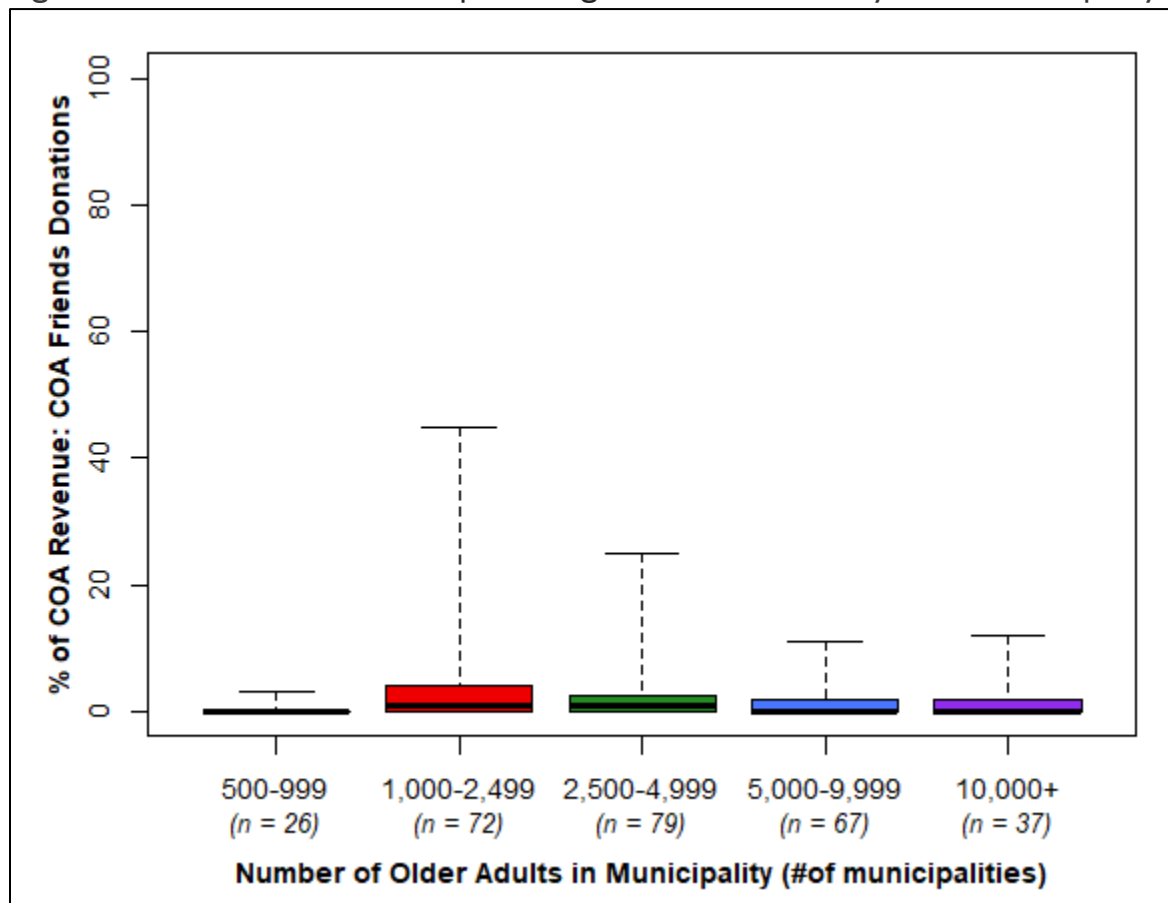


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

COA Friends

Funds from COA Friends, which are non-profit supporting organizations, made up less than 5% of COA revenues for roughly 85% 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

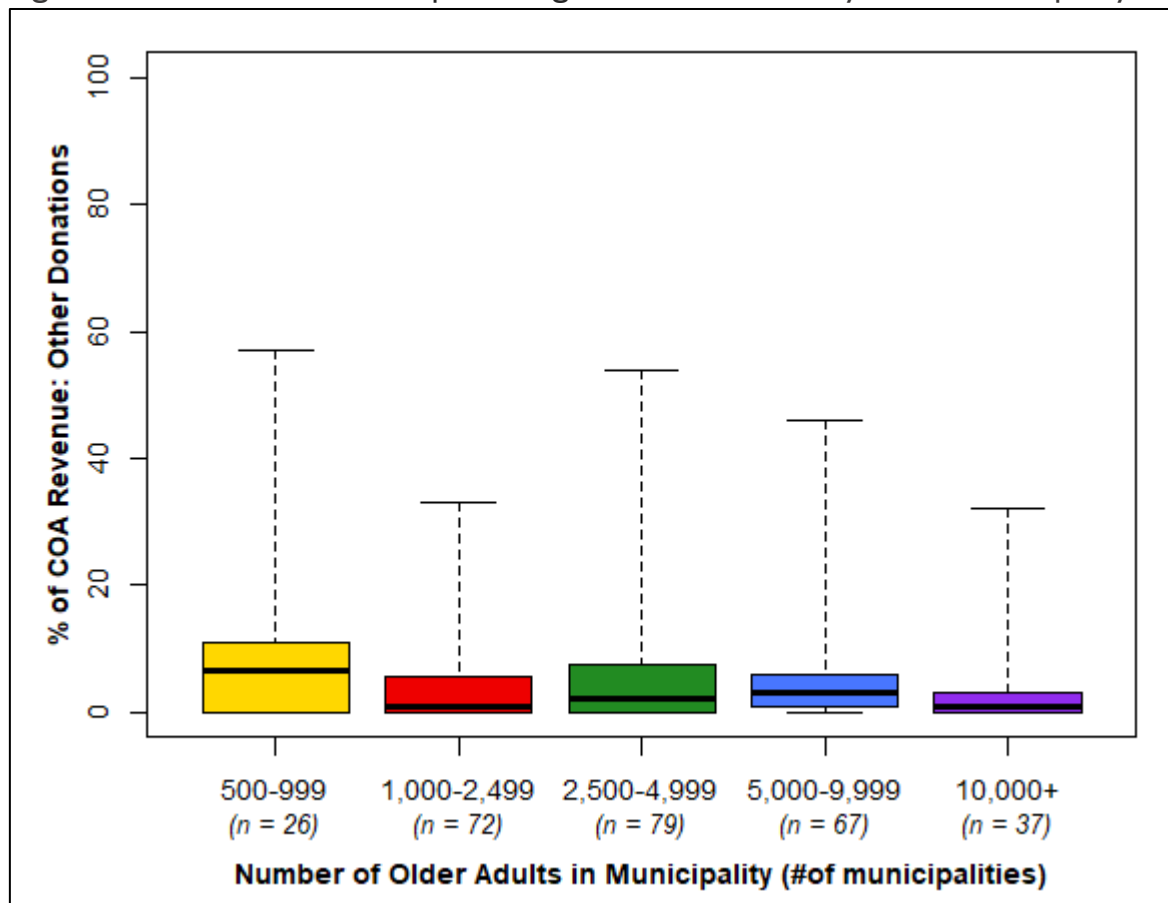


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Other Donations

Other donations made up less than 5% of COA revenues for roughly 68% of COAs. COAs in the smallest municipalities raised a higher percentage (median = 7%) from other donations (Figure D.8).

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

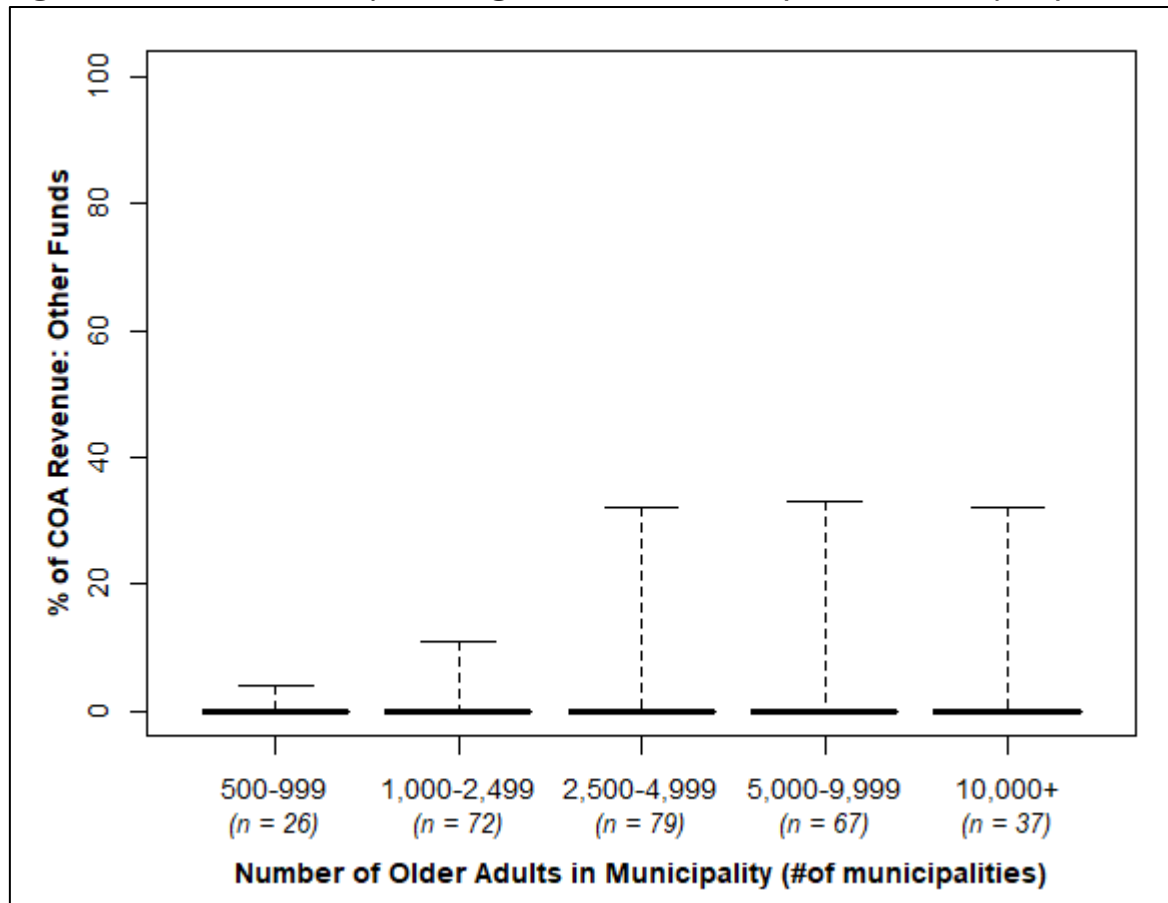


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Other Funds

All other sources of funding made up less than 5% of COA revenues for roughly 92% 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

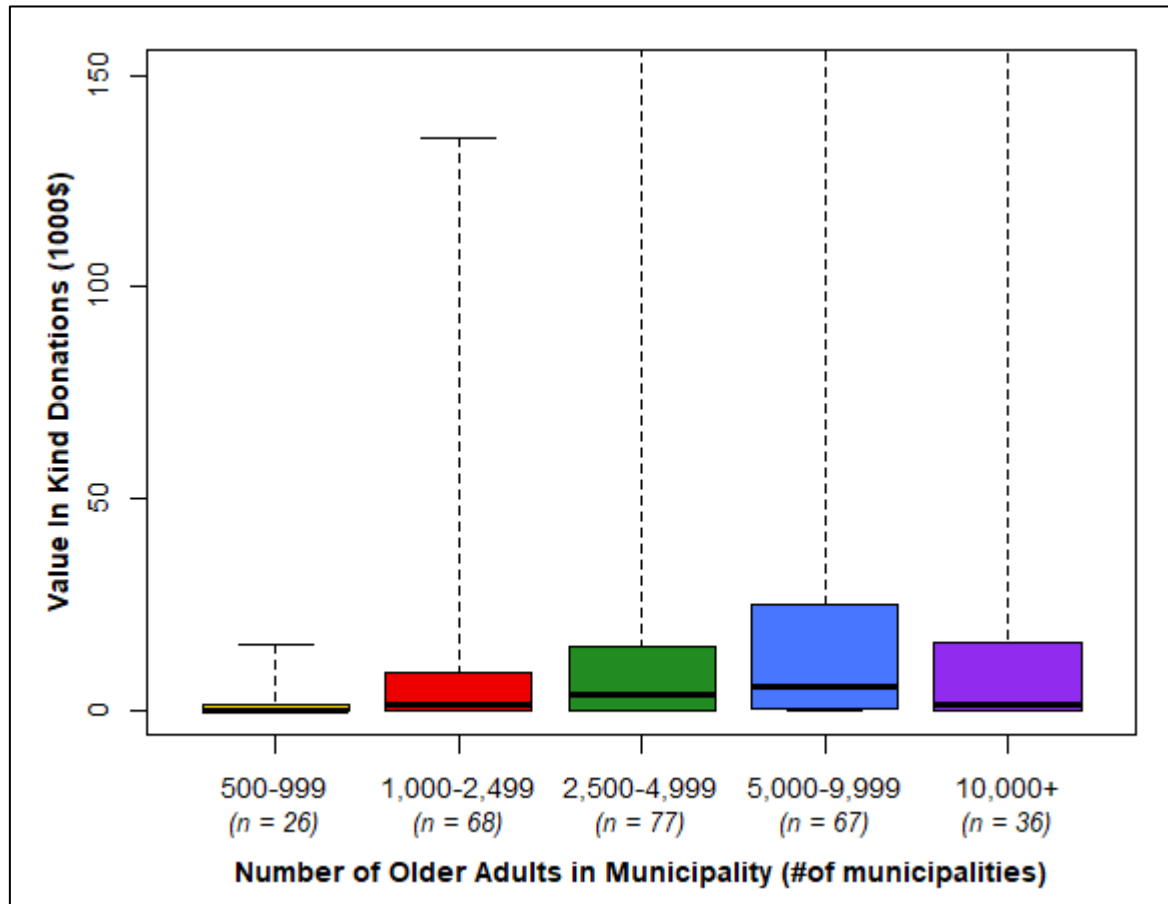


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

In-Kind Donations

Roughly 68% COAs also received some in-kind (non-monetary) donations, such as furniture. The value of these donations was typically less than a few thousand dollars, although roughly 7% 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 \$1.16 million, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was \$750,000, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was \$350,000. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Appendix E. Services & Activities

COAs provide older adults with different services (such as delivering meals) 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.

The Executive Office of Aging & Independence (AGE) requested that COAs provide information on 32 different service/activity categories for FY24. For each category, COAs provided two statistics:

- Total Units Provided is the total services received or activities provided for that category during FY24 (*duplicated participants*)
- Total Unique Participants is the total number of distinct people who received services or participated in activities in the category during FY24 (*unduplicated participants*)

For example, if Person A attended a yoga activity 30 times in FY24, that person would receive 30 total units in the Fitness/Exercise category and count as one unique participant.

Services & Activities: Totals

As presented in Table E.1, the five most common services provided by COAs in FY24 were recreation and socialization (821,580 units provided), home delivered meals (766,859 meals provided), fitness/exercise (690,186 units provided) congregate meals (360,614 meals provided), and ambulatory transportation (322,147 units provided). COAs reported serving hundreds of thousands of different people, for example providing recreation and socialization activities to 114,969 unique individuals and that 77,122 different people participated in fitness/exercise activities (Table E.1). In total, larger COA reported serving 414,100 unique people across all activities and services.⁴

As presented in Table E.2, over 90% of COAs provided fitness/exercise activities, recreation & socialization activities, and congregate meals. In addition to these social activities, over 85% of COAs provided individual-level services such as SHINE and health screening.

⁴ As some of these people could have received services at multiple COAs, this number overestimates the number of unique people who received services from any COA.

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

Service/Activity Category	Total Units Provided	COAs w/ Valid Data	Total Unique Participants	COAs w/ Valid Data
Recreation & Socialization	821,580	267	114,969	256
Home Delivered Meals	766,859	269	10,314	236
Fitness/Exercise	690,186	265	77,122	258
Congregate Meals	360,614	266	45,716	255
Ambulatory Transportation	322,147	267	17,992	245
Referrals	168,134	260	66,160	252
Outreach	163,392	261	67,043	253
Lifelong Learning	115,313	268	36,872	232
Grab & Go Meals	110,342	269	14,472	228
Cultural Events	93,304	265	26,197	239
Case Management	90,119	265	28,518	241
Non-Ambulatory Transportation	64,126	268	2,475	234
Food Shopping	53,373	266	10,370	238
Intergenerational Programming	50,235	263	7,542	242
SHINE	48,145	255	34,409	251
Health Screening	44,997	264	20,172	249
Wellness Check	44,223	261	20,972	242
Other Benefits Counseling	40,448	263	15,668	235
Health Education	38,902	266	16,647	246
Social/Supportive Day Care	34,525	125	675	73
Day Trips	32,584	261	16,295	247
Other Health Services	29,768	268	12,640	240
Group Support	28,189	118	4,591	94
Tax Assistance	21,741	266	20,091	243
Friendly Visiting	19,374	267	4,012	232
Digital Literacy	16,096	267	8,768	238
Durable Medical Equipment Loan	15,897	253	14,793	247
Mental Health	14,767	268	5,424	227
Legal Assistance	6,864	267	5,777	234
Financial Management	3,764	120	1,624	79
Home Repair	2,801	272	1,632	223
Employment Services	890	269	834	220

Notes. The totals listed are approximations, as some COAs do not always maintain attendance records for every activity or were unable to analyze all their attendance records. The totals listed underestimate the number of services provided and unique people served by COAs as not all COAs provided data on each activity/service. For FY24, 25 COAs did not provide any activity/services data. Additional services were provided by COAs in towns with less than 500 older adults (see Appendix F).

Table E.2. The percentages are only for COAs with valid data on services/activities.

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	99%	91%	100%	99%	100%	97%
Recreation & Socialization	96%	71%	94%	100%	100%	100%
Congregate Meals	91%	83%	93%	91%	91%	90%
SHINE	86%	57%	81%	88%	95%	95%
Outreach	86%	63%	86%	89%	90%	85%
Health Screening	85%	50%	83%	87%	97%	87%
Health Education	79%	43%	71%	82%	91%	85%
Lifelong Learning	77%	25%	81%	80%	88%	79%
Cultural Events	72%	33%	71%	72%	87%	74%
Digital Literacy	72%	58%	67%	67%	84%	77%
Day Trips	71%	46%	74%	74%	69%	79%
Referrals	68%	54%	57%	70%	77%	74%
Tax Assistance	66%	17%	53%	72%	81%	82%
Food Shopping	66%	46%	69%	63%	72%	69%
Other Health Services	65%	29%	63%	64%	82%	66%
Other Benefits Counseling	65%	29%	61%	71%	76%	62%
Case Management	64%	29%	61%	58%	82%	71%
Wellness Check	62%	58%	63%	66%	60%	62%
Durable Medical Equipment Loan	62%	65%	64%	56%	64%	67%
Legal Assistance	61%	4%	53%	64%	80%	69%
Group Support	61%	11%	48%	63%	96%	75%
Home Delivered Meals	47%	42%	47%	45%	49%	46%
Grab & Go Meals	46%	29%	56%	43%	38%	56%
Intergenerational Programming	45%	21%	49%	46%	38%	59%
Ambulatory Transportation	41%	29%	39%	41%	42%	51%
Friendly Visiting	34%	46%	33%	37%	30%	33%
Mental Health	33%	13%	20%	37%	41%	50%
Financial Management	33%	0%	24%	34%	63%	38%
Non-Ambulatory Transportation	31%	21%	36%	33%	19%	46%
Home Repair	26%	17%	24%	25%	39%	18%
Social/Supportive Day Care	20%	6%	10%	18%	38%	29%
Employment Services	16%	0%	11%	16%	18%	31%

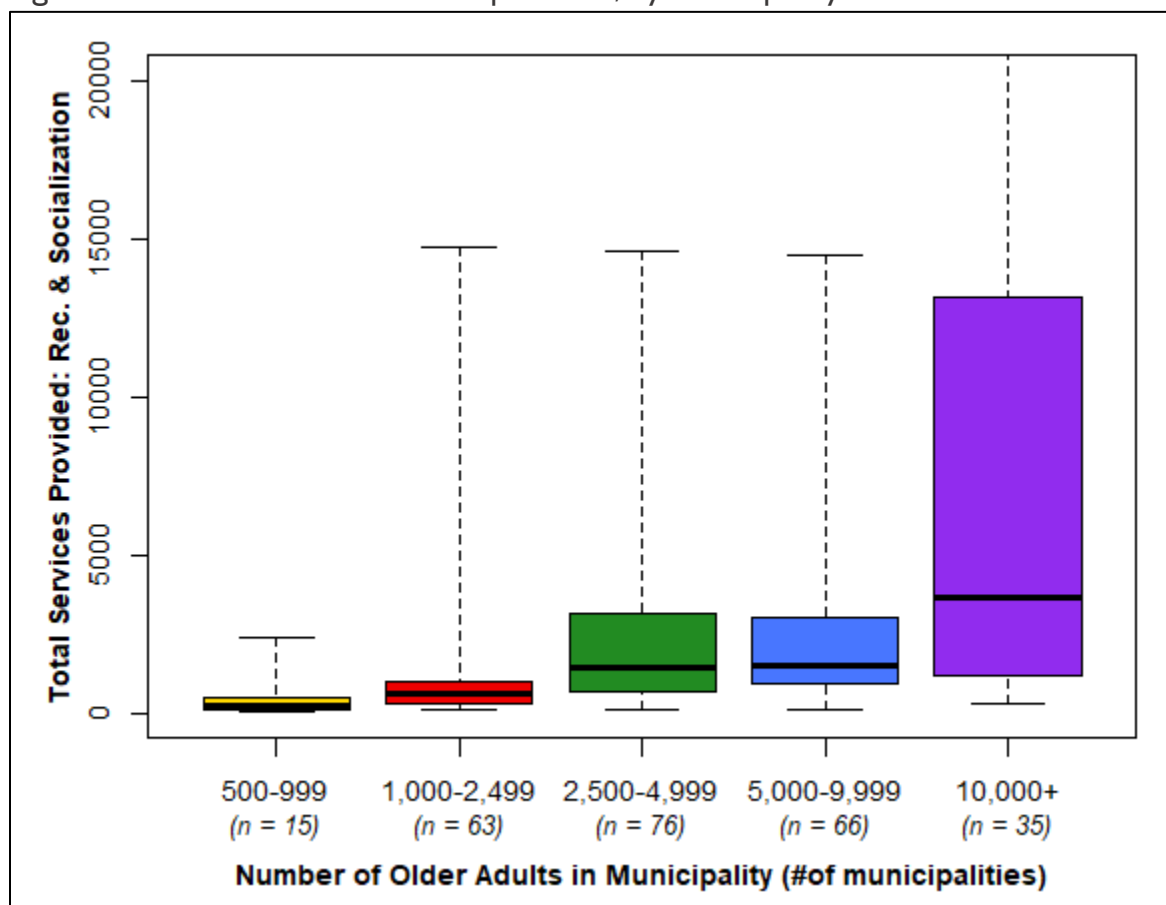
Notes. COAs with valid data reported a number, including zero, for service units or participants; the remaining COAs did not provide a number or submitted inconsistent information (for more information, see Appendix G, Missing Data and Data Validation). The percentages are only for COAs with valid data on services/activities. The COA database provider did not report data for the following service/activity categories: Financial Management, Group Support, and Social/Supportive Day Care. For these categories of activities, between 23% and 28% of COAs have valid data. For the other categories of activities, between 71% and 83% of COAs have valid data. For FY24, 25 COAs did not provide any activity/services data.

Most Popular: Service Units Provided & Unique People Served⁹

Recreation & Socialization

The median number of recreation and socialization units provided by COAs consistently increased with municipality size, ranging from approximately 266 units for COAs in the smallest municipalities to 3,652 units for COAs in municipalities with 10,000+ older adults (Figure E.1).

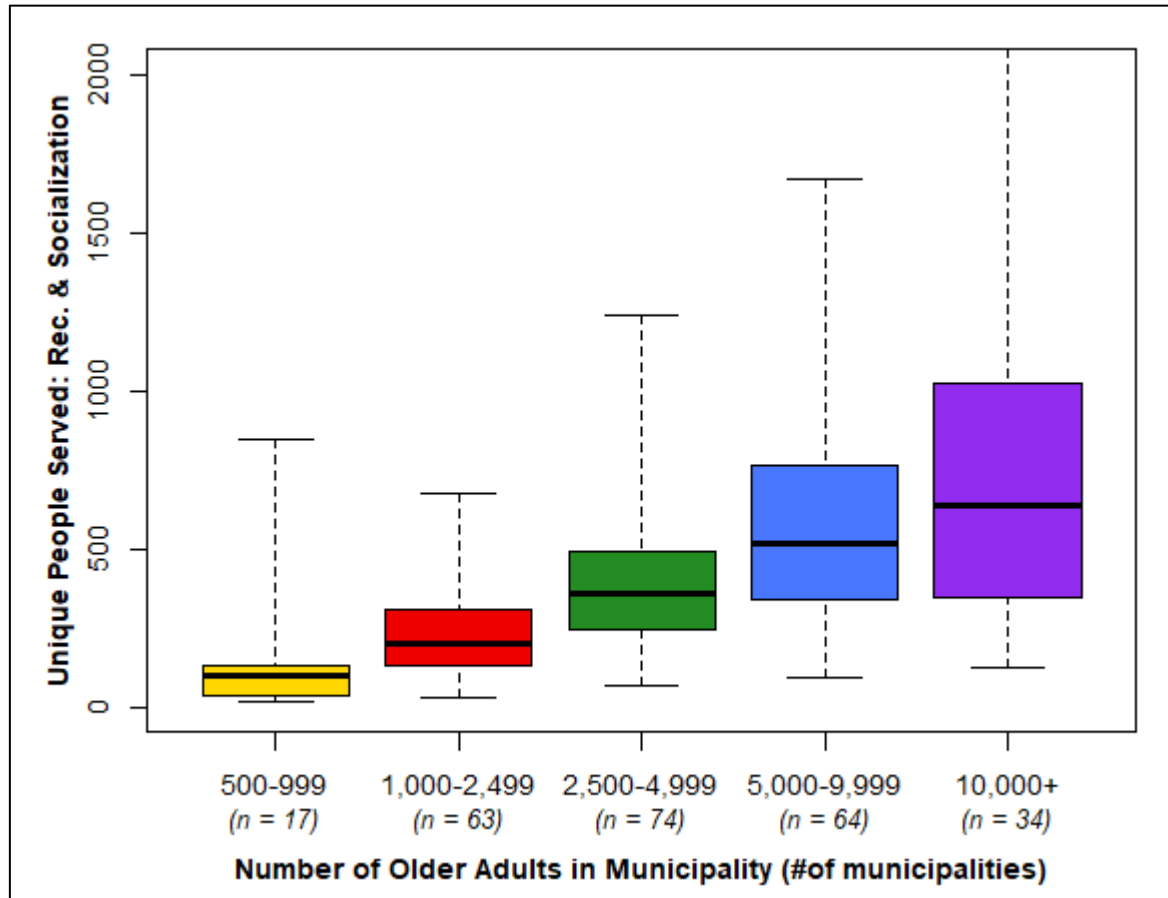
Figure E.1. Total recreation services provided, by municipality size



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 61,464 services. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

The median number of unique participants also consistently increased with municipality size, ranging from approximately 100 participants for COAs in the smallest municipalities to 640 participants for COAs in municipalities with 10,000+ older adults (Figure E.2).

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

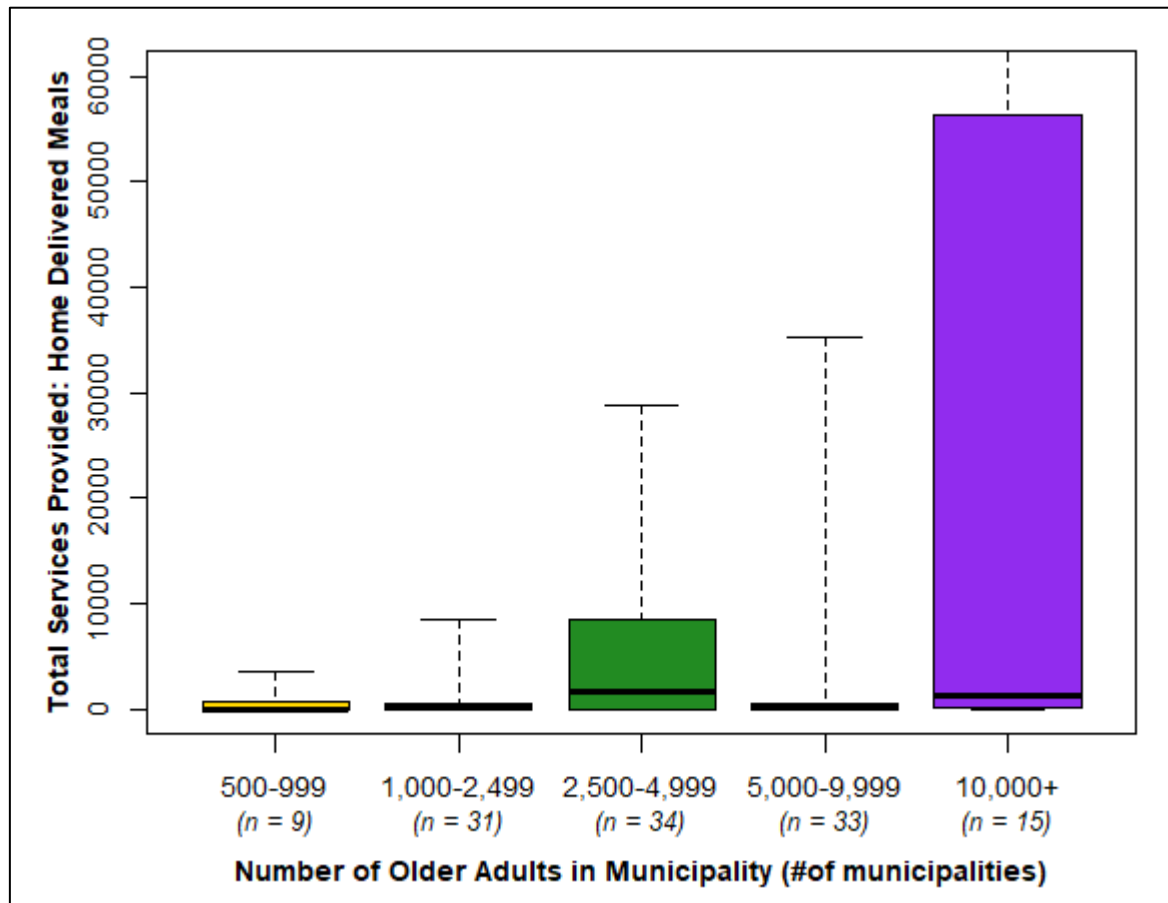


Notes. This figure excludes COAs that reported providing zero unique participants. The maximum participants for COAs in municipalities with more than 10,000 older adults was 2,948 unique participants. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Home-Delivered Meals

The median number of home-delivered meals ranged from 40 for COAs in the smallest municipalities to 1,767 meals for COAs in municipalities with between 2,500 to 4,999 older adults (Figure E.3). For COAs in the largest municipalities there was a large jump from the median (1,300 meals) to the 75th percentile (56,324 meals), as indicated by the extended purple bar.

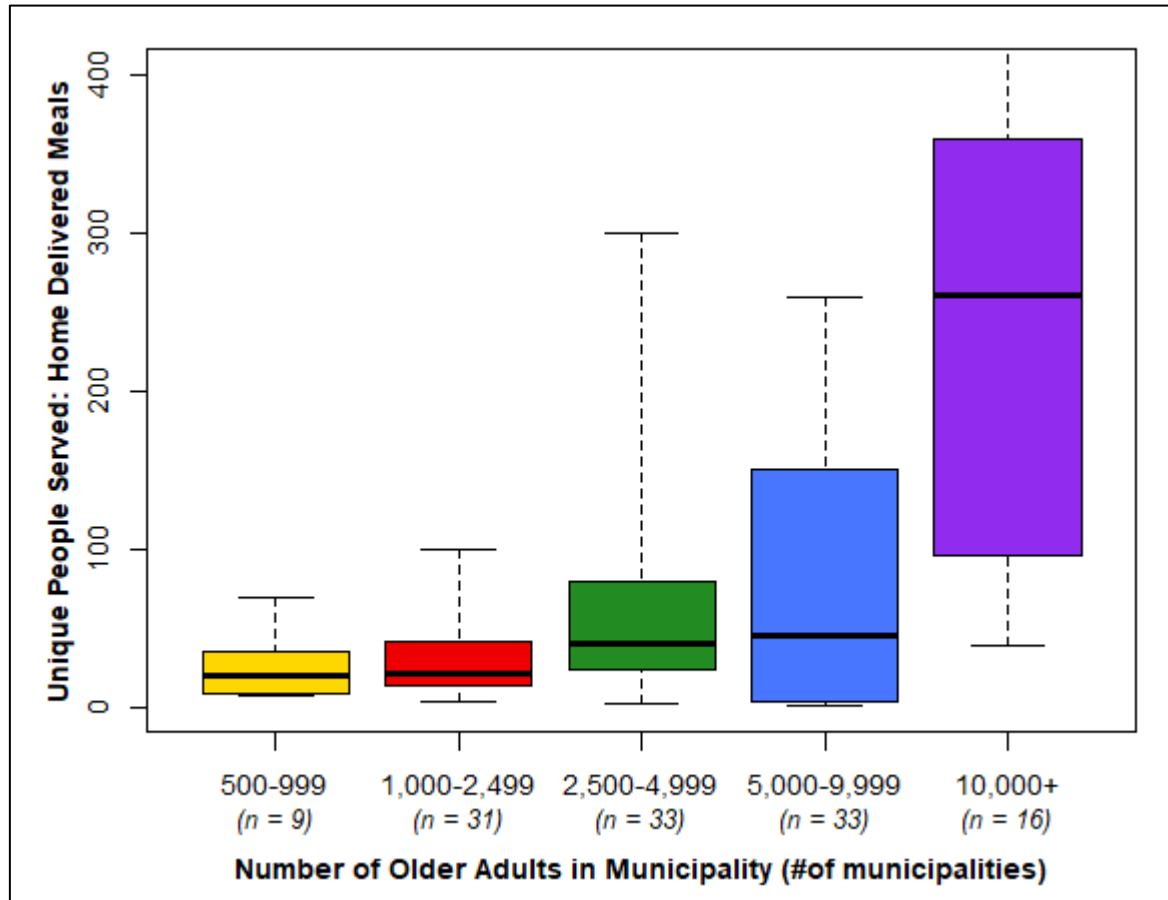
Figure E.3. Total home delivered meals provided, by municipality size



Notes. This figure excludes COAs that reported providing zero meals. The maximum for COAs in municipalities with more than 10,000 older adults was 85,185 meals. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

The median number of unique people receiving home-delivered meals increased with municipality size, from a median of 20-21 participants in municipalities with fewer than 2,500 older adults, to a median of 40-45 participants in municipalities with between 2,500 to 9,999 older adults, to 260 participants in the largest municipalities (Figure E.4).

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

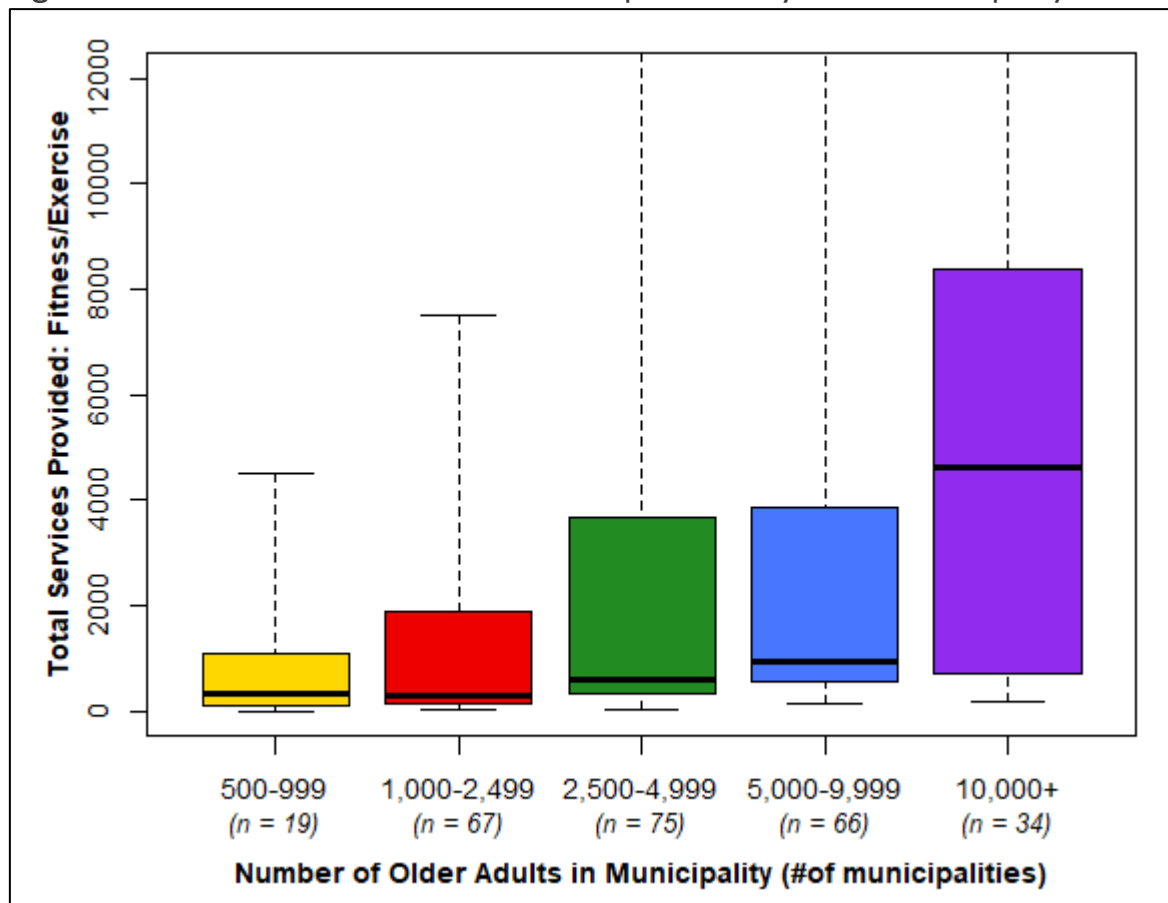


Notes. This figure excludes COAs that reported providing zero unique participants. The maximum value for COAs in municipalities with more than 10,000 older adults was 1,264 unique participants. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Fitness/Exercise

The median number of fitness/exercise units increased with municipality size, from 310-354 units for COAs in municipalities with fewer than 2,500 older adults to almost 4,636 units for COAs in the largest municipalities (Figure E.5).

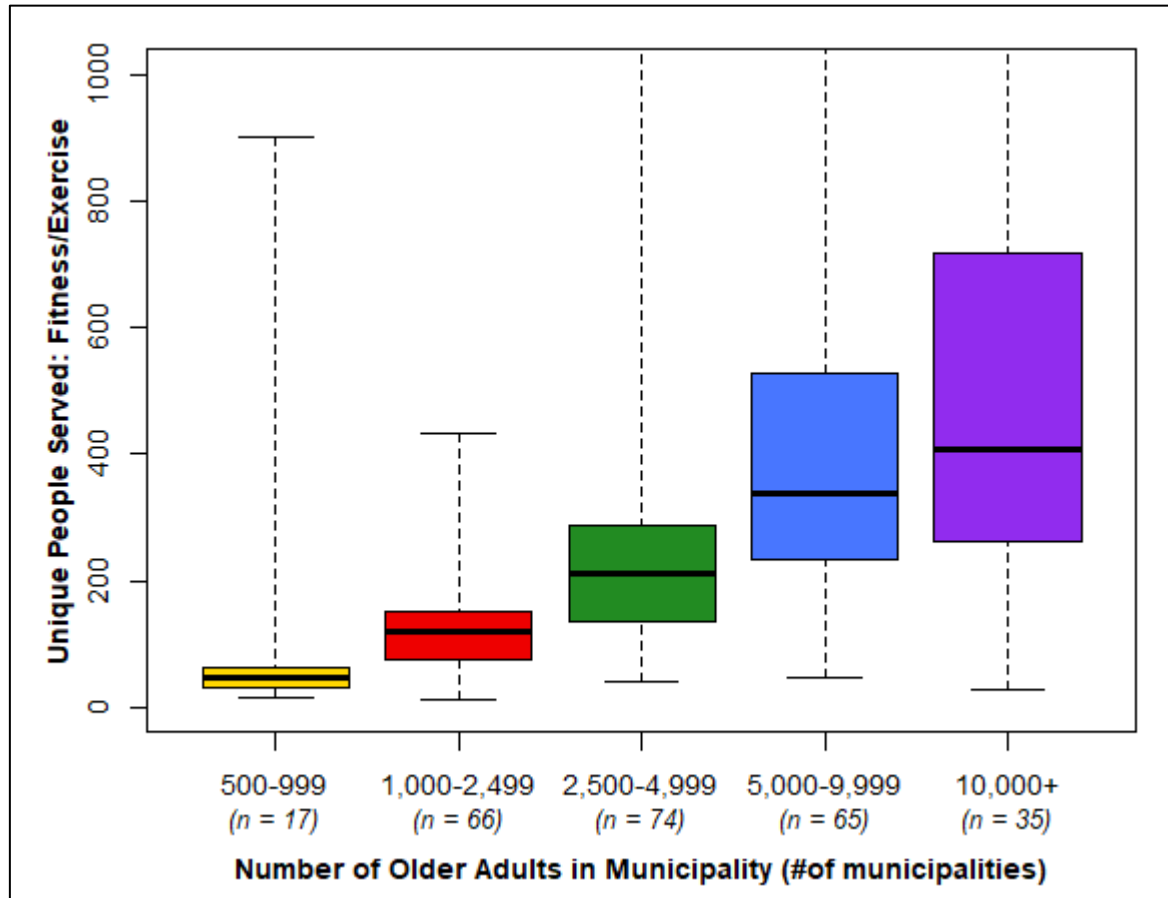
Figure E.5. Total fitness and exercise services provided, by size of municipality



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 37,429 services, the maximum for COAs in municipalities with between 5,000 and 9,999 older adults was 25,788, and the maximum for COAs in municipalities with between 2,500 and 4,999 older adults was 14,042. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

The median number of unique older adults participating in fitness/exercise activities consistently increased with municipality size, from 48 in the smallest municipalities to 407 in the largest (Figure E.6).

Figure E.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 2,804 unique participants, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 2,794 unique participants, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 1,617 unique participants. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Participant Age Group and Gender

COAs reported that 45% of participants were between ages 75 plus and 64% were female (Table E.3)⁵

⁵ COAs reported 414,100 total unique participants. COAs with 89% of participants provided data on participant age (these COAs did not know the age for roughly 8% of participants). COAs with 87% of participants provided data on participant gender (these COAs did not know the gender for roughly 6% of participants).

Table E.3. Age group of participating older adults, by size of municipality

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+
Percent Age < 59	8%	3%	5%	5%	4%	16%
Percent Age 60-74	38%	37%	38%	38%	39%	39%
Percent Age 75+	45%	31%	48%	50%	47%	40%
Percent Unknown	8%	29%	9%	8%	10%	5%
<i>Participants with Data</i>	<i>368,501</i>	<i>7,809</i>	<i>42,677</i>	<i>88,207</i>	<i>111,724</i>	<i>118,084</i>

Notes. The percentage unknown includes participants that the COAs reported as unknown age and participants that the COAs did not classify. Numbers might not sum to 100% due to rounding.

Table E.4. Gender of participating older adults, by size of municipality

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+
Percent Male	29%	19%	30%	28%	27%	32%
Percent Female	64%	47%	66%	67%	66%	62%
Percent Unknown	6%	34%	4%	5%	7%	6%
<i>Participants with Data</i>	<i>360,729</i>	<i>5,723</i>	<i>40,164</i>	<i>86,610</i>	<i>102,986</i>	<i>125,246</i>

Notes. The percentage unknown includes participants that the COAs reported as unknown gender and participants that the COAs did not classify. Some participants, less than 1%, were classified as “other” gender which includes the following categories: Male-to-Female (MTF) Transgender, Female/Trans Woman, Female-to-Male (FTM)/Transgender Male/Trans Man, Genderqueer, Neither Exclusively Male nor Female, and Other Gender Category. Numbers might not sum to 100% due to rounding.

Appendix F. Municipalities with Fewer than 500 Older Adults

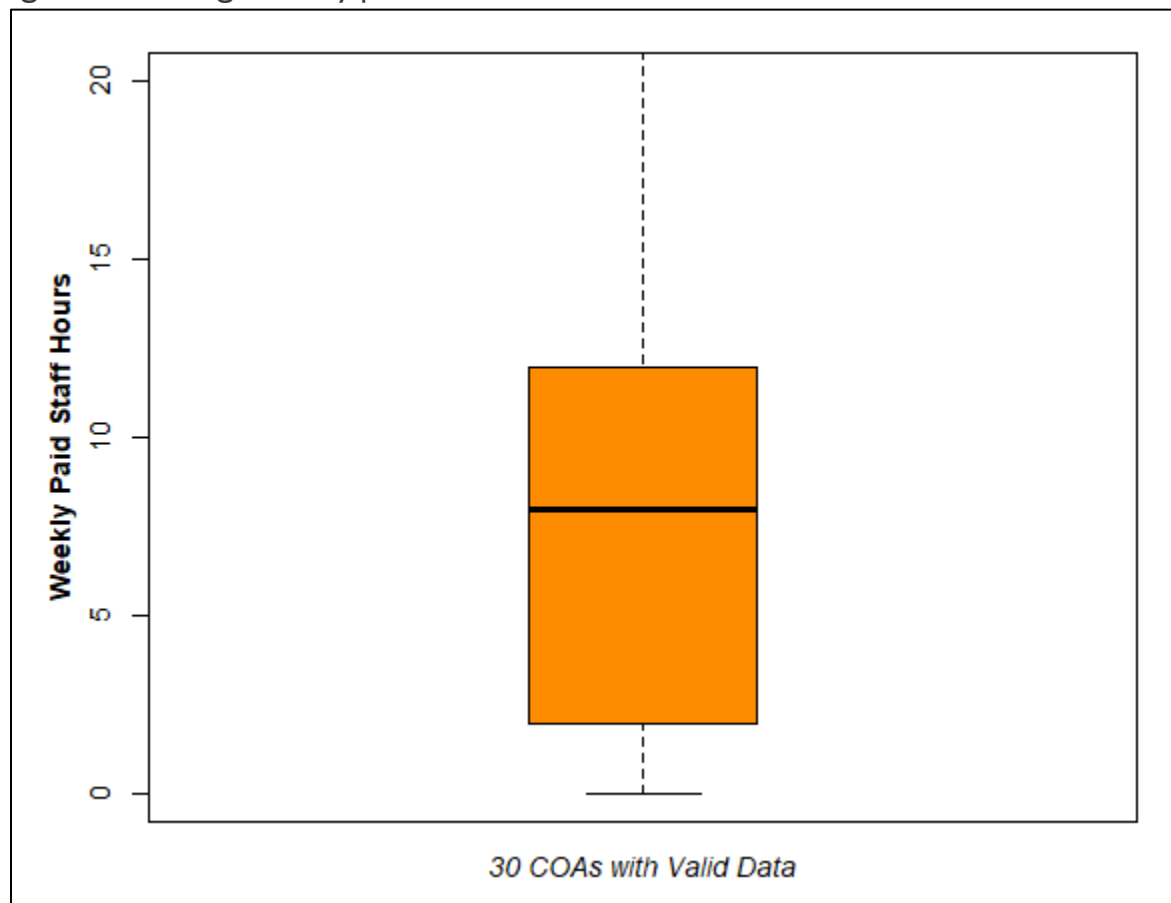
To minimize administrative burden, the Executive Office of Aging & Independence (AGE) asked COAs in municipalities with fewer than 500 older adults to complete an abridged version of the online form that requested:

- 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

Personnel

For these COAs, the median number of weekly paid staff hours was 8 (Figure F.1).

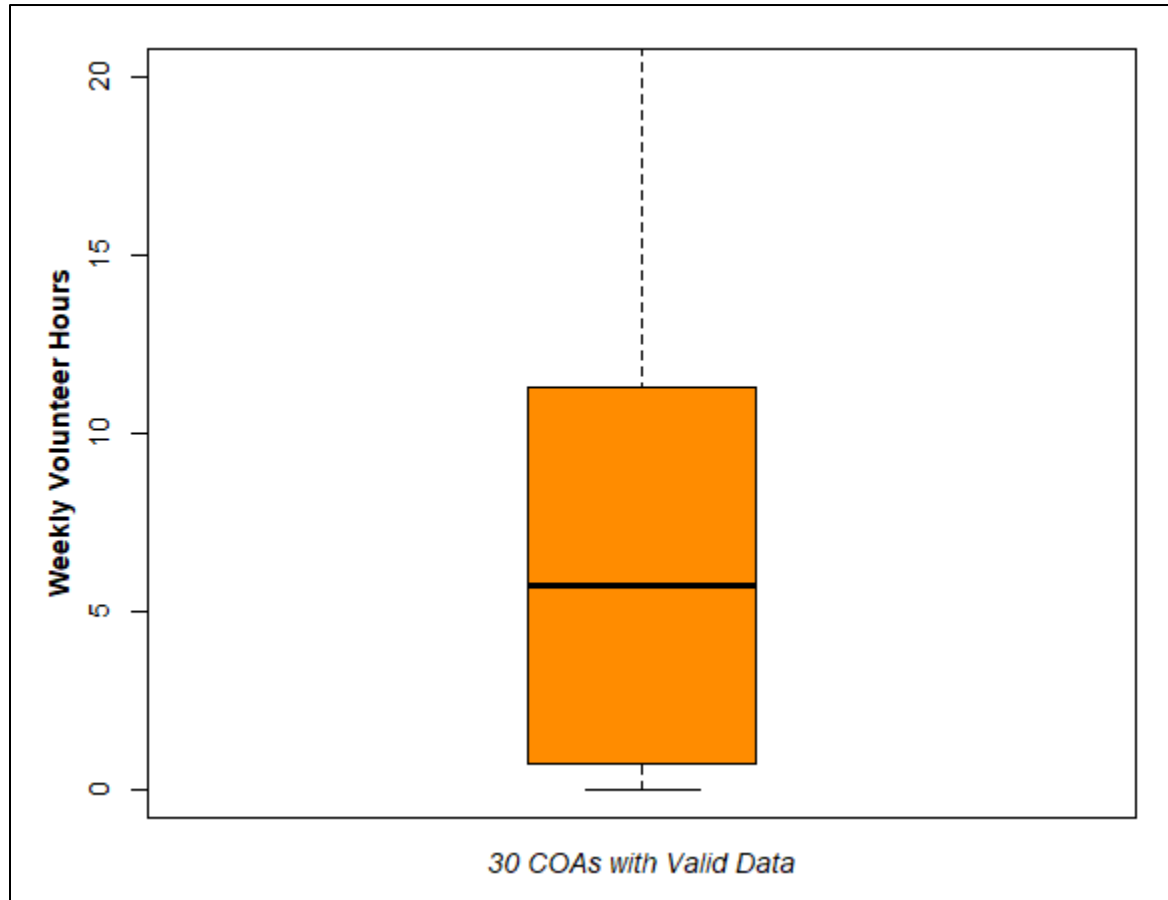
Figure F.1. Average weekly paid staff hours (< 500 older adults)



Notes. The maximum value for these COAs was 60 weekly hours. Seven COAs reported zero weekly staff hours.

The median number of weekly volunteer hours was approximately 6 (Figure F.2). COAs reported 279 volunteers.

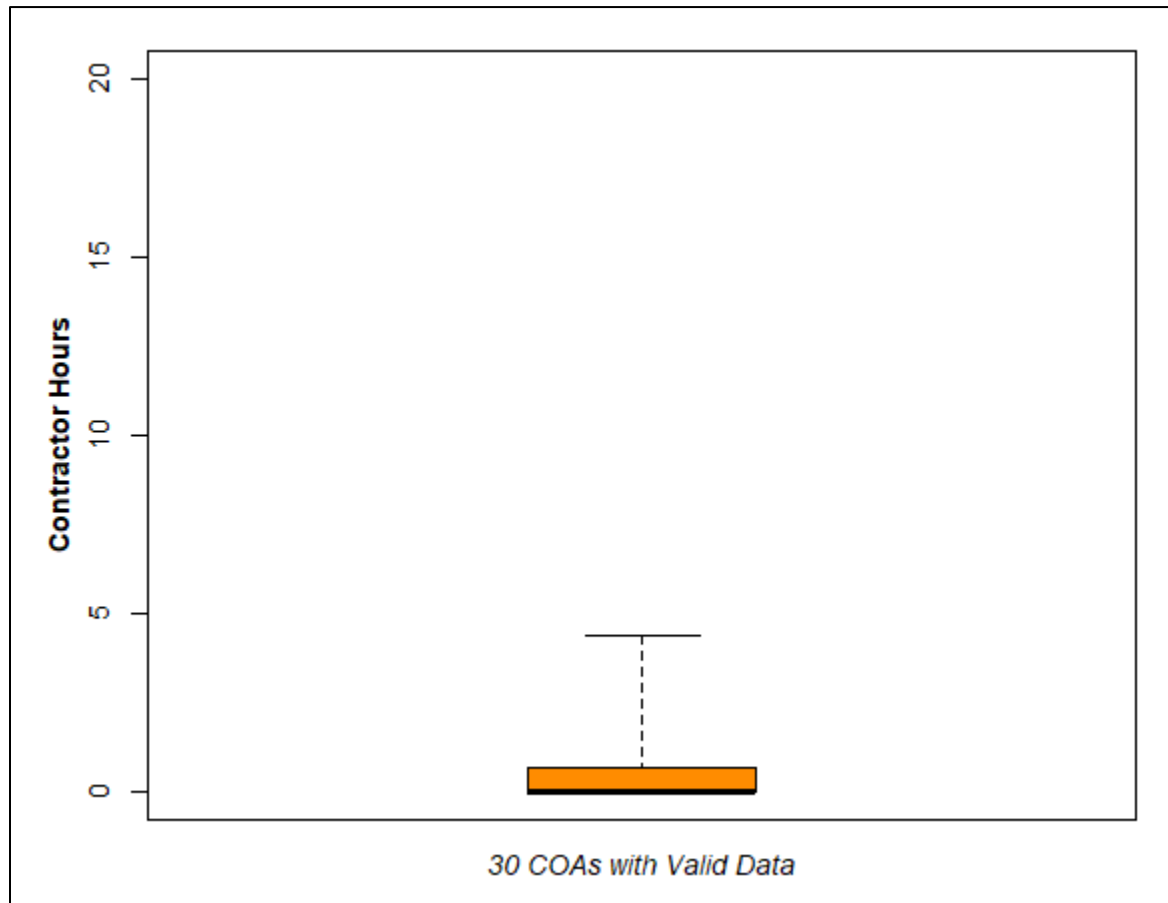
Figure F.2. Weekly volunteer hours (< 500 older adults)



Notes. COAs reported total annual hours; AGE divided this number by 52 to calculate weekly hours. The maximum value for these COAs was 38 hours.

Most COAs did not use contractors, and those that did only used contractors for a few hours a week (Figure F.3).

Figure F.3. Weekly paid contractor hours (< 500 older adults)



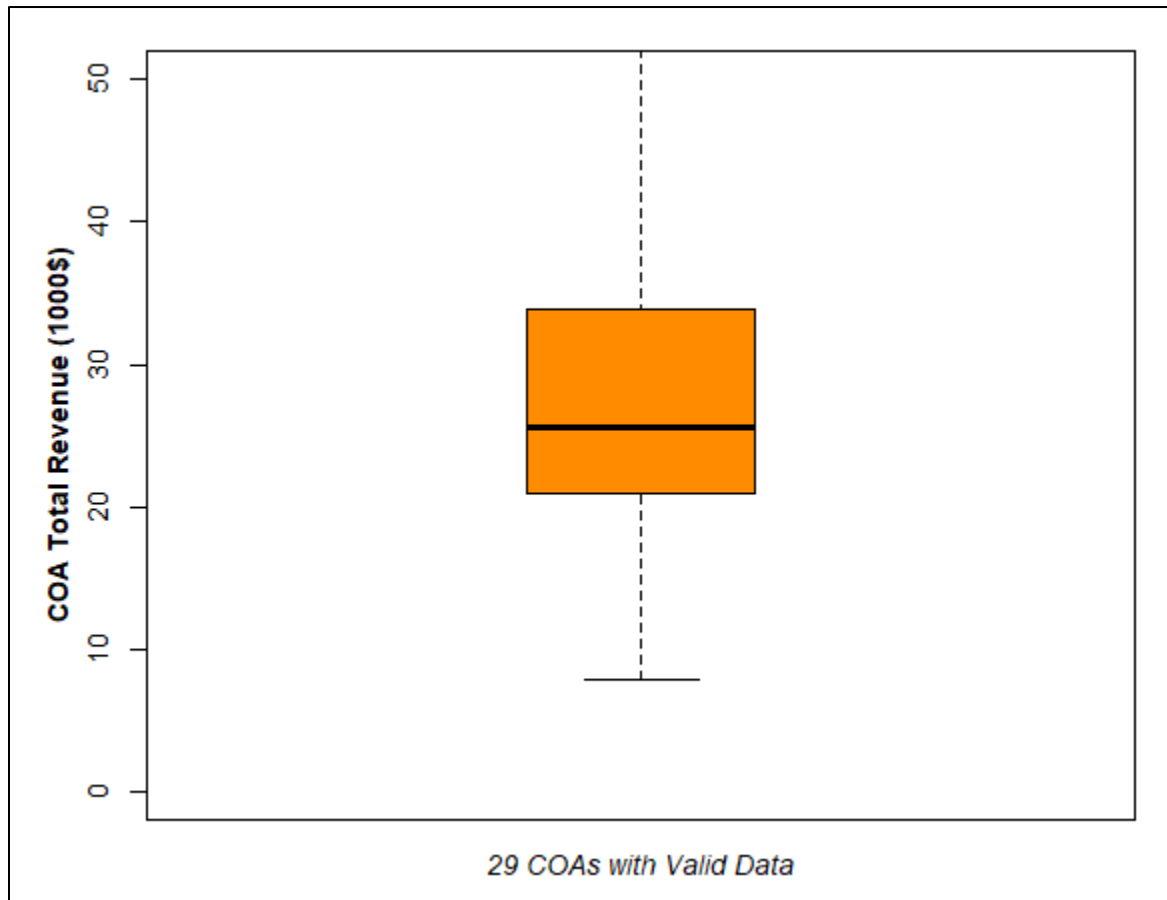
Notes. COAs reported total annual hours; AGE divided this number by 52 to calculate weekly hours.

Box plots are not presented for SPTW individuals and interns, as they were rarely used—two COAs reported using SPTW individuals and none reported engaging interns.

Revenues

The median total revenue for COAs in these small towns was approximately \$25,000 (Figure F.4). In total, smaller COAs collectively reported \$1,007,808 in revenues.

Figure F.4. Total COA revenues (< 500 older adults)



Notes. The maximum value for these COAs was \$208,449.

Compared to COAs in larger municipalities, COAs in these smaller towns received a larger percentage of revenue from AGE (median = 28%) less from their municipal governments (median = 24%) and a higher amount from other sources (median = 48%), see Figures F.5, F.6, and F.7.

Figure F.5. Municipal funding as percentage of COA revenue (< 500 older adults)

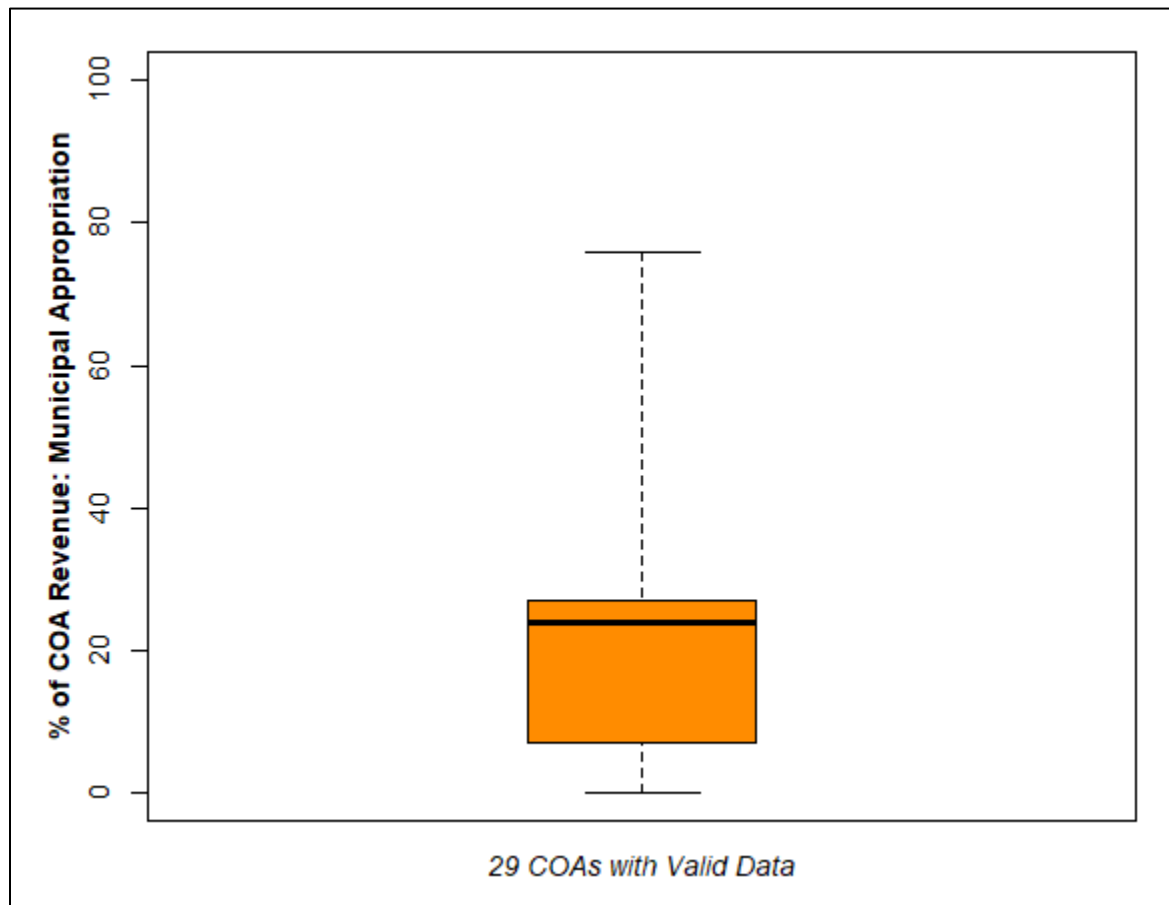


Figure F.6. AGE appropriation as a percentage of COA revenue (< 500 older adults)

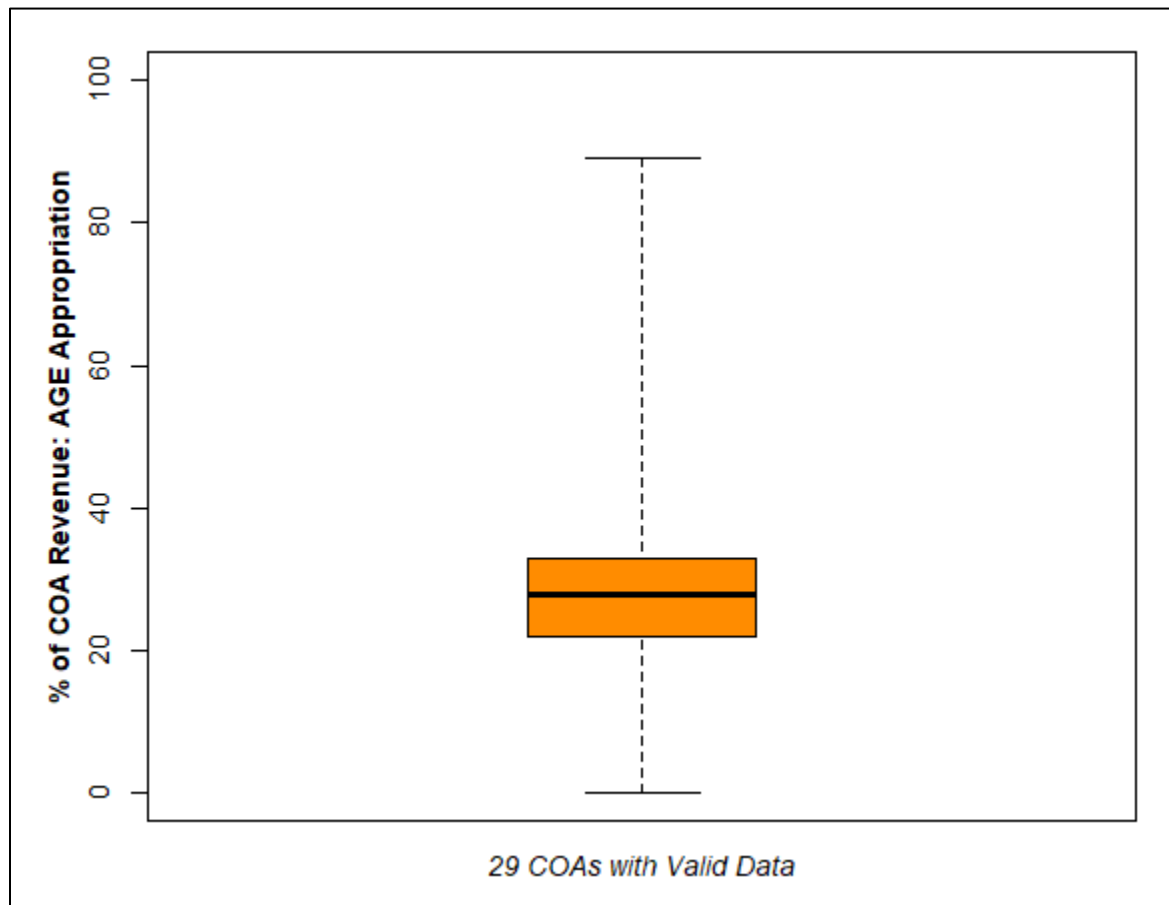
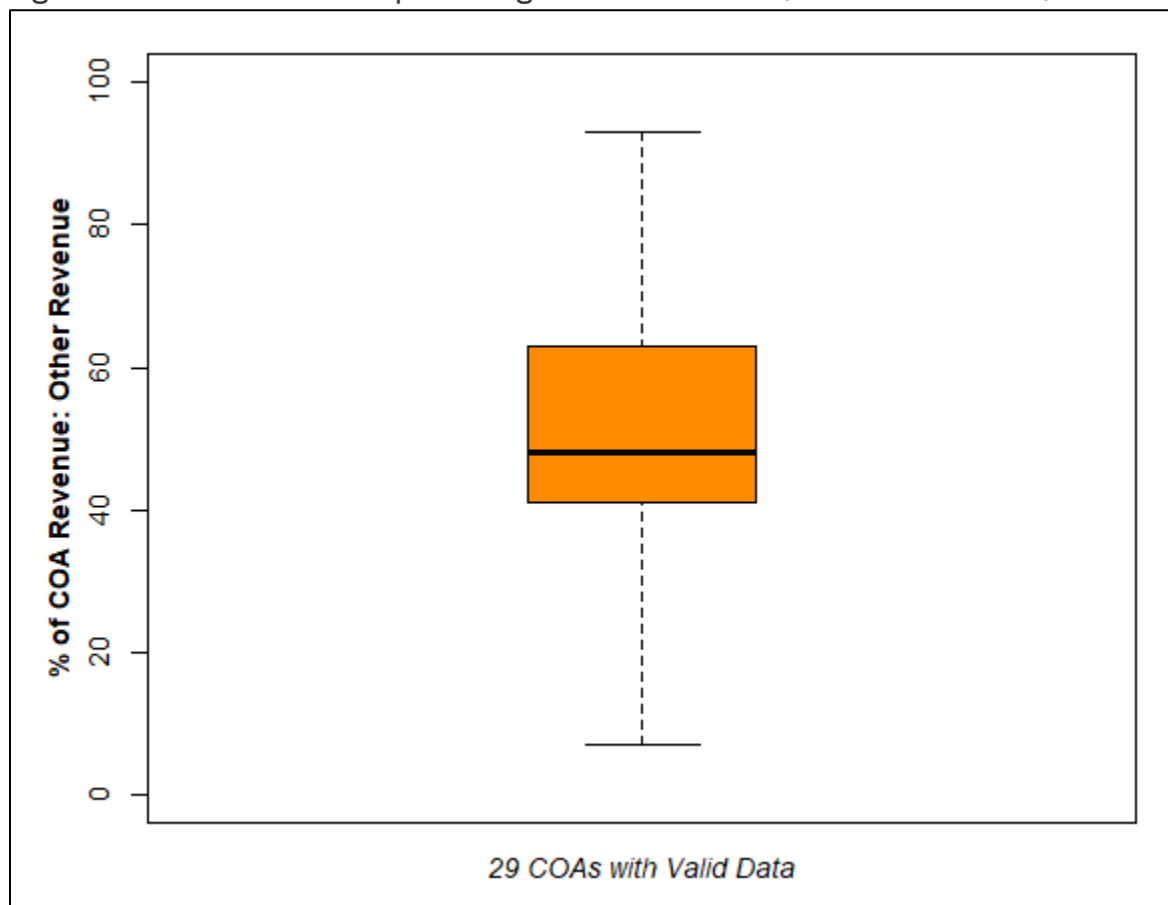


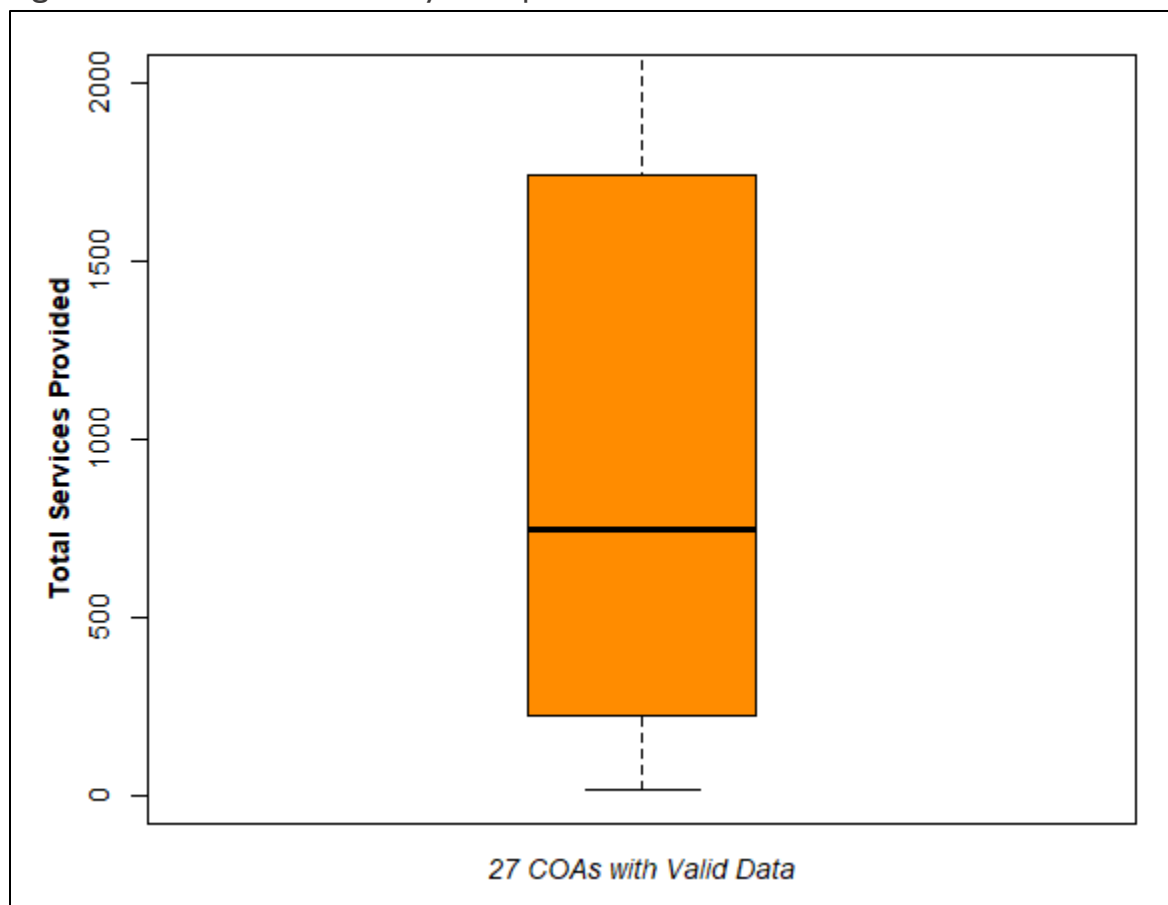
Figure F.7. Other revenue as percentage of COA revenue (< 500 older adults)



Services and Activities

The median service units provided in FY24 was 750 (Figure F.8).

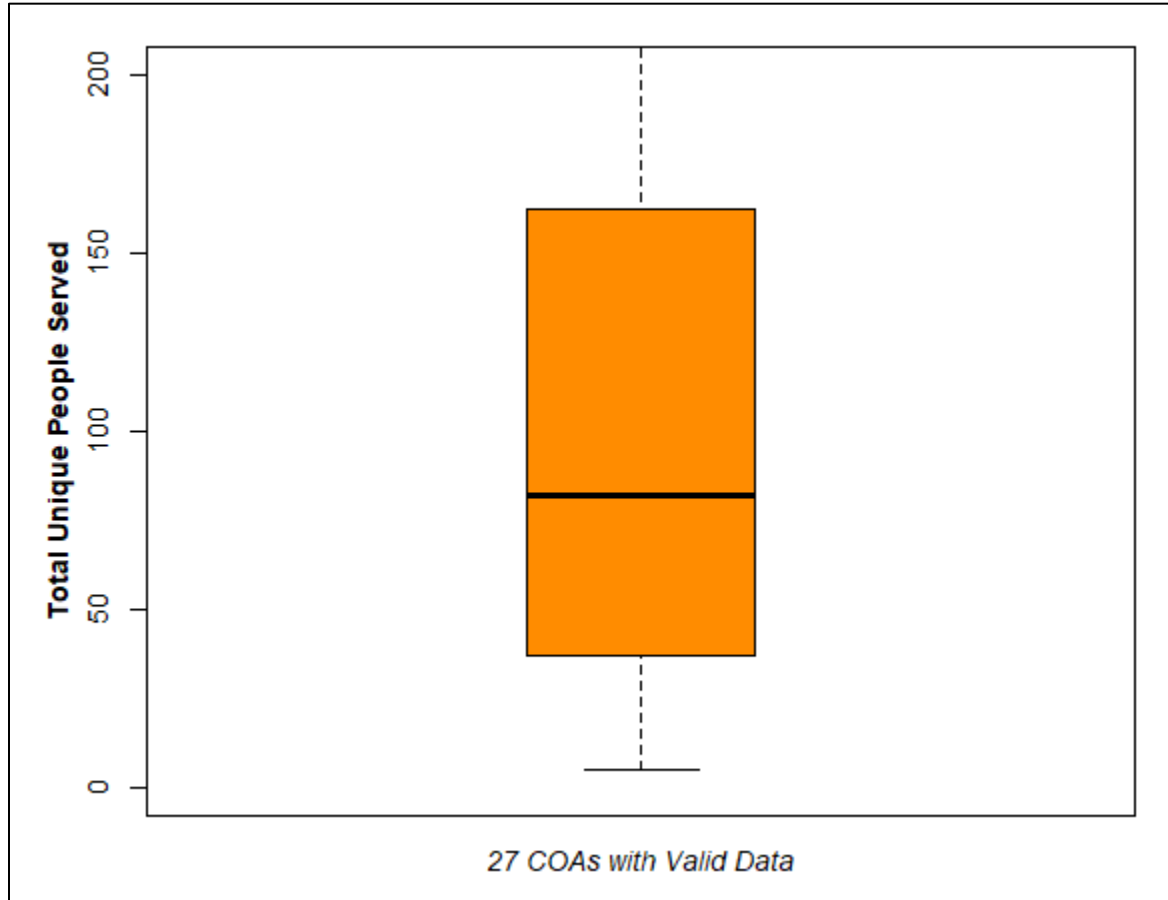
Figure F.8. Total service/activity units provided (< 500 older adults)



Notes. The maximum value for these COAs was 12,988 service units.

The median number of different people served by these small COAs was 82 (Figure F.9).⁸ Cumulatively, smaller COAs reported serving 3,634 unique people.

Figure F.9. Total unique participants (< 500 older adults)



Notes. The maximum value for these COAs was 500 unique people served.

Appendix G. Data Collection & Validation

Massachusetts COAs submitted data to the Executive Office of Aging & Independence (AGE) via an online form, and some COAs also provided permission for their database provider to share data with AGE. AGE processed and analyzed the data. Information on the population of older adults in each municipality is from the 2020 U.S. Census.

Data Collection

In February 2025, AGE emailed all COAs asking them to submit their annual report data by March 2025. 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).”

AGE requested that all COAs in larger municipalities submit some annual report data by completing an online form that collected information on senior center operating hours, personnel, and revenues. COAs could choose how to provide information on their services and activities. Most Massachusetts COAs use an online database system that enables older adults to automatically register and attend activities,⁶ and COAs could provide permission for the system provider to share the activities information with AGE.⁷ Alternatively, COAs could manually enter and submit their activities data using the AGE online form.⁸

AGE asked the 39 COAs in towns with fewer than 500 older adults to submit information using a different online form. To minimize the burden on these small COAs, this form requested much less information (see Appendix F).⁹

Of the 311 COAs in municipalities with 500 or more older adults, 308 completed AGE’s online form, of which 164 COAs allowed the database provider to provide activities data to AGE. Of the 39 COAs in towns with fewer than 500 older adults, 29 COAs completed the online forms. Roughly 99% (308/311) of COAs in larger municipalities and 74% (29/39) of COAs in small towns with fewer than 500 older adults provided at least some data to AGE. The submitting COAs were in municipalities that include 99.7% (1,696,603/1,702,365) of Massachusetts older adults.

⁶ Roughly 75% of Massachusetts COAs use the same database provider.

⁷ In the database system, COAs create their own categories for activities and services. To align these categories with the AGE categories used in this report, AGE staff assigned each COA category to an AGE category.

⁸ The online database activities data appears less likely to be estimated. For the manually entered data, roughly 27% of non-zero values ended in a zero. In contrast, the database activities data was less affected by the *round number bias*, with only 8% of non-zero values ending in a zero.

⁹ COAs in small towns often had low response rates to previous AGE data requests that requested the same information as larger COAs. For COAs with a single part-time staff who typically worked a day or less per week, fulfilling such a request might not be feasible.

Consortia

In four instances, two or three neighboring COAs submitted data as a consortium (that is, one submitting COA submitted data for multiple COAs). AGE reports each consortium as one COA, such that the ten consortia COAs are considered four COAs in this report. For each consortium, AGE summed the population in the consortium municipalities to categorize the consortium's population of older adults.

Missing Data

While completing the online form, some COAs left some fields blank.

For personnel, revenues, or demographics, when respondents completed some fields and left others blank, AGE imputed zeros for the blank fields, assuming that COAs meant to indicate zero for the blank categories. If COAs did not complete any personnel/revenue/demographic fields, AGE left all the fields blank.

For services and activities, when COAs left both the services provided and unique people fields blank for some activities, AGE imputed zeros for the blank fields, assuming the double blanks most likely resulted from respondents intending to indicate that the COA did not provide those specific services/activities. For the 25 COAs that did not provide data for any services/activities, AGE left all fields blank.¹⁰

Data Validation

When a COA submitted inaccurate or inconsistent data, AGE converted the inaccurate or inconsistent data to blank fields (also known as missing data) or the correct value.

AGE corrected the following assumed personnel error:

- When a COA reported that staff, on average, worked more than 50 hours per week, AGE set paid staff hours to missing

AGE corrected the following revenue errors:

- When a COA did not report an AGE appropriation or reported an appropriation of less than \$7,000 (all COAs received at least \$7,000 from AGE in FY24), AGE imputed the correct appropriation¹¹

¹⁰ If AGE did not impute zeros and respondents meant to indicate zero services/activities, the reported statistics in Table E.2 would overestimate the percentage of COAs providing the service/activity because COAs that mean to indicate zero would be classified as missing and thus excluded from the denominator.

¹¹ Some COAs were unaware of AGE's name change in early 2025, and would not have understood the category.

AGE corrected the following activities/services inconsistencies:

- When a COA reported that the total services provided for a specific activity were greater than zero but there were zero total unique participants for the activity (a logical impossibility), AGE changed the total unique participants to missing for that activity
- When a COA reported that the total unique participants for an activity was greater than zero but that zero total services were provided for that activity (a logical impossibility), AGE changed the number of services provided to missing for that activity
- When a COA reported the total number of unique participants for an activity was greater than the number of services provided for that activity (a logical impossibility), AGE changed both fields to missing for that activity