

Councils on Aging Annual Report



FY 2025

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, transportation, 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 annual report serves as a compilation of data and resources submitted to the agency for Fiscal Year (FY) 25 (July 2024 – June 2025). The submitted information includes both qualitative data (short-answer responses describing challenges, innovations, and emerging needs) and quantitative data (structured “fill-in-the-blank” and selection-based responses capturing service volumes, staffing, budgets, and program activities). This report provides an overview of successful practices by COAs to help policy makers, stakeholders, and the public understand and appreciate the depth and breadth of services provided by COAs, and to facilitate the sharing of ideas and best practices across the 350 COAs in Massachusetts.

The first part of this report highlights the emerging challenges COAs are facing and the innovative strategies COAs are using to address them, as described by Directors in their qualitative survey responses. As AGE reviewed this year’s COA submissions, one message came through consistently: in a year of rising costs, tightening housing markets, and widening access barriers, Councils on Aging served as Massachusetts’ front line for older adults with considerable social and economic need.

Across communities, COAs described meeting a critical need by reaching people who might otherwise be missed, reducing barriers to participation, partnering locally, and stretching limited resources to make a bigger impact. Submissions reflected many dimensions of this work, including serving Massachusetts through difficult times, building resilience, finding better ways to serve people, and piloting innovative responses to current pressures. The submissions point to a simple through-line that prioritizes protecting and serving the most vulnerable older adults first, even when that requires difficult tradeoffs about what can no longer be sustained.

This report is not meant to be an exhaustive list of every new exciting or visible program or facility upgrade. Instead, it focuses on the behind-the-scenes work that kept older adults stable when resources were tight, including food, housing, transportation, benefits navigation, and social connection. The examples selected show how COAs reduce barriers, improve access, and keep older adults from falling through the cracks while supporting safety, dignity, and connection.

The report appendices present statistics from the quantitative survey data collected, including 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.

COAs at a Glance

- During FY25, 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 1.4 million hours of their time.
- COAs reported operating 265 senior centers in Massachusetts, offering older adults a place to build friendships, access services and benefits, learn, exercise, and more.
- COAs delivered over 859,937 home-delivered meals and served 774,967 congregate meals.
- Approximately 90% of COAs hosted exercise and fitness activities attended by 77,122 unique individuals.
- COAs provided over 380,000 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 21,000 individuals participated in health screenings for hearing and vision impairments, high blood pressure, and other conditions for which early detection can be critical.
- Over 30,000 people received wellness checks and visits from COA staff and volunteers, promoting well-being and reducing isolation.
- Over 75,000 people received assistance accessing and applying for health insurance, fuel assistance, the Supplemental Nutrition Assistance Program (SNAP), and other benefits through COAs' on-site SHINE counselors and outreach staff.
- Nearly 37,000 people received case management and mental health services, including help connecting to supports that can enable older adults to remain in the community.
- Over 27,000 people received tax, financial, or legal assistance at their senior center.
- Nearly 11,000 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.



The Front Door to Stability for Older Adults in Greatest Social & Economic Need

COAs are often the front door to aging supports, providing a welcoming, low-barrier entry point where residents of all backgrounds and incomes can connect with one another through social, educational, or wellness programming. While some individuals come to the COA specifically for help accessing a service or resolving a crisis, many come for camaraderie, lifelong learning, crafting, fitness classes, and other activities.

Over time, COA participants gain familiarity with aging services promoted and offered at the senior center and build trusting relationships with knowledgeable COA staff. These individuals may be more likely to confide in staff and access services as needs emerge - when interventions are most effective - rather than waiting until the situation intensifies and may lead to irreversible consequences.

For example, a participant may quietly share that they are overwhelmed caring for a spouse with dementia. Staff can connect them to respite, support groups, and in-home services before burnout leads to a crisis or hospitalization. Or a participant may disclose that they are behind on utilities and be connected to fuel assistance programs before a shutoff creates a health and safety emergency. Another might mention a suspicious call or text and be referred to scam prevention and consumer protection resources before a financial loss occurs. COA participants may also serve as informal ambassadors to their friends and neighbors, introducing them to programs and services they may not yet know about.

COAs are thus well positioned to identify older adults in their communities with the greatest social and economic need.

Serving the Greatest Social and Economic Need (GSN/GEN) means prioritizing older adults facing the steepest barriers to stability. This includes those most impacted by housing instability or homelessness, food insecurity, high utility and tax burdens, limited transportation, limited income, disability or mobility limitations, social isolation, behavioral health challenges, complex chronic conditions or serious illness. It also includes those who face additional barriers due to identity, language, or geography, including those who are LGBTQIA+, have limited English proficiency, live in rural areas, are Native American/tribal elders, or belong to historically marginalized racial and ethnic communities.

Across FY25, COAs increasingly functioned as “stability hubs”, the place residents turn when rising costs, housing pressures, and access barriers push them from “getting by” into crisis. Directors consistently described COAs as front-line infrastructure not only for services, but for stability, connection, and crisis stabilization. They are spaces where older adults come not just for activities, but for help staying housed, fed, safe, and less alone amid uncertainty. This “front door” role is what makes COAs uniquely effective, reducing stigma, building relationships, and creating a natural pathway from social participation to prevention, early identification, and crisis response.

This report showcases innovative examples of how COAs:

- Identify and reach residents with the greatest need,
- Reduce barriers and meet basic needs with dignity,
- Use inclusive programming and everyday touchpoints to connect residents to supports before needs become emergencies,
- Partner locally across municipal departments and with community organizations, and
- Braid resources to expand capacity and impact.

Taken together, these examples highlight how COAs strengthen the full continuum, from connection and prevention to stabilization, by keeping the front door open, trusted, and staffed to respond when needs surface.



Pressures Driving Demand: The Current Environment in COAs' Own Words

AGE annually collects quantitative data on resources leveraged to support older adults and the number of individuals provided with, or connected to, services. AGE also gives COA Directors the opportunity to describe, in their own words, the day-to-day challenges facing COAs and their participants as well as the innovative solutions COAs develop to address them.

Across the Commonwealth, COAs described their work as increasingly focused on helping older adults stay connected and engaged, stabilizing basic needs, and supporting those in need of housing, food assistance, protective services, mobility, and home safety. These growing demands are also occurring at a time when COA report staff capacity and funding are under significant strain.

The challenges may look different in a rural town than in a Gateway City, but the pattern is remarkably consistent: participation is rising and needs are becoming more complex, but staffing, space, and funding have not kept pace. Many COAs reported double-digit increases in daily visitors, rides, social service cases, and meal production, while funding stayed flat or was cut. COAs repeatedly emphasized the tension between being “indispensable community assets” and being among the first municipal departments asked to trim expenses, defer capital projects, or absorb new responsibilities without additional resources.

We at AGE are extremely grateful for the tireless work COA directors and their teams do every day, and for the leaders across the aging network who stay engaged in public service, choosing to lean in rather than step back at a time when hard decisions and tradeoffs are being made. Much of this work is unseen, including quiet problem-solving, crisis de-escalation, and steady follow-up that keeps people safe and connected.

Feedback from COAs across the Commonwealth points to a consistent set of pressures shaping demand for services. The most common themes fall into four major categories.



Basic Needs Under Cost Pressure

Housing, food, and utilities are outpacing fixed incomes.



Social Service Complexity

Needs are growing in volume, complexity, and acuity.



Access Barriers

Transportation and other barriers to participation and reach, including geographic access, communication and engagement barriers (language, culture, stigma, isolation), and digital access can make or break older adults' ability to connect to services.



Funding and Capacity Constraints

COAs now face post-American Rescue Plan Act (ARPA) funding cliffs, flat or reduced municipal budgets, underpaid staff, and outgrown facilities.

How COAs Are Meeting the Moment: Protecting Older Adults with the Greatest Social and Economic Need

This year's COA submissions included a wide range of innovations, from joyful new programs and amenities to major facility upgrades and expanded community partnerships. All of these efforts matter for quality of life and community connection.

However, this report focuses on a narrower slice of that work by highlighting examples of how COAs are supporting older adults with the greatest social and economic need.

This report lifts up innovative examples that show how COAs:



Identify and reach residents with the greatest need



Reduce barriers and meet basic needs with dignity



Partner locally



Braid resources to expand capacity and impact

These are not the only successes from FY25, nor do they represent a single “right” model. Rather, they are practical, high-impact approaches that other communities can adapt to their own context, showing what it looks like in this fiscal environment to put older adults facing the steepest barriers to participation at the center of COA innovation.

Basic Needs Under Cost Pressure

Across communities, there is a widening gap between the basic costs of staying housed, fed, and warm and older adults' fixed incomes. COAs are increasingly stepping in to prevent evictions and homelessness, stabilize utility and food access, and help older adults weather a growing financial squeeze. While these pressures affect all essentials, the most acute crisis, and the one requiring the most complex intervention, is housing.

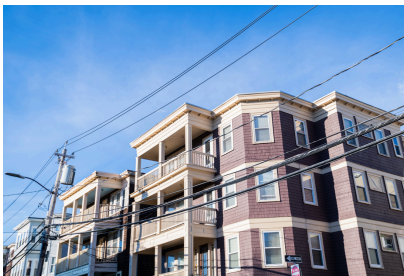


Housing

From rising property taxes to a skyrocketing rental market, housing costs are forcing difficult trade-offs between other essentials such as food, medications, and healthcare. COAs are increasingly stepping in to prevent evictions and homelessness, stabilize residency, and help older adults remain in their homes and communities. Beyond the financial burden, COAs report that housing insecurity is taking a significant toll on older adults' well-being, and the stress can worsen mental health challenges and housing-related crises such as hoarding.



“Lack of sufficient housing for those on fixed incomes has brought them into extreme poverty. Rents have gone from \$750 per month to over \$1,600 per month for a one-bedroom unit.” – Leicester



“(T)riple-deckers” in which seniors had been living for many years are bought and the rents are increased enormously by the new owners.” – Worcester



“Property values, high rents, and limited senior housing options create stress for many older adults who wish to remain in Hadley. Some residents are struggling to balance housing costs with other essential expenses.” – Hadley

Recent Massachusetts legislation making accessory dwelling units (ADUs) legal across the state, along with policies currently under consideration to provide financial assistance to homeowners building ADUs, has strong potential to help alleviate the unmet demand for housing.¹

By leveraging existing resources, COAs helped thousands of older adults in their search for affordable housing or remain in their homes in FY25 through the following activities:

Referrals and Applications to Subsidized Housing

AGE does not currently collect data on specific referral destinations or types of application assistance provided. However, COA narrative responses about this year's challenges suggest that a plurality of the 215,109 referrals, 66,000 benefits counseling sessions (on topics other than health insurance), and 114,890 case management sessions may have involved public housing, rental assistance, and vouchers.

Property Tax Assistance

In FY25, over 200 COAs reported participating in the Senior Property Tax Work-Off program, helping older adults remain in their homes in the face of ever-rising property taxes. Through this program, eligible older adults can volunteer for their municipality to offset their property tax by up to \$1,500 (or lower, depending on the municipality).² Through this initiative, COAs engaged 3,689 older adults as work-off volunteers, allowing them to offset their tax bills by performing essential work right at the senior center!

Additionally, COAs help people age 65 and older apply for the Circuit Breaker tax credit, a refundable credit of up to \$2,820 on Massachusetts personal income tax returns for filers whose property tax (or, for renters, 25% of their rent) exceeds 10% of their personal income.³

“Last year, the Lincoln COA&HS assisted 90 Lincoln residents in total with some form of property tax relief, including two brand new property tax relief programs: the <65 years old Low-Income program and the Lincoln Senior Means Tested Circuit Breaker Property Tax Exemption. The Low-Income program has provided \$30,000 of property tax relief in FY25 to households under aged 65. The Lincoln Means Tested Circuit Breaker has provided households over aged 65 with a benefit ‘not to exceed 50% of their property tax bill.’” – Lincoln

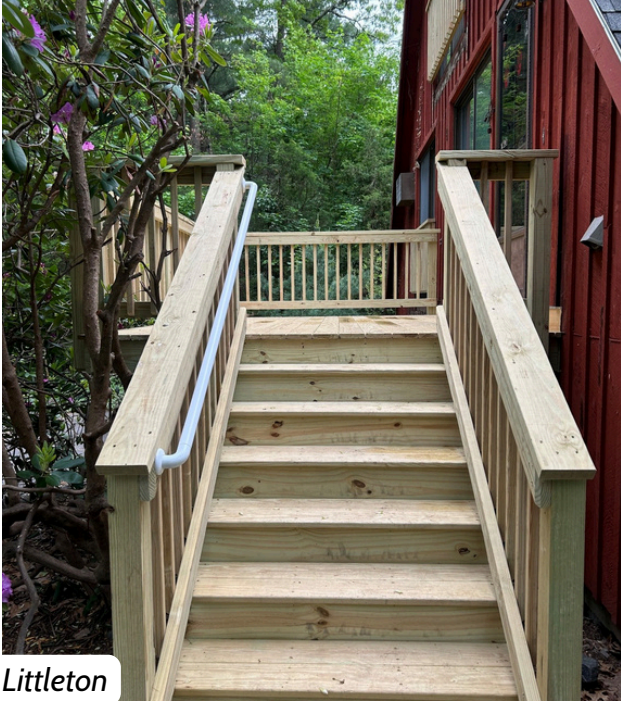
Innovations in Housing

The Framingham COA collaborated with Jewish Family Services to launch a Home Sharing Program, matching older homeowners looking to rent a room or space with other older adults seeking housing.⁴ This creates a win-win in which the homeowner gains valuable income and the renter can continue to live affordably in their community. While making these matches is time-consuming and requires careful vetting (the program made five matches in the first nine months), this initiative represents a promising, highly replicable model. AGE will be watching this development closely to identify lessons and best practices that can be shared with other communities interested in starting similar programs.



Home Repairs and Modifications

Aging in place is a priority for most older adults, but it comes with challenges. Stairs may become daunting, if not impossible, and repairs that were once manageable become harder to maintain. Showers, stoops, and thresholds, once harmless, can quickly become fall hazards. COAs help older adults stay safely in their homes by coordinating volunteer services for home repairs and installing safety features like grab bars or stairlifts. In FY25, 70 COAs provided 2,705 unique individuals with home repairs and modifications.



Littleton

“This Homeowner Small Grant Program was made possible when Littleton received a \$120,000 Housing Choice Grant from the Executive Office of Housing and Livable Communities. This grant allowed us to offer up to \$7,500 for critical home repairs for qualified Littleton Applicants to make modifications to their homes to make it more accessible or more conducive to aging-in-place. Some examples were: moving laundry hook up from the basement to the first floor, installing stair lifts, roof repairs, and front porch stair and railing re-building. Littleton Elder and Human Services fielded nearly

500 housing and home repair related inquiries last year, so adding this grant program to our resource tool kit was a crucial benefit to our residents.” – Littleton

“We’ve partnered with the local Fire Department to secure grants that provide grab bars for our senior residents. We then work with a local home modification company that installs these at a discounted rate. This service has been incredibly well received, and residents are very grateful for this collaborative effort. Another successful initiative is our “Sand for Seniors” program, a collaboration between the local Department of Public Works, Fire Department, and Council on Aging. This marks our third year delivering buckets of sand to seniors to help prevent falls during the winter.” – Medfield

Food and Nutrition

Rising food and supply costs are hard on most households, but particularly burdensome for older adults living on fixed incomes. COAs have long met this need by offering home-delivered and congregate meals, often in partnership with their regional Area Agency on Aging (AAA). However, higher food and supply costs paired with growing meal demand are compromising the sustainability of these services, which COAs describe as essential for dignity, safety, and connection.

COAs are reporting increased food insecurity among the older adults in their communities. Mattapoisett noted the COA saw a sharp rise in food insecurity, with more residents relying on our meal programs and pantry services than ever before. At the same time, donations that help sustain these services are becoming less reliable as older adults' budgets tighten.



*During FY25, we saw a drop in our nutrition donations for both home-delivered meals and congregate dining. We had more patrons dining here, yet fewer are financially able to pay for their lunch.” – **West Springfield***



*“Food Costs and supplies are a challenge. The Monson COA serves Meals on Wheels and congregate lunches daily, Monday through Friday. With the costs of food continuing to rise, it has been challenging to be able to provide the foods necessary to serve these meals and follow the guidelines that are necessary for our seniors.” – **Monson***



*Every meal represents more than sustenance; it symbolizes dignity, safety, and community connection. Our community’s support is more important than ever to ensure that no older adult in Duxbury goes hungry, feels forgotten, or is left without the care they deserve.” – **Duxbury***

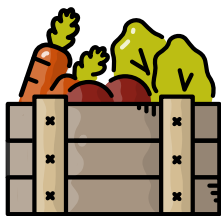
In the face of these mounting pressures, COAs continue to address food insecurity through nutrition-related risk screening, education, and counseling. Senior centers provide community meals and home-delivered meals to reduce malnutrition and hunger, and to boost social connection and overall wellbeing. These programs help older residents maintain independence so they can continue to live in their homes and communities of their choice.

In FY25, over 72,000 older adults received home-delivered meals through their local Council on Aging. This program offers a vital lifeline to the Commonwealth's most vulnerable residents. Fifty-nine percent of all home-delivered meal recipients report that the service provides over half of their daily food intake, and one-third report that without the program there would be a shortage of food in their home. Additionally, 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 these meals help them to continue to live independently.



COAs provided over 770,000 **congregate meals** in FY25. These programs offer a nutritious meal and an opportunity to build friendships, while also serving as a gateway to other vital services provided by the COA.

Over 12,000 individuals were able to supplement their food budgets through these services in FY25. This support includes “**brown bag**” programs, where participants pick up bags of groceries provided for free or at a discount to the COA by local supermarkets.



Additionally, COAs offered **food shopping assistance**, **farmers market coupons**, or **food pantry services**. For example, the Lakeville COA food pantry operates by private appointments only and uses a separate entrance to protect confidentiality, reduce stigma, and support discreet access.

Nutrition Stories from COAs:

We started a team of volunteers who are taking on the residents that need help from the local food bank (Loaves and Fishes). It started with two volunteers, and our Assistant Director, Lisa Rosen, and has grown that number to five volunteers. They help anywhere from 5-12 people at any time. The volunteer talks with the resident and helps them place their order for the food, then the volunteer goes and picks up the food from the pantry and delivers it to the resident's home. These are homebound residents who have no way to get out and pick up the food, so it has become a beneficial program for those who are most needy. Before this, we just made the referrals, but what we are doing now is taking more of the lead and responsibility.” – Harvard



Harvard



“In conjunction with our local transportation authority, we offer a ‘Wednesday Shopping’ program providing free door-to-door transportation to all neighboring grocery stores. Twice a month a mobile food truck pulls up and offers free produce, eggs and other pantry items for area residents with no application required.” – Rockport

Nutrition Stories from COAs Continued:

“We worked very hard to become a more food secure community, offering many food options at no charge to our senior residents. Our Food Pantry operates out of our senior center. We are averaging 1,000 lbs. of food being checked out each week. We also dispense the brown bag (mobile market) from Greater Boston Food Bank. Throughout the summer months we partner with AgeSpan to dispense the Local Harvest each week with fresh fruit and vegetables to 22 families. We deliver premade lunches from St. Basils and deliver weekday Meals on Wheels. We also have a pet pantry where we partner with Positive Pantry dispensing pet food and cat litter at no cost to our seniors.” – Salisbury



Salisbury

Social Service Complexity

Social Service needs are growing in volume, complexity, and acuity. COAs report that more older adults now require hands-on navigation and ongoing case management, rather than information and referral alone. Staff are increasingly managing intersecting challenges tied to poverty, chronic illness, behavioral health, cognitive decline, hoarding, and crisis response. The “social work” function of COAs has expanded dramatically, without corresponding increases in staffing or funding to support this level of intensive assistance.

Social Service Stories from COAs:

“On a daily basis, we meet people without adequate financial resources, with poor health and/or chronic health conditions, mental health concerns, including hoarding behaviors, along with those who are unable to access technology resources necessary to live in today’s world. More of our work is becoming social services work with the local Aging Service Access Point and housing authority sending over seniors to us for their assistance.” – Beverly

“Few organizations can meet the complex needs of these high maintenance residents, leaving COA staff to act as de facto case managers and vital lifelines... Many seniors cannot advocate for themselves or handle crises effectively.” – Stow

“Our Director and Outreach Coordinator are now going on home visits and actively managing cases beyond just information and referral. Specifically, we have a very high rate of hoarding and behavioral issues. Among those with cognitive decline, there is a range of unsafe behaviors including hoarding, wandering, financial abuse, etc. We work very closely with Adult Protective Services, Elder Services of the Cape and Islands, our Town Social Worker, Town Public Health Nurse, Health Agent, Police Community Services Officer, and Fire Department.” – Sandwich

“More older adults than ever before sought assistance with housing instability, SNAP benefits, utility support, and emergency financial relief. Many seniors who had previously been self-sufficient found themselves navigating new financial hardships due to inflation, rising energy costs, and limited affordable housing options.” – Winchendon

Homelessness and Crisis Response

In many communities, the expanded social work function now includes crisis response for older adults experiencing homelessness or severe behavioral health challenges, often requiring rapid, coordinated action with public safety and human services partners.



“Our Senior Center’s innovation this past year centered on expanding how we serve unhoused older adults and individuals with significant mental health histories. We strengthened partnerships with the Board of Health and the Pittsfield Police Co-Responder Unit to ensure rapid, coordinated support. In addition, we began leveraging public court records to identify legal guardians and responsible parties for individuals with complex health conditions. These strategies have allowed us to reach highly vulnerable populations who are often disconnected from traditional service systems, ensuring they are not left behind.”
– **Pittsfield**

“Collaboration with the Fairhaven Police Department’s Mobile Outreach Team allowed for direct assistance to older adults experiencing homelessness, mental health challenges, or food insecurity. This model helped identify high-need residents earlier and connect them to case management, transportation, and benefits enrollment. Staff responded to a number of after-hours calls regarding wellness checks, emergency housing situations, and support for individuals experiencing food insecurity. When needed, staff arranged next-day intake appointments, emergency food deliveries, or transportation.” – **Fairhaven**

Benefits Counseling and Application Assistance

In FY25, COAs provided health benefits counseling and other counseling and application assistance to more than 75,000 older adults, helping them access behavioral health services, veterans' benefits, fuel assistance, SNAP, health insurance, and other essential programs and supports.

Many COAs have a SHINE (Serving the Health Insurance Needs of Everyone) counselor on staff, providing up-to-date, unbiased information and decision support on Medicare, MassHealth, and other needs-based benefits.⁵ Others offer dedicated on-site office hours with their regional SHINE counselor.



In the fall of FY24, Age Strong piloted a Medicare Open Enrollment series, organizing and hosting 8 day-long events at various community-based locations. Each event was staffed with SHINE counselors (Age Strong staff and partner staff, including AGE) who assisted older adults with reviewing their existing coverage and helping them to identify their best coverage options for the year ahead. The success of the pilot led to a significant expansion in the fall of FY25, with 19 Medicare Open Enrollment events delivered across Boston neighborhoods.



Age Strong also launched a new community-based Benefits Enrollment series in the spring of FY25, with a focus on property tax relief. Age Strong organized and hosted this 16-event series, bringing together partner organizations and City departments to offer in-person eligibility screening and application assistance for benefits such as tax exemptions, tax deferrals, and other potential savings, including the Medicare Savings Program, Senior Circuit Breaker Tax Credit, SNAP, Fuel Assistance, and more.” – Boston



Behavioral Health Services

In FY25, COAs provided or connected more than 7,000 older adults to behavioral health services. Some communities, such as Winthrop or Chatham, offer on-site or dedicated behavioral health specialists for their town's 60+ population. Many others were supported through the regional Behavioral Health Outreach for Aging Populations (BHOAP) program, in which behavioral health clinicians work directly with older adults experiencing emotional challenges or behavioral health conditions.⁶ COAs, along with ASAPs and other community-based organizations, are critical BHOAP partners, and four COAs contract directly with the Commonwealth of Massachusetts to deliver BHOAP services.

Transportation and Physical Access

Rural gaps, infrequent routes, and underfunded transit partnerships limit older adults' ability to reach services and can increase isolation when residents cannot reliably get to programs, errands, or medical appointments. For towns without public transit, COA transportation remains a lifeline and a growing capacity challenge, with demand often outpacing vehicles, drivers, and operating funds.

Centers report challenges keeping vans on the road and maintaining a reliable driver workforce due to rising salary expectations, insurance and repair costs, as well as Criminal Offender Record Information (CORI) requirements. Microtransit pilots and Regional Transit Authority (RTA) partnerships have expanded options in some areas, but many COAs still must turn down rides for long-distance medical trips (such as Boston-area specialty care) and for after-hours appointments due to distance and staffing limits.

Transportation Stories from COAs:

The BCOA has extended its hours of transportation, increased outings, and shopping trips, and offered more opportunities for food access by providing bi-weekly supermarket trips. We have expanded our fleet with a MassDOT grant.” – Beverly

Transportation Stories from COAs Continued:

“We continued to expand our Volunteer Driver Program (FISH) by recruiting additional drivers and providing mileage reimbursement. Through grant funding, we implemented a taxi voucher program for reduced-cost rides to medical appointments – particularly those in Boston. We now also provide rides for dialysis, cancer treatment, and other critical medical appointments outside of regular hours through our volunteer drivers.”
– Hull

“A SIG Provision of Transportation Grant provided funding to pay per diem drivers \$21.00 per hour for non-medical transport for otherwise homebound seniors to and from the senior center... Staff have the opportunity to check in with these seniors to check on their wellness and define areas for which they may be eligible for assistance... In FY25, we provided 4,760 activity rides to 133 seniors. The service is expected to expand even more in FY26.” – Weymouth



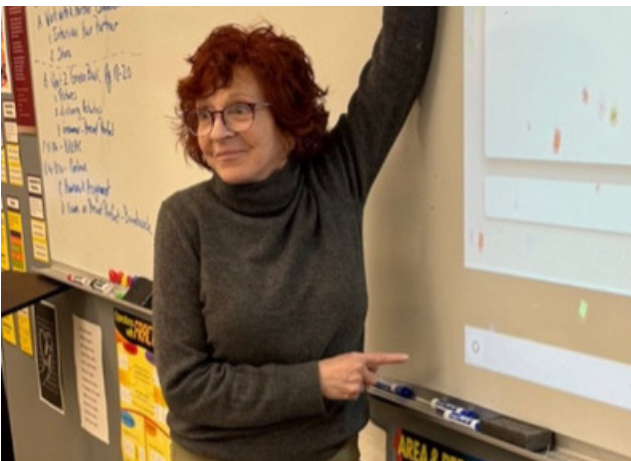
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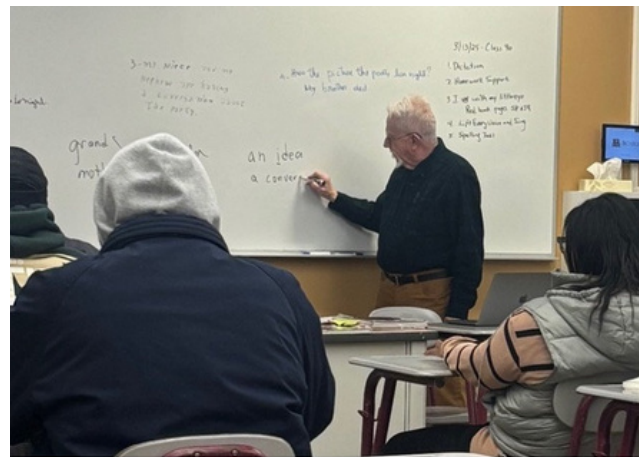
Geographic Access: Meeting People Where They Live

Another way to ensure that COA programming is accessible to older adults without transportation is to offer activities closer to where people live. Boston and Watertown increased participation by providing programming in senior housing and in neighborhoods with high concentrations of older adults.

“One of the things that we focused on expanding in FY25 was connections with our older residents, close to where they live. Age Strong’s area spans 23 neighborhoods, and we know that older residents should not have to come downtown to get the programs and services that they need. We have taken several steps to meet people close to where they live. Age Strong’s Advocacy and Benefits Specialists host regular neighborhood office hours, regularly visit senior housing buildings and senior groups, and table at various neighborhood-based events. Our volunteer programs have over 25 neighborhood-based volunteer stations where our AmeriCorps Seniors volunteers serve to meet the needs of the community. In addition, we have increased the amount of neighborhood-based programming that we are providing, activating five new sites where we are providing regular programming for older people multiple days/weeks.” – Boston



Boston



“Watertown launched an on-site outreach initiative at two public housing sites, reaching older adults who might not otherwise be able to access services. The initiative features social services workshops on social, economic, and mental health supports, as well as exercise programs, home visits, and assistance with care coordination and applications.” – Watertown

Communication and Engagement Access

Across the state, COAs are taking steps to make their programs and services visible and accessible to all residents. COAs are reshaping their spaces and programming so that older adults across identities, languages, and abilities, can fully participate. These innovations span LGBTQIA+ inclusion, multicultural outreach, and practical supports for hearing and vision impairments.

Below are examples of COA outreach and programming efforts that help ensure participation reflects the diversity of their communities.

Multi-Lingual/Multi-Cultural: COAs strive to have their materials and programming reflect the community in which they work. Lawrence, for example, publishes all public materials, including flyers, newsletters, calendars, and program announcements, in both English and Spanish to support equitable access to information, and conducts much of its programming in Spanish. Winchester has begun offering Mandarin lessons to its English-speaking participants so that they can become better acquainted with the many Chinese American residents who come to the senior center.



Winchester



Lawrence

LGBTQIA+: Many older LGBTQIA+ adults came of age in an era when being openly LGBTQIA+ carried significantly higher stigma and risk than today, which led many to hide their identity and experience social isolation. For many, this isolation can carry through to the present day.⁷ With the effects of loneliness among older adults well-documented⁸, it is imperative to provide the older LGBTQIA+ community opportunities for social connection.⁹ COAs provide this through PRIDE events, Rainbow luncheons and LGBTQIA+ history lectures. These events provide opportunity for people from all communities to learn more about one another and make new friends.

“In an effort to make our senior center more welcoming to our LGBTQ+ Older Adult community, we obtained a SIG grant through MCOA to offer 24 free lunches once/month and engaged speakers to discuss topics such as SHINE, dental health, homecare, legal, physical therapy, brain health, etc. this program dramatically increased our participation from this community and several even became volunteers.” – Bellingham

Communication supports for hearing and vision needs: Some COAs are strengthening participation by addressing sensory and communication barriers through assistive technology and on-site supports. For example, the East Brookfield COA provided assistive technology, such as audiobooks and smart watches, to support residents with visual impairments and has volunteers who read mail for individuals who cannot do so on their own.

Another key innovation was updating our audio system in the main meeting and program spaces to include hearing assist devices. This enhancement ensures that residents with hearing challenges can fully participate in programs, presentations, and community events. Coupled with our accessible scheduling tools, this technology upgrade supports an inclusive environment where all older adults can engage confidently. These innovations demonstrate the COA's commitment to leveraging technology and adaptive resources to enhance accessibility, communication, and participation, ensuring that older adults can more fully benefit from the programs and services we offer.” – Concord



Andover

Men: Men, as a whole, are not generally considered to be an underserved population. In many senior centers, however, they can be an uncommon sight. This is unfortunate, given emerging evidence of growing isolation among older men and the difficulty many have cultivating and maintaining friendships.¹⁰ COAs are making a concerted effort to address this challenge by offering programming designed to appeal to men. Many host local chapters of the Dull Men's

Club, where men gather to discuss everyday hobbies, share dad jokes, and celebrate the ordinary. Pool tables, woodworking classes, and men's discussion groups can also attract male community members. Andover provides a weekly repair clinic where mostly male participants fix items that residents bring in for a \$10 fee. Hull's Volunteer Handyperson Program similarly taps residents' practical skills to help neighbors with small tasks and minor home repairs. Beverly has also expanded men-focused offerings through a monthly R.O.M.E.O. (Retired Old Men Eating Out) group and a LEGO Brickbuilders group.

Younger Older Adults: A common reaction among older adults participating in a new program or enrolling in a new service is, "I wish I'd known about this earlier!" COAs strive to reach older adults as early as possible by hosting evening programming, 60th birthday parties to introduce benefits for which they are newly eligible, lectures designed to appeal to younger boomers and older Gen-Xers, and fitness activities that are more rigorous or competitive than standard senior center fare. Many centers have dropped the word "senior" from their name and now go by Community Center, Adult Center, or Center for Active Living to appeal to people aged 60 and over who do not consider themselves to be "seniors." Early engagement helps younger older adults form and strengthen bonds as they age and introduces them to the full array of aging services, benefits, and supports so they can access them when first needed.

People with Dementia and Their Caregivers: 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 the needs of people living with dementia. There are 133 age-friendly communities and 122 dementia-friendly communities in Massachusetts, with approximately 84 advancing both goals.



Groton

“All of our Town Hall and COA staff and volunteers have received Dementia Friend training. We have a 7-person Dementia Action Team that meets monthly to develop programs and advocacy. We’ve created a book swap for all dementia and memory related literature for people to share with others and we started our first Caregiver Support group last November. In addition we have 1 Dementia specific program every 2 months. One of my favorites was an art class for Caregivers and their care recipient, it’s been a really great way for people to connect on another level amidst all of the changes they are facing.” – Groton

Homebound and Socially Isolated Older Adults: Reaching older adults who are homebound or otherwise isolated has been a longstanding challenge for Councils on Aging. Hybrid programming (offered both in person and online, such as by video call) makes COA services available to individuals with limited mobility or transportation access. COAs also offered digital literacy programming to nearly 11,000 people in FY25, helping participants learn to use smartphones/tablets, email, and video calls. This programming makes it easier for COA participants to join hybrid events, especially when getting to and from the COA becomes difficult. An initiative by the Marion COA encourages participants to identify neighbors who may be lonely, isolated, or going through a difficult time and provide them with a friendly note, a visit, a bouquet of flowers, or a home-cooked meal to let them know they are not alone. In FY25, COAs provided 142,426 wellness checks and friendly visits to older adults who live alone or who unexpectedly stopped attending COA events.

Digital Access

Digital access has become essential for meeting basic needs and maintaining independence, whether someone is applying for benefits, completing MassHealth recertifications, using telehealth, managing accounts, or simply staying in touch with family and friends. COAs are responding with low-barrier supports that meet older adults



where they are, including drop-in troubleshooting, access to devices, simple how-to guides, and one-on-one coaching. Many are also leaning into digital safety, as scams targeting older adults become more frequent and sophisticated. Together, these efforts help older adults use essential systems confidently and safely, while reducing isolation along the way. In FY25, COAs provided digital literacy education and technical assistance to nearly 11,000 individuals.

For example, Beverly offered Scam Awareness and Prevention Programming with monthly guest speakers, from local law enforcement to cybersecurity experts, focused on how to spot, avoid, and report scams. Shrewsbury launched an At-Home Technology Support Program, providing one-on-one, in-home help with smartphones, tablets, and computers so residents can access telehealth, communicate, and navigate online services without needing to travel to the COA.

“Building on the foundation created through previous digital equity funding, the COA expanded technology education opportunities for older adults. In addition to structured classes, weekly volunteer led Tech Café drop-in hours were added to offer individualized troubleshooting for phones, tablets, and online accounts. This hands-on support helped residents navigate SNAP benefits, healthcare systems, MassHealth recertifications, and telehealth platforms. To further reduce barriers, the COA increased the number of in-house devices available for training, created simple printed guides for common tasks.” – Fairhaven

Funding and Capacity Constraints

As municipal budgets tighten, COAs report reduced flexibility and growing anxiety about maintaining essential services, even as needs and the aging population continue to rise. Many services and innovations launched with American Rescue Plan Act (ARPA) funding, Service Incentive Grants (SIG), or other time-limited grants are at risk of sunseting as those grants come to a close.

Several centers described active or failed property tax override campaigns, significant mid-year budget cuts, and the possibility of reducing hours or closing if new revenue is not secured. At the same time, expectations from residents, health systems, and municipal leaders continue to grow, creating a widening gap between what COAs are asked to do and the funding, staffing, and facilities required to do the work.

“The Franklin Council on Aging faced several significant challenges during FY25, the most critical of which was a substantial reduction in municipal funding. The funding cut has created ongoing strain on staffing levels, programming capacity, and staff morale.”
– **Franklin**

“In FY25, the primary challenge of the COA centered around securing long-term funding for essential services currently reliant on temporary sources, addressing the increasing rate of senior poverty and coping with facility constraints at the Senior Center.”
– **Brookline**

“We are at a point where any additional cuts will have serious effects on our ability to continuing to offer our current services and programs.” – **Townsend**

“Funding is becoming an increased problem. We are short staffed. At the spring town meeting, the town passed an override and the COA received \$0.00, not due to lack of trying.” – **Hanover**

Several COAs also noted that rigid eligibility rules and outdated asset limits can push more residents to rely on COAs for support, even when municipal resources are tight.

“The reality is that many [older adults] fall into a ‘gray area’, they are not eligible for formal services due to rigid criteria, yet they are clearly in need of assistance.” –

Ashburnham

COAs are also hitting operational ceilings. On the workforce side, they report staff burnout and difficulty recruiting new staff. On the infrastructure side, many are working in aging facilities with limited space, accessibility, and parking. Together, these pressures contribute to waitlists, turn-aways, and safety concerns.

“We have grown over 900% and have limited space capacity... Despite my limited budget, I could grow the COA even more if I had more space.” – **Ashby**

“We need uniform job descriptions and salary rates for all COA positions across the state.” – **Clinton**

“On April 1, 2025, the town did not vote for an override, so our budget was cut in half for FY26. If the override does not pass on December 9th the town will decide whether or not they will close the Senior Center and Library effective June 30, 2026.” – **Stoneham**¹¹

“The growing number of residents age 60+ is resulting in record engagement of our programs and services, but often crowded classes, waiting lists, and staff burn out.” – **Arlington**

“The Edgartown COA continues to face challenges related to the failing condition of our building. While our location is enviable in relation to its historic neighborhood and proximity to the gorgeous Edgartown harbor, the 100-year old former captain's home in which the COA is located has not been regularly maintained, and challenges related to water infiltration and damage, mold, general upkeep, lack of parking, congested traffic, inadequate programming space, and general inaccessibility continue to pose significant challenges to our staff and participants.” – **Edgartown**

While resource constraints are a constant in the social services world, many COAs have developed innovative workarounds to stretch their budgets and make the most of what they have.

For instance, **hybrid programming** became widely popular after the COVID-19 pandemic, as COAs pivoted to remote programs as a way to continue providing services while their centers were closed. Exercise programs, lectures, and discussion groups proved particularly well-suited to remote participation.

After the pandemic, many COAs found they were reaching older adults remotely who had not previously attended senior center activities due to limited mobility, lack of transportation, or other barriers. Hybrid programming became a valuable tool for resuming in-person programming while still reaching older adults who are homebound. Hybrid programming also offers a way to reach more people when space is limited.



Templeton and Bridgewater offered cooking classes online even after all in-person spots were filled. Dalton and Hull attracted snowbirds to hybrid programs, giving residents an opportunity to reconnect with neighbors while spending the winter in warmer climes. Ashby also saw participation in its chair yoga program increase after offering the class in a hybrid format.

“Participants can join in real time either onsite or virtually, ensuring access to physical activities that promote health and mobility. This approach has been particularly effective for seasonal residents, who are able to stay connected and engaged with their peers year-round. Virtual support groups and social gatherings foster meaningful connections among seniors, whether they participate from home or at the COA.” – Eastham

Additionally, **after-hours programs** have become another innovative workaround. Originally devised as a way to make COA activities available to younger older adults with work or caregiving responsibilities, after-hours programming also helps optimize limited space by spreading activities across more hours of the day.



Plymouth

Demand for this approach is reflected in local needs assessment data - the 2024 North Andover Needs Assessment, commissioned by North Andover Elder Services with University of Massachusetts Boston, indicated that 49% of those ages 60-69 yrs, 43% of those ages 70-79 and 32% of those over 80 would attend programs on Saturdays or evenings.

Offerings include support groups for people who are widowed or divorced in Barre, Saturday tech support in Williamstown, and an open mic night in Plymouth. While after-hours programming may place additional demands on staff, it can also expand the volunteer pool to include people who are not available during typical work hours.

“Although we have many successful programs at [the Center Active Living], the Tuesday night Open Mic Night brings in the largest most diverse crowd we’ve ever seen! We’ve welcomed people from a wide variety of backgrounds, interests, and ages, fostering a sense of belonging that keeps people coming come back for more!” – Plymouth

Many COAs reported insufficient **parking** at their senior centers. Parking constraints can become a barrier to participation when lots fill quickly, spaces are too far from the entrance, or parking conditions are unsafe, especially for older adults with mobility challenges. While some COAs are able to leverage transportation services to help residents get to and from activities without a car, Arlington partnered with city government to develop a highly successful COA parking sticker program. The city made 2,500 parking stickers available to COA participants, allowing free parking at meters and in municipal lots for up to four hours, along with extended time limits on streets surrounding the center.

Finally, there are currently at least eight **consortia** of two or more Councils on Aging in Massachusetts that optimize resources by sharing staff, leadership, and space. The towns of Ashfield, Buckland, and Shelburne formed the West County Senior Services District, which was established in state law in 2022 and provides a formal structure for shared direction and fiscal support across the three towns. Other consortia operate more informally, but share a director, board, and senior center space. These arrangements provide a promising model for minimizing the fixed costs of running an agency and maximizing resources available for direct services.



Lessons Learned from Smaller COAs

As writer Max Lucado said, “No one can do everything, but everyone can do something.” Nothing embodies this spirit more than Massachusetts’ 39 small COAs (defined in this report as COAs in towns with <500 people age 60+).

These COAs received the state minimum formula grant of \$7,500 in FY25, and for most, this was the majority of their revenue. Nevertheless, they stretch these dollars to provide outreach, congregate meals, SHINE services, food assistance, transportation, fitness classes, health clinics, lifelong learning, book swaps, coffee hours, durable medical equipment loans, entertainment, craft days, and chore services. In FY25, 4,089 residents in these communities, 35% of their combined 60+ population, participated in COA activities and services.

“The summer series on Aging Well, now in its 10th year, addresses a full range of issues for [older adults] to enjoy a sense of well-being. Participants report that these interactive sessions, facilitated by the COA Director and a retired psychiatrist, are having a cumulative positive effect on their awareness and ability to anticipate and actively manage mental, psychological and physical health.” – Mount Washington

“Seniors have expressed how much they enjoy not only the delicious hot meals, but also the social aspect. The foot clinic brings high quality care right to our rural Hilltown area, and people love our foot nurse. We also had a series of grief support groups that were helpful to those grieving the loss of their spouses.” – Heath

“In FY25 we began hosting a monthly “Lunch & Learn” providing seniors with a nutritious catered lunch and a seminar on a topic that would be of interest to our senior population... This program started slowly but has become a hit and expanded in 2025!” – Granville



How COAs Stretch Resources to Reach Greatest Need

COAs rarely meet the greatest social and economic need with a single funding stream or program. The following examples show how COAs braid funding (municipal, state, in-kind, and grant), staff capacity, volunteers, partners, and community support (including police, fire, and public health) to reduce barriers and stabilize residents who are most at risk of falling through the cracks.

Notably, many examples don't just add new services or programs, they remove friction from existing ones through fare-free transit, private pantry access without income verification, curbside meals, neighborhood-based enrollment, and non-digital scheduling options. These approaches break down barriers, enabling more equitable access and earlier connection to supports before needs escalate.

These examples reflect several common, replicable ways COAs combine resources to solve recurring access and stability challenges.

- **Crisis:** Enable rapid stabilization and risk reduction by coordinating a multi-system safety net when older adults face acute safety threats (e.g., hoarding, wandering, exploitation, homelessness). (Sandwich, Pittsfield)
- **Access:** Enable participation and service uptake by treating transportation as the gateway to meals, programs, wellness check-ins, and other supports, especially for non-drivers and homebound residents. (Winchendon, Weymouth)
- **Food:** Enable consistent nutrition with dignity by combining affordability, flexibility, and low-barrier access (choice, curbside options, pantry privacy), so residents can meet needs without added stigma. (Lakeville, Westfield)

- **Equity:** Enable outreach to under-connected residents by addressing language, cultural, and socioeconomic barriers through targeted staffing and trusted partner pathways. (Haverhill)
- **Caregiver support:** Enable caregivers to sustain care by layering respite, navigation, education, and practical tools/equipment that reduce burden and prevent burnout. (Winchester, Bedford)
- **Benefits access:** Enable earlier, higher uptake of savings and benefits by bringing screening and enrollment into neighborhoods and trusted community settings, reducing travel and administrative friction. (Boston)
- **Preparedness and safety:** Enable prevention and faster response by aligning COA, public safety, and public health around readiness education and clear pathways during emergencies. (Westwood)
- **Aging in place:** Enable safer independence at home by connecting residents to home modifications, assistive technology, and actionable guidance that reduces fall risk and supports aging in place. (Lexington)

Additional examples can be found in Appendix H.

Conclusion

COAs' superpower is not a single program, renovation, tech tool, or flashy initiative. It is the low-barrier, relationship-based entry point that turns everyday participation into early identification, prevention, and faster crisis response before problems become irreversible.

COAs are a core municipal infrastructure for stability, not “nice-to-have” amenities. When margins are tight, they are where many older adults go to stay housed, fed, safe, and connected. In every community, the most impactful work was grounded in serving older adults with the greatest social and economic need, not just those who are most visible, vocal, or well-resourced.

Together, this report shows COAs strengthening their role as a local safety net for older adults. COAs are redesigning programs and partnerships to simplify access, reduce barriers, and support dignity as needs rise and cases become more complex. Many of the most effective changes weren't expensive, they were strategic. They focused on leveraging existing municipal assets, cross-department partners, and everyday touchpoints to reach people earlier and respond faster. These are practical, replicable changes that stretch capacity by braiding municipal, state, federal, grant, volunteer, and in-kind resources.

As needs intensify, COAs are increasingly operating at the crisis end of the spectrum, supporting older adults experiencing homelessness, mental health or substance-use challenges, hoarding, and cognitive decline. This work is often done in close partnership with public safety, housing, and health providers. At the same time, COAs are weaving quieter, high-impact supports into everyday operations, including food access without stigma, home modifications and safety checks, property tax relief, personal needs closets, volunteer networks, and intergenerational programs that reduce isolation and strengthen community ties.

We hope this report serves not only as recognition of that work, but as a practical playbook. Take what fits, adapt it, and share what you learn, so the full COA network can continue to grow capacity, deepen impact, and keep the front door open across Massachusetts.

Endnotes

[1] [Accessory Dwelling Units | Mass.gov](#)

[2] [Highly Recommended: Tax Work-Off | Mass.gov](#)

[3] [Massachusetts Senior Circuit Breaker Tax Credit | Mass.gov](#)

[4] [JFS Home-Share: Innovative Housing Solution That Connects Older Adults & Prevents Homelessness](#)

[5] [Serving the Health Insurance Needs of Everyone \(SHINE\) Program | Mass.gov](#)

[6] [Behavioral Health Resources for Older Adults | Mass.gov](#)

[7] Yang, J., Chu, Y., & Salmon, M. A. (2018). Predicting perceived isolation among midlife and older LGBT adults: The role of welcoming aging service providers. *The Gerontologist*, 58(5), 904-912. [Predicting Perceived Isolation Among Midlife and Older LGBT Adults: The Role of Welcoming Aging Service Providers | The Gerontologist | Oxford Academic](#)

[8] Roy, K., Smilowitz, S., Bhatt, S., & Conroy, M. L. (2023). Impact of social isolation and loneliness in older adults: current understanding and future directions. *Current Geriatrics Reports*, 12(3), 138-148. [Impact of Social Isolation and Loneliness in Older Adults: Current Understanding and Future Directions | Current Geriatrics Reports](#)

[9] Hoy-Ellis, C. P., Ator, M., Kerr, C., & Milford, J. (2016). Innovative approaches address aging and mental health needs in LGBTQ communities. *Generations*, 40(2), 56-62. [Innovative Approaches Address Aging and Mental Health Needs in LGBTQ Communities - PMC](#)

[10] [American Men Suffer a Friendship Recession](#)

[11] We are happy to report that the override passed and the COA is expecting to be funded through FY2027.

Appendix A. Overview of Statistics

These appendices present statistics describing Massachusetts COAs during Fiscal Year 2025 (FY25).

- 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
- Appendix G provides more information on how these statistics were estimated

These appendices report two different types of statistics.

The first statistic type is presented in tables and describes: the resources COAs used to provide the activities/services (such as COAs employed 2,564 full and part-time staff); the total number of older adults who participated in 32 different types of COA activities or services (such as exercise classes or health screenings); and 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).¹ These statistics document how COAs served Massachusetts older adults and the funds, personnel and facilities that COAs used.

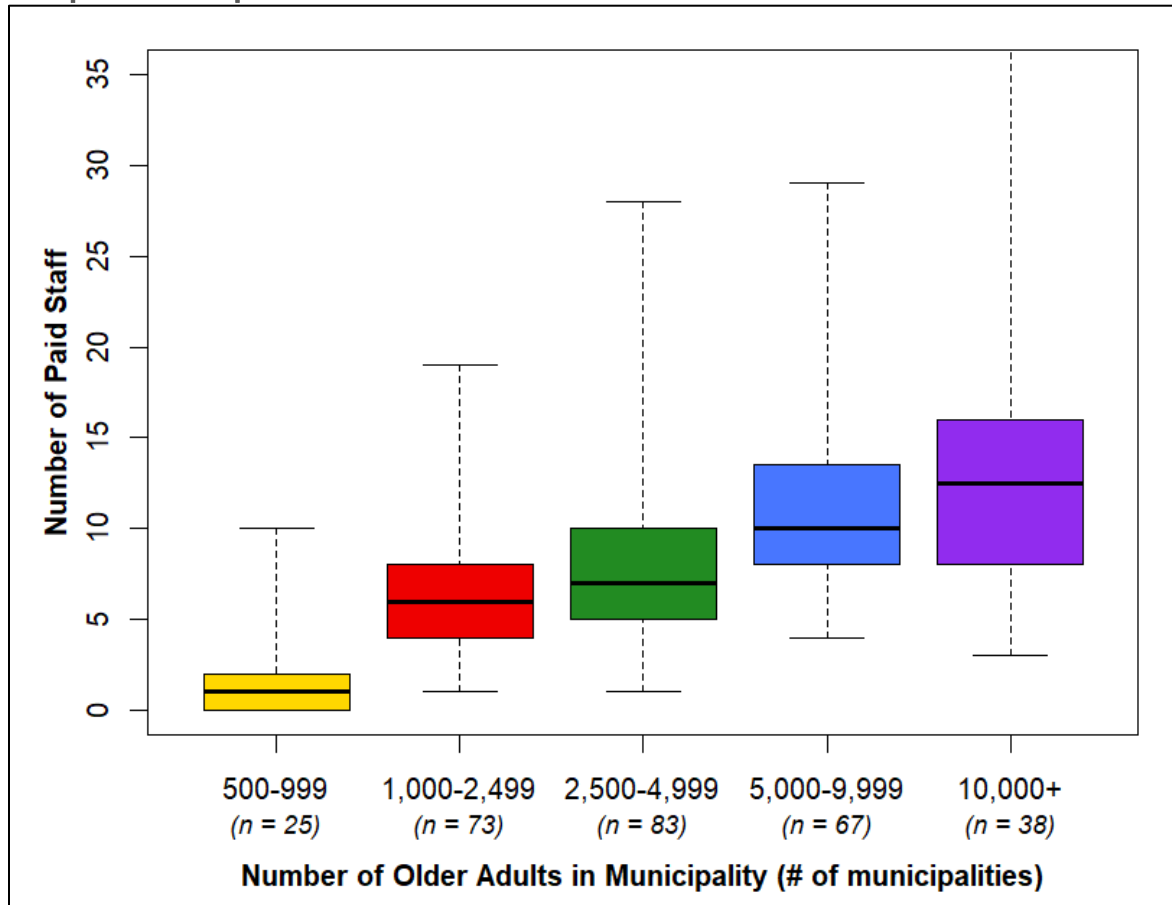
The second statistic type, presented in boxplots, describes how COA services and resources vary by municipality size and the variation between COAs in similar municipalities. For these statistics, COAs are categorized into the following groups: fewer than 500 older adults in the municipality (n=32 COAs providing valid data), 500-999 older adults in the municipality (n=26), 1,000-2,499 older adults in the municipality (n=73), 2,500-4,999 older adults in the municipality (n=83), 5,000-9,999 older adults in the municipality (n=67), 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, half of COAs have a lower value than the 50th percentile (*median*), and 75% of COAs have a lower value than the 75th percentile.

¹ These statistics underestimate actual COA activities and services for two reasons. First, 93% (327/350) 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 unique, as the only COA that is also a federal Area Agency on Aging, receiving significant federal funding to provide specific services.

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 five or fewer paid staff (25th percentile) and the top of the green box indicates that 75% of COAs have ten 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 seven 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 (one 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 (28 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 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 49 paid staff; including this COA in the boxplot would mean obscuring other differences between COAs.³ In the example boxplot,

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

the ends of the dashed line are not displayed for the two largest municipality types.

Appendix B: Personnel

To serve older adults, 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 2,564 part- and full-time paid staff, 17,124 volunteers, 3,689 SPTW individuals, 216 interns, and 2,403 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+	
Paid Staff (n=287)	50	442	696	745	631	2,564
Volunteers (n=281)	466	2,594	4,659	5,672	3,733	17,124
SPTW Individuals (n=283)	35	562	1,201	1,213	678	3,689
Interns (n=287)	0	18	118	51	29	216
Contractors (n=287)	196	313	393	902	599	2,403

Notes. Paid staff includes full-time and part-time staff. 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). The totals listed underestimate the number of personnel as not all COAs provided data to AGE. Additional personnel were employed by COAs in towns with less than 500 older adults.

Most COAs did not employ a dedicated 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 Volunteer 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	9	14	15	9	5	52
No Dedicated Coordinator (performed by other position)	14	51	55	37	18	175
Full-Time Volunteer Coordinator	1	1	6	15	10	33
Part-Time Volunteer Coordinator	1	6	4	6	6	23

Notes. 283 COAs provided valid data.

The most common volunteer roles were food delivery, board member, and instructor (Table B.3)

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

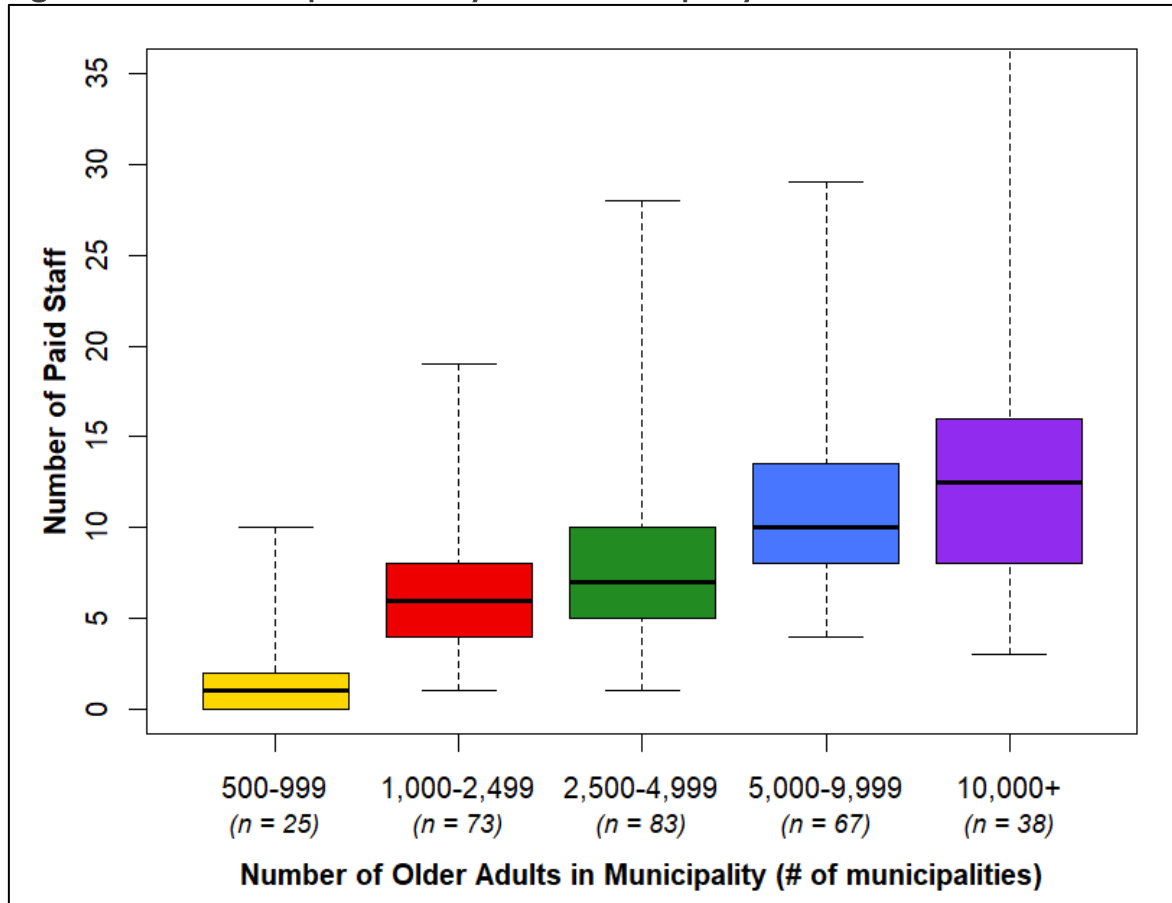
Type of Volunteer	Size of Municipality (number of older adults)					Total
	500-999	1,000-2,499	2,500-4,999	5,000-9,999	10,000+	
Board Member	145	617	780	636	428	2,606
Newsletter/Media	19	154	288	245	148	854
Food Delivery	51	577	1,195	1,102	854	3,779
Instructors	39	352	498	745	371	2,005
SHINE Counselor	11	72	97	233	133	546
Support Counselors	4	47	82	117	65	315
Administrative	21	226	446	904	417	2,014
Professional	23	77	285	321	125	831
Companion	19	121	140	159	140	579

Notes. 281 COAs provided valid data. The totals listed underestimate the number of volunteers as not all COAs provided data to AGE. Additional personnel were employed by COAs in towns with less than 500 older adults.

Paid Staff

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

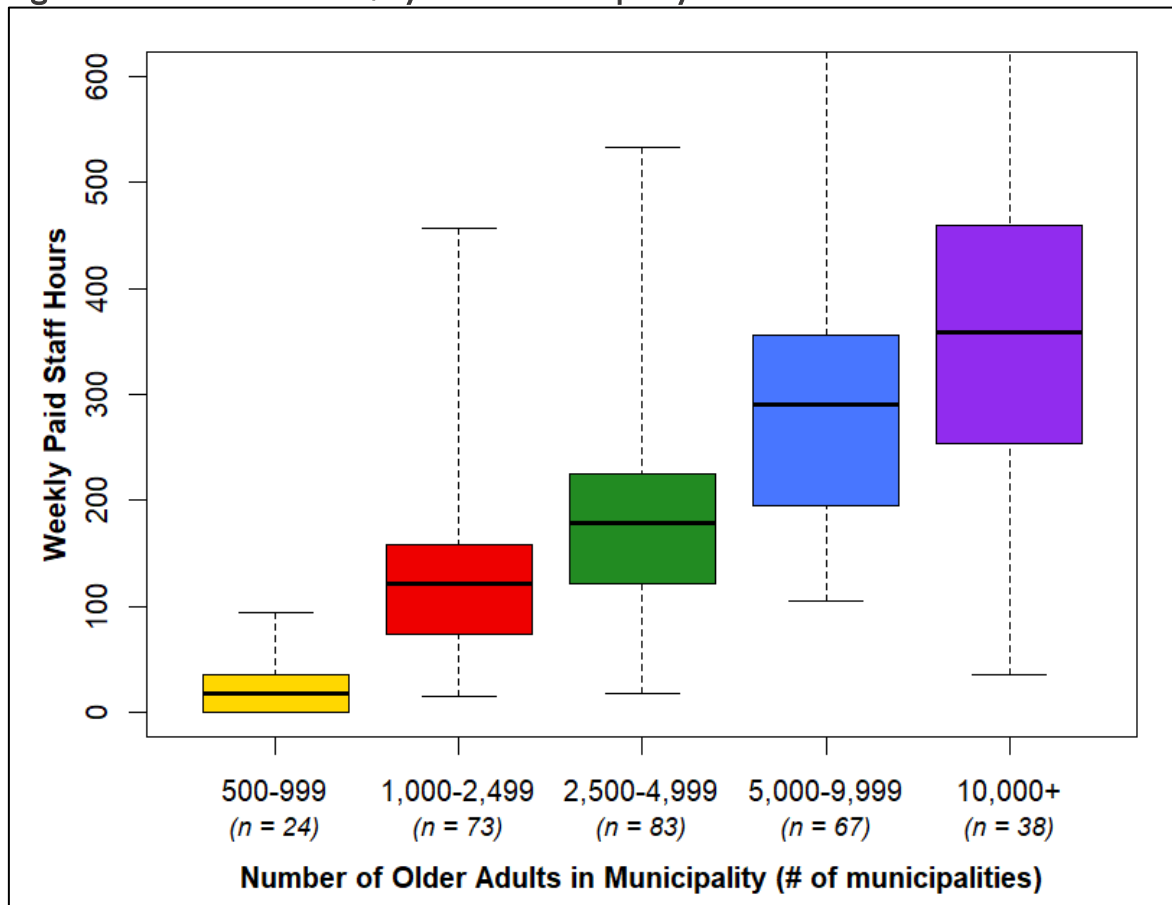
Figure B.1. Number of paid staff, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 49 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 18 hours in municipalities with between 500 and 999 older adults to roughly 359 in municipalities with more than 10,000 older adults (Figure B.2).

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

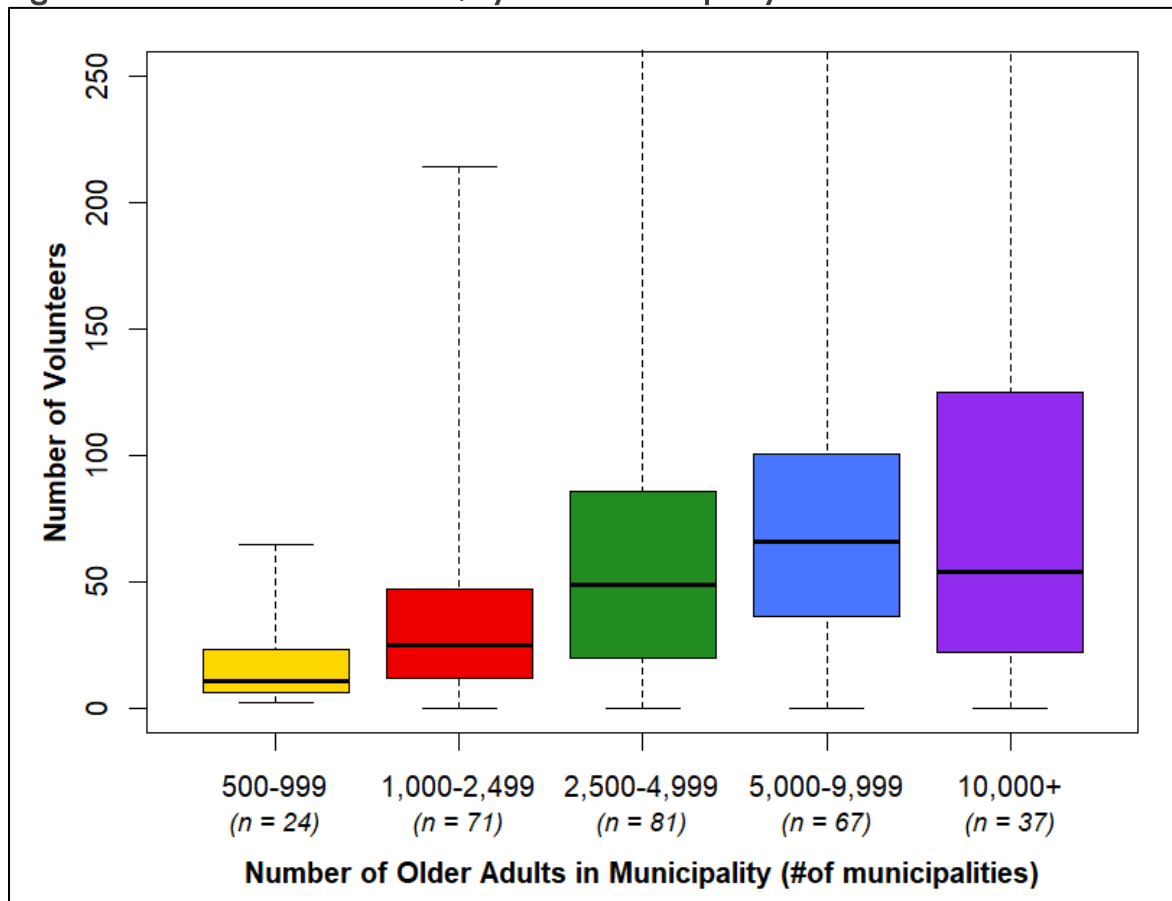


Notes. The minimum number of hours was 2 hours per week. The maximum value for COAs in municipalities with more than 10,000 older adults was 1,331 weekly staff hours and the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 712 weekly staff hours. The boxplot for municipalities 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 11 COA volunteers in the municipalities with the fewest older adults to roughly 67 COA volunteers in municipalities with 5,000-9,999 older adults, then declined slightly in communities with more than 10,000 older adults (Figure B.3).

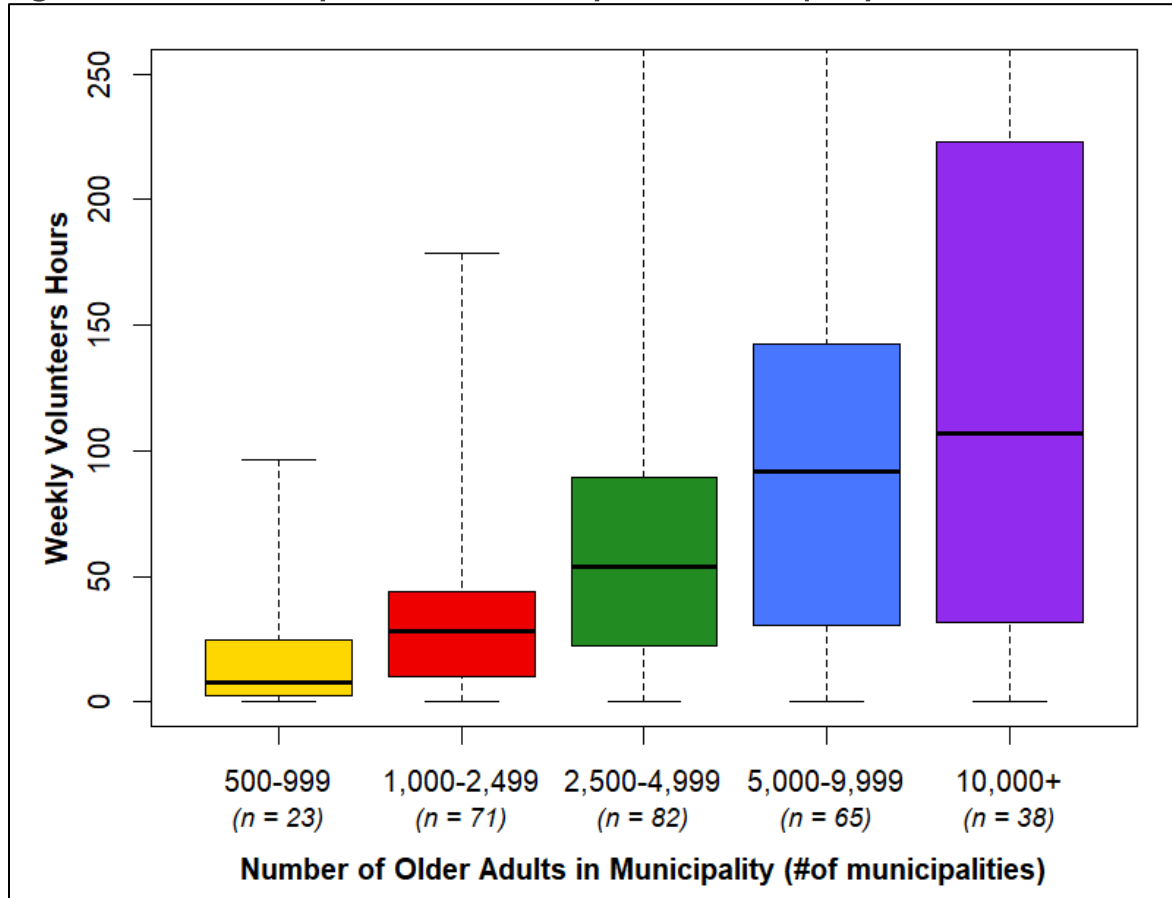
Figure B.3. Number of volunteers, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 350 volunteers, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 751 volunteers, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 329 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, from approximately eight weekly hours in the smallest municipalities to 107 in municipalities with more than 10,000 older adults (Figure B.4).

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

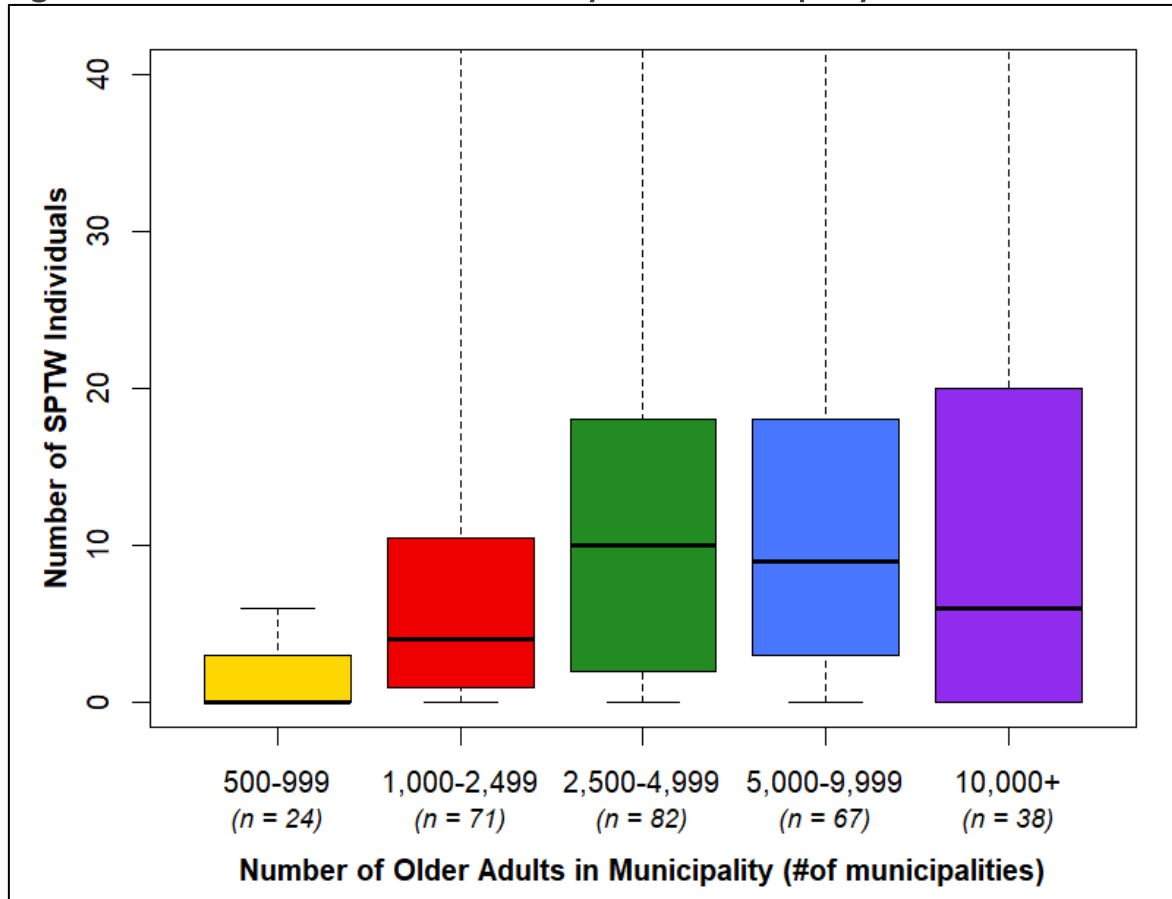


Notes. COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 750 hours, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 1,157 hours, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 1,538 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 and then decreased slightly—the median was 0 for COAs in the smallest towns, ten for COAs with between 2,500 – 4,999 older adults, and six for the largest COAs (Figure B.5).

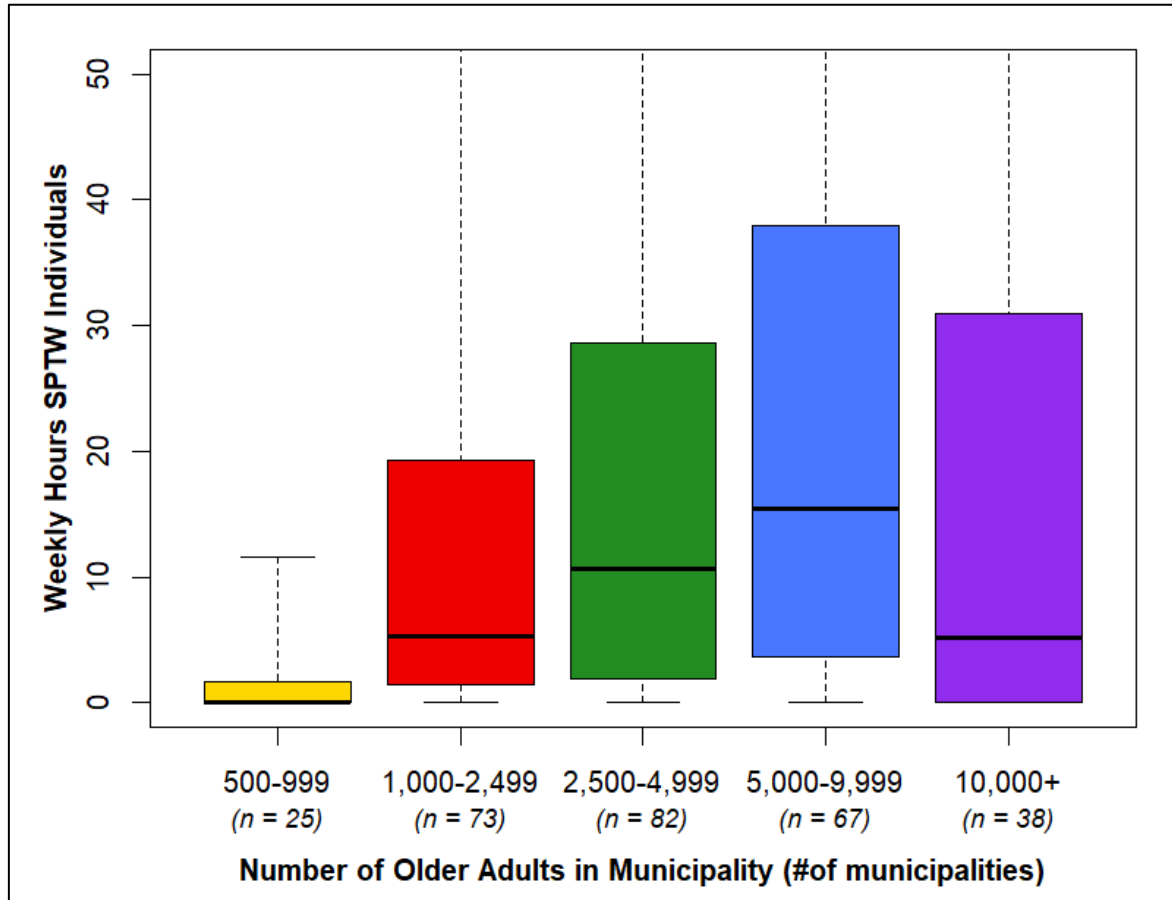
Figure B.5. Number of SPTW individuals, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 140 individuals, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was 198 individuals, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 114 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 increased from zero at the smallest COAs to 15 at COAs with between 5,000-9,999 older adults (Figure B.6).

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

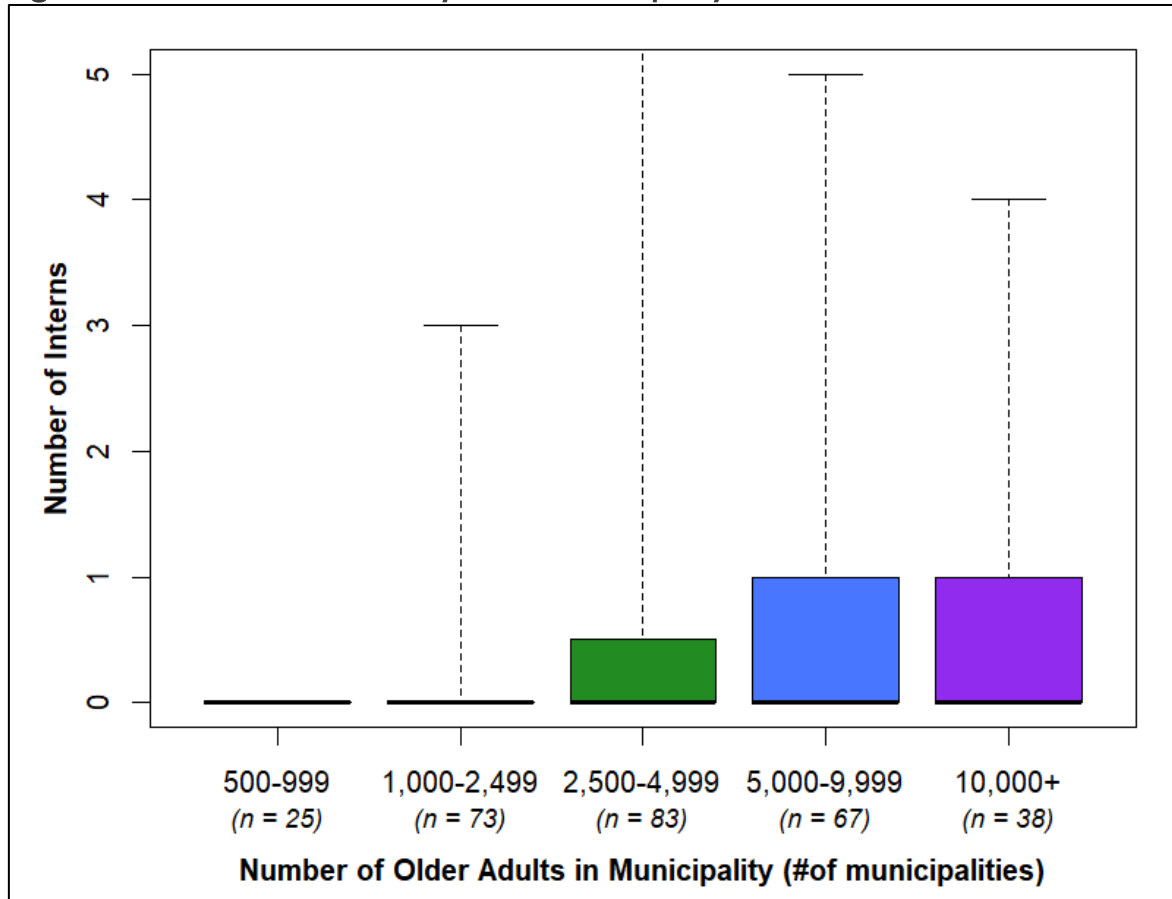


Notes. COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 175 hours, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 269 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 1,411 hours, and the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 82 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.

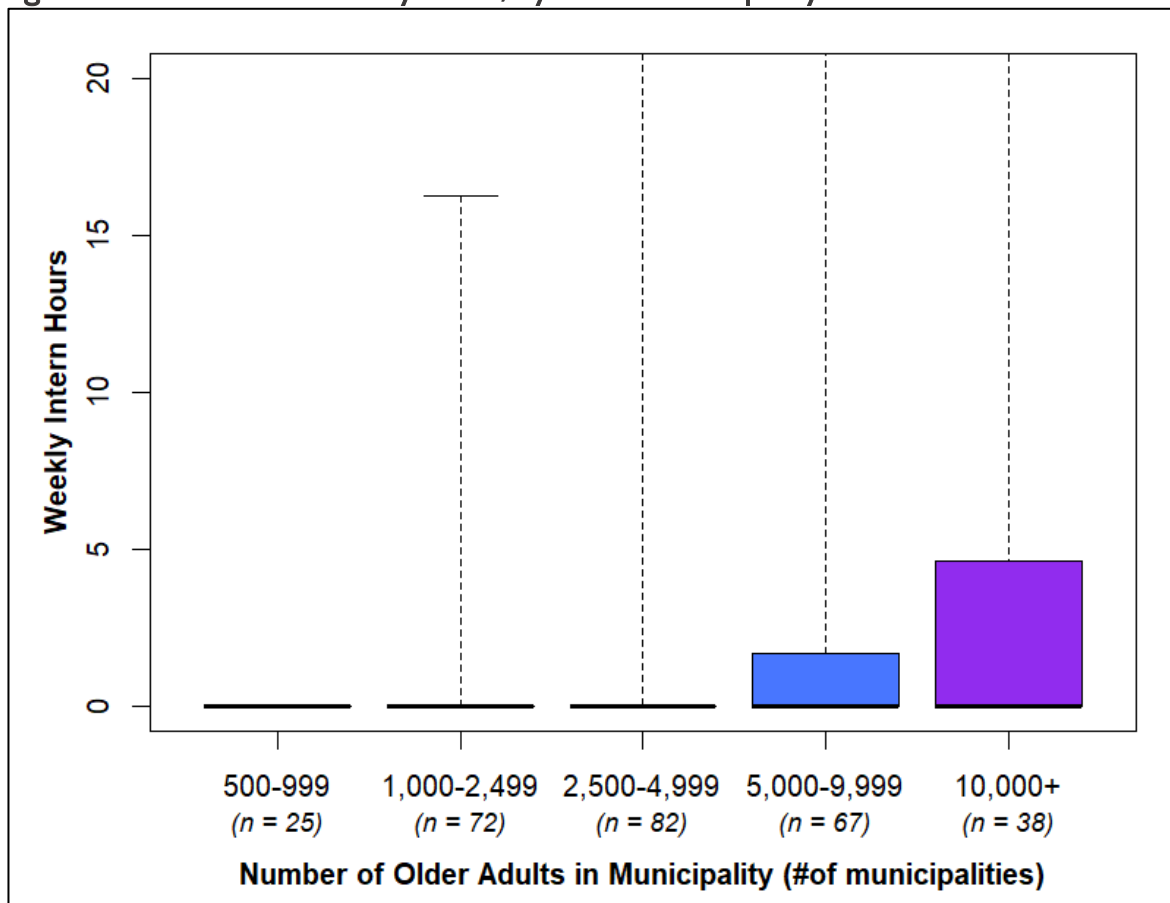
Figure B.7. Number of interns, by size of municipality



Notes. The maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 79 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

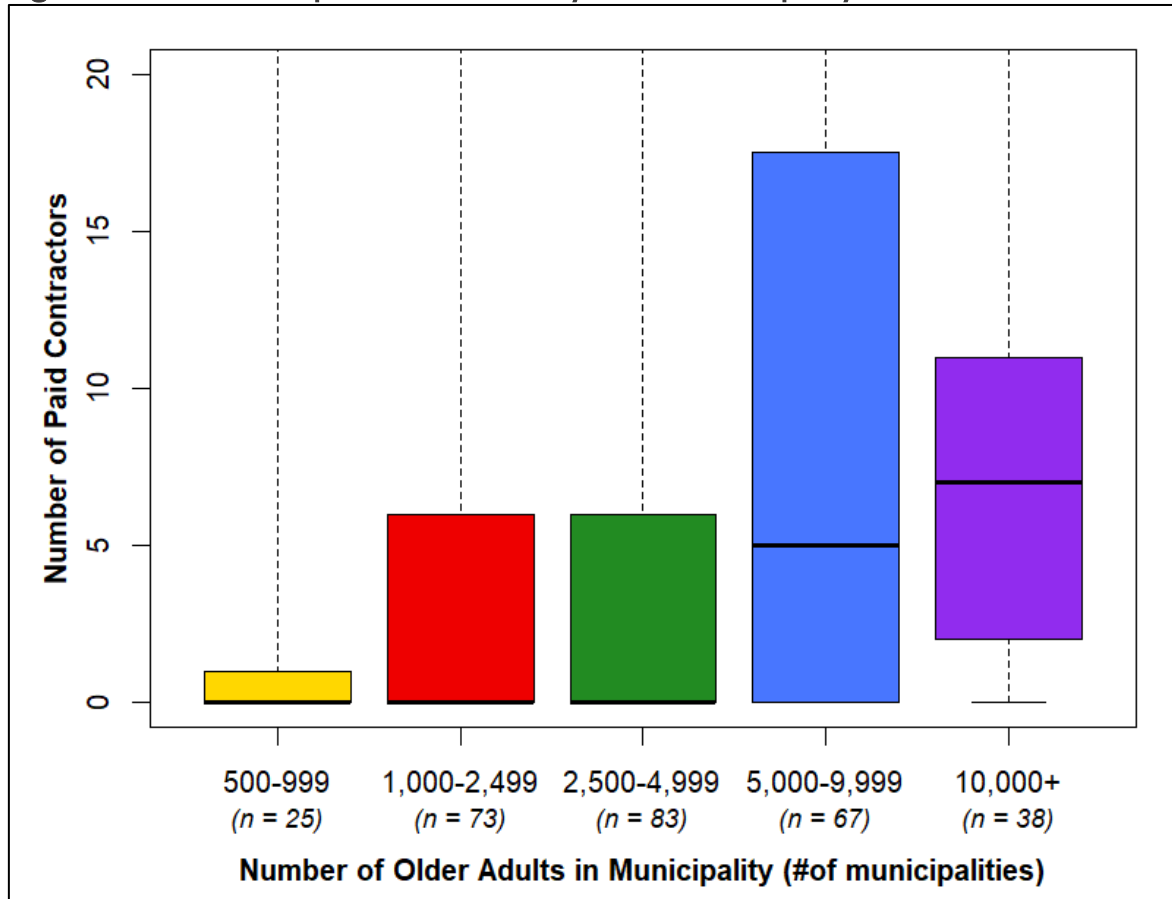


Notes. COAs reported total annual hours; AGE divided by 52 to calculate weekly hours. The maximum value for COAs in municipalities with more than 10,000 older adults was 24 hours, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 28 hours, and the maximum value for cOAs in municipalities with between 2,500-4,999 older adults was 29 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 7.

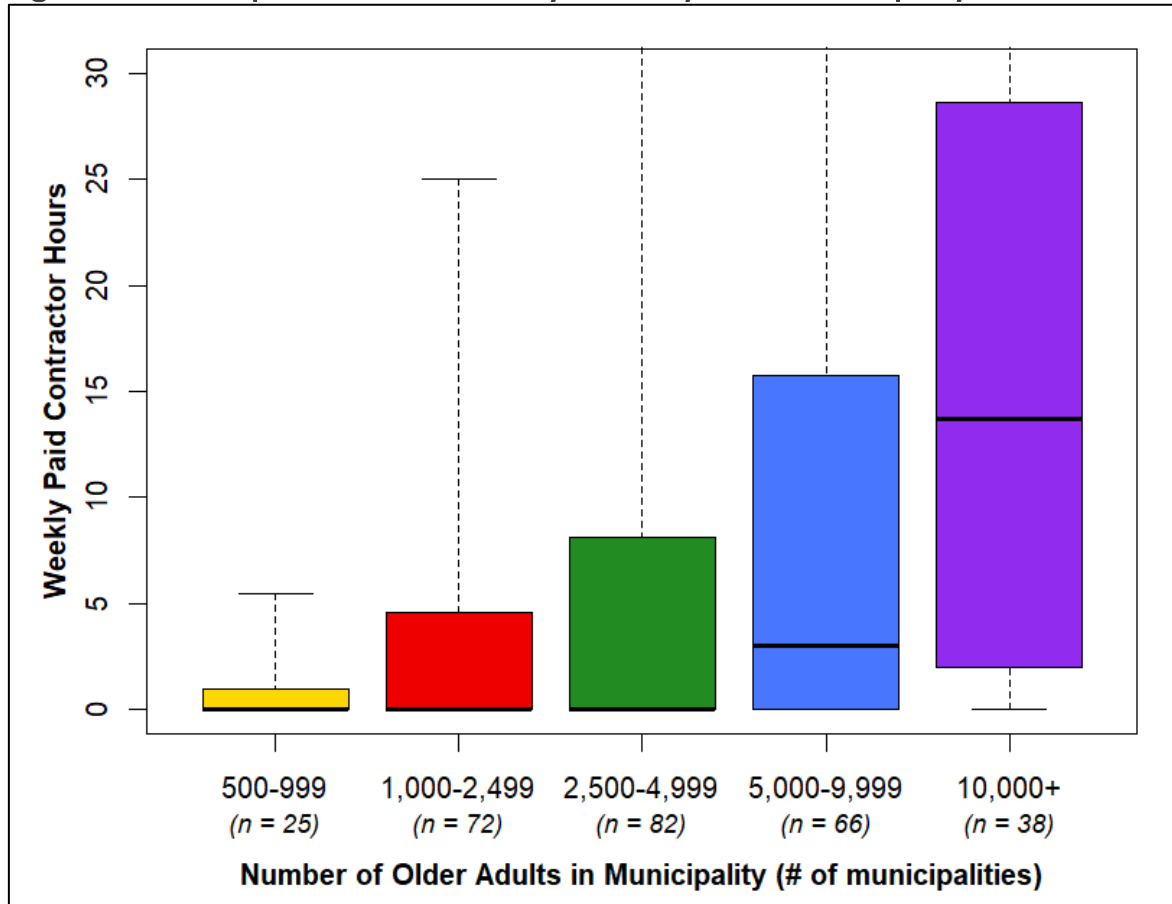
Figure B.9. Number of paid contractors, by size of municipality



Notes. The maximum value for COAs in municipalities with more than 10,000 older adults was 50 contractors, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 125 contractors, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 53 contractors, the maximum value for COAs in municipalities with between 1,000 and 2,499 older adults was 125 contractors, and the maximum value for COAs in municipalities with less than 1,000 older adults was 50 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 9,999 older adults was 134 hours, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 185 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, dedicated spaces where older adults can participate in activities and receive services. Of the 287 COAs that reported usable data on whether the COA operated a senior center, approximately 92% (265/287) reported operating a center (Table C.1).

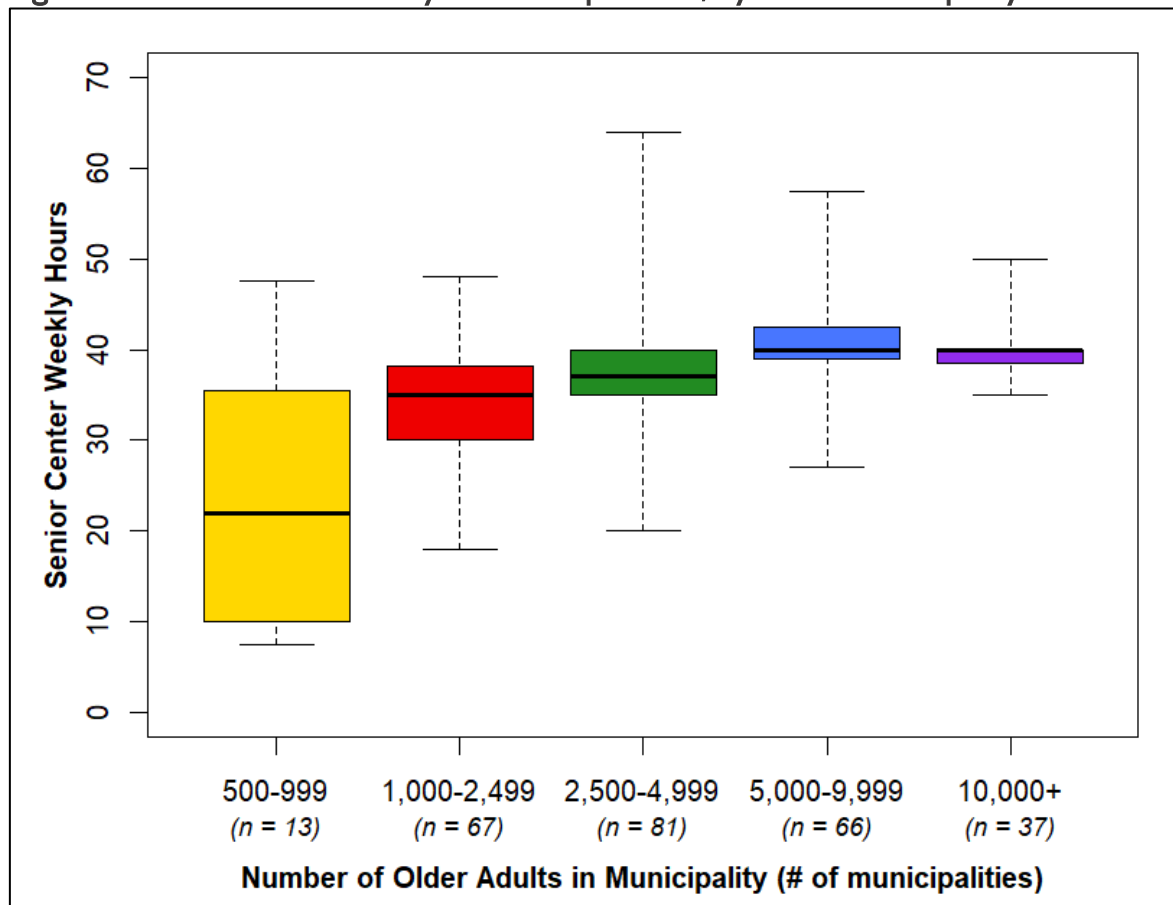
Table C.1. Percentage of responding COAs with senior center, by size of municipality

Personnel Category	Size of Municipality (number of older adults)				
	500-999 (n=25)	1,000-2,499 (n=73)	2,500-4,999 (n=83)	5,000-9,999 (n=67)	10,000+ (n=39)
Operate (n=265)	52%	92%	98%	99%	97%
Do Not Operate (n=22)	48%	8%	2%	1%	3%

Notes. One COA 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 35 to 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.

COAs are typically open during regular business hours, usually opening between 8-9 a.m. and closing between 4-5 p.m., Mondays through Fridays. Approximately 5% of COAs with senior centers (14/265) were open on weekends, 3% (7/265) had one weekday where they opened at 7 a.m. or earlier and 22% (58/265) were open until at least 6 p.m. one weekday.

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 FY25, this was \$15 per older adult in the municipality or a minimum of \$7,500), and COAs can also receive funding from other government agencies, program fees, and via donations.

Revenues

The responding COAs reported approximately \$155m in revenues (Table D.1). Roughly 63% 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	\$97,722,325	\$1,033,360	\$13,857,729	\$22,414,018	\$28,300,213	\$32,117,005
AGE	\$24,252,990	\$250,065	\$1,961,940	\$4,386,990	\$6,802,560	\$10,851,435
Federal	\$9,959,423	\$149,218	\$122,892	\$813,324	\$364,797	\$8,509,192
RTA	\$4,544,471	\$42,399	\$715,599	\$2,318,063	\$1,232,470	\$235,941
Program Fees	\$5,226,852	\$14,987	\$282,099	\$1,427,238	\$2,532,847	\$969,680
COA Friends	\$2,651,764	\$12,666	\$526,689	\$900,942	\$686,773	\$524,693
Other Donations	\$5,287,358	\$68,894	\$617,311	\$1,777,095	\$1,599,491	\$1,224,567
Other Funds	\$5,046,829	\$1,156	\$179,216	\$698,908	\$1,391,901	\$2,775,648
Total Revenues	\$154,692,011	\$1,572,745	\$18,263,474	\$34,736,578	\$42,911,051	\$57,208,163

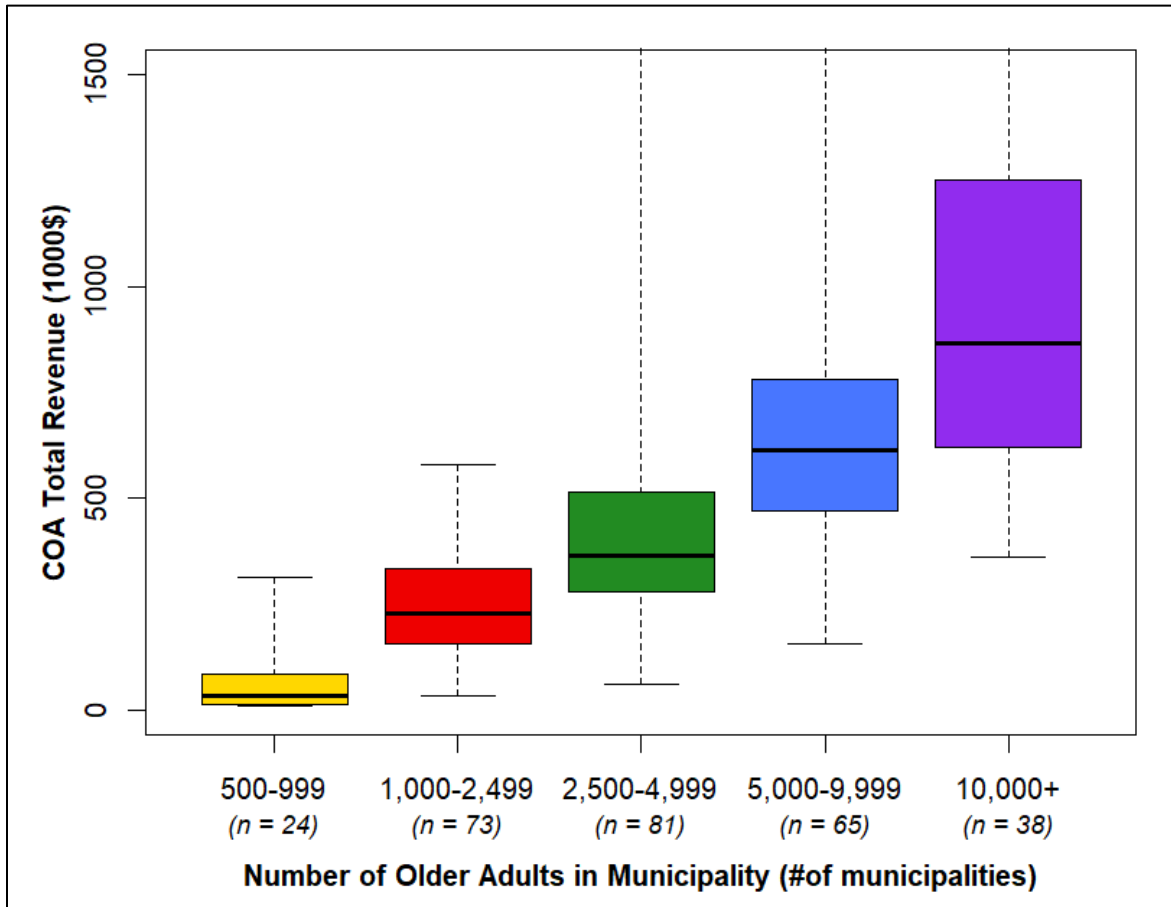
RTA = Regional Transportation Authority

Notes. 282 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 a revenue category (see Appendix G). The totals listed underestimate revenues as not all COAs provided data to AGE. 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 \$33,242 for COAs in municipalities with between 500-999 older adults to approximately \$865,157 for COAs in municipalities with more than 10,000 older adults (Figure D.1).

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



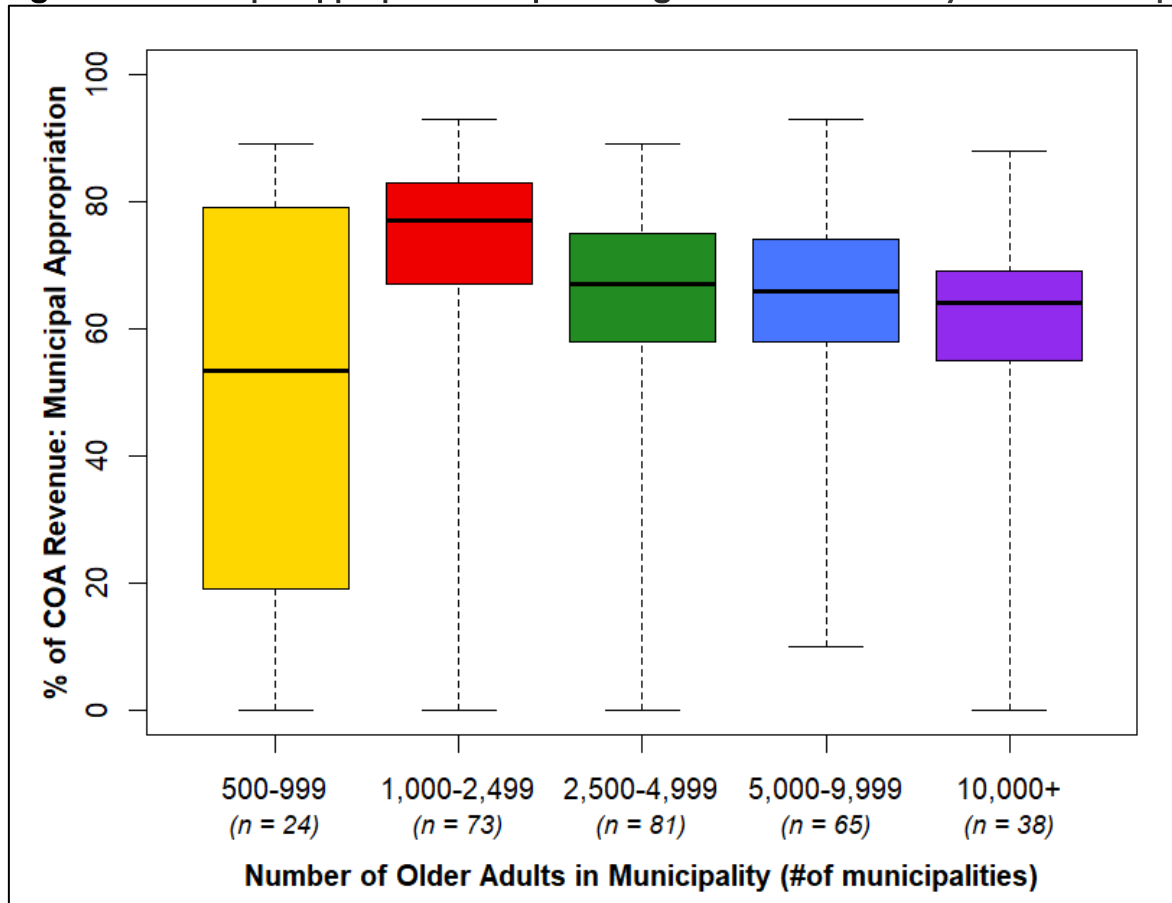
Notes. The maximum revenue for COAs in municipalities with more than 10,000 older adults was \$2.44 million, the maximum revenue for COAs in municipalities with between 5,000 and 9,999 older adults was \$2.22 million, and the maximum revenue for COAs in municipalities with between 2,500 and 4,999 older adults was \$1.59 million. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Revenue by Category

A. Municipal Appropriation

Approximately 83% (234/281) of all COAs reported receiving most of their funding from their town or city government. COAs in the smallest municipalities had the lowest median municipal funding at 54%, 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

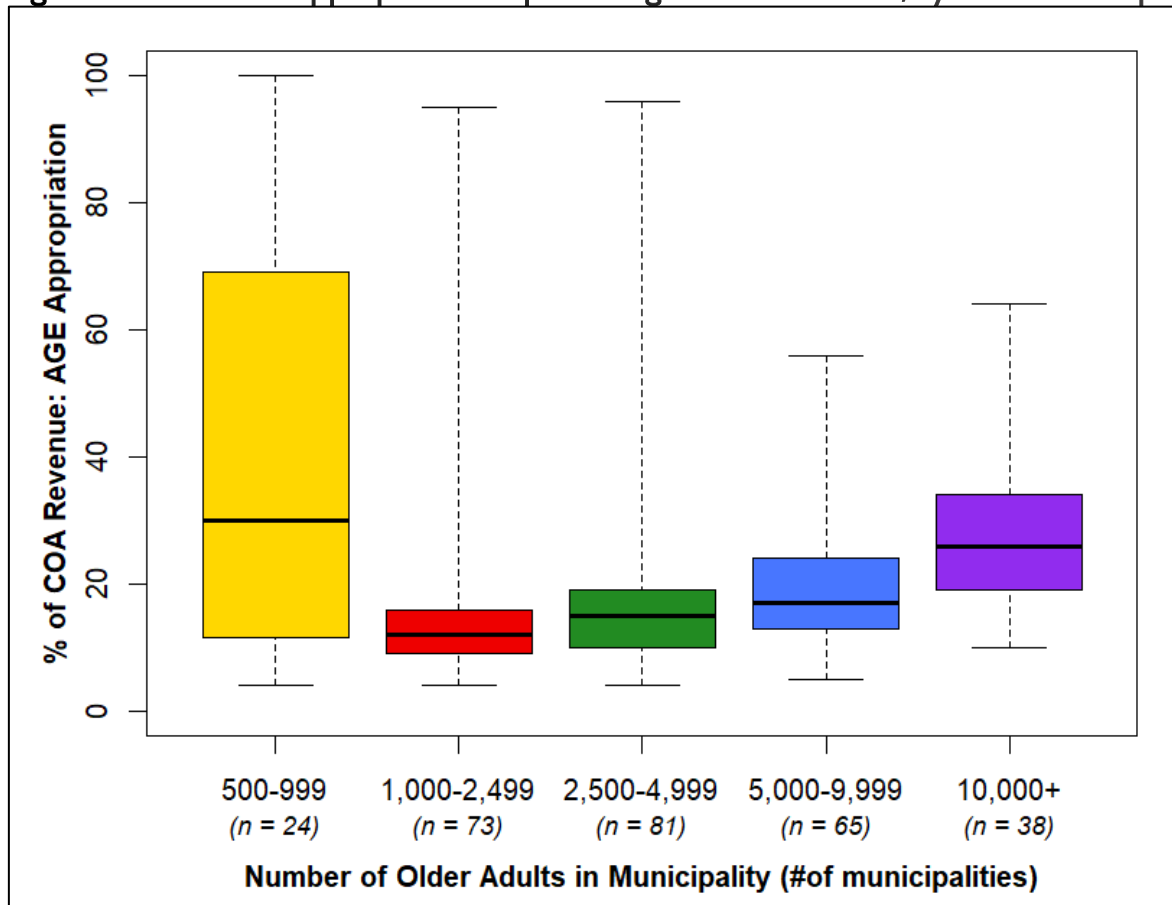


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

B. State AGE Appropriation

Approximately 64% (181/281) of COAs had AGE appropriations that were 20% or less of their overall revenue.⁴ The median for COAs in municipalities with between 1,000-2,499 older adults was 12%, while the median for COAs in municipalities with fewer than 500 older adults was 30% and the median for the largest COAs was 26% (Figure D.3).

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



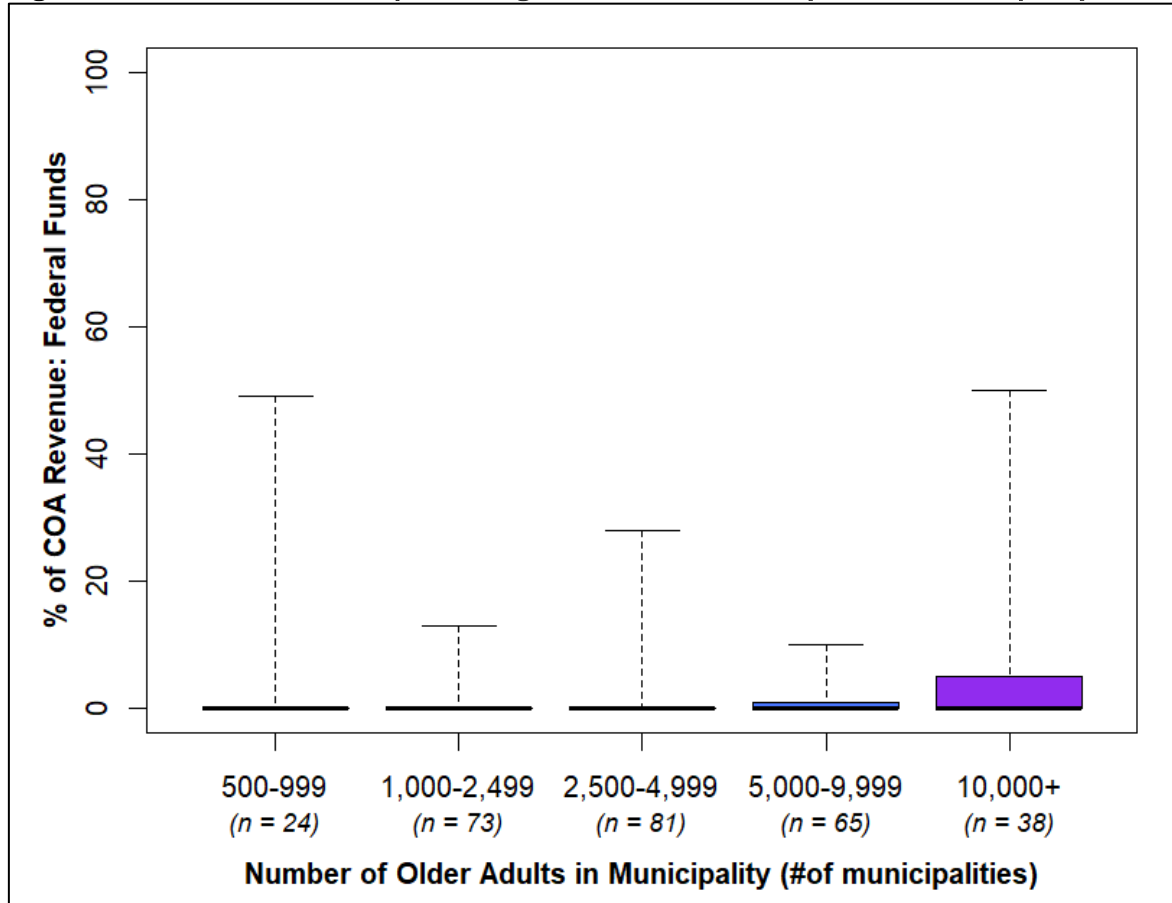
Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

⁴ Unlike the rest of the data in this report, which was provided by COAs or their database provider, the AGE appropriation to each COA was obtained from AGE records. For AGE appropriation, AGE records were identical to COA-reported values for approximately 64% of COAs.

C. Federal Funds

Across all sizes of municipalities, the median percentage of revenues from federal funds was zero (Figure D.4), and approximately 88% (248/281) 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

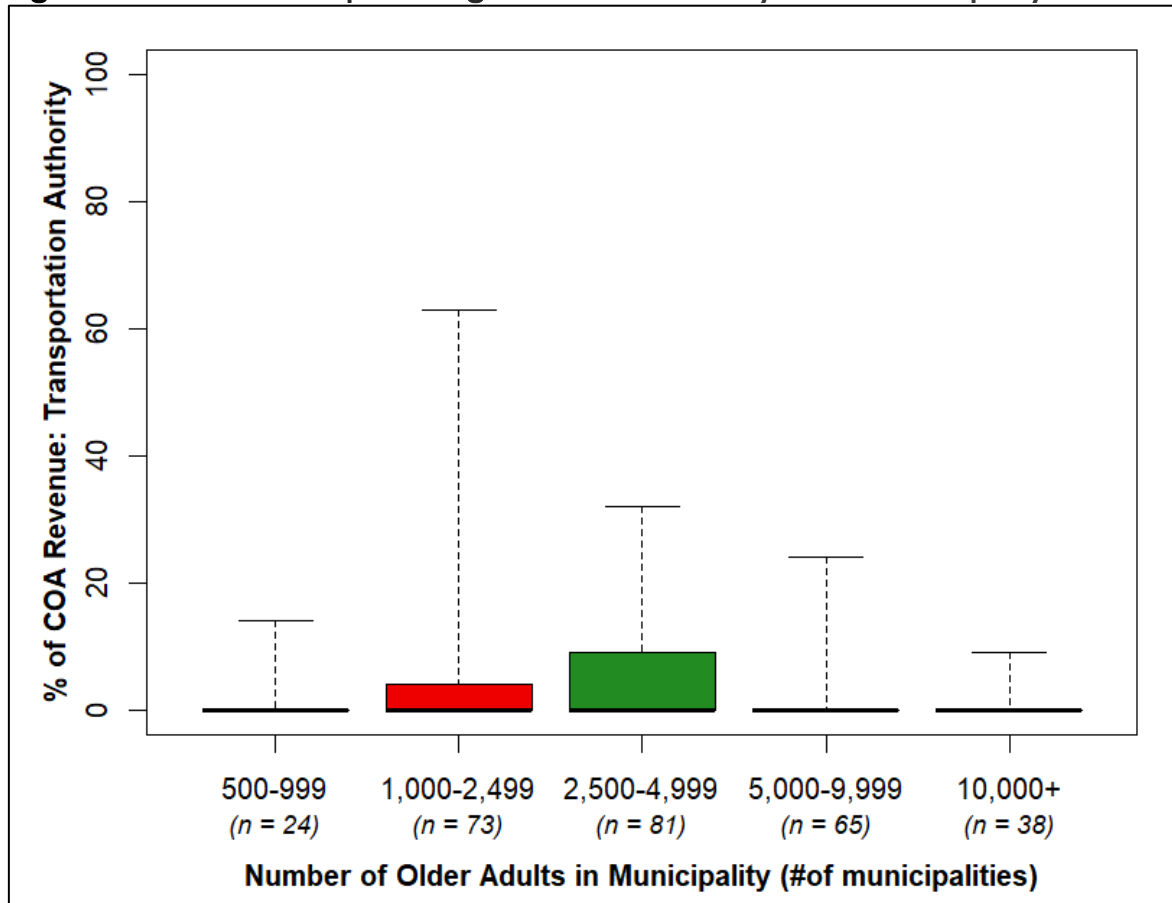


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

D. Regional Transportation Authority (RTA)

Roughly 82% (230/281) 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

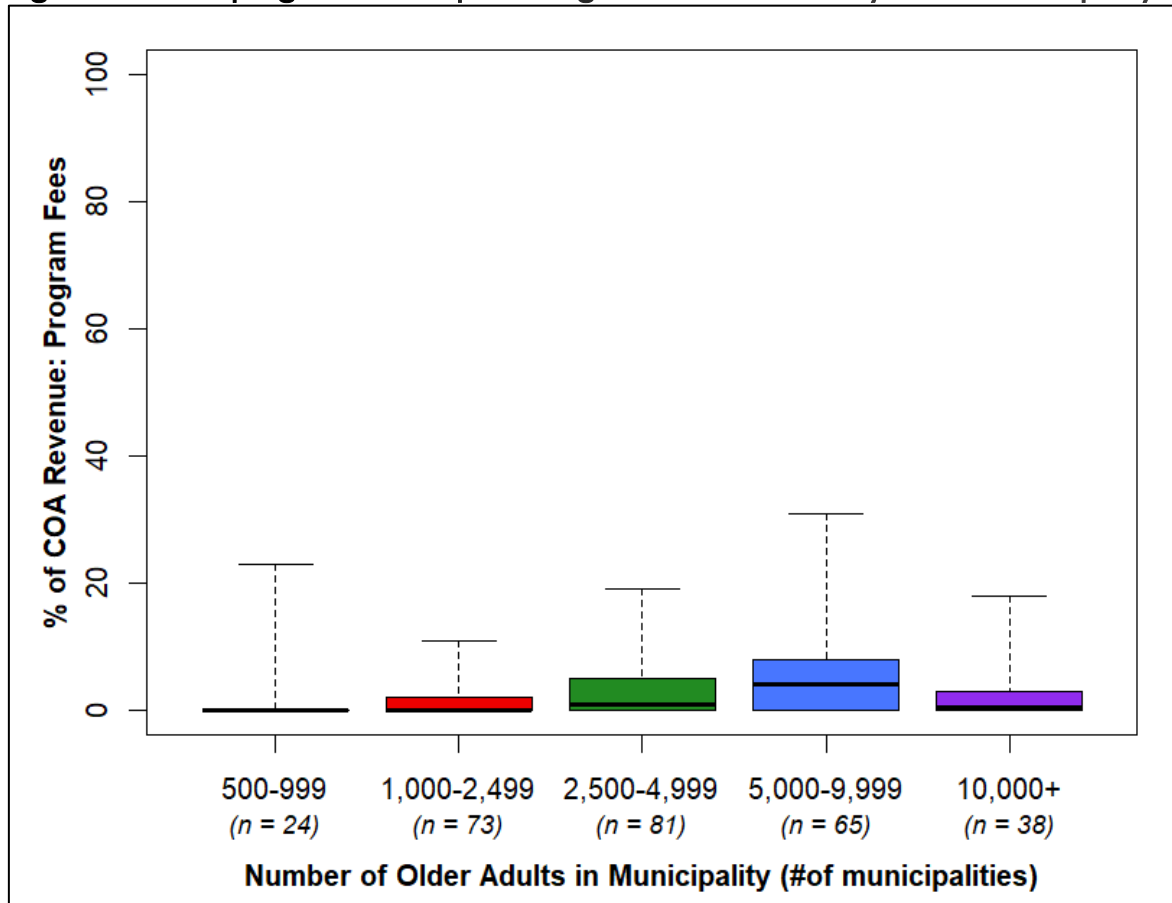


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

E. COA Program Fees

Program fees made up less than 5% of COA revenues for approximately 75% (210/281) of COAs, and there was little variation by municipality size (Figure D.6). Only a few COAs raised more than 10% of revenue through program fees.

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

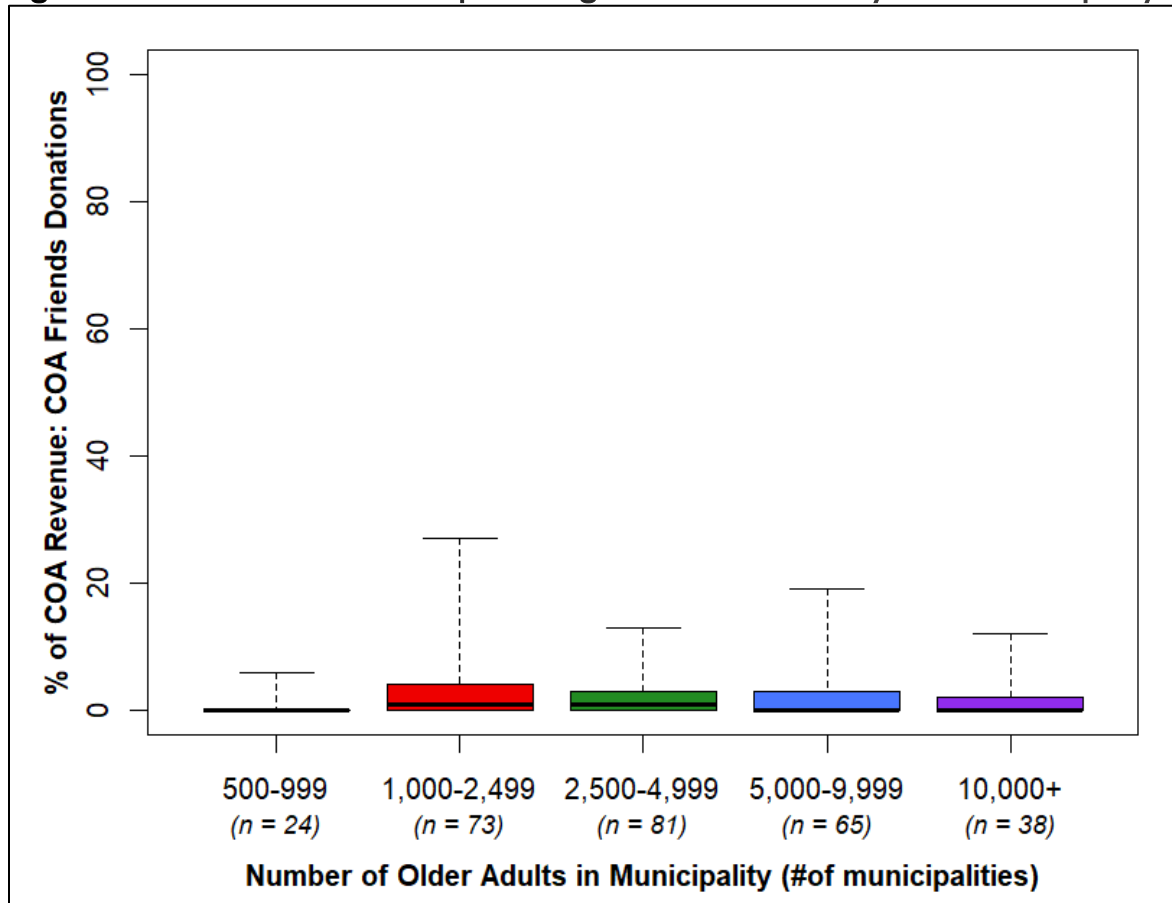


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

F. COA Friends

Funds from COA Friends, which are non-profit supporting organizations, made up less than 5% of COA revenues for roughly 85% (238/281) of COAs, and there was little variation by municipality size (Figure D.7). Only a few COAs received more than 10% of revenue through their affiliated Friends organizations.

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

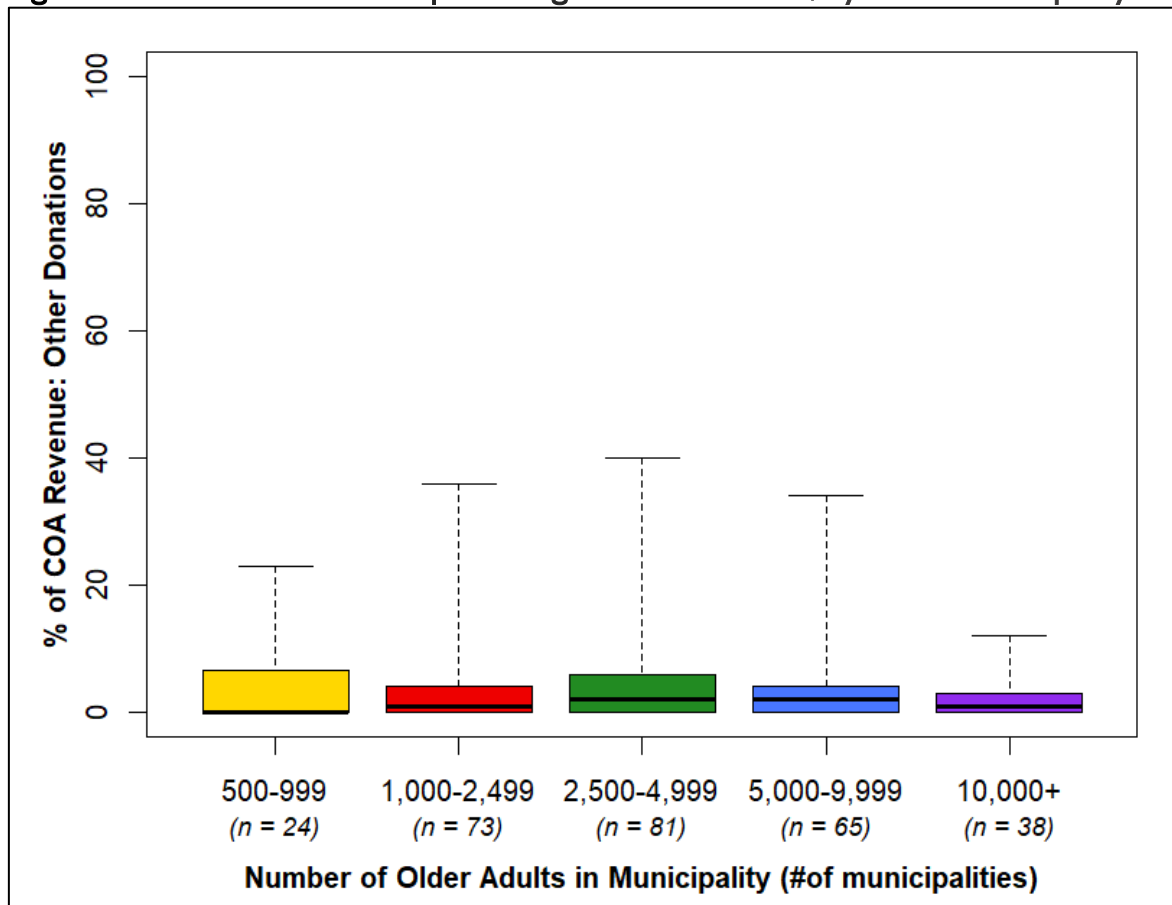


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

G. Other Donations

Other donations made up less than 5% of COA revenues for roughly 76% (214/281) of COAs. Only a few COAs received more than 10% of revenue through other donations (Figure D.8).

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

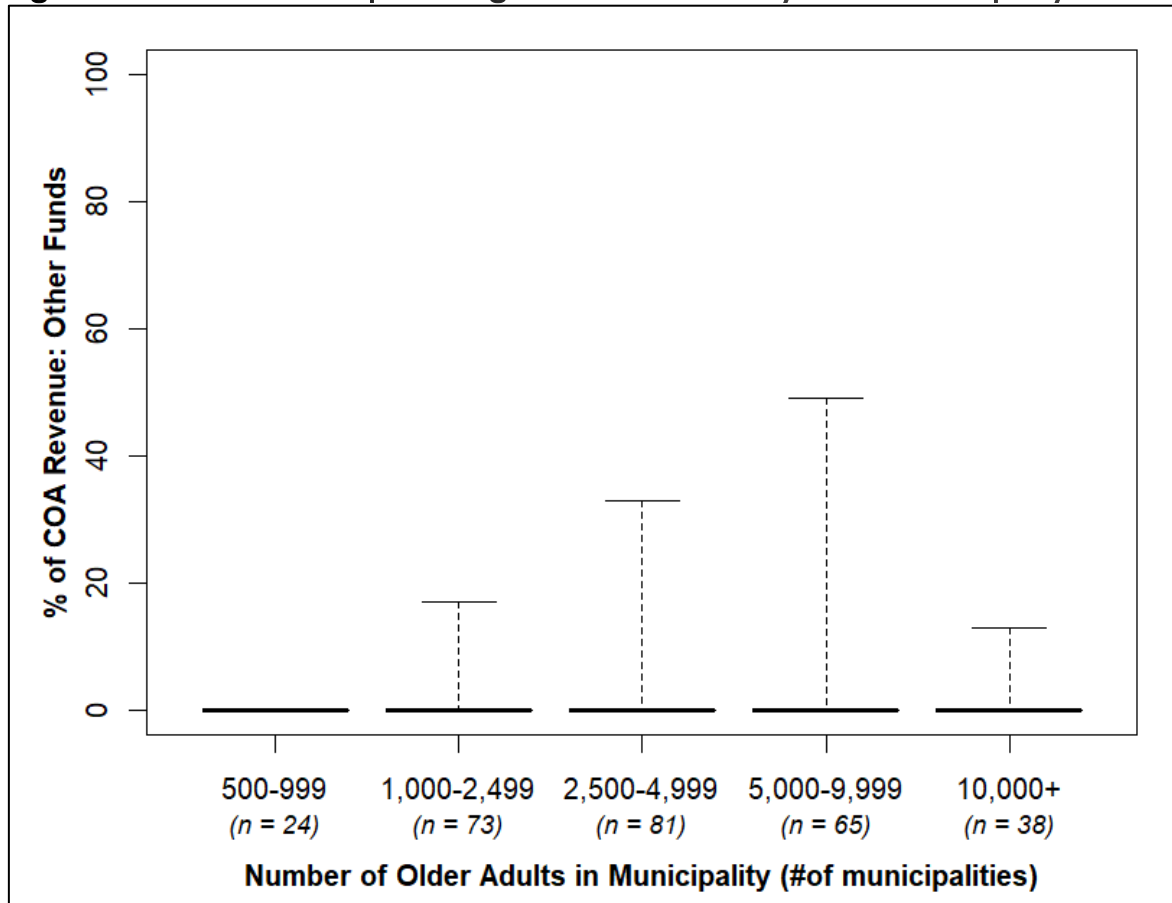


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

H. Other Funds

All other sources of funding made up less than 5% of COA revenues for roughly 95% (265/281) 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

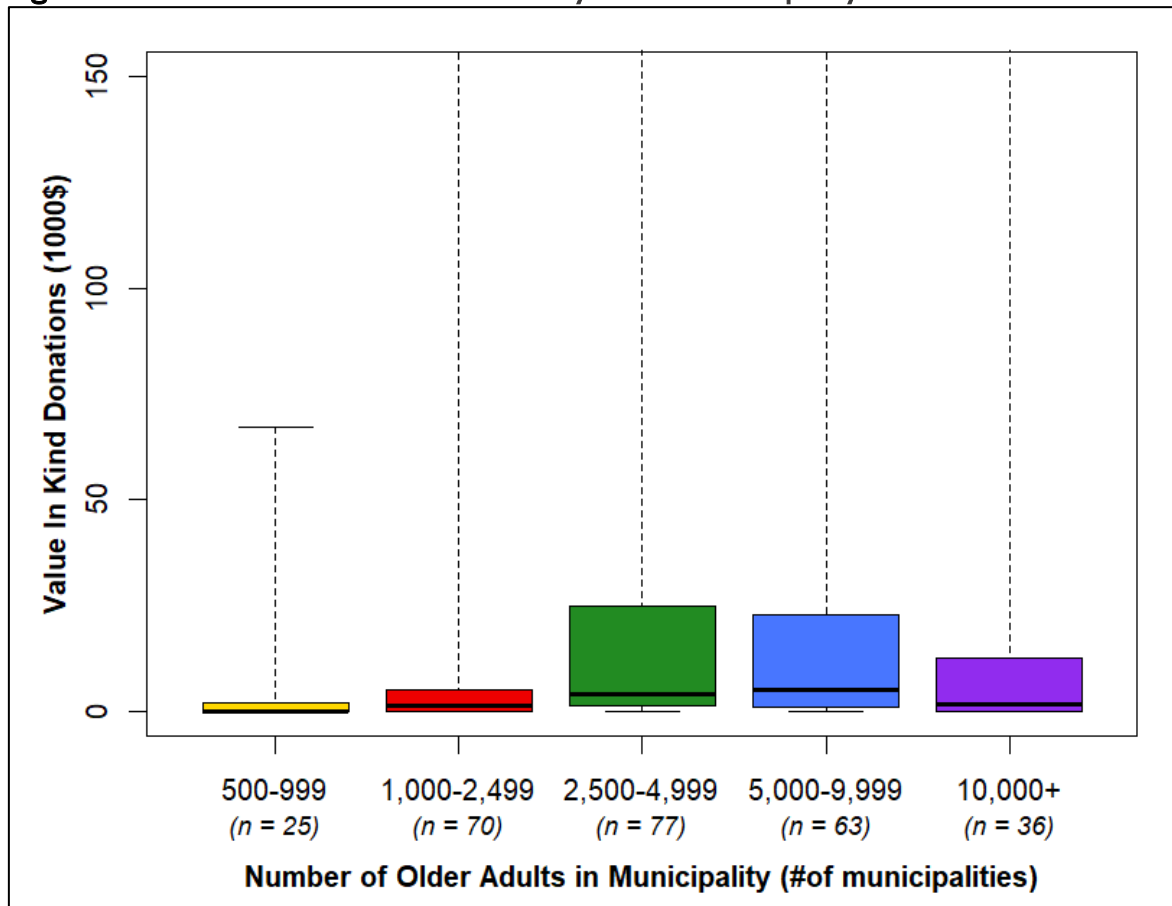


Notes. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

In-Kind Donations

Roughly 73% (199/271) of 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 8% (22/271) 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 \$1.04 million, the maximum value for COAs in municipalities with between 5,000 and 9999 older adults was \$453,309, the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was \$293,346, and the maximum value for COAs in municipalities with between 1,000 and 2,4999 older adults was \$401,219. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

Appendix E: Services and 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 FY25. For each category, COAs provided two statistics:

- **Total Units Provided** is the total services received or activities provided for that category during FY25 (*duplicated participants*)
- **Total Unique Participants** is the total number of distinct people who received services or participated in activities in the category during FY25 (*unduplicated participants*)

For example, if Person A attended a yoga activity 30 times in FY25, that person would receive 30 total units in the Fitness/Exercise category and count as one unique FY25 participant.

Services and Activities: Totals

As presented in Table E.1, the five most common services provided by COAs in FY25 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.⁵

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.

⁵ 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
Fitness/Exercise	1708358	274	94310	274
Recreation & Socialization	1672844	275	130304	269
Home Delivered Meals	859937	279	12408	280
Congregate Meals	774967	276	72637	274
Ambulatory Transportation	329506	277	16608	273
Lifelong Learning	244443	279	47661	274
Referrals	215109	268	90332	277
Outreach	195370	276	56551	277
Grab & Go Meals	159525	278	32136	278
Case Management	114890	279	29096	280
Cultural Events	113376	274	28548	273
Food Shopping	99123	274	12272	275
Health Screening	85890	273	21659	273
SHINE	84679	266	55423	275
Friendly Visiting	76586	275	5656	277
Other Benefits Counseling	66000	276	20357	276
Wellness Check	65840	276	24529	274
Health Education	53209	276	16889	273
Non-Ambulatory Transportation	52625	278	2808	277
Intergenerational Programming	46256	274	6980	276
Day Trips	45710	273	16434	271
Social/Supportive Day Care	36714	115	1549	110
Group Support	34628	110	5628	108
Other Health Services	30771	278	10349	277
Digital Literacy	29917	279	10948	277
Mental Health	25998	277	7722	281
Tax Assistance	24945	270	20494	278
Durable Medical Equipment Loan	18518	273	13827	271
Legal Assistance	8106	276	5669	280
Employment Services	5501	279	902	278
Financial Management	4942	113	1223	111
Home Repair	2705	281	1776	279

Notes. To provide valid data, a COA needed to report a number, including zero, for the category (see Appendix G). 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 to AGE. For FY25, two responding 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. 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	99%	88%	100%	99%	100%	100%
Recreation & Socialization	97%	77%	97%	100%	98%	100%
Congregate Meals	90%	81%	93%	89%	93%	92%
Health Screening	90%	58%	89%	91%	97%	100%
SHINE	85%	58%	77%	91%	95%	89%
Lifelong Learning	85%	46%	87%	88%	91%	90%
Health Education	81%	58%	81%	75%	92%	89%
Outreach	81%	62%	79%	82%	90%	79%
Digital Literacy	73%	50%	68%	68%	88%	85%
Cultural Events	73%	42%	70%	69%	86%	82%
Group Support	72%	32%	64%	73%	92%	95%
Day Trips	71%	50%	72%	74%	68%	82%
Referrals	70%	71%	56%	70%	81%	79%
Other Benefits Counseling	70%	50%	63%	77%	74%	74%
Case Management	68%	23%	60%	66%	93%	74%
Food Shopping	68%	46%	70%	68%	73%	67%
Other Health Services	64%	31%	61%	68%	73%	72%
Tax Assistance	62%	19%	55%	64%	77%	74%
Wellness Check	61%	48%	59%	57%	70%	64%
Durable Medical Equipment Loan	61%	54%	63%	59%	65%	58%
Legal Assistance	60%	4%	53%	63%	77%	77%
Home Delivered Meals	50%	46%	57%	51%	45%	49%
Financial Management	42%	11%	48%	32%	63%	48%
Grab & Go Meals	41%	31%	53%	35%	33%	54%
Intergenerational Programming	39%	19%	39%	35%	43%	49%
Ambulatory Transportation	37%	19%	37%	31%	43%	54%
Mental Health	35%	15%	29%	32%	46%	49%
Friendly Visiting	35%	42%	38%	30%	33%	38%
Non-Ambulatory Transportation	27%	23%	31%	22%	22%	38%
Home Repair	26%	15%	21%	26%	37%	23%
Social/Supportive Day Care	23%	16%	7%	23%	33%	38%
Employment Services	15%	0%	11%	16%	15%	33%

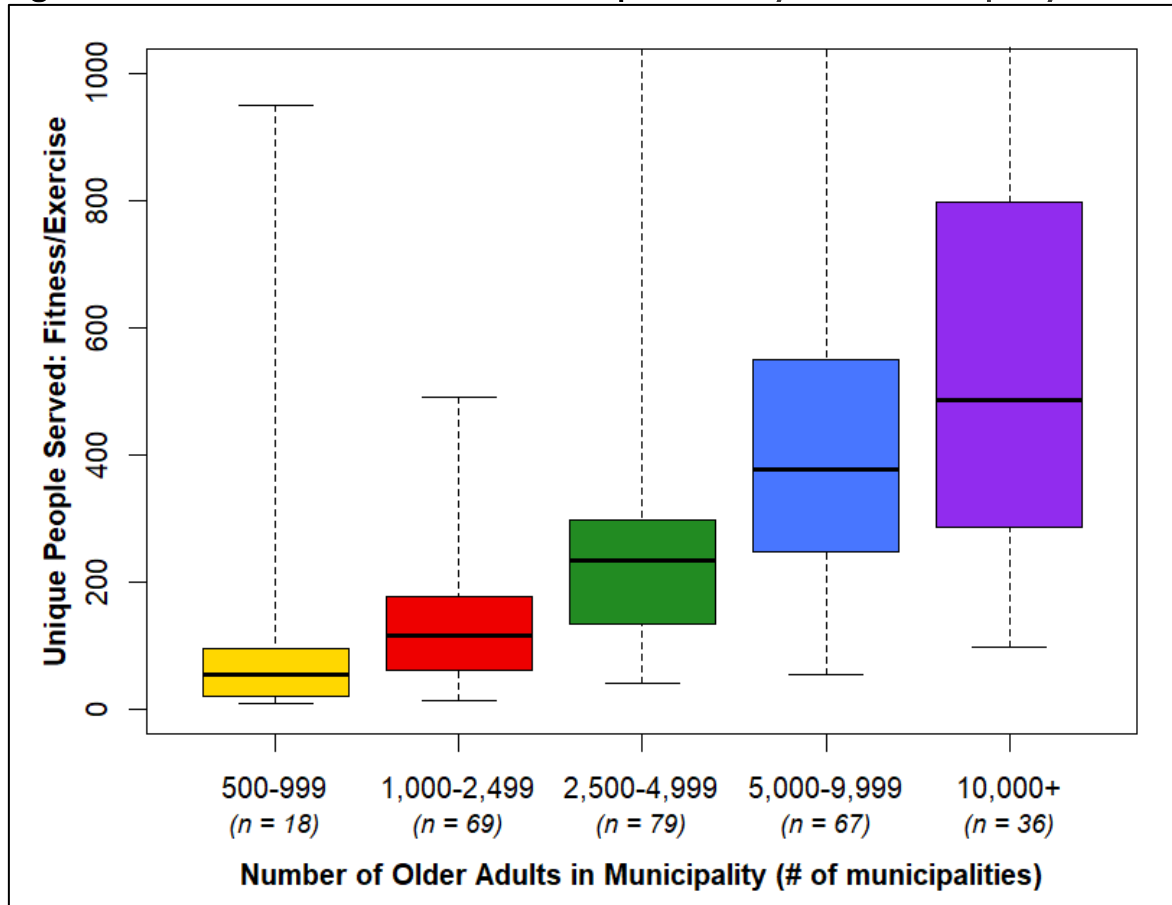
Notes. The percentages are only for COAs with valid data on services/activities. COAs with valid data reported a number, including zero, for service units or participants; the remaining COAs did not provide a number or submitted inconsistent information (for more information, see Appendix G, Missing Data and Data Validation). The 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 35% and 90% of COAs have valid data. For FY25, two COAs did not provide any activity/services data.

Most Popular: Service Unites Provided and Unique People Served

A. Fitness/Exercise

The median number of fitness/exercise units increased with municipality size, from approximately 550 units for COAs in municipalities with fewer than 1,000 older adults to over 10,000 units for COAs in the largest municipalities (Figure E.1).

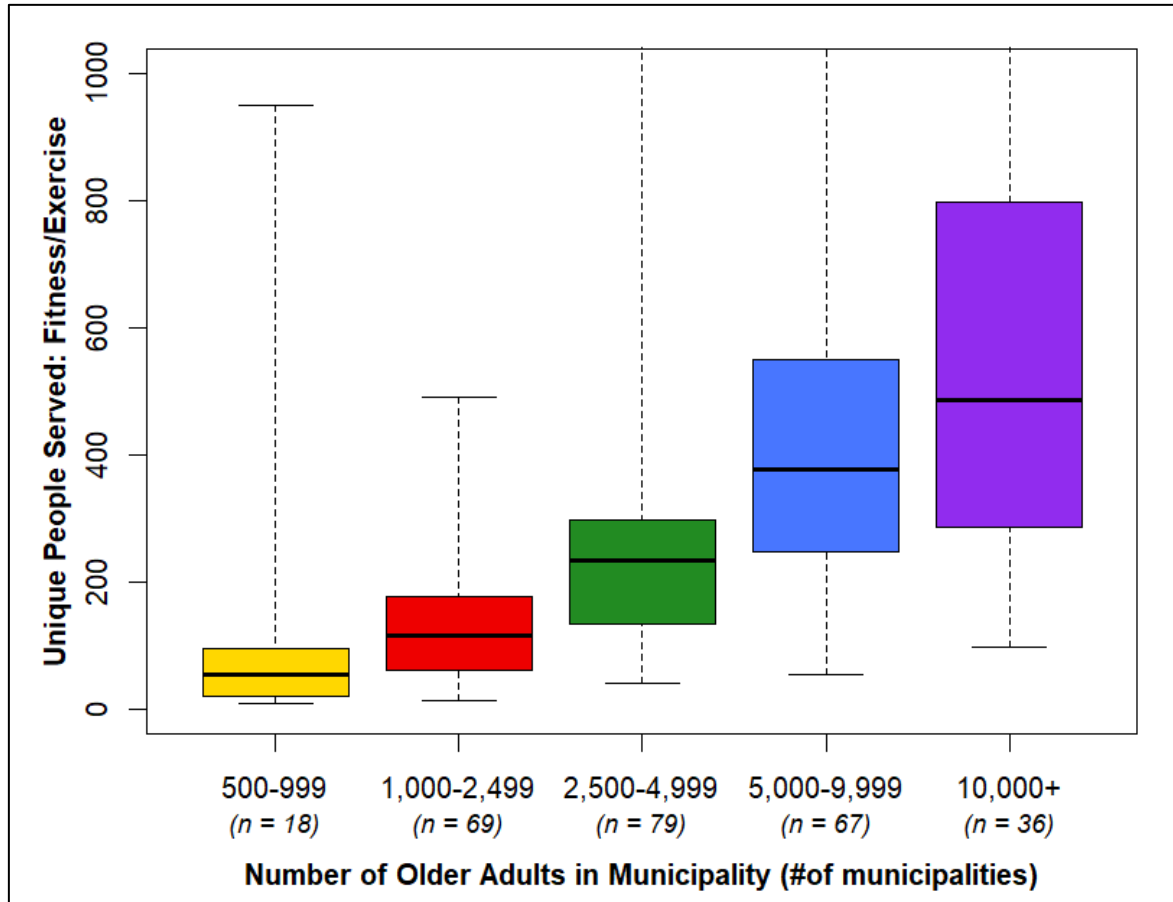
Figure E.1. Total fitness and exercise services provided, by size of municipality



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 41,170 services, the maximum for COAs in municipalities with between 5,000 and 9,999 older adults was 31,445, and the maximum for COAs in municipalities with between 2,500 and 4,999 older adults was 38,052. 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, by municipality size

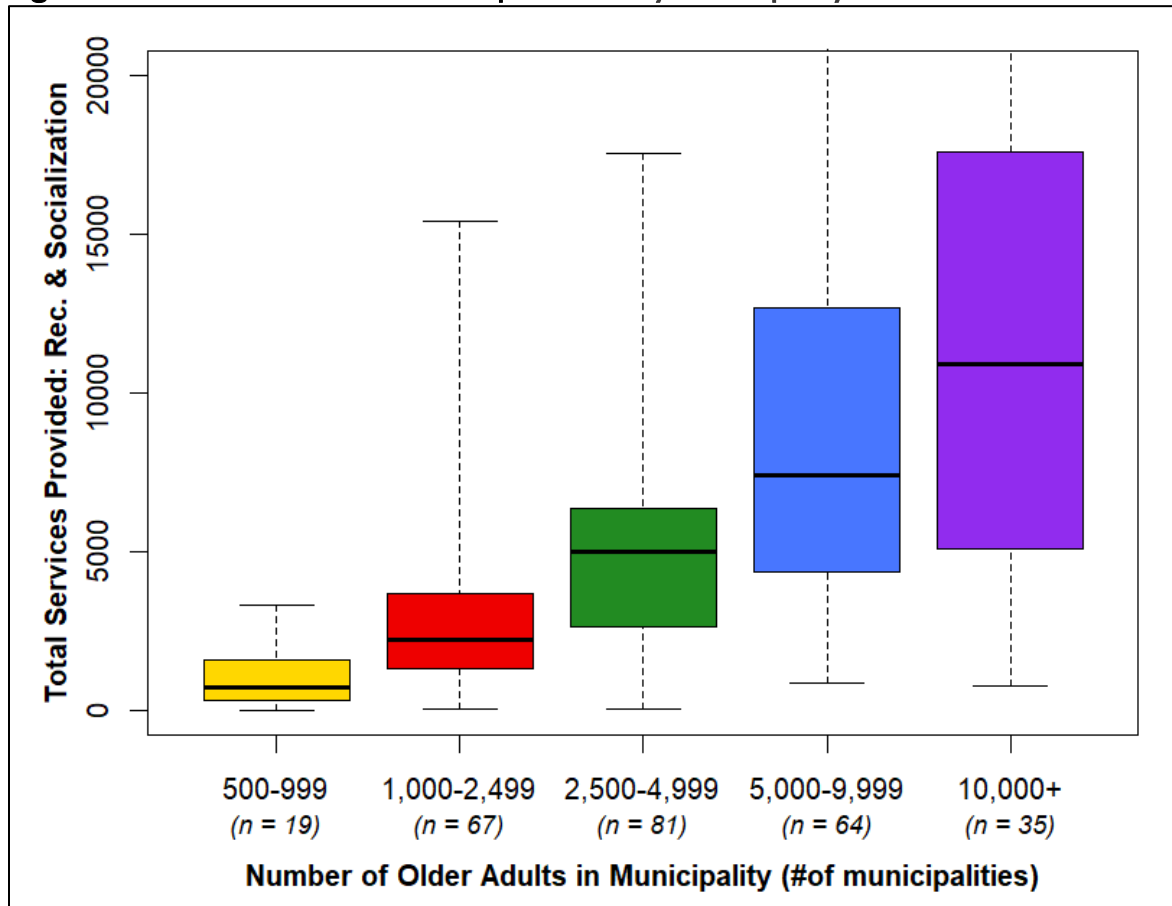


Notes. This figure excludes COAs that reported providing zero unique participants. The maximum value for COAs in municipalities with more than 10,000 older adults was 6,448 unique participants, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 2,130 unique participants, 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.

B. Recreation & Socialization

The median number of recreation and socialization units provided by COAs consistently increased with municipality size, ranging from approximately 730 units for COAs in the smallest municipalities to 10,920 units for COAs in municipalities with 10,000+ older adults (Figure E.3).

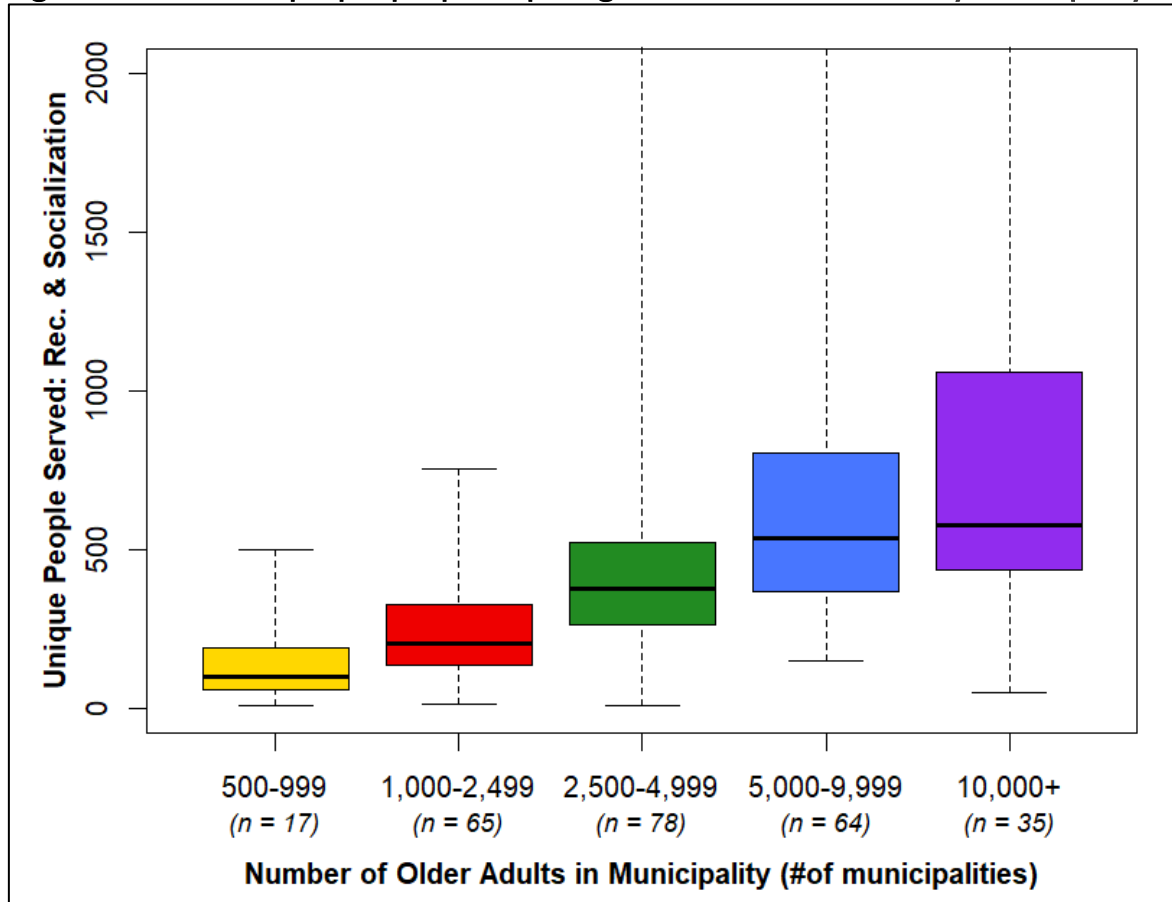
Figure E.4. Total recreation services provided, by municipality size



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 and the maximum for COAs in municipalities with between 5,000 and 9,999 older adults was 25,750 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 576 participants for COAs in municipalities with 10,000+ older adults (Figure E.4).

Figure E.4. Total unique people participating in recreation activities, by municipality size

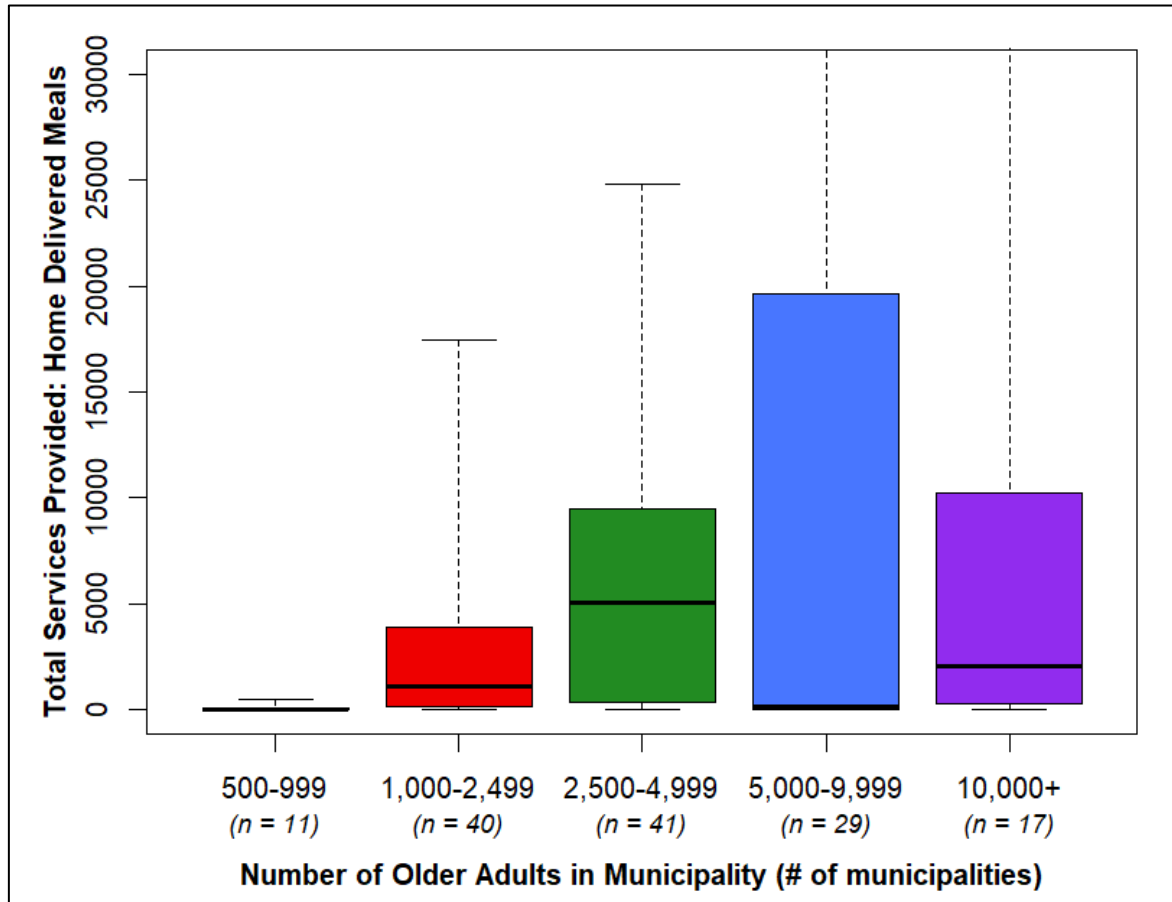


Notes. This figure excludes COAs that reported providing zero unique participants. The maximum participants for COAs in municipalities with more than 10,000 older adults was 2,821 unique participants, the maximum value for COAs in municipalities with between 5,000 and 9,999 older adults was 3,246 unique participants, and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 2,740 unique participant. The boxplot for municipalities with more than 10,000 older adults does not include Boston's COA.

C. Home-Delivered Meals

The median number of home-delivered meals ranged from 21 for COAs in the smallest municipalities to slightly over 5,000 meals for COAs in municipalities with between 2,500 to 4,999 older adults (Figure E.5). For COAs in the municipalities with between 5,000 to 9,999 older adults there was a large jump from the median (159 meals) to the 75th percentile (almost 20,000 meals), as indicated by the extended blue bar.

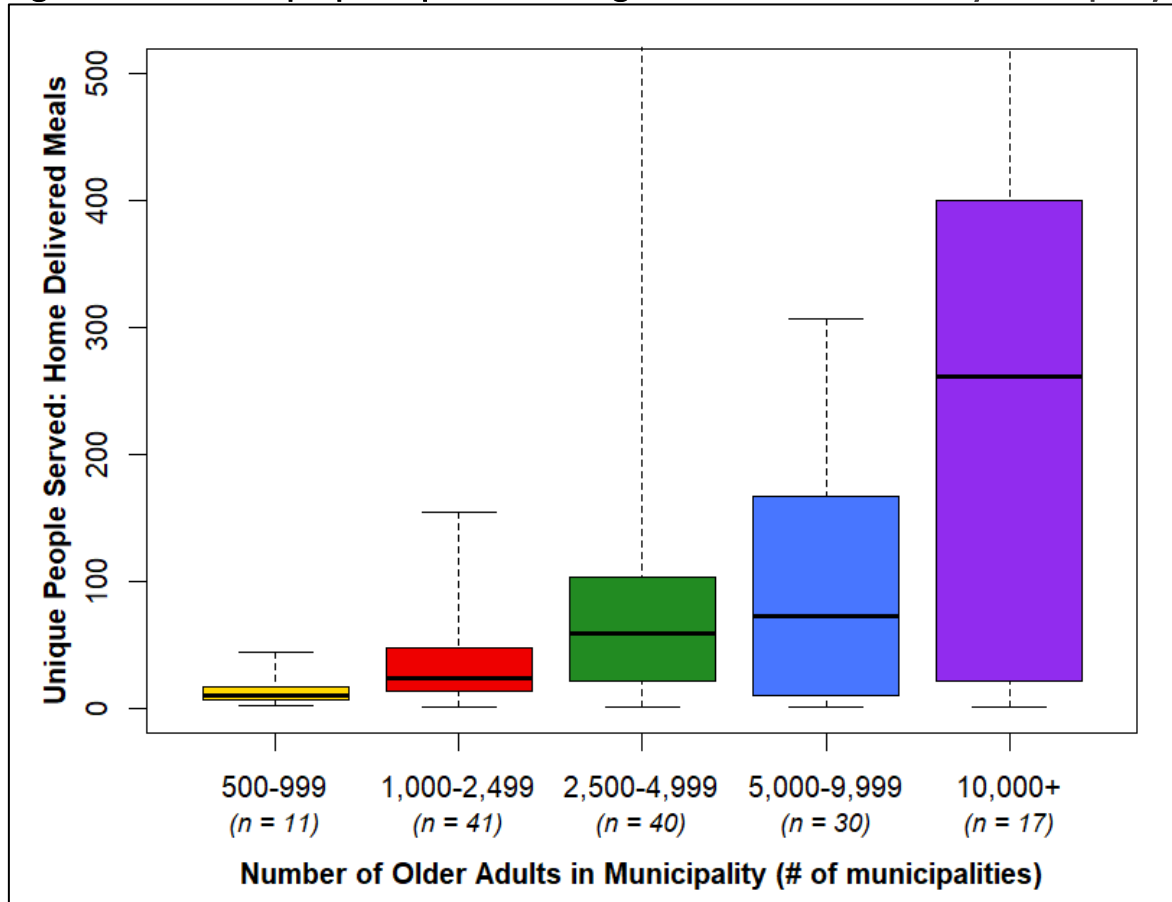
Figure E.5. Total home delivered meals provided, by municipality size



Notes. This figure excludes COAs that reported providing zero meals. The maximum for COAs in municipalities with more than 10,000 older adults was 90,463 meals and the maximum for COAs in municipalities with between 5,000 and 9,999 older adults was 34,976 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 ten participants in municipalities with fewer than 1,000 older adults, to a median of 261 participants in the largest municipalities (Figure E.6).

Figure E.6. 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 and the maximum value for COAs in municipalities with between 2,500 and 4,999 older adults was 815 unique participant.. 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 47% of participants were between ages 75 plus (Table E.3) and 64% were female (Table E.4)⁶

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	4%	5%	5%	5%	4%	3%
Percent Age 60-74	38%	49%	38%	36%	37%	42%
Percent Age 75+	47%	37%	49%	49%	47%	44%
Percent Unknown	11%	9%	9%	10%	13%	12%
<i>Participants with Data</i>	357,690	5,791	43,574	94,862	121,385	92,078

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	27%	28%	30%	27%	26%	28%
Percent Female	64%	69%	66%	68%	63%	61%
Percent Other	1%	0%	0%	3%	0%	0%
Percent Unknown	7%	3%	4%	2%	11%	11%
<i>Participants with Data</i>	345,132	5,393	41,966	92,286	113,833	91,654

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

⁶ COAs reported 426,462 total unique participants (n=276). Approximately 86% of COAs provided data on participant age (these COAs did not know the age for roughly 11% of participants). COAs with 86% of participants provided data on participant gender (these COAs did not know the gender for roughly 7% of participants).

Appendix F: Towns with Fewer than 500 Older Adults

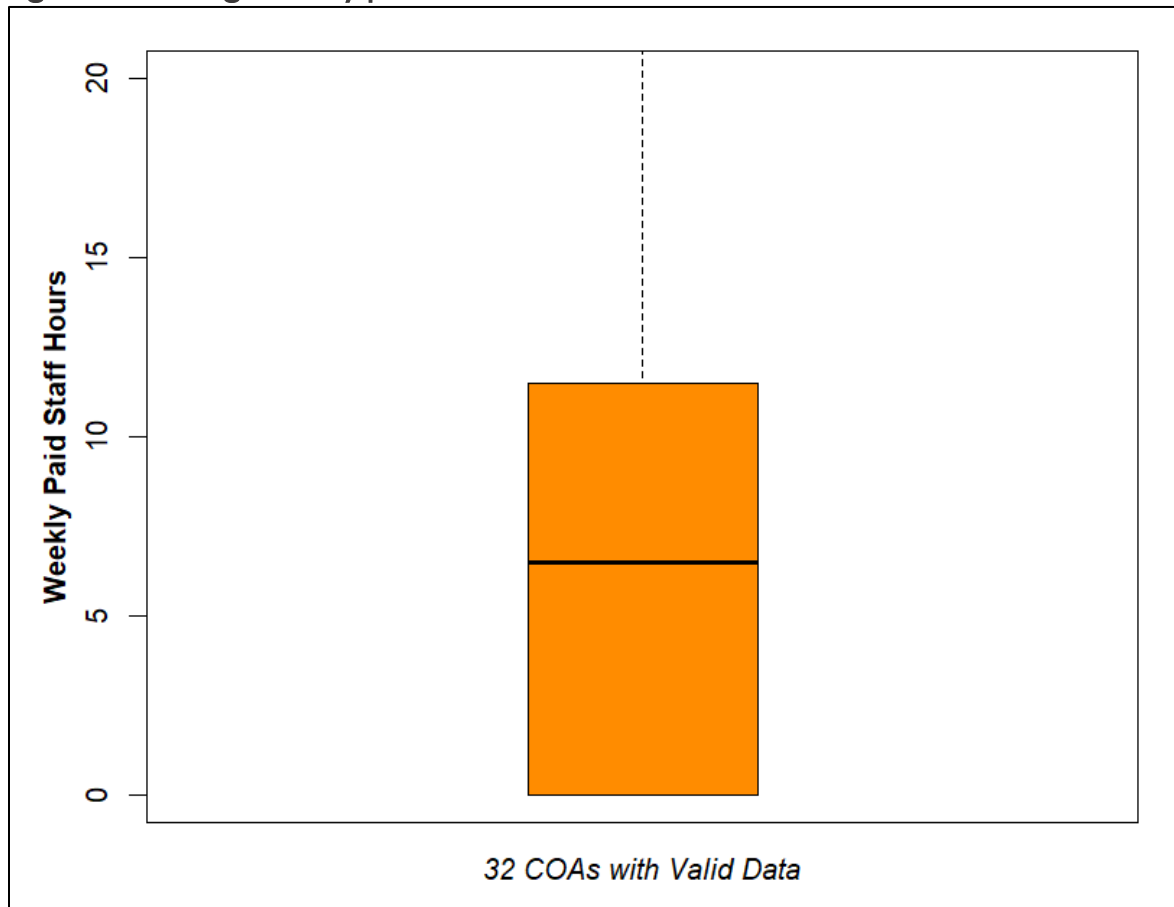
To minimize administrative burden, the Executive Office of Aging & Independence (AGE) asked COAs in municipalities with fewer than 500 older adults to complete an abridged version of the online form that requested:

- 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 seven (Figure F.1).

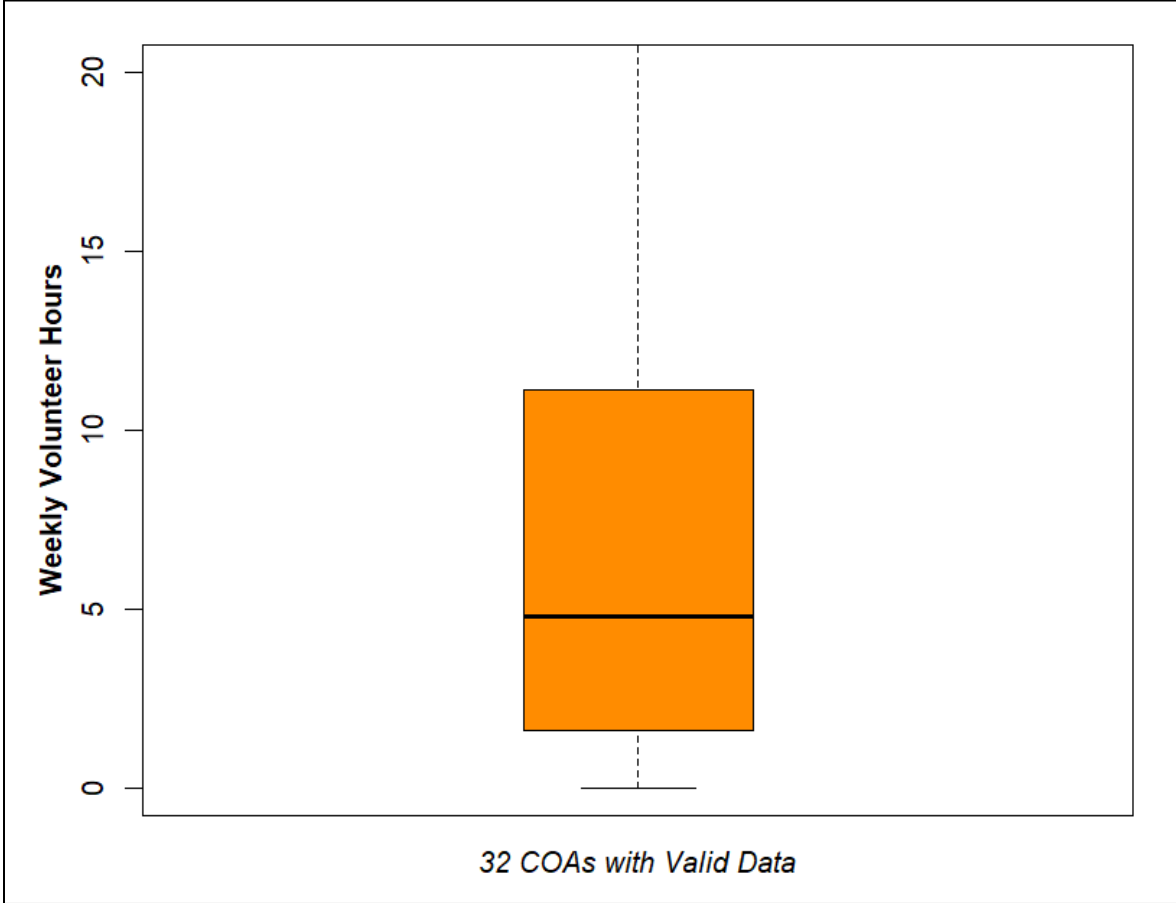
Figure F.1. Average weekly paid staff hours (< 500 older adults)



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

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

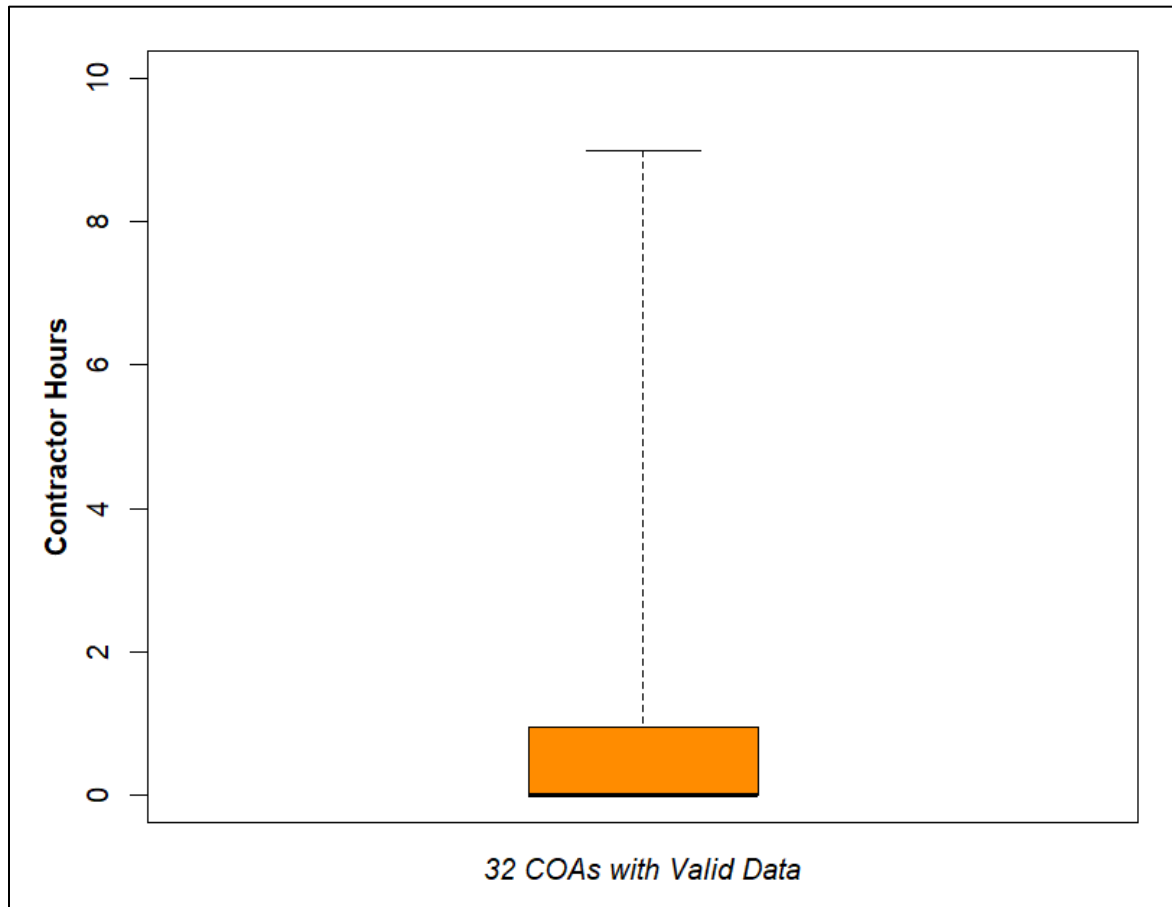
Figure F.2. Weekly volunteer hours (< 500 older adults)



Notes. COAs reported total annual hours; AGE divided this number by 52 to calculate weekly hours. The maximum value for these COAs was 277 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)



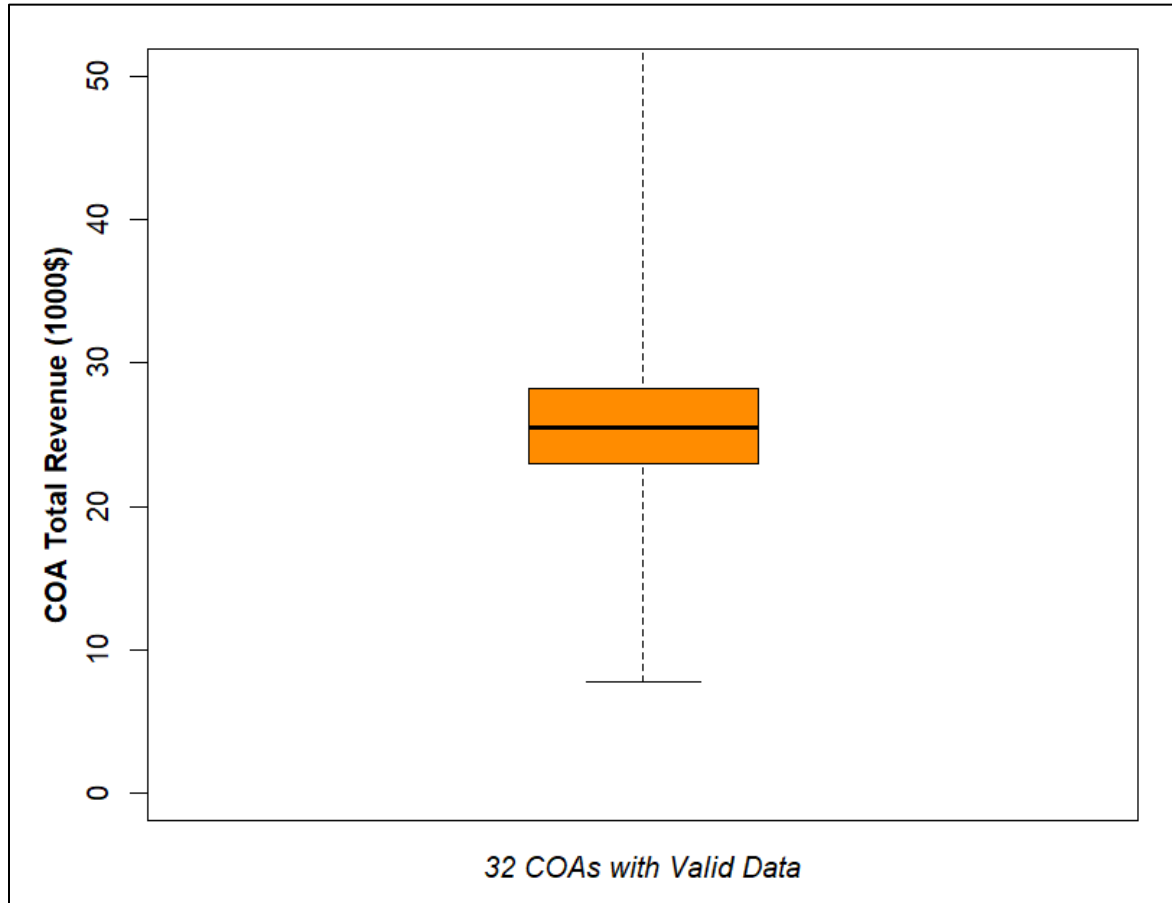
Notes. COAs reported total annual hours; AGE divided this number by 52 to calculate weekly hours.

Box plots are not presented for SPTW individuals and interns, as they were rarely used—two COAs reported using SPTW individuals and two 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 \$1,075,266 in revenues.

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



Notes. The maximum value for these COAs was \$142,945.

Compared to COAs in larger municipalities, COAs in these smaller towns received a larger percentage of revenue from AGE (median = 29%)⁷ less from their municipal governments (median = 26%) and a higher amount from other sources (median = 44%), see Figures F.5, F.6, and F.7.

⁷ Unlike the rest of the data in this report, which was provided by COAs or their database provider, the AGE appropriation to each COA was obtained from AGE records.

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

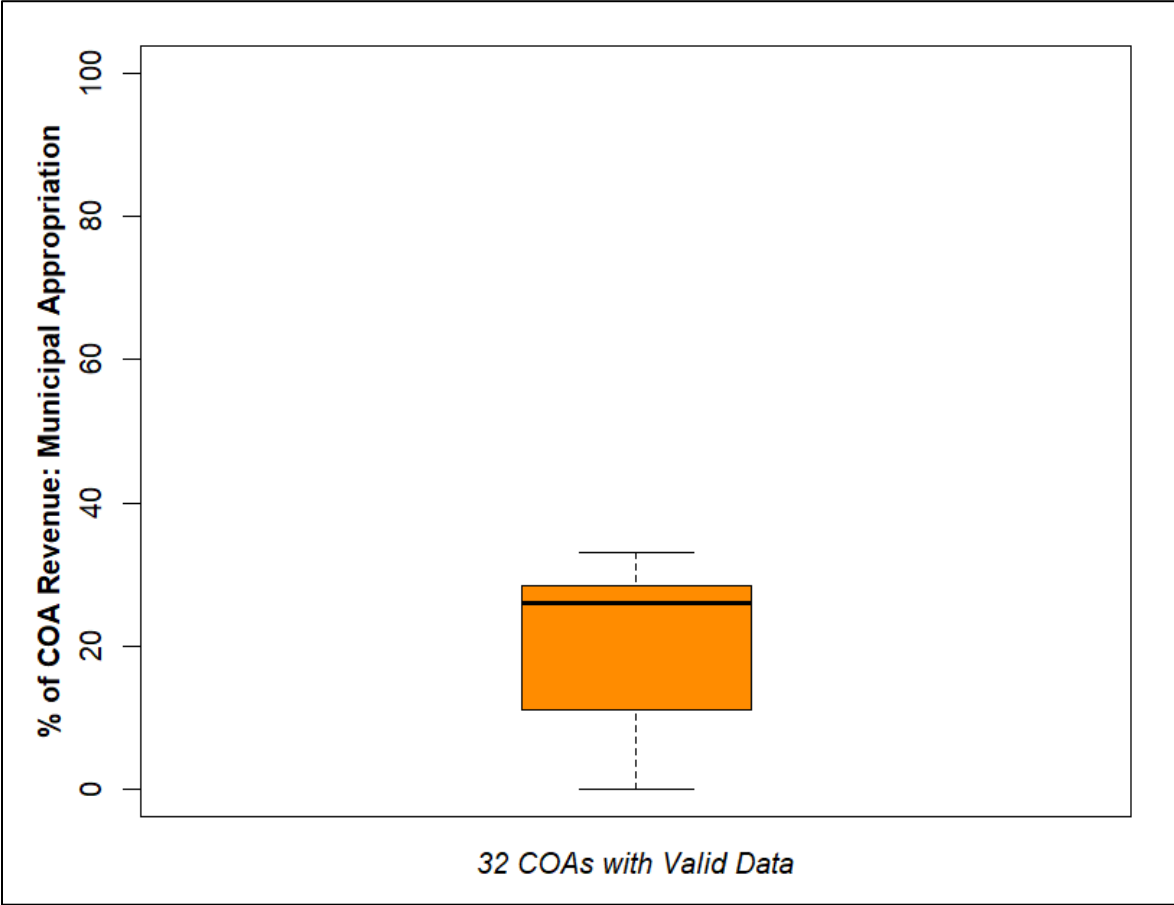


Figure F.6. State AGE appropriation as a percentage of COA revenue (< 500 older adults)

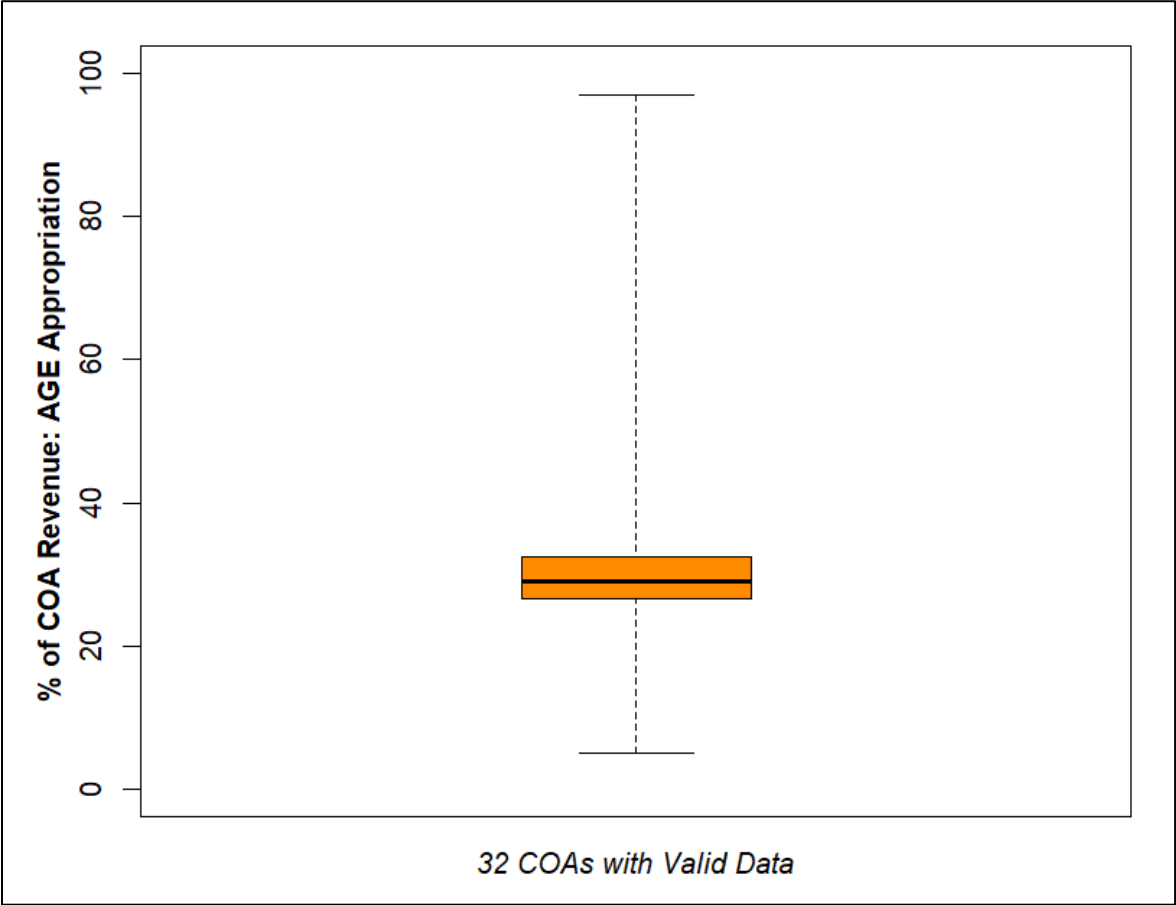
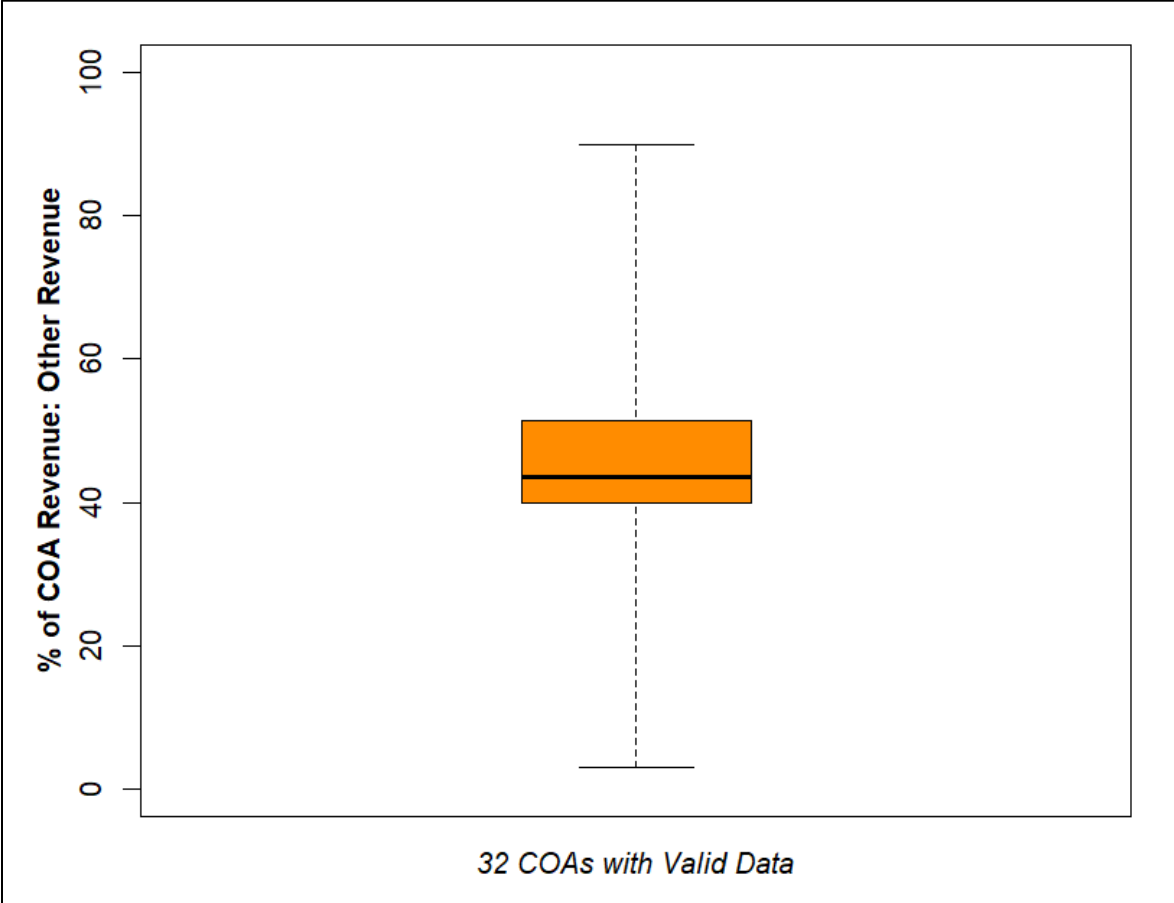


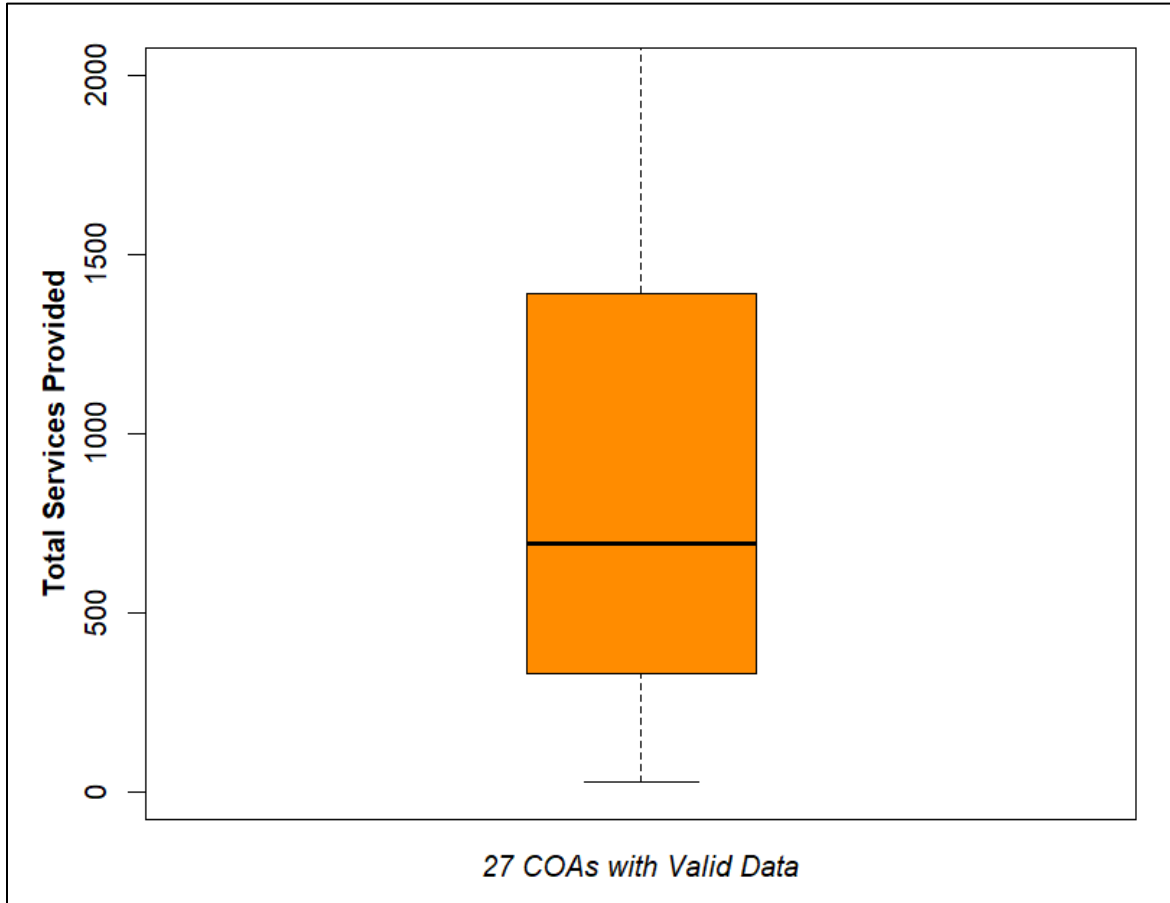
Figure F.7. Other revenue as percentage of COA revenue (< 500 older adults)



Services and Activities

The median service units provided in FY25 was 693 (Figure F.8).

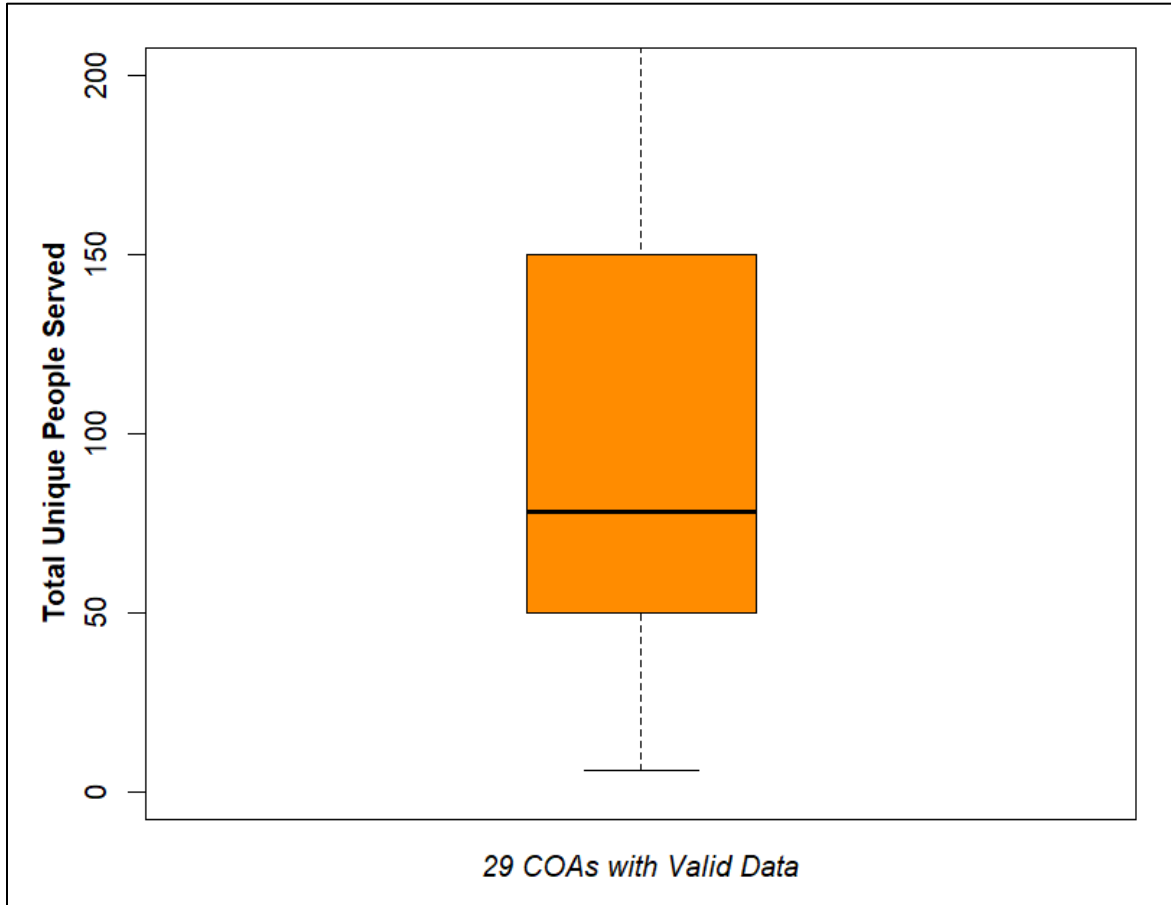
Figure F.8. Total service/activity units provided (< 500 older adults)



Notes. The maximum value for these COAs was 14,627 service units.

The median number of different people served by these small COAs was 78 (Figure F.9).⁸ Cumulatively, smaller COAs reported serving 4,089 unique people.

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



Notes. The maximum value for these COAs was 958 unique people served.

Appendix G: Data Collection and 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 September 2025, AGE emailed all COAs asking them to submit their annual report data by October 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,⁸ and COAs could permit the system provider to share the activities information with AGE.⁹ Alternatively, COAs could manually enter and submit their activities data using the AGE online form.¹⁰

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).¹¹

Of the 311 COAs in municipalities with 500 or more older adults, 295¹² completed AGE’s online form, of which 167 COAs allowed the database provider to provide activities data to AGE. Of the 39 COAs in towns with fewer than 500 older adults, 32 COAs completed the online forms.

Roughly 95% (295/311) of COAs in larger municipalities and 82% (32/39) of COAs in small

⁸ Roughly 75% of Massachusetts COAs use the same database provider.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² This is larger than the sample size typically reported in these appendices, as several COAs submitted as part of consortia (see next section).

towns with fewer than 500 older adults provided at least some data to AGE. The submitting COAs were in municipalities that include 97% (1,650,008/1,702,365) of Massachusetts older adults.

Consortia

In five 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 twelve consortia COAs are considered five 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 two COAs that did not provide data for any services/activities, AGE left all fields blank.¹³

For services and activities reported by the database provider, when the data indicated blank services provided and zero unique people (or vice versa), AGE imputed zeros for the blank fields.

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.

A few COAs reported implausible personnel or revenue values (for example, reporting that staff, on average, worked more than 60 hours per week). AGE contacted these COAs to confirm the values or obtain correct values.

¹³ 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.

AGE corrected the following activities/services inconsistencies:

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

Appendix H: How COAs Stretch Resources to Reach Greatest Need

Example	What they did	Who it reaches (GSN/GEN / “invisible need”	How they funded / braided it	What the braid enabled
Sandwich	Coordinated cross-agency response with high-intensity home visits and case management for hoarding, wandering, and unsafe behaviors.	Older adults in unsafe home situations, cognitive decline, behavioral health needs, and elevated safety risk (e.g., hoarding, wandering, financial exploitation).	COA Director + Outreach Coordinator + Adult Protective Services (APS) + Elder Services of Cape Cod & the Islands (ESCCI) + Town Social Worker + Health Agent + Police Community Services + Fire Dept + Town Public Health nurse	Enabled stronger coordination and shared accountability for complex safety cases.
Pittsfield	Strengthened coordinated response for unhoused older adults and people with significant mental health histories. Used court records to find legal guardians or responsible parties.	Unhoused older adults and individuals with significant mental health histories.	Senior Center + Board of Health + Pittsfield Police Co-Responder Unit + coordinated workflow + public court records	Enabled rapid, coordinated support, helped ensure fewer residents were left behind, and improved the COA’s ability to identify and engage legal guardians and responsible parties in complex cases.
Winchendon	Launched a fare-free, Americans with Disabilities Act (ADA) compliant microtransit program (Winchendon Community Connector) coordinated through the COA, combining on-demand rides with the fixed-route Toy Town Trolley and allowing scheduling by app, phone, or through the COA.	Older adults without reliable transportation, including non-drivers and those who need non-digital scheduling options, as well as older adults at risk of isolation due to transportation barriers.	Massachusetts Department of Transportation (MassDOT) + Montachusett Regional Transit Authority (MART) + municipal support + volunteers + COA coordination + resident input	Enabled fare-free access to medical care, groceries, and community activities, reduced reliance on others for rides, and improved access for older adults despite digital barriers.
Lakeville	Established a COA-based food pantry where residents schedule a private 20-minute shopping appointment, with no income verification and a separate outside entrance to protect confidentiality.	Older adults experiencing food insecurity, including those who may avoid public pantries due to stigma or privacy concerns.	Plymouth County ARPA funds (construction) + South Shore Community Action Council (support/supplies) + donations + Town departments and employees	Enabled confidential, low-barrier food assistance and sustained pantry operations through ongoing community and partner support.
Weymouth	Used grant-funded per diem drivers to provide non-medical rides for otherwise homebound older adults to	Homebound older adults, including those without a vehicle or who are unable to drive.	SIG Transportation Grant (per diem drivers) + COA program infrastructure (70+ weekly programs/services)	Enabled expanded access to COA programs and services (including free AARP tax

	and from the COA, where staff check in with riders about wellness and potential eligibility for supports.			preparation) and increased opportunities for wellness check-ins and identifying needs and potential eligibility for assistance.
Westfield	Partnered with Highland Valley Elder Services (HVES) to provide curbside meals (donation-based) M-F so the COA could focus on indoor dining (fee-for-service) and used cost savings to expand meal choice (up to three options), add a Friday breakfast program, and introduce a COA take-out option.	Older adults who need curbside access, people who choose meals based on cost, preference, or dietary needs, and those who can't attend the primary services or want an additional meal (such as dinner).	COA (2-person kitchen staff) + HVES meal production capacity + dual pricing (COA fee-for-service indoor meals + HVES donation-request curbside meals) + COA fee-for-service take-out meals	Enabled more meals to be served, expanded choice, reduced cost barriers, and increased overall scale.
Haverhill	Employed a minority outreach worker and partnered with the Haverhill Public Health Department for social worker support, while working with AgeSpan for referrals and meal assistance.	Older adults in under-connected communities, including those facing language barriers and socioeconomic hardship.	Minority outreach worker + Public Health Dept (social worker) + AgeSpan (referrals & meal support)	Enabled better connection to referrals and meal support for older adults facing language and socioeconomic barriers.
Westwood	Launched "Safety over Sandwiches," a two-part safety-preparedness program with coordinated presentations on local services, 911 response, and "to-go" bag readiness.	Older adults seeking emergency preparedness guidance, especially those with higher safety risk or fewer supports (living alone, limited mobility, complex health needs) and those less likely to seek help until a crisis.	COA + Fire Dept + Police Dept + Public Health Nurse + COA Nurse + Social Worker + COA Assistant Director	Enabled earlier prevention and preparedness, clearer "what to do" pathways during emergencies, and stronger cross-department relationships that support faster, coordinated response when a resident is at risk.
Boston	Brought services into 23 neighborhoods by expanding community-based Medicare enrollment events and hosting a multi-stop series to help homeowners access tax relief and other benefits. Staff hold regular neighborhood hours and outreach at housing and events, supported by 25+ volunteer stations.	Older adults across Boston's 23 neighborhoods who face barriers to traveling downtown, especially homeowners seeking tax relief and residents who may be eligible for benefits and savings programs and need in-person screening and application help close to home.	Age Strong leadership + SHINE counselors (Age Strong staff & partner staff incl. AGE) + multi-department & community partner events + AmeriCorps Seniors	Enabled benefits access close to home through expanded neighborhood events, outreach hours, and volunteer stations, reducing the need to travel downtown.

Bedford	"Hopeful Connections" delivered Comfort Totes to isolated or grieving older adults, funded decluttering help ("Clear the Clutter"), and offered short-term caregiver grants for in-home care.	Isolated or grieving older adults, older adults who need decluttering support to make their homes safer and more comfortable, and family caregivers who need short-term relief.	SIG Funding + COA staff capacity + high school S.A.I.L. program	Enabled expanded outreach to isolated or grieving older adults, improved home safety and comfort through decluttering services, and provided caregivers short-term relief through temporary in-home care coverage.
Winchester	Expanded its Caregiver Respite Program and launched the Winchester Resource Hub for Seniors & Caregivers (a COA digital resource directory), a caregiver library at the COA, and the Winchester Caregivers Network Facebook Group. These initiatives also include events, speakers, and support groups that connect caregivers with resources, planning tools, training, and peer support.	Family caregivers juggling care responsibilities with limited time and support, care recipients who benefit from structured engagement, and caregivers seeking guidance, navigation, and practical tools.	COA/Jenks Center program capacity + local foundation funding from the Winchester Mount Vernon House.	Enabled reliable respite and a centralized caregiver support system (resource hub, library, peer network, and programming) that improves access to tools, guidance, and connections that help sustain aging in place.
Lexington	Hosted an Aging in Place Fair with 250+ attendees and 52 vendors, bringing together municipal departments, home health agencies, AARP, home-adaptation specialists, and medical-equipment providers. The event highlighted practical home-modification options and offered workshops on universal design and "smart home" safety tools.	Older adults and caregivers planning to age in place, including residents with emerging mobility/fall-risk needs who may not yet be connected to formal supports.	COA program capacity and space + municipal departments + community/vendor partners	Enabled greater awareness of and access to home-safety solutions and trusted referrals, strengthening local pathways for aging safely and independently at home.