

# Wellesley Council on Aging: Planning for the Future

November 2025

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Commissioned by the Town of Wellesley  
Council on Aging

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Center for Social and Demographic Research on Aging  
Gerontology Institute  
Donna M. and Robert J. Manning College of Nursing and Health Sciences  
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# Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston’s Donna M. and Robert J. Manning College of Nursing and Health Sciences. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies throughout the Commonwealth. Caitlin Coyle, PhD, and Beth Rouleau, MS, are primarily responsible for the contents of this report. Other contributors include Yan Jhu Su, PhD, and undergraduate students MaryJane Barron, Kyrie Chung, Ariel Nguyen, and Eli Mari Roman Lima.

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We would like to acknowledge the Wellesley Council on Aging Board of Directors:

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## Introduction

Wellesley is home to a vibrant and growing community of older adults who contribute in countless ways to the character and vitality of the Town. As lifespans lengthen and the “baby-boomer” generation enters retirement, the needs, preferences, and opportunities for residents aged 60 and older continue to evolve. In recognition of this changing landscape, the Wellesley Council on Aging (COA) has undertaken this comprehensive needs assessment to understand current conditions, hear directly from older residents, and lay the groundwork for future planning, programs, and partnerships.

Currently, more than one in five Wellesley residents is aged 60 or older, including 1,370 residents aged 80 and older. It is expected that this population of residents will continue to comprise a significant share of the population. For example, projections suggest that by 2040, 26% of Wellesley’s population will be considered older adults. Wellesley’s 60+ population is diverse, spanning active adults in their early retirement years to residents in their 80s and beyond, with varying health, mobility, and social needs. This range underscores the importance of offering flexible, multi-dimensional programs and services that support both engagement and independence across different stages of aging.

This demographic shift also has important implications for the Town as a whole. As the proportion of older residents grows, demand will increase for accessible housing, transportation, social services, and opportunities for engagement that support aging in place. Proactive planning by the COA and Town leadership will be essential to ensure that Wellesley remains a community where residents of all ages can live well, stay connected, and thrive.

Taking a community-engaged approach, this assessment sought to capture the voices, experiences, and aspirations of older adults living in our community. It is designed to support the COA in fulfilling its mission: acting as the community resource for older adults, their families, and caregivers; advocating for their interests; and offering social, educational, physical activity, transportation, and nutrition programs that promote health, independence, and meaningful engagement.

Specifically, this needs assessment aimed to:

1. Describe the demographic and social trends shaping Wellesley’s older adult population.
2. Identify older residents’ priorities, challenges, and unmet needs—spanning health and wellness, housing and mobility, social connection, learning and engagement, and community services.
3. Explore how existing programs, services, and facilities meet those needs, and where gaps remain.
4. Provide evidence-based recommendations to guide COA strategic planning, resource allocation, partnerships, and program design over the next 3-5 years.

By grounding our work in local data, resident input, and best practices from age-friendly communities, the COA commits to planning proactively rather than reactively, ensuring that Wellesley remains a place where older adults thrive, remain connected, and contribute across

generations. This report is intended for the COA Board and staff, Town leadership, partner agencies, and all community members interested in supporting healthy and engaged aging in Wellesley.

## **Wellesley Council on Aging**

The **Wellesley Council on Aging (COA)** is a municipal department housed in the **Tolles Parsons Center** and guided by an 11-member Board of Directors. As Wellesley's primary advocate and resource for residents aged 60 and older, the COA works to promote independence, well-being, and a mindful approach to aging.

Every city and town in Massachusetts has a COA, and in most communities, the COA serves as the only public social service agency for older adults. Each COA sets its own priorities based on local needs and resources, often managing a senior center where programs and services are offered by a dedicated staff and team of volunteers.

In Wellesley, the COA's governance model is unique in comparison to those of other communities. The Wellesley COA Board is a full governing body with departmental oversight, while in the vast majority of Massachusetts towns, the COA Board has an advisory role. Wellesley's COA Board of Directors is appointed by the Select Board for a three-year term. The role of the 11-person Board of Directors is to provide active direction and support to the expanding services, programs, activities, and operations of the COA to enhance the health and social well-being of the senior residents of Wellesley. Per Town Bylaws and Regulations, the COA Board is the sole conduit between the Select Board and COA staff. This governance model requires continuous communication and coordination to ensure that the dedication and talent of the Board and staff are celebrated and leveraged in support of the COA's mission. To that end, the COA is dedicated to building understanding of the governance model through engagement, training, and professional development that fosters a collaborative, efficient, and community-impact-driven environment.

In Wellesley, the COA collaborates closely with other Town departments and community partners, including Springwell, the Massachusetts Council on Aging (MCOA), **and the** Executive Office of Aging and Independence (AGE). Together, these organizations ensure that older residents are welcomed, supported, and connected to opportunities that help them thrive.

The COA's mission reflects this commitment:

*The Mission of the Wellesley Council on Aging is to serve as the primary resource for residents over the age of 60; to empower individuals to reach their goals; to offer comprehensive programs, services, and assistance that optimize quality of life; and to enable meaningful connections and collaborations that inspire a spirit of community across the generations in our town.*

COAs play many roles in their communities. They promote health and engagement through activities like exercise classes, lifelong learning, and social programs that encourage connection and personal growth. They also provide services that support physical and emotional wellness, including transportation assistance and health clinics. COA staff link residents to benefits and

programs such as health insurance, income support, and in-home services, and they offer leadership on aging issues by collaborating with other municipal offices and organizations.

The Tolles Parsons Center, located **at** 500 Washington Street, has been home to the Wellesley COA since its opening in October 2017. The 13,000-square-foot facility includes a café and lounge, a multi-purpose room, a game and billiards area, outdoor seating, and dance and fitness spaces. The building's commercial kitchen is currently under renovation and will soon host nutrition programs, cooking classes, and social gatherings. The Center is open Monday through Friday, 9:00 AM to 4:00 PM. Residents can contact the COA at 781-235-3961 **or** [coa@wellesleyma.gov](mailto:coa@wellesleyma.gov), and may subscribe to the COA newsletter for updates and announcements.

A wide range of programs and services are available through the COA. Transportation assistance helps older residents stay mobile and independent. The COA bus provides rides for medical and non-medical appointments within Wellesley and nearby communities, while the Catch Connect transit service offers free curb-to-curb rides to local destinations, including MBTA and commuter rail stations. Additional options are available through the MetroWest Regional Transit Authority (MWRTA), which provides paratransit service for individuals with disabilities, a Boston Hospital Shuttle for medical appointments in the city, and other specialized transportation programs. Residents may also qualify for medical transportation through MassHealth, private insurers, or non-profit programs such as the American Cancer Society's Road to Recovery.

Nutrition and social connection are central to the COA's mission. Four days a week, the COA partners with local restaurants to offer affordable, catered lunches served at noon in the Tolles Parsons Center café. Meals are \$6 for residents and \$12 for non-residents, with advance registration required. While the COA does not currently offer home-delivered meals (they are available through Springwell), the in-person lunch program provides both nutrition and an opportunity for neighbors to come together. Volunteers are essential to the COA's success. From greeting visitors and serving meals to driving residents to appointments, volunteers of all ages help foster community spirit and connection.

The COA also provides direct support and outreach to older adults and their families. Staff offer home visits, benefits counseling, referrals to community programs, and crisis intervention. Support groups for caregivers and veterans, equipment loans, and wellness checks are provided in collaboration with partners such as the Norfolk County Sheriff's Reassurance Program.

A broad selection of health and wellness opportunities is available, including fitness classes, walking groups, yoga, Pilates, health clinics, and educational sessions. Lifelong learning programs, book clubs, technology workshops, and special presentations encourage intellectual engagement. Social activities such as games, art classes, musical performances, movies, and group outings help residents stay connected and active within the community.

Together, these offerings reflect the COA's commitment to enriching the lives of Wellesley's older residents—supporting independence, connection, and a strong sense of community. As the number of older residents grows, so too will the need for resources, programs, and services that allow them

to remain engaged, independent, and supported in Wellesley. This report is intended as a tool to guide planning, investment, and collaboration across the community.

## Methods

This assessment utilized both qualitative and quantitative data collection methods alongside rigorous analyses in order to capture a broad and deep understanding of Wellesley and its older residents. Methods used in compiling this report include analysis of existing data and primary data collected through qualitative and quantitative methods. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey) and from projections generated by the Donahue Institute at the University of Massachusetts. Primary data were collected through qualitative methods, including key informant interviews and focus groups, and through a community survey. Additional information about the community was retrieved during a systematic review of documents provided by the Town that reflect community-wide planning processes and recent initiatives.

## Demographic Profile

As an initial step toward understanding characteristics of the Town of Wellesley's older population through quantitative data, we generated a demographic profile of the Town of Wellesley using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current five-year ACS files (2019-2023), along with U.S. Census data for Wellesley, to summarize demographic characteristics including growth of the older population; shifts in the age distribution; gender, race, and education distributions; householder status; living arrangements; household income; and disability status.

## Key Informant Interviews

In the winter of 2025, research staff from the Center for Social and Demographic Research on Aging (CSDRA) conducted interviews with seven individuals who currently hold leadership positions in Wellesley. The interviews were conducted via phone or video conference and ranged from 45 to 90 minutes. With one exception, the interviews were held individually and included: 1) Chair, Council on Aging Board; 2) Community Social Worker, Tolles Parsons Center (TPC); 3) Community Social Worker, Health Department; 4) Public Health Nurse, Health Department; 5) Member, Select Board; 6) Chief, Police Department; 7) Chief and Lieutenant, Fire Department. The interviews focused on the interviewees' perceptions relating to unmet needs, as well as foreseeable community needs, and potential solutions that promote aging in place and wellness among residents.

## Focus Groups

During the fall of 2025, research staff from the CSDRA conducted two in-person focus groups at the TPC (n=20), as well as individual conversations with both Chinese-speaking and English-speaking residents of Wellesley Senior Housing properties (n=5). Among the focus group participants, close to 80% identified as being an infrequent participant or non-participant at the TPC. The in-person focus groups lasted close to 90 minutes. The focus groups were designed to learn resident perspectives related to valued features in the community, as well as challenges. In addition to

general feedback, there was focused discussion related to participation levels at the TPC, and associated barriers that limit engagement.

## Community Survey

In collaboration with the Wellesley COA and representatives from Wellesley departments that interact with older adults, a community survey was developed for this study and mailed to all residents aged 60 and over (n=5,000). A mailing list was obtained from the Wellesley Town Clerk, based on the most current municipal census. Postcards were mailed to participants alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to Wellesley residents meeting the age requirement, along with a postage-paid return envelope. An electronic version of the survey was made available via the Town's website. A total of 1,482 responses to the survey were obtained, representing a return rate of 30% of the surveys. Twenty-one percent were returned online (n=318), and the rest of the responses were returned by mail.

## Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in **Appendix A** and throughout the Results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., "*What are your greatest concerns about your ability to continue living in Wellesley?*"). Detailed notes taken during the study's qualitative components (i.e., interviews, focus groups) were reviewed by multiple project staff and used to characterize and categorize the ways in which aging issues are impacting older adults and individuals who work with older adults in Wellesley. We used information from all sources of data to develop recommendations reported in the final section of this report.



# Results

## Demographic Profile

### Age Structure and Population Growth

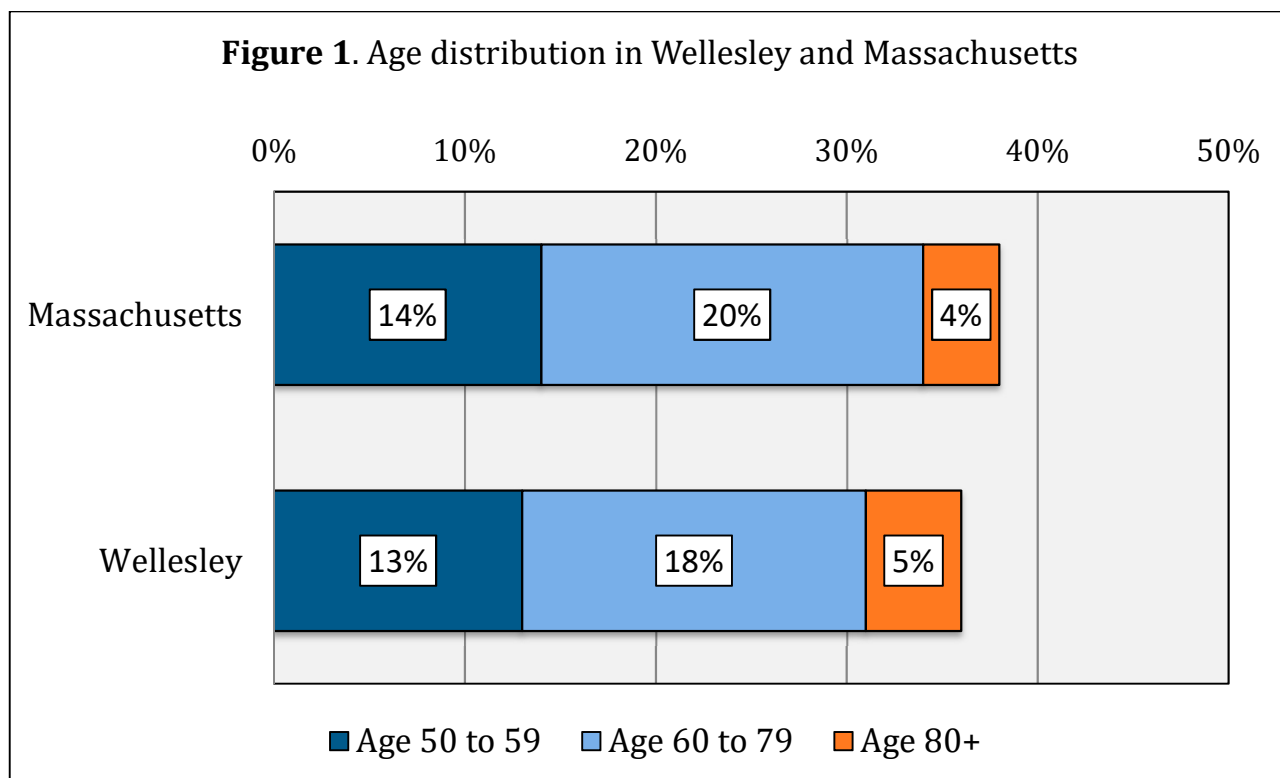
According to the American Community Survey (ACS), there were about 29,906 residents living in the Town of Wellesley in 2023. About 36% of the population (10,692 individuals) were aged 50 and older (**Table 1**). Residents who were aged 50 to 59 (4,035 individuals) made up 13% of the population; residents aged 60 to 79 (5,287 individuals) comprised around 18%, and another 1,370 residents (5%) were aged 80 and older.

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

Age Category	Number	Percentage
Under age 18	7,097	24%
Age 18 to 24	5,911	19%
Age 25 to 49	6,206	21%
Age 50 to 59	4,035	13%
Age 60 to 79	5,287	18%
Age 80 and older	1,370	5%
Total	29,906	100%

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

The share of the Wellesley population aged 50 and older is slightly smaller than that of the overall state of Massachusetts (**Figure 1**). About 38% of the Massachusetts population was in the 50+ age group in 2023, compared to 36% of the Wellesley population. Compared to the Commonwealth, Wellesley also had a slightly smaller portion of residents aged 60 and older. In 2023, Massachusetts residents aged 60 and over comprised about 24% of the population, including 4% aged 80 and over. In Wellesley, about 23% of the population was 60 or older, including 5% who were 80 years or older.

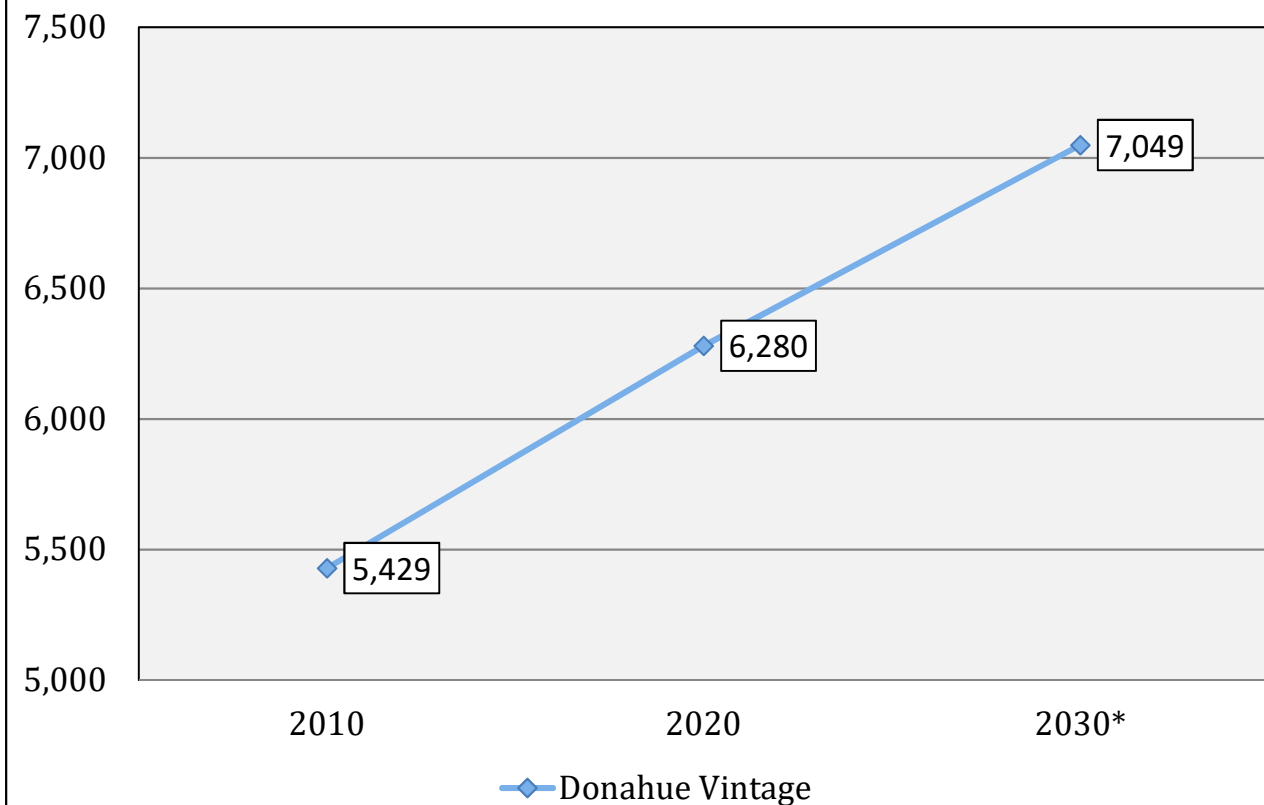


Source: American Community Survey, 2019–2023, Table B01001. Numbers are calculated from 5-year survey estimates

Population growth in both Massachusetts and the Town of Wellesley has been concentrated in older age groups. Between 2000 and 2010, the population of all ages increased by 5% in Wellesley and 3% in the state as a whole. In both Wellesley and Massachusetts, the absolute numbers of residents aged 50 and over also grew substantially during this time period (*US Census, Tables P012 and P12*). The segment of Wellesley’s population aged 50 to 59 increased in size by 10%, a rate of growth lower than in Massachusetts overall (29%). The population of residents who are aged 60 and older increased by 14% in Wellesley, compared to a 16% increase for the state.

The increases in the share of the older population are projected to continue in the following decades. **Figure 2** shows the projection for the Wellesley population aged 60 and over. It was generated by the Donahue Institute at the University of Massachusetts and suggests a steady increase in the share of the older population between 2010 and 2030.

**Figure 2.** Alternative Wellesley projections; number of residents age 60 and older in 2010 and 2020 with projections to 2030\*



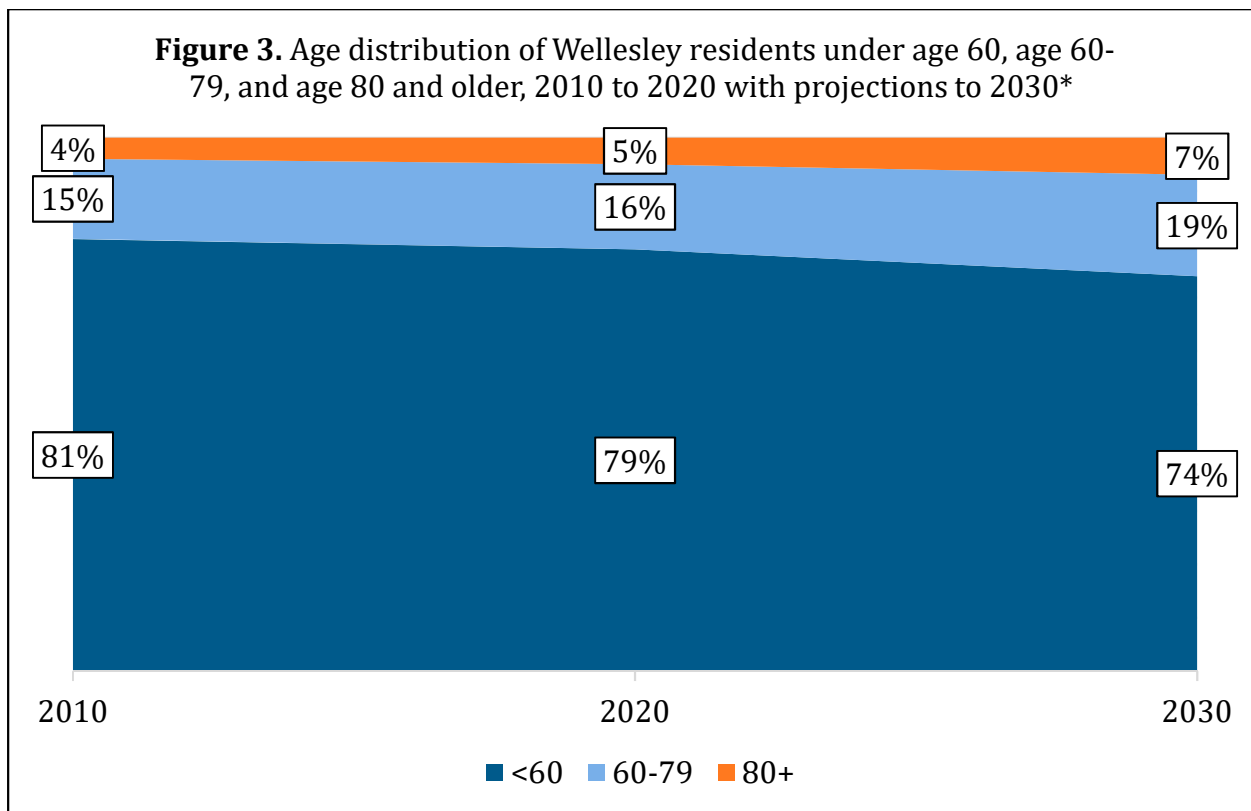
Source: Population figures for 2010 and 2020 are from the U.S. Census.

\*The projection for 2030 is estimated by the Donahue Institute, University of Massachusetts

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

**Figure 3** shows the age distribution of Wellesley's population from 2010 to 2020, and population projections for 2030.<sup>1</sup> In 2010, about 19% of Wellesley's population was aged 60 and older; this percentage slightly increased by 2020 (21%). According to projections created by the Donahue Institute at the University of Massachusetts, a trend toward an older population is expected in future decades. Donahue Institute vintage projections suggest that by 2030, more than one out of every four Wellesley residents will be aged 60 or older—19% of Wellesley's population will be between the ages of 60 and 79, with an additional 7% aged 80 and older.

<sup>1</sup> Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The Donahue Institute projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of population levels. For more information on the methods used to create the Donahue Institute projections, see Renski, Koshgarian, & Strate (March 2015).



Source: Population figures for 2000 through 2010 are from the U.S. Census.

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

### Socio-Demographic Characteristics of Wellesley's Older Population

Wellesley is less diverse than the state with respect to race. For all ages combined, about 72% of Wellesley residents report their race as White non-Hispanic, compared to 68% in Massachusetts (ACS, 2019–2023, Table B01001). **Table 2** displays the race and ethnicity of Wellesley residents aged 65 and older. The large majority of older residents report White race and ethnicity (89%). The remaining percentage of the population 65 and older report Asian (7%), Black (1%), and about 3% report other race and ethnicity. Only 2% of Wellesley's older adult population identify as Hispanic or Latino (*results not shown*).

**Table 2.** Race distribution of residents who are age 65 and older in Wellesley

Race	Number	Percent
White	4,265	89%
Black	67	1%
Asian	329	7%
Other	138	3%
Total	4,799	100%

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

Additionally, almost 15% of older Wellesley residents speak a language other than English at home (*ACS, 2019–2023, Table B16004*). Those who speak a language other than English at home most commonly speak an Indo-European language (9%), followed by an additional 4% who speak an Asian or Pacific Island language. The remaining 2% of the population who speak a language other than English speak Spanish or other languages.

ACS estimates on education suggest that Wellesley residents are well educated on average. About 76% of persons 65 and older have either a bachelor’s degree or a graduate/professional degree (*ACS, 2019–2023, Table B15001*). Among this cohort, 33% have a bachelor’s degree, and 67% have a graduate degree. This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

Similar to older adults living in communities throughout the U.S., a large proportion of Wellesley residents aged 65 and over remain in the workforce. Almost 44% of adults aged 65 to 74 are participating in the labor force. Of those aged 75 and older, nearly 12% remain in the workforce (*ACS, 2019–2023, Table S2301*).

Nearly 16% of men aged 65 and older report veteran status (*ACS, 2019–2023, Table B21001*). As a result, many of Wellesley’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

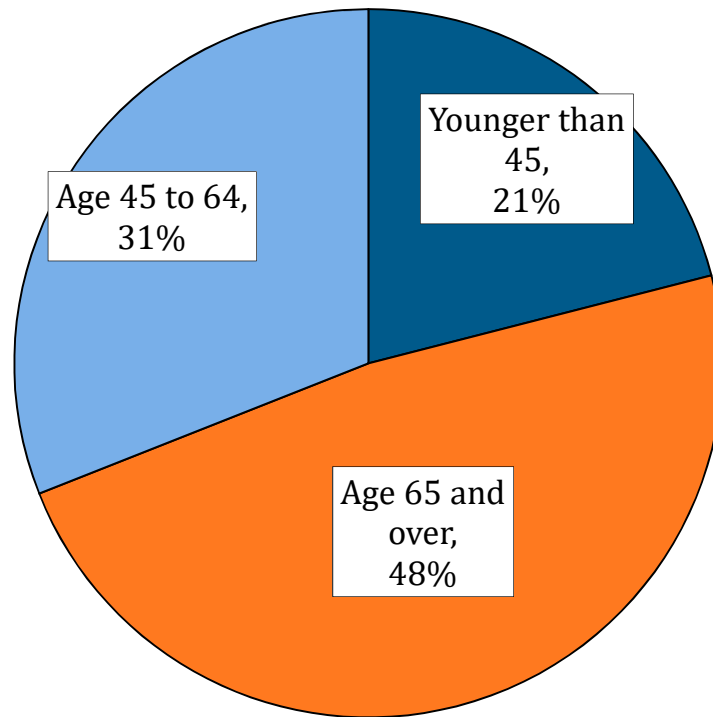
### **Living Arrangements and Housing Costs of Wellesley’s Older Population**

A majority of Wellesley’s 9,101 households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents aged 45 and older are householders of 79% of all households in Wellesley,<sup>2</sup> including 48% of those who are aged 65 and over (**Figure 4**).

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<sup>2</sup> Many available Census data on the older population of Wellesley are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

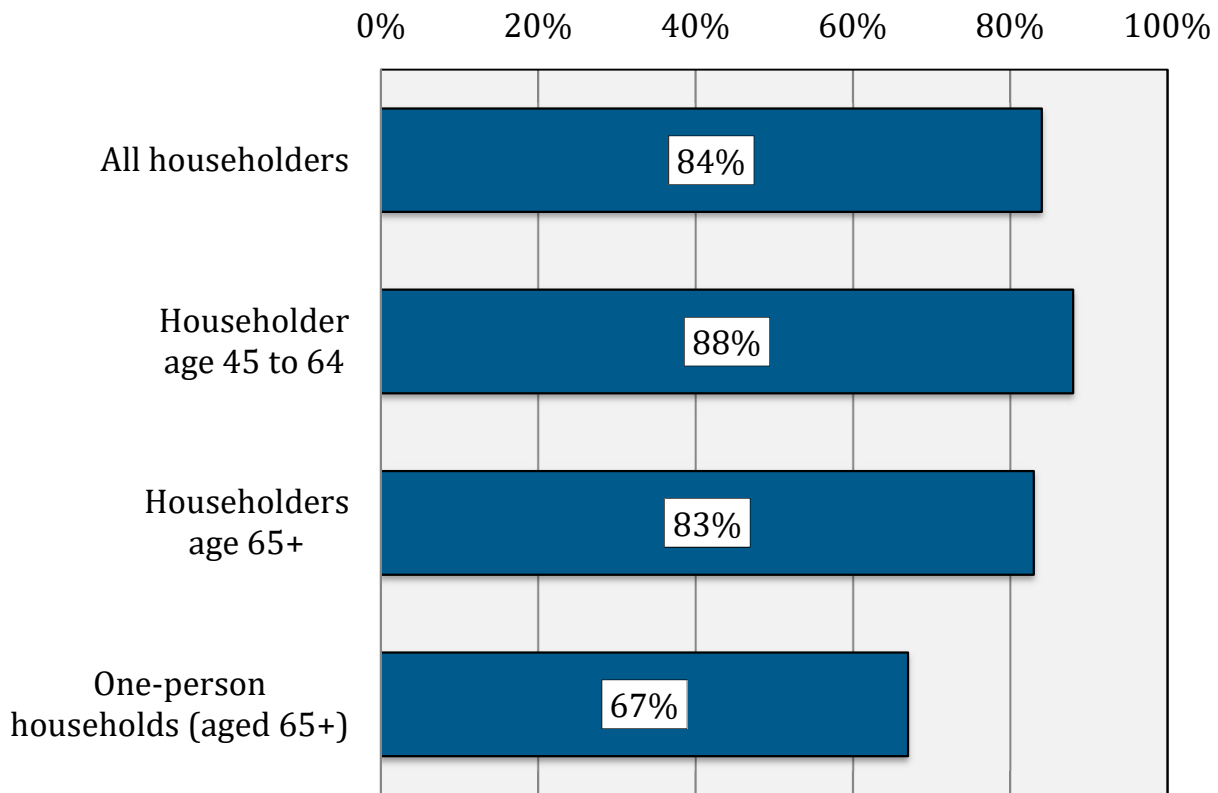
**Figure 4.** Age structure of Wellesley householders



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

Most Wellesley residents live in homes that they own or are purchasing (84%; **Figure 5**). Nearly 88% of residents aged 45 to 64 own their homes, and 83% of householders 65 and older own their homes. A sizeable share of Wellesley residents who are 65 and older and live alone also own their home (67%). The much higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community. Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

**Figure 5.** Percent of Wellesley householders who are homeowners by age category

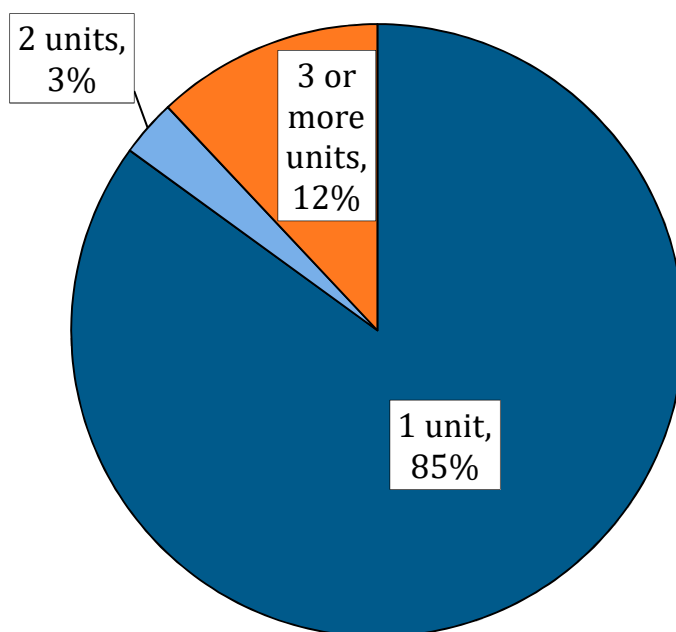


*Source: American Community Survey, 2019–2023, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.*

Additionally, 46% of Wellesley’s 9,101 households have at least one individual who is aged 60 or older (*ACS 2019–2023, Table B11006*). This high proportion—which is likely to increase in the future—generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

Among the 9,428 housing structures in Wellesley (**Figure 6**), 85% are single-unit structures, and the remaining 15% are housing structures that contain two or more housing units, which include apartment complexes.

**Figure 6.** Number of units in Wellesley housing structures

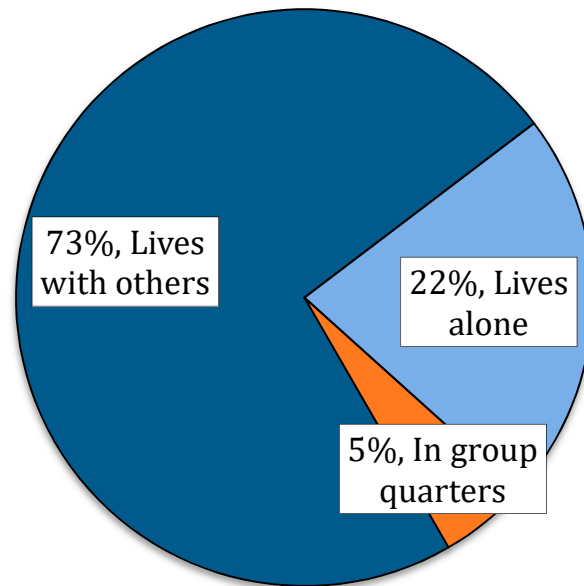


*Source: American Community Survey, 2019–2023, Table B25024. Numbers are calculated from 5-year survey estimates.*

About one in four Wellesley residents who are aged 65 and older (22%) live alone in their household, whereas 73% live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 7**). Additionally, around 5% of older Wellesley residents live within group quarters.



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



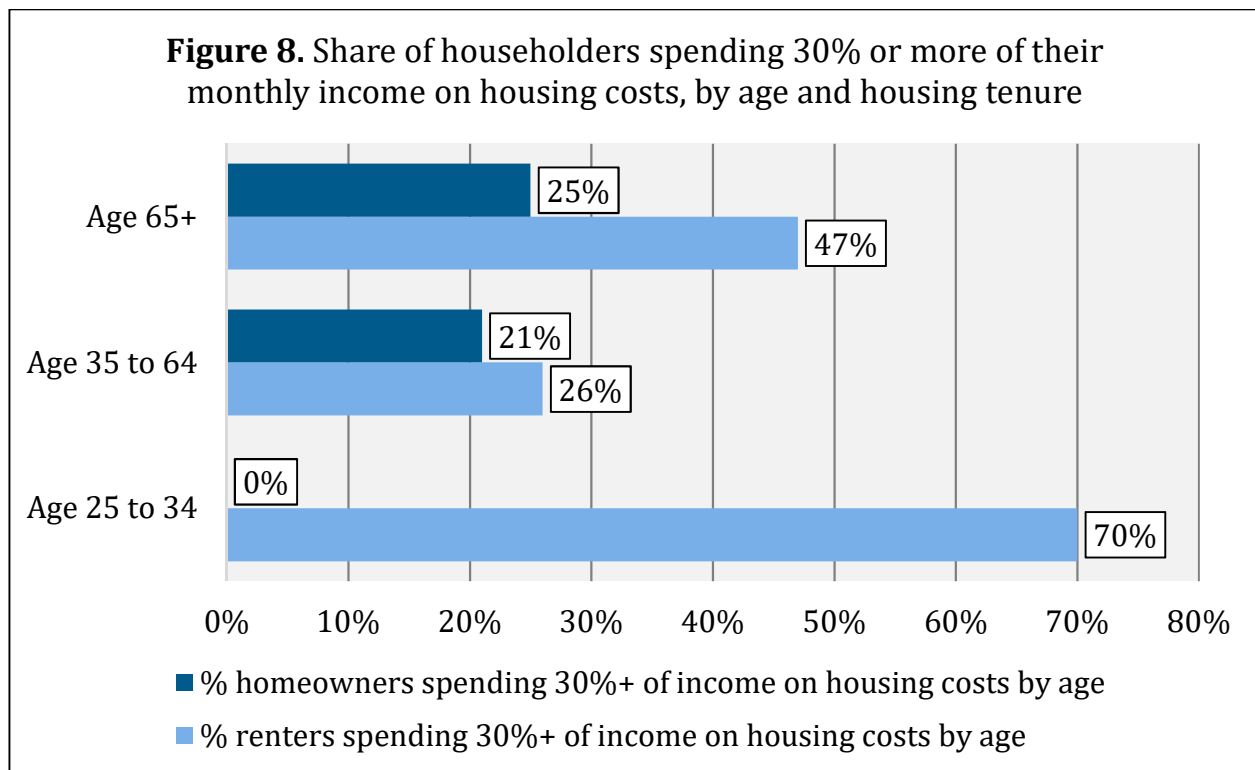
*Source: American Community Survey, 2019–2023, Table B09020. Numbers are calculated from 5-year survey estimates.*

Many homeowners and renters in Wellesley experience housing cost burden, with 21% of all homeowners spending more than 30% of their income on monthly housing costs<sup>3</sup> and 40% of renters spending 30% or more of their income on gross rent.<sup>4</sup> **Figure 8** shows the proportion of householders spending more than 30% of their income each month on housing costs by age and tenure. About 25% of older homeowners spend 30% or more of their income on housing costs each month, which is the largest share compared to younger homeowners. Similarly, about 47% of older renters spend 30% or more of their income on housing costs—which falls about in the middle for all age ranges. The risk of experiencing financial burden due to housing costs is greater for renters compared to homeowners, but older residents of Wellesley are at risk no matter their housing tenure.

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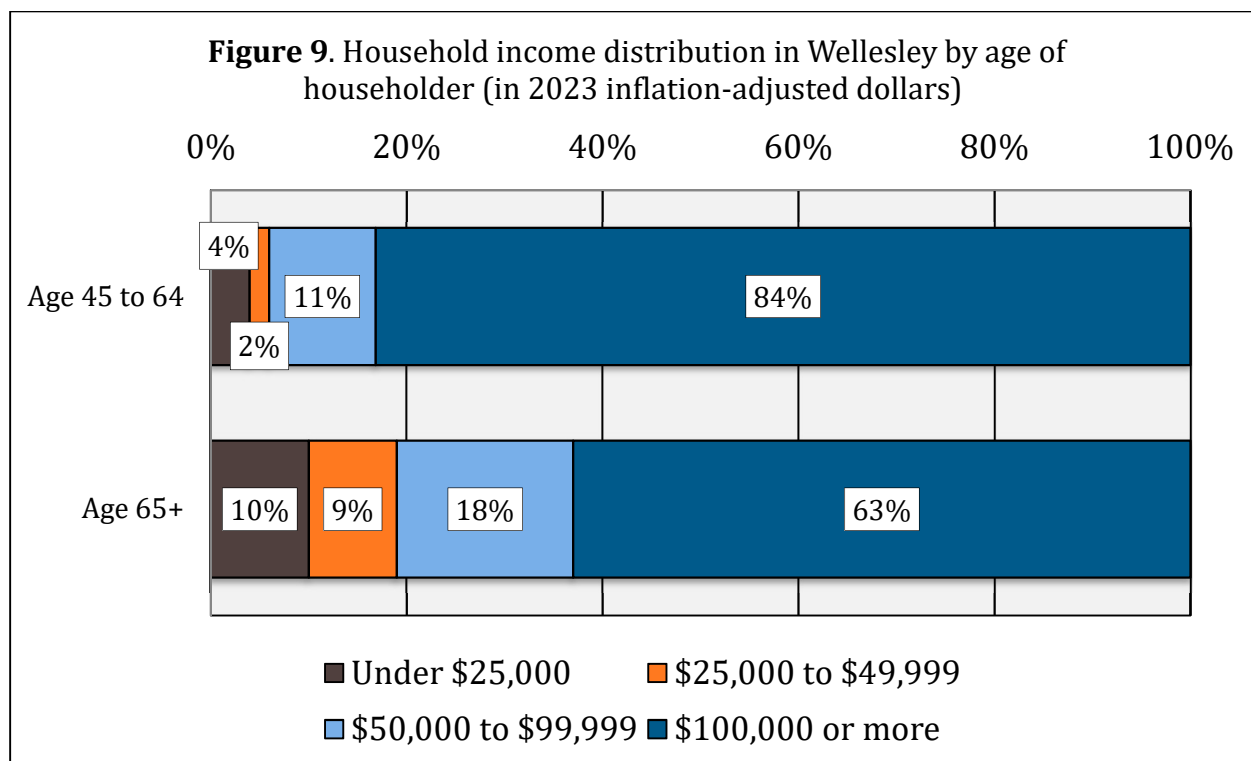
<sup>3</sup> Monthly housing cost for homeowners is defined by the U.S. Census Bureau as “the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs (personal property taxes, site rent, registration fees, and license fees)” ([2023 Subject Definitions](#), p. 37).

<sup>4</sup> Monthly housing cost for renters is defined by gross rent, which is the “contract rent plus the estimated average cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else)” ([2023 Subject Definitions](#), p. 19).



With respect to household income, there is some comparative disadvantage for some older residents in Wellesley. Wellesley residents' median household income is considerably higher than the one estimated for Massachusetts as a whole, \$250,000 compared to \$101,341. Among Wellesley's householders, those aged 25 to 64 have the highest median income at \$250,000—which is also greater than the statewide median for this age group (\$116,186 for ages 25 to 44 and \$124,618 for ages 45 to 64). Among householders 65 and older, the median income is \$137,321, also higher than the statewide median for this age group (\$64,818), and much lower than the median income of younger Wellesley householders. Older residents living alone are at the greatest disadvantage in terms of household income. Older men living alone have considerably higher median income (\$83,929) than women (\$66,250). Given that about 23% of older residents aged 65 and older live alone in Wellesley, these figures suggest that a sizeable number of residents are at risk of economic insecurity.

The economic profile of older Wellesley residents relative to younger residents is further illustrated in **Figure 9**, which shows that the older adult population lives on a more modest income. Over half of Wellesley residents aged 65 and older report incomes of \$100,000 or more. By comparison, 84% of households headed by residents aged 45-64 report this level of income. Nevertheless, a moderate share of households headed by someone aged 65 and older (19%) report annual incomes under \$50,000. This compares to just 6% of households headed by individuals aged 45 to 64 having incomes under \$50,000. Thus, there is a sizeable segment of Wellesley's older population that is at risk of financial insecurity or economic disadvantage.

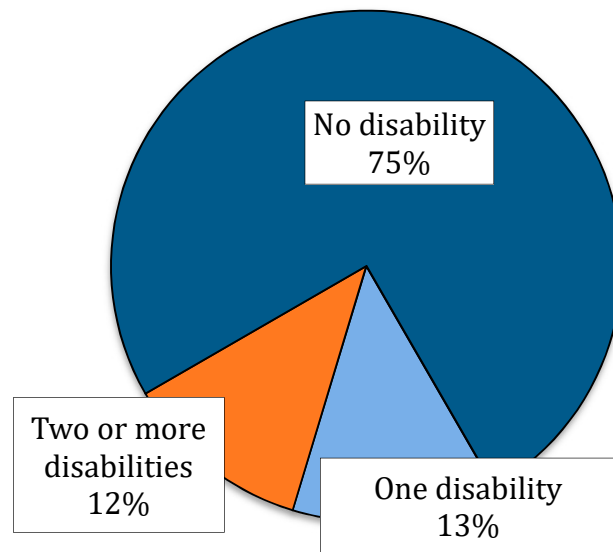


Source: American Community Survey, 2019–2023, Table B19037. Numbers are calculated from 5-year survey estimates.

Note: Includes only community households, not group quarters such as nursing homes.

The increased likelihood of acquiring disability with age is evident in data from the ACS. One in four of Wellesley’s residents aged 65 and older experiences some level of disability that could impact their ability to function independently in the community. About 13% of Wellesley’s residents aged 65 and older have one disability, and nearly 12% report two or more disabilities (**Figure 10**). Among the different types of disability that are assessed in the ACS, the most commonly cited by Wellesley residents 65 and older are ambulatory difficulties (difficulty walking or climbing stairs), independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping), and hearing problems. Each difficulty is reported by about 11% of the older population in Wellesley (ACS 2019–2023, Table S1810). Other disabilities experienced by older Wellesley residents include self-care difficulties (6%), cognitive difficulties (5%), and vision difficulties (2%).

**Figure 10.** Percentage of Wellesley residents age 65+ reporting at least one disability



*Source: American Community Survey, 2019–2023, Table C18108.*

## Insights from Key Informant Interviews

The primary goal of the needs assessment was to capture an understanding of existing and evolving challenges among residents who are living and aging in the community of Wellesley. Seven key informants were interviewed individually about the needs of older residents in Wellesley. Input from the key informant interviews was synthesized and summarized by theme below.

**The Council on Aging recognizes diverse and unmet needs among the large and growing population of older adults, as well as profound opportunities to connect underserved residents with essential services and programs that foster healthy aging and community engagement.**

The Council on Aging (COA) is at a crossroads where impactful programs and services have grown in support of Wellesley's older population, and new goals are being prioritized. The COA Board recognizes that not all older residents are actively engaging at the COA. The Board is committed to understanding unmet and evolving needs, building awareness of the COA as an impactful and essential resource, and developing strategies to secure resources and funding in support of vulnerable residents aging in the community. As well, the Board seeks to foster higher levels of participation among generations of older adults with diverse programmatic interests. Several barriers to participation must be addressed to reach the community more broadly. These include: *lack of awareness of the COA as a foundational community resource; difficulties in establishing channels to connect with residents who are currently not engaged with COA resources; hesitation among residents who don't have familiarity with registration requirements; lack of interest in programming; preferences for alternative venues including recreation facilities and senior centers in neighboring communities; feeling that the environment is not welcoming; perceptions related to the stigma associated with a senior center; financial insecurity; physical, cognitive, and behavioral health status; transportation challenges; and language barriers.*

Through the needs assessment process and continued collaboration with local and regional stakeholders, the COA is advancing opportunities to connect vulnerable residents with essential

*"I don't believe the TPC is the first go-to resource—for example—for how to learn about next housing option for an aging parent, rehab options, where for home care, financial planning guidelines, LTC insurance."*

resources that include health screenings, nutrition programs, home modification and repair resources, transportation, and home care resources. As well, the COA will remain focused on developing

services, programs, and social connections across the lifespan. The COA is poised to grow in its role as a vital community resource from which evidence-based programs and meaningful social connections will contribute to inclusion and improved health and well-being among older residents, future older residents, family members, neighbors, and caregivers throughout the community.

**Social service needs have increased across the community.**

The Town of Wellesley has a strong network of social services providers who are available at the Tolles Parsons Center, Health Department, Public Schools, and Police Department. Both the Tolles Parsons Center and the Health Department are witnessing an increase in referrals from the Police and Fire Departments as well as Town of Wellesley public nursing staff. Informants shared their experiences in referring residents with financial insecurity and untreated health conditions to appropriate resources and initiating interventions to prevent crises. While many challenges and needs were known prior to these interactions, key informants emphasized their concerns around the complexity and scale of unknown needs among vulnerable and isolated residents of Wellesley.

**The depth of needs among vulnerable and isolated residents is unknown.**

Key informants shared that loneliness and isolation cut across the entire population. It is believed that a share of older residents do not have a natural support system or meaningful levels of interaction with the community, in part due to the predominance of single-family homes that are not in close proximity to neighbors. Others are living alone without any indication, from their homes' exterior, of unsafe conditions and potential struggles. First responders are increasingly the primary line of contact for support. Stakeholders grapple with the challenge of identifying vulnerable residents and proactively building awareness and meaningful connections to resources that will prevent the deleterious consequences of isolation.

*“The population that is more vulnerable ranges from very insolated residents, without a local network that can break isolation, or can no longer get places, or don’t want to lean in for help because they’re independent or isolated due to failing health, financial struggles (embarrassment and pride) to those experiencing conflict from being successful and independent for many years and becoming vulnerable.”*

**Housing needs and financial insecurity are growing concerns.**

Key informants shared concerns related to the lack of affordable, accessible, and safe housing. In Wellesley, many single-family homes are two stories and not suitable for aging in place. As well, residents are over housed in homes with increasing property tax burdens and costly maintenance requirements. There are limited opportunities for rightsizing, both financially and through

*“Residents are living in an affluent community at the highest level of poverty. Groceries and necessities in town, including transportation, are expensive and financially difficult to access.”*

accessible design features that support aging in place. Essential repairs and home modifications are often deferred due to pride, lack of knowledge, and costs. Among the three senior housing properties in Wellesley, waitlists are years long, and some of the units are not accessible. If mobility challenges arise and an onsite transfer is not available, residents have no choice but to

transfer outside of Wellesley and secure an accessible option in an unfamiliar location. For residents experiencing financial and food security, there is a need to engage residents in long-term support planning and connect residents with resources that are available through the COA and the Health Department (e.g., health insurance counseling, health screenings, and nutrition programs).

## **Communication barriers limit access to essential information and resources.**

While several communication channels exist in Wellesley, including the COA newsletter and Town of Wellesley notifications, access to essential information and resources is inconsistent. Key informants shared several barriers that can more heavily impact older adults, including lack of devices and comfort with technology, health conditions, need for guidance and reassurance, reliance on a diminishing number of paper-based resources, fewer communication channels than those accessed

*“Some residents need help in filling out forms and learning about processes—how to apply or appeal decisions by Social Security, MassHealth, or Medicare. Coverage might be interrupted or need to be recertified for specific benefits. Residents might be overwhelmed, not understand fine print, or have a health condition and inability to write.”*

by younger residents, and language barriers. Key informants stressed the need to foster access to existing information resources, including those offered by the COA, and to enhance channels, including the ESL program at the library, that will support the large number of non-English-speaking residents in Wellesley.

## **Opportunities exist to foster accessibility in outdoor spaces and public buildings.**

Key informants recognized past successes, as well as future *needs related to walkability and accessibility in outdoor and public spaces*. Past project improvements included curb cutouts, ramps, signage, and pedestrian crosswalk enhancements for those with vision and hearing impairments. Interviewees emphasized the need to incorporate age- and dementia-friendly features in all

*“With a diagnosis of dementia, people often retreat and don’t get involved until they are desperate or in crisis...age-friendly planning is desperately needed in Wellesley.”*

community planning processes, with the goal of those features becoming ubiquitous in the community. Highlighted age-friendly features include shaded seating, posts for stability, dedicated parking close to amenities, companion restrooms, and accessible automated entryways to foster independence for those with mobility challenges.

## **Transportation resources for people with changing abilities are needed.**

Key informants recognized transportation as a vital resource for maintaining health, wellness, and social connections in the community. As well, discussions centered around *changing needs related to mobility, health status, and changes in driving habits or status among older adults that can become barriers as one ages*. In Wellesley, the COA provides transportation services for older adults, and the Catch Connect, an app-based shuttle bus, is available for all ages. Transportation services provided by the COA have route coverage gaps and require an advance reservation; Catch Connect requires access to a smartphone and comfort with technology for scheduling. While these resources are valued, there are limitations and opportunities to improve accessibility, flexibility, spontaneity, and route coverage across existing services and through the development of additional transportation resources. Interviewees also described the need for companion services to support safe transit for residents enroute to medical appointments and errands,

*“Mobility isn’t senior friendly; follow someone with mobility challenges and see where those challenges become more visible. There is more focus on biking instead of comforts and accessibility to foster independence in outdoor spaces.”*

as well as age-friendly features that ensure safe and convenient access to their destination (e.g., ADA-compliant parking options).

## Insights from Focus Groups

### **Wellesley is a strong and safe community, and people are proud to live here.**

Across the focus group discussions, participants expressed a deep appreciation for the Town of Wellesley's strong sense of community, collaborative spirit, and the wide array of local resources that support health, connection, and quality of life. Many participants described Wellesley as a safe and caring community, enriched by intergenerational relationships and civic engagement opportunities. Residents value the Town's proactive communication, volunteer culture, and efforts

*"Town government is different here than it is anywhere else; it connects you to what's going on in town; you're in the mix of the conversation that evolves into the policy, etc. of town."*

to include residents in local decision-making. Participants frequently referenced feeling proud to live in Wellesley, with one noting that she reflects on the Town's exceptional character when visiting other communities and hopes this sentiment will remain unchanged in the future.

Participants identified several Town departments and organizations as critical resources that enhance residents' well-being and sense of belonging. These include the COA, Community Services Department, Health and Social Services, the Wellesley Free Library, the Police and Fire Departments, and the Public Schools. Residents also noted the importance of faith organizations, a strong network of medical providers, and the Wellesley Recycling Facility. Transportation services—such as those offered by the COA, Catch Connect, and the Commuter Rail—were praised for enhancing mobility. The Town's walkability, scenic open spaces, and recreational amenities were also cited as highly valued, including the extensive sidewalk network, Morse's Pond, public playgrounds, and athletic facilities.

### **There are many opportunities for the Tolles Parsons Center to broaden its reach.**

Despite these strengths, participants identified several barriers that can limit access to programs, community engagement, and aging in place. Many of these challenges centered on experiences at the Tolles Parsons Center (TPC), Wellesley's senior center. Participants emphasized that the physical design and size of the building limit programming capacity and flexibility. The second-floor location of many activities, the modular room layout, and restrictive hours were viewed as obstacles to participation. Some participants reported that the Center does not feel welcoming or inclusive, describing interactions with staff and enforcement of policies as overly rigid. Several compared the environment unfavorably to senior centers in neighboring towns, noting that those centers offer more vibrant programming, accessible

*"Involve folks in their younger years through volunteering (e.g., as drivers). How to bring in the 60- and 70-year-olds? I don't think what happens here does that. So maybe volunteering would be another way to engage residents."*



fitness spaces, and a friendlier atmosphere. Participants also noted that the TPC's operating hours—particularly the lack of early morning, evening, and weekend options—restrict participation for older residents who are still working or seeking social opportunities outside traditional weekday hours. Residents encouraged expanded hours and creative programming to foster a greater sense

*"I've always been a fan of weekend activities, especially people that live alone; we've looked at that in the past, but it seems to be too expensive; also, there are safety issues if something should happen."*

of vibrancy and connection. Ideas included outdoor activities like walking groups and birdwatching, intergenerational programs, guest chef cooking classes, and open house events to attract new participants. Many suggested adding a suggestion box to inform future programming decisions and increase transparency in decision-making.

Administrative and policy barriers were also discussed. Participants described registration processes as cumbersome and voiced frustration with requirements such as physician approval for use of the fitness room—requirements not found in neighboring communities. Some residents reported difficulty reserving meeting rooms for committee or social gatherings, viewing these limitations as deterrents to community engagement.

### **Being able to downsize and access transportation resources are top concerns for older residents when they think about the future.**

Broader concerns extended beyond the TPC. Participants discussed challenges related to housing affordability and accessibility, noting a lack of smaller and more affordable housing options that would allow older adults to downsize while remaining in Wellesley. There was strong interest in additional senior housing and assisted living options, as well as the modernization of existing senior housing developments. Long waiting lists and limited maintenance capacity were cited as ongoing barriers. Although Accessory Dwelling Units (ADUs) are permitted under local zoning, awareness and utilization remain low, with only a few built to date. Participants also described financial strain among residents living on fixed incomes who face rising property taxes, home maintenance costs, and health expenses. These pressures, combined with limited mobility or health concerns, place some residents at risk of unsafe living conditions and social isolation.

Transportation and mobility were other prominent themes. While Wellesley's transportation network is more robust than that of many nearby communities, participants emphasized the need to evaluate the affordability, scheduling, and accessibility of existing options. Walkability and bikeability were noted as inconsistent across neighborhoods, and traffic congestion, narrow sidewalks, and the growth in motorized bicycles and scooters were seen as emerging safety issues. Finally, participants identified communication and information **access** as critical issues. Many

*"I'm learning English and would like to chat with people in the community to practice speaking. I'd like some way to practice speaking English or go for walks with others. I'd like to find a way to bring these people together."*

residents—particularly those who are new to the community, non-English speakers, or less comfortable with technology—struggle to find information about available services and programs. Participants recommended outreach strategies such as "bring a friend" initiatives, multilingual communication materials, and technology support programs. Ongoing public awareness campaigns were also

recommended to address financial scams targeting older adults and to ensure that all residents can access the information and services they need to remain engaged and independent.

Results from Community Survey

In this section, we report key findings from each section of the survey. Tables illustrating results in detail are included in **Appendix A**. Respondents to the community survey included 1,482 Wellesley residents, representing a 29% response rate (**Table 3**). This is a strong return rate and reflects interest among community residents. Compared to the age distribution of Wellesley as a whole, we heard from a smaller share of residents aged 60-69. Throughout the remainder of this report, results will be reported for age groups 60-69, 70-79, and 80 and older. Response distributions by age group are shown for all survey questions in **Appendix A**.

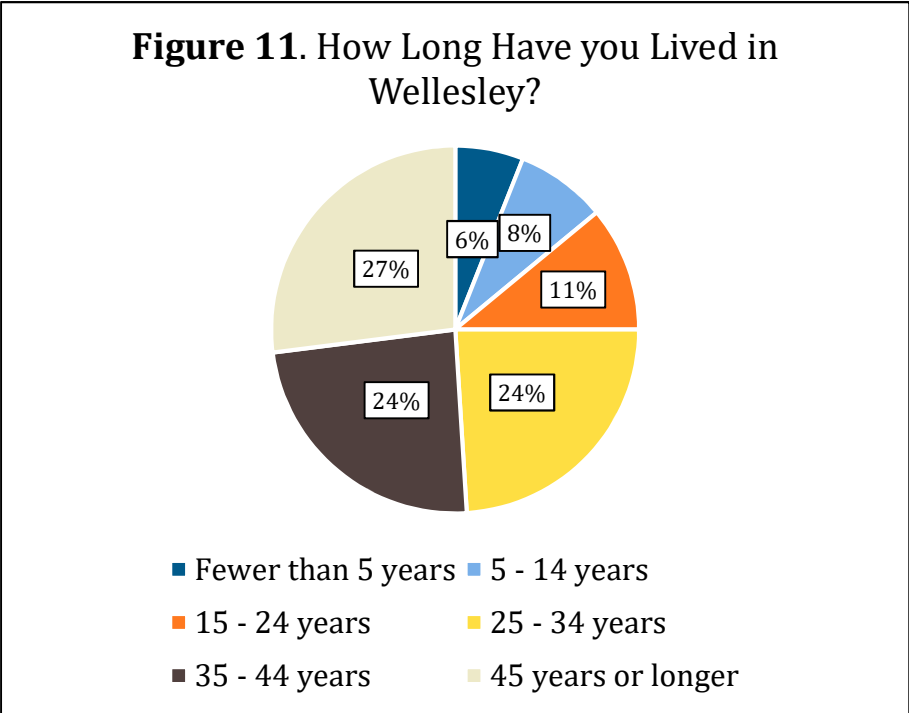
Table 3. Community survey respondents

	Number of survey responses	Age distribution (%), survey responses	Age distribution (%) of Wellesley's 60+ population
Age 60 to 69*	559	39%	46%
Age 70 to 79	510	36%	31%
Age 80 to 89	359	25%	23%
Total**	1,428	100%	100%

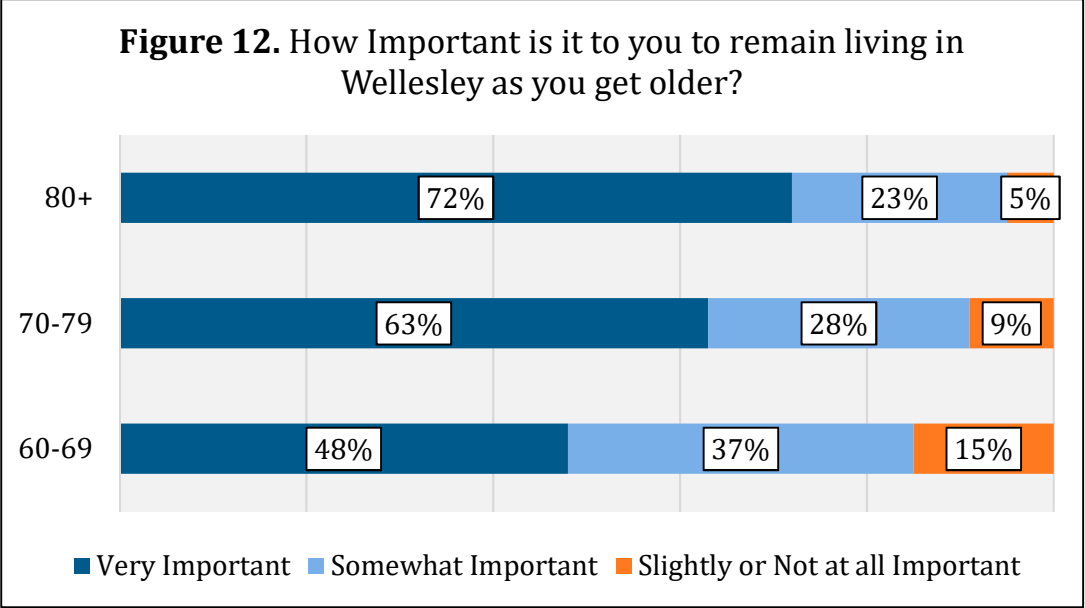
\*Total excludes 54 respondents who did not report their age  
\*\*Source: Town of Wellesley census file current as of March 2025.

Survey respondents include longtime residents of Wellesley as well as relative newcomers (Error! Reference source not found.). About half of respondents have lived in Wellesley for 35 years or longer. These residents can offer valuable insights based on their long history and experiences living in the Town. Also, 14% of survey respondents have lived in Wellesley for fewer than 15 years. Those who have lived in the community for a shorter duration also have valuable perceptions about aging in Wellesley, and it is important to hear from both longtime residents and relative newcomers.

A vast majority of residents (95%) reported that it is very or somewhat important for them to remain in Wellesley as they get older. **Figure 12** shows how important it is for different age groups in Wellesley to remain living in the community as they age. Importance increases with age, with the highest

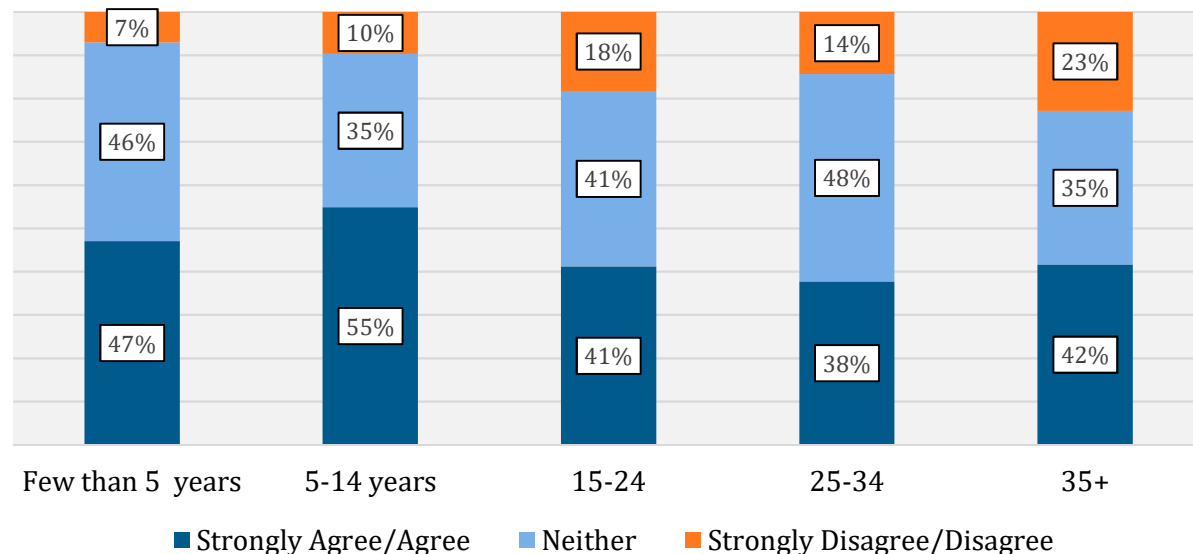


proportion of *very important* responses among those 80 and older. Among respondents aged 80 and older, about 72% rated it as *very important*, compared to 63% for ages 70–79, and 48% for ages 60–69. Only about 11% across all groups considered it *slightly* or *not at all important* (**Appendix A**), though that share was highest among respondents in their 60s (15%) compared to those in their 70s (9%) and those 80 and older (5%). These age-grade differences suggest that attachment to living in Wellesley changes as one gets older.



Among all respondents, 40% of participants responded, *neither agree nor disagree* to the statement “Local policy makers consider the interests and concerns of older residents.” While 42% *strongly agree/agree* with this statement, 18% of survey respondents reported that they *disagree/strongly disagree* (**Appendix A**). **Figure 13** presents the levels of agreement with this statement by length of time lived in Wellesley. Nearly one in four respondents who have lived in Wellesley for more than 35 years, and about one in five respondents who have lived in Wellesley for 15-24 years, do not agree that local town officials consider the interests and concerns of older residents. Regardless of length of time living in Wellesley, 40% of survey respondents do not have an opinion on whether local policymakers consider the needs of older adults in their decisions.

**Figure 13.** Level of agreement with statement, "Local policymakers consider the interests and concerns of older residents" by length of residency



Most respondents (92%) took time to respond to the open-ended question, “*What do you value most about living in Wellesley?*” Responses are summarized into major themes with verbatim quotes shown in **Table 4**. The most commonly cited aspects of living in Wellesley that are valued include the local culture—including the quality of the people in Wellesley and the sense of community in the Town. Many attributed that feeling to “small-town charm,” citing close-knit connections and feeling safe and secure in the community. Next, many write-in responses emphasized the importance of Wellesley’s geographic location, in relation to Boston as well as needed amenities, such as healthcare, shopping, and restaurants. The third most commonly cited theme that respondents value about living in Wellesley is the walkability of the community’s downtown and access to greenspaces and natural beauty.

**Table 1.** Sample responses to, “What do you value the most about living in the town of Wellesley?”

<b>The local culture and sense of community</b>
<i>Stable, friendly neighborhood—we help each other.</i>
<i>Unique squares—Wellesley Church, Linden Squares; Morse’s Pond. Low crime—people with same values, quiet neighborhoods.</i>
<i>The neighborhoods, parks, trails, schools, church, quality of life, safety, friends, town center, restaurants....</i>
<i>The people in the community; all of the resources or services available in the downtown...</i>
<i>Town culture, beauty, value, friends, relatives are here.</i>
<b>Proximity to Boston and access to amenities</b>
<i>The location is central to our extended family. It's a well-run and attractive town and it's conveniently close to Boston.</i>
<i>Social connection and ease of getting around—walking and driving, convenient to shopping, close to our house of worship, close to medical care.</i>
<i>Safety. Access to Boston and major highways. Access to healthcare, shopping, and services. Programs for seniors, sidewalks for walking around town.</i>
<i>Proximity to Boston, commuter rail, Green Line, major highways, shopping, houses of worship, services, friends and family.</i>
<i>The availability of markets, shops, restaurants. The town services like DPW, police. The beauty of the town. The convenience of highways and hospitals.</i>
<b>Walkability and greenspace</b>
<i>Living on Morse Pond, natural beauty + nature, my neighbors are the best! The beauty of the town and the trails and shops—excellent quality of life here!!!</i>
<i>The parks and trails, many generations in development, are a major benefit.</i>
<i>I can walk to anything I might need, post office, grocery store, library, commuter rail, and walk recreationally on the many trails. I can bicycle from my home on (relatively) safe paved streets.</i>
<i>Beauty of town, conservation land, number of trees, less development than other towns.</i>

Similarly, most respondents (91%) wrote about their greatest concerns about aging in Wellesley. Commonly cited concerns with sample quotes are included in **Table 5**. Most responses focused on financial security; residents are concerned about being able to afford to continue living in Wellesley as they age, citing property taxes and cost of living as burdensome, especially with respect to limited income in retirement. The second most common concern was about maintaining homes and property in the face of a lack of downsizeable options in Wellesley; the concept of being “over housed” was described by many respondents and speaks to the fact that without reasonably priced downsizable housing options, residents will remain in homes that require ongoing maintenance and repair. Concerns about being able to maintain independence at home—including being able to get around (e.g., transportation) was a third concern raised by survey respondents. As one’s physical mobility changes and driving is no longer a possibility or something that people feel comfortable with, the risk of isolation grows. A fear of being less mobile both physically and in transit was clearly noted.

**Table 2.** Sample responses to the question, “What are your greatest concerns about your ability to continue living in Wellesley as you get older?”

<b>Property taxes and the overall cost of living</b>
<i>House taxes are going up, not enough invested in those over 65.</i>
<i>I am afraid we won't be able to afford staying here. Costs are rising, and the real estate taxes are out of sight.</i>
<i>Real estate taxes. There is no relief for older citizens who live on incomes that are not rising due to inflation and not being in the workforce where raises are available and routine.</i>
<i>Property taxes. Cost of living, including cost of home repairs.</i>
<b>Difficulty maintaining homes and limited alternative housing options</b>
<i>As we get older, the large yard is getting harder for my husband to maintain, and of course our real estate taxes keep increasing. We don't really need all the space that we have with our children grown and gone, but with the prices the way they are, we may pay more for a smaller house, and the convenience of living where we do is hard to replicate.</i>
<i>Property taxes rising, but that is happening everywhere. More significantly on home—we have to climb stairs to reach the 1st floor...works now but...inability to downsize in the town too expensive + little choice.</i>
<i>Our house is too big for two people and is difficult to maintain. It also has a lot of stairs.</i>
<i>There is a lack of affordable apartments and condos for seniors as we downsize from larger homes and wish to remain in Wellesley. Almost all new housing costs more than the price we will get for selling our homes. This lack of affordable housing options is hurting the economic diversity of the town.</i>
<b>Challenges to maintaining independence—including transportation</b>
<i>What will I do when I can no longer drive? How will I be able to afford high property taxes? I have a dependent son who will need to live with me.</i>
<i>Transportation if I can't drive and navigating stairs in my house.</i>
<i>Transportation, the ability to be able to go where I want, when I want, when I can no longer drive.</i>
<i>Wellesley requires driving.</i>
<i>If mobility/walking/climbing stairs or driving is a challenge as I age, this could complicate independent living in my home, or access to food and healthcare.</i>

## Housing & Living Situation

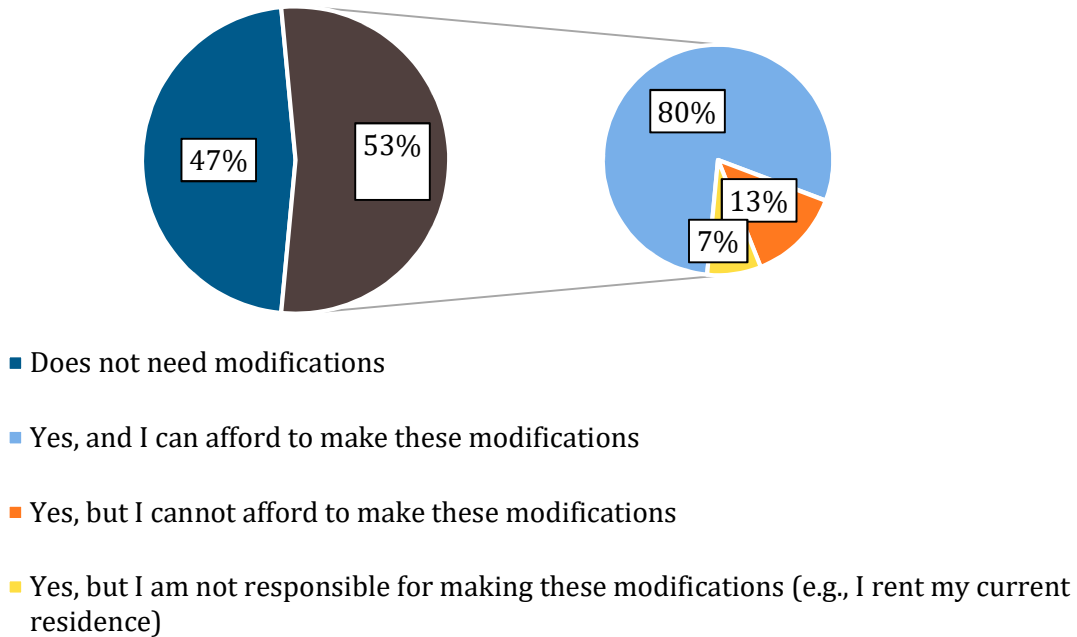
The availability and affordability of housing that is suitable to meet the changing capacity of older people are key factors that influence the ability of residents to age in place, and to lead fulfilling and healthy lives into old age. Many people are attached to their current homes, even if the “fit” between individual capacity and the home environment decreases. Homes may become too large for current needs or may become too expensive to maintain on a fixed income. Design features of homes, such as the number of stories and manageability of stairs, may challenge older residents’ ability to remain living safely in their homes. Home modifications, including installation of bathroom grab bars, railings on stairs, adequate lighting throughout the home, ramps, and/or first floor bathrooms, may support residents’ safety and facilitate aging in place. Programs that connect older homeowners with affordable assistance for maintaining and modifying their homes and their yards can help protect the value of investments, improve the neighborhoods in which older people live, and support safe living. The availability of affordable housing options, especially those with accommodating features, including assisted living, may allow residents who are no longer able to stay in their existing homes to remain in their community.

Most survey respondents reported owning the home they currently live in (91%), while about 7% of survey respondents reported renting their current residence, and an additional 2% reported having an *other* housing arrangement (**Appendix A**).

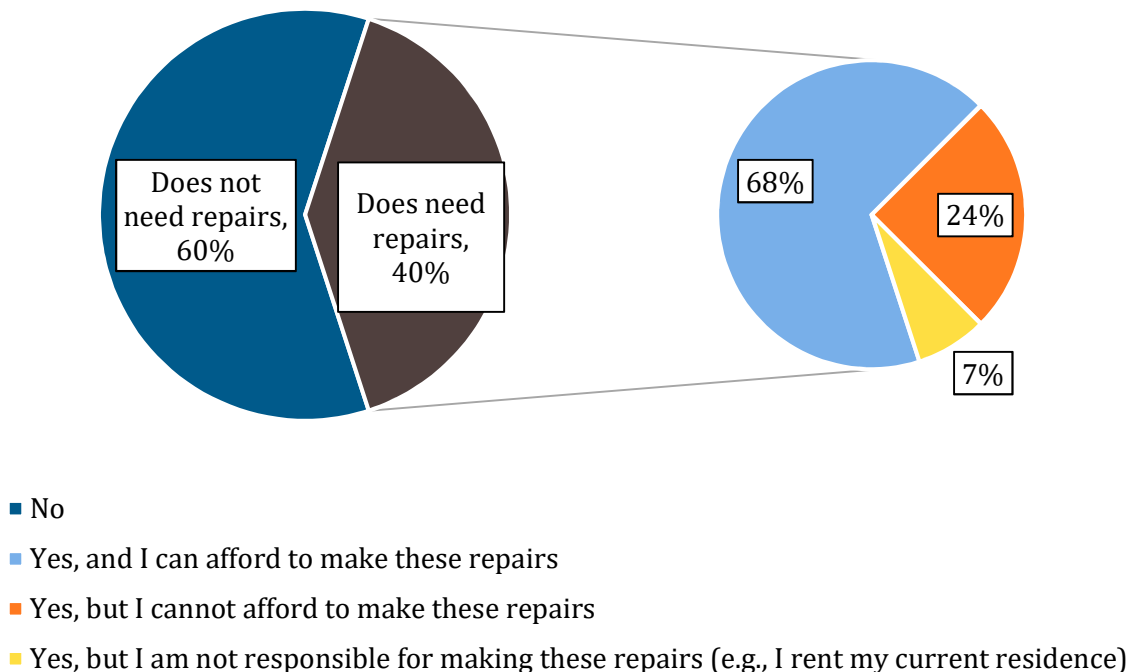
Maintaining a home requires resources, including people who can make modifications and repairs and the finances to pay for these repairs. For example, survey respondents were asked about the need for home modifications or significant repairs needed to maintain their current property. About 47% of respondents reported that their current residence does *not* need home modifications, and 60% do *not* need home repairs to improve their ability to live there safely for the next 5 years.

Error! Reference source not found. shows that half of respondents reported that their residence needs home modifications to improve their ability to live safely for the next five years. Among respondents who need home modifications, most reported that they can afford to make these modifications (80%), but 13% reported not being able to afford to make needed modifications, and 7% reported not being responsible for making them (e.g., they are renters). A similar pattern of responses regarding the need for home repairs to improve safety for the next 5 years is exhibited in **Figure 15**, 40% of respondents need home repairs; among them, 24% cannot afford to make those repairs, and 7% are not responsible for making repairs.

**Figure 14.** Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next 5 years?



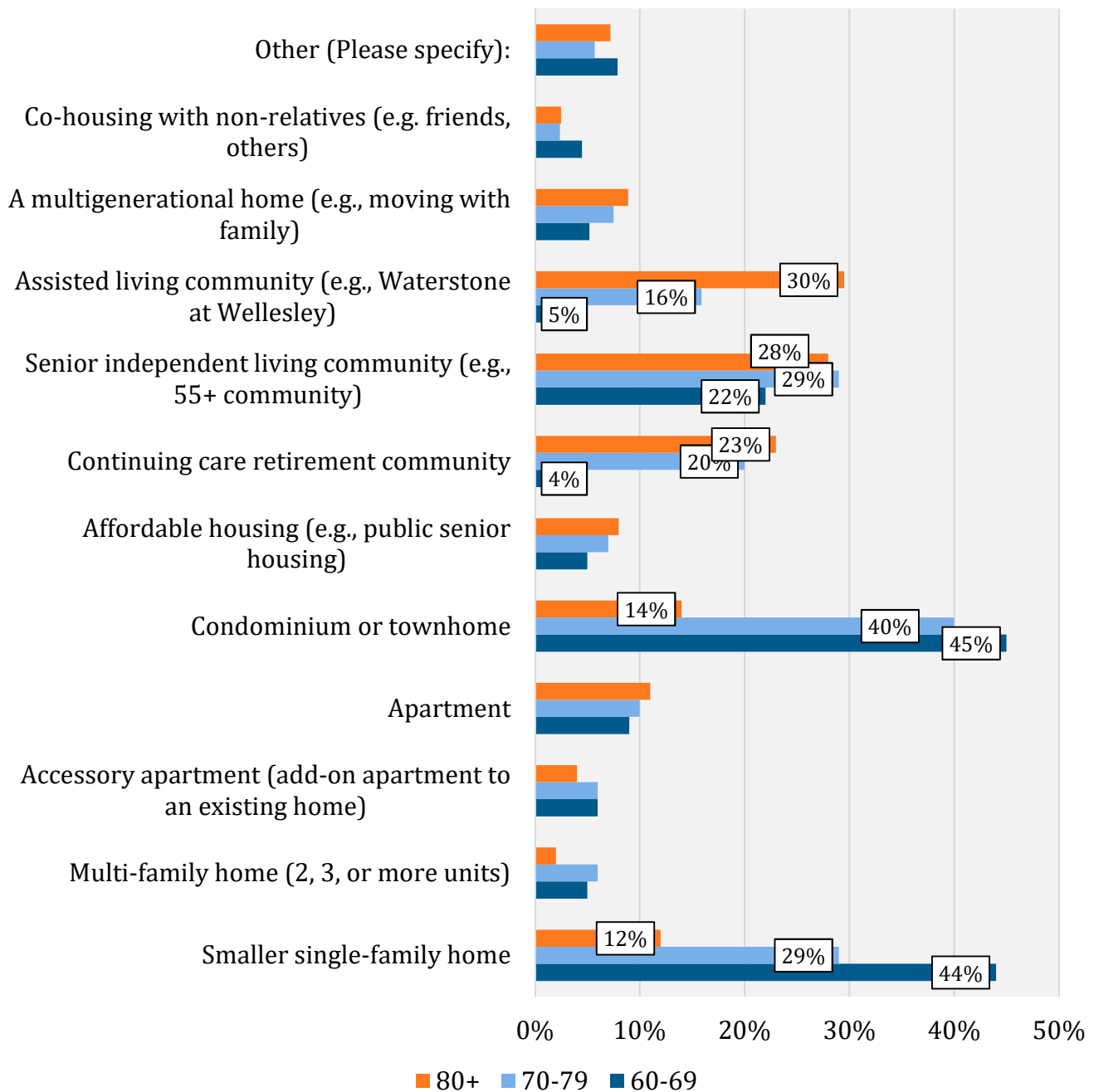
**Figure 15.** Does your current residence need home repairs (e.g., new roof, electrical work, climate control/HVAC, etc.) to improve your ability to live in it safely for the next 5 years?





Survey participants were asked again to consider the next five years and to identify preferred types of housing if they had to move from their current residence. A condominium or townhome was the most frequently reported type of preferred housing (**Appendix A**). However, differences in preferred housing across age groups are presented in **Figure 16**. Respondents aged 80 or older preferred housing that included some built-in community or supports, such as an assisted living community or continuing care retirement community (30%) or a senior independent living community (28%). These preferences for alternative senior living options by older residents have implications for future housing policy decisions in Wellesley.

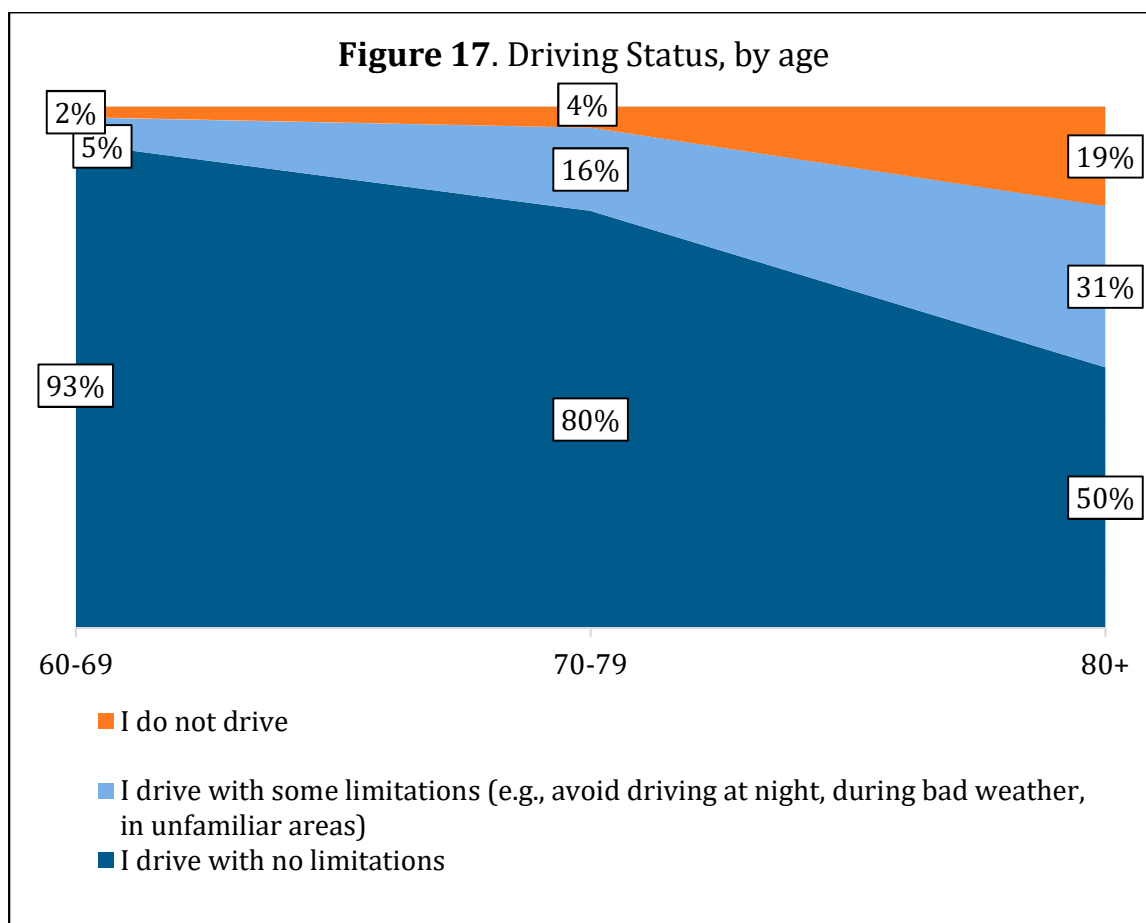
**Figure 16.** In the next 5 years, if you needed to move from your current residence, what kind of housing would you prefer?



## Transportation & Walkability

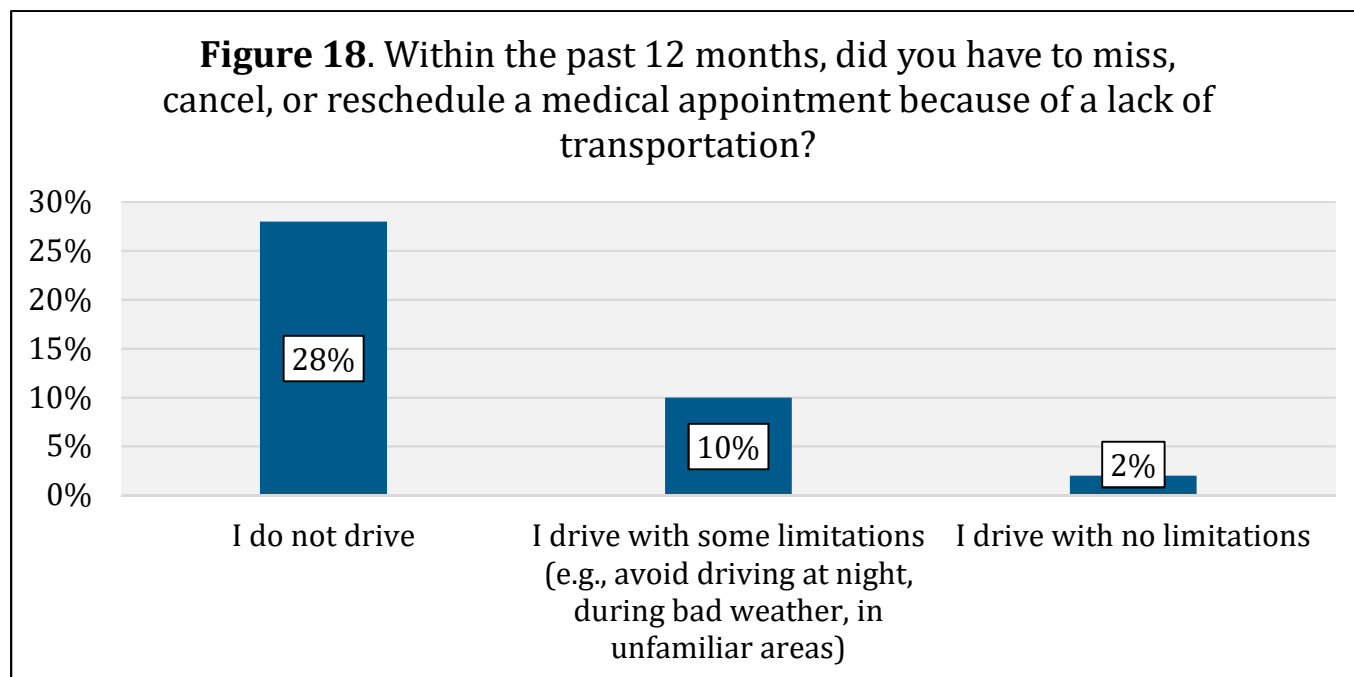
Transportation is a basic need for people of all ages who desire to lead independent, meaningful, and socially engaged lives. For older adults specifically, limited transportation options can lead to challenges in socializing, attending appointments, and fully participating in their community. The vast majority of Americans rely primarily on private transportation to meet these needs, and most individuals drive their own automobiles well into old age. Due to difficulties with transportation, individuals with health conditions and disabilities that adversely affect their ability to drive safely may be unable to participate in activities they previously enjoyed and valued. Indeed, a national survey of people aged 50 and older conducted by the AARP (2005) found that compared to older drivers, non-drivers reported lower quality of life, less involvement with other people, and more isolation.

Survey results show that about 7% of respondents do not drive, and an additional 15% drive with some limitations (**Appendix A**). The proportion of those who limit their driving or cease driving altogether rises with age, as presented in **Figure 17**. For example, 5% of those in their 60s reported modifying their driving in some way, compared to 16% of those in their 70s and 31% of those aged 80 or older. Almost one in five respondents aged 80 or older reported not driving at all.



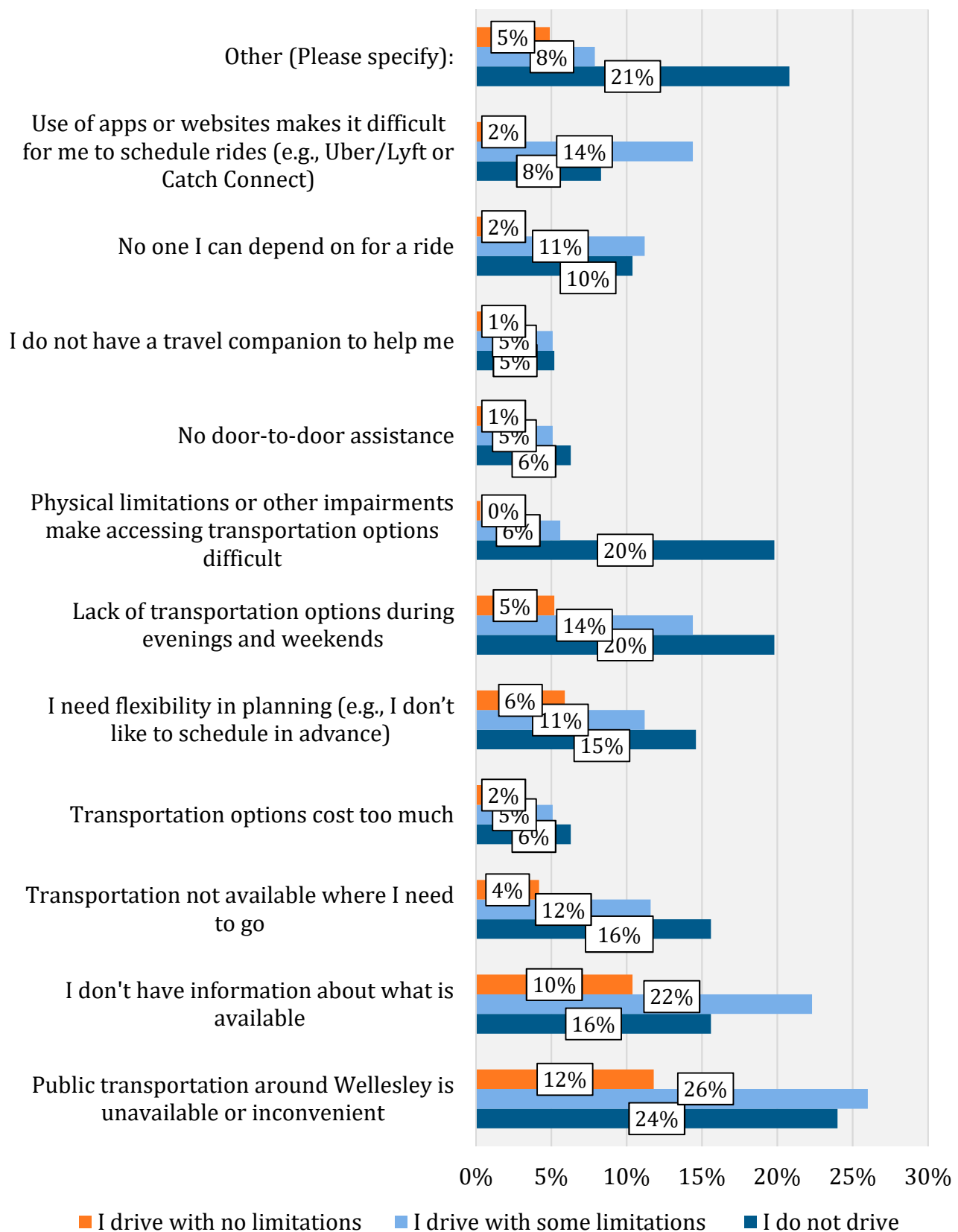
Transportation barriers can limit a person's access to obtaining necessary services such as medical care. Respondents were asked if within the previous 12 months they had missed, canceled, or

rescheduled a medical appointment because of a lack of transportation. A small share of respondents (5%) reported *yes* to this question (**Appendix A**). When considering driving status, however, 10% of those who drive with limitations and 28% of those who do not drive reported *yes* to this question (**Figure 18**).



**Figure 19** shows the main transportation challenges reported by Wellesley residents who do not drive or who drive with some limitations. Among non-drivers, 24% said public transportation is unavailable or inconvenient, 20% cited a lack of evening or weekend options, and 20% mentioned physical limitations. Among those who drive with some limitations, the most common issues were similar: 26% reported unavailable or inconvenient public transportation, 22% lacked information about what is available, and 14% noted difficulty finding transportation during evenings or weekends. Overall, the data suggest that limited transit access, scheduling gaps, and accessibility barriers affect both groups in comparable ways.

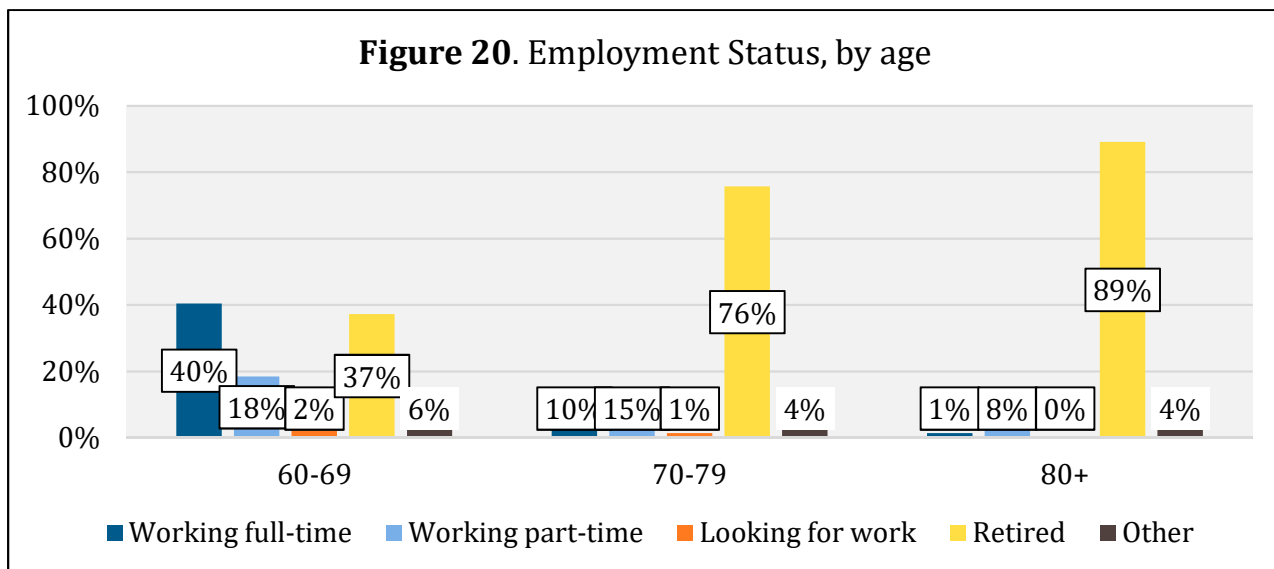
**Figure 19.** What kind of difficulties do you have in getting the transportation that you need?



## Employment & Retirement

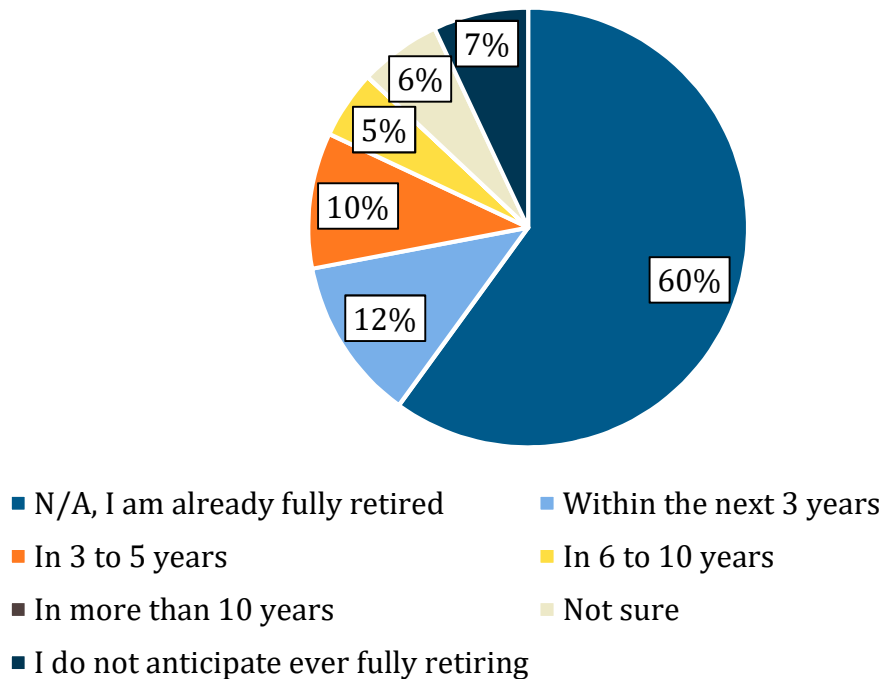
Remaining in the workforce due to financial necessity or personal preference is a decision that shapes later life for most older people. For those still working, their experiences can mean fewer hours, different schedules, and an interest in maintaining professional relationships. For those who have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

Many people across the country continue to work past the traditional retirement age of 65, and this is evident in the Wellesley survey results. **Figure 20** shows employment status by age group among older Wellesley residents. Among those aged 60–69, about 40% work full-time and nearly 20% part-time, while around 37% are retired. In the 70–79 age group, retirement becomes predominant, with roughly 75% retired and very few still working. By age 80 and older, nearly 90% reported being retired, showing a clear trend of workforce exit with advancing age.



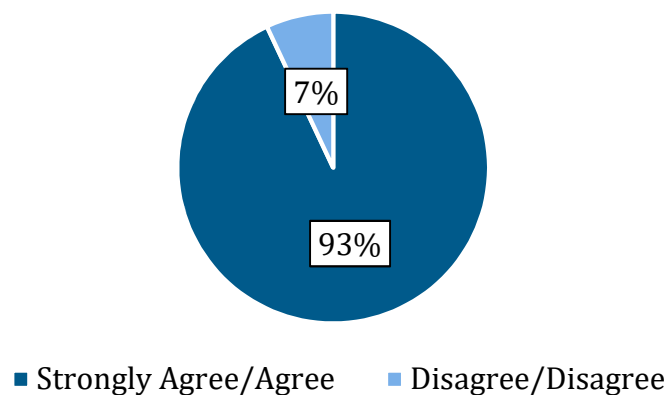
**Figure 21** shows that of those still working, 22% expect to retire in the next five years. This suggests a surge in the number of older Wellesley residents who will have more time to spend engaging in community. Interestingly, 6% of those still working do not know when they expect to retire, and an additional 7% do not anticipate ever retiring. Considering how to engage this group of recent retirees and those still working in some capacity is a possible task for the Wellesley COA.

**Figure 21. Retirement plans**



When it comes to financial security, Wellesley older adults are well-off. For example, a relatively small share (7%, or n=96) of survey respondents reported not having financial means to meet their basic needs (**Figure 22**).

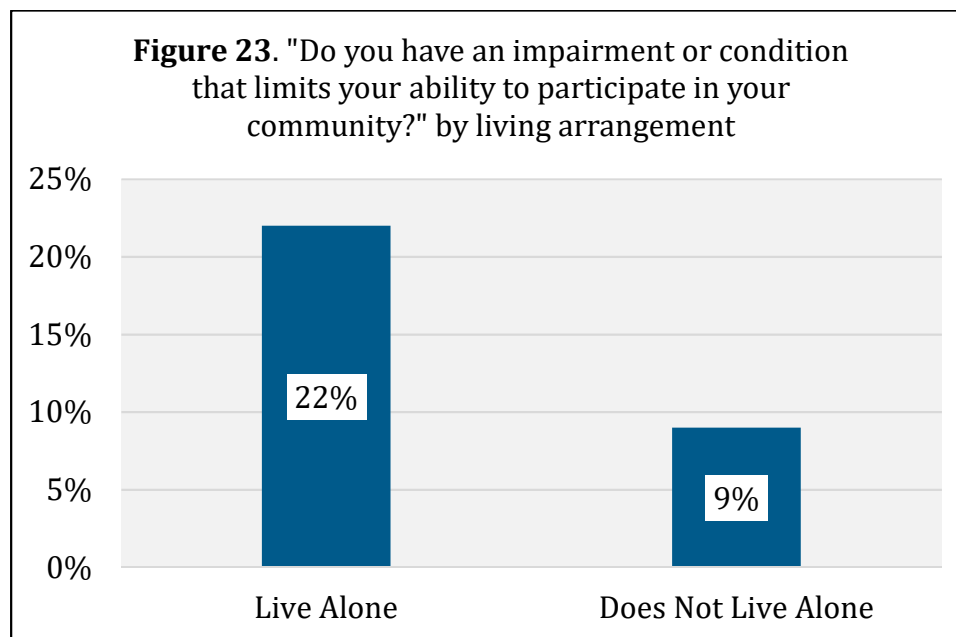
**Figure 22. "I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses."**



## Health & Caregiving

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

Survey participants were asked to report whether they had an impairment that limits their ability to participate in community activities. Although 11% of all respondents reported having a limiting impairment, it is apparent that the likelihood of impairment increases with age. About 4% of those in their 60s and 8% in their 70s reported having an impairment that limits their ability to participate in the community. This share increases to 29% for respondents aged 80 or older (**Appendix A**). **Figure 23** suggests that those who live alone have higher rates of disability, among those with an impairment. About 22% of those who live alone reported having a limiting condition compared to only 9% of those who live with others. This pattern suggests that older adults living alone are more than twice as likely to experience a condition that limits their participation in community life.

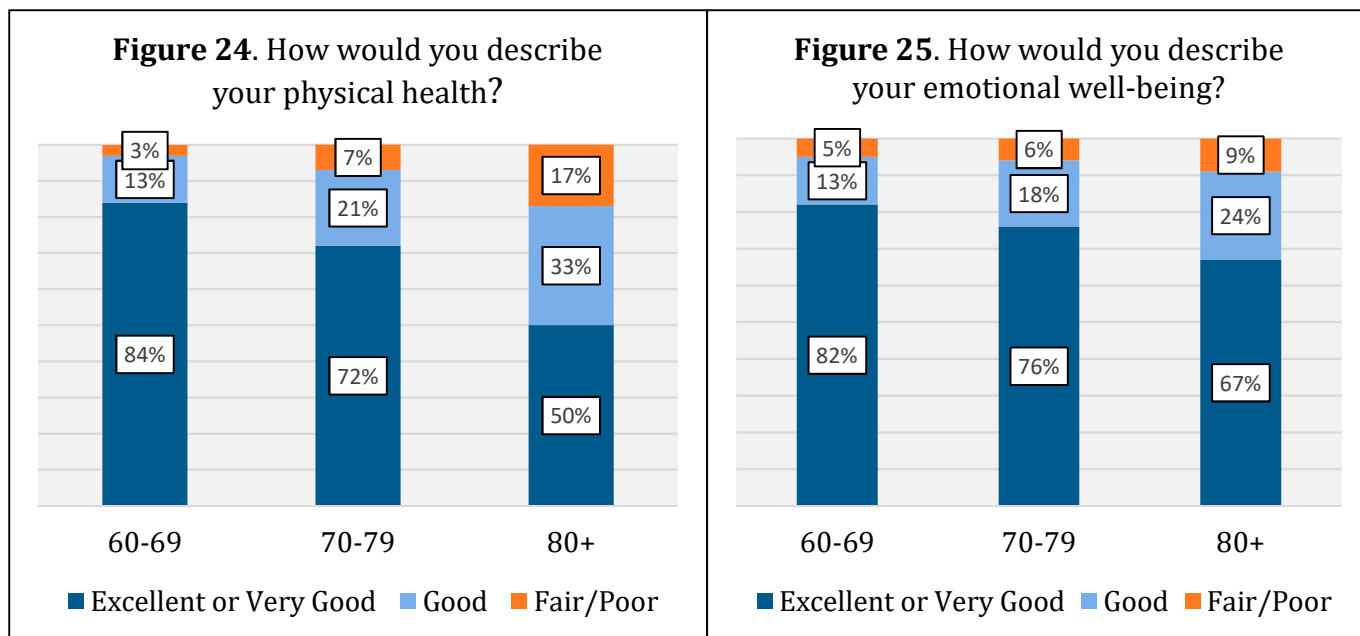


**Figure 24** illustrates how self-rated physical health varies by age group among adults aged 60 and older. Overall, ratings of health decline with age. Among those aged 60–69, the vast majority (84%) described their health as *excellent or very good*, while 13% reported it as *good*, and only 3% as *fair or poor*. In the 70–79 age group, fewer respondents (72%) rated their health as *excellent or very good*, with a larger share (21%) selecting *good*, and 7% describing their health as *fair or poor*. By age 80 and older, half (50%) still considered their health *excellent or very good*, but one-third (33%) described it as *good* and nearly one in five (17%) as *fair or poor*.

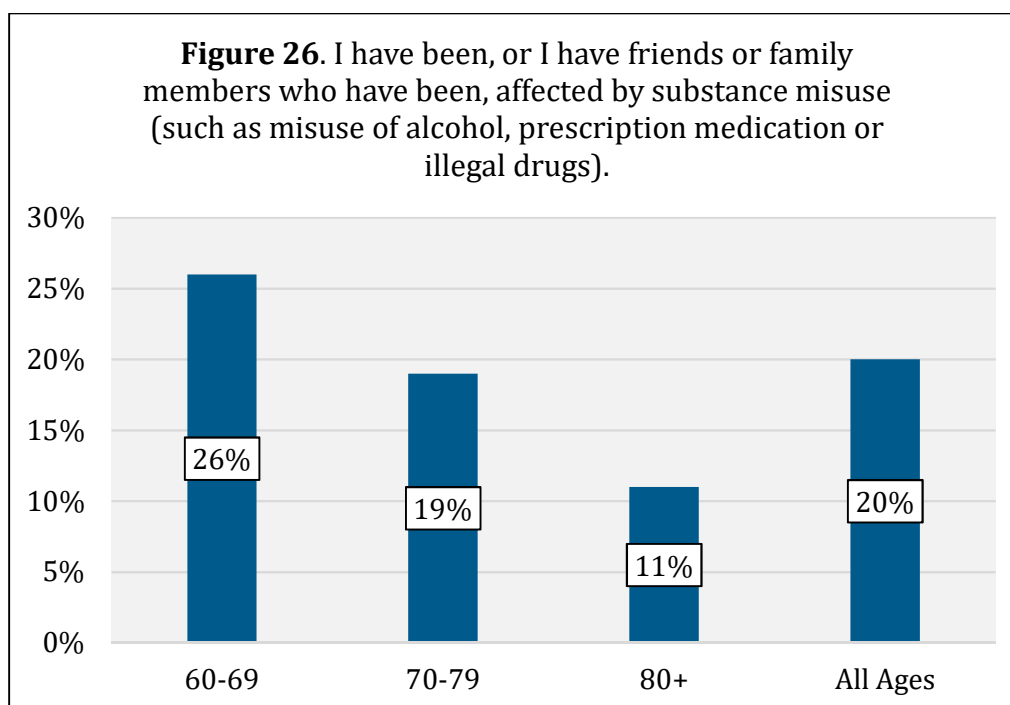


**Figure 25** shows that a large majority of adults aged 60–69 (82%) rated their emotional well-being as *excellent or very good*, while 13% said it was *good*, and only 5% described it as *fair or poor*. Among those aged 70–79, three-quarters (76%) reported *excellent or very good* well-being, 18% said *good*, and 6% rated it as *fair or poor*. By age 80 and older, two-thirds (67%) still reported *excellent or very good* emotional well-being, though larger shares described it as *good* (24%) or *fair/poor* (9%).

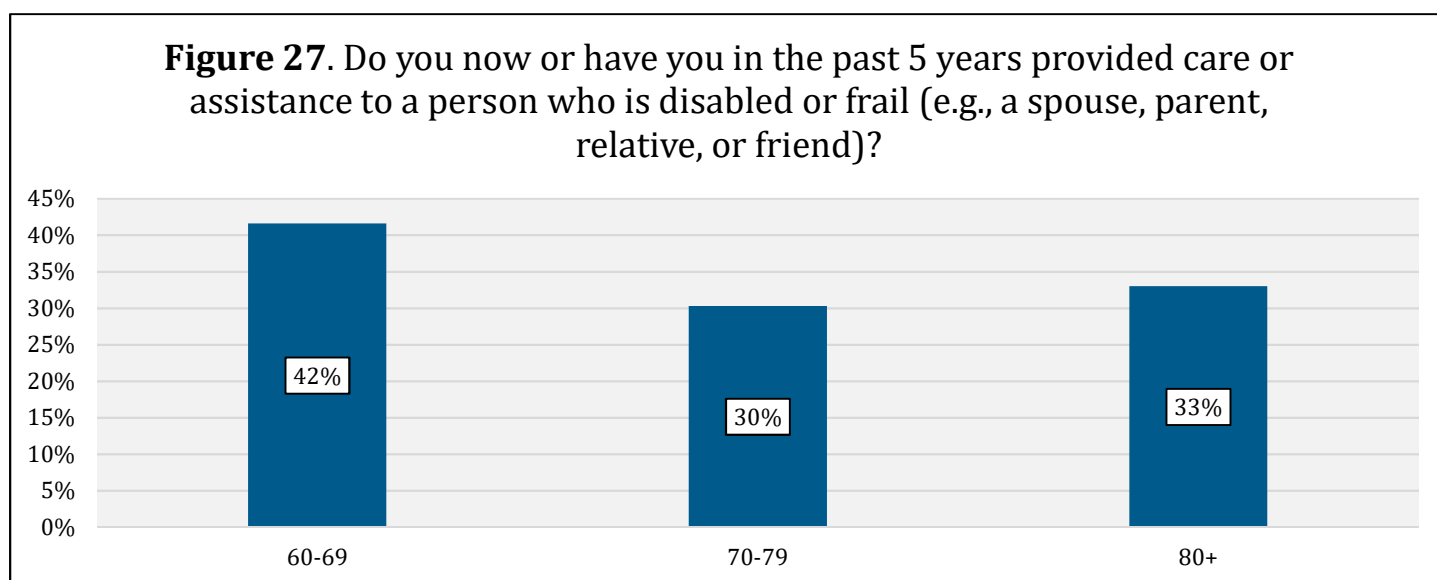
These data suggest that while a substantial proportion of older adults— even those 80 and above— continue to perceive their health positively, and that emotional well-being is strong, there is a clear, gradual decline in perceived mental and physical health with advancing age.



**Figure 26** shows the percentage of older adults who reported that they, or someone close to them, have been affected by substance misuse, including alcohol, prescription medication, or illegal drugs. Overall, one in five (20%) respondents across all ages reported being personally or indirectly impacted by substance misuse. However, the likelihood of reporting such experiences decreases with age. Among those aged 60–69, over one-quarter (26%) reported being affected, compared to 19% of those aged 70–79 and just 11% of those aged 80 and older. This pattern may reflect generational differences in exposure, awareness, or willingness to discuss substance-related issues.

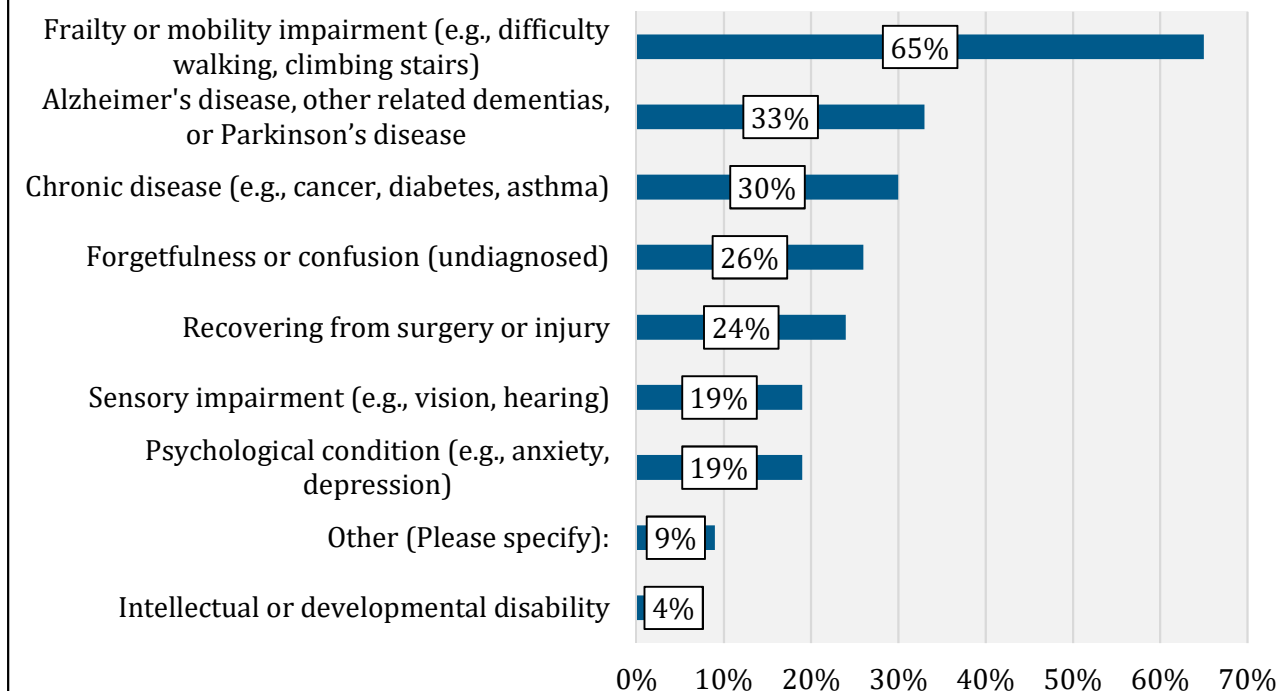


According to the Centers for Disease Control, the number of caregivers increased from 43.5 million in 2015 to 53 million in 2020. By 2030, an estimated 73 million people will be 65 or older, and many will require daily assistance from at least one caregiver. Studies show that caregiving can lead to physical, emotional, and financial strain for many individuals.<sup>5</sup> About 35% of Wellesley survey respondents reported that they are currently providing care or have provided care or assistance to a person who is disabled or frail in the past five years (**Appendix A**). That share is highest among respondents in their 60s (42%) (**Figure 27**). Among caregivers, most are caring for a person with mobility impairments or general frailty (**Figure 28**), and one-third are caring for a person with dementia (33%) or chronic illness (30%).



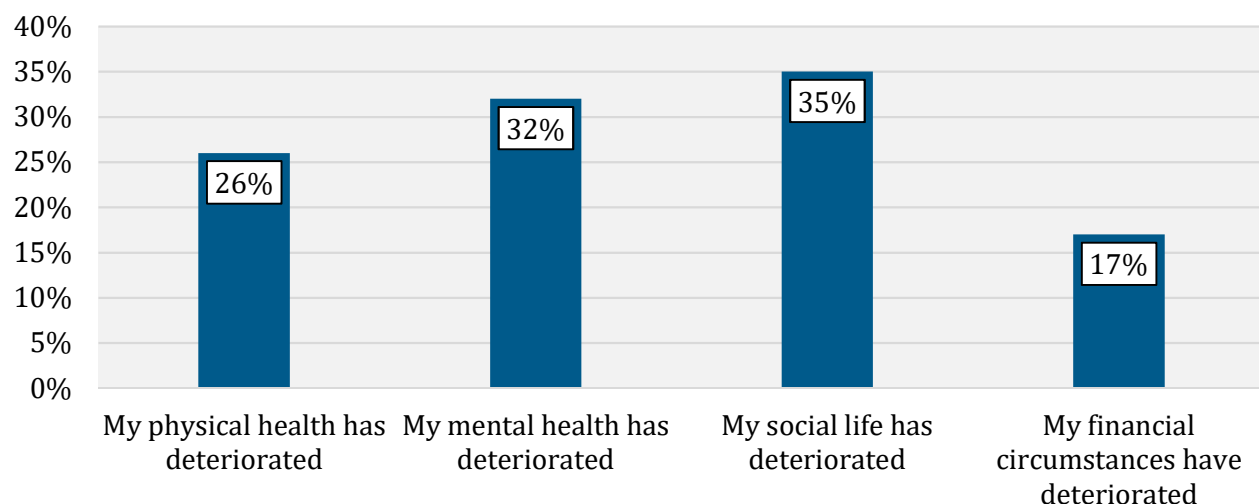
<sup>5</sup> <https://www.cdc.gov/aging/publications/features/supporting-caregivers.htm>

**Figure 28.** Did this person have any of the following conditions?



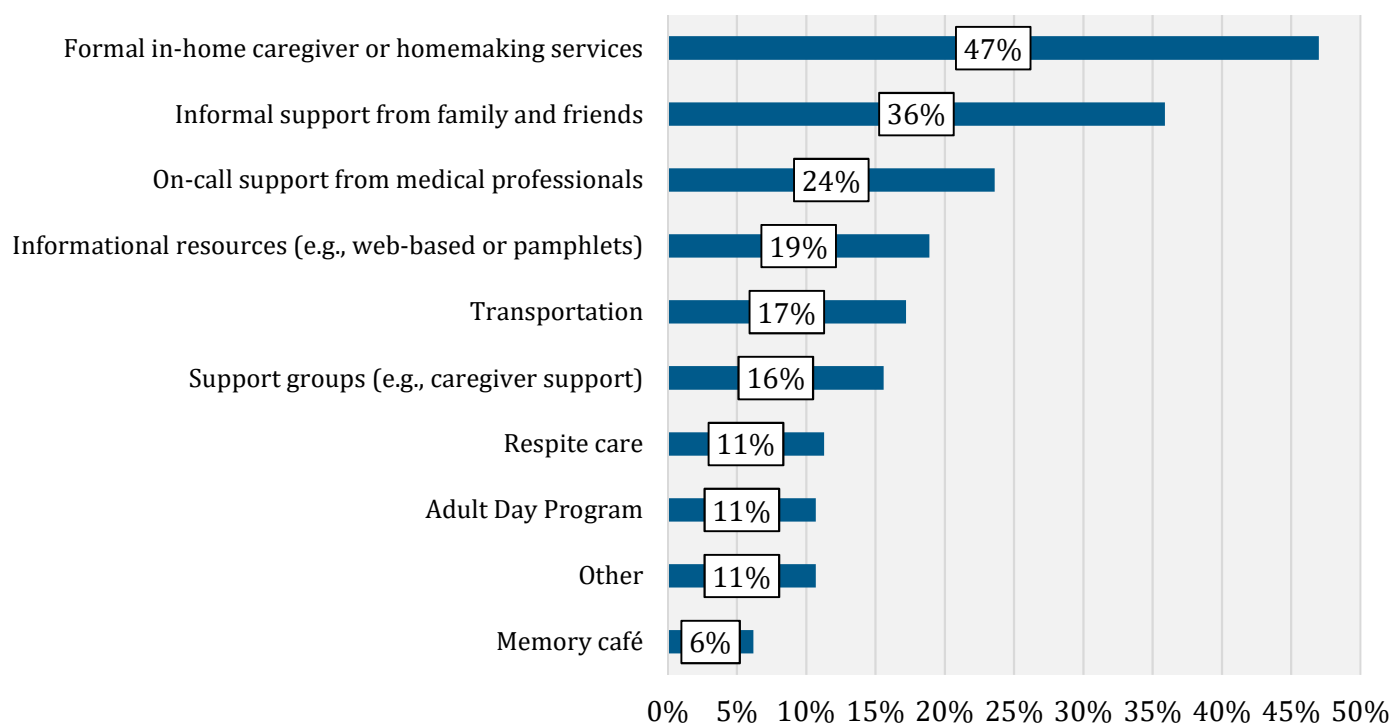
**Figure 29** shows the implications of what can sometimes be challenging caregiving scenarios. Among Wellesley caregivers, 35% reported that their social life has deteriorated due to this caring responsibility, and 32% reported that their mental health has also deteriorated. Twenty-six percent of caregivers also reported declines in their physical health.

**Figure 29.** In your role as a caregiver, have you experienced any of the following?



When asked, Wellesley caregivers reported that formal in-home caregiving or support would be most useful to them (47%), followed by informal support from family and friends (36%) and on-call support from health professionals (24%) (**Figure 30**). These findings lead to consideration of the types of supportive activities that could be fostered in Wellesley to better meet the needs of residents.

**Figure 30.** What supports were, or would have been, most valuable to you during your time providing care or assistance?

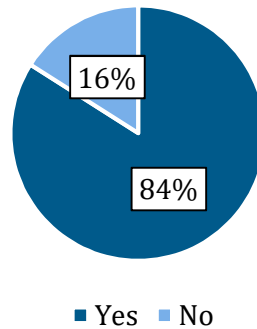


## Social Activities & Relationships

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

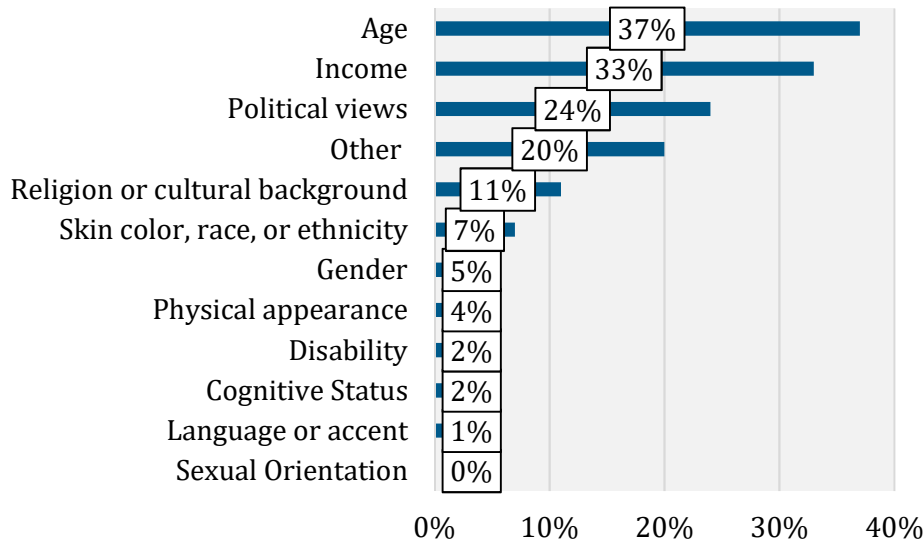
Openness to helping others, watching out for neighbors, and being embedded in a strong system of mutual support are hallmarks of a strong community. Yet when survey respondents were asked if they know someone living nearby on whom they can rely for help when needed, 16% of all respondents said they do not (**Figure 31**).

**Figure 31.** Do you know someone living close by on whom you can rely for help when you need it?



Overall, 19% of survey respondents reported feeling excluded in Wellesley in recent years (results not shown). Among them, age (37%), income (33%), and political views (24%) were the most commonly reported reasons for being excluded (**Figure 32**). Interestingly, 20% of those who have ever felt excluded reported *other* as the reason. Upon closer examination, responses can be described as reinforcing the themes of income and political views.

**Figure 32.** In the past 5 years, have you ever felt excluded in Wellesley because of any of the following?

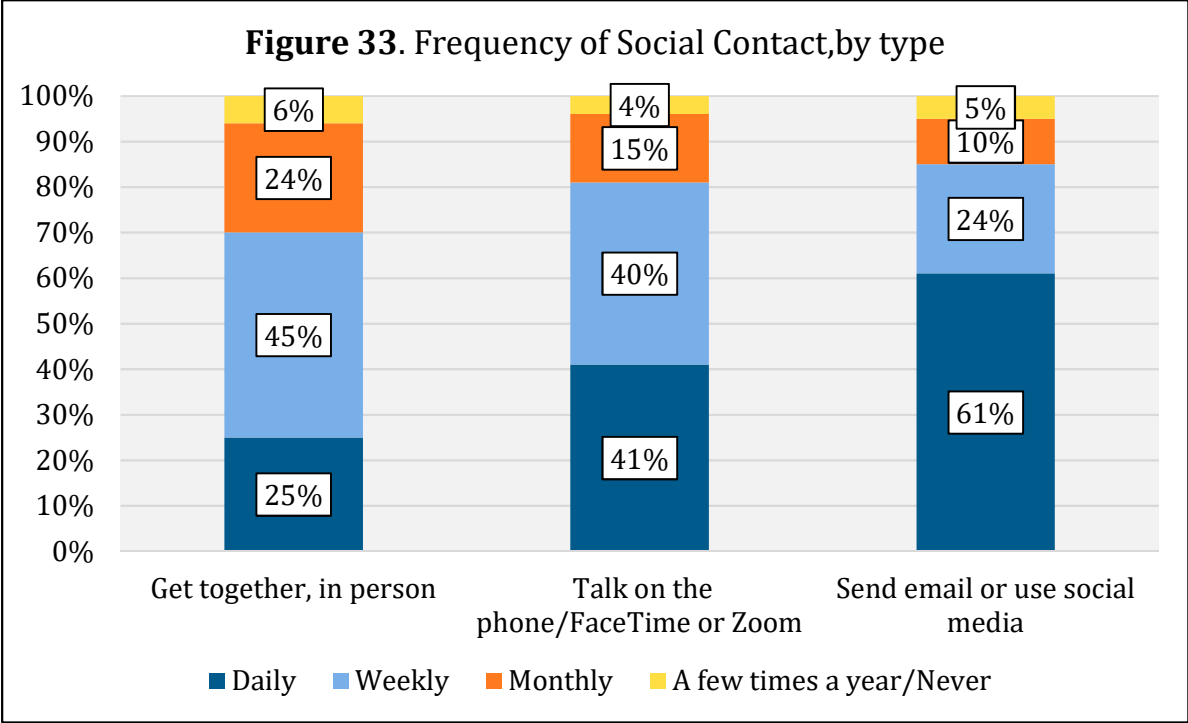


**Figure 33** illustrates the frequency of social contact among older adults, distinguishing between in-person gatherings, phone or video calls, and digital communication such as email or social media.

Patterns of contact vary by type, with digital communication emerging as the most frequent form of connection. Nearly two-thirds (61%) of respondents reported using email or social media daily, and

another 24% do so weekly, indicating that most older adults are regularly engaged online to maintain social ties. In comparison, phone or video conversations occur somewhat less frequently—41% have these interactions daily and 40% weekly, showing that virtual conversations remain an important but slightly less consistent mode of connection.

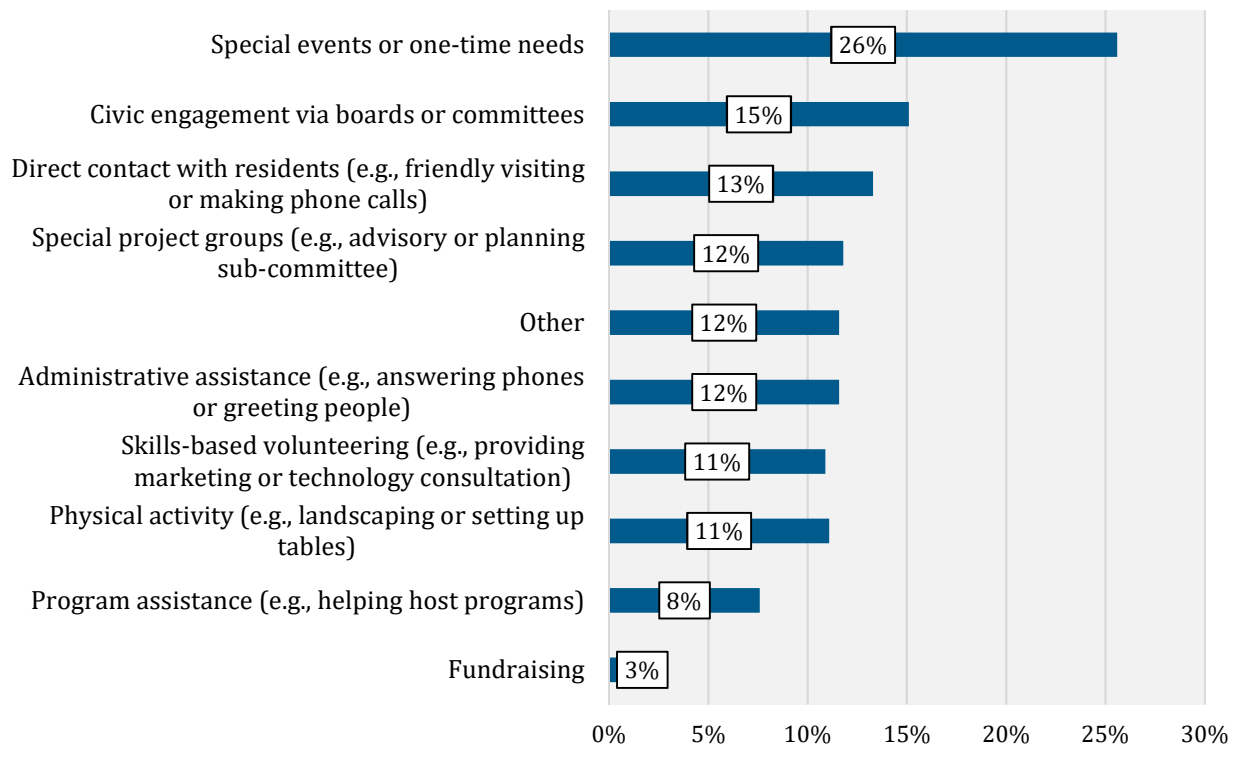
In-person gatherings are the least frequent: only one-quarter (25%) get together with others daily, while nearly half (45%) do so weekly, and smaller shares meet monthly (24%) or a few times a year or never (6%). Overall, these data suggest that while face-to-face interaction remains meaningful, technology-mediated contact has become a central way older adults sustain their social networks, underscoring the importance of digital access and literacy in promoting social connectedness.



Survey respondents prefer volunteering for special events or one-time needs, with 26% of respondents indicating interest in this type of activity. This suggests that many older adults prefer flexible, short-term opportunities that allow them to contribute without ongoing commitment (**Figure 34**).

Other popular forms of engagement include civic participation through boards or committees (15%), direct contact with residents such as friendly visiting or outreach (13%), and involvement in special projects or advisory groups (12%). Similarly, about one in eight respondents expressed interest in administrative assistance (12%) or skills-based volunteering (11%), such as using professional experience to support programs. Others showed interest in physical-activity-based roles (11%), program assistance (8%), or fundraising (3%). Overall, the findings indicate that older adults are motivated to give back in ways that are flexible, purposeful, and socially connected, emphasizing the importance of offering a variety of volunteer options that accommodate different interests, abilities, and time commitments.

**Figure 34. What kind of volunteering would you be most interested in?**

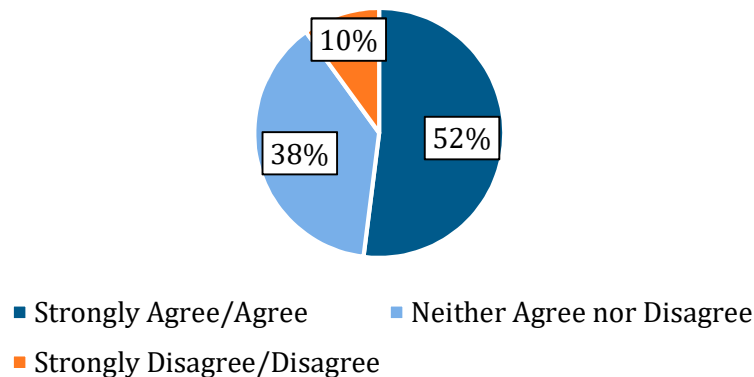


## Current & Future Programs & Services at the Tolles Parson Center

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

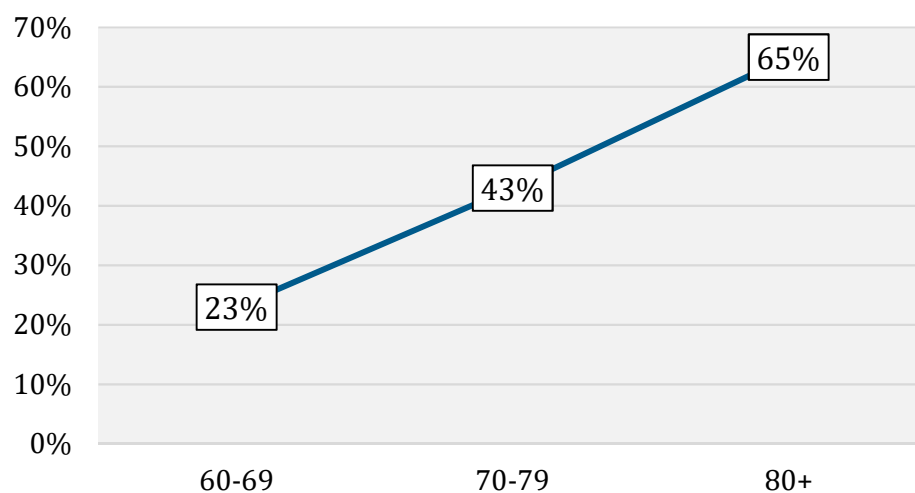
**Figure 35** shows that most respondents view the Wellesley COA as playing an important role in their lives or in the lives of those around them. Over half strongly agree or agree that the Wellesley COA plays this kind of important role, while a smaller portion are neutral, indicating neither agreement nor disagreement. Only a small share disagree or strongly disagree, suggesting that the Council is broadly recognized as a valued community resource that supports older residents and their social networks.

**Figure 35.** “I see the Wellesley Council on Aging as playing a role in my life or the lives of loved ones, friends or neighbors.”



**Figure 36** shows that participation at the Wellesley COA increases steadily with age. About one in four adults aged 60–69 (24%) reported participating, compared to 43% of those aged 70–79 and 65% of those aged 80 and older. This trend suggests that engagement with the COA becomes more common as residents age and may reflect increasing awareness of, or need for, COA programs and services over time.

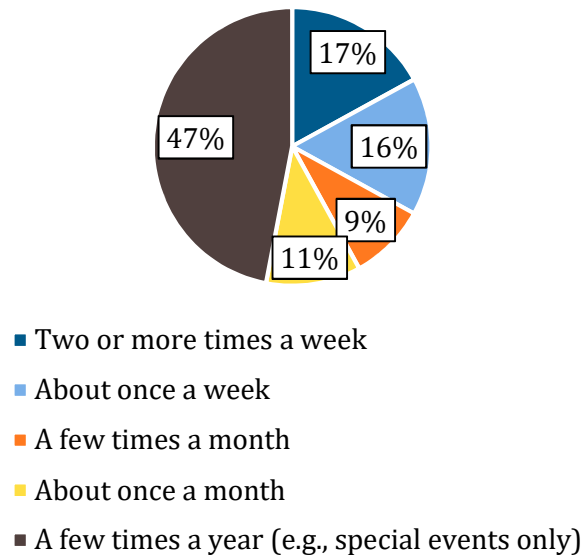
**Figure 36.** Participation at the Wellesley Council on Aging, by age



**Figure 37** shows how frequently residents use programs or services offered by the Wellesley COA. The largest share of respondents (47%) reported participating a few times a year, typically for special events, while smaller groups engage more regularly—some once a week or two or more times per week. A smaller portion of participants use services monthly or a few times a month (20%). Overall, these findings suggest that while many residents maintain an occasional connection with the COA, a smaller core group are frequent and consistent users, underscoring opportunities to broaden regular engagement among the wider older adult population.



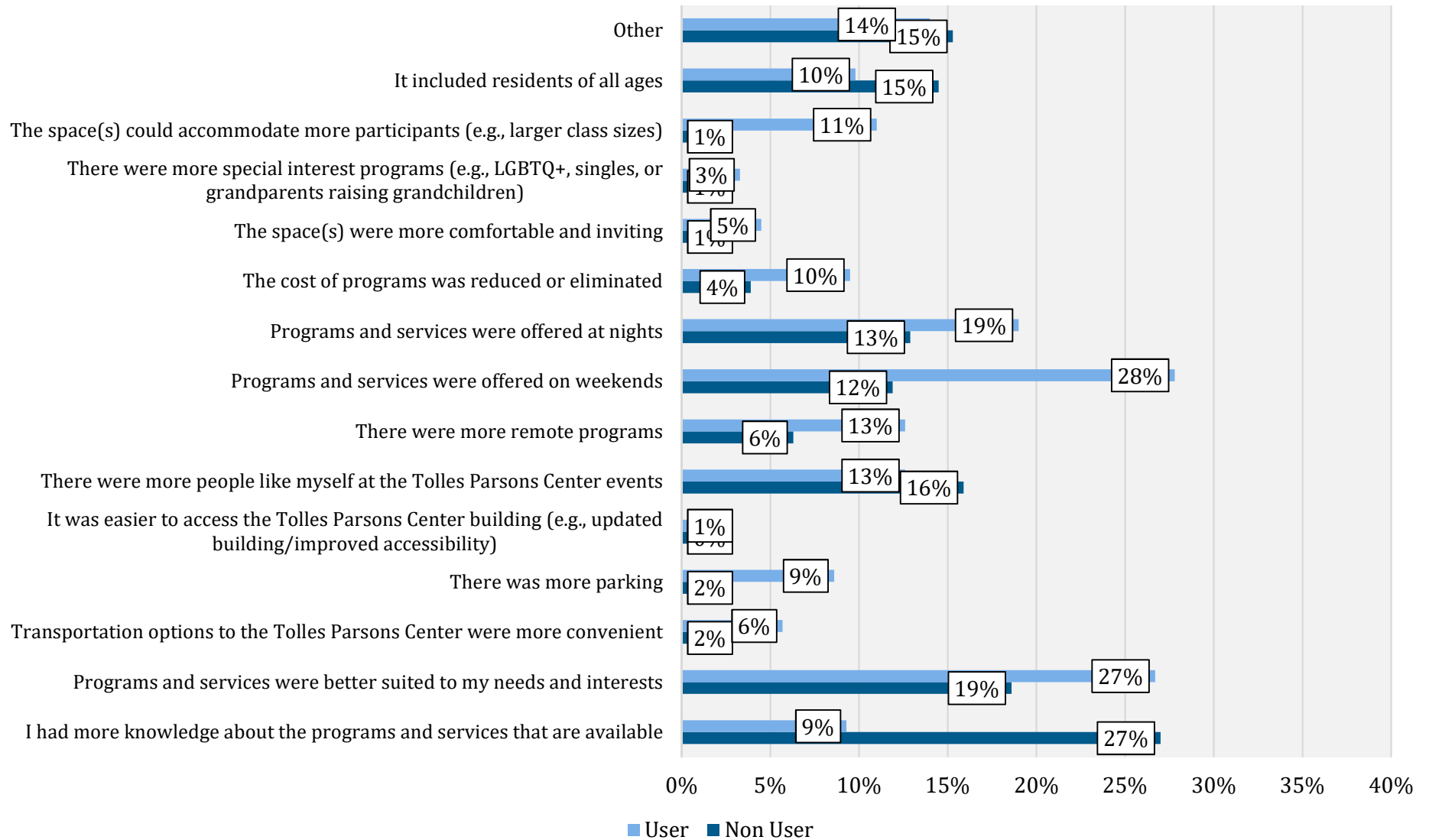
**Figure 37.** Currently, how frequently do you use programs or services offered by the Wellesley COA?



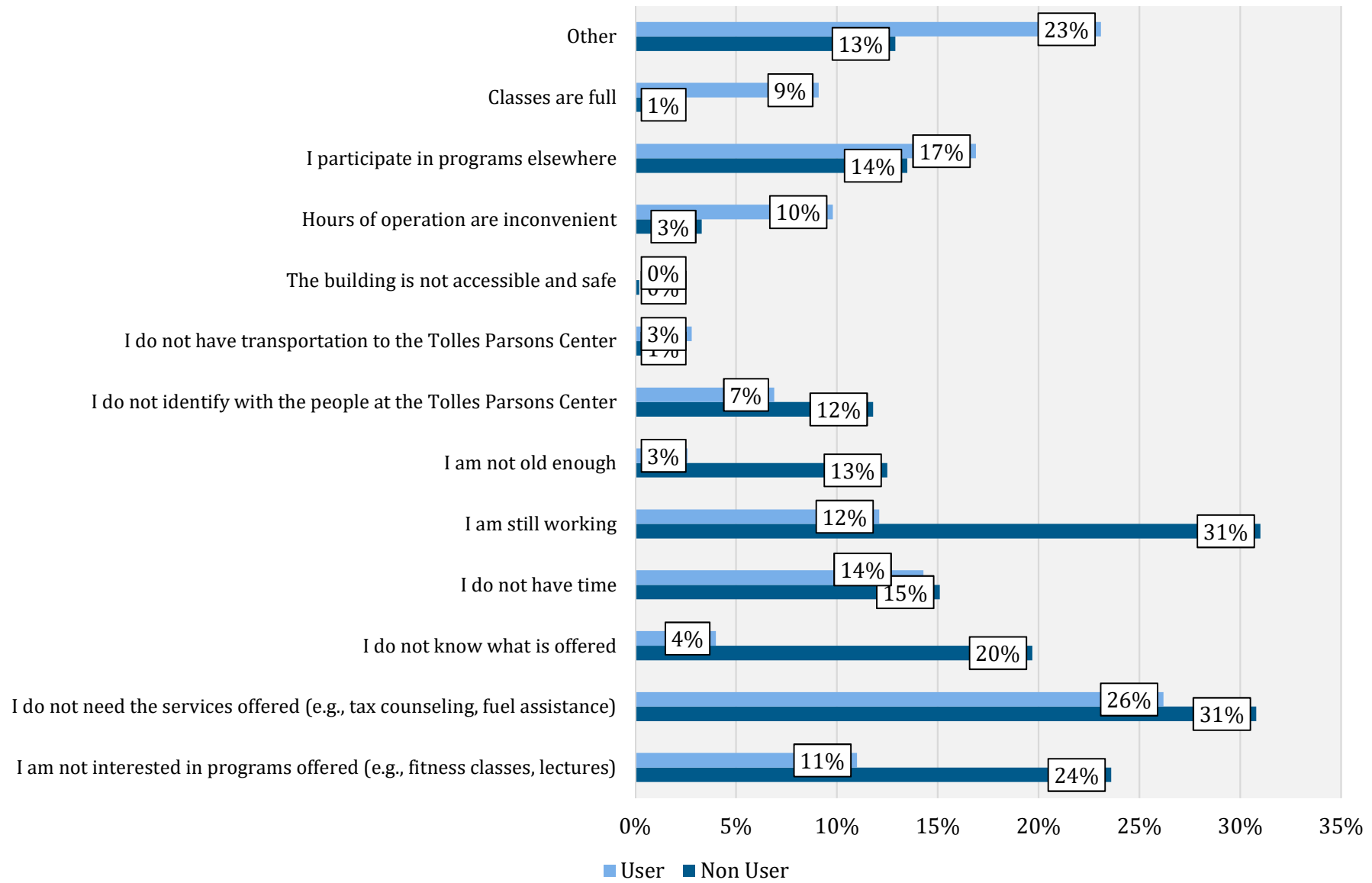
**Figure 38** displays factors that would make residents more likely to participate in Wellesley COA programs and services. Among those who are “non-users” of the Tolles Parsons Center (TPC), the most common motivators include greater awareness of available programs (27%), offerings that better match personal interests (19%), **and** if there were more “people like me” at the Center (16%). Among current users, motivators include having programs available on weekends (28%), having more programs that align with their interests (27%), and programs that were offered in the evenings (19%). Cost and accessibility issues, such as reduced program fees or improved transportation, were also noted but less frequently. Overall, these findings suggest that increasing visibility, flexibility in scheduling, and tailoring programs to resident interests could significantly broaden engagement with the COA.

**Figure 39** identifies the main factors that limit how often residents attend Wellesley COA programs and services. Among non-users, the most common barriers are not needing the programs and services offered (31%) and still working (31%). Not being interested in programs (24%) is also a primary reason for not using the TPC. For current users, the most frequent challenges include not needing the programs or services (26%) and *other* (23%). Within the *other* category, the most common reasons respondents reported included being too busy, expecting to use it in the future, and the programs not being attractive. For example, one person wrote, “*Wish there were more lectures provided around lunchtime, and more activities for men.*” As well, 17% of current users reported going elsewhere for programs and services (**Figure 39**). Overall, these findings highlight the need for improved outreach and communication, expanded program capacity, and more flexible scheduling to better accommodate working adults and new participants.

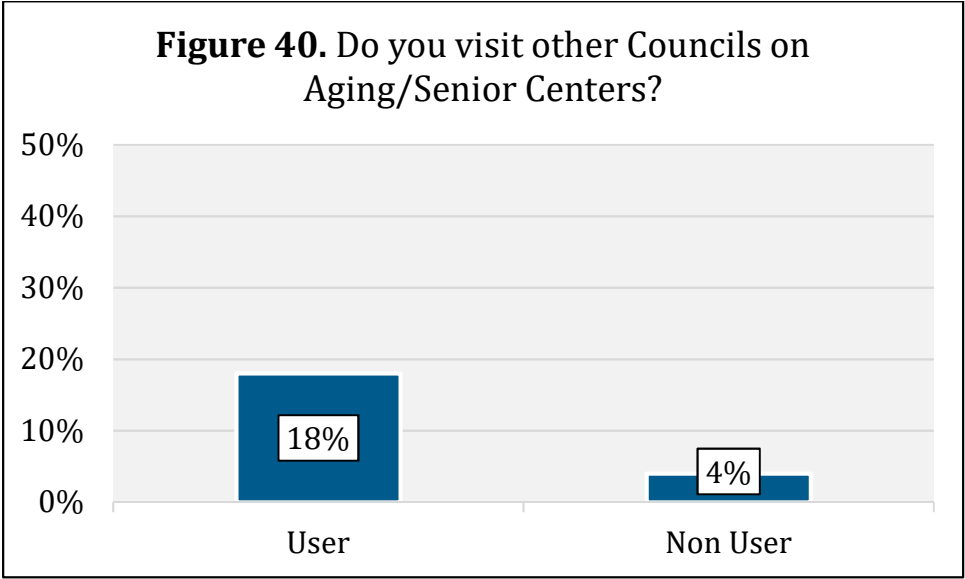
**Figure 38.** “I would be more likely to use the Wellesley Council on Aging programs and services if...”



**Figure 39.** Which of the following factors limit how often you attend programs or services provided by the Wellesley Council on Aging?

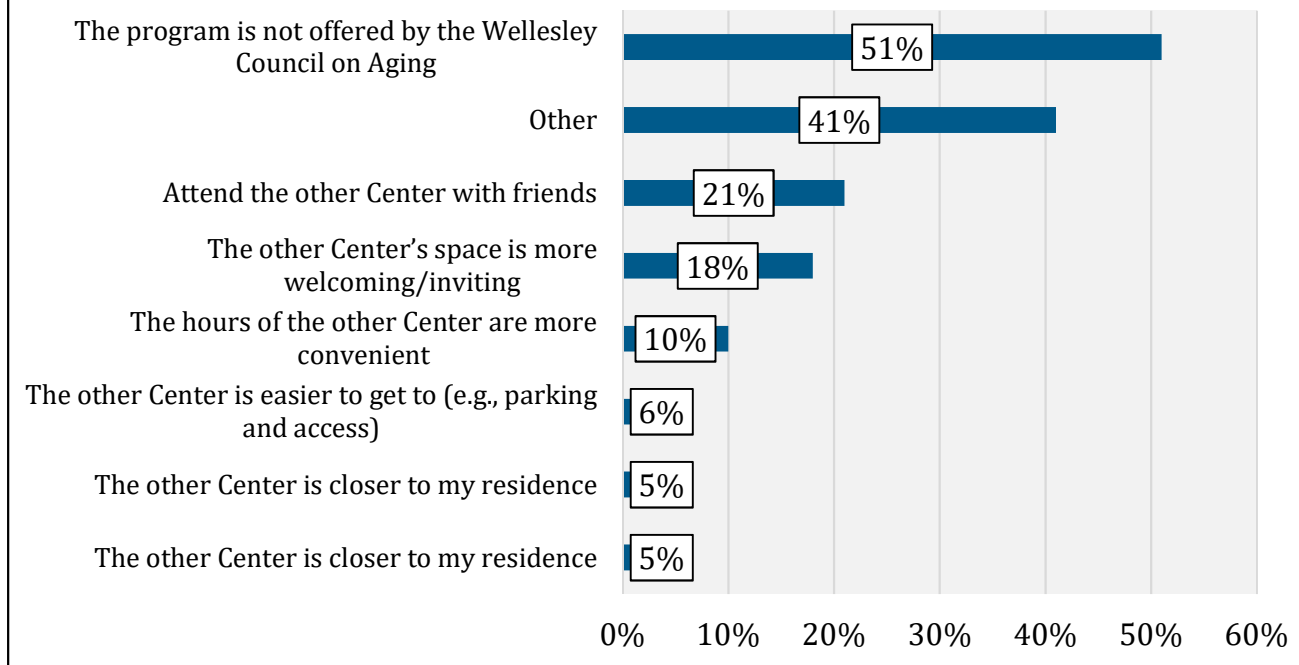


**Figure 40** shows that a small share of respondents visit other COAs or senior centers, with notable differences between current users and non-users of the Wellesley COA. Among current users, **18%** reported visiting other centers, compared to just 4% of non-users. This suggests that those already engaged with the Wellesley COA are more likely to seek out similar opportunities and programs in neighboring communities.



The most common reason, cited by 51% of respondents, is that a program of interest is not offered by the Wellesley COA (**Figure 41**). Another 41% selected *other* reasons, which may include specific program opportunities that are not currently offered at the TPC (e.g., breakfast, trips, drop-in exercise opportunities, or to learn to play ukulele) or an alignment with scheduling. Smaller shares reported attending other centers with friends (21%), because the space is more comfortable or appealing (18%), or because the hours are more convenient (10%). Only a few participants mentioned accessibility (6%) or proximity (5%) as motivating factors. Overall, these findings suggest that most residents who visit other centers are seeking program variety and social connection, rather than logistical convenience.

**Figure 41.** For what reason(s) do you attend other Councils on Aging or Senior Centers?

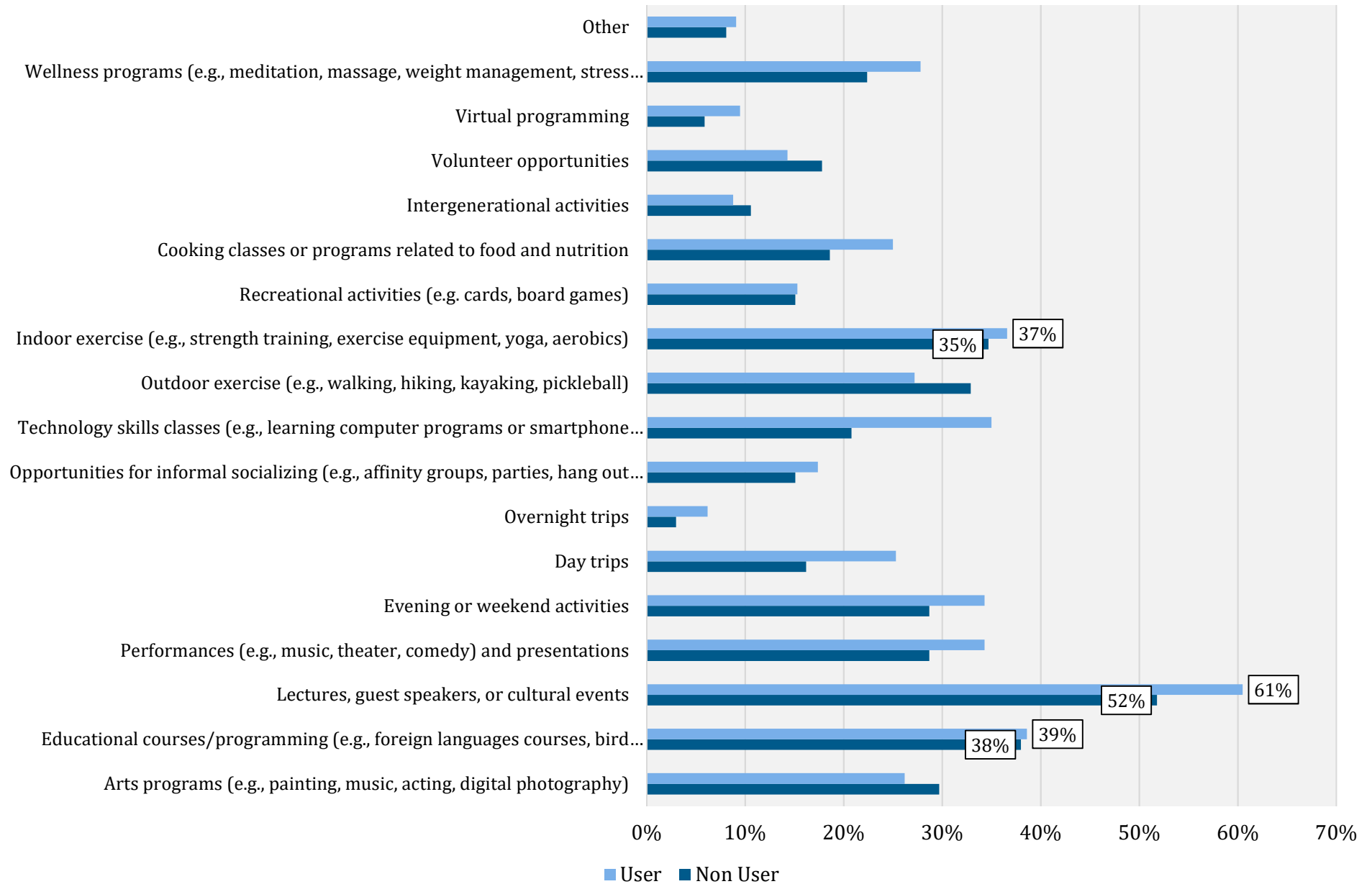


**Figure 42** highlights the types of programs that residents—both users and non-users of the Wellesley COA—would most like to see expanded in the future.

Across both groups, there was strong interest in lectures, guest speakers, and cultural events, with over half of current users and nearly as many non-users prioritizing this category. Educational programs and lectures were also a top area of interest, followed by arts programs, recreational activities, and indoor or outdoor exercise opportunities. Users expressed somewhat higher interest than non-users across most categories, especially for performances, evening or weekend activities, and recreational offerings—suggesting that engagement often deepens interest in program variety.

Overall, these results indicate broad enthusiasm for learning, creativity, and active engagement, as well as a desire for more flexible scheduling that accommodates diverse lifestyles and availability among older residents.

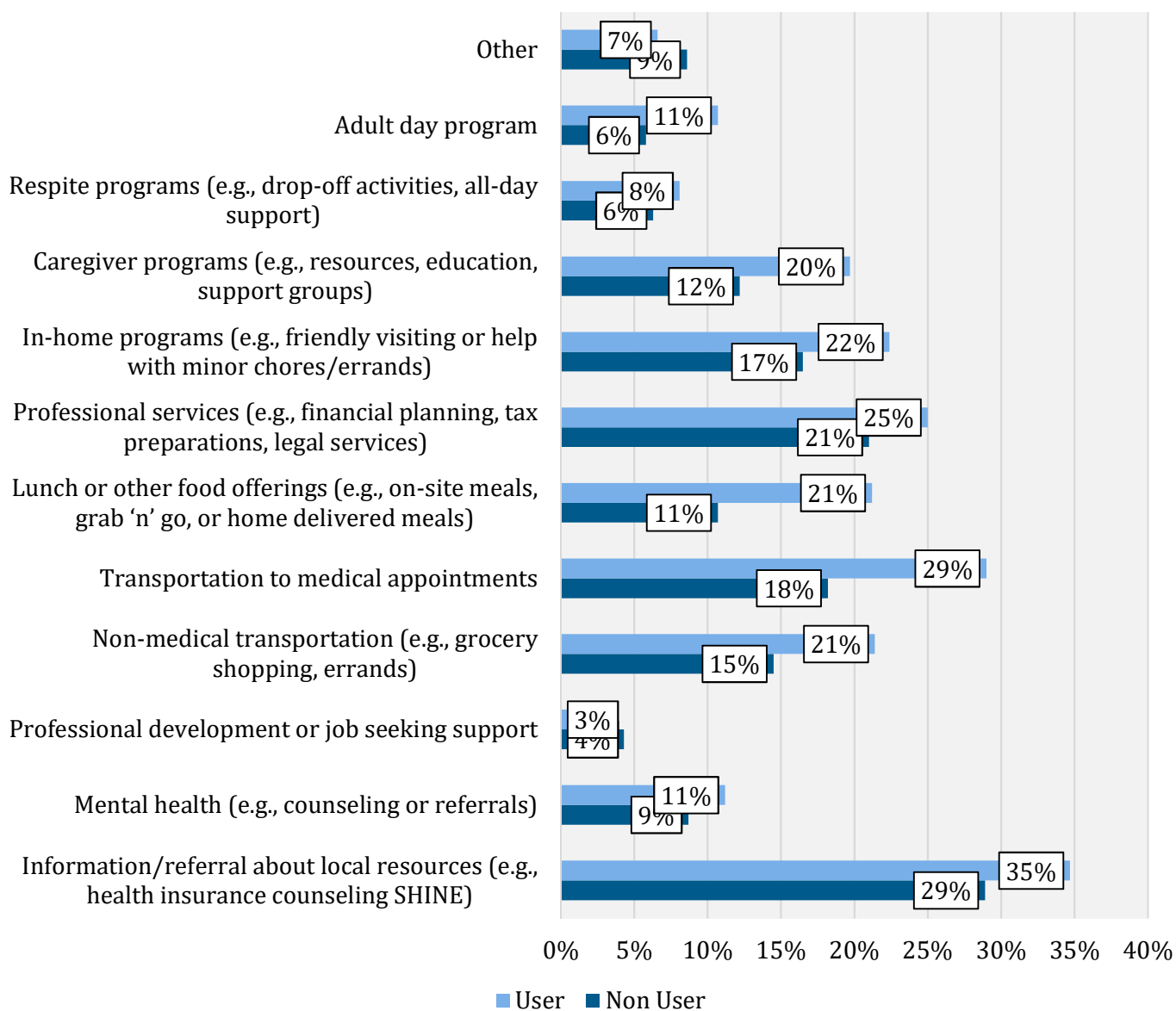
**Figure 42.** Thinking about your own future needs and interests, which of the following programs would you prioritize in expanding through the Wellesley Council on Aging?



**Figure 43** illustrates which services residents would prioritize for future expansion through the Wellesley COA, comparing responses from current users and non-users.

Across both groups, the most frequently selected priority was information and referral about local resources, chosen by roughly one-third of respondents. Other highly rated areas include transportation services—both medical and non-medical—as well as professional services such as financial planning, tax assistance, or legal help. Users also expressed notable interest in in-home programs and lunch or food offerings, while non-users placed greater emphasis on caregiver support and transportation to medical appointments.

**Figure 43.** Thinking about your own future needs and interests, which of the following services would you prioritize in expanding through the Wellesley Council on Aging?

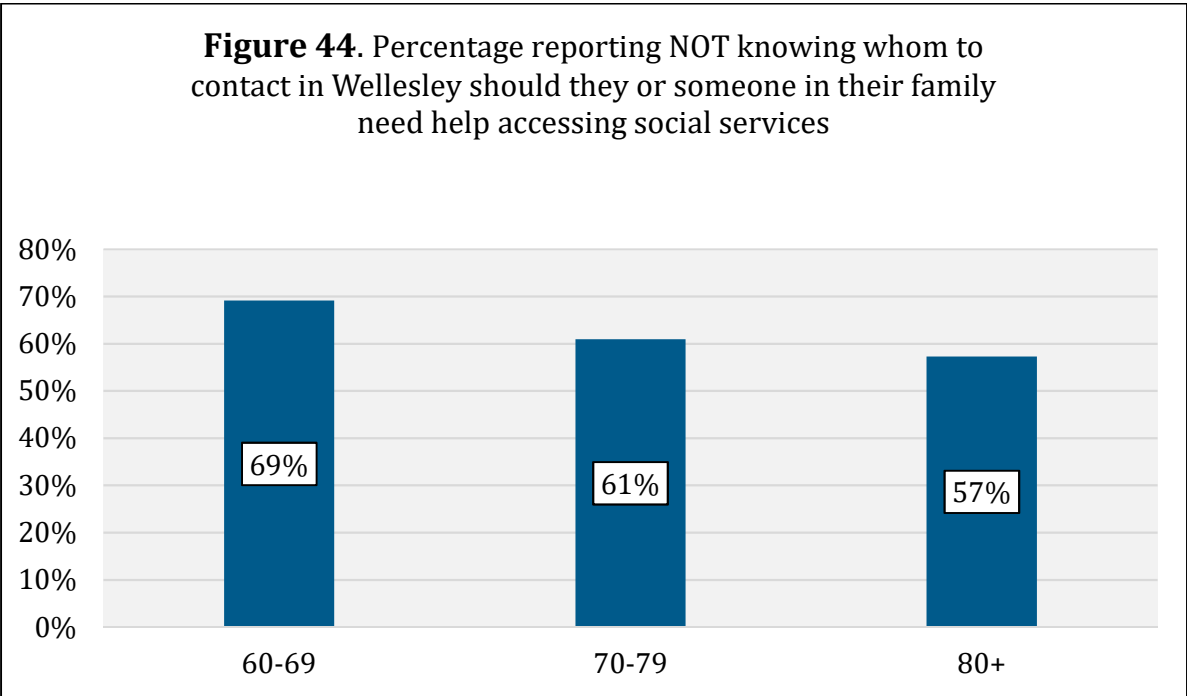


Overall, the results suggest that residents value access to information, mobility, and supportive services that promote independence and connection, reinforcing the Council’s role as a central hub for guidance and coordination in later life.

Communication & Information

Communication and access to information are essential for aging well in community because they connect older adults to the resources, programs, and services that support their health, independence, and social engagement. Clear, accessible communication helps residents navigate complex systems—from transportation and housing to healthcare and social services—ensuring that no one is left out due to lack of awareness. Reliable information also fosters trust and inclusion, empowering older adults to make informed decisions and stay engaged in civic life. Ultimately, strong communication networks help build connected, age-friendly communities where older residents can thrive and contribute meaningfully.

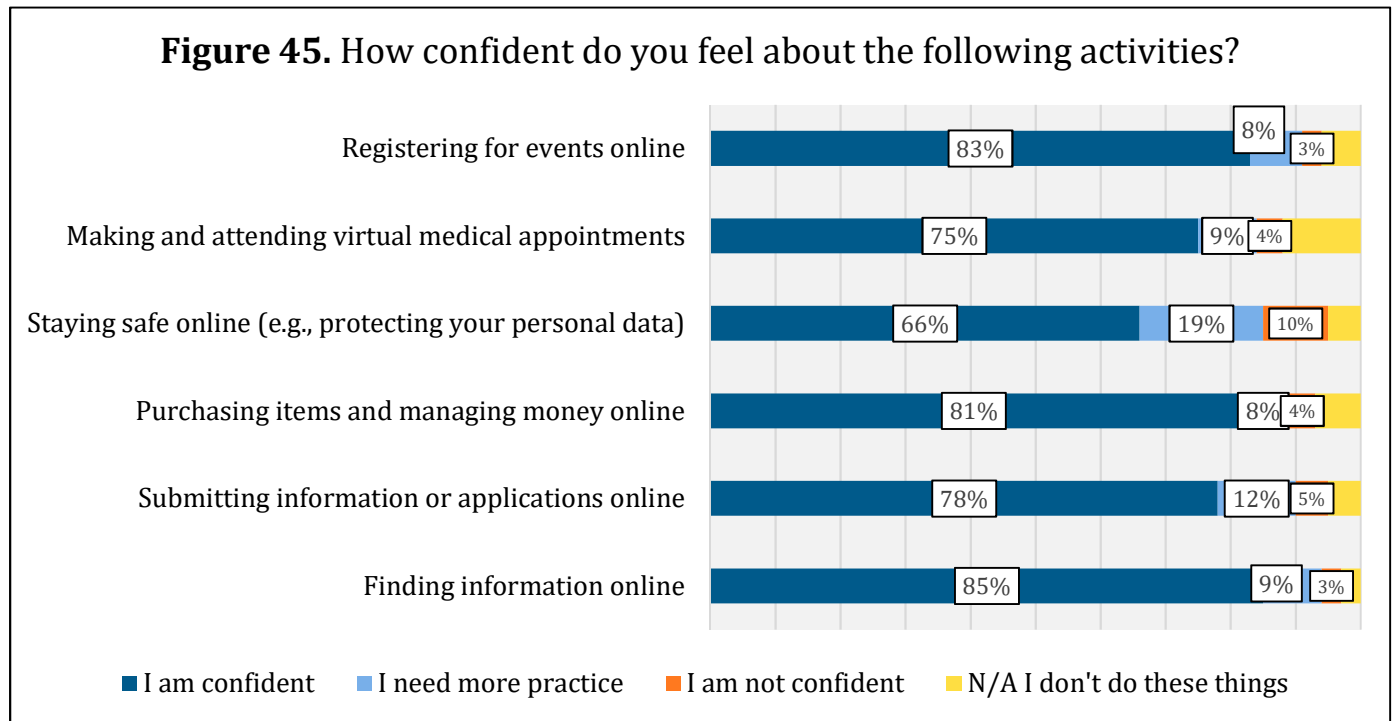
**Figure 44** shows that lack of awareness of where to seek help for social services in Wellesley declines slightly with age. About two-thirds (69%) of adults ages 60–69 reported not knowing whom to contact if they or a family member need assistance with services such as food access, housing, transportation, or mental health supports. This share drops modestly among those ages 70–79 (61%) and 80 and older (57%). These findings suggest that while a majority of older residents are aware of available help, there remain gaps in information access and outreach, particularly among the oldest residents, who may have the greatest need for such services.



**Figure 45** shows older adults’ levels of confidence with various online and digital activities. Across all tasks, the majority of respondents reported feeling confident, particularly in activities like



finding information online and registering for events online. However, some respondents indicated that they need more practice with activities such as making virtual medical appointments, submitting online forms, **or** purchasing items online, suggesting opportunities for digital skill-building. Only a small share reported being not confident, but a notable portion indicated that they do not engage in these online activities at all. Overall, the findings highlight the importance of ongoing digital literacy support to ensure that all older adults can confidently navigate essential online services and opportunities.

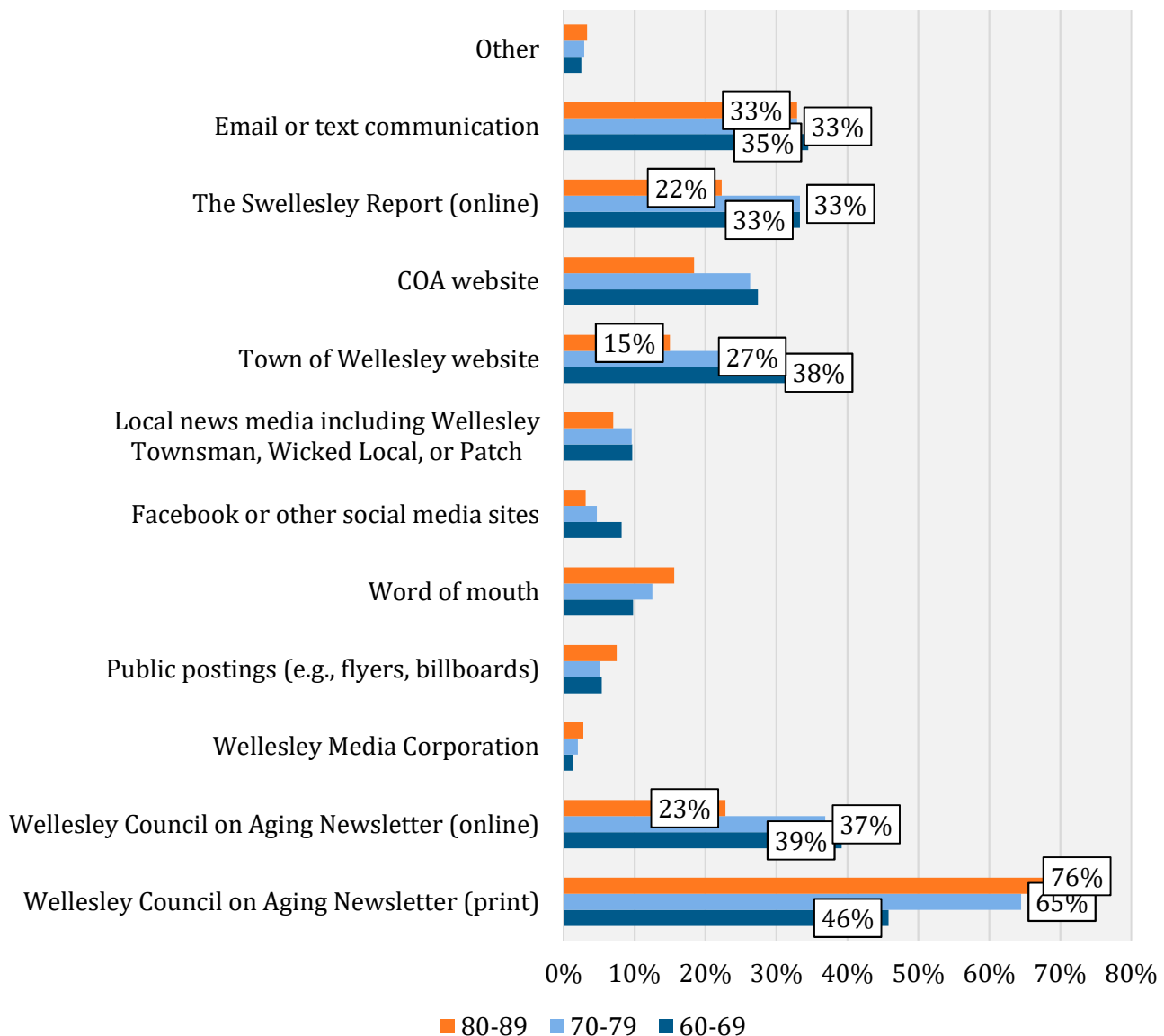


**Figure 46** illustrates where residents of different age groups prefer to find information about activities and services offered by the Wellesley COA.

Across all age groups, the Wellesley Council on Aging Newsletter (print) is by far the most preferred source, especially among adults ages 80 and older (76%) and 70–79 (approximately 65%). Younger respondents (ages 60–69) show more varied preferences, with higher use of email or text communication, the COA website, and the Town of Wellesley website. The Swellesley Report (online) and word of mouth were also common sources of information, particularly among younger cohorts.

These findings underscore the importance of maintaining both traditional and digital communication channels—ensuring that printed newsletters remain available for older residents, while expanding electronic and online outreach to engage younger and more tech-comfortable audiences.

**Figure 46.** Where do you prefer to find information about the activities and services offered by the Wellesley Council on Aging?



The final question on the survey was, “If you have any other thoughts or comments about the Wellesley Council on Aging, or about current or future needs of older residents in Wellesley, please include them here...” and 421 people did write in a response. After all responses were reviewed, three themes emerged (**Table 6**). To summarize, community feedback reflects strong appreciation for the Wellesley COA and the TPC as a valued and well-run town asset that enhances quality of life for older residents. However, many respondents emphasized that limited space, complex registration processes, and perceptions of exclusivity or inflexibility undermine the COA’s inclusiveness and accessibility. Participants also expressed a desire for greater practical support—especially help with transportation, home maintenance referrals, and affordable meal options such as a Meals on Wheels program. Finally, many residents called for a refreshed public image and programming that better reflects the needs of *younger*, working, and culturally diverse older adults, including evening and weekend offerings and a more welcoming, multigenerational environment.

Together, these insights suggest both deep community trust and a clear mandate for modernization and outreach.

**Table 6.** Other thoughts or comments about the Wellesley Council on Aging or the needs of older residents.

<b>The Wellesley Council on Aging and Tolles Parsons Center are beloved assets to the Town; but capacity limitations and declining perceptions of inclusion and flexibility pose major risks to future success.</b>
<i>I fully appreciate our COA and staff. Thank you. But the café is too small, parking is inadequate—we outgrew the new COA shortly after it opened.</i>
<i>I found it cumbersome and difficult to sign up for exercise classes—they fill up fast. The rules for the fitness center are not user friendly, and it closes too early.</i>
<i>I just don't find the place inviting based on my experiences.</i>
<i>The leadership are not listening to members very well—after watching meetings, it seems short-term and out of touch. There needs to be more transparency and new voices.</i>
<i>My impression is that the COA has 'its people' who use it all the time, but I don't feel comfortable or that it would be welcoming for me.</i>
<b>More support in maintaining daily life—including referrals and transportation—are top needs</b>
<i>Older residents need transportation—it's a very big problem. The COA should have an Uber or Lyft account for rides to shops, pharmacy, and COA.</i>
<i>Now that the programs are well established, I wish the COA would make its priority helping seniors simply get through their daily lives—referrals for handymen, help after hospital stays, people to run errands.</i>
<i>Lunch is expensive and needs to be preordered. Meals on Wheels would be great, especially with food costs and during winter months.</i>
<b>The Wellesley Council on Aging and Tolles Parsons Center are in need of a refreshed public image and programs that align with working, active, and culturally diverse residents.</b>
<i>Change the name. Be a community resource center for all citizens. I'm 70 and will never go to a Council on 'Aging' event!</i>
<i>I'm still working four full days a week. I'd be interested in evening or weekend classes like tai chi or yoga.</i>
<i>I would like to see some programs geared toward minority ethnic groups within the town—currently all programs and food are geared toward the majority.</i>
<i>The COA is a building manager for the few hundred people who use the senior center; for the thousands of other seniors, they feel worthless.</i>

## Conclusions & Recommendations

The findings of this needs assessment provide valuable insight into the experiences, priorities, and aspirations of older residents in Wellesley at a crucial moment for community planning. Both as leadership of the Tolles Parsons Center is transitioning and as the population of older adults continues to grow and diversify, the role of the Wellesley Council on Aging and the Tolles Parsons Center has never been more important. This assessment highlights both the strengths of existing programs and opportunities for expansion—particularly in communication, transportation, health and wellness services, and social connection. The results underscore a clear mandate to plan proactively, ensuring that programs, spaces, and services evolve to meet the needs of current and future generations. By grounding decisions in this community-informed data, Wellesley can continue to lead as an age-friendly town, fostering inclusion, independence, and well-being for residents across the lifespan.

### 1. Plan Ahead for a Growing and Diverse Older Population.

- Currently, 23% of Wellesley’s population is aged 60 or older, and this proportion is expected to grow to 26% by the year 2030. Meaning, there will be more than 7,000 residents in Wellesley who are aged 60 or older.
- 11% of Wellesley’s population aged 65 or older identify as a person of color.
- 14% of survey respondents have lived in Wellesley for fewer than 15 years.

#### Recommendations:

- **Develop a Strategic Plan for the Wellesley Council on Aging to Fulfill Its Mission:** Define priorities, measurable goals, and strategies that align with the evolving needs of older residents. The plan should address facility capacity, program accessibility, staffing, and community engagement while positioning the COA as an inclusive, forward-looking resource for residents across all ages and stages of aging. Consider ways to reorganize the COA Board and clarify its responsibilities to strengthen leadership, improve transparency, and make achievement of this major goal more feasible.
- **Consider Age- and Dementia-Friendly Integration:** Create a Town-wide age- and dementia-friendly plan that unifies initiatives across departments, boards, and community organizations to address the needs of residents outside of the four walls of the Tolles Parsons Center.
- **Increase Community Presence to Signal Inclusivity of the Tolles Parsons Center:** Expand language access and culturally responsive outreach to engage residents from diverse backgrounds and ensure equitable participation in programs and services.
- **Be Involved in Community Connection:** Encourage intergenerational engagement and collaboration with schools, colleges, and local organizations to build awareness and shared understanding across generations. Consider a “grand friend” program, pairing older residents with children to build friendships, or facilitate a dinner between older residents and high school seniors to share entertainment and stories across generations.

### 2. Address Housing Affordability and Support Aging in Place.

- Cost of living, particularly property taxes, was the most commonly cited concern about aging in Wellesley.
- 40% of survey respondents reported that their home currently needs repairs in order to remain living safely for the next 5 years. Among them, 24% reported not being able to afford those repairs.
- 16% of survey respondents reported that they do not know someone living nearby on whom they could rely for help if needed.
- Condominiums and townhomes are the most preferred types of future housing among survey respondents aged 60–69 (45%) and 70–79 (40%), closely followed by smaller single-family homes for both age groups.
- Lack of downsizing options in Wellesley was the second most commonly reported concern for staying in Wellesley. One resident wrote, “There is a lack of affordable apartments and condos for seniors as we downsize from larger homes and wish to remain in Wellesley. Almost all new housing costs more than the price we will get for selling our homes. This lack of affordable housing options is hurting the economic diversity of the town.”
- More support in maintaining daily life, including referrals and transportation, are top needs. For example, 23% of respondents want more medical transportation available to them. Survey results show that about 7% of respondents do not drive, and an additional 15% drive with some limitations. The proportion of those who limit their driving or cease driving altogether rises with age; almost one in five respondents aged 80 or older reported not driving at all.

### Recommendations:

- **Downsizing and Development:** Be a conduit of information to residents about zoning and development opportunities that increase the availability of smaller housing types, such as condos, accessory dwelling units (ADUs), and assisted living options.
- **In-home Supports:** Strengthen access to in-home support services that help older adults maintain independence, including home maintenance, repair, and property maintenance.
- **Property Tax Relief:** Ensuring that thresholds for participation in all tax relief programs are publicly posted online or in print would enhance older adult awareness of the program. Continue to review and expand local property tax relief programs to reduce financial pressure on older homeowners with fixed incomes.<sup>6</sup>
- **Cost-Savings:** Address the rising costs of living and their differential impact on older residents.
  - Explore the creation of a local discount program for older residents in Wellesley. Engage the Chamber of Commerce in this effort.
  - Clearly communicate that participation in COA programs is affordable and that cost should never be a barrier to engagement. Include consistent messaging in all promotional materials, newsletters, and outreach efforts, emphasizing that many

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<sup>6</sup> The proposed increase of the deferral program gross receipts cap (to ~\$103,000) indicates a town acknowledgment of changing household finances and rising cost pressures. <https://theswellesleyreport.com/2025/04/wellesley-annual-town-meeting-night-5-tax-breaks-skip-the-stuff-legal-notice-affordable-housing/>

programs are low-cost or free, and that financial assistance or fee waivers are available when needed.

- Explore ways to increase utilization of medical and non-medical transportation in Wellesley. Explore collaborations with local healthcare providers to offer a shuttle.
- Work on a “getting around Wellesley” transportation guide that includes opportunities for residents to experience riding local transportation to minimize fear or stigma.

**3. Strengthen Advocacy, Representation, and Governance.** As the needs of older residents evolve, so too should the COA’s advocacy role and structure. Enhancing representation, voice, and leadership will ensure that the COA remains responsive and empowered.

- Nearly one in four respondents who have lived in Wellesley for more than 35 years, and about one in five respondents who have lived in Wellesley for 15-24 years, do not agree that local town officials consider the interests and concerns of older residents.
- Regardless of length of time living in Wellesley, 40% of survey respondents do not have an opinion on whether local policymakers consider the needs of older adults in their decisions.
- The COA is charged with addressing the needs of all older residents of Wellesley, not just those who participate at the Center. This level of advocacy is perceived as lacking by survey respondents. One person wrote, “The COA is a building manager for the few hundred people who use the senior center; for the thousands of other seniors, they feel worthless.”

**Recommendations:**

- **Civic Engagement:** Establish a structured “Senior Civic Academy” to engage older residents in learning about town government, decision-making processes, and opportunities for civic participation. By fostering understanding and connection, the Civic Academy would empower older adults to take on leadership roles, serve on boards and committees, and strengthen their voice in local governance, while reinforcing the Town’s commitment to transparency and civic engagement across generations.
- **Representation and Inclusion:** Continuously review to ensure that the COA Board reflects the diversity of Wellesley’s older residents—across age, gender, tenure, and life experience.
- **Addressing Ageism:** Incorporate “reframing aging<sup>7</sup>” practices across municipal communications and decision-making processes.
- **Governance Review:** Revisit COA bylaws and committee structures to clarify the Council’s dual mission as both a service provider and an advocate for older residents. Ensure that the COA Board has clearly defined responsibilities, adequate capacity, and the organizational structure needed to support strategic planning, policy advocacy, and effective oversight of programs serving Wellesley’s growing older adult population.

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<sup>7</sup> <https://www.reframingaging.org/resources>

**4. Enhance the Tolles Parsons Center as a Welcoming and Vibrant Hub.** The Tolles Parsons Center (TPC) serves as a central space for connection, learning, and support. Sustaining its vibrancy will require continued innovation and flexibility.

- About one in four respondents ages 60–69 (24%) reported participating, compared to 43% of those ages 70–79 and 65% of those ages 80 and older. This trend suggests that engagement with the COA becomes more common as residents age and may reflect increasing awareness of, or need for, COA programs and services over time.
- Of those who participate in COA programs, the largest share of respondents (47%) reported participating a few times a year, typically for special events, while smaller groups engage more regularly—some once a week or two or more times per week.
- 27% of those who have never used the Tolles Parsons Center would be more likely to come if they “had more knowledge about the programs and services that are offered.”
- Among users, 28% would be more likely to attend if programs were offered on weekends, and 27% would be more likely to participate if programs were better suited to their needs and interests.
- Working and not having a need or interest in programs and services currently offered by the Wellesley COA are reasons cited by non-users for not participating. Participants wrote in ideas for programming that centered on skill building: woodworking, cooking demonstrations, learning English or other languages, and acting or reading plays aloud.
- Among those who have used the Center, not having a need to participate and “other” were common reasons for not participating more often. Within the “other” category, being too busy, expecting to use it in the future, and the programs not being attractive were the most commonly reported reasons. For example, one person wrote, “Wish there were more lectures provided around lunchtime, and more activities for men.”

**Recommendations:**

- **Program Development:** Pilot and evaluate new programs that respond to resident feedback and emerging interests. Consider the formation of a program subcommittee charged with pilot-testing programs throughout the year and reporting those experiences to the Board for future consideration.
- **Feedback Mechanisms:** Implement a consistent system for collecting and responding to participant input on programs, facilities, and communication.
- **Facility Access:** Review community use policies to prioritize flexibility and community access. Explore options for expanded weekend and evening hours to reach working adults and caregivers. For example, host some exercise programming on Saturday morning or offer other wellness programs like a “sound bath” or mindfulness workshops.
- **Food and Celebration:** Use the opening of the kitchen as an opportunity to expand social meal opportunities, cooking classes, and weekend community events that foster belonging and intergenerational connection.
- **Satellite Options:** Explore partnerships or satellite program sites in other town locations to increase accessibility and visibility of what the Tolles Parsons Center has to offer residents and families.

**5. Support Engagement, Wellness, and Lifelong Learning.** Residents expressed strong interest in staying active, learning new skills, and contributing to the community. The COA can continue to serve as a catalyst for engagement and well-being.

- Lectures and cultural events were most preferred by both users (61%) and non-users (52%) of the TPC.
- Educational opportunities are most preferred by 39% of users and 38% of non-users.
- Indoor exercise is preferred by 37% of users and 35% of non-users.
- One-time volunteer opportunities and direct contact with residents are among the most preferred types of volunteering.

**Recommendations:**

- **Health and Wellness Access:** Strengthen connections to preventative health services and health promotion programs that enable residents to remain active and engaged. Encourage staff to make “wellness referrals” to clients who can benefit from the programs offered by the Town, including the Tolles Parsons Center.
- **Lifelong Learning:** Continue supporting the Wellesley Weston Lifetime Learning program to expand its offerings and frequency of gathering. Consider partnerships with local colleges and universities and the local library.
- **Volunteering:** Consider ways to strengthen the current volunteer offerings for older adults, and ensure that proper supports are in place to make those volunteer opportunities meaningful and sustainable.
- **Arts and Culture:** Expand arts programming and creative expression opportunities that promote joy, connection, and cognitive health. For example, several towns have piloted Creative Aging residencies in painting, memoir writing, and movement arts using the Lifetime Arts model. Consider participating in the statewide ArtWeek festival by hosting older-adult-led exhibits and multigenerational workshops.
- **Health and Wellness:** Broaden offerings in exercise, nutrition, mindfulness, and mental health to promote holistic well-being. Expand the hours of the fitness center and expand current restaurant partnerships to offer more “grab and go” food options for residents to take home.
- **Digital Literacy:** Invest in technology training and support to ensure that all residents can access information, participate in virtual programming, and engage with town services. See Needham COA’s “Digital Drop-In” lab as an example. It offers weekly drop-in hours where older adults can get help with devices, online forms, Zoom, and town websites. Staff also host quarterly “How To” workshops. Franklin & Medway’s Regional Digital Inclusion Project is a partnership among their local cable access station and library to develop tutorials and support for older residents accessing virtual fitness and telehealth.

**6. Expand Caregiving and Supportive Services.** As caregiving needs increase, Wellesley has the opportunity to model best practices in supporting families and individuals living with cognitive change.



- 35% of survey respondents, including 42% of those aged 60–69, have recently provided (or are now) providing care to a person who is frail or disabled.
  - Among them, 35% reported that their social life has deteriorated, and 32% reported that their mental health has deteriorated, as a result of this care.
- One-third of caregivers are providing care to someone with Alzheimer’s disease or a related dementia, and 26% are caring for someone with undiagnosed forgetfulness or confusion.
- 20% of respondents have been or know someone who has been affected by substance misuse.

### **Recommendations:**

- Explore implementing social supports for persons living with dementia and their care partners. Host a monthly memory café or pilot-test an in-home supportive day program like the ones in Andover or Chelmsford.
- Ensure that all resident-facing staff have been trained as “dementia friends.”<sup>8</sup>
- Consider ways to support caregivers and people affected by substance misuse with access to behavioral health education, support groups, and resources.
- Host a caregiver resource fair for families to learn more about available resources and create plans for the future.

## **7. Strengthen Community Information Sharing and Rebrand the Tolles Parsons Center as an Active Community Center for Adults.** Communication emerged as a key theme in this assessment—residents want to stay informed but prefer different methods for receiving information. At the same time, many community members associate the “Senior Center” with aging stereotypes that don’t reflect the energy and engagement of today’s older adults.

- About two-thirds (69%) of adults ages 60–69 reported knowing whom to contact if they or a family member needed assistance with services such as food access, housing, transportation, or mental health supports. This share drops modestly among those ages 70–79 (61%) and 80 and older (57%).
- The Wellesley Council on Aging Newsletter is the most preferred source of information for older residents, followed by the Town of Wellesley website.
- 29% of survey respondents would like more help with how to stay safe online, and 17% would like more help with submitting information or applications online.

### **Recommendations:**

- **Unified Communication Strategy:** Develop a coordinated Town-wide communication plan to ensure consistent, accessible sharing of COA and Tolles Parsons Center (TPC) news through print, email, social media, local media, and town platforms.
- **Modernized Branding:** Rebrand the TPC as a hub for active aging, community engagement, and lifelong learning, using updated language and visuals that convey vitality, inclusion, and relevance for adults at every stage of later life.

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<sup>8</sup> <https://dementiafriendsma.org/>

- a. Commit the COA Board to being “ambassadors” of the programming at the Council on Aging.
  - b. Host age-positive events throughout Wellesley to raise the visibility of the COA. For example, host intergenerational meals or a positive aging photo campaign to capture older residents’ contributions and vibrancy.
- Host regular “welcome” events such as a *Bring-a-Friend Breakfast* or an *Orientation for First-Time Visitors* to introduce new participants to the TPC and its programs. Provide small incentives or recognition for current members who refer new attendees to encourage peer outreach and word-of-mouth engagement. These efforts will help build a culture of belonging, reduce barriers for first-time visitors, and **strengthen community** connections among older adults in Wellesley.
- **Outreach and Partnerships:** Partner with the Wellesley Media Corporation, the library, and other local institutions to broaden awareness of COA programs and elevate its role as a trusted source of community information.
  - a. Consider the creation of short public service announcements highlighting the various roles that the Center can play in residents’ lives.

## Appendix A: Survey Results

Note: Appendix tables are based on 1,482 responses to the Wellesley Community Survey of residents age 60+, conducted between April and May 2025. Of all the respondents, 14% completed the survey online and the rest were returned via mail. See text for additional details.

### Section I: Community & Neighborhood

#### Q1. How long have you lived in Wellesley?

	Age 60-69	Age 70-79	Age 80+	All ages
<b>Fewer than 5 years</b>	5%	7%	6%	6%
<b>5-14 years</b>	9%	8%	8%	8%
<b>15-24 years</b>	18%	7%	6%	11%
<b>25-34 years</b>	43%	15%	8%	24%
<b>35-44 years</b>	18%	37%	12%	24%
<b>45 years or longer</b>	7%	26%	59%	27%
<b>I do not live in Wellesley</b>	0%	0%	1%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q2. How important is it to you to remain living in Wellesley as you get older?

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Very Important</b>	48%	63%	72%	59%
<b>Somewhat Important</b>	37%	28%	23%	30%
<b>Slightly Important</b>	10%	6%	3%	7%
<b>Not at All Important</b>	5%	3%	2%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q5. Please indicate your level of agreement with the following statement: “Wellesley policy makers consider the interests and concerns of older residents.”

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	5%	8%	12%	8%
<b>Agree</b>	33%	36%	33%	34%
<b>Neither Agree nor Disagree</b>	45%	37%	36%	40%
<b>Disagree</b>	14%	14%	15%	14%
<b>Strongly Disagree</b>	3%	5%	3%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Section II: Housing & Living Situation

### Q6. Who do you live with? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
I live alone	9%	19%	35%	19%
A spouse/partner	83%	74%	50%	72%
My adult child(ren)(age 18 or older)	16%	8%	6%	11%
My child(ren) (under age 18)	3%	0%	0%	1%
My parent(s)	1%	0%	0%	0%
My grandchild(ren)	0%	3%	1%	1%
Pet(s)	15%	8%	6%	10%
Another relative	1%	1%	3%	1%
Someone else (Please specify):	2%	0%	4%	2%

*\*Figures do not sum to 100%*

### Q7. Do you own or rent your current residence?

	Age 60-69	Age 70-79	Age 80+	All Ages
The residence is owned by me or someone with whom I live	95%	93%	82%	91%
The residence is rented by me or someone with whom I live	4%	6%	13%	7%
Other (Please Specify):	1%	1%	5%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Q8. Does your current residence have “first-floor living” with a bedroom and a full bathroom on the entry level such that you could meet your self-care needs as you age?

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	25%	35%	45%	34%
No	75%	65%	55%	66%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes, and I can afford to make these modifications</b>	38%	50%	39%	43%
<b>Yes, but I cannot afford to make these modifications</b>	6%	7%	8%	7%
<b>Yes, but I am not responsible for making these modifications (<i>e.g., I rent my current residence</i>)</b>	2%	3%	7%	3%
<b>No, my residence does not need modifications</b>	54%	40%	46%	47%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes, and I can afford to make these repairs</b>	30%	27%	23%	27%
<b>Yes, but I cannot afford to make these repairs</b>	9%	10%	12%	10%
<b>Yes, but I am not responsible for making these repairs (<i>e.g., I rent my current residence</i>)</b>	1%	3%	6%	3%
<b>No, my residence does not need repairs</b>	60%	60%	59%	60%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q11. Do you plan to stay in Wellesley for the next 5 years?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	95%	95%	95%	95%
<b>No</b>	5%	5%	5%	5%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q12. In the next 5 years, if you needed to move from your current residence, what kind of housing would you prefer? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Smaller single-family home</b>	44%	29%	12%	31%
<b>Multi-family home (2,3, or more units)</b>	5%	6%	2%	5%
<b>Accessory apartment (add-on apartment to an existing home)</b>	6%	6%	4%	5%
<b>Apartment</b>	9%	10%	11%	10%
<b>Condominium or townhome</b>	45%	40%	14%	35%
<b>Affordable housing (e.g., public senior housing)</b>	5%	7%	8%	6%
<b>Continuing care retirement community</b>	4%	20%	23%	14%
<b>Senior independent living community (e.g., 55+ community)</b>	22%	29%	28%	26%
<b>Assisted living community (e.g., Waterstone at Wellesley)</b>	5%	16%	30%	15%
<b>A multigenerational home (e.g., moving with family)</b>	5%	8%	9%	7%
<b>Co-housing with non-relatives (e.g., friends, others)</b>	5%	2%	3%	3%
<b>Other (Please specify):</b>	8%	6%	7%	7%

*\*Figures do not sum to 100%*

### Section III: Transportation

**Q13. Which of the following best describes your driving status? (Check only one)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I do not drive</b>	2%	4%	19%	7%
<b>I drive with some limitations (e.g., avoid driving at night or on highways)</b>	5%	16%	31%	15%
<b>I drive with no limitations</b>	93%	80%	50%	78%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q14. What kind of difficulties do you have in getting the transportation that you need?**  
(Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Public transportation around Wellesley is unavailable or inconvenient	11%	14%	18%	14%
I don't have information about what is available	8%	13%	17%	12%
Transportation not available where I need to go	4%	4%	11%	6%
Transportation options cost too much	3%	3%	2%	3%
I need flexibility in planning (e.g., I don't like to schedule in advance)	5%	7%	10%	7%
Lack of transportation options during evenings and weekends	5%	6%	13%	7%
Physical limitations or other impairments make accessing transportation options difficult	1%	1%	6%	2%
No door-to-door assistance	1%	2%	4%	2%
I do not have a travel companion to help me	1%	1%	5%	2%
No one I can depend on for a ride	1%	5%	6%	4%
Use of apps or websites makes it difficult for me to schedule rides (e.g., Uber/Lyft or Catch Connect)	2%	4%	7%	4%
I have no difficulties	78%	70%	47%	67%
Other (Please specify):	4%	6%	10%	6%

*\*Figures do not sum to 100%*

**Q15. Within the past 12 months, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	2%	4%	10%	5%
No	98%	96%	90%	95%
Total	100%	100%	100%	100%

## Section IV: Health & Wellness

### Q16. How would you describe your physical health?

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Excellent</b>	42%	27%	13%	29%
<b>Very Good</b>	42%	45%	37%	42%
<b>Good</b>	13%	21%	33%	21%
<b>Fair</b>	3%	6%	15%	7%
<b>Poor</b>	0%	1%	2%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Q17. How would you describe your emotional well-being?

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Excellent</b>	47%	38%	28%	39%
<b>Very Good</b>	35%	38%	39%	37%
<b>Good</b>	13%	18%	24%	18%
<b>Fair</b>	5%	5%	8%	6%
<b>Poor</b>	0%	1%	1%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Q18. Do you have an impairment or condition that limits your ability to participate in your community?

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	4%	8%	29%	11%
<b>No</b>	96%	92%	71%	89%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Q19. I have been, or I have friends or family members who have been, affected by substance misuse (such as misuse of alcohol, prescription medication or illegal drugs)

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	26%	19%	11%	20%
<b>No</b>	74%	81%	89%	80%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



**Q20. In the past 12 months, I worried whether my food would run out before I got money to buy more.**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Often True</b>	0%	0%	1%	0%
<b>Sometimes True</b>	2%	2%	3%	2%
<b>Never True</b>	97%	97%	95%	97%
<b>I Don't Know</b>	1%	1%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Section V: Caregiving

**Q21. Do you now or have you in the past 5 years provided care or assistance to a person who is disabled or frail (e.g., a spouse, parent, relative, or friend)?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	42%	30%	33%	35%
<b>No</b>	58%	70%	67%	65%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q22. If Yes on Question 21: How challenging is/was it for you to care for this person and meet your other responsibilities with family, your personal health, and/or work? (*Check only one*)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Very Easy</b>	5%	6%	12%	7%
<b>Somewhat Easy</b>	11%	7%	16%	11%
<b>Neither Easy Nor Challenging</b>	13%	22%	12%	15%
<b>Somewhat Challenging</b>	48%	41%	44%	45%
<b>Very challenging</b>	23%	24%	16%	22%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

*\*Includes only respondents who selected "Yes" on Q21*

**Q23. If Yes on Question 21: In your role as a caregiver, have you experienced any of the following? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>My physical health has deteriorated</b>	21%	27%	37%	26%
<b>My mental health has deteriorated</b>	37%	31%	22%	32%
<b>My social life has deteriorated</b>	33%	39%	34%	35%
<b>My financial circumstances have deteriorated</b>	17%	18%	17%	17%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q21*

**Q24. If "Yes" on Question 23: Did this person have any of the following conditions? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Alzheimer's disease, other related dementias, or Parkinson's disease</b>	34%	26%	40%	33%
<b>Forgetfulness or confusion (undiagnosed)</b>	26%	29%	25%	26%
<b>Psychological condition (e.g., anxiety, depression)</b>	19%	20%	18%	19%
<b>Intellectual or developmental disability</b>	3%	5%	4%	4%
<b>Frailty or mobility impairment (e.g., difficulty walking, climbing stairs)</b>	70%	64%	57%	65%
<b>Sensory impairment (e.g., vision, hearing)</b>	20%	24%	12%	19%
<b>Chronic disease (e.g., cancer, diabetes, asthma)</b>	31%	28%	30%	30%
<b>Recovering from surgery or injury</b>	28%	23%	15%	24%
<b>Other (Please Specify):</b>	6%	11%	11%	9%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes" on Q21*

**Q25. If Yes on Question 21: What supports were, or would have been, most valuable to you during your time providing care or assistance? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Informational resources (e.g., web-based or pamphlets)	23%	16%	16%	19%
Informal support from family and friends	34%	38%	38%	36%
Adult day program	14%	3%	15%	11%
Respite care	10%	15%	8%	11%
Memory café	8%	3%	6%	6%
Formal in-home caregiver or homemaking services	51%	47%	40%	47%
Support groups (e.g., caregiver support)	14%	14%	21%	16%
On-call support from medical professionals	23%	22%	27%	24%
Transportation	15%	20%	19%	17%
Other (Please Specify):	9%	11%	14%	11%

*\*Figures do not sum to 100%*

*\*Includes only respondents who selected "Yes"*

## Section VI: Social Activities and Relationships

**Q26. Do you know someone living close by on whom you can rely for help when you need it?**

	Age 60-69	Age 70-79	Age 80+	All Ages
Yes	85%	83%	85%	84%
No	15%	17%	15%	16%
Total	100%	100%	100%	100%

**Q27. In the past 5 years, have you ever felt excluded in Wellesley because of any of the following? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Age	6%	6%	9%	7%
Disability	1%	1%	2%	2%
Gender	1%	0%	1%	1%
Cognitive status	0%	0%	1%	0%
Income	7%	6%	4%	6%
Language or accent	1%	1%	1%	1%
Physical appearance	1%	0%	1%	1%
Political views	6%	4%	1%	4%
Sexual orientation	0%	0%	0%	0%
Skin color, race, or ethnicity	3%	1%	0%	1%
Religion or cultural background	3%	1%	1%	2%
No, I have never felt excluded	75%	83%	81%	79%
Other (Please specify)	4%	4%	2%	4%

*\*Figures do not sum to 100%*

**Q28. How often do you get together to visit, talk on the phone, or, send email or use social media with family, friends, or neighbors?**

**Q28\_1: Get together, in person**

	Age 60-69	Age 70-79	Age 80+	All Ages
Everyday	27%	23%	23%	25%
One or more times a week	42%	46%	49%	45%
A few times per month	19%	19%	15%	18%
Once a month	5%	8%	5%	6%
A few times a year (e.g., holidays)	6%	4%	6%	5%
Never	1%	0%	2%	1%
Total	100%	100%	100%	100%

**Q28\_2: Talk on the phone, FaceTime or Zoom**

	Age 60-69	Age 70-79	Age 80+	All Ages
Everyday	43%	41%	39%	41%
One or more times a week	39%	40%	44%	40%
A few times a month	11%	12%	11%	12%
Once a month	3%	3%	2%	3%
A few times a year (e.g., holidays)	3%	3%	2%	3%
Never	1%	1%	2%	1%
Total	100%	100%	100%	100%

**Q28\_3: Send email or use social media**

	Age 60-69	Age 70-79	Age 80+	All Ages
Everyday	66%	64%	51%	61%
One or more times a week	22%	25%	28%	24%
A few times a month	7%	8%	8%	9%
Once a month	2%	1%	1%	1%
A few times a year (e.g., holidays)	1%	1%	2%	1%
Never	2%	1%	10%	4%
Total	100%	100%	100%	100%

**Q29. What kind of volunteering would you be most interested in? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>N/A I am not interested or able to volunteer at this time</b>	34%	43%	50%	41%
<b>Physical activity (e.g., landscaping or setting up tables)</b>	18%	9%	4%	11%
<b>Direct contact with residents (e.g., friendly visiting or making phone calls)</b>	17%	11%	11%	13%
<b>Special events or one-time needs</b>	34%	23%	15%	26%
<b>Administrative assistance (e.g., answering phones, greeting people)</b>	13%	11%	10%	12%
<b>Program assistance (e.g., helping host programs)</b>	9%	8%	5%	8%
<b>Skills-based volunteering (e.g., providing marketing or technology consultation)</b>	16%	10%	4%	11%
<b>Special project groups (e.g., advisory or planning sub-committee)</b>	14%	13%	8%	12%
<b>Fundraising</b>	4%	2%	2%	3%
<b>Civic engagement via boards or committees</b>	19%	15%	10%	15%
<b>Other (Please specify):</b>	10%	12%	14%	12%

*\*Figures do not sum to 100%*

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

**Q30. Please indicate your level of agreement with the following statement: “I see the Wellesley Council on Aging as playing a role in my life or the lives of loved ones, friends or neighbors.”**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	11%	16%	27%	17%
<b>Agree</b>	36%	33%	35%	35%
<b>Neither Agree nor Disagree</b>	40%	41%	31%	38%
<b>Disagree</b>	8%	6%	6%	7%
<b>Strongly Disagree</b>	5%	3%	2%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q31. Currently, how frequently do you use programs or services offered by the Wellesley Council on Aging? (Check only one)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Two or more times a week</b>	2%	8%	14%	7%
<b>About once a week</b>	3%	7%	11%	6%
<b>A few times a month</b>	1%	3%	8%	4%
<b>About once a month</b>	4%	3%	7%	5%
<b>A few times a year (e.g., special events only)</b>	13%	22%	25%	19%
<b>Never, I do not use programs or services offered by the Wellesley Council on Aging</b>	77%	57%	35%	59%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q32. Which of the following factors limit how often you attend programs or services provided by the Wellesley Council on Aging? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I am not interested in programs offered (e.g., fitness classes, lectures)</b>	17%	22%	15%	18%
<b>I do not need the services offered (e.g., tax counseling, fuel assistance)</b>	27%	31%	28%	29%
<b>I do not know what is offered</b>	18%	12%	8%	14%
<b>I do not have time</b>	17%	17%	9%	15%
<b>I am still working</b>	42%	15%	5%	23%
<b>I am not old enough</b>	16%	6%	1%	9%
<b>I do not identify with the people at the Tolles Parsons Center</b>	11%	11%	6%	10%
<b>I do not have transportation to the Tolles Parsons Center</b>	1%	1%	4%	2%
<b>The building is not accessible and safe</b>	0%	0%	0%	0%
<b>Hours of operation are inconvenient</b>	6%	7%	4%	6%
<b>I participate in programs elsewhere</b>	12%	20%	13%	15%
<b>Classes are full</b>	3%	5%	6%	5%
<b>Other (Please specify):</b>	12%	18%	23%	17%

*\*Figures do not sum to 100%*

**Q33. “I would be more likely to use the Wellesley Council on Aging programs and services if...” (Check all that apply)**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I had more knowledge about the programs and services that are available</b>	24%	19%	14%	20%
<b>Programs and services were better suited to my needs and interests</b>	21%	27%	17%	22%
<b>Transportation options to the Tolles Parsons Center were more convenient</b>	1%	2%	8%	3%
<b>There was more parking</b>	3%	4%	8%	5%
<b>It were easier to access the Tolles Parsons Center building (e.g., updated building/ improved accessibility)</b>	0%	1%	1%	1%
<b>There were more people like myself at the Tolles Parsons Center events</b>	18%	15%	8%	15%
<b>There were more remote programs</b>	5%	11%	11%	9%
<b>Programs and services were offered on weekends</b>	18%	18%	18%	18%
<b>Programs and services were offered at nights</b>	19%	16%	9%	15%
<b>The cost of programs was reduced or eliminated</b>	5%	6%	7%	6%
<b>The space(s) were more comfortable and inviting</b>	2%	3%	2%	2%
<b>There were more special interest or cultural programs (e.g., LGBTQ+, singles, or grandparents raising grandchildren)</b>	2%	2%	2%	2%
<b>The space(s) could accommodate more participants (e.g., larger class sizes)</b>	3%	6%	7%	5%
<b>It included residents of all ages</b>	17%	12%	6%	13%
<b>Other (Please specify):</b>	15%	14%	16%	15%

*\*Figures do not sum to 100%*



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

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>Arts programs (e.g., painting, music, acting, digital photography)</b>	35%	27%	19%	28%
<b>Educational courses (e.g., foreign language courses, bird watching)</b>	46%	38%	26%	38%
<b>Lectures, guest speakers, or cultural events</b>	58%	56%	52%	56%
<b>Performances (e.g., music, theater, comedy) and presentations</b>	35%	28%	29%	31%
<b>Evening or weekend activities</b>	23%	19%	16%	20%
<b>Day trips</b>	19%	16%	15%	17%
<b>Overnight trips</b>	5%	4%	4%	4%
<b>Opportunities for informal socializing (e.g., affinity groups, parties, hang out space)</b>	20%	14%	14%	16%
<b>Technology skills classes (e.g., learning computer programs or smartphone applications)</b>	21%	30%	30%	26%
<b>Outdoor exercise (e.g., walking, hiking, kayaking, pickleball)</b>	47%	27%	11%	31%
<b>Indoor exercise (e.g., strength training, exercise equipment, yoga, aerobics)</b>	45%	34%	24%	36%
<b>Recreational activities (e.g., cards, board games)</b>	22%	11%	12%	15%
<b>Cooking classes or programs related to food and nutrition</b>	29%	18%	13%	21%
<b>Intergenerational activities</b>	12%	10%	6%	10%
<b>Volunteer opportunities</b>	23%	14%	9%	17%
<b>Virtual programming</b>	8%	8%	8%	8%
<b>Wellness programs (e.g., meditation, massage, weight management, stress management)</b>	30%	23%	19%	25%
<b>Other (Please specify):</b>	6%	9%	12%	8%

*\*Figures do not sum to 100%*

**Q35. Thinking about your own future needs and interests, which of the following services would you prioritize in expanding through the Wellesley Council on Aging? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Information/referral about local resources (e.g., health insurance counseling SHINE)</b>	37%	29%	25%	31%
<b>Mental health (e.g., counseling or referrals)</b>	11%	10%	9%	10%
<b>Professional development or job seeking support</b>	6%	4%	1%	4%
<b>Non-medical transportation (e.g., grocery shopping, errands)</b>	15%	16%	23%	17%
<b>Transportation to medical appointments</b>	16%	23%	32%	23%
<b>Lunch or other food offerings (e.g., on-site meals, grab 'n' go, or home delivered meals)</b>	12%	15%	20%	15%
<b>Professional services (e.g., financial planning, tax preparations, legal services)</b>	26%	22%	18%	22%
<b>In-home programs (e.g., friendly visiting or help with minor chores/errands)</b>	19%	18%	20%	19%
<b>Caregiver programs (e.g., resources, education, support groups)</b>	17%	13%	16%	15%
<b>Respite programs (e.g., drop-off activities, all-day support)</b>	9%	6%	5%	7%
<b>Adult day program</b>	9%	7%	9%	8%
<b>Other (Please specify):</b>	6%	9%	10%	8%

*\*Figures do not sum to 100%*

**Q36. Do you visit other Councils on Aging/Senior Centers?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	7%	10%	13%	9%
<b>No</b>	93%	90%	87%	91%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q38: If “Yes” on Question 36, for what reason(s) do you attend other Councils on Aging or Senior Centers?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>The program is not offered by the Wellesley Council on Aging</b>	26%	32%	33%	31%
<b>The other Center is closer to my residence</b>	3%	3%	1%	2%
<b>The other Center is easier to get to (e.g., parking and access)</b>	3%	4%	2%	3%
<b>Attend the other Center with friends</b>	10%	12%	13%	12%
<b>The hours of the other Center are more convenient</b>	3%	12%	5%	7%
<b>The other Center’s space is more welcoming/inviting</b>	9%	11%	12%	11%
<b>Other (Please specify):</b>	31%	24%	20%	24%

*\*Figures do not sum to 100%*

## Section VIII: Information Access

**Q39. Would you know whom to contact in Wellesley should you or someone in your family need help accessing social services (e.g., access to food, subsidies for transportation or housing, in-home supports, or access to mental health services)?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	31%	39%	43%	37%
<b>No</b>	69%	61%	57%	63%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q40. Where do you prefer to find information about the activities and services offered by the Wellesley Council on Aging? (Check all that apply)**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>Wellesley Council on Aging Newsletter (print)</b>	46%	65%	76%	60%
<b>Wellesley Council on Aging Newsletter (online)</b>	39%	37%	23%	34%
<b>Wellesley Media Corporation</b>	1%	2%	3%	2%
<b>Public postings (flyers, billboards)</b>	5%	5%	8%	6%
<b>Word of mouth</b>	10%	13%	16%	12%
<b>Facebook or other social media sites</b>	8%	5%	3%	6%
<b>Local news media including Wellesley Townsman, Wicked Local, or Patch</b>	10%	10%	7%	9%
<b>Town of Wellesley website</b>	38%	27%	15%	28%
<b>COA website</b>	27%	26%	18%	25%
<b>The Swellesley Report (online)</b>	33%	33%	22%	31%
<b>Email or text communication</b>	35%	33%	33%	34%
<b>Other (Please Specify)</b>	3%	3%	3%	3%

*\*Figures do not sum to 100%*

**Q41. How confident do you feel about the following activities?**

**Q41\_1: Finding information online**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I am confident</b>	93%	89%	63%	85%
<b>I need more practice</b>	4%	8%	18%	9%
<b>I am not confident</b>	1%	1%	11%	3%
<b>N/A I don't do these things</b>	2%	2%	8%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q41\_2: Submitting information or applications online**

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	92%	80%	52%	78%
I need more practice	5%	12%	22%	12%
I am not confident	1%	4%	12%	5%
N/A I don't do these things	2%	4%	14%	5%
Total	100%	100%	100%	100%

**Q41\_3: Purchasing items and managing money online**

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	92%	84%	57%	81%
I need more practice	6%	9%	12%	8%
I am not confident	0%	2%	13%	4%
N/A I don't do these things	2%	5%	18%	7%
Total	100%	100%	100%	100%

**Q41\_4: Staying safe online (e.g., protecting your personal data)**

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	79%	64%	47%	66%
I need more practice	15%	21%	22%	19%
I am not confident	5%	12%	18%	10%
N/A I don't do these things	1%	3%	13%	5%
Total	100%	100%	100%	100%

**Q41\_5: Making and attending virtual medical appointments**

	Age 60-69	Age 70-79	Age 80+	All Ages
I am confident	87%	75%	54%	75%
I need more practice	5%	10%	13%	9%
I am not confident	2%	3%	11%	4%
N/A I don't do these things	6%	12%	22%	12%
Total	100%	100%	100%	100%

#### Q41\_6: Registering for events online

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>I am confident</b>	95%	85%	58%	83%
<b>I need more practice</b>	2%	8%	16%	8%
<b>I am not confident</b>	1%	3%	10%	3%
<b>N/A I don't do these things</b>	2%	4%	16%	6%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Section IX: Demographic Information

#### Q42. Please select your gender. (Check only one)

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Female</b>	60%	56%	59%	58%
<b>Male</b>	40%	44%	41%	42%
<b>Non-Binary</b>	0%	0%	0%	0%
<b>Other (please specify)</b>	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

#### Q43. What is your age range? (Check only one)

Age	
<b>60-69</b>	<b>39%</b>
<b>70-79</b>	<b>36%</b>
<b>80-89</b>	<b>25+</b>

#### Q44. What is your employment status? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Working full-time</b>	40%	10%	1%	20%
<b>Working part-time</b>	18%	15%	8%	15%
<b>Looking for work</b>	2%	1%	0%	1%
<b>Retired</b>	37%	76%	89%	64%
<b>Other (Please specify):</b>	6%	4%	4%	4%

*\*Figures do not sum to 100%*

**Q45. When do you plan to fully retire? (Check only one)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>N/A, I'm already fully retired</b>	34%	71%	89%	60%
<b>Within the next 3 years</b>	18%	10%	2%	12%
<b>In 3-5 years</b>	21%	5%	1%	10%
<b>In 6-10 years</b>	10%	1%	0%	5%
<b>In more than 10 years</b>	1%	0%	0%	0%
<b>Not sure</b>	9%	6%	3%	6%
<b>I do not anticipate ever fully retiring</b>	7%	7%	5%	7%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Q46. Please indicate your level of agreement or disagreement with the following statement:**  
**"I have adequate resources to meet my financial needs, including food, home maintenance, personal healthcare, and other expenses."**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly Agree</b>	58%	54%	44%	53%
<b>Agree</b>	36%	38%	49%	40%
<b>Disagree</b>	5%	7%	6%	6%
<b>Strongly Disagree</b>	1%	1%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>