

# Envisioning an Age-Friendly Belmont

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## Introduction

The Belmont Council on Aging is a municipal office charged with “advocating on behalf of the seniors of Belmont and ensuring that their social, financial and healthcare needs are met” (Belmont COA website, <http://www.belmont-ma.gov/council-on-aging>). Services provided to seniors living in the community range from transportation support to nutrition services and social services, along with a range of programs and activities meant to enhance well-being and quality of life. Similar to many Councils on Aging, the Belmont COA also provides leadership in the community, as the community as a whole addresses the growing number and changing needs of senior residents.

As a means of learning more about community concerns and values relating to aging in place, Nava Niv-Vogel, Director of the Belmont COA, arranged for two public forums to be held at the Belmont Senior Center. These events were held on May 18, 2016, at 1:15PM and 5:30PM. The forums were moderated by Jan E Mutchler, PhD, from the Gerontology Institute at the University of Massachusetts Boston. Ceara Somerville, a doctoral student in Gerontology at UMass Boston, served as note-taker. The purpose of these forums was to introduce the community to the age-friendly community framework, as outlined by the World Health Organization; to present selected demographic features of Belmont relevant to planning for an age-friendly future; and to elicit input from the community about Belmont as a community in which to age in place. The purpose of this document is to report on each of these elements of the forums.

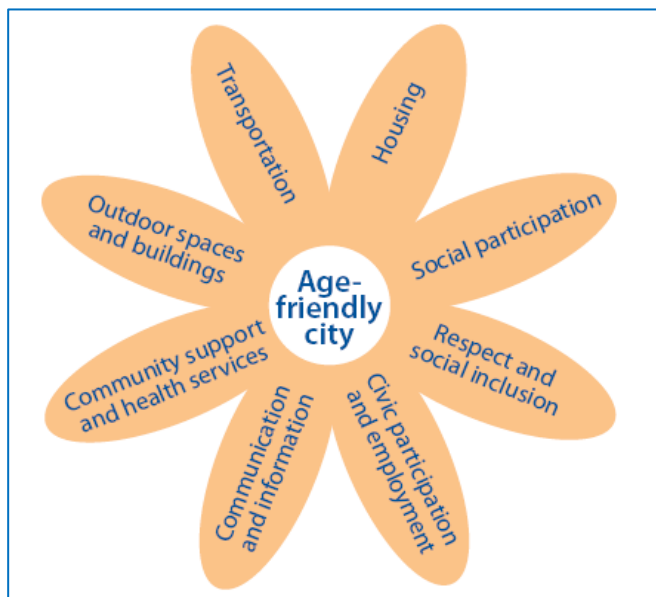
## The age-friendly community framework

Communities throughout the nation are pursuing new strategies to promote health and quality of life among their residents. Based on the “age-friendly communities” framework, as well as related models such as “livable communities” or “lifelong communities,” towns and cities are embarking on community-engaged initiatives meant to identify and improve local amenities and services that have a meaningful impact on resident well-being.

An “age-friendly world” community, as described by the World Health Organization (WHO), is one in which people participate, are connected, remain healthy and active, and feel they belong—no matter their age. Through planning, taking action, and evaluating progress, communities all over the world are taking steps to improve their social and physical environments as a strategy for promoting health and well-being throughout the life course. The Age-Friendly framework describes focus areas for communities and lays out a process

intended to ensure repeated consultation with the community, collective reflection, action and evaluation. As well, the WHO hosts an Age-Friendly network, established in 2010 as a means of facilitating the exchange of information among communities. This network currently includes 287 cities and communities in 33 countries (<https://extranet.who.int/agefriendlyworld/who-network/>). Communities in Massachusetts that have joined the age-friendly network include Boston, Brookline, Dartmouth, Martha’s Vineyard, New Bedford, Newton, North Adams, Pittsfield, Salem, Yarmouth, and Berkshire County.

Domains. The Age-Friendly framework includes eight domains of community life that intersect with livability, accessibility, and the ability to thrive within the community (see diagram at right). Within each domain, elements are identified that are relevant to affordability, appropriateness, and accessibility (see Table 1).



The description of age-friendly features, and the experiences of communities throughout the world that are using the framework, make clear that each community will conceptualize this effort in a somewhat unique way. Local conceptualizations will shape the initiatives, programs, and partnerships put in place; they will also shape the research and measurement used in support of the effort. Ultimately, the age-friendly framework requires that environmental features are defined and evaluated relative to the characteristics and resources of residents actually living in the community. An initial task of any community’s effort is therefore to identify elements that residents feel are “age-friendly.”

**Table 1:** Rationale and examples for the eight age-friendly domains established by the World Health Organization

<b>Domain</b>	<b>Rationale</b>	<b>Sample elements</b>
<b>Outdoor spaces and buildings</b>	Features and perceptions of indoor and outdoor spaces impact mobility, independence and quality of life	<ul style="list-style-type: none"> <li>• Safe pedestrian crossings</li> <li>• Adequate public toilets</li> <li>• Spaces are evaluated as safe</li> </ul>
<b>Transportation</b>	Being able to get where one wants to go promotes participation and helps maintain networks	<ul style="list-style-type: none"> <li>• Affordable and reliable public transportation</li> <li>• Transport stops have adequate seating and shelter</li> </ul>
<b>Housing</b>	Appropriate housing shapes independence, quality of life, and being able to stay in the community	<ul style="list-style-type: none"> <li>• Sufficient affordable housing in safe areas with good service access</li> <li>• Accessible and reliable home maintenance services</li> </ul>
<b>Social participation</b>	Participating in family and community activities builds social networks and social support, and promotes health and well-being	<ul style="list-style-type: none"> <li>• Information about activities and events is readily available</li> <li>• Outreach occurs to those at risk of social isolation</li> </ul>
<b>Respect and social inclusion</b>	Feeling respected and included promotes participation and facilitates use of services	<ul style="list-style-type: none"> <li>• Service staff are courteous</li> <li>• Community events accommodate age-specific needs and preferences</li> </ul>
<b>Civic participation and employment</b>	Civic participation (such as volunteering and voting) and paid employment build social capital, may yield income, and allow residents to pursue interests and be involved.	<ul style="list-style-type: none"> <li>• Appropriate volunteer opportunities are available and known by residents</li> <li>• Age discrimination is not tolerated</li> <li>• Work opportunities are adequate</li> </ul>
<b>Communication and information</b>	Engagement, participation and health are promoted by being aware of opportunities to stay connected and having access to needed information.	<ul style="list-style-type: none"> <li>• Regular and widespread distribution of information is assured</li> <li>• Printed information is available in accessible formats</li> <li>• There is wide access to the internet</li> </ul>
<b>Community supports and health services</b>	Medical and non-medical services promote wellness and quality of life	<ul style="list-style-type: none"> <li>• Medical services &amp; home care are broadly available, accessible, and affordable</li> <li>• Emergency planning takes into account the vulnerabilities and capacities of all residents</li> </ul>

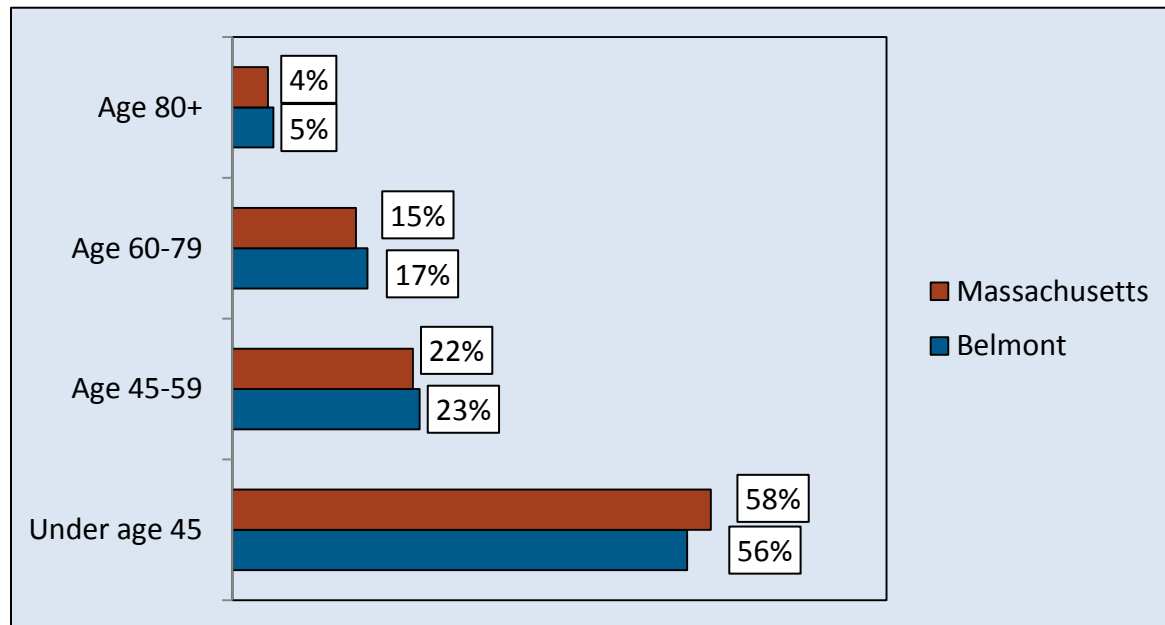
Source: Adapted from WHO 2007; Ontario Seniors' Secretariat, Accessibility Directorate of Ontario, University of Waterloo and McMaster University (nd).

## Demographic profile: Planning for an age-friendly Belmont

Demographic information about Belmont was drawn from publicly available data sources, including the U.S. Census Bureau (decennial Census and the American Community Survey [ACS]) and projections made available through the Donahue Institute at the University of Massachusetts (<http://pep.donahue-institute.org/>) and the Metropolitan Area Planning Council (MAPC; <http://www.mapc.org/projections>). Data presented here describe recent and anticipated changes in the age distribution of the population of Belmont, along with selected characteristics of the current senior<sup>1</sup> population of the community.

Data from the most recent US Decennial Census (for 2010) demonstrates that the age distribution of Belmont is slightly older than that of Massachusetts overall (see **Figure 1**). At the time of the 2010 federal Census, 22% of Belmont's population was age 60 or older, compared to 19% of the population of the Commonwealth as a whole. Indeed, the median age of Belmont was 41.5 years in 2010, compared to 39.1 for Massachusetts. Slightly more than one fifth of Belmont's residents were aged 45-59 in 2010. This age group includes a large share of Baby Boomers who will be moving into the senior age range rapidly over the next decade.

**Figure 1: Age distribution, Belmont and Massachusetts, 2010**

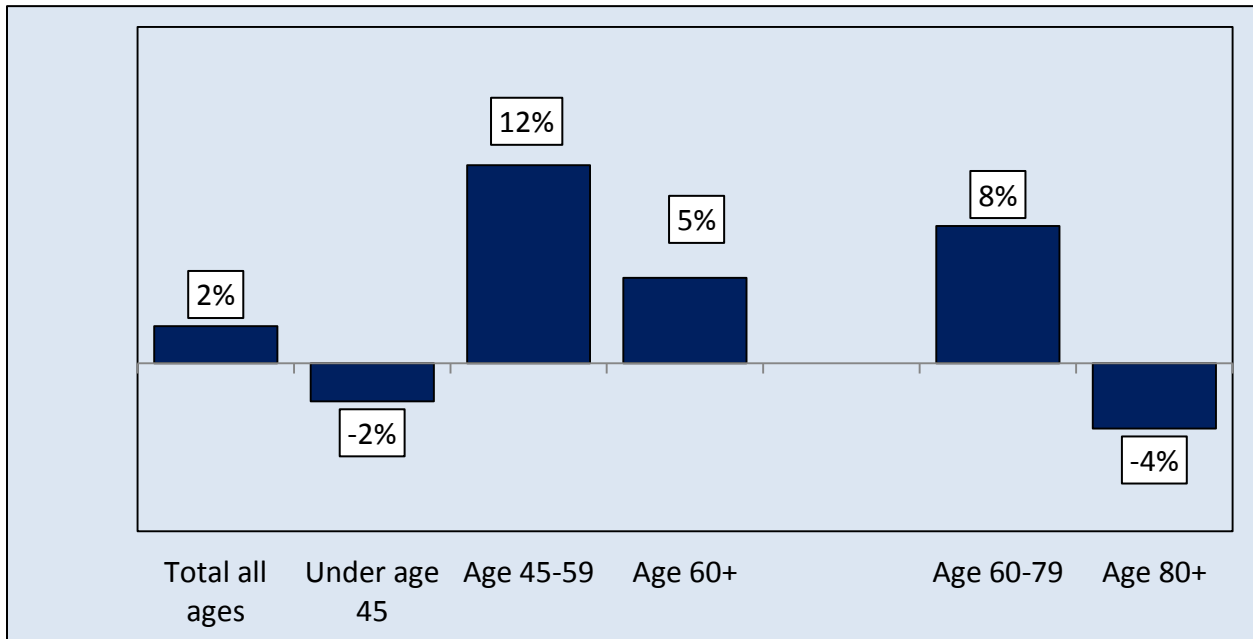


Source: 2010 Census, Summary File 1, Table QT-P1

<sup>1</sup> The term “senior” is used to refer to anyone age 60 or older. This usage aligns with language included in the Older Americans Act. Where available, data are presented for the age 60+ population; however, in some cases, existing data are only available for the population age 65+.

Comparing the number of residents in specified age groups between the two federal census years of 2000 and 2010 shows that the total population of Belmont increased by 2%, from 24,194 to 24,729 residents (see **Figure 2**). During that time frame, the number of residents under the age of 45 declined by 2%, while the number age 60 and older increased by 5%. The number of residents age 45-59 grew by 12%--again, these individuals would be expected to contribute to growth of the senior population in the coming decade.

**Figure 2: Belmont has experienced growth in the number of older residents in recent years**



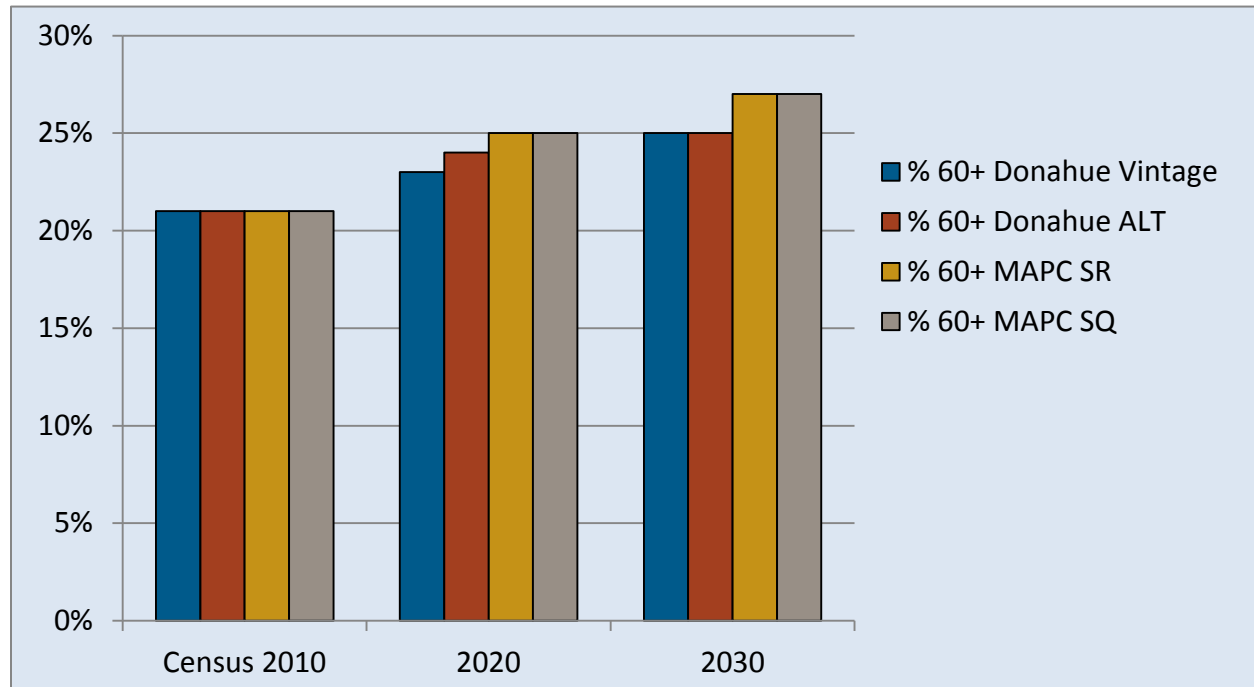
Source: 2010 and 2000 Census, Summary File 1, Table QT-P1

In support of anticipating shifts in the age composition of Belmont moving forward, projections generated by the Donahue Institute (University of Massachusetts) and the Metropolitan Area Planning Council (MAPC) are examined. Each of these sources offer two sets of projections based on somewhat different assumptions about growth moving forward. All four sets of projections suggest similar changes in Belmont's age composition to the year 2030. In particular, each set of projections suggests that Belmont will experience growth in the share of its population made up of seniors.

The projections offered in **Figure 3** suggest that the share of Belmont's population aged 60 and older is expected to rise from 21% in 2010 to between 25% and 27% in 2030. Though the Donahue projections suggest that seniors will make up a smaller share of Belmont's population in 2030 than is suggested by the MAPC projections, all four sets of projections suggest that the number of seniors will increase in Belmont. The number of residents age

60 or older is expected to increase from 5,308 seniors enumerated in the 2010 US Census to between 6,500 and 7,900 seniors in 2030.<sup>2</sup>

**Figure 3: Percentage of Belmont population age 60+: 2010 with projections to 2030**

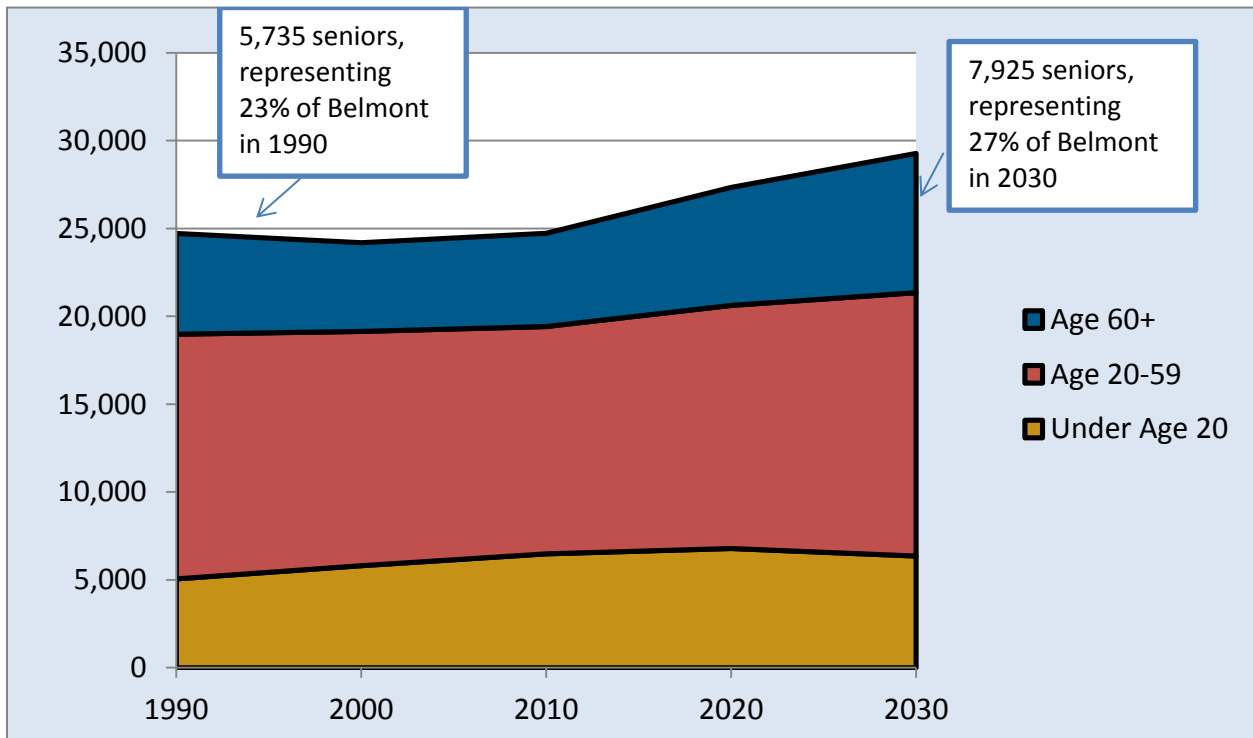


Source: Projections from the Donahue Institute at the University of Massachusetts (<http://pep.donahue-institute.org/>) and the Metropolitan Area Planning Council (MAPC; <http://www.mapc.org/projections>).

Using the Donahue Vintage projections as an illustration, **Figure 4** further examines the shifting age composition that may occur in Belmont moving forward. The Donahue Vintage projections suggest that by 2030, Belmont will include nearly 30,000 residents and of these, nearly 8,000 will be age 60 or older. This set of projections suggests that by 2020, the number of seniors will be roughly on par with the number of residents under age 20 in Belmont and that by 2030, seniors will outnumber residents under the age of 20.

<sup>2</sup> The UMass Donahue Institute generates “vintage” projections, using a component-of-change method based on trends observed in town-level fertility and mortality from 2000-2010, and regional gross migration-by-age trends observed in data from the 2005-2012 American Community Survey. The “alternative” projections do not control municipality projections to the larger region and may in some cases be more accurate for small communities. In Belmont, the “vintage” projections yield a larger total and 60+ population size for 2030; however, the percentage age 60+ is the same for the two projections. The Metropolitan Area Planning Council also generates two sets of projections. The “SQ” projections assume “status quo” patterns of births, deaths, migration, and housing occupancy. The “SR” projections assume “Stronger Regional” growth, and yields a somewhat larger total and 60+ population size for 2030; again, however, the age 60+ is the same for the two MAPC projections.

**Figure 4: Belmont population change 1990-2010 and projections to 2030**



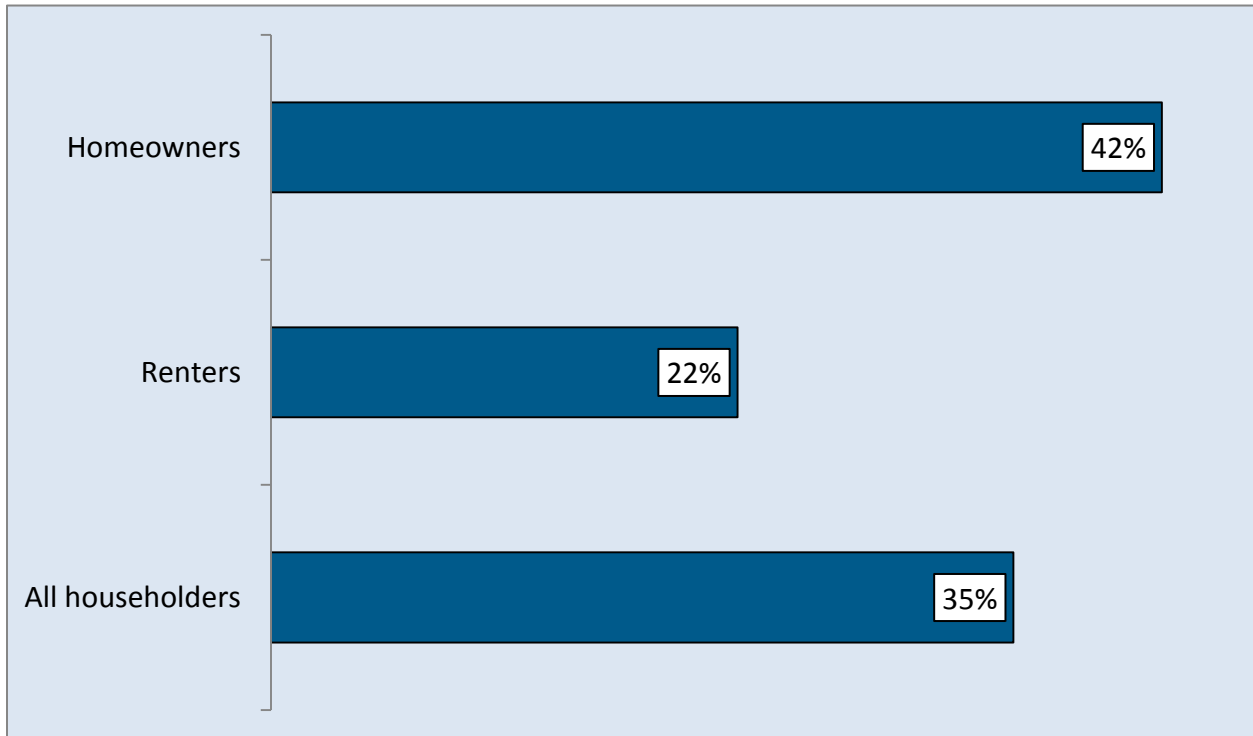
Source: Projections from the Donahue Institute at the University of Massachusetts (<http://pep.donahue-institute.org/>) “vintage” series.

It is impossible to know how likely these projections are to be realized over the next 15 years. However, if these projections bear out, all suggest that the number and share of seniors in Belmont will likely increase moving forward.

Additional demographic information drawn from data retrieved from the US Census Bureau website highlights the characteristics and resources of Belmont seniors. As shown in **Figure 5**, one-third of all householders and four out of ten Belmont homeowners are age 60 or older. To the extent that homeownership suggests embeddedness in the community and financial investment in the municipality, seniors appear to be strongly attached to Belmont.



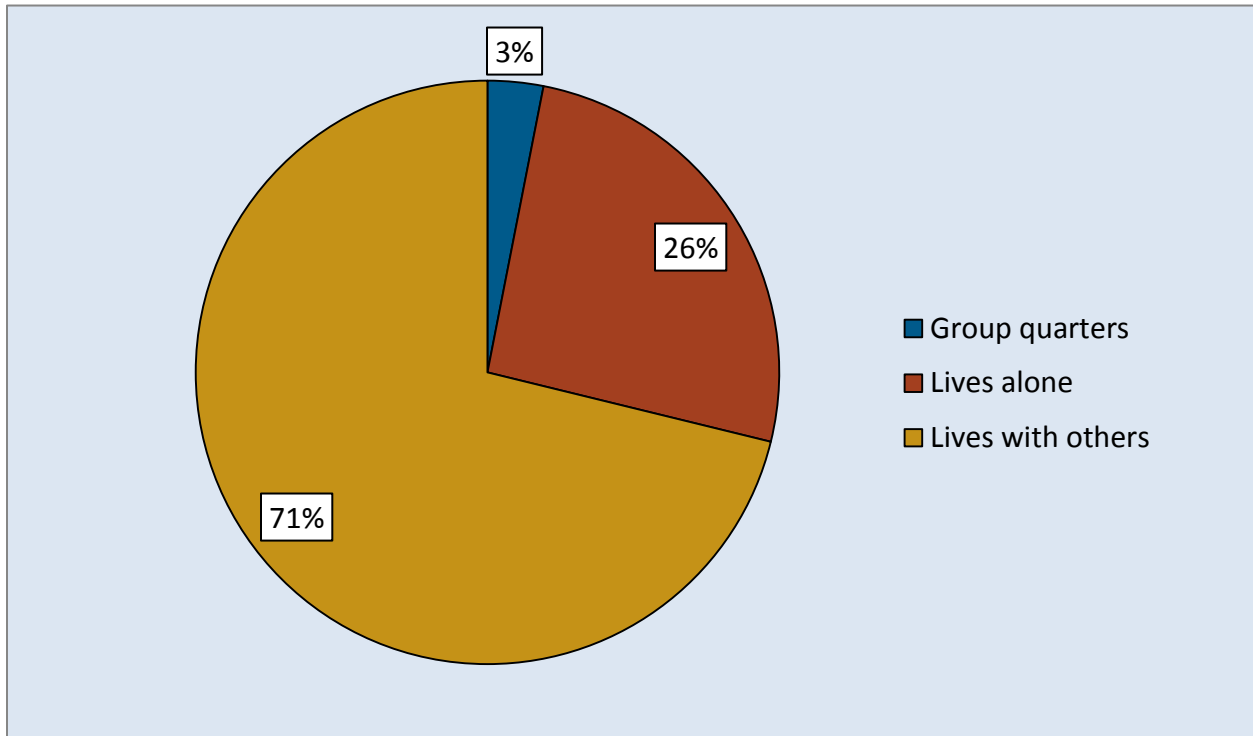
**Figure 5: Percentage of householders who are age 60 or older in Belmont**



Source: American Community Survey, 2010-2014, Table B25007

In Belmont, as in most communities, a large share of senior residents lives alone (see **Figure 6**). The risk of losing one's spouse or partner to death or marital disruption is higher among older adults, resulting in increasing likelihood of living alone, especially as one's children mature and move out of the family home. In Belmont, about one out of four residents age 65 and older lives alone and 3% lives in group quarters (for example, a nursing home or group home); the remaining seniors live with others including a spouse or partner, adult or minor children, other relatives or roommates. Living alone places older adults at increased risk of financial insecurity and isolation; moreover, older adults who live alone may experience shortfalls in caregiving support should a health event occur.

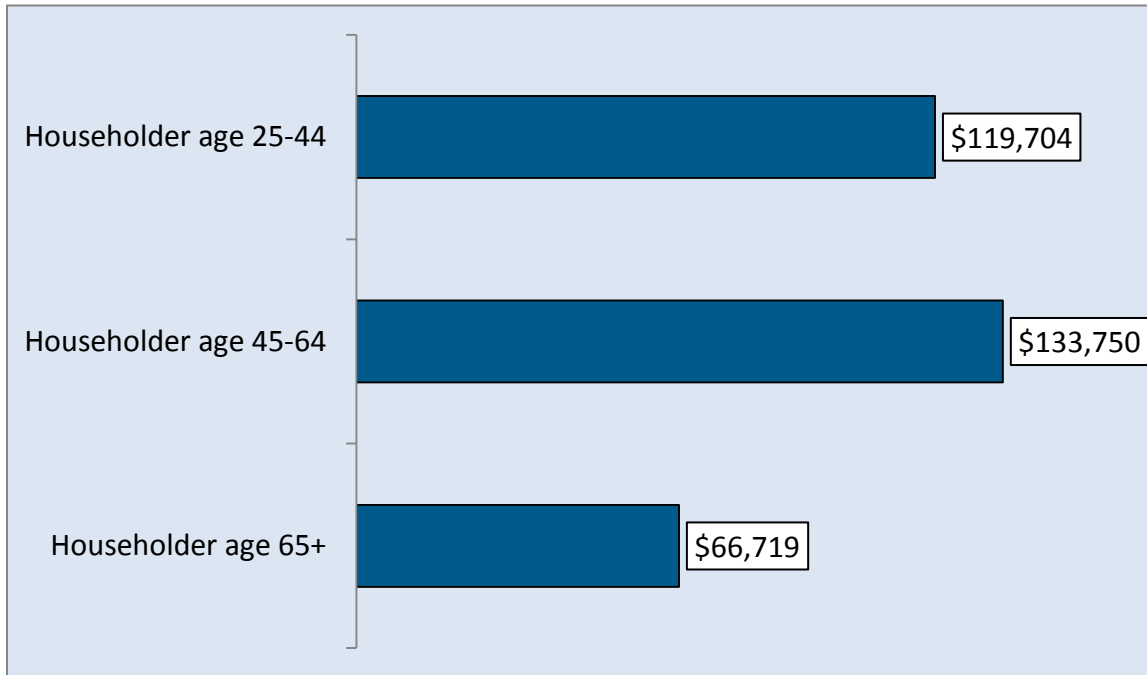
**Figure 6: Living arrangements among residents age 65+**



Source: American Community Survey, 2010-2014, Table B09020

Older adults commonly experience a decline in financial resources as they retire and become reliant on income sources other than earnings, such as Social Security benefits, other pensions, savings, and investments. In Belmont, the median income for households headed by residents age 65 or older is substantially lower than for households with younger household heads, as shown in **Figure 7**. The American Community Survey estimates median income—the value at which half of households have more income and half have less—at almost \$67,000 for seniors, compared to nearly \$134,000 for middle-aged households. Younger households not only benefit from more earned income on average, they also typically have multiple earners (as well as multiple household members relying on that income). However, the fact that the median middle-aged household has income twice as high as the senior counterpart is notable.

**Figure 7: Median household income by age of householder (in 2014 dollars)**



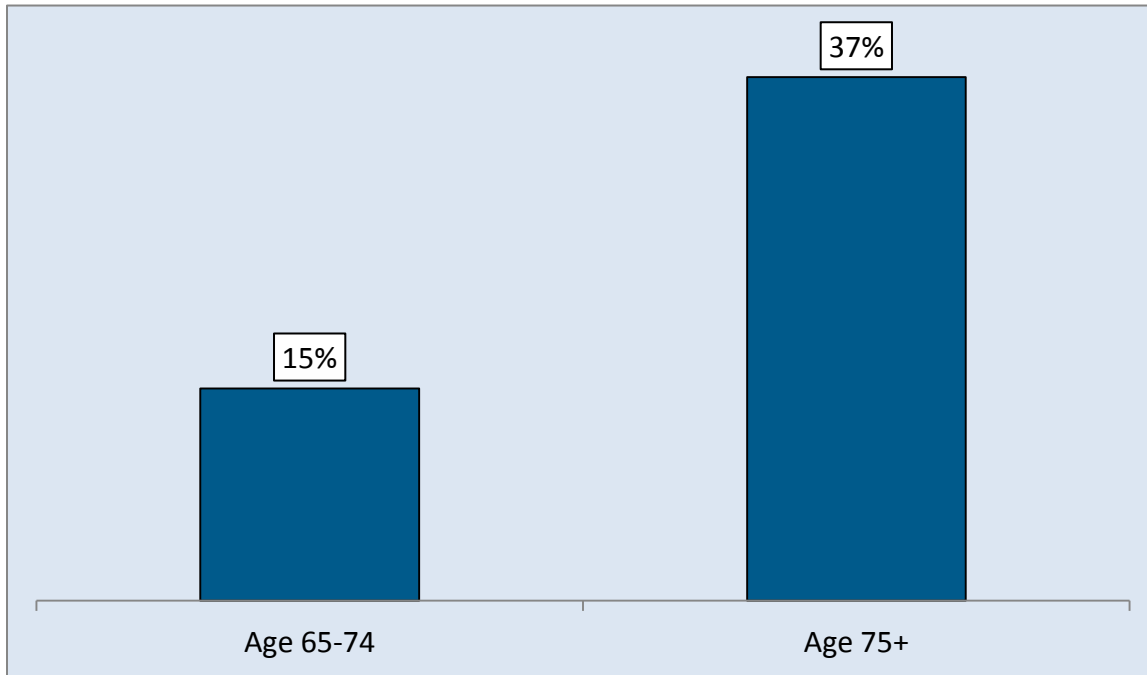
Source: American Community Survey, 2010-2014, Table B19049

In Belmont, as in other communities, the risk of experiencing a disabling condition increases with age. As shown in **Figure 8**, an estimated 15% of Belmont residents report one or more disability; this percentage increases to 37% among residents age 75 or older.<sup>3</sup> Among Belmont seniors, “ambulatory difficulty” (or difficulty walking or climbing stairs) is most frequently reported, followed by “independent living difficulty” (or difficulty doing errands alone such as visiting a doctor’s office or shopping). In the absence of assistance, these types of difficulties may challenge an older adult’s efforts to remaining living independently in the community.

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<sup>3</sup> The disabilities considered in the American Community Survey, from which these data are drawn, include being deaf or having serious difficulty hearing; being blind or having serious difficulty seeing even when wearing glasses; having serious difficulty concentrating, remembering, or making decisions; having serious difficulty walking or climbing stairs; having difficulty dressing or bathing; or having difficulty doing errands alone such as visiting a doctor’s office or shopping.

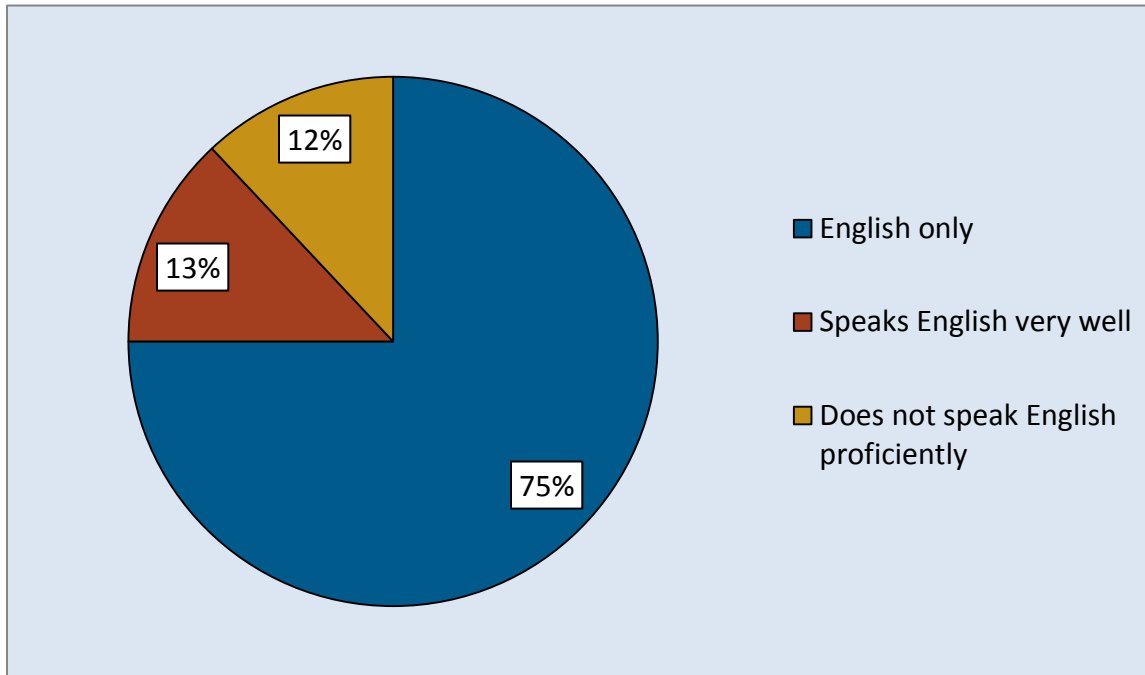
**Figure 8: Disability status by age groups, Belmont**



Source: American Community Survey, 2010-2014, Table B18101

Belmont is a relatively diverse community with respect to race, ethnicity, country of origin and other cultural attributes. **Figure 9** shows that one out of four Belmont residents age 65 or older speaks a language other than English at home. Moreover, 12% of Belmont seniors do not speak English proficiently and some do not speak English at all. For these residents, the most frequently spoken language is an Asian language (for example, Chinese) or an Indo-European language (for example, Russian). Older residents who do not speak English well may need language assistance in order to access needed services and programs.

**Figure 9: Language spoken at home, Belmont residents age 65+**



Source: American Community Survey, 2010-2014, Table B16004

### Summary of comments made at the forums by Belmont residents

Two community forums were held at the Belmont Senior Center. The first forum, at 1:15PM, attracted 22 participants. The second forum, held at 5:30PM, attracted 14 participants including a member of the Belmont Board of Selectmen. Each forum lasted approximately 1 hour. Each forum began with a brief introduction by Nava Niv Vogel, Director of the Belmont COA, followed by a short presentation by Jan Mutchler from UMass Boston Gerontology. Dr. Mutchler subsequently led a group discussion structured around three themes: features of Belmont that participants viewed as *strengths* for aging in place; features or issues that represent *challenges* or limitations for aging in place; and suggestions or *recommendations* for making Belmont a community that is more “age-friendly.”

Participants at both forums made clear that they are highly motivated to stay in Belmont as they get older. Although some participants noted that they do not have family nearby, staying in Belmont is nonetheless a desirable goal for them. Participants indicate that they enjoy the urban environment, embedded in a network of bordering communities with good services. They enjoy the mix of age groups living in Belmont, and appreciate the presence of families as well as older residents in the community. Belmont is seen as a community in which neighbors help neighbors. These and other features of Belmont are viewed as strengths for aging in place.

**Strengths.** Several features that align with age-friendly domains were mentioned as strengths, including the following:

Transportation:

- Accessible to medical facilities
- Good public transportation
- Residents can travel relatively easily to shopping, stores, and into Boston

Outdoor spaces and buildings:

- Good parks and recreation spaces, including new bike trails
- Ample trees and greenspace
- Good walkways around Pitt Pond; pleased with plans for intergenerational walking in the next year
- The new pool is beautiful, has handicap accessibility in and out of the pool, dedicated lap swim time
- Library is an asset

Community supports and health services:

- Good access to health services
- Good public safety
  - Fire department does a good job keeping homes updated on smoke and carbon monoxide detectors
  - Quick response time from emergency services
  - Feels like a safe community
  - Not afraid to walk or drive at night
- Town has made great efforts to improve accessibility—all street corners have handicap ramps
- Senior center/COA is an asset
  - The Center is well run, friendly, always looking for new ways to help and engage residents
  - People from other communities come because of the offerings and they are welcomed
  - Appreciate the director and her efforts
  - Variety of programs, announcements, resources

**Challenges.** Participants at the forums also mentioned a number of challenges or concerns—features of Belmont that they felt could be improved or that may impede their efforts to age in place. Several of these challenges align with age-friendly domains, including the following:

Housing:

- Some unsafe housing conditions were cited in city-owned properties
  - Garbage removal is difficult and inconvenient
  - No more window washing
  - No elevator: challenges for mobility and getting groceries upstairs

- One maintenance employee per building is inadequate—need more maintenance staff for upkeep and in case of medical emergencies or sick leave
- Housing in Belmont is expensive. Affordable housing for everyone, not only seniors, is lacking
- No good downsizing options are perceived to exist in Belmont
- No senior living or residential care housing options are available in Belmont
- Assistive care for seniors who need help but do not yet need nursing home care is absent in Belmont

Communication and information:

- Communication challenges between residents and City government, and the Senior Center and City government, were cited

Respect and social inclusion:

- Senior issues are not adequately addressed at Town meeting
- Concerns that other groups in Town receive Town support over the COA

Outdoor spaces and public buildings

- Concerns about the operation of bicycles
  - Dangerous when bikes use the sidewalk: need more bike paths
  - Dangerous when bikes use the streets: drivers concerned about hitting them, especially when they do not use appropriate road etiquette
- Concerns about sidewalks in Belmont
  - Sidewalks are cracked and broken: hazards for walking
  - Few sidewalks
  - Plowed snow piled high and blocking intersections make it difficult to get around in the winter
- More street cleaning is needed
- There are insufficient public toilets in Belmont
- The library front steps are unusable (although a ramp is accessible)
- Parks lack places to stop and rest, to picnic, or to sit in the shade. More benches and picnic tables are needed away from playgrounds or sports fields. In general, community amenities are designed primarily for children and sports participants.
- Space for indoor winter activity is needed. There is a recreational space with an indoor track, but it gets overrun with young people.
- There is no dedicated adult swim times reserved at indoor and outdoor pools.
- Parking around town needs improvement, especially in the centers and for handicap residents

Community supports and health services

- Bocce court at the senior center/COA needs maintenance
- Concerns about scams and who to contact about them

- No public call boxes; only way to report emergency is to have a phone and call 911

Other:

- The cost of living is very high. People have left, or anticipate needing to leave their homes, because of property taxes and other costs. Living on a fixed income is challenging
- Concerns were expressed about people staying for their children to go through the school system and then leaving, resulting in a booming school-age population but families not in the community for the long-term

**Participant recommendations.** As concerns were reviewed, participants at the community forums offered a number of recommendations representing opportunities for Belmont to become a more “age-friendly” community. Recommendations included the following:

Communication and information

- Provide centralized information about volunteer opportunities
- Offer more information through the senior center about home care organizations and service availability

Civic participation and employment

- Expand the availability of volunteer opportunities in Belmont

Housing:

- Expand awareness of housing options for seniors
- Pursue development of 55+ communities, small housing groupings of owner occupied cluster housing
- Consider assisted living or independent living options for the city
- Some form of property tax relief would be helpful
- Explore opportunities for developing a CCRC in Belmont
- Senior co-housing is an option being explored in Belmont
  - New initiative in very early stages of discussion
  - Focus on neighborhood
  - Very grassroots approach to starting, but room for Belmont government support and help

Outdoor spaces and buildings

- Put in more benches, particularly in parks and between Belmont Center and Cushman Square
- Parks could use more expansion

Community supports and health services

- Senior center/COA
  - Room for expansion



- Satellite locations for programs
- Consider community models such as Beacon Hill Village
- Incorporate some features of the Beacon Hill Village, such as a database of contractors
- A process to get a student or volunteer to shovel walkways in the winter: a program exists, but expansion and more information may be necessary

**Conclusion.** The Town of Belmont can expect its number and share of older residents to increase over the course of the next few decades. In addition, changes in senior residents' needs and interests will occur that may have implications for Town services and priorities. Participants at two public forums emphasized that Belmont has much to offer its older population. Belmont residents enjoy a strong community atmosphere and many wish to remain in Belmont long-term. Some challenges were noted, but recommendations were readily offered that could help make Belmont a stronger community in which to age in place.

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