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Aging in Boston: Preparing today for a growing tomorrow

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Preparing today for a growing tomorrow

SPRING 2014

*A research report from the City of Boston's
Commission on Affairs of the Elderly and
the Gerontology Institute at UMass Boston*

About the Authors

This report was prepared by the Center for Social and Demographic Research on Aging, in consultation with staff from the City of Boston Commission on Affairs of the Elderly. Individuals responsible for the report include Jan E. Mutchler, Bernard A. Steinman, Caitlin Coyle, Hayley Gleason, Jiyoung Lyu, and Ceara Somerville.



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City of Boston
Mayor Martin J. Walsh
Commission on Affairs of the Elderly

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A Message from the Mayor



Boston's senior citizens are responsible for forming and building this City. They have shaped our values as a community and have raised the bar ethically. As Mayor of Boston, it is a priority to me as well as my entire administration to recognize, support and learn from them. Our seniors deserve nothing less.

For these reasons, I am proud to release "Aging in Boston."

The data collected for this report will help us understand the full range of challenges our seniors face, so that we can provide the right solutions to meet their needs. This data will also show that our population of elders is growing, and we need to do a better job of connecting them – not only with each other, but with essential services.

According to a 2010 census, 88,000 older adults resided in the City of Boston. Projections show that by 2030, the number of older adults in Boston will grow considerably, comprising about one fifth of the City's population. This type of increase will place demands on our resources and services. Thankfully, because of the collected data, we now have the knowledge we need to plan for this growth and better serve our elders, today and in the future.

The goal and mission of my Administration and the City of Boston's Elderly Commission is to enhance the quality of life for Boston's older adults. The only way to achieve this is to understand who they are: their age, gender, race, education, income, housing situation, level of mobility, health and disabilities. By sharing our collected data with providers, funders and planners, and encouraging organizations to use this report, they will be able to identify gaps, plan programs and services, and leverage funding.

I am committed to addressing all of the challenges our seniors face and to making the changes required to support our aging population. By working together, we can find solutions that best serve all our residents.

A handwritten signature in black ink, appearing to read "Martin J. Walsh". The signature is fluid and cursive, with a long horizontal stroke at the end.

Martin J. Walsh
Mayor of Boston

A Message from the Chancellor



At the University of Massachusetts Boston, we take pride in being part of a great city that is rich in history, talent, and diversity. Working with and on behalf of Boston and the Commonwealth is part of our institutional DNA—a valued and central component of our mission. The Gerontology Institute and Department at UMass Boston have a long tradition of contributing to this mission through research, service, and teaching. Our gerontology educational programs and the research conducted by our faculty, students, and staff on aging issues, policies, and populations serve as a model for what it means to be part of a great urban public research university.

This report on aging in the City of Boston sheds light on the opportunities and challenges posed by our growing senior population. Our older residents are a link to Boston's history, a city they built, raised their families in, and made great. Our seniors are also a bridge to Boston's future, a future in which the older population will be larger and more diverse than ever before. Ensuring that our older family members, friends, and neighbors are provided with opportunities to participate in and contribute to the community is key to addressing the challenges that Boston faces on a daily basis. Safeguarding seniors' access to economic security, health care, and quality of life is our responsibility as members of a civil society. These values are shared by the City of Boston Commission on Affairs of the Elderly and by the Gerontology Institute and Department at UMass Boston.

As Chancellor of UMass Boston, I am proud that the city turned to us to help identify and address the growing needs of our senior population, and I look forward to our continued role in this conversation.

A handwritten signature in black ink that reads "J. Keith Motley". The signature is written in a cursive, flowing style.

Chancellor J. Keith Motley, PhD

Aging in Boston

Preparing today for a growing tomorrow

Introduction

Boston's population is becoming older than ever before. The oldest Baby Boomer is approaching 70 and reinventing what it means to be a "senior citizen." Waves of Boomers will forge a new path into later life, creating a population of seniors¹ that is larger and more long-lived than previous cohorts, and diverse in new ways. In 2010, more than 14% of Boston's residents were 60 years or older, representing 88,000 older people. By 2030, projected increases in the older population will result in as many as 130,000 seniors residing in Boston². How will Boston accommodate its growing older population? What steps may promote livability for Boston residents of all ages; where residents will want to, and can expect to, age in place with security, dignity, and well-being?

This report was produced in collaboration between the *Boston Commission on Affairs of the Elderly* and the *Center for Social and Demographic Research on Aging* at the Gerontology Institute of the University of Massachusetts Boston. Its aim is to offer a glimpse into important issues relating to aging in Boston. The demographic profile presented here highlights the city's cultural, racial and ethnic diversity as a central context for the changing needs and concerns of older Bostonians. Potential challenges relating to health and caregiving, social engagement, income security, and housing are identified; as well, the opportunities presented by an older population are recognized.³

Results

Past and future growth of the senior population in Boston

An escalating number of Boston residents are becoming "seniors" on a daily basis. According to the 2010 Census, roughly 88,000 Boston residents were age 60 or older, reflecting an increase of 11% between 2000 and 2010 in the number of Boston seniors and far outpacing growth in the size of the all-age population of Boston, which increased

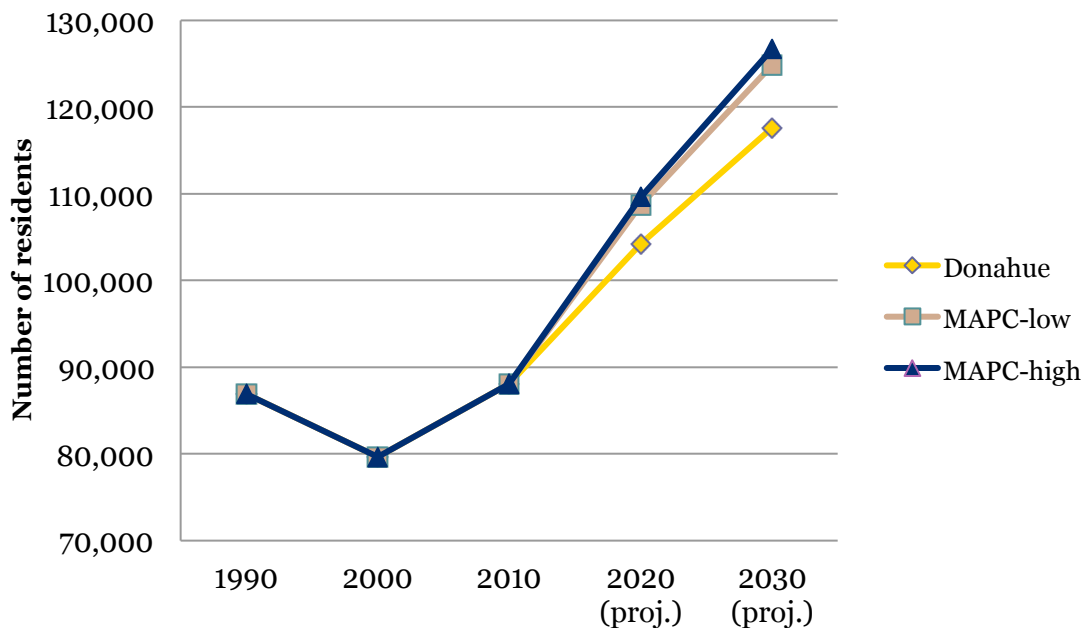
¹ Consistent with language in the Older Americans Act, individuals age 60 and over are referred to as "seniors" in this report.

² See sources on Figure 1 below.

³ For additional data on the older and Baby Boomer populations in Boston, see www.umb.edu/demographyofaging

by just 5% during the decade. In coming years, the number of seniors is expected to continue to grow at a rapid pace (see Figure 1). Three sets of projections are presented in Figure 1, all suggesting that the number of Boston residents age 60 or older will increase substantially in coming years. Projections suggest that by 2030, between 120,000 and 130,000 seniors will reside in Boston. These projections indicate that the share of Boston residents who are seniors will be approaching 20% within just a few years, up from 14% based on the 2010 U.S. Census. Throughout this time period, a majority of seniors will continue to be women. Nearly 6 out of 10 Boston residents age 60 and older are women, as are two-thirds of seniors age 80 and older. The high representation of women in the older population is largely a result of women surviving to older ages than do men.

Figure 1: Number of Boston residents age 60+, 1990-2010, and projections to 2030



Source: Donahue projections are prepared by the UMass Donahue Institute (<http://pep.donahue-institute.org/>) MAPC projections are prepared by the Metropolitan Area Planning Council (MAPC), an organization based in Boston. MAPC-high projections assume stronger population growth and are recommended by MAPC for use by municipalities.

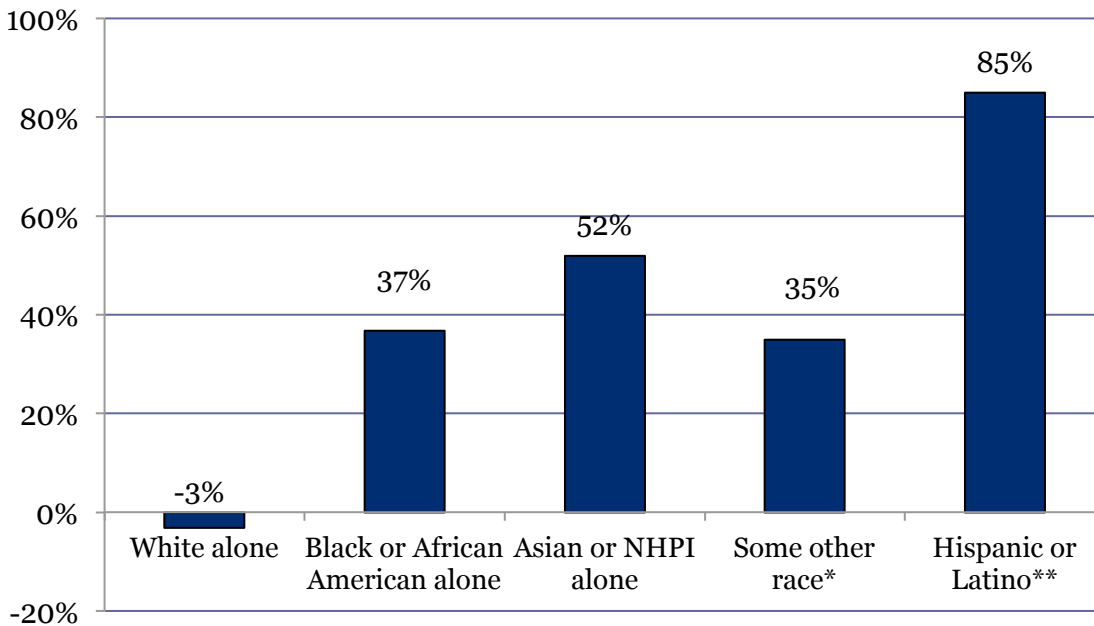
Growing diversity in the senior population

Race and ethnicity

Boston’s status as a “majority-minority” city was established in 2000, when the share of residents who identified as Hispanic, African American, Asian, or other nonwhite races

increased above 50% for the first time⁴. Boston’s senior population is quickly approaching that same designation: in 2010, 45% of seniors were persons of color. Changes in the diversity of the older population are notable over the last decade. As illustrated in Figure 2, the number of seniors who are White declined by 3% between 2000 and 2010. In contrast, the nonwhite population age 60 and over grew considerably. The number of Black seniors increased by 37%; the number of older adults who are Asian, Native Hawaiian or Pacific Islander increased by 52%; and seniors reporting some other race or a combination of races grew by 35%. In addition, the number of Latinos age 60 and over in Boston increased by 85% during that time period, nearly doubling in number.

Figure 2: Change in number of Boston residents age 60+, by race and ethnicity, 2000-2010



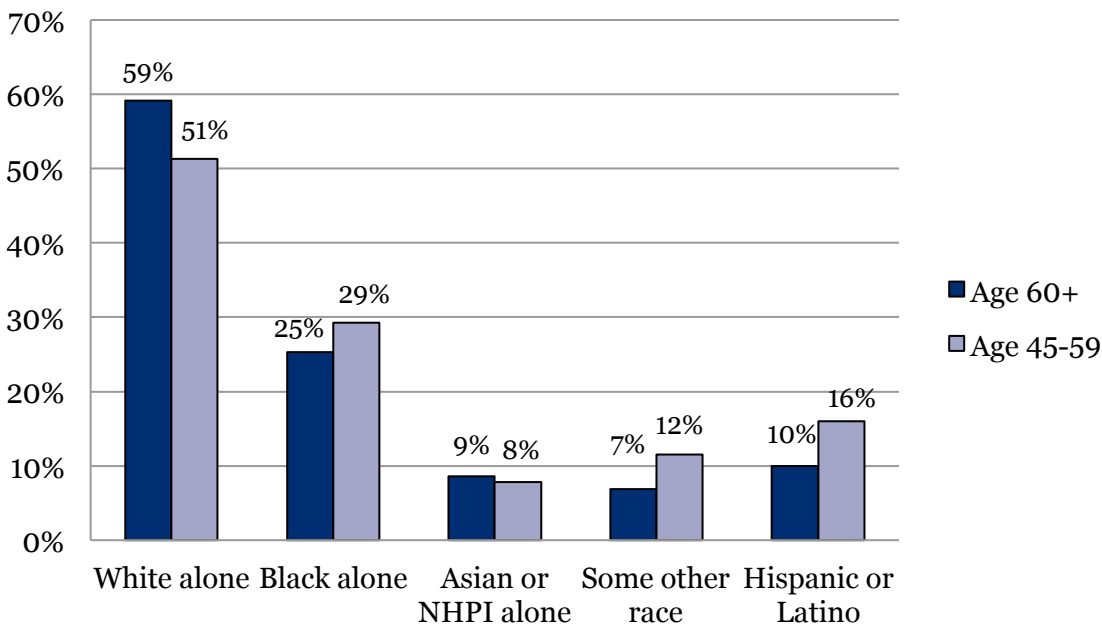
Source: 2000, 2010 Census, Summary File 2, Table QT-P1.
 *Includes individuals listing more than one race.
 **Hispanics may be of any race.

Projections are not available by ethnicity and race for older age groups, yet trends in recent years suggest that the diversity of the older population will continue to evolve. A comparison of today’s seniors with slightly younger age groups also supports this conclusion. Data from the 2010 Census show that one-quarter of Boston seniors are Black or African American, while 9% are Asian, Native Hawaiian or Pacific Islander and

⁴ Unless otherwise indicated, all data in this report are from the U.S. Census Bureau decennial census program or American Community Survey program.

7% are some other race, or report more than one race (see Figure 3). Among those who are age 45-59, larger shares report nonwhite race. Year by year, as midlife individuals age into their 60s and beyond, racial diversity within the senior population will increase. The percentage of seniors who are Hispanic or Latino will also expand in coming years. The share of adults age 45-59 who are Hispanic, at 16%, is considerably higher than the share of today's seniors who are Hispanic (10%). Boston seniors in coming years will include considerably more Hispanics as these individuals move into later life.

Figure 3: Percentage by race, ethnicity, and age group, Boston residents, 2010



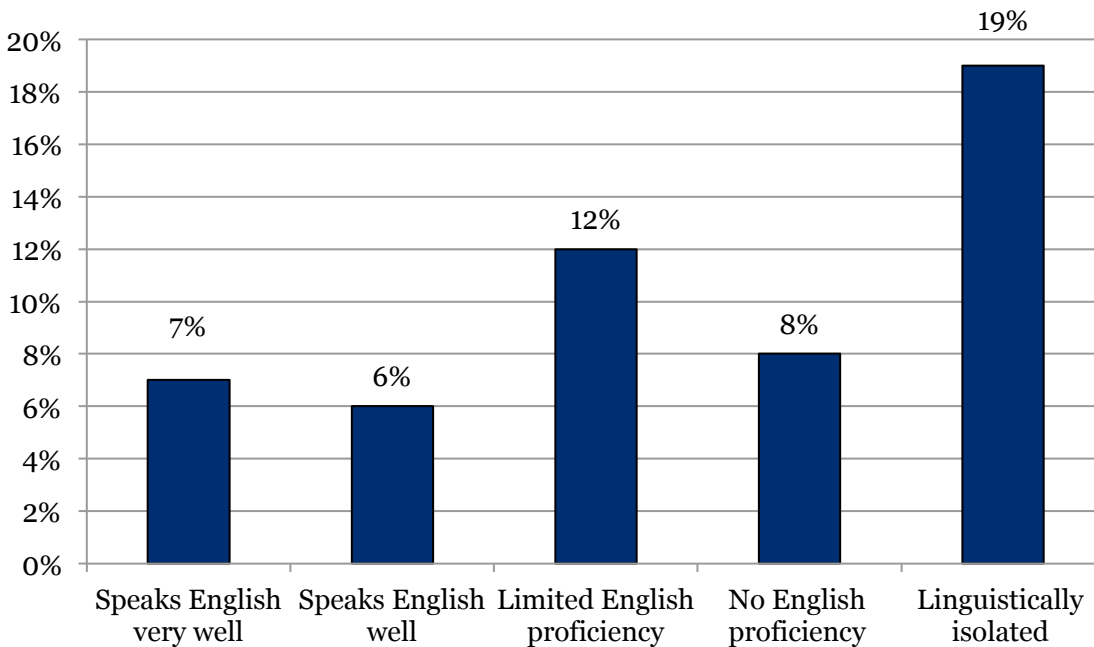
Source: 2010 Census, Summary File 2, Table QT-P1.

Language, English proficiency, and citizenship

Growing racial and ethnic diversity has implications for the mix of languages used in homes and neighborhoods throughout the city. In Boston, as in most U.S. communities, an individual benefits from proficiency in English as he or she seeks to effectively communicate with medical providers, service providers, and employers. Although many organizations in Boston take measures to meet the needs of individuals who have limited English proficiency, not speaking English well can pose a barrier to access among older adults. Taking all residents age 60 and over into account, 67% speak only English, and 13% speak English well or very well, though not exclusively (see Figure 4). The remaining 20% have limited English proficiency: 12% speak English poorly and 8% do not speak English at all. Moreover, nearly one in five Boston residents age 60 and

over, or approximately 18,000 seniors, live in “linguistically isolated” households in which *all* members age 14 and older have limited English proficiency. These individuals and their families may need interpreter services if they are to take advantage of services and supports available through the community.

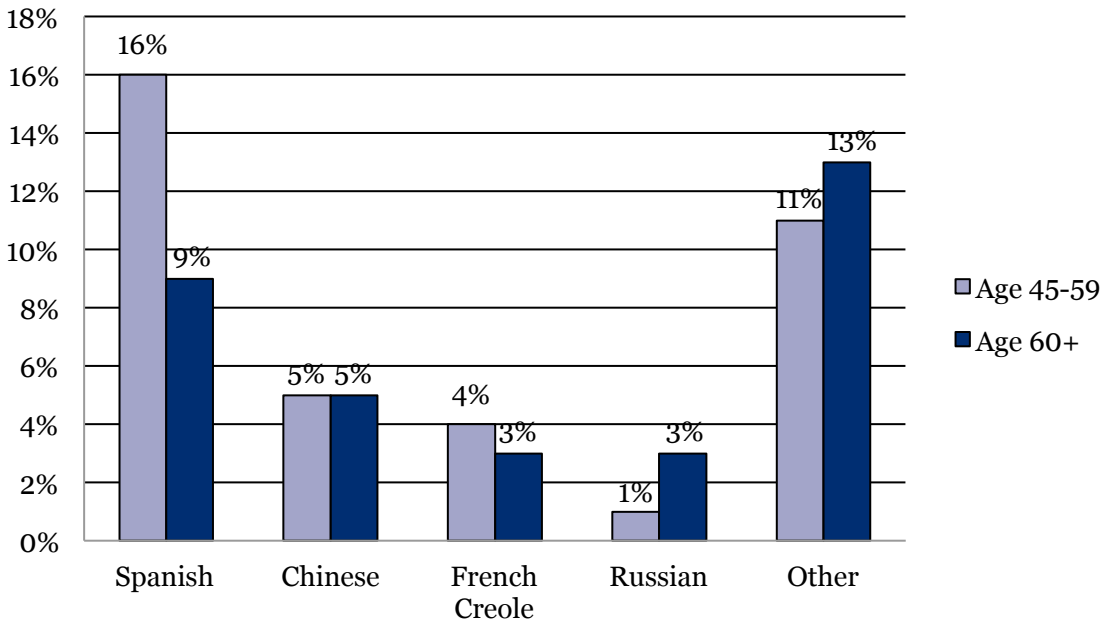
Figure 4: English proficiency among Boston residents age 60+



Source: American Community Survey IPUMS data, 5 year file, 2007-2011.
 Note. 67% of Boston seniors speak English only.

Many different languages are spoken by Boston seniors, but important shifts in the language profile are evident. As noted, one-third of Boston residents age 60 and older speak a non-English primary language. Nine percent speak Spanish as their primary language, 5% speak Chinese, 3% speak French Creole, 3% speak Russian, and 13% speak some other language. As shown in Figure 5, a shift in the common languages spoken by Boston seniors can be anticipated in the near future. Most significantly, Spanish is far more commonly spoken by adults age 45 to 59 than among adults age 60 and over (16%, compared to 9%), while Russian is less common among this younger cohort. Services and supports accessible to Spanish-speaking seniors will increasingly be needed in Boston.

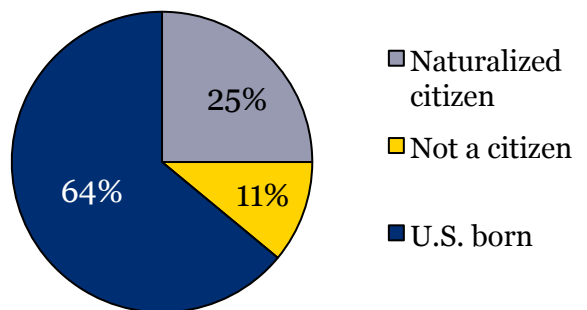
Figure 5: Non-English primary language spoken by Boston residents, by age group



Source: American Community Survey IPUMS data, 5 year file, 2007-2011.
 Note. 67% speak English only

Nearly two-thirds of Boston residents age 60 and over were born in the United States, a U.S. territory, or abroad of U.S. parents (see Figure 6).⁵ Among the one-third who immigrated to the U.S., most have become citizens through naturalization. Yet 11% of all Boston seniors are not citizens of the United States. This represents a sizable share of seniors who may have limited eligibility for important services and supports, especially those provided to citizens at the federal level.

Figure 6: Immigrant status and citizenship among Boston residents age 60+



Source: American Community Survey IPUMS data, 5 year file, 2007-2011.

⁵ Individuals born in the United States, in a U.S. territory, or abroad of U.S. parents are all U.S. citizens by birth.

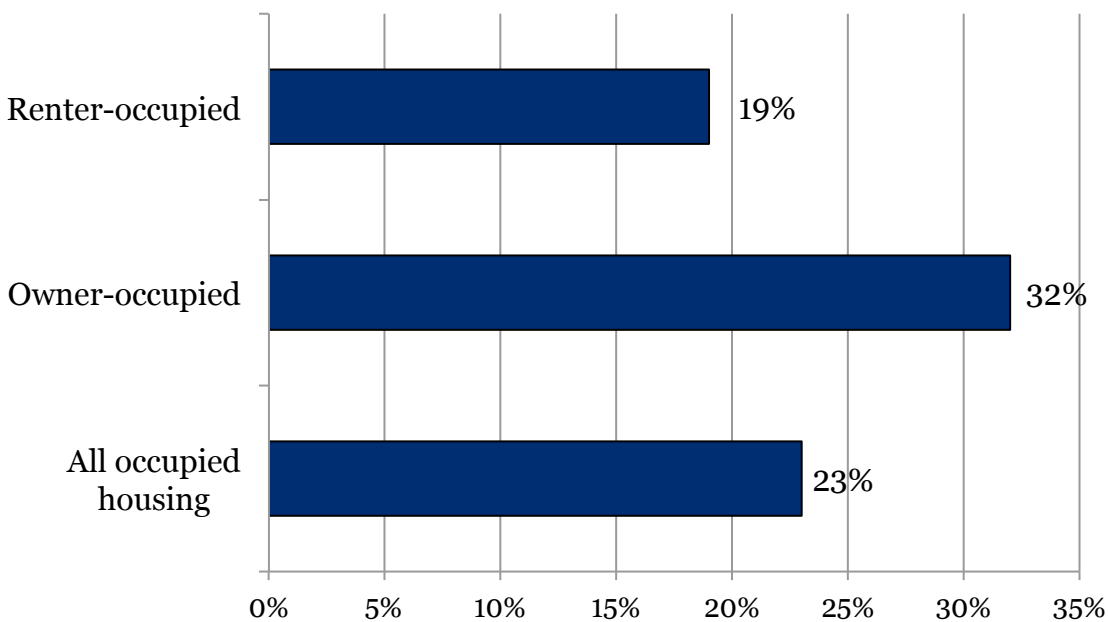
Social and economic characteristics of Boston seniors

All of Boston's residents, regardless of age, need safe and affordable housing, opportunities to participate in the community and maintain valued social relationships, resources to promote their physical and mental health, and access to services and supports when their own capacities fall short. Some seniors need more help achieving a high quality of life than they did at younger ages, and some individuals and families may benefit from the coordination of formal services and supports. Many older people experience physical and social changes that could threaten their independence and well-being, if not addressed by specialized and targeted services. Moreover, the characteristics of appropriate services and supports can be different for older adults than for younger residents. Available transportation options, medical services, and housing features may be mismatched with older residents' needs, for example.

Housing and living arrangements among seniors in Boston

Seniors are well represented within Boston households. Nearly one in four (23%) occupied housing units in Boston are headed by an individual who is age 60 or older (see Figure 7). Seniors are overrepresented as homeowners, with approximately one-third (32%) of owner-occupied units being headed by seniors, whereas 19% of renter-occupied units are rented by seniors.

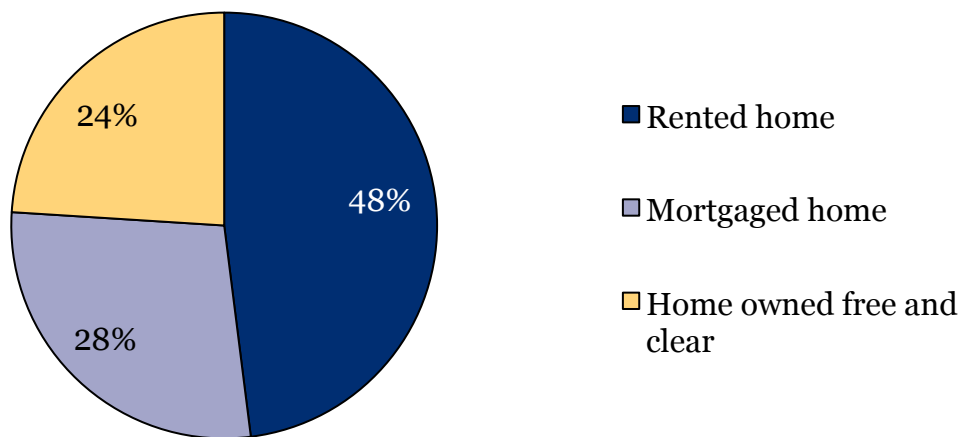
Figure 7: Percent of housing headed by seniors in Boston



Source: 2010 Census, Summary File 1, Table H17.

Relative to many other urban housing markets, Boston housing includes a large share of multi-family housing, older housing, and rental housing. Seven out of ten seniors live in a building with two or more families, and half of seniors live in housing units that were built before 1940. Living in multi-family housing may pose a challenge for seniors who live on upper floors if the building lacks an elevator. Older homes may present challenges to older adults who have difficulties with home maintenance, or who live in homes with design features that are not appropriate for their needs. Nearly half of Boston seniors (48%) live in a rented home, while 28% own a mortgaged home and 24% own a home free and clear (see Figure 8). Although homeownership constitutes an important source of wealth for many seniors, expenses associated with owning and maintaining a home can be prohibitive, especially when the home is mortgaged. Additional information on the expense burden of housing is offered later in this report.

Figure 8: Percent of Boston residents age 60+ living in owned or rented homes*

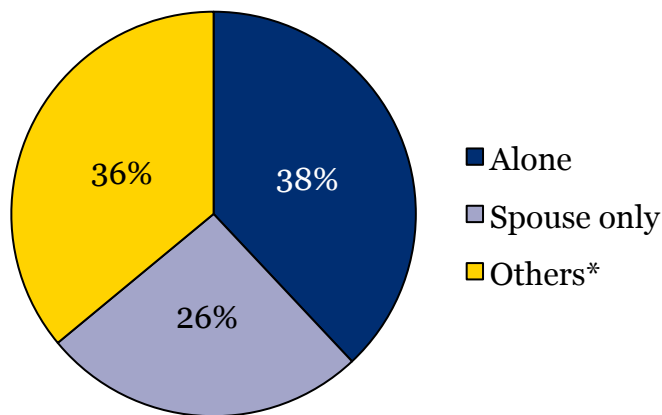


Source: American Community Survey IPUMS data, 5 year file, 2007-2011.
 *Categories indicate the ownership status of the home in which the older adult lives; someone within the household other than the older adult may be the owner.

Living arrangements. Living arrangements of older Boston residents (where and with whom one lives) have implications for the types of support one may need, and the level of interpersonal engagement that is available within the household. Most Boston seniors appear to have ready access to one or more individuals who may provide support. The vast majority of Boston seniors live in the community, with only 4% living in nursing homes; however, nursing home residence is considerably more common among residents age 80 and older (12%).

Among seniors who live in non-institutional settings—in houses, condos, or apartments throughout Boston—the majority live with others, including 26% who live with only a spouse and another 36% who live with adult children, grandchildren, other family members, friends, or roommates (along with a spouse in some cases; see Figure 9). However, more than one-third of seniors live alone, and the likelihood of living in a one-person household increases with age. Among adults age 80 and older, about half live alone. Many seniors who live alone receive support and are socially engaged through frequent interactions with friends, family members, and neighbors. Nevertheless, many seniors who live alone may be at greater risk for experiencing social isolation and associated negative health outcomes.⁶

Figure 9: Living arrangements of Boston residents age 60+



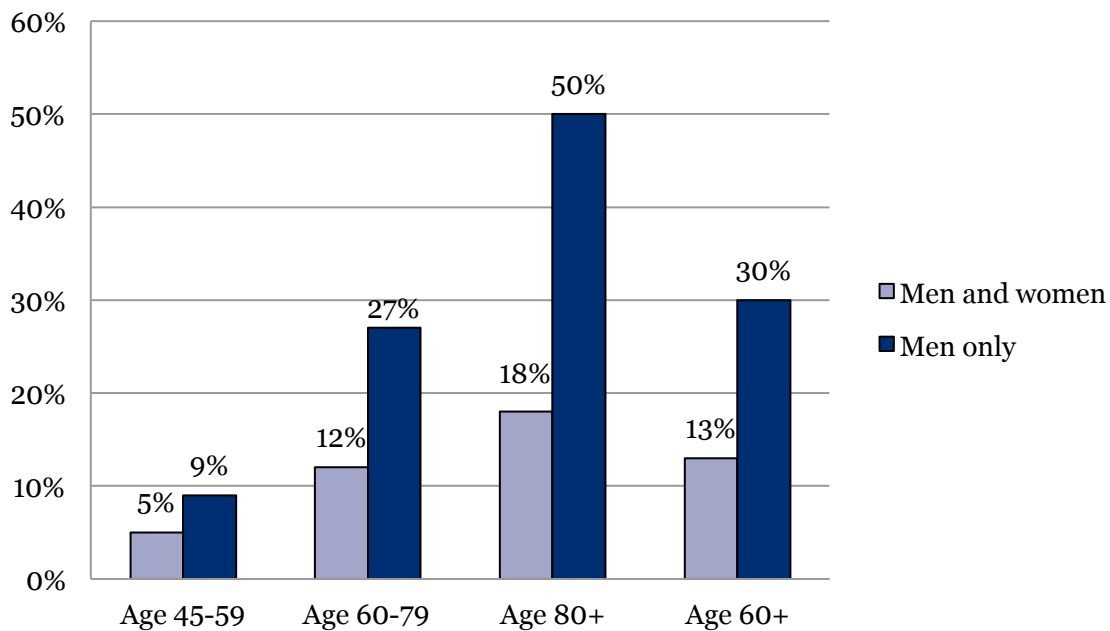
Source: American Community Survey IPUMS data, 5 year file, 2007-2011.
 *Others may or may not include a spouse. Community-dwelling residents only.

⁶ Kharicha K, Iliffe S, Harari D, Swift C, Gillmann G, & Stuck AE. 2007. Health risk appraisal in older people: Are older people living alone an 'at risk' group? *British Journal of General Practice* 57: 271-6.

Veteran status among seniors in Boston

Many older Boston residents have served in the armed forces during their lifetimes. Thirty percent of men age 60 and older are military veterans, and 13% of all seniors (men and woman) have served in the military (see Figure 10). The proportion of the population that reports veteran status is substantially lower among younger age cohorts. For instance, roughly half of men age 80 and over living in Boston have served in the armed forces, whereas 27% of men ages 60 to 79, and just 9% of men ages 45 to 59 are veterans. As a result of their military service or that of their spouses, a large share of Boston’s current older adults may have access to support and services that are available to U.S. veterans.

Figure 10: Veteran status by age group, Boston residents



Source: American Community Survey IPUMS data, 5 year file, 2007-2011

Economic security and human capital

Economic security is a key to the well-being of all age groups. Among seniors, economic security implies having the resources to pay one’s bills, obtain necessary goods and services, and maintain a good quality of life. Because most seniors no longer work for pay, their economic security is often closely tied to past behaviors, experiences, and investments that influence the resources available in retirement, including Social

Security benefits, and the availability of supplementary pension incomes. The knowledge, skills, and experiences accumulated over a lifetime constitute an individual's human capital.

Education. Boston's reputation as a highly educated city is not limited to its younger residents, yet older adults in Boston report considerably less education than their middle-aged counterparts. More than one-quarter of Boston residents age 60+ have earned a bachelor's degree or more, whereas greater than one third of residents age 45-59 have attained this level of education. Thus, in the future, as the younger cohort ages, Boston seniors will have increased levels of education, relative to the current generation of seniors.

Labor force activity. Many older individuals participate in paid work for the intrinsic satisfaction or opportunities for social engagement that working often affords. Others work to supplement incomes that may be inadequate to meet expenses. In Boston, one-quarter of residents age 60 to 79 are employed on a full-time basis, and 9% are employed part-time. Only about 3% of Boston residents age 80+ are in the labor force.

Economic Security. The Elder Economic Security Standard Index⁷ for Boston is a useful indicator of the financial resources needed for an older adult age 65 or older to live independently in Boston. The Index value for 2011 was \$29,100 for single renters and \$40,584 for couples who rent. Comparing these Index values to the incomes that Boston seniors living independently actually have indicates that 75% of Boston seniors age 65 or older, and 52% of elder couples, have incomes below these thresholds. This comparison suggests that many Boston seniors struggle to make ends meet. Even seniors with incomes well above the poverty line, and seniors who have resources that supplement their Social Security benefits, may not be economically secure due to the high cost of living in Boston. Additional data on seniors' economic resources and indicators of hardship are discussed next.

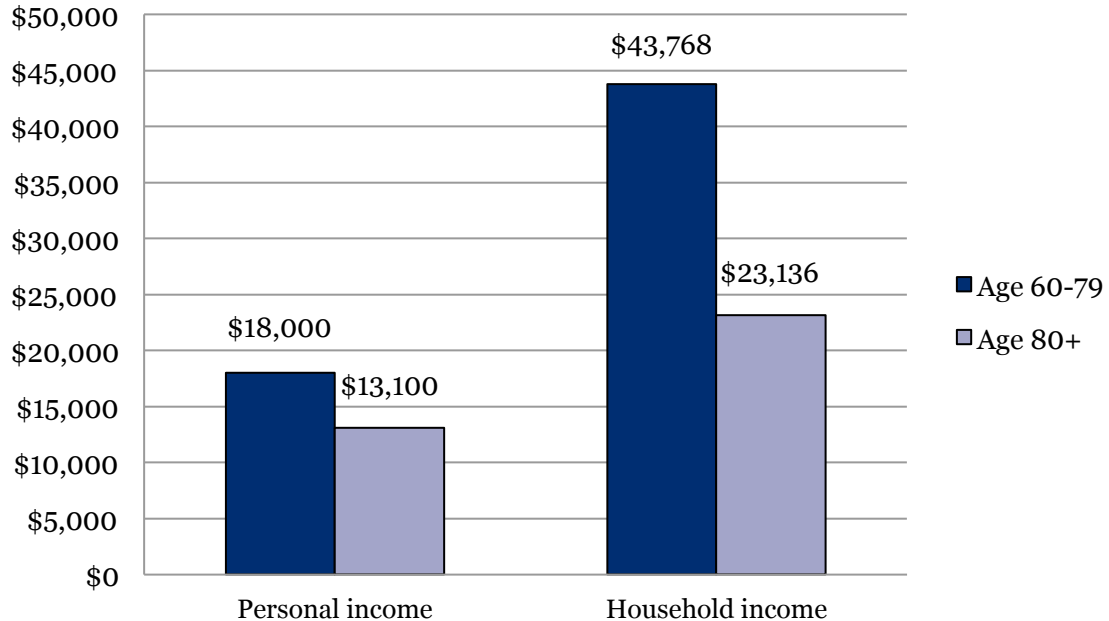
Income. As they transition from work into full or partial retirement, many older Boston residents will increasingly rely on Social Security, private pensions or other retirement programs, and personal savings to meet their living expenses. Because these resources are not likely to fully replace incomes derived from working, financial security may decrease with age. Among Boston residents age 60 to 79, median personal income⁸ is about \$18,000 per year, and median household income is just under \$44,000 (see

⁷ The Elder Index is calculated by the Gerontology Institute at UMass Boston, for every county in the United States. The Elder Index values used for Boston are based on Suffolk County expenses. Detailed information on the Elder Index is available at http://www.umb.edu/demographyofaging/projects/elder_economic_security

⁸ Personal income includes income received in one's own name. Household income includes the income received by everyone in the household; that is, the older individual as well as his or her spouse, adult children, and anyone else living in the same home.

Figure 11). Median individual and household incomes are even lower among residents age 80 and over (just \$13,100 and \$23,136, respectively).

Figure 11: Median income by age, Boston residents

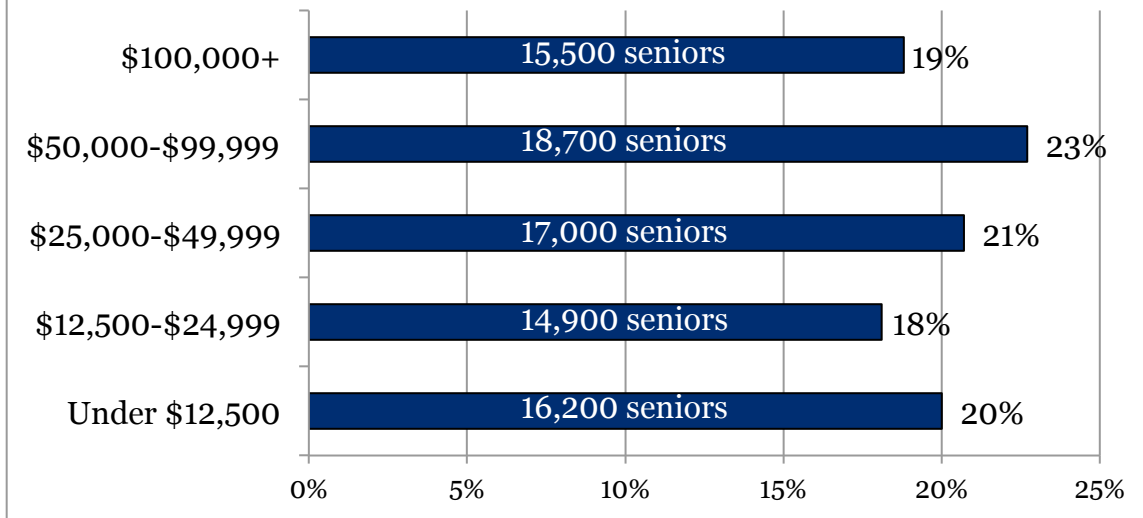


Source: American Community Survey IPUMS data, 5 year file, 2007-2011.

Note: Data excludes individuals living in an institutional setting. Personal income includes income received by the individual in his/her name only. Household income includes income received by everyone sharing a household. Income is in 2011 dollars.

A closer look reveals that many Boston residents age 60 or older live in households with very low incomes. As shown in Figure 12, more than 16,000 Boston seniors live in households with annual incomes under \$12,500 (2011 dollars). For a person living alone, this level of income is just slightly above the Federal poverty level guidelines; but a senior living with even one other person would fall below the poverty guidelines at this income level. Another 14,900 seniors live in households with incomes between \$12,500 and \$24,999 annually. Thus nearly four out of ten Boston seniors live in households with total incomes under \$25,000. These individuals fall well below the Elder Economic Security Standard Index value and many fall below the poverty line as well.

Figure 12: Household income of Boston residents age 60 +

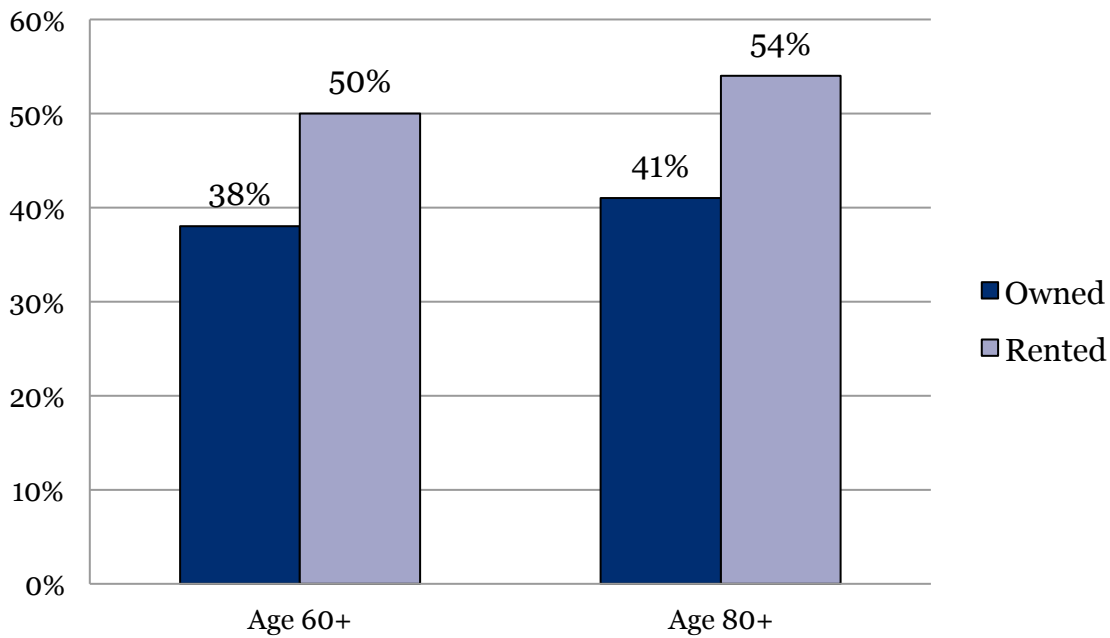


Source: American Community Survey IPUMS data, 5 year file, 2007-2011.

Note: Data excludes individuals living in an institutional setting. Household income includes income received by everyone sharing a household. Income is in 2011 dollars.

Housing expenses. As sources of income narrow, many older adults struggle financially during their later years. Housing represents an especially large component of most households' expenses, and economic well-being may be compromised if expenses associated with housing are high relative to financial resources available. A commonly used indicator of housing affordability is the percent of household income spent on housing—including the cost of rent or mortgage, utilities, taxes, and insurance—with expenditures higher than 30% suggesting high cost burden. Using this metric, a large percentage of older Boston residents experience high cost burden. Among Boston residents age 60 and over, 50% of renters and 38% of those who reside in an owned home experience high cost burden (see Figure 13). High cost burden is most prevalent among individuals age 80 and over, with 41% of owners and more than half of those who live in an rented home paying greater than 30% of their incomes for housing.

Figure 13: High cost burden by homeowner status and age group, Boston



Source: American Community Survey IPUMS data, 5 year file, 2007-2011.
 Note: Excludes individuals living in an institutional setting. High cost burden is defined as having housing costs representing 30% or more of household income. Resident 60+ may or may not be the householder.

Many older adults do not have savings, retirement savings accounts, or pensions that they can rely on in retirement. Instead, they may depend on Social Security as their sole means of support. Among Boston residents age 65 and over, more than one-third (34%) is reliant on Social Security as their only source of personal income. Although many low-income seniors may be eligible for a variety of federally sponsored income-support programs, including Supplemental Security Income, housing subsidies, food assistance, and/or fuel assistance, a large share may not be aware of the subsidies and assistance that are available.⁹

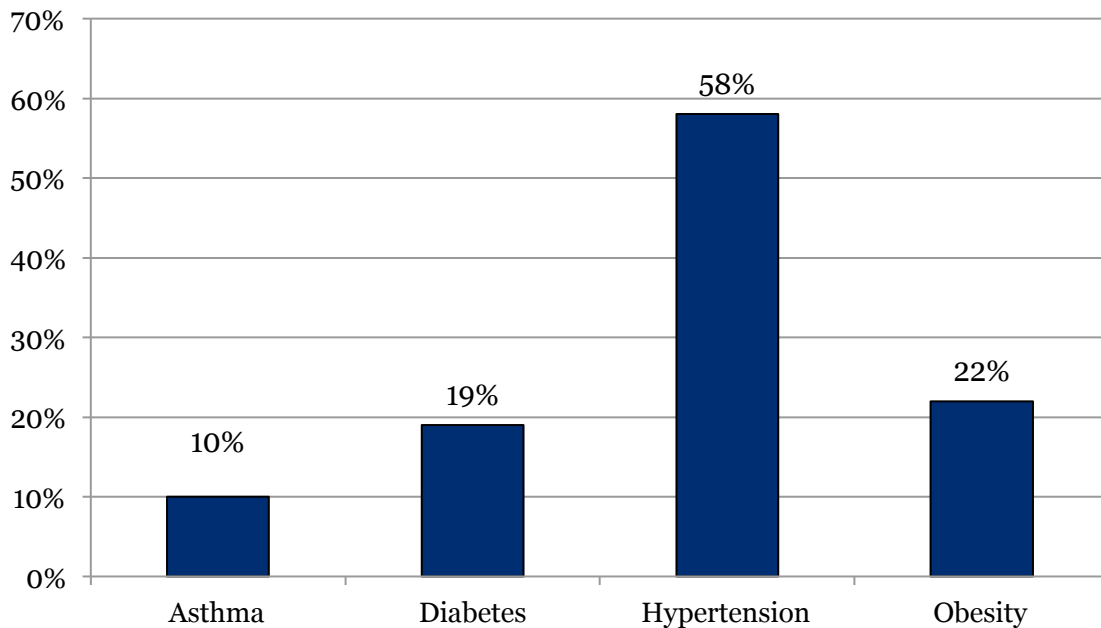
Health and disability

The presence of chronic health conditions is more common in later life. The most common chronic conditions, though not always life-threatening, can negatively

⁹ Summer, L. 2009. Increasing participation in benefit programs for low-income seniors. Commonwealth Fund pub. no. 1266. Available online http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/May/1266_Summer_increasing_particip_benefit_progs_v3.pdf

influence quality of life through disability and/or activity limitations. Evidence from the Boston Behavioral Risk Factor Survey for 2010 indicates that asthma affects about 10% of Boston seniors (see Figure 14). Nearly two out of ten Boston seniors have diabetes, and over half (58%) are hypertensive. Obesity is also common, affecting 22% in those age 60 or more. Managing chronic diseases is crucial for reducing their negative impact on quality of life. Nevertheless, even when well-managed, many individuals living with single or multiple chronic health conditions may incur significant financial costs associated with their frequent medical visits and medications.

Figure 14: Percentage of Boston residents age 60+ with selected chronic conditions

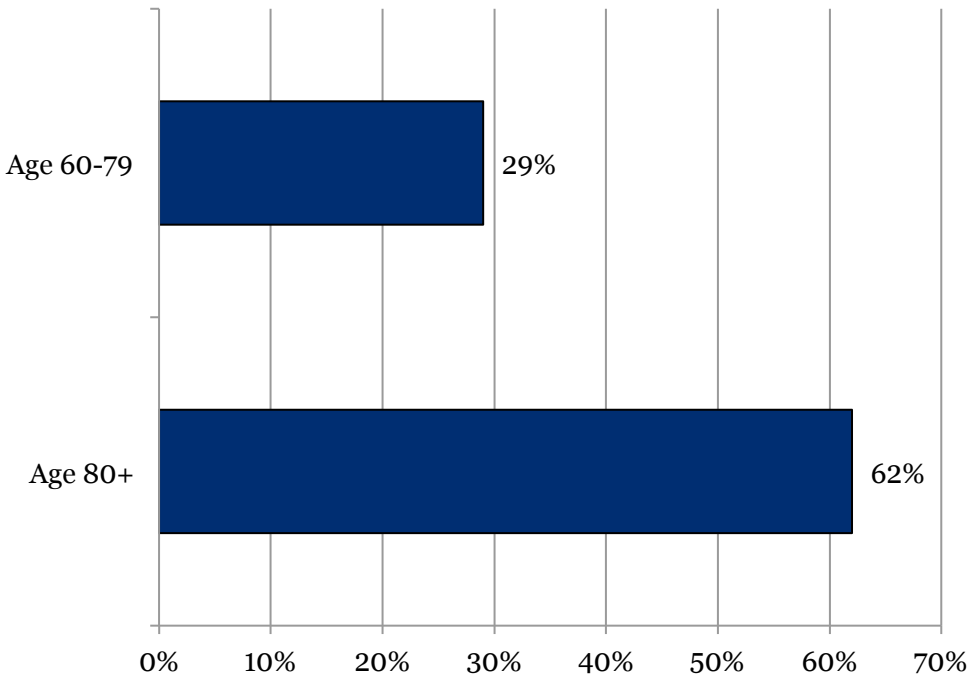


Source: Boston Behavioral Risk Factor Survey 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission.
 Note: Excludes individuals living in an institutional setting.

Many older Boston residents struggle with disabilities, which may impact quality of life and ability to live independently. Evidence from the U.S. Census Bureau suggests that among Boston residents age 60 and over, a large proportion reports at least one disability (see Figure 15). Furthermore, the incidence of disability increases with age, with 29% of Boston residents age 60 to 79 reporting at least one disability, compared to 62% of residents age 80 and over. The likelihood of experiencing multiple disabilities also increases with age. Among residents age 60 to 79, 14% reported one disability, 8% reported two, and 7% reported experiencing three or more disabilities, compared to

residents age 80 and over, 20% of whom report one disability, 14% reported two disabilities, and 28% reported three or more disabilities.

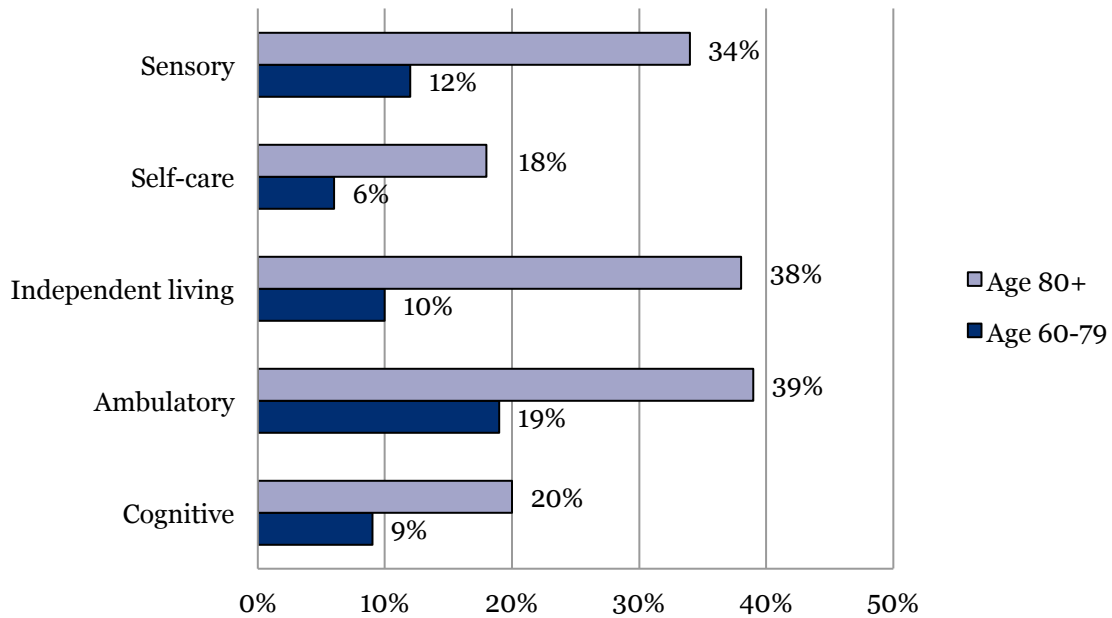
Figure 15: Percent of Boston residents age 60+ reporting at least one disability



Source: American Community Survey IPUMS data, 3 year file, 2009-2011.

The most commonly experienced disability among Boston seniors is “ambulatory difficulty,” defined as serious difficulty walking or climbing stairs. Nearly one out of five Boston residents age 60-79, and 39% of residents age 80+, report this type of limitation (see Figure 16). Also very common, especially among persons age 80 and over, are “independent living difficulty” (reflecting difficulty doing errands alone such as visiting a doctor’s office or shopping); and sensory difficulty (being blind or having serious difficulty seeing even with glasses; and/or being deaf or having serious difficulty hearing). Lower rates of disability are observed in self-care difficulty (having difficulty bathing or dressing) and cognitive difficulty (having difficulty remembering, concentrating, or making decisions because of a physical, mental, or emotional problem). Nevertheless, each of these disabilities is experienced by one out of five Boston residents age 80+.

Figure 16: Prevalence of disability by type and age, Boston seniors



Source: American Community Survey IPUMS data, 3 year file, 2009-2011.
 Note: Excludes individuals living in an institutional setting.

Seniors with disability are at greater risk of many additional challenges. Those with disability, especially self-care or independent living disability, are at greater risk of needing caregiver support. These needs may be met informally by family members and friends, but if formal supports must be purchased they can be out of reach financially for many who need them. Seniors with ambulatory disability may be unable to manage stairs inside or into their homes without home modifications. Opportunities to move to a more adapted home or to modify the existing home may be limited, due to affordability constraints and the lack of appropriate housing. Many seniors with disability may be unable to maintain their homes and outdoor space, especially if they are also economically insecure, having implications for neighborhoods as well as for the household. Transportation can also be a special challenge for seniors with disability. In the absence of assistance, some seniors are not able to take advantage of Boston’s public transportation system. Lacking transportation, some seniors may be unable to participate in activities they enjoy and value, in some cases resulting in isolation and reduced quality of life.

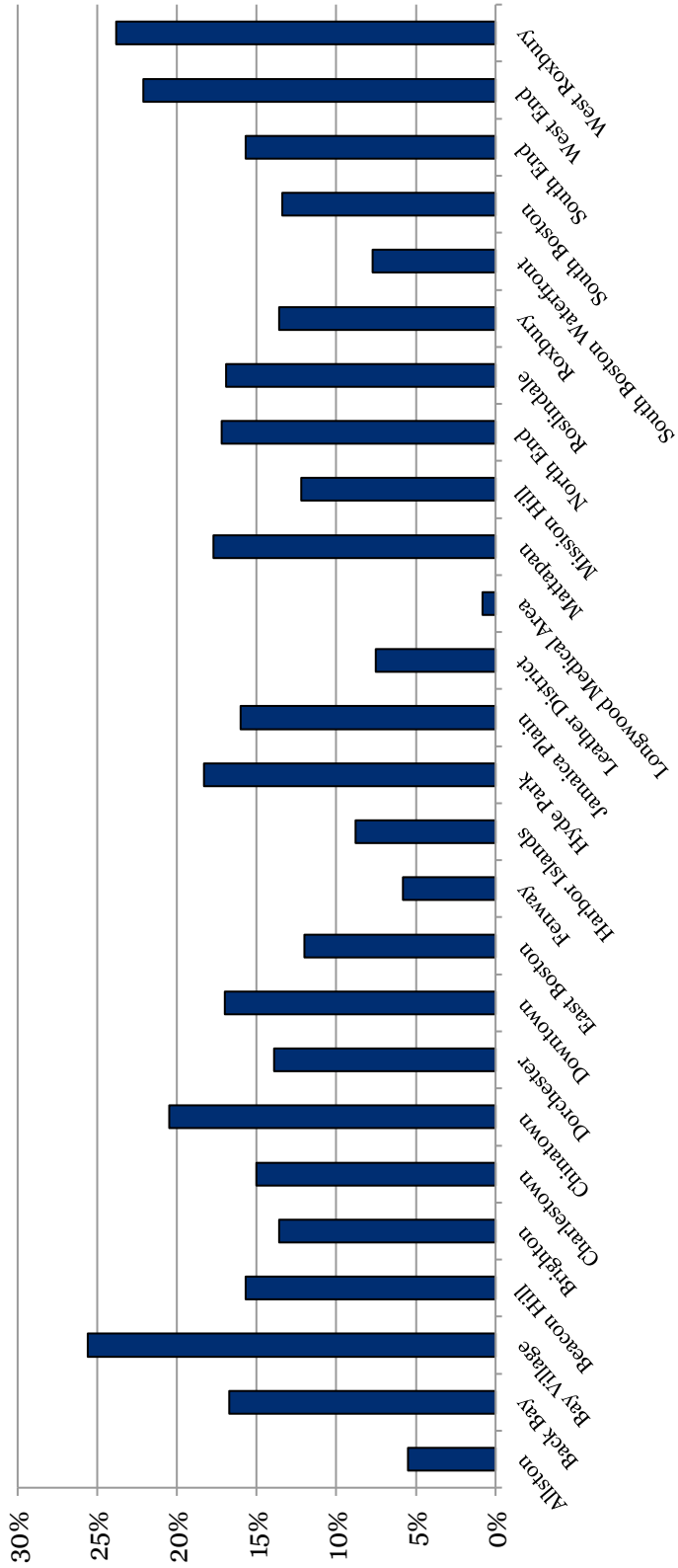
Neighborhood comparisons

Boston is a city made up of distinctive neighborhoods, with unique histories, cultural backgrounds, and amenities. Demographic data presented here, along with expanded information online (www.umb.edu/demographyofaging) highlight ways in which Boston neighborhoods differ in terms of the size and character of their older populations.

Perhaps most notably, neighborhoods differ in terms of the relative size of their older populations. Figure 17 shows the percent of residents age 60 and older in each of 26 neighborhoods in Boston, reflecting substantial geographic differences. In some neighborhoods, such as Bay Village, Chinatown, West End, and West Roxbury, the share of residents who are age 60+ is considerably greater than Boston's average of 14%. Conversely, other neighborhoods have relatively small shares of seniors in their populations, including Allston (6%), Fenway (6%) and South Boston Waterfront (8%).

As shown in Table 1, in absolute numbers the largest senior population resides in Dorchester, with nearly 16,000 seniors; indeed, nearly one out of five Boston seniors live in Dorchester. Other neighborhoods with especially large senior populations are West Roxbury (7,254 seniors), Roxbury (6,581 seniors), Brighton (6,248 seniors) and Jamaica Plain (6,004 seniors).

Figure 17: Percent of residents age 60+ by neighborhood



Source: Boston Redevelopment Authority <http://www.bostonredevelopmentauthority.org/neighborhoods>

Table 1: Number of residents age 60 and older by Boston neighborhood, 2010		
Neighborhood	Number of residents age 60+	% of residents who are age 60+
Boston	88,070	14.3%
Allston	1,606	5.5%
Back Bay	3,014	16.7%
Bay Village	336	25.6%
Beacon Hill	1,416	15.7%
Brighton	6,248	13.6%
Charlestown	2,464	15.0%
Chinatown	912	20.5%
Dorchester	15,860	13.9%
Downtown	1,902	17.0%
East Boston	4,860	12.0%
Fenway	1,957	5.8%
Harbor Islands	47	8.8%
Hyde Park	5,598	18.3%
Jamaica Plain	6,004	16.0%
Leather District	48	7.5%
Longwood Medical Area	29	0.8%
Mattapan	3,992	17.7%
Mission Hill	1,990	12.2%
North End	1,743	17.2%
Roslindale	4,836	16.9%
Roxbury	6,581	13.6%
South Boston Waterfront	145	7.7%
South Boston	4,477	13.4%
South End	3,853	15.7%
West End	898	22.1%
West Roxbury	7,254	23.8%

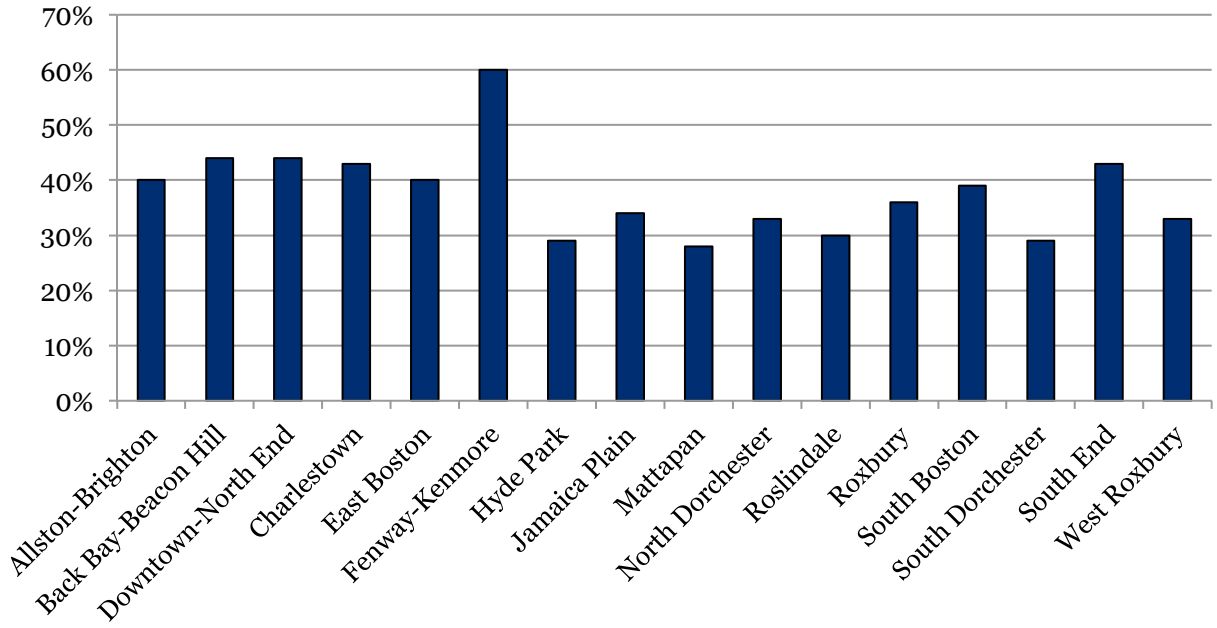
Source: Boston Redevelopment Authority <http://www.bostonredevelopmentauthority.org/neighborhoods>

Living alone by neighborhood. The extent to which seniors live alone also differs widely by Boston neighborhood (see Figure 18).¹⁰ The highest percentage of seniors who live alone is observed in the Fenway-Kenmore (60%) neighborhood. In contrast, in Mattapan, Hyde Park, and South Dorchester, fewer than 30% of seniors live alone. Prevalence of living alone within a neighborhood may reflect affordability of housing

¹⁰ The neighborhoods described in this section align with “planning districts” as described by the Boston Redevelopment Authority (<http://www.bostonredevelopmentauthority.org/research-maps/research-publications/neighborhoods>) and are defined by census tracts.

relative to income, availability of housing with features that support living alone, and residential preferences; all of which vary across neighborhoods.

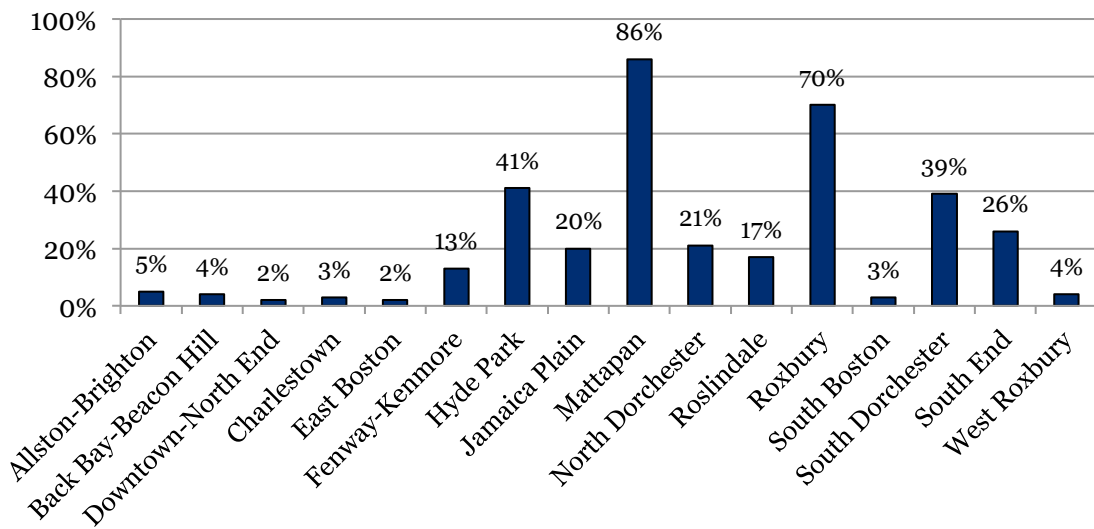
Figure 18: Percent of residents age 65+ living alone, by neighborhood



Source: Census 2010, Summary File 1, Table P34

Racial and ethnic composition of neighborhoods. Boston neighborhoods differ considerably in terms of the racial and ethnic group membership of their residents. A large share of the seniors in Mattapan, Hyde Park, Roxbury, and South Dorchester are African American, with nearly 90% of Mattapan seniors being Black or African American (see Figure 19). All other neighborhoods in Boston fall at or below 25%— the city-wide percentage of the senior population that is African American or Black.

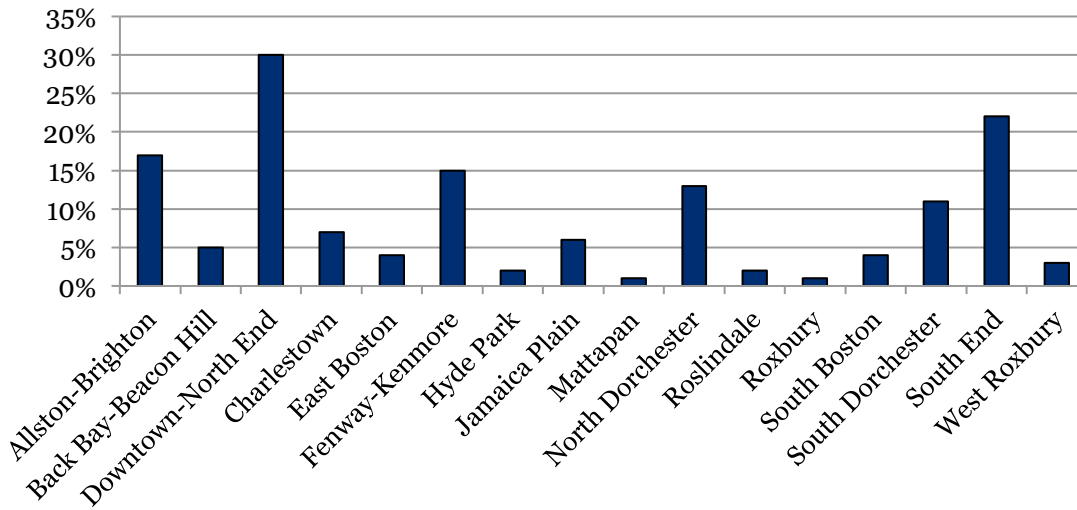
Figure 19: Percent of adults age 60+ who are African American or Black, by neighborhood



Source: 2010 Census, Summary File 2, Table P12.

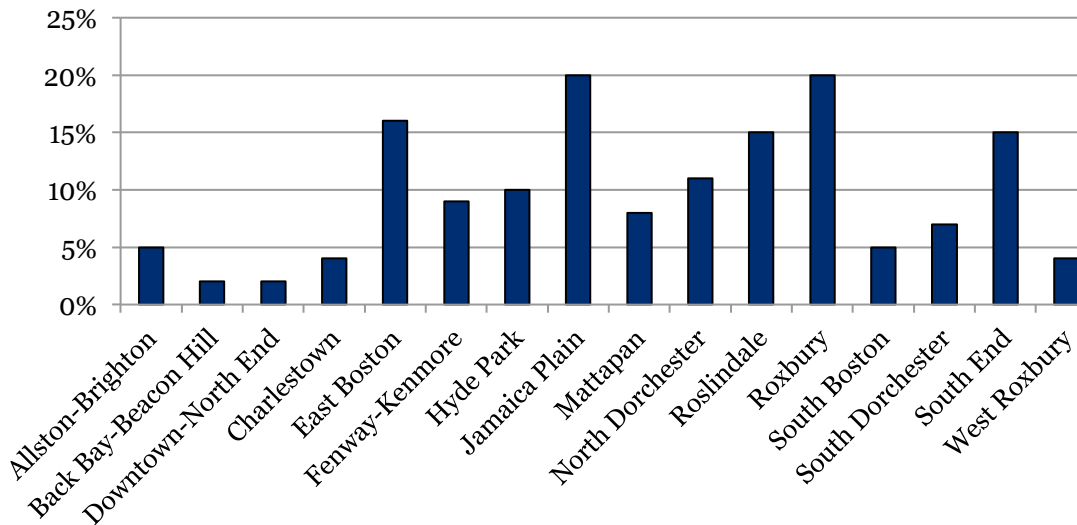
Other racial and ethnic groups are also unevenly distributed across Boston neighborhoods. Seniors from Asian, Native Hawaiian and Pacific Islander backgrounds are disproportionately represented in Allston-Brighton, Downtown-North End (which includes Chinatown), Fenway-Kenmore, Dorchester, and the South End neighborhoods (see Figure 20), where the prevalence of these groups is considerably higher than the city-wide average of 9%. As depicted in Figure 21, Hispanic seniors disproportionately reside in the East Boston, Jamaica Plain, North Dorchester, Roslindale, Roxbury and South End neighborhoods, each of which has a higher than average prevalence of Hispanic seniors (10% for the city as a whole). Local services and supports will need to respond to languages, cultural preferences, and immigration histories of seniors that are different across neighborhoods in Boston.

Figure 20: Percent of residents age 60+ who are Asian, Native Hawaiian or Pacific Islander, by neighborhood



Source: 2010 Census, Summary File 2, Table P12.

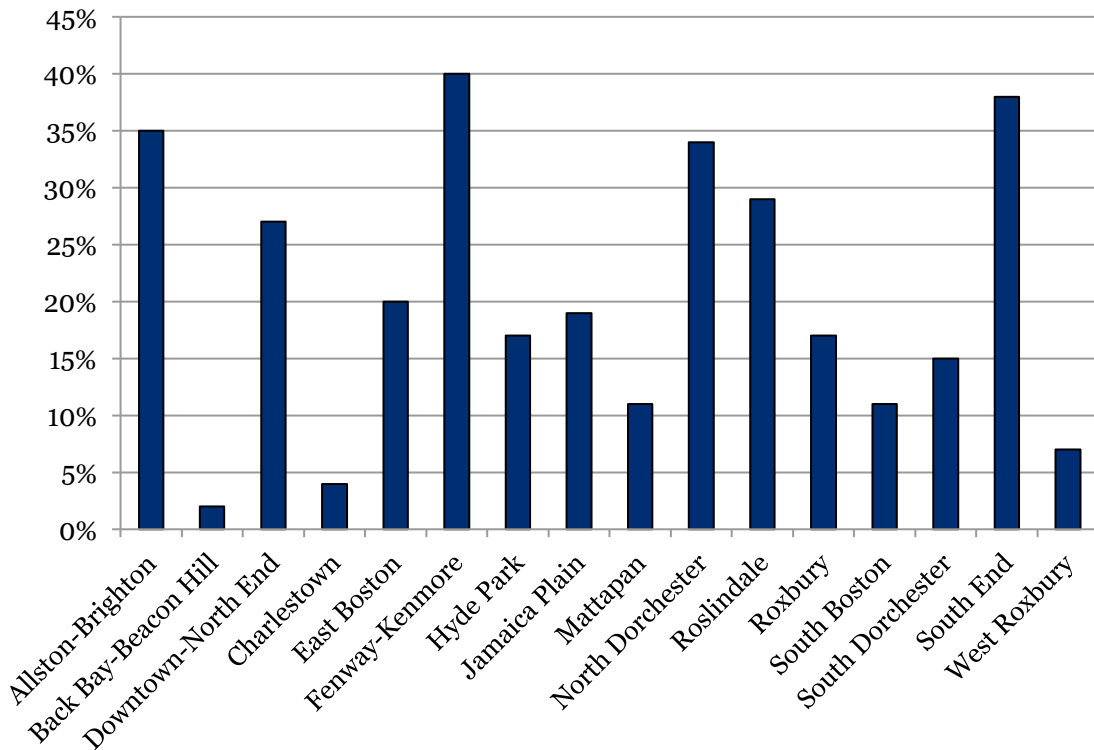
Figure 21: Percent of residents age 60+ who are Hispanic or Latino, by neighborhood



Source: 2010 Census, Summary File 2, Table PCT3.

Limited English proficiency of seniors in neighborhoods. Rates of limited English proficiency (speaking English not well or not at all) are high in many neighborhoods, but especially in those with sizable shares of Hispanic and Asian seniors. Rates are higher than 20% in Allston-Brighton, Downtown-North End, Fenway-Kenmore, North Dorchester, Roslindale, and South End (see Figure 22). For services and supports to have broad effectiveness in these neighborhoods, organizations may need to recruit providers with skills in languages other than English.

Figure 22: Percent of residents age 65+ with limited or no English proficiency, by neighborhood

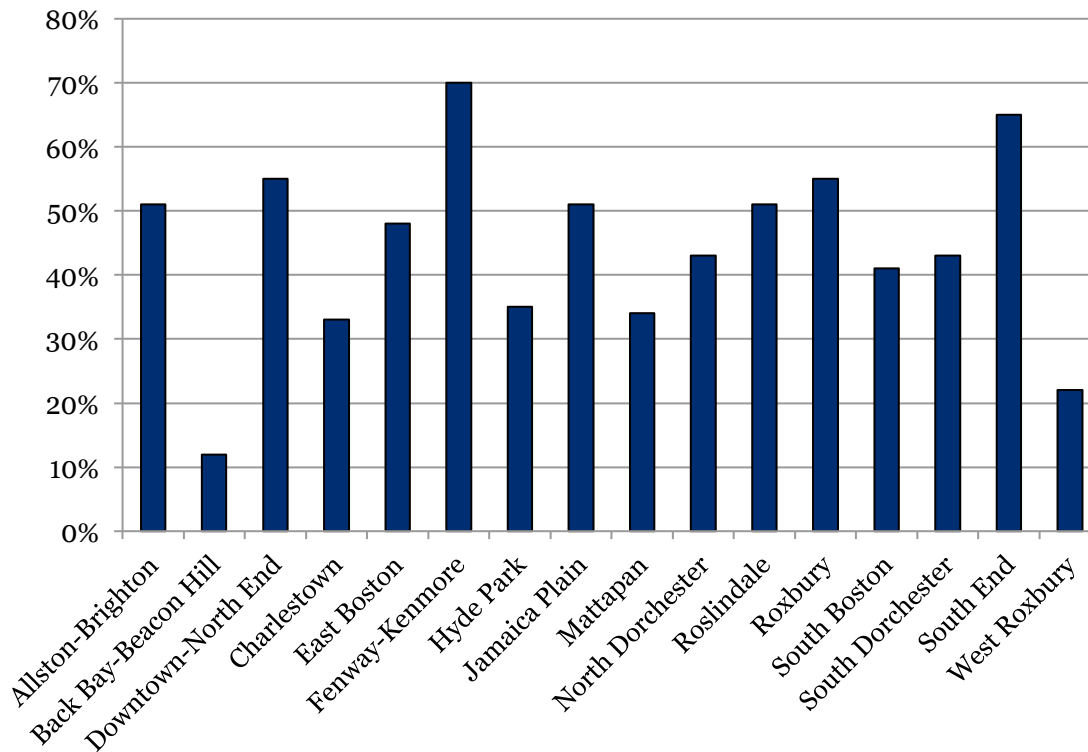


Source: American Community Survey 2006-2010 five-year file, Table B16004.

Low-income senior households in neighborhoods. Neighborhoods are also distinctive in the prevalence of low-income seniors. Figure 23 shows the share of senior households (that is, households headed by adults age 65+) with total household income under \$20,000. Low-income senior households are common throughout the city, but represent the majority of senior households in several neighborhoods, including Allston-Brighton, Downtown-North End, Fenway-Kenmore, Jamaica Plain, Roslindale,

Roxbury, and South End. Seniors in these areas are especially likely to need income support and subsidies for housing, food, utilities, and other necessary expenses.

Figure 23: Percent of senior households with incomes below \$20,000 annually, by neighborhood



Source: American Community Survey 2006-2010 five-year file, Table B13037.
 Note. Calculations are based on householders age 65 or older.

Conclusions and implication

Impending changes in the size and composition of the older population have substantial implications for the City of Boston. Within 15 years, as many as 20% of Boston residents will be age 60 and older. Women will continue to constitute a majority of the senior population, and they will be an especially large share of the oldest-old seniors—those age 80 and older. Coming decades will see sizable shifts in the racial and ethnic composition of the senior population. Within the next decade or two, it is anticipated that Boston seniors will share “majority-minority” status with the city’s younger residents. This new and expanding diversity means that services and supports designed

for older residents, including housing, home care, medical care, and activity programs to name a few, may need to be modified to accommodate a larger senior population, one that also speaks different languages, holds different beliefs, and has different preferences.

Information included here suggests that the senior population of Boston is diverse in terms of resources, health, and functioning. Many seniors are economically secure; yet one-third of those age 65 and older rely exclusively on Social Security benefits, and as many as 75% of Boston seniors living alone have incomes insufficient to meet their expenses. Many seniors are healthy, physically active, and engaged. Yet segments suffer from disabling chronic conditions, cognitive decline, or isolation. Planning for the future of aging in Boston requires attention to the goals and needs of well and active seniors who reside in Boston, as well as of those who struggle with financial insecurity, poor health, or inadequate social support. Data presented by neighborhood suggest a high level of geographic variability in the characteristics and resources of seniors in Boston, variability that has implications for the targeting of services and supports.

Boston seniors have much to offer their neighbors and their community. Many seniors are well educated, and a sizable number work for pay or in their own businesses well into later life. Countless contributions through volunteering, caregiving for family and friends, and helping those in their neighborhoods and throughout the city remain unmeasured and frequently unacknowledged. Moving ahead, an important goal for Boston is to identify ways to promote opportunities for willing seniors to strengthen their positive impact on the community, and to eliminate barriers that prevent many seniors from participating as much as they would like.

This report describes characteristics of the aging population in Boston and speculates about what may lie ahead, based on data obtained through the U.S. Census Bureau and other existing sources.¹¹ Yet many topics central to the well-being of elders cannot be addressed, due to the absence of readily available data. Convenient and affordable sources of transportation; opportunities to participate in valued activities within the community; feeling safe in one's home and neighborhood; having access to appropriate medical care—these are all key elements of well-being in later life. Information offered in this report can provide a glimpse of some of the issues that may shape these and other aspects of a high quality of life. Additional data will be required to more fully understand the extent to which the needs of older residents are being adequately met in the community, and to plan for the future aging of Boston.

¹¹ For additional data on the older and Baby Boomer populations in Boston, see www.umb.edu/demographyofaging

About the City of Boston Commission on Affairs of the Elderly

The mission of the City of Boston Commission on Affairs of the Elderly is to enhance the quality of life for Boston's older adults through developing, planning, coordinating, implementing, and monitoring the delivery of programs and services to older adults in an efficient and effective manner. These activities are provided in conjunction with federal, state, and city agencies, along with neighborhood service providers and senior groups. The Commission, as Boston's Area Agency on Aging and Council on Aging, promotes the active involvement of seniors in the life and health of their neighborhoods. For more information, visit the Commission website: www.cityofboston.gov/elderly.



City of Boston
Mayor Martin J. Walsh
Commission on Affairs of the Elderly

About the Gerontology Institute

The Gerontology Institute in the John W. McCormack Graduate School of Policy and Global Studies, University of Massachusetts Boston, addresses social and economic issues associated with population aging. The Institute conducts research, analyzes policy issues, and engages in public education. It also encourages the participation of older people in aging services and policy development. In its work with local, state, national, and international organizations, the Institute has five priorities: (a) productive aging, that is, opportunities for older people to play useful social roles; (b) health care for older adults; (c) long-term care for older adults; (d) economic security for older adults; and (e) social and demographic research on aging. The Institute pays particular attention to the special needs of low-income and minority seniors. For more information about the Gerontology Institute, please visit www.geront.umb.edu.

About the Center for Social and Demographic Research on Aging

The Center for Social and Demographic Research on Aging promotes the demographic and applied research capacity within UMass Boston's Gerontology Institute. The Center aims to serve the research and evaluation needs of municipalities, states, and organizations that serve older adults in the community, as well as provide interdepartmental support for UMass Boston faculty and staff with shared interests. The Center also provides training for students in the Gerontology PhD Program at UMass Boston. Areas of special interest include economic security in later life; well-being and quality of life; community supports for older adults; evaluating programs designed for older adults; and demography and diversity of the aging population. For more information, please visit www.umb.edu/demographyofaging.



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