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### Lexington for All Ages: A Community Needs Assessment

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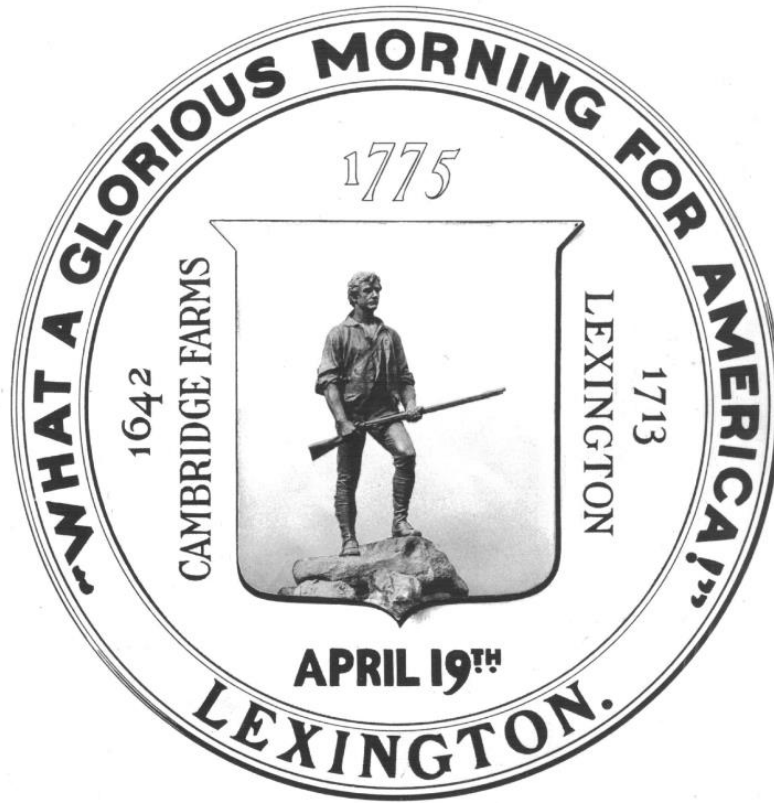
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## Authors

Sue Berger, Jan Mutchler, Nidya Velasco Roldán, Ceara Somerville, Rebecca Mailman, and Caitlin Coyle



# Lexington for All Ages: A Community Needs Assessment

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Commission by  
The Department of Human Services, Town of Lexington

*Center for Social and Demographic Research on Aging  
Gerontology Institute  
John W. McCormack Graduate School of Policy & Global Studies  
University of Massachusetts Boston*





***Town of Lexington***  
**Human Services Department**

**781-698-4840**  
**Fax 781-274-7209**

November 2019

Dear Community Member,

Last year the Town of Lexington began a partnership with the expert team at the Center for Social and Demographic Research on Aging, a research unit within the University of Massachusetts Boston Gerontology Institute (UMass), to conduct a needs assessment on living and aging in Lexington. The intent of the study was to assess the needs of aging residents in Lexington so that we could learn both what we are doing well and where we, as a Town, need to focus energy and resources in order to make Lexington more livable for all ages. I am pleased to share this report *Lexington for All Ages: A Community Needs Assessment*, which is the result of the community forums, focus groups, community survey, data analysis, and consultations that UMass provided as part of this collaboration.

There are a number of findings in the report that are not surprising, namely the needs identified around transportation and housing; and those will continue to be priorities for the Town moving forward. However, there were some themes that emerged that were unexpected. There is a higher than expected lack of awareness regarding programs and services available through the Town or other providers across all of the domains studied in the Needs Assessment. Additionally, we consistently heard about the need for more support around social isolation, caregiving, and mental health concerns, which emerged more strongly than we anticipated.

We have a lot of work to do as we review this report in depth with stakeholders, the Board of Selectmen, the Town Manager, and the other groups looking at similar domains of livability in Town. Out of this review, we will develop an action plan for moving forward and identify key collaborations that will strengthen our progress towards our goals. We hope that you will be motivated to engage in this work with us as we look to improve livability and longevity for all in Lexington.

Many thanks to our wonderful partners at UMass, specifically Jan Mutchler and Sue Berger, who provided steady, thoughtful, and consistent guidance from day 1. We are also so appreciative for the support of Town Meeting members, Board of Selectmen, and the Town Manager's office for making this Needs Assessment a priority in the last year.

I look forward to hearing your feedback as we move forward.

Regards,

Melissa Interest, LICSW  
Director of Human Services

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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 McCormack School. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies through the Commonwealth.

Sue Berger and Jan Mutchler are primarily responsible for the contents of this report. Other UMass Boston contributors include Nidya Velasco Roldan, Ceara Somerville, Rebecca Mailman, and Caitlin Coyle. Melissa Interest, Director of Human Services, Hemali Shah, Assistant Director of Senior Services, and Charlotte Rodgers, previous Director of Human Services, offered leadership and guidance at each step of the project as did resident members of the advisory board for this project, Elizabeth Borghesani, Julie Ann Shapiro, and John Zhao. Finally, we are deeply grateful to the stakeholders who work with and on behalf of Lexington older adults and Lexington residents who shared their thoughts as part of the data collection.

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## Executive Summary

### Introduction

The Lexington for All Ages initiative is meant to ensure that Lexington is and remains a place where older adults can comfortably and safely age in place. This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston, on behalf of the Lexington Department of Human Services, to investigate the needs, interests, preferences, and opinions of Lexington's residents age 50 and older. Structured around livability principles embedded in the World Health Organization's Age-Friendly Community framework, the Lexington for All Ages initiative considers physical infrastructure as well as social and service environments as it seeks to strengthen livability for Lexington's older residents. The contents of this report are designed to inform the Lexington Department of Human Services and intersect with and advise other ongoing efforts, including the development of the Lexington Comprehensive Plan and the 13-town collaborative effort of the Minuteman Advisory Group on Interlocal Coordination (MAGIC) to advance regional age-friendly planning.

Research in support of this report began with a stakeholder focus group in January 2019, where representatives from organizations that work with or support Lexington older adults shared their insights regarding the strengths and challenges of growing older in the Town. Subsequent data collection included two community forums conducted in March of 2019, during which residents offered input about the current livability in Lexington for older adults and their hopes for future improvements. A resident survey was mailed to a sample of 3,500 residents age 50 and older in April 2019. A total of 1,053 responses were received, representing a strong return rate of 30%. An additional focus group and two interviews were held in the Fall of 2019 to expand upon results from survey data. In addition, a demographic profile was developed based on data from the U.S. Census Bureau American Community Survey and several key Town documents were reviewed.

*Selected findings and priorities developed in this project include the following:*

Housing. Our homes serve not only as a source of shelter, but also as the platform for maintaining social networks and connecting us to neighborhood amenities. Key challenges that emerged from the assessment relating to housing focused on cost of living, limited availability of downsizing housing options, and difficulty maintaining and/or modifying one's current home. Study findings suggest that housing costs, including property tax levels, pose a significant concern for some residents. As well, study participants perceived a lack of adequate housing options of appropriate types and costs for downsizing. Survey results show that many residents who want



to remain in their current home struggle to safely age in place as they are unable to maintain and/or modify their home to support their changing needs. Improving Lexington's livability within the housing domain will require expanding affordable and market-rate options for downsizing and increasing the availability of low maintenance, one-floor homes. Smaller and denser housing in walkable districts may promote livability. As well, strengthening awareness of opportunities to reduce property taxes, and potentially expanding access to existing property tax relief programs, may allow some residents to stay in their homes as they grow older. Finally, implementing a program that assists with home maintenance and home modifications may allow older adults to remain in their current home, enabling those who want to age in place to do so safely.

Transportation. Being able to get where one wants and needs to go helps people maintain social ties, obtain needed goods and services, access local amenities and be engaged with the community. This study suggests that residents are concerned about transportation issues relating to usability of available services, such as challenges to reaching the fixed-route bus and the lack of weekend service. As well, survey respondents who have activity limitations reported elevated levels of dissatisfaction with most transportation features, suggesting that accessibility may be a concern in Lexington. Improving Lexington's livability within the transportation domain will require improving access to existing options, such as expanding Lexpress by increasing the number of stops and providing evening and weekend hours. Exploring innovative options to improve accessibility of transportation features, such as offering car stickers to eliminate the need to reach parking meters, will make getting around in Lexington easier for all residents, but especially for those with activity limitations. Working on these issues in conjunction with neighboring communities offers a valuable opportunity to improve transportation options in Lexington and surrounding towns.

Outdoor spaces and buildings. Creating safe and accessible shopping, entertainment, and community areas promotes inclusion of all residents. Ensuring that outdoor spaces and public buildings, as well as community meetings and services, are adequate and accessible to all is an important element of a livable community. Study participants value many of the community buildings and the Town center and their access to them. For all residents, but perhaps especially those who have activity limitations, continuing to improve the accessibility of public spaces and buildings is important. Survey respondents identified a need for more public restrooms—this can improve access and encourage use of Town amenities. Some dissatisfaction is evident regarding the Community Center, which houses Senior Services. Improving Lexington's livability within the outdoor spaces and buildings domain will require increasing knowledge of the location of public restrooms along with increasing availability of restrooms. Designating drop-in space within the Community Center for older residents may provide older residents with a space to “call their own”. As well, improving parking options at the Community Center by increasing the number of

accessible parking spots and the number of parking spots at door level will enable more older residents, especially those with activity limitations, to access this building and the resources housed within it.

Community and health services. Livable communities offer nearby access to services that support physical and behavioral health, as well as home- and community-based long-term care services. Large numbers of survey respondents, or their friends or family members, have been affected by drug abuse or suicide. Access to health services is important for all residents, but especially for those who are struggling with physical or mental health problems; fortunately, few residents report dissatisfaction with access to these services. As well, many respondents provide care to loved ones and find it challenging. On most of the services for which we asked respondents to rate their satisfaction, a large share of respondents reported that they “don’t know”, potentially indicating lack of awareness or feeling that the service is not relevant to their situation. Importantly, access to affordable, quality food appears to be a concern for a segment of the Lexington population. In order to improve Lexington’s livability within this domain, improving community knowledge about the services already available would be helpful. Increasing opportunities for congregate dining at affordable prices would likely benefit many Lexington older residents. Caregiver support appears to be a significant need in the community, and devising ways to improve access to respite and providing resources for Lexington caregivers would be beneficial. Given that the number of Lexington residents who have dementia is already sizable, and likely to increase in coming years, responding to the needs of this segment of the community is required. Expanding and developing dementia-friendly initiatives such as public education about dementia, access to adult day programs, and businesses that are trained to interact with people with dementia are options to consider.

Social Participation. Being engaged and participating in community events—through learning opportunities, fitness programs, and social activities—helps community members build and maintain social support, remain active, and avoid isolation. Ensuring that ample and accessible participation activities are available is an important task of building a livable community. Overall, opportunities to participate in activities relating to education, recreation and fitness are good in Lexington, and most respondents are satisfied with the options available. Yet, isolation may be a concern. One in ten survey respondents indicated that they do not know anyone living within 30 minutes on whom they could call for help and almost 30% indicated that they get together in person with family, friends, or neighbors only monthly or less frequently. These individuals, and potentially others, are at risk of isolation. The Town provides crisis intervention and tries to reach those who don’t leave their homes, but it appears that less is done to reach those who are able to leave their homes but may have a limited social support system. While participation in activities can offset risk of isolation, formal involvements like joining exercise classes may be

insufficient. A portion of respondents indicated that they are not satisfied with informal sharing and interaction in their neighborhoods, suggesting that informal relationships in local settings could be strengthened. Recognizing that some residents are at risk of isolation is an important first step toward devising solutions to improve Lexington's livability within the social participation domain. Developing neighborhood-based programs or mechanisms may support those who don't join formal activities or rarely leave their home. Offering programming or providing information in places older adults might go, including faith communities, flu clinics, or voting sites, might improve reach to those who don't participate in formal activities. Some benefit may also be realized by strengthening intergenerational programs in Lexington. Building relationships between older and younger adults in Lexington may serve to strengthen the overall sense of community and offset social network shrinkage that often occurs with age. Encouraging people to attend events at the Community Center can be challenging, especially for those who have never entered the building. Developing a buddy program or a "first-timer" event might facilitate some older residents to explore the many opportunities at the Center.

Civic engagement and employment. Civic participation, such as volunteering and involvement in local organizations, builds social capital and allows people to pursue interests and be involved in their communities; paid employment can yield these benefits as well as provide income. Lexington offers many opportunities for residents to volunteer and be involved in local civic life. Some evidence suggests a lack of awareness of these opportunities but overall, Lexington residents seem satisfied and are involved with the many civic activities available. In contrast, there is a share of Lexington residents, especially those who are financially insecure, who are struggling to find work. Improving Lexington's livability within the civic engagement and employment domain may include providing programming around retirement planning or finding post-retirement jobs. Continuing to provide opportunities for older residents to volunteer and stay civically engaged will help older adults stay engaged in the community and feel valued.

Communication and information. A livable community provides opportunities for residents to stay connected and informed. Promoting widespread awareness of local services, programs and resources maximizes the benefit of community assets. Lexington offers many useful programs and services yet many residents are unaware of them. Getting the word out is challenging, as different age cohorts are more or less comfortable with different formats of communication. The many languages spoken by Lexington residents pose an additional communication barrier. Forty percent of all survey respondents, and 50% of those who speak a language other than English at home, indicated they would not know whom to contact in Lexington if they needed help accessing services. Study findings suggest that communication is a key issue within Lexington, and virtually every point of contact with the community yielded comment on this domain. Strengthening communication and ensuring that residents have access to needed information is

a priority for the Town. Improving communication and access to information may be pursued by collaborating with the new public information officer to develop a communication plan that meets the needs of Lexington older residents who don't access the Internet or who don't speak English. Collaborating with Town groups (e.g., Chinese American Association of Lexington) to understand the best ways to disseminate information to different groups of people is needed. Disseminating information in multiple formats and in multiple locations, beyond the Community Center, may be helpful.

Inclusion and Respect. Feeling respected and included promotes participation in the community and facilitates effective use of services and amenities. Many study participants commented positively on the inclusive nature of Lexington, appreciating the diversity of the community. However, 20% of survey respondents reported that they have felt excluded on one or more dimensions, most commonly income, age, or skin color, race, or ethnicity. There were numerous comments during the community forums and in survey responses regarding feeling disempowered due to age. Some older adults don't feel heard or represented, and this message was repeated in many ways by many people. Tackling issues of inclusion and respect will require a multi-pronged effort. People feel included when they have good access to information, are involved in the community, feel welcomed at activities and events, and feel like valued members of the community. Accordingly, ensuring widespread access to information using accessible media is one means of promoting inclusion. Residents need to know whom to contact when they need help or information, and they need to have confidence that municipal offices and organizations want to assist. Holding periodic listening sessions to hear from older residents and including diverse groups of residents on committees and in decision making are additional strategies to provide an inclusive and respectful environment. Considering accessibility issues when planning community events may also be helpful, while taking into account the cost of participation.

## Conclusions

Study findings point to many strengths of Lexington that contribute to its livability, including the historic nature of the community, the walkable downtown, the diversity of the community, the many cultural events, and the numerous local amenities. Yet some aspects of Lexington are regarded less positively. The cost of living and limited number of downsizing options are a concern for many study participants. Many alternatives to driving exist in Lexington, however transportation remains a challenge for some residents. Equally important, there appears to be a segment of the population that is isolated or at risk of isolation. Although there are strategies in place to respond to emergency needs of those who are isolated or might be at risk of isolation,

there appear to be few proactive strategies in place to meet the needs of residents who are able to leave their home but have few social connections.

Communication crosses all domains addressed within this study. As such, one priority may be to improve communication about available resources. Many programs are available in Town but residents are either unaware of them or unable to access them. Another priority for the Lexington for All Ages initiative may be to identify strategies to empower older adults living in Lexington. Although Lexington offers many opportunities for recreation and participation at the Community Center and elsewhere in the community, many residents participating in this study feel gaps in what is available to them. Additionally, for many older adults, limited availability of public restrooms in the Town emerged as a concern and can impede some residents from getting out and about.

It is worth highlighting a few additional resources that appear to be needed in support of a Lexington for all Ages community. Many Lexington residents provide care for a loved one and survey results show that this is challenging for many. It appears that many who provide care don't know or don't take advantage of the currently available services (e.g., social services, homemaking services). As well, a large share of Lexington residents have been, or have had friends or family members who have been, affected by substance abuse and/or suicide. Exploring strategies to reach these vulnerable populations is important to share information about the services available and to learn from those who provide care and those who are dealing with mental health challenges about additional services they might need.

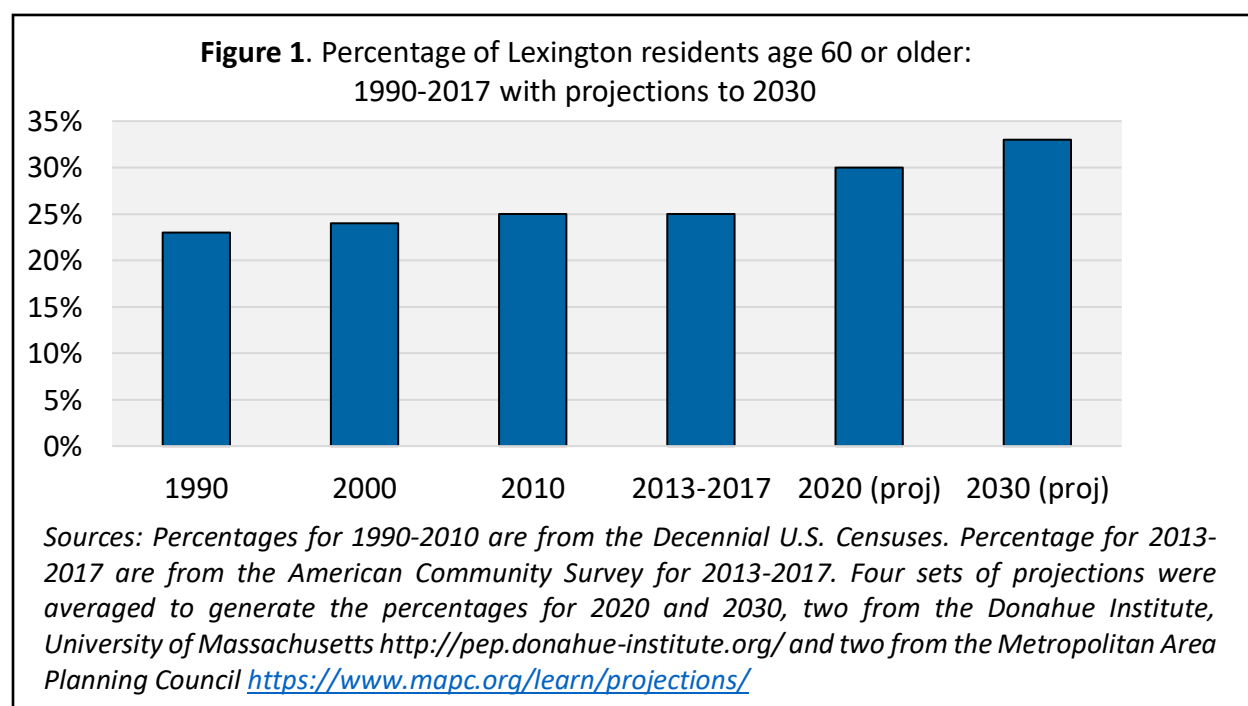
Many projects to improve livability in Lexington are already underway and therefore, we suggest building on the momentum of projects already in place. The Department of Human Services has an important role to play in listening to and advocating for the needs of Lexington's older residents.

## Lexington for All Ages Initiative

### Introduction

Steady population growth in the Town of Lexington has occurred in recent decades. Data from the U.S. Census Bureau suggests that between the decennial censuses of 1990 and 2010, the all-age population grew at a fairly slow pace, with 8% growth across the two decades. During this time frame, growth of the older population occurred at a faster pace, and the number of residents age 60 or older in 2010 was 20% greater than in 1990. As a result of these patterns, the percentage of Lexington residents age 60 or older increased from 23% in 1990 to 25% in 2010.

Available evidence suggests that the number of older residents has continued to increase and is likely to expand in coming decades. The Census Bureau conducts a large national survey (the American Community Survey; ACS) that provides estimates of community characteristics between Census years; the ACS results for 2013-2017 suggest that the number of residents age 60+ has continued to grow while the percentage age 60+ has remained steady at 25%. Although the 2020 decennial census will not be available for Lexington until sometime in 2021, projections generated shortly after the 2010 Census suggest continued growth. Four sets of projections are available for Lexington, two sets generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest steady increments in the share of the older population between 2010 and 2030 (see **Figure 1** for averages across the four sets). Among the four, the lowest projected number of residents age 60+ in 2030 would be about 10,000, representing about 30% of the population.



In response to past and anticipated future growth in the older population, the Town of Lexington, led by the Department of Human Services, has committed to learning more about the needs and interests of its senior population. This report on the Lexington for All Ages initiative describes the needs assessment process and results, and is meant to serve multiple purposes. One purpose is to educate community members and Town leaders about unmet needs in the 50+ community, and invite conversation about how to address them. A second purpose is to provide information that will contribute to future planning by the community for making Lexington more livable. Finally, while this report focuses on the 50+ community, the information provided is intended to intersect with other key Town initiatives. For example, Lexington is one of 13 communities participating in the Minuteman Advisory Group on Interlocal Coordination (MAGIC), a collaborative effort to advance regional age-friendly planning. The Town also partnered with Bedford and Burlington, participating in the Tri-Town Transit Study that explored transportation needs of Lexington residents. As well, in 2017, Lexington's Planning Board appointed an Advisory Committee to update the Town's Comprehensive Plan and this process is still ongoing. The needs and interests identified through the Lexington for All Ages needs assessment are intended to intersect with these other projects, and together guide planning for programs, policies and other Town-wide efforts meant to ensure that Lexington is a comfortable, accessible and inclusive place for residents to age in place.

### [The Age-Friendly Community Framework](#)

Communities throughout the nation are pursuing new strategies to promote health and quality of life among their residents. 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, based on the World Health Organization's (WHO) "Age-friendly communities" framework, as well as related models such as "livable communities" or "lifelong communities."

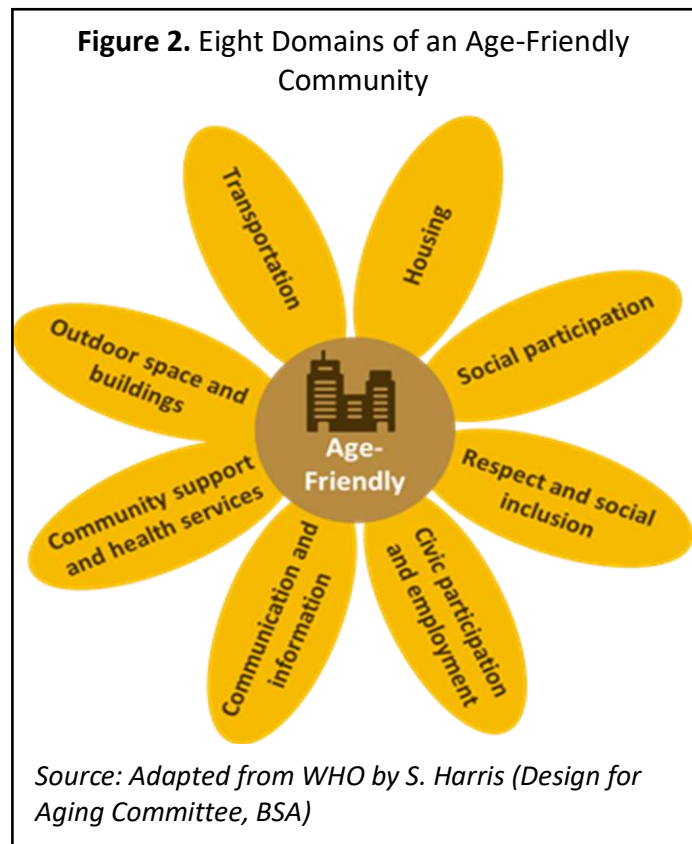
An "Age-friendly" community, as described by WHO, is one in which people participate in activities, are connected to their neighbors, remain healthy and active, and feel they belong—no matter their age. Through planning, taking action, and evaluating progress, communities all over the world are taking steps to improve their social and physical environments as a strategy for promoting health and well-being throughout the life course.

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 **Figure 2**). Within each domain, elements are identified that are relevant to affordability, appropriateness, and accessibility.

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 first step involved in strengthening community livability is to define and assess environmental features relative to the characteristics and resources of residents actually living in the community.

### The methodological approach

Research in support of this report started with one stakeholder focus group conducted in January of 2019 and two community forums conducted in March of 2019, during which individuals who work with Lexington older adults and residents offered initial information about strengths and challenges to growing older in Lexington, along with ideas for future improvements. Subsequent data collection included a community survey for a sample of residents age 50 and older, developed and completed during Spring of 2019. A review of selected Town documents, focusing especially on data collected for the Lexington Comprehensive Plan, was also completed. A demographic profile was developed based on data from the U.S. Census Bureau American Community Survey (see **Appendix A**). In addition, one focus group and two interviews were held in September 2019 to learn about strategies used in Lexington to address isolation among older residents. Expanded discussion of the methods used in this study is included in **Appendix B**. Detailed findings from the resident survey are provided in **Appendix C**.





## Results

In discussing results, findings are presented by domain starting with the features associated with the built environment (housing, transportation, and spaces and buildings), followed by domains involving the availability of appropriate services and supports, social participation, involvement in work and civic life, information access, and inclusiveness of the community. We note that, to a considerable extent, items discussed under domains overlap with one another. For example, inadequate knowledge within a community about local amenities – say, opportunities for recreation – represents a challenge under the participation domain, but also reflects shortfalls in the communication and information domain. Where findings intersect across domains, we present discussion at selected points in the report meant to enhance readability and understanding.

Our general approach in presenting findings based on the survey is to describe the patterns of response for respondents as a whole, and then break out findings based on relevant subgroups, most often by age group. Within each domain, findings are presented drawing on all sources of information gathered for this study. In many cases, related observations emerged from multiple sources in our data collection – from community forums, focus groups, and survey responses, for example – and that information is organized in an integrated way. We make every effort to be clear about the source of the information but we do not explicitly segment off information by source, as our goal is to emphasize common findings that emerge across sources. To avoid confusion, we refer to data from US Census Bureau American Community Survey as coming from the *ACS* and data from the community survey developed for this study as from the *community survey* or *survey*. Text placed within callouts are respondent comments drawn from write-ins on the community survey or notes received after the community forum.

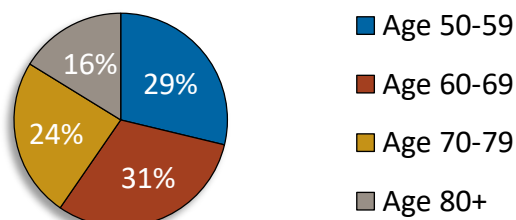
Finally, we note that some important themes emerged from the study that do not strictly align with any specific domain. For example, the theme of financial security emerged throughout our research, intersecting with virtually all of the named domains. These cross-cutting themes are addressed initially in boxes and developed further in the domains with which they connect.

## Characteristics of those who responded to the Lexington for All Ages Community Survey

### Age distribution (see **Figure 3**):

Almost 30% of survey respondents were age 50-59 while more than half were age 60-79. Sixteen percent of survey respondents were age 80 and older.

**Figure 3.** "What is your age range?"

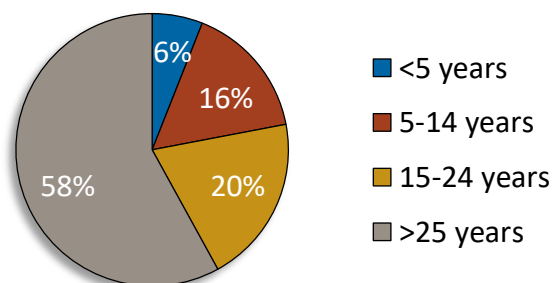


Gender: Fifty-five percent of the survey respondents were women, 44% men, and 1% chose not to respond to the question regarding gender.

Race/Ethnicity: Over 80% of survey respondents identified as White/Caucasian, 13% identified as Asian and fewer identified as Black/African American (1%), Hispanic/Latino (2%), or Other (3%).

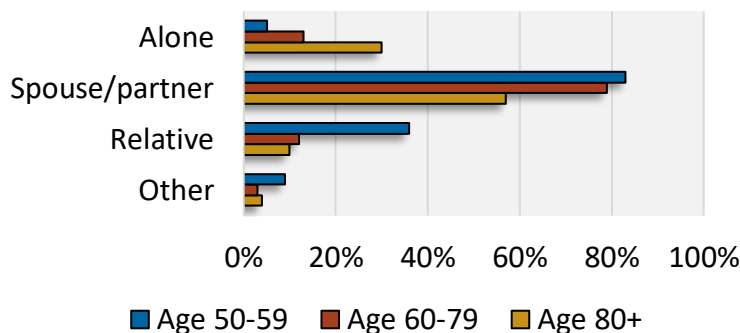
Length of time living in Lexington: Survey respondents included residents who have lived in Lexington for many years, as well as relative newcomers. The majority of respondents have been living in Lexington for more than 25 years (see **Figure 4**). These individuals offer insight based on their years of experience living in Lexington. It is also helpful, however, to hear from those who are new to the Town. Overall, 6% of survey respondents have been living in Lexington for fewer than five years.

**Figure 4.** "How long have you lived in Lexington?"



Living arrangements: The majority of survey respondents live with a spouse or partner while 30% of those age 80 and older live alone (see **Figure 5**). Living alone has the potential to lead to social isolation and has implications for services that may be needed by the older segment of the Lexington population.

**Figure 5.** "Who do you live with?"



## Housing

Our homes serve not only as a source of shelter, but also as the platform for maintaining social networks and connecting us to neighborhood amenities. Access to affordable and appropriate housing is linked to well-being across the life-course; accordingly, housing is an important issue for livable communities.

Efforts to identify and address challenges associated with housing have been underway in Lexington for some time. The Housing Production Plan, drafted in March 2014, is due for an update soon; as well, housing is a key focus of the current Lexington Comprehensive Plan. The Lexington Comprehensive Plan committee held a community meeting and two community panel discussions in Spring of 2019 to present and gather information from residents related to housing. Topics of the presentation included housing basics, housing data, tear downs, and a housing choice initiative, which addressed affordable housing.

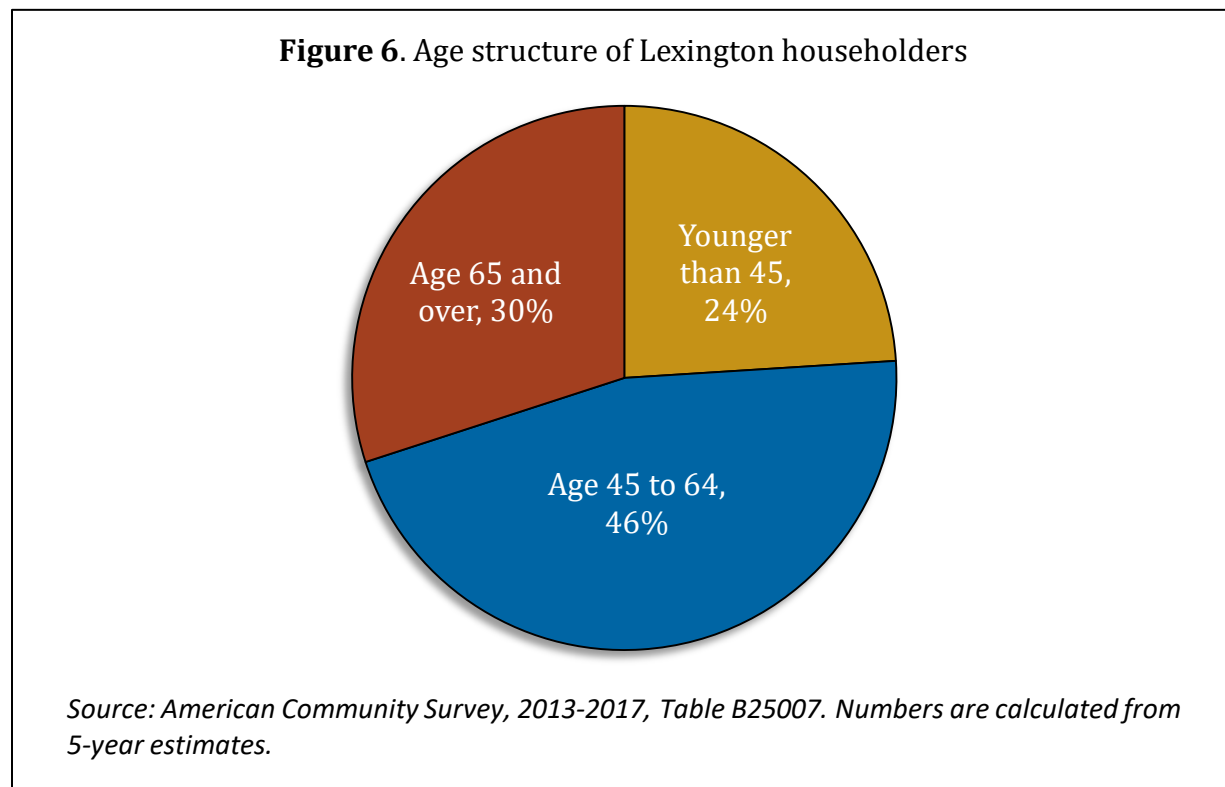
Lexington faces many challenges to housing development. Many Lexington residents are resistant to development that would increase the density or change the character of the Town. Tear downs are currently the primary form of housing development in Lexington, as presented at the Comprehensive Plan community meeting on housing, and concern about the number of tear downs in Lexington emerged during one of the community forums held in support of this report. The Comprehensive Plan Community presentation shared many solutions to limiting tear downs, for example imposing stricter zoning or incentive programs for rehabilitation of older properties (<https://www.lexingtonma.gov/planning/pages/events>).

Information gathered for this study focuses on several intersecting aspects of housing as it relates to livability in Lexington. First we reference demographic and financial data related to housing in Lexington that may have implications for older residents. Housing affordability is discussed as a key barrier to a livable community, along with shortfalls in the variety of housing options that might impede residents' moving to a home that is better aligned with their evolving lifestyle while still remaining in Lexington. The challenges of maintaining a home as one gets older and modifying a home to accommodate changes that occur with aging are also identified.

### Lexington homeowners

A majority of Lexington's households are headed by a person who is 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 age 45

and older head 76% of all households in Lexington<sup>1</sup> including 30% who are age 65 and over (**Figure 6**).

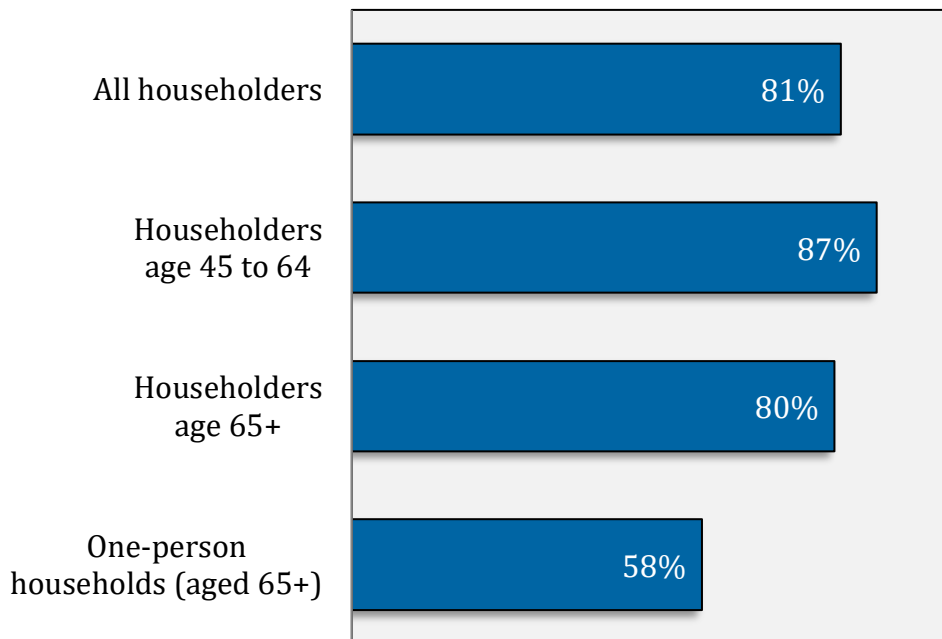


Most Lexington householders own or are purchasing their homes (81%; **Figure 7**). Nearly nine out of ten householders age 45 to 64 own their homes, and 80% of householders 65 and older own their homes. Data from the ACS show that a sizeable share of Lexington residents who are 65 and older and live alone, also own their home (58%). The high prevalence of older homeowners may shape the amenities and services needed and valued by members of the community. Home maintenance and supports may be needed by older homeowners in order to maintain comfort and safety in their homes—especially those who live alone.

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<sup>1</sup> Many available Census data on the older population of Lexington are based on ages 45 and 65 as reference points rather than ages 50 and 60, as are used elsewhere in this report.

**Figure 7.** Percentage of Lexington householders who are homeowners by age category



*Source: American Community Survey, 2013-2017, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.*

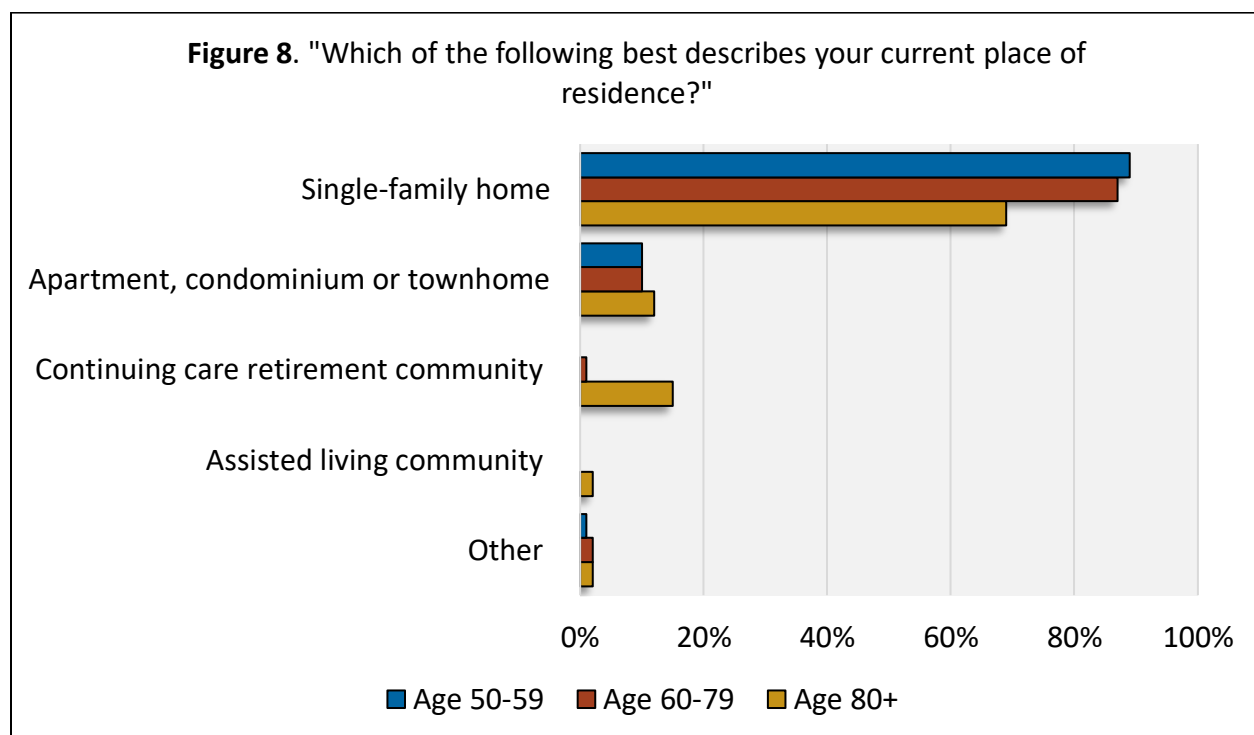
### Housing options

Residents at the community forums spoke about the need for more variety in housing options. Most housing units in Lexington are single family homes and many of these homes are large, yet this is not always the best or desired option for older adults. In community forums, some participants expressed the need for smaller housing options (e.g., smaller single family homes) or condominiums at affordable rates while others suggested new models such as co-housing. One resident spoke about the connection between transportation and housing, sharing that housing without transportation does not support a livable community.

*Lexington needs to plan for the aging population, with more options for 55+ and more options that are reasonably priced.*

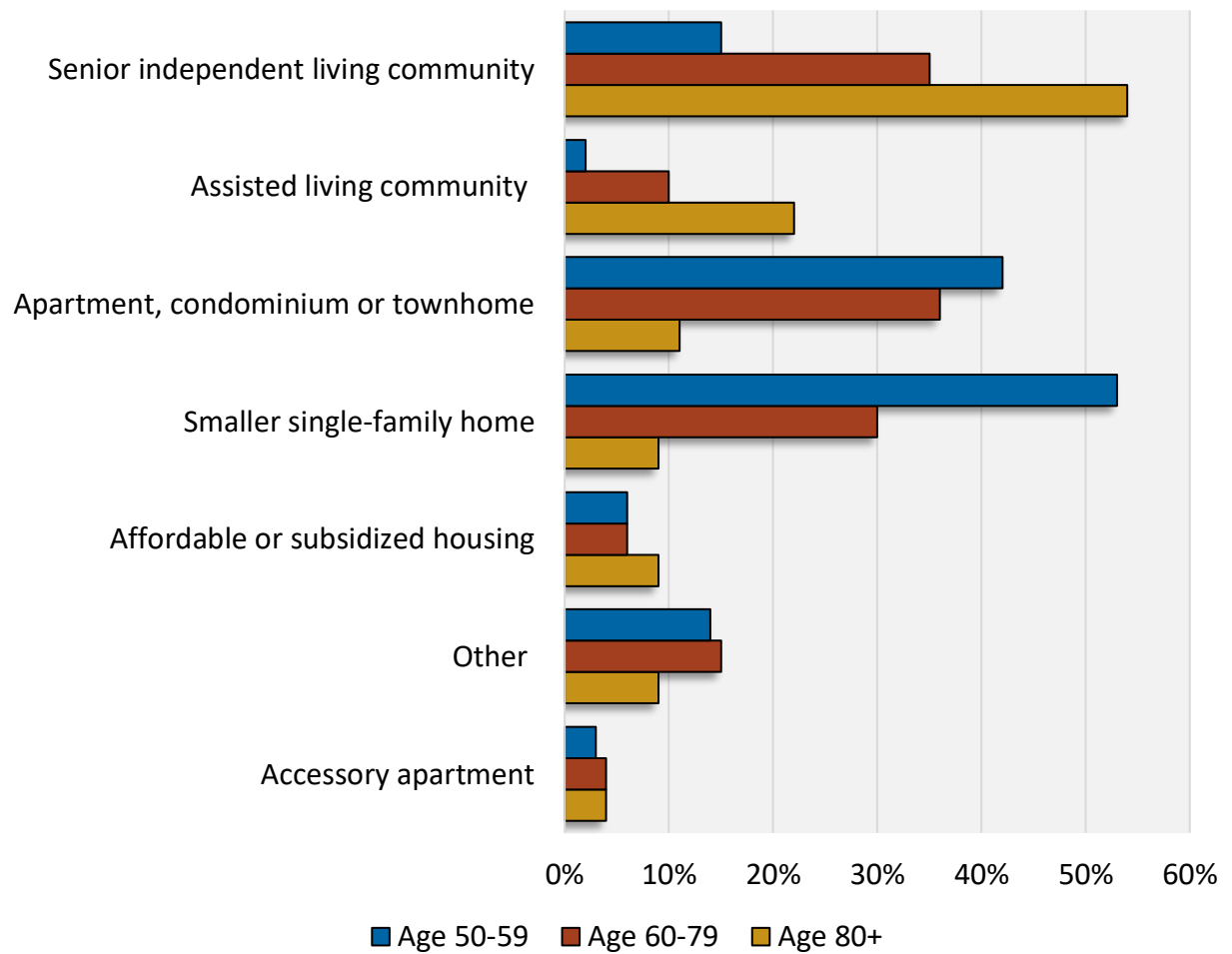
The large majority of respondents to the survey developed for this study live in a single-family home (85%), although this is less common among the oldest survey respondents. Almost nine out of ten respondents age 50-59 and 60-79 live in a single-family home while 69% of those age

80 and older live in this type of home (see **Figure 8**). Not surprisingly, residents age 80 and older are more likely to live in a continuing care retirement community (15%) or an assisted living community (2%) than other age groups. Separate from single-family homes and senior housing, approximately 10% of all survey respondents live in an apartment, condominium or townhome. This aligns with data from the U.S. Census Bureau which suggests that a large majority of housing units in Lexington are single-family dwellings, with just 17% containing two or more housing units (see American Community Survey, 2013-2017, Table S2504).

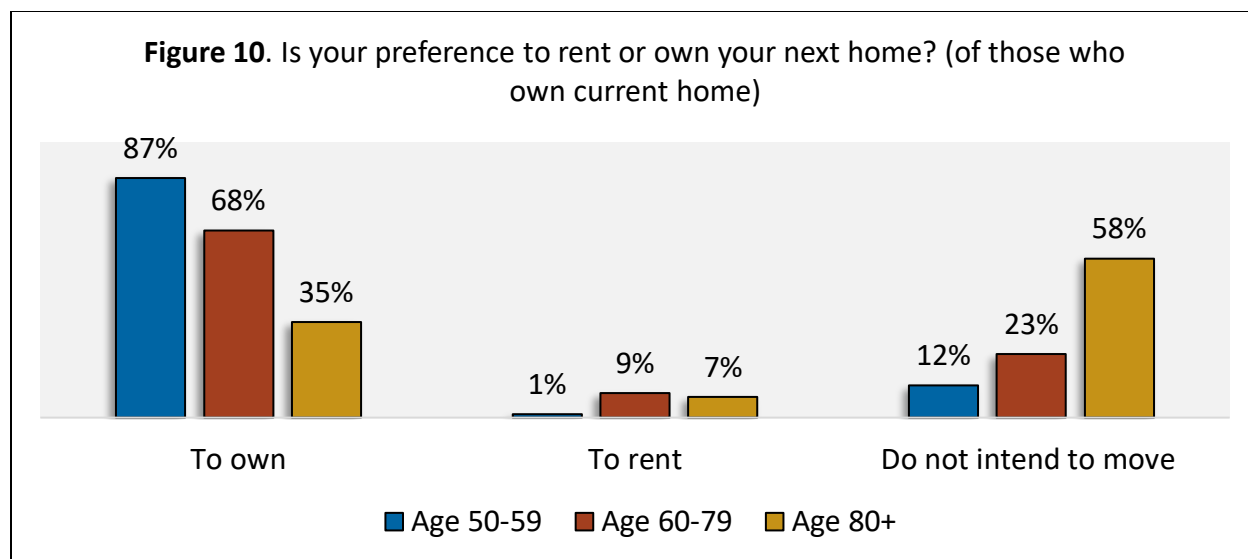


Survey participants were asked what type of housing they would prefer if they needed to move from their current residence. Responses varied greatly by age group. More than half the respondents age 50-59 chose a single-family home compared to other options, whereas those age 80 and older preferred a senior independent living community (see **Figure 9**). Smaller single family homes, apartments, condominiums or townhomes, and senior independent living communities were marked by 30 to 40 percent of those age 60-79. Many respondents also checked "other," and of those, about a third commented that they would leave Lexington if they had to move. Although many indicating they would leave Lexington did not provide a reason, those who did most often stated they would leave due to cost of living.

**Figure 9.** "In the next 5 years, if you need to move from your current home, what kind of housing would you prefer in Lexington?"



Survey participants were also asked about their preference to rent or own their next home. Although a sizable share, including a majority of those age 80 and older, indicated that they did not intend to move, ten percent stated they prefer to rent their next home (see **Appendix C**). Almost nine out of ten survey respondents currently own their own home and even when considering just those residents, almost 10% of those 60-79 and 7% of those 80 and older reported that they would prefer to rent in the future (see **Figure 10**). These preferences for future housing suggest strong attachment to homeownership among Lexington residents, but indicate that a small segment of homeowners may be seeking rental housing as they seek to age in place.



### Housing and financial security

Information gathered for this study shows that many housing challenges in Lexington relate to the cost of housing in general, and property taxes in particular. The topic of affordability, including property taxes, emerged over and over again during the community forums, in conversations after the forums, in emails sent by those who were unable to attend the forums, and as comments within the survey.

Members of the stakeholder group emphasized the need for affordable housing, stating that cost of housing is a huge barrier to aging in place yet staying in community is important as one ages to remain connected with one's social and spiritual communities. During and after the community forums, several people spoke about this need for housing that is affordable, emphasizing a need for diversity in housing options to meet the diversity in economic status of residents. One individual

*I am troubled by the rate at which normal single-family houses are being replaced by over-sized "McMansions."*

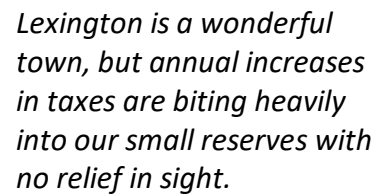
stated that there needs to be housing for Lexington's "middle", not just "low" income residents. The high cost of housing is supported by data from the ACS. Almost 30% of all homeowners age 65 and older spend more than 35% of their income on household owner costs (ACS, 2013-2017, Table B25093).

*We want to move to a smaller house in Lexington but we cannot find a suitable house for a couple.*



At the end of the survey, respondents were given the opportunity to add other thoughts or comments and there were many related to frustration with tear downs and the small single family homes being replaced by very large homes. This too is supported by data from the ACS which suggests that 44% of single-family dwellings include four or more bedrooms (ACS, 2013-2017, Table S2504). Many stakeholders emphasized the need for public discourse around the topic of affordable housing, increasing residents' understanding of the concept and the need.

The majority of residents expressed frustration with Lexington taxes. There were no questions on the survey regarding taxes, but taxes were the topic most often commented upon in response to the open ended question, "What are your greatest concerns about your ability to continue living in Lexington?" Of the almost 1000 survey respondents who took the time to write in a response to this open ended question, over 600 noted something related to cost of living. Two thirds of those comments specifically mentioned the high cost of taxes and that this might be the reason they need to leave Lexington in the near future. Lexington offers many property tax relief programs available to residents who qualify<sup>2</sup>, for example a tax work-off program or a tax credit program. There were many comments expressing frustration with these programs, however, feeling they barely make a dent in the cost of one's taxes and many people who might benefit don't qualify.



*Lexington is a wonderful town, but annual increases in taxes are biting heavily into our small reserves with no relief in sight.*

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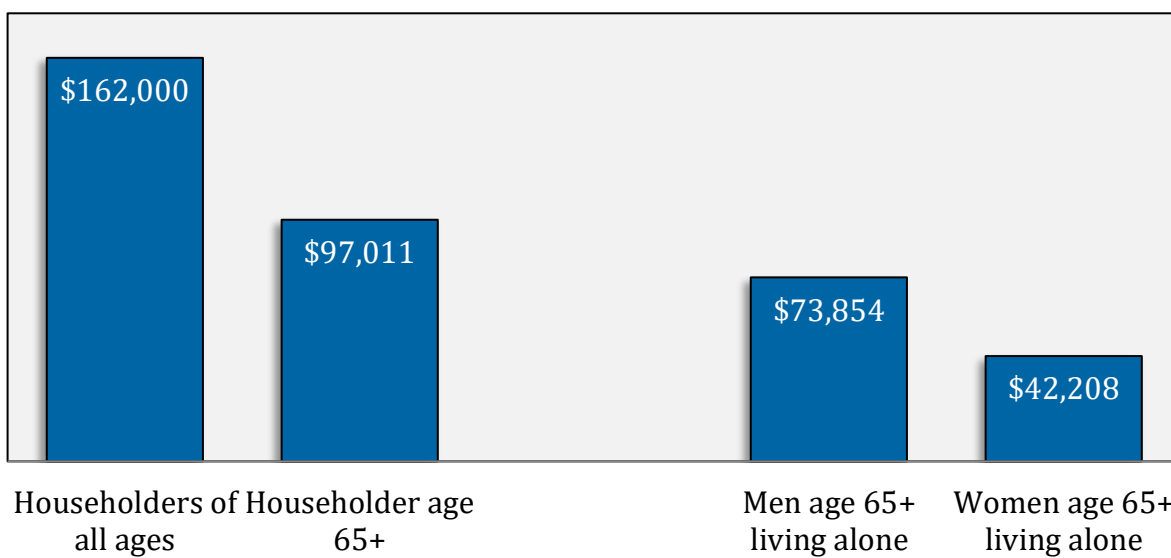
<sup>2</sup> Retrieved from

[https://www.lexingtonma.gov/sites/lexingtonma/files/uploads/fy2019\\_property\\_tax\\_relief\\_brochure\\_web.pdf](https://www.lexingtonma.gov/sites/lexingtonma/files/uploads/fy2019_property_tax_relief_brochure_web.pdf)

## Financial Security in Lexington

The typical Lexington resident reports relatively high income, but segments of the community struggle financially. Estimates from the ACS place median household income in Lexington at about \$162,000 in 2017 dollars, well above comparisons for Massachusetts as a whole (\$74,167). Among householders 65 and older, the median income is \$97,011 which is also higher than the statewide median for this age group (\$45,193). Older residents living alone report substantially lower household income, and older men living alone have higher median income (\$73,854) than older women who live alone (\$42,208). Given that about 18% of residents age 65 and older live alone in Lexington, these figures suggest that a sizeable number of residents may be at risk of economic insecurity, particularly women (see **Figure 11**).

**Figure 11.** Median household income in Lexington by age and living situation of householder (in 2017 inflation-adjusted dollars)



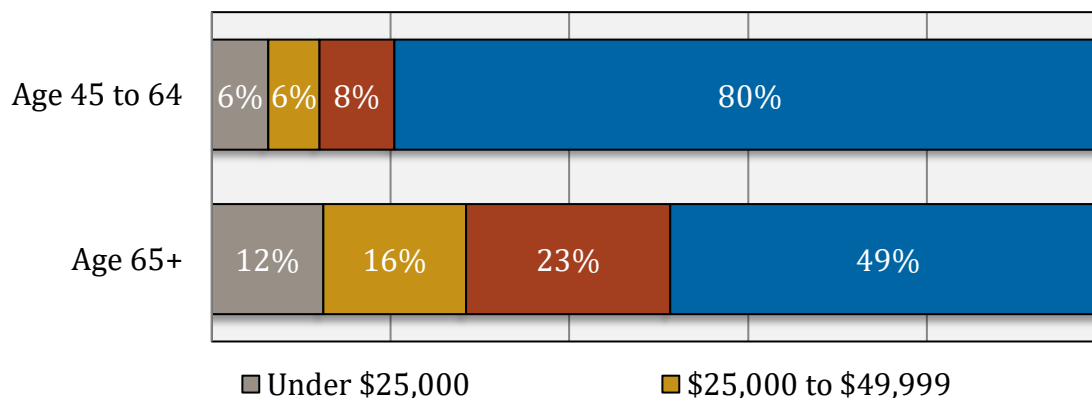
*Source: American Community Survey, 2013-2017, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates.*

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

The economic profile of older Lexington residents relative to younger residents is further illustrated in **Figure 12**, which shows that many among the older adult population live on a modest income. A share of households headed by someone age 65 and older (28%) report annual incomes under \$50,000 with 12% reporting income of under \$25,000. This compares with just 12% of households headed by individuals age 45 to 64 having incomes under \$50,000 (and 6% having income under \$25,000). Thus, there is a sizeable segment of Lexington's older population that is at risk of financial insecurity or economic disadvantage.

## Financial Security in Lexington (cont.)

**Figure 12.** Household income distribution in Lexington by age of householder (in 2017 inflation-adjusted dollars)

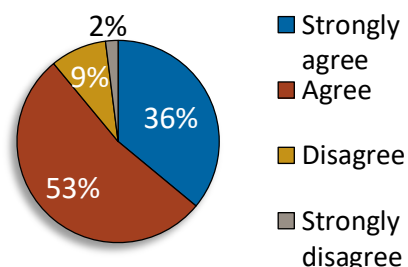


Source: American Community Survey, 2013-2017, Table B19037. Numbers are calculated from 5-year survey estimates.

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

In the survey conducted for this project we sought to identify respondents who were financially insecure using the following question: "Please indicate your level of agreement or disagreement with the following statement: 'I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses'." As shown in **Figure 13**, 11% disagreed or strongly disagreed with this statement, while almost

**Figure 13.** "I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses."



nine out of ten either agreed or strongly agreed. These responses suggest that although most Lexington residents feel financially secure, segments of the community struggle financially. These percentages are similar across all age groups surveyed (see **Appendix C**).

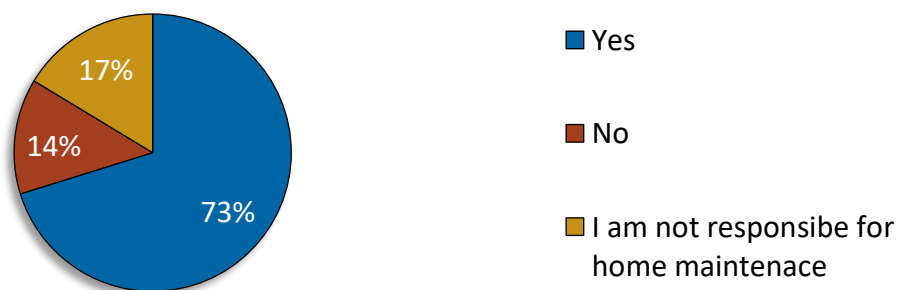
Although financial security emerged most often during the discussions and questions related to housing, including taxes and housing costs, finances influence one's ability to age in community across many other domains, such as transportation and social participation. Throughout this report, selected findings are reported specifically for survey respondents who are not financially secure, identified as people who disagree or strongly disagree with the statement that they have adequate financial resources.

## Home Maintenance and Home Modifications

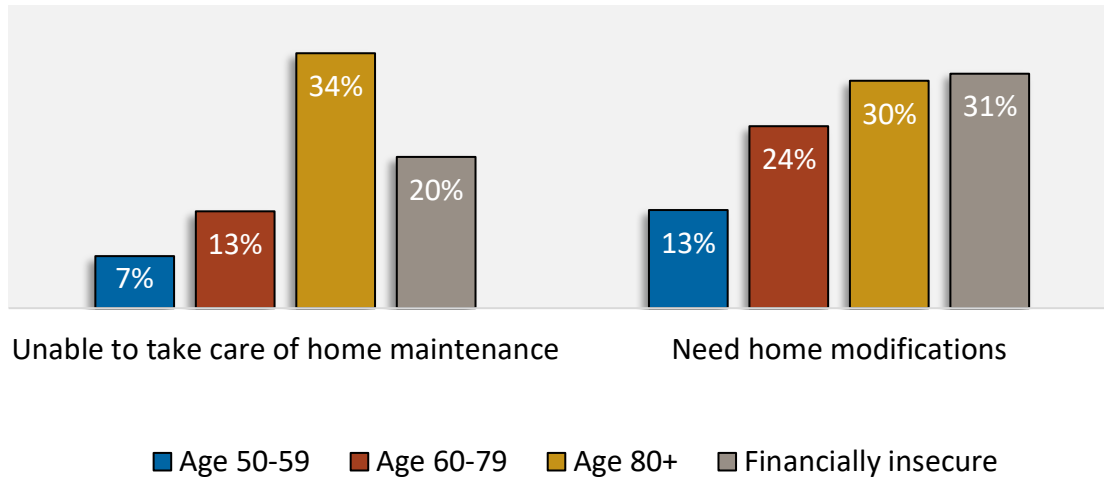
Participants in both the stakeholder focus group and community forums spoke about the challenge of maintaining a home. For example, one stakeholder shared that many older residents struggle to shovel in the winter due to cost of snow removal and declining physical ability. One resident shared that logistics of finding help with home maintenance can be challenging. Many in the group acknowledged this, with one person stating that it is extremely difficult to find a good handyman. Data from the survey administered for this study supports this information. In response to the question, “Are you able to take care of home maintenance activities for your current residence (e.g., snow removal, yard work)?” 14% stated they are not able to do this (see **Figure 14**). One third of individuals age 80 and older who are responsible for home maintenance activities are unable to care for their home (see **Figure 15**). Survey respondents were also asked, “Does your current residence need home modifications (e.g., grab bars in shower or railing on stairs) to improve your ability to live in it safely for the next five years?” and on average, more than one out of five individuals responded yes to this question, with the percentage needing home modifications higher among older respondents and for those who are financially insecure (see **Figure 15**).

*My house is my greatest concern, as there is a staircase to bedroom, and down to basement for laundry. Snow plowing is also difficult.*

**Figure 14.** "Are you able to take care of home maintenance activities for your current residence (e.g., snow removal, yard work)?"



**Figure 15.** Home maintenance (of those responsible for these activities) and home modifications

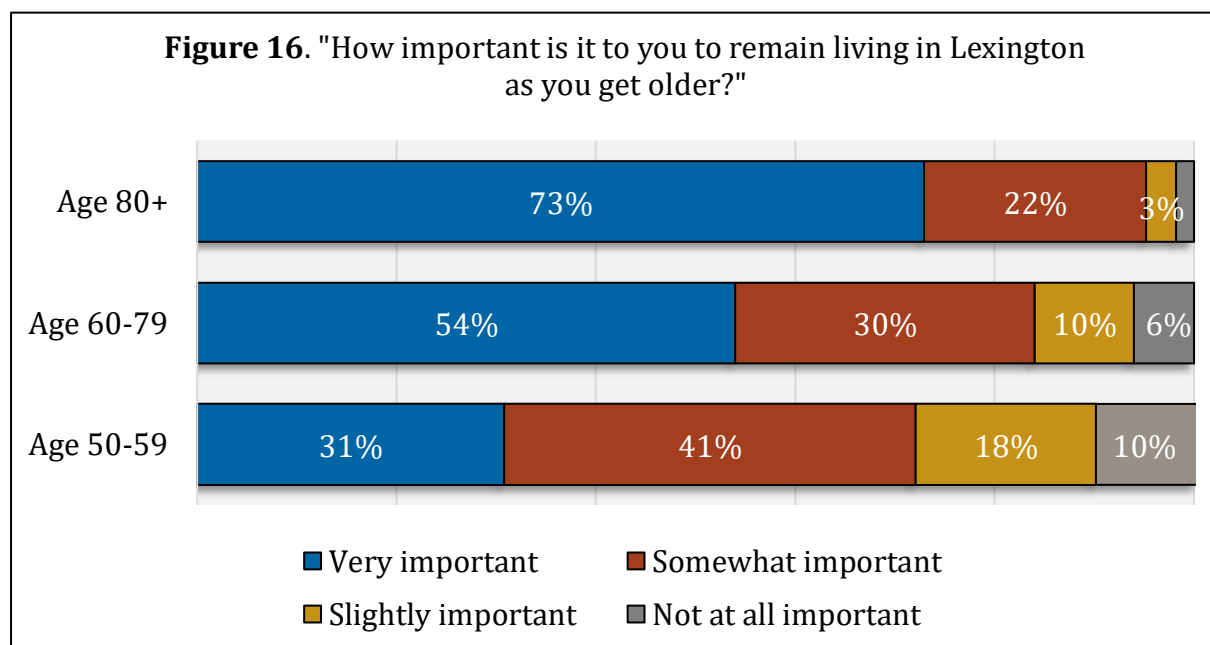


Survey respondents were asked, “What do you see as challenges to staying in your current home as you get older?” The three top challenges reported were home maintenance, cost of living/taxes, and home accessibility. More than one third of respondents stated that being able to maintain their home was their biggest challenge, while just under one third of respondents noted taxes and cost of living as their biggest challenges. Almost one out of four people who responded reported concerns about accessibility, most commonly stairs.

*If physical disabilities prevented us from continuing to live in our cape style home, we would be unable to afford staying in Lexington.*

## Aging in Place in Lexington

During the community forums, Lexington residents shared many benefits of living in Lexington, offering many reasons why they want to remain living in the Town as they age. This is reinforced by the survey data, especially among those age 80 and older, among whom more than 70% responded that it is very important to them to remain living in Lexington as they get older (see **Figure 16**). Yet not all respondents are committed to remaining in Lexington as they age. Almost seventy percent of those age 50-59 and close to half of respondents age 60-79 stated that it is only somewhat, slightly, or not at all important to them to remain living in Lexington as they get older.



In both the community forums and stakeholder focus group, participants expressed support for naturally occurring private associations dedicated to aging in place, such as Lexington at Home. These types of private associations offer a social network and resources for support and assistance for things such as rides or home maintenance, which could benefit more people if expanded to include more residents.

### Summary and next steps for housing

Key challenges that emerged from the assessment relating to housing focused on cost of living, home maintenance, and the availability of housing options that would support moving within Lexington. Study findings suggest that housing costs, including property tax levels, are areas of significant concern for residents and pose a challenge for some residents. Some older residents struggle to maintain and/or modify their homes to accommodate their changing needs. As well,

residents perceive a lack of adequate housing options of appropriate types and costs for downsizing. Some view leaving Lexington as their only option. The Lexington Comprehensive Plan is focusing on housing as one of the key domains to consider as they move forward. Suggestions for improving housing in Lexington, including suggestions mentioned by study participants, are as follows:

- Explore ways to increase opportunity for public discourse around affordable housing, including discussion regarding affordable options for people wishing to downsize.
- Consider “smart development” where housing, transportation, and stores are all located near each other.
- Consider opportunities to reduce property taxes for those needing assistance. For example:
  - Freeze property taxes for those age 65 and older.
  - Expand access to existing property tax relief programs by raising the income limit for the tax work-off program.
  - Ensure that those who are already eligible for existing programs are aware of how to apply. Offer opportunities for individual meetings to discuss eligibility and complete paperwork, as needed.
- Contribute to local conversations about housing, collaborating with the Comprehensive Plan committee. Support construction of housing meant for older adults, including affordable options offering low maintenance and single-floor living.
- Consider implementing a program such as CAPABLE<sup>3</sup>, an evidence-based program developed for low-income older adults, supporting them to safely age in place. The program uses a team approach focusing on adapting the home environment to match the abilities of the older adult (e.g., improving lighting in the home for someone living with vision loss).
- Consider developing a list of professionals including plumbers, electricians, handymen and others. Help residents identify trustworthy sources of assistance (e.g., handyman services or contractors).

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<sup>3</sup> See <https://www.ncoa.org/resources/capable-program-summary/>

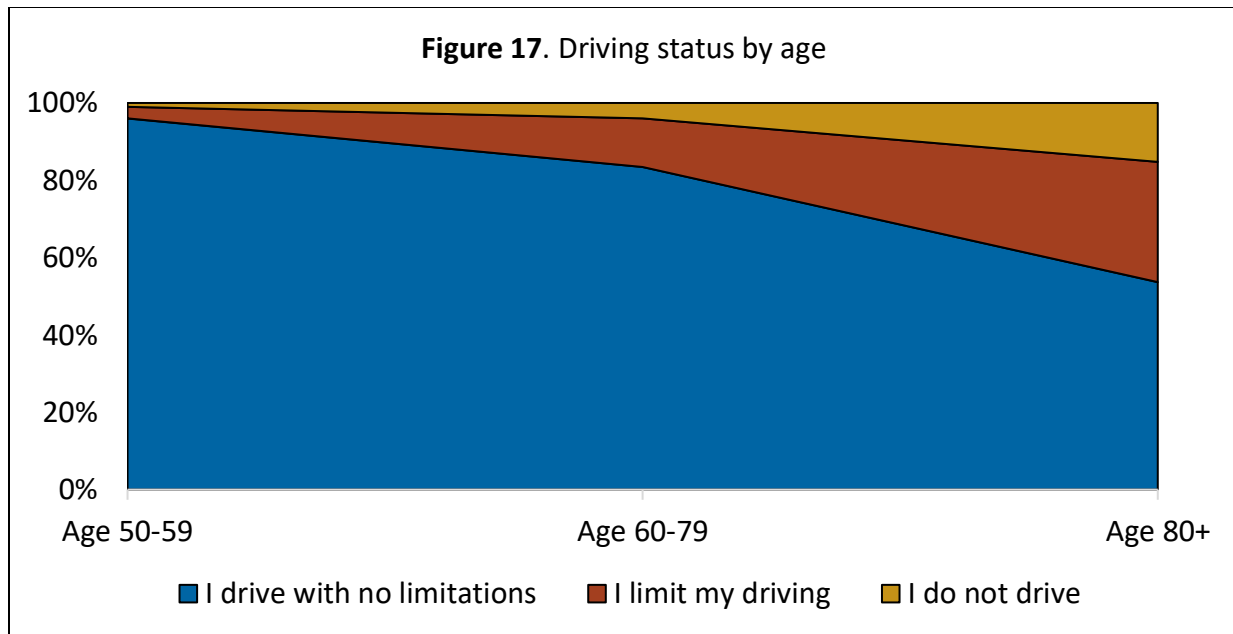
## Transportation

Being able to get where one wants and needs to go helps people maintain social ties, obtain needed goods and services, access local amenities and be engaged with the community. Ensuring that people have access to adequate travel options within and around their community, including walking, bicycling, driving, and taking public transportation, is part of creating a livable community.

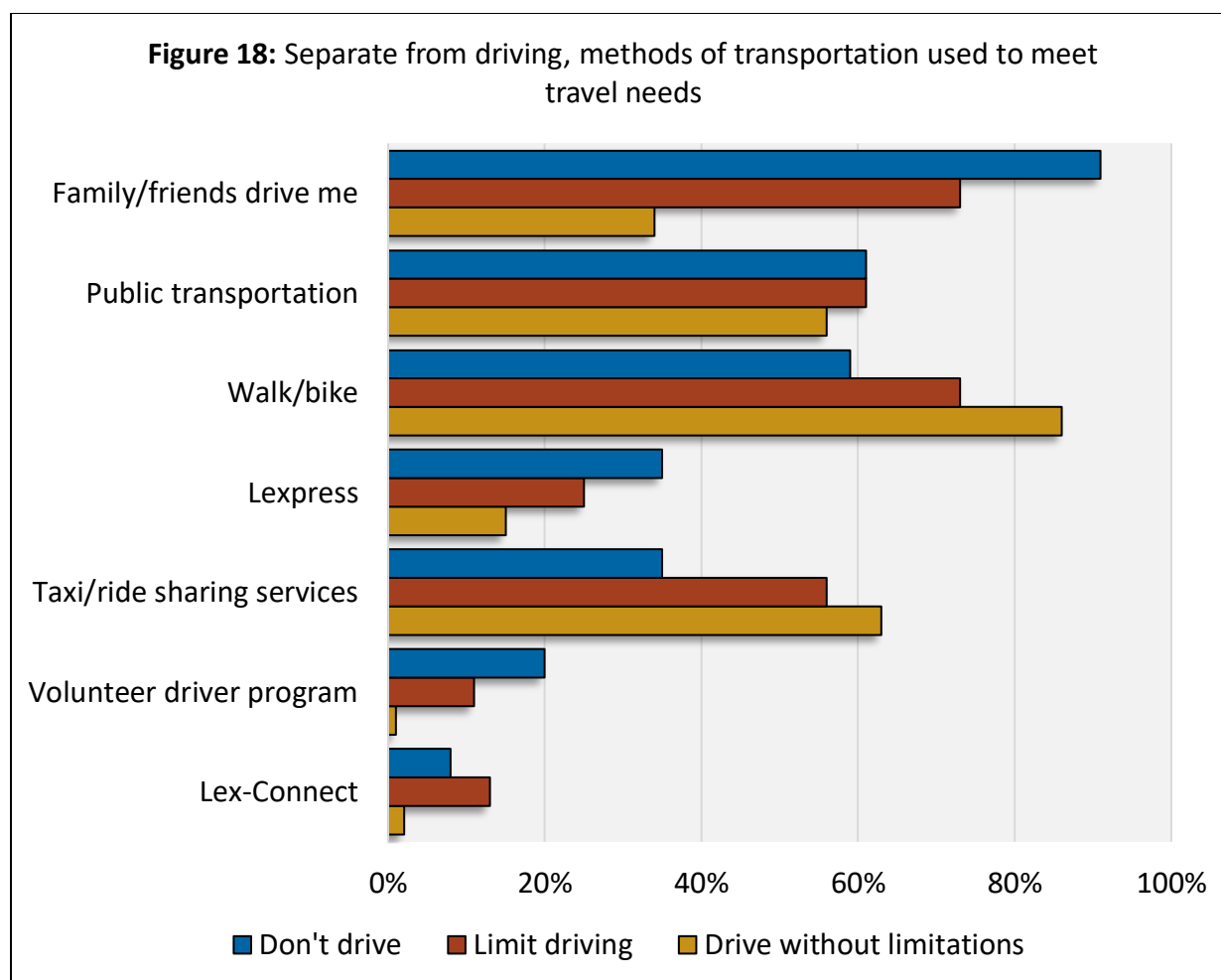
Lexington offers a variety of transportation options for residents. Lexpress, a fixed-route minibus, has stops throughout Lexington, Lex-Connect provides door-to-door service at a reduced taxi fare, and public transportation is available via the MBTA bus and the RIDE. The commuter rail, however, does not stop in Lexington. Friendly Independent Sympathetic Help of Lexington (F.I.S.H. of Lexington) offers rides to medical appointments in Lexington and the vicinity, including Boston. The Minuteman bike path runs through Lexington, providing opportunity for off-road bicycle travel. Lexington has committed to improving transportation options for all residents and completed the Tri-Town Transit Study in Fall 2018 with Burlington and Bedford, exploring resident use and needs for transit.

Responses to the community survey suggest that the majority of respondents drive with no limitations while 13% limit their driving under some conditions, such as avoiding driving at night, during bad weather, or in unfamiliar areas. Whereas 96% of survey respondents age 50-59 and 84% of respondents age 60-79 drive without modifications, only 54% of those age 80 and older drive without making any modifications (see **Figure 17**). Modifying driving habits promotes safety, but may limit independence and participation, especially if other transportation options are inaccessible, costly, or inconvenient. For example, older adults who avoid driving at night will struggle to participate in evening community meetings and programs. Those who avoid driving in bad weather may become isolated during the winter months.





It is therefore important to understand what other methods of transportation are used by Lexington residents. Survey respondents use a variety of other transportation methods, separate from driving themselves, to meet their travel needs. As shown in **Figure 18**, those who do not drive most often get rides from family and friends (91%), use public transportation (61%), or walk/bike (59%). The top three transportation alternatives among those who drive but with modifications are the same as for those who don't drive. The high dependence on family and friends for transportation needs has implications for both the driver and the recipient, as this may be a burden on those who provide rides and increase feelings of dependence on those who need the rides. When one asks family or friends for a ride, it is often only for those things that are considered "important", such as medical appointments or grocery shopping. Activities such as attending a community event or visiting friends are often seen as an "extra" and not something one will ask others for help with.

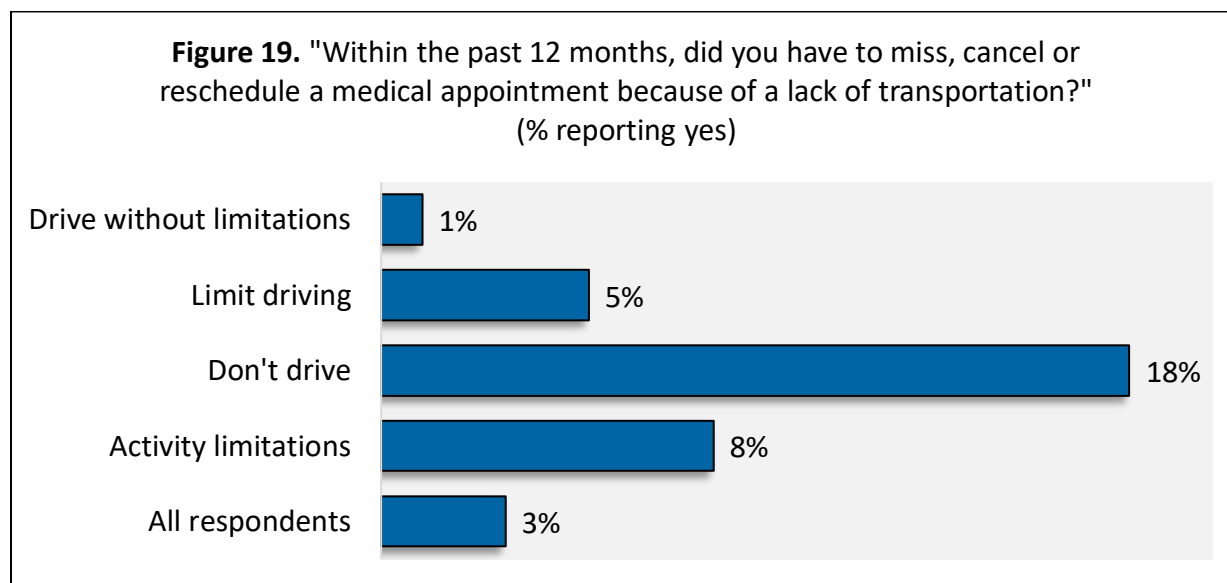


**Activity limitations**

Limitations in performance of daily living activities is often used as a proxy for disability. To identify people who may benefit from some level of accommodation based on health or disability, the following question was asked in the survey conducted for this study: “How much are your daily activities limited by your health or health-related problems?” More than half of respondents age 80 and older struggle with daily activities sometimes, often, or almost always. Almost one out of four respondents age 60-79 struggle with daily activities as well. Overall, 25% of respondents of all ages responded almost always, often, or sometimes to this question. These individuals are identified in the report as having an “activity limitation.”

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, cancelled or rescheduled a medical appointment because of a lack of transportation. Among all respondents, only 3% reported this experience and even among those who drive with modification, few indicated that this had occurred. However, 18% of respondents who don’t drive

missed, cancelled, or rescheduled a medical appointment within the past year (see **Figure 19**). In addition, 8% of respondents whose daily activities are almost always, often, or sometimes limited by their health or health-related problems, reported that they had missed, cancelled or rescheduled a medical appointment because of a lack of transportation. These findings suggest that transportation limitations appear to negatively impact certain segments of Lexington's older resident community from accessing medical care.



Other factors, separate from driving, impact one's ability to get around. Public and private transportation options, walkability, parking, and signage can influence one's ability to travel within the community and surrounding area.

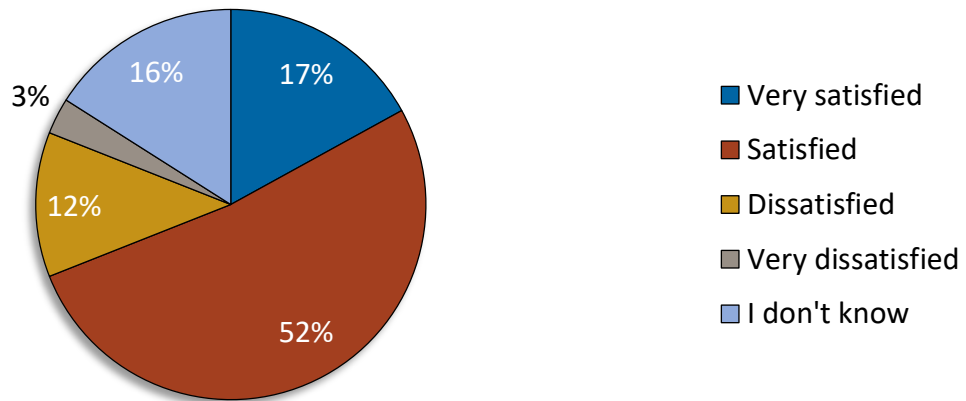
#### Transportation options

The topic of transportation arose often during both of the community forums and the stakeholder focus group. Several people highlighted the many transportation options currently available in Lexington. For example, Lexpress is a fixed-route bus that travels throughout Lexington. Although a valued service, many residents stated that Lexpress doesn't solve the "first and last mile" challenge, as getting to and from the Lexpress is challenging. Walking to the Lexpress stops for residents who live in areas without sidewalks can be even more difficult. As another example, stakeholders spoke very highly of the F.I.S.H. of Lexington program, through which volunteers help Lexington residents get to medical appointments. In addition, residents shared that the Town is very walkable and having the bike path in Lexington supports both walking and bicycling.

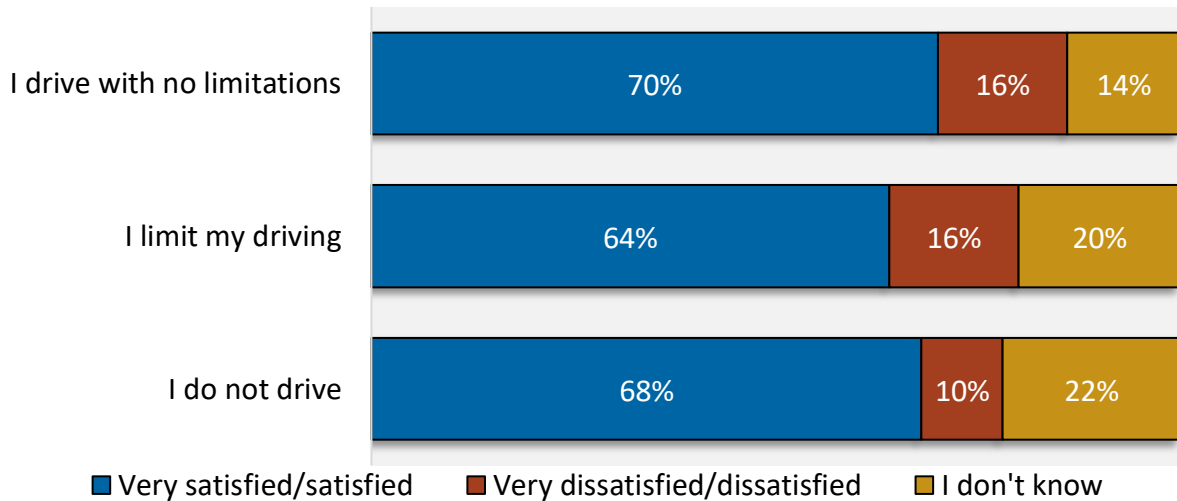
Yet some residents are frustrated with choices the Town has made regarding funding for transportation services that would specifically benefit Lexington older residents. Based on community survey results and comments at the community forums, it was evident that there is frustration with the limited transportation options during the evening and weekend hours. One resident stated that there was no way to get to Alewife to access the subway on Sundays or evenings unless one pays for a taxi. Several other residents spoke about the difficulty of getting to Boston in the evening if one does not drive at night. One woman stated that she “feels trapped” on Sundays because there is no Sunday service. And a few residents spoke about the challenge of taking taxis. Some use a ride sharing service (e.g., Uber, Lyft) while others stated they can’t take advantage of this service because they don’t have a smart phone. One individual expressed frustration with the RIDE, explaining that it is necessary to schedule RIDE service 24 hours in advance, and that is “not reflective of how we conduct our lives”. One person who was unable to attend the forum sent in a comment regarding the need for door to door transportation that can accommodate individuals who use a power wheelchair. She currently uses the RIDE but expressed frustration as that option can make a simple errand take half a day.

Overall, when asked to rate their satisfaction with transportation options, the majority of survey respondents (69%) reported that they are very satisfied or satisfied. A small but meaningful number of people (15%) are dissatisfied or very dissatisfied with transportation options (see **Figure 20**). A smaller share of respondents who do not drive are dissatisfied with transportation options (10%) as compared to those who drive and those who limit their driving (see **Figure 21**). However, one out of five survey respondents who may especially benefit from driving supports—because they do not drive or drive with some limitations—say they do not know if they are satisfied, suggesting a need to broadly disseminate information regarding the many transportation options available in Lexington.

**Figure 20.** Satisfaction with transportation options



**Figure 21.** Satisfaction with transportation options



### Walkability and sidewalks

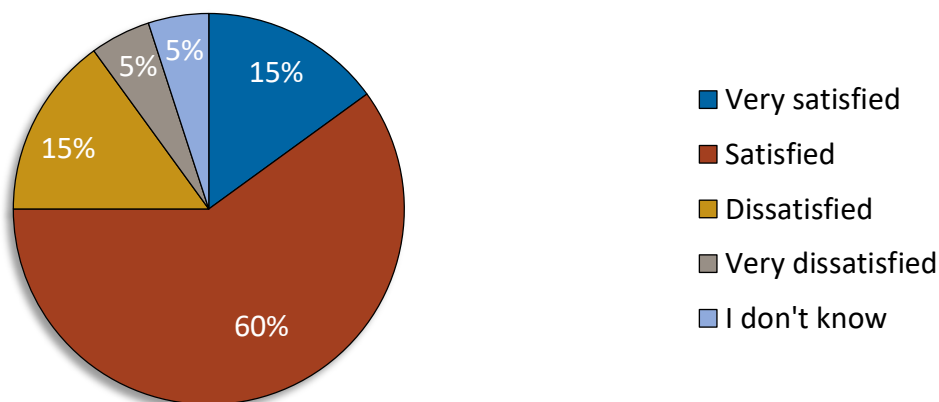
Walkable communities support access to services, can help prevent isolation, and can reduce traffic and congestion. In response to the survey question, “What do you value most about living in Lexington?” many appreciated the walkability of the Town. On the other hand, at the community forums and in response to the survey question, “What are your greatest concerns about your ability to continue living in Lexington?”, people commented about the absence of sidewalks in some neighborhoods and the

*It is challenging to walk on a busy road with no sidewalk to get the bus.*

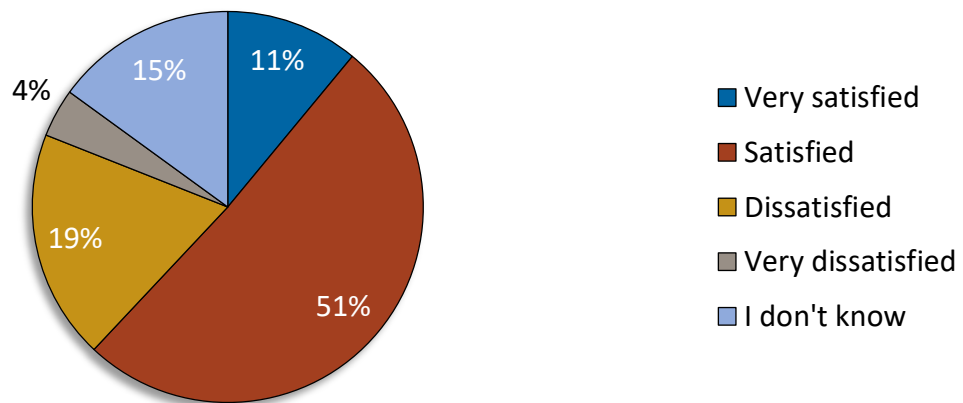
maintenance of sidewalks, both general maintenance such as paving of sidewalks and winter maintenance (i.e., shoveling) when snow and ice make it difficult to walk outside. Snow removal downtown, especially at parking meters and on sidewalks, was mentioned as a challenge. Other residents commented about the timing of traffic lights and wished there was more time to cross while others would like to see better lighting in the community to support evening walkability and safety.

Survey respondents were asked to rate their satisfaction with the availability of maintained sidewalks, lighting along sidewalks and trails, and marked crosswalks and timing of walk signals. Three out of four residents are satisfied with the availability of maintained sidewalks in Lexington while 20% of respondents are dissatisfied (see **Figure 22**). Similarly, more than 60% of survey respondents are satisfied with lighting along sidewalks and trails while almost one out of four people are dissatisfied with the lighting (see **Figure 23**). Satisfaction with maintained sidewalks and with lighting was similar across all age groups.

**Figure 22.** Satisfaction with availability of maintained sidewalks

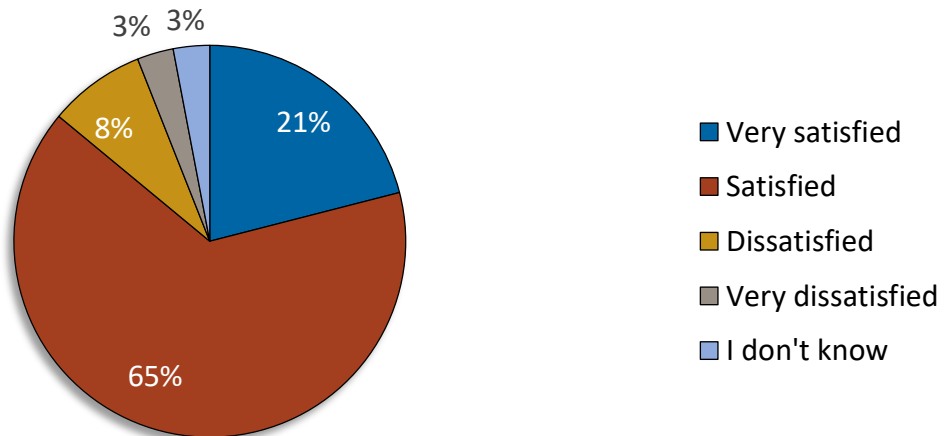


**Figure 23.** Satisfaction with lighting along sidewalks and trails



As shown in **Figure 24**, the large majority of survey respondents are satisfied with the crosswalks and timing of walk signals. Again, there is a small percentage of respondents (11%) who are not satisfied with this walkability feature and this is similar for all ages.

**Figure 24.** Satisfaction with marked crosswalks and timing of walk signals



## Parking

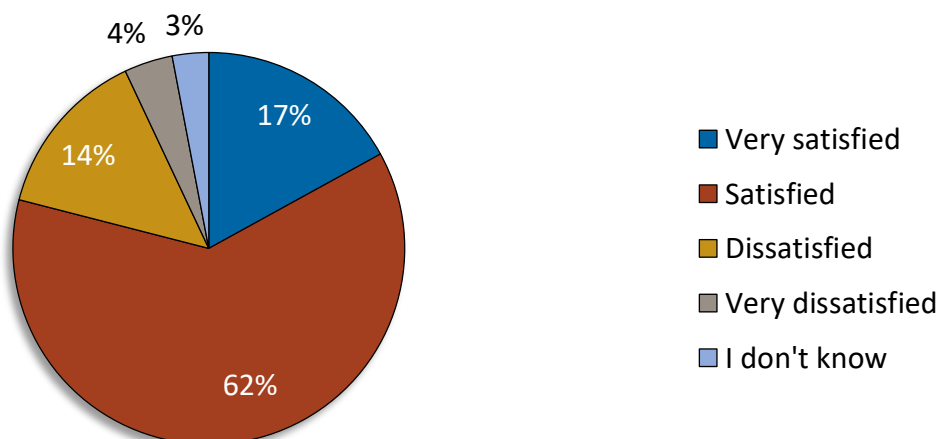
Many concerns related to parking arose during the community forums and in write-in responses on the survey. Some residents spoke about the limited amount of parking in the downtown area,

*The Town needs a fully functioning and inviting senior center that has ample parking on the same level as the facility.*

some commented about the limited accessible parking at the Community Center, others spoke about the cost of parking, and several residents shared frustration regarding the accessibility of parking meters stating it can be difficult and unsafe to put money in meters, especially with snow and ice.

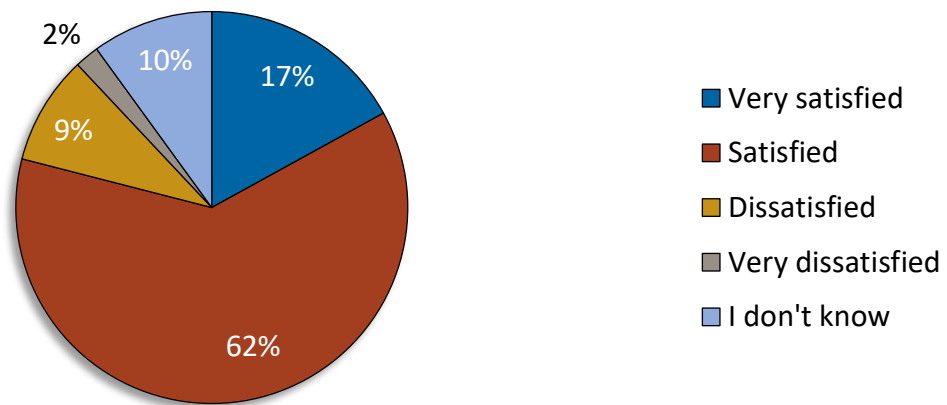
Survey respondents were asked to rate their satisfaction with availability and accessibility of parking. Almost 80% of respondents were satisfied with availability and accessibility of parking, while close to one in five people were dissatisfied with availability of parking and just over 10% were dissatisfied with accessibility of parking (see **Figures 25 and 26**). Dissatisfaction with availability of parking in Lexington is higher for those 60 and older as compared to those 50-59 while dissatisfaction with parking accessibility is higher for those age 80 and older as compared to the other age groups (see **Appendix C**)

**Figure 25. Satisfaction with availability of parking**



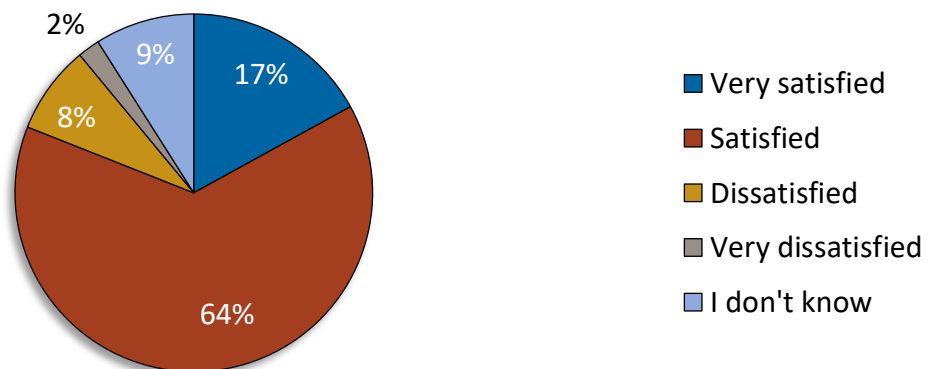


**Figure 26.** Satisfaction with accessibility of parking



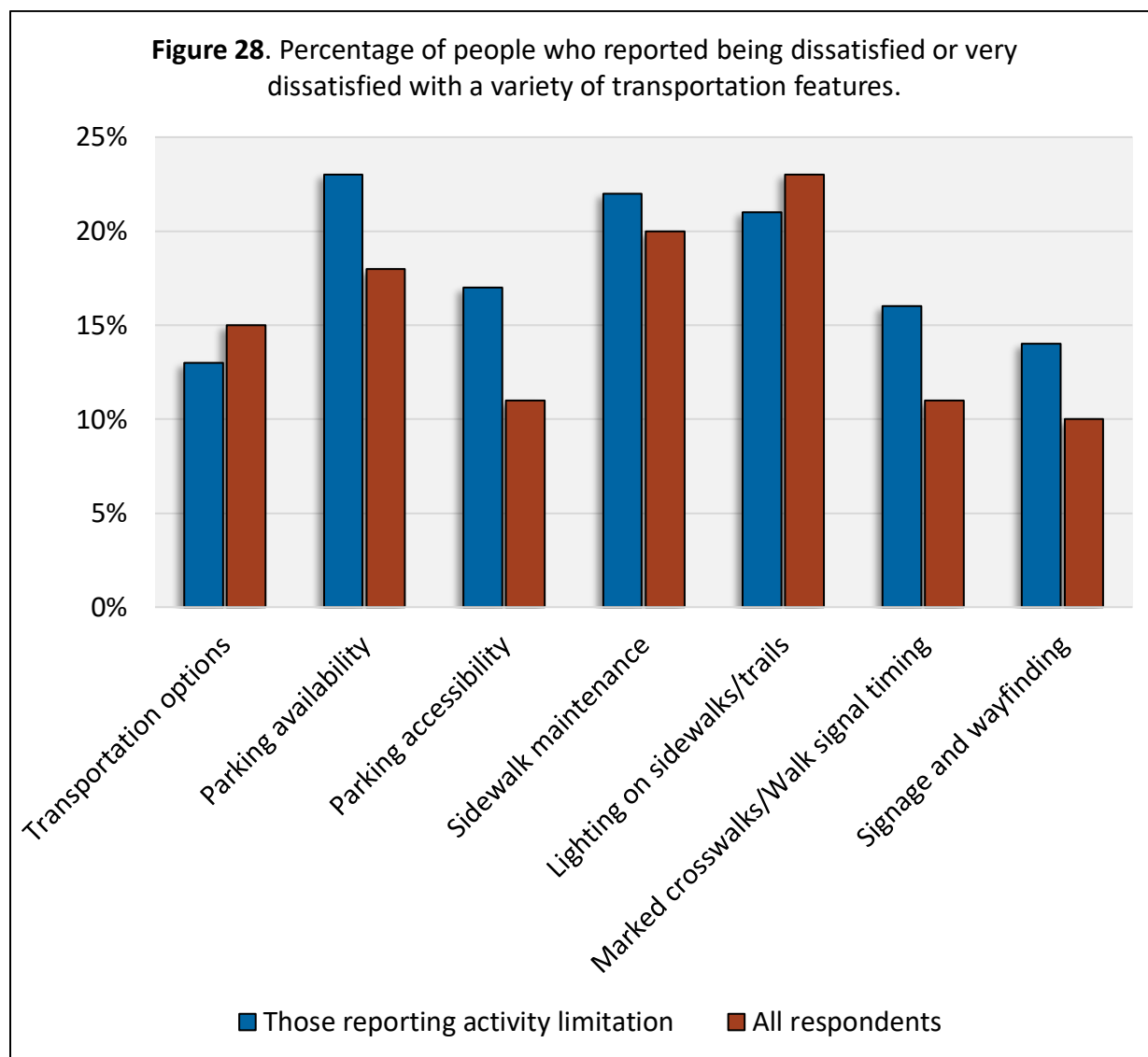
Survey respondents also rated their satisfaction with clear and consistent signage and wayfinding around Lexington (see **Figure 27**). Once again, the majority of responses were positive, while one out of ten people who responded to the survey reported dissatisfaction with the signage around Town and this was similar for all ages.

**Figure 27.** Satisfaction with clear and consistent signage and wayfinding around Lexington



Individuals with activity limitations may have more difficulty getting where they need or want to go. As shown in **Figure 28**, those with activity limitations are more likely to be dissatisfied with many transportation features in Lexington as compared to all survey respondents. Taken together these results show that while overall, survey respondents are satisfied with many transportation features in Town, there is a segment of the population who are dissatisfied.

Improvement in these features might increase transportation and access for some Lexington residents.



The survey provided an opportunity for respondents to share their greatest challenges in meeting their transportation needs and many took the time to respond. Key themes emerged, many reinforcing what was mentioned during the community forums and the stakeholder focus group including limited evening and weekend transportation, the challenge of fixed-routes, limited public transportation, and concerns about future needs not being met. There were also many comments related to traffic (see **Table 1**).

**Table 1.** Sample responses to the question, “What are your greatest challenges in meeting your transportation needs?”

<b>Limited evening and weekend transportation</b>
“It would be very useful to have bus service to and from Alewife in the evenings, to 11:30 or midnight or so. And also on weekends.”
“The fact that the only public transit stop near my house is Lexpress, and that does not run weekends or after 6pm. The closest MBTA bus stop is almost 2 miles away, along a route with inconsistent sidewalks.”
<b>Challenge of fixed-routes</b>
“No way to get downtown from where I am if I need to take public transportation - have to walk over a mile.”
“I can't walk the distance to get the Lexpress.”
<b>Limited public transportation</b>
“Public transportation in Lexington is non-existent in practical terms. There are no shelters to wait for the poor services that we actually have.”
“Lexington would greatly benefit by having express bus service to Alewife. I would use public transportation more if it were more convenient.”
<b>Future needs</b>
“I can see challenges in the future with public transport (MBTA) being unavailable.”
“...Lexington is not an easy place to live if one does not drive.”
<b>Traffic</b>
“Too much cross-town traffic passing through town during ever expanding rush hours in mornings and evening.”
“Traffic in town is terrible! New stop lights make travel time longer, and there is just more traffic all over town.”

### Summary and next steps for transportation

In many respects, transportation in Lexington is good and most residents report being satisfied with available options. Some limitations to usability, such as reaching the fixed-route bus and the lack of weekend service, concern residents. As well, survey respondents who have activity limitations report elevated levels of dissatisfaction with most transportation features, suggesting that accessibility may be a concern in Lexington. Suggestions for improving transportation in Lexington, including suggestions mentioned by study participants, are as follows:

- Consider expanding F.I.S.H. of Lexington beyond medical appointments to include trips to the grocery store. People who work full time and can't volunteer for trips to doctors which occur during the day might be able to volunteer to drive for other outings.
- Consider supporting Lexington residents in use of ride sharing services by:
  - Providing training sessions on use of Uber/Lyft.

- Exploring the “Go Go Grandparent” program, which provides a car sharing service for those who don’t have or choose not to use a smart phone.
- Advocate for public transportation stops at areas where there are clusters of older adults living. Consider additional stops on Lexpress to alleviate the first/last mile challenge for many residents.
- Explore ways to increase evening and weekend transportation options.
- Explore ways to expand the availability and accessibility of walkways and sidewalks.
- Consider developing a program where residents place a sticker on their car and then don't need to pay for the meter. For example, allow residents age 65 and older to purchase a sticker for a year’s worth of parking at meters. This might make parking easier for those who struggle to access the meter.
- Continue to collaborate with neighboring towns to develop regional transit solutions.

## Outdoor Spaces and Buildings

Creating safe and accessible shopping, entertainment, and community areas promotes inclusion of all residents. Ensuring that outdoor spaces and public buildings, as well as community meetings and services, are adequate and accessible to all is an important element of a livable community.

Lexington is well-known for being the site of the initial battle of the American Revolution, and public areas feature many historic buildings and monuments. Lexington also prides itself in its walkable town center. Discussion under this domain focuses on the public buildings and spaces along with accessibility challenges encountered by Lexington residents.

### Public buildings and spaces

According to the Town website, a Department of Public Facilities was created in 2007. This Department is responsible for all Town-owned buildings. Many Town buildings are viewed by residents as highly valued assets, including the Cary Memorial Library and the Community Center. The Department of Human Services was previously housed in the Muzzey Senior Center, but is now located in the Community Center, which opened in the Summer of 2015 and is a “multigenerational, multicultural, and inclusive space”<sup>4</sup>. The Lexington Community Center houses the Recreation and Community Programs Department and the Department of Human Services. The Department of Human Services includes Senior Services, Transportation Services, Veteran Services, and Youth and Family Services.

The relatively recent integration of these departments in the Community Center space has generated some dissatisfaction among residents. Indeed, there were several general comments regarding the need for more space for exercise groups and other activities, and additional comments focusing on lack of dedicated space for older adults now that the location of Senior Services is combined with other community programs. One woman shared that the location of Senior Services is not “senior friendly”, and stated that she wished it were walking distance from the center of Town.

*I live alone and come to the center to exercise and then leave; there is no place to socialize.*

ACROSS, a Lexington project that stands for **A**ccessing **C**onservation **L**and, **R**ecreation areas, **O**pen space, **S**chools, and **S**treets in Lexington, includes marked trails and paths for use by walkers, runners and bicyclists and fields and facilities for sports and other recreational activities. The ACROSS Lexington website provides maps and other resources to increase access to these open spaces. About 12% of the Town is conservation land. Survey respondents were asked to indicate

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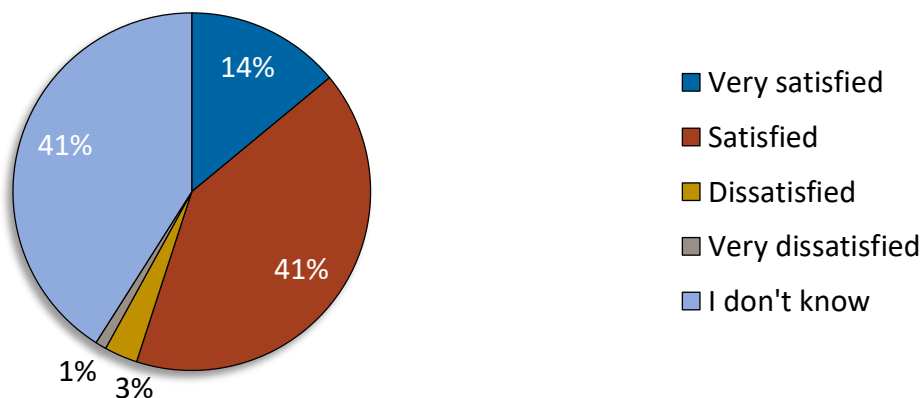
<sup>4</sup> Retrieved from <https://www.lexingtonma.gov/community-center>

what they value most about Lexington, and many named outdoor spaces and conservation land as assets that are important to them.

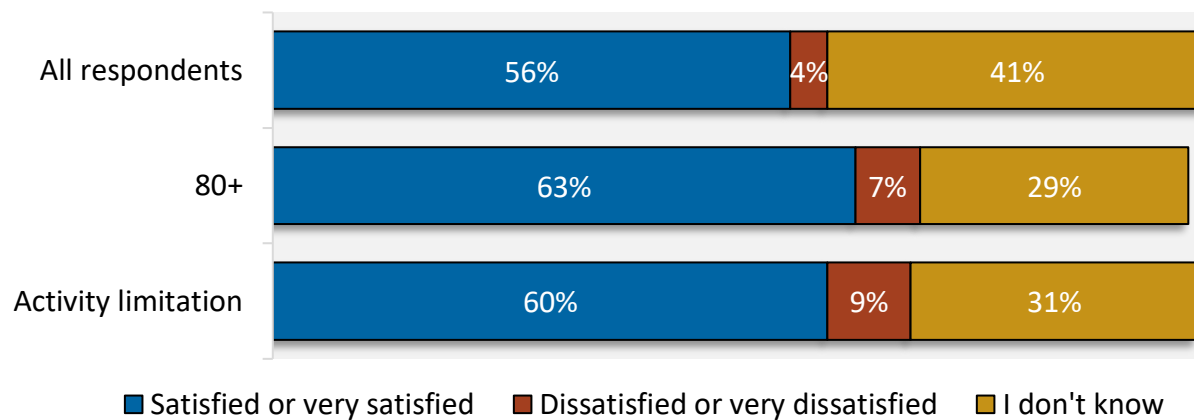
### Accessibility

Although Lexington offers many outdoor and public spaces, including green space and public buildings, limits to accessing those assets appears to frustrate some residents. One factor that can shape access is handicap accessibility. Ramps, curb cuts and other features meant to promote access among those who use wheelchairs or walkers benefit anyone with mobility limitations, as well as bicyclists and people with children in strollers. Questions in the community survey asked residents to rate their satisfaction with these features in Lexington, and results suggest that over half of the respondents were very satisfied or satisfied with handicap accessibility of walkways, public buildings and businesses, while only 4% reported being very dissatisfied or dissatisfied (see **Figure 29**). Forty-one percent responded, “I don’t know” suggesting that a large share of people are unaware of these accessibility features, or simply believe that these features are not relevant to them. Those with activity limitations and those who are 80 and older are less likely to report “I don’t know” (see **Figure 30**). Although the majority of these groups are satisfied or very satisfied with accessibility features, 7% of those age 80 and older and 9% of those with an activity limitation report being dissatisfied or very dissatisfied with accessibility features.

**Figure 29.** Satisfaction with handicap accessibility of walkways, public buildings, and businesses



**Figure 30.** Satisfaction with handicap accessibility of walkways, public buildings, and businesses

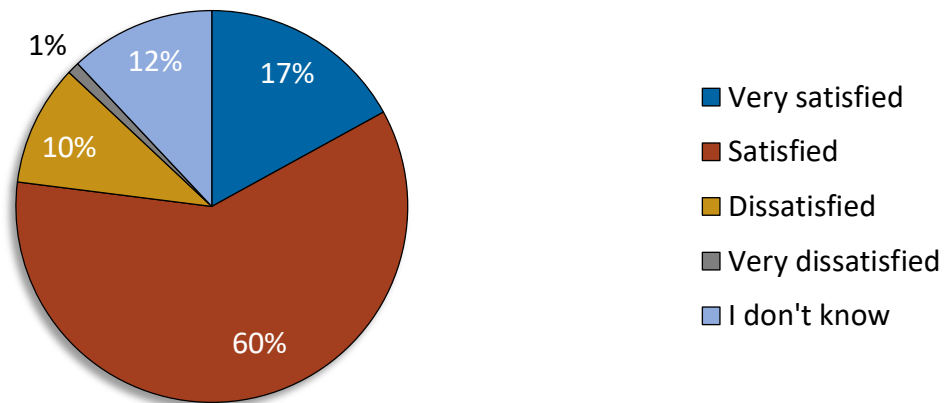


During the stakeholder focus group, several participants spoke about the challenges with accessibility, particularly in the Town center, where trying to balance the historic nature of the community while supporting people with mobility challenges can be difficult. One person commented that the issue of accessibility is broader than pure mobility needs. She stated that many residents have cognitive, visual or other challenges and accessibility for these individuals means more than just smooth walkways.

*The bricks in the center are beautiful but should be replaced so older, disabled, and people with any medical condition can easily navigate the streets.*

Benches placed in strategically located areas can support walkability and promote access to public spaces, including shopping districts, public parks, and other community amenities. Respondents were asked about satisfaction with availability of benches in public areas and along walkways. More than three out of four survey respondents reported being very satisfied or satisfied with the availability of benches while one out of ten reported dissatisfaction (see **Figure 31**). Dissatisfaction rates related to benches in public areas and along walkways are similar for those age 80 and older and those with activity limitations (not shown).

**Figure 31.** Satisfaction with benches in public areas and along walkways

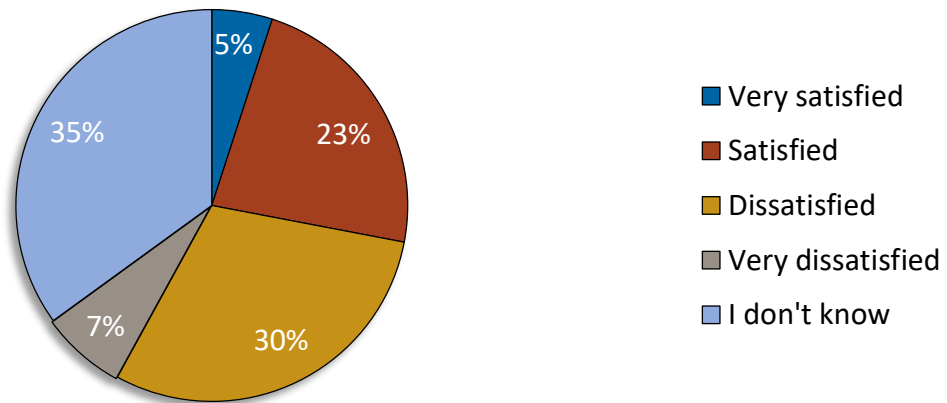


*Lexington needs more public toilets with signage as to their location.*

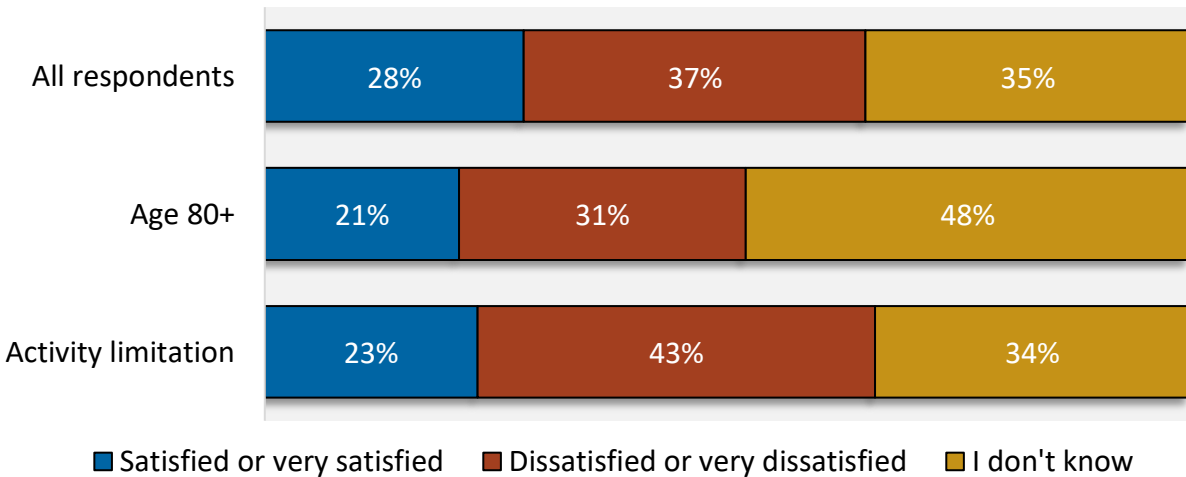
Another community feature that can promote accessibility by everyone in the community—including older adults, parents with children, and many others—is the availability of public restrooms. One stakeholder stated that lack of access to public bathrooms is challenging to older adults who are mobile and out and about. As shown in **Figure 32**, more than one-third of survey respondents reported dissatisfaction with the availability of conveniently located public restrooms in Lexington, while just over one quarter of respondents said they were satisfied. It is worth noting that approximately one third of respondents responded “I don’t know”, indicated they are neither satisfied nor dissatisfied or they don’t often access public restrooms when they are in Town. As shown in **Figure 33**, a larger share of respondents with activity limitations—43%—report being dissatisfied or very dissatisfied with location of public restrooms.



**Figure 32.** Satisfaction with conveniently located public restrooms



**Figure 33.** Satisfaction with conveniently located public restrooms



### Summary and next steps for outdoor spaces and buildings

Lexington residents value many of the community buildings and the Town center and their access to them. For all residents, but perhaps especially those who struggle with mobility, continuing to improve the accessibility of public spaces and buildings is important. Survey respondents identified a need for more public restrooms—this can improve access and encourage use of Town amenities. Some dissatisfaction is evident regarding the Community Center, which houses Senior Services. Overall, however, Lexington residents report high satisfaction with Lexington buildings and outdoor spaces. Suggestions for improving outdoor spaces and buildings in Lexington, including suggestions mentioned by study participants, are as follows:

- Consider designating drop-in space within the Community Center for older residents to socialize and mingle, providing coffee and snacks. This would provide space for older residents to “hang out” or socialize in between activities or without attending an organized activity, along with providing space for older residents to “call their own”.
- Consider strategies to increase level parking options at the Community Center. For example:
  - Add signage to reserve additional parking spots for older residents and those with mobility limitations.
  - Explore strategies to increase building level parking options.
- Improve access to community amenities by increasing knowledge about where public restrooms are located, and potentially increasing their availability. Encourage businesses to allow public restroom use, eliminating the need to build new public facilities.
- Consider increasing accessibility within the Town to make it easier for older adults with or without a disability to take advantage of Lexington amenities. For example, provide signage around Town in large print for those with decreased vision. Encourage Lexington restaurants to participate in the Purple Table reservation program, a program that makes eating out more enjoyable for those with dementia or other conditions.
- Explore strategies to make walking along the cobblestone downtown area easier for those with mobility challenges. For instance, consider replacing some of the bricks so there is a smooth walking path while keeping other bricks to maintain the historic nature of the Town.

## Community and Health Services

Livable communities offer nearby access to services that support physical and behavioral health, as well as home- and community-based long-term care services.

A broad range of community and health services and supports was considered in this study, including the availability of nearby healthcare facilities, services through the Lexington Department of Human Services, and supports for caregivers. Taken together, these features impact the health and well-being of Lexington older residents.

Participants at the community forums and stakeholders spoke highly about many of the community services Lexington provides. Many spoke about the Lexington Community Center as a wonderful place to attend talks, participate in exercise groups, and find out about programs and services. The Cary Memorial Library came up many times as an asset to the community and a great resource for information. Faith groups also were discussed as important community organizations where people participate in programs, find community, and learn about resources.

### Physical and behavioral health and healthcare in Lexington

Data provided by the Massachusetts Healthy Aging Collaborative (MHAC) for the population age 65 and older suggest that along many dimensions, Lexington older adults are in better health than their peers in Massachusetts as a whole.<sup>5</sup> Rates of hypertension, anxiety disorders, diabetes, COPD, and several other chronic conditions are estimated to be lower in Lexington than in Massachusetts overall. According to these data, just over half of Lexington residents age 65 and older have four or more chronic conditions, compared to the Massachusetts average of 61%. An estimated 15% of Lexington residents age 65 and older have Alzheimer's disease or a related dementia, a prevalence that is slightly higher than the statewide average. Note that this prevalence level equates to an estimated 900 Lexington residents age 65 and older with Alzheimer's disease or a related dementia, a number that is likely to increase as the older population becomes larger since risk of dementia increases with age. Data from MHAC suggest that Lexington residents age 65 and older are more likely to engage in health promoting behaviors such as getting the recommended levels of physical activity or not smoking compared to the statewide average. However, 14% of Lexington residents age 60 and older report their health status as fair or poor.

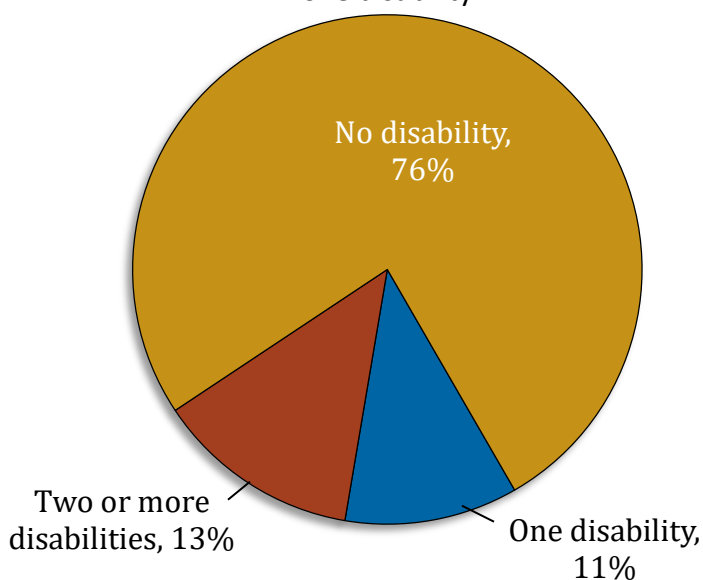
The increased likelihood of acquiring disability with age is evident in data from the ACS. Nearly one-quarter of Lexington residents age 65 and older experience some level of disability that could

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<sup>5</sup> See Massachusetts Health Aging Collaborative at <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>

impact their ability to function independently in the community. About 11% of Lexington's residents age 65 and older report a single disability, and nearly 13% report two or more disabilities (**Figure 34**). Among the different types of disability that are assessed in ACS, the most commonly cited by Lexington residents 65 and older were 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 was reported by 11% of the older population in Lexington (ACS 2013-2017, *Table S1810*). Other disabilities experienced by older Lexington residents include cognitive difficulty (9%), self-care difficulties (6%), and vision difficulties (4%). Risk of disability increases with age; indeed, while 11% of Lexington residents age 65-74 report at least one disability, 38% of residents age 75 and older report disability.

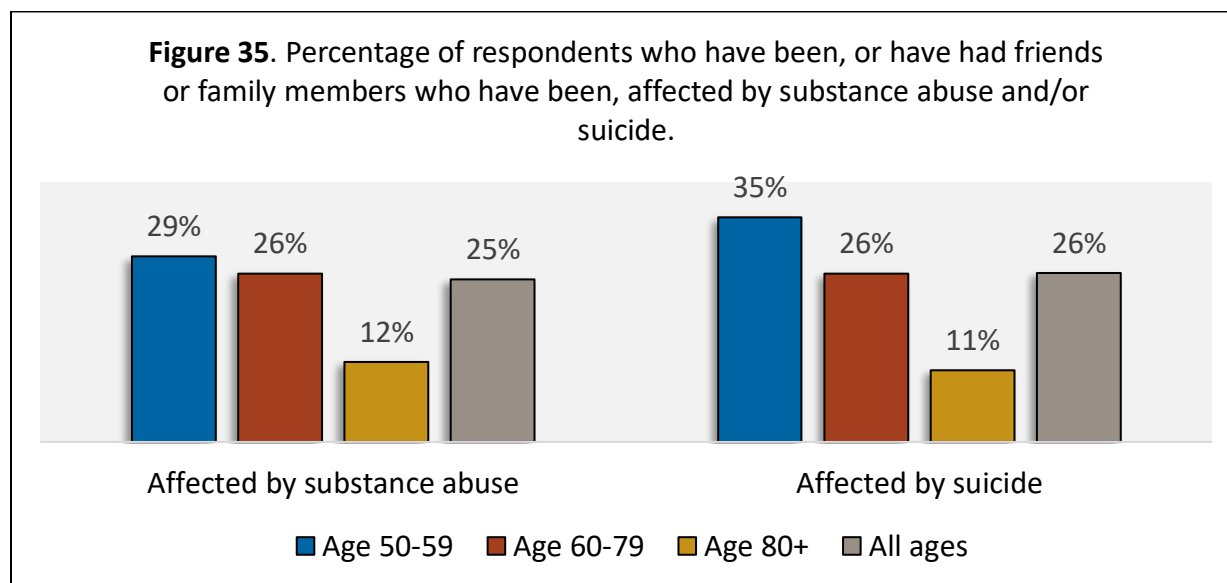
**Figure 34.** Percentage of Lexington residents age 65+ reporting at least one disability



Source: U.S. Census Bureau; American Community Survey, 2013-2017, *Table C18108*.

During the stakeholder focus group, discussion occurred regarding the lack of attention to mental health issues and suicide attempts for those age 50 and older. Results from the community survey indicate that many respondents, or their family or friends, have been affected by substance abuse and/or suicide (see **Figure 35**). One out of four people age 50 and older responded yes to the statement, "I have been, or I have friends or family members who have been, affected by substance abuse (such as misuse of alcohol, prescription medication or illegal drugs)." Similarly, a little more than one out of four people responded yes to the statement, "I have been, or I have

friends or family members who have been, affected by suicide.” Although these numbers are lower for those age 80 and older, all age groups have been affected to some degree. While we cannot know if all of these affected individuals reside in Lexington—some of the friends or family members that respondents refer to may live elsewhere—we can discern that older adults in Lexington are dealing with the impact of these social and behavioral health challenges in their daily lives.

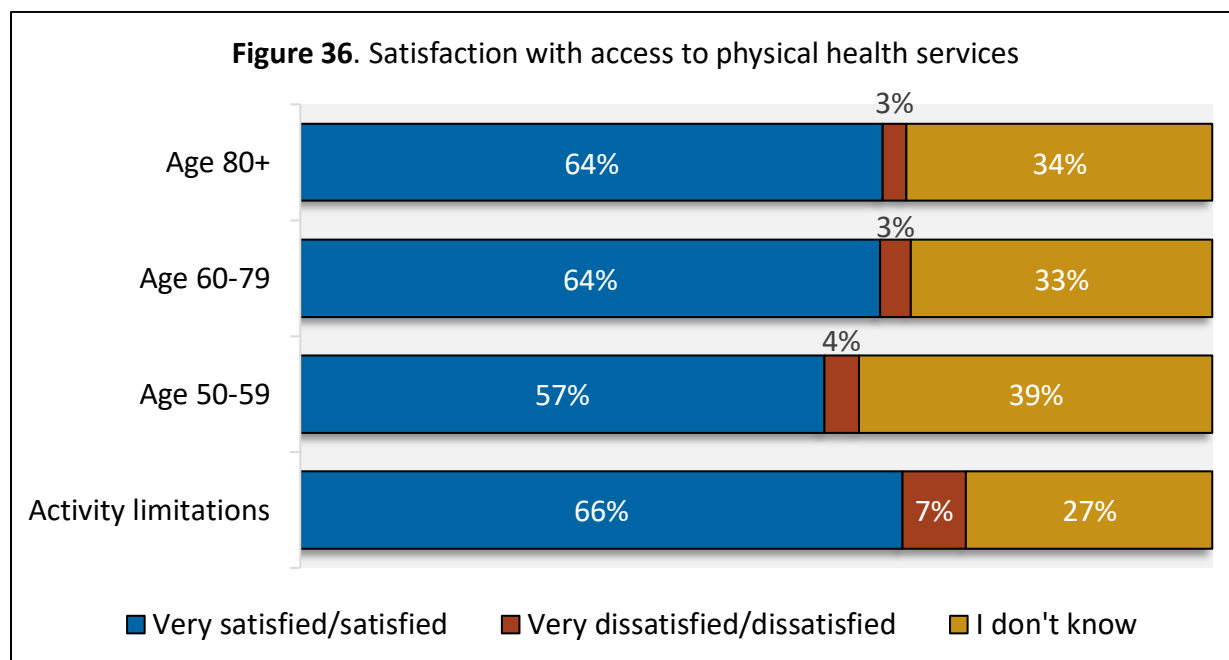


### Availability of Health Care Facilities

Access and availability of health services is important to assure that all individuals can meet their health needs. Several outpatient medical centers are located in Lexington (e.g., Beth Israel Deaconess Health Care-Lexington, Mt. Auburn Healthcare Lexington) along with agencies that provide home health services. Eliot Community Human Services is also located in the Town and provides a wide range of community-based mental and behavioral health services.

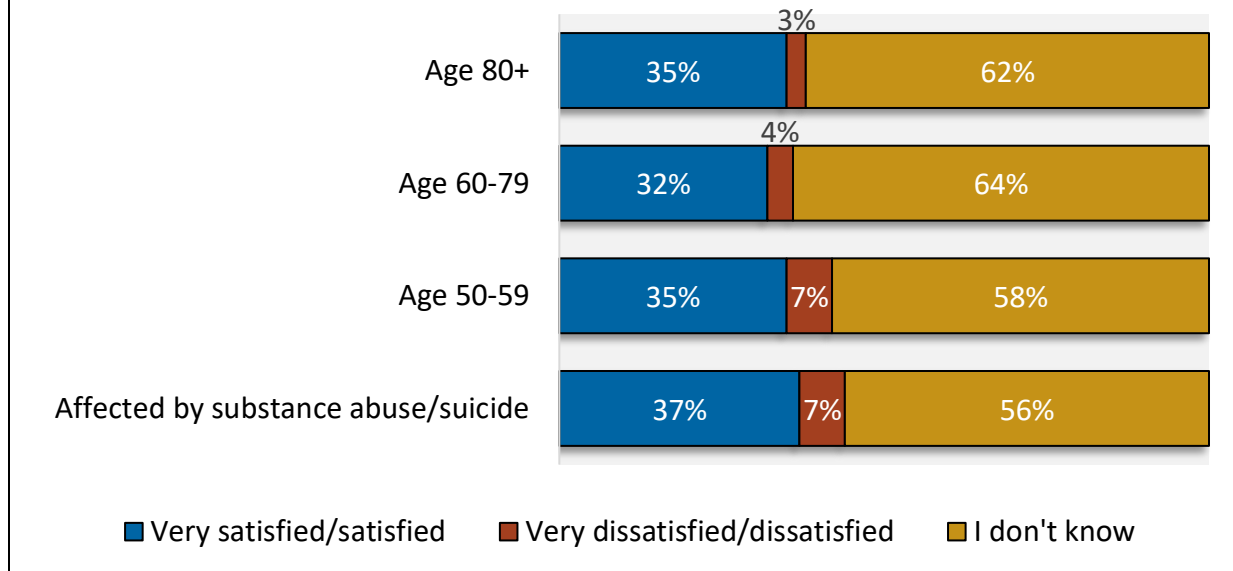
Results from the community survey suggest that most respondents are either satisfied or marked “don’t know” with respect to their access to physical health services. As shown in **Figure 36**, just 3% to 4% report being dissatisfied with their access. Access to physical health services may be especially important for those with activity limitations, and 7% of survey respondents with activity limitations report being dissatisfied with access to these services.

*Biggest concern - my declining health and my worry that my husband may not be able to take care of me. I don't know what resources will be available to us here.*



As shown in **Figure 37**, about 60% responded that they don't know about access to mental or behavioral health services in Lexington, suggesting potential widespread lack of awareness about these services or possibly a perception that these services are not relevant to many respondents. On average, one out of three reported being satisfied with these services and just 3% to 7% of all respondents are dissatisfied. These percentages are similar across all age groups, although dissatisfaction with access to mental or behavioral health services is highest for those age 50-59. Access to mental or behavioral health services is critical for those who have been, or have friends or family members who have been, affected by substance abuse or suicide and 7% of these respondents are dissatisfied with access to these services. Notably, more than half of those affected by substance abuse or suicide responded "don't know", possibly indicated lack of awareness of these important services.

**Figure 37. Satisfaction with access to mental health services**



#### Lexington Department of Human Services

In addition to health service providers, Lexington Department of Human Services oversees Senior Services, which provides some health related programming and services to Lexington's older adults. For example, blood pressure screenings are offered through Senior Services in conjunction with the Fire Department. Senior Services provides information and referral, needs assessment, crisis intervention and service coordination for those in need. They provide outreach through nursing consultation, home visits and assessments.

Many health promotion programs and services are also offered through Senior Services. For example, older residents receive help finding appropriate Medicare-based health insurance coverage through the SHINE program, and a number of classes related to wellness, nutrition, and prevention are offered throughout the year. A Memory Café for persons with dementia and their caregivers is offered monthly. A description of services may be found online (see <https://www.lexingtonma.gov/human-services/senior-services>) or in The SAGE newsletter (see [https://www.lexingtonma.gov/sites/lexingtonma/files/uploads/sept\\_oct\\_2019.pdf](https://www.lexingtonma.gov/sites/lexingtonma/files/uploads/sept_oct_2019.pdf)).

During and after the community forum, several residents shared their frustration with limited resources from Senior Services and lack of space at the Community Center for congregate meals. One person commented that lunch is served only three days/week which limits the option for both a healthy meal and socialization. Another commented that the number of people who can attend the meal is limited and so one "must call early or be on a waiting list". It appears that

there are some residents who would appreciate increased opportunity for healthy, affordable meals in a social environment.

### Crisis Intervention

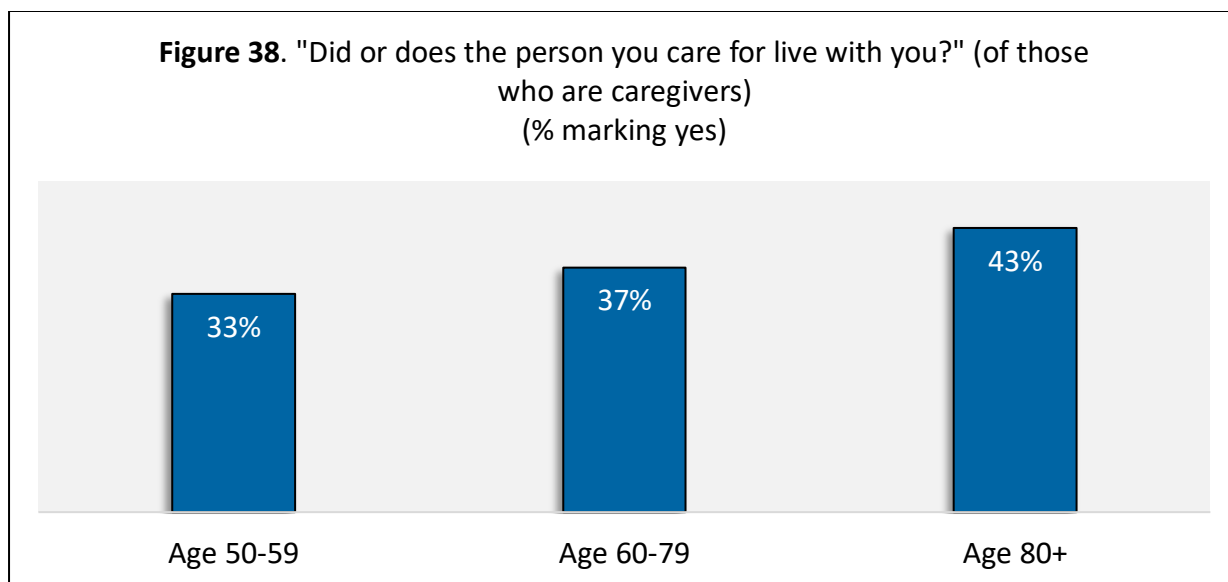
Immediate, short-term assistance is often required, for example, for individuals who might be dealing with mental health challenges, struggling with hoarding, or facing medical emergencies. Lexington has a team focused on crisis intervention for these individuals. The Town tries to be aware of residents who might require support in an emergency. For example, the team keeps a list of individuals who would need additional support to vacate a home in case of fire. Residents come to the attention of the crisis intervention team primarily through repeated 911 calls or neighbors or family members calling to express concern. Homes of residents who hoard items also pose a safety concern. Counseling or assistance is offered to these residents, as appropriate. Many services are provided for those who can't leave their home. For example, a nurse will administer flu shots at home and provide monthly check-in visits. Unfortunately, there are others who can't leave their home and need additional support but might not be known to the Town. As well, there may be additional residents who leave their home, but infrequently, or leave their home but have few social connections.

### Services and supports for caregivers and residents who need support at home

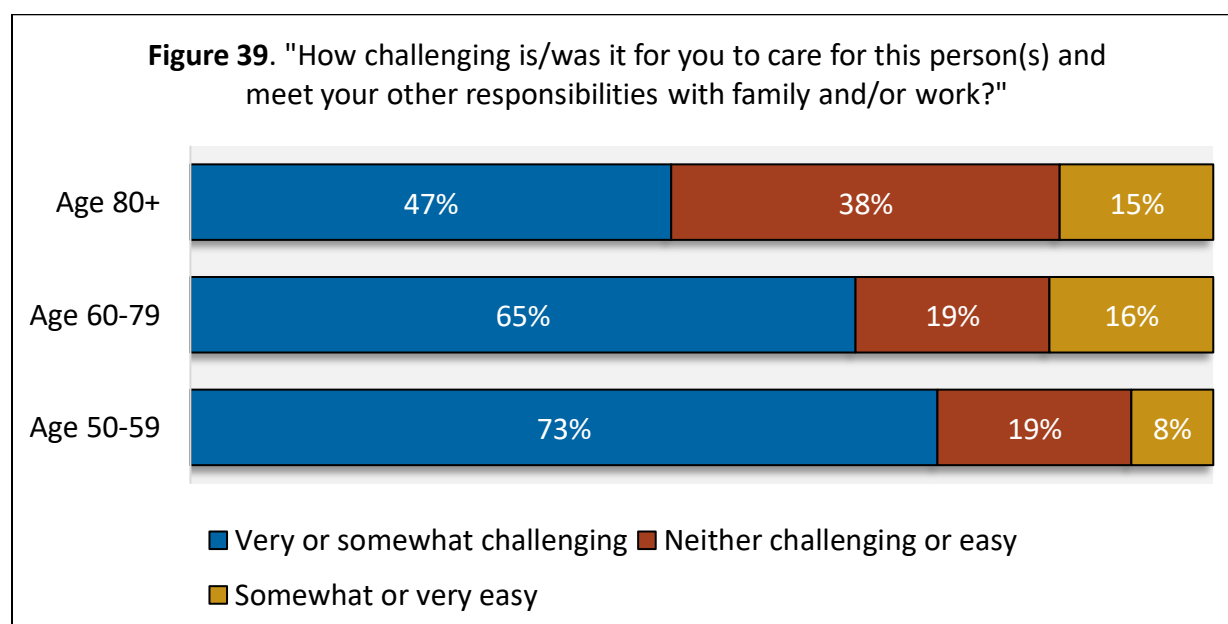
Many Lexington residents who struggle with chronic disease or disabling conditions need some level of support or care at home, at least sporadically. Some may need transportation assistance or homemaking services, while others may need substantial care with basic needs such as bathing and dressing. Nationwide, most in-home care is provided informally by family and friends. Yet formal supports through home care agencies and respite programs can be essential means by which gaps in support are filled, and caregiver needs met.

Almost half of all respondents stated that they currently or have in the past five years provided care or assistance to a person who was disabled, frail, or struggling with a physical or mental health condition, and that percentage is similar across all age ranges (see **Appendix C**). For more than one third of the caregivers, the care recipient lives or lived with the caregiver. This number is higher for older caregivers (see **Figure 38**), many of whom may be caring for a spouse.

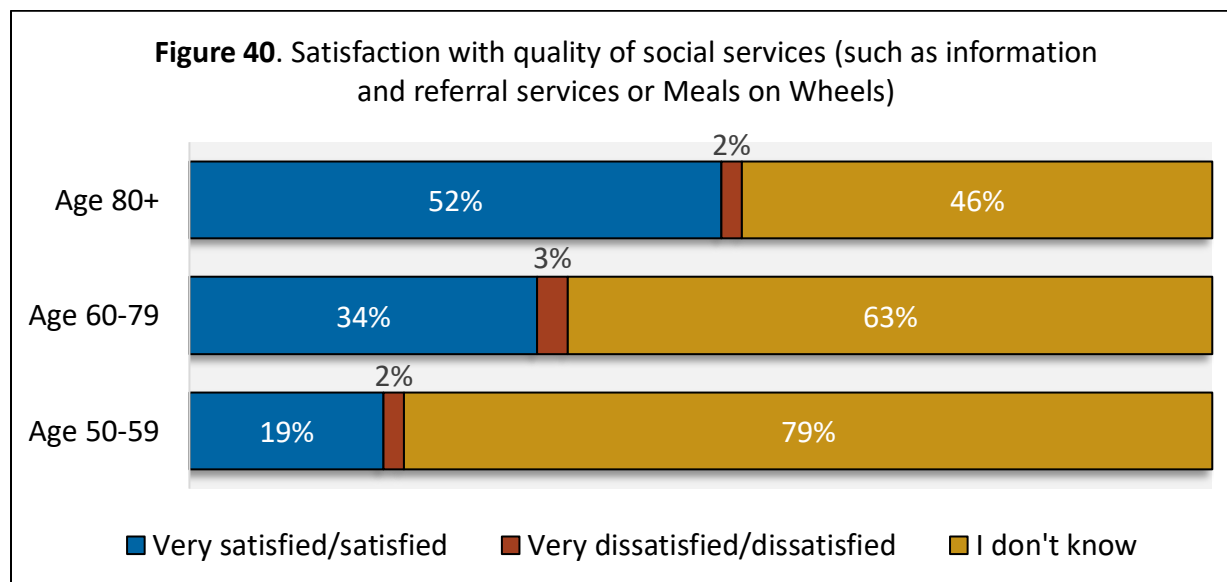




Many of those who have provided care or assistance to someone within the past five years stated that it was very or somewhat challenging to provide this care and meet other family and/or work responsibilities. This was especially true for those age 50-59, where 73% of those providing care reported this was very or somewhat challenging (see **Figure 39**). Many in this age group are likely still working and therefore may be struggling to meet the demands of both caregiving and work. Even for the other age groups, between 47% and 65% of those who provide care find it very or somewhat challenging. Expanded services (e.g., transportation to adult day programs) and programming (e.g., support groups) might be indicated to support caregivers.

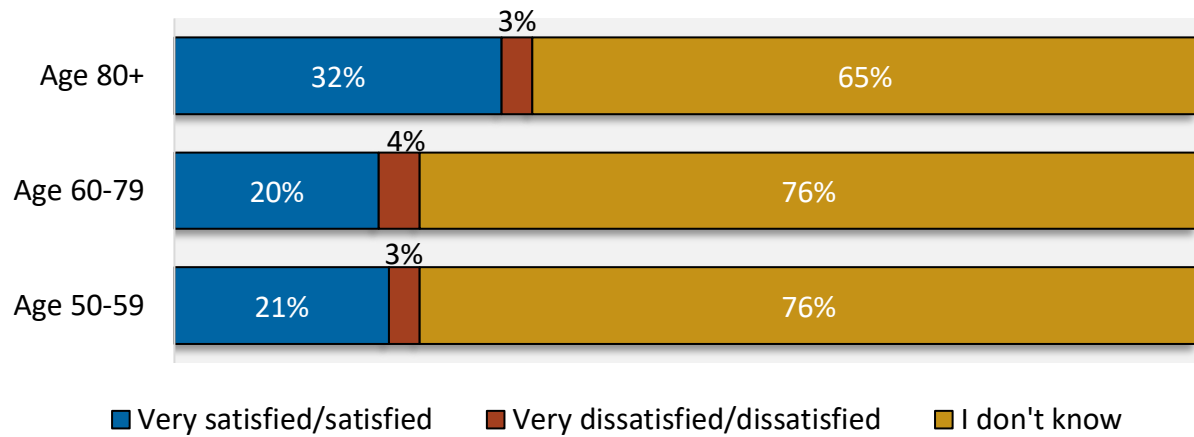


Several survey questions sought to gauge satisfaction with community supports and services meant to help caregivers and those who require support themselves. One question asked about satisfaction with the quality of social services available to residents, such as information and referral services and Meals on Wheels. As shown in **Figure 40**, only two to three percent of survey respondents are dissatisfied these services. The majority of respondents, especially those in the younger age groups, responded “I don’t know”. It is likely that they have not had to access these social services and therefore have no experience on which to rate them.



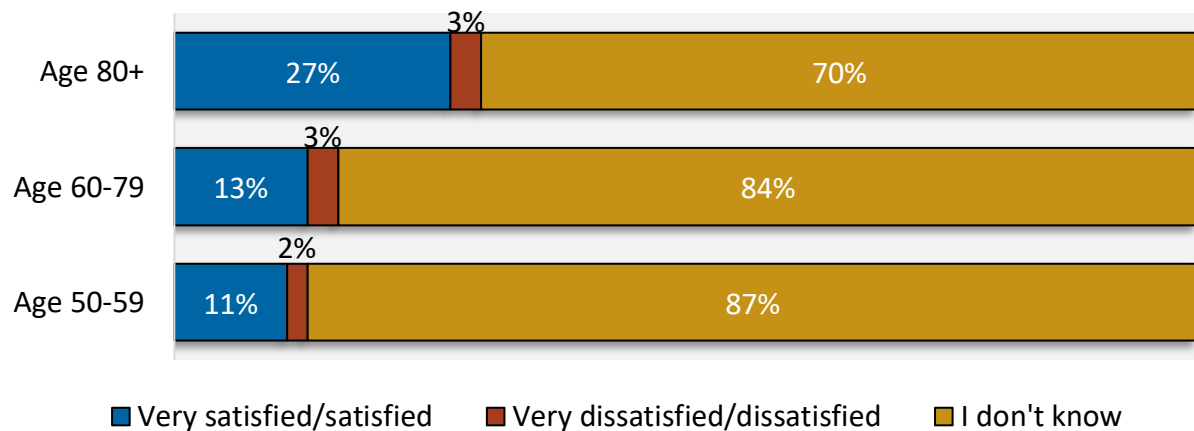
Survey respondents were also asked about their satisfaction with chore/homemaking or home health aide services for persons needing assistance. As shown in **Figure 41**, among those who know about these services, the majority are satisfied with them. Three to four percent of respondents across all age groups are dissatisfied with these in-home services, but most respondents report “I do not know” when asked to rate their satisfaction with services provided in the home.

**Figure 41.** Satisfaction with chore/homemaking or home health aide services



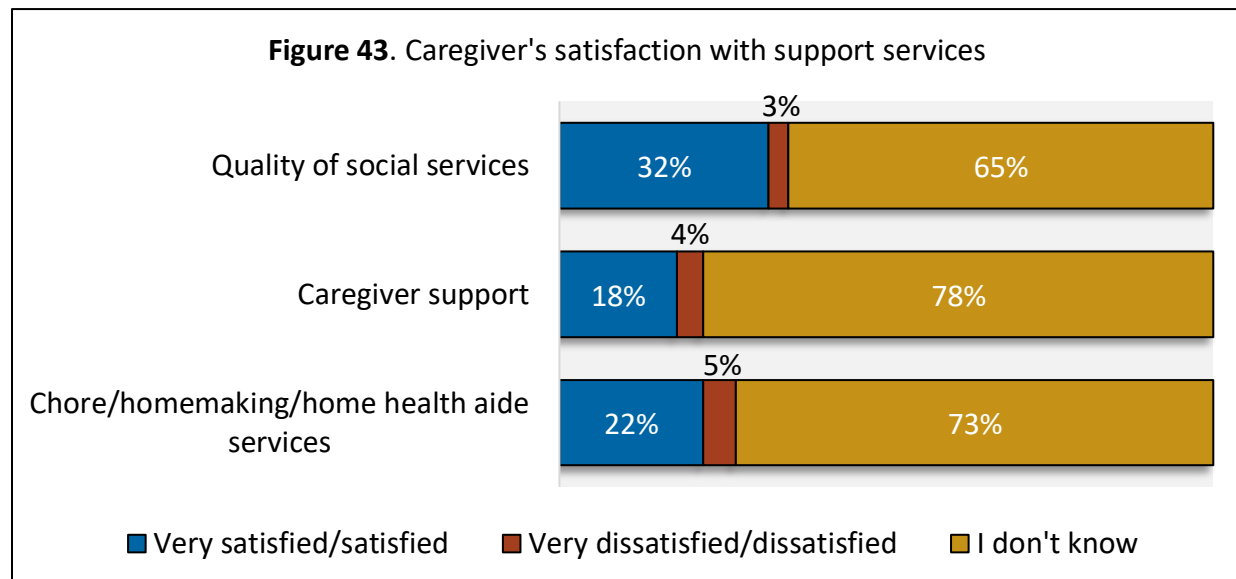
In light of the heavy demands often placed on informal caregivers, respite of various sorts may be critical. A survey question asked specifically about resident satisfaction with caregiver support, such as respite or dementia support groups. Similar to the above responses, the majority of people who didn't report "I don't know" were satisfied with caregiver support services but again, a large majority indicated they did not know rather than provide a satisfaction rating (see **Figure 42**).

**Figure 42.** Satisfaction with caregiver support (such as respite or support groups)

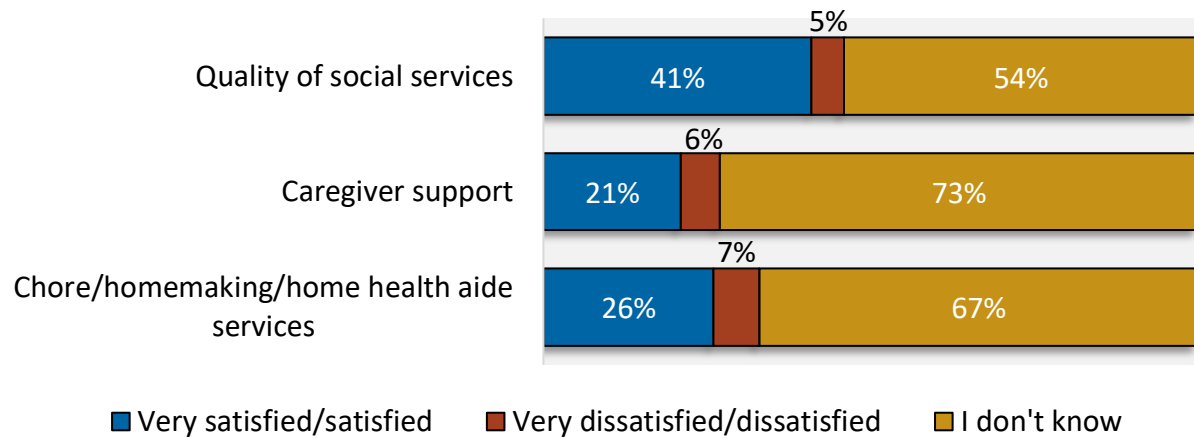


Because these support services would be expected to be especially salient to caregivers and those who need care, satisfaction levels were gauged for these groups. When looking at satisfaction of these support services for just those who are or were a caregiver (see **Figure 43**) and for those

who reported that they almost always, often, or sometimes are limited in their daily activities (see **Figure 44**), high rates of “don’t know” responses persisted, suggesting that even those residents who may have benefitted most from these programs may have little knowledge of them. Among those offering satisfaction ratings, the majority of caregivers and those who are limited in their daily activities were generally satisfied with the quality of social services, caregiver support services, and chore/homemaking or home health aide services. A small percentage of caregivers and those with activity limitations were dissatisfied. Because so many indicated “don’t know”, possibly suggesting that they are not aware of the many services available to them and have therefore not accessed these services, it might be worthwhile to explore new ways to disseminate information about the many services available to those who could benefit from them.



**Figure 44.** Satisfaction with support services by those with activity limitations



During the community forums, some residents expressed frustration with some of the Towns' services. Several residents missed the old Senior Center where lunch was served every day and older adults had their own space. One individual stated that the Town needs to increase focus on those age 80 and older and "the issues they are facing such as impaired health, decreasing memory and low vision." This person wished there was more programming and services for some of these individuals. Others spoke more generally, feeling that there aren't enough services for those age 60 and older.

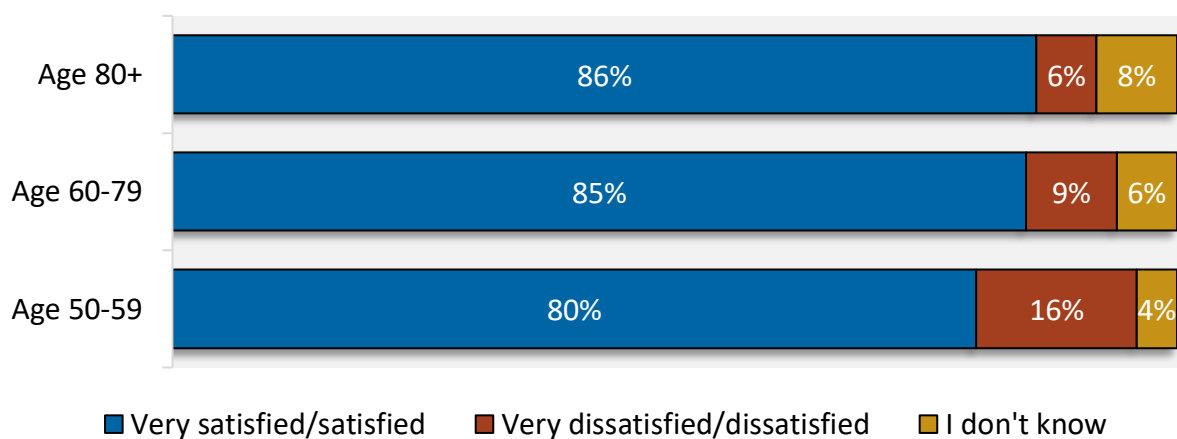
*With families so spread out geographically, many elderly need assistance with normal activities such as writing checks, organizing taxes, grocery shopping/meal preparation, and lawn/house maintenance.*

The topic of respite and adult-day care was discussed as well. One person commented that the Town previously had an adult day care facility and believes that if the Town still had this facility, several people she knows might still be living in the Town. Other residents also expressed this need for respite emphasizing that it provides support for caregivers who need to work and stimulation for those who need care.

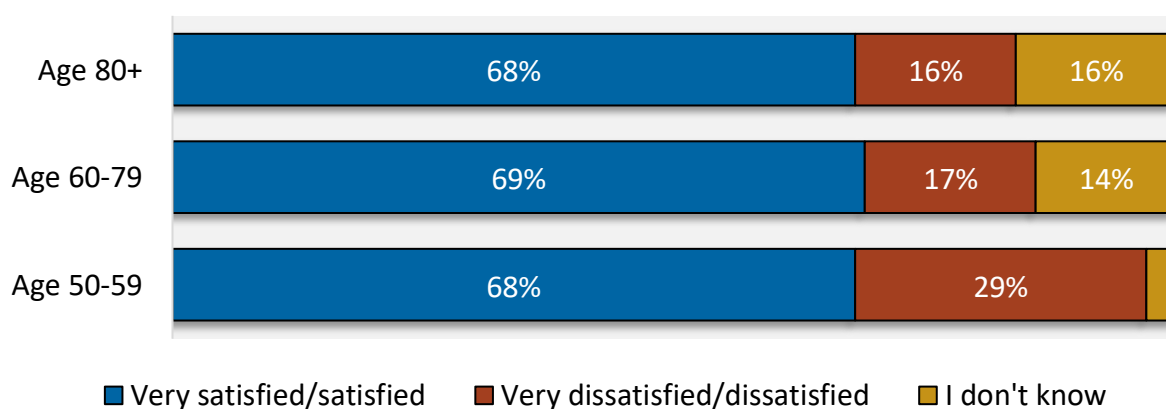
## Programs and services supporting nutrition

Overall, the majority of Lexington residents are satisfied with the availability of affordable, quality food and on average, just over 10% report being dissatisfied or very dissatisfied with this feature, with dissatisfaction being highest for those age 50-59 (see **Figure 45**). When looking at just those respondents who indicated they may be struggling financially (by responding disagree or strongly disagree to the statement “I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses”), the number of people who are dissatisfied with access to affordable, quality food almost doubles (see **Figure 46**). Twenty percent of all respondents who struggle financially noted dissatisfaction with access to affordable, quality food, while 29% of those who age 50-59 who struggle financially reported dissatisfaction. Being able to access affordable, quality food has important implications for healthy eating and an overall healthy lifestyle.

**Figure 45.** Satisfaction with access to affordable, quality food



**Figure 46.** Satisfaction with access to affordable, quality food (for those who indicated they are struggling financially)



## Summary and next steps for community and health services

Many residents are satisfied with the community and health services available to them. The satisfaction with access to physical and mental health services appears to be a strength, although there are small numbers who report dissatisfaction. Large numbers of respondents, or their friends or family members, have been affected by drug abuse or suicide. Supports and prevention activities may be indicated. As well, many respondents provide care to loved ones and find it challenging. Access to affordable, quality food appears to be a concern for a segment of the Lexington population. For most of the types of services assessed in this study, a large share of respondents reported “don’t know”, potentially indicating lack of awareness or feeling that the service is not relevant to their situation. Suggestions for improving community and health services in Lexington, including suggestions mentioned by study participants, are as follows:

- Improve community knowledge about the services already available in Lexington. While broadening awareness overall, take special efforts to improve awareness and access to those who could benefit from services, especially those with participation limitations, caregivers, and those with financial insecurity.
- Consider strategies to expand access to affordable, quality food by:
  - Partnering with local food pantries to assure Lexington residents in need are able to access food.
  - Exploring funding to increase opportunities for congregate dining, with affordable pricing.
  - Spread the word about Lex Eat Together, a Lexington volunteer-run program that “provides a weekly meal in a setting that respects privacy and dignity” (see <http://www.lexeattogether.org/about.html>).
- Consider developing a registry of older adults/individuals who are disabled who might benefit from more services or access existing lists available in the community. If possible, have an ongoing dialogue with this group of individuals to better understand their needs and keep them informed about availability of services to meet their needs.
- Explore strategies to support caregivers:
  - Consider hosting a family caregiver “resource fair” as an opportunity to connect the Lexington Senior Services with family caregivers.
  - Consider hosting a “Caregiver’s Night Out” to provide Lexington residents who might be caring for a family member an opportunity to enjoy a night of entertainment. Explore partnerships with volunteer groups to provide respite care during the event.
  - Consider providing more respite options. For example, provide transport to adult day programs for those who pay privately.

- Promote greater awareness of dementia in the community. Given that the number of Lexington residents who have dementia is already sizable, and likely to increase in coming years, responding to the needs of this segment of the community is required. Expanding and developing dementia-friendly initiatives such as public education about dementia, access to adult day programs, and businesses that are trained to interact with people with dementia are options to consider.



## Social Participation

Being engaged and participating in community events—through learning opportunities, fitness programs, and social activities—helps community members build and maintain social support, remain active, and avoid isolation. Ensuring that ample and accessible participation activities are available is an important task in building a livable community.

Lexington offers many opportunities for social participation, including a myriad of programs featuring recreation, fitness, and educational activities. Opportunities to meet others and strengthen relationships are embedded in many such programs. Participating in “formal” programs as well as informal activities among friendship networks and in neighborhoods is beneficial, and can offset risk of isolation. This section discusses availability of Town amenities relating to social participation and resident satisfaction with those opportunities, as well as information relating to isolation.

### Opportunities for social participation available in Lexington

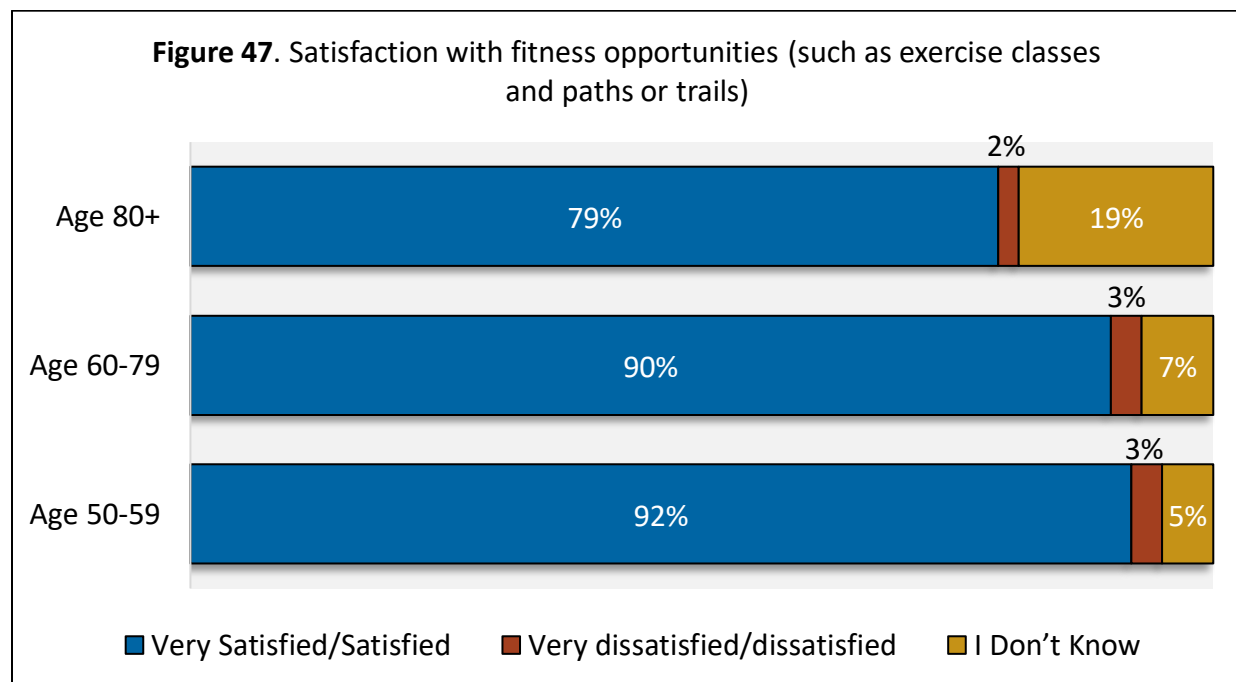
Many community amenities offer opportunities for social participation for older adults. The Cary Memorial Library was specified as an asset by participants at the community forums, and its website lists events and programs that occur every week (see <https://www.caryllibrary.org/calendar/program-calendar>). Many events are designed for children, but a number are meant for adults, including book clubs, discussion groups, knitting groups, and other activities. The library also has a program for those who can’t get out of the house called “Door to Door”, bringing library materials to the home. The Lexington Community Center offers a wide range of programs to promote fitness and social participation. According to the FY2018 COA annual report, Senior Services serves more than half of older adults in the community and provides varied activities that support social participation, focusing on healthy living, caregiving, lifelong learning, intergenerational programs, and social activities. As noted in the monthly newsletter, The SAGE, posted on the website, Senior Services offers educational programs, fitness classes, trips, and many other activities that provide opportunity for social engagement.

Several participants at the community forums shared that they moved to Lexington many years ago for the schools and school programming, but they have learned to appreciate the many other amenities in the Town, including the wonderful library, historical society, and walking spaces. Others at the forums appreciated the many opportunities for intellectual and cultural experiences, citing Lexington’s Older, Wiser, Lifelong Learners program (OWLL) and musical performances as two examples. Lexington residents highlighted both the Cary Memorial Library and Community Center as key strengths of the community, one person specifically mentioning

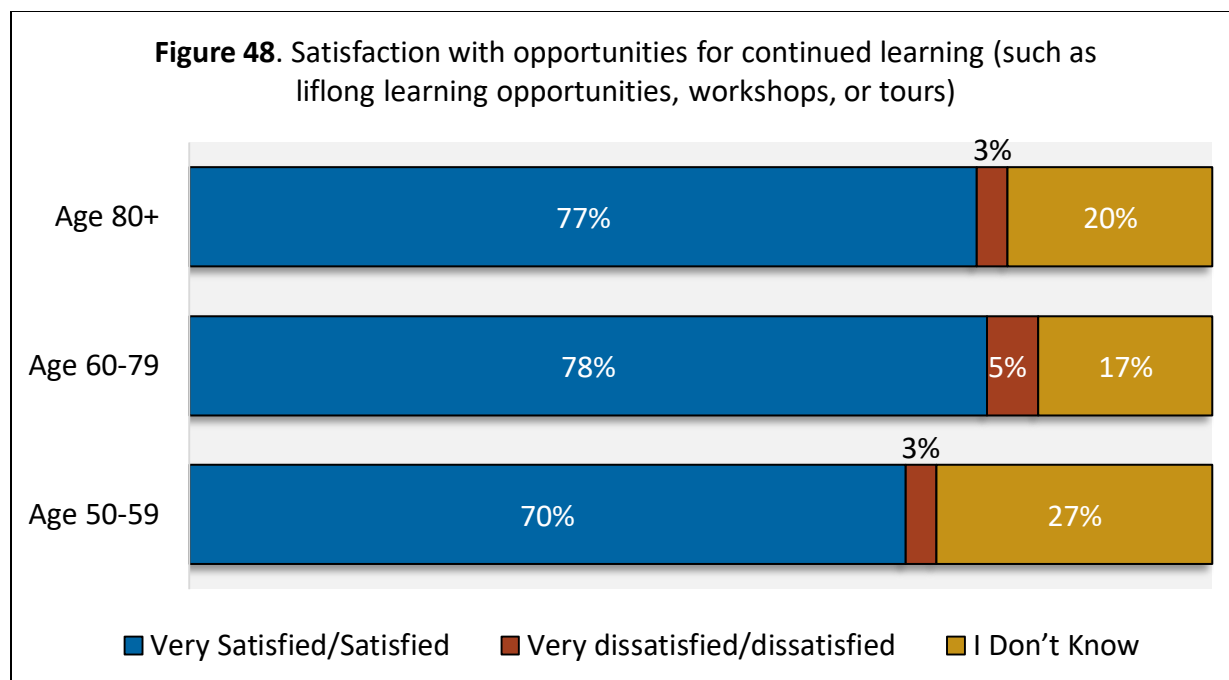
the Community Center as a great place to exercise, attend meetings, and connect with people. While many were very happy with and proud of the schools in Lexington, others expressed frustration that such a large portion of the Town budget goes to the schools, and in their judgment, an inadequate amount is left for Senior Services.

#### Satisfaction with participation opportunities

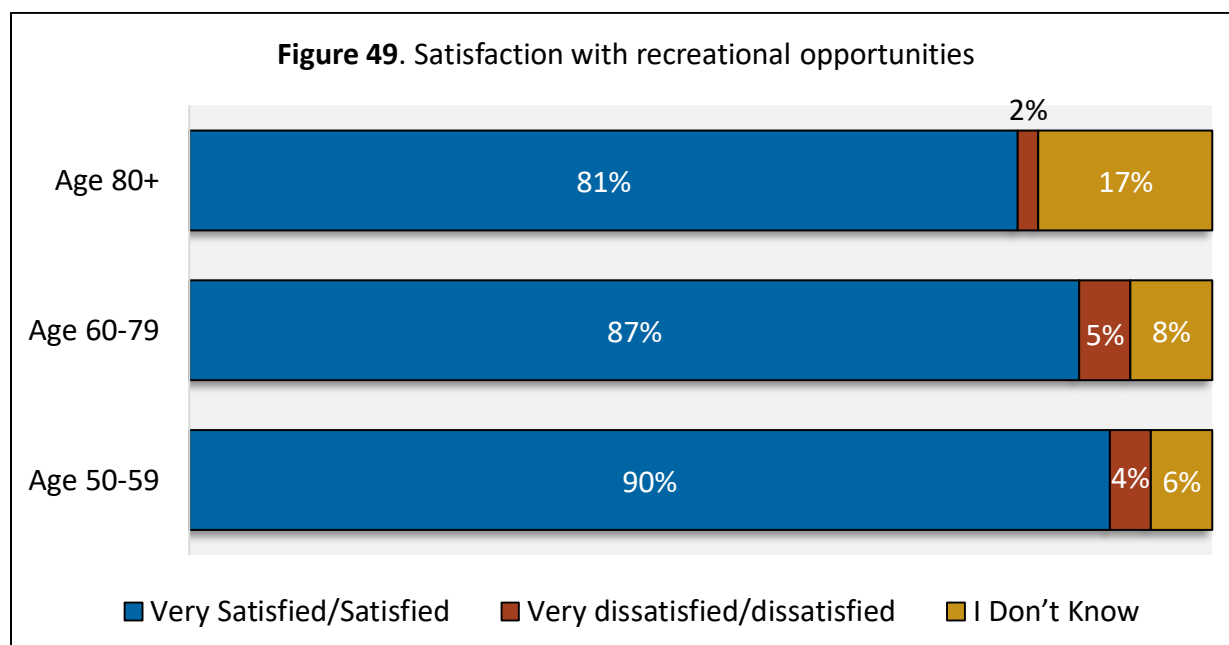
Respondents to the community survey conducted for this study were asked to rate their satisfaction with respect to several aspects of the community relating to participation. Satisfaction was high for fitness opportunities, such as exercise classes and availability of paths or trails. About nine out of ten survey respondents age 50 to 59 and 60 to 79 reported being either very satisfied or satisfied with these opportunities in Lexington. While almost 80% of respondents age 80 and older are satisfied with fitness opportunities, almost one out of five responded “I don’t know” indicating that possibly they don’t take advantage of these opportunities or they are undecided about their satisfaction with fitness opportunities in the Town (see **Figure 47**).



Opportunities in Lexington for continued learning, such as lifelong learning opportunities, workshops, or tours also yield high satisfaction, with 70% to 78% of survey respondents reporting being satisfied or very satisfied with these opportunities (see **Figure 48**).



Survey respondents are satisfied with recreational opportunities as well (see **Figure 49**). More than four out of five respondents report they are very satisfied or satisfied with these opportunities while only a small percentage report dissatisfaction.



## Isolation

The many participation opportunities available in Lexington, along with the generally high levels of satisfaction that they yield among residents, suggest that the infrastructure to promote involvement and avoid isolation is good in Lexington. Yet some individuals nonetheless may be socially disconnected and isolated. This is a significant concern as isolation has been identified as a top public health issue with numerous negative consequences<sup>6</sup>.

*My greatest concern about continuing to live in Lexington is that I will become isolated as our old friends and neighbors are moving away.*

Some individuals are at especially high risk of isolation. People who live alone, those with limited transportation options, those with limitations in daily activities that restrict their opportunities to get out and socialize, and those living far away from their families and loved ones can be at elevated risk of isolation. In Lexington, almost one of five residents 65 and older lives alone (ACS, 2013-2017 Table B09020).

In response to the question, “What do you value most about living in Lexington?” there were many, many comments about community, neighbors, friends, and family. Respondents often noted that they want to remain in Lexington because of their social networks including family and friends who live nearby. Having strong social connections is key to preventing isolation.

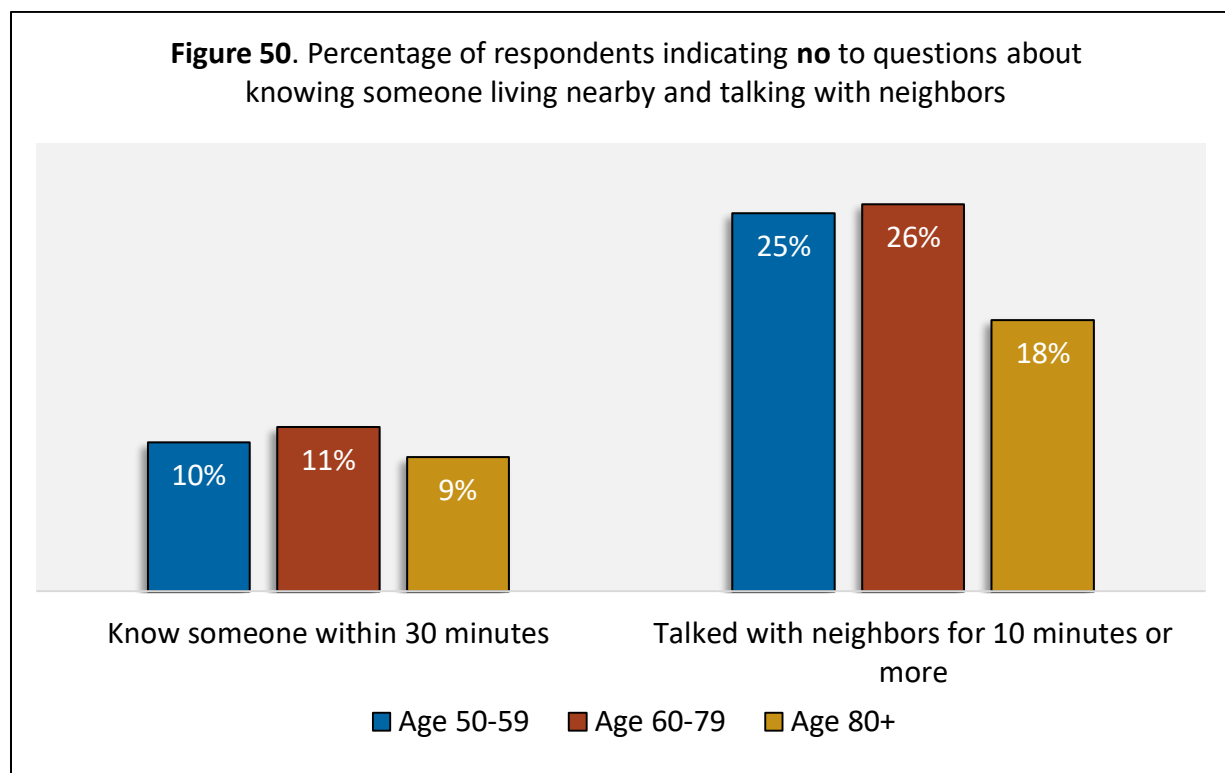
*I value the friendships I have in the neighborhood.*

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 within 30 minutes of their home on whom they can rely for help when needed, 10% of all respondents said they did not (see **Figure 50**). Although those living alone are considered to be at higher risk for isolation, among survey respondents age 60 and older living alone the share who do not know someone living nearby is also around 10%. However, among those age 50-59, respondents living alone do have a higher risk, and 20% responded that they don’t know someone living within 30 minutes on whom they can rely (tabulations not shown). In response to the question, “In the past month, have you talked with any of your neighbors for 10 minutes or more?” one out of four people responded “no” (see

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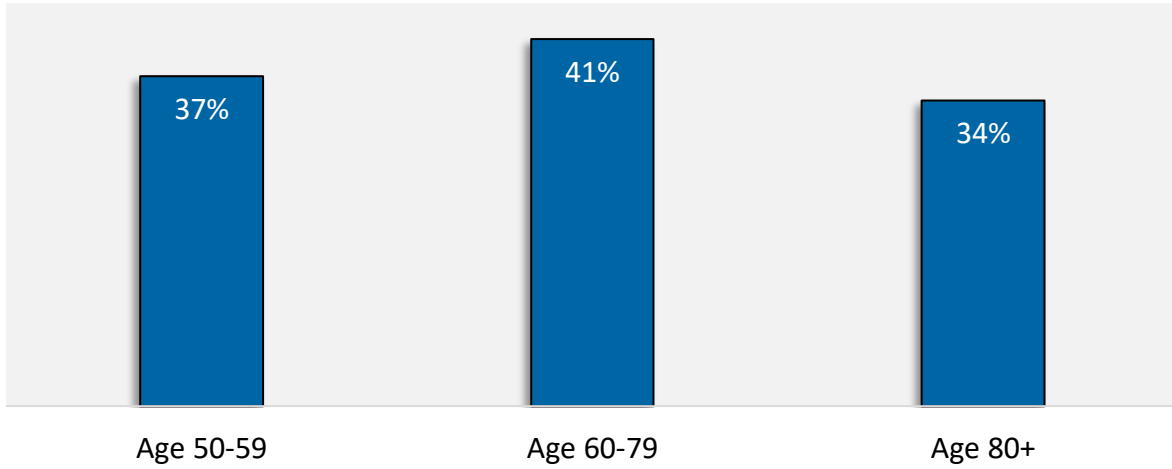
<sup>6</sup> See Qualls, S.H. (2014). What social relationships can do for health. Available online through the American Society on Aging website at <http://www.asaging.org/blog/what-social-relationships-can-do-health>

**Figure 50).** Clearly, some segments of the community do not experience a strong community network and these Lexington residents may be at risk of social isolation.

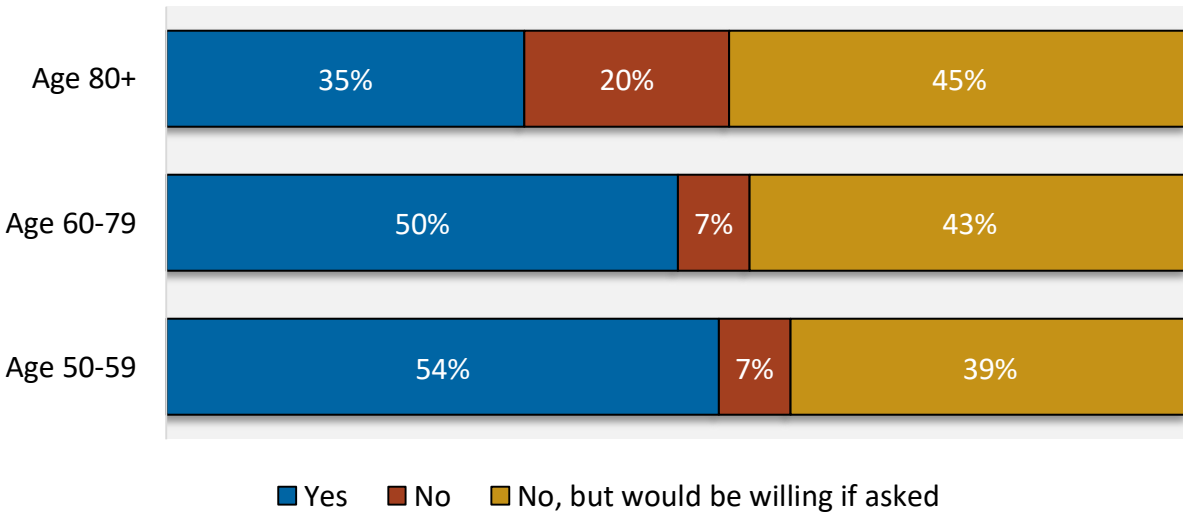


Stakeholders in the focus group that addressed isolation noted that many residents seem concerned about their neighbors who are older as the Fire and Police departments often receive calls when residents haven't seen or heard from their neighbors in a while. On the other hand, one individual interviewed commented that many new, young families are moving in and don't necessarily know or check-in on neighbors. And when survey participants were asked if they would ask a neighbor for help if they needed assistance with a minor task or errand, more than one third of the respondents of all ages responded "no" (see **Figure 51**). In response to the survey question, "Do you provide any help to neighbors with minor tasks or errands?", about half of those age 50 to 59 and age 60 to 69 responded yes, while only 35% of those age 80 and older provide help. While many respondents do not currently provide help, about 40% responded that they would help if asked (see **Figure 52**). These findings, that many respondents are hesitant to ask neighbors for help while many neighbors would help if asked, illustrate a possible opportunity to strengthen neighbor-to-neighbor relations in Lexington as a way of supporting older residents wishing to age in place.

**Figure 51.** "Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)" (percentage of those who responded **no**)

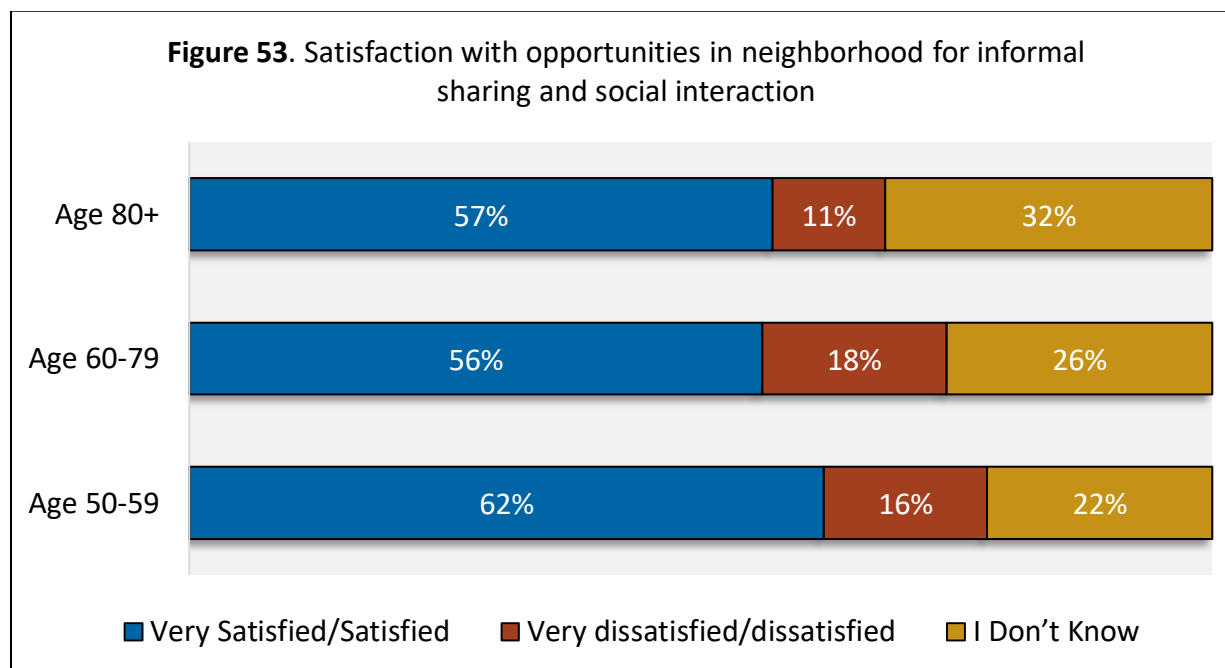


**Figure 52.** "Do you provide any help to neighbors with minor tasks or errands?"



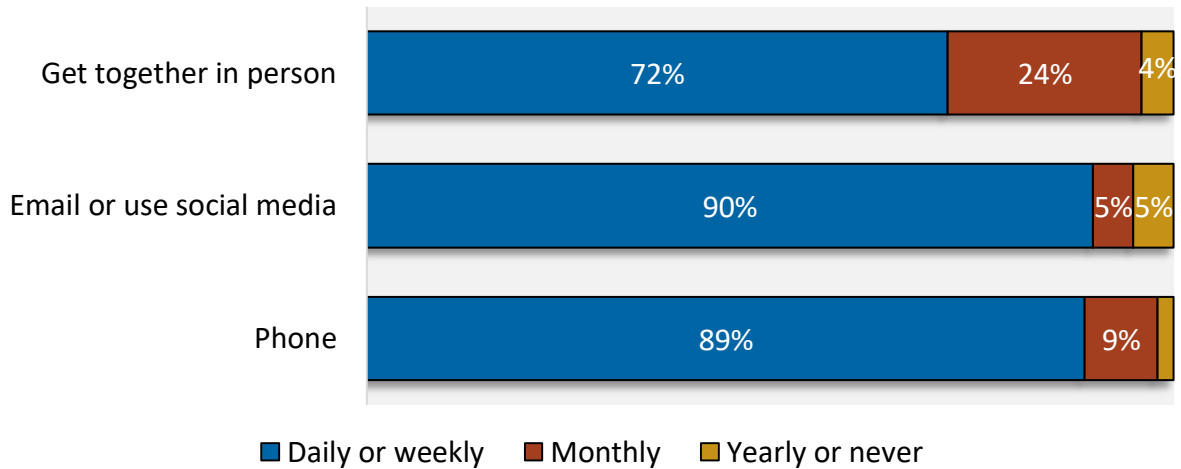
Survey respondents were asked to indicate their level of satisfaction with opportunities in the neighborhood for informal sharing and social interaction. A large share reported that they did not know, suggesting that some Lexington residents may not be aware of the kinds of informal opportunities available in their neighborhoods. More than half of survey respondents reported that they are satisfied or very satisfied with these opportunities (see **Figure 53**), but this is a lower level of satisfaction than was reported above for more “formal” opportunities such as fitness

programs and continued learning. Eleven to 18% of those who responded to the survey said they are dissatisfied with informal sharing and social interaction.

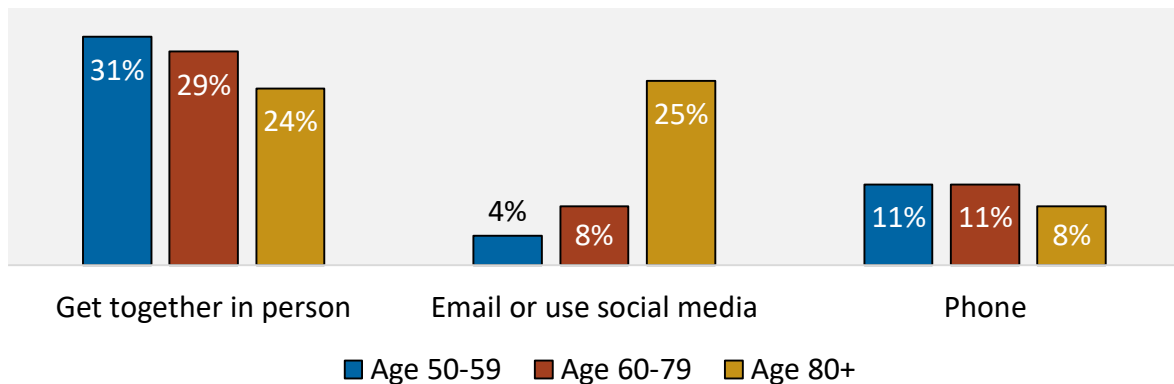


The majority of survey respondents speak with someone and use email or social media on at least a weekly basis to connect with family, friends, or neighbors (see **Figure 54**). Although almost three quarters of the respondents get together in person with someone at least weekly, more than one in four only get together monthly or less frequently. Individuals who have infrequent contact with friends or relatives represent important groups to target for efforts aimed at reducing isolation and, more generally, improving emotional wellbeing. **Figure 55** shows that approximately 30% of those age 50-79, and 25% of those age 80 and older, get together with family, friends, or neighbors monthly or less frequently, while about one out of four survey respondents age 80 and older use email or social media monthly or less frequently. It is also worth noting that 15% of those age 80 and older never use email or social media to connect with people (see **Appendix C**). This finding has implications for strategies to reach out to the oldest segment of the Lexington population.

**Figure 54.** "How often do you talk on the phone, send email/use social media, or get together to visit with family, friends or neighbors?"



**Figure 55.** Those who talk on phone, send email/use social media, or get together to visit with family, friends or neighbors **monthly or less frequently**



Several residents at the community forums and stakeholders during the focus groups spoke about social participation and isolation in Lexington. One individual worried about the people in Town who are isolated, expressing concern that the Town is not adequately attuned to these individuals. Stakeholders shared that while there are “crisis intervention” strategies in place, there are fewer resources for older adults who might be healthy and able to get out but have a limited social network. These stakeholders shared that those who speak English as a second language and those who have lost a spouse appear to be especially at risk. Having a place where



people feel comfortable coming alone and socializing with others is an important aspect of a livable community.

One resident at the community forum stated that there are many activities for children, but not enough programs for the young-old (i.e., people in their 60s). This person spoke about the challenge of making friends in the community as an adult without children in the community. Others mentioned the need for the Town to focus on those age 80 and older and consider the

*I wish there were more activities for people like me (work full time) on Saturday at the Community Center, and that it would be open on Sundays too.*

health challenges they may be facing when developing programming, enabling them to participate and stay engaged. Several comments were made regarding Community Center hours and programming schedules. Some residents stated they are active during the week but the weekends can be long and lonely. One individual at the stakeholder focus group mentioned that sometimes the Meals on Wheels driver is the only person someone will

see all day. Figuring out ways to reach Lexington residents who are isolated or at risk of becoming isolated appears to be an important goal.

#### Summary and next steps for social participation

Overall, opportunities to participate in activities relating to education, recreation and fitness are good in Lexington, and most respondents are satisfied with the options available. Yet, isolation may be a concern in Lexington. Segments of the population indicated that they do not know anyone living within 30 minutes on whom they could call for help and almost 30% of the survey respondents indicated that they get together in person with family, friends, or neighbors only monthly or less frequently. These individuals, and potentially others, are at risk of isolation. A portion of respondents indicated that they are not satisfied with informal sharing and interaction in their neighborhoods, suggesting that informal relationships in local settings could be strengthened. Suggestions for improving social participation in Lexington, including suggestions mentioned by study participants, are as follows:

- Identify mechanisms to expand access and information about available opportunities for social participation.
- Identify neighborhood-based programs or mechanisms to strengthen informal networks in neighborhoods. For example, consider holding Selectmen office hours in residents' homes. Provide residents with materials on "how to host Selectman office hours" including who to contact to coordinate this, the suggested number of neighbors to invite, sample invitations, etc.

- Recognize that some residents are at risk of isolation and take steps to address this issue. For example, consider:
  - Providing services and information at places where older adults might visit when they do leave their homes such as faith communities, flu clinics, or voting sites.
  - Including residents who are unable to leave their home in existing programs through the use of video technology.
- Consider ways to welcome first-time participants to the Community Center who are reluctant to participate on their own (e.g., a buddy program to welcome new participants).
- Consider initiating a Facebook page for older adults, where one could post messages such as asking who might be free to go to a Town event.
- Explore the possibility of increasing the number of active adult events such as bowling or providing access to an indoor walking track.
- Consider strengthening intergenerational activities such as connecting more high school kids with older adults to decrease isolation of older adults. Many residents value these types of activities; as well, these types of programs can be mechanisms for fostering good relationships and partnerships across the community.

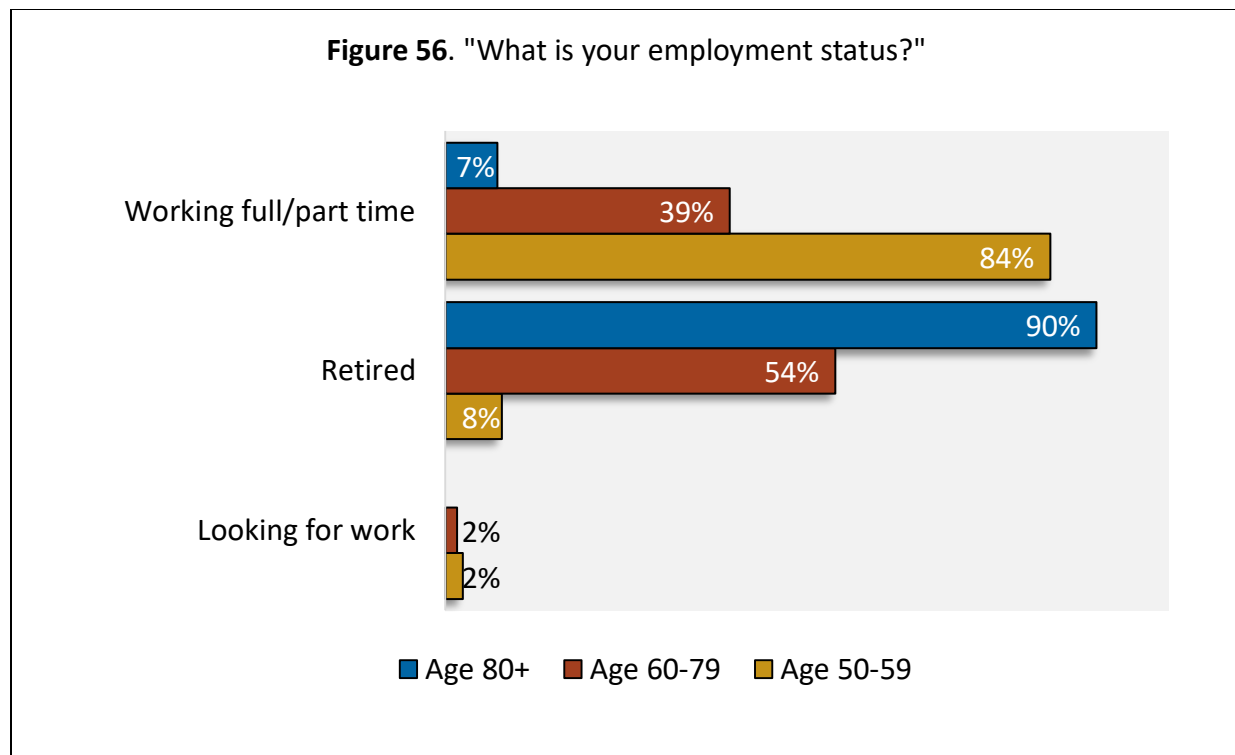
## Civic Participation and Employment

Civic participation, such as volunteering and involvement in local organizations, builds social capital and allows people to pursue interests and be involved in their communities; paid employment can yield these benefits as well as provide income.

Lexington provides many volunteer opportunities at the Community Center through Senior Services. Lexington residents are also involved in Town governance, including membership on numerous Boards and Councils. A section of the Town of Lexington website provides information on some volunteer opportunities (see <https://www.lexingtonma.gov/board-selectmen/pages/volunteer-opportunities-town>). Another website page provides information on current job openings within the Town (see <https://www.lexingtonma.gov/human-resources/pages/current-job-openings-0>). In this section, information on employment in Lexington is offered, along with local volunteer and other civic engagements.

### Employment

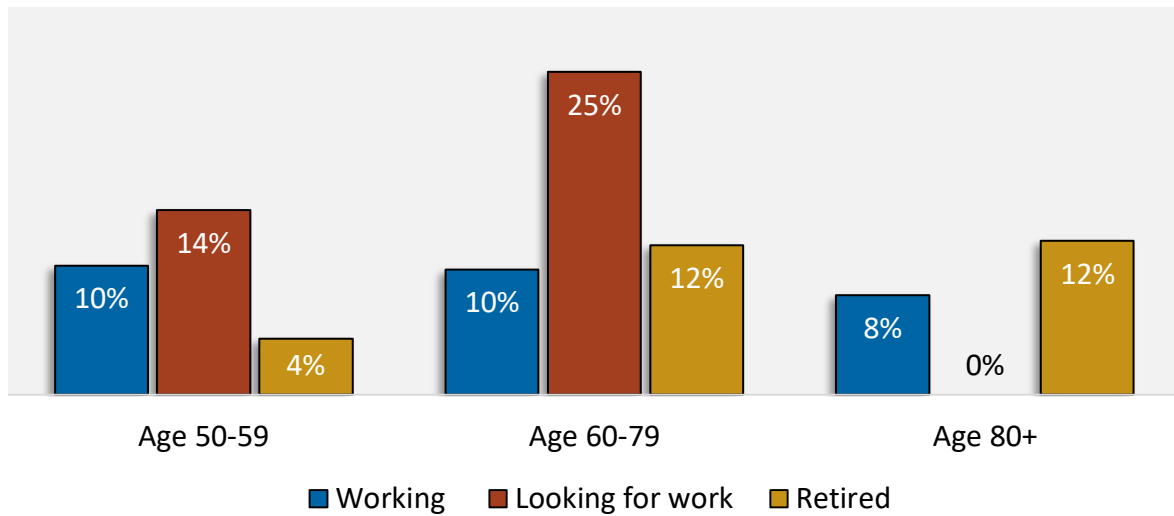
Similar to older adults living in communities throughout the U.S., a large proportion of Lexington residents aged 65 and over remain in the workforce. Four out of ten Lexington residents age 65 to 74 are participating in the labor force on at least a part-time basis, along with nearly 12% of residents age 75 and older (*ACS, 2013-2017, Table S2301*). In the community survey, we asked respondents their employment status and heard similar information (see **Figure 56**). About six percent of survey respondents marked other and wrote in that they were a homemaker, volunteer, self-employed, or disabled.



**Figure 57** shows the share of respondents who are struggling financially based on their employment status. Notably 25% of those age 60-79 who are currently looking for work are financially insecure (as indicated by responding that they disagree or strongly disagree with the statement, “I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses.”). Similarly, some of the survey respondents who are currently working or are retired are also struggling financially. Exploring opportunities to support these individuals through programs that provide discounts and work-off opportunities may be helpful.

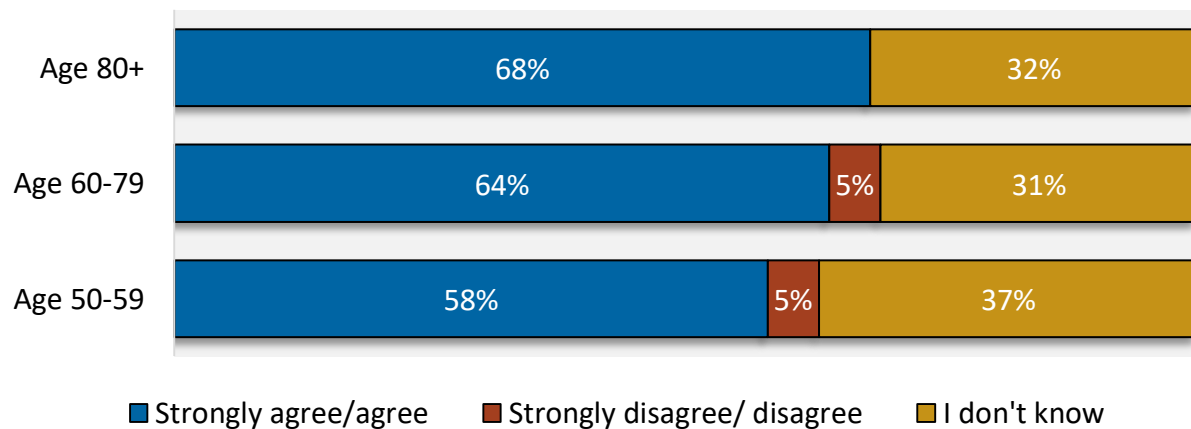
*I am over 75 and working 30 hrs/wk. When I become unable to do this, I will no longer be able to afford to stay in my house and therefore in Lexington. My retirement income does not cover my taxes.*

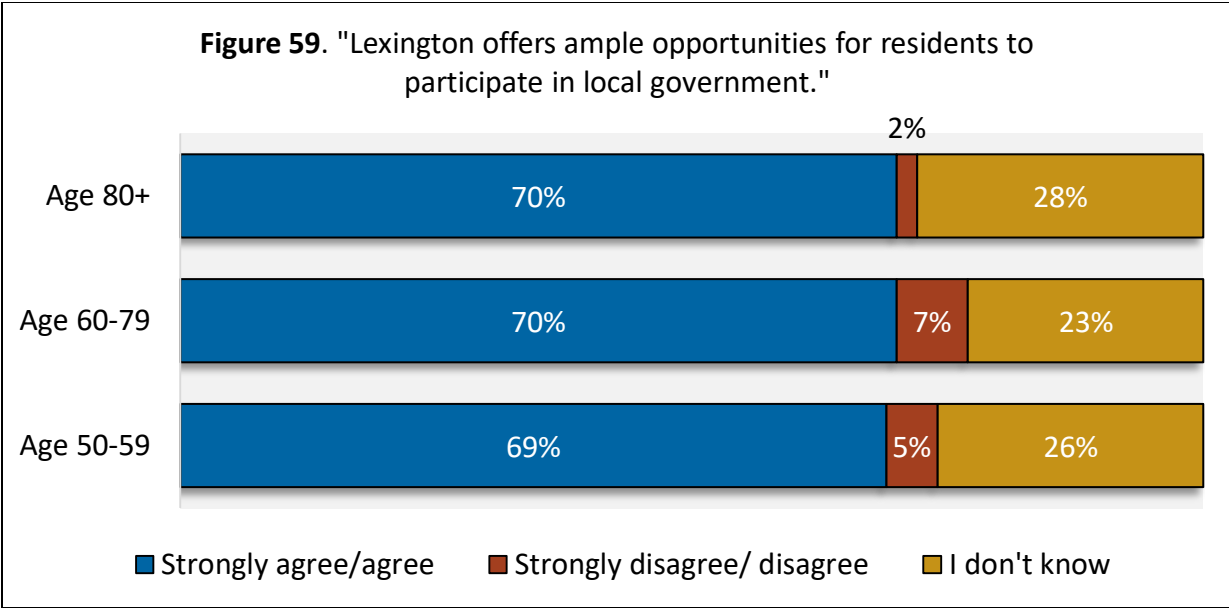
**Figure 57.** Based on employment status, percentage of people who report financial insecurity.



In the community survey, respondents were asked to select their level of agreement with the following statements: 1) Lexington offers flexible and accessible opportunities for residents to volunteer; and 2) Lexington offers ample opportunities for residents to participate in local government. The majority of respondents of all ages agree with these statements while there is a sizable number of respondents who marked “I don’t know” (see **Figures 58 and 59**). It is possible that these individuals do not have time to volunteer or participate in local government, have not explored the opportunities, or are not able to or interested in becoming active in the community for a variety of other reasons.

**Figure 58.** "Lexington offers flexible and accessible opportunities for residents to volunteer."





Several participants in the stakeholder focus group spoke about how active Lexington residents are in the community. One individual stated that there is a large amount of civic engagement and joked about the nearly “100 boards and committees”. This engagement includes older people, as one person noted that a large share of Town meeting members are older adults and emphasized this as a strength of the community as these older adults have a lot of experience and a lot to offer the Town.

During the community forum, residents spoke positively about the many people who are active volunteers within the Town. One resident stated that the Town is professionally run with immense volunteerism that complements the organizations very well. Others spoke about the variety of ways to be civically engaged, by participating in one of the many Town organizations. Overall, only positive comments emerged during the stakeholder focus group and community forums regarding volunteerism and civic engagement within Lexington. One individual summed this up in a note she left after attending the community forum that simply stated, “Great caring and foresight of Town government, especially the many volunteers.”

*One of the things I value most about living in Lexington are the opportunities for us to serve within and outside of governance.*

Summary and next steps for civic participation and employment summary

Lexington appears to offer many opportunities for residents to volunteer and be involved in local civic life. Some evidence suggests a lack of awareness of these opportunities but overall, Lexington residents seem satisfied and are involved with the many civic activities available.

Exploring ways to support those who might be financially insecure through employment opportunities or other programming might be beneficial. Suggestions for improving opportunities for civic engagement and employment in Lexington, including suggestions mentioned by study participants, are as follows:

- Consider expanding programming around retirement planning or finding a post-retirement job. This type of programming simultaneously addresses residents' later-life work interests and need for income.
- Continue providing opportunities for residents to volunteer and stay civically engaged in Town activities.
- Assure that residents can easily identify the opportunities that already exist. Consider asking Friends of the Lexington Council on Aging to identify grant opportunities for promoting senior volunteering.

## Communication and Information

A livable community provides opportunities for residents to stay connected and informed. Promoting widespread awareness of local services, programs and resources maximizes the impact of community assets.

Lexington is taking steps to strengthen communication channels, and provides many ways for residents to learn about the services and programs the Town offers. The Town of Lexington recently hired a new public information officer, whose role is to “direct the implementation of an integrated communications strategy for the Town, incorporating media broadcasts, written materials, and social media trends and applications.”<sup>7</sup> Lexington provides opportunity for residents to share their concerns and ask questions during Board of Selectman weekly office hours, some of which are held at the Community Center. The Lexington Community Center, which includes Senior Services, is a hub for information and disseminates the Senior Services Newsletter (The SAGE) which is a great source of information about activities, resources and opportunities within Lexington. Several residents who attended one of the community forums commented that the newsletter is very well-written, accessible, and helpful. Although a lot of information within the Town is disseminated electronically and The SAGE is available on the web, paper copies of The SAGE are mailed directly to residents 65 and older.

Communication in general—and awareness of programs, services, and opportunities more specifically—can be challenging for those who don’t speak English. Almost 19% of older Lexington residents speak a language other than English at home (*ACS, 2013 – 2017, Table B16004*). Those who speak a language other than English most commonly speak an Asian and Pacific Island language (9%) or an Indo-European language other than English or Spanish (8%). One out of five residents who responded to the community survey administered for this study speak a language other than English at home, with the majority speaking Chinese or another Asian or Pacific Islander language. Stakeholders who participated in the focus group spoke about the need for information to be presented in multiple languages and suggested that developing a new or updated list of people in the Town who can provide translation services might increase access of information to older adults who don’t speak English.

Several questions included on the survey related to communication and accessing information. People access information through a variety of methods and these methods vary based on age. When survey participants were asked how they currently obtain information about programs, activities, and services in their home (with the option to check all that apply), local newspaper, program brochures, and word of mouth were the three most common responses for all ages (61%, 58%, 51% respectively). Email notifications are used by 52% of those 50-59 and 43% of

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<sup>7</sup> Retrieved from <https://www.mma.org/listing/public-information-officer/>



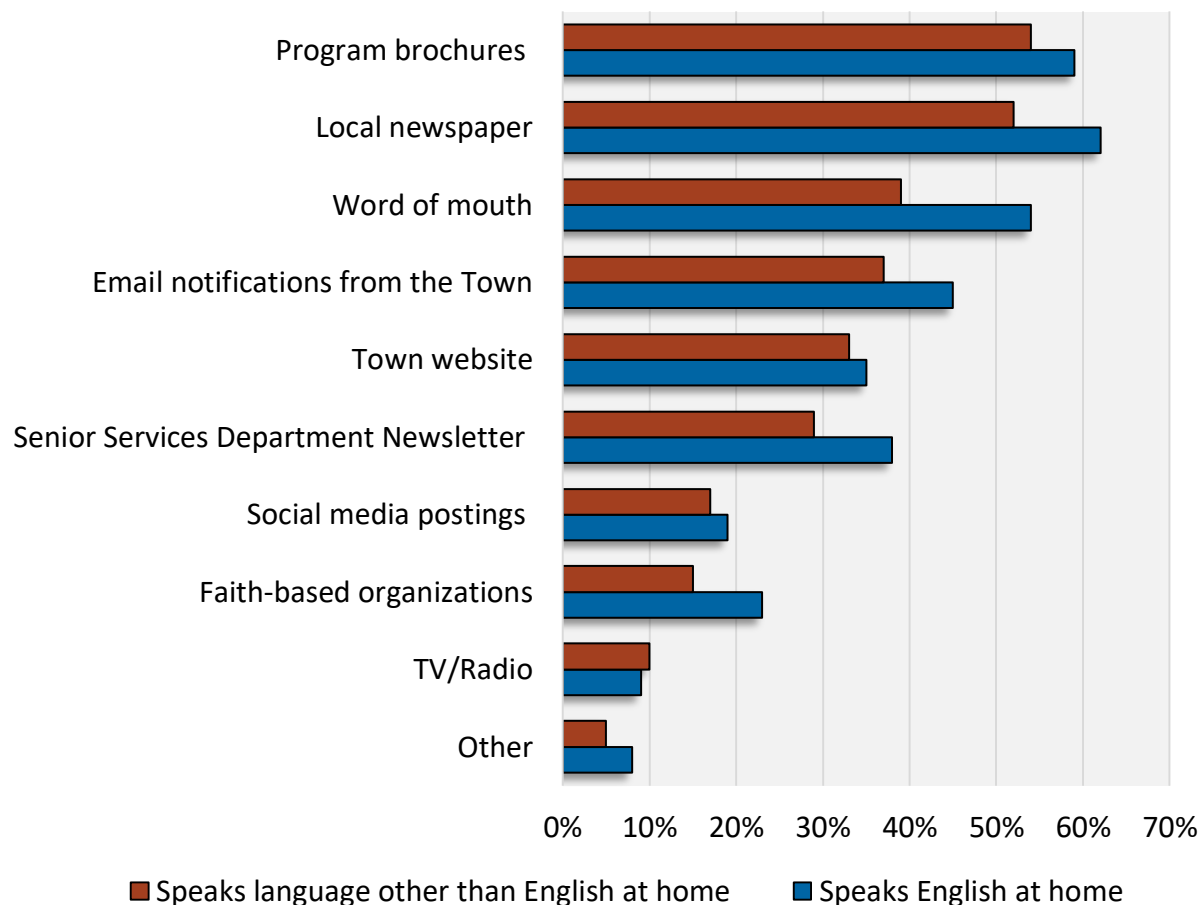
those 60-69 while only 31% of those 80 and older use this method. The Town website is an important avenue of information for those age 50-59 and 60-69 while only 12% of those age 80 and older use this method. The Senior Services Newsletter (The SAGE) was a common method of obtaining information for those age 60 and older. Not surprisingly, since The SAGE is mailed to those age 65 and older, only 5% of those 50-59 access this newsletter (see **Table 2**).

**Table 2.** “How do you currently obtain information about programs, activities, and services in your community? (Check all that apply)”

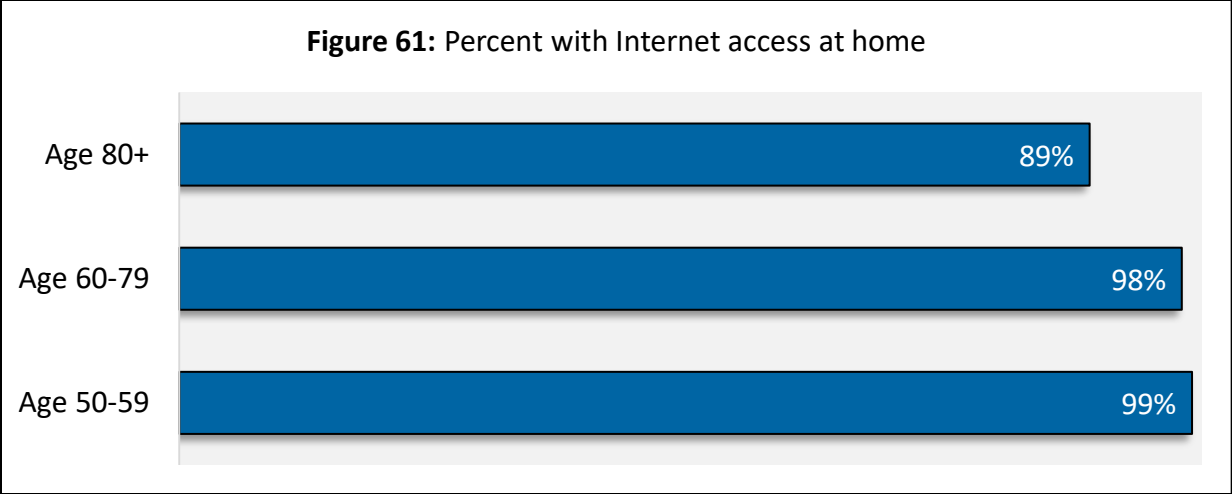
	Age 50-59	Age 60-79	Age 80+	All ages
<b>Local newspaper</b>	63%	58%	64%	61%
<b>Program brochures (e.g., recreation brochure, community education brochure)</b>	59%	60%	51%	58%
<b>Word of mouth</b>	53%	49%	58%	51%
<b>Email notifications from the Town</b>	52%	43%	31%	44%
<b>Senior Services Newsletter (The SAGE)</b>	5%	47%	54%	36%
<b>Town website (<a href="https://www.lexingtonma.gov/">https://www.lexingtonma.gov/</a>)</b>	40%	39%	12%	35%
<b>Faith-based organizations</b>	19%	21%	27%	22%
<b>Social media postings (e.g., Facebook, Twitter)</b>	33%	15%	7%	19%
<b>TV/Radio</b>	10%	7%	19%	10%
<b>Other</b>	8%	6%	8%	7%

The rank order of formats used to receive communication regarding programs, activities, and services for respondents who speak a language other than English at home was very similar to the rank order for all survey respondents. The percentage who use each format, however, is smaller for those who don’t speak English at home as compared to those who speak English at home (see **Figure 60**).

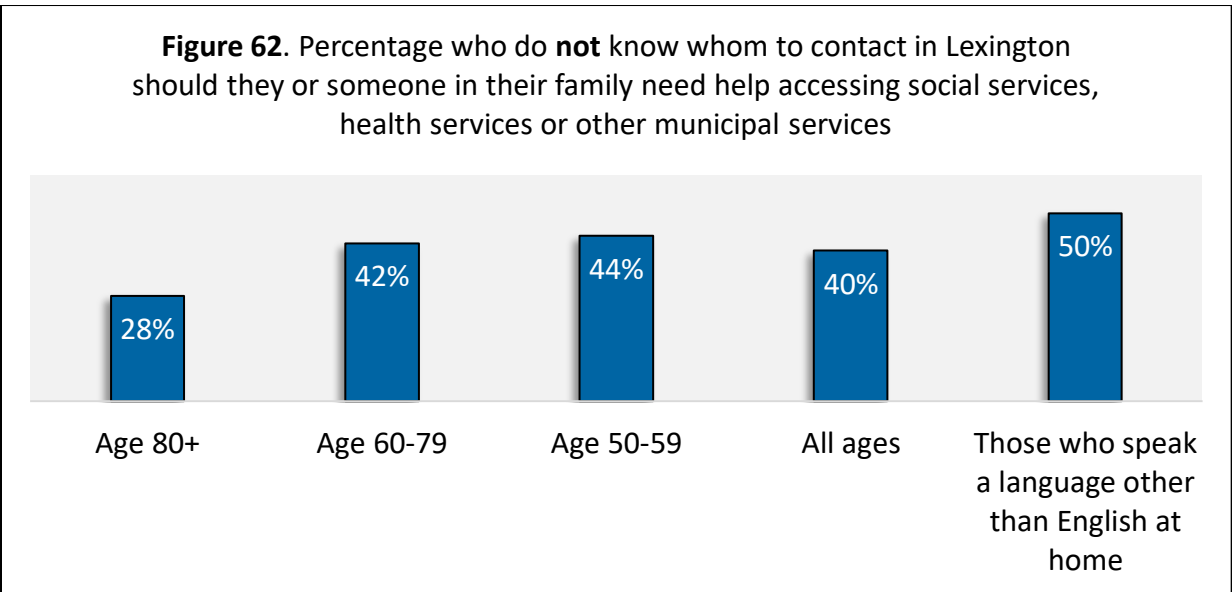
**Figure 60.** “How do you currently obtain information about programs, activities, and services in your community?”  
(by language spoken at home)



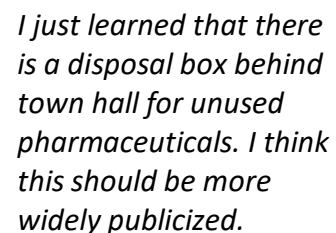
The majority of survey respondents are able to access the Internet at home through use of a smartphone, home computer, laptop, or tablet. Eleven percent of those 80 and older, however, do not have access to the Internet at home (see **Figure 61**). These individuals may struggle to learn about community programming, available services and resources unless information is communicated through other methods.



Survey respondents were asked, “Do you feel informed about what to do in the event of a weather or other emergency?” Ninety-five percent of all ages responded positively (see **Appendix C**), suggesting that essential information about emergency resources is widely disseminated throughout the community. However, when asked, “Would you know whom to contact in Lexington should you or someone in your family need help accessing social services, health services or other municipal services?”, 40% of all respondents said no while 50% of those who speak a language other than English at home responded no to this question. Stronger awareness is evident among respondents age 80 and older, among whom only 28% of survey respondents responded that they don’t know who to contact (see **Figure 62**). It is possible that many in the older cohort have already needed services, and therefore figured out how to access them. Still, many respondents in all age groups, and half of those who do not speak English at home, lack this knowledge.



During the community forums and stakeholder focus group, there were many comments indicating challenges with communication within the Town. For example, participants at the stakeholder focus group noted that Lexington has a community coalition for all ages that includes welcome coffees to share information. The challenge, ironically, is getting the word out about this coalition. At the community forums, one attendee would comment about a service such as LexConnect, and another person in attendance didn't know about this method of transportation. Another resident mentioned that it would be helpful to have a suggestion box at the Community Center, something that is already available at the front desk of the building. Several recommendations made throughout the meeting suggested implementing programs that Lexington already has in place (e.g., linking high school students with older adults). A few residents asked if there was a central place on the Lexington website with a listing of available services or ways to get information. While some residents may be comfortable accessing information online, others are not, making communication strategies more challenging. At the end of the community survey, respondents were asked to add any other thoughts or comments they had and many took the time to respond. Many comments related to communication and focused on spreading the word about programs that are already available.



*I just learned that there is a disposal box behind town hall for unused pharmaceuticals. I think this should be more widely publicized.*

Many strategies to improve communication were suggested at the community forum and during the stakeholder focus group. Most importantly, presenting information in multiple modalities (e.g., print, website, newspaper, through other organizations such as faith-based communities) is needed to reach all older residents. Participants in the stakeholder focus group were concerned that older adults who don't frequent the Community Center don't have access to a lot of the information and programming in Town. Some stakeholders emphasized the need to share information across organizations. It appears that figuring out the best way to publicize information about programs and information that already exists is needed. One resident emphasized the challenge of finding information when she stated, "I have no idea what services are available or even how to start to find out about them".

### Summary and next steps for communication and information

Communication crosses all domains of a livable community. Lexington offers many useful programs and services yet many residents are unaware of them. Getting the word out is challenging, as different age cohorts are more or less comfortable with different modes of communication. The many languages spoken in Lexington pose an additional communication barrier. Strengthening communication and ensuring that residents have access to needed

information should be a priority for the community. Suggestions for improving communication and information in Lexington, including suggestions mentioned by study participants, are as follows:

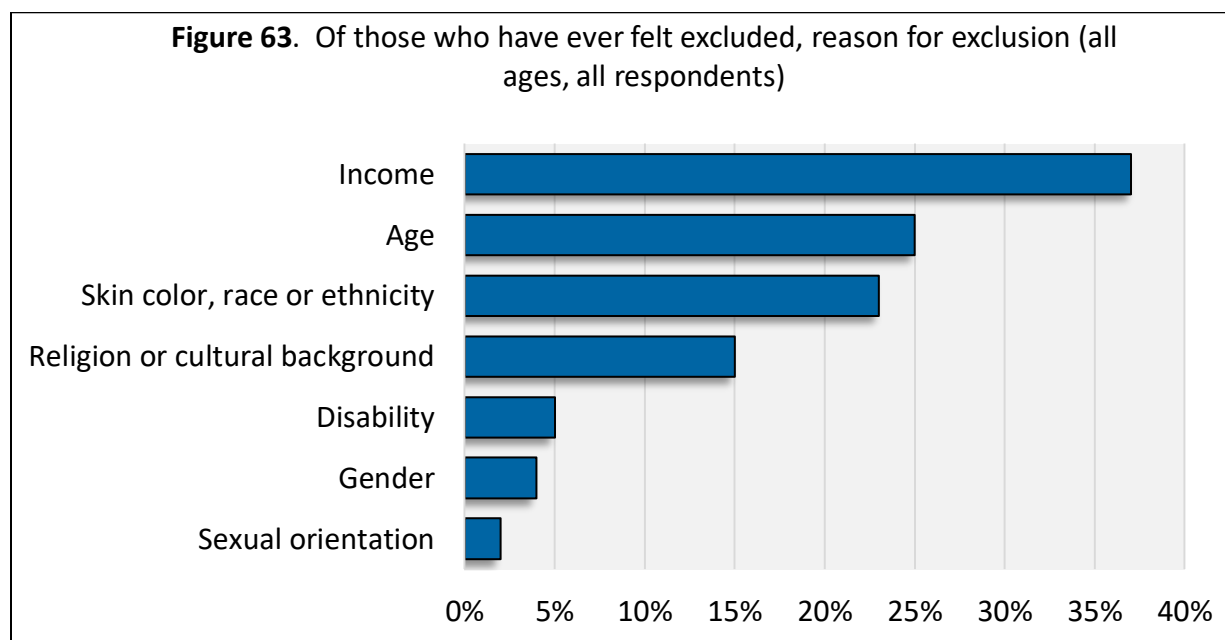
- Consider centralizing information regarding Town events into one town-wide calendar, for example by combining events from Senior Services, the Cary Library, and the schools. This will help spread the word about senior programs and services to residents of all ages. Those who provide care to older adults might be better informed of relevant events and services.
- Collaborate with the new public information officer to develop a communication plan, specifically focusing on communication with:
  - Those who don't have or are unable to access the Internet.
  - Those who don't speak English.
- Consider scheduling quarterly meetings of key employees who work for organizations that provide services to older adults, providing an avenue to share information.
- Continue to disseminate information in multiple formats and provide print copies of important information in locations beyond just the Community Center (e.g., medical offices, etc.).
- Consider providing information in additional languages and working with local cultural groups to determine best ways to disseminate information to those who do not speak English.
- Disseminate information about already available communication strategies. For example, consider including a statement about the suggestion box in The SAGE newsletter, making sure the box is in a visible location and that signage on the box is in large print and high contrast.

## Respect and Social Inclusion

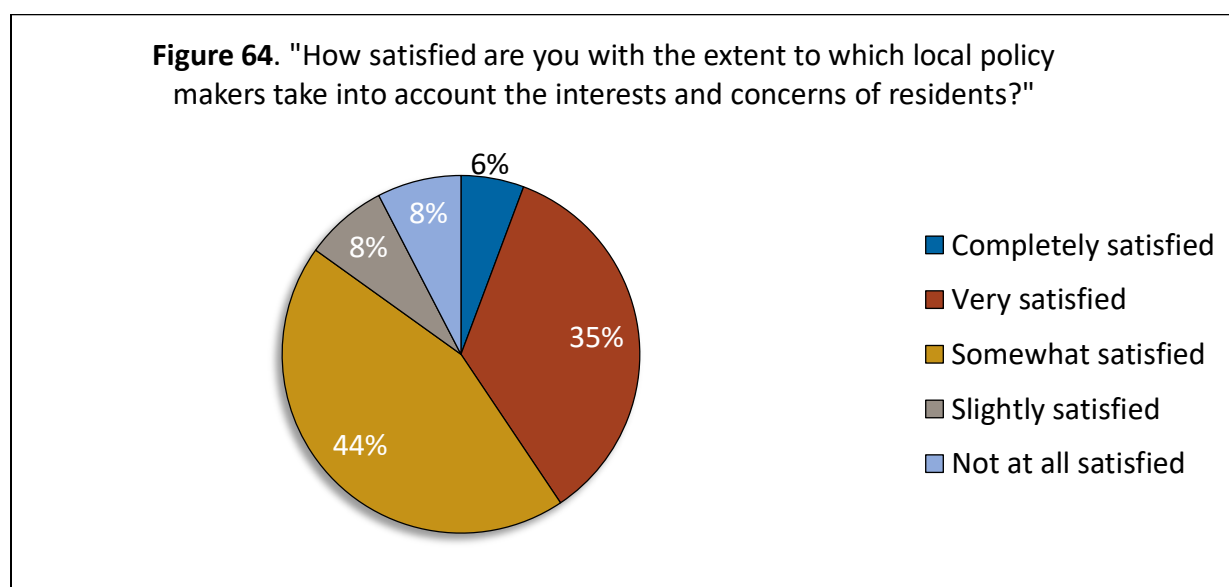
Feeling respected and included promotes participation in the community and facilitates effective use of services and amenities.

During the community forum, several participants acknowledged the diversity and inclusive nature of Lexington and stated that most of Lexington Center merchants are accessible, inviting, vibrant and welcoming. One individual mentioned that the Lexington Interfaith Clergy Association is an asset to the community, providing a welcoming environment to all. In collecting data for this study, we considered issues relating to inclusion along multiple dimensions.

Survey respondents answered the question, “Have you ever felt excluded in Lexington because of your (Check all that apply)” with options of skin color, race or ethnicity, sexual orientation, age, gender, religion or cultural background, income, disability, or other. Respondents could also mark, “No, I have never felt excluded.” While the majority of people who responded to the survey have never felt excluded, one out of five residents have felt excluded based on at least one dimension. Among those reporting having felt excluded, the most common reason was income (37%) while more than 20% of the respondents who had felt excluded reported age, or skin color, race or ethnicity as reasons (see **Figure 63**). Several respondents marked “other”, noting other reasons for exclusion, such as being a working parent, not having children and having a particular political viewpoint.



Feeling ignored or neglected by community leaders can be viewed as a form of exclusion with negative consequences for residents. Survey respondents were asked to rate their satisfaction with the extent to which local policy makers take into account the interests and concerns of residents. About 40% of respondents were completely or very satisfied, while another 44% were somewhat satisfied. Sixteen percent of those who responded to the survey were not satisfied with the extent to which local policy makers consider their input (see **Figure 64**). These percentages are similar across age ranges (see **Appendix C**) and when comparing those who speak or don't speak English at home. These results suggest that overall residents are reasonably satisfied along this dimensions, although there is room for improvement in action taken by local policy makers, or perceptions of those actions on the part of residents.



According to some community forum participants, older adults don't feel fully included or supported by the Town. Many participants commented that older adults feel ignored or unwelcomed in Lexington. Others reminisced about the old Senior Center, commenting that now they have a Community Center where doors to offices are closed, staff don't ask for their input, and there is no space to call their own. Several people at the forum shared the view that the Town prioritizes children and their parents rather than older residents, pointing especially to the large share of the budget that supports children and the schools relative to funds directed toward older adult programming. It appears that many older Lexington residents don't feel their voice is heard and don't feel valued.

*Seniors are definitely a forgotten group in Lexington.*

Other comments about inclusivity emerged as well. For example, one person expressed hope that at future community meetings, efforts would be made to attract people who don't feel

comfortable attending meetings at the Community Center. Stakeholders in the focus group spoke about some marginalized groups. One person spoke about the increased number of grandparents raising grandchildren in Lexington, in part due to the opioid crisis. Another spoke about the LGBTQIA population in Lexington and the importance of making sure they feel included in the Town.

#### Summary and next steps on respect and social inclusion

Many study participants commented positively on the inclusive nature of Lexington, appreciating the diversity of the community. People feel included when they have good access to information, are involved in the community, are aware of and feel welcomed at activities and events, and feel like a valued member of the community. Twenty percent of survey respondents reported that they have felt excluded on one or more dimensions, most commonly income, age, or skin color, race, or ethnicity. There were numerous comments during the community forums and in survey responses regarding feeling disempowered due to age. Some older adults don't feel heard or represented, and this message was repeated in many ways by many people. Suggestions for improving respect and social inclusion in Lexington, including suggestions mentioned by study participants, are as follows:

- Ensure widespread access to information is offered, using accessible mechanisms. Residents need to know whom to contact when they need help or information, and they need to have confidence that municipal offices and organizations are eager to assist.
- Consider accessibility issues when planning community events; this includes taking into account the cost of participation, which may be out of reach for those with economic challenges.
- Consider strategies to improve outreach to all residents as a means of promoting awareness and inclusion.
- Senior Services staff may wish to consider strategies to ensure that residents know they are heard and valued. For example:
  - Hold periodic listening sessions to hear from residents.
  - Involve diverse groups of residents in decision making when possible.
  - Communicate in writing and through periodic meetings/presentations the status of Senior Services (e.g., provide information about programming, staffing, responses to suggestion box ideas, etc.).
  - Consider ways to strengthen involvement of the Council on Aging to assure that older residents' interests are represented.
- Some residents don't feel their input is heard and suggested reorganizing Town administration to include a position for senior affairs that reports directly to the Town Manager and Board of Selectman.



## Conclusions and Priorities

The number of older Lexington residents is already sizable, and projections suggest it will increase within the next decade. Therefore, it is important to consider how well features of the Town, the services and amenities available, and virtually every aspect of the community align with the age demographic moving forward. A broad range of findings are reported in this document, highlighting the many positive features of Lexington as well as concerns expressed by older residents. While many of the findings, and the recommendations that follow, intersect with the scope of responsibility of the Lexington Department of Human Services, it is understood that responding to many needs and concerns expressed in the community will require the involvement of other municipal offices or community stakeholders, and some will require substantial collaborative effort. Domain-specific findings from this study are identified within each section above. Broad conclusions and priorities for next steps are outlined here.

Study findings point to many strengths of Lexington that contribute to its livability. Residents appreciate the historic nature of the community and the walkable downtown area. They have developed friends and established community in the Town and the majority want to remain in Lexington as they age. The diversity of the population and the many cultural events provided by the Town were also noted as reasons residents really like living in Lexington. Local amenities in the form of strong public schools, activities and services offered at the Community Center and the Cary Library, and numerous other opportunities were noted as benefits to living in Lexington. Opportunities for fitness, recreation, and learning were all evaluated positively by survey respondents. Civic participation appears to be a strength based on survey results and input during community forums and focus groups. The Senior Services newsletter, The SAGE, received high marks, as well.

The purpose of the study was to learn about areas for improvement to support aging in Lexington, and it is not surprising that study findings point to dissatisfaction in several areas. Many residents expressed concern about being able to remain in Lexington as they age due to the cost of living. There are few options for downsizing and one-level living in Lexington, and maintaining one's current home and paying taxes is unattainable for many. Although Lexington provides many transportation options (e.g., Lexpress, Lex-Connect, public buses), residents struggle to access Lexpress or travel on the weekends when public transportation is limited.

Several additional concerns were identified in the study. Some Lexington older adults don't feel valued or heard and perceive that inadequate resources are devoted to older adults. Social isolation and the potential for social isolation also emerged as a concern. Social connections are important as one ages, yet many Lexington residents don't know someone living nearby and

don't talk with neighbors often. And most importantly, communication emerged as a challenge within the Town and across all areas of livability. Many services and programs are already available that might support residents who are isolated, dealing with economic insecurity, or lacking transportation, for example, but many people don't know about these services. Spreading the word about the solutions can be challenging due to the different preferences for receiving communication and the multiple languages spoken in Lexington.

### Prioritizing next steps

Improving communication about available resources is an important first step in supporting livability in Lexington. Many programs and resources are available in Town but residents are either unaware of them or unable to access them. A large share of those who might need access to physical or behavioral health services, for example, responded "I don't know" in regards to their satisfaction. Similarly, many who provide care to a loved one responded "I don't know" to resources that might be helpful to them. Disseminating information broadly, through multiple avenues (e.g., email, newspaper, phone calls, etc.) and in multiple languages might increase knowledge of helpful resources. Working with the new Communications Officer to develop a plan to reach Lexington older adults is suggested.

Lexington older adults want to be heard and feel valued. Currently, the Community Center may not fully meet the needs of Lexington older adults. Although Lexington offers many opportunities for recreation and participation elsewhere in the community, such as through the Cary Library and other valued outlets, many residents participating in this study feel gaps in what is available to them. We suggest that Lexington explore ways to prioritize space for older adults, perhaps in the form of dedicated drop-in space at the Community Center with light refreshments available. As well, learning more directly from older residents about programs that they would value through Senior Services may be warranted.

Many projects to improve livability in Lexington are already underway and therefore, we suggest building on the momentum of projects already in place. The interests and preferences of older residents must be incorporated into wide range planning on key issues like housing, transportation, the availability of recreational opportunities, and green space. For example, collaborating with the Comprehensive Plan committee as they make recommendations for housing in Lexington will be important, including advocating for housing options that include smaller housing and one-level living.

Although there is a perception that Lexington is a wealthy Town, a meaningful share of residents are financially insecure. Financial insecurity appears to shape the extent to which residents feel

they belong in Lexington, and influences their ability to take full advantage of local amenities. Many individuals reporting financial insecurity also indicate dissatisfaction to access of affordable food, suggesting another way in which financial security shapes the experience of living in Lexington. Even for those who don't report being financially insecure, housing costs and taxes are a large concern and many state they will consider moving out of Lexington for financial reasons. Moving forward, the community may wish to explore strategies to address the needs of those who are struggling financially through expanded opportunities for tax relief, additional meal programs, and development of other programs and supports.

Although many alternatives to driving exist in Lexington, transportation remains a concern among many residents. We suggest that Lexington continue to collaborate with neighboring towns to address transportation based on results from both the Tri-Town Transit Study and the survey completed for this livability project and work with the Comprehensive Plan committee as they address transportation, as well. Although the Town has many innovative transportation options, it is clear that not all transportation needs are being met and the Department of Human Services has an important role to play in meeting transportation needs experienced by older residents.

The existence of strong social networks and availability of social participation opportunities are important aspects of a livable community. Data from this study show that a segment of Lexington older adults are isolated or at risk of isolation. Although strategies are in place to respond to emergency needs of those who are unable to leave their home, few proactive strategies are in place to meet the needs of those who can leave their home but may have a limited social network. Exploring ways to address this is a priority. Making the Community Center welcoming for older adults, continuing to reach out to those who are unable to leave their home, providing transportation for those able and willing to leave their home, and expanding neighborhood networks are a few suggestions to decrease and/or prevent isolation.

It is worth highlighting a few additional resources that appear to be needed in support of a Lexington for all Ages community. For many older adults, limited availability of public restrooms in the Town emerged as a concern. Exploring ways to increase access to restrooms is key to making the downtown area accessible to all residents.

Many Lexington residents provide care for a loved one and survey results show that this is challenging for many. Senior Services already offers monthly caregiver support groups and provides other services for caregivers (e.g., resources and respite assistance) but it appears that many who provide care don't know or don't take advantage of these services. Senior Services

might explore ways to connect with caregivers, both to share information about the services offered and learn from the caregivers about additional services they might need.

Many Lexington residents have been, or have had friends or family members who have been, affected by substance abuse and/or suicide. Residents may be dealing with other mental health challenges of their own, or of family or friends, as well. Unfortunately, we can't determine if available services are adequate as large numbers of respondents noted, "I don't know" when asked to comment on satisfaction of available mental health services. Exploring strategies to reach this vulnerable population is important, again to share information about the services available and to learn from those dealing with mental health challenges about additional services they might need.

Lexington is a Town that is valued by many and the majority of older adults want to remain in Lexington as they age. Finding ways to support this growing population to remain living in Lexington safely and independently is an important goal.

## Appendix A: Selected Demographics of Lexington Older Adult Population

**Age:** According to the American Community Survey (ACS), there were about 33,339 residents living in the Town of Lexington in 2017. About 41% of the population (13,564 individuals) were age 50 and older (See **Table 3**). Residents who were age 50 to 59 made up 16% of the population; residents age 60 to 79 comprised around 18%, and another 7% of Lexington residents were age 80 and older.

<b>Table 3.</b> Number and percentage distribution of Lexington’s population by age category, 2016		
Age Category	Number	Percentage
Under age 18	8,693	26%
Age 18 to 49	11,082	33%
Age 50 to 59	5,363	16%
Age 60 to 79	6,021	18%
Age 80 +	2,180	7%
<b>Total</b>	<b>33,339</b>	<b>100%</b>
<i>Source: American Community Survey, 2013-2017, Table B01001. Numbers are calculated from 5-year survey estimates.</i>		

The share of Lexington population age 60 and older is larger than in the state of Massachusetts as a whole. In 2017, Massachusetts residents age 60 and over comprised about 21% of the population, and 4% were age 80 and over. In Lexington, about 25% of the population was 60 or older, including 7% who were 80 years or older (ACS, 2013-2017, Table B01001).

**Gender:** In Lexington, 52% of the residents are female (ACS, 2013– 2017, Table B01001). However, the share of residents who are women is higher in older age groups. Fifty-three percent of residents age 50 and older are women and this percentage increases to 63% women when looking at those age 80 and older. The larger number of older women is due in large part to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

**Race, ethnicity, and culture:** Lexington is more diverse than the state with respect to race. For all ages combined, about 67% of Lexington residents report their race as White non-Hispanic, compared to 73% in Massachusetts (ACS, 2013–2017, Table B03002). However, among older adults, Lexington is less diverse. **Table 4** displays the race and ethnicity of Lexington residents

age 65 and older. The large majority of older residents report White race and ethnicity (86%). The remaining percentage of the population 65 and older reported Asian (12%), Hispanic (1%) and Black (1%) race and ethnicity. Less than 1% report other race and ethnicity.

**Table 4.** Race distribution of residents who are age 65 and older in Lexington

Race	Number	Percent
<b>White</b>	5,361	86%
<b>Black</b>	63	1%
<b>Asian</b>	775	12%
<b>Other</b>	37	<1%
<b>Total</b>	<b>6,236</b>	<b>100%</b>
<b>Hispanic</b>	76	1%

*Source: American Community Survey, 2013-2017, Tables B01001A-I. Numbers are calculated from 5-year survey estimates.*

*Veteran status:* Nearly 29% of men age 65 and older, along with a very small share of older women, report veteran status (ACS, 2013-2017, Table B21001). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

*Educational attainment:* American Community Survey estimates on education suggest that Lexington residents, on average, are well educated. About 69% of persons 65 and older have at least a bachelor's degree, with many having a graduate/professional degree (ACS, 2013-2017, Table B15001). 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<sup>8</sup>.

*Living arrangements:* American Community Survey estimates suggest that among Lexington residents age 65 and older, most live in a household including other people. Seven out of ten older residents live in a home that includes at least one other person, typically a relative, while 22% live alone. Five percent live in a group quarters setting, such as a nursing home.

<sup>8</sup> Fitzgerald, K.G. & Caro, F.G. An overview of age-friendly cities and communities around the world. *Journal of Aging & Social Policy*, 26: 1-18, 2014

## Appendix B: Methods

Methods used in compiling this report include analysis of existing data from the U.S. Census Bureau (the decennial censuses and the American Community Survey), from projections generated by the Donahue Institute at the University of Massachusetts and by the Metropolitan Area Planning Council, and from the Healthy Aging Data Report for Lexington (Massachusetts Healthy Aging Collaborative, n.d.). Additional information was retrieved from material drawn from the Comprehensive Plan website, the Lexington Council on Aging 2018 Annual Report, and the Town website as well as original data collected for this study.

### Demographic Profile

As an initial step toward understanding characteristics of the Town of Lexington's older population through quantitative data, we generated a demographic profile of the Town 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 5-year ACS files (2013-2017), along with U.S. Census data for the Town of Lexington 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.

### Focus Groups and Interviews

In January 2019, we conducted one focus group with stakeholders who work with older adults in Lexington; they were recruited by the Assistant Director of Senior Services, with input from the Lexington for All Ages advisory board. Participants in this focus group included a representative from each of the following groups: Indian Americans of Lexington, Chinese American Association of Lexington, Lexington Recreation Department, Lexington Housing Authority, Minuteman Senior Services, Cary Memorial Library, and Pastoral Care. In September, we conducted one additional focus group and two interviews designed to address the topic of isolation among Lexington's older residents. Focus group participants and interviewees included representatives from Senior Services, the Fire Department, the Police Department, and the Department of Public Health.

### Community Forums

In March, 2019, two community forums were conducted, one held in the afternoon with about 80 people in attendance and the other in the evening with about 40 people present. After a brief presentation by a Center for Social and Demographic Research on Aging (CSDRA) researcher regarding the eight features of an age-friendly community identified by the World Health Organization, attendees shared their thoughts regarding strengths and challenges to living in Lexington, and recommendations in support of a livable Lexington. Comments were also received

from Lexington residents after the forum, both from individual conversations with CSDRA staff and written comments.

### Document Review

We reviewed documents and presentations from Lexington groups, primarily those available through the Lexington Comprehensive Plan website along with the Lexington Council on Aging 2018 Annual Report.

### Resident Survey

A questionnaire for this project was developed by CSDRA research staff in consultation with the Lexington for All Ages Advisory Board. In designing the questionnaire, efforts were taken to address elements of each domain within the framework being used by the initiative along with relevant demographic indicators, while attempting to limit length and respondent burden. The resident survey was mailed to a random sampling of 3500 Lexington residents age 50 and older. A mailing list was obtained from the Lexington Town Clerk, based on the most current municipal census. Postcards were mailed to the random sampling of residents alerting them that they would be receiving a survey in the coming weeks. Subsequently, printed surveys were mailed to the sample of Lexington residents meeting the age requirement, along with a postage-paid return envelope. As well, the survey was installed on the SurveyMonkey website for those who received the mailing but preferred to complete the survey online. A total of 1053 responses to the survey were obtained, representing a strong return rate of 30% (see **Table 5**). Less than 10% of the responses (103 surveys) were returned online and the rest of the responses were returned by mail. In **Appendix C**, response distributions are shown by age group.



**Table 5: Community Survey Respondents**

	Full Lexington mailing list, residents age 50+	% age distribution for full mailing list	Surveys mailed	% of age group mailed	Number of responses	Response rate	% age distribution for responses
<b>50 to 59</b>	5,095	38%	1,355	39%	297	22%	29%
<b>60 to 69</b>	3,869	28%	1,020	29%	313	31%	30%
<b>70 to 79</b>	2,549	19%	648	19%	250	39%	24%
<b>80 to 89</b>	1,499	11%	358	10%	129	36%	13%
<b>90+</b>	499	4%	119	3%	39	33%	4%
<b>Total</b>	13,511	100%	3,500	100%	1,053*	30%*	100%

\*Includes 25 surveys where people declined to provide their age

### 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 tables contained in **Appendix C** 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 Lexington?”). Notes taken during the study’s qualitative components (e.g., focus groups, community forums) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Lexington. We used information from all sources of data to develop recommendations reported in the final section of this report.

## Appendix C: Survey Results

**Note:** Appendix tables are based on 1053 responses to the *Lexington for All Ages* Survey, conducted in Spring 2019. 103 responses were received online with the rest of the responses received by mail. Total response rate was 30%. See **Table 5**, above, and text for additional details.

### How long have you lived in Lexington? (Check only one)

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Fewer than 5 years</b>	9%	2%	6%	8%	6%	5%
<b>5-14 years</b>	34%	9%	8%	8%	16%	8%
<b>15-24 years</b>	36%	22%	9%	6%	20%	14%
<b>25-34 years</b>	15%	38%	15%	2%	20%	22%
<b>35-44 years</b>	1%	21%	34%	9%	16%	23%
<b>45 years or longer</b>	5%	8%	28%	67%	22%	28%
<b>Total</b>	100%	100%	100%	100%	100%	100%

### How important is it to you to remain living in Lexington as you get older?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Very Important</b>	31%	45%	65%	73%	50%	58%
<b>Somewhat Important</b>	41%	36%	23%	22%	32%	28%
<b>Slightly Important</b>	18%	13%	7%	3%	12%	9%
<b>Not at All Important</b>	10%	6%	5%	2%	6%	5%
<b>Total</b>	100%	100%	100%	100%	100%	100%

### Do you rent or own your current place of residence? (Check only one)

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>I own</b>	89%	94%	89%	78%	88%	89%
<b>I rent</b>	8%	3%	7%	10%	7%	6%
<b>Other</b>	3%	3%	4%	12%	5%	5%
<b>Total</b>	100%	100%	100%	100%	100%	100%

Which of the following best describes your current place of residence? (Check only one)

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Single-family home	89%	90%	84%	69%	85%	83%
Accessory apartment (add-on apartment to an existing home)	0%	0%	0%	0%	0%	0%
Apartment, condominium or townhome	10%	8%	12%	12%	10%	10%
Continuing care retirement community (e.g., Brookhaven)	0%	0%	1%	15%	2%	4%
Assisted living community (e.g., Youville Place)	0%	0%	1%	2%	1%	1%
Other	1%	2%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%

Who do you live with? (Check all that apply)\*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
I live alone	5%	11%	16%	30%	14%	17%
I live with a spouse or partner	83%	83%	74%	57%	76%	74%
I live with a relative (e.g., children, grandchildren, parents)	36%	13%	11%	10%	19%	11%
Other	9%	2%	5%	4%	5%	3%

\*Figures do not sum to 100%

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

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Smaller single family home</b>	53%	38%	20%	9%	33%	25%
<b>Accessory apartment (add-on apartment to an existing home)</b>	3%	4%	4%	4%	4%	4%
<b>Apartment, condominium or townhome</b>	42%	38%	34%	11%	34%	30%
<b>Senior independent living community (e.g., continuing care retirement community, 55+ community)</b>	15%	26%	46%	54%	32%	39%
<b>Assisted living community</b>	2%	6%	14%	22%	10%	13%
<b>Affordable or subsidized housing</b>	6%	6%	6%	9%	7%	7%
<b>Other</b>	14%	17%	13%	9%	14%	14%

**\*Figures do not sum to 100%**

**Is your preference to rent or own your next home? (Check only one)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>To own</b>	83%	72%	54%	28%	64%	56%
<b>To rent</b>	6%	7%	19%	8%	10%	11%
<b>N/A, I do not plan on moving from my current residence</b>	11%	21%	27%	64%	26%	33%
<b>Total</b>	100%	100%	100%	100%	100%	100%

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 five years?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	13%	19%	30%	24%	21%	24%
<b>No</b>	87%	81%	70%	76%	79%	76%
<b>Total</b>	100%	100%	100%	100%	100%	100%

Are you able to take care of home maintenance activities for your current residence (e.g., snow removal, yard work)?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	84%	80%	70%	46%	73%	69%
<b>No</b>	6%	10%	13%	24%	12%	14%
<b>I am not responsible for home maintenance</b>	10%	10%	17%	30%	15%	17%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**I use the following methods of transportation to meet my travel needs**

*I drive myself*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	99%	98%	97%	90%	97%	96%
<b>No</b>	1%	2%	3%	10%	3%	4%
<b>Total</b>	100%	100%	100%	100%	100%	100%

*Family or friends drive me*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	33%	38%	49%	69%	45%	50%
<b>No</b>	67%	62%	51%	31%	55%	50%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Public transportation (e.g., MBTA bus, commuter rail, RIDE)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	57%	61%	61%	38%	57%	57%
<b>No</b>	43%	39%	39%	62%	43%	43%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Volunteer driver program (e.g., F.I.S.H.)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	1%	1%	0%	19%	3%	4%
<b>No</b>	99%	99%	100%	81%	97%	96%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Lexpress (fixed-route Lexington minibus)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	15%	15%	24%	17%	18%	19%
<b>No</b>	85%	85%	76%	83%	82%	81%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Lex-Connect (door-to-door reduced fair taxi)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	2%	3%	4%	11%	4%	5%
<b>No</b>	98%	97%	96%	89%	96%	95%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Taxi or ride sharing services (e.g., Uber, LYFT)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	70%	65%	47%	50%	61%	56%
<b>No</b>	30%	35%	53%	50%	39%	44%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Walk or bike**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	87%	90%	86%	51%	84%	82%
<b>No</b>	13%	10%	14%	49%	16%	18%
<b>Total</b>	100%	100%	100%	100%	100%	100%

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

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>I drive with no limitations</b>	96%	90%	76%	54%	82%	77%
<b>I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)</b>	3%	8%	18%	31%	13%	17%
<b>I do not drive</b>	1%	2%	6%	15%	5%	6%
<b>Total</b>	100%	100%	100%	100%	100%	100%

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

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	2%	2%	3%	4%	3%	3%
<b>No</b>	98%	98%	97%	96%	97%	97%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Please rate your level of satisfaction with each of the following features of Lexington.****Transportation options**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Very Satisfied</b>	18%	18%	20%	9%	17%	17%
<b>Satisfied</b>	53%	48%	57%	53%	52%	52%
<b>Dissatisfied</b>	17%	13%	8%	7%	12%	10%
<b>Very Dissatisfied</b>	2%	3%	3%	5%	3%	3%
<b>I Don't Know</b>	10%	18%	12%	26%	16%	18%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Availability of parking***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	22%	18%	13%	10%	17%	15%
Satisfied	63%	60%	62%	65%	62%	62%
Dissatisfied	9%	16%	18%	12%	14%	16%
Very Dissatisfied	4%	4%	3%	5%	4%	4%
I Don't Know	2%	2%	4%	8%	3%	3%
Total	100%	100%	100%	100%	100%	100%

***Accessibility of parking***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	19%	22%	13%	10%	17%	16%
Satisfied	58%	60%	65%	65%	62%	63%
Dissatisfied	8%	8%	11%	11%	9%	10%
Very Dissatisfied	1%	1%	3%	7%	2%	3%
I Don't Know	14%	9%	8%	7%	10%	8%
Total	100%	100%	100%	100%	100%	100%

***Handicap accessibility of walkways, public buildings, and businesses***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	15%	11%	16%	13%	14%	13%
Satisfied	33%	40%	44%	51%	41%	44%
Dissatisfied	3%	4%	1%	5%	3%	3%
Very Dissatisfied	0%	1%	2%	1%	1%	2%
I Don't Know	49%	44%	37%	30%	41%	38%
Total	100%	100%	100%	100%	100%	100%

***Availability of maintained sidewalks***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	15%	16%	14%	13%	15%	15%
Satisfied	59%	59%	60%	66%	60%	61%
Dissatisfied	17%	18%	14%	7%	15%	14%
Very Dissatisfied	6%	5%	5%	4%	5%	5%
I Don't Know	3%	2%	7%	10%	5%	5%
Total	100%	100%	100%	100%	100%	100%



***Lighting along sidewalks and trails***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	13%	13%	8%	12%	11%	11%
Satisfied	50%	47%	57%	52%	51%	52%
Dissatisfied	24%	23%	15%	8%	19%	17%
Very Dissatisfied	5%	3%	4%	2%	4%	3%
I Don't Know	8%	14%	16%	26%	15%	17%
Total	100%	100%	100%	100%	100%	100%

***Availability of benches in public areas and along walkways***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	16%	16%	18%	15%	17%	17%
Satisfied	59%	62%	61%	55%	60%	60%
Dissatisfied	13%	10%	9%	5%	10%	9%
Very Dissatisfied	1%	1%	2%	2%	1%	1%
I Don't Know	11%	11%	10%	23%	12%	13%
Total	100%	100%	100%	100%	100%	100%

***Marked crosswalks and timing of walk signals***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	19%	21%	23%	18%	21%	21%
Satisfied	64%	67%	69%	60%	65%	66%
Dissatisfied	11%	7%	4%	8%	8%	6%
Very Dissatisfied	3%	3%	2%	5%	3%	3%
I Don't Know	3%	2%	2%	9%	3%	4%
Total	100%	100%	100%	100%	100%	100%

***Clear and consistent signage and wayfinding around Lexington***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	20%	16%	18%	12%	17%	16%
Satisfied	65%	64%	64%	62%	64%	63%
Dissatisfied	7%	11%	6%	8%	8%	9%
Very Dissatisfied	1%	1%	2%	4%	2%	2%
I Don't Know	7%	8%	10%	14%	9%	10%
Total	100%	100%	100%	100%	100%	100%

***Conveniently located public restrooms***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Very Satisfied</b>	4%	5%	4%	5%	5%	5%
<b>Satisfied</b>	27%	20%	27%	16%	23%	22%
<b>Dissatisfied</b>	30%	33%	31%	22%	30%	30%
<b>Very Dissatisfied</b>	4%	10%	6%	9%	7%	8%
<b>I Don't Know</b>	35%	32%	32%	48%	35%	35%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**How often do you talk on the phone with family, friends, or neighbors?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Every day</b>	58%	47%	55%	49%	52%	50%
<b>One or more times a week</b>	31%	40%	36%	43%	37%	40%
<b>More than once a month</b>	7%	8%	6%	4%	7%	7%
<b>Once a month</b>	2%	3%	2%	1%	2%	2%
<b>2-3 Times a year (e.g., holidays)</b>	1%	2%	0%	2%	1%	1%
<b>Never</b>	1%	0%	1%	1%	1%	0%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**How often do you send email or use social media with family, friends, or neighbors?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Every day</b>	79%	66%	65%	52%	67%	62%
<b>One or more times a week</b>	17%	26%	26%	23%	23%	26%
<b>More than once a month</b>	3%	4%	4%	6%	4%	5%
<b>Once a month</b>	0%	1%	1%	1%	1%	1%
<b>2-3 Times a year (e.g., holidays)</b>	0%	1%	1%	3%	1%	1%
<b>Never</b>	1%	2%	3%	15%	4%	5%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**How often do you get together in person with family, friends, or neighbors?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Every day</b>	31%	18%	19%	28%	24%	20%
<b>One or more times a week</b>	38%	51%	56%	48%	48%	52%
<b>More than once a month</b>	20%	21%	16%	15%	18%	18%
<b>Once a month</b>	6%	7%	6%	4%	6%	6%
<b>2-3 Times a year (e.g., holidays)</b>	4%	3%	3%	4%	3%	3%
<b>Never</b>	1%	0%	0%	1%	1%	1%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	90%	88%	90%	91%	90%	90%
<b>No</b>	10%	12%	10%	9%	10%	10%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	63%	59%	58%	66%	61%	60%
<b>No</b>	37%	41%	42%	34%	39%	40%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Do you provide any help to neighbors with minor tasks or errands?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	54%	52%	48%	35%	49%	47%
<b>No</b>	7%	5%	9%	20%	9%	10%
<b>No, but I would be willing if asked</b>	39%	43%	43%	45%	42%	43%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**In the past month, have you talked with any of your neighbors for 10 minutes for more?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	75%	73%	75%	82%	75%	76%
<b>No</b>	25%	27%	25%	18%	25%	24%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Please select your level of agreement with each statement below.**

***Lexington offers flexible and accessible opportunities for residents to volunteer.***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Strongly Agree</b>	21%	19%	21%	22%	20%	20%
<b>Agree</b>	37%	43%	46%	46%	43%	45%
<b>Disagree</b>	5%	4%	5%	0%	4%	4%
<b>Strongly Disagree</b>	0%	1%	0%	0%	0%	0%
<b>I Don't Know</b>	37%	33%	28%	32%	33%	31%
<b>Total</b>	100%	100%	100%	100%	100%	100%

***Lexington offers ample opportunities for residents to participate in local government.***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Strongly Agree</b>	23%	24%	20%	16%	22%	21%
<b>Agree</b>	46%	42%	54%	54%	48%	49%
<b>Disagree</b>	4%	9%	4%	1%	5%	5%
<b>Strongly Disagree</b>	1%	1%	0%	1%	1%	1%
<b>I Don't Know</b>	26%	24%	22%	28%	24%	24%
<b>Total</b>	100%	100%	100%	100%	100%	100%

Have you ever felt excluded in Lexington because of any of the following? (Check all that apply)\*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Skin color, race or ethnicity	8%	3%	3%	0%	4%	2%
Sexual orientation	1%	1%	0%	0%	0%	0%
Age	2%	6%	6%	4%	4%	5%
Gender	0%	2%	0%	0%	1%	1%
Religion or cultural background	4%	4%	0%	1%	3%	2%
Income	9%	7%	5%	1%	6%	5%
Disability	0%	2%	0%	1%	1%	1%
No, I have never felt excluded	74%	77%	86%	92%	81%	84%
Other	6%	6%	4%	2%	5%	4%

\*Figures do not sum to 100%

Please rate your level of satisfaction with each of the following aspects of Lexington.

*Fitness opportunities (such as exercise classes and paths or trails)*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	40%	36%	41%	33%	38%	37%
Satisfied	52%	52%	51%	46%	51%	51%
Dissatisfied	3%	4%	1%	1%	2%	2%
Very Dissatisfied	0%	0%	0%	1%	0%	0%
I Don't Know	5%	8%	7%	19%	9%	10%
Total	100%	100%	100%	100%	100%	100%

*Access to affordable, quality food*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	26%	30%	29%	28%	28%	29%
Satisfied	53%	52%	59%	58%	55%	56%
Dissatisfied	15%	10%	6%	5%	10%	8%
Very Dissatisfied	2%	1%	1%	1%	1%	1%
I Don't Know	4%	7%	5%	8%	6%	6%
Total	100%	100%	100%	100%	100%	100%

***Chore/homemaking or home health aide services***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	8%	4%	5%	6%	6%	5%
Satisfied	13%	12%	21%	26%	16%	18%
Dissatisfied	3%	3%	2%	2%	3%	3%
Very Dissatisfied	0%	0%	2%	1%	1%	1%
I Don't Know	76%	81%	70%	65%	74%	73%
Total	100%	100%	100%	100%	100%	100%

***Caregiver support (such as respite or support groups)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	4%	2%	3%	5%	3%	3%
Satisfied	7%	7%	14%	22%	11%	13%
Dissatisfied	2%	2%	2%	2%	2%	2%
Very Dissatisfied	0%	0%	1%	1%	1%	1%
I Don't Know	87%	89%	80%	70%	83%	81%
Total	100%	100%	100%	100%	100%	100%

***Opportunities for continued learning (such as lifelong learning opportunities, workshops, or tours)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	23%	23%	27%	26%	25%	25%
Satisfied	47%	52%	54%	51%	51%	53%
Dissatisfied	3%	5%	3%	2%	3%	3%
Very Dissatisfied	0%	0%	1%	1%	0%	1%
I Don't Know	27%	20%	15%	20%	21%	18%
Total	100%	100%	100%	100%	100%	100%

***Opportunities in your neighborhood for informal sharing and social interaction***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	15%	8%	13%	19%	13%	12%
Satisfied	47%	46%	47%	38%	45%	44%
Dissatisfied	15%	15%	14%	10%	14%	13%
Very Dissatisfied	1%	4%	4%	1%	3%	4%
I Don't Know	22%	27%	22%	32%	25%	27%
Total	100%	100%	100%	100%	100%	100%

***Recreational opportunities***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	27%	25%	28%	23%	26%	26%
Satisfied	62%	61%	61%	58%	61%	60%
Dissatisfied	4%	4%	4%	1%	4%	4%
Very Dissatisfied	0%	1%	1%	1%	1%	1%
I Don't Know	7%	9%	6%	17%	8%	9%
Total	100%	100%	100%	100%	100%	100%

***Quality of social services (such as information and referral services, or Meals on Wheels)***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	6%	5%	9%	12%	7%	8%
Satisfied	13%	16%	30%	40%	23%	26%
Dissatisfied	2%	3%	1%	1%	2%	2%
Very Dissatisfied	0%	0%	1%	1%	0%	1%
I Don't Know	79%	76%	59%	46%	68%	63%
Total	100%	100%	100%	100%	100%	100%

***Access to physical health services***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	14%	18%	20%	21%	18%	19%
Satisfied	43%	43%	47%	43%	44%	44%
Dissatisfied	4%	3%	2%	2%	3%	3%
Very Dissatisfied	0%	0%	1%	1%	0%	0%
I Don't Know	39%	36%	30%	33%	35%	34%
Total	100%	100%	100%	100%	100%	100%

***Access to mental or behavioral health services***

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Very Satisfied	10%	7%	9%	10%	9%	8%
Satisfied	25%	23%	26%	25%	25%	25%
Dissatisfied	6%	5%	1%	2%	4%	3%
Very Dissatisfied	1%	1%	1%	1%	1%	1%
I Don't Know	58%	64%	63%	62%	61%	63%
Total	100%	100%	100%	100%	100%	100%

How do you currently obtain information about programs, activities, and services in your community? (Check all that apply)\*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Local newspaper	63%	58%	60%	64%	61%	60%
Email notifications from the Town	52%	41%	45%	31%	44%	40%
Word of mouth	53%	47%	51%	58%	51%	51%
Social media postings (e.g., Facebook, Twitter)	33%	20%	8%	7%	19%	13%
Town website ( <a href="https://www.lexingtonma.gov/">https://www.lexingtonma.gov/</a> )	40%	45%	32%	12%	35%	33%
Faith-based organizations	19%	20%	22%	27%	22%	22%
Senior Services Newsletter (The SAGE)	5%	37%	60%	54%	36%	49%
Program brochures (e.g., recreation brochure; community education brochure)	59%	59%	60%	51%	58%	58%
TV/Radio	10%	5%	10%	19%	10%	10%
Other	8%	7%	6%	8%	7%	7%

\*Figures do not sum to 100%

Are you able to access the Internet from your home? (Check all that apply)\*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
Yes, using a smartphone (that is, a cellular phone that provides access to the Internet)	93%	83%	74%	45%	78%	71%
Yes, using a home computer, laptop, or tablet	94%	94%	92%	81%	91%	90%
No, I do not have Internet access at home	1%	2%	2%	11%	3%	4%

\*Figures do not sum to 100%



**Do you feel informed about what to do in the event of a weather or other emergency?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	95%	95%	95%	96%	95%	95%
<b>No</b>	5%	5%	5%	4%	5%	5%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**Would you know whom to contact in Lexington should you or someone in your family need help accessing social services, health services or other municipal services?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	56%	53%	64%	72%	60%	61%
<b>No</b>	44%	47%	36%	28%	40%	39%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**How satisfied are you with the extent to which local policy makers take into account the interests and concerns of residents? (Check only one)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Completely Satisfied</b>	7%	4%	5%	8%	6%	5%
<b>Very Satisfied</b>	37%	30%	36%	39%	35%	34%
<b>Somewhat Satisfied</b>	46%	45%	42%	43%	43%	44%
<b>Slightly Satisfied</b>	6%	9%	9%	5%	8%	8%
<b>Not at all Satisfied</b>	4%	12%	8%	5%	8%	9%
<b>Total</b>	100%	100%	100%	100%	100%	100%

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

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	45%	47%	44%	46%	46%	46%
<b>No</b>	55%	53%	56%	54%	54%	54%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**If Yes: Did or does this person live with you?**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	33%	32%	44%	43%	37%	39%
<b>No</b>	67%	68%	56%	57%	63%	61%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**If Yes: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work? (Check only one)**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Very challenging</b>	35%	28%	21%	20%	27%	24%
<b>Somewhat Challenging</b>	38%	41%	40%	27%	38%	38%
<b>Neither Challenging Nor Easy</b>	19%	15%	24%	38%	22%	23%
<b>Somewhat Easy</b>	3%	8%	11%	9%	7%	9%
<b>Very Easy</b>	5%	8%	4%	6%	6%	6%
<b>Total</b>	100%	100%	100%	100%	100%	100%

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

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	29%	26%	26%	12%	25%	23%
<b>No</b>	71%	74%	74%	88%	75%	77%
<b>Total</b>	100%	100%	100%	100%	100%	100%

**I have been, or I have friends or family members who have been, affected by suicide.**

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	35%	30%	21%	11%	26%	23%
<b>No</b>	65%	70%	79%	89%	74%	77%
<b>Total</b>	100%	100%	100%	100%	100%	100%

Please select your gender

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Male</b>	45%	45%	41%	44%	44%	43%
<b>Female</b>	54%	53%	58%	56%	55%	56%
<b>Other</b>	0%	0%	0%	0%	0%	0%
<b>Do not care to respond</b>	1%	2%	1%	0%	1%	1%
<b>Total</b>	100%	100%	100%	100%	100%	100%

Which of the following best describes your race/ethnicity? (Check all that apply)\*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>White/Caucasian</b>	72%	85%	86%	94%	83%	88%
<b>Black/African American</b>	1%	1%	0%	1%	1%	1%
<b>Asian</b>	22%	11%	13%	4%	13%	10%
<b>Hispanic/Latino</b>	4%	1%	1%	0%	2%	1%
<b>Other</b>	5%	3%	1%	2%	3%	2%

\*Figures do not sum to 100%

What is your employment status? (Check all that apply)\*

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Working full-time</b>	72%	39%	10%	1%	35%	20%
<b>Looking for work</b>	2%	3%	1%	0%	2%	2%
<b>Working part-time</b>	13%	16%	16%	7%	14%	14%
<b>Retired</b>	8%	37%	74%	90%	46%	6%
<b>Other</b>	7%	8%	5%	5%	6%	6%

\*Figures do not sum to 100%

Do you speak a language other than English at home?

	Age 50-59	Age 60-69	Age 70-79	Age 80+	All ages	Age 60+
<b>Yes</b>	33%	18%	18%	11%	21%	17%
<b>No</b>	67%	82%	82%	89%	79%	83%
<b>Total</b>	100%	100%	100%	100%	100%	100%

## **TOWN OF LEXINGTON DEPARTMENT OF HUMAN SERVICES**

Community Center

39 Marrett Road

Lexington, MA 02421

PHONE: 781.698.4840

WEBSITE: [www.lexingtonma.gov/human-services/senior-services](http://www.lexingtonma.gov/human-services/senior-services)

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## **CENTER FOR SOCIAL AND DEMOGRAPHIC RESEARCH ON AGING**

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