Healthy Aging For All

A GUIDE FOR PROMOTING INCLUSION IN AGE- AND DEMENTIA-FRIENDLY COMMUNITIES

MASSACHUSETTS
HEALTHY AGING
COLLABORATIVE

Purpose

This guide was developed to help communities engaged in the age- and dementia friendly movement to integrate principles of access, equity and inclusion.

What's inside

Context

The Massachusetts Healthy Aging Collaborative (MHAC) works with local and statewide partners to promote inclusive Age- and Dementia-Friendly Community efforts.

This guide includes resources and tools that age-and dementia friendly community stakeholders can use to promote conversations and take action to reduce inequities. Being more inclusive can broaden the impact of local Age- and Dementia Friendly initiatives, strengthen communities, and improve access to services and opportunities.

The movement to create inclusive Age- and Dementia-Friendly communities begins with recognizing existing activities within a city, town or region that supports healthy aging, which can include the following:

- **Improvements to the city or town's physical environment** like improving walkability and accessibility, looking to concepts like "Smart Growth," and implementing Complete Streets policies and projects;

- **Opportunities to enhance social engagement** like intergenerational programs;

- **Creating an environment where older adults can more easily "age-in-place" or "age-in-community"** like property tax relief for older homeowners and tax work-off programs, improved transportation options, and access to health and social supports;

- **Improving awareness and education about dementia** among different sectors of a community, like first responders and the business community.

If municipalities aim for a complete data gathering, action planning and implementation process, then all phases of this work must consider all of the community and be representative of its residents. Access, Equity and Inclusion

(AEI) issues are therefore essential for consideration by cities and towns engaged in this process. This tool can assist communities to achieve a greater and broader impact by starting a conversation that ensures equity in all age- and dementia-friendly work.

Developed in partnership with the MHAC Executive Committee, Advisory Council, and Access, Equity and Inclusion Committee, and supported by the Tufts Health Plan Foundation, we hope that the following guidance sparks conversations that lead to improvements for all older adults in a community or region. We realize that every community is unique, but through inclusive engagement of stakeholders and residents throughout every stage of the effort, every community can take steps to be a supportive, accessible and equitable community for people of all ages.

How to use Healthy Aging for All

Age and dementia friendly initiatives are about improving health and well-being for people of all ages in a community or region – and that means all people. This guide can be used throughout the continuous improvement process where coordinators and/or stakeholder groups convene, conduct community assessments, create an action plan, and implement that plan.

Convening

Healthy Aging for All can help local Age- and Dementia-Friendly leaders and conveners provide broad representation when bringing together relevant municipal department heads and local entities working to improve the Social Determinants of Health (SDOH). This is important throughout the Age- and Dementia-Friendly process.

Goal Setting and Action Planning

By using Healthy Aging for All, community leaders can generate statements and themes that reflect an ideal end result of a community's Age- and Dementia- Friendly Community efforts.

A community does NOT have to address all the domains of the Age- and Dementia Friendly assessment. The domains should be selected based on the community's strengths and needs.

Once the community moves into the action planning phase, Healthy Aging for All can help ensure that proposed action items are inclusive and comprehensive.

Surveys and Assessment

Qualitative data is important to understand what Age-Friendly means to people within cities and towns. Some ways in which this data is gathered include (but is not limited to):

- Community Profiles available in the Healthy Aging Data Report
- Municipal master plans
- Regional planning agency assessments
- Community health needs assessments (CHNA)

Several organizations in a community – including the municipality itself – may already be conducting assessments or have recently gathered resident feedback. This can all inform the Age- and Dementia Friendly process so stakeholders don't have to 'recreate the wheel.'

Implementation

In addition to helping a community assess their strengths and identify opportunities relative to access, equity and inclusion, Healthy Aging for All can help stakeholders take ownership or play a leading role in working to address gaps.

Stakeholders can discuss, identify and plan how to improve disparities at the intersections of the population groups and the Age- and Dementia-Friendly domains. It bears emphasizing that people often connect to multiple categories in the listed population groups on page 6.

Strategies may include targeted outreach or informing residents about already available resources.

Why inclusion matters

The *Healthy Aging Data Report and Community Profiles* compiled by UMass-Boston and supported by the Tufts Health Plan Foundation show that where a person lives directly impacts their health and well-being. There is an opportunity within the Age- and Dementia Friendly movement to understand and address differences in conditions, including the social determinants of health between – and sometimes within – communities.

It is important that communities have a common understanding of the terms used to describe the population groups in the inclusive communities crosswalk (page 6). MHAC recommends stakeholders use the Age-and Dementia- Friendly Integration toolkit for background and further detail.

Beyond these terms, the Massachusetts Public Health Association's Healthy Equity Policy Framework includes "Definitions of Commonly Used Terms" which draws from the National Institutes of Health, World Health Organization, and Boston Public Health Commission.

MHAC encourages local coalitions involved in Age- and Dementia-Friendly work to review and use these terms, definitions and questions to deepen their Access, Equity and Inclusion.

RACE/ETHNICITY
The *2018 Massachusetts Healthy Aging Data Report* finds the older adult population has grown more diverse since the previous 2015 report. Residents who encounter racism--related barriers to health care access are less likely to be diagnosed and registered in health care systems, such as Medicare.

AGE
While the age-friendly movement starts with older adults, every person is aging. Combating ageism and being an inclusive community means considering the contributions from people of all ages.

BEHAVIORAL HEALTH
Three of every 10 older MA residents have been diagnosed with depression, the most commonly diagnosed mental health issue among older people.

COUNTRY OF ORIGIN
Where people come from and the cultural views from a person's country of origin impact health, wellness, and how individuals may view initiatives and resources intended to keep promote improved health, activity and socially engagement..

DEMENTIA
By the year 2025, an estimated 150,000 Massachusetts residents will be living with Alzheimer's, which does not account for those with other types of dementia. African-American and Hispanic older adults experience a higher prevalence of the disease.

DISABILITY
This category includes individuals that live with mobility, vision, and hearing limitations, among other issues. Communities should focus on ADA accessibility, especially as it relates to diverse populations. Among adults aged 65 years and older, half of all American Indians and Alaska Natives (54.9%), Hispanics (50.5%), and those who identified as "other non-Hispanic race or multi-racial" (49.9%) reported a disability.

Why inclusion matters (cont.)

ECONOMIC SECURITY

Massachusetts ranks 49th – only slightly better than Mississippi – for economic security of older adults, due largely to the cost of housing and healthcare. Economic security should also consider access to necessities like healthy food.

GENDER

Gender discrimination persists into old age as women and men are treated different in the workplace, in healthcare, and social settings.

GEOGRAPHIC AREA

Age- and Dementia-Friendly initiatives should consider the views and needs of residents throughout a community and not just in certain sections or neighborhoods.

LANGUAGE

Older individuals with limited English proficiency are more likely to have no usual source of care, report lower self-rated health, and report feeling sad most or all of the time. Stakeholders may want to consider literacy and health literacy in their community assessment.

LGBTQIA

About 20% of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people avoid medical care out of fear of discrimination and LGBTQ older adults are twice as likely to be single and live alone. The "IA" refers to "intersex" and "asexual" or "allied" as these individuals do not identify under LGBTQ.

RELIGION

Communities should consider how religions and faith groups can have a role in the health of communities. Faith influences how people receive health and wellness information. People involved in a faith community help maintain social connections as well.

RESIDENTIAL SETTING

Older people reside in a variety of settings. Initiatives aimed at improving wellness and well-being should consider the impact on residents of public housing, assisted living, and those receiving in-home care, among others. This category should also consider people that are currently or may become homeless.

SUBSTANCE USE DISORDER

More than 6% of all Massachusetts residents 65 years and older have some form of substance use disorder. Higher rates are found in communities with relatively high levels of serious and complex chronic disease, crime, and older adults living alone.

VETERANS

Every community in Massachusetts has a veteran's agent, Age- and Dementia-Friendly pursuits should consider including this representative or other voice for veterans. According to the 2018 *Healthy Aging Data Report* there was a marked increase since the 2015 report in the percentage of older people who were veterans in the state.

Inclusive Communities Crosswalk

The crosswalk can serve as a discussion and planning guide for stakeholder groups about different topics that are considerate of all residents in a city, town or region.

	Transportation	Housing	Social Inclusion & Participation	Civic Participation & Employment	Communication and Information	Services (Business, Community, Health)	Outdoor Spaces & Buildings	Public Safety	Custom Theme
Age									
Behavioral Health									
Country of Origin									
Dementia									
Disability									
Economic Security									
Gender									
Location									
Language									
LGBTQIA									
Race/Ethnicity									
Religion									
Residential Setting									
Substance Use Disorder									
Veterans									
Other									

Inclusive Communities Worksheet

AGE- AND DEMENTIA-FRIENDLY DOMAIN	The space below can be used to note the strategies you plan to use to ensure Access, Equity and Inclusion while you strive to make your community age- and dementia-friendly.
Transportation	
Housing	
Social Inclusion & Participation	
Civic Participation & Employment	
Communication and Information	
Services (Business, Community, and Health)	
Outdoor Spaces & Buildings	
Public Safety	
Custom Theme	

Resources

Additional Tools for Improving Access, Equity and Inclusion

racialequityalliance.org

The Government Alliance on Race and Equity (GARE), a joint project of the Haas Institute for a Fair and Inclusive Society at the University of California, Berkeley and Center for Social Inclusion, has created a comprehensive framework – one of several that MHAC is drawing from for the Age/Dementia Friendly movement.

GARE also has a Racial Equity Tool with a "Glossary of Frequently Used Terms".

mapublichealth.org

The Massachusetts Public Health Association has created the Health Equity Policy Framework.

mapc.org

The Metropolitan Area Planning Council has been focused on a Health Equity in Metro Boston Policy Framework.

mahealthyagingcollaborative.org

The MHAC website has samples of surveys for communities to use and adapt. Several cities and towns have partnered with local universities to conduct listening sessions and help build an assessment process. As this work continues to evolve, we will post resources, guides and best practices on the MHAC website.

mwhealth.org

Building Inclusive Communities: A Guidebook for Advancing Health Equity in the Metrowest Region

mass.gov/orgs/department-of-public-health

The Massachusetts Department of Public Health encourages all projects funded by their Determination of Need and Community Health Initiative (DoN-CHI) to consider a series of questions that emerged from their ongoing racial equity work. Reflecting on these questions may cause changes in the people/organizations that are part of advisory and steering committees and throughout engagement efforts. They are:

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
- What are the unintended consequences of our actions?

Just as communities evolve and change over time, this guide is subject to improvements and revisions. The Massachusetts Healthy Aging Collaborative (MHAC) is proud to have the support of the Healthy Aging Fund managed by the Massachusetts Department of Public Health and Health Resources in Action (HRiA) in cooperation with the Executive Office of Elder Affairs. This support is being used to test and refine this guide in three Massachusetts communities – Framingham, Lowell, and West Springfield.

MHAC requests that any other communities that use this guide provide feedback, which can be directed to James Fuccione at the Collaborative (james.fuccione@ mahealthyaging.org).

MHAC is supported by the Tufts Health Plan Foundation, Executive Office of Elder Affairs, Massachusetts Councils on Aging, Elder Services of the Merrimack Valley and partners to promote inclusive healthy aging. For more information, visit www. mahealthyagingcollaborative.org