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**MHAC Advisory Council**

**Small Group Discussion Notes**

**October 24th, 2017**

**AECI & Building Local Capacity Action Committees**

**Co-facilitators: Phillip Gonzalez, Valerie Spain (scribe)**

**Points of Discussion**

* Include other groups in equity discussion along with race, i.e. hearing and visually impaired, LGBTQ, religion, income, gender, disability, bi-lingual, non-English speakers, immigration status etc.
* Embed equity in the language and mission of MHAC age friendly work – how specific or general should language be?
* Include intergenerational component – discussion of use of “aging” vs. “all ages” – if we use “age” can we commit to confronting ageism?
* Develop an equity tool: Do we review what’s out there and come up with our own? Refer to others?
* Is there a place for community health workers in outreach and training?
* If we truly want to include underrepresented groups and welcome/empower small nonprofits etc., pay attention to hours for advisory council meetings, outreach in a variety of languages, offer subsidies/stipends to offset costs – Kun mentioned he was often the only representative of the Asian community – Adriane/Latino Health Insurance Program brought up need for translators, signage, translations
* Age friendly is organized laterally not hierarchically

**Research**

* Tools used by orgs outside MHAC
* Tools used among our organizations
* Training that takes a deep dive into equity
* What other work is happening in MA? DPH, Mass in Motion, GARE

**Resources**

* Institute for Human Centered Design: Oce Harrison, Project Director, ADA Center
* Renaissance Informatics Group, Tom Mottl – discussed an app (I forget what it was about)
* Berkshire regional Planning Commission, [Staying at Home Guide](http://berkshireplanning.org/images/uploads/projects/Aging_In_Place_Booklet_7.26.2016.pdf)
* MCA – Jonathan Jackson
* Mass in Motion/DPH (MiM has incorporated AF in guidance and DPH has done deep dive into systems to address equity throughout DPH)

**Models**

[880 Cities](http://www.880cities.org/)

[GARE Racial Equity Toolkit](http://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf)

**Creating Champions and Raising Awareness Action Committee**

**Co-facilitators: Sonja Dahlberg and Katie Klister Brown (scribe)**

-Sonja Dahlberg started the group session by handing out the “Membership Statement Example” document.  Each of the small group participants were asked to write a mission statement in regards to their membership in MHAC.

-In addition to creating mission member statements, we have to raise awareness regarding MHAC and membership itself.  Incentives, stories of why organizations and/or individuals are part of the Collaborative and why this initiative is so important to them .

-The AAA’s and ASAP’s are connected to the mission of the collaborative as it is in their mission and what they do each and every day.   This is similar to other agencies that focus on age-friendly program initiatives or missions that support the aging sector.  These groups do not need much convincing regarding MHAC membership as they live and breathe the mission as well.

-Membership to MHAC to the unusual suspects?

 How can MHAC help their organization/business/campaign/etc?

 How can MHAC refer them to other helpful resources in their field, etc?

 Funding knowledge, resources, initiatives and program professionals are members of MHAC and can be valuable resources.

 Legislative updates available; not to mention that MHAC has valuable relationships with legislators, policy makers, and other conversations that can help within this field.

 What else can define strategic partnerships within the Collaborative?

-We talked about marketing campaigns and awareness campaigns.  Is there any type of sign or marketing material that could spread the awareness of the MHAC throughout the Commonwealth?  We have to be able to raise awareness but also understand that the population we are raising awareness for/about is not being taken advantage of.

-”On the Road Show” with MHAC

 James and company - keep taking pictures, videos and write up stories about new members of MHAC, nothing spreads the word like videos on social media and websites!

-Raising Awareness by having meetings with potential members - State Library Associations (Boston Public Libraries, School Districts, etc.) - sharing what it would mean to them to be aligned with these initiatives and being a member.

Next Steps: Mission member statements from MHAC advisory council members; explore the membership plan for MHAC - what incentives can be in here, how can it be marketed, etc.

**Policy and Advocacy Action Committee**

**Facilitator: David Aronstein**

1. We reviewed the draft Criteria for Collaborative Support.
	1. Make the “Respect and Inclusion” and “Communication and Information” meta, i.e. apply criteria to all domains
	2. When possible, narrow down to one statement per domain
	3. Apply criteria to state, city, town legislation and executive office regulations and institutional policies
2. When reviewing a legislative or other policy, MHAC should classify as
	1. Lead the Effort
	2. Write letter, testify, submit written testimony
	3. Simple sign on to others’ efforts
3. When revised, send draft to sister groups such as AARP and MCOA who have legislative policy committees for comment
4. Send final document to all MHAC members and ask them to:
	1. Prioritize the domains for action for the first year…since we have limited capacity
	2. Send criteria to all members and ask them to identify
		1. what legislation (state and municipal), regulation, policies that support age/dementia friendly work they want MHAC to support and/or oppose.
		2. Using the criteria, ask them to explain how the policy meets or does not meet the criteria. they want to MHAC to focus on and ask them to explain how the policy meets the criteria.

**REVISED DRAFT CRITERIA**

**DOMAINS THAT SHOULD APPLY TO ALL OTHER DOMAINS:**

**RESPECT AND SOCIAL INCLUSION**

* The policy promotes healthy aging and living with dementia through an “aging/disability in all policies” lens and promotes inclusion regardless of race, ethnicity, gender, age, sexual orientation, gender expression, income level, place of residence or level of care needed.

**COMMUNICATION AND INFORMATION**

* The policy promotes pertinent and accessible information for older adults and people living with dementia and their caretakers to improve health and well-being.
* There is a plan to communicate a policy or legislation effectively to older adults, people with disabilities, and people living with dementia, and their caretakers

**TRANSPORTATION**

* This policy improves access to transportation or enhances the ability of older adults and people living with dementia with consideration of different ability levels.

**HOUSING**

* The policy encourages/incentivizes cities and towns to increase affordable and accessible housing options for older adults and people living with dementia and/or creates conditions that allow people of all abilities to age in place (and in community).

**SOCIAL PARTICIPATION**

* The policy directly or indirectly combats social isolation by increasing opportunities for older adults and people living with dementia to be connected to others in their community by a variety of means.

**CIVIC PARTICIPATION AND EMPLOYMENT THIS IS THE ONE WE THOUGHT NEEDED MULTIPLE CRITERIA SINCE THE AREAS ARE SO DIVERSE)**

* The policy increases an employer’s ability to be age-friendly and enhances opportunities for older adults to remain in, or rejoin, the workforce.
* This policy allows for and encourages towns/cities and/or community-based organizations to increase opportunities for tax work-off programs, volunteerism among older adults and people living with dementia.
* The policy promotes civic participation among older adults, including, but not limited to voting and conducting business with a town or city.
* This policy promotes Age/Dementia-Friendly businesses. This needs a clearer definition with some examples: a. b. c.

**COMMUNITY SUPPORT AND HEALTH SERVICES**

* This policy helps strengthen a community’s ability to provide older adults and people living with dementia accessible and affordable services for
	+ Health care
	+ Preventive care
	+ Social services
	+ Economic and other supports

**OUTDOOR BUILDINGS AND SPACES**

* This policy encourages communities to employ smart growth and other strategies to have the community’s built environment become healthier places for people of all ages and abilities to live, work, play, and participate without barriers.