



**Public Comments to Attorney General's Office
Community Benefit Guidelines Listening Sessions
November 2, 2017**

On behalf of more than 100 agencies and organizations, the Massachusetts Healthy Aging Collaborative appreciates the opportunity to offer comments and suggestions to the Attorney General's Office in regards to revising and refining Community Benefits Guidelines for Nonprofit Hospitals and HMOs.

The Massachusetts Healthy Aging Collaborative (MHAC) is working statewide to promote healthy aging policies and practices with a centerpiece strategy of supporting Age- and Dementia Friendly Communities. Our mission is rooted in the belief that strong and healthy communities include older adults of all ages and abilities, and so we collaborate through networking, communication, and information sharing to optimize opportunities for health, participation, and security to enhance quality of life as people age.

To provide some background on this movement, Age-Friendly and Dementia Friendly Communities are those that make a commitment to continuous improvement that enhances policies, services, settings, and structures that support and enable *all people*, especially those with dementia and their family/professional caregivers, to age well in their communities.

- Improvements in **Age Friendly Communities** focus on the Physical Environment, Community and Health Services, and Inclusion and Engagement Opportunities.
- **Dementia Friendly Communities** look to ensure an informed, safe, and respectful environment so that residents with dementia as well as their family, friends and professional caregivers can live full and engaged lives.

The World Health Organization began the Age-Friendly Communities movement in 2006, and AARP became the WHO affiliate in the US in 2010. The Dementia Friendly America (DFA) initiative was launched in the United States in 2015 based on ACT on Alzheimer's, a model initiative from the state of Minnesota. In Massachusetts, Age-Friendly Community initiatives are encouraged to align in an active partnership with Dementia Friendly work and there are currently close to 100 cities and towns that are engaged in those processes – either separately or jointly.

At the root of this movement is a focus on improving social determinants of health. By and large, these processes are grassroots and driven by municipalities, community-based organizations, support services and volunteers. While health care providers may be involved in the local and regional task forces and partnerships that drive this continuous improvement work, clinical settings join these movements because they tend to have data and resources that can support the community's effort.

This movement is dedicated to social determinants of health for several reasons. Primarily, it is so community residents understand their care options, how to access care, and how to prevent or manage health conditions, which are essential elements of an Age- and Dementia Friendly Community. There are a wealth of clinical and non-clinical service options that are available, but the connection to

those who could benefit is lacking because awareness is lacking in many cases. For example, a clinical provider's involvement helps members of the community better understand subjects like palliative care, advanced care planning, and home-based services.

Secondly, this movement encourages organizations and entities working on social determinants of health to collaborate and coordinate with each other. In any community, there may be entities focused on improving walkability, access to healthy food, housing options and other aspects of improved healthy behavior. Those same groups may not necessarily be working together or even communicating with each other. Getting these groups around a table to discuss their work builds understanding among the organizations themselves. This also offers a readymade opportunity for hospitals to support a holistic and community-focused process that aims to combat issues that help reduce readmissions and other unnecessary utilization.

The data also supports the focused attention to improving social determinants of health. Study results vary, but a County Health Rankings report is among the most generous when attributing clinical providers' part in population health. While "clinical care," which includes access to care and quality of care, accounts for 20 percent of what impacts population health, the rest of the pie is devoted to healthy behaviors, physical environment and socio-economic factors. With the help of local and state government, that "other 80-percent" is what communities and local coalitions can improve.

Dr. Soma Stout and Dr. Don Berwick from the institute for Healthcare Improvement highlighted these themes in their presentation to the AGO Community Benefits Task Force at their September 5th meeting. Their data attributed 10 percent responsibility to "health care" in terms of what determines population health. Their research found that "more than 85 % of aggregate community benefit spending was related to access to patient care services (the 10% contributor)" while "only 15% of community benefits [are] targeted toward or aligned with the social, behavioral, and environmental determinants of health – which is the 60% driver of impact."

Currently, adults over the age of 65 outnumber children age five and under in most Massachusetts cities and towns. By the year 2030, for the first time in this country's history, more people will be over 65 than under 18. This shift already occurred in parts of Massachusetts. In Berkshire County, this changeover occurred in 2011 and, according to the Berkshire Regional Planning Commission, the trend appears to be permanent. While in this state, we tend to think of the Berkshires and Cape Cod as the "oldest" parts of the state, in less than 20 years there are projected to be only two communities (Amherst and Lawrence) that have less than one-fifth of their residents age 60 or older. In fact, most communities will have at least 30 percent of their residents age 60 and older by the year 2035. A corresponding trend is seen with the current 120,000 individuals living with Alzheimer's, which is projected to increase by 25 percent by 2025. Also important to keep in mind is that Dementia is a broader category that includes Alzheimer's disease, so those projections are likely low.

When we think about how the community's input can best be included when hospitals and HMOs assess the health needs of a region and decide what programs to develop to address those needs, we think about Age- and Dementia Friendly Community efforts. When we think about how should hospitals and HMOs define the community they target with their community benefits programs, we think of the teams of municipal departments, planning agencies, support services, health care providers, faith groups, volunteers and many others that steer these local processes.

In conclusion, we hope the revised Community Benefits guidance will encourage hospitals and health plans to, at minimum, connect to their local Age-and Dementia Friendly efforts. Ideally, community benefits would help support efforts already underway. If a hospital's coverage area includes communities that have not yet started the process of convening local officials and organizations, we hope hospitals – where applicable – can take a leading role in partnership with others in bringing the community together.

Currently, we are working with more than 80 municipalities and we are encouraged by growing support for healthy aging practices. The Department of Public Health's revisions to their Determination of Need Standards is one example and we certainly encourage alignment with their process where possible. The Baker Administration's Council to Address Aging in Massachusetts is also considering support for Age- and Dementia Friendly Communities and the Massachusetts Municipal Association will be adding our work to their best practices resource for cities and towns.

The Massachusetts Healthy Aging Collaborative stands ready with data on all 351 cities and towns through our Health Aging Community Profiles, best practices and policies that can benefit older adults and people living with dementia as well as an inventory of Age- and Dementia Friendly Community activity across the state. We offer ourselves as a resource for the Attorney General's Office, and as an advisor to entities interested in getting more involved in this movement to create more livable cities and towns.

Thank you for your consideration of these comments and please do not hesitate to contact me with further questions.

James Fuccione
Senior Director
Massachusetts Healthy Aging Collaborative
James.fuccione@mahealthyaging.org
617-717-9493