



AGE-FRIENDLY

Franklin County & North Quabbin

Regional Action Plan 2024-2028



Age- and Dementia-Friendly Franklin County and North Quabbin

Regional Action Plan 2024-2028



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Cover Images:

Top left: Local resident at Mobile Market.

Top right: Participants in a LifePath exercise class. Photo credit: LifePath

Bottom Left: Participants of Northfield's Happy Feet program. Photo credit: The Recorder

Bottom Right: Hilltown residents and staff from the Senior Center West County Consortium. Photo credit: LifePath

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INTRODUCTION & BACKGROUND

An age-friendly community enables people of all ages to actively participate in all aspects of community life, and treats everyone with respect, regardless of their age and ability. A dementia-friendly community is one that is informed, safe, and respectful of individuals living with dementia, their families and caregivers. Age- and Dementia-Friendly Franklin County and North Quabbin works to foster healthy aging in our communities now and in the future.

The Franklin County/North Quabbin initiative grew out of a community forum on aging co-hosted by LifePath, the area agency on aging, and the Franklin Regional Council of Governments (FRCOG), the regional service and planning agency, in 2019. The forum was well attended and generated enthusiasm and interest in issues related to aging and quality of life. In response to this interest, Age- and Dementia-Friendly Franklin County and North Quabbin was launched in the summer of 2020 with the support of a three-year grant from the Massachusetts Community Health and Healthy Aging Funds.

We wanted to create a project to bring people together to make intentional changes to our community to support the changing demographics of a quickly aging population. The Age-Friendly model fit the bill for this need.

The World Health Organization established a network of Age-Friendly Communities in 2010 in response to an aging global population. It focuses on actions at the local level that foster the full participation of older people in community life and promotes healthy and active aging with the vision of making communities great places to grow old.¹

In the United States, the American Association of Retired People (AARP) manages the Network

¹ <https://extranet.who.int/agefriendlyworld/who-network/>

² <https://www.alz.org/>

³ <https://dfmassachusetts.org/about-us/>



Participants in LifePath's Rides for Health program.

of Age-Friendly States and Communities under the Liveable Communities Program. The program provides support to local communities to be safe places with affordable and appropriate housing, options for transportation, access to necessary services, and opportunities for residents to participate in all aspects of community life. AARP organizes the Age-Friendly movement into eight domains of livability (see page 6).

By the age of 85, one in three people have a diagnosis of some type of dementia.² The number of people in Massachusetts living with dementia is more than 130,000 and expected to climb. Dementia Friendly Massachusetts is an initiative of the Massachusetts Councils on Aging, and is a member of Dementia Friendly America.

A dementia-friendly community provides support options that foster quality of life and the ability to remain in the community and thrive in day-to-day living. Much of the work of being age-friendly and dementia-friendly is the same. In Massachusetts, 60% of the dementia-friendly communities have chosen to incorporate age-friendly and dementia-friendly into one initiative. Age-Friendly Franklin County and North Quabbin has also chosen to incorporate the two movements into one. By working on both at the same time, the process is simplified and duplication of work can be avoided.³

Membership in age- and dementia-friendly networks does not have a checklist of required items to complete, but rather is a commitment to listen to the needs of the aging population, assess age- and dementia-friendliness, and work to create age- and dementia-friendly physical and social environments.

The towns included in this plan are based on LifePath’s catchment area, which includes all 26 towns in Franklin County and four towns in the North Quabbin region. LifePath was the lead on the initiative and worked in collaboration with the FRCOG. LifePath and FRCOG formed a Steering Committee to provide guidance and feedback. Steering Committee membership included community members, people from a range of agencies working with older people in Franklin County, and paid staff from LifePath

and FRCOG (see Appendix A: Acknowledgments for Steering Committee and workgroup membership).



Participants in a workshop hosted by LifePath.

Data Gathering and Planning Process

Starting in 2020 through 2023, LifePath and FRCOG staff approached each town in the region to explain the initiative and invite them to join. As of August 2023, 27 of the 30 municipalities in the region joined.

As part of the work that was completed in fall 2021, a subcommittee of the Steering Committee used an AARP template to create a survey of needs. The survey was widely distributed between January and March 2022 through social media, senior centers and COAs, libraries, and stores. Two thousand (2,000) responses were received. In the spring and early summer of 2022, LifePath and FRCOG held several focus groups for older adults who identify as LGBTQIA+, low income, and/or live in subsidized housing, as well as older adults in general.

After initial analysis, the data was presented to the community at a virtual forum in fall 2022. LifePath and FRCOG staff also met with all member municipalities to report on the data, providing both regional and town-level data. The Steering Committee formed four workgroups to look more closely at the survey data and identify problem statements to guide choices for action on priority issues. The workgroups consolidated the eight AARP Age-Friendly domains into four topic areas:

- Healthcare and Community Supports
- Housing
- Transportation
- Communication/Civic and Social Engagement

The workgroups identified the main concerns reflected in the survey data, and wrote problem statements for each of the four consolidated domains to set priorities for actions to be included in the action plan. With the guidance and oversight of the Steering Committee, multiple people and organizations contributed to the list of priority actions presented in this plan.

COMMUNITY PROFILE

The Franklin County/North Quabbin region includes 88,000 people living in a collection of 29 small towns and one small city spread over 900 square miles of hills, rivers, and forest.

Geography and Population Density

The region is the most rural area in Massachusetts, and has a population density of under 100 people per square mile, compared to a state average density of 839 per square mile. The majority of the towns in this region have fewer than 2,000 residents. The social determinants of health in Franklin County and the North Quabbin are shaped by the region's rural character, including the poverty and low incomes that affect many of its residents, the challenges of transportation in a car-dependent region, the age of the housing stock, and a shortage of primary care providers.

The region includes the 26 towns of Franklin County and additional four towns in Worcester County. The towns of the North Quabbin are divided between two counties, and those residents must navigate two transportation systems, two sets of human service organizations, and two sets of county-based governmental functions. The relatively small and

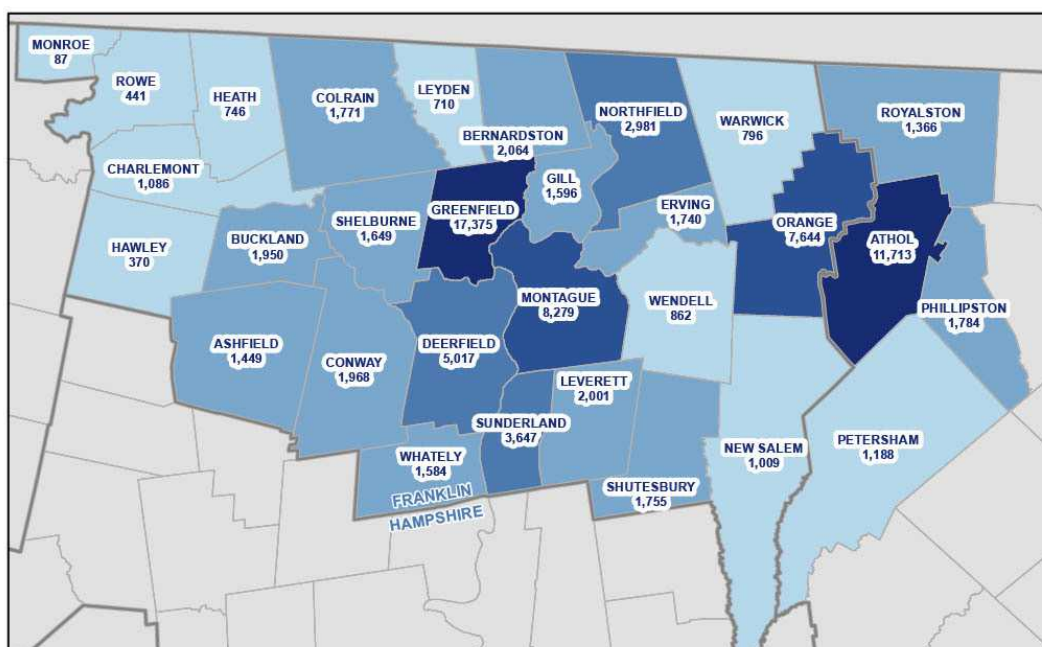
scattered population and the resulting reliance on municipal volunteers exacerbates problems of social isolation and increases the challenge of providing access to quality services, including health care, mental health support, elder services, home health care, broadband, food support, and a transportation system to link it all.

Economy

The region has a strong industrial heritage, but factory closures in the second half of the 20th century hollowed out the region's economic base, and the region's towns were left to find a new economic footing. With the advent of broadband to the region, remote work and new forms of light manufacturing have added to the already robust health care, education, and human service sector as economic drivers for the region. Franklin County has consistently had the lowest average wages of all 14 counties in Massachusetts since 2000.

Demographics

People aged 65 and over make up 23% of the population in our region versus 17% in Massachusetts. In some towns, especially in the western part of the area, the population



The communities that comprise the Franklin County and North Quabbin region and their respective populations in 2022.

aged 65 and up made up more than 28% of the population in 2020 and is growing, with older adults expected to make up 37% of the population by 2030. Our region also has a larger portion of the population with a disability than the state average (12.1% vs. 7.9%). Population sparsity, added to the pandemic lockdown, have impacted older adults significantly, with one in five reporting on our survey that they have no one to call in an emergency.

This area of Massachusetts has less racial and ethnic diversity than other areas, with 93.3% of residents identifying as white in the 2020 Census. However, the population is becoming more diverse, with 19% of public school students in the 2022/23 year identifying as Hispanic/Latinx, Black, or multi-racial.

Infrastructure

Infrastructure challenges are a major barrier in rural communities like ours. Most roads here do not have sidewalks, bike lanes, substantial shoulders, or lighting, and are therefore often unsafe or uninviting for pedestrians. 19% of adults in our area say they get no physical activity in their leisure time.

There are fewer dentists and primary care doctors per capita here than elsewhere in Massachusetts, and the numbers are shrinking.

The Housing and Transportation Affordability Index rates Franklin County as an area that is “car dependent with very limited or no access to public transportation,” and notes that residents of rural areas like Franklin County and North Quabbin tend to have higher transportation costs than more densely populated places. There is no service in the evenings after 7:30 p.m. or on the weekends. The fixed bus routes do not reach the smaller towns. Yet, 7% of households do not have a vehicle available, meaning they often cannot get where they need to be for work, school, medical care, or other critical activities.

Broadband to the home is a relatively recent arrival to many towns in our region, and digital literacy levels are relatively low in the most rural communities and among older adults.

Throughout this document, we have included quotes from local residents regarding their perspectives of the region’s needs for age- and -dementia friendly considerations. All quotes were gathered from the 2022 survey effort cited on page 3.

Strengths

The region has two particular strengths that will support our ability to meet the objectives of this Action Plan.

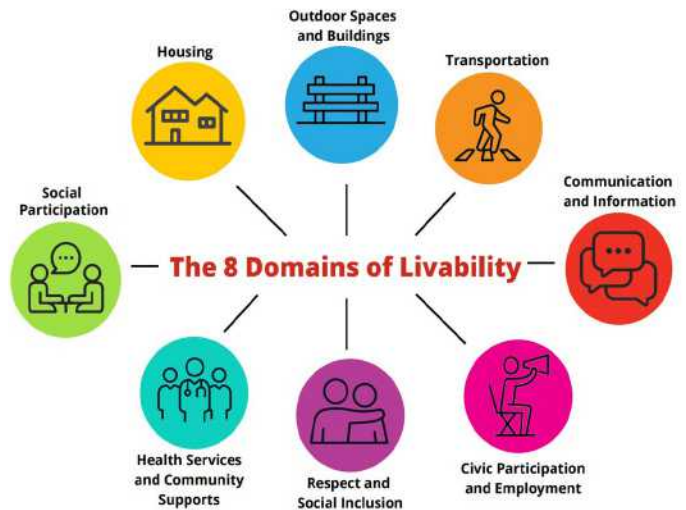
First and foremost, there is a **strong collaborative spirit in the region**. Due to the small size of the communities, collaboration and regional solutions are the norm in Franklin County and the North Quabbin region. The 26 towns of Franklin County created the Franklin Regional Council of Governments (FRCOG), a regional successor to the county government when it was dissolved by the Commonwealth in 1997. The entire region is served by one Aging Services Access Point, LifePath, which collaborates closely with Councils on Aging, Senior Centers, and a growing number of Village model organizations serving older adults. An additional collaboration that will assist in the realization of our age- and dementia-friendly goals is the state Public Health Excellence grant program. Thanks to this MA Department of Public Health program, beginning in 2023, all of our towns are served by regional public health collaboratives which employ shared staff, most notably for this plan, public health nurses.

Second, there is a **robust culture of civic and cultural participation**. Since most of our towns are small enough to rely significantly on volunteers, there are many people engaged in the work of building strong and healthy communities, including volunteer members of boards of health, recreation commissions, planning boards, councils on aging, library boards of trustees, and more. These people will be an important part of the work of making our communities more age- and dementia-friendly.

Sources: MA Dept of Elementary and Secondary Education School Profiles, County Health Rankings, Baystate Franklin Medical Center Community Health Needs Assessment, LifePath Area Plan for Older Adults

THE EIGHT DOMAINS OF LIVABILITY

The AARP has provided an organizing model for Age-Friendly work that breaks the social determinants of health into segments for planning and action (pictured). Dementia Friendly America organizes using a model that considers 10 components of a community, which overlap with the AARP domains. Combining Dementia-Friendly with Age-Friendly work, as this initiative does, avoids duplication of work and saves time and money. The quality of the following community features impact the well-being of older adults and help make communities more livable for people of all ages:



1. Outdoor Spaces and Buildings

Accessible green spaces, seating and buildings (elevators, zero-step entrances, staircases with railings) can be used and enjoyed by people of all ages and abilities.

2. Transportation

Drivers, pedestrians and bicyclists all need safe streets and sidewalks. Diverse public transit options from buses or trains to taxis and ride benefit all, especially those no longer able to drive.

3. Housing

AARP surveys consistently find that the vast majority of older adults including those living with dementia want to reside in their current home or community for as long as possible. Doing so is possible if a home is designed or modified for aging in place, or if a community has housing options that are suitable for differing incomes, ages and life stages.

AARP Livability Scores

The AARP Livability Index scores neighborhoods and communities across the U.S. for the services and amenities that impact residents the most. AARP intentionally designed its scoring criteria to draw on multiple, interconnected points to capture the complexity of what produces a high quality of life for a diverse population across many ages. Metric values and policy points are scored for each of the seven livability categories: housing, neighborhood, transportation, environment, health, engagement, and opportunity. A location's total livability score is an average of those seven category scores.

Each neighborhood, city, county, or state is scored on a scale from 0 to 100. The average location scores a 50; those with more livability-friendly practices earning above a 50 and those facing obstacles to livability scoring lower. (Read more about score determination at: <https://livabilityindex.aarp.org/scoring#categories>.)

Every town in the Franklin County/North Quabbin region scores between a low of 48 and a high of 56 points--about the average for the nation. The work laid out in this action plan is designed to move our region forward as a more livable place for older adults, and by extension, all of us.

4. Social Participation

Regardless of a person's age, loneliness is often as debilitating a health condition as a chronic illness. Isolation can be combated by having accessible, affordable and fun social activities, welcoming of those with dementia and their caregivers.

5. Respect and Social Inclusion

Everyone wants to feel valued. Inclusive intergenerational activities are a great way for younger and older people and those living with dementia to learn from and enjoy one another.

6. Civic Participation and Employment

An age-and dementia-friendly community encourages older people to be actively engaged

in community life and has opportunities for residents to work for pay or volunteer their skills.

7. Communication and Information

Age- and dementia friendly communities recognize that information needs to be shared through a variety of methods since not everyone is tech-savvy, and not everyone has a smartphone or home-based internet access.

8. Health Services and Community Supports

At some point, every person of every age needs care or some help. It is essential that residents are able to access and afford the services required. Services should include healthcare and community supports for all, including those with dementia.

Problem Statements for Our Region

After reviewing community data (see callout box on page 3), our work groups wrote problem statements to guide choices for action, consolidating the eight AARP Age-Friendly domains into four topic areas. For the purposes of the five-year Action Plan, goals were then divided back into the national domain model.

Communication and Engagement

A significant number of older adults across the region report feeling lonely, unsafe, unsupported, socially isolated, and often left out of their communities. These older adults (and people who care for them) report both a lack of information and a lack of services about ways to get engaged in existing social support networks, civic, or volunteer activities. Activities that are available can be difficult to access due to disability, cost, and transportation issues.

Healthcare and Community Supports

Older adults feel isolated and/or unsafe due to lack of regular interaction with others, rural settings, and lack of access to technology, lack of peer groups (racial, ethnic, LGBTQIA+ etc), and lack of transportation, leading to worsening isolation, mental health issues and worsening health outcomes. Older adults also state that they are not aware of the resources available to them that could support their medical, social and emotional needs, resulting in people not accessing valuable and necessary resources and thus having unmet needs.

Housing and Outdoor Spaces and Buildings

A significant number of older adults in the region desire to remain in their own homes but have concerns about being able to maintain their residences and/or properties as they age, not having access to information about services that may help them maintain their residences or properties, and finding maintenance providers they can trust and afford.

Transportation

Older adults across the region feel that it is difficult to get around the area if they are unable to drive themselves. This could be due to insufficient services, lack of information about existing services, and lack of assistance to participate in transportation services.

GOALS BY DOMAIN

The following sections of the plan are organized by age-friendly domain and include for each domain: a goal and problem statement developed by the Steering Committee, a rationale, and a series of action steps. Each action step includes the following sections:

Lead: the organization(s) who indicated they will manage the work of that action step.

Implementing Partners: these include related people, local, state and national organizations, municipal boards, and committees.

Resources: This broad category can include curricula, best practices, research, grant funding, staff time, communication channels, and more.

Measurement of Success: the regional objective for this action step in the next five years.

Time Frame: in which of the five calendar years covered by this plan the actions in this step will occur.

The Age- and Dementia-Friendly Action Plan is made up of five-year goals (some goals are assigned a longer time frame due to their complexity); each goal includes "SMARTIE" action steps:

- S = Strategic
- M = Measureable
- A = Ambitious
- R = Realistic
- T = Time-bound
- I = Inclusive
- E = Equitable

"Older people who are mobile, own a car and can drive, and are not short of cash can be very comfortable [in rural towns]. Without these, life would be hard because there is no public transport and few leisure facilities other than walking, cycling etc, which are impossible for older people with even minor physical compromises."



Attendees at the Age-and Dementia-Friendly Franklin County and North Quabbin Forum.



Domain 1: Outdoor Spaces and Buildings

Goal: Improve access to town parks and public facilities for all residents equitably.

Rationale: An accessible-to-all physical environment is essential to ensure equal opportunity and independence for every member of the community. Improving parks and public facilities to comply with the Americans with Disabilities Act (ADA) standards and Age- and Dementia-Friendly accessibility guidance supports individuals with physical and cognitive challenges and improves community livability for all.

Action Step 1: Provide towns with ADA audits for recreation and public facilities.

Lead: FRCOG Planning Dept., as engaged by towns
Implementing Partners: Town Administrators, DPWs, Recreation Committees, COAs, Stavros
Resources: Open Space and Recreation Plan
Measurement of Success: Complete one audit each year
Time Frame: 2024-28

Action Step 2: Improve walkability of local communities by increasing the number of towns engaged in the Complete Streets program.

Lead: FRCOG Planning Dept., as engaged by towns
Implementing Partners: Select boards, DPWs, Senior Centers, local Mass in Motion (MIM) workgroups
Resources: MassDOT Complete Streets Funding Program, MA Safe Routes to School, MA Shared Streets and Spaces Program
Measurement of Success: More towns than the 2023 baseline of 12 adopt a Complete Streets policy and plan. More towns than the 2023 baseline of eight get funding for improvements.
Time Frame: 2024-28

"We want to stay active and take walks in our neighborhoods but are concerned with pedestrian safety."

Action Step 3: Work with town recreation committees and open space committees to incorporate age-friendly elements into Open Space and Recreation Plans.

Lead: FRCOG Planning Dept., as engaged by towns
Implementing Partners: Town Recreation Commissions, Open Space & Recreation Committees
Resources: FRCOG DLTA funds, and other funds
Measurement of Success: New plans in four towns that encourage access for older adults
Time Frame: 2024-28

Action Step 4: Assist towns to implement age-friendly recommendations from Open Space and Recreation Plans to expand access to physical activities, natural areas, and places to gather for all resident equitably.

Lead: FRCOG Planning Dept., as engaged by towns
Implementing Partners: Town Recreation Commissions, Open Space & Recreation Committees, Select boards, local MIM workgroups
Resources: PARC grants, Community Preservation Act funds, and other funds
Measurement of Success: Five improvement projects in towns over the next five years
Time Frame: 2024-28

Action Step 5: Continue work to assist local Councils on Aging to conduct walk audits and develop programs to expand access to walking for all residents.

Lead: FRCOG Planning Dept., as engaged by towns
Implementing Partners: Councils on Aging, DPWs
Resources: ADA funding, local MIM workgroups, senior centers, Community Health Improvement mini-grants, TRIAD officers and equipment
Measurement of Success: Five improvement projects in towns over the next 5 years
Time Frame: 2024-28



Domain 2: Transportation

Goal: Increase knowledge of existing transportation options and decrease barriers to use, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

Rationale: Lack of transportation is an acknowledged and chronic challenge in the Franklin County and North Quabbin region, with long distances between people's homes, services, and jobs, and the cost of owning and maintaining a car is high. While there are transportation services available, they do not serve everyone, can be hard to access, and people are often unaware of the services that are available. Lack of transportation is a barrier to accessing medical services, stores, and social and civic engagement opportunities.

Action Step 1: Conduct focused outreach to older adults in order to disseminate information on transportation resources.

Lead: FRCOG Planning and Community Health Departments

Implementing Partners: FRTA, Senior Centers, Village groups, COAs, local MIM workgroups

Resources: Local news outlets, town newsletters, tax bill, or census mailings, boards of health

Measurement of Success: Resources list in the Franklin County Regional Transportation Plan (RTP) is disseminated widely

Time Frame: 2024

Action Step 2: Launch transit ambassador/travel trainer program to offer information on transit resources and assist older adults with becoming more comfortable using transit.

Lead: FRTA

Implementing Partners: Senior Centers, Village groups, COAs

Resources: FRCOG Planning and Community Health Depts., Franklin County Resource Network, Senior Centers, Village groups, COAs, MassDOT funding

Measurement of Success: Ambassador hired

Time Frame: 2024

Action Step 3: Add to the current pool of volunteer drivers for FRTA's Med-Ride and LifePath's Ride for Health programs that assist people 60 years and older with transportation for medical appointments.

Lead: FRTA

Implementing Partners: FRCOG

Resources: Franklin County Resource Network, Senior Centers, Village groups, COAs

Measurement of Success: Increase number of volunteers by 20% over the next 5 years

Time Frame: 2024-28



Participants in LifePath's Volunteer Transportation Program.

Action Step 4: Increase the number of neighbor-to-neighbor transportation programs within communities. Support existing programs by collaborating and advocating for stronger, more sustainable resources that are available to all residents.

Lead: LifePath

Implementing partners: Village Neighbors, Valley Neighbors, Petersham Partners, Northfield Neighbors at home, developing groups in Athol and Montague

Resources: Legislators, V to V Network, community residents

Measurement of Success: Increase the number of people with transportation needs supported by their neighbors

Time Frame: 2024-28



Domain 3: Housing

Goal: Create accessible older adult housing options with input from older adults throughout the region and increase awareness of current options for all residents, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

Rationale: Most older adults in the region desire to remain in their current town and current residence, but are concerned about their ability to maintain, afford, and safely stay in their residences as they age. Concerns include cost of maintenance and renovations of their home to accommodate changing physical needs as they age, as well as the increasing costs of heating/cooling and taxes. A related priority was widespread concern about finding trustworthy, vetted home maintenance providers.

Action Step 1: Research and distribute information on municipal policy barriers to housing affordability through zoning ordinances in Franklin County.

Lead: FRCOG Planning Dept., as engaged by towns
Implementing Partners: Small Town Housing Workgroup, Housing Greenfield Complete Neighborhoods Grant
Resources: Housing Greenfield Complete Neighborhoods Grant, IH2 Funds
Measurement of Success: Distribution of findings to all towns
Time Frame: 2024

"[We need] Accessible housing options that are integrated into the community neighborhoods. There are too few affordable and accessible housing options, allowing people to have housing that fits the lifestyle they want. The general rental market is expensive and designed for people who are able-bodied."

Action Step 2: Advocate for zoning that supports more affordable and accessible housing options (e.g., accessory dwelling units, multiple units, conversion of large single-family to duplex or multi-family).

Lead: FRCOG Planning Department
Implementing Partners: LifePath, HRA, CHAPA, town planning boards, Small Town Housing Working Group, Housing Greenfield, local MIM workgroups
Resources: DLTA funds, IH2 funds, and other funding sources
Measurement of Success: Changes to zoning in at least two communities over the next five years
Time Frame: 2024-28

Action Step 3: Advocate for state funding that supports more affordable housing options in rural areas.

Lead: FRCOG and Franklin County Regional Housing and Redevelopment Authority (HRA)
Implementing Partners: Housing Greenfield, Small Town Housing Working Group
Resources: Rural Policy Advisory Commission
Measurement of Success: New funding source or reduced barriers to existing funding for small towns
Time Frame: 2024-28

Action Step 4: Work with towns to create older adult housing or housing that is suitable to older adults.

Lead: Franklin County Housing and Redevelopment Authority
Implementing Partners: FRCOG, towns, developers, municipal CPA committees
Resources: FRCOG, towns, developers, municipal CPA committees
Measurement of Success: One or more housing development (akin to Sanderson Place in Sunderland) built in one town in next 10 years
Time Frame: 2024-2034

Action Step 5: Enhance and support LifePath’s HomeShare program through grant writing and marketing.

Lead: LifePath
Implementing Partners: Grant funders
Resources: Grant funders
Measurement of Success: Increase the number of matched pairs
Time Frame: 2024-26

Action Step 6: Provide education/workshops about age-friendly building for local contractors and trade students.

Lead: Community Action of the Pioneer Valley, LifePath Home Modification Program
Implementing Partners: Franklin County Cooperative Inspection Program, Franklin County Technical School, Franklin-Hampshire MassHire Workforce Board, Community Action of the Pioneer Valley, GCC Workforce Development, Franklin County Housing and Redevelopment Authority, North Quabbin and Franklin County Chambers of Commerce, local

MIM workgroups
Resources: AARP, Dementia Friendly America, Dementia Friendly Massachusetts, Stavros, building supply stores, MetLife’s Aging in Place workbook
Measurement of Success: at least two workshops
Time Frame: 2025

Action Step 7: Implement and support home safety and home repair programs that allow people to safely age in place.

Lead: LifePath
Implementing Partners: Village Neighbors, Shelburne Falls Senior Center, Athol Senior Center, other Village programs, local MIM workgroups
Resources: The Home Depot Foundation, Meals on Wheels America, Church Street Home Fund, ADA grant funding
Measurement of Success: Increase the number of individuals able to live safely at home
Time Frame: 2024-28



A LifePath Home Repair Program volunteer fixes a rain gutter.



Domain 4: Social Participation

Goal: Reduce isolation for older adults, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

Rationale: A significant number of adults across the region report feeling lonely, unsafe, unsupported, and socially isolated, and also report a lack of ways to engage in social support networks, intergenerational, and volunteer activities. Those that are available can be hard to access due to disability, cost, or transportation issues. Strong social connections are known to support mental and physical health.⁴

Action Step 1: Create/increase partnerships between older adult and youth organizations (e.g. senior centers/COAs, and schools/pre-schools).

Lead: LifePath

Implementing Partners: Senior Centers and COAs, GCC, public health nurses

Resources: Northfield Senior Center/Elementary School model

Measurement of Success: Partnerships established and events thriving

Time Frame: 2024-26



Participants in Northfield's intergenerational Happy Feet Program. Photo credit: Greenfield Recorder.

⁴ <https://www.cdc.gov/emotional-wellbeing/social-connectedness/affect-health.htm#:~:text=People%20with%20stronger%20social%20bonds,Stroke>.

"I can see how, in our rural community, elders could be isolated and forgotten if they don't make an effort to reach out and stay involved, which would be difficult with health or disability issues."

Action Step 2: Create and/or support existing marketing campaigns for senior center and COA use.

Lead: Senior Centers and COAs

Implementing Partners: Local COAs and Senior Centers, MA COA

Resources: South County Senior Center direct mailing model

Measurement of Success: Campaigns completed, increase in engagement in local programming

Time Frame: 2024-26

Action Step 3: Create intergenerational community book/discussion groups and other events.

Lead: Greenfield Community College OASIS program, libraries

Implementing Partners: COAs, Village Groups
Resources: GCC, Greenfield, and Colrain Public Library models

Measurement of Success: At least three events per year

Time Frame: 2024-28

"If you live alone, who are you going to talk to? You can't afford the cable or internet. Who are you going to talk to? You're going to go stir crazy!"

Action Step 4: Provide and increase use of LifePath’s Phone Pal Program, and support the creation of similar town-level companionship programs as well.

Lead: LifePath

Implementing Partners: COAs, Village Groups, public health nurses

Resources: LifePath, COAs, Village Groups

Measurement of Success: 50% increase in Phone Pal Program participation

Time Frame: 2024-25

Action Step 5: Support the growth of Village initiatives to collaborate with and complement senior centers and COAs, and to ensure their services are accessible to all regardless of financial means.

Lead: LifePath

Implementing Partners: Village Neighbors, Valley Neighbors, other Village initiatives, Senior Centers, COAs

Measurement of Success: Senior Centers/COAs and Villages actively refer residents to each other, publicize each others’ programs

Time Frame: 2024-28



Celebrants at the Senior Center West County Consortium's 45th anniversary.



Domain 5: Respect and Social Inclusion

Goal: Increase awareness and community connections throughout the region by increasing partnerships among existing programs that promote age-friendly businesses, municipalities, and organizations.

Rationale: Aging increases the chance of physical changes that include mobility, hearing and sight challenges. Dementia can cause additional difficulties with the ability to process visual and auditory information. Accommodating these changes appropriately in public spaces is essential to include every member of a community, which benefits the entire community, not just the older person. We also live in a culture that exalts youth and has bias against older adults. Education to understand these changes and biases improves understanding, respect, and inclusion.

Action Step 1: Provide dementia awareness trainings in community settings.

Lead: Alzheimer's Association

Implementing Partners: Alzheimer's Association volunteers, LifePath volunteers and staff, local public health nurses, Village volunteers, Greenfield Community College

Resources: Alzheimer's Association curricula

Measurement of Success: Five trainings a year

Time Frame: 2024-28

Action Step 2: Provide technical assistance regarding age- and dementia-friendly systems, policies, and built environment changes.

Lead: FRCOG Cooperative Public Health Service Public Health Nurses

Implementing Partners: Other public health nurses, businesses, health care and social service providers, librarians, COAs, and Senior Centers

Resources: Alzheimer's Association, Dementia Friendly MA and MCOA, Dementia Friends, LifePath, AARP

Measurement of Success: Six trainings per year

Time Frame: 2024-26



FRCOG Public Health Nurse Meg Ryan prior to presenting an Alzheimer's and Dementia workshop in Northfield.

Action Step 3: Provide anti-bias education in community settings.

Lead: Public Health Nurses

Implementing Partners: LifePath, AARP, Mass COA, local COAs, Senior Centers, municipalities, social service providers, and librarians

Resources: Reframing Aging; communication, social, and traditional media contacts

Measurement of Success: Three trainings per year

Time Frame: 2024-25

Action Step 4: Engage all residents in preventing elder abuse through awareness campaigns and encourage reporting of suspected abuse.

Lead: LifePath's Elder Protective Services Program

Implementing Partners: Northwest District Attorney's Office, first responders, libraries, COAs, media channels, individual residents

Resources: Protective Services

Measurement of Success: Increase in the number of ways information about elder abuse is shared

Time Frame: 2024-28



Domain 6: Civic Participation and Employment

Goal: Increase equitable opportunities for civic participation and employment for all older adults, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

Rationale: In order to be a fully-participating member of the community, all residents should have opportunities for civic engagement and employment. Finding employment as an older adult is often challenging due to age bias.

Action Step 1: Encourage towns that do not currently have a senior tax workoff program to establish one.

Lead: LifePath

Implementing Partners: Senior Centers, Councils on Aging, Selectboards, Treasurer/Collectors, older residents, local MIM workgroups

Resources: Selectboard/town decision makers

Measurement of Success: More people enrolled in senior tax workoff programs

Time Frame: 2024-28

Action Step 2: Encourage towns and community groups to make public meetings as accessible as possible by providing multiple modes of connection, ensuring that speakers are loud enough, and that video is captioned.

Lead: Public Health Nurses

Implementing Partners: Town/city boards and committees, Senior Centers, COAs

Resources: AARP, DFM

Measurement of Success: Increased participation in public meetings by older adults, number of towns adopting new modes

Time Frame: 2024-26



Attendees at the Age-and Dementia-Friendly Franklin County and North Quabbin Forum.

Action Step 3: Provide pathways to meaningful employment for older adults through engaging employers and residents.

Lead: MassHire

Implementing Partners: LifePath, Senior Centers, FRCOG, Catholic Charities

Measurement of Success: More older adults placed into employment

Time Frame: 2024-28

"I am battling the job market as a younger senior. I believe due to my age and my past career, I am being perceived as 'overqualified' for positions."



Domain 7: Communication and Information

Goal: Encourage use of multiple information channels, especially town newsletters, that reach all residents equitably and regularly include age-friendly information.

Rationale: There is an overwhelming number of sources of information in today's world, including newspapers, television and radio, many types of social media, and multiple sources of newsletters. Many sources of information often mean it can be harder to find information. The needs assessment survey showed that the town newsletter was a top source of information in towns that had one.

Action Step 1: Identify towns that do not have a town newsletter and provide effective models; encourage towns that use social media to ensure parity in written communication.

Lead: FRCOG Community Health & Municipal Services Departments

Implementing Partners: Current town newsletter editors

Resources: Current town newsletter editors, town government contacts, residents, participants in town tax work-off programs

Measurement of Success: Create and share a database of town newsletters with information on staffing, funding models, and media used (written, email, etc).

Time Frame: 2024

"I'm not sure where to go to find lists of activities, opportunities to meet people, places to go, etc. We need to help seniors get online [to] help them live better, more self-sufficient lives. We need to help techno-phobes acclimate to our increasingly digital world. Not everyone has a clever grandchild to show them the way."

Action Step 2: Assist towns to develop and identify resources to support town newsletters and other ways to share information. Ensure that age-related information and resources from LifePath are included in newsletters.

Lead: LifePath, FRCOG Community Health & Municipal Services Departments

Implementing Partners: Local MIM workgroups, COAs, town staff, public health nurses

Resources: Town Staff

Measurement of Success: Increase number of ways information is shared, towns publishing newsletters, and number of items published regarding issues involving older adults

Time Frame: 2024-25



Attendees at a Buckland listening session.



Attendees at a Mass in Motion health equity training.

Action Step 3: Work with town municipal vulnerability planning teams to explicitly incorporate age-friendly elements to updated Municipal Vulnerability Plans so that the needs of older adults, especially those most isolated, are highlighted.

Lead: FRCOG Planning Dept., as engaged by towns

Implementing Partners: Towns, COAs, LifePath

Resources: MVP funding

Measurement of Success: Inclusion of age-friendly elements to two MVP 2.0 updates over the next five years

Time Frame: 2024-28

Action Step 4: Create a sustainable stream of high-quality digital devices that are available at low-cost to residents at all income levels.

Lead: Digital Equity grantees—Athol Senior Center, Montague COA, Greenfield Senior Center, Bernardston Senior Center, and South County Senior Center

Implementing Partners: Libraries, COAs

Resources: MA Executive Office of Elder Affairs (EOEA), Mass Broadband Institute Funding

Measurement of Success: Greater access to devices, with a special focus on people from historically marginalized communities

Time Frame: 2024



Domain 8 : Health Services and Community Supports —

Goal 1: Increase digital literacy among all older adults in the region, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

Rationale: Many basic tasks are moving to be mostly or exclusively online, such as making medical and vaccination appointments, vacation plans, and banking. Older adults without basic computer knowledge and equipment often have difficulty or are unable to accomplish these basic tasks, preventing easy access to healthcare and other ways to support health such as social interaction. Isolation can lead to mental health issues and worsening health outcomes. Barriers to computer use identified by survey respondents include lack of cell reception and broadband internet, cost, lack of hardware and/or knowledge to use it, and lack of interest in using computers. Increasing digital literacy is a way to increase access to healthcare, and increase social and community participation opportunities, especially in remote rural areas.

Action Step 1: Develop partnerships to provide help to older adults learning to use computers.

Lead: GCC Cyber Seniors Coordinator, other funded digital equity partners (Athol Senior Center, Montague COA, Greenfield Senior Center, Bernardston Senior Center, and South County Senior Center)



A library volunteer provides computer assistance.

Implementing Partners: Local healthcare providers such as CHCFC, Heywood/Athol hospitals, Baystate Health, local medical practices, COAs and Senior Center staff, public health nurses, Medical Reserve Corps volunteers, neighborhood groups, libraries

Resources: MA Executive Office of Elder Affairs, MBI-funded Digital Equity efforts, MRC, volunteers, neighborhood groups, libraries

Measurement of Success: At least one digital literacy program in each sub-region, each year, starting in 2024

Time Frame: 2024-28

Action Step 2: Advocate for primary care practices to provide support for use of patient portal and other healthcare services such as telehealth.

Lead: LifePath

Implementing Partners: Community Health Workers and Medical Assistants at primary care providers, Medical Reserve Corps volunteers

Resources: Medical Reserve Corps volunteers

Measurement of Success: More older adults report being able to use medical portals

Time Frame: 2024-28

Goal 2: Increase equitable access to healthcare and supportive services.

Rationale: While there is a severe shortage of health providers of all types, especially for mental health, respondents to the survey additionally stated there was a lack of information and knowledge of existing resources. Approximately 20% of survey respondents reported that they did not have someone to call in an emergency. Increasing digital literacy is also a way to increase access to healthcare, and increase social and community participation opportunities, especially in remote rural areas.

There is a severe shortage of health providers of all types, especially mental health providers, but also primary care providers, respite care,

and home-based services. Respondents to the survey additionally stated there was a lack of information and knowledge of existing resources.

Action Step 1: Use the DPH Community Health Equity Survey to gain up-to-date information on older adults' needs.

Lead: FRCOG Community Health Department, Age Friendly Steering Committee
Implementing Partners: MA Dept of Public Health epidemiologists
Resources: MA Dept. of Public Health epidemiologists, survey data
Measurement of Success: Robust older adult participation in the survey, data received locally, steering committee analyzes it and identifies important themes
Time Frame: 2024

Action Step 2: Encourage towns to adopt programs to identify and support residents with access and functional needs during emergency situations.

Lead: Town Emergency Management Directors
Implementing Partners: FRCOG Community Health Department and Emergency Preparedness Program, Medical Reserve Corps, local MIM workgroups
Resources: Local models and best practices to be shared, e.g.: Hawley emergency database used by EMS, Heath model of personal contact by BOH members, Ashfield Police weekly visits with identified older individuals, and other rural models
Measurement of Success: Information about different models shared with partner communities in 2024, 2 additional towns per year adopt similar or related systems.
Time Frame: Each year for 5 years

Action Step 3: Create marketing campaign for local and regional Public Health Nurse services and programming.

Lead: Franklin County and North Quabbin Public Health Nurses
Implementing Partners: Host sites (senior centers, churches, food pantries, libraries),
Resources: PHE funds, town newsletters, cable TV ads, mailers
Measurement of Success: attendance increases 50% over January 2024 baseline
Time Frame: 2024-25

Action Step 4: Increase access to healthcare navigators/medical advocates for older adults. Create a medical advocacy program matching trained volunteers with older adults needing support accessing healthcare.

Lead: LifePath
Implementing Partners: Volunteers, interested residents
Resources: Grant funding
Measurement of Success: 25 individuals served over the first two years
Time Frame: 2024-25

"I feel fortunate to be healthy and able-bodied but worry what would happen if I were not able to get out of the house as much or my health became poor."

Action Plan Quick Reference

Domain 1: Outdoor Spaces and Buildings

Goal: Improve access in town parks and public facilities for all residents equitably.

1. Provide towns with ADA audits for recreation and public facilities.
2. Improve walkability of local communities by increasing the number of towns engaged in the Complete Streets program.
3. Work with town recreation committees and open space committees to incorporate age-friendly elements into Open Space and Recreation Plans.
4. Assist towns to implement age-friendly recommendations from Open Space and Recreation Plans to expand access to physical activities, natural areas, and places to gather for all residents equitably.
5. Continue work to assist local COAs to conduct walk audits and develop programs to expand access to walking for all residents.

Domain 2: Transportation

Goal: Increase knowledge of existing transportation options and decrease barriers to use, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

1. Conduct focused outreach to older adults in order to disseminate information on transportation resources.
2. Launch transit ambassador/travel trainer program to disseminate information on transit resources and assist older adults with becoming more comfortable using transit.
3. Add to the current pool of volunteer drivers for FRTA's Med-Ride and LifePath's Ride for Health programs that assists people 60 years and older with transportation for medical appointments.
4. Increase the number of neighbor-to-neighbor transportation programs within communities. Support existing programs by collaborating and advocating for stronger, more sustainable resources that are available to all residents.

Domain 3: Housing

Goal: Create accessible older adult housing options with input from older adults throughout the region and increase awareness of current options for all residents, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

1. Research and distribute information on municipal policy barriers to housing affordability through zoning ordinances in Franklin County.
2. Advocate for zoning that supports more affordable and accessible housing options (e.g., accessory dwelling units, multiple units, conversion of large single-family to duplex or multi-family).
3. Advocate for state funding that supports more affordable housing options in rural areas.
4. Work with towns to create older adult housing or housing that is suitable to older adults.
5. Enhance and support the HomeShare program through grant writing and marketing.
6. Provide education/workshops about age-friendly building for local contractors and trade students.
7. Implement and support home safety and home repair programs that allow people to safely age in place.

Domain 4: Social Participation

Goal: Reduce isolation for older adults, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

1. Create/increase partnerships between older adult and youth organizations (e.g. senior centers/COAs and schools/pre-schools).
2. Create and/or support existing marketing campaigns for senior center and COA use.
3. Create intergenerational community book/discussion groups and other events.

4. Provide and increase use of LifePath's Phone Pal Program, and support the creation of similar town-level companionship programs as well.
5. Support the growth of Village initiatives to collaborate with and complement senior centers and COAs, and to ensure their services are accessible to all regardless of financial means.

Domain 5: Respect and Social Inclusion

Goal: Increase awareness and community connections throughout the region by increasing partnerships among existing programs that promote age-friendly businesses, municipalities, and organizations.

1. Provide dementia awareness trainings in community settings.
2. Provide technical assistance regarding age- and dementia-friendly systems, policies, and built environment changes.
3. Provide anti-bias education in community settings.
4. Engage all residents in preventing elder abuse through awareness campaigns and encouraging reporting of suspected abuse.

Domain 6: Civic Participation and Employment

Goal: Increase equitable opportunities for civic participation and employment for all older adults, especially for those with lived experience of discrimination, disability, poverty, and food insecurity.

1. Encourage towns that do not currently have a senior tax workoff program to establish one.
2. Encourage towns and community groups to make public meetings as accessible as possible by providing multiple modes of connection, ensuring that speakers are loud enough, and that video is captioned.
3. Provide pathways to meaningful employment for older adults through engaging employers and residents.

Domain 7: Communication and Information

Goal: Encourage use of multiple information channels, especially town newsletters, that reach all residents and regularly include age-friendly information.

1. Encourage use of town newsletters that reach all residents and regularly include age-friendly information.
2. Identify towns that do not have a town newsletter and provide effective models; encourage towns that use social media to ensure parity in written communication.
3. Work with town municipal vulnerability planning teams to explicitly incorporate age-friendly elements to updated Municipal Vulnerability Plans so that the needs of older adults, especially those most isolated, are highlighted.
4. Create a sustainable stream of high-quality digital devices that are available at low-cost to residents at all income levels.

Domain 8: Health Services and Community Supports

Goal 1: Increase digital literacy among all older adults in the region.

1. Develop partnerships to provide help to older adults learning to use computers.
2. Advocate for primary care practices to provide support for use of patient portal and other healthcare services such as telehealth.

Goal 2: Increase equitable access to healthcare and supportive services.

1. Use the DPH Community Health Equity Survey to gain up-to-date information on older adults' needs.
2. Encourage towns to adopt programs to identify and support residents with access and functional needs during emergency situations.
3. Create marketing campaign for local and regional Public Health Nurse services and programming.
4. Increase access to healthcare navigators/medical advocates for older adults. Create a medical advocacy program matching trained volunteers with older adults needing support accessing healthcare.

APPENDIX A: ACKNOWLEDGMENTS

We extend our deep appreciation to the many people who gave their time, talent, and perspective to this effort.

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We also wish to acknowledge Mass in Motion Franklin County for their contributions. Mass in Motion is a statewide movement that promotes opportunities for healthy eating and active living in the places people live, learn, work and play. The Mass in Motion Franklin County initiative is designed to complement Age-Friendly Franklin County/North Quabbin, by working directly with municipalities on their own age and dementia-friendly planning. Mass in Motion aims to change community conditions by looking at long-term solutions to address the root causes of issues that affect health in our communities, and to promote health equity, where everyone has a fair and just opportunity to attain their highest level of health.

Communities currently involved in Mass in Motion are:

- Buckland
- Colrain
- Conway
- Deerfield/Sunderland/Whately (working together)
- Erving
- Greenfield
- Leyden
- Montague
- Orange

LifePath and the FRCOG are currently seeking funding to do similar municipal-level planning with other towns.

Learn More:

<https://frcog.org/project/mass-in-motion/>

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APPENDIX B: GLOSSARY/ACRONYM LIST

AARP - American Association of Retired People

BOH - Board of Health

CPA - Community Preservation Act

CPHS - Cooperative Public Health Service

COA - Council on Aging

DFM - Dementia-Friendly Massachusetts

DPW - Department of Public Works

EOEA - [Massachusetts] Executive Office of Elder Affairs

FRCOG - Franklin Regional Council of Governments

GCC - Greenfield Community College

HRA - Housing and Redevelopment Authority

IH2 - Improving Housing to Improve Health

MCOA - Massachusetts Association of Councils on Aging

MBI - Massachusetts Broadband Institute

MIM - Mass in Motion

MVP - Municipal Vulnerability Plan

MRC - Medical Reserve Corps

PARC - Parkland Acquisitions Renovations for Communities (grant program)

PHE - Public Health Excellence (grant program)

RTP - Regional Transportation Plan

