

Brand Guidelines

For aging services network providers



Your Partners in Aging.

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Brand Positioning Content Style

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Introduction

The state's dedicated agency for aging people has a new name and brand identity. Formerly known as the Executive Office of Elder Affairs, the Executive Office of Aging & Independence will continue its proven history, but with a fresh look and feel and refocused messaging. This guide, intended for team members, stakeholders, and partners, outlines the visual identity, naming conventions, common definitions, best practices, and more. It serves as the single source of brand truth and ensures the established standards of excellence will continue to be upheld long into the future. Visual styles displayed within this guide are available for use in creating additional materials.



Media Contact

Please direct media inquiries to the Director of Communications for the Executive Office of Aging & Independence:

Eleanor Romano Eleanor.Romano@mass.gov 781-540-6938

Content Style

Tone

Understanding, accessible, knowledgeable, caring and direct.

Manner

The brand should communicate with all audiences in the manner of a close friend or associate who is knowledgeable and has your best interests at heart.

Boilerplate Language

The Executive Office of Aging & Independence provides quality aging-related resources, tools and support through a network of regional non-profits and municipal agencies across the state. The Agency partners with providers, caregivers, and the 1.7 million older adults in Massachusetts to help individuals live and thrive throughout the aging process.

Content Style

Editorial Use

- Always use the full name—the Executive Office of Aging & Independence upon first mention.
- After first mention, when referring to the Agency itself, use "The Agency."
- After first mention, when referring to services provided, use "Aging & Independence."
- Replace the previous acronyms of ELD and EOEA with "AGE" (i.e., agendas, emails, display name in virtual meetings).
 - Categorically avoid using the EOAI acronym in any public/consumerfacing communication, especially verbally. There is only one instance in which using the EOAI acronym is permissible—when the legal team is writing laws/regulations.
- Use the ampersand (&) instead of the word "and" in all instances.
- Avoid using the phrases "elders", "elderly", and "senior citizens". Instead, use "older adults", "aging adults", or "adults aged 6o+".

Content Style Visual Style



Logo Meaning

There is a longstanding bias that the aging process is akin to slowing down and that how well you age is more a matter of genetics, chance, or luck. But the Executive Office of Aging & Independence aims to provide resources for Massachusetts residents not just to live but to *thrive*.

A burst of energy, the logo represents purposeful movement toward creating or maintaining a better quality of life. This energy and sentiment are also reflected within the shape and brand colors.

Usage

The logo should always appear in full color within digital and printed communication (e.g. emails signatures and electronically distributed documents) or web-based applications. Can only be used on white background. There is no alternative layout of the logo.

ing Content Style

Visual Style

Logo - Translations



Translations

Use the English logo in all instances, including translated materials. When using the Agency name within a heading or paragraph, please use the following:

Spanish

Oficina Ejecutiva para la Independencia y Asistencia del Adulto Mayor

Tagline: Sus aliados en la tercera edad

Brazillian Portuguese: Secretaria para Autonomia da Terceira Idade Tagline: Sua parceria na melhor idade

Haitian Creole: Biwo Egzekitif Zafè Grandèt ak Moun ki Endepandan Tagline: Patnè w pandan w Grandèt

Simplified Chinese: 老龄化与独立生活管理办公室 Tagline: 陪伴您晚年的伙伴.

Traditional Chinese: 麻省州政府耆英自立事務部 Tagline: 老齡人人必經, 願作你的夥伴

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Logo – Size Requirements





Space Requirements

To ensure the integrity and visual impact of the logo, the appropriate "clear space" must be maintained on all sides. There should always be the distance equal to the height of the "A" between any part of the logo and any other page element or the edge of the page.

Size Requirements

The logo must be resized proportionally and as a group (logomark, divider rule and logotype); therefore, measurements for all elements in the logo are relative to each other.

The minimum size for the logo is 2" wide.

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Logo – Reverse

PREFERRED: 2-COLOR



1-COLOR



A reversed brandmark should <u>only be used</u> when the full-color brandmark is not an option.

The reversed option should always be 2-color (white & green). And should only be used on indigo background, or photo with sufficient contrast ratio of 5:00 or greater behind text. See **page 20** for usage details.

This applies to all printed and digital materials. The reversed option is preferred over one color and black logo options.

EXAMPLE USE:

Developing promotional items, e.g. one color imprint on non-white surface e.g. table cloth or a green imprint on a pen

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Logo – One Color

Black



Indigo



Alternative Color Usage

Only when it is not possible to use the full color or reversed one color version of the brand mark, the black and navy blue variations are the only acceptable options.

Example: promotional items may only allow for one ink imprint or creating black and white newspaper advertisements.

Black & White For use on white background for newsprint or heavily photocopied documents

Solid Color Indigo – see <u>page 20</u> for usage details

Only to be used on light backgrounds indicated in color palette, see page 18 usage details.

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Service Network

Logo – Incorrect Usage

Executive Office of Aging & Independence

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Aging & Independence

3 🗙



4



Executive Office of Aging & Independence

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X

Executive Office of

Aging & Independence

Aging & Independence

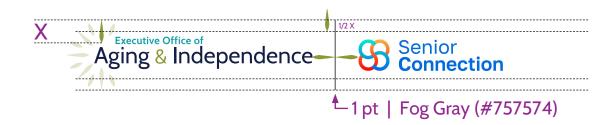


Proper brandmark usage is vital to maintaining the strength and integrity of the Aging & Independence brand. When designing materials, be judicious in combining the brandmark with other graphic elements. Improper use dilutes the brand value. The following are examples of how NOT to use the brandmark.

- 1. Do not alter colors.
- 2. Do not reproduce full color mark on color backgrounds.
- 3. Do not use special effects such as drop shadows.
- 4. Do not distort always maintain proper ratio.
- 5. Do not reproduce as a tint or transparency.
- 6. Do not rotate mark to use vertically.
- 7. Do not reconfigure the elements into a different logo.
- 8. Do not alter the proportions of the logo typography.

Logo – Co-branding Requirements

Aging & Independence Senior Connection



Logo Order Placement

The Executive Office of Aging & Independence Logo should always be on the left. Partner logo will always be on the right.

Dividing Line

The dividing line should be 1pt thick and be in the color Fog Gray from the primary palette.

Content Style

Visual Style Service Network

Aging & Independence Service Network

Editorial Use

- When referring to the statewide network of providers and organizations, "aging services network" may be used, but not as a proper noun (i.e., do not capitalize "aging services network").
- Other use cases include "network," "service network," or "network of services."
- When referring to your organization, refer to it as a part of the Aging & Independence service network:
 - Our ASAP is a part of the Aging & Independence service network
 - The AAA, a part of the Aging & Independence service network, provides high-quality options counseling.

Customer-Facing Positioning Statement

The Executive Office of Aging & Independence works with a network of dedicated partners who share the Agency's commitment to supporting and empowering Massachusetts adults to age purposefully and independently in the communities of their choice.

Internal Positioning Statement

The Executive Office of Aging & Independence partners with a statewide network of service providers and organizations that all share a common purpose: to provide services and resources for aging adults, their families, and caregivers. The network is made up of Aging Services Access Points (ASAPs), Area Agencies on Aging (AAAs), and Councils on Aging (COAs). Each entity works to further our collective mission of helping people live with independence.







MAURA T. HEALEY Governor **KIMBERLEY DRISCOLL** Lieutenant Governor **KATHLEEN E. WALSH** Secretary, Executive Office of Health & Human Services ROBIN LIPSON Secretary, Executive Office of Aging & Independence

Aging & Independence Service Network

Provider Definitions

Aging Services Access Point (ASAP): The 24 regional ASAPs throughout the Commonwealth coordinate services such as in-home assessments, care plan development, home care services, caregiver support, and provide free information and referral services. ASAPs are private, non-profit agencies contracted by the Executive Office of Aging & Independence to deliver services to residents.

Area Agencies on Aging (AAA): AAAs are state-designated agencies that exist to address the needs and concerns of aging individuals at the regional and local levels. By coordinating and offering services designed to promote independent living, AAAs make it possible for people to choose which options help them age in community.

Councils on Aging & Senior Centers (COA): Councils on Aging & Senior Centers are municipal agencies that oversee the programming, services, and centers that support older adults in their community. These centers provide local outreach, social and health services, advocacy, information, and assistance for older adults, their families, and caregivers. Often supported by a volunteer network, centers may offer meals, transportation, health screenings, socialization, wellness activities, and life-long learning.

MassOptions: MassOptions is a free phone and online chat service that helps aging adults, individuals living with disabilities, and their caregivers connect with quality services, agencies, and organizations. People can call 1-800-243-4636 to connect with trained specialists (in 100+ languages) who can provide information on which ASAP, AAA, or Adult Community Center can best fit individuals' needs.

Assisted Living Residences: Assisted Living Residences (ALRs) offer a combination of housing, meals, and personal care services to adults for a monthly fee. ALRs are not the same as licensed nursing facilities—they do not provide medical or nursing services and are not designed for people who need serious medical care on an ongoing basis. Instead, ALRs are intended for adults who can live independently but may need some help with activities like housekeeping, meals, bathing, dressing and/or medication assistance, and would like to live in a home-like environment.

The cost of assisted living varies greatly. The base monthly fee for an ALR in Massachusetts is typically between \$3,500 and \$7,000, but may vary based on:

- The type and number of services you need (in general, the more care needs you have, the higher the fee)
- The size, design, age, and amenities of the residence
- The size of the apartment you choose
- The location of the residence

Most assisted living residents pay privately. Medicare, the federal health insurance program for older adults and individuals who have a disability, does not cover Assisted Living. Individuals with long term care insurance policies should ask their insurance carrier if they qualify for coverage of any ALR services.

Supportive Housing: Supportive housing combines affordable housing with services for older adults and people with disabilities. Supportive housing coordinators are on-site to help residents access community resources, arrange meals, plan social activities, and manage issues that arise in housing to foster stability and a sense of community. To be eligible for supportive housing, you must meet a minimum age requirement (either 60+ or 62+, depending on the type of housing), or have a documented disability. Residents must also meet financial eligibility guidelines and pass any necessary housing authority screenings (e.g., criminal records, housing history, etc.).

Congregate Housing: Congregate housing is a shared living arrangement that combines housing and services for older adults and people with disabilities. Congregate housing coordinators are on-site to help residents access community resources, manage issues that arise from shared living, and plan social activities.

To be eligible for congregate housing you must be:

- Age 60+ or 62+, depending on the type of housing; or have a documented disability
- You must meet any financial eligibility guidelines and pass any housing agency screening criteria (e.g., criminal records, housing history, etc.)
- Be able to take part in a shared living environment
- Be capable of living independently, i.e. not need 24-hour care
- Be medically stable and oriented to person, place, and time
- Not exhibit behaviors which would be a disturbance to other residents

Service Definitions

1. Senior Nutrition Program: The Senior Nutrition Program services include nourishing meals, screening, education, and counseling to help aging people eat well. Meals are served at congregate meal sites, or through home-delivered meals to people 60+ who are homebound.

2. Home Care Program: The Home Care Program, including the Frail Elder Waiver, provides care management and in-home support services to help aging adults, people with disabilities, and people with early on-set Alzheimer's disease or related dementia successfully age in place in Massachusetts. Services are available based on assessed needs and may include nursing care, physical therapy, support with activities of daily living, or help with household chores.

3. Ombudsman Services: Ombudsman services offer a way for people living in Nursing Homes, Rest Homes, or Assisted Living Residences to voice their complaints and have

concerns addressed so they can live with dignity and respect. An Ombudsman is an advocate independent from the Executive Office of Aging & Independence.

4. Adult Protective Services: The Adult Protective Services program allows anyone to call or report online when they know about, or are a victim of, physical abuse, emotional abuse, sexual abuse, caregiver neglect, financial exploitation, and self-neglect for people who are 60+ and live in Massachusetts. Called "mandated reporters," certain medical and other professionals are required to report elder abuse if they encounter it as part of their job.

5. Money Management Program: The Money Management Program assists adults age 60+ who meet clinical eligibility criteria and have difficulty managing personal household budgets, paying bills, keeping track of banking records, intervening with creditors, and handling other issues related to personal finances.

6. Housing Support Options: The state offers housing options for adults to age in community, which include Supportive Housing, Congregate Housing, Continuing Care Retirement Communities (CCRCs), and Assisted Living Residences. All of these are regulated by the Executive Office of Aging & Independence and may offer financial support depending on the person's eligibility.

7. SHINE (Serving the Health Insurance Needs of Everyone): SHINE provides no-cost health insurance information, counseling, and assistance to people with Medicare and others.

8. Family Caregiver Support Program: The Family Caregiver Support Program helps caregivers of adults 55+ or people with disabilities to create a plan of care, share tips and resources, and provide support. People can call 1-800-243-4636 and ask to speak with a Caregiver Specialist, who are based out of ASAPs.

9. Information & Resources: Information & Resources (I&R), sometimes known as Information and Referral, provides specialists who are trained in assisting aging adults and adults living with disabilities. These trained staff guide callers through the many

aging and disability resources available and to obtain the most relevant and current information. This service can be accessed through MassOptions or email: information.resources@mass.gov

10. Options Counseling: Options Counseling is a free service that can help aging adults, adults of any age with a disability, and their family members or caregivers make decisions on supportive services if they don't know where to turn.

11. Community Transition Liaison Program (CTLP): The Community Transition Liaison Program is available to all nursing facility residents who are 22+, regardless of insurance type, who are interested in living in the community. The team will provide help with discharge plans, connect residents to state programs and local community support, and will help the resident advocate and work to resolve concerns related to transitioning to the community.

12. Alzheimer's Disease and Related Dementias: Massachusetts supports aging adults by providing statewide services, support, and pathways for people living with dementia and their caregivers.

13. Prescription Advantage: Prescription Advantage is a state-sponsored prescription drug program for aging adults and people with disabilities that provides financial help to lower prescription drug costs.

14. Medicare Savings Program: The Medicare Savings Program provided by MassHealth (also known as MassHealth Buy-In), helps with Medicare costs including premiums, prescription drugs, coinsurance, and deductibles.

16. The Senior Community Service Employment Program helps low-income job seekers age 55+ develop the skills and self-confidence to get jobs and become more financially independent.

17. Personal and Home Care Aide State Training (PHCAST): Personal and Home Care Aide State Training provides home care aides with the knowledge to provide safe and professional care for older adults and persons with disabilities who live in their homes.

18. Older Adult Behavioral Health: Programs such as Behavioral Health Outreach for Aging Populations, Certified Older Adult Peer Specialists (COAPS), and Advocacy & Navigating Care in the Home with Ongoing Risks (ANCHOR) are available to support the well-being of older adults with mental health and substance use conditions. Programs focus on prevention, intervention, and treatment to prevent greater disability, poorer health outcomes, and higher rates of hospitalization.