

Governor's Council to Address Aging in Massachusetts

Thursday, June 15th

9:00 AM - 11:00 AM

McCormack Building

One Ashburton Place - 21st Floor Conference

Room - Rooms 2 & 3

Boston, MA 02108

In attendance: Co-Chairs Secretary Sudders and Eileen Connors; Secretary Alice Bonner, Beth Dugan, Kevin J. Dumas, Assistant Secretary Kate Fichter, Tom Grape, Steven Kaufman, Undersecretary Chrystal Kornegay, Nora Moreno Cargie, Ruth Moy, Alicia Munnell, Brian O'Grady, Tom Riley, and Amy Schectman.

Remotely: Gerard Brophy, Bill Caplin, and Roseanne DiStefano

Not present: Joe Coughlin, Betsy Hampton, Laura Iglesias Lino, Janina Sadlowski

The meeting was called to order at 9:10 am by Co-Chair Secretary Marylou Sudders, who welcomed all Council members and visitors. She thanked council members who had provided their electronic feedback on the minutes. Secretary Sudders made a motion to approve the minutes from the May 8th Meeting. The motion was seconded by Tom Grape and the minutes were unanimously approved.

Secretary Bonner offered that today is World Elder Abuse Awareness Day and highlighted the importance of recognizing elder abuse as a growing problem we need to address. Sec. Bonner went on to comment that some of the issues that many Council members mentioned as priorities included: the broad issue of ageism, the effort to promote 'aging in community' and 'aging in place,' and the focus around paid and unpaid caregivers' economic security and longevity planning. Sec Bonner asked the Council to consider community best practices in creating a framework for healthy aging. One example of a community best practice is the Elder Homelessness Surges that the City of Boston has been coordinating along with Elder Affairs and MassHealth.

Co-Chair Secretary Sudders said Council members' opinions on priorities for moving forward may change over time, and asked those who didn't get a chance to submit their written priorities to share any thoughts.

Alicia Munnell offered that she was glad to see economic issues mentioned. She stressed that they are foundational and perhaps should be prioritized as a threshold issue. Munnell suggested thinking about the domains (e.g.: negative connotations around aging, goals for aging policy, and core roots of these issues) and a hierarchy of attack.

Nora Moreno Cargie suggested that looking at best practices is incredibly important and cited the housing "surge" as an example of a best practice happening at the city and local level.

Beth Dugan said she was pleased that the items that she listed as priorities were congruent with what her fellow Council members said, particularly economic security and ageism.

Secretary Sudders referenced the decision made in the first meeting to hear from expert panels on aging and introduced the Boston Commissioner of the Affairs of the Elderly Emily Shea, Gwynne Guzzeau from Healthy Aging Cape Cod, and Laura Kittross from Age Friendly Berkshires.

Nora Moreno Cargie passed around a handout on the Tufts Health Plan Foundation and provided some context for the Council regarding age-friendly communities.

- 1) She spoke about how each of the initiatives being addressed by the guest speakers are starting in different places and the importance of honoring the good things that are happening in communities already. Ageism—unlike other ‘isms’—is something that affects our society in totality, and the conversation around it must be framed at the societal level.
- 2) Tufts Health Plan Foundation looks through the frame of collective impact; what are a couple of things that we could focus on and see significant movement?
- 3) Collaboration and bringing in new perspectives is key. She mentioned how philanthropists often don’t act with urgency because they want to see research results, and stated they must act on things they *already* know.

Laura Kittross spoke about Berkshire County, a population with 50-60% of its communities over age 40; it is projected that this will reach 60% by 2030. She mentioned that because of the number of elders, Berkshire County is the second oldest county in Massachusetts after Cape Cod. Laura described Berkshire County as isolated from the rest of MA and with median income the lowest in the state, as salaries are lower in general. Her introductory points were that age friendly communities work for every age, and the importance of a regional approach, addressing all constituents. Some specific issues she highlighted were:

- 1) Housing. A representative survey conducted a few years ago showed that 98% of people want to age independently in their own homes. A series of public forums were held to address what people saw as barriers to aging in their communities—the final report is on the Berkshire Region Planning Committee website.
- 2) Transportation. Most older adults still drive. Transportation, especially during evenings and on weekends, is a big issue.
- 3) Communication. People want a centralized source for information. Many people can use the internet but some still prefer using the phone.
- 4) Wellness, prevention and healthcare access. Since the region is rural, sometimes it can take 6-7 months for an appointment, whether to see someone’s primary care or a specialist.

Gwynne Guzzeau represented Healthy Aging Cape Cod and the Town of Yarmouth. Yarmouth was selected as a World Health Organization (WHO) age friendly community because they are committed to continuous improvements, focusing on a cradle-to-grave approach. For instance, they developed

intergenerational high school/ senior citizen intern programs. Despite stereotypes about Cape Cod affluence, 32% of Yarmouth's population aged 65+ are at or below economic security standards. Wealthy and poor clients *all* need help navigating the information needed for life planning. According to UMass Boston, currently 36% of the overall population on the Cape is age 60 or over. By 2030, that is expected to grow to 43%. Key issues Gwynne highlighted were:

- 1) Transportation. Cape Cod Regional Transportation soon will launch elder specific programs.
- 2) Food insecurity.
- 3) Collaboration is key. How do we build systems and create collective impact?
 - a. Citizen voices **MUST** be heard.
 - b. Working at the individual, town and regional level (e.g.: Aging Cape Cod has emerged out of Cape Cod HHS)
 - c. Creating a new culture of interdependency and integration... Building systems infrastructure through a collective impact model.
 - d. Looking through the "family lens" to captures all ages.
 - e. Council and elder service employees at all levels must educate each other. Providers themselves don't understand the system. (e.g., there are 2 gerontologists on the Cape and 400 primary care doctors. There is an opportunity for the gerontologists to share the basics of elder care with the rest of the medical community)

Gwynne said that one of the challenges their work faces is that there has not been someone to "lead the charge" and coordinate all the efforts underway. She said that she is interested in learning from Laura and others in the Berkshires, to see how they found what worked.

Emily Shea spoke on Boston's Age Friendly Action Plan, which just published 75 action steps to tackle with partners and residents over the next three years. Goals on this project include:

- 1) Bring aging out of its silo. Aging is about living in community. How to paint the city with an age friendly lens. Bringing elders into the fold for community projects is important, such as City Park redesign. Don't need a lot of additional budget dollars, just doing some things a bit differently.
- 2) Action items as a "community plan" that has everyone invested.
- 3) Implement in a way that people, city departments, and stakeholders will continue to stay engaged through the 3-year project.
- 4) Embed dementia work into the age friendly plan. Two other cross cutting issues: social isolation and economic security.

Challenges outlined in the plan include:

- 1) Coordinating with other city planning initiatives-- Remain alert to *other* planning initiatives - where can we *highlight* the experience of older adults?
- 2) Ensure community needs are assessed and reflect the needs of the *whole* community.
- 3) Analysis of needs; how to take the data to build the action plan.
- 4) Fully engaging/managing both those who *want* and those who *need* to be involved.

- 5) Communications, programming, housing, and transportation were all frequently identified issues that shaped how we moved forward (changing existing job descriptions, etc.).
- 6) Implementation structure---brainstorming about best approach and structure; have identified people as leads for all the action steps.

Emily Shea mentioned that as a way to conduct the work laid out in the Age Friendly Action plan, the City hired a Director of Age Friendly Boston – Andrea Burns. Andrea has 1 staff person, who is focused on dementia friendly work. In addition, a second staff person has been added for next year’s budget. UMass Boston has helped the city conduct targeted outreach, to ensure that all voices in Boston’s diverse communities are heard.

Emily Shea said that an important part of the Age Friendly Boston plan is to continuously get feedback. She explained that as the city moves forward and implements the Age Friendly Boston plan that her office will reach out to get feedback from consumers.

Secretary Sudders opened the floor back up to Council members for discussion. She asked how social isolation, economic security, and age friendly communities became the central topics of interest for the Boston project.

Emily Shea stated that those 3 issue areas came up in conversations with stakeholders and residents. They made sure action plan items hit on these domains. In addition, as part of the Age Friendly Boston work, the City is also conducting work to make the City more dementia friendly.

Co-Chair Eileen Connors suggested the term “optimal aging” instead of “healthy aging.” She stressed the importance of differentiating between 65-80 and 80+ age groups, because of the increased risk of health issues that can occur after the age of 80. Eileen also said that the Council should look at how to make it easier for the public to access information and to navigate the system.

Alicia Munnell raised the question of efficiency in gathering outside voices. Liaisons such as the three guest speakers—who know the ins and outs of their communities and have often already done survey work—could be points of contact for information and understanding.

Tom Grape asked the guest speakers what outcomes they would like to see from the Council’s work.

Emily Shea responded saying creating movement/focus around aging in other sectors. As an example, she said that banking could be an industry where there is a conversation about aging.

Secretary Bonner said the Commonwealth’s new Commissioner of Banking, Terri McGinnis, is beginning to do more work with regard to aging. The Banking Commission is about to launch a new website and they are planning to co-host a convening with the Executive Office of Elder Affairs in the fall.

Gwynne Guzzeau suggested creating a public health movement around aging to raise awareness.

Alicia Munnell asked about the decision to have a movement against ageism in the midst of concrete economic disparity issues, suggesting economic security is the basis of all the other issues.

Gwynne Guzzeau discussed a video that she had seen - The Big Idea of Aging in America - a 4 min video - <https://www.youtube.com/watch?v=ZOA1v4-2Fos>

Laura Kittross suggested that the Council focus on opportunities rather than detriments—how can the Council create a broad bird’s eye view of the state of aging in MA, and leave the detail work to individual organizations.

Secretary Sudders said one of the reasons why the Governor selected herself and Eileen Connors as Co-Chairs was so that of the work of the Council would be from a broad, macro-level view across Secretariats and public-private partnerships.

Tom Grape asked how budget considerations have limited the guest speakers’ decisions on prioritization.

Laura Kittross said that grant funding makes many of the decisions for them—they prioritize where they have funding. Housing and transportation tend to be areas where there is a match. She suggested creating incentives to attract resources to rural areas (e.g.: loan repayments for doctors).

Gwynne Guzzeau stated that regional planning with aging in mind is new on the Cape, and resources are limited; therefore the focus has been to expand successful programs.

Alicia Munnell spoke about a program which allows older people to defer property taxes until after their death, an idea that would encourage people to age in place.

Emily Shea pointed out that it’s difficult to get people to participate in those tax deferral programs, because they don’t know about them. She emphasized the need for communication about programs and suggested training volunteers to give presentations in the community about those programs.

Co-Chair Eileen Connors suggested high school/college internships related to supporting elders, which could change the perception of aging and fill a need for experience.

Emily Shea spoke about layering intergenerational programs into the broader plan/sphere and streamlining information rather than searching for unrealistic funding for more senior centers (e.g., mapping the areas that have centers and deciding which gaps need to be filled, and communicating to the public).

Amy Schectman highlighted that when seniors have great quality housing, they contribute an enormous amount to the community—and that this isn’t well understood. Need to shed light on impact of quality living environments. Also pointed out that the majority of people say they want to age in their own homes because they *can’t envision* an alternative that could be great. Community is key, and alternatives to staying home and being isolated could be very attractive.

Secretary Sudders thanked the panelists for coming to the meeting and for sharing their expertise with the Council. The Secretary mentioned that she saw common threads in each community that

presented with different strategies on how to get where they want to go. Further, the Secretary applauded the work being done in Boston by Emily Shea and Mayor Walsh.

Next, Secretary Sudders drew attention to the new Council website (www.mass.gov/agingcouncil) and email address (aging.conversation@State.MA.US). Regarding the importance of community participation, four community listening sessions have been scheduled for:

June 21st - Gloucester Senior Center

June 26th - UMASS Medical Worcester Campus

July 25th - Barnstable Senior Center

August 2nd - Elder Services of Berkshire County

Amy Schectman asked if there could be a listening session in Boston.

Robin Lipson mentioned that the four listening sessions scheduled are “starting points” and once the Council hears what issues are being raised they will consider next steps for gathering information. Robin mentioned that after the listening sessions were scheduled, other communities reached out to ask if additional sessions could be scheduled in their communities as well.

Beth Dugan inquired if stakeholders were contacted to spread the word about the sessions, such as Chambers of Commerce, Rotary, Lions, etc.

Robin Lipson said that many organizations were encouraged to forward the information to their members, interested parties, etc.

Steven Kaufman asked for clarification on the health care infrastructure in the Berkshire region and inquired why Laura Kittross thinks that doctors are not attracted to the area.

Laura clarified there is one hospital system, Berkshire Medical Center, with a large facility in Pittsfield and a small critical access hospital in Great Barrington. Doctors may not come if there isn't employment for their spouse, and rural areas like the Berkshires may not have the same level of innovation and access as in the city.

Brief Summary of Topics Discussed by Council Members:

- **Elder abuse, ageism**
- **Isolation**
- **Aging in place**
- **Age Friendly Communities—cradle to grave approach, intergenerational programming**
- **Economic security—for older adults and caregivers**
- **Best practices at every level**
- **Regional approach**
- **Lens of opportunity, enhancing/working on the good things already happening**
- **Collaboration, systems approach, frame of collective impact, consumer voices**

- **Housing**
- **Transportation**
- **Communication**
- **Healthcare access**

Based on today's discussion, the Council will consider the next panel of experts and will engage with stakeholders during the four listening sessions.

Tom Grape reflected on 3 topics to consider in the Council's work that were not necessarily prioritized or discussed today:

- 1) Healthcare (navigation, care coordination, etc.)**
- 2) Mental Health**
- 3) Social Isolation**

Secretary Sudders said the next Council meeting is in September, and the Council is on the road until then with listening sessions across the state.

The meeting adjourned at 10:47 am.

The next meeting is scheduled for Thursday, September 7th at 9:00 am at the McCormack Building – 1 Ashburton Place 21st Floor Conference Rooms 1 & 2.