Overview: Midterm Goal 5
Communities and health systems are working collaboratively to become age friendly.
Context: Strategic Plan 2020-2025

In October 2020, the Health Foundation for Western and Central New York announced a new vision statement and strategic plan that will guide the work of the Health Foundation through 2025. An extensive planning process that began in 2019 has resulted in a new organizational vision statement, as well as three long-term goals and corresponding mid-term goals to pursue that vision. **Our new vision is a healthy central and western New York where racial and socioeconomic equity are prioritized so all people can reach their full potential and achieve equitable health outcomes.**

The Health Foundation’s mission will continue to be improving the health and health care of the people and communities of western and central New York. The plan also reaffirmed the Health Foundation’s commitment to young children impacted by poverty; older adults; and the community-based organizations that serve them.

Our new vision will be pursued through a set of long- and mid-term goals. This is an overview of why we chose a specific goal, and how we plan to pursue it.

**Midterm Goal 5: Communities and health systems are working collaboratively to become age friendly.**

As one of the only funders in the region with a specific focus on aging, the Health Foundation has always taken a lead in developing and advancing programs and policies to support healthy aging. We believe that healthy aging and maintaining a high quality of life is possible for all older adults, and that **older adults are valued and valuable members of our community.** Creating an age-friendly New York State will require collaboration across sectors, working to engage businesses, city planners, and healthcare systems in each community.

Age-friendly communities are about much more than making buildings wheelchair accessible and having senior centers (although those are important too!). Age-friendly communities are committed to engaging older adults and providing opportunities for them to be full, vital members of the community, and recognizing that older adults have a lot to contribute, if given the chance. Older adults are often unintentionally excluded from community events because of harmful stereotypes about aging and assumptions about their capabilities and interests. Ageism is an equity issue, and it harms us all. The Health Foundation is committed to promoting anti-ageist language and lifting up examples of healthy aging, and supports efforts to advance age-friendly communities and health systems.
BACKGROUND

Healthy aging, like other health outcomes, is driven primarily by what happens outside the health care system. Social determinants of health (such as safe housing, community resources, public transportation options, green spaces, social support, etc.) continue to be the strongest predictors of longevity and quality of life as people age. Some of these social determinants, such as access to services, transportation, and social network have long been identified as potential triggers of decline for older adults. The Age-Friendly movement focuses on the social determinants of health that are most relevant for older adults as well as ones that are more mutable.

There are eight domains in the Age-Friendly framework that fall into three primary focus areas: the built environment, the social environment, and community and health support.

Many municipalities that are working to become age friendly have placed a great deal of emphasis on the built environment and improving accessibility, such as making sure that sidewalks are safe, even, and include curb cuts for ease of access. This extends to transportation, housing and outdoor spaces and buildings; for each of these, criteria heavily emphasize the need for accommodating older adults with a range of needs and abilities. Although this is the work that is most often associated with the age-friendly movement, it only accounts for a small portion of the overall framework.

Within the social environment focus area, a great deal of work is being done in the Respect and Social Inclusion domain to address the prevalence of anti-aging and ageist stereotypes in media, advertising and public service announcements. For instance, where traditional messaging often talks about a growing aging population in negative terms like “silver tsunami” and focuses on the resource needs of older adults, an age-friendly community raises up positive images of older adults in public imagery and views its older adult population as an asset. Age-Friendly communities also specifically include older adults as partners in community decision making. Information about healthy aging is taught in schools, and older adults are invited to school activities and given opportunities to share their knowledge.

The Social Participation domain is also seeing growing energy. Although it is a stereotype that all older adults are lonely and socially disconnected, this domain recognizes that for some older adults loneliness and social isolation are impacting their lives in unhealthy ways and needs to
be addressed. The work of this domain places special emphasis on the community continuing to reach out to older adults who are at risk of becoming isolated and the importance of removing barriers to social participation. For example, it is recommended that community events not require special skills (including literacy) and should be broadly promoted, including by personal outreach to isolated adults through telephone or in-person visits.

Particularly important to the work of the Health Foundation is the work being done within the domain of community support and health services. The Age-Friendly Health Systems initiative, led by the John A. Hartford Foundation, has been taking a deep dive into improving this aspect of age friendly communities. The initiative strives to ensure that when older adults need medical care, the care they receive is appropriate and person-centered. The age-friendly health systems approach focuses on four factors that collectively are referred to as the 4Ms Framework:

- **What Matters**: Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.
- **Medication**: If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.
- **Mentation**: Prevent, identify, treat, and manage delirium across settings of care.
- **Mobility**: Ensure that each older adult moves safely every day to maintain function and do What Matters.

The broader Age-Friendly movement has grown out of work started in the early 2000s by the World Health Organization (WHO). It conducted focus groups with older adults around the world, conferred with experts in aging, and refined the eight domains of living that make a city age friendly. This work reflects the confluence of two major trends that define life in the 21st century: the population is aging, and cities are growing. These growing cities have an increasing percentage of older adults, and the goal of age-friendly cities is to encourage active and healthy aging by providing opportunities for health, participation in the community, and security.

Since then, this work has expanded beyond cities, and has been incorporated by AARP into their livable communities framework. AARP now works with cities, counties, states, and other municipalities that have signed the Age-Friendly pledge.

**How Livable and Age-Friendly are Western and Central New York?** AARP has created an index of Livability that incorporates local and national data to estimate how livable a community is. This score incorporates metrics on livability factors such as the availability of public transportation, the number and quality of hospitals, average housing costs, etc., as well as the presence of policies that promote livability and healthy aging. For example, all of the Health Foundation’s counties have smoke-free laws because those were implemented at the state level. Those policies are assumed to contribute to future livability and are factored into the county’s livability score.
In western New York, the two most urban counties, Erie and Niagara, scored the highest on livability. This is partially driven by these counties scoring higher on transportation, as both counties have at least some public transportation options available. Erie County also has the greatest concentration of hospitals and health care facilities in the region, which contributed to a higher overall score. Conversely, Allegany County had the lowest livability score and also the lowest health score because of a severe health care professional shortage.

Oneida County scored very highly on transportation and environment (due to high air quality), but very low on health due to severe shortages of health care professionals and low patient satisfaction with the quality of their health care. Oswego County also scored very low on health...
due to shortages of healthcare professionals, as well as above average rates of smoking and preventable hospitalizations and below average access to exercise opportunities. Interestingly, Tompkins County scored highly on health metrics with about half the rate of smoking and preventable hospitalizations seen in other rural counties. It was also one of the few counties in our region that does not have a healthcare professional shortage.

WHAT THE FOUNDATION HAS DONE TO DATE TO ADDRESS THIS GOAL

This is a newer area of focus for the Health Foundation but is a logical progression of previous work done to address triggers of decline. The age-friendly framework is a holistic, community-wide approach to healthy aging that centers the voices of older adults.

In 2017, Governor Cuomo announced in the state of the state address, that New York State will be the first age-friendly state in the country. As one of the only funders of older adult programming in our regions, the Health Foundation for Western and Central New York developed a state-wide partnership with the New York State Office for Aging, Department of Health, Department of State’s Smart Growth, AARP and the New York Academy of Medicine and created Partnerships for Healthy Communities, an Age-Friendly Communities initiative to begin working towards the goal of making New York truly an age friendly state.

Setting it apart from many other age-friendly efforts at the time, New York State adopted the Health Across All Policies approach to advancing this work. This is a collaborative, cross-sector approach to improving the health of all New Yorkers by addressing the complex social determinants of health that fall outside the scope of traditional health and aging departments.

Specific undertakings by the Health Foundation to advance age-friendly communities include:

**Partnering with AARP to enhance its annual Livability Summits:** The Health Foundation kicked off our public facing age-friendly work by co-sponsoring the AARP Livability Summit in 2018. This event brought together a wide range of community stakeholders from across the state to learn about what makes a livable (age-friendly) community. The Health Foundation hosted a preconference intensive on how to use human-centered design tools to get feedback from older adults to improve the livability and age friendliness of their communities. Several Health Foundation grantees also participated in panels and gave presentations on programs that had successfully used human centered design to engage older adult and incorporated their feedback to create more age-friendly services. The 2019 AARP Livability Summit heavily focused on health equity and disparities in outcomes by race and ethnicity. The Health Foundation again sponsored a preconference intensive, which featured JaNay Queen Nazaire who led a workshop on centering race in age-friendly efforts.

**Age-Friendly Health Systems:** At the 2019 state of the state address, Governor Cuomo stated that by 2023, 50 percent of all health systems in New York State will be age-friendly. In partnership with the Health Foundation, the Department of Health convened other foundations to help support the Age-Friendly Health Systems Action Community in New York State. The action community is being led by the Health Care Association of New York State (HANYS), which
represents more than 98% of all hospitals in New York, as well as nursing homes, home care agencies and other healthcare organizations. HANYS hosted kickoff events to bring together stakeholders, and is offering ongoing coaching, site visits, and overseeing data collection and reporting.

**Partnerships for Healthy Communities:** The Health Foundation is providing additional support to the statewide initiative (Health Across All Policies) that has the goal of advancing age friendliness across New York State. The Department of State committed $1 million in grants to communities seeking to take the age-friendly pledge or deepen their age-friendly efforts. These grantees were spread across the state, one in each of New York’s ten regional economic development zones.

The Health Foundation has provided support to accelerate age-friendly work being done in our region by funding an intensive learning collaborative and supplemental technical assistance. Additionally, the Health Foundation sponsored three communities for participation with the goal of having these communities serve as anchors and leaders within the learning collaborative. The communities sponsored by the Health Foundation are Erie, Tompkins and Oneida counties.

**Strategies Moving Forward**

The Health Foundation will actively work to combat ageism by sharing examples and stories of healthy aging and will work to raise awareness of what ageism is, how it manifests, and how it harms people. We will cultivate conversations with other funders to support anti-ageism and age friendly work and will join with partners to advocate for policies to support the sustainability of age-friendly communities and the health of older adults. Likewise, the Health Foundation will continue to support the Age-Friendly Health Systems learning collaborative.

**KEY PERSONNEL**

*Jordan Bellassai*
*Ken Genewick*
*Kerry Jones Waring*
*Nora O'Brien-Suric*
*Diane Oyler*

**Additional Reading:**

*AARP Introduction to the Domains of Livability*

*AARP Network of Age-Friendly States and Communities:* An age-friendly community is livable for people of all ages


_Ageing: Healthy ageing and functional ability_ (WHO)

_NYS Health Across All Policies/Age-Friendly NY Roadmap Report_

_What is an Age-Friendly Health System? (IHI)_