

The Health and Age Across All Policies Report



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EXECUTIVE SUMMARY

Introduction

In 2018, former New York Governor Andrew M. Cuomo signed Executive Order 190. This order mandated a “Health Across All Policies” (HAAP) approach for state agencies. HAAP emphasizes integrating health considerations into policymaking across all sectors to improve overall community health and well-being. Executive Order 190 requires state agencies to consider the social determinants of health in their community planning and development. This includes incorporating the state’s Prevention Agenda Priorities and the World Health Organization’s Eight Domains of Livability. Healthy aging is a core component of the Executive Order, encouraging state agencies to consider how HAAP can impact all age groups, especially older adults.

In 2019, the New York Academy of Medicine (NYAM), funded by the New York State Office for the Aging (NYSOFA), New York Department of State, and the Health Foundation for Western and Central New York (HFWCNY), launched the Health and Age Across All Policies (HAAAP) program. The program established a learning collaborative for 16 New York counties and municipalities with the goal of fostering healthier communities through policy changes and enhancing participants’ ability to:

- Implement local resolutions reflecting Executive Order 190.
- Create more Age-Friendly communities.
- Establish regional Centers for Excellence to share resources and expertise.

To assess the long-term impact of the HAAAP program, NYAM conducted a two-year evaluation (2022–2023) following program completion at the end of 2021. This evaluation focused on how well the program engaged and supported grantee organizations including Age-Friendly knowledge and skills gained through technical assistance. The evaluation also examined grantees’ ability to replicate Executive Order 190 and implement the HAAAP approach and other healthy aging frameworks into their current work. Additionally, it identified current challenges faced by grantees in implementing Age-Friendly work in their agencies.

Methods

The evaluation team used multiple methods and data sources, as described below.

1. **Interviews with program staff and funders (July–August 2022; n=6):** Interviews focused on interviewee’s experiences with program development and implementation, including strengths, challenges, and perceived impact.
2. **Interview with HAAAP grantees (August 2022; n=18):** Interviews focused on grantees’ experiences, satisfaction with the HAAAP program, perceptions of technical assistance (TA), cross-sector collaborations, and community/system-level impacts of the program.

3. **One-year post-program survey with HAAAP grantees (October 2022; n=10):** Survey questions focused on grantee's satisfaction with the HAAAP program, continued use of tools and resources from the program, and perceived post-program impact (organizational, community, and system-level).
4. **Two-year post-program survey with HAAAP grantees (August 2023; n=12):** Survey questions focused on grantees' continued commitment to implementing Executive Order 190 in their communities, inter-agency collaboration on Age-Friendly work, and implementation of HAAAP-informed Age-Friendly strategies, including challenges encountered.
5. **Document review:** The team also conducted a review of program records and documentation, including final progress reports from the grantees displaying their progress, partnerships, and fulfillment of HAAAP frameworks.

All data collection protocols for this study were reviewed and approved by NYAM's Institutional Review Board (IRB).

Key Findings

HEALTHY AGING IN GENERAL, HAAAP PROGRAM GOALS, AND SUPPORT FOR COUNTIES

- Despite the COVID-19 pandemic, key informants emphasized the program's core goals remained unchanged. However, they acknowledged the need to adapt implementation strategies in response to the pandemic.
- Participants found the tools and TA provided during the HAAAP program to be useful and described examples of when they utilized these resources during and after the program to advance healthy aging in their organization and community.

INCORPORATION OF AGE-FRIENDLY FRAMEWORKS AND POLICIES

- While only five of the twelve participating counties surveyed replicated or are working to replicate EO190 two years after the program's end, a significant number achieved Age-Friendly Community certification.
- Over 75% of respondents implemented initiatives across all eight WHO Domains of Livability, a core program framework

ORGANIZATIONAL-LEVEL IMPACTS

- The majority of participants indicated that their county's HAAAP/Age-Friendly coalition is still active. The longevity of the county coalitions speaks to the sustainability of HAAAP and core impacts to county practices, as well as promising future application of Age-Friendly work.
- Several participants reported that the program successfully fostered connections and addressed siloed structures in public health and aging. However, these new connections did not appear to translate into sustained engagement.

- Participation in the HAAAP program led to a significant shift. Participants reported not only embracing the program's frameworks but also actively applying principles from the WHO's 8 Domains of Livability to their organizations' ongoing Age-Friendly efforts.

COMMUNITY-LEVEL IMPACTS

- Some participants reported that the HAAAP program successfully raised awareness of Age-Friendly strategies and initiatives within participating communities. Program impacts extended beyond participants themselves, with several participants reporting a noticeable increase in cross-sector collaboration and integration of aging considerations into planning discussions.

SYSTEM-LEVEL IMPACTS

- Participants reported that at the system-level, the HAAAP approach sparked a paradigm shift in thinking about community planning and investment. Participants recognized the value of collaboration with diverse partners, including other county departments and external organizations. This collaborative approach aims to create livable, Age-Friendly communities that enhance well-being across the lifespan.
- Over half of two-year post-project survey respondents reported that HAAAP successfully promoted the use of Age-Friendly frameworks in county policies and programs.

CHALLENGES

- Although the COVID-19 pandemic initially presented challenges during program implementation and remains a lingering concern, participants currently cite staff shortages and time constraints as the most pressing obstacles.

Conclusion

This evaluation provided a unique opportunity to understand the long-term community and systems level impacts, two years after the conclusion of the HAAAP program. The evaluation found that participating counties valued the HAAAP program's focus on cross-sector collaboration, increased community engagement, and technical assistance. Counties reported positive impacts at the organizational, community and system levels, including integrating health considerations across sectors, raising awareness of Age-Friendly practices, and fostering new or stronger partnerships. To ensure lasting benefits, counties expressed a need for ongoing support, resources, and the continued development of Age-Friendly concepts.

The HAAAP program, while concluded, has laid a strong foundation for promoting Age-Friendly communities across NYS. To capitalize on this momentum, we recommend several strategies. First, we recommend leveraging the HAAAP legacy by disseminating its best practices and learnings through

reports and online resources. Highlighting valuable resources like the NYAM guide and fostering knowledge exchange through conferences can further empower counties. Second, building on this momentum necessitates identifying and connecting with program champions within participating counties for a one-time in-person or virtual knowledge-sharing conference. These individuals played a pivotal role in the HAAAP program's success and can serve as valuable resources for ongoing efforts. Furthermore, collaborating with relevant state agencies to integrate Age-Friendly principles into existing programs and policies can ensure the long-term sustainability of these practices beyond the HAAAP program. This will not only empower counties but also contribute to the creation of more inclusive and supportive communities for older adults.

INTRODUCTION

Between 2011 and 2021, the population of older adults in New York State (NYS) grew from 2.7 million to 3.5 million, resulting in a 30% increase. Defined as individuals ages 65 or above, there are approximately 54 million older adults in the United States, a number projected to increase by 75% within the next 40 years. Between 2010 and 2020, the global life span has increased from 71 years to 73 years. This growth of the older adult population globally, nationally, and within NYS, has made aging policies a focus of several (inter)governmental agencies. As a result, the World Health Organization (WHO) established the WHO Global Network for Age-Friendly Cities and Communities (Network) in 2010 with the intent of bringing together communities from around the world to create and build Age-Friendly environments. This Network includes 51 participating countries, 1,439 cities, and 18 network affiliates. In 2017, New York was the first state to become part of this Network and the first state to join AARP's Network of Age-Friendly States and Communities.

In 2018, to improve the health and well-being of New York communities, then-Governor Andrew M. Cuomo signed Executive Order 190. This order mandates a "Health Across All Policies" (HAAP) approach, requiring state agencies to integrate health considerations into all areas of policymaking. Executive Order 190 promotes healthy aging and encourages agencies to consider the social determinants of health in community planning and development. This is achieved by incorporating both the NYS Prevention Agenda Priorities and the World Health Organization's Eight Domains of Livability. In tandem with the drafting of Executive Order 190, in 2018, the New York State Department of State, the New York State Office for the Aging (NYSOFA), the Health Foundation for Western and Central New York (HFWCNY), and the New York Academy of Medicine (NYAM) established the "Health and Age Across All Policies" (HAAAP) program. HAAAP was a public-private partnership that brought NYS counties together through a Request for Application (RFA) process to join a learning collaborative to foster healthier spaces for people to live, work, and age, using primarily three frameworks: (1) Smart Growth Principles; (2) WHO 8 Domains of Livability; and (3) the NYS Prevention Agenda. Appendix A further details each framework.

The goals of the HAAAP program were to:

1. Create at the county level a replicable version of the Governor's Executive Order on Incorporating Health Across all Policies into State Agency Activities (EO 1902);
2. Initiate activities necessary to become certified as Age-Friendly through the AARP/World Health Organization (WHO) process; and
3. Establish regional Age-Friendly Center of Excellence that further develops their Age-Friendly/Livable Communities principles and projects and encourages sharing of resources and expertise.

PROGRAM ACTIVITIES

In carrying out the program, NYAM focused on several key activities:

- 1. Developing curriculum and content: NYAM created educational materials and resources on the HAAAP approach for the learning collaborative and its meetings.
- 2. Needs assessment: Through a structured process, NYAM assessed the initial needs of the participating teams, establishing a baseline to measure their progress as the program unfolded.
- 3. Content delivery: NYAM delivered the HAAAP curriculum through various methods, including webinars, conference calls, in-person meetings, and individualized technical expertise.
- 4. Operationalization and collaboration: NYAM provided support to counties in implementing HAAAP principles, fostering stronger collaboration across different sectors, and ultimately creating healthier communities for all age groups.
- 5. Evaluation and dissemination: NYAM conducted web-based assessments at the program’s midpoint and conclusion. They then shared the lessons learned regarding HAAAP initiatives, local collaboration efforts, encountered challenges and facilitators, and the process of delivering technical assistance [TA].

The learning collaborative teams were engaged in technical assistance activities throughout the project. At webinars for all teams, attendance ranged from 13–16 counties. At events exclusively for Centers for Excellence teams, attendance ranged from 3 to 5 teams. Attendance at convenings, mini- convenings (during the amendment period), and office hours ranged from 14–16 teams regularly.

PROGRAM PARTICIPANTS

The HAAAP program served 16 counties across NYS: Broome, Erie, Herkimer, Monroe, Nassau, Oneida, Onondaga, Ontario, Orange, Oswego, Rockland, Saratoga, Schenectady, Schoharie, Tompkins, and Ulster.

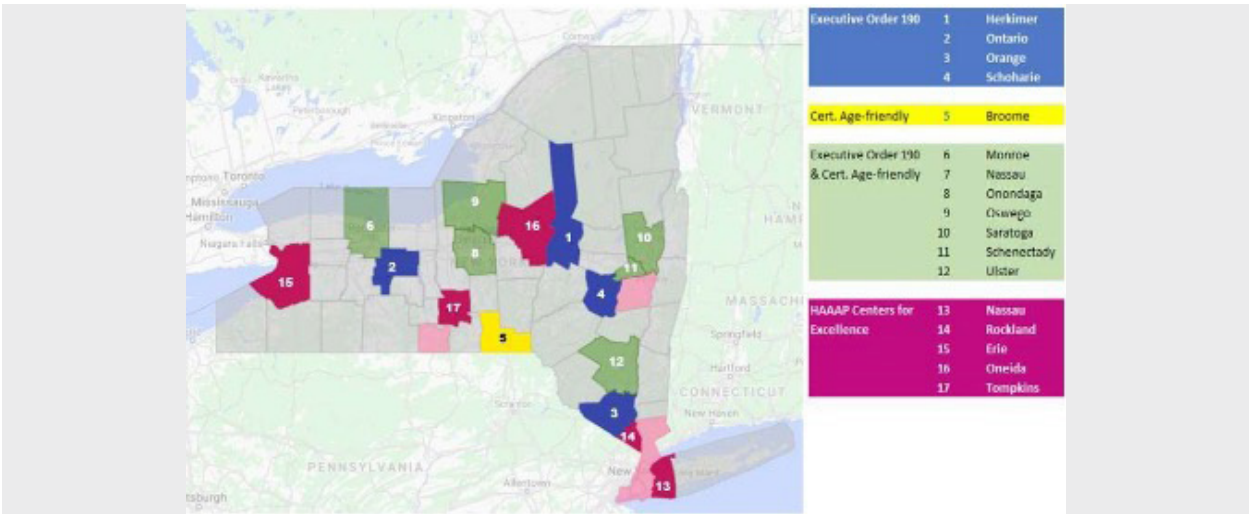


Image 1. Map of Participating Counties in the HAAAP Program

EVALUATION GOALS

To assess the impact of the HAAAP program, in Spring 2022, the HFWCNY and NYSOFA contracted a team from NYAM (comprised of individuals who were not involved in the implementation of the HAAAP program) to conduct a program evaluation. The evaluation assessed the extent to which the HAAAP program engaged and met the needs of participants and supported their successful application of HAAAP and healthy aging frameworks. The evaluation focused on identifying dimensions of the program that were the drivers of success, including but not limited to implementation, the tiered program structure, and the technical assistance, as well as challenges in project implementation. Additionally, the evaluation team assessed the extent to which previous livability and Age-Friendly work in NYS laid the foundation for program impact.

In 2023, the NYAM evaluation team carried out a two-year post-project survey to assess the counties' adoption and implementation of HAAAP policies. This included replicating EO 190, passing other local-level legislation, and/or developing new healthy aging/Age-Friendly county action plans. They also evaluated the incorporation of HAAAP frameworks and Age-Friendly considerations both within and beyond the participating county departments, the extent of collaboration with different agencies, and ongoing investment and future interest in Age-Friendly initiatives.

The report's findings and recommendations reported here are based on data collected through various methods utilizing both quantitative and qualitative methods.

METHODS

Overview of Methods

The evaluation team utilized a mixed methods approach to evaluate the HAAAP program, combining both quantitative and qualitative data collection methods. To gather in-depth insights, the team conducted interviews with key stakeholders between July and August 2022. This included interviews with 6 HAAAP funders and NYAM program staff who were part of program implementation. The evaluation team also interviewed 18 county administrators and community representatives. In addition to interviews, NYAM distributed surveys to assess program satisfaction. A one-year post-program survey was sent to the counties more than six months after program completion in October 2022, with 10 county administrators and community representatives participating. A second post-survey was also conducted in August 2023 to assess post-program implementation 2 years after program completion, with 12 county representatives completing it.

To complement the interview and survey data, the evaluation team reviewed program documentation. This included final progress reports submitted by the grantees. These reports offered valuable details on the grantees' progress, partnerships formed, and their success in implementing HAAAP frameworks.

To safeguard participant confidentiality, the study protocols were reviewed and approved by NYAM's Institutional Review Board (IRB).

1. One-Year Post-Program Data Collection Activities

INTERVIEWS WITH KEY INFORMANTS

HAAAP Funders and NYAM Program Staff

The NYAM evaluation team recruited and interviewed 6 HAAAP funders, state agency representatives, and NYAM program staff. Interview questions followed a semi-structured interview guide and were designed to solicit information related to the interviewee's experiences with developing and implementing the HAAAP program, including strengths and challenges, and perceived impact of the program. Interviews lasted between 30 and 60 minutes. See Appendix C for the semi-structured interview guide.

INTERVIEWS WITH PROGRAM PARTICIPANTS

HAAAP Program Participants

The NYAM evaluation team used contact information found on the HAAAP microsite (<https://www.nyam.org/haaap/>) to systematically recruit participants from counties who were part of the HAAAP program.

The first email invitations to partake in an interview were sent out to respondents on July 19, 2022. Across the 16 participating counties, the evaluation team contacted 23 county administrators and community representatives via email; and 18 of them representing 13 counties accepted our interview invitation. This evaluation does not include interviews from the following three counties: Orange, Schoharie, and Oswego. Participants from these three counties either declined participation or were no longer with their organization at the time of the interviews.

The interview guide covered topics such as participants' experiences with the HAAAP program including their perception of the TA offered by HAAAP program staff, new or existing cross-sector collaborations, and perceived community and system-level impacts of the program. All interviews were conducted by NYAM staff members trained in conducting interviews and qualitative research, using interview guides developed by the NYAM evaluation team. Interviews lasted approximately 60 minutes. See Appendix D for the semi-structured interview guide.

ONE-YEAR POST-PROGRAM SURVEY OF PROGRAM PARTICIPANTS

In the fall of 2022, the NYAM evaluation team developed and disseminated a one-year post-program survey to all HAAAP participants, including county administrators and community representatives from each participating county. The purpose of the survey was to assess participants' satisfaction with the TA offered, use of resources and tools shared by HAAAP program staff, and perceived post-project impact both at the organizational, community, and system-level. The first email invitation to partake in the survey was sent on October 19, 2022, and was followed by two additional outreach emails. Responses were received from at least one respondent from 10 of the 16 counties. Survey respondents represented Oneida, Schoharie, Rockland, Erie, Tompkins, Nassau, Ontario, Monroe, Oswego, and Schenectady counties. We did not receive responses from Herkimer, Orange, Broome, Onondaga, Saratoga, and Ulster counties. See Appendix E for the full survey.

2. Two-Year Post-Program Data Collection Activities

SURVEY OF PROGRAM PARTICIPANTS

In 2023, the NYAM evaluation team developed and disseminated a second post-project survey to HAAAP participants, limiting responses to one representative per county (n=16). The purpose of the survey was to supplement the progress reports submitted during the contract period and asks about Age-Friendly policies, programs, and collaborations, and ways in which the work engaged in during the project has spread because of HAAAP participation. The first email invitation to partake in the survey was sent on August 21, 2023, by NYSOFA and was followed up by two additional reminder emails, and one reminder phone call as well as contact from HFWCNY if necessary. Responses were received from 12 counties. Survey respondents represented Oneida, Nassau, Herkimer, Monroe, Ontario, Erie, Broome, Schoharie, Oswego, Rockland, Tompkins, and Orange counties. We did not receive responses from Onondaga, Saratoga, Schenectady, and Ulster counties. See Appendix G for the full two-year post-program survey.

DATA ANALYSIS

Quantitative Data Analysis

All data collected through surveys were analyzed using Microsoft Excel Version 2210. Descriptive analyses (to produce means, frequencies, and percentages) were generated to describe the data. Missing data were excluded from the analyses.

Qualitative Data Analysis

All interviews and focus groups were audio recorded and transcribed by an external transcription company. Transcripts and notes were managed and coded using NVivo, a software package for qualitative data analysis. A coding scheme (with definitions) was developed that included pre-identified and emergent themes. Data were analyzed for common themes across groups and compiled into findings that addressed the initial evaluation questions

Limitations of the Data

The evaluation team recognizes that the data used to inform the evaluation are self-reported and reflect a sample of the project participants who agreed to participate in the data collection process. The extent to which they—and their perceptions—are representative of all project participants is unknown.

Furthermore, the evaluation was conducted more than 6 months post-project and required participants to provide information retrospectively which may have contributed to recall bias.

FINDINGS

This section explores the long-term impact of the HAAAP program, two years after its conclusion. It outlines current assets in the grantees' communities that promote healthy aging and examines how grantees leveraged the program's knowledge, tools, and resources to replicate Executive Order 190. We further explore the program's impact at the organizational, community, and system levels, identifying both challenges encountered, and valuable lessons learned for replicating similar programs in the future.

Healthy Aging in General, HAAAP Program Goals, and Support for Counties

COMMUNITY HEALTHY AGING INITIATIVES

When asked about general existing and current healthy aging work within the participating counties, **participants described a robust landscape of healthy aging programs within the participating counties, encompassing both pre-existing initiatives and ongoing efforts.** These programs address various needs, including socialization (through senior centers and outdoor activities), information resources for older adults, and caregiver training. Such programs play a crucial role in supporting older adults, fostering social connections, and promoting healthy aging within communities.

There are many things that [we are] doing through the senior centers. [We] have health and wellness programming. [Senior centers] do a number of different evidence-based projects like chronic disease health management. They have congregated meal programs to both bring people together socially as well as provide a nutritional meal. —County 1

Definitely our senior long-term care does a great job with community engagement, making sure [they are] out in the community, having picnics, getting people together. —County 3

I think providing people who are aging [with] information on what to expect as they age and how they can have better outcomes [is important] ...a lot of [our] programs, the diabetes programs, and the wellness programs provide [information that] can help people age better. —County 6

Beyond existing community healthy-activities programs described above, **participants also identified community assets that support healthy aging, including educational initiatives and collaboration with community groups and residents themselves.**

[We are] working hard at getting the word out, helping people understand, educate some of that, what Age-Friendly really means. That [it is] not just meant for the older population, but it's meant to be an initiative that really lets everyone have the opportunity to grow up and grow older with quality of life. —County 1

We've [built a community partnership] and that really is a group of people getting together on a very, very regular basis—usually once a month; if need be, more—to discuss issues that come up around social service concerns... And [we have] created the advisory board for the Age-Friendly initiative, we have about forty members in that board representing the entire spectrum of support, both residents, young and old, as well as agencies, such as the Superintendent of schools for the educational system, and the Chief of Police for safety issues and emergencies. —County 2

Despite these existing programs and community assets, participants also identified challenges faced by older adults seeking to age in place. The two most common challenges mentioned were the conduciveness of the neighborhood and physical environment to aging in place—including limited access to affordable housing and accessible transportation—and the costs associated with aging.

Probably the two most challenging areas are affordable housing and transportation, getting access to services. And also, frankly, on the housing issue when we talk about affordable housing, [we are] often talking about workforce housing, which is not what we really need to support the housing needs of the people that live here and [want to] age here. —County 2

We [do not] have enough senior housing. So, there are waitlists at the buildings that are available. And then transportation is a big issue because once somebody no longer can or should drive, and affordability may be part of that, the fixed-route bus system is limited and [does not] go to rural areas. —County 3

HAAAP Program Goals and Grantee Support

Overall, both HAAAP program staff and funders agreed the program aligned well with its initial goals of assisting counties in implementing HAAAP principles.

I think the overall goals were to get at least [ten] new certified counties as Age-Friendly communities, to establish a handful of Centers of Excellence, and I think it was a similar 10 or so counties to have adopted the executive order. —Key informant 2

We did start out with a structure that was a good plan that we kept to, but at many steps along the way we were checking in and making sure what we were doing was providing the value and the goals that we wanted to accomplish. —Key informant 5

Despite initial delays in program implementation due to the COVID-19 pandemic, most key informants noted that program goals remained constant. They did acknowledge, however, that the pandemic necessitated a shift in how these goals were operationalized.

So, here, our kickoff for the project, I think, was in March or February of 2020, and then COVID hit. So, the goals of the project did not change, but the way that it was enacted, I guess, or operationalized had to change, right, because people couldn't get together in person. We did meet in person for the big kick-off meeting in Albany, but then we quickly had to pivot. And I know that the New York Academy of Medicine really helped that, right, in working with the organizations that were selected to participate in the learning collaborative, to help them kind of understand how to do this remotely. —Key informant 3

Technical Assistance, Use, and Perceived Value

To equip participating counties with the knowledge, skills, and resources needed to effectively implement Healthy-Aging frameworks and policies, the program staff provided grantees with technical assistance in various forms. This included a dedicated HAAAP website with resources and program materials, access to one-on-one consultations with program experts on specific challenges, and a library of resource guides covering topics related to healthy aging initiatives. However, **engagement in TA activities varied. While some grantees actively participated in most webinars, others faced challenges like scheduling conflicts, the COVID-19 pandemic, and staffing limitations, hindering their participation.**

I know I probably missed a couple [of TA sessions] because we were in the middle of COVID and there were times when I was the only person in the office... —County 8

There were times when [the TA sessions] did not align with my schedule. [That is] on me, not on them, but I think I attended over half, but again if I missed, I knew that I could get information by just going into those recordings or the resources. So, that was helpful. —County 4

In terms of usefulness of the resources offered through the TA, **most grantees noted that they found the resources useful, citing the NYAM resource guide (available at <https://www.nyam.org/haaap/resources/>) in particular. Participants reported utilizing these tools throughout and beyond the program**, suggesting the TA effectively equipped them to continue promoting Age-Friendly practices within their communities even after the program's conclusion.

So, I [do not] have the list in front of me, but we worked [with] our staff [to] put together a wonderful list of resources not only that NYAM created but also that other people from the collaborative [created]. And [we have] used all of them in one form or another. Again, either educating us, training us, giving us new ideas, reinforcing the work [we are] already doing. So, the NYAM resource guide was terrifically helpful. —County 1

Well, I definitely used [the HAAAP resources post-program] ... the Health Across All Policies, and the Smart Initiative, I used that a lot with the county legislature, with our county administrator, with other coalition members when we formed our Age-Friendly coalition to just tell them all the things we were working on. So, I think that was probably a useful tool. —County 7

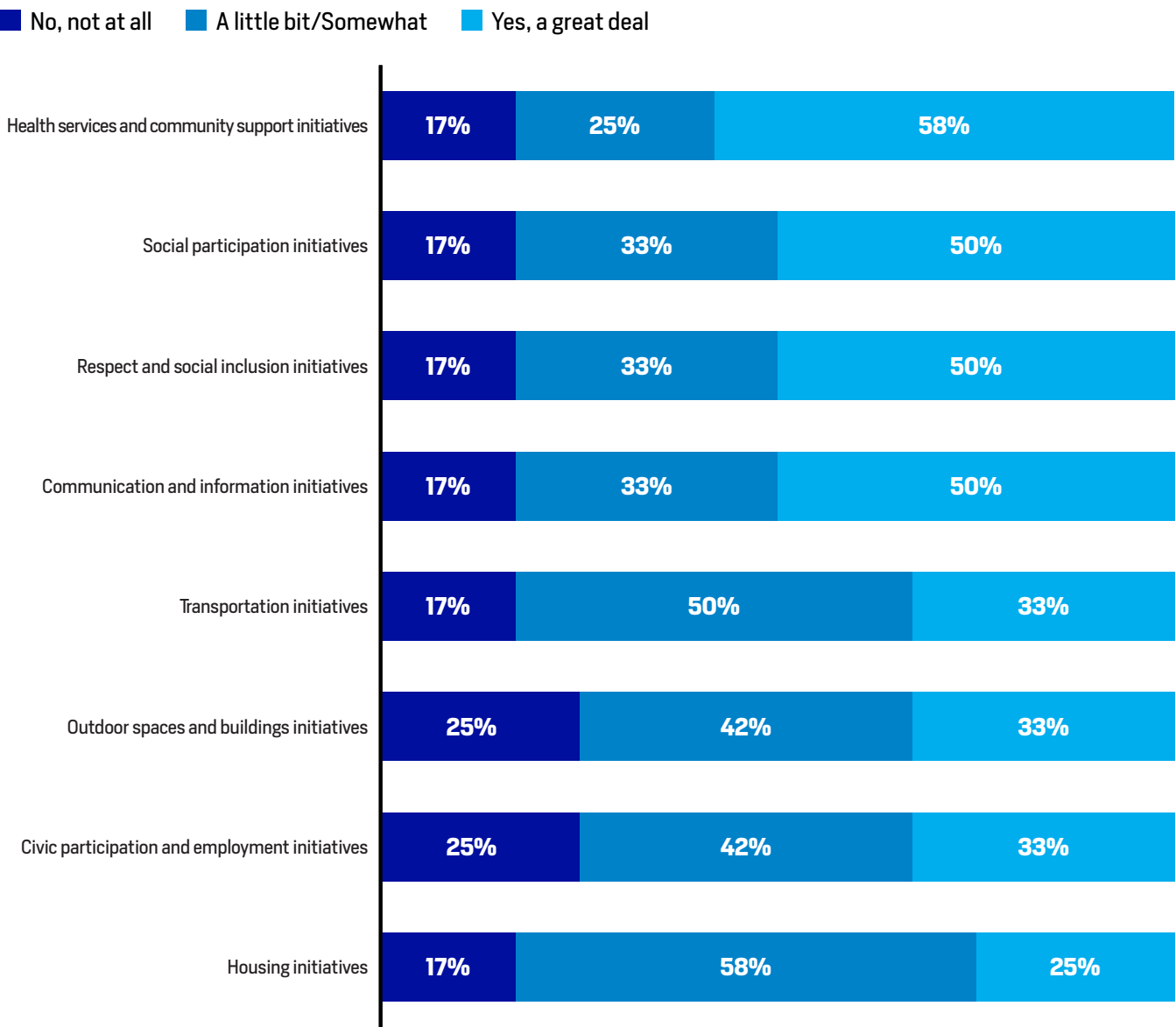
Illustrating the program's lasting influence, one participant even mentioned still referencing the HAAAP website two years after the program concluded.

I still go to that [HAAAP website] once in a while for the things that I need. Absolutely. I was just in there recently for, I think, Smart Growth. There must be a Smart Growth section, I think I recall. So, I remember going in there recently for a Smart Growth resource of some sort for one of our partners. —County 12

Incorporation of Age-Friendly Frameworks and Policies

The two-year post-program survey demonstrates the HAAAP program’s lasting impact. Over 75% of respondents (see Figure 1 below) implemented initiatives across all eight WHO Domains of Livability, a core program framework. This influence extended beyond individual counties. Multi-sector partnerships were formed, integrating Age-Friendly principles, terminology, and even funding considerations across local and county organizations. These partnerships, explored in detail later, suggest a broader and potentially more sustainable impact that transcends the program itself.

Figure 1. Incorporation of WHO 8 Domains of Livability in County HAAAP Projects (N=12)



However, while only five out of 12 participating counties surveyed have successfully replicated, or are working on, replicating EO 190, two years post-program, a noteworthy number achieved Age-Friendly Community certification.

Table 1. Counties that replicated EO190 and were certified as an Age-Friendly Community

COUNTY	REPLICATION OF THE EXECUTIVE ORDER	CERTIFIED AGE-FRIENDLY COMMUNITY
Herkimer	X	X
Ontario	X	
Orange		
Schoharie	X	
Broome		X
Monroe		X
Onondaga		X
Oswego		X
Saratoga		X
Schenectady		X
Ulster		
Nassau	X	X
Rockland		X
Erie		X
Oneida	X	X
Tompkins		X

Counties that passed a Resolution to replicate EO190 noted that this was the most efficient use of their time and resources. Below are examples of how counties translated EO 190 into action:

- **Schoharie County, Resolution No. 94 (2021):** Supporting Age-Friendly Schoharie County for the Benefit of Community Members of All Ages
- **Herkimer County Legislature, Resolution No.247 (2020)** Incorporating Health Across All Policies into County Agency Activities
- **Nassau County** Executive Bruce Blakeman signed a proclamation requiring county agencies to designate a liaison for seniors on Feb. 23. Joined by AARP at the Glen Cove Senior Center. This proclamation is the first step in the counties' commitment to Age Friendly Services.

- **Oneida County Board of Legislatures**, No. 2022-183 Resolution 201 Incorporating Health Across All Policies into County Agency Activities
- **Ontario County Health and Age Across All Policies Resolution No. 403-2021**: Proclaiming Support for an “Age-Friendly Ontario” Initiative to Support the Well-Being of Community Members Across the Lifespan

However, for counties struggling to implement HAAAP components, COVID-19 was noted as a major hurdle, with 75% of counties surveyed two years post-program citing pandemic-related challenges. Time constraints (50%) were also a significant barrier. The unprecedented nature of the pandemic, as exemplified by some counties’ experiences, undeniably diverted resources and limited participation. While staff and time limitations are common challenges in public health, COVID-19 further exacerbated these issues. Additionally, six counties reported competing priorities or difficulties like securing project leads or funding for housing improvements, hindering their progress.

Table 2. Barriers to Implementing Age-Friendly Frameworks/Policies

CHALLENGE	n	%
COVID-19 related challenges	9	27%
Not enough staff to support the activities we wanted to implement	10	30%
Not enough time to support the activities we wanted to implement	6	18%
Not enough resources (technology, equipment, etc.) to support the activities we wanted to implement	1	3%
Not enough buy-in within county government to support the activities we wanted to implement	1	3%
Not enough buy-in external to county government to support the activities we wanted to implement	1	3%
Unexpected cost overruns	0	0%
Other competing priorities	1	3%
Other	4	12%
No barriers or challenges	0	0%

Despite the above challenges, several of the counties that have not yet implemented Age-Friendly strategies plan to leverage their HAAAP experience in the future. Top strategies include 1) incorporating successful grant period strategies into future planning; 2) maintaining valuable committees established during the program and; 3) continuing work that was delayed due to unforeseen barriers.

Further, **over 90% of survey respondents indicated that their county team would be interested in attending a one-time peer learning event. All respondents indicated that they are interested in connecting with additional Age-Friendly efforts across New York State.** This suggests a strong appetite for ongoing collaboration and knowledge sharing, fostering a supportive network for future Age-Friendly efforts beyond the HAAAP program.

Figure 2. Future Investment and Interest in Age-Friendly Initiatives (N=12)

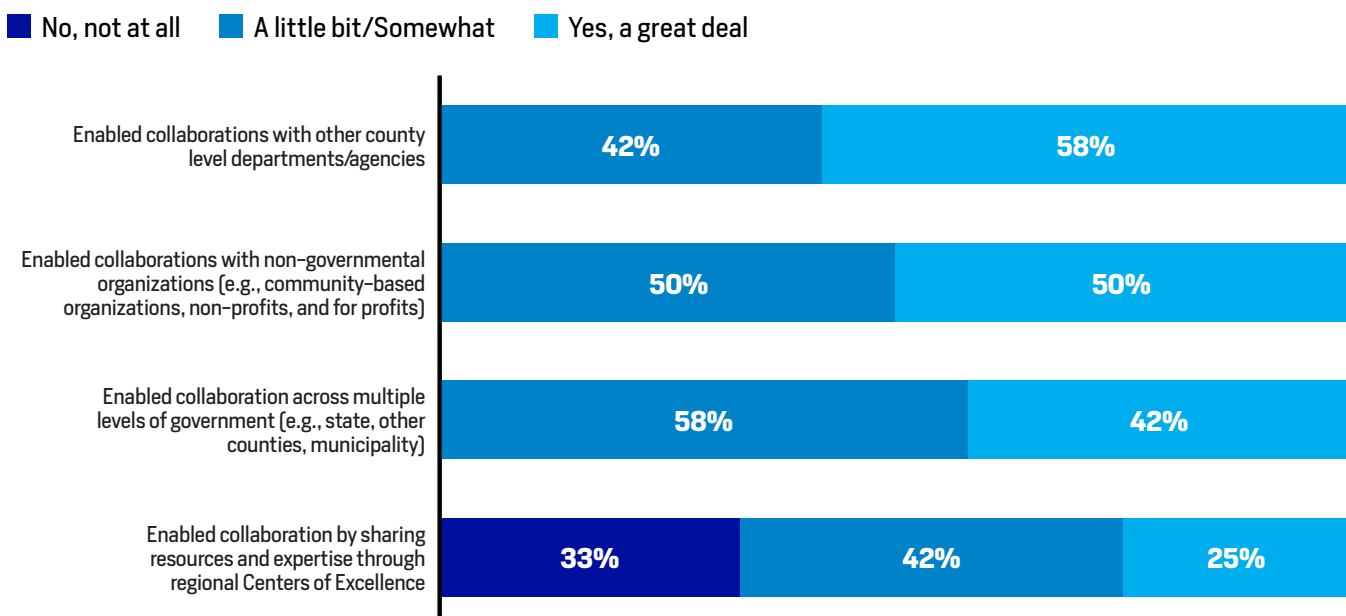


Organizational-Level Impacts

COLLABORATIONS WITH OTHER ORGANIZATIONS

A resounding success of the HAAAP program, as reported by all respondents (100%) in the two-year post-program survey, was its ability to foster collaboration across sectors. While the level of influence varied among respondents, all reported some degree of positive impact. This is crucial because effective and sustainable healthy aging initiatives rely heavily on collaboration between different levels of government, county agencies, community-based organizations (CBOs), and other community partners.

Figure 3. HAAAP Program Collaboration to Advance Age-Friendly Programs (N=12)



In-depth interviews with participating counties reinforced the survey data, highlighting the program's impact on cross-organizational collaborations. Participants described forming new connections during program implementation, fostering improved communication across sectors, learning from peers, and exploring how to adapt successful Age-Friendly initiatives to their specific communities (the exhaustive list can be found with the final [Learning Collaborative Team Briefs](#)). These experiences highlight the HAAAP program's success in building a collaborative network that empowers local tailoring of Age-Friendly strategies.

So, being a participant in the project, having access to our government partners, our foundation partners, and then outside consultants and so forth, was helpful. And it kept us engaged when we had much bigger things going on, in a sense. But it also helps us moving forward, what [we have] gotten from the project and how to do some implementation stuff. —County 3

There were those Aging Centers of Excellence. So, learning from them, how they became areas of excellence in aging. And then kind of just really again, a learning collaborative safe space to learn about ways to include different things that maybe you [would not] think of when you think of Age-Friendly and aging in place. —County 12

Additionally, one interview participant reported contacting a neighboring county to collaborate and share information.

Once we realized that the other counties are doing fabulous things, we reached out to [our neighboring] County even though they were not directly involved in the [HAAAP] collaborative. The concept of reaching out beyond our own county really, really was very helpful because this [neighboring] County is not that far away, and we share some similar priorities...we are working with them. So, we are doing some collaborative work outside of the county. But we hope to do more. —County 6

While interviewees valued the communication and collaboration fostered during the program itself, **few reported ongoing collaborations specifically with other HAAAP teams beyond the program's timeframe.** However, a positive outcome was the development of strong and ongoing relationships with local community partners. Some interviewees directly attributed this to their participation in HAAAP, suggesting the program's success in fostering a broader collaborative network within communities.

I don't think I have stayed in contact with any of the HAAAP teams. So no, we are not collaborating with any of the teams since the project ended although I still keep in touch and see some of the HAAAP teams at conferences. —County 9

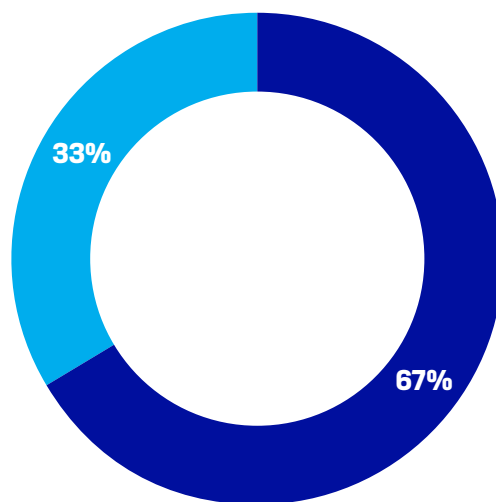
Like I said, I know, because of this project and because of the transportation domain, I have a much more in-depth relationship with our MPO, our Metropolitan Planning Organization, than I did before. I knew them. I had been in a couple meetings with them, but now, I'm at a point where I can email a contact over there with things that I might want or need. I feel like I have a relationship with someone there so I can call upon them. —County 11

So...we're also now reaching out to our Department of Public Works. We're talking to the Parks and Recreation people about shrubbery and different kinds of signage... we're incorporating small steps and trying to incorporate even to the larger picture of how we make the city a better city. And [we are looking at] using different agencies and their support and...their role—into making a better system for the whole livability of the community. —County 5

In addition, **the majority of respondents (67%) indicated that their HAAAP coalition is still active two years post-program** (see Figure 4 below). This continued engagement suggests positive changes to county practices and paves the way for future advancements in Age-Friendly initiatives.

Figure 4. Active HAAAP/Age-Friendly county coalitions two years post-program (N=12)

■ Active ■ No longer active



Community-Level Impacts

When asked about the impact of the HAAAP program at the community-level, some county **interviewees reported an increased awareness of the ripple effects of the HAAAP program beyond participating team, with some noting a significant increase in awareness of Age-Friendly strategies within their communities.** The program's reach extended past participants, as evidenced by more frequent integration of cross-sectoral and aging-oriented considerations into planning discussions. Several interviewees even provided concrete examples of new Age-Friendly initiatives implemented in their communities, directly attributing them to the program's influence.

I would say on a community-level...we have incorporated [lessons from HAAAP] into helping our community better understand how to remain Age-Friendly and become even more Age-Friendly in areas [different areas].

—County 5

I think just, again, the education of various players in the towns and the various departments here of how to take a look at what they're doing and to see is it Age-Friendly. Is it something for everyone—can they plan things in a different way? Can they put in policies that are more Age-Friendly as a community?

—County 7

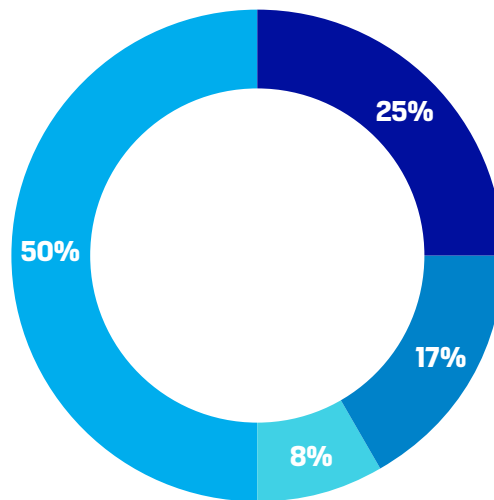
The students [at one of our county's educational centers] participated in a "Technology for Seniors" course we offered. They would help the seniors one-on-one with a different topic each week and it was just wildly popular. So, I don't know if we would have done something like that if we weren't kind of prompted or shown examples of how things like this could work. We may have, but I think that's really evidence of how helpful HAAAP was.

—County 1

Additionally, **at least 75% of respondents indicated their HAAAP project encouraged other departments to allocate dedicated funding for such initiatives** (see Figure 5 on following page). Securing dedicated funding is crucial for sustaining and expanding Age-Friendly programs and infrastructure, ensuring their long-term impact on improving the lives of older adults.

Figure 5. Other county level departments/agencies are allocating funding for Age-Friendly initiatives (N=12)

■ No, not at all ■ A little bit ■ Somewhat ■ Yes, a great deal



System-Level Impacts

While initial post-program interviews (12 months) didn't reveal widespread evidence of systemic change, **interviewees highlighted the program's collaborative, multi-sector approach as having the potential to create lasting impact.** They viewed the program's integrated and holistic approach as a novel way to engage in community planning and investment. This focus on cross-sector collaboration to create Age-Friendly communities was seen as valuable for improving well-being across all ages, suggesting a potential pathway for future systemic change.

Well, I think systems-level, the greatest impact of a program like that of Health [and Age] Across All Policies would be that it touches everything. So, as I mentioned, touches zoning, but it could touch transportation, planning, everything that a county... does. I think that's the greatest thing that it really shows that it's not just about an older adult keeping up with their medicine. [The concept of HAAAP] really hits all the different systems. —County 3

It's about some of the greatest system-level impacts [such as] collaboration between local organizations. So, I guess that's what it is. I feel like there are conversations happening that we've started, and those will result in system-level impacts. —County 11

System-level impacts. Yeah. I think, also, it identified our inner-generational approach a little bit more. It is more across the lifespan. So, we've tried to start getting away from Age-Friendly as more livable communities and across the lifespan. And I think that pulls in a few more people. And it has for us. It's pulled in youth services and what not because as we know, those things that you do for aging, those universal designs for builders when they're building, all those things are good for all ages. —County 7

One participant also suggested that HAAAP has the potential to impact healthcare costs in the long-term.

So, I think a project like [HAAAP] that and is in terms of costs... if we start sooner with instituting Health Across All Policies type services and programs and embedding them in things that we do on a regular basis, then it's certainly [going to] reduce healthcare costs. —County 6

However, a follow-up survey conducted a year after the interviews above revealed positive trends. A substantial majority of respondents (84%) indicated their HAAAP project spurred other county departments to integrate Age-Friendly frameworks into policies and programs (see Figure 6). Additionally, over two-thirds (67%) of surveyed counties reported that their HAAAP project influenced other counties to incorporate “healthy aging” language in funding proposals (see Figure 7). These findings suggest the program’s success in fostering a ripple effect that promotes Age-Friendly practices across a broader geographic area.

Figure 6. Other county level departments/agencies building Age-Friendly language procurement process (N=12)

No, not at all A little bit Somewhat Yes, a great deal

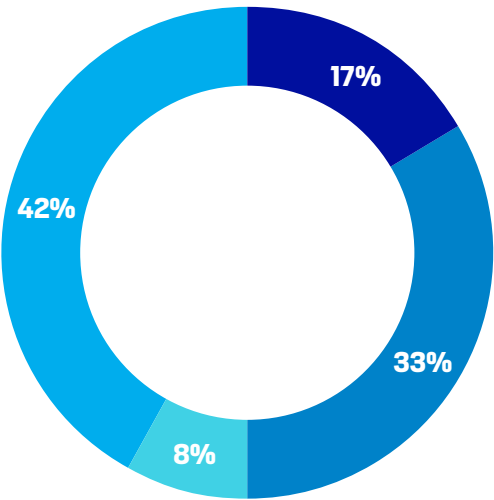
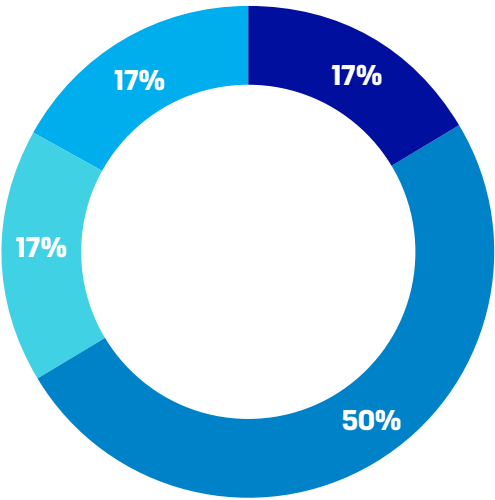


Figure 7. Other county level departments/agencies building Age-Friendly language into proposals they submit to potential funders (N=12)

No, not at all A little bit Somewhat Yes, a great deal



Participant Recommendations

A key recommendation for sustaining Age-Friendly efforts beyond the program was the need for increased support and resources, particularly data and statistics. Data empowers communities to assess their current Age-Friendly status, identify priority areas for improvement, and measure the impact of interventions. This data-driven approach is crucial for securing funding, advocating for policy changes, and demonstrating the program’s effectiveness to stakeholders.

For us, [what] was discussed [was]—what further funding opportunities are there? I would love to see more on that if we have a chance to go more in-depth on additional funding opportunities, that would be helpful.
—County 5

Well, I think it really focused us on this goal and looking at ourselves and our programs. And just start us on a path of looking at the issues and what we might need to do to make the community more Age-Friendly, [for] all ages, not just for older adults. And just being part of that whole sense, that we’re all working on this and trying to find our way of how to do it. I think in the end, [it’s] really [that], a lot more resources are needed to bring this further. —County 7

I think, for me, it's harder to think about—I want statistics. I want data to show me that, as a result of doing this, this happens. When I think about our recent collaborative space with housing, it's hard to think about how to solve the housing issue. So, there are some things that I feel like we can come together, and we can talk about what the issues are, and we can talk about how to achieve them, but in the end, we need more money to do the things that we need to do. —County 9

Two interviewees **recommended the need for dedicated Age-Friendly employees who could offer ongoing support** and champion Age-Friendly practices within the community.

In a perfect, ideal world, I would love there to be someone working in our planning department, that's an Age-Friendly person, that's working on those concepts and ideas because it really does need to not be under aging. I think it's misunderstood when it's just under aging. It's planning for aging for the community, and I think it would fall nicely under the planning department. But that's in a perfect world. —County 4

So, we had some people that already had a designation, some people who didn't have their designation, and I think that's helpful. It was helpful to us, anyways. I think it'd even be helpful right now because we're about to start our action plan. We don't really know how that process works. So, it would be nice if we actually had somebody that we could reach out to say, "How exactly does this process work and what's the best way to do it so that we don't have to think about it so much?" —County 6

Other interviewees emphasized the value of peer learning. **They recommended continued information sharing among counties to foster collaboration and exchange best practices in developing Age-Friendly communities even post-program.**

It was really very enlightening to see that other places had the same issues that we did. And this is how we addressed this or addressed that. So, I mean, that would be really helpful, I think, for everybody involved in the project to know...what everybody did. —County 13

Lastly, one interviewee highlighted the importance of accessibility education. They suggested offering educational programs that go beyond ADA compliance to help communities understand how even minor improvements can significantly enhance accessibility.

I guess probably more on the built environment. Improving accessibility, more takeaways for people to understand that it's not always the ADA. That it's not always—it doesn't always need to be some major construction project to improve accessibility. —County 2

Evaluator Recommendations

Below are some recommendations based on the findings above:

1. Leveraging the HAAAP Legacy:

- *Disseminate best practices and learnings:* Develop a comprehensive report or online resource hub summarizing the HAAAP program's successes, challenges, and key takeaways. This can be used by counties interested in replicating or adapting Age-Friendly initiatives.
- *Promote existing resources:* Highlight valuable resources utilized during the program, like the NYAM resource guide. Consider creating a centralized repository of Age-Friendly resources specifically relevant to NYS.
- *Foster knowledge exchange:* Organize a one-time or virtual knowledge-sharing conference for participating counties. This allows them to share their experiences, challenges, and best practices in implementing Age-Friendly initiatives.

2. Building on Momentum:

- *Identify and connect champions:* Identify individuals within counties who were instrumental in the HAAAP program's success. Connect them with relevant organizations or grant opportunities to help them continue their Age-Friendly work.
- *Explore alternative funding models:* Research and identify alternative funding sources, such as grants or public-private partnerships, to support counties interested in sustaining or expanding Age-Friendly efforts.
- *Encourage integration into existing initiatives:* Work with relevant state agencies to explore opportunities for integrating Age-Friendly principles into existing programs or policies. This could help to ensure the long-term sustainability of Age-Friendly practices beyond the HAAAP program.

CONCLUSION

The HAAAP program, launched pursuant to Executive Order 190, provided an opportunity for NYS to address the needs of its aging population by engaging counties in implementing Age-Friendly practices. Through this program, counties learned about incorporating Age-Friendly principles into their communities and how to tailor these initiatives to their specific needs. This evaluation aimed to assess the program's success in fostering the application of the HAAAP approach and other healthy aging frameworks by participating counties. By identifying key drivers, implementation barriers, and recommendations, the evaluation provides a roadmap for continuing these efforts across NYS and potentially expanding them to other states prioritizing healthy aging in their communities.

Findings from the evaluation highlight cross-sector collaborations, increased community awareness and engagement, and technical assistance as program strengths. Participants reported several community-level and system-wide impacts, including integrating health considerations across sectors, generating awareness of Age-Friendly practices, and establishing new cross-sector and cross-departmental partnerships while strengthening existing ones. To ensure the sustainability of Age-Friendly practices learned during the program, counties expressed the need for additional resources and expansion of these concepts. Sustaining and expanding the foundational work of the HAAAP program is vital to supporting the growing population of older adults in NYS and ensuring Age-Friendly communities and policies. The HAAAP program's positive outcomes suggest its potential as a valuable model for other states and regions seeking to create Age-Friendly communities.

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Appendix A: HAAAP Frameworks Chart

Relevant Frameworks, Concepts, and Alignment					
Social Determinants of Health	WHO's 8 Domains of Livability	Health Across All Policies	Smart Growth Principles	Executive Order	Roadmap Pilot Projects
Neighborhood & Built Environment	Outdoor Space & Buildings	Natural Environment	Environmental Preservation	4.B.v. Approaches that build toward a future in which every New Yorker can enjoy wellness, longevity, and quality of life in strong, healthy communities;	Adventure NY; Food Box
		Built Environment	Mixed-Use Land Projects	4.B. iv. Strengthening infrastructure for home and community-based services;	Healthy Homes
		Urban Planning	Existing Infrastructure	4.B.vii. The inclusion of healthy and Age-Friendly communities in programs that support community design, planning, zoning and development;	Vital Brooklyn Housing RFPs; Intergenerational Housing
	Housing	Housing	Housing Options	4.B.ii. The impact on the ability of individuals to continue living in their communities in a manner consistent with their abilities and values;	Vital Brooklyn Housing RFPs; Intergenerational Housing
	Transportation	Transportation	Transportation & Access Choices	4.B.x. Increased consumer accessibility to health and supportive services.	Complete Streets
Education	Communication & Information	Education	Community Character	4.B.vi. Each community's special strengths in technology, innovation, research, health care, and business, and how those strengths may be leveraged to support healthy aging and the work of family caregivers;	Healthy Eating; Silverline NY; Aging Innovation Challenge
Health & Health Care	Community Support & Health Services	Health Sector	Walkability	4.B.i. Opportunities for improved alignment and coordination of NYSPA and Age-Friendly-related programs and policies across all State entities and among public and private partners;	Healthy Eating; LTC Project; NYS Age-Friendly Health Systems; Advance Care Planning Initiative; Aging Innovation Challenge
				4.B.ix. The provision of cost-effective, high-quality services to New York residents, especially older adults, adults with disabilities, and their caregivers;	
Economic Stability	Civic Participation & Employment	Economic Development	Economic Sustainability	4.B.viii. Promotion of caregiver support.	Downtown Revitalization; LTC Project; Silverline NY
Social & Community Context	Social Participation, Respect, & Social Inclusion	Community Cohesion	Spaces Designed for Personal Interaction	4.B.iii. The opportunities for civic engagement and how to expand them; 4.B.v. Approaches that build toward a future in which every New Yorker can enjoy wellness, longevity, and quality of life in strong, healthy communities;	HAAAP-HA RFA; Silverline NY; Aging Innovation Challenge; HAAAP-HA Steering Committee

Appendix B: HAAAP Program Activities and Topics

December 2019	Needs Assessment interviews with each of the HAAAP teams
January 16, 2020	Kick-off Webinar
January 23, 2020	Centers for Excellence meeting
February 14, 2020	Centers for Excellence webinar
March 5, 2020	Convening in Albany, New York
April 14, 2020	Dissemination: NYS HAAAP Case Study for EU Pulse Project
April 24, 2020	Webinar: COVID-19 (date earmarked for CFEs only, but all teams attended)
May 14, 2020	Webinar: Age-friendly Emergency Response
June 12, 2020	Centers for Excellence meeting
July 10, 2020	Centers for Excellence webinar: Technology & Community Connections
August 6, 2020	Webinar: Housing, Health & Aging in NYS
August 2020	Individual 30-minute calls with each of the HAAAP teams*
September 21, 2020	Convening 2: Evaluating Progress (web-based)
October 16, 2020	Centers for Excellence meeting
November 5, 2020	Webinar: Addressing Health Disparities through HAAAP
January 14, 2021	Convening 3 (web-based)
February 17, 2021	Dissemination: Tompkins County Center for Excellence local meeting
May 6, 2021	HAAAP Office hours (drop-in)
June 30, 2021	HAAAP Office hours (drop-in)
August 2021	Individual 30-minute calls with each of the HAAAP teams*
October 14, 2021	Dissemination: Grantmakers in Aging panel presentation
September 27, 2021	Mini-convening
November 15, 2021	HAAAP Office Hours (drop-in)
December 13, 2021	Mini-convening
January 25, 2022	Dissemination: Age-friendly NJ Statewide Learning Collaborative
*Qualitative data collection was substituted for web-based surveys to ascertain technical assistance needs	

Appendix C: Key Informant Interview Protocol

HAAAP Key Informant Interview Guide – Project Staff

Background

1. To start, can you tell me a little about your role at [x institution]?
2. What was your involvement with the HAAAP project?
 - a. Were you involved from the very beginning?
3. What was the motivation for the development of the HAAAP project?
 - a. Who initiated the project?
 - b. Why did your organization decide to be part of this initiative?
4. What were the initial goals?
5. What was the initial plan? (e.g., activities, partners, structure)

Program Description

1. Can you describe the HAAAP project to me?
2. Can you tell me about the recruitment/application process for the HAAAP teams?
3. What were the key characteristics and key components of the HAAAP project?
 - a. Can you describe to me the curriculum for the learning collaboratives and convenings?
 - b. Can you describe the needs assessment of the learning collaboratives across NYS?
4. Can you describe the types of HAAAP technical assistance activities?
 - a. What are some of the barriers you encountered providing technical assistance?
 - b. What are some of the barriers to participation you are aware of?
 - c. What worked well?
5. What were some of the benefits of participating in HAAAP for the teams?
 - a. Are these benefits different from what you expected when you were planning the program?
6. Overall, what were some of the barriers and facilitators to implementation of the HAAAP project?
 - a. What role did the COVID-19 pandemic play?
 - b. How did you overcome some of these barriers?

Assessment

1. What are the greatest strengths of the HAAAP initiative?
2. What, in your opinion, are the greatest impacts of the HAAAP project-to-date?
3. What are some of the greatest system-level impacts (e.g., collaboration between local organizations) of the program?
4. In what (if any) areas do you feel that the impacts are not as strong or as positive as hoped?
5. What do you feel are the long-term impacts of the project, including those related to health, health care, and health care costs, as well as systems-level impacts?
6. Are there any lessons learned you would like to share?
7. Is there anything I should have asked, that I did not ask?

Appendix D: Participant Interview Protocol

HAAAP Participant Interview Guide

Background

1. To start, can you tell me a little about your agency including your role?
2. How are decisions about programming typically made at your agency?
 - a. Who needs to be involved in the decision-making process?
 - b. Who has the greatest influence over the success of the program?
3. What are some of the things that encourage healthy aging in your county?
4. What are some of the things that make it difficult for older adults to age in place in your county?
5. What are some of the ways your agency is promoting healthy aging in the community, including before you joined the HAAAP project?
 - a. How would you describe your role in this work?

Program Description

1. How did your agency get involved with the HAAAP project?
 - a. How did you hear about it?
 - b. Was this work aligned with some of your organization's existing programs?
 - c. If not, how did you align this project with your existing programs?
2. In your own words, can you describe the HAAAP project to me including the goals?
3. Can you tell me about your working relationship with NYAM?
 - a. What kind of support did they provide?
 - b. How often did you communicate with NYAM?
 - i. How? About what?
 - c. How helpful was the communication that you had with them? If not helpful, why not?
4. How often did you attend the NYAM webinars?
 - a. Which topics from the HAAAP curriculum did you find most useful?
 - b. Were there any topics that were not discussed that you would have liked to see?
 - c. How useful were the webinars in helping to institutionalize a Health & Age Across All Policies (HAAAP) focus at the county-level in New York State?
5. What resources or tools did you utilize during the project?
 - a. Were these resources or tools helpful?
 - b. Have you continued using the tools post the HAAAP project?
6. Did you ever participate in the NYAM one-on-one office hours? If not, why not?
 - a. How helpful were these office hours?
7. Can you describe any cross-sector collaborations you had with other HAAAP teams on the project?
 - a. Have you stayed connected to other teams? If so, describe how you are currently collaborating with these teams.
8. What do you think were some of the benefits of participating in HAAAP?
9. What were some of the barriers or challenges to participating in HAAAP including those related to the COVID-19 pandemic?

Appendix D: Participant Interview Protocol

Assessment

1. What are the greatest strengths of the HAAAP initiative?
2. What, in your opinion, are the greatest impacts of the HAAAP project at the community-level?
3. What are some of the greatest system-level impacts (e.g., collaboration between local organizations) of the program?
4. In what (if any) areas do you feel that the impacts are not as strong or as positive as hoped?
5. What do you feel are the long-term impacts of the project, including those related to health, health care, and health care costs, as well as systems-level impacts?
6. How do you plan to keep in place some of the changes you have made in your county as a result of the HAAAP project? Please describe your strategies in detail.
7. Are there any lessons learned you would like to share

Appendix E: One-Year Post-Program Survey (2022) Questions

Health and Age Across All Policies (HAAAP) One-Year Post-Program Survey (2022)

HAAAP Program Assessment

1. Please indicate the degree to which you agree with the following statements.

1. **BEFORE** participating in the HAAAP program, how familiar were you with implementing age friendly/ livable community healthy aging elements into county plans via county executive orders or other similarly binding resolutions?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

2. **AFTER participating** in the HAAAP program, how familiar are you with implementing age friendly/ livable community healthy aging elements into county plans via county executive orders or other similarly binding resolutions?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

3. **BEFORE** participating in the HAAAP program, how well did you understand ways that multi-generational planning can improve health?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

4. **AFTER participating** in the HAAAP program, how well do you understand ways that multi-generational planning can improve health?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

5. **BEFORE** participating in the HAAAP program, how well did you understand the AARP Age-Friendly program cycle?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

6. **AFTER** participating in the HAAAP program, how well do you understand the AARP Age-Friendly program cycle?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

7. **BEFORE** participating in the HAAAP program, how connected were you to other people or teams working on the HAAAP project?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

8. **AFTER participating** in the HAAAP program, how connected are you to other people or teams that were working on the HAAAP project?

☐ Not at all ☐ A little ☐ Somewhat ☐ Very well

2. Please tell me how much you agree or disagree with the following statements.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>I don't know</i>
The webinar presenters created an environment that made it easy for me to participate					
The webinar virtual setting allowed me to participate					
The one-on-one technical assistance provided met my expectations					
The one-on-one technical assistance program was an effective use of my time					

Appendix E: One-Year Post-Program Survey (2022) Questions

The mini-convenings were a good use of my time					
I would recommend other counties to participate in similar initiatives					
I will continue to use the information and resources provided					

Application of the HAAAP Program

3. Please tell me how much you agree or disagree with the following statements.

As a result of participating in the HAAAP program my agency has since....	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>We were already doing this pre-HAAAP</i>
Implemented local level legislation and/or resolutions to align with state-level guidance from the Department of Health (NYSDOH), the Office for the Aging (NYSOFA), and the Department of State (NYSDOS) and Executive Order 190					
Incorporated age friendly/ livable community healthy aging elements into my county plans					
Developed intergenerational programs in my county					
Strengthened our cross-sector collaborations with other stakeholders					
Used data to evaluate our county initiatives					

4. Please indicate any barriers or challenges you have faced in implementing any of the things you learned throughout the HAAAP program.

- Lack of funding
- Not enough staff
- Lack of know-how
- Lack of opportunity
- Lack of resources (technology, equipment, etc.) (If yes, please list:)
- Lack of organizational buy-in
- Other competing priorities (If yes, please list:)
- No barriers or challenges
- Other, please specify:

Appendix E: One-Year Post-Program Survey (2022) Questions

Please list 3 aspects, if any, of the HAAAP Program that were the most helpful?

Please list 3 aspects, if any, of the HAAAP Program that were the least helpful?

Do you have any suggestions about how future HAAAP initiatives could be improved? Is there anything you would add or change?

Demographic Information:

This section is for statistical purposes only. Replies are optional and confidential.

Please confirm your gender: _____

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Trans masculine
- ☐ Transgender Female/Trans feminine
- ☐ Non-Binary, Genderqueer, Bigender, or Agender
- ☐ Other, please specify: _____
- ☐ Decline to State

How would you describe your race/ethnicity:

- ☐ African American/Black
- ☐ White
- ☐ Asian/Pacific Islander
- ☐ Latino/a
- ☐ Native American
- ☐ Alaskan Native
- ☐ Other/or multiracial
- ☐ Decline to State

Please select your county:

- ☐ Rockland
- ☐ Erie
- ☐ Oneida
- ☐ Tompkins
- ☐ Nassau
- ☐ Herkimer
- ☐ Ontario
- ☐ Orange
- ☐ Schoharie
- ☐ Broome
- ☐ Monroe
- ☐ Onondaga
- ☐ Oswego
- ☐ Saratoga
- ☐ Schenectady
- ☐ Ulster

Please state your age: (18-24) (25-34) (35-44) (45-54) (above 54)

What is your role/title within agency? _____

Appendix F: One-Year Post-Program Survey (2022) Findings

Survey Goal: NYAM evaluation staff conducted a one-year post-survey to better understand participant experiences with the HAAAP program. Areas of evaluation included understanding and familiarity with key HAAAP concepts before and after joining the program, satisfaction with technical assistance services provided during the program, application of program concepts after participating in HAAAP, and barriers or challenges to program implementation.

Program Assessment: Overall, respondents reported an increased understanding of key HAAAP concepts after participating in the program compared to their familiarity prior to joining.

- The proportion of participants indicating understanding implementation of Age-Friendly or livable community healthy aging elements increased from 15% before HAAAP program participation to 92% after participation.
- The proportion of participants reporting understanding ways in which multi-generational planning can improve health increased from 31% before HAAAP program participation to 92% after participation.
- Participants reporting understanding the AARP Age-Friendly program cycle increased from 8% before participating in HAAAP to 62% after participation.
- Prior to participating in HAAAP no respondents reported being very well connected to other people or teams working on the project compared to 62% after HAAAP program participation.

Table 1. HAAAP Program Assessment Before and After Participation (n=13)				
	Before Participating in the HAAAP Program		After Participating in the HAAAP Program	
	n	%	n	%
Familiarity with implementing Age-Friendly/ livable community healthy aging elements into county plans via county executive orders or other similarly binding resolutions				
Not at all	5	38%	0	0%
A little	4	31%	0	0%
Somewhat	2	15%	1	8%
Very well	2	15%	12	92%
Understanding of ways in which multi-generational planning can improve health				
A little	4	31%	0	0%
Somewhat	5	38%	1	8%
Very well	4	31%	12	92%
Understanding of the AARP Age-Friendly program cycle				
Not at all	5	38%	0	0%
A little	4	31%	2	15%
Somewhat	3	23%	3	23%
Very well	1	8%	8	62%

Appendix F: One-Year Post-Program Survey (2022) Findings

Connection to other people or teams working on the HAAAP project				
Not at all	8	62%	0	0%
A little	4	31%	3	23%
Somewhat	2	15%	2	15%
Very well	0	0%	8	62%

Technical Assistance: Most respondents agreed or strongly agreed that the HAAAP program technical assistance was helpful to them. No respondents disagreed or strongly disagreed. A small number of respondents reported “I don’t know” on each measure likely because they did not receive one-on-one technical assistance or did not participate in webinars or mini-convenings. Nearly all respondents (92%) reported they would recommend other counties to participate in similar initiatives and continue to use the information and resources provided.

Table 2. HAAAP Technical Assistance Assessment (n=13)		
	n	%
The webinar presenters created an environment that made it easy for me to participate		
Agree or Strongly Agree	12	92%
I don't know	1	8%
The webinar virtual setting allowed me to participate		
Agree or Strongly Agree	12	92%
I don't know	1	8%
The one-on-one technical assistance provided met my expectations		
Agree or Strongly Agree	9	69%
I don't know	4	31%
The one-on-one technical assistance program was an effective use of my time		
Agree or Strongly Agree	9	69%
I don't know	4	31%
The mini-convenings were a good use of my time		
Agree or Strongly Agree	9	69%
I don't know	3	25%
I would recommend other counties to participate in similar initiatives		
Agree or Strongly Agree	12	92%
I don't know	1	8%
I will continue to use the information and resources provided		
Agree or Strongly Agree	12	92%
I don't know	1	8%

Program Application: Most respondents indicated applying a variety of key concepts as a result of participating in the HAAAP program. Nearly all respondents (92%) agreed or strongly agreed that their cross-sector collaborations with other stakeholders were strengthened. Most respondents (85%) agreed or strongly agreed that they incorporated Age-Friendly/ livable community healthy aging elements into their county plans or used data to evaluate county initiatives as a result of their HAAAP participation.

Appendix F: One-Year Post-Program Survey (2022) Findings

Table 3. HAAAP Program Application as a Result of Participation (n=13)		
	n	%
Implementation of local level legislation and/or resolutions to align with state-level guidance from the Department of Health (NYSDOH), the Office for the Aging (NYSOFA), and the Department of State (NYSDOS) and Executive Order 190		
Agree or Strongly Agree	10	77%
Disagree or Strongly Disagree	1	8%
We were already doing this pre-HAAAP	2	15%
Incorporation of Age-Friendly/ livable community healthy aging elements into county plans		
Agree or Strongly Agree	11	85%
Disagree or Strongly Disagree	1	8%
We were already doing this pre-HAAAP	1	8%
Development of intergenerational programs in county		
Agree or Strongly Agree	9	69%
Disagree or Strongly Disagree	2	15%
We were already doing this pre-HAAAP	2	15%
Strengthened cross-sector collaborations with other stakeholders		
Agree or Strongly Agree	12	92%
Disagree or Strongly Disagree	1	8%
Use of data to evaluate county initiatives		
Agree or Strongly Agree	11	85%
Disagree or Strongly Disagree	1	8%
We were already doing this pre-HAAAP	1	8%

Barriers: When asked about challenges associated with participating in the HAAAP program, the top two challenges mentioned by survey respondents were staffing limitations (69%) and lack of funding (62%). Twenty-three percent of respondents reported other competing priorities as a challenge, specifying that the COVID-19 pandemic became a priority.

Table 4. HAAAP Program Implementation Barriers or Challenges (n=13)		
	n	%
Not enough staff	9	69%
Lack of funding	8	62%
Lack of opportunity	3	23%
Lack of organizational buy-in	3	23%
Other competing priorities. If yes, please list:	3	23%
Other, please specify:	2	15%
Lack of know-how	1	8%

Appendix F: One-Year Post-Program Survey (2022) Findings

Respondent Reflections: Respondents were asked to specify the three most helpful and least helpful aspects of the HAAAP program. They noted that educational resources and programming, information sharing and networking with other counties, and technical assistance on resolution development to be the most helpful resources. Respondents identified the COVID-19 pandemic, session length, office hours, and program length/commitment timeframe as the least helpful aspects of the HAAAP program.

Respondents also provided feedback on how future HAAAP initiatives could be improved. One respondent noted that it would be helpful to have support in building a workgroup of rural areas, since the needs of residents in these communities differ from the needs of urban and suburban communities.

Appendix G: Two-Year Post-Program Survey (2023) Questions

1. Please select your county:

☐ Rockland ☐ Erie ☐ Oneida ☐ Tompkins ☐ Nassau ☐ Herkimer ☐ Ontario ☐ Orange ☐ Schoharie ☐ Broome ☐ Monroe ☐ Onondaga ☐ Oswego ☐ Saratoga ☐ Schenectady ☐ Ulster

2. Following your HAAAP participation, did your county implement any of the following policies?

	No	In Progress	Yes
Passed county-level Executive Order 190 (which required all New York State agencies to embed Age-Friendly and livable principles into state policies, operation and procurement)			
Passed other Age-Friendly local level legislation and/or resolutions			
Developed new healthy aging/Age-Friendly county action plan (other than the annual implementation plan for the Office for the Aging)			

Please provide a hyperlink to the county-level EO 190 legislation or list the bill name.

3. Did your county HAAAP project incorporate initiatives based on the World Health Organization’s 8 Domains of Livability?

	No, not at all	A little bit	Somewhat	Yes, a great deal
Housing initiatives				
Outdoor spaces and buildings initiatives				
Transportation initiatives				
Communication and information initiatives				
Civic Participation and employment initiatives				
Respect and social inclusion initiatives				
Health services and community support initiatives				
Social participation initiatives				

Please provide one example of your most robust initiative based on the 8 Domains of Livability.

Appendix G: Two-Year Post-Program Survey (2023) Questions

4. Did your county's HAAAP project use data to evaluate progress on Age-Friendly county initiatives?

- ☐ No, please describe why not
- ☐ Yes, please describe

5. Did your county HAAAP project enable collaboration to advance Age-Friendly programs/policies?

	No, not at all	A little bit	Somewhat	Yes, a great deal
Enabled collaborations with non-governmental organizations (e.g., community-based organizations, non-profits, and for profits)				
Enabled collaborations with other county level departments/agencies				
Enabled collaboration across multiple levels of government (e.g., state, other counties, municipality)				
Enabled collaboration by sharing resources and expertise through regional Centers of Excellence				

Please provide one example of your most robust collaboration.

6. Did your HAAAP county project encourage other departments or agencies in your county (outside the county Office for the Aging) to incorporate Age-Friendly considerations in their work?

	No, not at all	A little bit	Somewhat	Yes, a great deal
Other county level departments/agencies are allocating funding for Age-Friendly initiatives				
Other county level departments/agencies are using Age-Friendly frameworks in their policies and programs				
Other county level departments/agencies are building Age-Friendly language into local planning and procurements, including Requests for Proposals				
Other county level departments/agencies are building Age-Friendly language into proposals they submit to potential funders				

Please provide one example of other county level departments/agencies (outside the county Office for the Aging) incorporation of Age-Friendly considerations.

7. In your application to participate in the HAAAP program, you described how you would use the funding. What challenges did you encounter when implementing your plan? Please select your top three challenges.

- ☐ COVID-19 related challenges
- ☐ Not enough staff to support the activities we wanted to implement
- ☐ Not enough time to support the activities we wanted to implement
- ☐ Not enough resources (technology, equipment, etc.) to support the activities we wanted to implement
- ☐ Not enough buy-in within county government to support the activities we wanted to implement
- ☐ Not enough buy-in external to county government to support the activities we wanted to implement
- ☐ Unexpected cost overruns

Appendix G: Two-Year Post-Program Survey (2023) Questions

- Other competing priorities, please specify
- Other, please specify
- No barriers or challenges

8. Which concepts from the HAAAP program are most meaningful to you and your work? Please rank in order of importance where 1 is most important and 4 is least important.

- ❖ Data can help in implementing and evaluating county initiatives.
- ❖ Older adults should be considered in county policies and plans.
- ❖ Policy should be designed with a birth to death perspective.
- ❖ Strengthening cross-sector collaborations can help break down silos when implementing county initiatives.
- ❖ Other, please specify:

9. The New York State Office for the Aging and the Health Foundation for Western and Central NY are seeking specific examples to inform future funding. Please provide a hyperlink for up to three relevant examples of policies, initiatives, use of data, and/or collaborations your county was successfully able to enact beyond what was reported during the HAAAP grant period.

If you prefer, please upload or email attachments for up to three relevant examples of policies, initiatives, use of data, and/or collaborations your county was successfully able to enact beyond what was reported during the HAAAP grant period below.

10. Is your county's HAAAP/Age-Friendly coalition still active?

- No
- Yes

11. Are you considering implementing Age-Friendly strategies informed by the HAAAP program in the future?

- No, please describe why not
- Yes, please describe

12. The New York State Office for the Aging and the Health Foundation for Western and Central NY would like to reconvene for a one-time Peer Learning Event. Would your county team be interested in attending this convening?

- No
- Yes

13. Would you be interested in connecting with additional Age-Friendly efforts across New York State?

- No
- Yes

Appendix H: Two-Year Post-Program Survey (2023) Findings

Survey Goal: NYAM evaluation staff conducted a two-year post-project survey to understand how each county's participation in HAAAP has contributed to ongoing Age-Friendly strategies. This follow-up survey collected information to supplement the progress reports submitted during the contract period. Topics included Age-Friendly policies, programs, and collaborations, and ways in which the work counties engaged in during the project has spread because of HAAAP participation. Responses will help inform other counties interested in operationalizing this work.

Response Rate: One response per county was requested. Twelve of 16 counties responded to the post-project survey (75%). Twelve of 16 counties from the HAAAP project responded, and there was a comprehensive and thorough follow up for survey outreach. Of the counties that did not respond, one of them were unable to participate in HAAAP from the start and the others noted staff turnover, which contributes to inability to thoughtfully participate in the survey.

Implementation of HAAAP Policies: Regarding the implementation of HAAAP policies, the majority of respondents/counties are either in the process of or have developed new healthy aging/Age-Friendly county action plans other than the annual implementation plan for the OFA.

Table 1. Following your HAAAP participation, did your county implement any of the following policies?		
	n	%
Passed other Age-Friendly local level legislation and/or resolutions		
No	7	58%
In progress	2	17%
Yes	3	25%
Passed county-level Executive Order 190		
No	7	58%
In progress	1	8%
Yes	4	33%
Developed new healthy aging/Age-Friendly county action plan (other than the annual implementation plan for the Office for the Aging)		
No	4	33%
In progress	4	33%
Yes	4	33%

Five counties indicated replicating EO 190 on the county-level:

- Schoharie County, Resolution No. 94 (2021): Supporting Age-Friendly Schoharie County for the Benefit of Community Members of All Ages
- Herkimer County Legislature, Resolution No.247 (2020) Incorporating Health Across All Policies into County Agency Activities
- Nassau County Executive Bruce Blakeman signed a proclamation requiring county agencies to designate a liaison for seniors on Feb. 23. Joined by AARP at the Glen Cove Senior Center. This proclamation is the first step in the counties' commitment to Age Friendly Services.
- Oneida County Board of Legislatures, No. 2022-183 Resolution 201 Incorporating Health Across All Policies into County Agency Activities

Appendix H: Two-Year Post-Program Survey (2023) Findings

- Ontario County Health and Age Across All Policies Resolution No. 403-2021: Proclaiming Support for an “Age-Friendly Ontario” Initiative to Support the Well-Being of Community Members Across the Lifespan

Incorporation of WHO 8 Domains of Livability

Table 2. Did your county HAAAP project incorporate initiatives based on the World Health Organization’s 8 Domains of Livability?		
	n	%
Housing initiatives		
No, not at all	2	17%
A little bit	5	42%
Somewhat	2	17%
Yes, a great deal	3	25%
Outdoor spaces and buildings initiatives		
No, not at all	3	25%
A little bit	3	25%
Somewhat	2	17%
Yes, a great deal	4	33%
Transportation initiatives		
No, not at all	2	17%
A little bit	1	8%
Somewhat	5	42%
Yes, a great deal	4	33%
Communication and information initiatives		
No, not at all	2	17%
A little bit	2	17%
Somewhat	2	17%
Yes, a great deal	6	50%
Civic participation and employment initiatives		
No, not at all	3	25%
A little bit	3	25%
Somewhat	2	17%
Yes, a great deal	4	33%
Respect and social inclusion initiatives		
No, not at all	2	17%
A little bit	1	8%
Somewhat	3	25%
Yes, a great deal	6	50%
Health services and community support initiatives		
No, not at all	2	17%
A little bit	2	17%
Somewhat	1	8%
Yes, a great deal	7	58%

Appendix H: Two-Year Post-Program Survey (2023) Findings

Social participation initiatives		
No, not at all	2	17%
A little bit	1	8%
Somewhat	3	25%
Yes, a great deal	6	50%

Use of data to evaluate Age-Friendly initiative progress: 67% of counties indicated that their HAAAP project did not use data to evaluate progress on Age-Friendly initiatives because: (1) the project period was oriented around planning and developing action plans; (2) data collection is planned to occur after action plan implementation during evaluation processes; and (3) limited staff capacity.

Did your county's HAAAP project use data to evaluate progress on Age-Friendly county initiatives?		
Response	n	%
No	8	67%
Yes	4	33%

Enabling collaboration to advance Age-Friendly programs/policies

Table 3. Did your county HAAAP project enable collaboration to advance Age-Friendly programs and/or policies?		
	n	%
Enabled collaborations with non-governmental organizations (e.g., community-based organizations, non-profits, and for profits)		
No, not at all	0	0%
A little bit	2	17%
Somewhat	4	33%
Yes, a great deal	6	50%
Enabled collaborations with other county level departments/agencies		
No, not at all	0	0%
A little bit	1	8%
Somewhat	4	33%
Yes, a great deal	7	58%
Enabled collaboration across multiple levels of government (e.g., state, other counties, municipality)		
No, not at all	0	0%
A little bit	3	25%
Somewhat	4	33%
Yes, a great deal	5	42%
Enabled collaboration by sharing resources and expertise through regional Centers of Excellence		
No, not at all	4	33%
A little bit	4	33%
Somewhat	1	8%
Yes, a great deal	3	25%

Appendix H: Two-Year Post-Program Survey (2023) Findings

Incorporation of Age-Friendly considerations in other departments or agencies: Half of county respondents indicated that their HAAAP project encouraged other county level departments to use age friendly frameworks in their policies and programs.

Table 4. Did your HAAAP county project encourage other departments or agencies in your county (outside the county Office for the Aging) to incorporate Age-Friendly considerations in their work?

	n	%
Other county level departments/agencies are allocating funding for Age-Friendly initiatives		
No, not at all	3	25%
A little bit	2	17%
Somewhat	1	8%
Yes, a great deal	6	50%
Other county level departments/agencies are using Age-Friendly frameworks in their policies and programs		
No, not at all	2	17%
A little bit	4	33%
Somewhat	1	8%
Yes, a great deal	5	42%
Other county level departments/agencies are building Age-Friendly language into local planning and procurements, including Requests for Proposals		
No, not at all	2	17%
A little bit	6	50%
Somewhat	2	17%
Yes, a great deal	2	17%
Other county level departments/agencies are building Age-Friendly language into proposals they submit to potential funders		
No, not at all	2	17%
A little bit	6	50%
Somewhat	2	17%
Yes, a great deal	2	17%

Challenges in plan implementation

Table 5. Top 3 challenges encountered during plan implementation.		
Challenge	n	%
COVID-19 related challenges	9	27%
Not enough staff to support the activities we wanted to implement	10	30%
Not enough time to support the activities we wanted to implement	6	18%
Not enough resources (technology, equipment, etc.) to support the activities we wanted to implement	1	3%

Appendix H: Two-Year Post-Program Survey (2023) Findings

Not enough buy-in within county government to support the activities we wanted to implement	1	3%
Not enough buy-in external to county government to support the activities we wanted to implement	1	3%
Unexpected cost overruns	0	0%
Other competing priorities, please specify:	1	3%
Other, please specify:	4	12%
No barriers or challenges	0	0%

Six counties indicated other competing priorities or other challenges which included:

- Meeting other basic needs of the older adult population (meals, medication, prescriptions) was the priority.
- Unable to secure a contractor/project lead/oversight
- Lack of funding for housing related improvements that were needed -- more affordable housing and more housing modifications and repairs
- County Government was tied up with the COVID response.

Most meaningful concepts from the HAAAP program: Nearly all respondents indicated that “older adults should be considered in county policies/plans” was the most meaningful concept to their work.

Table 6. Which concepts from the HAAAP program are most meaningful to you and your work?		
	n	%
Data can help in implementing and evaluating county initiatives		
Most important	3	25%
Important	2	17%
Not important	3	25%
Least important	4	33%
Older adults should be considered in county policies and plans		
Most important	4	33%
Important	6	50%
Not important	1	8%
Least important	1	8%
Policy should be designed with a birth to death perspective		
Most important	2	17%
Important	2	17%
Not important	5	42%
Least important	3	25%
Strengthening cross-sector collaborations can help break down silos when implementing county initiatives		
Most important	3	25%
Important	2	17%
Not important	3	25%
Least important	4	33%

Appendix H: Two-Year Post-Program Survey (2023) Findings

Implementation of Age-Friendly strategies in the future: There was a resounding “yes” to whether respondents are considering implementing Age-Friendly strategies informed by the HAAAP program in the future. The reasons have been grouped into three buckets:

- They would incorporate strategies used during the grant period in future planning processes and implementation cycles.
- Maintain relationships and committees established during the grant period for future Age-Friendly activities and initiatives.
- Respondents also indicated that they are in process of following through with the work that began during the grant period but got delayed due to barriers that we’ve previously discussed.

Continuing investment and future interest in Age-Friendly initiatives

Response	n	%
Is your county’s HAAAP/Age-Friendly coalition still active?		
No	4	33%
Yes	8	67%
Are you considering implementing Age-Friendly strategies informed by the HAAAP program in the future?		
No	0	0%
Yes	12	100%
The New York State Office for the Aging and the Health Foundation for Western and Central NY would like to reconvene for a one-time Peer Learning Event. Would your county team be interested in attending this convening?		
No	1	8%
Yes	11	92%
Would you be interested in connecting with additional Age-Friendly efforts across New York State?		
No	0	0%
Yes	12	100%

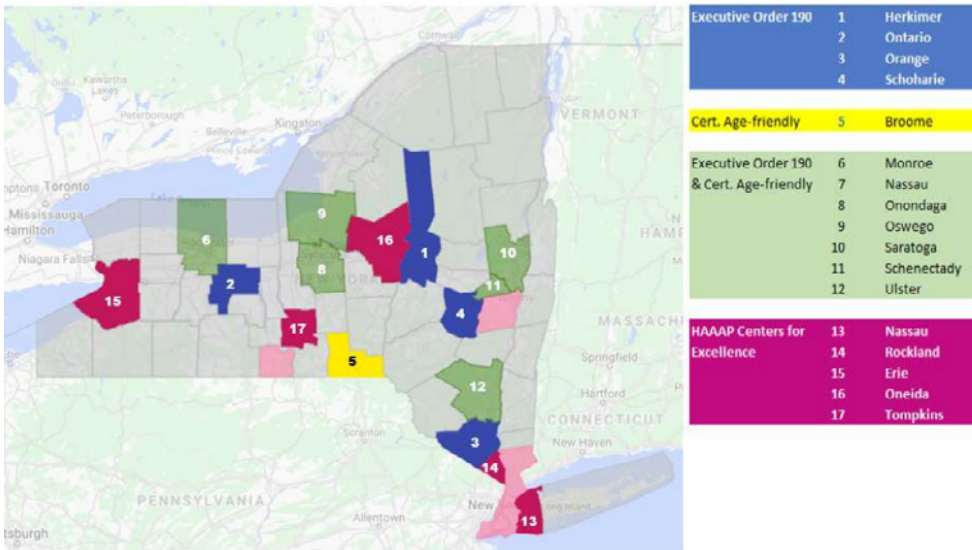
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NYS HEALTH & AGE ACROSS ALL POLICIES

TECHNICAL ASSISTANCE PROJECT: FINAL REPORT TO THE

HEALTH FOUNDATION FOR WESTERN AND CENTRAL NEW YORK

FEBRUARY 15, 2022



Appendix I: HAAAP Final Report

INTRODUCTION

New York was declared the first Age-Friendly state in the nation by enrolling in the World Health Organization's (WHO's) Global Network of Age-Friendly Cities and the AARP's Network of Age-Friendly States in 2017. In 2018, then-Governor Cuomo passed Executive Order 190, which directed all state agencies to make considerations for the Department of Health's Prevention Agenda priorities, Smart Growth principles, and the AARP/WHO Eight Domains of Livability for Age-Friendly communities, where appropriate, into state plans, agency policies, procedures, and procurements. Concurrent with the drafting of the Executive Order, staff from the state's Office for the Aging, Department of Health, and Department of State, the Health Foundation for Western & Central New York (HFWCNY), and the New York Academy of Medicine (NYAM) established a public-private partnership to bridge this "top-down" guidance with "bottom-up" support at the county and municipal levels through an RFA. This HAAAP initiative, funded by NYS and the HFWCNY, would provide support for counties and municipalities to foster healthier spaces for people to live, work, and age, through (1) local resolutions mirroring Executive Order 190, (2) creating more Age-Friendly communities, and (3) establishing regional Centers for Excellence to encourage sharing of resources and expertise.

Goals and Objectives

The overall goal of this project was to institutionalize a Health and Age Across All Policies (HAAAP) focus at the county level in New York State. NYAM guided a cohort of 16 geographically based intersectoral teams through the process of operationalizing HAAAP at the local level to align with state-level guidance from the Department of Health (NYSDOH), the Office for the Aging (NYSOFA), and the Department of State (NYSDOS) and Executive Order 190. The original timeline and deliverables for this project included a 12-month learning collaborative, which ultimately began after some delays with the state in January 2020. In March 2020, the COVID-19 pandemic led to many unexpected changes in every team's capacity to carry out their projects. HFWCNY granted NYAM an amendment to the contract to continue supporting the HAAAP teams for a second year through December 2021, which we believe was ultimately essential to the project's success.

The five objectives identified for this project are as follows. (1) Develop a HAAAP curriculum and content for the learning collaborative and convenings. (2) Assess the current needs of the learning collaborative teams through a structured process. This will help create a baseline for evaluating the progress of each team as the program is implemented. (3) Deliver the content through webinars, conference calls, convenings, and one-to-one technical expertise. (4) Assist counties in operationalizing HAAAP, strengthening cross-sector collaboration, and creating healthy communities for all ages. (5) Conduct mid-point and final web-based assessments of the HAAAP technical assistance program and disseminate lessons learned

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regarding HAAAP initiatives, local collaboration, barriers and facilitators, and the process of providing technical assistance.

PROJECT NARRATIVE

November 2018 – January 2019

In the first year, the NYAM project team focused on Objective 1, “Develop a HAAAP curriculum and content for the learning collaborative and convenings.” We conducted an environmental scan to inform learning collaborative content, complemented by our ongoing qualitative work with the NYSDOH on developing the New York State Roadmap for Health and Health and Age Across All Policies. We also connected with several local subject-matter experts as potential presenters for the webinars and convenings. We participated in weekly NYS Health and Age Across All Policies Steering Committee conference calls. In January, we met weekly to review the learning collaborative goals project outcomes and plan for activities. We met with the NYAM Communications team to draft a website map, prepare visual and written content, and secure the web page’s URL and domain. We conducted further research to identify potential survey questions, and HAAAP needs assessments and evaluation instruments. We created specific project-task and staffing plans and financial reports, and budgets approved through internal NYAM channels. Negotiations for expanding the learning collaborative to add two additional teams and resources continued between the NYAM team, NYSDOS, and NYSOFA.

February 2019 – August 2019

In February, the NYAM project team continued to have weekly meetings to review the learning collaborative goals, projected outcomes, plan for activities, and participate in weekly NYS HAAAP Steering Committee conference calls. Our work on the Health Across All Policies and Healthy Aging Roadmap for the NYSDOH concluded. Team leads traveled to Albany, New York for the Population Health Summit VI: Becoming the Healthiest State for People of All Ages – Incorporating Health Across all Policies and Age Friendly principles into the New York State Prevention Agenda 2019 – 2024.

From March through the summer, the NYAM project team reviewed drafts of the Request for Application (RFA) from the NYS Office for the Aging (NYSOFA) for the grant program that will support the implementation work of the learning collaborative participants, provided comments to NYS and HFWCNY, and coordinated with NYSDOH and others for the press release for the RFA. In consultation with HFWCNY, the team leads revised the work plan for the learning collaborative, held internal meetings regarding the budget and staffing for the learning collaborative, and discussed the timing of needs assessment and other pre-work after receiving the NYS timeline for the review of the RFA and dispersal of funds to learning collaborative

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participants. They drafted a scope of work and budget for a separate contract with the NYS Office for the Aging regarding adding three additional Centers of Excellence to the learning collaborative.

Team leads participated in planning calls for the AARP NYS Livability Summit in March and April. We held a conference call with representatives of Tompkins and Oneida counties to answer their questions about the learning collaborative and the roles of the Centers for Excellence.

In May and June, team leads participated in a webcast meeting with state agencies convened by NYSDOH regarding Health Across All Policies and Age-Friendly New York and traveled to Washington, D.C. to accept the National Network of Public Health Institute's Innovation Award for the public-private partnership between HFWCNY, New York State, and the New York Academy of Medicine. We also continued to conduct the environmental scan. We looked at other models of technical assistance for the implementation of Age-Friendly work at the state level, such as Trust for America's Health Age-Friendly Public Health Systems work in the state of Florida and joined a webinar by the New York State Department of Health regarding their new data dashboards, as a potential resource for learning collaborative participants.

September 2019 – October 2019

In September and October, the NYAM team lead hosted planning calls and developed questions for the Age-Friendly NYS panel at the NYS Leading on Livability Summit and traveled to Buffalo, New York, to participate in the Summit and HFWCNY pre-conference. The team also held several planning calls with NYSOFA on the learning collaborative project and continued to plan for the content and development of the learning collaborative website.

November 2019 – December 2019

In November and December, the NYAM project team continued to work on and finalize the products of Objective 1, "Develop a HAAAP curriculum and content for the learning collaborative and convenings," as well as Objective 2, "Assess the current needs of the learning collaborative teams through a structured process." The team extensively reviewed the NYSOFA and HFWCNY applications to identify our learning collaborative participants' goals and training needs and worked to develop relevant content. We created an interview guide, survey, study description, and participant consent form for approval by the Institutional Review Board (IRB) to conduct a needs assessment of all learning collaborative teams. We conducted needs assessment interviews with the learning collaborative teams and analyzed and reported on the data collected.

January 2020 – February 2020

In 2020, the NYAM project team focused on Objective 3, "Deliver [learning collaborative] content through webinars, conference calls, convenings, and one-to-one technical expertise," with the launch of the learning collaborative. We held the Learning Collaborative Kick-off Webinar on January 16th with 60

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participants, excluding NYAM staff. Topics included: Health Across All Policies, Age-Friendly Communities, Smart Growth Principles, and Social Determinants of Health frameworks; a primer on the NYS Executive Order 190; an introduction to Learning Collaborative teams; and highlights from the CFE teams. The breakdown of attendance and included topics for all following webinars and convenings mentioned can be found in the Appendix. We designed and deployed a web-based evaluation survey that assessed the perceived relevance of the webinar, interest, and preferences for content, satisfaction, and open-ended feedback. Analysis of the survey findings informed our content for future calls, webinars, and the March convening.

We also held a Conference Call for CFE teams on January 24th with 10 participants, excluding NYAM staff. The call included discussions around topics of interest and resources, learning collaborative expectations, and peer-to-peer sharing. We held the first webinar for CFE teams on February 14th with 16 participants, excluding NYAM staff. We designed and deployed a web-based evaluation survey that assessed the same domains as the survey for the first webinar. Analysis of the survey findings informed our content for the March convening and will inform future webinars and calls going forward.

The project team also continued to participate in steering committee calls and plan to implement content for the learning collaborative. We developed an agenda and materials for the first in-person learning collaborative convening on March 5th and worked with NYSOFA and HFWCNY on convening logistics planning and execution.

March 2020 – December 2020

From March to December of 2020, the project team continued to focus on Objective 3, “Deliver [learning collaborative] content through webinars, conference calls, convenings, and one-to-one technical expertise,” with the launch of the learning collaborative, and Objective 4, “Assist counties to operationalize HAAAP, strengthen cross-sector collaboration, and create healthy communities for all ages.”

During this period, we conducted four webinars for all 16 teams, two advanced webinars for the five Centers for Excellence (CFE) Teams, 3 CFE conference calls, and one additional 60-minute webinar for all participants in April to address the unfolding COVID-19 emergency in New York State. Each of the above activities was conducted via Zoom. The topic areas that we covered included Age-Friendly Emergency Response; Housing, Health, and Aging; Addressing Health Disparities through HAAAP; Technology and Community Connections; Multi-generational Approaches; Evaluation, and Metrics; and Fostering Sustainability through Partnerships. Again, the complete breakdown of topics and presentations for all webinars and convenings can be found in the Appendix. After each activity, our team conducted surveys to assess the learning objectives and provide opportunities for feedback.

We held one in-person convening in Albany and two full-day virtual convenings online. The March 20 convening in Albany, entitled Planning for Success, brought together 52 individuals from county offices for

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aging, local health departments and other local government departments, planning departments, community-based organizations (CBOs), academic institutions, and state-wide leaders to discuss opportunities, challenges, and innovations under the state's Health Across All Policies/Age-Friendly New York initiative.

On September 21, we hosted a virtual convening for participants that included a keynote by Lauren Gase on Evaluating Health in All Policies, a presentation from the NYS HAAAP Steering Committee (with NYSOFA's Greg Olsen, NYSDOS' Paul Byer, and NYSDOH's Charles Williams), background on the NYS Prevention Agenda (with Jo Ivey Boufford), a presentation on metrics for Age-Friendly initiatives with Margaret Beth Neal, breakout sessions, and updates from the Center for Excellence teams. Seventy participants from county offices for aging, local health departments, other local government departments, planning departments, community-based organizations, academic institutions, and state-wide leaders came to discuss opportunities, challenges, and innovations under the State's Health Across All Policies/Age-Friendly New York initiative.

We held our third convening on January 14 and focused on sustainability. This event was initially scheduled for December 17. However, it was postponed due to a snowstorm in Central New York that made it impossible for many of our speakers and attendees to participate. Sixty-eight individuals attended. We hosted leaders of the Massachusetts Age- and Dementia-Friendly movement who discussed ways to achieve sustainability of healthy aging work, including new funding streams, policy development, and coalition building with community organizations and new partners. Amy St. Peter of Age-Friendly Arizona demonstrated how equity and inclusion principles run through her work in diverse communities and showed us how partnerships help leverage resources and opportunities. In response to feedback, we included small group sessions in the morning and the afternoon for teams to discuss achievements and challenges in 2020 and plans for 2021.

Additionally, the project team began fulfilling Objective 5, "Conduct mid-point and final web-based assessment of the HAAAP technical assistance program and disseminate lessons learned regarding HAAAP initiatives, local collaboration, barriers and facilitators, and the process of providing technical assistance," by conducting mid-point needs assessment phone interviews with each of the learning collaborative teams in August and September. Given the nature of the COVID-19 pandemic and its unique impacts on each learning collaborative team's capacity, we found it best to conduct phone interviews rather than a web-based survey to obtain a detailed account of each team's experience and needs.

January 2021 – August 2021

In the 2021 extension period, the project team continued to provide support and work on Objective 4, "Assist counties to operationalize HAAAP, strengthen cross-sector collaboration, and create healthy communities for all ages." In February 2021, we supported the Tompkins County CFE workshop series, presenting Age-Friendly work across New York State. We began holding "office hours" for the county teams to

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drop in, ask questions, and share their work less formally. We hosted the first office hours session on May 6th. Seven counties registered, and four counties attended, including the Erie County Center for Excellence. The participating counties reported positive feedback on the format and content. During this session, Krista Macy from Erie answered questions about built environment accessibility and planning for universal design. The second “office hours” session was on June 30th. We hosted 14 attendees from 12 counties, including all five Centers for Excellence. One of the highlights of that meeting was Esther Greenhouse recapping the workshop series held by the Tompkins County Center for Excellence and sharing links to their online resources.

September 2021 – December 2021

On September 27th, we held a mini convening. Thirty-four people registered, and representatives from all but one county participated. After a brief introduction and updates from NYAM, the agenda provided structured opportunities for each county to talk to the larger group, share progress stories, and ask for support where needed. Ontario county kicked off the session with the news of their HAAAP resolution and answered questions from the other counties about their progress.

Our third “office hours” session took place on November 15th. We invited Dora Fisher and Morgan Black from HANYS to talk with the HAAAP teams about the Age-Friendly Health Systems (AFHS) initiative. Eighteen people representing twelve counties participated, plus HANYS and NYAM staff. The participating counties were able to discuss AFHS presence and work in their respective counties and build relationships and expand upon Age-Friendly work. Several new connections were made between HAAAP and AFHS contacts.

The final mini convening took place on December 13th. There were forty-seven participants (excluding NYAM staff) from every learning collaborative county team. After a brief introduction and remarks from Nora Obrien-Suric (HFWCNY), Greg Olsen (NYSOFA), and Paul Beyer (NYSDOS), in response to feedback, we structured the convening to be comprised of small group sessions throughout the event for teams to reflect upon and discuss progress, barriers, and sustainability in 2021 and beyond. During this meeting, NYAM introduced a 5-stage framework to authentically integrate community voice, leadership, and power into the design and development of programs, policy, and advocacy, as an additional tool for continuing conversations regarding HAAAP.

During this period, the NYAM project team also focused on Objective 5, “Conduct mid-point and final web-based assessment of the HAAAP technical assistance program and disseminate lessons learned regarding HAAAP initiatives, local collaboration, barriers and facilitators, and the process of providing technical assistance.” We conducted individual needs assessment phone calls with each team during August and September. These calls allowed us to hear about progress and challenges and offer 1:1 technical assistance and support. We heard about many of the connections happening regionally within the state. Additionally, we

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collected HAAAP resources and examples of work from each county. NYAM staff updated the project microsite on a new page called “HAAAP in NYS,” which can be accessed here: <https://www.nyam.org/haaap>

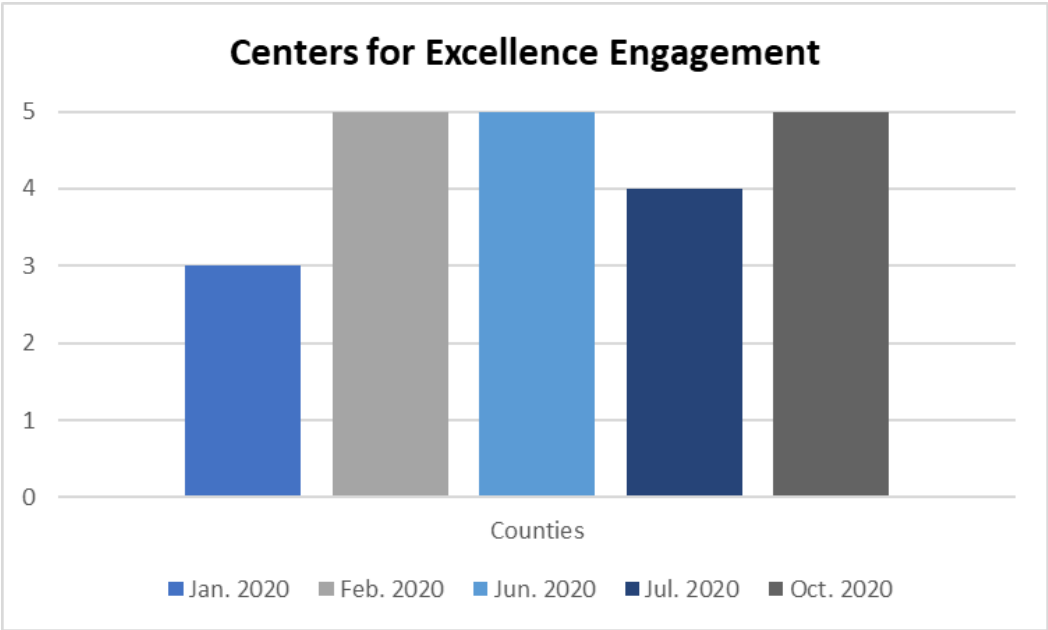
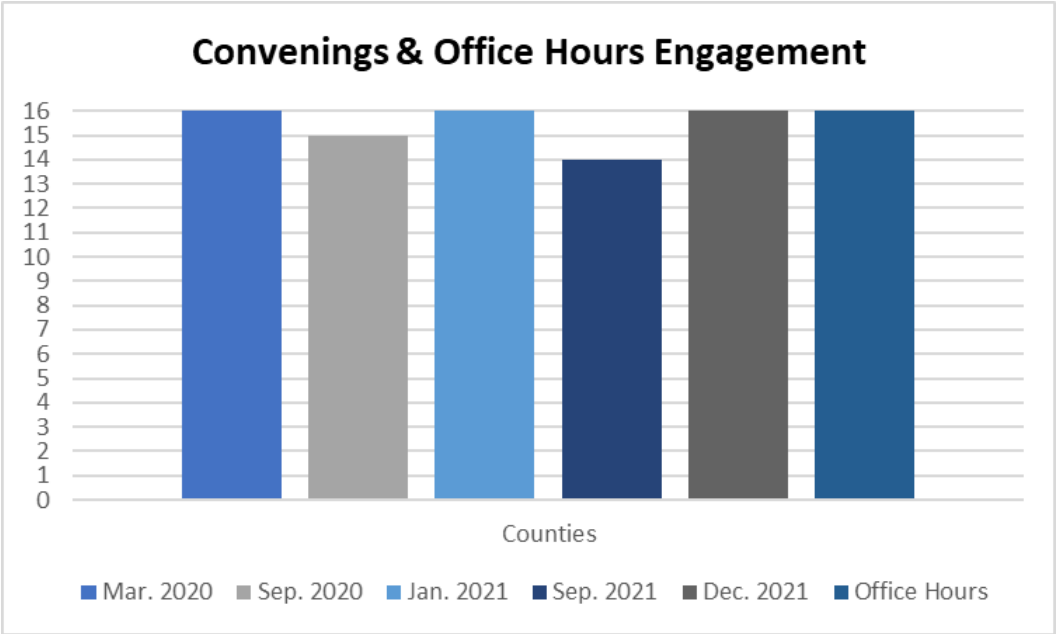
In December, we asked each learning collaborative county team to put together a slide deck with their final HAAAP work progress update and a checklist of their activities that align with the guiding frameworks of the HAAAP initiative: Smart Growth principles, the Eight Domains of Livability, and the NYS Prevention Agenda. We also compiled an updated contact sheet with each county’s lead contacts. We created a HAAAP Learning Collaborative Project Brief with this information, which provides a one-page snapshot of each county’s HAAAP work, including county-specific age demographics, year of Age-Friendly certification, partners, and December 2021 progress and accomplishments. These materials will be shared among learning collaborative teams to maintain connections to continue engaging in HAAAP work. The compiled county slides and brief can be accessed through the project website and the Appendix.



ENGAGEMENT & INSIGHTS

The learning collaborative teams remained engaged in the technical assistance activities throughout the project. At the webinars for all teams, our attendance was consistently between 13–16 counties. At events exclusively for Centers for Excellence teams, the attendance ranged from 3 to 5 teams. Convenings, mini-convenings (during the amendment period), and office hours engaged 14–16 teams regularly.

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As part of our continuous quality improvement process, we conducted satisfaction surveys after each of the webinars and convenings to assess content and user experiences. The measures we used for content included relevance, overall satisfaction, and presenters. The participants consistently rated their experiences of the technical assistance activities as satisfactory and highly satisfactory. The measures we used to gauge user experiences were logistics and webinar staff, audio-visual elements, and length of events. At each of the convenings and mini-convenings, we surveyed for knowledge gains and key takeaways, which are shared below.

CONVENING #1 LEARNING OBJECTIVES – March 2020

Today's event helped me to...

Participants who
"strongly agree" or "agree"

Understand what influences health and healthy aging across the lifespan	100 %
Explain how NYS Executive Order 190 can be adapted for local implementation	83 %
Identify examples of how Health & Age Across All Policies can be implemented	90 %
Explain how multi-generational planning can improve health	93 %
Make connections with other people who are working on HAAAP	97 %
Understand the AARP Age-Friendly program cycle	88 %
Understand how data can be used to communicate impacts	100 %

What was your biggest takeaway?

- Inventory of what is going on throughout the country; Using data mapping to shape the development of the principles of Age-Friendly.
- How important this work is
- Multi-generational consideration and planning are a must.
- Seeing the big picture and how different agencies work together and how they intersect to impact this initiative.
- The interconnection of NYSEDA's programs with HAAAP.
- That NYS executive level is actively interested and engaged in helping move this project forward and can be accessed by the county level.
- The multi-generational presentation and hearing success stories
- Importance of multi-generational planning for the local economy. Ways to coordinate municipal and county departments for a common vision.
- Ways to present 'Age Friendly' concepts to the planning boards.
- How to apply for a mobility manager.
- Data to inform work and grant eligibility.
- Need and importance to develop a coalition and get buy-in from departments and community partners
- The concept of including children-friendly communities and how much work still must be done.
- Age-Friendly for all ages – emphasis on this.
- Biggest takeaway was Age-Friendly is for all populations.

CONVENING #2 LEARNING OBJECTIVES – September 2020

Today's event helped me to...

Participants who
"strongly agree" or "agree"

Understand the importance of evaluating HAAAP initiatives	98 %
Identify tools and strategies for evaluating cross-sector work	90 %

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Consider new indicators and possible sources of data to evaluate county initiatives	95 %
Identify examples of how Health & Age Across All Policies is implemented in NYS	93 %
Make connections with other people who are working on HAAAP	90 %

What was your biggest takeaway?

- Cyber-Seniors and national digital inclusion alliance
- Considering ways and whys to evaluate our progress
- Neat ideas that folks are doing, sounds like everyone has similar challenges
- Data that is available at the county and sub-county level. Also, the Theory of Change.
- “The importance of focusing on Equity in our efforts
- Measuring Success/Evaluation
- Continuing to learn from others, especially innovative ideas and approaches
- That each group seems to be at their own place in this project, yet ‘the lessons that can be learned’ appeal to all!
- That you can start evaluating progress from the beginning. You can evaluate the process as well as the outcome.
- Learning about the ‘Walk with a Doc’ and the ‘Time Making’ programs
- Lots of great work being done, and lots that we can do in Schoharie County
- This was a great format for counties to connect and share their ideas!
- There were a few, the biggest was the housing issues
- There’s so much to do! So much to know about. It was helpful to know that the City of Portland created an Age-Friendly Program Manager. I have wanted to do this, and I think it is crucial to really implement this work in every aspect of our communities.
- Nothing happens overnight.
- Equity is at the center of it all. failing malls transformed into affordable housing
- The incredible potential for peer collaboration through the state, program replication, and sustainability.
- To focus not only on the funding requirements are that need to be met for the evaluation, but also what are the local needs that we are trying to meet. Often during evaluation, it is at the end of a project we think about this, and it is all to just meet the requirements to be able to receive the funding. Constantly reflecting and evaluating will help us to always remember why we applied for the funding in the first place and how are we helping the community through this funding.
- The shared desire to succeed
- Digital Inclusion, cyber seniors, 8-80 program
- So many things are happening that such conversations as held today are both timely and important.
- Equity as the central issue across frameworks, the importance of focusing on policy change (even more than programs) and thinking across all ages (not just that what’s good for older adults is good for everyone)
- Much needed affordable housing replacing unused malls
- Equity at the center of everything
- I liked hearing from the centers of excellence and the work others are doing.
- Learning more about ongoing real projects
- Some of the projects mentioned -- Walk with a Doc for example
- Our group has much work to do, internally.
- The information about providing services virtually.
- Cyber-Seniors and Senior Planet

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- It may be helpful to have begun with this discussion rather than the January session because this one addresses the very beginning of the project – what should the goals be and how can we measure progress.
- there is a lot of work to be done!
- The overall presentation was extremely informative.
- We need to evaluate HAAP systematically
- Diversity of the projects being implemented among grantees
- Learning from others about connectivity initiatives and thinking about pre-community education surveys to provide a baseline for post-event evaluation.
- The 8-80 Program.
- We are still in the infant stages. COVID-19 put us way behind and we are playing catch-up. It was nice to hear others are other is in the same boat. I will be reaching out to the Counties to share information and brainstorm.

CONVENING #3 LEARNING OBJECTIVES – January 2021

Today's event helped me to...

Participants who
"strongly agree" or "agree"

Identify potential sources of funding to sustain my HAAAP initiative	70 %
Describe examples of how HAAAP initiatives have engaged non-traditional partners	85 %
Strategize opportunities for engaging non-traditional partners	70 %
Identify best practices for engaging diverse aging populations	70 %
Describe one or two promising practices from HAAP initiatives in other states and localities that apply to my local work	95 %
Make connections with other people who are working on HAAAP	80%

What was your biggest takeaway?

- Mapping, traditional sources are still the way to reach the older adult populations and looking at nontraditional partnerships to move forward initiatives
- The Age-Friendly walking maps.
- New ideas to incorporate winter activities
- Winter spaces information
- There is tremendous need and interest in building livability in our communities. There is no trouble in finding people interested in moving the needle forward, but there is evidently great difficulty in getting change in motion.
- Connections I made with other CFEs
- Walk Boston, tv as an alternative to digital communication
- Boston Age-Friendly
- being able to share ideas and best practices
- Amy St Peters organizational development insights – why am I/partners participating, social isolation as poverty of purpose and relationships, and drivers/pain points
- The need to engage policymakers in Age-Friendly initiatives and convert them to champions
- Hearing from other states
- there are many ways that Schoharie County can improve
- Reaching out to the local law enforcement as a partner
- How far ahead Mass is as a state
- That many NYS grantees have similar issues/barriers to address.
- The Mass. winter plan is awesome.

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- Always good to check in with peers for ideas we may have overlooked.
- I enjoyed the Winter Activity ideas
- The need for top-down buy-in for creating Age-Friendly communities.

MINI-CONVENING (Amendment Period) – September 2021

What was your biggest takeaway?

- Meeting for regular best practice discussions is extremely helpful in this work.
- How we are all on slightly different paths and timeframes
- Nice to see what other communities are doing
- How much some of the communities are accomplishing. It's amazing!
- Counties are in all different stages with Age-Friendly, and I liked hearing about different projects underway.
- All the counties are doing phenomenal work! I am excited to go to the website provided to dive deeper into what each county has produced.
- Learning from other counties who are working a little ahead of us
- The counties are interested in each other's A.F. work. The work is inspiring.
- Other ways to include this information in different types of groups
- Ways in which other teams have pivoted during COVID
- Learning how other counties have adapted during Covid restrictions, and how they are moving forward.
- How familiar we are with one another now and how much we can offer each other in terms of support, resources, and inspiration.
- Many counties have been able to implement the work of this grant when the grant is being managed by a Senior and Long-term care dept. Grants that are being managed by Public Health seem to be farther behind.

MINI-CONVENING (Amendment Period) – December 2021

What was your biggest takeaway?

- The importance of responding to your own community's needs. No two Age-Friendly/HAAP plans are alike.
- Keeping up to date with our partnering communities to see the great work they are doing for Age-Friendly communities
- Importance of doing both program and policy concurrently.
- Thinking outside of the box and taking a strengths-based approach to Age-Friendly. Also thinking of it as more of health across all ages and not just seniors.
- Despite the unique attributes of our communities, we face similar challenges and have learned to tap into our resources to maximize collaboration around Age-Friendly initiatives.
- Learning about programs and services other counties are providing.
- It would be good for Schoharie County to add more partners, especially from the community, while still in the early stages of this work
- Biggest takeaway is that we are on the right path! Hearing the trials and successes of others empowers us.
- The amount of work we have done is impressive, especially during the pandemic, but there is more work to be done.
- How much more work there is to be done!
- Learning that other counties have been successful with Age-Friendly policy changes.

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- Overall, it's been helpful to hear other groups' approaches and sustain enthusiasm for the project by sharing our progress with them. For this final convening specifically, I really liked the Dream it framework and hope to use that going forward in our work.
- Willingness of parties to engage in healthy aging.
- That collaboration is the answer to creative, meaningful, and quicker results!
- I was unable to be on the entire call from the beginning, so I missed quite a bit. I did like that we broke off into individual groups to discuss and share our thoughts and ideas. I also think the links to resources will be helpful going forward as our county has fallen a bit behind.
- There's a lot of activity going on focusing on how to make communities more Age-Friendly
- It was helpful to get information about A.F. work being done outside of NYS.
- Really enjoyed this collaborative group and the framework around this grant. Most exciting group for a grant I have been part of. Wish COVID had not derailed us. Hopefully looking forward to working in the future with this group.
- My gratitude for making this such a meaningful experience and for connecting us all to one another a

SUSTAINABILITY & NEXT STEPS

NYAM has put together a brief program evaluation proposal for funding consideration by NYSOFA, which is currently under review. Due to the success of this initiative, we are aware that NYSOFA will be funding five additional counties to implement Health & Age Across All Policies. The NYS Department of Health has approached NYAM to build upon our HAAAP work through a learning collaborative with ASTHO. This project will focus on how the housing sector can work with health and aging professionals to support healthier communities. The work with DOH and ASTHO will engage county health departments and the HAAAP teams in a six-month project aimed at providing content on housing, health, aging, and building relationships between these stakeholders for future collaborations. NYAM will continue to maintain the HAAAP project website as a public-facing resource where people can learn more about our work.

NYAM has submitted an abstract to host a panel discussion at the 2022 NYS Partnerships in Public Health Conference, with panelists from Ontario, Tompkins, and Nassau County HAAAP teams. We will continue to look for venues and dissemination opportunities to share the work that we have accomplished through this grant.

Additionally, we have been a thought-leader to the state of New Jersey, seeking to replicate some of the successes of this program. We will continue to work with Rutgers University and other partners on moving toward a theory of change that could be applied to states beyond New York. NYAM is pleased to be part of the NYS Steering Committee for the Master Plan for Aging in New York State. In Spring 2022, the John A. Hartford Foundation is funding a Healthy Aging Ecosystem convening at the New York Academy of Medicine to bring together thought-leaders in the state for a day-long event.

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New York State has been and will continue to be a leader in creating policies, programs, and communities where people of all ages can thrive and experience health across the lifespan. NYAM feels privileged to have played such a vital role in the NYS Health & Age Across All Policies initiative. We remain grateful to our private and public sector partners, without whom this work would not have been possible. We especially want to thank our HFWCNY program officer Jordan Bellassai, Vice President Diane Oyler, and President Nora Obrien-Suric, for their expertise and leadership.

RESOURCES

The following resources can be found on the project website: www.nyam.org/haaap

[HAAAP Team Briefs](#)

- Single-page snapshots prepared by NYAM to capture partnerships, demographics, and key accomplishments of each team, as of December 2021
- We have included the Team Briefs following this section.

[Contact List for Learning Collaborative teams](#)

- Updated as of January 20, 2022

[Overview of Topics and Presentations](#)

- A chronological listing of topics and speakers with contact information for subject-matter experts
- Includes links to the slide presentations, which are located on the project website

[Learning Collaborative Team Summaries](#)

- Progress reports from each team, as of December 2021
- Smart Growth, NYS Prevention Agenda, and Healthy Aging frameworks checklist from each county
- Main contact person for each team

[NYS HAAAP Learning Collaborative Logic Model](#)

NYAM

The New York Academy of Medicine (NYAM) is a leading voice for innovation in public health. Throughout its 177-year history, NYAM has uniquely championed bold changes to the systems that perpetuate health inequities and keep all communities from achieving good health. Today, this work includes innovative research, programs, and policy initiatives that distinctively value community input for maximum impact. Combined with NYAM's trusted programming and historic Library, and with the support of nearly 2,000 esteemed Fellows and Members, NYAM's impact as a health leader continues.

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