

# Creating an Age-Friendly Plan for the New York State Master Plan for Aging

## SUMMIT REPORT

**HOSTED BY:** The Center for Healthy Aging  
The New York Academy of Medicine

**SUPPORTED BY:** The John A. Hartford Foundation

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# MEETING AGENDA

JUNE 21 | 2022

**Setting the Stage:** Dr. Nora OBrien-Suric, HFWCNY

**Lightning Round:** Current State of Age-Friendly Ecosystem & MPA in New York State:

- Mr. Adam Herbst, NYS Department of Health
- Mr. Greg Olsen, NYSOFA
- Dr. Jameela Yusuff, SUNY Downstate Medical Center
- Ms. Kristen McManus, AARP NY
- Dr. Jane Carmody, JAHF
- Moderator: Ms. Elana Kieffer, NYAM

**Summarizing Needs and Opportunities:** Dr. Lori Frank, NYAM

**Reactions from Elected and Government Officials:**

- Assembly Member Stefani Zinerman, NYS Assembly
- Ingrid Gonzalez-McCurdy, Senior Policy Advisory for Senator Rachel May
- Moderator: Ms. Elana Kieffer, NYAM

**Discussion/Q&A from Audience**

**“Building on Our Strengths”**

*How existing age-friendly systems can be incorporated into the NYS MPA:*

Facilitated breakout groups #1

- Age-Friendly Health Systems
- Age-Friendly Public Health
- Age-Friendly State and Communities
- Research and Data

Group report back #1

**“Envisioning the Future of Aging in NYS”**

*What does success look like in 10 years?*

Facilitated breakout groups #2

- Housing
- Caregiving
- Social and Digital Connection
- Rural Aging

Group report back #2

**Next steps for MPA:** Mr. Bob Blancato & Ms. Laura Palmer

**Q&A**

**Closing remarks:** Ms. Elana Kieffer

# SUMMIT SPEAKERS

## **Bob Blancato, MPA**

President  
Matz, Blancato & Associates

## **Lori Frank, PhD**

Senior Vice President for Research, Policy,  
and Programs  
New York Academy of Medicine

## **Terry Fulmer, PhD, RN, FAAN**

President  
The John A. Hartford Foundation

## **Jane Carmody, DNP, MBA, RN, FAAN**

Senior Program Officer  
The John A. Hartford Foundation

## **Adam Herbst, Esq.**

Special Advisor  
New York State Health Commissioner on  
Aging and LTC

## **Elana Kieffer, MBA**

Director  
Center for Healthy Aging at The New York  
Academy of Medicine

## **Nora OBrien-Suric, Ph.D.**

President  
Health Foundation for Western and Central  
New York

## **Greg Olsen, MSW**

Director  
New York State Office for the Aging

## **Judith A. Salerno, MD, MS**

President  
The New York Academy of Medicine

## **Jameela Yusuff, MD, MPH, MSHCDL, FACP**

Associate Professor of Medicine & Chief Medical  
Officer  
University Hospital of Brooklyn SUNY Downstate  
Health Sciences University

# INTRODUCTION

On June 21, 2022, the Center for Healthy Aging at The New York Academy of Medicine convened 150 stakeholders from across New York State and around the country to learn about the upcoming New York Master Plan for Aging (MPA) process and provide critical input on what will be included in the plan. This summit was generously supported, both financially and programmatically, by The John A. Hartford Foundation (JAHF).

During the first half of this virtual event, eight esteemed experts in the field of aging across the medical, philanthropy, academic, advocacy and government sectors provided information and insight on the MPA, the current state of aging services in New York, and the potential that the MPA offers in the next decade. In the second half, participants attended two out of eight facilitated breakout group sessions, which were categorized by topics that will likely be included in the MPA. During these sessions, participants shared concrete ideas and guiding principles that will be used as a roadmap for developing the MPA.

This report summarizes the content shared by the experts as well as the ideas generated in the breakout groups. The goal of this report is that it will be used as a guide for the members of the Master Plan for Aging Council during the MPA planning and implementation process, as well as any professional, agency or organization that impacts the 65+ population, as it reflects the thoughts and insights of interdisciplinary professionals who are committed to the health and well-being of New York's older population. This report is being released at an ideal time, as Governor Kathy Hochul signed an [Executive Order\\*](#) on November 4, 2022 establishing the New York State MPA.

## What is a Master Plan for Aging?\*

An MPA is a cross-sector, state-led strategic planning resource that can help states transform the infrastructure and coordination of services for their rapidly aging population. It is a living document that:

- Provides a clear framework to plan for 10 years or more;
- Enables governors and/or legislative leaders to communicate a clear vision and priorities for their state;
- Guides state/county/local policy, public/private programs, and funding toward aging with dignity; and
- Reflects extensive input from the community, including people of all ages and abilities, actively considering the needs of populations facing racial and ethnic disparities in aging.

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\*Executive Order: [governor.ny.gov/executive-order/no-23-establishing-new-york-state-master-plan-aging](https://governor.ny.gov/executive-order/no-23-establishing-new-york-state-master-plan-aging)

\*Master Plan for Aging: [chcs.org/resource/getting-started-with-a-master-plan-for-aging/](https://chcs.org/resource/getting-started-with-a-master-plan-for-aging/)

Creating an Age-Friendly Plan for the New York State Master Plan for Aging Summit Report

[NYAM.org/Center-Healthy-Aging](https://nyam.org/Center-Healthy-Aging)

## Panel Discussion: Considerations for the MPA

**Focus on Equity:** Equity must be at the forefront of the MPA to ensure the health and well-being of all older adults in New York. It is important to consider the role racism continues to play in how services are provided. Collaboration with DEI (diversity, equity, and inclusion) professionals in the aging community is encouraged.

**Collect Ample Data:** The MPA should build off data collected by a variety of sources and be representative of the entire community of older adults. The MPA should include regular and publicly available reporting on progress so as to maximize transparency.

**Reduce Ageism:** Ageism is a pervasive issue in our culture that causes significant harm to older adults. The MPA should involve efforts to educate the community and healthcare providers about implicit bias and promote opportunities for intergenerational connection across the lifespan.

**Reimagine Older Adults as a Resource:** The MPA should promote the recognition of older adults as valuable resources with much to offer their communities. Volunteering, flexible work scheduling, and mentoring provide avenues through which older adults can contribute their skills and expertise in meaningful ways.

**Foster Collaboration:** The MPA must draw upon a wide array of sectors, CBOs (Community-Based Organizations), and state agencies and seek ongoing input from older adults and caregivers in New York.

# BREAKOUT GROUP SUMMARIES

The following eight pages summarize discussions from the eight breakout groups facilitated at the summit. The 150 attendees were invited to select two breakout groups to engage in a deeper conversation of considerations and suggestions. The attendees included professionals representing an array of sectors and geographic regions across NYS [see pie chart below]. These summaries on the following pages integrate the varied opinions of the individual breakout group members and are not necessarily the expressed opinions of The John A. Hartford Foundation or The New York Academy of Medicine.

## Breakout Group Session #1

### Building On Our Strengths

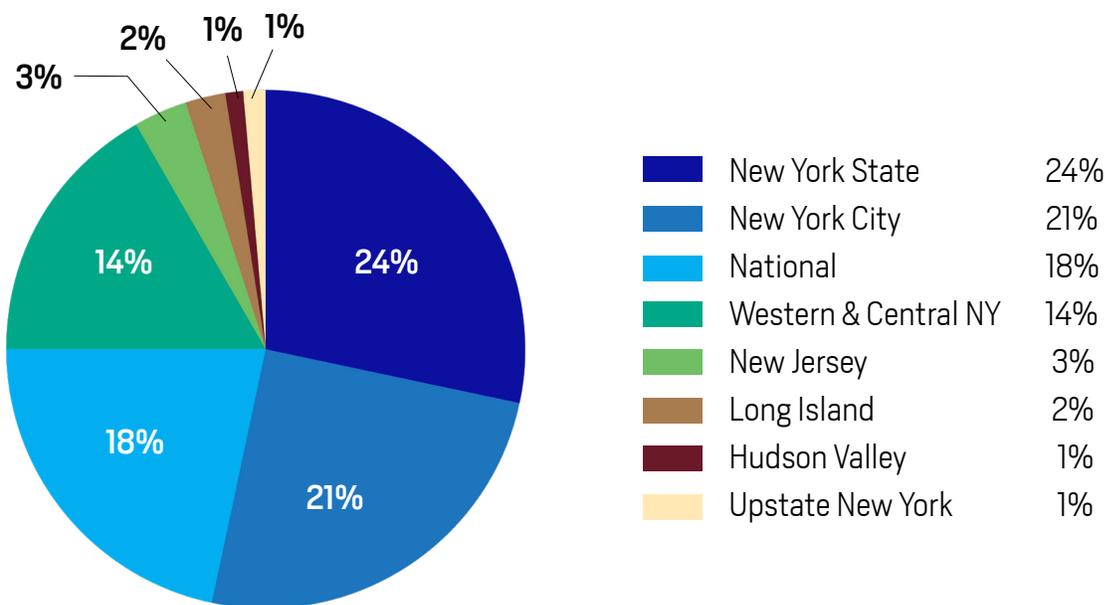
- Age-Friendly Health Systems
- Age-Friendly Public Health
- Age-Friendly States & Communities
- Research & Data

## Breakout Group Session #2

### Envisioning the Future of Aging in NYS

- Housing
- Caregiving
- Social & Digital Connection
- Rural Aging

The stakeholders who joined the summit represented the following regions:





# AGE-FRIENDLY HEALTH SYSTEMS

Age-Friendly Health Systems, an initiative of The John A. Hartford Foundation, Institute for Healthcare Improvement, American Hospital Association and Catholic Health Association of the US, aims to:

- Follow an essential set of evidence-based practices;
- Cause no harm; and
- Align with What Matters to the older adult and their family caregivers.

[CLICK TO LEARN MORE\\*](#)

## 4Ms Framework

An Age-Friendly Health System is rooted in four evidence-based elements of high-quality care – What Matters, Medication, Mentation, and Mobility.

## Geriatrics Curriculum

Understanding the nuances of geriatrics starts at the educational level. The MPA should include directives for medical, nursing and allied health school curricula to incorporate geriatric training and the specific needs of older patients and caregivers.

## Address Ageism

Ageism, or age bias, is endemic in society and specifically in the healthcare system. The MPA must address this by directing healthcare training programs, continuing education programs, and the like to identify and combat ageism when providing care.

## Implement Task Shifting

Task shifting, the process of delegating tasks, where appropriate, to less specialized healthcare providers, can alleviate the workload for healthcare providers and allow more time spent listening and addressing concerns of older patients and caregivers.



\* [ihi.org/agefriendly](http://ihi.org/agefriendly)



# AGE-FRIENDLY PUBLIC HEALTH

The Age-Friendly Public Health Systems initiative of Trust for America's Health and The John A. Hartford Foundation aims to create a culture of healthy aging and expand policies and programs that improve older adult health and well-being within state and local public health departments.

[CLICK TO LEARN MORE\\*](#)

## Data and Potential Partnerships

To understand the public health needs of older New Yorkers, the MPA will be best served by collecting and analyzing data from a variety of sources, including Medicare and Medicaid. Local and state educational institutions like SUNY and CUNY can contribute data analysis and data access resources.

### 3, 4, 50

3, 4, 50 refers to the **3 behaviors** (tobacco use, poor diet and sedentary lifestyle) that impact **4 chronic diseases** (cancer, cardiovascular disease and stroke, diabetes, lung disease) which result in over **50% of all deaths worldwide**. By focusing on these 3 behaviors, the MPA can include strategies for preventing serious health complications for many older adults.

### ACEs & SDOHs

ACEs (adverse childhood experiences) and SDOHs (social determinants of health) are two related areas of research that are shown to **impact one's physical and mental health throughout one's lifecourse**. It is important to assess for and incorporate these factors when planning for the health care of older adults.

### Infrastructure and Built Environment

Age-friendly communities incorporate many aspects of the built environment and infrastructure that impact the daily lives of older adults, and these same principles must be applied when planning for the **safety & ease** of navigation of older adults throughout NYS.



# AGE-FRIENDLY STATES & COMMUNITIES

AARP's network of age-friendly states and communities, called AARP Livable Communities, supports the efforts of neighborhoods, towns, cities, and rural areas to be great places for people of all ages.

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## Strategies to Increase Awareness of Age-friendly Concepts

### Social Media

Social media can be a powerful tool to share stories from older adults and best practices from age-friendly communities

### Creative Arts

Creative arts, in many forms, can help to decrease social isolation and increase community connections. There are also many opportunities for intergenerational connections that use creative arts as a platform.

### Collaboratives

Bring together health and human service organizations from across New York State to collaborate and share ideas on how they are implementing age-friendly principles

## Ways To Involve Older Adults

### Volunteers

Older adult volunteers are key to connecting New Yorkers to the age-friendly movement. Volunteer opportunities may include campaigning for political candidates, conducting community outreach and support for CBOs, or participating in or starting an age-friendly neighborhood organization.

### Older Adult Advisory Committee

Both the MPA and various organizations that serve older adults will benefit from having an Older Adult Advisory Committee to inform the strategic direction and shape the work so that it reflects the needs and voices of the population it aims to serve.

\*[aarp.org/livable-communities/about](http://aarp.org/livable-communities/about)



## RESEARCH & DATA

Comprehensive and accurate information is crucial to understanding successes and challenges in older adult services. The MPA will be key to collecting and using the right data to get to the right outcomes.

### **Disparities**

Disparities in health access and health outcomes must be a specific focus of the MPA and should be inclusive of the full scope of the populations it will impact by race and ethnicity, primary language, gender identity, and more.

### **Trauma-Informed & Person-Centered Lenses**

The MPA should build from the evidence base on trauma-informed care and person-centered care. Understanding different needs based on research evidence will support services that are effective and respectful.

### **For the MPA, Data Must Be:**

#### **Current**

Data to meet the needs of older adults must be timely. The MPA needs to be sensitive to optimal frequency of data collection and recency of data used for decision-making.

#### **Disaggregated**

The substantial heterogeneity of older adults means that data need to be specific and detailed. To be useful, data need to be collected, analyzed, and used not just in the aggregate but also disaggregated by race and ethnicity, age, geographic region, language, and other variables.

#### **Reliable**

Accurate and timely data are crucial to developing and implementing services for older adults. Substantial attention to data collection is required as part of the MPA. Data collection strategies should match the many different needs of communities.



# HOUSING

Aging-in-place is the preference for most older adults in New York and the MPA should facilitate the realization of this housing goal.

## Go Back to Basics

By changing basic design features, older adults will be better able to maintain their financial and physical independence. And while home design modifications are helpful. There are also a multitude of other housing programs that address the unique needs and strengths of older adults in their homes.

## Examples of Programs

### Aging-In-Place Specialists

Certified Aging-in-Place Specialists are professionals who have completed a program on the technical, management, and customer service skills necessary to meet the needs of older adults. Professionals with this certification include contractors, realtors, occupational therapists, and physical therapists.

[CLICK TO LEARN MORE\\*](#)

### Home Sharing

NYC has a home sharing program that financially benefits both the renter and the older adults looking to rent out spare rooms. It also provides the added benefit of opportunities for socialization.

### Accessory Dwelling Units

This residential unit allows older adults to age-in-place independently with family caregivers in an intergenerational community. It can be replicated in rural, suburban, and urban environments.

### Public Education on Existing Financial Assistance Programs

There are many financial assistance programs that are searchable at [nyconnects.ny.gov](https://nyconnects.ny.gov) and that help older New Yorkers age-in place, including:

- **EISEP:** Expanded In-Home Services for the Elderly
- **HEAP:** Home Energy Assistance Program
- **HAF:** Homeowner Assistance Fund

\*[nahb.org/education-and-events/education/designations/Certified-Aging-in-Place-Specialist-CAPS](https://nahb.org/education-and-events/education/designations/Certified-Aging-in-Place-Specialist-CAPS)



# CAREGIVING

Caregiving will be a cornerstone of the MPA. There are many factors that the MPA should consider to ensure the development of a robust, skilled, culturally competent workforce and a relevant, easy-to-navigate portfolio of caregiver supports.

## **Paid Caregiving**

The formal caregiving sector is facing significant workforce challenges. **Recruitment and retention of skilled workers** must be a central focus of the MPA. The standards and management for this sector can be reevaluated and implemented in the Plan so as to make it a more **financially and professionally rewarding career path**.

## **Family Caregiving**

Many informal and/or family caregivers do not recognize their efforts as “caregiving” but rather see this support as a typical role that one assumes as loved ones age. Because of this, many informal caregivers are unaware of the portfolio of financial and well-being supports available to them. The MPA can assure that high-quality, useful resources are made available, widely promoted, and easy-to-access and differentiate outreach strategies to meet differing needs of different cultural and ethnic groups.

## **Increasing Support for Caregivers**

### **Cultural Competency**

A culturally competent workforce is necessary to meet the needs of NYS’s diverse aging population and ensure dignity in later life. The MPA should anticipate this need by **promoting evidence-based training models to elevate the cultural competence** of professional caregivers throughout the state.

### **Employer Support**

The MPA should encourage **workplaces to adopt flexible options** that are sensitive to the needs of employees providing care to loved ones. Care-friendly workplaces could alleviate workplace and career disparities within organizations.

### **Insurance Coverage**

Some insurance plans will **pay family members to act as caregivers**. The MPA should promote this option to support family members in the work they are often already doing outside of their day jobs.



# SOCIAL & DIGITAL CONNECTION

Social and digital connection are vital to the wellbeing of older adults. The MPA should take steps to increase connection among older adults in the next 10 years.

## **Expanding Broadband Access**

Increased digital connection requires robust investments in broadband infrastructure. The FY 2023 State budget has committed \$1 billion for the expansion of broadband access throughout the State. The MPA must leverage this financial investment to promote digital equity.

## **Opportunities to Increase Connection**

### **Virtual Programming**

Virtual programming can be key for building community and maintaining social connection, especially during social distancing requirements or when someone is homebound. Existing virtual programming, like [GetSetUp](#) and [Senior Planet from AARP](#) provide a foundation for expanding this form of connection.

### **Tech Support**

Innovative technical support programs will help to ensure digital equity. In NYC, CUNY is developing a universal, multilingual tech support helpline through the city-wide 311 informational hotline.

### **Accessible, User-Friendly Services**

Virtual access to library programs and resources as well as to educational offerings and telehealth need to be expanded to meet this need. Accessibility also needs to include consideration for geographic, and broadband access, differences.

### **Supportive Devices**

Supportive devices like hearing aids, eyeglasses, oral health supports, and walkers are “low-tech” means of maintaining social connections for older adults. Reimbursement for these supports must be improved.



# RURAL HEALTH

Eighty-six percent of NYS’s land is rural\*. Older adults living in rural communities will require innovative solutions to ensure access to healthcare, caregiving, and social services.

## **Transportation & Technology**

Many rural communities do not have reliable public transportation. An inconsistent and unreliable patchwork of volunteers meet part of the need but the MPA must address the transportation and technology required to meet the health needs of older adults in rural areas.

## **Potential Policy Interventions**

- Building out the broadband network
- Accessing affordable homecare
- Increasing access to social services
- Scaling up public transportation

## **Potential Partnerships**

### **Community Volunteers**

Volunteers and informal support systems are increasingly important as the population rapidly grows. Coordinating community volunteer and advocacy organizations is necessary to adequately address the need.

### **Private Sector**

Public-private partnerships should be expanded to meet rural health needs. Enhanced transportation options are one way the private sector can contribute.

### **Age-Friendly Health Systems**

Age-Friendly Health Systems will play an increasingly important role in rural health. With expansion of the model, providers can support healthy aging and aging-in-place.

\*[nysenate.gov/newsroom/articles/darrel-j-aubertine/rural-new-york](https://nysenate.gov/newsroom/articles/darrel-j-aubertine/rural-new-york)

The New York Academy of Medicine (NYAM) tackles the barriers that prevent every individual from living a healthy life. NYAM generates the knowledge needed to change the systems that prevent people from accessing what they need to be healthy such as safe and affordable housing, healthy food, healthcare and more. Through its high-profile programming for the general public, focused symposia for health professionals, and its base of dedicated Fellows and Members, NYAM engages the minds and hearts of those who also value advancing health equity to maximize health for all. For more information, visit [NYAM.org](https://www.nyam.org).

**The New York Academy of Medicine**

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