



***NORTHERN HILLTOWNS CONSORTIUM OF  
COUNCILS ON AGING***

***Hilltown Strong: Building Communities for Aging in Place***

***AARP REPORT/WORKPLAN***

***DEVELOPING AGE FRIENDLY COMMUNITIES***

***Goshen, Westhampton, Worthington, Williamsburg  
Plainfield, Cummington, Chesterfield***

# *Northern Hilltowns Consortium of Councils on Aging*

## **Hilltown Strong: Building Communities for Aging in Place**

### **Overview and Executive Summary**

Living in rural settings presents many significant challenges generally not found in urban or suburban settings where people are physically closer to each other, have public transportation, full time COA directors, open town offices and more full time employees. Even though all communities, no matter the size, face the risks of isolation and loneliness, the challenge in rural towns is how to stay close to each other while living in homes that are far apart.

The priority of Northern Hilltowns Consortium of Councils on Aging, has been and continues to be to build stronger community systems that reduce isolation and help older adults to remain in their own homes, actively participate in community life, live healthy lives, feel appreciated and have strong connections to each other. It has been well established that one of the key factors in successful aging is having strong connections to other people. The more one is disconnected from others, the more likely it is that health and safety will suffer. The Consortium has a longtime commitment to improving the lives of older adults but also helping other generations to plan for their own futures. Massachusetts has a strong Office of Elder Affairs that encourages and supports these efforts, as does the Massachusetts Association of Councils on Aging. This was demonstrated by the 1) MCOA funding of a pilot program to distribute AARP surveys modified to reflect rural issues and 2) EOEA awarding two 3-year Service Incentive Grants from FY 2015 – 2018 and the Age Friendly grant from FY 2018-2021.

In the first Service Incentive grant, the Consortium focused on identifying the extent of isolation in each community in seven towns and the strategies that had been utilized to provide outreach services. The unique character of each community was used as a framework for understanding the best systematic approaches for expanding outreach efforts. Some COAs pursued linking their outreach activities to other newly formed groups that were addressing the broader needs for community supports for older adults. In collaboration with the COAs, several groups began looking at specific services and supports that could reduce loneliness and isolation; such as rides for medical appointments, shopping, and participation in COA and other community events. Existing threads of support being provided by individuals, groups from the churches, and other members of the community became clearer. Reaching out to individuals worked best when groups of people collaborate with each other to systematically identify how and to whom they were reaching out.

A pilot program, funded by MCOA, resulted in a survey of all adults 60 years and older in four of the member communities. This survey highlighted the importance of having particular supports identified within with the eight domains of “Age Friendly” communities noted by AARP and others. Subsequent community forums involving selected town officials and representatives from committees such as finance, town planning, conservation and individual residents, and other key stakeholders explored which elements existed in their towns to begin the development of Age Livable Towns and how to address them. These efforts were a prelude to moving toward using the tools and models for the development of Age Friendly Communities. Prior to that each community relied on the COAs for a number of services including transportation, food distribution from the regional Food Bank, assistance in obtaining community services, distribution of a regional newsletter, fitness and multi generational programs, and socialization programs, to name a few. All of the strategies and actions reinforced the importance of helping older people in our communities remain in town, in their own homes, and functioning at the highest level of of “Age Friendly” communities making it possible for them to also be an integral part of the fabric of community life.

**Throughout the initial stages of developing outreach services and teams, joining together with other groups, conducting pilot surveys and community forums several lessons were learned:**

- Building strong, rural community networks that can support older people wanting to age in place presents unique challenges. Most rural towns rely on part time employees or volunteers to manage the functions needed by its residents. Many of the Councils on Aging function with coordinators or directors whose paid hours are very limited. Some town Select Boards only meet monthly, others bimonthly. Some towns have town administrators, but some can't fund the costs. Rural municipalities or community organizations can not count on regular hours during the day for communicating, planning and/or solving problems. It' is not uncommon for COAs to not even have a space to meet in or place to work without using public spaces such as the town hall. The strength of networks that do evolve rests with the strong relationships that emerge when a small group of people serve on many town committees. In many ways, they are the informal core of the community.
- The need for better information systems is paramount in building livable communities. People who need help frequently don't know where to find what resources are available. The provision of detailed information about a needed service, including eligibility and costs, is often inadequate. Communications often are hampered by the lack of broadband or limitations on an individual's ability to use the internet. Local media outlets focus on news about the larger communities.
- There is an overarching need to create regional models that embrace the elements identified in age friendly communities but also address barriers to access to health services.
- Given the distance between and among rural areas, there is a need to select specific strategies and tools needed to bring communities and their residents together.

The primary focus for the second Service Incentive Grant, awarded by the Executive Office of Elder Affairs, has been to build stronger networks of supports by following the AARP model for developing Age Friendly Communities. This initiative, using the AARP Age Friendly surveys, adapted to better reflect rural life, creates a road map for communities to become more livable and identify best practices for multi-generational inclusion and support. The potential for this initiative is to provide additional information about the challenges and strategies for working with rural communities that often have very limited part time staff on the municipal level and the Councils on Aging and a major reliance on the work of volunteers. The main elements of the development of Age Friendly Communities in the Hilltowns have been to:

- Analyze completed survey findings and identify those elements identified as important and very important priorities noted in each town
- Implement community forums exploring how livable participants find their towns to be.
- Develop and implement strategies for each participating town to address the issues identified in each of the eight domains identified in “Age Friendly Communities”
- Identify specific priorities and identify outcomes each community would like to achieve
- Engage town groups that, when possible, includes representatives from a variety of municipal groups such as select boards, finance committees, public safety and fire departments, libraries, COA coordinators and board members, individual residents and any organizations that are key stakeholders in the community.

The major issues raised by most towns included:

- Having open spaces where you can walk safely
- Being able to go into community buildings that are handicapped accessible
- Having better communication systems in town
- Needing better access to health program and services

### **Northern Hilltowns Communities Profiles**

A review of the surveys returned and data found in the MA Healthy Aging Collaborative and town reports resulted in the following key points: Each of the hilltowns is different in many ways, but they also have many characteristics in common; there is a high value placed in independence and privacy; a sense of "community" is important.

Demographic composition of town populations by age (60+)

Town	Number of residents	Number of residents 60 +	60+ as % of population
Plainfield	661	249	37.7%
Cummington	823	304	36.9%
Goshen	1,000	338	33.8%
Westhampton	1641	552	33.6%
Chesterfield	1222	382	31.3%
Worthington	1,156	352	30.4%
Williamsburg	2,553	951	37%

**Demographic and descriptive data from survey:**

- The average number of years living in town was 31 yrs but 35% said they had lived elsewhere in neighboring hilltowns.
- The average age of people responding to the survey was 71. Of those, 70% were married or had partners, 13% were widowed, 12% divorced and only 4% who had never married. One in 5 people had a disability that keeps them from work, school, housework or other activities.
- One in five of the participants live alone.
- Of the survey participants one in ten noted that they knew of someone who needed, but was not receiving, help.
- Over 1 in 4 people were providing help to a family member.
- Nearly half of the participants know someone providing care to a person with memory difficulties.
- Of the participants, 95% said they drive their own car.
- As many as 56% said they were no longer working for pay, but 20% were working part time and 16% were still working full time.
- Serving the community as a volunteer was reported by 41% of respondents with volunteered time ranging from 1 to 120 hrs/month with an average of 16 volunteer hours per month.
- Easy access to computers and low or no cost internet services in public places such as town offices, libraries and other locations was important or very important to 79% of the participants.

- Having readable printed local information on town forms and visual displays with communications that use familiar and understandable words and large lettering were rated as important or very important by 84% of the participants.
- When looking for information about medical or social services, caregiving supports, housing, repairs, transportation, home delivered meals, or social activities, **77% turned to COAs**, 41% to Highland Valley Elder Services, 53% to friends and neighbors, 43% to doctors or other health care professionals. It is worth noting that 37% used the internet in searching for information and 25% visited online websites.

This survey data, combined with conversations at community forums, discussions within the Consortium and feedback from other community groups set the stage for the Consortium developing the Age Friendly initiatives.

### **Unexpected Change in Plans 2020: COVID 19**

During the last year COVID-19 has interrupted or diverted strategies, moving them from planning to taking significant action immediately. Strengthening access to health care, especially access to food, improved and nuanced methods of communications and increased outreach activities became top priorities. Despite the pandemic most of the hilltown COAs still were able to create initiatives that concomitantly rested within the scope of the domains already identified as having high priority.

### **Access to food and health services**

During the pandemic some of the activities that have taken place included conducting flu clinics on site for everyone needing to limit trips to crowded indoor pharmacies. Both Chesterfield and Williamsburg held two flu clinics with attendance exceeding 50 people of all ages. Providing safe and sufficient access to food was also a priority this past year. Given that nearly a third of the population in the hilltowns is age 60 or over, and many living with chronic preexisting conditions, several of the communities took a variety of steps to provide food. For example, an article, entitled “Where in the Hilltowns Can You Get Help With Food?”, was placed in the Regional section of the January newsletter and provided the following information:

- The Hilltown Food Pantry in Goshen is open on Wednesdays from 1-3pm and every third Wednesday from 1-6pm. It offers food at no cost for everyone who meets eligibility requirements.
- Chesterfield residents can pick up food at the Community Cupboard on Tuesdays and Fridays from 9 to 11 am. Located at the Community Center, it’s available for people who need to avoid traveling to box stores, facing financial difficulties or could benefit from help for related reasons. No registration or release of personal information needed.
- Highland Valley Elder Services Meals on Wheels program: Call (800) 322-0551 to find out more about their Home Delivered Meals and to learn the latest in adaptations made during COVID-19.
- Our Lady of the Hills Church and Williamsburg Congregational Church offer residents in the Hilltowns a meal program called “take and eat”. Volunteers prepare meals each Saturday and

deliver those meals to residents who have requested them. The COA also assists people with SNAP applications

- Hilltown Food Bucks, offered through HCDC. Eligible participants can receive between \$100- \$125 food coupons per month for five months to be used at participating local stores and farms. The coupons double your spending power when you make a purchase, so a shopping basket worth \$80 can be paid for with \$40 of coupons and \$40 of your own money. For questions on the Hilltown Food Bucks program, please contact Kate Bavelock, Director of Community Programs, at [kateb@hilltowncdc.org](mailto:kateb@hilltowncdc.org) or 413-296-4536 x116. Participating Retailers: Corners Grocery Store in Worthington, Chesterfield General Store, Old Creamery Cummingtonhelp@gmail.com for folks in need.
- In Worthington, the Sawyer Farm is offering food pickup.
- Cummington: Grocery & prescription pick-up/ delivery. Email [Cummingtonhelp@gmail.com](mailto:Cummingtonhelp@gmail.com) to arrange, as well as delivery of groceries from the Creamery and Sawyer Farm on Tuesdays and Fridays.
- Westhampton Winter Food Pantry: The food pantry at the church is stocked with items. Anyone needing food is welcome to come: Mondays & Wednesdays 5-8pm, Fridays 11am - 2PM, Saturdays 9am - 12 Noon. It is located in the church kitchen at the back of the church. When open, the doors will be unlocked. The pantry is anonymous and self-serve.
- The Take and Eat ministry is a nondenominational effort that serves elders and home bound people in need, preparing and delivering weekend meals for up to 100 clients in Easthampton, Southampton, and Westhampton, on the first, third, and fourth Saturday of the month. St. Philip's Episcopal Church and the Westhampton Congregational Church are working together to provide meals on the 4th weekend of every month.

### **Improving Communications**

Given the pandemic it has still been possible to distribute flyers about events in several locations within the communities. For example, the Chesterfield General Store and cafe has played a key role in “getting the word out” because it is the key site for takeout food and groceries. Stores and restaurants in other communities have also been providing similar help. Events also can be found on town websites, Facebook and on the Northern Hilltowns Consortium’s website (NHC COA). Town administrators have posted important information on town signs; announcements about important issues have been posted in several locations as well as by using Code Red calls. Much town work has been conducted using virtual Zoom meetings, which is available to many but not everyone.

The installation of Broadband will bring major improvements in a wide range of communications. Thanks to Highland Valley Elder Services, all seven of the COAs in the area received \$ 3500 to purchase the equipment needed to expand virtual programs. Waiting to “go live” with virtual classes, entertainment and education about the details of Medicare benefits, getting enrolled in Mass Health etc. Once completed plans are in place, the COAs are preparing to “go

live" with a variety of virtual programs, including exercise, entertainment and educational classes about Medicare benefits, etc.

A Technology Coordinator is beginning to assess the status of internet capacities of COAs in all seven towns, including the current functionality of all computers, level of education/teaching classes needed to expand skills of older people in the communities and creating programs to support virtual meetings and events. . The Consortium website is being evaluated with the goal of maximizing access to information of interest to everyone planning to age in place. The Coordinator will also assist each COA develop internet accessibility to other programs/information found in a range of communities, organizations, and other local and national resources such as the Massachusetts Healthy Aging Collaborative, Highland Valley Elder Services, Massachusetts Councils on Aging Association, National Councils on Aging Association, AARP, Hilltown Community Health Center and others. The Coordinator will also organize presentations, webinars and entertainment.

Circulation of the current monthly newsletter will expand to include the growing numbers of older adults in the region with the goal of also increasing the use of electronic distribution of the newsletters.

The hope is to create a virtual regional Resource Center by expanding the current website to be available to all of the residents of all of the 7 Hilltowns to distribute in depth publications related to successful aging. This includes, for example, informing Hilltown residents about programs and events at each COA and through Highland Valley Elder Services, providing information about a range of topics, such as economic concerns, legal rights and responsibilities.

### **Cognitive Impairments and Scope of Needed Care**

The plan moving forward is to address some of the key findings related to the extent of cognitive impairments in older people within the communities and effects on their families and caregivers.

One of the medical barriers older adults face is finding resources that provide comprehensive medical/ neurological diagnostic evaluations, assess the source and scope of impairments, provide multidisciplinary treatment planning and identifying the availability of and access to support services. The shortage of geriatric physicians, especially geriatric psychiatrists plays a major role in receiving accurate diagnoses. The recent addition of a geriatrician within the Cooley Dickinson Hospital system has been more than welcomed. In addition, the Baystate Health System has a memory clinic, although it requires considerable travel for people in the Hilltowns. Mass General Hospital has geriatric psychiatric inpatient and outpatient services at McLean Hospital but access is geographically and programatically difficult, yet available when needed.

The Consortium plans to join and expand local outreach efforts, reaching out to people who self identify as having memory problems, provide supportive options for living at home as long as possible. It also plans to join the efforts of EOEa and MCOA to include those recommendations and programs that will help move toward to being dementia friendly.

### **Improve access to Medical and In-Home services**

In collaboration with HVES and providers of in home services we hope to improve the availability of home health aides, nurses and homemakers by conducting job fairs within the hilltowns and recruit local professionals and paraprofessionals who prefer to remain within their communities. Because home health agencies do not pay caregivers for their travel time, the lack of motivation to drive to the hilltowns presents a serious roadblock. In working to correct the constraints on in-home care, emphasis also will be placed on advocacy with funding sources and while meeting with politicians representing rural communities.

### **Moving Forward**

This is the third and last year of the Service Incentive Grant from the Massachusetts Executive Office of Elder Affairs. The hope is to receive the support and funding of this initiative from EOE in the next round of applications for funds from the Service Incentive Grant.

The plan is to expand collaborations with existing municipal leaders, individuals, from the community, local groups, and other larger organizations. Although Consortium's initiative has a smaller scope than some of the larger regional organizations it has resulted in a synergy between people living in the communities and the groups that are working on the issues raised in the AARP/WHO survey.

The levels of discourse in a small community can reach deeper into the web of personal and long term friendships; knowing each other from being on various town committees; sharing volunteer experiences ; church membership, school committees and parental support groups, to name a few. Both the formal and informal "grapevines" or "grass roots" often provide much sought after detailed information not always expressed at town meetings, hearings or various small related forums. The plan is to connect small town "tributaries" to the larger rivers of developing Age Friendly Communities.

### AARP Age Friendly Workplan

Objective	Actions	Timelines	Resources/Collaborations	Outcomes/Update	Next Steps
<b>Assess Age Livability of Seven Rural Hilltown Communities</b>	Create Rural Adaptation of AARP survey	2018-2019	Service Incentive Grant: Executive Office of Elder Affairs	Done	
	Distribute Survey to all 60 and above		Review literature from AARP, Berkshire and Canadian Age Friendly models	Done	
	Conduct Community forums		AARP tool kits	Done in 6 towns	
	Evaluate total numbers of surveys returned		UMass Boston Gerontological	Done	
	Identify priorities of leading issues : very important or important		Survey results	Done	
			AARP/WHO data		
	Review main issues/problems and strengths discussed in community groups		Review data from Ma Healthy Aging Consortium	Done	
			Compare findings from other surveys & aging reports	Done	
		Create list of priorities			
<b>Expand input and recommendations from community members</b>	Identify community groups to include in review of priorities	2019-2020	Representation from COA, municipal, church, volunteers, community residents, key stakeholders	Ongoing	
<b>Expand strategies for collaboration and coordination with funding sources needed for initiating changes in chosen domain</b>	Review all regional grants for inclusion of priority areas Review actions/plans taken and meet with key people funded by grants or with potential partnerships with the	2019-2021	HCDC, CES, Ma Healthy Aging Collaborative Healthy Hampshire	Partnership established for Walkability grant	

**AARP Age Friendly Workplan**

<b>Objective</b>	<b>Actions</b>	<b>Timelines</b>	<b>Resources/Collaborations</b>	<b>Outcomes/Update</b>	<b>Next Steps</b>
	Consortium		HCDC, MA Healthy Aging Collaborative, etc.		
<b>Improve Access to Food and Healthcare services</b>	Evaluate scope of food insecurity at low or no cost Review local sites developed to provide free or low cost food Enroll people for “pick up” meals provided by Highland Valley Elder Services	2020-2021	Hilltown Food Pantry Chesterfield Community Cupboard, Williamsburg free food available at the at Grange		Continue to participate in planning for mobile Markets Encourage continuation of these services until COVID restrictions lift
<b>Enhance access to COVID vaccinations</b>	Reach out to home bound & isolated elders		Disseminate information from EOE, MPHA, MCOA		
			Coordinate with BOH		
<b>Increase safe options for improving the walkability and access to open spaces in each town</b>	Participate in ongoing Hilltowns Walkability grant in partnership with HCDC, CES and other groups. Review Town ADA reports/recommendations	2021- 2023	Walkability grant partnership with HCDC and Healthy Hampshire On going work on Complete Streets		Walk audits ongoing with CES and workgroups , including COAs

**AARP Age Friendly Workplan**

<b>Objective</b>	<b>Actions</b>	<b>Timelines</b>	<b>Resources/Collaborations</b>	<b>Outcomes/Update</b>	<b>Next Steps</b>
	Engage community groups working on designing improvements that better connect public buildings maximize use of shared spaces and gathering locations		Completed town ADA reports		
	Contact town administrators/ Select Board				
<b>Improve Communication Systems and Use of Internet</b>	Assess current sources for the dissemination of information in each community Provide classes and other supports to increase public access to computers and internet services		Publish updates on Broadband installations and projected date for each stage.  Collaborate with town officials regarding improvement in town websites, parameters for signage.	HVES funded \$3500 to each COA's purchase of equipment, computers, cameras and signage.	
<b>Improve and expand the Consortium Website</b>	Meet with Broadband consultant and order equipment recommended		IT consultant will collaborate with Montague Webworks, manager of Consortium website platform	Done and ongoing	
	Select presenters for educational informational or entertainment presentations through use of ZOOM or other electronic media		Work with the newsletter designer to link newsletter content to website		
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**AARP Age Friendly Workplan**

<b>Objective</b>	<b>Actions</b>	<b>Timelines</b>	<b>Resources/Collaborations</b>	<b>Outcomes/Update</b>	<b>Next Steps</b>
<b>Initiate Plan to Become Dementia Friendly</b>					
	Review current models for addressing Cognitive Impairments in communities	2021-2022	Collaborate with MCOA,,Ma Healthy Aging Colloaborative, Ma AARP,Alzheimers Assoc	Ongoing	
	Identify resources that provide comprehensive medical/ neurological diagnostic evaluations Assess the source and scope of impairments, provide multi-disciplinary planning and identify availability and access acute and supportive care		Baystate Medical Center Memory Clinic Access information about McLean Hospital’s Older Adult Services: Inpatient and Outpatient Meet with Geriatrician at Cooley Dickinson Hospital		
	Review local options for entering Dementia long term care units.		Coordinate plans with Alzheimer's Association		
<b>Improve access to Medical and in Home services</b>	Conduct job fairs within the hilltowns and recruit local professionals and paraprofessionals who prefer to remain in their communities. Because Home health agencies do not pay caregivers for their travel time, the motivation to drive to rural areas.	2021-2023	Highland Valley Elder Services Health and Home Care Vendors Hilltown Community Health Center VNAs		