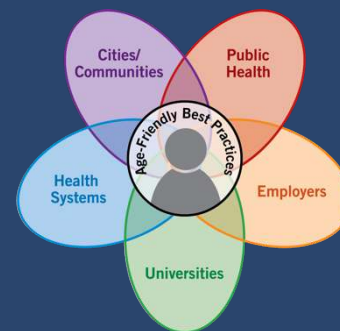


Building a Coordinated Age-Friendly Ecosystem: A Working Discussion



MARCH 10, 2021 • VIRTUAL CONVENING, Part II

Meeting Summary



The
John A. Hartford
Foundation



Table of Contents

Convening Goals, Pre-Reading and Participants.....	2
Introductory Remarks.....	2
Guest Speaker	5
Reflections from our first meeting and on the Age-Friendly Ecosystem in general	6
Modifications to the Shared Characteristics of an Age-Friendly Ecosystem and Updates to the Indicator and Measures Matrix	9
Breakout Room #1: Introduction and Discussions	15
Breakout Room #2: Introduction and Discussions	17
Final Reflections	19
Appendix.....	22

Convening Goals, Pre-Reading and Participants

On March 10, 2021, 40 recognized leaders who are working to advance age-friendly initiatives in public health, health systems, community, academia and employment gathered in the second of three virtual working sessions to discuss shared characteristics and measures in their work.

Goals:

Part 1 of the series on 12/16/20: The goal of this event was to begin discussing shared characteristics and to *introduce* measures of collective impact.

Part 2 of the series on 03/10/21: The goal of this second event was to build upon our work in December by exploring areas for collaboration across sectors and beginning to identify measures that can be aligned across age friendly settings.

Pre-Reading:

Prior to the convening, the organizers produced a packet of pre-reading that included the following:

1. An updated document (which reflected feedback from our first gathering in December and comprised of three tabs) to help analyze our shared characteristics and proposed outcome measures: Please click [HERE](#) to access this document
2. Two published articles about the Age-Friendly Ecosystem (which had also been shared in advance of the December 16, 2020 meeting)
 1. [Moving Toward a Global Age-Friendly Ecosystem](#): Fulmer, T., Patel, P., Levy, N., Mate, K., Berman, A., Pelton, L., Beard, J., Kalache, A. and Auerbach, J. (2020), J Am Geriatr Soc, 68: 1936-1940. <https://doi.org/10.1111/jgs.16675>
 2. [Age-Friendly Ecosystems: An Aspirational Goal](#): Wetle, T.T. (2020), Age-Friendly Ecosystems: An Aspirational Goal. J Am Geriatr Soc, 68: 1929-1930. <https://doi.org/10.1111/jgs.16676>
3. A pre-event survey was sent via email to all attendees requesting that they reflect on the six shared characteristics of an Age-Friendly Ecosystem and consider the areas for potential collaboration. The results of that survey are shared below in this meeting summary report and are also include in the appendix.

Participants:

Participation was by invitation only. 25 organizations (Exhibit A) representing 6 countries were included.

Introductory Remarks

Event moderator, Dr. Alice Bonner opened the second meeting reminding attendees that our purpose together was to begin a dialogue about:

- What we can do across initiatives to build momentum for age friendly work in all settings;
- How can we, together, elevate the term age friendly to make sure it really means something that people and organizations can build on;
- How we can we, together, begin to establish shared understandings about an Age-Friendly Ecosystem: ***language to describe it, opportunities to pursue it, and ways to measure its impact***



Bonner reminded attendees about our definition of an ecosystem - “a dynamic group of largely independent but interconnected players that creates products/programs and services that together constitute a coherent approach or solution to a challenge or opportunity” – and its relevance to aging services and the work we all do. Further, she reminded attendees that in the age-friendly ecosystem as it is envisioned, *“your work does not change. This is key. Your core values, key indicators, outcomes.....they continue under your leadership. We seek to define an ecosystem that each of you and your organizations can see yourselves in...one that provides a roadmap for considering how to drive collaborative impact with a shared voice and shared understandings.”*

To review our work from December, Bonner reminded attendees that in the group’s first gathering we reviewed proposed shared characteristics of an Age-Friendly Ecosystem and worked together to pull out the group’s feedback on those characteristics through polling and dynamic breakout group discussions that explored questions like: did those proposed characteristics resonate? What needed improvement? What did we fail to identify? She outlined plans to continue that discussion in this meeting, while shifting our focus to areas of collective impact and how we will begin to consider measuring that impact.

Jody Shue, Executive Director of The Age Friendly Foundation asked attendees to answer the following question in the chat at the beginning of the meeting: *What will be the number one benefit that will be achieved by organizations becoming part of an age-friendly ecosystem??* Responses from attendees include:

- | | |
|----------------------|---|
| Erin Emery-Tiburcio: | Bridging traditional silos |
| Rani Snyder: | Greater understanding and connection |
| Judy Salerno: | Improved quality of life for older persons. |
| Nicole Brandt: | Improved care delivery for older adults. |
| Terry Fulmer: | better coordination and quality of life for older adults |
| Mark Kissinger: | Better care for families |
| Anne Doyle: | living a full, engaged and purposeful life every day |
| Susan Reinhard: | sharing innovations |
| Lindsay Goldman: | more efficient use of resources and intellectual capital |
| Gretchen Alkema: | common purpose |
| Anne Pohnert: | Improved/enhanced human experience and equity |
| Christine O'Kelly: | Broaden participation |
| Kevin Little: | greater impact, promote synergies |
| Melissa Batchelor: | Multi-sector connections to build the products, support and services need for healthy aging across the lifespan. |
| Leslie Pelton: | older adults who are more engaged and empowered in their communities. |
| Joan Weiss: | Improve healthcare and health outcomes for older adults |
| Megan Wolfe: | Improved health and well-being for OAs! |
| Tim Driver: | improved impact on the quality of experience for older adults |
| Rachel Roiland: | Older adults feeling more valued, respected, and connected to society |
| Fox Wetle: | Improved integration of older persons into society and better quality of life for us all |
| Randel Smith: | Better care for our aging population |
| Amy Berman: | The Age-Friendly Ecosystems initiative promotes people and organizations working in different Age-Friendly domains to carry messages of the other domains and think how to integrate and accelerate efforts |
| Rebecca Stoeckle | Systematizing care that is meaningful to older adults. These meetings are the embodiment of continuous communication, ensuring we are aligning goals and methods |
| Scott Bane: | Shared understanding of age-friendly policies and principles |
| Chuck Pu | Meaningful change starts with raising awareness and calling attention to a burning platform in a systematic organized framework |

In her opening remarks, Co-host Terry Fulmer referenced a paper called “*Collective Impact*” by John Kania & Mark Kramer (Stanford Social Innovation Review, Winter 2011) in which the authors outlined five conditions that are necessary for collective impact:

1. A common agenda – We believe this group has that
2. Shared measurement systems – Something we are aspiring to
3. Mutually reinforcing activities – We’re trying to build this in our work
4. Continuous communication – Very important
5. A backbone agency – The Age Friendly Foundation will serve as the backbone agency for the Age-Friendly Ecosystem movement.



Terry affirmed that we are keeping these conditions front and center as we think about why we are here:

- To continue our work making the substance behind the phrase “age-friendly” more clear and more impactful to all stakeholders. We are all doing transformative work and we want the world to understand that.
- Explore how we can enhance the collective impact of the work we are all engaged in, and ultimately improve quality of life for older adults
- Collaborate on the development of a shared language and a shared set of harmonized measures. And we do that by coming together
- Open up new possibilities

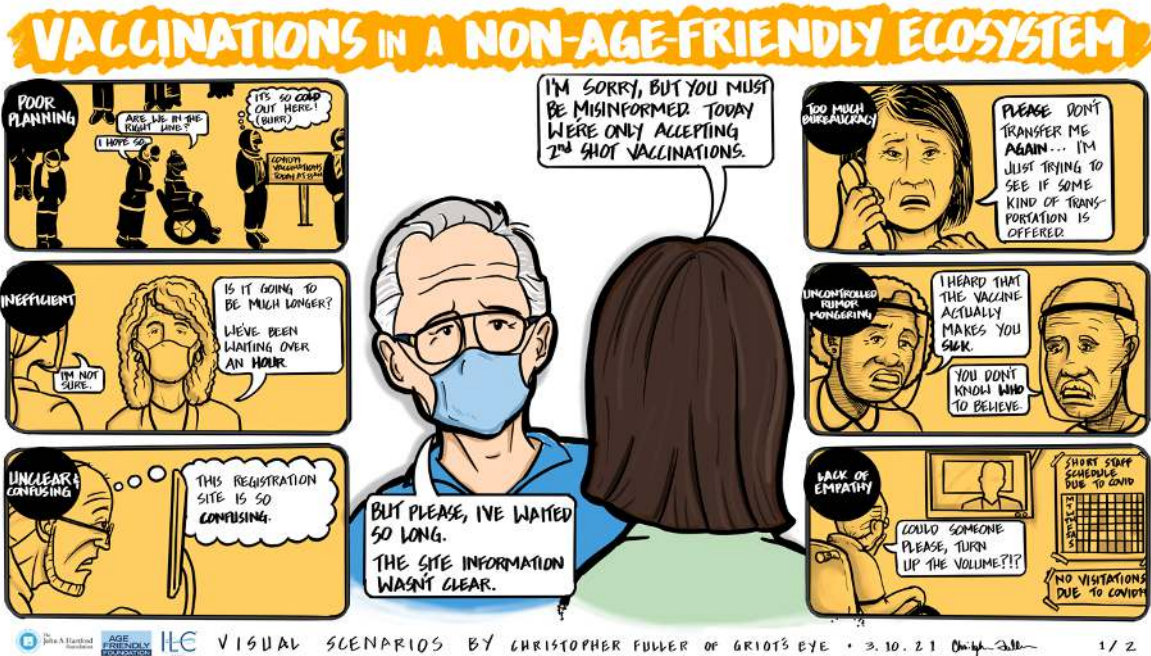
Point for discussion: Where does dementia friendly fit? It is everywhere. We are cognizant of this and we are working to make it clear. This will be an ongoing discussion and proactive point of consideration. We are grateful for the participation of Beth Soltzberg, Director of the Alzheimer’s/Related Disorders Family Support Program at Jewish Family & Children’s Service to this discussion.

Guest Speaker

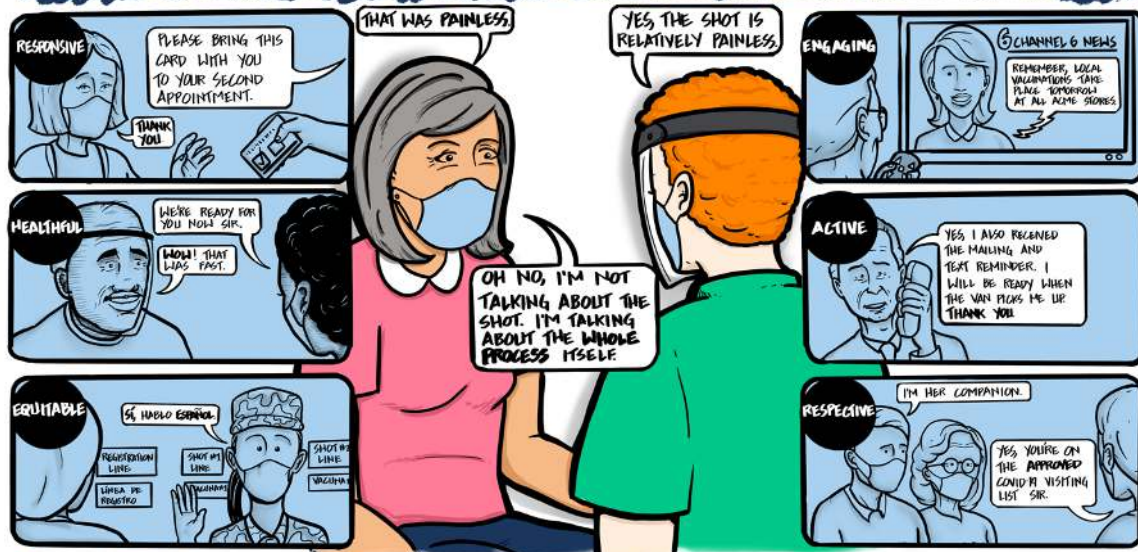
Guest Speaker and patient advocate Randel Smith joined the working discussion on March 10 to talk to the group about the varied experiences of getting vaccinated in his hometown in Maryland. A link to the video of that conversation can be found [HERE](#).

Randel is a member of Anne Arundel Medical Center’s Patient and Family Advisory Council (PFAC). Mr. Smith worked on the prototyping of Age-Friendly Health Systems at the national level. And in his home state of Maryland, he worked on the implementation of Age-Friendly Health Systems within Anne Arundel Medical Center. He regularly volunteers in the health system and noted that as the 4Ms of age-friendly care was implemented, that his friends who went into the hospital would leave walking instead of needing a wheelchair. He is a strong advocate of the 4Ms, especially What Matters to older adults. His wife, a nurse at Anne Arundel, is proud that he is making a difference for older adults everyday.

Graphic artist Christopher Fuller created the following representations of the vaccine journey – conceptualizing it both with and without a functioning Age-Friendly Ecosystem.



VACCINATIONS IN AN AGE-FRIENDLY ECOSYSTEM



AGE FRIENDLY FOUNDATION IFC VISUAL SCENARIOS BY CHRISTOPHER FULLER OF GRIT'S EYE • 3.10.21 *Chris Fuller* 2 / 2

Reflections from our first meeting and on the Age-Friendly Ecosystem in general



In his opening remarks, co-host Tim Driver, President of The Age Friendly Foundation welcomed reflections on the first meeting and reflections on the Age-Friendly Ecosystem in general. *He asked attendees to consider how they see themselves and their organizations in this work, and how they see it coming to life in their work.* To jumpstart thinking, Tim shared his reflections with respect to his work. My work in this ecosystem that is rooted in the employment sector. “Thanks to these collaborative discussions, I have developed a deeper recognition that the characteristics of my organization's work are indeed shared with those of other professionals in this ecosystem. ‘Working longer’, I’ve come to better understand, is not just about economic security—but just as much, about one’s physical and mental health as you get older. This recognition is driving further purpose into the work for my team and organization. It will result in more opportunities for collaboration, and at the end of the day, more opportunities to impact the quality of life of older adults.”

Selected attendees were invited to share their own “quick take” reflections on the questions Tim outlined above.

Judy Salerno, President and CEO of the New York Academy of Medicine began her remarks by noting that most of NYAM’s work over the past 14 years has been centered on adapting the principles of Age Friendly to Age-Friendly NYC, and now doing more at the neighborhood and borough level. She shared newer work in implementing “Health Across All Policies” in 18 counties across the state of New York, “effectively bringing the age-friendly city concepts up a level to counties and incorporating the WHO 8 domains of livability together with the State’s Public Health prevention agenda and smart growth principles. This effectively brings together sectors - from Economic Development to Health to the Environment and Housing and is a concrete example of how we can actively build the ecosystem one program at a time. According

to Judy, “that’s the promise of the ecosystem in all of our work. We share our foundational thinking, and we need to begin to share our tools as well as our like-minded goals. It takes a new way of looking at the world - not staying in our lane and instead thinking about how we engage and collaborate across sectors to actively apply these concepts. Judy mentioned the term “Radical collaboration” as a Foundation of our success in this Age Friendly work.

Erin Emery-Tiburcio chatted in during Judy’s remarks that she would love to see the plan for NY as a model for other states. Lindsay Goldman shared the plan in the chat: NYS Health and Age in All Policies Road Map:
https://www.health.ny.gov/prevention/prevention_agenda/health_across_all_policies/docs/roadmap_report.pdf

Megan Wolf, Senior Policy Development Manager at TFAH offered her reflections on this work. “We see Public Health’s role as a convener and connector among some of the other components of the ecosystem” – which is a typical function of Public Health that is familiar in emergency planning, for example. “Awareness,” she remarked, “of opportunities for connection and alignment is so fundamental” because there are so many in Public Health and health care and community stakeholders who are not aware of initiatives and ecosystem components. Because of COVID, many Public Health practitioners are coming to understand their role in older adult health, but many still don’t know how to make cross sector connections. Megan believes that it is really important to identify and promote the models that will be so critical to advancing this work. She said that TFAH is beginning to interact with many stakeholders across the country who are catching the vision about how to connect and align components. TFAH is exploring what that can look like when operationalized and is embarking on a new project in partnership with IHI to develop a model of seamless older adult care by focusing on one community and identifying gaps in care from Public Health to hospital care, to community and aging services. Finally, Wolfe offered two examples where this work is beginning to come to life: In Michigan, Dr. Alexis Travis is working on a care transition model that engages Hospital systems with aging services. In Minnesota there is a new Governor’s appointed Age Friendly Council that includes agency leaders from Public Health, health services, transportation, housing, justice, and community representatives like AARP.

Nikki Brandt chatted in the following at the conclusion of Megan’s remarks: *“On April 8th we are having the MD Secretary on Aging talk with our AFHS and AFU work at the University of Maryland facilitated by the President of the UMB campus. It has been powerful to talk about strategic planning together to hopefully build our MD Age Friendly Ecosystem that is sustainable. The survey work we are conducting with the AFU work has been very helpful to understand more from various members of our University community.”* Alice Bonner commented: *“Thank you....another example of what a State (Maryland) is doing to bring organizations and individuals together from various silos and agencies...similar to the Minnesota model mentioned earlier today. We want to learn from states that have best and better practices...we want to learn from them!”*

Bill Coleman, EVP at PayFactors, was the third attendee to offer reflections. He comes to this work from an employer perspective having worked with the Certified Age Friendly Employer (CAFE) program for 15 years and understands that it’s about connecting employers with older works and older workers with employers, and everyone doing better as a result of that. The program looks at best practice standards to make sure that company policies and culture, training and development, and even work schedules are older worker friendly. Getting employers to think about making the work environment friendly to older workers benefits all those involved. He also noted that age-friendliness is becoming an increasingly important component of employer DEI initiatives.

Alexandre Kalache, co-host of the event, was the final person to provide reflections. He noted that in Latin languages there is no specific translation for the term “age friendly” – instead they use the term “for all ages.” Kalache posits that if we are to truly think globally, we have to encapsulate “a society for all ages. nobody can be left behind” and that we must engage in intergenerational age friendly endeavors. He argues for embracing a rights-based approach – which is essential to an equitable system. He shared, in response to the story told by Randel Smith about the vaccine journey, that “*yesterday the Mayor of a town close to Rio announced vaccination availability to anyone over 60. The line started at 2am and by early morning was 7km long. They only had 600 vaccines to give. Chaos. MOST went back home without a vaccine.*”

Modifications to the Shared Characteristics of an Age-Friendly Ecosystem and Updates to the Indicator and Measures Matrix

[Original Source Material:](#)



Dr. Kim Dash and Jody Shue led a discussion about the development of shared understandings of an Age-Friendly Ecosystem in order that it can become an actionable roadmap for practitioners. For the first meeting, a proposed framework of those understandings was created, and then updated based upon the feedback that was received at that time. The updated matrix was shared in the pre-reading for this event and is available in the appendix and linked [HERE](#). Descriptive characteristics have been modified, as have the examples of the kinds

of framework specific programming that aligns with these characteristics. The revisions to the shared characteristics framework were implemented based upon feedback from this working group at the first convening in December, 2020. The revised shared characteristics of an Age-Friendly Ecosystem are:

- Responsive** (promotes awareness)
- Healthful** (promotes health & safety)
- Equitable** (promotes equity)
- Engaging** (promotes engagement)
- Active** (promotes independence)
- Respectful** (promotes positive aging norms)

Shared Characteristics of an Age-Friendly Ecosystem (updated February 2021)

	RESPONSIVE	HEALTHFUL	EQUITABLE	ENGAGING	ACTIVE	RESPECTFUL
Public Health Systems (5Cs)	Collecting and disseminating data to identify priorities for and programming needs of older adults from diverse backgrounds	Coordinating existing supports and services (emergency preparedness); Communicating to increase awareness of health-related services and programs	Collecting and disseminating data to identify and address inequities by income, race/ethnicity, and sexual orientation among older adults	Connecting and convening multiple sectors/professions, fostering collaboration, coordinating existing supports and services	Complementing and supplementing existing transportation and environmental supports and services	Communicating and educating to reframe aging as a time of positive activity, continued growth, and optimism for the future
Health Systems (4Ms)	Knowing and aligning care with "what matters" to the older adult; Understanding the effects of race-related stress on older adults	Using medication that does not interfere with what matters, mentation or mobility; Prevent, identify, treat, and manage delirium across settings of care	Ensuring older adults of different incomes, races and ethnicities and sexual orientation have equitable access to care	Engaging older adults (and caregivers) in shared decision making about care	Ensuring that older adults can move safely to maintain function and do what matters	Providing older adults with the information they need to make informed decisions about their health care; Educating health professionals on myths of aging
Communities/ Cities/States (8 Domains)	Implementing initiatives that address the concerns of all older adults in community	Focusing policies and practices on health services and community supports tailored for older adults	Enacting policies that promote equal access to housing, outdoor spaces & buildings, communication and information as well as promote social inclusion	Implementing, evaluating, and scaling programs that promote social participation, civic participation and employment, and effectively engage marginalized elders	Developing and implementing transportation solutions that promote mobility and access to critical services and cultural activities	Promoting & supporting intergenerational mentoring activities; Zoning for inter-generational housing
Employers (Best Practices)	Developing responsive work schedules and flexible arrangements with input from older employees	Showcasing general commitment and workforce policies to support older adults' health needs	Providing job content and process accommodations; Offering training and professional development opportunities; Expanding employment supports for diverse elders	Demonstrating a commitment to workforce planning and composition, employee retention, and candidate recruiting	Providing accommodations that promote workforce participation and mobility in the work environment	Requiring workplace education on recognizing and addressing implicit bias based on age
Universities/ Education Systems (Principles)	Ensuring that research agenda is informed by the needs of an aging society and promoting public discourse; Recognizing diverse educational needs of older adults	Enhancing access for older adults to university health and wellness programs	Widening access to online educational opportunities; Increasing student understanding of the longevity dividend and the increasing complexity and richness that aging brings to our society; Promoting personal and career development	Promote intergenerational learning; Engage actively with the university's own retired community; Ensure regular dialogue with organizations representing the interests of the aging population	Enhancing access for older adults to university cultural and arts resources and events	Promoting public discourse on the longevity dividend and the increasing complexity and richness that aging brings to our society

These modifications resulted in updates to the accompanying indicator and measurement matrix. It includes goals pulled from the literature review of each of the age-friendly frameworks—cities and

communities, education, employers, healthcare, and public health -- and then organizes those goals around the six main characteristics of an Age-Friendly Ecosystem.

[Original Source Material](#)

Social-Ecological Unit of Influence and Practice					Characteristics of an Age-Friendly Ecosystem (from literature review)	Examples of Indicators	Example Improvement Score Over Time	If you needed this information, where might you find it?							
Individual	Relationship	Institution	Community	Society				Public Health	Health Systems	Older Communities	Employers	Education			
RESPONSIVE: Promote Awareness															
✓					Successful Aging	Facts on Aging Quiz (Revised) score									
✓					Availability of Information	Preference based measure of successful aging <small>Availability of local resources providing information about health concerns and service referrals, including by telephone</small>									
		✓	✓		Availability of Information	Proportion of older people living in a household with internet access at home	Increased proportion of older people living in a household with internet access								
		✓	✓		Person-driven outcomes	Proportion of residents that have high-speed, low-cost service Proportion of institutions using geriatrics and person-centered outcomes to drive care decisions and assessments									
			✓	✓	Data equity <small>(Improved surveillance of older adult health issues; Universal improved assessment of older adult health issues)</small>	Older adult items added to BRFSS (as well as to other major national and local surveys and needs assessments)									
✓	✓	✓			Retention & recruitment in the workplace	Job satisfaction (self report, e.g., BVAJS)	Increased proportion of older workers reporting high job satisfaction								
		✓	✓	✓	Research funding	Proportion of annual NIH research budget dedicated to aging-related topics (NIH RePORT)									
✓	✓	✓			Patient satisfaction	Picker Patient Experience Questionnaire									
✓	✓				Life satisfaction	Life Satisfaction Index - 2									

Goals are highlighted in yellow and include, for example (with respect to RESPONSIVE) things like successful aging, availability of information, and person-driven outcomes – all goals that that were pulled from existing age-friendly frameworks. For each goal, we have provided examples of indicators. When possible, we used the very same indicators as those specified by existing age-friendly frameworks. In other cases, we identified indicators based on a review of the literature. And we also provided a few examples of what we are calling improvement scores or measures. Two we included here are “Increased proportion of older people living in a household with internet access” and “Increased proportion of older workers reporting high job satisfaction. Those improvement scores relate to specific goals. In addition, we’re showing how each goal and indicator aligns with specific contexts (such as relationships and institutions with which older adults engage or which engage older adults); and we showcase from which age-friendly framework the goals emanated and/or affect.

This is a very expansive view of an Age-Friendly Ecosystem. It’s important to go through this work thoroughly and methodically and it will certainly serve as an important reference when we try to agree on shared measures for shared goals of an age-friendly ecosystem. But it’s a bit unwieldy. This is where a more reductive approach becomes important.

To move it forward, the next step was additional compressing (or collapsing) of all those goals into groups – a process that makes it easier for all of us to see ourselves in the work of an Age-Friendly Ecosystem. That consolidation was presented in the pre-work survey and we aimed for it to help attendees think about which ones presented the most opportunity for collaboration across settings.

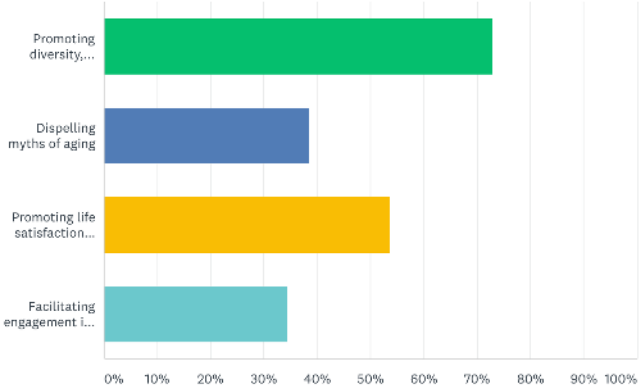
Shared Characteristics and Associated Shared Goals

RESPONSIVE	HEALTHFUL	EQUITABLE	ENGAGING	ACTIVE	RESPECTFUL
Promoting diversity, equity & inclusion	Promoting personal safety and sense of security in various settings	Promoting equal opportunity across the ecosystem	Making volunteer opportunities available	Promoting mobility	Promoting positive social attitudes towards aging and older adults
Dispelling myths of aging	Increasing access to healthcare	Eradicating racism across the ecosystem	Making paid work opportunities inviting and feasible	Making transportation options available and accessible	Diversifying living and working spaces by age
Promoting life satisfaction/ quality of life	Promoting healthy behaviors and disease management	Eradicating ageism across the ecosystem	Facilitating individual control over healthcare decisions	Making housing options available and accessible	Facilitating intergenerational, two-way learning
Facilitating engagement in critical decision making	Preparing for natural or person made emergencies	Eradicating gender bias across the ecosystem	Making voting and civic participating easier	Making caregiver support more available and accessible	Promoting respect and dignity in health and social care (for those with dementia or other disabilities)

Attendees told us in our first meeting that “*identifying where we have the most in common to overcome siloed approaches to our work*” was key, as was “*overcoming fears that an age-friendly ecosystem will add a complicated or additional layer to your work.*” In response, and as a basis for our first Breakout Room discussion, the online survey that we sent out asked attendees to consider where they see the best opportunities for working together across age friendly settings. Results of that pre-event survey (conducted using SurveyMonkey) are included below and in the appendix:

An Age-Friendly Ecosystem is RESPONSIVE. Our review has identified the following goals supported by existing Age-Friendly frameworks that promote responsiveness. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

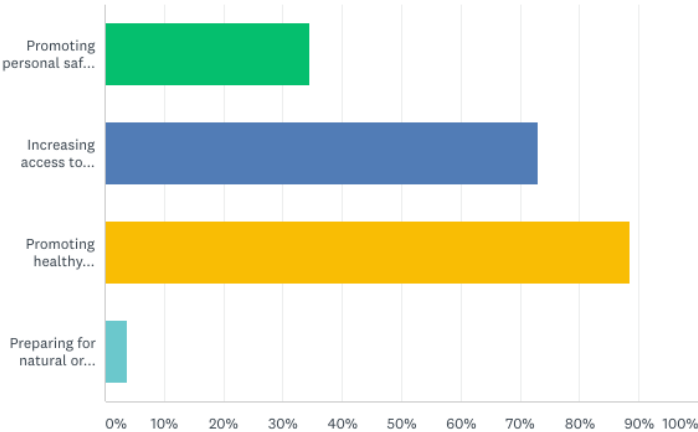
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Promoting diversity, equity & inclusion	73.08% 19
▼ Dispersing myths of aging	38.46% 10
▼ Promoting life satisfaction/quality of life	53.85% 14
▼ Facilitating engagement in critical decision making	34.62% 9

An Age-Friendly Ecosystem is HEALTHFUL. Our review has identified the following goals supported by existing Age-Friendly frameworks that promote Health. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

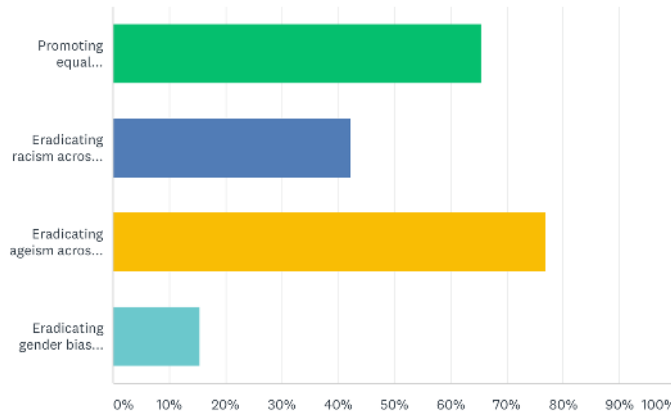
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Promoting personal safety and sense of security in various settings	34.62% 9
▼ Increasing access to healthcare	73.08% 19
▼ Promoting healthy behaviors and disease management	88.46% 23
▼ Preparing for natural or person-made emergencies	3.85% 1

An Age-Friendly Ecosystem is **EQUITABLE**. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote Equity. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2).

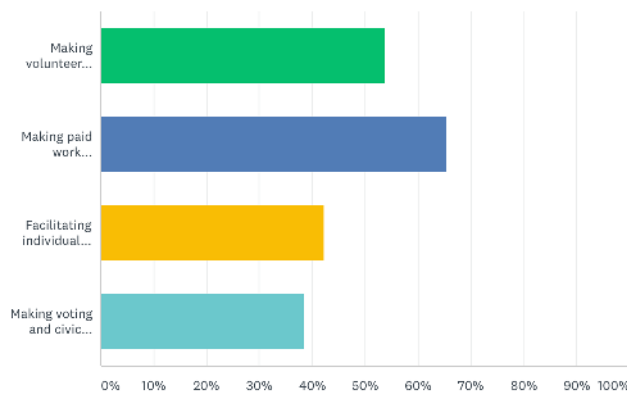
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Promoting equal opportunity across the ecosystem	65.38% 17
▼ Eradicating racism across the ecosystem	42.31% 11
▼ Eradicating ageism across the ecosystem	76.92% 20
▼ Eradicating gender bias across the ecosystem	15.38% 4

An Age-Friendly Ecosystem is **ENGAGING**. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote Engagement. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

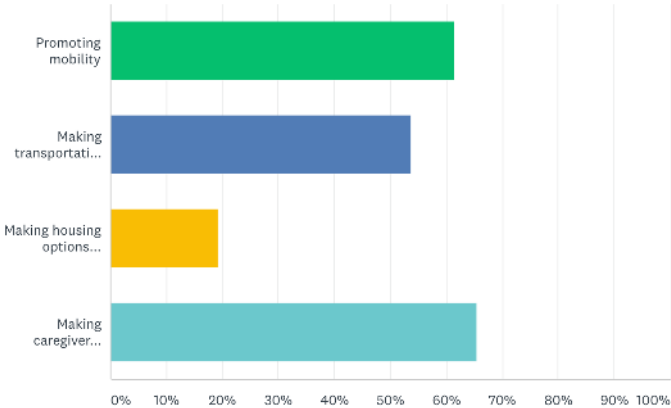
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Making volunteer opportunities available	53.85% 14
▼ Making paid work opportunities inviting and feasible	65.38% 17
▼ Facilitating individual control over healthcare decisions	42.31% 11
▼ Making voting and civic participation easier	38.46% 10

An Age-Friendly Ecosystem is ACTIVE. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote activity. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

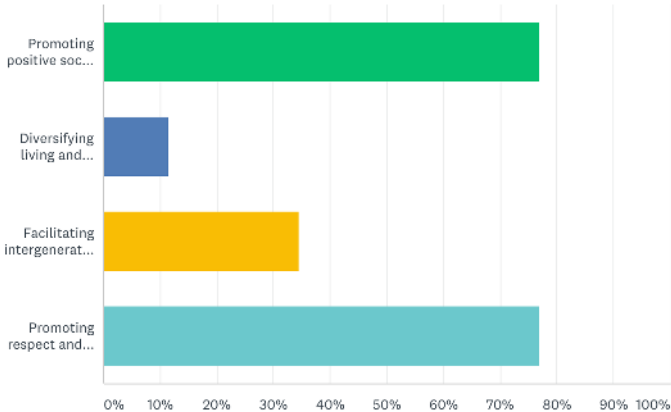
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Promoting mobility	61.54% 16
▼ Making transportation options available and accessible	53.85% 14
▼ Making housing options available and accessible	19.23% 5
▼ Making caregiver support more available and accessible	65.38% 17

An Age-Friendly Ecosystem is RESPECTFUL. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote Respect. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Promoting positive social attitudes towards aging and older adults	76.92% 20
▼ Diversifying living and working spaces by age	11.54% 3
▼ Facilitating intergenerational, two-way learning	34.62% 9
▼ Promoting respect and dignity in health and social care (for those with dementia or other disabilities)	76.92% 20

Breakout Room #1: Introduction and Discussions

After the presentation of the Shared Characteristics of an Age-Friendly Ecosystem, updates to the Indicator and Measures Matrix and survey results about potential areas for collaboration, attendees were asked to engage in small group breakout room discussions to specifically engage their input regarding opportunities for collaboration across age-friendly settings. The following information was again shared with attendees. It shows each of the six shared characteristics of an age-friendly ecosystem and the (compressed) goals within each of them.

Shared Characteristics and Associated Shared Goals

RESPONSIVE	HEALTHFUL	EQUITABLE	ENGAGING	ACTIVE	RESPECTFUL
Promoting diversity, equity & inclusion	Promoting personal safety and sense of security in various settings	Promoting equal opportunity across the ecosystem	Making volunteer opportunities available	Promoting mobility	Promoting positive social attitudes towards aging and older adults
Dispelling myths of aging	Increasing access to healthcare	Eradicating racism across the ecosystem	Making paid work opportunities inviting and feasible	Making transportation options available and accessible	Diversifying living and working spaces by age
Promoting life satisfaction/ quality of life	Promoting healthy behaviors and disease management	Eradicating ageism across the ecosystem	Facilitating individual control over healthcare decisions	Making housing options available and accessible	Facilitating intergenerational, two-way learning
Facilitating engagement in critical decision making	Preparing for natural or person made emergencies	Eradicating gender bias across the ecosystem	Making voting and civic participating easier	Making caregiver support more available and accessible	Promoting respect and dignity in health and social care (for those with dementia or other disabilities)

Attendees (who had been pre-assigned to one of four moderated breakout rooms) were asked to reflect on the following questions in small group breakout room discussion format:

- Which goal (in each of the 6 characteristics) do you think is the top priority?
- Do you agree with the survey results?
- How can we find the best opportunities to collaborate based upon your priorities?

Breakout Room Report-Outs:

At the end of the 40-minute Breakout Room discussions, attendees rejoined the full session and heard summaries of small group discussions from Breakout Room moderators.

Tim Driver was the first facilitator to report breakout findings. He kicked off the report with a nod to AARP’s Deb Whitman who spoke briefly about her excitement about the project, but her struggle with the grid showing the six shared characteristics of an age-friendly ecosystem and the (compressed) goals within each of them. She referred to the “two separate layers here: columns of characteristics and then the rows,” commenting that “there are subtle differences between the boxes

and choosing one priority was hard because there were often overlapping or competing priorities within them.” Terry Fulmer commented that *“this is a process, and we have the best minds who could possibly give us input on this call today...In the words of Jack Rowe, “it is not an equation to be solved” at the moment, but we are going to make progress. Your comments help us get to the several next phases of this work, which has to be good for everybody – thank you!”* Driver continued that there was struggle in the group about having to choose a priority in each column, but there was rich discussion about the group member reactions to the survey results and where they supported the results of the survey or disagreed with the selection of a priority. Beth Soltzburg noted the predominance of the white cultural perspective when talking about aging and encouraged the explicit prioritization of diversity, equity and inclusion, a comment echoed by Lindsay Goldman. One interesting takeaway from the group’s discussion was a stimulating conversation about workforce. The group talked about paid work and one of the elephants in the room: what about the workforce as it relates to aging (?), since in the ecosystem we are envisioning there is a workforce needed to support aging and perhaps we should be explicitly addressing that somewhere. Staffing shortages and pay levels are major topics of discussion. Paid work is a critical piece of the discussion, but what about the actual caregiving workforce?

Alice Bonner encouraged everyone in the groups to be thinking about the different organizations and agencies and individuals who will be coming together and how they think about these characteristics and goals. She remarked that the language needs to be flexible enough *and* standardized enough at the same time to accommodate varying agendas. That’s a big challenge.

Kim Dash reported that there was some reticence to pick one goal for each of the characteristics. After some discussion about the purpose of the exercise, it was clarified that we were asking the group to choose one of the goals (in each column) that they thought presented the greatest opportunity for collaboration, rather than picking the most important goal. There was real time editing of the goals themselves happening in Dash’s group – collapsing some of the goals that were included here. The point was made that many of the goals were written from the individual perspective and probably need to be re-worded from a more systemic perspective. Kevin Little from IHI questioned whether we should be getting so specific in terms of goals, and that maybe it is enough that these are the characteristics that we all agree on and can leave it to sectors to set their own goals to meet the specific characteristics. Megan Wolfe pointed out that we are wanting to identify goals that apply across the different sectors.



Leslie Pelton began her report summarizing a question that arose in her group about whether the goals laid out reflect all populations or more privileged populations, and a consideration that we may need to go back to some more basic needs (like social isolation) that address all populations. The group agreed that promoting DEI was a priority and it should explicitly include gender, race, and ethnicity as part of DEI. With respect to HEALTHFUL, Pelton’s group agreed that promoting healthy behaviors and disease management was a priority, especially since this goal can only really be achieved within an ecosystem, since it’s about access to healthy foods and the built environment, for example. During the discussion about the characteristic “ENGAGEMENT”, the group agreed that we could possibly connect the volunteer opportunities goal with that of making paid work available. Kim Dash chatted in that her group had discussed the same idea, and Susan Reinhard pointed out that “people can volunteer even when working full time with pay.” An active discussion about the workforce and its challenges occurred in this breakout, and how to include the workforce in the conversation about caregiver support and making it more accessible. Beth Soltzburg mentioned in the chat that this concept had also been discussed in her breakout group: “We also talked about addressing the needs of the direct care workforce, which wasn’t clearly identified on the grid.” Finally, the group discussed how we can incorporate a larger discussion about the “jolly hard aspects” of aging alongside a focus on the positive aspects associated with it.

Finally, Rani Snyder reported breakout findings. Her group surfaced some key top-level themes to share: 1.) The need for more definitions of some key terms like “equitable” “access” or “active”; 2.) The need for all of this work to be aligned to the values and preferences of individuals across the AFE (i.e., championing personalization); and 3.) the desire to pull some of the goals together (by lumping them) into broader groups of goals. In the discussion about diversity, Gretchen Alkema talked about the term and how we want to think about it broadly whenever possible, and Chuck Pu agreed and suggested that we leverage the momentum around diversity by making sure age is not lost. Christine O’Malley advocated for thinking about age as the commonality across all “-isms” and that we could call that out when we talk about promoting diversity, equity, and inclusion.



Breakout Room #2: Introduction and Discussions

In the first breakout room, we asked attendees to prioritize the areas where they could imagine collaboration happening across sectors. For the second breakout session participants were asked to consider how we might measure that collaborative impact since if we are going to go forward and suggest that an AFE can improve people’s quality of life, we want to be able to measure that improvement. Attendees were asked to complete a live Poll. The results would drive how we focused the conversation in the upcoming breakout rooms:

Poll Question:

If you had to choose one of the six characteristics of an Age-Friendly Ecosystem to explore more deeply through a discussion of goals and measures of impact, which would you choose?

- 1.) Responsive
- 2.) Healthful
- 3.) Equitable
- 4.) Engaging
- 5.) Active
- 6.) Respectful

The #1 choice in the poll was “Engaging” followed by “Equitable” and ‘Healthful’. “Responsive” and “Active” were numbers 4 and 5 and interestingly, “Respectful” received no votes. Breakout groups, were then assigned to one of those two choices and asked to reflect on the following:

- Your task as a group is to consider how you would measure impact of the goals you prioritized together in the first breakout session
- Do you know of measures that we should be considering?

Breakout Room Report-Outs:

At the end of the 40-minute Breakout Room discussions, attendees rejoined the full session and heard summaries of small group discussions from Breakout Room moderators.

Leslie Pelton led the first breakout report. Her group worked on the ENGAGING characteristic and focused on “making volunteer and paid work opportunities available” as the priority goal. Her group acknowledged that the idea of opportunity is built across the life course – so one’s experience before 65 has a significant impact on one’s experience after 65 and perception of one’s own value. The group had general agreement that pursuit of this goal would require a portfolio of measures, that support a framework of work to be done, and the measures would have to support sustainable outcomes and reinforce the sustainability of an intervention and should reflect what matters to many different stakeholders. The challenge, this group agreed, is that all this has to happen and be relevant across all boundaries (culture, country, ethnicity, race, etc.) and have a rigorous methodology behind it. In terms of measures the group came up with: perhaps it could be as simple

as # opportunities available. But it is not just access to opportunities, it's also reflected in being a decision-making role in volunteer and paid work. The group also discussed the broader impact of having paid and volunteer work opportunities available. How would we measure the impact of that? The group tried to focus on positive measures like impact on well-being, impact on connectivity (people who you know and who know you), and impact on a measure of a function(are you able to function and is your overall wellbeing impacted by having these opportunities?) As a third bucket we talked about mobility. Does this enable you to be more mobile now that you have these opportunities?

Rani Snyder's group also focused on ENGAGING. (The group's discussion began with Engagement, and then they covered Healthful as well.) Starting with engagement, the group had dialogue around meeting definitions. They talked about measures of social connection at work, in volunteering – which represents the opposite of social isolation and ways of measuring isolation. For example, how might we measure engagement in settings related to Family and Faith? And they reflected on similar ways of thinking about cross generational measures. Other measures that were discussed included those related to internet access (high-speed low-cost service for example). The group dug into data sets and the measures that already exist: BRFFS, American Community Survey, The AARP visibility index. And they also discussed various ways to construct additional measures: maybe a Gallup health and well-being index? Next the group moved to a discussion of the characteristic HEALTHFUL and jumped into related measures that exist: county health rankings and roadmaps came to mind, along with the Healthy People 2030 data. Also mentioned was the AARP livability index and the idea that from which we might be able to map that data against the AFE characteristics and goals. The group also talked about supply chain: for example, how to articulate where there are food deserts? Supply chains are very siloed and not connected across the food chains. The group enjoyed aspirational conversation around ways of tying social determinants to clinical care.

Kim Dash was the third facilitator to report back to the full group. Her group talked about the characteristic EQUITABLE and how we might measure ageism and how that is also linked to equal opportunity (since the group had hoped to combine the two goals into one in the previous breakout session). They discussed eradicating ageism but recognized that what that really refers to is measuring the absence of ageism...this presents certain challenges! Fox Wetle noted that goals in the RESPECTFUL column represent a more positive representation about what the absence of ageism might look like. The group discussed things like monitoring existing policies that relate to equitable outcomes and the extent to which those cover the entire population or older populations especially. Also discussed implicit bias. Fox Wetle mentioned that when we talk about racism we talk about implicit bias. The same exists for ageism. Can we track/measure this similarly? Another way the group considered monitoring equity: Could we look at # students who enroll in programs that focus on geriatrics and other programs with focus on older persons? They also talked about tracking social determinants of health and the extent to which those issues affect equity. The most important thing to focus on first is looking at what data about equity already exists and the extent to which surveillance systems (at all levels) include measures/indicators that are designed to track older adult outcomes. Judy Salerno mentioned that NYAM has assembled a large compendium of measures that are tracking equity and she volunteered to share that with the group. A key refrain: "Let's not reinvent the wheel!"

Finally, Tim Driver gave a summation of his group's discussion, which broke the conversation into two types of equity: 1.) Race, ethnicity etc. 2.) older adults vs. younger persons. They spent considerable time talking about what measures exist or don't exist in terms of measuring equity, using the Dementia Friendly program as a model/example of "are we measuring the target audience that we are looking at and looking at the bodies that are working with them to see if there is a measurable comparison between the two?" It seems like the measures could exist and they don't exist. Why? Formalizing the tracking of something that we all talk about but maybe don't measure

well enough to instill more accountability and structure. Perhaps, it was suggested, we could focus community based participatory research initiatives to zero in on this. The conversation then shifted over to talking about equity by age. A number of different ideas got surfaced about how we could do this: looking at things like training hours or licensure and making that information visible and trackable across siloes. Other measures: 1.) % direct care workforce receiving support (coming back to breakout #1 discussion of workforce issue) and giving this measure more visibility; 2.) % of older adults with digital access. Tim ended his remarks commenting that many measures were surfaced across areas of expertise, and this speaks to the beauty of coming together in this ecosystem.

Final Reflections

At the end of the breakout reports, Bonner asked for feedback or reactions from the group about anything said in the breakouts or about measures that did not get mentioned in breakout reports that participants are familiar with and that we should add to our notes or include in our thinking moving forward. She asked: *What did we miss (measures or measure sets) or what do you think about what was discussed?*

- **Fox Wetle** offered that a meaningful contribution to the field in this area would be someone supported to do an effort to identify existing data collection efforts (publicly available) that would be informative tools for measuring the outcomes/risks of interests. “Having that compendium together would be of huge value to the field” Wetle remarked, “What we discussed today would form the nucleus of the information we are trying to access. There are many gaps where we don’t have information that provides us with data about the outcomes we talked about today. How can we track this down?” This would give us a chance to identify what’s available and then see where the gaps are and how those gaps might be addressed. Terry Fulmer agreed that this is hugely important charge to the group – the need to find someone who can help us identify the data sets and look for the gaps. *We need to find someone to build this.*
- **Deb Whitman** added that when we think about measures, the unit of analysis makes a huge difference: how often the data is collected, who is part of the survey, how long it takes to get those results, etc. All important! Whitman remarked that “being able to rely on externally collected data is going to be really important, otherwise you spend all your money collecting data.”
- **Fox Wetle** added an additional comment about the importance of the granularity or the locality of the information. We might want to do comparisons. Or we may want to look at national data. She asked: *“Can we identify how granular you can be in terms of location?”*
- **Rachel Roiland** added that many of the measures she is aware of are very health care focused, rather than health focused. The topics that are being discussed in this convening cover important access considerations that the healthcare field is trying to incorporate into their measures (for example, equity) – to add well-being and whole person focused measures that can be adopted. Approaches in that space that can be borrowed for this space. Stratifying data by race and ethnicity,, for example: where is this being done or not being done? Where can we look at who is doing this vs not doing it. Roiland added: given COVID 19 and vaccination efforts and concerns around disparities – there is more requirement around reporting this kind data. There may be efforts around this that can be built on.
- **Joan Weiss** offered that the Health and Retirement study has been in existence since 1990. Not sure what it collects but it might have some good information to refer to as we go forward. (Alice Bonner added a link to the chat for this study: <https://hrs.isr.umich.edu/>)

- **Melissa Batchelor** chatted in: *“FYI - Blue Zones has a Life Radius measures in 12 “pillars” <https://bit.ly/2PGDb7Z> Work funded by AARP, so would be interesting to see what the common data elements Age-Friendly Ecosystems would/ might be. Just an idea, instead of reinventing the wheel..?”*
- **Kim Dash** chatted: *“Our group also discussed an age-friendly equity index - a composite measure of sorts”*
- **Deb Whitman** offered in the chat that *“People should check out the AARP Livability Index at livabilityindex.aarp.org that Susan's team has developed. It is based on the 8 domains of Age Friendly Cities and Communities and uses the most localized data we could find to measure each domain and allows comparisons across communities and also the underlying data for each metric.”* Alice Bonner agreed, and Kim Dash offered that *“these measures are featured on the large indicator matrix among the pre-work shared with this group. It's a great resource.”*
- **Jane Barrat** added that *“It would be worth posting these questions on the Age Friendly World website which is the home for the WHO global network.”* Barrat mentioned that Age Friendly World is the home of the global network as well as a tremendous amount of traffic by and with experts in this field and its worth posing these questions to that network, so we don't reinvent the wheel. She suggested that it is also worth having a discussion with AF Ireland who have worked very hard from a cost neutral position. Metrics are a part of their world. Quebec also has a lot of rich information. The answers are within this group! Connect with others to build the resources.
- **Beth Soltzburg** weighed in regarding approaches that tie together the AFE concept with work that is happening around the world with Dementia Friendly communities. There is an active discussion in the movement worldwide: what do we mean by dementia friendly and how do we measure it? There is research happening in this regard in MA and she connect us to it to share learnings and best practices. We can work together! DF movement believes that people living with Dementia should be part of the design process. Parallel questions being asked: what are we really talking about and how do we measure it?
- **Chuck Pu** suggested that we look at CHIA as a model. They required an Ecosystem approach with the opioid crisis. The system of data sharing took 30+ different data sets and created a shared inter-agency platform with de-identified data. According to Pu, this was “a real ecosystem approach that they translated into a data warehouse.” The data had a lag but was an “aha moment” that we could learn from .. Also, he suggested that there is a lot to learn from our international communities where social and health systems work in a more closely aligned fashion. Bonner agreed that CHIA is a great model for us, and we could learn a lot from them so we can adapt best practices where it makes sense.
- **Mark Kissinger** cautioned that we should be highly practical and come up with practical ways to look at these issues. He also mentioned that the information as far as cost effectiveness and cost neutrality is spot on.
- Aging advocate **Randel Smith** cautioned the group to “Pick your battles, so to speak.” Much of this will cost too much money to measure. He also mentioned that Hospitals report a lot of data to various states – is that information they will share?
- Bonner drew attention to States where the Ecosystem concept is starting to come together and from whom we can learn:
 - Minnesota
 - New York: **Judy Salerno** chatted in: *“imagenyc.nyam.org is the interactive map of aging for New York City with about 150 variables from many different data sets. We need this kind of tool for many more communities.”*
 - Maryland (referring to **Nicole Brandt's** comments about work happening in that State)
 - **Gretchen Alkema** shared information about the CA Master Plan on Aging: Master Plan for Aging in California - State resources and TSF-supported background work

as well. Sets out five bold goals and a measurement framework. <https://www.thescanfoundation.org/initiatives/california-master-plan/>

- **Bonner** added that we heard a lot about measurement, and we heard that there's more work needed (for example: a compendium, finding the gaps). All of the groups talked about data systems, data warehouses: what we have, what we don't have. How could we bring together some of the social measures with Health systems measurements? These are great questions for the leadership of this movement to consider. And the Age-Friendly Ecosystem movement very much focused on getting these common characteristics and measures! Another point Bonner raised was an appreciation for conversation during this convening about the shared characteristics of an Age-Friendly Ecosystem and where we might want standardization vs. flexibility in the descriptions.

Session Concludes

Terry Fulmer prefaced her remarks with a thank you to all attendees. She called the work "extremely valuable" and noted that it is difficult work but "If not us, who?" She referred to her introductory remarks focused on collective impact and her belief that we really can have an impact with this work building an Age-Friendly Ecosystem. To close our work, Fulmer reflected that in Meeting 1 (December 2020) we introduced ourselves to this topic; in Meeting 2 (today) we began to distill it and consider what might come from this work. For a closing meeting in June, we will invite external reviewers to reflect upon and criticize the work in the best sense of the word. This will be a great opportunity for us so we have closure and path forward can be considered. Fulmer also referenced a paper that Kim Dash has written that synthesizes what we have been talking about and will be forthcoming upon publication.

In his closing remarks, Tim Driver affirmed that this work will carry on after our third and final meeting in June and that there is great power in this collaboration. He encouraged attendees to review all the documents which will be published on the Age Friendly Foundation website and mentioned that he sees the Foundation as a convener of this work and capable of using our platform to harness the voice of older adults. It is, according to Driver, critically important that we are listening to those voices and developing a continuous feedback loop between the older adults we are serving and ourselves.

Bonner closed the session reminding attendees of our charge as a group:

- Stay cohesive.
- Continue to build a collective voice.
- Respond to each other's work.
- Hold us accountable for building and continuing to build this group.
- Please tell us who we should add to these conversations...we want to continue the momentum that is building.

Discussion ends.

Appendix

Exhibit A
Organizations Represented at Working Session:
Building a Coordinated Age Friendly Ecosystem, March 10, 2021

- AARP
- Administration for Community Living (ACL)
- Age Friendly Foundation
- Brown University School of Public Health
- Dublin City University
- Duke-Margolis Center for Health Policy
- Education Development Corporation
- George Washington University School of Nursing
- Health Resources and Services Administration (HRSA)
- Institute for Healthcare Improvement (IHI)
- International Federation on Ageing
- International Longevity Centre-Brazil
- Jewish Family & Children's Service
- John A. Hartford Foundation
- Johns Hopkins School of Nursing
- Lasell Village
- Mass General Brigham
- Milken Institute
- Michigan Health Endowment Fund
- New York Academy of Medicine (NYAM)
- Florida Department of Health (Seminole County)
- New Jersey Department of Health
- Rush University Medical Center
- Texas Health and Human Services Commission
- The SCAN Foundation
- Trust for America's Health
- University of Maryland School of Pharmacy
- University of New South Wales (UNSW)
- University of Pennsylvania School of Nursing

Exhibit B
Screenshot of our attendees in discussion

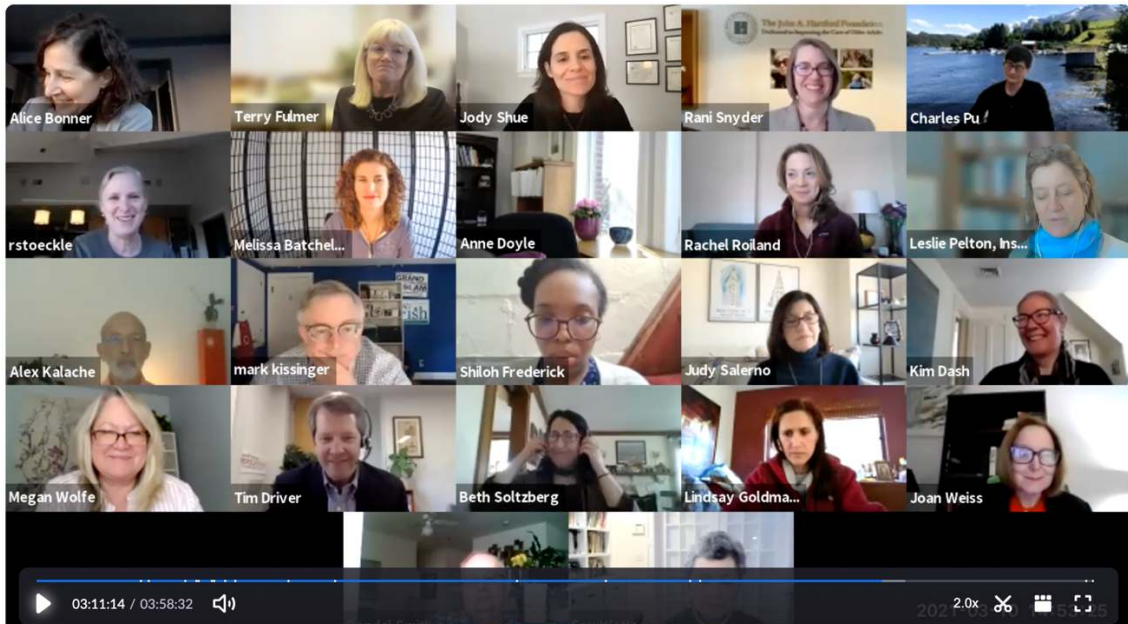
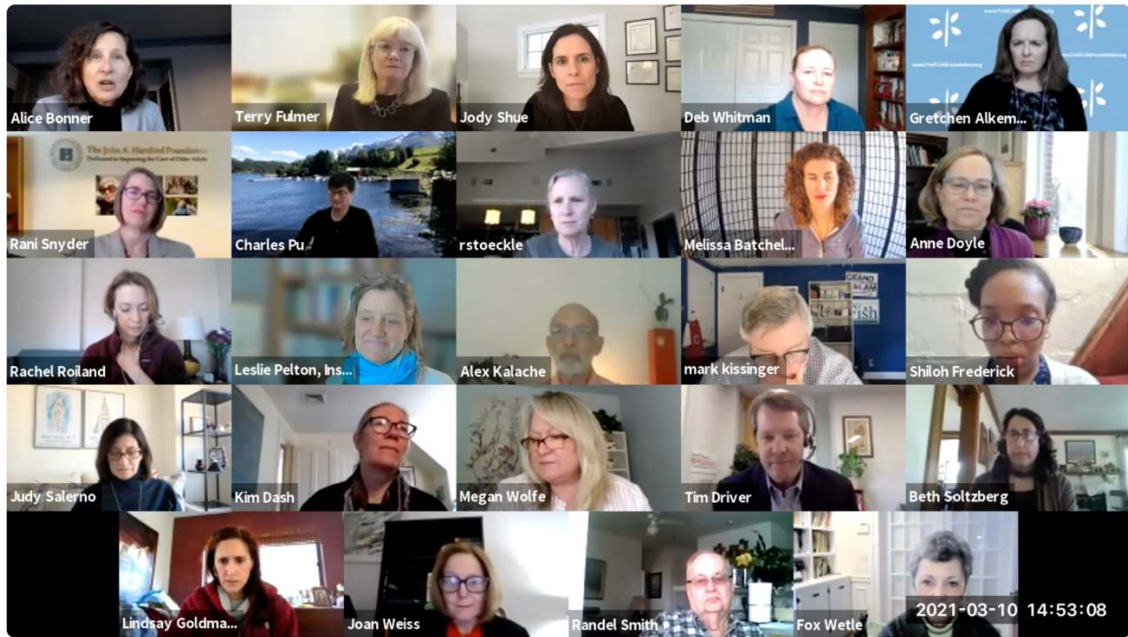


Exhibit C

Shared Characteristics of Age-Friendly Frameworks (V2, March 2021) (yellow indicates changes from V1 in December 2020)

Shared Characteristics of an Age-Friendly Ecosystem (updated February 2021)

	RESPONSIVE	HEALTHFUL	EQUITABLE	ENGAGING	ACTIVE	RESPECTFUL
Public Health Systems (5Cs)	Collecting and disseminating data to identify priorities for and programming needs of older adults from diverse backgrounds	Coordinating existing supports and services (emergency preparedness); Communicating to increase awareness of health-related services and programs	Collecting and disseminating data to identify and address inequities by income, race/ethnicity, and sexual orientation among older adults	Connecting and convening multiple sectors/professions, fostering collaboration, coordinating existing supports and services	Complementing and supplementing existing transportation and environmental supports and services	Communicating and educating to reframe aging as a time of positive activity, continued growth, and optimism for the future
Health Systems (4Ms)	Knowing and aligning care with “what matters” to the older adult; Understanding the effects of race-related stress on older adults	Using medication that does not interfere with what matters, mentation or mobility; Prevent, identify, treat, and manage delirium across settings of care	Ensuring older adults of different incomes, races and ethnicities and sexual orientation have equitable access to care	Engaging older adults (and caregivers) in shared decision making about care	Ensuring that older adults can move safely to maintain function and do what matters	Providing older adults with the information they need to make informed decisions about their health care; Educating health professionals on myths of aging
Communities/ Cities/States (8 Domains)	Implementing initiatives that address the concerns of all older adults in community	Focusing policies and practices on health services and community supports tailored for older adults	Enacting policies that promote equal access to housing, outdoor spaces & buildings, communication and information as well as promote social inclusion	Implementing, evaluating, and scaling programs that promote social participation, civic participation and employment, and effectively engage marginalized elders	Developing and implementing transportation solutions that promote mobility and access to critical services and cultural activities	Promoting & supporting intergenerational mentoring activities; Zoning for inter-generational housing
Employers (Best Practices)	Developing responsive work schedules and flexible arrangements with input from older employees	Showcasing general commitment and workforce policies to support older adults’ health needs	Providing job content and process accommodations; Offering training and professional development opportunities; Expanding employment supports for diverse elders	Demonstrating a commitment to workforce planning and composition, employee retention, and candidate recruiting	Providing accommodations that promote workforce participation and mobility in the work environment	Requiring workplace education on recognizing and addressing implicit bias based on age
Universities/ Education Systems (Principles)	Ensuring that research agenda is informed by the needs of an aging society and promoting public discourse; Recognizing diverse educational needs of older adults	Enhancing access for older adults to university health and wellness programs	Widening access to online educational opportunities; Increasing student understanding of the longevity dividend and the increasing complexity and richness that aging brings to our society; Promoting personal and career development	Promote intergenerational learning; Engage actively with the university’s own retired community; Ensure regular dialogue with organizations representing the interests of the aging population	Enhancing access for older adults to university cultural and arts resources and events	Promoting public discourse on the longevity dividend and the increasing complexity and richness that aging brings to our society

Exhibit D:
Shared Characteristics of Age-Friendly Frameworks (V1, December 2020)

Shared Characteristics of Age-Friendly Frameworks

	RESPONSIVE	SUPPORTIVE	EQUITABLE	ENGAGEMENT FOCUSED	MOVEMENT ORIENTED
Public Health Systems (5Cs)	Collecting and disseminating data to identify priorities for and programming needs of older adults	Coordinating existing supports and services (emergency preparedness); Communicating to increase awareness of health-related services and programs	Collecting and disseminating data to identify and address inequities by age and among subgroups of older adults	Connecting and convening multiple sectors/professions, fostering collaboration, coordinating existing supports and services	Complementing and supplementing existing transportation and environmental supports and services
Health Systems (4Ms)	Knowing and aligning care with “what matters” to the older adult	Using medication that does not interfere with what matters, mentation or mobility; Prevent, identify, treat, and manage delirium across settings of care	Ensuring older adults of different incomes, races and ethnicities and sexual orientation have equitable access to care	Engaging older adults (and caregivers) in shared decision making about care	Ensuring that older adults can move safely to maintain function and do what matters
Communities/Cities/States (8 Domains)	Implementing initiatives that address the concerns of the older adults in community	Focusing policies and practices on health services and community supports tailored for older adults	Enacting policies that promote equal access to housing, outdoor spaces & buildings, communication and information as well as promote social inclusion	Implementing programs that promote social participation, civic participation and employment	Developing and implementing transportation solutions that promote mobility and access to critical services and cultural activities
Employers (Best Practices)	Developing responsive work schedules and flexible arrangements with input from older employees	Showcasing general commitment and workforce policies to support older adults	Providing job content and process accommodations; Offering training and professional development opportunities	Demonstrating a commitment to workforce planning and composition, employee retention, and candidate recruiting	Providing accommodations that promote workforce participation and mobility in the work environment
Universities/Education Systems (Principles)	Ensuring that research agenda is informed by the needs of an aging society and promoting public discourse; Recognizing diverse educational needs of older adults	Enhancing access for older adults to university health and wellness programs	Widening access to online educational opportunities; Increasing student understanding of the longevity dividend and the increasing complexity and richness that aging brings to our society; Promoting personal and career development	Promote intergenerational learning; Engage actively with the university's own retired community; Ensure regular dialogue with organizations representing the interests of the aging population	Enhancing access for older adults to university cultural and arts resources and events

Exhibit E:
Shared Characteristics and Associated Goals: Compression

Shared Characteristics and Associated Shared Goals

RESPONSIVE	HEALTHFUL	EQUITABLE	ENGAGING	ACTIVE	RESPECTFUL
Promoting diversity, equity & inclusion	Promoting personal safety and sense of security in various settings	Promoting equal opportunity across the ecosystem	Making volunteer opportunities available	Promoting mobility	Promoting positive social attitudes towards aging and older adults
Dispelling myths of aging	Increasing access to healthcare	Eradicating racism across the ecosystem	Making paid work opportunities inviting and feasible	Making transportation options available and accessible	Diversifying living and working spaces by age
Promoting life satisfaction/ quality of life	Promoting healthy behaviors and disease management	Eradicating ageism across the ecosystem	Facilitating individual control over healthcare decisions	Making housing options available and accessible	Facilitating intergenerational, two-way learning
Facilitating engagement in critical decision making	Preparing for natural or person made emergencies	Eradicating gender bias across the ecosystem	Making voting and civic participating easier	Making caregiver support more available and accessible	Promoting respect and dignity in health and social care (for those with dementia or other disabilities)

Exhibit F:
Event Run of Show

Date, Time, & Location	March 10, 2021 11:45 AM EST Speakers/Planning Committee/Event Staff: log into Zoom 12:00 PM EST Event Starts 4:00 PM EST Event Ends
Event Sponsors	Co-Sponsors: The Age Friendly Foundation The John A. Hartford Foundation The International Longevity Centre
Moderator	Alice Bonner
Event Planning Committee	Alice Bonner, Kim Dash, Tim Driver, Terry Fulmer, Aura Jimenez, Leslie Pelton, Rani Snyder, Jody Shue
Who is invited?	Leaders who are working to advance age-friendly initiatives in public health, health systems, communities, academia, and employment.
Event Staff	<p>Event Producer: Jody Shue</p> <p>Event Tech Lead: JiHo Chang</p> <p>Breakout Room Facilitators: Tim Driver Kim Dash Leslie Pelton Rani Snyder</p> <p>Breakout Room notetakers Jennifer Phillips Aura Jimenez Wendy Huang Jinghan Zhang Shiloh Frederick</p>
Event Objective/Goals	<p><i>Our purpose is to continue a dialogue about what we may do across initiatives to build momentum for AF and AFE.</i></p> <p><u>Part 1 on 12/16/20:</u> The goal of this event was to begin discussing shared characteristics and to <i>introduce</i> measures of collective impact.</p> <p><u>Part 2 on 03/10/21:</u> The goal of this second event is to build upon our work in December by:</p> <ul style="list-style-type: none"> - Exploring areas for collaboration across sectors - Beginning to identify measures that can be aligned across age friendly settings.

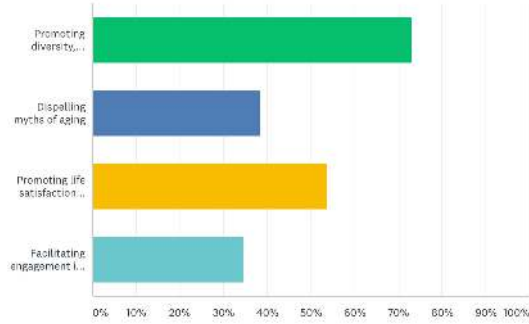
Exhibit G:

Pre-Event Survey Results

Building A Coordinated Age-Friendly Ecosystem: A Working Discussion

An Age-Friendly Ecosystem is **RESPONSIVE**. Our review has identified the following goals supported by existing Age-Friendly frameworks that promote responsiveness. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

Answered: 26 Skipped: 0



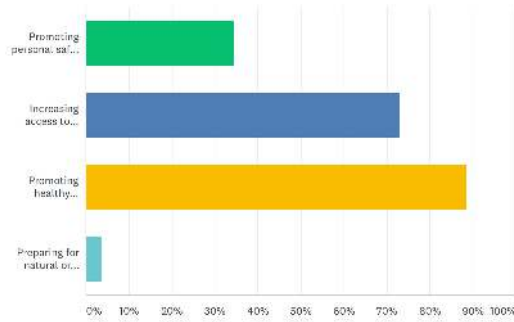
ANSWER CHOICES	RESPONSES
▼ Promoting diversity, equity & inclusion	73.08% 19
▼ Dispersing myths of aging	38.46% 10
▼ Promoting life satisfaction/quality of life	53.85% 14
▼ Facilitating engagement in critical decision making	34.62% 9

12

Building A Coordinated Age-Friendly Ecosystem: A Working Discussion

An Age-Friendly Ecosystem is **HEALTHFUL**. Our review has identified the following goals supported by existing Age-Friendly frameworks that promote Health. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

Answered: 26 Skipped: 0



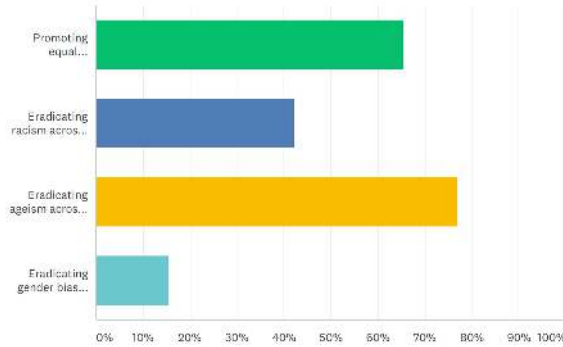
ANSWER CHOICES	RESPONSES
▼ Promoting personal safety and sense of security in various settings	34.62% 9
▼ Increasing access to healthcare	73.08% 19
▼ Promoting healthy behaviors and disease management	88.46% 23
▼ Preparing for natural or person-made emergencies	3.55% 1

13

Building A Coordinated Age-Friendly Ecosystem: A Working Discussion

An Age-Friendly Ecosystem is **EQUITABLE**. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote Equity. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2).

Answered: 26 Skipped: 0



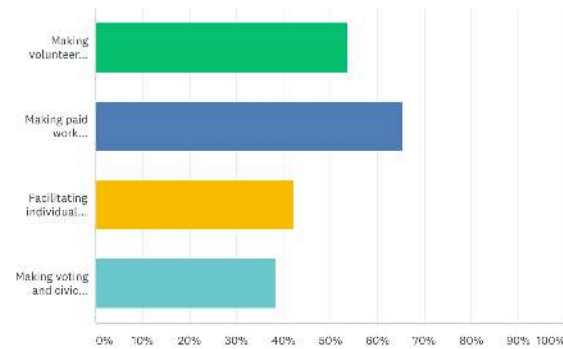
ANSWER CHOICES	RESPONSES
▼ Promoting equal opportunity across the ecosystem	65.38% 17
▼ Eradicating racism across the ecosystem	42.31% 11
▼ Eradicating ageism across the ecosystem	76.92% 20
▼ Eradicating gender bias across the ecosystem	15.38% 4

14

Building A Coordinated Age-Friendly Ecosystem: A Working Discussion

An Age-Friendly Ecosystem is **ENGAGING**. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote Engagement. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2).

Answered: 26 Skipped: 0



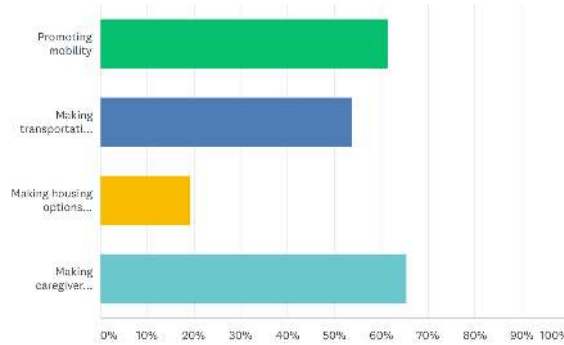
ANSWER CHOICES	RESPONSES
▼ Making volunteer opportunities available	53.85% 14
▼ Making paid work opportunities inviting and feasible	65.38% 17
▼ Facilitating individual control over healthcare decisions	42.31% 11
▼ Making voting and civic participation easier	38.46% 10

15

Building A Coordinated Age-Friendly Ecosystem: A Working Discussion

An Age-Friendly Ecosystem is ACTIVE. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote activity. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

Answered: 26 Skipped: 0



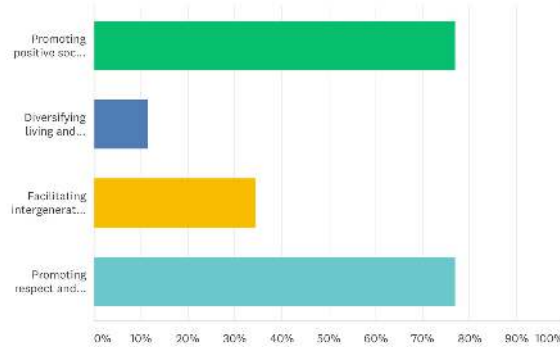
ANSWER CHOICES	RESPONSES
▼ Promoting mobility	61.54% 16
▼ Making transportation options available and accessible	53.85% 14
▼ Making housing options available and accessible	19.23% 5
▼ Making caregiver support more available and accessible	65.38% 17

16

Building A Coordinated Age-Friendly Ecosystem: A Working Discussion

An Age-Friendly Ecosystem is RESPECTFUL. Our review has identified the following goals supported by existing Age-Friendly frameworks to promote Respect. Which do you think present the greatest opportunity for collaboration across age friendly settings? (Please pick 2)

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Promoting positive social attitudes towards aging and older adults	76.92% 20
▼ Diversifying living and working spaces by age	11.54% 3
▼ Facilitating intergenerational, two-way learning	34.62% 9
▼ Promoting respect and dignity in health and social care (for those with dementia or other disabilities)	76.92% 20

17

Exhibit H
Other Linked Documents

[Age Friendly Ecosystem Event Data Room](#)

This link contains original source documents and pre-reading that was prepared for meeting # 1 and meeting #2.