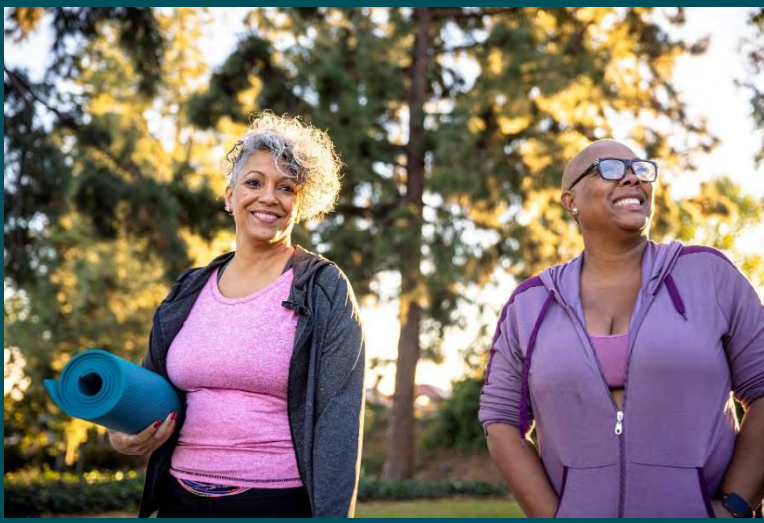




Age & Dementia Friendly Pioneer Valley

REGIONAL ASSESSMENT & ACTION PLAN

OCTOBER 2025



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We are also grateful for the time and attention that our Regional Advisory Committee put into this report, design of regional meetings, and strategizing for the future. Regional Advisory Committee members include the following:

- James Fuccione, Massachusetts Healthy Aging Collaborative
- Hayley Wood, Massachusetts Councils on Aging
- Roseann Martoccia, Access Care Partners
- Zelmon (Zee) Johnson, Baystate Health and Dementia Friendly Springfield
- Cindy Langley, Northampton Council on Aging
- Hayley Bolton, (former) Director, Amherst Council on Aging
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- Carol Constant, Dementia Friendly South Hadley and South Hadley Selectboard

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Introduction

An Age Friendly Community values contributions from people of all ages and abilities. A Dementia Friendly Community is one that is informed and supportive of people with dementia and their caregivers. Age and Dementia Friendly Communities ensure that physical and social environments do not present barriers as cognitive and physical abilities fade; and that all sectors of the community are informed, safe and respectful of individuals living with dementia and their caregivers. The Age and Dementia Friendly Pioneer Valley Initiative was developed to ensure that all communities in the region support healthy aging and are great places to live for people of all ages and abilities.

We have developed this Regional Assessment and Action Plan after several years of working with individual cities and towns in the PVPC region (Hampden and Hampshire Counties). While a regional approach can benefit communities through sharing ideas, collaborating to secure funding for regional initiatives, and advocating for state or federal policy change; the Age and Dementia Friendly Pioneer Valley initiative has primarily focused at the community level where much of the work of local policy change, planning, programming, and engagement has the most impact.

Cities and towns in Hampden and Hampshire Counties have been working diligently since 2018 to achieve designation as Age Friendly Communities (through AARP) and Dementia Friendly Communities (through MCOA). PVPC staff have assisted 15 communities in developing Community Assessments and Action Plans through a process of community engagement involving surveys, listening sessions, and meetings with working groups. PVPC staff used a variety of tools and methods of engagement to develop the Community Assessments. During this process, PVPC piloted the Massachusetts Healthy Aging Collaboratives Healthy Aging for All guide to ensure that all sectors of communities were considered in engagement efforts and in final recommendations. PVPC partnered with the Holyoke Senior Center to conduct listening sessions in Spanish in partnership with Community Based Organizations that work with older residents whose first language is not English. These partnerships are critical to reaching populations that don't normally participate in community listening sessions.

Several communities applied for Age Friendly designation before PVPC's involvement, and the northern Hilltowns of western Hampshire County worked as a consortium to administer their own survey and to develop an Action Plan to fulfill the requirements of Age Friendly designation. The City of Springfield, working with the Public Health Institute of Western Massachusetts became an Age and Dementia Friendly City at the same time that Baystate Medical Center became an Age Friendly Health System (in 2019). PVPC assisted the Town of West Springfield to conduct community engagement and complete their Action Plan as part of the Mass in Motion program for which PVPC staff served as coordinator from 2015-2019.

In addition to assisting local communities, PVPC staff has convened stakeholders such as Councils on Aging (COAs), Area Agencies on Aging (AAAs), Age and Dementia Friendly task force members, local ADA coordinators, transportation officials and health and social service providers on a regular basis to share experiences and hear from experts about topics that support healthy aging.

This Regional Assessment and Action Plan was compiled from the results of thorough local community engagement processes as well as surveys and listening sessions conducted on regional and state levels that reached older residents and service providers in the PVPC region. After compiling this information, Goals, Objectives and Actions were drafted for review and discussion by the Age Friendly Pioneer Valley Advisory Committee and were presented for discussion at a regional Age Friendly Pioneer Valley meeting.

Background

The Pioneer Valley Planning Commission is a quasi-governmental agency that serves 43 cities and towns in Hampden and Hampshire Counties of Massachusetts. According to the 2020 Census, the total population of Hampden County is 465,825 and Hampshire County is 162,308. Almost 25% of Hampden County and 26.2% of Hampshire County's population is 60 or over.¹ The region includes Springfield, the largest city in western Massachusetts with a population of 153,224 as well as the "gateway cities" of Holyoke, Chicopee and Westfield, and many smaller communities that have few municipal staff or services.

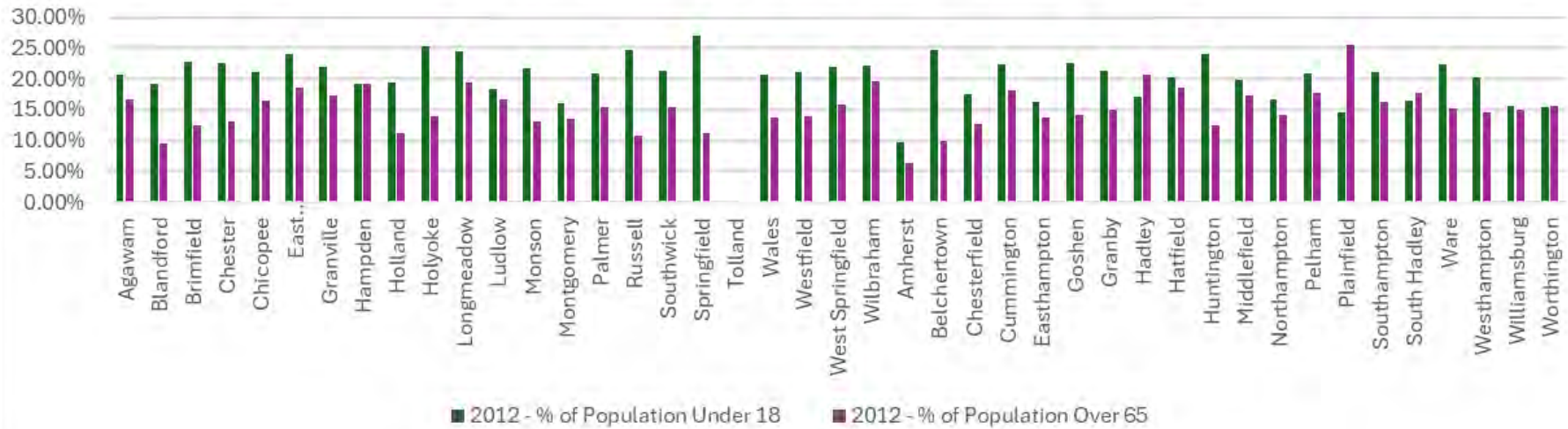
The populations of most of the cities and towns of Hampden and Hampshire counties are becoming older. In 2012, many towns had more children under the age of 18 than people over the age of 65. Ten years later in 2022, a visible shift occurred where there are now more older adults than children under the age of 18 (Figures 1 & 2).

The two counties of the PVPC region are very different in terms of income and demographics. The majority of Hampshire County (82%) identifies as White, while 5% identified as Asian, 6% Hispanic or Latino (of all races), and 3% Black or African American. Approximately 12% of households in Hampshire County speak a language other than English, and median household income (in 2022) is approximately \$84,025, while approximately 10.9% of households have incomes below the federal poverty level (classified as "living in poverty" by the US Census – approximately \$31,200 for a family of four in 2024).

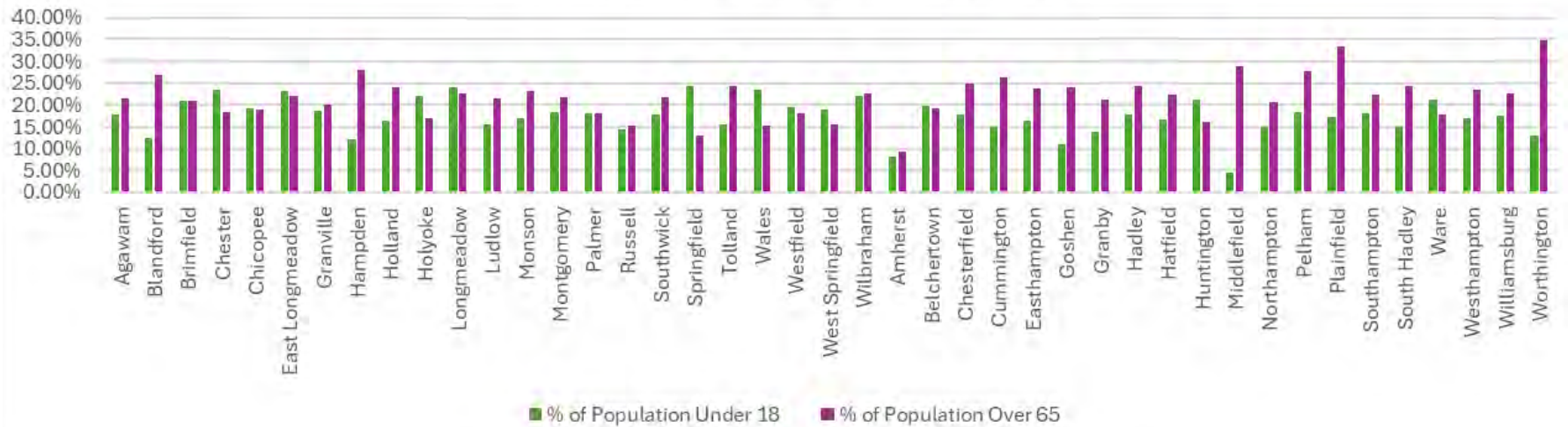
Hampden County is much more diverse with a population with 27% of the population identifying as Hispanic or Latino, 11% Black, 3% Asian and 59% White. Over 26% of households in Hampden County speak a language other than English at home. Thirty-six percent of the population has a high school diploma, while 28% have a bachelor's degree. A majority of the populations of Springfield and Holyoke identify as being Hispanic or Latino, with most of that population being of Puerto Rican descent. Almost 16% (15.7%) of Hampden County residents have incomes below the poverty level.

¹ 2020 Decennial US Census

Hampden and Hampshire Counties - 2012 % of Population under 18 and % over 65



Hampden and Hampshire Counties - 2022 % of Population under 18 and % over 65



As people age, the risk of having physical or cognitive impairments increases. In 2022, 15.3% of Hampden County residents and 9.9% of Hampshire County residents had a disability. In the older age groups, 36.2% in Hampden County and 26.9% of Hampshire County residents over the age of 65 had disabilities. Rates of dementia also increase with age. It is estimated that at least one-third of people over the age of 85 will have some form of dementia at the end of their lives.

Older adults are also more likely to live alone in their later years. In Hampden County, approximately 31% of people over the age of 65 lived alone and 29% of people over 65 in Hampshire County according to the 2022 American Community Survey 5-year estimates.² While the percentage of older adults in the region who live alone has not changed much in ten years, the number of older adults has, increasing from 27,483 older householders living alone in 2012 to 33,644 in 2022, an increase of 6,161 or 22.4%.

Municipal Age and Dementia Friendly Initiatives

Since 2018, more than 24 communities in the PVPC region have been designated as Age Friendly, and 17 as Dementia Friendly (see Figure 1). The process of becoming an Age and Dementia Friendly Community involves older residents, municipal staff, business owners, bankers, and service providers in several forms of community engagement which may include surveys, listening sessions, and working group discussions. For communities that participated in the Age Friendly Pioneer Valley Initiative, local Community Assessments and Action Plans were developed from the results of the community engagement process and oversight of community working groups. These working groups or task forces generally included municipal staff from the Departments of Health, Planning, Senior Center or Council on Aging, Police and Fire, and library staff. Working groups also involved older adults who were either members of Councils on Aging or resident volunteers.

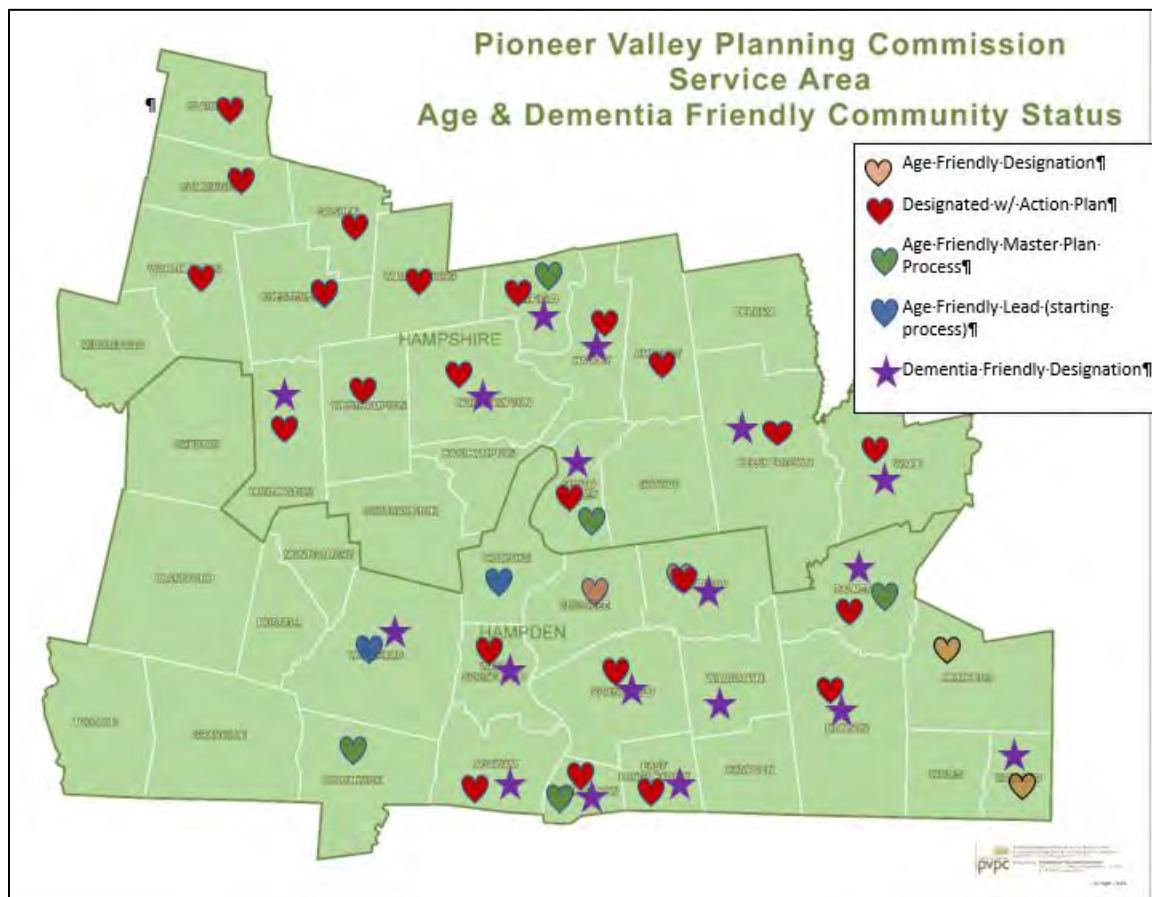
Through the engagement process, residents were asked to rank the most important areas that their city or town should address in the next five years to make communities more livable for aging populations. Seven out of eight communities that included this question on community surveys said that housing was the most important issue with Health and Community Services coming in second in each of these same communities. The Town of Ware prioritized Health and Community Services above housing and notably was experiencing the loss of a hospital during the planning process. Most of these communities chose Transportation as the third most important issue.

PVPC piloted the Massachusetts Healthy Aging Collaborative's "Healthy Aging for All" Guide while working with the cities and towns in the PVPC region. This Guide provides a crosswalk of community sectors with the domains of an Age and Dementia Friendly Community, reminding

² 2022 ACS 5-Year estimates

communities to consider people of all abilities, cultures, racial and ethnic backgrounds, income levels, etc. in their planning work.

Figure 1 - Map of Age and Dementia Friendly Communities in the PVPC Region



Municipal Programs & Policies

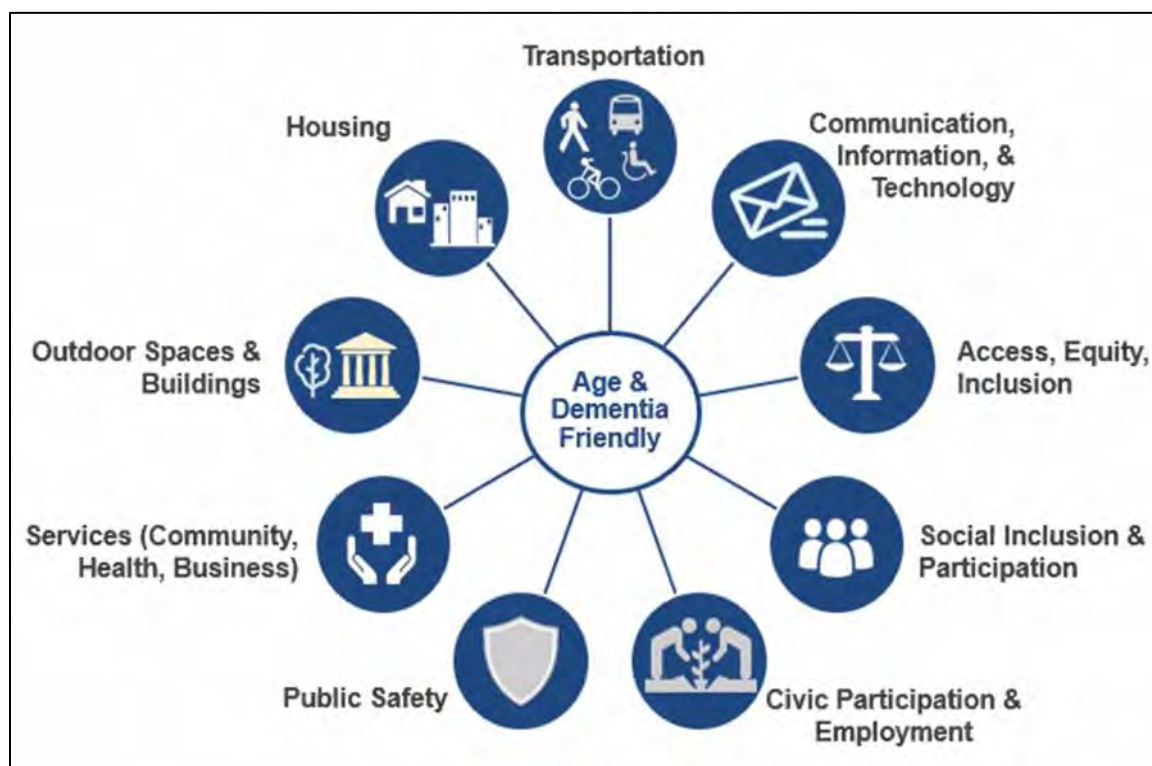
PVPC staff developed a regional [matrix](#) of plans, policies, programs and services that exist in the 43 cities and towns of the PVPC region to determine the extent to which communities have policies, plans, and programs in place to support healthy aging. This matrix was used as a reference in the development of local Age & Dementia Friendly Community Assessments and Action Plans and can inform the context of policies and programs for relevant sections of this regional assessment. Policies and Programs that were inventoried include Age and Dementia Friendly designation, Complete Streets, Housing Needs Assessments and Housing Production Plans, Subsidized Housing Inventories (%), Comprehensive Plans, Open Space and Recreation Plans, Senior Centers and COAs, Neighbor Networks, Memory Cafes, food pantries, and Adult Day and Home Care Services.

The Domains of an Age and Dementia Friendly Community

The World Health Organization developed a model for assessing a community's ability to support an aging population through assessment of domains of livability, or elements of the physical and social environments that are key determinants of whether people can remain healthy, independent and autonomous as they age. The original model included Eight Domains of Livability for an Age Friendly Community. Over time communities found that it made sense to plan around domains of the community that impact their abilities to be both Age and Dementia Friendly. The Massachusetts Healthy Aging Collaborative (MHAC) modified the Eight Domains of Livability into the Domains of an Age and Dementia Friendly Community, which includes nine domain areas. Other domains such as Food Security or Financial Stability may also be of interest to communities as they address the challenges facing residents as they age.

The MHAC Domains of an Age and Dementia Friendly Community are reminiscent of the Social Determinants of Health model which estimates the impacts of the built and social environments, or places where one lives, works and plays, have greater impact on one's health than clinical care.

Figure 2 - The Domains of an Age and Dementia Friendly Community (Mass Healthy Aging Collaborative)



We use the MHAC model to assess where the region is in terms of the policies, programs, systems and environments that support older adults in each of the domain areas. The model is helpful in

considering elements of a community that extend beyond the built environment and that are critical to the needs of older adults, but also contribute to healthy, active, more livable communities.

Ten Sectors of a Dementia-Friendly Community

As populations age, the number of people diagnosed with Alzheimer's or other forms of dementia also increases along with the need for understanding of the signs of dementia, and how to work with and support people with dementia and the people who care for them. It is important for many sectors of the community to be educated about the signs of dementia and for communities to provide safe and comfortable spaces where people with dementia and their caregivers can meet or seek respite care. Dementia Friendly America is a national network of communities, organizations and individuals seeking to ensure that communities across the country are equipped to support people living with dementia and their caregivers. Dementia Friendly Communities foster the ability of people living with dementia to remain in community and engage and thrive. Dementia Friendly America lists ten sectors that should be considered in the process of creating a dementia friendly community³:

1. **Transportation, Housing and Public Spaces** (local government) – Infrastructure that makes communities more livable for people with dementia and their caregivers.
2. **Businesses** – Dementia supportive customer service, environments and policies that support employee caregivers.
3. **Legal and Advance Planning Services** – Legal services that help vulnerable clients express their wishes early and avoid problems such as unpaid expenses.
4. **Banks and Financial services** - Dementia friendly practices that help maintain clients' independence while protecting them from problems.
5. **Neighbors and Community Members** – Raising awareness to help neighbors and community members understand and support people living with dementia.
6. **Independent Living** – Home-based services available to maximize independence and promote autonomy and a high quality of life.
7. **Communities of Faith** – Faith communities use dementia friendly practices to provide a welcoming, compassionate environment and spiritual connection.
8. **Care throughout the Continuum** – Early diagnosis of dementia and ongoing medical care; patient education; and connecting patients and their caregivers with community resources that promote quality of life.

³ <https://www.dfamerica.org/what-is-dfa>

9. **Memory Loss Supports and Services** – A spectrum of settings and services needed by people with dementia – from long-term care facilities and assisted and independent living residences, to home care, adult day services, and hospice care.
10. **Emergency Planning and First Response** – Community planning and family preparation considers safety, security, and needs of people with dementia in disaster planning and emergency response.

As populations age, the number of people diagnosed with Alzheimer’s or other forms of dementia also increases along with the need for understanding of the signs of dementia and how to work with and support people with dementia and the people who care for them. It is important for many sectors of the community to be educated about the signs of dementia and for communities to provide safe and comfortable spaces where people with dementia and their caregivers can meet or seek respite care. Dementia Friendly Communities foster the ability of people living with dementia to remain in community and engage and thrive.

The Massachusetts Councils on Aging (MCOA) leads the Dementia Friendly Communities initiative in Massachusetts and convenes representatives from local committees to share ways in which cities and towns can support this growing population. In 2022, MCOA and the Massachusetts Healthy Aging Collaborative developed the [Age and Dementia Friendly Design Considerations for Physical Infrastructure](#) that is a useful resource for communities to use to design internal and external spaces.

Housing

Housing was selected as the top issue that communities need to address in the next five years in seven out of eight local Age and Dementia Friendly Community Surveys that posed this question. The lack of availability and cost of homes for both sale and rent has been a concern throughout the region and state that led to the passage of the Affordable Homes Act in 2024. Ensuring that zoning regulations allow for development that meets the needs of older residents as well as young families is an action that must be addressed, for the most part, at the municipal level.

As people age, their housing needs may change in terms of the amount of living space they need or can afford, and property they want to maintain. Many older adults choose to locate closer to services and amenities that they can walk to when they lose their ability to drive, or when they lose a spouse and want to locate closer to community centers. For people who want to stay in their own homes or communities, additional services may be required in order to allow them to continue to live independently or to “age in place.”

The following factors are important when considering housing for older adults:

- **Affordability** – Smaller or shared units, accessory apartments, tiny houses, home sharing
- **Accessibility** – 1st floor, or elevator access, wheelchair ramps
- **Safety** – Removal of trip hazards, grab bars in bathrooms to prevent falls, smoke and Carbon Monoxide detectors installed; walkable and well-lit streets and sidewalks with low traffic speeds for pedestrian safety.
- **Assisted Living and Long-Term Care options** – Living spaces that provide a continuum of care to meet potential care needs as people age, and available home care providers for people aging in place
- **Smart Growth** – Housing is located near retail, services, amenities, and community centers; neighborhoods have places that encourage social interaction; and infrastructure is in place to allow for safe walking, biking and use of a wheelchair

Many rural communities lack services to support people aging in place such as transportation, health care and homecare providers; and amenities such as infrastructure for sidewalks or bike paths, parks, senior centers, and grocery stores. Development of congregate housing can be complicated by topography or limited public water and sewer, therefore looking at the region for service needs and long-term care facilities may be more practical for many of the region's smaller communities.

Affordable Housing

The Gerontology Institute at UMass Boston developed an Elder Index for every county and state in the country as well as many larger cities. The Elder Index is a **measure of income that is needed to meet their basic needs and to age in place with dignity**. The index is specific to household size, location, housing tenure and health status. The Elder Index for Hampshire County ranges from \$29,544- \$33,372/year and \$29,220-\$33,168/year for Hampden County for a single person who rents, with the range being for people in excellent health at the low end to poor health at the higher end. The index may be adjusted for homeownership and multiple people in the household. It assumes a rent of approximately \$970/month which may be possible in a subsidized apartment, but according to Zillow, the average rent for a one-bedroom apartment is \$1,793/month in Hampshire County and \$1,258/month in Hampden County.

According to the 2023 Subsidized Housing Inventory (SHI) for each community in Massachusetts, only three communities in Hampshire County and three in Hampden County have a SHI of 10% or more which is threshold that cities and towns must maintain in order to have control over allowing for developments that include at least 20-25% of units with long-term affordability restrictions. Municipalities may develop a Housing Production Plan (HPP) which is a “community’s proactive strategy for planning and developing affordable housing” consistent with Chapter 40B. Communities with Housing Production Plans that are approved by the Executive Office of Housing

and Livable Communities may weigh in on affordable housing developments even if they have less than 10% SHI. In the PVPC region, only two communities in Hampden County (Agawam and Palmer) and three in Hampshire County (Belchertown, Easthampton, and South Hadley) have approved HPPs. Several other communities in the region had approved HPPs that have expired.

In 2019, Mass Housing contracted with ProMatura to conduct a study entitled “Massachusetts Age Restricted Housing and Services.” The study concluded that there is a growing gap in the availability of housing for older adults compared to the need based on age and income. In the Pioneer Valley, the gap was especially prominent in the Affordable income level, for people with 80% or less of the Area Median Income. In this category, the study determined that by 2030 there will be a shortage of over 30,000 affordable rental units, 2,919 assisted living units and 2,100 “Special Care” units (or nursing homes), and the majority of people who will qualify for affordable units will not be able to find them. The shortage of housing units is much less (according to the numbers there should have been more units than needed in 2018 and 2023). The study was completed prior to the pandemic which changed all of the data due to staffing shortages and funding shortfalls that caused several nursing homes in the region to close.

Pioneer Valley Region								
		Included	Number of Additional Units Needed			Percentage Eligible Without Access		
			(Negative number = excess supply)					
			2018	2023	2030	2018	2023	2030
Affordable 80% AMI or less	Rentals		22,788	26,462	35,809	63%	67%	73%
	Assisted Living	Households 65+	2,241	2,382	2,918	84%	84%	87%
	Special Care		1,680	1,741	2,105	95%	95%	96%
Middle Market 80%-120% AMI	Housing (No Meals)	Households 65+	34	37	45	100%	100%	100%
	Independent Living*		136	149	233	70%	74%	79%
	Assisted Living*	Households 75+	115	132	284	39%	45%	67%
	Special Care*	Population 65+	161	175	225	84%	87%	91%
Upscale 120%+ AMI	Housing (No Meals)	Households 65+	38	44	52	100%	100%	100%
	Independent Living*		-84	-49	130	-28%	-14%	25%
	Assisted Living*	Households 75+	-114	-48	161	-26%	-10%	22%
	Special Care*	Population 65+	200	249	346	51%	56%	63%

*Includes senior households (or population) who need the type of services provided and would be likely to move.

Disclaimer: We do not know what proportion of income-eligible households will move to affordable housing if it becomes available. See note on page 5.

Figure 3 – MassHousing/ProMatura Study showing housing needs in three income categories (2019)

Accessory Dwelling Units (ADUs)

All homeowners in Massachusetts may construct an Accessory Dwelling Unit (ADU, or also referred to as accessory or in-law apartments). The Affordable Homes Act, signed into law in 2024, mandated that ADUs up to 900 square feet in size be allowed in all single-family zoning districts. AARP has long promoted ADUs as one solution to allowing older adults to age in place while collecting income from an ADU or downsizing and renting out the primary residence. ADUs can also allow family or professional caregivers to live nearby when the homeowner needs additional care.

In the summer of 2025, a [survey](#)⁴ was administered to building inspectors across the Commonwealth to develop an understanding of whether the new legislation resulted in additional units being built. In Hampden and Hampshire Counties, the most ADUs were constructed in Amherst (9 units), Northampton (7 units), Hadley (5 units), and West Springfield (5 units). Easthampton, Palmer and South Hadley saw construction of 2-4 units.

With the high cost of construction materials, constructing an ADU may exceed the budgets of many older homeowners, so access to funding for construction as well as assistance in the construction process could support development of more ADUs in the region.

Nursing Homes and Long-term Care

A recent article in the Worcester Business Journal refers to a report from the Viability and Sustainability of Long-term Care Facilities Task force that points to 34 nursing homes have closed in Massachusetts since 2020 including nursing homes in Agawam, Chicopee, Springfield, Westfield and Northampton in the PVPC region.⁵ Although the report states that the Executive Office of Health and Human Services estimates that there will be sufficient capacity in nursing home beds until 2034, the volume of residents needing long-term care will continue to rise given the expected increase in the number of older adults that will have Alzheimer's or other dementias later in life.

Rates of pay that are covered by Medicaid and Medicare are one potential cause of staffing shortages and financial strain that lead to nursing home closures. Lack of capital to keep facilities maintained while having adequate staffing to keep up the number of licensed care beds is another challenge faced by long-term care facilities. The Task Force offered recommendations to ensure adequate pay rates, increase access to capital funding, and to invest in the direct care workforce.

⁴ <https://www.mass.gov/info-details/accessory-dwelling-units?5#adu-law-and-frequently-asked-questions>

⁵ <https://www.wbjournal.com/article/nursing-facility-closures-putting-strain-on-states-elderly-care-infrastructure>
(August 2025)

Aging in Place

Surveys of older adults show that most people want to live in their own homes as they age. However, circumstances such as losing a spouse, losing cognitive abilities physical mobility can lead to other challenges such as losing the ability to drive, maintain a home, or live independently. In many communities, opportunities to downsize to smaller, more affordable, or service enhanced housing may not exist due to zoning restrictions or the lack of infrastructure that is needed for multi-family housing or long-term care facilities.

According to a recent report by the Donahue Institute, *Building Homes, Building Futures*, housing stock in western Massachusetts is older than the state overall with over 50% of housing built prior to 1970.⁶ Much of the older housing lacks “age ready” features such as a first-floor bedroom and bathroom, and a step-free entryway. According to AARP, less than 25% of homes in New England are “Age Ready.”

Massachusetts offers a Home Modification Loan program for people with disabilities or who are over 60 years of age and meet fairly broad income requirements. The program offers zero interest deferred payment loans from \$1,000 to \$50,000 for bathroom and kitchen upgrades, ramps, stair-lifts and/or platform lifts, sensory or therapy spaces, hard-wired alarm systems, fences, and accessory dwelling units. This program is managed at the regional level by Way Finders for Agawam, Amherst, Chicopee, Holyoke, Northampton, Springfield, West Springfield, South Hadley, and Westfield), and Valley Community Development Corporation for all other communities in Hampshire and Hampden Counties.

⁶ UMass Donahue Institute. *Building Homes, Building Futures* (2025)

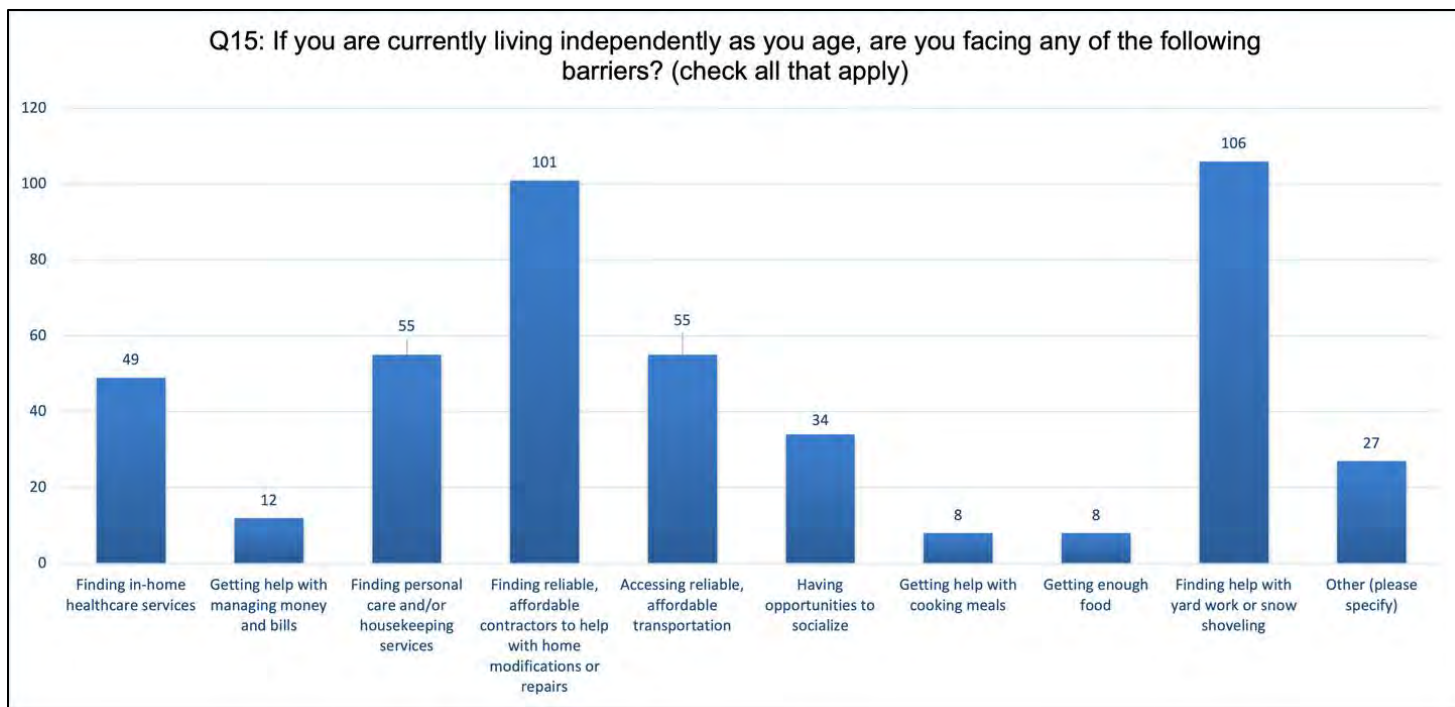


Figure 4 - Barriers to Living Independently (Age Friendly Pioneer Valley Survey)

The Town of Longmeadow offers a home modification grant program for residents to help with smaller repairs with funding from the Town's Community Preservation Act program, and the towns of Hatfield and East Longmeadow have applied to start similar programs using CPA funds. The advantage of a Community Preservation Act is that funds raised from local taxpayers go directly back into the community for land conservation, housing, or historic preservation.

In addition to making homes safer and more accessible, people aging in place may also need access to services such as transportation, home health care and assistance with basic tasks such as grocery shopping, cooking, and yard work. In response to the Age Friendly Pioneer Valley Survey question about barriers to living independently, most respondents said that finding help with yard work or snow shoveling, and finding reliable and affordable contractors to help with home maintenance and repair were the biggest barriers to living independently (Figure 4).

Home Sharing

Communities with large student populations may present an opportunity for older adults to rent rooms to help pay for housing maintenance and upkeep, and also to have some help with basic tasks. Programs such as Nesterly provide a web-based platform which allows people to list their rental spaces and takes care of rental forms, vetting tenants and screening for safety and compatibility. This program is currently utilized in Boston and Lynn, MA as well as central Ohio and Louisville, Kentucky. Other communities have developed partnerships with university housing offices, with programs that allow homeowners to charge lower rent in exchange for a few hours of

help with basic tasks such as shoveling or preparing meals. Statewide programs such as Home Share Vermont provide similar services that screen potential renters who may receive reduced rent in exchange for work on home maintenance or yard work. These programs warrant further research, particularly given the shortage of private home care providers.

Regional Housing Plan Recommendations

PVPC developed a Regional Housing Plan for the Pioneer Valley region in 2014. While the data is old, many of the needs are the same. The following recommendations from this report are still applicable to current housing challenges in the region:

For Municipalities:

- ❖ Encourage zoning that allows for multifamily housing
- ❖ Form a Municipal Affordable Housing Trust (MAHT): Allows local governments greater flexibility in managing funds and engaging in real estate transactions for affordable housing purposes.
- ❖ Develop a local housing plan: will act as a guide for housing development

For the Region:

- ❖ **Distribute funding for housing rehabilitation and modification loan programs at the regional level:** Allows communities to stop competing against one another for CDBG funds
- ❖ **Encourage over 55 senior housing to have universal design,** adaptable or accessible features
- ❖ **Plan regionally for new senior housing:** Because federal funding is limited and competitive and because some towns cannot afford to provide senior housing, such housing should be planned to serve a number of towns in a sub-regional area.

Health and Community Services

The care needs of older adults can vary from assistance with basic tasks such as cleaning, shopping, cooking, yard work, snow shoveling, and minor home maintenance projects to full-time medical or home health assistance provided by professional or family caregivers. Age & Dementia Friendly Community Surveys revealed that Health and Community Services is an area that cities and towns should address to make communities more livable for people of all ages and abilities. In some cases (such as East Longmeadow), the majority of survey respondents didn't know about the quality of health and social services, transportation, home health care providers, wellness programs or support for people with dementia. We heard in listening sessions around the region that people don't know about the resources for healthy aging (health care, home care,

transportation services, etc.) until they need them, and then they don't know where to start. Educating communities about the resources that are available and how to find those resources is critical to the process of healthy aging.

Support for caregivers is also a need that was expressed in Age & Dementia Friendly Community Surveys as well as in a survey administered by Access Care Partners, an Aging Service Access Point that serves many of the cities and towns in the PVPC region. In that survey, respite care was the most commonly expressed need (67.3%), followed by home care (54%), and financial assistance (53.1%). Training and education, medical support, legal assistance, and mental health support were also identified as needs by one-third of survey respondents.⁷

Health Care

Hampden and Hampshire Counties are served by seven hospitals, four federally qualified health centers, and numerous private practices. The only major hospital in Hampshire County is Cooley Dickinson Hospital, now owned by Mass General-Brigham Hospital. Hampden County is served by Baystate Medical Center and Baystate Children's Hospital in Springfield, Baystate Noble in Westfield, Baystate Wing Hospital in Palmer, Shriners' Hospital, Mercy Medical Center, and Holyoke Medical Center.

In addition to its three hospitals in the PVPC region, Baystate also operates Health and Wellness Centers in Northampton, Longmeadow, and Palmer; three Health Centers in Springfield (Brightwood, Mason Square, and High Street); and doctors' offices throughout the region. The Hilltown Community Health Center serves the western Hilltowns of Hampshire and Hampden County and has a branch in Amherst. Holyoke Health Center and Caring Health Center are the two federally qualified health centers that serve Springfield, Holyoke and surrounding communities.

Community Health Needs Assessments

In order to meet IRS requirements each hospital must complete a Community Health Needs Assessment (CHNA) every three years. CHNAs in the PVPC region are completed through a process of community engagement under the oversight of a Regional Advisory Committee and Community Benefits Advisory Committees for each hospital. Priority populations are identified in each 3-year cycle of CHNAs, and in 2025 older adults were one population prioritized for a regional focus by all of the hospitals.

Access to health care is one of the social and economic factors that impact health. The 2025 Mercy Hospital CHNA (the only CHNA published at the time this report was developed) notes that the availability of health care providers has continually gotten worse in Hampden County over the last decade, declining from a rate of 73 per 100,000 in 2012 to 67 per 100,000 in 2021. According to

⁷ Access Care Partners Survey (2025).

the report, Massachusetts has one of the lowest proportions of doctors working in primary care, an aging workforce and is one of the states with the lowest share of doctors entering primary care. The report also refers to an overall workforce shortage, particularly in the area of nursing and older adult care. In addition, there is a shortage of culturally and linguistically responsive providers relative to the population of the communities served.⁸

Regional and Local Service Providers for Older Adults

In addition to health care providers, a number of regional and local agencies offer services to support the needs of older residents. Some of these services (Aging Service Access Points and Councils on Aging) have existed through state and federal funding formulas that may fluctuate as administrations change. Senior centers may also be supported by committees or “Friends of...” organizations that raise funding privately to enhance the funding for programming and services.

Aging Service Access Points

Aging Service Access Points (ASAPs) offer support for adults 60+ and their caregivers, including help with care planning, food, housing, health, home care, finances, transportation, and safety. The ASAPs that serve Hampden and Hampshire Counties include Access Care Partners (formerly WestMass Elder Care), Greater Springfield Senior Services, and Highland Valley Elder Services. To find which ASAP serves the communities in the PVPC region, go to the [map](#) of ASAPs that is available on the State’s website.⁹

⁸ <https://www.trinityhealthofne.org/sites/default/files/CHWB/2025-Mercy-CHNA-Report.pdf> (p.16)

⁹⁹ <https://www.mass.gov/info-details/find-your-regional-aging-services-access-point-asap>

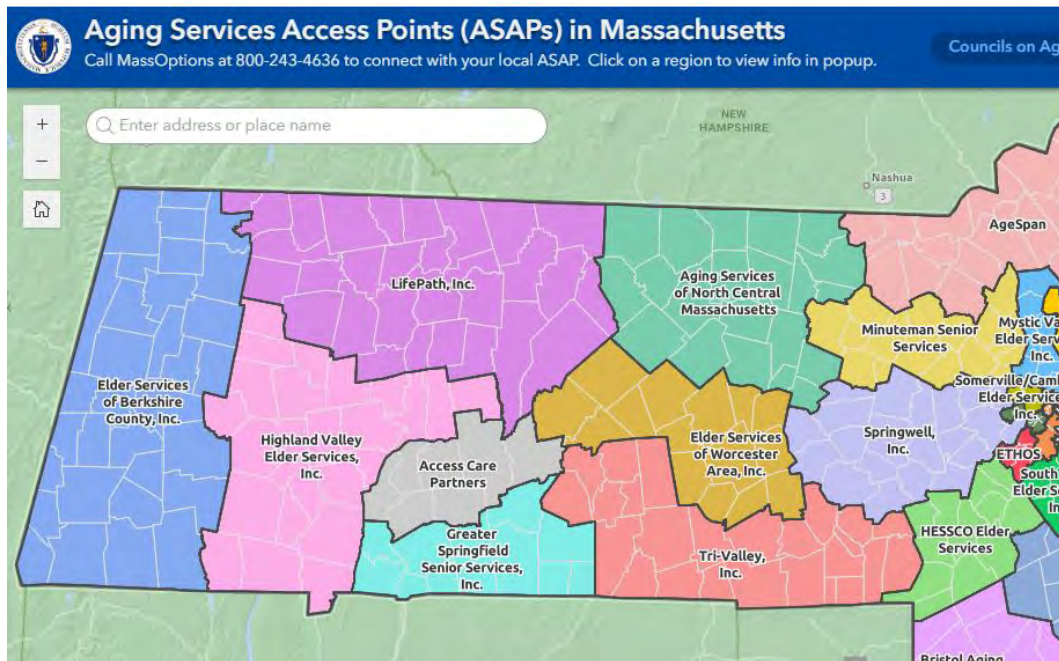


Figure 5 - Aging Service Access Point service areas

(<https://www.mass.gov/info-details/find-your-regional-aging-services-access-point-asap>)

Senior Centers and Councils on Aging

Every community in Massachusetts may establish a Council on Aging (COA) for the purpose of coordinating or carrying out programs designed to meet the needs of older adults and to coordinate with programs and funding through the State Department of Housing and Livable Communities (DHLC).¹⁰ The Massachusetts Councils on Aging (MCOA) is a nonprofit organization that works with COAs across the state to provide resources for professional development, opportunities to network with other communities, and other tools to support the work of local Councils on Aging. MCOA also coordinates designation of communities in Massachusetts as Dementia Friendly Communities.

While most of the larger communities in the PVPC region operate Senior Centers that offer a variety of programs and services for older residents, very few rural communities have designated senior centers, or operate out of municipal town halls or other public buildings. Programs are coordinated by mostly volunteer-run COAs or temporary staff hired through grants for specific programs. For some communities, regional public health departments provide services such as vaccine clinics, blood pressure checks or other preventative health services for the communities that they serve.

¹⁰ <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleVII/Chapter40/Section8B>

Neighbor Networks

Based on the “Village” model that was developed by the Beacon Hill community in Boston, Neighbor Networks are volunteer-based systems that allow older residents to sign up to volunteer or to request assistance with basic tasks such as grocery shopping, yard work, simple repairs, and (for some networks) rides to appointments. In the PVPC region, only the towns of Amherst, Northampton and Easthampton have formal Neighbor Networks. These have been highly successful, especially in Northampton which has the largest number of members of a Neighbor Network in the country.

Private Insurance Home Care and Respite Programs

In addition to finding Personal Care Attendants (PCAs) or home nursing services through area ASAPs, several home care and home health care providers are listed on the 413Cares.org website on a [resource page](#) for older adults. As the 413Cares.org site primarily lists services and programs that are free or covered by Medicaid, not all private service providers are listed on the site. Home care services are not covered by Medicare unless prescribed by a doctor.

The **PACE program** through Fallon Health provides all-inclusive care for people 55 and older who need enough assistance to qualify for nursing home level of care but want to remain at home. The program provides health insurance (for people between the ages of 55 and 64 who meet disability standards), prescription drug coverage, medical care, in-home services and adult day care at their facility in Springfield. The program is free for those who meet income eligibility requirements.

Discussions with older adults in rural communities such as Huntington revealed that finding PCAs or home health care providers is difficult as not many home care providers live in those communities due to the lack of affordable housing and low wages for their positions, and most agencies do not cover transportation costs. These communities could benefit from training programs for residents who are looking for work, and agencies to help place PCAs closer to where they live.

Food Insecurity

Food insecurity among people aged 50 and older rose by 25% (from 7.9 % to 9.8%) between 2021 and 2022 according to an AARP report. The report also notes that people over 60 who are food insecure are more likely to have other chronic health conditions such as diabetes, high blood pressure, congestive heart failure, asthma and depression.¹¹ Rates of food insecurity are much higher in areas with little access to healthy food, high rates of people living in poverty, and low rates of car ownership. In the PVPC region, areas of Springfield and Holyoke have rates as high as

¹¹ <https://www.aarp.org/content/dam/aarp/ppi/topics/health/food-insecurity/food-insecurity-increased-to-1-in-10-adults-ages-50-and-older-in-2022.doi.10.26419-2fppi.00162.003.pdf>

26% of people who are food insecure. These same neighborhoods also have high rates of food related diseases such as diabetes, obesity, and heart disease (Figures 6 and 7).

Although many residents who are living on fixed incomes are eligible for the Supplemental Nutrition Assistance Program (SNAP), fewer older adults apply for the program. The communities on the western side of Hampden County have few places to shop or to use SNAP benefits, and do not have any farm stands, farmers markets, or mobile markets that accept the Healthy Incentives Program (which allows SNAP users to get free fresh produce and seedlings from local farmers).

Communities Involved with Sustaining Agriculture (CISA) offers a farm share program for free or low cost for participating senior centers. A few senior centers have partnered directly with farms to negotiate low-cost small farm shares for older residents without subsidies from the CISA program.

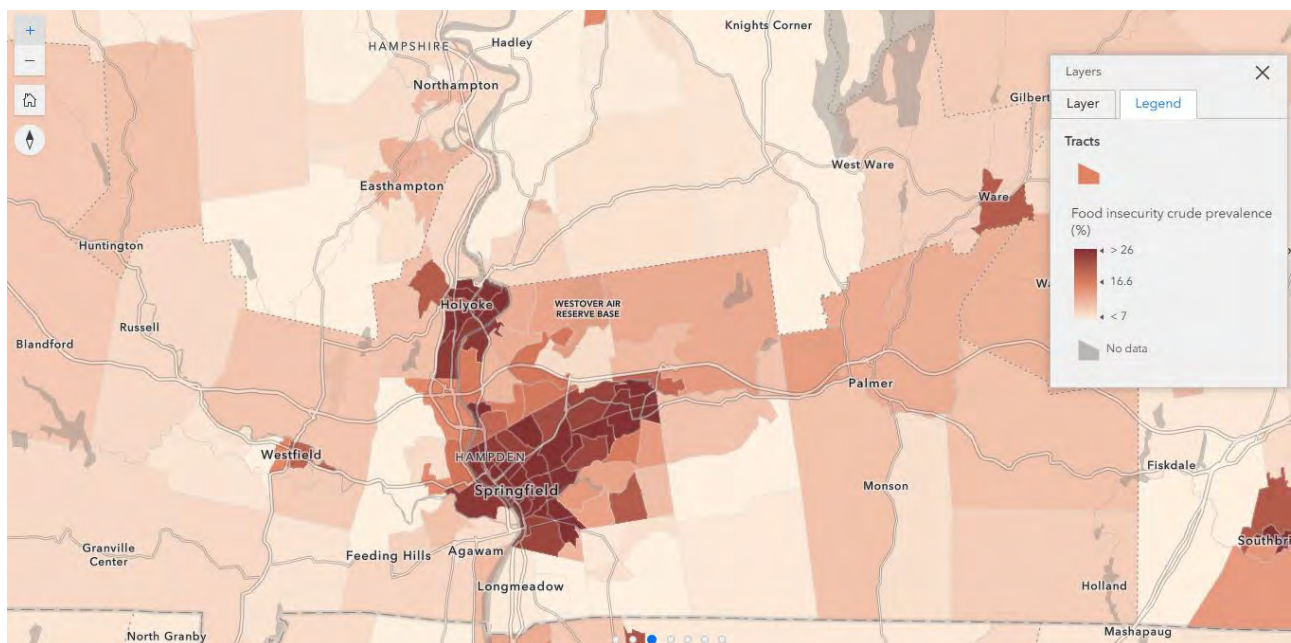


Figure 6 - Rates of Food Insecurity in the PVPC region (Source: <https://www.cdc.gov/places/>)

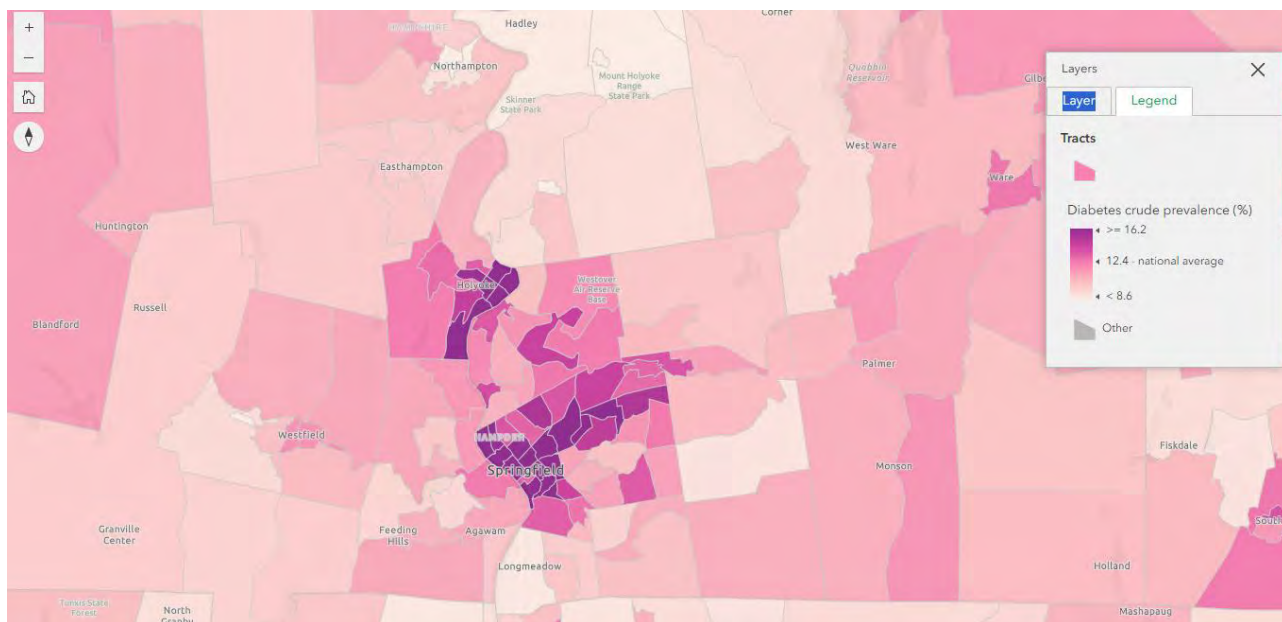


Figure 7 - Rates of Diabetes in the PVPC region (Source: <https://www.cdc.gov/places/>)

Transportation

The decision to stop driving can be one of the most difficult transitions that comes with aging. Slower reaction times, difficulty seeing at night, and cognitive impairments are only a few of the challenges that people may face as they age, and that make driving more difficult and potentially dangerous. Features on newer automobiles such as backup cameras and distance monitors can help with some of the difficulties with aging, and often people choose their own methods of dealing with the changes such as not driving at night or avoiding left-hand turns. Eventually some people make the decision to stop driving and rely on friends or family members to drive them or use public transportation or other transportation services available in the community. As people age, a continuum of assistance may be needed as people transition from being independent and driving themselves, to not driving and taking public transit, to needing help getting to the door and then through the door.

For people who don't own cars or cannot drive due to limits to cognitive or physical abilities, transportation services are important, are as routes to get to transit stops. When people can use public transit and walk or use wheelchairs to get to transit stops or other destinations, it is important to have safe walking routes with shoulders or well-maintained sidewalks (shoveled in the winter) and good lighting on busier roads. When they face mobility limitations, they may require paratransit or private transportation services, and in some cases caregivers to assist them into and out of vehicles.

As many of the local Age and Dementia Friendly Community Surveys found, older residents want to walk to access services, or for exercise. Speeding traffic, disconnected sidewalk networks or narrow shoulders on streets that don't have sidewalks, poorly maintained sidewalks, intersections without curb ramps, and dangerous street crossings are some of the barriers that older adults, people with disabilities, and pedestrians in general face when navigating roadways that were designed for cars more than people walking or biking.

Transportation Services

The PVPC region (Hampden and Hampshire Counties) is served by two regional transit providers – the Pioneer Valley Transit Authority (PVRTA) and the Franklin Regional Transit Authority (FRTA) as well as the Quaboag Connector which is operated as a partnership between the Quaboag Valley Community Development Corporation and the Local Age and Dementia Friendly Community Assessments completed through the Age Friendly Pioneer Valley Initiative (from 2020-2025) identified the following needs:

- Rides to and from medical appointments, and research on insurance considerations when using volunteer drivers or personal vehicles for rides to medical appointments and other locations outside Senior Center van service areas.
- Training for transit providers about the unique needs of older adults, especially people with dementia.
- Mobility Management to identify gaps in transportation services and assist communities in finding solutions.
- More orientation (travel training) and clear guides to existing transit services.
- More flexible transit options such as Microtransit or on demand ride services, especially in rural communities.

Every five years, the Metropolitan Transit Organizations for each region of the state must update the [Coordinated Public Transit and Human Services Transportation Plan](https://pvpc.org/our-work/2025-coordinated-public-transit-human-services-transportation-plan/) which plans for the transportation needs of older adults, people with disabilities, and people who rely on public transportation for their transportation needs.¹² Engagement for the update of the 2025 plan included listening sessions across the region as well as one virtual listening session with older adults coordinated through the Age Friendly Pioneer Valley Network.

Complete Streets

“Complete Streets” are roads that are designed for all modes of transit, including vehicles, public transportation, biking and walking, and people using wheelchairs or other assistive mobility devices. Design considerations include bike or bus lanes, road narrowing, sidewalks, crosswalks,

¹² <https://pvpc.org/our-work/2025-coordinated-public-transit-human-services-transportation-plan/>

and facilities such as covered bus stops or bicycle parking. Incorporating Complete Streets principals into local standards governing the construction and repair of municipal roads can create a safer and more inviting environment for drivers, bikers and walkers alike.

While the inclusion of “reasonable provisions” for Complete Streets planning is required by state law (MA G.L. Ch. 90E), implementation has been a gradual process. In communities with Complete Streets policies or standards, implementation often occurs only as roads are reconstructed or repaved.¹³

Some rural communities have expressed frustration with the Complete Streets program as design of projects is not covered with the available Complete Streets funding. Cities and towns receive transportation funding through Chapter 90, which allocates funding for roadways by population, already leading to a limited amount of funding for rural communities to repair roads and bridges. Smaller tax bases also lead to difficulty in raising funding for projects outside of the basic maintenance and repair of roadways. Also, communities such as Williamsburg and Huntington have major state roads running through them which would make improvements on those roads ineligible for state funding. These challenges must be addressed in order to make the Complete Streets program work for smaller communities.

In urban areas, accessible sidewalks and street crossings are critical for older adults and people with disabilities who rely on public transportation or mobility devices to get around. Although Complete Streets projects are prioritized through a number of criteria, communities that have seen historic disinvestment and marginalization should be prioritized in order to make access to pedestrian and bicycle infrastructure more equitable for all residents.

Complete Streets Programs in Hampshire and Hampden Counties (2025)

- Hampshire County: 6 out of 20 (30%) cities and towns have a Complete Streets Prioritization Plan in place, 7 out of 20 have an approved Complete Streets policy.
- Hampden County: 8 out of 23 (34%) cities and towns have a Complete Streets Prioritization Plan in place, 7 out of 20 have an approved Complete Streets policy

Buildings and Outdoor Spaces

Buildings that are open to the public and outdoor spaces such as parks, sidewalks and park benches provide places for people to gather, recreate, socialize and exercise both indoors and outside. The amount of physical activity that people engage in is related, in part, to the availability

¹³ PVPC Healthy Community Design Toolkit (2014)

of safe and convenient places to walk or ride a bike or participate in recreational or fitness activities.

Public Buildings

Public buildings such as libraries, town halls, senior centers or community centers provide places to gather or meet friends, attend programs or access services, volunteer, or attend public meetings. In order to make these spaces welcoming to people of all ages and abilities, they should have accessibility features such as automatic doors, no step entries, and accessible restrooms.

Under Title II of the Americans with Disabilities Act (ADA), city and town governments must make their services, programs and activities accessible to people with disabilities. Under these requirements, municipalities must:

- Make reasonable modifications to policies, practices, and procedures to ensure that a person with a disability can access municipal programs, services and activities,
- Conduct a self-evaluation of programs, services, and activities to identify barriers to participation
- Communicate with people with disabilities effectively
- Follow access codes when building or renovating public buildings, parks, sidewalks, parking lots, etc.

Municipalities with 50 or more employees are required to have a municipal employee serve as an ADA coordinator, have a grievance procedure in place, post the municipalities commitment to ADA compliance, have an ADA Self-Evaluation on file and conduct an ADA Transition Plan for prioritizing the removal of architectural barriers that impact access to programs, services and activities.¹⁴ Some cities and towns that should have ADA Self-Evaluations and Transition Plans in place. In order to ensure that the region is supportive of people of all ages, it is critical that communities conduct these assessments and ensure that new construction considers accessibility.

Universal Design

Ideally new public buildings and spaces should be designed using Universal Design Standards. Universal Design is *the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design*. No step entries, making walkways flush with pavement so that ramps are not needed, and designing with automatic opening doors are a few examples of universal design. Using these standards eliminates the need to retrofit buildings with add-on ramps after they are built. Several new Senior Centers in the PVPC region including in the towns of Hadley, South Hadley, and Ludlow were designed using

¹⁴ <https://www.mass.gov/info-details/resources-and-information-for-municipal-ada-coordinators#ada-requirements-for-municipalities>

universal design standards and are good examples of places that are welcoming to all ages and abilities.

Designing for People with Dementia

In 2022, the Age and Dementia Friendly Physical Infrastructure Team of the Massachusetts Advisory Council on Alzheimer's Disease and All Other Dementias published a guide on *Age and Dementia Friendly Design Considerations for Physical Infrastructure*, a useful reference to reduce barriers in the built environment for people with dementia. Design principles for dementia friendly communities include:

- *Easily recognizable design features that are unambiguous and meet people's expectations in terms of appearance, size, and usability.*
- *Design that clearly designates the purpose for which the place is intended, and uses color, contrast, and clear signage to provide clues to orientation and wayfinding.*¹⁵

Examples of dementia friendly design include benches with arms that look like benches rather than art objects, contrasting colors on stairways, and clear entrances to buildings.

Outdoor Spaces

Every community in the state must update their Open Space and Recreation Plan every eight years in order to be eligible for funding directed at land conservation and recreation facilities. Age and Dementia Friendly Community Surveys revealed that older adults would use public outdoor spaces more if there were easy access to public restrooms, as well as more benches, and accessible parking.

Some communities are developing innovative designs for parks and trails that are more inclusive to people with mobility, visual or cognitive impairments. The Town of Belchertown constructed the Lake Wallace Sensory Trail which includes a wide and gently sloping pathway that is wheelchair accessible and has cables along the side to assist people with visual impairments to find their way along the trail. The trail also has signage with braille lettering and has future plans for auditory guides to accompany educational signs. In Easthampton, the Mt. Tom Trailhead Park includes a 2,000-foot accessible trail with consistently even surfaces and slopes that meet the US Forest Service standards for accessible trails.

¹⁵ <https://www.mass.gov/doc/af-df-design-considerations-for-physical-infrastructure>

Communication, Information and Technology

Communication about resources and programs in multiple formats is essential to the success of all of the domains of an Age and Dementia Friendly Community. Residents must know how to access information about these resources in order to use and appreciate them.

The COVID-19 pandemic highlighted the importance of technology, not only for accessing information, but also for social interaction, telehealth services, public meetings, shopping, and fitness programming when businesses and public buildings were closed. The pandemic also brought to light the “digital divide” which exists in some communities and populations due to lack of resources to purchase equipment or sign up for high-speed internet, or lack of understanding of how to use equipment (phones, computers or tablets) to access services and programs.

The Municipal Digital Equity planning and implementation programs through the Massachusetts Broadband Institute provide funding for municipalities to determine their digital needs and to implement projects that will increase access to equipment, training, and connectivity for all residents and particularly those who have had limited access and were most impacted by the Covid-19 pandemic and the digital divide. In the PVPC region, the Town of Hadley received funding to create a Digital Equity Plan to address the needs of older adults, low income residents and refugees and to implement trainings in digital literacy and health technology. East Longmeadow also received a grant in 2024 to help with outreach, digital literacy, and telehealth and to provide skill workshops for older adults and other underserved populations.

The Northern Hilltown Councils on Aging has been a leader in advancing digital equity and connectivity in the northern Hilltowns in Hampshire County. The group gathered information from area residents in the 2-23 COA Aging and Digital Technology Survey. Programs through Tech Connect include installing high speed internet in households without service, arranging for discounted internet service for eligible households and senior housing communities, providing free laptops or tablets, and offering trainings through classes and online trainings and videos.¹⁶

Social Connection, Access, Equity and Inclusion

Social connection is essential to mental and physical health and well-being. Conversely, social isolation and loneliness can cause poor health outcomes. Research shows that loneliness and social isolation and loneliness can increase the risk of premature death and has been associated with a 50% increased risk of dementia as well as increased risk of heart disease and stroke, depression, anxiety, and suicide.¹⁷ This research also highlights increased risk of loneliness among

¹⁶ <https://northernhilltownscoas.org/n/1391/TECH-CONNECT>

¹⁷ World Health Organization. “Social Isolation and loneliness among older people,” Advocacy Brief (2021).

more vulnerable populations of older adults including immigrants; lesbian, gay, bisexual and transgender (LGBT) populations; minorities; and victims of elder abuse.

Fostering social connections can be encouraged in part through the built environment by ensuring that communities have places to gather, both indoors and outside; a safe transportation network and a communications system that allows people to connect with one another online or to learn about programs and activities; and housing that is located close to public spaces or that provides spaces for social interaction.

Preventing social isolation also means ensuring that opportunities for participation in social or civic events must also be inclusive of all members of the community. For older adults, this may mean holding events at times that are convenient for those who may need to take public transportation or senior center vans, or walk to an event, and ensuring that accommodations are made for people with visual or hearing impairments. For non-English speakers, translation services or events held in other languages contribute to an inclusive social environment. During the pandemic, use of technology – including access to equipment, training on how to use it and access to high-speed internet – became a primary means for engaging older adults in programming and meetings while avoiding physical interactions. Holding virtual meetings and programming also allows people who travel to other places for the winter or who have difficulty with transportation to participate in public meetings, social or educational programming from their homes.

Through funding from the Massachusetts Healthy Aging Collaborative, PVPC piloted the Healthy Aging for All Guide developed by MHAC when conducting Age and Dementia Friendly Community Assessments. The Healthy Aging for All Guide provides useful tools such as a “crosswalk” grid that allows users to consider how recommendations in each of the Domains of an Age and Dementia Friendly Community impact all of the different sectors of a community. In 2024, PVPC partnered with the Holyoke Senior Center and community-based housing and social service organizations to hold a series of listening sessions in Spanish. The goal of the listening sessions was both to provide information about the Senior Center and to understand from residents where they get information, and the types of programs or services that they would use at the Senior Center. The project led to the Senior Center providing van service and orientation at the Senior Center for residents of a couple of housing developments to reduce barriers for older non-English speaking adults.

Employment and Civic Engagement

As noted previously in this report, the cost of living is high in Massachusetts and most people must have personal investments or pensions to supplement social security in order to afford housing and basic needs after retirement. Many people choose to work into their later years either for the

additional income or because they love their work. However, some may choose to work and have difficulty learning new skills or encounter ageism in hiring.

The Massachusetts Councils on Aging administers a 50+ Job Seekers program that helps older adults to find work. This program offers a year-round, 12-week training program that helps people deal with agism, create resumes, find information on available positions, and work on interviewing skills.

Volunteering and becoming engaged in the community through boards and committees is a good way to stay active and avoid isolation. All Massachusetts communities have the option of offering the Senior Work-Off Program (SWOP) which allows older residents to work off a portion of their property taxes by doing volunteer work for municipal departments. Each city and town administers the program in a different way, with some requiring income eligibility to qualify for the program and others opening the program to all older adults but capping the total that can be earned at a lower level.

Public Safety

Cities and towns across the region are integrating the work of Senior Centers and Councils on Aging with police and fire departments as first responders are often involved in visiting older adults for wellness checks or in response to calls about falls that happen in the home. In 2021, the Hampden County Sheriff's Department started the Hampden County Triad Program for Seniors. The goal of the program is to assist in the upkeep of a safe and healthy life for older residents of Hampden County through reducing criminal activity that targets older residents, providing education and services to improve quality of life, and enhancing safety and trust of law enforcement.¹⁸ Some of the programs available through Hampden County Triad include "Project Lifesaver," a tracking system for people with cognitive conditions who are at risk of wandering; and Hampden County Life Files, a magnetic sleeve and information card listing medications and health conditions for older adults to keep this important information on their refrigerators. These and other programs listed below are implemented in many of the communities in the PVPC region in cooperation with emergency service providers.

- **"Are You Ok?"** – A daily telephone reassurance program to check on the well-being of seniors who live alone in Hampden County.
- **Is Your Number Up?** – A house number visibility initiative that assists Police, Fire and EMS in their efforts to respond quickly to 9-1-1 calls.

¹⁸ <https://hcsoma.org/triad/>

- **Speaker Series** – Trained Triad deputies meet with senior groups to discuss issues such as identity theft, domestic violence & scams targeting seniors.
- **Senior Home Safety Inspection** – Certified inspector completes 240-point safety and accessibility assessment in and around home.
- **Sand for Seniors** – A seasonal effort to get buckets of sand to our senior community to limit the chances of a fall during the cold, often icy winter months in New England.

Some communities have also implemented voluntary registries that list people at risk of wandering with a photo and address in case they are found. These registries are used by emergency service providers in case of emergency or in case a person is reported missing.

First responders and Councils on Aging have also been involved in resiliency planning through the Municipal Vulnerability Preparedness (MVP) program administered through the Executive Office of Energy and Environmental Affairs. The MVP program engages older residents and other “vulnerable” populations to improve ways that municipalities can become more resilient and prepared for climate emergencies.

Action Plan

The following pages include Goals and Strategies for an Age and Dementia Friendly Pioneer Valley. Goals are organized by the Domains of an Age and Dementia Friendly Community.

Strategies include the following elements to ensure successful implementation:

- Lead: The organization(s) who have agreed to manage the work of the strategy.
- Partners: Organizations or individuals who can support implementation of the strategy.
- Resources: These can include best practices, research, grant funding, staff time, and other elements that can support implementation.
- Measures of Success: How progress of the strategy will be measured over the next five years.
- Time Frame: Estimated year that strategies will be implemented assuming funding can be secured (ST = 1-2 years, MT = 3-4 yrs, LT = 5+ years)

Acronyms:

- MCOA – Massachusetts Councils on Aging
- MHAC – Massachusetts Healthy Aging Collaborative
- SDFC – Springfield Dementia Friends Committee
-

Dementia Awareness & Planning

Goal 1: Build awareness, acceptance, and a culture of support for people living with dementia and the people who care for them.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
1.1	Continue to support cities and towns in the PVPC region to become Age and Dementia Friendly and encourage local task forces to involve representatives of the ten sectors of a Dementia Friendly Community including housing and transportation providers, law firms, banks, faith communities, health and home care providers, businesses, and long-term care providers.	Municipal COAs /Senior Centers; PVPC, MHAC, MCOA, aging service providers	Funding for staff (PVPC or other) to facilitate process	# of communities with Age & Dementia Friendly designation, dementia considerations showing up in strategic plans, Dementia Friends trainings (or # of people trained)	MT
1.2	Collaborate on a regional level to share in trainings of all sectors of the community on how to recognize signs of dementia and communicate with people with dementia. Create a communication network between municipalities that have been designated as Dementia Friendly to share resources and training opportunities.	Alzheimer's Association PVPC, MCOA, Dementia Friends, SDFC	Funding for staff coordination	Communication network for sharing local & regional trainings # of shared trainings	MT

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
1.3	Hold workshops with the Hampden County Sheriff's Department, Alzheimer's Association and communities (and local public safety) that have developed registries of people living with dementia or other health concerns to share successful models and challenges.	HC Sheriff's Dept/PVPC Local TRIAD or SALT programs; MCOA, Alzheimer's Association	Funding for staff time	# of communities with registries	MT
1.4	Update the 413Cares page on local resources such as respite care, support groups for caregivers and people with dementia, and memory cafes.	PHIWM PVPC	Funding for staff time	Updated 413Cares page, # of resources for caregivers	ST (Completed!)

Housing

Goal 2: Communities offer a range of housing types so that people can continue to live in their community as they age – i.e. Housing is right-sized, affordable, and accessible.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
2.1	Promote the development of Housing Needs Assessments and Housing Production Plans in every community to identify the need for affordable housing for older residents and best methods for addressing those needs. Include housing for older adults in plans and consideration of housing for family and professional caregivers (i.e. Accessory apartments, workforce housing).	PVPC Municipalities/ PVPC or consultants, Community Development Corporations	Funding for consultant or PVPC staff supporting local housing production plans, master plans, etc.	# of communities with HPPs & reference to housing for older adults	Ongoing
2.2	Develop a regional housing plan that focuses on the continuum of care needs of an aging population. - o Inventory supportive housing facilities available to people with limited incomes. - o Identify opportunities for supporting existing and new housing with services to allow people to age at home - o Incorporate housing that provides a continuum of care as well as housing for caregivers (workforce housing) in local and regional housing plans. - o Encourage designs that foster social connection and walkability.	PVPC/ASAPs, Home and Health Care services, consultants	Funding for staff time, consultants	Regional plan for supported housing in place	ST

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
2.3	Work with UMass School of Architecture to develop plans for housing that meet the needs of older residents (affordable, accessible, walkable) including creative designs for continuum of care facilities, while maintaining community character.	PVPC, UMass School of Architecture, municipalities,	Funding, lead time to develop partnership	Partnership with UMass Designs developed and shared	MT
2.4	Educate communities in the region about the range of housing types that include or can share supportive services to allow people to remain in their communities or in the region as they age.	PVPC, ASAPs, CCRC companies	Funding for staff time	Educational series, research on options for housing with supportive services	MT
2.5	Connect housing with supportive services through agencies that manage affordable housing (e.g. Way Finders, One Holyoke), and explore ways to expand services to people who are aging in their own homes or privately owned rental housing.	ASAPs, Way Finders, One Holyoke, area CDCs & housing providers	Funding for services, coordination	Partnerships in place, # of people served	LT
2.6	Review and revise local zoning regulations as needed to ensure that they allow for a range of housing types and designs that promote healthy aging. Develop model regulations to allow for creative solutions to housing that include long-term care services.	PVPC, Municipalities	Funding for staff time	Model zoning regulations, # of municipalities that adopt regulations for wider range of housing types	Ongoing
2.7	Assist communities in adopting Accessory Dwelling Units bylaws that conform to state law.	PVPC, Municipalities	Funding for staff time	# of municipalities with updated regulations	ST

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
2.8	Develop educational materials that outline the process of design, permitting, building and managing ADUs.	PVPC, interns	Funding for staff time or intern	ACU guidance document in place	
2.9	Educate and involve older adults in the process of housing development and opportunities to advocate for housing that meets the needs of an aging population.	PVPC, municipalities	Funding for education and outreach	Educational programs in place (or direct people to South Hadley series)	
2.11	Assist communities in developing Housing Trusts, which can develop funding sources and advocate for new housing developments; monitor how these trusts are used and operate in communities that have them.	PVPC, Municipalities	Funding for staff time	Housing Trusts in place	Ongoing

Goal 3: Housing is safe and accessible for people who are aging in place.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
3.1	Keep information on existing home modification grant and loan programs up to date and available through 413Cares.com website.	Host agencies/ PVPC, PHIWM	Funding, updated information from providers	Updated information in place, pages claimed by organizations	Ongoing

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
3.2	Provide guidance on how to find and select contractors for home modification and/or maintenance projects.	Home Modification loan program leads	Funding for staff time, copies, website placement	Guidance document developed	LT
3.3	Promote the expansion of “Village” or “Neighbor” networks and other local organizations that support people aging in place with home maintenance and other basic tasks.	Existing Neighbor Networks, ASAPs (?)	Funding to expand existing networks or create new ones	New or expanded networks in place	LT
3.4	Provide information to municipalities about the Community Preservation Act which can fund affordable housing as well as local home modification grant programs.	PVPC	Funding for staff time	Information sessions with municipalities CPAs adopted by communities	MT

Goal 4: Programs that provide financial assistance to people aging in place are available and shared with older residents in all communities.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
4.1	Identify best practices for administering and sharing information about tax deferral or abatement programs available in communities throughout the PVPC region. • Compile information about tax deferral abatement programs in all PVPC communities • Create recommendations for ways to eliminate barriers to entry as well as examples of work-off programs that benefit volunteers and municipalities.	PVPC, MHAC	Funding for staff time	Compilation of tax deferral and abatement programs offered in the region, final report	
4.2	Identify the range of programs available through state, local and private entities that reduce the financial burden of homeownership and allow people to age in place.	MHAC, MCOA	Funding for staff time, interns	Resource guide for state or local programs available to municipalities or individuals	

Health and Community Services

Goal 5: Ensure that assistance with aging in place, including home health and home care services, is available for people who need extra help in order to remain in their homes and community. Engage relevant medical professionals in Age- and Dementia-Friendly initiatives.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
5.1	Seek funding to pilot Village or Neighbor Networks in areas that are not currently served by one, or to expand existing networks into neighboring communities.	Existing Neighbor Networks, ASAPs?	Funding for staff time or coordinator, website	New or expanded Neighbor Networks in place	
5.2	Connect Aging Services Access Points to colleges and universities to create pathways to employment that will fill service needs in the region; connect young people to opportunities for health care careers as well as older adults who want to continue working.	ASAPs, Community Colleges, UMass; high schools	Funding for staff time to convene	Pathways to employment in place (to meet local and regional needs)	
5.3	Encourage health care providers in the region to become Age and Dementia Friendly and to train staff in care coordination and how to work with older adults and people with dementia.	PVPC, MHAC, area hospitals and health centers, gerontology specialists, Age-Friendly Health Systems (IHI)	Funding for staff time	Age Friendly Hospitals, Health Centers, Health Departments	

Goal 6: All older residents have access to healthy food and information on how to prepare food for prevention or treatment of chronic food-related diseases (e.g. diabetes, weight control, heart disease).

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
6.1	Create a food access map for Pioneer Valley to find food pantries, farmers markets, SNAP assistance, etc.	PVPC, FBWM, CISA	Funding for mapping	Regional food resource map in place	
6.2	Work with CISA, COAs and local farms to expand Senior Farm Share programs or other methods for providing affordable fresh food to older residents.	PVPC, CISA, food policy councils, COAs/Senior Centers; farms	Funding for farm share subsidies, staff time to coordinate	Expanded senior farm share program, partnerships with local farms	
6.3	Work with nutritionists to provide education and cooking classes on how to eat for prevention and treatment of food-related illnesses.	PVPC, Food Bank, UMass School of Nutrition, Senior Centers	Funding for nutrition education and food	Nutrition education programs in place	

Transportation

Goal 7: Transportation Services are accessible, convenient, and available to all residents who need them.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
7.1	Engage older residents when updating the Pioneer Valley Coordinated Public Transit and Human Services Transportation Plan (updated every three to five years) to ensure that transportation services are coordinated and responsive to the needs of each community.	PVPC MPO/COAs	Funding for staff time, incentives for community engagement	# of people attending listening sessions; # of engagement activities	2025 Plan just completed
7.2	Ensure that transit providers provide information on transit routes and connections in hard copy form as well as easily accessible websites; create links to transit information on 413Cares.com.	Transit Providers, MPOs, 413Cares	Funding to develop and distribute hard copy information	Outreach materials developed; educational sessions	
7.3	Prioritize locations near senior housing and senior centers for benches and shelters to be installed. Ensure that shelters are designed for people with visual, mobility and cognitive impairments.	Transit providers, PVPC	Funding to map and build shelters	Map, shelters built	

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
7.7	Explore creative solutions to providing flexible and responsive transportation services that allow people to continue to live independently without driving. - Explore expansion of Micro Transit programs where feasible in communities that do not have fixed route transit service. - Research programs that involve volunteer drivers who provide rides in personal or shared vehicles for insurance and liability considerations	Transit providers, Senior Centers	Funding to explore and pilot micro transit solutions	Expanded flexible transportation services in place.	

Goal 8: Encourage all communities to adopt Complete Streets programs (Policies and Prioritization Plans) to make roadways safe for all users (pedestrians, people on bicycles, people using wheelchairs).

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
8.1	Educate communities that have not adopted Complete Streets programs about the financial and health benefits of becoming Complete Streets communities and develop an understanding of the barriers that keep some communities from adopting Complete Streets programs.	PVPC/MPO	Funding for staff time	# of municipalities that adopt CS policies # that complete Prioritization Plans	

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
8.2	Identify funds that communities can access for project design and engineering (not an allowed use for Complete Streets funds) and/or advocate to allow rural communities to use Complete Streets funds for design of projects.	PVPC, Hilltown CDC, MHAC	Funding for staff time	Funding sources identified	
8.3	Incorporate community concerns about state-owned roads and develop pathways for interim improvements to bike and pedestrian infrastructure that don't conform to planned roadway improvements.	PVPC, municipalities, Mass DOT districts	Funding for staff time	Meeting with Mass DOT Districts Opportunities for interim improvements defined	
8.4	Encourage communities to prioritize connected walking loops in town centers (in rural areas) or areas with low car ownership, and promote connections between senior housing, services and food stores, parks, and public transportation.	PVPC, municipalities	Funding for staff time	Plans for connected walking loops in place – upgrades to sidewalks, road crossings	
8.5	Promote walk audits as a tool for communities to identify improvements policies and to promote civic engagement around age-friendly walking policies and programs.	PVPC, municipalities, Planning, Senior Centers	Funding for staff time	Walk audit trainings Walk audits conducted	

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
8.6	Promote wayfinding and other elements that support people living with dementia.	PVPC, Planning Depts	Funding for staff time	Wayfinding implemented	

Buildings and Outdoor Spaces

Goal 9: Public buildings and outdoor spaces including parks and sidewalks are accessible to people of all abilities. Principles of universal design are used wherever possible.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
9.1	Provide technical assistance in locating funding and ADA contractors to ensure that all communities have up to date ADA Self Assessments and Transition Plans.	PVPC, municipalities	Funding for staff time	# of communities with up to date ADA Self-Assessments	
9.2	Provide guidelines to make outdoor spaces supportive of people with visual impairments (talking pedestrian signals, curb ramps) as well as mobility limitations.	MA Association for the Blind, PVPC	Funding for staff time, printing	Guidance for improving outdoor spaces for people with visual impairments	

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
9.3	Work with cities and towns to ensure that Universal Design concepts and considerations for people with dementia are incorporated into development of buildings and outdoor spaces through site plan review or other zoning tools.	PVPC, municipalities	Funding for staff time	Model zoning incorporating universal design standards	
9.4	Work with Open Space planners to ensure that the needs of older residents are included in local Open Space and Recreation Plans. • Encourage communities to develop paved and unpaved trails that are accessible for people using wheelchairs. • Ensure that amenities such as benches, public restrooms are available to support use by older adults.	PVPC, municipalities	Funding for staff time	# of engagement events # new accessible unpaved trails Benches and public restrooms included in open space plans	
9.5	Share guidance from the MA Dementia Friendly Physical Infrastructure Team on design considerations for people with dementia and Universal Design concepts with planners and planning boards. Distribute Age and Dementia Friendly Design Considerations for Physical Infrastructure (2022).	PVPC, municipal planners, MCOA, MHAC	Funding for staff time	Outreach events, marketing materials # of communities that incorporate Age and Dementia Friendly elements in MassTrails grant application	

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
9.6	Promote the Department of Conservation and Recreation's Universal Access program	PVPC, DCR, Stavros	Funding for staff time	Program promotion, # of communities funded to improve access to trails.	

Communication, Information and Technology

Goal 10: Ensure that information on resources, programs, and services are available, accessible and supportive of residents of all ages and abilities.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
10.1	Develop an older adult resource page with input from COA directors, AAA staff, and older residents on the content and usability of an older adult resource page on 413Cares.org.	PVPC/ ASAPs, advisory committee, PHIWM	Funding for staff time, intern	Older Adults Resource Page Completed	Completed (Spring 2025)
10.2	Expand successful local and regional programs that provide access to equipment, training, and access to affordable high-speed internet for all older residents.	Senior Centers, digital equity network, MHAC, libraries, senior housing	Funding for equipment, training, capacity-building, partnerships	Program expansion	

10.3	Identify funding for marketing and communications around “reframing aging” that can be shared with all municipalities in the region.	PVPC, MHAC ASAPS	Funding for marketing campaign & coordination	Reframing Aging campaign in place	
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Access, Equity and Inclusion

Goal 12: Programs, services, and the built environment are inclusive, welcoming and free of barriers to participation.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
12.1	Develop guidelines for including the needs of people with disabilities (including mobility, visual, hearing impairments) in services, and programming; ensure that equipment available to assist people with disabilities in daily life (e.g. magnification devices, audible books, etc.) is available in every community.	PVPC/MHAC Organizations focused on hearing, visual impairments	Funding for staff time, interns	Guidelines developed	
12.2	Involve faith communities, community-based organizations, and schools in developing programs and outreach materials to reach non-English speakers in communities with high numbers of residents whose first language is not English (e.g. Westfield, Holyoke, Chicopee).	PVPC, Senior Centers, faith community, SDFC	Staff time	Examples of faith community partnerships	

12.3	Apply tools from the Healthy Aging for All Guide during all planning and implementation of Age and Dementia Friendly Action Plans.	PVPC, local COAs, MHAC	Funding for staff time	Examples of use of HAFA guide	
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Employment and Civic Engagement

Goal 13: Ensure that opportunities for employment, volunteering and civic engagement are available to all older residents who want to work or volunteer in their communities.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
13.1	Connect older adults who want to continue working to training programs for Licensed Nursing Assistants, Community Health Workers, etc. Encourage residents of communities that have service provider shortages to consider training and employment in these fields.	Community colleges, ASAPs, Senior Centers	Staff time to promote	Older adults enrolled in classes, employed as CNAs, etc.	
13.2	Promote free or subsidized community college opportunities for older adults looking to change careers or continue working but need updated skills/credentials.	Community colleges, Senior Centers	Staff time	Partnerships in place	
13.3	Promote and share information about job seeking networks that serve mature workers, like MCOA's 50 Plus Job Seekers Statewide Network (MA).	MCOA, Senior Centers	Outreach materials	Outreach conducted, program participation	

13.4	Promote policies that provide support for caregivers among employers.	MHAC, MCOA	Toolkit, outreach	Outreach to employers	
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Social Participation

Goal 14: All older adults have opportunities to connect with others regardless of age, ability, or language.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
14.1	Promote intergenerational partnerships between schools and senior centers through mini grants and sharing examples of successful intergenerational programs.	PVPC, schools, senior centers	Funds for mini grants	Mini grant program in place # of applicants, new programs awarded	
14.2	Encourage arts, cultural and community events that celebrate healthy aging and provide examples of how to design events to be age and dementia friendly.	PVPC, Senior Centers, SDFC	Funds for mini grants	Mini grant program in place # of applicants, events or activities	

Public Safety

Goal 15: Ensure the safety of all residents, including older adults and people with dementia, through multi-sectoral partnerships and programming.

	Strategy	Lead/Partners	Resources Needed	Measures of Success	Timeframe (ST, MT, LT)
15.1	Promote development of local Triad program committees to connect older adult community volunteers, first responders, councils on aging, and sheriff departments; convene program participants annually to share success stories.	Senior Centers, COAs, first responders, County Sheriffs' departments	Funding to convene at a regional level	Convenings, # of Triad programs in place	
15.2	Engage older residents in climate resilience and emergency planning initiatives.	PVPC, Senior Centers	Funding for community engagement	Engagement events for older adults	