

# CONNECTING FRAGMENTED SYSTEMS FOR CAREGIVING PROGRAMS:

# THE CASE OF FRANKLIN COUNTY, MASSACHUSETTS

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Rural caregiving systems across the United States are characterized by dispersed services, limited provider networks, and uneven coordination across agencies. Research consistently shows that rural caregivers face higher emotional and logistical burdens due to transportation barriers, fewer formal supports, and a lack of integrated service pathways. These challenges create what scholars describe as "care deserts," where caregivers must assemble support from multiple, loosely connected systems.

Franklin County and the North Quabbin region exemplify this national pattern. With 30 municipalities spread across 900 square miles, low population density, and aging demographics, caregivers often struggle to locate, access, and coordinate services. **Regional partners have begun advancing an Age-and Dementia-Friendly framework that emphasizes cross-sector coordination, shared planning, and locally tailored supports to reduce fragmentation.** The region's Age- and Dementia-Friendly Action Plan notes many older adults report feeling isolated, unsure where to find help, and unaware of existing community supports.<sup>4</sup> These challenges are intensified by limited broadband access, shortages of health providers, and geographic barriers. Addressing fragmentation requires new programs and mechanisms to integrate local governments, nonprofits, and community partners into a coherent system.

# **Community Profile**

Franklin County is a rural region in Massachusetts, home to roughly 88,000 residents, with 23% aged 65+, well above the state average. Most towns have fewer than 2,000 residents and face higher disability rates, lower wages, and fewer healthcare providers than urban counties. Transportation barriers are significant: weekend and evening service is limited, fixed routes bypass smaller towns, and about 7% of households lack a car.

Even with these constraints, the region has strong civic infrastructure. The **Franklin Regional Council of Governments (FRCOG)**, a unique regional body providing shared planning, public health, and emergency services, helps small towns overcome capacity gaps. **LifePath**, the state-designated Aging Services Access Point, coordinates aging and caregiver supports across all 30 municipalities. Together with local Senior Centres, COAs, libraries, and Village networks, these institutions form a collaborative foundation that positions Franklin County to pursue cross-sector solutions to fragmented caregiving systems.

# Challenges and Issue Statement

Caregivers in Franklin County face gaps across clinical care, social services, transportation, and community supports. Rural conditions intensify fragmentation due to limited staffing, volunteer dependence, and multi-jurisdictional administration.<sup>5</sup> Local needs assessments show that caregivers and older adults struggle to navigate complex systems, lack awareness of available resources, and experience isolation and safety concerns, particularly among dementia caregivers who require coordinated support networks.<sup>6</sup>

Administrative fragmentation further complicates access, as North Quabbin municipalities span two counties with separate service and transportation systems. Addressing these challenges requires coordinated governance across municipalities, service providers, and community organizations.

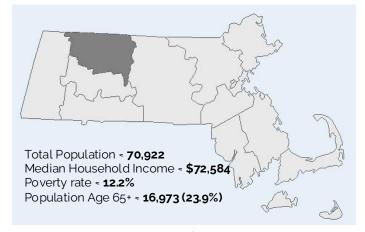


Figure 1: Location map of Franklin County

This project was conducted under the direction of Professor Mildred Warner, as a part of CRP 5074 Economic Development Workshop in the Department of City and Regional Planning at Cornell University with support from the International City County Management Association (ICMA). https://labs.aap.cornell.edu/node/1137



## **Background and Context**

The Age and Dementia-Friendly Franklin County and North Quabbin initiative launched in 2020 in response to rising demand for coordinated aging supports. Building on a regional survey of 2,000 residents and focus groups with older adults, including low-income individuals and those living in subsidized housing, LifePath and FRCOG identified four interconnected challenges: limited communication pathways, constrained healthcare barriers. access. housing and significant transportation gaps. This assessment informed the creation of a regional steering committee and multi-sector workgroups, which developed a fiveyear action plan.

This process laid the foundation for cross-sector integration by bringing together public health nurses, municipal leaders, housing organizations, libraries, senior centers, land conservation groups, and emergency responders. Through this shared structure, Franklin County is moving from isolated program delivery toward a collaborative model centered on joint planning, shared priorities, and coordinated implementation.

# Policy Landscape and Local Implementation

Franklin County's integrated approach to aging policy emerged from a 2019 forum convened by LifePath and the Franklin Regional Council of Governments (FRCOG) to address fragmented systems in health, housing, and social care. This led to the creation of the Age- and Dementia-

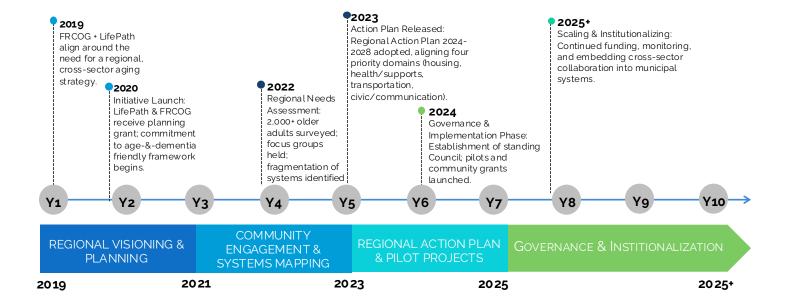
Friendly Franklin County and North Quabbin Initiative, funded by the Massachusetts Community Health and Healthy Aging Funds, embedding age-friendly goals into municipal and regional planning.

Between 2021 and 2023, a countywide needs assessment engaged over 2,000 residents, revealing structural fragmentation caused by decentralized governance and siloed communication. The resulting **Regional Action Plan (2024–2028)** established shared policy priorities—healthcare and community supports, housing, transportation, and civic engagement—and formalized collaboration across municipalities, service providers, and nonprofits

Implementation began in 2023 with the Age & **Dementia** Friendly Regional Showcase. highlighting cross-sector models in housing, transportation, and caregiving. Simultaneously, **Innovation** Community Grants funded neighborhood-scale pilots tackling caregiver respite and dementia inclusion

In 2024, the **Age & Dementia Friendly Council** institutionalized these partnerships, creating a regional governance mechanism that aligns policy, funding, and lived experience. Together, these initiatives transformed fragmented service networks into a coordinated, policy-driven ecosystem for healthy aging.

Figure 2. Key Milestones: Franklin County Cross-Sector Aging & Dementia-Friendly Action Timeline





## Figure 3: From Barriers to Action - Franklin Counties Cross Sectoral Coordination for Caregiving

#### **EXISTING BARRIER**

#### **POLICY ACTION**

#### TARGETED INTERVENTIONS

Fragmented Governance and Service Silos Creation of the Age- &
Dementia-Friendly Regional
Action Plan (2024–
2028) establishing unified
governance linking LifePath,
FRCOG, COAs, senior centers,
and municipal boards.

- Shared regional data + referral pathways
- Standardized crossagency communication
- Joint planning meetings across towns and sectors

Unequal Access to Services & Information

Countywide **communication** and outreach standards digital equity initiatives, coordinated messaging across libraries, COAs, and public health nurses.

- Multi-platform service navigation guides
- Library-based digital help desks
- Integrated dementia & caregiver information hubs

**Unsustainable Funding Streams** 

Community Innovation
Grants and pooled regional
funding (Point32 Health
Foundation + Community
Health Improvement Plan).

- Pilot funding for transportation + caregiver support
- Seed grants for neighborhood-based programs
- Multi-year financial planning across agencies

Lack of Institutional Coordination

Establishment of the Age & Dementia Friendly Council (2024) as formal cross-sector governance.

- Stipended leadership roles for caregivers & residents
- Rotating regional council meetings
- Cross-sector implementation teams (transportation, housing, health, civic engagement)



# Franklin County Cross-Sector Ecosystem

Franklin County's cross-sector ecosystem functions as a coordinated hub-and-spoke model linking municipal agencies, service providers, and regional partners into a unified caregiving network. At the center, are LifePath, the region's Aging Services Access Point, and the Franklin Regional Council of Governments (FRCOG), which together anchor regional planning, data sharing, and system coordination.

Around this hub sits the direct service network: COAs and senior centers, volunteer drivers, public health nurses, and Village organizations that provide day-to-day support to older adults and caregivers.

A second layer of community institutions, libraries, housing authorities, land trusts, schools, and faith-based groups, extends the caregiving system into digital access, housing stability, social connection, & intergenerational programs.

The outermost ring includes regional and state partners such as MassHealth, the Massachusetts Department of Public Health, the Franklin Regional Transit Authority. municipal Regional **Public** governments, Health Collaboratives, and philanthropic partners like Point32 Health Foundation. These entities supply policy alignment, funding, transportation, and regulatory capacity that small towns cannot generate alone.

Together, this ecosystem demonstrates FRCOG's philosophy of "networked localism", multiple small actors, each with limited capacity, achieving impact through structured collaboration. The diagram highlights how Franklin County reduced fragmentation by creating clear pathways for communication and coordination across sectors that historically operated in isolation.

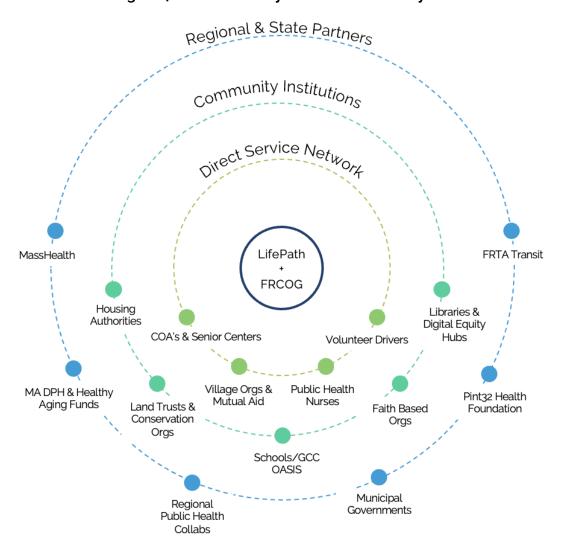


Figure 4. Franklin County Cross Sectoral Ecosystem



# **Lessons Learned and Applicability**



# Regional Coordination and Governance

Durable, structured collaboration not ad hoc partnerships—is necessary to unify fragmented health, housing, and transportation systems across small municipalities..



# Community Led Planning Inclusion

Focus groups with marginalized older adults showed that centering lived experience produces policy priorities rooted in real needs and counters their frequent invisibility in traditional planning.



#### **Cross-Sector Data Sharing**

Franklin County's needs assessment showed that siloed information channels left older adults disconnected from resources, and that unified communication systems, digital-equity supports, and consistent age-friendly messaging are essential for strengthening regional information flow.



# Institutional Partnerships Strengthen Longevity

The wide involvement of housing, libraries, land trusts, colleges, public health, and Village programs shows that aging initiatives are most durable when embedded across the broader community ecosystem, a model other regions can readily adapt



### Leverage Small Grants

LifePath's Community Innovation Grants showed that small, targeted investments can spark multi-sector collaboration and generate momentum for broader system reforms in resource-constrained rural counties.



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### **Evidence Community Need**

Survey data showing isolation, limited transportation, and unclear service access underscored the need for coordinated action and helped secure municipal buy-in—a model other rural regions can use to justify cross-sector investment.

## Resources

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