

MAY 2009

Center for Excellence in Aging and Geriatric Health

The Williamsburg Community Action Plan On Aging: 2010-2020



A Report to the Senior Services Coalition

Williamsburg, Virginia

 THE CENTER FOR EXCELLENCE
IN AGING AND GERIATRIC HEALTH™

The Community Action Plan On Aging Steering Committee is comprised of members of the 2009 Senior Services Coalition Steering Committee:

Craig Connors	Riverside Health System
Sharron Cornelius	United Way of Greater Williamsburg
Ken Drees	York County
David Finifter	Center for Excellence in Aging and Geriatric Health
Brian Gelineau	Senior Services Coalition Coordinator
Ed Golden	Comfort Keepers
Janet Gonzalez	Greater Williamsburg Association for Volunteer Administration
Bobby Horne	AARP
Judy Knudson	City Council, City of Williamsburg
Bill Massey	Peninsula Agency on Aging
Nelia Heide	Historic Triangle Senior Center
Paulette Parker, Ex Officio	Williamsburg Community Health Foundation
David Pribble	Olde Towne Medical Center
Linda Reinke	Community Retiree
George Spellman	Eastern State Hospital
Peter Walentisch	Social Services, City of Williamsburg
Barbara Watson	Community Services, James City County
Carol Wilson	Sentara Healthcare
Pending Selection	Residential Care

Funding Support From:

Williamsburg Community Health Foundation

Prepared By:

Christine J. Jensen, Ph.D.
Center for Excellence in Aging and Geriatric Health

With research assistance from:

Stefanie Whorton, Masters Student, Public Policy
Bosarin Mekavibul, Undergraduate Student, Psychology
College of William & Mary

EXECUTIVE SUMMARY

On August 18, 2008, the Center for Excellence in Aging and Geriatric Health (CEAGH) entered into a contract with the Senior Services Coalition (SSC) to prepare a Community Action Plan On Aging (herein referred to as CAPOA). This Plan delineates goals, strategies, and action steps that can be implemented by the SSC, the three jurisdictions, and the community over the next ten years to assure the Greater Williamsburg Area is a “more livable community for seniors.” Plans in a variety of communities, including Charlottesville, Arlington, and Fairfax, Virginia and Boston, Massachusetts have been evaluated.¹

The initial step in the development of this CAPOA occurred through a review of previously conducted Williamsburg community needs assessments. Second, an examination of demographic data was completed. The Greater Williamsburg Area has become a retirement destination for many individuals. Currently, the 60-plus population represents 20.44% of the total community population. The community will experience an additional increase in the senior population, to nearly 30%, by 2030.² The third step involved a compilation of current community services, resources, long-term facilities, and other support programs for seniors. The fourth step was to gather input from the community via three forums held in October and November 2008. More than 160 people, including retirees and seniors, service providers, leaders from religious organizations, and other community leaders, participated in these forums. As a result of input received during these three forums, it became evident that four priority areas deserved additional time and resources. The four priority areas include:

- 1) **Awareness of and Access to Resources:** Helping seniors and caregivers navigate community resources.
- 2) **Vulnerable Seniors:** Focusing on the needs of hidden populations including isolated and frail seniors, low-income seniors and those with mental health issues.
- 3) **Housing and Neighborhood Support:** Offering affordable and accessible housing options as well as designing neighborhoods to be age-friendly.
- 4) **Seniors as a Resource:** Valuing the contribution of all seniors and enhancing opportunities for engagement in the community.

In January 2009, a fourth and final community forum, bringing together nearly 100 members of the community, was held to review the main points and

¹ Source: Strategic Plans on Aging Notebooks compiled by the Center for Excellence in Aging and Geriatric Health, 2009.

² U.S. Census Bureau, Current Population Estimates 2005; Virginia Employment Commission, 2007; Weldon Cooper Center for Public Service, 2007.

recommendations raised during the previous forums. Additionally, the final forum served to engage the community in prioritizing the goals for the CAPOA and in identifying responsible partners. Panelists included experts representing the four priority areas for the CAPOA. Subsequently, these four areas serve as the key issues to be addressed in the CAPOA.

Goals and Strategies

Goals, objectives, action steps, time frames, potential partners, and potential funding sources for the four priority issues are outlined in the CAPOA. It is important to note that the information simply provides a framework for implementation. Inherent in this framework is flexibility to accomplish the goals as other means for achieving success in the four priority areas may arise as the implementation proceeds. Each goal is stated such that it is a broad, overarching aim for the community to address. The action steps, written in the form of strategies, include specific activities and steps that can be initiated toward realizing the respective goal. The metrics are simply a form of measurement to assess progress in determining the goal's effectiveness. The time frames involve target dates for completion and will be dependent upon the commitment of the partners and funders. The identified list of potential partners and potential funders is not exhaustive but rather serves as a guide from which to execute the CAPOA.

Recommendations for Implementation:

It is critical that the larger Williamsburg community embrace and adopt the CAPOA by bringing together seniors, healthcare and service providers, community leaders, and funding partners. A number of recommendations were raised during the forums and in consultation with the SSC. In addition, the careful evaluation of other community and state plans provided valuable information into the development of the goals, strategies, and recommendations for the implementation of the CAPOA. It is clear that implementing the CAPOA is a process and will be most successful when addressing each of the following recommendations:

- Strive to make Williamsburg a model community for its older residents by accepting and instilling the “elder-friendly community” vision;
- Adopt a continuum of care approach;
- Coordinate with organizations and jurisdictions in their planning efforts by working together to support seniors;
- Explore a consultative business partnership with the Jefferson Area Board on Aging (Charlottesville, Virginia) to discover more about the implementation and sustainability of their model plan;

- Seek funding to support the implementation of the CAPOA and employ a full-time staff person to lead the implementation of the CAPOA;
- Develop a communication plan for reporting progress on the CAPOA; and
- Institute an annual review process for measuring performance and implementation of the CAPOA.

The CAPOA is a ten-year plan and because it involves ongoing evaluation to determine its effectiveness, it is possible that issues, other than those identified in the four priority areas, will emerge. It will be important for the SSC and the implementation team to assist in verifying these emerging issues and to determine if and how these new matters will be addressed.

BACKGROUND

Demographics:

The Greater Williamsburg Area has become a retirement destination for many individuals. Currently, the 60-plus population represents 20.44% of the total community population (see Table 1). Depending upon the jurisdiction, the 60-plus population ranges from 15% (City of Williamsburg) to 26% (James City County). Since the Community Action Plan On Aging (CAPOA) spans the period from 2010 to 2020, it is important to examine population projections. In 2020, the estimated percentage of residents 60 years of age and older in the Commonwealth of Virginia will be 22%, while this percentage has already been reached in the Greater Williamsburg Area. In 2020, the 60-plus population in James City County will account for 32.3% of the total county population, while York County older adults will represent 26.1% and City of Williamsburg 23.9%, respective of their jurisdiction's total population. The Greater Williamsburg Area will experience an additional increase in the senior population, from 22% to nearly 30%, by 2030.³

Population projections based on gender are provided for the years 2010, 2020, and 2030 in Tables 2, 3, and 4. It is evident that the Williamsburg area will continue to show high levels of growth among those 60 and older, and this growth is exceeding the 60-plus population growth rates for Virginia, as a whole. Table 5 provides information on the projected growth rate from 2010-2020 in residents 65 years of age and older. This growth rate is particularly informative to this 10-year CAPOA and speaks to its urgency, as the population of older residents will more than double during that time period.⁴

Table 1. 2007 Population Estimates: Number and percentage of adults age 60 and older per locale.

Locale	Total Pop.	60-64	65-69	70-74	75-79	80-84	85+	Total 60+ Pop.	% of Total Pop.
James City County	61,739	4,288	3,640	3,040	2,473	1,784	1,101	16,327	26.44
York County	63,184	3,190	2,294	1,793	1,225	843	586	9,930	15.72
City of Williamsburg	13,245	473	436	350	296	260	170	1,984	14.98
Total	138,168	7,951	6,370	5,183	3,994	2,887	1,857	28,241	20.44

Source: U.S. Census, Current Population Estimates 2005; Virginia Employment Commission, 2007; Weldon Cooper Center for Public Service, 2007.

³ U.S. Census Bureau, Current Population Estimates 2005; Virginia Employment Commission, 2007; Weldon Cooper Center for Public Service, 2007.

⁴ Demographic sources for older adults vary in their presentation of the information with some specific to adults 60 years and older and others using age 65 as the threshold. This disparity influences the raw numbers and percentages that are calculated.

Table 2. 2010 Population projections by gender for those 60 and older.

2010 Projections				
Locale	Females 60+	Males 60+	Total 60+ Pop.	% of Total Pop.
James City County	9,552	7,964	17,516	26.6%
York County	6,762	5,820	12,582	18.9%
City of Williamsburg	1,483	988	2,471	18.0%
Total	17,797	14,772	32,569	

Source: Virginia Employment Commission, 2007.

Table 3. 2020 Population projections by gender for those 60 and older.

2020 Projections				
Locale	Females 60+	Males 60+	Total 60+ Pop.	% of Total Pop.
James City County	14,266	12,428	26,694	32.2%
York County	10,884	9,048	19,932	26.1%
City of Williamsburg	1,972	1,346	3,318	23.9%
Total	27,122	22,822	49,944	

Source: Virginia Employment Commission, 2007.

Table 4. 2030 Population projections by gender for those 60 and older.

2030 Projections				
Locale	Females 60+	Males 60+	Total 60+ Pop.	% of Total Pop.
James City County	18,636	16,760	35,396	35.3%
York County	14,703	11,531	26,234	30.2%
City of Williamsburg	2,156	1,437	3,593	25.4%
Total	35,495	29,728	65,223	

Source: Virginia Employment Commission, 2007.

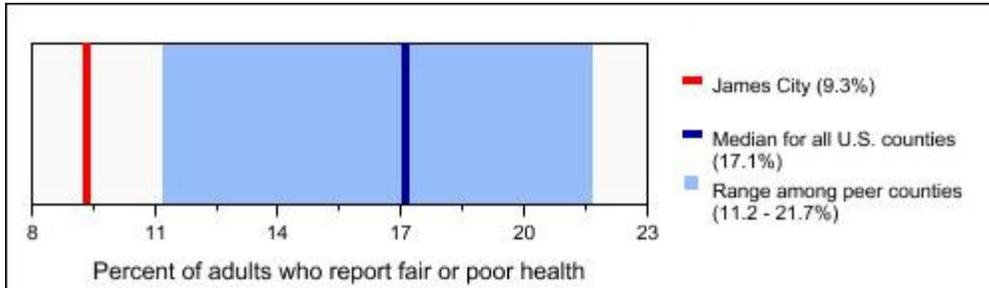
Table 5. 10-year projected growth rate in residents 65 years of age and older.

10-Year Growth Rate: 2010-2020			
Locale	Pop. 65+ in 2010	Pop. 65+ in 2020	10-Year Growth Rate in 65+ Pop.
James City County	10,962	14,645	33.6%
York County	8,125	13,993	72.2%
City of Williamsburg	1,625	1,850	13.8%
Total	20,712	30,488	47.2%

Source: Virginia Employment Commission, 2007.

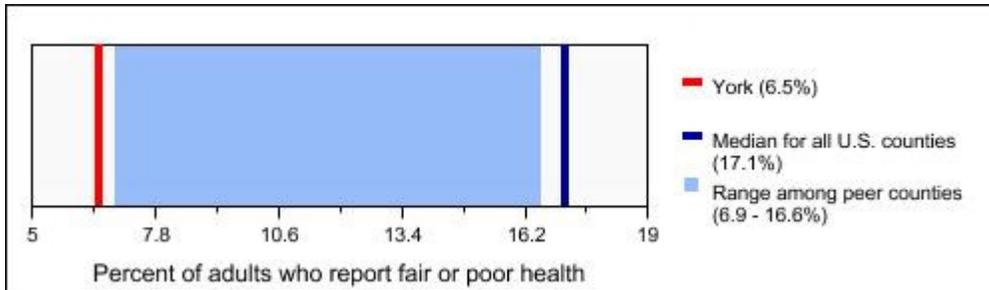
Figures 1 and 2 provide information on adults (18 and older) in James City and York Counties who reported their overall health as fair or poor. This percentage is compared to the median for all U.S. counties. Also displayed is the range of reports of fair or poor health for peer counties in the U.S. Peer counties have similar demographics and population size. Self-reported health status is not available for the City of Williamsburg because it does not meet the minimum population size needed for the data to be recorded.

Figure 1. Self-Reported Health Status for Adults in James City County.



Source: CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

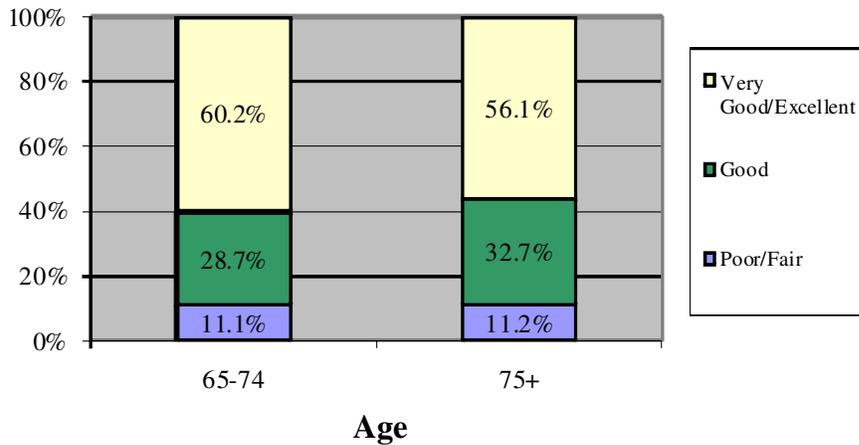
Figure 2. Self-Reported Health Status for Adults in York County.



Source: CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

The self-reported health question asked respondents to characterize their general health on a five-point scale from poor to excellent. The data presented in Figure 3 is from the 2002 community needs assessment conducted by the College of William & Mary and the Center for Excellence in Aging and Geriatric Health. Those adults 65 years of age and older reporting their health as good, very good, or excellent represented 88.6% of the respondents, while 11% rated their health as fair or poor.

Figure 3. Self-Reported Health of Local Seniors



Source: Designing a Model for Community-Based Services to Promote the Health of Older Adults. August 2003. Report by the Center for Public Policy Research at the College of William and Mary and the Center for Excellence in Aging and Geriatric Health, Telephone Survey of Older Adults.

Finally, it is critical that the CAPOA not overlook the needs of low income seniors who may be in need of support services and less able to afford or access them. The U.S. Census provides estimates for the number of individuals at or below the federal poverty level in 2007. The figures presented in Table 6 represent all adults in the local community age 19 and older. The U.S. Census does not provide estimates specific to older adults.

Table 6. Estimated Number of Adults At or Below Federal Poverty Level in 2007.

Estimated 2007 Adult Population at or below Federal Poverty Level	
Locale	Age 19+
James City County	2,454
York County	1,700
City of Williamsburg	1,246
Total	5,400

Source: U.S. Census Estimates for 2007.

Recent and Ongoing Community Needs Assessments:

In 2002-2003, the College of William & Mary and the Center for Excellence in Aging and Geriatric Health (CEAGH) completed a needs assessment of area senior services. Transportation and housing were identified as the top two needs for and by seniors. In addition, this needs assessment yielded recommendations for establishing

Williamsburg as a model community for its older residents which parallels much of the rationale for development of the CAPOA. More details about the elements of working towards a model community are provided in the next section.

Other community organizations that have recently published reports include the Williamsburg Community Health Foundation and the Historic Triangle Funders Forum. The *Guidance for the Advancement of Palliative Care (GAP) Project* (December 2006) findings suggest that clients, families, and primary care providers all need direction and support in order to link with appropriate senior service providers.⁵ The Williamsburg Community Health Foundation's *2007 Annual Report to the Community* identified senior health as a leading issue.⁶ The United Way of Greater Williamsburg recently (2008) compiled a report based on a "discussion of community priorities." Promoting senior independence was one of the five priority areas identified, and specifically, the top three identified needs related to senior independence included transportation, housing, and aging in place.⁷ Likewise, the Historic Triangle Funders Forum (2008) released a *Community Indicators Report* and recognized support for older adults as a priority area for the community.⁸ Finally, the Peninsula Health District's *Mobilizing for Action Through Planning and Partnerships (MAPP)* initiative currently (2009) focuses on assessing key health indicators for all age groups with a particular focus on older adults dealing with chronic conditions.⁹

Elements of a Model Community:

The 2003 College of William & Mary and CEAGH needs assessment yielded a template for communities to use when evaluating the needs of their senior residents and a framework by which to address the needs through an ongoing process.¹⁰ A model community for older adults is one that consistently assesses and addresses identified needs. The elements of the template include guiding principles, activities to support a model community, and a framework to support these activities. This template was instrumental to the design of the community forums and the formation of the CAPOA. Table 7 highlights the guiding principles of this model. The guiding principles were important so that people who create and act on a plan, as is now being undertaken, would be more successful. These principles were identified as a result of the research

⁵ Wilson, C. & January, W. (Dec. 2006). *Guidance for the Advancement of Palliative Care (GAP) Project Findings and Solutions*. Sentara Healthcare.

⁶ http://wchf.com/2007_RTC.pdf

⁷ United Way's Report to Participants on a Discussion of Community Priorities. August 13, 2008.

⁸ *Community Indicators Report* (Dec. 2008). Historic Triangle Funders Forum. <http://www.wchf.com>

⁹ Peninsula Health District (July 2008). *Mobilizing for Action Through Planning and Partnerships (MAPP): A strategic approach to community health improvements*.

¹⁰ Finifter, D. H., Wilson, C., Boling, P., et al. (2003). *Designing a model for community-based services to promote the health of older adults*. Williamsburg, VA: Center for Public Policy Research, The Thomas Jefferson Program in Public Policy at the College of William and Mary and The Center for Excellence in Aging and Geriatric Health.

and interviews, as well as information from other communities who had engaged in similar work. The principles emphasize inclusiveness and effective use of current resources.

Table 7. Guiding Principles to Develop a Framework for a Model Community.

Principles to Guide Development of a Framework for a Model Community	
Community Ownership	Supportive Community Attitudes
Open Communication	Support for Caregivers
Integrated Solutions	Access to Quality Care
Promote Independence	Tap Everyone’s Talents
Learning Process	Mobilize Community Resources
Creative Experimentation	Educate About Responsibilities
Focus on Priority Concerns	Collaboration with Stakeholders
Healthy Lifestyle	Build on Successful Services
Promote Volunteerism	Promote Secure Homes

Source: Designing a Model for Community-Based Services to Promote the Health of Older Adults. August 2003 Report by Center for Public Policy Research at the College of William and Mary and the Center for Excellence in Aging and Geriatric Health.

Table 8 identifies the six key activities to incorporate when building a model community; thus moving the guiding principles into action. The research team suggested that a community plan should address the following: health needs; access to information; strengthening current resources; consistent evaluation; inclusion of seniors in the evaluation process; and learning from other communities.¹¹ The last activity on Table 8 is a critically important element: establishing accountability and a set of guiding principles that the community may follow in its quest to become an aging-friendly community. Finally, Table 9 provides the three elements needed to form the framework that supports the activities of a model community. It is worthwhile to highlight and revisit this framework since it has been a guiding force for the first phase of the CAPOA.

¹¹ Ibid.

Table 8. List of Identified Activities for Incorporation in a Model Community.

Activities of a Model Community in Williamsburg
Promote Health Maintenance
Consistently Improve Access to and Information About Services
Deliver Training Programs to Professionals and Caregivers
Involve Seniors in Ongoing Evaluation and Problem-Solving
Monitor Other Communities to Seek Best Practices
Establish Accountability and a Set of Guiding Principles for the Community as a Whole

Source: Designing a Model for Community-Based Services to Promote the Health of Older Adults. August 2003 Report by Center for Public Policy Research at the College of William and Mary and the Center for Excellence in Aging and Geriatric Health.

Table 9. Elements of a Framework to Support the Activities of a Model Community.

Framework to Support Activities of a Model Community in Williamsburg
Forum at Which All Providers Actively Contribute Towards Continuous Needs Analysis, Problem-Solving, Evaluation, and Information-Sharing
Community Leadership that Prioritizes Issues Related to Healthy Aging Through Policies and Funding
Culture of Acceptance and Support for Aging Community Members

Source: Designing a Model for Community-Based Services to Promote the Health of Older Adults. August 2003. Report by the Center for Public Policy Research at the College of William and Mary and the Center for Excellence in Aging and Geriatric Health.

Community Forums

A key step in the development of the CAPOA was to gather input from the community via four forums that took place between October 2008 and January 2009. More than 240 people, including retirees and seniors, service providers, leaders from religious organizations, and other community leaders, participated in these forums. The aforementioned model community framework was critical to the creation and outcome of these forums.

The first three forums had the same purpose; to engage the community in identifying needs and proposing solutions to be incorporated into the CAPOA. Each forum had two primary components: 1) a presentation about developing a community plan; and 2) panelists to offer input about the development and implementation of the plan. Each forum presentation outlined key elements of a community plan (e.g., goals, timeline) and offered rationale for why the time was suitable for the Williamsburg community to create such a plan. In addition, several state and community plans were

highlighted for further consideration as best practice sites. This part of the presentation afforded attendees a means by which to see how other communities leveraged partners to create and fund their respective plans.

While the presentation was similar across the three forums, each forum was unique in terms of the panelists who were assembled to deliver their comments and suggestions for the CAPOA. Panels were organized to represent a cross-section of the community and a variety of resources. Attendees also contributed many valuable recommendations that serve as the foundation for this plan. It was agreed upon that it was most important to first hear from seniors; therefore, panelists for Forum One included three local retirees. These individuals expressed their views about the elements they wished to have included in the CAPOA. Much of the discussion focused around aging in place and supporting older adults within their neighborhoods, as well as the challenges associated with addressing needs of isolated older adults. See Appendix A for Minutes from Forum One.

Forum Two panelists consisted of members of the local Planning Commissions, representing the City of Williamsburg and James City County. The panelists provided information about their respective Comprehensive Plans and how these plans will address needs of older adults. In addition, there was dialogue concerning accessibility to healthcare and recreational programs, senior employment, and affordability of long-term care. See Appendix B for Minutes from Forum Two.

Forum Three panelists were representatives of the housing market. The panelists included the President of the Williamsburg Area Association of Realtors, a Marketing Director with the long-term care division of a major health system, and Chair of the York County Planning Commission.¹² The panelists offered their insight and experience into how a variety of housing options might be made available to meet the needs of older residents. Types of housing options that were raised included an expansion of the PACE model, and exploration of mixed-housing units and the Greenhouse model. The panel reached consensus in explaining that a public-private partnership was the most likely arrangement for addressing housing needs and for implementing the CAPOA. See Appendix C for Minutes from Forum Three.

While a fourth forum had not been part of the original plan for gathering community input, it became evident that an additional outlet for communicating findings with the community was required. It was important that needs, comments, and suggestions resulting from the first three forums be compiled and carefully reviewed to gain a clearer understanding of the direction and emphasis for the CAPOA. Then the

¹² The Chair of the York County Planning Commission was unable to participate in Forum Two and was invited to participate as a panelist for Forum Three.

most common issues and needs, referred to as priority areas, needed to be presented to the community to verify these priority areas indeed captured the concerns of the community.

Methodology

Findings from the forums are not intended to be from a scientifically drawn sample of individuals. The findings represent only the views of those who attended the forums, which included more than 240 community members. Every effort was made to reach out to the community at large, and particularly so to the senior community, to encourage participation. Using a database of service providers created as part of this project, invitations to the forums were sent to more than 270 individuals and providers. Forum flyers were sent via U.S. mail or e-mail to all religious organizations and service providers, from social services to long-term care communities. Administrators at the long-term care communities were encouraged to invite residents to attend and one forum was held at an area independent living/assisted living facility. In addition, all members of local government, including County Board of Supervisors and City Council members were invited to participate.

Each of the four forums was held in a different part of the Greater Williamsburg Area. The panelists were diverse and represented a variety of ages, ethnicities, and experiences. Notices enabled community members who could not attend the forums to send comments separately. Detailed minutes from each forum were taken by several members of the planning team and were carefully reviewed by three independent reviewers. The reviewers' notes were then synthesized into "key points" (see Appendix D) signifying general agreement with the foundation of the CAPOA addressing four priority areas. In addition, members of the Senior Services Coalition Steering Committee provided input and served as a means by which to verify all the issues and concerns that were expressed had been accurately recorded. A combination of all noted sources was used to arrive at the priorities.

The four priority areas are as follows:

- 1) **Awareness of and Access to Resources** – Helping seniors and caregivers navigate community resources.
- 2) **Vulnerable Seniors** – Focusing on the needs of hidden populations including isolated and frail seniors, low-income seniors and those with mental health issues.
- 3) **Housing and Neighborhood Support** – Offering affordable and accessible housing options as well as designing neighborhoods to be age-friendly.

4) **Seniors as a Resource** – Valuing the contribution of all seniors and enhancing opportunities for engagement in the community.

It is important to note that other areas, such as transportation and long distance caregiving, were identified as an issue in at least one of the forums. However, these issues were not consistently raised as a priority for the community at this time. This is not to say that these, and other issues, are not worthy of the community's attention. This simply indicates which areas arose as priorities. While it is clear that transportation has been raised in previous community needs assessments and has been a focus of other community plans (see Table 10), it is likely that the Williamsburg community has recently made progress in providing medical and non-medical transportation for older adults. With the institution of the RIDES program and the contribution of Williamsburg Area Faith in Action volunteer drivers, for example, many more older adults are able to access needed healthcare and social services.

In January 2009, a fourth and final community forum, bringing together nearly 100 members of the community, was held. The purpose of this forum was to: 1) present a summary of the concerns and recommendations produced during the three forums; 2) engage the community in prioritizing the goals for the CAPOA and identifying responsible partners; and 3) preview a draft of the action plan. Panelists included experts representing the four priority areas for the CAPOA. Panelists and attendees offered a variety of recommendations for ways to address the priority areas. These recommendations included greater use of technology to access services as well as to store and connect one's health information; piloting the Beacon Hill Village model in several neighborhoods¹³; promoting model neighborhood response teams; instituting a companion care program to support vulnerable seniors; and establishing a continuum of care approach.¹⁴ See Appendix E for Minutes of the fourth forum.

Contingency Plan

Because the CAPOA is a ten-year plan and because it involves ongoing evaluation to determine its effectiveness, it is possible that issues, other than those identified in the four priority areas, will emerge. It will be important for the SSC to assist in verifying these emerging issues and to determine if and how these new matters are critical to the point of needing to be addressed and resolved.¹⁵ For example, during the development of the CAPOA, the community has experienced a dramatic downturn in the economy. The current state of the economy has negatively impacted federal, state,

¹³ <http://www.beaconhillvillage.org/>

¹⁴ The third and fourth forums were videotaped and are on file with the Senior Services Coalition.

¹⁵ Other examples of emerging issues include addressing the needs of family and professional caregivers; facilitating transportation to medical appointments; and responding to the mental health needs of older adults.

and local services that are designed to meet the needs of older adults.¹⁶ In addition, many older adults who are retired or who were planning to retire in the near future must now return to or remain in the workforce in order to maintain their quality of life.¹⁷ One of the initiatives being led by the SSC is that of senior employment. The SSC is preparing to host a senior career fair and this type of programming has been identified as a strategy in the CAPOA related to the priority area of “seniors as a resource.”¹⁸

Compilation of Local Resources and Analysis of State and Community Plans On Aging

Two additional critical components to developing the CAPOA involved gathering information about the local community as well as what other communities are currently engaged in to support older adults. First, an Excel database of local resources for older adults was compiled. The database includes a listing of current available healthcare and social services; long-term care facilities; pharmacies; religious organizations; and other support programs for seniors. The database includes the name of the organization and all pertinent contact information. The database was created by compiling other resource guides (e.g., Senior Advocate Resource Guide, United Way Helpline, VirginiaNavigator.org, SeniorNavigator.org, PADRN.org) and listings gathered for previous community needs assessments. This database was utilized to invite healthcare and senior service providers to the forums. This data is being made available to the Senior Services Coalition (SSC).

A number of other state (5) and community plans (14) on aging were evaluated for lessons learned that might benefit the Williamsburg CAPOA. Reports, models, toolkits, and other resources from these Plans were collected and reviewed.¹⁹ The Plans and related information have been compiled into two notebooks (one for State Plans, one for community plans) and are on file in the SSC office. A summary of these plans and reports can be found in the following table (Table 10). The Table highlights the time period for the Plan as well as key leaders, organizations, and funders of the development and implementation of the Plan. Additionally, the focal areas and lessons learned from each State, Regional, or Community Plan are summarized.

¹⁶ Per correspondence with local social service departments and area agencies on aging.

¹⁷ <http://online.wsj.com/article/SB123535088586444925.html>

¹⁸ Members of the SSC Steering Committee announced plans for a senior career fair.

¹⁹ Contact was made with at least one representative of each state, regional, or community plan.

Table 10. Summary Table of State and Community Strategic Plans on Aging.

Name of State	Name of Plan/Report	Leaders of Plan	Time Period	Key Areas Plan Addresses	Lessons Learned	Funding Sources
Commonwealth of Virginia	1) Stage Agency Reports on Progress in Addressing the Impact of the Aging of Virginia's Population 2) The Older Dominion Partnership 3) Mobilizing for Action Through Planning and Partnerships	1) VA Dept for the Aging 2) Southeastern Institute for Research, The Boomer Project 3) VA Dept of Health	1) 2008 2) 2007 – Current 3) 2007 - Current	1) Discerning the level of the agencies' preparedness 2) Developing comprehensive long-term strategy to prepare for coming age wave 3) Helping communities prioritize public health issues	1) Majority of agencies expressed concern about growth of seniors both that they serve and that they employ 2) Importance of Study Partners; Technical Advisors; and Study Implementation Team 3) Importance of public health system assessment	1) General Assembly 2) Richmond Memorial Health Foundation 3) National Assoc. of County & City Health Officials, CDC, HHS
Florida	Master Plan on Aging	FL Dept of Elder Affairs, Agency for Health Care Administration, ADA Working Group, FL Housing Finance Corp	2007-2009	Streamlined long-term care system; elder-friendly environment; enhancement of support networks; independent housing; transportation; employment	Importance of town hall sessions to collect input; assimilation of stage agency and university research; dedicated partners and stakeholders	FL Dept of Elder Affairs
Minnesota	Project 2030	MN Dept of Human Services, MN Board on Aging	1996-2030	What demographic changes mean for the state, what the focus for the present and future should be to prepare	Feedback from each State Dept about how Project 2030 will impact its work; statewide forums; Work groups to address policy implications	MN Dept of Human Services, MN Board on Aging

Community Action Plan On Aging

New York	Project 2015	New York State Office for the Aging, State Society on Aging of New York State	2002-2015	Preparing State Government agencies; focus on demographic change and cross-agency communication	Cohesive planning among partners; future-oriented analysis; looking beyond aging to needs of Baby Boomers; caregivers, etc.; setting realistic short-term, mid-term, and long-term goals; reporting tangible results; development of toolkit and community handbook	New York State Office for the Aging, State Society on Aging of New York State
Texas	Aging Texas Well	Texas Dept. of Aging & Disability Services, Aging Texas Well Advisory Committee	1997 - Current	Readiness of all state agencies to serve aging population; physical exercise program; local community preparedness	Individual preparedness and the social infrastructure to support older residents	Texas Dept of Aging & Disability Services (Executive Order)
Name of Community	Name of Plan/Program	Leaders of Plan	Time Period	Key Areas Plan Addresses	Lessons Learned	Funding Sources
Arlington, VA	Arlington in 2030- A Livable Community for All	Arlington Agency on Aging	2006-2030	Housing; transportation; supportive services/health care; and community involvement	Importance of older adults as a valuable resource for the community	Local Public Assistance Cost Allocation Plan, by revenue from Auxiliary Grants, private pay, and Section 8 project based rental assistance, HUD grant funds

Community Action Plan On Aging

Atlanta, GA	Aging in Place: A Toolkit for Local Governments	Atlanta Regional Council, Community Housing Resource Center	2000-Current	Healthcare; Environment; Planning and Zoning (Use of GIS Mapping)	Where one lives can impact one's health and vice-versa; many programs are needed to support aging in place initiatives	Atlanta Regional Council, Community Housing Resource Center
Boston, MA	Beacon Hill Village	Residents of homeowners associations	2003 - Current	Aging in place; services within walking distance; concierge services	Model that other communities wish to incorporate; residents must pay membership fees for services	Residential membership fees
Burlington, VT	A Great City for Older Adults: An Action Plan for Burlington	AARP Vermont; Burlington Livable Community Project	2006 - 2016	Housing; transportation; mobility; community engagement	No simple terminology for discussing and describing older residents	AARP Vermont; Burlington Livable Community Project
Carver County, MN	Community for a Lifetime	Carver County Health Partnership Senior Commission	2006-2030	Housing; transportation; education; health care; civic engagement; community-based services; employment	Valuing older adults, importance of encouraging all ages to remain active and involved; support aging in place needs; usage of GIS mapping to determine accessibility to senior services from senior residents	Minneapolis Foundation Skogmo-Gamble Fund
Charlottesville, VA	2020 Community Plan on Aging: Making Our Community a Great Place to Age	Thomas Jefferson Planning District. Jefferson Area Board on Aging	2001-2020	Seven goals for developing an age-friendly and intergenerational community	Winner, Livable Communities for All Ages; Importance of Steering Committee; community forums; implementation strategies; ongoing collaboration with partners; ongoing evaluation and dissemination	Annie E. Casey Foundation, Jefferson Area Board on Aging, Piedmont Housing Alliance, Martha Jefferson Hospital

Community Action Plan On Aging

Cuyahoga County, OH	Guide to Elder-Friendly Community Building	Cuyahoga County Planning Commission, Cleveland Foundation Successful Aging Initiative	2004	Mobilizing the community to support older residents	Community building process involves 4 phases: organizing, assessment, planning, and implementation; need for a consultant to assist with data collection and organizing the assessment as well as an individual to oversee the implementation	Cuyahoga County Planning Commission, Cleveland Foundation
Fairfax, VA	Anticipating the Future Fairfax 50+: Action Plan 2007	Fairfax County Board of Supervisors' Committee on Aging	2007	Affordable housing; transportation options; engaged older adults; safety and security; technology; service capacity; diversity; family caregivers	Importance of scorecard for the action plan	Fairfax Area Agency on Aging
L.A. County, CA	L.A. County Seniors Count!	L.A. County Community and Senior Services, L.A. City Dept of Aging, L.A. County Commission on Aging	2007	Insurance; affordability; physical and legal assistance; employment and leisure	Importance of conducting a survey to assess a community's needs	L.A. County Community and Senior Services, L.A. City Dept of Aging, L.A. County Commission on Aging
New York City, NY	A Good Place to Grow Old: Naturally Occurring Retirement Communities Supportive Services Program	United Hospital Fund	1986 - current	Focus on a model of care allowing older residents to age in place	Winner, Livable Communities for All Ages; Administration on Aging and Center for Home Care Policy & Research Support	United Hospital Fund's Aging in Place Initiative, State Government agencies

Community Action Plan On Aging

Newport News, VA	Task Force on Aging Action Plan	City of Newport News, Task Force on Aging	2003 - Current	Support least restrictive environment; health and wellness; connection and engagement in community	Importance of a full-time staff person to implement plan; plan needs to be implemented in phases; role of the Task Force	City of Newport News Dept of Human Services, Dept of Social Services
Orange County, NC	Building Aging-Friendly Communities in Orange	Orange County Government	2007-2011	Promoting an aging-friendly community; integrating resources for public and private community partners	Importance of addressing older adults of different functional capacities; identification of person responsible to oversee implementation of plan	Orange County Government
Portland, OR	Age-Friendly Cities Project in Portland	Institute on Aging and School of Community Health, Portland State University, AARP	2006 - current	Promoting an aging-friendly community via: transportation; housing; environment, social inclusion; community support; employment	Build on existing age-friendly features; enhance the community so that is friendly for residents of all ages	World Health Organization, Institute on Aging and School of Community Health, Portland State University
Rappahannock Rapidan Region, VA	Aging Together: Five Communities Creating Choices	Aging Together Partnership (known originally: Rappahannock Rapidan Eldercare Coalition)	2006-2010	Expansion of services, increasing capacity of long-term care workforce and volunteer network; health literacy; at-risk populations, regional collaboration, financial resources	Importance of charting progress through a “community report card on aging;” Hold annual “community conversations on aging;” identification of an individual or group of individuals to oversee implementation and sustainability of plan	Robert Wood Johnson Foundation’s Community Partnerships for Older Adults

Source: Strategic Plans on Aging Notebooks compiled by the Center for Excellence in Aging and Geriatric Health, 2009. See Appendix F for a listing of contacts made with representatives from these Plans.

COMMUNITY ACTION PLAN

Senior Services Coalition Mission Statement:

To promote the independence of seniors, Coalition members will collaborate to build, integrate, sustain, and support a comprehensive senior services system in James City County, Williamsburg, and York County.

In the spirit of the mission of the SSC, where a key goal is to support area seniors via a coordinated system of care, the Coalition is well-suited to provide oversight for the implementation of this Plan. In this section of the CAPOA, goals, objectives, action steps, time frames, potential partners, and potential funding sources for the four priority issues are outlined. It is important to note that the information that follows simply provides a framework for implementation. Inherent in this framework is flexibility to accomplish the goals as other means for achieving success in the four priority areas may arise as the implementation proceeds.

Each goal is stated such that it is a broad, overarching aim for the community to address.²⁰ It should be noted that the action steps, written in the form of strategies, include specific activities and steps that can be initiated toward realizing the respective goal. Some activities may already be in progress (e.g., linking seniors with volunteer opportunities) and it is important that the strategies include a mechanism for monitoring the impact of these activities while expanding them, where necessary. The metrics are simply a form of measurement to assess progress in determining the goal's effectiveness. It is suggested that all data collected as a result of addressing the CAPOA strategies be stored at the Senior Services Coalition office and be the primary responsibility of the implementation team. The time frames involve target dates for completion and will be dependent upon the commitment of the partners and funders.

A number of individuals representing a variety of agencies and organizations have expressed interest in the CAPOA and its implementation. Some of the organizations identified within the goals are members of the Senior Services Coalition and thus, have a vested interest in the CAPOA. Others include prominent organizations in aging that should be invited to future discussions as the implementation phase is initiated. Appendix F provides documentation on many of the contacts that were made by the planning team as part of the development of the CAPOA. The list includes contact with representatives of local agencies and organizations as well as regional and state planning efforts. The list of potential partners and potential funders outlined in the next few pages is not exhaustive but rather serves as a guide from which to execute the

²⁰ The idea is to have the goals be expansive and not restrictive.

CAPOA. It is anticipated that some funding may be made available through agencies contributing staff time and skills.

ISSUE 1: AWARENESS OF AND ACCESS TO RESOURCES

While this issue is not unique to the Williamsburg community, it is apparent that residents continue to experience challenges in determining which resources are available to them and how then to access those resources. Previous community needs assessments have documented these ongoing challenges. Some of the responsibilities rest within community leaders and directors of programs to plainly communicate about available resources. Clearly, personal responsibility to explore and ask about services can be encouraged among all community residents. Initiatives such as the No Wrong Door project are linking seniors and their families with appropriate resources. Internet resources, including SeniorNavigator.org and PADRN.org are now available to assist with the search process. The Williamsburg community is experiencing much growth in the area of information technology in communicating to residents about available services and resources. While not all residents will be able to utilize this vehicle for gathering information, it is one important step in educating residents and service providers about available services.

GOAL 1: Increase the capacity of seniors to live independently by promoting coordinated and accessible resources for healthcare and support services.

1.1: Promote SeniorNavigator.org, PADRN.org, Virginiaseniorservices.com, and similar Internet-based search tools.

STRATEGY: Offer education and outreach activities about these sites to seniors and providers who serve seniors.

METRIC: Assess the number of visits to these sites on a quarterly basis.

TIME FRAME: 2 years

POTENTIAL PARTNERS: United Way; SHARP of Peninsula Agency on Aging; SeniorNavigator.org; PADRN.org; Virginiaseniorservices.com

POTENTIAL FUNDERS: Robert Wood Johnson Foundation; Virginia Department for the Aging; Williamsburg Community Health Foundation

1.2: Facilitate the use of electronic health records and similar electronic forms of recording health history and medical information.

STRATEGY: Increase the number of seniors and their families with access to an electronic form of their medical record.

METRIC: Annually assess the number of seniors utilizing an electronic medical record.

TIME FRAME: 5 years

POTENTIAL PARTNERS: Virginia Health Information; Riverside Health System; Sentara Healthcare; American Health Information Management Association; elder law attorneys

POTENTIAL FUNDERS: elder law attorneys; Riverside Health System; Sentara Healthcare; Commonwealth Health Research Board; Williamsburg Community Health Foundation

1.3: Explore and support appropriate senior service provider community networking projects.

STRATEGY: Evaluate the contribution of senior health fairs, conferences, and forums to the attendees and the providers.

METRIC: Conduct a cost-benefit analysis of current outreach efforts, such as the health fairs, by determining cost (e.g., time and expense) to exhibitors and number of persons attending.

TIME FRAME: 2 years

STRATEGY: Maintain a listing of the active coalitions that support seniors and facilitate their interaction with one another.

METRIC: Determine the number of members who are involved in multiple coalitions.

TIME FRAME: 2 years

POTENTIAL PARTNERS: geriatric care managers; Senior Services Coalition; Peninsula Task Force on Aging; Peninsula Aging Network; Center for Excellence in Aging and Geriatric Health; AARP; Historic Triangle Senior Center

POTENTIAL FUNDERS: Williamsburg Community Health Foundation; Riverside Health System; Sentara Healthcare

1.4: Promote geriatric care management as a means for connecting seniors and their families with services.

STRATEGY: Maintain a list of universities and colleges that prepare care managers and provide mentors for potential care managers.

METRIC: Annually identify the number of individuals who currently are and who become certified as geriatric care managers.

TIME FRAME: 3 years

POTENTIAL PARTNERS: geriatric care managers; Catholic Charities of Eastern Virginia; SHARP of Peninsula Agency on Aging; Center for Excellence in Aging and Geriatric Health; Virginia Center on Aging; National Association of Professional Geriatric Care Managers

POTENTIAL FUNDERS: Virginia Center on Aging; National Association of Professional Geriatric Care Managers; Williamsburg Community Health Foundation

ISSUE 2: VULNERABLE SENIORS

There are many ways to define what it means to be vulnerable not the least of which is having very few financial resources, but it is important that this CAPOA also recognizes those who have some financial resources but do not qualify for specialized services. Other individuals are considered vulnerable due to mental health needs, particularly related to substance abuse and depression. It was clear from the forums that our region is lacking in the number of available psychiatric beds and that while Eastern State Hospital is located here in our community, the facility is not currently admitting new patients to the Hancock Geriatric Treatment Center. There are mechanisms in place working through the Community Service Boards to help locate beds but placement remains a challenge.²¹

It is also important to recognize those older adults who reside alone or with another frail partner and are not living near family or a dependable support system. These individuals may benefit from a home safety audit as well as home modifications that will allow them to remain in their home safely.²² More details about supporting seniors in their homes and neighborhoods are included in ISSUE 3: HOUSING. In addition, utilizing the geriatric care manager, as identified in ISSUE 1: AWARENESS OF AND ACCESS TO RESOURCES is a mechanism for reaching out to these seniors. Other opportunities include expanding the PACE model to serve more vulnerable

²¹ Per correspondence with Bonnie Basilone, Colonial Services Board, and Douglas Panto, Alzheimer's Association.

²² <http://stayhomesafe.com>

seniors (see Appendix G), instituting a visitation program to reduce isolation, and encouraging religious organizations to establish a parish nurse program.²³

GOAL 1: Increase availability and awareness of opportunities to address matters of seniors' social isolation.

1.1: Promote visitation programs to reduce isolation.

STRATEGY: Expand existing and/or institute a new companion/visitation program that serves seniors identified as vulnerable and in need.

METRIC: Annually determine number of eligible seniors served by visitations programs.

TIME FRAME: 3 years

POTENTIAL PARTNERS: College of William & Mary Office of Student Volunteer Services; Williamsburg Area Faith in Action; Riverside PACE; Sentara Behavioral Health Outpatient Center; Colonial Services Board; SHARP of Peninsula Agency on Aging; Neighborhood Connections

POTENTIAL FUNDERS: Riverside Health System; Sentara Healthcare; Williamsburg Community Health Foundation

GOAL 2: Establish a PACE-like model to expand the safety net and continuum of care to serve more seniors.

2.1: Coordinating services for vulnerable seniors.

STRATEGY: Implement a model of care that improves quality of life for vulnerable seniors ineligible for the traditional PACE program but in need of coordinated services.

METRIC: Determine number of clients served and cost-savings for clients who would have otherwise not had health needs addressed on an annual basis.

TIME FRAME: 5 years

POTENTIAL PARTNERS: Riverside PACE; Departments of Social Services; Colonial Services Board

²³ <http://www.parishnurse.org>; "Parish nursing services are designed to involve individuals, families and congregations as active partners in their personal health."

POTENTIAL FUNDERS: Riverside Health System; Sentara Healthcare; Commonwealth Health Research Board; Williamsburg Community Health Foundation

GOAL 3: Enhance the support of services to meet the needs of vulnerable seniors and their caregivers.

3.1: Utilize the resources and outreach efforts of religious organizations.

STRATEGY: Maintain a list of universities, colleges and hospitals that provide courses for potential parish nurses and provide mentors (e.g., geriatric care managers, parish nurses) for potential parish nurses.

METRIC: Annually determine number of parish nurses and number of senior parishioners served through the program.

TIME FRAME: 3 years

POTENTIAL PARTNERS: National Health Ministries; Williamsburg Area Faith in Action; Williamsburg Area Association of Churches

POTENTIAL FUNDERS: National Health Ministries; Williamsburg Community Health Foundation

3.2: Reinforce initiatives that support informal caregivers, many of whom are family members employed outside the home.

STRATEGY: Offer a low-cost, subsidized respite program.

METRIC: Determine number of clients served and cost-savings for clients on an annual basis.

TIME FRAME: 2 years

POTENTIAL PARTNERS: Center for Excellence in Aging and Geriatric Health; Alzheimer's Association – Southeastern Virginia Chapter; Catholic Charities of Eastern Virginia; Colonial Services Board; Williamsburg Area Faith in Action; Assisted living facilities; nursing homes; home healthcare; and home companion agencies

POTENTIAL FUNDERS: Assisted living facilities; nursing homes; home healthcare and home companion agencies; Riverside Health System; Sentara Healthcare; Williamsburg Community Health Foundation

3.3: Address growing substance abuse issues among seniors.

STRATEGY: Explore the establishment of a senior-targeted outpatient substance abuse program.

METRIC: Determine number of clients served that would have otherwise been recommended for and/or served via an inpatient setting on an annual basis.

TIME FRAME: 5 years

POTENTIAL PARTNERS: Center for Excellence in Aging and Geriatric Health; College of William & Mary Counseling Program; Colonial Services Board; Sentara Behavioral Health Outpatient Center

POTENTIAL FUNDERS: Riverside Health System; Sentara Healthcare; Commonwealth Health Research Board; Williamsburg Community Health Foundation

ISSUE 3: HOUSING

The identified area of housing encompasses two key issues: 1) affordable and accessible housing; and 2) programs that help neighbors support one another. With respect to the first issue, exploring the addition of mixed-housing units was raised. Mixed-housing units incorporate different living arrangements and individuals with a variety of incomes. In addition, universal design, which improves accessibility for all persons, is a popular approach for architects and builders, thus it appears the community can do more to capitalize on this approach. In universal design, homes are built with features including one-story living space, wide doors and halls, and no-step entryways. Finally, most dementia units in area long-term care facilities are at capacity and are experiencing wait lists; therefore, additional dementia units are needed.²⁴

Many older residents express a desire to remain in their own home, in their own neighborhood for as long as possible, known as “aging in place.”²⁵ Along this line are “naturally occurring retirement communities” (NORCs) where neighborhoods, apartment complexes and other developments primarily house adults over the age of 50. This phenomenon is of particular interest because these communities occur “naturally” and

²⁴ The Alzheimer’s Association maintains regular contact with all long-term care facilities that provide specialized dementia care. Their staff members report that the 5 community facilities with specialized units only have a short supply of private-pay beds available and no supply of Medicaid beds.

²⁵ AARP. (2005, May). *A Report to the nation on livable communities: Creating environments for successful aging*. Report prepared by AARP Public Policy Institute. Washington, DC: AARP.

were not designed to support the needs of aging adults.²⁶ It is important to recognize the local neighborhoods that might be considered NORCs and to determine how best to collaborate to help residents access needed services. Communities that are aging-friendly assist in bringing support services to older adults where they reside.

In addition, the PACE model has been shown to be an effective and safe way of serving frail elders with limited incomes in their homes by coordinating social and medical services.²⁷ Some of the discussions that took place at the forums focused on expanding the PACE program to serve more seniors with modest incomes, thus, this recommendation has been incorporated into the CAPOA (see Appendix G).

The Neighborhood Response Team was raised as an option to help neighbors support one another, particularly when a resident becomes ill, returns home from the hospital, or cannot maintain care of oneself or one's spouse and/or upkeep of the home. Neighborhood Response Teams are based on a volunteer structure and allow the neighbors living within their respective communities to assist one another and to rotate responsibilities. Many neighborhoods are offering this service informally now and others have a more formal structure (e.g., assigning block captains). This neighborhood approach supports intergenerational living arrangements, a theme raised in the forums. Additionally, the Beacon Hill Project (Boston, MA) is a model that could be replicated in this area (see Appendix H). Many of these neighborhoods operate with a concierge-type service to bring services to the residents or help the residents access the services.²⁸ Several local neighborhood homeowners' associations have expressed interest in piloting this model.

GOAL 1: Provide a variety of quality affordable and accessible living options integrated within the community.

1.1: Develop or retrofit a sufficient amount of housing units to meet demand.

STRATEGY: Promote and offer incentives for the development of universal-designed mixed-housing units among architects, builders, and other planners.²⁹

²⁶ Abbott, P.S., Carman, N., Carman, J., & Scarfo, B. (2009). *Re-creating neighborhoods for successful aging*. Baltimore: Health Professions Press.

²⁷ Hansen, J. C. (2008). Community and in-home models: PACE and state-based payment for in-home supportive services. *American Journal of Nursing*, 108, p. 69-72.

²⁸ <http://www.beaconhillvillage.org/>

²⁹ Per correspondence with Bruce DeSimone, Community Housing Officer with the Virginia Housing Development Authority (VHDA); VHDA can offer a loan product to local governments interested in a mixed-use/mixed-income project; also available are below-market interest rates for developers who have more than 20% of the units dedicated as income-restricted; planning grants are available to help initiate these projects.

METRIC: Identify the number of new or retrofitted housing units accessible for seniors on an annual basis.

TIME FRAME: 5 years

POTENTIAL PARTNERS: County and City Governments; Offices of Housing and Redevelopment; Housing Partnerships

POTENTIAL FUNDERS: County and City Governments; developers; builders

1.2: Establish policies that maintain senior choices, such as aging in place.

STRATEGY: Coordinate services of informal caregivers (e.g., family members and neighbors) and agencies that provide in-home support services.

METRIC: Identify the number and type of in-home support services available to seniors with varying incomes.

TIME FRAME: 3 years

POTENTIAL PARTNERS: Colonial Services Board; SHARP of Peninsula Agency on Aging; County and City Social Services; homeowners' associations; financial planners; reverse mortgage specialists

POTENTIAL FUNDERS: Beacon Hill Association; County and City Governments; homeowners' associations; County and City Social Services

GOAL 2: Support neighborhoods in maintaining or establishing outreach efforts.

2.1: Work with Homeowners' Associations to identify model "neighborhood care" programs.

STRATEGY: Replicate successful models (e.g., Colonial Heritage, Ford's Colony, Community Emergency Response Teams) in two neighborhoods.

METRIC: Identify the number of neighborhoods who request and receive training in offering a neighborhood care program.

TIME FRAME: 3 years

POTENTIAL PARTNERS: County and City Governments; Neighborhood Connections; homeowners' associations; Neighborhood Councils; Neighborhood Watch

POTENTIAL FUNDERS: Beacon Hill Association; County and City Governments; homeowners' associations

2.2: Identify neighborhoods interested in serving as a resource link such as the Beacon Hill Model.

STRATEGY: Pilot a Village Model in three neighborhoods.³⁰

METRIC: Measure the success of the pilot sites via participant surveys.

TIME FRAME: 5 YEARS

POTENTIAL PARTNERS: County and City Governments; Neighborhood Connections; homeowners' associations; Neighborhood Councils; Beacon Hill Association

POTENTIAL FUNDERS: Beacon Hill Association; County and City Governments; homeowners' associations

ISSUE 4: SENIORS AS A RESOURCE

One element associated with becoming a model community for older adults is recognizing the value of all citizens, but particularly so the wisdom, skills, and experiences of older residents. Much discussion occurred at the forums with respect to ways to both recognize and tap into the knowledge and expertise of area retirees, as well as their expressed desire to give back to their community. In addition, it will be important for our community to support older adults who wish to remain in the workforce or who need to find ways to secure employment.

GOAL 1: Expand opportunities for seniors to remain connected and contribute their skills and abilities to the community.

1.1: Match seniors' skills with the appropriate type of agency in need of those skills.

STRATEGY: Increase number of seniors enrolled as volunteers with various agencies, including VolunteerWilliamsburg.org and Network Williamsburg.

³⁰ As of April 6, 2009, one neighborhood in the City of Williamsburg and one in James City County expressed interest in serving as a pilot site.

METRIC: Annually measure the number of seniors enrolled in RSVP; Network Williamsburg; United Way of Williamsburg; and VolunteerWilliamsburg.org.

TIME FRAME: 2 years

POTENTIAL PARTNERS: Historic Triangle Senior Center; Rita Welsh Adult Literacy Program; Christopher Wren Association; Retired Senior Volunteer Program; United Way of Greater Williamsburg; Greater Williamsburg Association for Volunteer Administration

POTENTIAL FUNDERS: Christopher Wren Association; Retired Senior Volunteer Program; United Way of Greater Williamsburg

1.2: Promote opportunities for seniors to continue working and increase awareness among employers about seniors as suitable employees.

STRATEGY: Hold a senior career fair³¹

METRIC: Determine number of seniors and employers who participate, Determine the number of seniors who are able to secure employment within one year of attending the career fair.

TIME FRAME: 3 years

POTENTIAL PARTNERS: Greater Williamsburg Chamber and Tourism Alliance; Virginia Employment Commission; Senior Services Coalition; Historic Triangle Senior Center

POTENTIAL FUNDERS: Greater Williamsburg Chamber and Tourism Alliance; Virginia Employment Commission; U.S. Department of Labor (Title V of the Older Americans Act)

GOAL 2: Promote health literacy by encouraging life-long planning, including legal and financial planning, and utilization of community resources.

2.1: Support current education and outreach efforts on health literacy and facilitate additional efforts, as needed.

STRATEGY: Evaluate education and outreach programs to verify the programs meet the needs and expectations of older residents.

³¹ The senior career fair is part of the SSC senior employment initiative.

METRIC: Annually assess number of attendees at outreach programs and measure request for such programs.

TIME FRAME: 3 years

POTENTIAL PARTNERS: Virginia Health Information; Riverside Health System; Sentara Healthcare; American Health Information Management Association; Rita Welsh Adult Literacy Program; elder law attorneys; financial planners

POTENTIAL FUNDERS: elder law attorneys; financial planners; Riverside Health System; Sentara Healthcare; Williamsburg Community Health Foundation

RECOMMENDATIONS FOR IMPLEMENTATION

The SSC is uniquely qualified to assume responsibility for and implement the CAPOA because it represents the service providers. The recommended actions that will be the result of this Plan can only take place with the commitment of service providers. Therefore, a coordinating agency such as the SSC is in a unique and key position to provide a forum for evaluation of the recommended actions and hold the providers and community mutually accountable for putting the actions into practice. Seven recommendations are outlined for moving the CAPOA into the implementation phase.

Elder-Friendly Community Vision

The first step in the implementation of the CAPOA is to encourage all members of the Greater Williamsburg Area to accept and instill the “elder-friendly community” vision among all residents. An “elder-friendly community” simply means one that is dedicated to providing for the needs of its older residents and to fostering a sense of safety, belonging, and motivation to engage. Generally, there are four steps involved in building an elder-friendly community: organization, assessment, planning, and implementation.³² Currently, the Williamsburg community is in the midst of Step 3 (planning) and is preparing to move to Step 4 (implementation). One of the lessons learned from evaluating other community plans (see Table 10) is that all generations benefit from a community vision that is “elder-friendly.” Working towards this community vision is a critical element in the framework for a model community for older adults.

Continuum of Care

One essential step in the planning process is to reach consensus and adopt a specific approach that clearly addresses the issues that arose in the community forums. It is recommended that the approach utilize a “Continuum of Care.” Evashwick defines a Continuum of Care as “more than a collection of services: it is an integrated system of care in which the services are linked together by integrating mechanisms. A Continuum of Care is client-oriented, takes a holistic approach, and emphasizes wellness rather than illness. A continuum addresses all levels of care – from acute, high-technology interventions, to ongoing support services, such as housekeeping. The goal is to facilitate access to the appropriate services quickly and efficiently.”³³ Table 11 identifies the functions of a continuum to support long-term care needs.

³² Guide to Elder-Friendly Community Building. 2004.
http://www.michigan.gov/documents/Guide_to_EFC_Building1_156733_7.doc.pdf

³³ Evashwick, C. (2005). *The continuum of long-term care*. Thomson: U.S, pgs. 4-5.

Table 11. The functions of a continuum of care.

Functions of a Continuum
Matches resources to the client's condition, avoiding duplication of services and use of inappropriate services
Takes a multifaceted approach to the client's and family's situation
Monitors the client's condition and modifies services as needs change
Coordinates the care of many professionals and disciplines
Integrates care provided in a range of settings
Streamlines client flow and facilitates easy access to services needed
Maintains a comprehensive record incorporating clinical, financial, and utilization data across settings
Pools and negotiates comprehensive financing

Source: Evashwick, C. (2005). The continuum of long-term care. Thomson: U.S.

Connection with Other Planning Efforts

As the SSC moves forward with implementing the CAPOA, it is important to coordinate these efforts with organizations that have identified aging as a priority (e.g., United Way, Williamsburg Community Health Foundation). Likewise, it will be important to keep the three jurisdictions' leaders and stakeholders engaged in this process and to connect the CAPOA with the respective Comprehensive Plans.

Partnership with Jefferson Area Board on Aging

In 2003, the Jefferson Area Board for Aging (JABA) established their plan known as the "2020 Community Plan on Aging: Making Our Community a Great Place to Age." Since then, this Plan has served as a model for communities throughout the U.S., and has been the recipient of the "Livable Communities for All Ages Award" sponsored by the Administration on Aging. Staff members at JABA have indicated their willingness to assist other communities in working towards executing their own plans.³⁴ It is recommended that the SSC explore and consider entering into a consultative partnership with JABA in order to implement and sustain the CAPOA.³⁵

Staff Person to Implement Plan

While it is clear that the SSC is aptly qualified to lead the implementation of the CAPOA, the coalition is comprised of service providers and community leaders who individually cannot assume responsibility for all elements of the CAPOA. Therefore, one

³⁴ Per conversation with Gordon Walker, CEO, Jefferson Area Board for Aging, February 2009.

³⁵ Members of the SSC participated in a fact-finding mission to the Jefferson Area Board for Aging in the Fall of 2007.

individual must be employed and charged with the responsibility of acting on the identified goals and action steps. Based on the evaluation of many other community plans, it is critical that a full-time staff person be hired to lead the implementation of the CAPOA. Ideally, this person would represent SSC and would report to a governing body overseeing the implementation of the Plan, which may be the SSC Steering Committee, or another Task Force appointed by the SSC.³⁶ The implementation team, including the full-time staff person, will need to determine their course of action to address the four priority areas. A recommended first step would be to establish committees, comprised of potential partners (identified earlier in this report), for each of the four priority areas. The progress of these committees will be dependent upon a number of factors including the number and type of goals to be addressed in each area and financial and staff resources. It is likely that the committees will work simultaneously, but not necessarily at the same pace, to focus on the goals and implement the strategies. Committee members should incorporate the elder-friendly community vision and continuum of care approach into their efforts.

Communication Plan

The SSC and the staff person in charge of the implementation should develop a communication plan for reporting progress on the CAPOA. It is recommended that reports occur at least semi-annually over the ten-year period and that the reports be widely disseminated.

Community Performance Report

It is important that an annual review process be instituted for measuring performance on the CAPOA as determined by the implementation team. This process will utilize the metrics identified in the CAPOA as well as other indicators deemed appropriate by the SSC and the committees. It will be critical that the performance report acknowledge accomplishments and identify areas for improvement.

³⁶ Funding for this staff person may be supported through the three jurisdictions as well as through other funding sources.

APPENDIX A: FORUM ONE MINUTES

**Community Action Plan On Aging
Community Forum: October 16, 2008
Williamsburg United Methodist Church**

Focus: Retirees

Panelists Representing Retirees:

Rev. Tom Mainor, Retired Minister

Ms. Joann Maslin, Retired Educational Gerontologist

Ms. Ursula Murden, Founder and Former Director, Historic Triangle Senior Center

Moderator: Mr. Dave Murray, No Wrong Door Program Director

Rev. Tom Mainor, Panelist

Issue 1. Building housing patterns so that you could have all types of families living in one community. In the 1970s the idea was to focus these intergenerational communities around a square.

Issue 2. Business in health and end of life decisions. There is a need for a resource to discuss with others about information in order to make critical life and health decisions.

Issue 3. Seniors are busy and are doing good things in the communities. Maintaining support via sustained communication.

Ms. Joann Maslin, Panelist

Draws attention to the community who works together to take care of older parents.

Issue 1: Getting neighborhoods to work with older communities. How to organize neighborhoods to take care of older neighbors. Working with intergenerational programs.

Issue 2. Liked the Beacon Hill project

Ms. Ursula Murden, Panelist

Issue 1. Need to fund quality not just keeping them alive. There is a quality for people who can afford it but those with limited income cannot afford quality programs.

Issue 2: Publicity about services

Issue 3: Create a village in Williamsburg

Issue 4: Intergenerational visitation in terms of homebound and nursing homes

Issue 5: Affordable housing, close to grocery stores and parks

Comments from Community Members

- Lisa Gibson (Executive Director, Historic Triangle Senior Center) - Working on accreditation of senior center. Senior center has a waiting list for field trips and has a number of volunteers.
- Need to look at **isolation of seniors**
- **Addiction to medication for seniors**- is increasingly becoming a huge problem. Wants to see validation through research or surveys if this is true or not to see how it affects our community.
- Lack of **affordable places for seniors**. Balancing cost of living in terms of housing and health care.
- Need for Transportation: Too difficult to get transportation, need more individuals to volunteer
- Take into consideration that there are neighborhoods where we could create these **intergenerational communities**.
- Peter Walentisch (Director of Social Services, City of Williamsburg) - need to **work with community support**. Neighborhood support does not cost money but is an effective tool to use
- We need a short timeline and it is time for action, believes we are at that point to start taking action.
- We **don't have coordination or medical gatekeepers** to help others. Some Religious communities are strong
- Rick Jackson (Hampton Newport News CSB) - doesn't want to leave out **mental health**. Anxiety and Depression are prevalent in older adults; don't forget it in the plan
- Gap in communication and getting the word out. What is the best way to get to seniors through church or call-in numbers? We **need to find the best way to reach people**. Some elderly people do not go to church or rarely leave their homes. Find the best way to connect neighborhoods, churches, publicity to pull all services together and get the word out.

- **Neighborhood response team**-divided into sectors all across the city and those teams can go door to door to find out who lives in the neighborhood. People in the community need to know of special needs of seniors in case of emergency. Might help create a **single information system**: a directory of peninsula senior citizen resources on the web. Limitations: does not aid seniors without internet and access to libraries. People can call the senior center and staff will look up information for them.
- **Sheriff's Department** might be able to play a role in community development.
- Keep in mind Williamsburg probably has services but we need to link programs, communication, and collaboration.
- Stress community ownership in at least one element of the plan.

APPENDIX B: FORUM TWO MINUTES

**Community Action Plan On Aging
Community Forum: 10/29/08
Williamsburg Regional Library Auditorium**

Focus: Area Planning Commissions

Panelists Representing Planning Commissions:

**Ms. Elaine McBeth, City of Williamsburg Planning Commission 2nd Vice-Chair;
Associate Director, Public Policy Program, College of William & Mary
Mr. Jack Fraley, James City County Planning Commission Chair, Steering
Committee of James City County Comprehensive Plan; Basketball Coach,
Walsingham Academy**

Moderator: Dr. Alastair Connell, Retired Physician

McBeth:

- City: hospital – concerned about medical services available for citizens
- Accessibility – transportation & safety
 - Accessibility – build new sidewalks, bus system
 - Safety – building another fire station soon
 - Housing – expansion of facility that would provide housing from green space by library?
 - Don't need as much parking with all the seniors

Fraley:

- In the midst of Comprehensive Plan Update
- Needs for seniors in JCC
- 65+ group is expected to be largest group in JCC by 2020
- Started to work on health care (affordability, availability, transportation, Medicare and reimbursement – moreso a challenge for specialists), housing, services
- EMPLOYMENT – more and more seniors are looking for jobs. How do we identify those? How do we promote their skills?
 - There's a lot of brainpower – it's a resource
- New section of Comprehensive Plan – "Population Needs" – part will be focusing on needs of seniors
- Need comprehensive approach, not just a focus for seniors.

Moderator:

Response – one of the most important things about senior health is senior activity – without employment, it's hard to maintain health

Q: Lives in JCC, has read that 14,000 new dwellings have been approved. If true, what's the percentage of those dwellings that would be set aside to accommodate our seniors?

A:

- Fraley: 12-14,000 units either starting to be built or not yet underway but planned in JCC. Doesn't mean that they would be built though. Don't know how much is dedicated to seniors. A number have been approved for age-restricted building. We've just completed an apartment for seniors. Single biggest concern we've heard from citizens (phone and mail survey) – impact of growth in JCC

Q: Problem finding doctors who accept Medicare – very slow and discouraging

A:

- McBeth: Survey came out saying there were enough slots, but it's not seen in action
- Fraley: need political activism through organizations
- Moderator: not enough American physicians going into general medicine or internal medicine – because colleges are charging too much. Going into general medicine – make less income, so medical student enter specialty programs where pay is greater.

Q:

- Lives in Williamsburg.
- **Dismissive attitude toward seniors.**
- **One area that seniors need to be respected – their civil rights**
- Inclusion: recreation, having all places accessible
- Sustainability issues – work, financial, medical, nutrition, housing, transportation
- Respectful access to any environment to which a senior moves
- Cultural piece – we are always looking for places to put seniors, rather than opportunities to be involved with seniors and interact with them
- We need to actualize seniors and get them to their full potential

A:

- Fraley: age-restrictive housing – how about integrating seniors throughout a community instead of isolating them to one community? Supports the concept of

seniors being integrated with younger people. Need bus stops in areas where seniors inhabit.

- All new age-restricted communities – need public transportation. Can do this by changing zoning.

Q: Research?

A:

- McBeth: Williamsburg has mixed generation downtown neighborhoods. College students live in them too. For example, with Tropical Storm Hannah – many college students went around asking if anyone needed help. Having an integrated community really provides a more vibrant community where people can stay happy
- We already have many services in place, we just have to make them more accessible.
- Need to evaluate intergenerational neighborhoods – maybe that's where one of our solutions is
- College students – many are civic-minded. We need to capitalize on it
- Livable community for all – how are we all impacted and how can we all benefit from working together?
- Religious communities – how can we be more supportive?

Q: Lives in mixed community

- Problem – **know lots of people but don't know younger people who she can hire people to do work for her (ex: carrying in flower pots, raking). Where could she find help?** Willing to pay. Called but nobody answers. Even at church, can't find young people who are willing to work

A:

- McBeth: College – Volunteer Services – can take those kinds of calls
- Lots of orgs on campus (ex: crew team will come out and do yard work)
- Fraley: will be an item raised in Comprehensive Plan

Q: Concerned about individuals who can't live at home anymore – with **limited incomes, can't afford it. If communities are looking to approve new facilities, there needs to be recognition that some cannot pay monthly fees. Auxiliary grants** should be accepted.

A:

- Fraley: has been identified under housing umbrella. Board of Supervisors approved Continuing Care Retirement Community by Realtech. Realtech proffered 3 beds for the JCC social services to use at very minimal rates. It's a first in the Commonwealth. It's a start. We need to build on that. Maybe going in through our zoning regulations and requiring it.

Q: Average social security check is not very much. How do we provide?

A: SSI isn't much, and Medicare premiums are going up

Q:

Social services employee-

- Linda has pointed out one of the largest problems – affordable assisted living
- Auxiliary grant – if you make over \$1100 per month you will not qualify
- New Riverside facility – is that including a nursing home? There's a **shortage of nursing home beds in this area**

A:

- McBeth – nursing home plans approved 2 years ago. Before there's a hospital, there will be another nursing home out there
- We've approved a plan for a nursing home through the city

Q: Mental health system doesn't have a facility that will take younger AND older psychiatric patients

A:

F: Will push hard to expand availability for those who need it

Q: Until the amount of money for auxiliary grants is raised, there will not be enough beds. Facilities are not going take the little amount of money those grants provide.

Q: Example: someone's living in a living facility and can private pay. When they run out of money, they're out. At their most vulnerable time, they might not be able to get the help they need. If the facility will not accept the auxiliary grant, what happens to that person?

Q:Board Chair, Faith in Action:

- Need thorough transportation system that helps everyone

- Number of seniors moving into adult children's homes has increased by 67%
- Need to get transportation system to take people where they need to go
- Get requests from gated communities, apartments, trailer parks – seniors with needs reside throughout the community
- Many volunteers are seniors helping other seniors
- If we don't have good transportation within next 10 years – the senior volunteer base will be receivers, and we don't see much help after this base can no longer volunteer

A:

McBeth:

- Meeting needs of "old old" by using "young old" – will this approach sustain itself?
- Transportation – no one in the City is happy about our transportation. Bus comes around every hour. Residents report they need it to come every 15-20 min.
- Lots of money to be had, but until we get there, we don't have good transportation system

Fraley:

- Sunday service will be implemented
- Most frequent travel lines – every 30 min
- Seniors can get card to get discounted fare
- Would like to see promoted – a high speed rail system. We have that capability.
- Steering committee of Comprehensive Plan is discussing these matters
- Dealing with report of citizens and their needs right now

Comments: Ask someone in that planning to take care of those in Eastern State

Healthy community indicators needed

- From Senior Helpers:
New business, provide around 4 hrs a day going into seniors' homes to take care of them. Transport to medical appointments. Do with minimal fee.
- Financial challenges for many trying to afford this type of care.

A:

Fraley:

- In JCC Comprehensive Plan will be working hard in economic development
- We need to bring in more business and diversify from retail and tourism
- Strong desire to be more business-friendly in County Government

APPENDIX C: FORUM THREE MINUTES

**Community Action Plan On Aging
Community Forum: 10/29/08
Colonial Manor**

Focus: Housing/Building Communities

Panelists Representing Housing Market:

Alexander T. Hamilton – York County Planning Commission Chair; Virginia State Police, LMS Administrator/Training Manager I

Frank Hughes – Williamsburg Area Association of Realtors, President; Prudential-McCardle Realty, Realtor

James Janicki – Riverside Lifelong Health & Aging-Related Services Division, Senior Director of Marketing

Moderator: Alastair Connell, Retired Physician

Moderator opening comment: major advances have been made by the civic planners, environmental engineers, and the people that have kept our air, water, and environment clean

- Standards of healthcare have become decreasingly important
- 2 trillion spent for healthcare services – but a bulk of it is for “repair” services and not preventative care

Hamilton – York County Planning Commission standpoint

- Recent comprehensive plan – key piece: find areas and promote senior housing
- We’ve been raised to be independent and not be a burden on our families – it’s a critical piece
- An aging population is still productive – shouldn’t be forgotten
- Planning Commission is looking for areas that can promote this kind of independence
- Upper County – senior projects have been approved – 459 age-restrictive units (condos, single apartments, family detached units)

Hughes – Williamsburg Area Association of Realtors

- Stages of housing: apartment → small house → bigger house for kids → bigger house → downsize because kids leave

- If thinking about downsizing, first thing to do is to find a realtor. Realtors stand by a code of ethics. SRE designation – senior real estate specialist
- Should interview 3 realtors to see how well you can work with them – they should provide you counsel and options, talk to you about financing (it makes no difference how old you are to get a mortgage), talk about reverse mortgages, available properties – what’s right for you
- Should talk to you about how they’re going to market for selling your property
- It’s the best time to purchase a home now. tremendous incentives today
- Not a better time to market a home than Christmas time
- Limiting the size – 25-30% reduction would be normal
- Choosing the right location is critical – what’s the right location for you? Are the amenities there that you need? Hospital? Shopping?
- Role of technology
- Taxes
- Integration in Charlottesville plan
- We don’t have a generation gap unless we create one.

Janicki – Riverside Lifelong Health and Aging-Related Services Division

- Riverside covers the full continuum of services
- Riverside is looking to build another hospital in Williamsburg
- Going to be building a new care residence at Quarterpath – culture change type of facility – rather than building traditional nursing homes, Riverside will create individual homes with 20 residents per home, individual rooms, living room, kitchen, universal health worker. Residents can live the life they want to live. Moved 120 beds from nursing home in Newport News for this. Going to start by building 3 of these homes.
- Interesting program in NY: Door tags saying “I’m okay” – checked every morning
- Volunteer program for something like this would be good
- Patriot’s Colony – residents represent 40 different states
- These people who come here have the means to come

Q: Between 10,000-14,000 new dwellings approved. We don’t even know what the correct number is. If that’s true, along with the bad economy, there’s a plethora of empty buildings right here in our community. Main St. & New Town – 7 vacant stores in New Town – says to community “maybe we overbuilt.” Can we comment on if we have a proper balance with what we have now or how can we spend our money better?

A:

Hughes –

- Planners didn't anticipate these economic conditions
- There's a pent up demand to move to Williamsburg
- 5 other popular areas: FL, CA, OH, Las Vegas, Detroit
- When housing situation corrects itself, believe it's close to that (by next summer)
- Don't believe that we were overbuilt when conditions return back to normal. If we had normal conditions and normal influx, it wouldn't be overbuilding

Hamilton –

- Economic development people are going out to find businesses who do want to come into York County. They just have to find the right locations. We'll see these vacant spots becoming active. Everything is going to be alright.
- 82,000 projected population by 2025
- Military population is looking to increase – bringing units in
- Northern part of county has quite a bit of land that isn't touched at this point.

Janicki –

- We can build brand new cheaper than you can resell in most cases.
- These locations, retail and whatnot will fill up. It's just a matter of time

Q: Heard that build out is at 62000 – size of Newport News. Scared of overcrowding

A:

Hamilton – James City County, Williamsburg, and York County will do comprehensive plans at the same time – have to manage how we grow.

Q: There's a lot of the aging population that lives on fixed or low or even middle income that can't afford the situations described. What are your reactions? Independent housing, assisted living facilities, nursing homes; there's a great need for affordable housing in this area. Don't see where that is in the plan for the city or the county.

A:

Janicki –

- Have to look to private partnership
- PACE – people living below 200% of poverty level – Medicare and Medicaid provide services
- These people don't have the resources

- PACE in Richmond – program where people can come to during the day to get their healthcare services and needs met
- Apartments will be set up for low-income housing, and PACE will be giving services to that population
- Now assisted living is a private pay business. It's expensive. Medicaid is continuing to go down (1.4% decrease for next year for nursing homes) while cost of healthcare is going up 7%

Hughes –

- From a housing standpoint, realtors are extremely concerned about affordable housing. We want to make sure housing is available for firemen, police officers, teachers
- We'll continue to push affordable housing across the state
- We don't have an answer, but we're working toward an answer

Comment: Thinks it's possible to have an affordable community with good services. We are a private enterprise, but we provide services for a low price. It all depends on how investments are made.

Q:

- **Majority of the population cannot afford to go into upper scale communities. There's a place for those, but that's not the majority. \$1100 a month will be reimbursed to facilities**
- **Many residents can't afford living in good communities**
- **Medicaid facilities are poorly staffed, poor living environments**
- **We have to look at what the bottom line is – who can afford it?**
- **Having nice places costs money**
- **Where's the money going to come from**
- **The VA – serve and receive discounts through programs honored at assisted living facilities**

A:

Hamilton –

- Every county talks about affordable housing – they haven't even addressed affordable senior housing yet
- We need people to come out and tell us at our meetings what we need to do
- The county is not going to do a whole lot if there's not a lot of pressure on them
- Come talk to Planning Commission, come talk to Board of Supervisors
- There is always money some place, just have to find it

Q: Possibility of developing mixed income neighborhoods?

A:

Hamilton –

- Mixed use – depends on developer. New housing doesn't exist in this county
- Land can be provided, but the economics has to be taken into consideration – developer will always try to make a profit

Q: What is the name of the new facility at Quarterpath? And what is the timeline?

A:

Janicki –

- No name yet. Timeline – expect to be in the ground by 2009 and open by 2010

Q: Are any of the units, rooms, beds being considered for people of modest means (e.g., have enough for 6 months at private pay rate but will run out of money after)? What will happen then?

A:

Janicki –

- There will be a private pay factor to that. Not sure if it will accept Medicaid
- Riverside has 9 nursing homes, 7 accept Medicaid
- This is a long-term plan. This is a new model of care – will use what we learn to tweak other nursing homes and other facilities
- The point isn't going to provide affordable housing, just reinvent care
- Have not heard any plans at all for mixed-income projects

Comment: Dominion Village used to be for mixed income people and it was of acceptable quality (e.g., private pay and also auxiliary grants) – then 5 Star bought them and quality is questionable

Q:

- **We must look at the issue of housing for older Americans as a civil right, a human right**

- **When will human need no longer be a justification for profit?**
- **We've got to look at not just waiting for people to come tell you [at meetings] their needs**
- **Bothers me when affordable housing is said to be for teachers, firefighters, and cops. Those people who provide should be at the top of the pay scale. We have to find a way to spread the wealth**

Q: What is the role of the private sector in the development of a plan and the implementation of the plan?

A:

Hughes –

- No one entity is going to do it by themselves. The public and private sector must come together
- It involves everybody. Need to attend meetings and voice concerns. It's going to take the private sector, the public sector, and everyone else to make something happen.

Hamilton-

- We can't control what the private sector is going to do, but we can ask. We have to be creative. We have to show the private sector what the benefit of a private-public sector partnership is. We have to all work together for affordable housing. Pressure is how these counties operate.

Janicki –

- Riverside is a nonprofit org. For Riverside, money equals mission
- Ex: PACE program – providing for people who have no other alternative. 9% higher Medicaid population in our nursing homes than other nursing facilities.

Hughes –

- Public sector is not to blame, private sector is not to blame, the public is not to blame. By coming together, we can resolve issues without pointing the finger

APPENDIX D: KEY POINTS FROM THREE COMMUNITY FORUMS

Forum #1 (retirees)

- **Housing: Designing/retrofitting neighborhoods to be age-friendly**
 - Community building
 - Aging in Place
 - Role of neighborhoods, neighborhood response team
 - Intergenerational neighborhoods, “Village” model
 - Affordability
 - Accessible to service and goods
- **Awareness of Resources: Continue to educate community about available resources**
 - Helping seniors make informed decisions about healthcare and end-of-life issues
 - Comprehensive and compassionate approach
 - E.g., Parish nurses, senior center, and skilled home healthcare
- **Vulnerable Seniors**
 - Mental Health needs (e.g., addiction, depression)
 - Caregivers involved from a distance
 - Companionship and visitation programs
 - Accessible transportation?
- **Role of Seniors: Value critical role of all seniors**
 - Quality of Life

Forum #2 (Planning Commission)

- **Seniors as a Resource**
 - Employment opportunities
 - Inclusive, rather than exclusive, approach
 - Opportunities to interact with seniors
 - Comprehensive plans including sections on population needs and seniors
- **Housing**
 - Intergenerational neighborhoods
 - Mixed housing units
 - Affordability
 - Long-term care facilities
 - Availability of beds in dementia units
- **Vulnerable Seniors**
 - Low-income
 - Shortage of psychiatric beds
- **Transportation**
 - Increased coordination
 - Bus stops at each age-restricted community

- Accessing Resources
 - Affordable healthcare
 - Available physicians
 - Religious communities as a resource
 - Finding reliable, affordable help around house

Forum #3 (housing)

- Housing
 - Mixed housing units
 - Affordability: how do we increase low income housing units?
 - Long-term care facilities
 - Consider how PACE model might be expanded
- Accessible Services
- Seniors as a Resource
 - Inclusive, rather than exclusive, approach
 - Opportunities to interact with seniors

APPENDIX E: FINAL COMMUNITY FORUM MINUTES

Community Action Plan On Aging
Community Forum: 1/22/09
Williamsburg United Methodist Church

Panelists:

Awareness of and Access to Resources: Mr. Dave Murray, No Wrong Door Project Director

Vulnerable Seniors: Ms. Kendall Ferguson, York County Social Services, Social Work Supervisor; Mr. Craig Connors, Riverside Health System, PACE Director, **Housing:** Ms. Anita Taylor, James City County Office of Housing and Community Development, Family Self Sufficiency Coordinator; Ms. Tressell Carter, James City County Office of Neighborhood Connections, Director
Seniors as a Resource: Panelists, Forum Attendees

Moderator: Dr. Lou Rossiter, College of William & Mary Schroeder Center for Healthcare Policy, Director

Awareness of and Access to Resources

Murray described the No Wrong Door Project and the PADRN.org website, by showing a series of slides that explain how one moves through the website to access information about area services.

Vulnerable Seniors

Ferguson:

- Screen for care
- Has home-based care program, contact home-health agencies and pay for companion services
- New program: adult foster home program – State Dept of Social Services is pushing for program because of limited auxiliary grant in facilities
- Helps client remain in the community
- Majority of referrals come from community, some are anonymous, take concerns seriously and discuss options with clients to see what's best for them and what their wishes are
- Churches are important in providing assistance to clients

Connors:

- Need something in plan that addresses continuity of care – communication and coordination between care providers

- Especially true of those who are vulnerable
- No shared incentives, no shared information. Vulnerable seniors fall through the cracks
- How to accomplish:
- Easy way – RN/nurse case manager – coordinates all care needed
- How is information shared?

Comment:

- ER rooms should be more actively involved. Very high risk that people going in there don't have that knowledge. Need to find out medications they're taking through their doctors.
- Need to find out what pharmacy one uses. Should advise to use one, not several
- Pharmacies responsible to educate doctors about side effects

Comment:

- Consumer Rep for VHI (Virginia Health Information) – as he aged he kept going to different doctors.
- Found AHIMA (American Health Information Management Association) – put in all information and take it to doctors – (www.ahima.org)
- Should take responsibility for yourself and others in your church or community or else we'll never get the information computerized
- If we get it all on hard copy we could convert it quickly

Comment:

- Human service records should be shared

Comment:

- We have a strong core of volunteers going to seniors' homes.
- Maybe volunteer roles need to be broader
- Additional volunteer training
- Accountability for volunteers

Comment:

- Cell phones can store personal information (e.g., blood type)

Housing

Taylor:

- Has programs with sliding scale based on income
- Emergency housing repair – helps with health and safety issues (e.g., plumbing, heating, roofing)
- Indoor plumbing program
- Accessibility type programs (e.g., ramps, redoing bathrooms)
- Encourage community members to visit new senior apartment complex: Parker View Apartments
- Has program to help subsidize rent
- 1st time homebuyers program

Carter:

- Provide training for homeowners' associations
- Help on creating neighborhood plans
- Asset mapping – what's accessible around the community
- Colonial Heritage offers a worthy example with a "neighbor to neighbor program"

Moderator: What should we be doing about housing?

Question: Is part of the problem that these residents have to sell their house first?

A: Shocked that Parker View is not completely rented. There's a lot of interest but within the last 5-6 months things have slowed down w/ housing industry

Comment:

Credit requirements for Parker View. Could that be the issue?

Comment:

- We need to include concepts for housing in the Comprehensive Plan
- JCC/Williamsburg/York starting to work together on Comprehensive Plan
- Need to look into senior communities, not just houses.
- Backup generation needed to offer support and care

Comment:

We have to look at how we're going to put services in the home

Comment:

Need to create awareness and educate community so they know of available services

Comment:

In Boston – School-aged children and college students were involved in the Beacon Hill Model

Comment:

The higher the price of the land, the harder it is to offer programs dependent on land/space

Comment:

Keep people active and in the spirit of neighborhood supports.

OTHER COMMENTS AND SUGGESTIONS

Suggestion: Re-evaluate the purpose and benefit of health fairs; perhaps call them something different so that community members are encouraged and want to attend. Otherwise, it becomes a gathering of providers.

Comment:

Should we put money aside to help those with mental disorders?

Comment:

Can we explore food chains to provide food home delivery?

APPENDIX F: CONTACTS MADE WITH LOCAL AGENCIES AND VARIOUS ORGANIZATIONS AND AGENCIES INVOLVED IN COMMUNITY PLANS ON AGING³⁷

Date	Source	Title/Organization	Purpose
12/07	Mia Oberlink	Senior Research Associate, Home Care Policy and Research, New York	Learn about New York initiatives, including study of Naturally Occurring Retirement Communities and Project 2015; and Portland, Oregon's Plan
9/08	John Martin	Director, Southeastern Institute for Research; Co-Founder, Older Dominion Partnership	Participate in Older Dominion Partnership
9/08, 10/08, 11/08	Karen Beiber	Viable Futures Planner, Jefferson Area Board for Aging	Discuss Charlottesville 2020 plan
9/08, 10/08	Katy Boone	Public Health Planner, Carver County, MN	Learn more about Carver County, MN Plan on Aging
10/08	Sharron Cornelius	Executive Director, United Way of Greater Williamsburg	Learn more about United Way's Report on Community Priorities
10/08	Joann Maslin	Retired educational gerontologist	Discuss Forum #1
10/08	Ursula Murden	Founder and former director of Historic Triangle Senior Center	Discuss Forum #1
10/08	Rev. Tom Mainor	Retired minister	Discuss Forum #1
10/08	Cynthia Banks	Director, LA County Community and Senior Services	Learn more about LA County/City Plan
10/08, 11/08, 1/09	Eric Shaver	President, Board of Directors, Williamsburg Area Faith in Action	Learn more about the transportation needs for medical specialist appointments, and how the organization can be a partner in the CAPOA
11/08	Joan Bender	Quality Assurance Analyst, Peninsula Agency on Aging; Colonial Heritage Neighborhood Block Program	Learn about neighborhood support program
10/08	Elaine McBeth	2 nd Vice-Chair, City of Williamsburg Planning Commission; Associate Director, Public Policy Program, College of William & Mary	Discuss Forum #2; how CAPOA fits with City of Williamsburg Planning Commission goals

³⁷ This list identifies many of the individuals and agencies that were contacted as the CAPOA was being drafted. It is not an exhaustive list but rather demonstrates the breadth of contacts made to determine the viability of and support for a Community Action Plan On Aging in Williamsburg.

Community Action Plan On Aging

10/08	Jack Fraley	Chair, James City County Planning Commission; Chair, Steering Committee of James City County Comprehensive Plan; Basketball Coach, Walsingham Academy	Discuss Forum #2; how CAPOA fits with James City County Planning Commission goals
10/08, 1/09	Charles Frazier	Vice President for Clinical Innovation, Riverside Health System	Discuss role of Riverside physicians in the CAPOA
10/08, 1/09	Robert Leek	Account Executive, Sentara Healthcare	Discuss role of Sentara physicians in the CAPOA
10/08	Mary Martha Stewart	Associate Director, Catholic Charities	Discuss Catholic Charities aging-related initiatives and how the agency can be a partner in the CAPOA
10/08	Jerry Passmore	Director, Department on Aging, Orange County, NC	Learn more about Orange County Master Plan on Aging
10/08	Cathie Berger	Executive Director, Aging Services, Atlanta Regional Commission	Learn more about the Atlanta Regional Commission Master Plan
10/08	Alexander T. Hamilton	Chair, York County Planning Commission; LMS Administrator/Training Manager I, Virginia State Police,	Discuss Forum #3; how CAPOA first with York County Planning Commission goals
10/08	Frank Hughes	President, Williamsburg Area Association of Realtors; Realtor, Prudential-McCardle Realty	Discuss Forum #3; how the Williamsburg Area Association of Realtors is handling senior housing needs
10/08	James Janicki	Senior Director of Marketing, Riverside Lifelong Health & Aging-Related Services Division	Discuss Forum #3; how Riverside Health System is addressing senior housing needs
10/08, 11/08	Alastair Connell	Retired physician; Adjunct Professor of Kinesiology, College of William & Mary	Discuss Forum #2 and #3; what housing options are most cost-effective
10/08	Maureen Kelly	President and CEO, West Central Florida Area Agency on Aging, Inc.	Gather information about Florida Master Plan on Aging 2007-2009, and Florida State Plan on Aging 2005-2008
10/08	Robert Singley	President, RJS & Associates Builders	Discuss Forum #3; role of developers in the CAPOA
11/08	Lisa Gibson	Executive Director, Historic Triangle Senior Center	Discuss ways the Senior Center can partner in the CAPOA

Community Action Plan On Aging

12/08	Bill Peterson	Policy Analyst, Virginia Department for the Aging	Discuss state reports "Impact of an Aging Population on State Agency Services"
12/08	Michael Wilson	Former Program Director, Department of Aging & Disability Services, Aging Texas Well	Learn about Aging Texas Well initiative
12/08	Jan Wassel	Associate Professor of Gerontology, University of North Carolina – Greensboro	Learn more about Orange County Master Plan on Aging
12/08	Erica Wood	Chair, Commission on Long-Term Care Residences, Arlington Agency on Aging	Learn more about Arlington in 2030 Plan
12/08	Nancy Carman	Director of Marketing Services, New Life Management and Development, Inc.	Discuss her book <i>Re-Creating Neighborhoods for Successful Aging</i>
1/09	Rick Hanson	Director, James City County Housing and Redevelopment Authority	Discuss how the agency can be a partner in the CAPOA
1/09	Anita Taylor	Family Self Sufficiency Coordinator, James City County Housing and Redevelopment Authority	Discuss Forum #4; housing options and home repair programs
1/09	Lana Wingate	Geriatric Care Manager, Care Options for the Elderly and Disabled	Discuss role of parish nurses in local community and within state
1/09	Tressell Carter	Director, James City County Neighborhood Connections	Discuss Forum #4; how Neighborhood Connections is identifying and supporting neighborhoods that sponsor care programs
1/09	Kendall Ferguson	Social Work Supervisor, York County	Discuss Forum #4; the types of home and community-based care programs available
1/09	Craig Connors	Director, Riverside PACE	Discuss Forum #4; the clients served through PACE and the role of a continuum of care
10/08, 1/09	Dave Murray	Project Director, No Wrong Door Initiative	Discuss Forum #1, #4; how the PARDN site will assist with information and referral
1/09	Douglas Panto	Williamsburg Branch Coordinator, Alzheimer's Association – SE VA Chapter	Discuss available beds in dementia units and psychiatric facilities for those with memory loss
1/09	Robert Hershberger	Executive Vice President, Greater Williamsburg Chamber and Tourism Alliance	Discuss Forum #4
1/09	Annie Magnant	President, Arthritis Foundation	Discuss Forum #4

Community Action Plan On Aging

1/09	Josephine Shatzel	Former Board of Directors Member, Historic Triangle Senior Center	Discuss interest in CAPOA and how Senior Center might partner in the CAPOA
1/09	Susan Voigt	President, Board of Directors, Christopher Wren Association	Discuss how the organization can be a partner in the CAPOA
1/09	Sharon Ayres	Senior Citizens Advocate, City of Newport News	Learn about the Newport News Strategic Plan on Aging and her role as Advocate
1/09	Donn Turner	Reverse Mortgage Consultant, Metlife	Discuss ways he can serve as potential partner with housing priority area
1/09	Jim Joseph	Chair, City of Williamsburg Neighborhood Council	Learn about the Neighborhood Council and how it supports neighborhood programs
1/09	Keri Houser	Public Health Nurse Senior, Peninsula Health District	Learn about the Mobilizing for Action through Planning and Partnerships Initiative
1/09	Sandy Lenthall	Homeowners Association Member, Counselors Close Neighborhood	Discuss their neighborhood's interest in becoming a pilot site for the Beacon Hill model
1/09	Judy Willett	Executive Director, Beacon Hill Village, Inc.	Discuss how area neighborhoods might pilot the Beacon Hill Model
2/09	Gordon Walker	Chief Executive Officer, Jefferson Area Board for Aging	Discuss Charlottesville 2020 plan; how JABA would be interested in developing a business plan to support the CAPOA
3/09, 4/09	Tim Cross	Principal Planner, York County	Discuss available county and sub-county level data
3/09	Ted Juraschek	Aging in Place Initiative Leader, Ford's Colony	Discuss their neighborhood's interest in becoming a pilot site for the Beacon Hill model; Learn about the neighborhood initiative and the Caring Neighbors Program
3/09	Jennifer Rosenbaum	Director, Bureau of Policy Analysis, Research, & Management, New York	Learn about New York Project 2015 Toolkit
3/09	Elise Bolda	Director, Community Partnerships for Older Adults, University of Maine	Learn about funding opportunities through Robert Wood Johnson Foundation Community Partnerships for Older Adults program
3/09	Susan Perrone	Statistician, Demographics and Work Force, Weldon Cooper Center, University of Virginia	Learn about available state and county/city level data on health status and poverty
4/09	Chris Miller	Project Manager, Aging Together, Rappahannock-Rapidan Aging Plan	Learn more about Aging Together

APPENDIX G: QUICK FACTS ABOUT PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

CENTERS FOR MEDICARE & MEDICAID SERVICES

Presented by the Department of Health and Human Services

Quick Facts about Programs of All-inclusive Care for the Elderly (PACE)

What are Programs of All-inclusive Care for the Elderly (PACE)?

PACE is a Medicare program for older adults and people over age 55 living with disabilities. This program provides community-based care and services to people who otherwise need nursing home level of care. PACE was created as a way to provide you, your family, caregivers, and professional health care providers flexibility to meet your health care needs and to help you continue living in the community. An interdisciplinary team of professionals will give you the coordinated care you need. These professionals are also experts in working with older people. They will work together with you and your family (if appropriate) to develop your most effective plan of care. PACE provides all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically-necessary care and services not covered by Medicare and Medicaid. PACE provides coverage for prescription drugs, doctor care, transportation, home care, check ups, hospital visits, and even nursing home stays whenever necessary. With PACE, your ability to pay will never keep you from getting the care you need.

Who can join a PACE Plan?

You can join PACE if you meet the following conditions:

- You are 55 years old or older.
- You live in the service area of a PACE organization.
- You are certified by the state in which you live as meeting the need for the nursing home level of care.
- You are able to live safely in the community when you join with the help of PACE services.

Note: You can leave a PACE program at any time.

PACE services include but aren't limited to the following:

- Primary Care (including doctor and nursing services)
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Nursing Home Care
- Emergency Services
- Home Care
- Physical therapy
- Occupational therapy
- Adult Day Care
- Recreational therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory / X-ray Services
- Social Work Counseling
- Transportation

PACE also includes all other services determined necessary by your team of health care professionals to improve and maintain your overall health.

You should know this about PACE:

PACE Provides Comprehensive Care

PACE uses Medicare and Medicaid funds to cover all of your medically-necessary care and services. You can have either Medicare or Medicaid or both to join PACE.

The Focus is on You

You have a team of health care professionals to help you make health care decisions. Your team is experienced in caring for people like you. They usually care for a small number of people. That way, they get to know you, what kind of living situation you are in, and what your preferences are. You and your family participate as the team develops and updates your plan of care and your goals in the program.

PACE organizations offer Medicare Part D prescription drug coverage. If you join a PACE program, you'll get your Part D-covered drugs and all other necessary medication from the PACE program. Note: If you are in a PACE program, you don't need to join a separate Medicare drug plan. If you do, you will lose your PACE health and prescription drug benefits.

PACE organizations support your family members and other caregivers with caregiving training, support groups, and respite care to help families keep their loved ones in the community.

PACE organizations provide care and services in the home, the community, and the PACE center. They have contracts with many specialists and other providers in the community to make sure that you get the care you need. Many PACE participants get most of their care from staff employed by the PACE organization in the PACE center. PACE centers meet state and Federal safety requirements and include adult day programs, medical clinics, activities, and occupational and physical therapy facilities.

PACE is Sponsored by the Health Care Professionals Who Treat You

PACE programs are provider sponsored health plans. This means your PACE doctor and other care providers are also the people who work with you to make decisions about your care. No higher authorities will overrule what you, your doctor, and other care providers agree is best for you. If you disagree with the interdisciplinary team about your care plan, you have the right to file an appeal.

Preventive Care is Covered and Encouraged

The focus of every PACE organization is to help you live in the community for as long as possible. To meet this goal, PACE organizations focus on preventive care. Although all people enrolled in PACE are eligible for nursing home care, only 7% live in nursing homes.

PACE Provides Medical Transportation

PACE organizations provide all medically-necessary transportation to the PACE center for activities or medical appointments. You can also get transportation to appointments in the community.

What You Pay for PACE Depends on Your Financial Situation

If you qualify for Medicare, all Medicare-covered services are paid for by Medicare. If you also qualify for your State's Medicaid program, you will either have a small monthly payment or pay nothing for the long-term care portion of the PACE benefit. If you don't qualify for Medicaid you will be charged a monthly premium to cover the long-term care portion the PACE benefit and a premium for Medicare Part D drugs. However, in PACE there is never a deductible or copayment for any drug, service, or care approved by the PACE team.

For more information about PACE do the following:

- Visit www.npaonline.org on the web. This website is sponsored by the National PACE Association.
- Visit www.medicare.gov/Nursing/Alternatives/PACE.asp on the web.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. My Health Medicare

APPENDIX H: INFORMATION ON BEACON HILL VILLAGE



Are you thinking about building your own village?

Join us at our upcoming events!

The "Village" movement is spreading across the country.

Come join us for our upcoming events to learn more about how to start a "Village" in your neighborhood.

These workshops are designed for community leaders and professionals interested in creating and funding living alternatives.

Topics to be covered: Founding, boards, marketing, strategic partners, providers, fundraising, budgets....

Regional One Day Workshop

[CLICK HERE TO REGISTER FOR DENVER!](#)

Denver, Colorado

Monday, June 15th, 2009

National Two-Day Conference

Washington , DC

October 26-27, 2009

Co-Sponsored by:
Beacon Hill Village, Inc
and
NCB Capital Impact

If you are interested in building a village in your own community review these steps.

Steps to help you succeed:

1. Form a core group of people passionate about staying in their own homes. Ask about other people from your geographic area who have expressed interest in the Village concept.
2. Purchase the [Beacon Hill Village Founder's Manual](#) and purchase the DVD set and workbook from the Building Blocks National Conference.
3. Research your community: number of elders, income, geographic area, other programs.
4. Implement a market survey to see what people in your area want and to determine interest.
5. Contact health and other providers; get discounts from vendors for your members.
6. Write a business plan.
7. Raise seed money.
8. Hire a director who will work with the community and the Board of Directors.
9. Attend a Beacon Hill Village workshop or conference.
10. Ask about our consulting services.



**THE CENTER FOR EXCELLENCE
IN AGING AND GERIATRIC HEALTH™**

**Improving the quality of
life for older adults by
integrating the research
capacity of universities,
colleges and medical
schools with the
capabilities of local service**

(757) 220-4751

<http://www.excellenceingaging.org>

**The Center for Excellence in Aging
and Geriatric Health**

Williamsburg Physician's Center
3901 Treyburn Building, Suite 100
Williamsburg, VA 23185