

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.

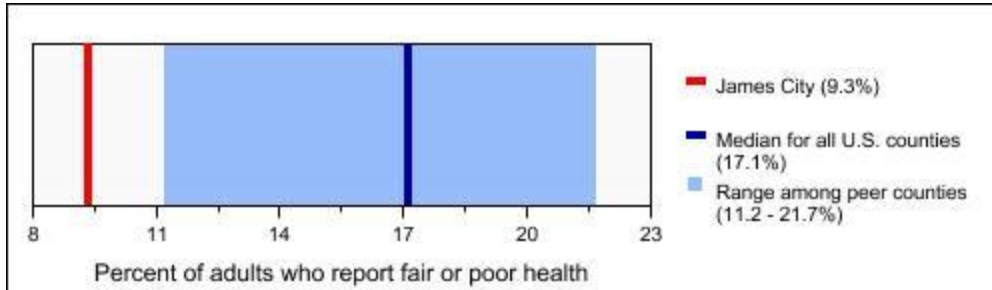
Table 5. 10-year projected growth rate in residents 65 years of age and older.

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.

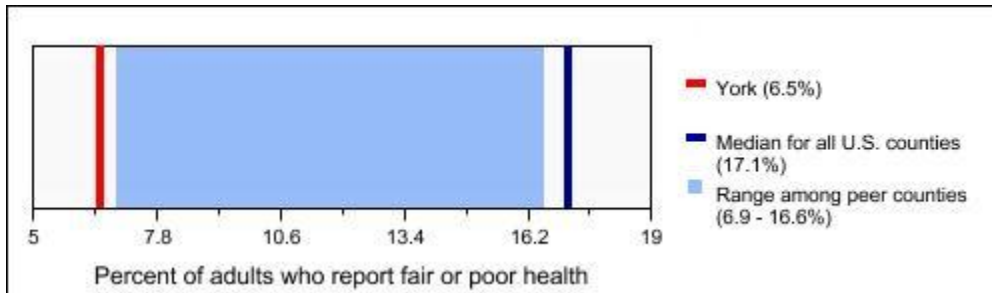
Figures 1 and 2 provide information on adults (18 and older) in James City and York Counties who reported their overall health as fair or poor. This percentage is compared to the median for all U.S. counties. Also displayed is the range of reports of fair or poor health for peer counties in the U.S. 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.

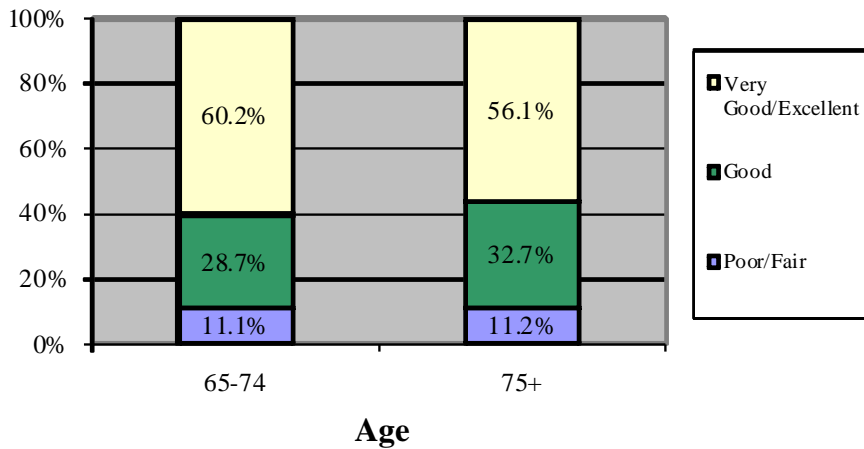
Figure 2. Self-Reported Health Status for Adults in York County.



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	7,797

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.

