

**The Williamsburg Community Action Plan On Aging:  
2010-2020  
COMMUNITY ACTION PLAN**



*A Report to the Senior Services Coalition*

*Williamsburg, Virginia*



## COMMUNITY ACTION PLAN

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### 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.<sup>1</sup> 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

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<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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

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<sup>2</sup> Per correspondence with Bonnie Basilone, Colonial Services Board, and Douglas Panto, Alzheimer's Association.

<sup>3</sup> <http://stayhomesafe.com>

seniors (see Appendix G), instituting a visitation program to reduce isolation, and encouraging religious organizations to establish a parish nurse program.<sup>4</sup>

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

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<sup>4</sup> <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.<sup>5</sup>

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.”<sup>6</sup> 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

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<sup>5</sup> 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.

<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup>

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<sup>7</sup> Abbott, P.S., Carman, N., Carman, J., & Scarfo, B. (2009). *Re-creating neighborhoods for successful aging*. Baltimore: Health Professions Press.

<sup>8</sup> 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.

<sup>9</sup> <http://www.beaconhillvillage.org/>

<sup>10</sup> 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.<sup>11</sup>

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.

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<sup>11</sup> 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 fair<sup>12</sup>

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.

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<sup>12</sup> 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