

MAY 2009

Center for Excellence in Aging and Geriatric Health

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



A Report to the Senior Services Coalition

Williamsburg, Virginia



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

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.¹ 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

¹ 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 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.²

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.”³ 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 were not designed to support the needs of aging adults.⁴ 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.⁵ 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).

² 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.

³ 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.

⁴ Abbott, P.S., Carman, N., Carman, J., & Scarfo, B. (2009). *Re-creating neighborhoods for successful aging*. Baltimore: Health Professions Press.

⁵ 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.

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.⁶ 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.⁷

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.

⁶ <http://www.beaconhillvillage.org/>

⁷ 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 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.⁸

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

TIME FRAME: 5 YEARS

⁸ 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.

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