

# 2020<sup>★</sup> Community Plan on Aging<sup>★</sup>

for the Thomas Jefferson Planning District

*Making Our Community a Great Place to Age*



Final Report  
*September 2003*



# 2020 Community Plan on Aging

Developed by the 2020 Planning Partners

*see full listing starting on page 65*

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Jefferson Area Board for Aging  
Piedmont Housing Alliance  
Martha Jefferson Hospital  
The Annie E. Casey Foundation  
Anonymous Individuals and Foundations

## STATEMENT OF PURPOSE

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We will work together to make the Jefferson Area\* the best place in the country to age. We will accomplish this through the development of innovative health and support service systems; coordination of regional and neighborhood land use and transportation planning; expansion of educational, cultural and recreational resources; and the promotion of active, caring and inclusive communities. In our planning we will incorporate and promote respect for individual autonomy, senior empowerment and informed decision-making.

We will strive to develop sustainable communities that maximize seniors' mental, social, spiritual, and physical functioning in order to promote senior health, independence, security, productivity, and overall quality of life. We believe that building communities that are good for seniors will benefit everyone.



*\*The Jefferson Area includes Charlottesville and the counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson*

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# EXECUTIVE SUMMARY

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The *2020 Community Plan on Aging* was created to help the communities in the Thomas Jefferson Planning District prepare for the dramatic increase in the senior population that will occur within the next 25 years. Census projections indicate that by 2025 the population of Virginians 60 and older will almost double, and will grow from 14.7 percent of the total population in 1990 to almost 25 percent. (Source: Virginia Department for the Aging) In Planning District Ten, by 2025 the number of people 65 and over is expected to increase by 109%, far outpacing the 41% increase in the total population (see also Demographic Profiles beginning on page 14).

This “aging tsunami” will bring profound changes for which the community must be prepared. A dramatic shift in policy and program approaches will be needed if our region is to ensure that all people can age with dignity and security. To begin the necessary process of preparing for the future, over 150 community members began taking steps to develop a comprehensive plan for the future. “2020” was so named to evoke the concept of a *clear vision for the future* and year 2020, when the first wave of “Baby Boomers” born in 1946 will be approaching 75.

Based on input from a kickoff conference and public forums held in 2001, several main issue areas were identified. Work groups of community members addressed those issue areas and developed goals and strategies for each. These strategies should guide community partners and local governments in addressing the needs of seniors in the coming decades. A 2020 Steering Committee provided oversight of the planning process and approved the final plan. This full plan is intended as a resource and reference guide for the community. The 2020 Plan Summary, a briefer document outlining the main recommendations, is also available.

Because individual needs and interests vary, this plan does not propose a uniform approach for all of the area’s elders. The aim of these recommendations is to promote an array of resources that will enable seniors and their loved ones to chose the best options to enhance their quality of life.

## **The 2020 Plan calls on the planning district to:**

- Support seniors’ ability to age in place with dignity, grace, and maximum health and independence.
- Help seniors maintain a positive quality of life in their chosen residence.
- Develop a senior-friendly, comprehensive continuum of affordable health services for older people regardless of income, cultural heritage, location, health status or level of functioning.
- Create and foster an active, caring and welcoming community that promotes respect, diversity, and inclusion of all ages and cultures.
- Create a use of land that seamlessly integrates public spaces, vibrant private enterprise, and people of all ages in safe, affordable, enjoyable communities.
- Increase the ability of people of all ages to meet the challenges of later life.
- Encourage input from diverse groups in developing resources and assure that seniors are involved in decisions that affect them.
- Ensure that seniors have opportunities to share their knowledge and skills.
- Create and enhance opportunities for enjoyable participation in life.

## 2020 Goals

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The 2020 *Community Plan on Aging* goals are addressed in six chapters as follows.

Chapter 1: *Promoting Coordinated and Accessible Healthcare*

- Promote access to high-quality healthcare, pharmaceuticals and support services.
- Increase recruitment, preparation, and retention of geriatrics-trained healthcare providers.

Chapter 2: *Supporting Maximum Independence and Lifelong Health*

- Promote access to resources that support healthy behaviors and preventive health maintenance throughout life.
- Encourage life-long planning and use of community resources for maximum independence in later life.

Chapter 3: *Offering Choices: Affordable Living Options for Seniors and Support to Family Caregivers*

- Provide a variety of quality affordable and accessible senior housing options integrated within the community.
- Promote a full range of long-term living arrangements and community resources so that seniors can maintain their maximum level of independence and choice.

Chapter 4: *Designing Communities to Enhance Quality of Life*

- Provide safer, more convenient, flexible and affordable transportation options.
- Improve quality of life through innovative community design.

Chapter 5: *Fostering Vibrant Engagement in Life*

- Increase the availability and awareness of opportunities to address issues of seniors' social isolation.
- Support and present opportunities for seniors to contribute to cultural and recreational activities, including intergenerational activities.
- Advance awareness of the benefits of regular physical activity and promote the availability of recreational and exercise opportunities for seniors.

Chapter 6: *Strengthening Caring Communities through Active Citizenship*

- Enhance services and advocacy activities to improve resources for seniors and caregivers.
- Foster and showcase seniors' community participation and contributions.



# Next Planning Steps: How the 2020 Plan Will Connect with Other Planning Efforts

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The 2020 Community Plan on Aging represents a beginning step in a dynamic and ongoing process. This document outlines general recommendations for making this an age-friendly community. Many of the details for addressing these recommendations are yet to be formulated. Following publication and dissemination of the plan, the implementation phase will begin. Project staff will work with local governments, ongoing planning partners and other members of the public and private sectors to develop specific strategies for accomplishing the recommendations set forth in this document. It will be essential to coordinate closely with current efforts and programs to maximize community resources. An evaluation instrument (community report card) will be developed and utilized in order to assess progress on 2020 goals. During this phase an ongoing steering group will work with 2020 planners to guide implementation and monitor progress.

## TOP PRIORITIES FOR EARLY IMPLEMENTATION

As a result of input from community forums and a prioritizing process by work group members, three 2020 goals emerged as the most important for planners to address. These top priority goals are listed below and should be addressed first.

- Promote access to high-quality healthcare, pharmaceuticals and support services. (CHAPTER 1, GOAL 1)
- Provide a variety of quality affordable and accessible senior housing options integrated within the community. (CHAPTER 3, GOAL 1)
- Provide safer, more convenient, and flexible transportation options. (CHAPTER 4, GOAL 1)

## NEXT PLANNING STEPS

1. Reconvene 2020 Steering Committee to include available current members and new members who will be involved in implementation.
2. Make 2020 Plan on Aging widely available to local governments, community organizations, and representatives of the public and private sectors.
3. Publicize the 2020 Plan through press conferences, news articles, interviews, and web sites.
4. Provide public information sessions about the 2020 Plan with community groups, church and faith groups, advocacy groups, and other private and public community organizations.
5. Focusing first on the top goal priorities identified above, work with key organizations and local governments to refine recommendations and develop implementation strategies. Before meetings, distribute cost/benefit analysis to stakeholders.
6. Convene special work groups (such as Healthcare Quality Council) as appropriate.
7. Continue collaboration with key organizations and local governments to develop a community report card for monitoring and publicizing progress on implementation.

## Acknowledgements

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This creation of the 2020 Plan would not have been possible without the active involvement of numerous community partners. A special thanks to the 2020 Steering Committee and work groups for their ongoing participation in the planning process, sponsors who provided financial support, and to the individuals and organizations who gave their time and energy to provide valuable information and insights. A full listing of planning participants and others who gave of their time and expertise begins on page 65.

# INTRODUCTION





# INTRODUCTION

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The number of Virginians aged 60 and older is projected to increase from 1.1 million today to 2.1 million in 2025, and will constitute over 20% of Virginia's population by that year. The aging of our region parallels national population trends and will bring with it profound changes.

The impact will be felt throughout our culture—at the personal level, in our communities, and at the highest levels of federal policy-making. Family caregiving responsibilities will dramatically increase, affecting our work life, family structure, and our physical and mental health. If left unchanged, entitlement programs and health and social service delivery systems will be stretched beyond the breaking point. There are already shortages of affordable senior housing, professional healthcare workers, and funds for care management and home care, to name just a few essential support elements. A dramatic shift in policy-making and in personal planning is required if our society is to ensure that all people can age with dignity and security.

Recognizing that it will take years to introduce or enhance the essential elements required to prepare for a rapidly growing senior population, 2020 planning participants have developed a series of recommendations to the community. The result of this collaborative effort is the *2020 Community Plan on Aging*.

## Components of this document include:

- Demographic profiles about the current and projected senior populations of Thomas Jefferson Planning District
- Six chapters of recommended goals and strategies for addressing the challenges and opportunities presented by a growing aging population
- A section outlining the next steps of the 2020 implementation phase
- A full acknowledgements section listing planning participants and other community members who contributed to the 2020 Plan
- Appendices:
  - A Special Issues section with detailed analysis, including:
    - A summary of survey findings on senior legal and safety needs
    - *Strengthening Intergenerational Connections*, a beginning step in intergenerational planning developed in collaboration with Western Albemarle High School students
  - An overview of the 2020 planning process leading to the recommendations in this plan.
  - Glossary of terms used in the plan

It is our hope that individuals, organizations, and local governments in the planning district will use this plan as a guide to creating and enhancing a community for all ages.

## Please note:

- Chapters and strategies are not presented in order of priority.
- For each strategy there is a listing of potential partners, the organizations that could conceivably be involved in implementation. The final determination of the organizations to be involved will be made in the implementation phase.
- *Time frames* are the suggested number of years, in 5, 10 and 15 year increments, in which the strategies can reasonably be completed. These indicate the outside limit of how long the planning participants estimate the task will take. The exception is in instances where an ongoing effort is proposed (e.g., expanding free/low cost services 5% each year). In those cases the time frame indicates when the activities will start.

## Demographic Profiles

### *Planning District Ten (PD 10)*

#### Growth in Population, 65 and older, 1990-2000

Locality	1990 census	2000 census	% change
Albemarle	6,593	9,920	50
Charlottesville	4,903	4,548	-7
Fluvanna	1,618	2,800	73
Greene	972	1,485	53
Louisa	2,792	3,315	19
Nelson	2,017	2,420	20
PD10	18,900	24,488	30
<b>Total Population</b>	<b>163,311</b>	<b>199,648</b>	<b>22%</b>

*Source: U.S. Bureau of the Census, 1990 and 2000 Census, Summary File 3*

#### Growth in Population, 85 and older, 1990-2000

Locality	1990 census	2000 census	% change
Albemarle	496	1,159	134
Charlottesville	532	598	12
Fluvanna	120	203	69
Greene	87	176	102
Louisa	206	328	59
Nelson	237	233	-2
PD10	1,678	2,697	61

*Source: U.S. Bureau of the Census, 1990 and 2000 Census, Summary File 1*

#### Projected Growth in Senior Population, 2000-2025

	2000 Population	2010 Predicted	2010 % Growth	2020 Predicted	2020 % Growth	2025 Predicted	2025 % Growth
Total Pop. PD 10	199,648	231,450	16%	263,820	32%	280,870	41%
65+	24,488	30,290	24%	43,260	77%	51,210	109%
85+	2,697	3,770	40%	4,780	77%	5,380	99%

*Source: Woods and Poole Economics, Inc., 2003 State Profile: State and County Projections to 2025*

# Selected Statistics

## Planning District Ten

Of people 65 and older:

- 14% of people are employed
- 66% live in family households
- 28% live in non-family households (i.e., smaller residences, not with relatives)
- 6% live in group quarters (e.g., nursing homes, group homes)
- 8% have self-care disability
- 36% of people 75 and older live in households with annual income under \$20,000
- 51% of people 85 and older have self-care disability

*Source: U.S. Bureau of the Census, Census 2000*

## Virginia

- In 1997, elderly households spent an average of \$2,855 per year on health care.
- The number of people needing long-term care, including nursing home care, could more than triple during the next 30 years.

*Source: Statistical Report 2000, Virginia Department for the Aging*

## United States

- By the year 2030, the older population will more than double to about 70 million.
- Members of minority groups are projected to represent 25% of the older population in 2030, up from 16% in 1999.

### Life Expectancy

- Life expectancy is about 77 years.
- About one-third of the population survives beyond age 85.
- The average life expectancy at age 65 is 18 years (83 years old).

### Elderly Living Alone

- 31% of noninstitutionalized elderly (65 and older) live alone.
- Three out of five women (60%) age 85+ live alone.

*Source: Administration on Aging web site, 12/12/00*



## RECOMMENDATIONS: GOALS AND STRATEGIES



# Notes

# RECOMMENDATIONS: GOALS AND STRATEGIES

## Chapter 1: Promoting Coordinated and Accessible Healthcare

### OVERVIEW

**Access to healthcare** means that an array of affordable health services is available regardless of a person's cultural heritage, language, location, health status, level of functioning, or income. One crucial aspect, affordability, is an increasing problem for many seniors as a result of coverage limits, costly premiums, prescription drug prices, expensive technologies, and the growing aging population needing specialized services. While some of these issues must be addressed at the national level, there are many efforts at the local level that can, and do, have a significant impact.

Responsive healthcare requires innovative thinking, a range of approaches, careful coordination, and adequately trained and experienced providers. The recommendations in this chapter address the critical issues of affordable care, coordinated service delivery, and provider recruitment and training.

### GOALS AND STRATEGIES

#### 1. PROMOTE ACCESS TO HIGH-QUALITY HEALTHCARE, PHARMACEUTICALS AND SUPPORT SERVICES **HQC**

##### 1.1 Increase advocacy for improving cost and coverage for healthcare.

###### Strategy 1

Establish network of local advocates who will make improving healthcare affordability at state and local levels their top priority issue.

*Time Frame: 5 years*

##### 1.2 Promote local models of affordable health services.

###### Strategy 1

Expand existing free and low-cost healthcare services (e.g., Rural Health Outreach Program) to serve an additional 5% of seniors in need, each year to 2020.

*Time Frame: 5 years*

It is proposed that a community-wide **Healthcare Quality Council** composed of decision-makers or their designees be convened to pursue and support health related goals throughout the plan. The symbol **HQC** after a goal indicates a recommended area for oversight by this council.

*Potential partners in the Healthcare Quality Council include:*

<i>Thomas Jefferson Health Department</i>	<i>Martha Jefferson Hospital</i>
<i>University of Virginia Health System</i>	<i>Nursing Schools</i>
<i>Region Ten Community Services Board</i>	<i>Hospice of the Piedmont</i>
<i>Nelson Rural Health Outreach Program</i>	<i>Local Governments</i>
<i>Piedmont Virginia Community College</i>	<i>Institute on Aging</i>
<i>Other health-related advocacy organizations</i>	<i>Long-term care facilities</i>
<i>Departments of Social Services</i>	<i>University of Virginia</i>
<i>Home health and therapy service providers</i>	<i>Alzheimer's Association</i>
<i>Jefferson Area Board for Aging</i>	<i>Mental Health Association</i>
<i>Medical Outreach Services of Louisa</i>	<i>Charlottesville Free Clinic</i>
<i>Churches and faith organizations</i>	<i>Area businesses</i>
<i>Fitness and exercise programs (e.g., ACAC, Medfit)</i>	

**1.3 Improve communication, coordination and responsiveness of healthcare delivery in the region.**

Strategy 1

**Conduct community assessment on health system coordination needs, challenges, and resources.**

*Time Frame: 5 years*

Strategy 2

**Based on assessment, develop and implement a community-wide plan to improve senior healthcare service delivery and coordination, to include consideration of the following:**

- Use of a standardized holistic patient assessment tool to be shared among sites of care
- Development of a portable individual record of treatment history and medication (e.g., scanable card)
- Education programs to improve patient awareness and communication on medication issues
- Expansion of telemedicine sites and technology throughout the planning district
- Improved access for diverse groups, such as non-English speaking people and people with disabilities
- Assessment of the feasibility of a local initiative modeled after Program of All-Inclusive Care for the Elderly (PACE) *Time Frame: 10 years*

**2. INCREASE RECRUITMENT, PREPARATION, AND RETENTION OF GERIATRICS-TRAINED HEALTHCARE PROVIDERS.**

*“Providers” includes individual physicians; nurses, nurse practitioners, and nurse assistants; physical, occupational, recreation, speech and mental health therapists; social workers; pharmacists; dietitians; alternative and complementary medicine providers; and other professionals and paraprofessionals who provide medical care or services to maintain/restore health.*

**2.1 Increase pay and benefits for certified nurse assistants.**

Strategy 1

**Promote increased state-level Medicare and Medicaid reimbursement rates tied to wage increases for nursing assistants. *Time Frame: 5 years***

Strategy 2

**Explore feasibility of promoting a minimum caregiver wage and fringe benefits for nurse assistants.**

*Time Frame: 5 years*

**2.2 Increase the availability of geriatrics-trained providers through targeted recruitment, improved training and ongoing support.**

Strategy 1

**Develop and implement a plan to increase the number of geriatrics-trained providers by at least 15% every 5 years to 2020. *Time Frame: 5 years***

Strategy 2

**Develop a plan to enhance continuing education and training opportunities. *Time Frame: 5 years***

Strategy 3

**Raise public appreciation and recognition of geriatric care providers through regular recognition events and special marketing campaigns. *Time Frame: 5 years***

## **GOAL 1: PROMOTE ACCESS TO HIGH-QUALITY HEALTHCARE, PHARMACEUTICALS AND SUPPORT SERVICES.**

**1.1 Increase advocacy for improving cost and coverage for healthcare.**

**1.2 Promote local models of affordable health services.**

### **Medicare**

Medicare is the primary source of insurance for persons over 65. It is a government financed, single payer system. Generally, people are eligible for Medicare if they or their spouse worked for at least 10 years in Medicare-covered employment. Younger persons with disabilities or certain medical conditions may also qualify.

Medicare—Provides health insurance to 39 million elderly, and cost the government \$213 billion, or 12 percent of the federal budget, in 1999. It will need to cover a rapidly growing older population: by 2030 the Medicare population is expected to nearly double to 76 million Americans.

Source: *Healthcare Crisis: Who's at Risk?* PBS report

Because the number of U.S. seniors is increasing steadily, and advances in medical technology are keeping people alive longer, there is growing concern about the cost of financing care for future generations. With the decline in the number of workers paying into the system through their payroll taxes, many believe that there will need to be additional sources of funding for Medicare in the future.

In 1983, federal legislation established a system of Medicare payment to hospitals based on a set fee determined by one of 467 diagnosis-related groups. This legislation marked a major turning point in the financing of medical care. Prior to this, the government paid what was billed. Many private insurers adopted a similar system of reimbursement. Later, capitation entered the picture as another financing method. Capitation is a fixed payment per patient per year that shifts some of the burden of risk away from the insurance company or health maintenance organization (HMO) and onto the doctor. Because of the limits on Medicare payments, many physicians are challenged in finding ways to pay their costs and assure quality care at the same time. In fact, some physicians no longer accept new Medicare patients.

### **Medicare and Prescription Drugs**

In 1999, Medicare beneficiaries spent approximately \$400 each out-of-pocket on drugs, and many expect this dollar amount to rise. Seniors who can't afford to pay for their medications often do not fill necessary prescriptions, or they take their medicine irregularly. The consequences can be dangerous, or even deadly. "Original" Medicare does not cover the cost of prescription drugs outside the hospital, which means that more than a third of Medicare beneficiaries lack coverage for outpatient prescription drugs. That number is expected to grow as private sources of coverage get more expensive.<sup>1</sup> In June 2003 both houses of Congress passed Medicare prescription drug bills. While each of these bills would help many seniors and people with disabilities with very low incomes to pay for prescription drugs, critics argue that they contain many gaps in coverage and may lead to a loss in coverage for some. As of this writing both bills are in Conference Committee. (For more information see AARP web pages describing the issue and current status of the bills in conference: <http://www.aarp.org/tools/partner?url=http://capwiz.com/aarp/issues/alert/?alertid=40281>)

## Medicaid

Medicaid is a resource available to people, including seniors, with limited financial resources and assets. Medicaid is funded by both federal and state monies and is administered by the state. Following very broad federal guidelines, each state determines specific benefits and amounts of payment for providers.

Medicaid—Is the largest program providing medical and health-related services to the lowest income groups in the U.S. It covers approximately 36 million individuals including children, seniors, people with vision impairment or other sensory or physical disabilities, and individuals eligible to receive federally assisted income maintenance payments.

Source: *Healthcare Crisis: Who's at Risk?* PBS report



Medicaid also covers many middle-class people who deplete their assets in old age, and is the primary payer for 68% of nursing home residents. But “depleting their assets” often means turning over lifetime savings, and not passing them along to their children. Some seniors who meet financial eligibility requirements are able to use both Medicare and Medicaid.<sup>1</sup> In addition to paying for healthcare services such as primary care, Medicaid is a critical component of the long-term care system for low-income seniors and people with disabilities. As such, it is a major variable in determining the payscale of providers of long-term care (e.g., nurse assistants).

## Uninsured

Although Medicare is available to citizens over 65, the health coverage for the slightly younger generation is another matter. In 2000, more than 13% of U.S. citizens ages 50 to 64 (5.2 million individuals) were uninsured throughout the year. Of this group, over one-third are in low-income families. In many instances, health insurance premiums are no longer paid by employers; therefore, formerly insured workers have added to the ranks of uninsured. In addition, minorities account for a disproportionate share of uninsured in these age groups. People who are insured and cannot afford the cost of healthcare are unlikely to seek treatment or intervention which might prevent worsening of their condition. This poses serious health risks for patients both during the time that they are uninsured and when they are eventually covered by Medicare, compounding the cost and consequences of untreated conditions.<sup>2</sup> Locally, some individuals under 65 who have no health insurance may qualify for services at the Charlottesville Free Clinic (CFC). Although the CFC provides a much-needed service to younger people who are uninsured, it relies on donations and volunteer doctors and nurse practitioners whose schedules change. It is unlikely that a patient will be followed over time by the same provider, making continuity of care additionally challenging.

Because long-term care and prescription drugs are not covered, persons enrolled in Medicare are in some ways uninsured also. This leaves them unprotected against the high cost of these healthcare services. With the growing number of seniors who will need medical services and the complex system of insurance with its coverage limitations, it is essential that the community creates and reinforces measures to assure affordable care throughout the region.

### 1.3 Improve communication, coordination and responsiveness of healthcare delivery in the region.

Healthcare and support services for seniors are provided in a variety of settings throughout the area. These include hospitals, community health and mental health clinics, senior centers, adult day healthcare centers, assisted living and nursing facilities, and private homes. When individuals move between these sites of care, as is usually the case, the potential for miscommunication and treatment errors increases. With the added factor of increasing numbers of older people, the risk is even greater for seriously compromised quality of care.

In the article *What is User-Friendly Healthcare for the Elderly?* Garland Fritts points out that:

*Fragmentation of services is a problem throughout healthcare but nowhere is it as serious as with the geriatric population. Episodic care for individuals who are frequently dealing with multiple chronic conditions is not the answer. Too many providers still deal with one geriatric healthcare matter at a time. Such treatment or lack thereof often leads to further complications, including premature death.*

*As an example, one study has shown that 25 percent of seniors have treatable conditions unknown to their physicians. Seventeen percent of seniors' hospital admissions are caused by drug mismanagement. Approximately 40 percent of seniors over 70 years of age are discharged from a hospital with one or more unwanted side effects. Twenty-seven percent of those seniors are rehospitalized within three months and 15 percent are newly institutionalized.<sup>3</sup>*

Fritts observes that there are very few networks for tracking and reporting between sites of care, such as pharmacies, primary care physicians, specialists, and nursing homes. It is also true that the advantage of having several organizations address the needs of older people can turn into a disadvantage when it comes to coordinating services:

*In many communities where the population is as small as 60,000 or less, there are typically 24 to 30 community agencies available to help the elderly. In addition, there may be as many as a dozen healthcare-related organizations. The elderly population (those persons over 65 years of age) in such a community will typically number at least 7,500 persons.*

*The challenge is to coordinate all the diverse service organizations and the healthcare providers into a continuum that is easily accessible by the aging population and their caregivers. As an example, family members living some distance from an aging parent should be able to access a reliable continuum of care for their parent as easily as it would be to find a realtor to help with locating a new home. In most communities today such assistance is impossible to find because it does not exist.*

*The daunting challenge is to get the organizations and individuals to collaborate on commonly agreed upon goals, forgoing interagency competition and turf protectiveness.<sup>3</sup>*

In this region many cooperative and productive relationships exist between healthcare providers, facilities, and social service organizations, but there are also reports of fragmentation and uneven communication between sites of care. In addition, care coordination services provided by such organizations as the University of Virginia Health System, Martha Jefferson Hospital, social services departments, and Jefferson Area Board for Aging (JABA) will need to expand to meet the demand of the senior population in the years ahead. Without advance planning, the challenge of providing quality senior healthcare will only increase in the next twenty years. It is imperative that activities begin now to assure future access and coordination.

One model of service delivery that has been successful in certain regions of the country is PACE, the *Program of All-Inclusive Care for the Elderly*. It serves individuals who are 55 and older and certified as needing nursing home care. The program provides the entire continuum of care and services to older people with chronic care needs while maintaining

their independence at home as long as possible. Care and services include adult day care, medical care provided by a PACE physician familiar with the history and needs of each participant, home health and personal care, all necessary prescription drugs, social services, medical specialty services such as audiology, dentistry, and podiatry, respite care, and hospital and nursing home care when necessary. At present, this model is available in designated areas to eligible individuals using Medicare or Medicaid. There has been recent interest within the Commonwealth to initiate a three-year rural PACE demonstration model. Although there is a challenge in making such programs financially feasible, particularly in a rural area, this type of team approach is worth considering as a means to improve geriatric service delivery in the area.

Telemedicine is another effective approach for improving healthcare delivery, particularly in rural areas. The University of Virginia's telemedicine program currently provides specialty clinical and consultative services to a number of areas using computer and information technology. Initiatives such as UVA's Southwest Virginia Alliance for Telemedicine make it possible for specialists at the University Health System to assist with diagnosis and treatment of patients who are far from the Charlottesville area. Through telemedicine, patients can receive quality medical care based on the latest knowledge and technology, while remaining under the care of their hometown health providers. UVA's "Smart Community" concept, using telemedicine to blend technology and medical expertise, might serve as a prototype for an approach to improving access and coordination of healthcare.

**Regardless of approach chosen, elder healthcare service delivery—with its broad scope, multiple sites of care and increasing senior clientele—should be addressed soon, on a collaborative, coordinated community-wide basis.**

## **GOAL 2: INCREASE RECRUITMENT, PREPARATION AND RETENTION OF GERIATRICS-TRAINED HEALTHCARE PROVIDERS.**

### **2.1 Increase pay and benefits for certified nurse assistants.**

The issue of pay and benefits is an important factor in the recruitment and retention of nurse assistants, both in facilities and home-based care. In a 1998 study, area nurse assistants cited poor salary and benefits as reasons for leaving the field, especially compared to other jobs that are less challenging, both physically and emotionally.<sup>4</sup> Although nurse assistant hourly wages have increased since 1998, they are still low and generally benefits are not provided. A significant factor in the lower hourly wages is the Medicaid reimbursement rate to long-term care facilities and home health agencies. In the current year for example, the rate for nurse assistants providing Medicaid-reimbursed home health care is \$2.00-\$3.00 per hour less than private duty or staff relief positions. In addition, Medicaid does not reimburse home health agencies for travel expenses, so either the staff or the agency must absorb the cost. This type of wage discrepancy has made recruitment difficult for agencies. Concerted advocacy efforts will be needed in order to make a difference in pay for the staff providing vital supportive care to elders.

### **2.2 Increase the availability of geriatrics-trained providers through targeted recruitment, improved training and ongoing support.**

In February 2002, The Alliance for Aging Research issued a report about the availability of geriatrics providers, *Medical Never-Never Land: 10 Reasons Why America's Not Ready for the Coming Age Boom*. This report highlights the lack of formal training in geriatric care in many of the healthcare professions such as physicians, nurses, social workers and pharmacists:

- By 2030, the U.S. will need up to 36,000 geriatricians and will fall far short of that figure by as many as 25,000 unless effective steps are taken to train new providers.
- In 2002, when the report was issued, fewer than 9,000 of the 650,000 licensed physicians practicing in the U.S. were certified in geriatrics. With the number of physicians retiring or choosing not to be

recertified, this number is actually shrinking. In 2004, it is expected that the number of geriatric-certified physicians will decrease to 6000.

- In 2002, of nearly 200,000 pharmacists in the U.S., only 720 were reported to have geriatric certifications, in spite of the fact that the elderly are by far the largest users of pharmaceutical products.

- A more consistent and widely available system of geriatric care could result in reduction of hospital, nursing home and home care costs by 10 percent a year. The potential savings by the year 2020 could be \$133.7 billion in that year alone.

- One out of every five older patients receives prescriptions of inappropriate drugs (Journal of the American Medical Association, Dec. 12, 2001).



The report provides a number of statistics and case profiles to underscore the current and potential serious health and economic consequences of this impending crisis. The authors recommend that all health professionals receive some formal exposure to geriatrics as part of their education.<sup>5</sup>

Garland Fritts points out that although older people may have just as many differences from the general population as do children, these differences are often not recognized by health care providers. Some of these differences are in metabolic rates, memory, thinking clarity, mobility loss from inactivity, incontinence from catheter use, dizziness from polypharmacy, alcohol and drug use, and multiple chronic illnesses.<sup>3</sup> Many physicians have not been trained in the special aspects of treating geriatric patients, and with a growing senior population this will become a critical issue.

The training and availability of other healthcare providers is also a growing issue. Among the professionals, nurses and nurse assistants are some of the most essential. In Virginia, there is already a severe shortage of nurses, and more are expected to retire in the near future. According to a factsheet from Virginia Partnership for Nursing (VPN), Virginia is currently 39<sup>th</sup> for all states in nurse-to-population ratio. Further, 43% of registered nurses report intent to discontinue work within 10 years. By 2020, Virginia will experience a 36% deficit in the number of nurses required by health care employers. To address this crisis, the VPN recommends several steps, such as increasing recruitment and nursing education programs, supporting full funding for Medicaid reimbursement for nursing care, and supporting changes in the workplace to increase job satisfaction and maximize the contributions of nurses.<sup>6</sup> Additionally, nurses and nurse assistants of the future, who will provide the majority of direct patient care, will need specific training in geriatrics. Nursing schools should include increasing numbers of faculty with extensive geriatric experience and the curriculum should reflect the changing needs of the patient population.

In addition to adequate preparation, pay, and ongoing training, care providers should receive support and recognition for the valuable work they do. This is especially true for nurse assistants who have historically been unrecognized in spite of the fact they provide essential direct care. The Nurse Assistant Institute has taken steps toward improving public awareness of the contributions of nurse assistants by holding an annual recognition event. As more adults age and require medical care and personal assistance it will be even more important to support and recognize the work of the providers on whom so many depend. (Note: Nurse assistant retention is also discussed in Chapter 3, *Offering Choices: Affordable Living Options and Support to Family Caregivers*.)

## Chapter 2: Supporting Maximum Independence and Lifelong Health

Senior well-being and independence are a result of several variables, such as nutrition, financial status, and family and community support. Many of these are under individual control, or at least influenced by personal actions, such as choices about exercise and diet. Others are influenced to a large degree by the community environment, especially access to resources.

Health and support services are most effective when they are widely known and available, and when people take responsibility for their personal well-being. In many cases this means taking the necessary steps—such as starting an exercise program or planning for retirement—well before the senior years. The recommendations below focus on enhancing programs and outreach so that citizens of all ages can be active participants in designing their own futures.

### GOALS AND STRATEGIES

#### **PROMOTE ACCESS TO RESOURCES THAT SUPPORT HEALTHY BEHAVIORS AND PREVENTIVE HEALTH MAINTENANCE THROUGHOUT LIFE.**

- 1.1 Provide a range of accessible education/outreach programs on healthy lifelong choices and preventive services to serve a diverse population of all ages.**

**Strategy 1**

**Identify the top programs and information that can bring the greatest benefit for improving health and wellness and create a plan for developing and expanding these initiatives. *Time Frame: 5 years***

**Strategy 2**

**Obtain funding and expand and/or develop identified programs and outreach efforts. (Strategy 1).**

***Time Frame: 10 years***

#### **ENCOURAGE LIFE-LONG PLANNING AND USE OF COMMUNITY RESOURCES FOR MAXIMUM INDEPENDENCE IN LATER LIFE.**

- 2.1 Provide education and outreach activities to promote long-range planning and self-advocacy.**

**Strategy 1**

**Expand programs to educate the public on the need for retirement and long-term care planning and the resources that are available. Provide information in language formats suitable for diverse groups.**

***Time Frame: 5 years***

Potential partners: Financial planners, banking institutions, AARP, JABA, Senior Center, Inc.

**Strategy 2**

**Initiate a district-wide coordinated effort to disseminate information about resources on legal assistance, financial counseling and other programs to support seniors. Provide material in language formats suitable for diverse groups. *Time Frame: 5 years***

Potential partners: AARP, UVA's Advocacy Clinic for the Elderly (ACE), Legal Aid Justice Center, Senior Statesmen of Virginia, United Way, Departments of social services and other human service organization, financial institutions, JABA, Senior Center, Inc.

**GOAL 1: PROMOTE ACCESS TO RESOURCES THAT SUPPORT HEALTHY BEHAVIORS AND PREVENTIVE HEALTH MAINTENANCE THROUGHOUT LIFE.**

**1.1 Provide a range of accessible education/outreach programs on healthy lifelong choices and preventive services to serve a diverse population of all ages.**

Scientists in the field of aging and health have made some encouraging discoveries. According to data from the National Long Term Care Survey, the rate of disability in people over 65 has declined. In recent years the decline has even accelerated. For African-Americans, the disability rate, which had increased from 1982 through 1989, has sharply declined in recent years. Overall, from 1982 through 1999, the prevalence of disability among older Americans went down from 26.2 percent to 19.7 percent, a reduction of 6.5 percent. A number of factors may have influenced this change:

- Improvements in maternal nutrition and public health
- Better control of childhood infectious diseases
- Better education and financial status of succeeding generations reaching old age
- Health-related behavioral changes, such as smoking cessation
- Improved control and treatment of such diseases as hypertension and heart disease
- The development and use of new surgical interventions
- The impact of newly developed drugs<sup>7</sup>

*Research has shown that healthy lifestyles are more influential than genetic factors in helping older people avoid the deterioration traditionally associated with aging. People who are physically active, eat a healthy diet, do not use tobacco, and practice other healthy behaviors reduce their risk for chronic diseases and have half the rate of disability of those who do not.*

*Healthy Aging: Preventing Disease and Improving Quality of Life Among Older Americans: At A Glance 2003*

Although more research will be needed to pinpoint the exact reasons for the decrease in disability rates cited above, generally the factors influencing health and wellness in later years are well-documented. The Centers for Disease Control and Prevention state that poor health is not an inevitable consequence of aging and list a number of strategies that have been effective in promoting health in older people. They include healthy lifestyles (such as exercise and nutritious diet), early detection of diseases (such as breast and colorectal cancer), immunizations (most notably flu shots), injury prevention, and self-management techniques (such as a self-help course for people with arthritis).

**Adult Health Habits**

In spite of evidence that specific strategies can make a difference to later well-being, local data on health-related behavior is mixed. The Survey and Evaluation Research Laboratory at Virginia Commonwealth University conducts the Behavior Risk Factor Surveillance Survey (BRFSS) for the Virginia Health Department. The survey involves telephone interviews with individuals 18 and older across the state. Within Planning District Ten an average of 100 adults was surveyed each year between 1997 and 1999. Some of the data suggests that healthy habits are not frequently practiced. For example, during the three years:

- ▶ The number of adults reporting that they are physically inactive or exercise irregularly averaged 44%.
- ▶ Respondents reporting that they smoke cigarettes averaged 19.4%.

In 1997 and 1999, of 202 respondents:

- ▶ An average of 19% reported that they had ever had a pneumonia vaccine.
- ▶ 41 % – less than half – indicated that they had a flu shot within the past year.<sup>8</sup>

On the same survey there were some indications that people were taking steps to prevent illness and injury. (It should be noted that information on the racial background of the sample population is not available. Analysis by ethnic group may show more variations in result than is suggested here.)

- ▶ Between 1997 and 1999 an average of 66% of those surveyed reported that their cholesterol had been checked in the last 5 years.
- ▶ In 1997 (the only year for which data is available), 81% of those surveyed reported that they always used a seat belt.
- ▶ Of women 18 and older who were surveyed, between 1997 and 1999 an average of 77% reported having a mammogram within the last two years.<sup>8</sup>

Although there are positive signs, these findings suggest a need for stepped-up education, guidance, and support to area adults for maintaining and improving their health. In order for the education to be effective, there will also need to be sufficient accessible and affordable services, such as dental, vision, and hearing screening and care.

## **Falls**

Falls pose a very serious health problem for seniors because of the potential consequence to well-being, independence—even survival. If an older person has a hip fracture, for example, complications can often prevent recovery or even lead to death. These complications include increased risk of fatal blood clots or hemorrhage, pneumonia resulting from restricted mobility, and long-term circulation problems.

The frequency of injuries from falls is also a significant local problem. Another study for the Thomas Jefferson Health District reveals that falling is a leading cause of injury hospitalization among adults 65 and over in the planning district. In 1999, 16 adults from a total of 24,488 in this age group were hospitalized as a result of a fall. This represents a rate of 1290.4 per 100,000 of the total region's population of people 65 and older. Injuries from falls that year were almost 77% of all hospitalizations for that age group. In 2000, the number was slightly lower at 286, but this still represents a significantly high rate of 1167.9 per 100,000 of the 65 and older population. Falls in 2000 accounted for 78% of all injury-related hospitalizations for people of that age group.<sup>15</sup>

### **FALLS IN OLDER ADULTS: A NATIONAL CONCERN**

- *In the United States, one of every three adults 65 years or older falls each year.<sup>9, 10</sup>*
- *Falls are the leading cause of injury-related deaths among people 65 years and older.<sup>11</sup>*
- *Of all fractures from falls, hip fractures cause the greatest number of deaths and lead to the most severe health problems.<sup>12</sup>*
- *Half of all older adults hospitalized for hip fractures cannot return home or live independently after their injuries.<sup>13, 14</sup>*

Some of the factors that increase the likelihood of falling include:

- Problems with gait and balance
- Loss of strength in the lower body
- Disabilities that affect nervous or muscle/skeletal systems
- Certain medications, such as those used to treat dementia
- Poor eyesight
- Hazards in the environment, such as slick or uneven floors, loose rugs, unstable furniture, poor lighting, or items left on the floor.<sup>16</sup>
- Inner ear problems: As reported by the Vestibular & Balance Center at the University of Virginia (UVA) Health System, of all falls suffered by the elderly, 50% are the result of vestibular problems. In addition, half of the elderly people who fall do so repeatedly.<sup>17</sup>

Prevention is the best approach for avoiding the potential costs and consequences of falls. Addressing the problem may require the involvement of medical and home improvement professionals as well as the senior at risk for experiencing falls. The Centers for Disease Control and Prevention recommendations to reduce the risk of falls include: exercising to increase strength, balance, and coordination; removing tripping hazards; and making home modifications such as grab bars and handrails. Medical professionals can help by checking medicines and eyesight to assure that they don't contribute to the risk.<sup>11</sup> Diagnosis and management of balance and vestibular disorders is also important because of the number of falls attributed to problems in these systems. Many such prevention activities are underway now through programs such as those at UVA Health System as well as exercise and fitness training and classes at ACAC and Medfit. Senior Center, Inc. also offers exercise classes, free to paid members. Geriatric healthcare outreach and home safety programs are also available through JABA. In the years ahead it will be crucial to focus even more attention and energy on this serious health problem.

## The Influence of Youth Health Habits on Lifelong Health

Health behaviors in the younger years can play a strong role in well-being in later life. Daily habits can have a way of continuing through the lifespan unless there is a conscious effort to make changes. For example, 90% of people who become regular smokers first try a cigarette by age 20. Each day, nearly 3,000 young people become daily smokers, for a total of more than one million new smokers each year.<sup>18</sup>

*Tobacco use is the single largest preventable cause of death and disease in our society. It kills more Americans than motor vehicle crashes, AIDS, alcohol, illicit drugs, homicides, and suicides combined.*<sup>18</sup>

- Centers for Disease Control and Prevention

There is some promising news, however. Health education programs are having positive impact on young people's behavior. A 2000 evaluation of a school-based life skills training program found that 44% fewer students in the program used tobacco, alcohol, and marijuana one or more times per month than those not enrolled in the program.<sup>18</sup>

Obesity is another major health concern. The Center on an Aging Society at Georgetown University reports that almost 14 million children ages 2 to 17 are obese and an additional 8.6 million are at risk for obesity.<sup>19</sup>

The Center's report, *Childhood Obesity: A lifelong threat to health*, observes that children who are seriously overweight remain so in adulthood, when the consequences can be significant. In addition, chronic health problems such as Type 2 diabetes and hypertension, usually identified with adults, are on the increase among overweight children and teens.

While obesity itself is not a chronic condition, it is a risk factor for four of the 10 leading causes of death in the U.S. — coronary heart disease, type II diabetes, stroke, and cancer.<sup>20</sup> Obesity and physical inactivity account for more than 300,000 premature deaths each year in the U.S.<sup>19</sup> *Childhood Obesity: A lifelong threat to health, 2002.*

- Center on an Aging Society, Georgetown University

### WHAT IS CONSIDERED OVERWEIGHT/OBESE?

*The relationship of weight-to-height is known as the Body Mass Index (BMI). Healthcare professionals use the established percentile cutoff points developed by the Centers for Disease Control and Prevention (CDC) to identify underweight and overweight in children.*

#### Terminology:

*“Overweight”:* Children with BMI values at or above 95th percentile for age and gender. (In discussion the term “obese” is sometimes used.)

*“At risk of overweight”:* Children with BMI values between the 85<sup>th</sup> and 94<sup>th</sup> percentiles for age and gender. (In discussion, the term “overweight” is sometimes used.)

Excess body weight in children is an issue in this region also. The Thomas Jefferson Health District computed the Body Mass Index of 3<sup>rd</sup> graders in three school districts in 2001 based on collected heights and weights. The percentage of third-graders identified as overweight or at risk of overweight was over 30% in Albemarle County, and over 40% in Charlottesville and in Nelson County—very high percentages, considering the age of the children. These findings point to a disturbing trend for the long-term health of the young and adults in this region.

What is it that contributes to this problem? Diet—for example, the increasing consumption of high-fat fast food—is one important factor. In addition, sedentary lifestyles and lack of physical activity likely play a strong role in youth obesity. Many children use television and computers for entertainment. Results from the Third National Health and Nutrition Examination Survey indicate that 26% of children ages 8 to 16 watch four or more hours of television per day. 43% of high school students watch more than two hours of television on school days. Decreased participation in physical education is also a likely factor. Locally, funding constraints and other demands on school curriculum have resulted in cuts in physical education programs. As a result, physical education programs are no longer offered on a daily basis. Nationally, the proportion of high school students attending a physical education class daily decreased from 46% in 1991 to 29% in 1999.<sup>21</sup>

It is clear that obesity contributes to chronic and acute health problems. Because of the growing magnitude of the problem in this area, it will be important for health planners and community members to develop effective ways to have a positive impact on childhood weight and fitness.

Safety practices also play an important role in a healthy childhood and an independent future as an adult. Two findings of the TJHD Behavioral Risk Factor Surveillance Survey give some indication about safety practices for children. One encouraging finding is that between 1997 and 1999, an average of 87% of children in the survey are reported to “always use safety seat or seatbelt” in the car. On the other hand, only 36% were reported to “always wear a helmet while cycling.”<sup>9</sup> Given the potential for serious head injury and the resulting devastation to health and function, this is a troubling finding.

Health behaviors in young people affect not only their current well-being but also their health in later life. These issues merit serious attention through ongoing and enhanced outreach efforts.

## **2.1 Provide education and outreach activities to promote long-range planning and self-advocacy.**

### **Financial/Retirement Planning**

Financial planning is an important activity for all citizens regardless of income. It may be even more important for people with less income who have to stretch the dollar further. Anticipating future financial needs in retirement is becoming more critical because of increasing lifespan, and the potential need for ongoing long-term care.

As life expectancies grow, financial planners now recommend that people ensure that they will have enough retirement income through age 90 or even 100. There is a common misperception that Medicare will cover the cost of long-term care, but the reality is that Medicare does not cover long-term nursing home stays. The average monthly cost of a nursing-home stay is \$4,654.<sup>22</sup>

Often professional advice is helpful to people trying to juggle their debts, meet regular and unplanned expenses, and find a way to save for retirement. For people with limited incomes, this kind of assistance may seem out of reach, but there are organizations that can help. One is the National Endowment for Financial Education (NEFE), a non-profit foundation to help people take control of their personal finances. NEFE helps to provide financial education, especially to underserved individuals, and provides financial planning materials to the general public free of charge. One set of

materials is on financial planning for Baby Boomers. NEFE is also developing a pro bono financial planning program via the Internet, to link financially eligible consumers with free financial planning assistance. (Note: the National Endowment for Financial Education website is <http://www.NEFE.org>.)<sup>23</sup>

Locally, Senior Center, Inc. offers financial planning assistance to members and periodically provides lectures and seminars which are open to the community on financial planning issues. These programs are free to members of Senior Center, Inc. once they have paid an annual membership fee.

With personal and public resources stretching thinner, and a growing population in retirement, there will be an increased need for guidance, such as through these resources, to help people manage their budgets.

### **Legal Assistance and Other Resources for Independence**

Older adults can benefit from legal advice (including pro bono assistance) to help them maintain independence and plan for the future. Examples of issues that may need legal consultation include:

- Will or estate planning
- Drawing up or signing contracts (such as leases or work contracts)
- Appealing benefits determinations (for example, about Medicaid eligibility)
- Power of Attorney

*(See Chapter 2 for more information about legal resources.)*



In addition to financial or legal consultation, there are a variety of other resources in the community that can benefit seniors and their families, such as adult protective services, insurance counseling, and Meals on Wheels. As wide in scope as the resources are, however, finding what is needed and how to get access to it is often a daunting task, even for those who work in the service system. As the population ages and grows in diversity, it will be important to assure that those resources are known and accessible to the people who need them.

## Chapter 3: Offering Choices - Affordable Living Options for Seniors and Support to Family Caregivers

### OVERVIEW

Affordable housing was identified as one of the top priorities in four localities in Planning District Ten during public forums in 2001. There is a documented shortage of affordable housing throughout the region, most notably rental properties in Charlottesville and Albemarle County.

Although decent affordable housing is integral to quality of life, the term “living options” means much more than that. In order for seniors to live in reasonable safety, comfort and well-being, a number of conditions must exist. In-home resources and community supports should be available. Older people should be able to live where they choose when possible, and feel at home wherever they live. Housing should incorporate universal design principles, so that it is accessible to all. If care is needed, the caregivers should be well supported and, along with the seniors involved, encouraged to participate in decisions affecting care. The recommendations that follow focus on this broader picture of housing and community living, in a comprehensive approach to promote choice, dignity, and decent quality of life for area seniors.

### GOALS AND STRATEGIES

#### **1. PROVIDE A VARIETY OF QUALITY AFFORDABLE AND ACCESSIBLE SENIOR HOUSING OPTIONS INTEGRATED WITHIN THE COMMUNITY.**

- 1.1 Incorporate a variety of affordable universal-designed senior housing into mixed use developments near community amenities and transit. (Types of housing may include assisted living, nursing facilities, apartments, rental or owner occupied homes, etc.)**

##### **Strategy 1**

**Utilize the Thomas Jefferson Planning District Commission Mixed Use Housing Initiative to promote low-cost senior housing incorporating universal design. *Time Frame: 5 years***

Potential partners: Thomas Jefferson Planning District Commission (TJPDC), Piedmont Housing Alliance, University of Virginia School of Architecture, IRC, private architects

##### **Strategy 2**

**In each locality develop a list of incentives encouraging the inclusion of affordable senior housing in mixed-use developments. Incentives could include making Regional Housing Trust Funds available to developers who incorporate senior housing and simplifying the development process to save time and cost. *Time Frame: 5 years***

Potential partners: TJPDC, local governments

##### **Strategy 3**

**In each locality create a list of potential sites for universal design senior housing to include new residential development as well as specialized housing (e.g., nursing facilities). Include suggestions for suitable product designs for each site. *Time Frame: 10 years***

Potential partners: TJPDC, local government planning departments, Independence Resource Center, JABA, private architects

##### **Strategy 4**

**Conduct annual housing needs assessment to insure that new developments include the appropriate mix and number of universal-design elder housing units. Provide data to housing programs, developers, local governments, and others concerned with planning housing construction. *Time Frame: 5 years***

Potential partners: TJPDC, local government planning departments, JABA

**1.2 Develop a sufficient amount of accessible housing to meet market demand.**

Strategy 1

Present regularly scheduled public/developer education programs and offer incentives to promote universal design in new homes. *Time Frame: 5 years*

Potential partners: Piedmont Housing Alliance, Independence Resource Center, Charlottesville-Albemarle Association of Realtors, Blue Ridge Homebuilders Association

Strategy 2

Incorporate universal design principles in at least 5% of total new housing in Planning District Ten.

*Time Frame: 5 years*

Potential partners: Piedmont Housing Alliance, Independence Resource Center, Charlottesville-Albemarle Association of Realtors, Blue Ridge Homebuilders Association, Albemarle Housing Improvement Program (AHIP)

**1.3 Establish local government policies that support senior choices, to include aging in place.**

Strategy 1

Determine a percentage of Housing Trust funds to be earmarked for accessibility improvements, allowing seniors to remain in their homes. *Time Frame: 5 years*

Potential partners: Regional Housing Directors

Strategy 2

Establish or modify zoning laws in each locality permitting shared housing when necessary to promote aging in place. *Time Frame: 5 years*

Potential partners: TJPDC, planning departments of local governments

**2. PROMOTE A FULL RANGE OF LONG-TERM LIVING ARRANGEMENTS AND COMMUNITY RESOURCES SO THAT SENIORS CAN MAINTAIN THEIR MAXIMUM LEVEL OF INDEPENDENCE AND CHOICE. HQC**

**2.1 Provide a range of options for living and elder care.**

Strategy 1

Investigate and publicize options for shared living to support seniors unable or preferring not to live alone. *Time Frame: 5 years*

Strategy 2

Complete a pilot study to determine the feasibility of establishing small group homes and/or intergenerational living arrangements. *Time Frame: 5 years*

**2.2 Offer a range of services to support independent living.**

Strategy 1

Improve availability of reliable and reputable non-healthcare support services, such as domestic chores and home maintenance, through public information campaigns and funding support to targeted programs for low-income elders. *Time Frame: 5 years*

**2.3 Enhance support for informal (non-paid) caregiving.**

Strategy 1

Identify and secure funding for identified priority programs and initiatives to support informal caregivers, to include relatives, friends, and significant others. Initiatives can include such options as respite care, adult day healthcare, family support voucher systems, caregiver education programs, advocating for tax credits.

*Time Frame: 5 years*

Strategy 2

Develop materials and outreach programs to encourage caregiver-friendly employment policies and practices by local businesses. *Time Frame: 5 years*

**2.4 Develop and support quality long-term residential care.**

Strategy 1

Implement models of care that improve quality of care and promote retention of direct care staff working in home health agencies and long-term care facilities *Time Frame: 5 years*

# Rationale

## GOAL 1: PROVIDE A VARIETY OF QUALITY AFFORDABLE AND ACCESSIBLE SENIOR HOUSING OPTIONS INTEGRATED WITHIN THE COMMUNITY.

- 1.1 Incorporate a variety of affordable senior housing into mixed use developments near community amenities and transit.
- 1.2 Develop a sufficient amount of accessible housing to meet the demand of the market.
- 1.3 Establish policies that support senior choices, to include aging in place.

What is meant by “affordable housing”? As defined by the federal government, housing is considered affordable if the mortgage or rent and utilities cost no more than 30% of the monthly household income. For a household income of \$21,600 a year, for example, \$600 a month would be considered affordable expenses for rent/mortgage and utilities. The shortage of affordable housing for all ages, including seniors, is a concern throughout the country.

### THE NATIONAL PICTURE

*A recent [2000] HUD study indicates that over 1.5 million older persons had “worst case” housing needs in 1997, and that this number had grown by 8 percent since 1991.<sup>24</sup> In addition, data from the 1999 American Housing Survey (AHS) show that 55 percent of older renter households incurred “excessive expenditures” for housing, defined as housing costs in excess of 30 percent of income. The share of older households with excessive housing expenditures was particularly high for households headed by individuals age 75 and older (59 percent), women living alone (60 percent) and older African Americans (63 percent).<sup>25</sup> - AARP Public Policy Institute*

Regional data indicate an affordable housing problem as well, varying in degree between localities. The table below, prepared by the Thomas Jefferson Planning District Commission, reports U.S. Census statistics on households in the area (Note: data not limited to seniors).

#### Monthly Costs as a Percent of Household Income (HHI): Owners and Renters—1999

	1989		1999		Percent Change	
	Percent paying more than 30% of Median HHI		Percent paying more than 30% of Median HH1			
	Renters	Owners	Renters	Owners	Renters	Owners
Albemarle*	33%	14%	38%	19%	5%	5%
Charlottesville*	48%	15%	48%	20%	0%	5%
Fluvanna	29%	18%	27%	22%	-2%	4%
Greene	30%	19%	28%	17%	-2%	-2%
Louisa	27%	15%	28%	22%	1%	7%
Nelson	22%	15%	13%	20%	-9%	5%

Source: 1990 & 2000 U.S. Census

*Note: Paying more than 30% of household income for housing costs indicates the housing is not affordable.*

\* These figures may be affected by the high incidence of University of Virginia students living off-grounds (10,987 UVA students in private units in 1990 and 12,000 in 2001).

In all but one locality there was an increased percentage of homeowners paying more than 30% of income for rent and utilities. In some areas the percentage of renters paying excess housing expenses decreased in 1999 but even with those decreases the percentages are still significant. The problem of affordability was most pronounced in Charlottesville, where almost half of renters paid excessive housing expenses, and in Albemarle County, where almost 40% also had housing expenses beyond the “affordable” range.

**Accessibility** is a concern for many area residents with limited mobility. The need for housing designed to accommodate people with physical and other disabilities will grow as the population ages. The design concept that works best for improving accessibility is called “universal design.” Builders who incorporate universal design principles use products that were created *to be used by all people to the greatest extent possible*.

*Universal Design is not just about accessibility for people with disabilities, it is, rather, incorporating design features that will make living easier for all of us. Gently graded walkways, lever door handles, grab bars, height-adjustable closet rods, extra-wide doors and hallways, handheld showerheads, skid-proof tile, and cabinets with pullout shelves are all part of the design principles. These features are incorporated unobtrusively and will hopefully become the norm for future homes.<sup>26</sup>*

By 2020 more people will have limited mobility and other disabilities that require environments that are adapted to their needs. Builders who incorporate universal design into housing will be able to reach a larger market as they respond to needs of a broader segment of the population.

## CURRENT RESOURCES FOR HOUSING ASSISTANCE

The housing problem has been addressed through a variety of approaches, including increasing housing stock, improving existing homes, subsidizing housing, and providing low-interest loans. Funding for programs comes from federal, state, and local sources. A number of local organizations in the area focus on affordable housing, including, for example, the Piedmont Housing Alliance, Albemarle Housing Improvement Program (AHIP), and Habitat for Humanity. In addition, JABA has partnered with businesses and local housing foundations to develop senior housing through the low income housing tax credit program. Housing developed through this program includes the Woods Edge in Albemarle County and the Ryan School Apartments in Nelson County.

### Housing Supply and Rehabilitation

Regionally, issues of housing are addressed through the Thomas Jefferson Regional HOME Consortium, administered through the TJPDC. The Consortium anticipates receiving \$1,034,421 in federal HOME funds for the fiscal year which began July 1, 2003. These funds are provided to six non-profit corporations and the City Housing and Redevelopment Authority, which provide home rehabilitation, homebuyers’ assistance, rental development and rental assistance to low income residents in the planning district.<sup>27</sup> The emphasis in this program is to increase the supply of decent affordable housing by building new homes or improving existing structures.

### Rental Assistance Programs

The federal government provides rental assistance to low-income families and seniors through three major programs. For most of these programs, the demand for assistance exceeds the supply.

▶ **Public Housing** is low-cost housing in multi-unit complexes that are available to low-income families, including older people and people with disabilities, typically requiring tenants to pay no more than 30 percent of their monthly income for rent.

▸ **Section 8 Rental Certificates** (like vouchers) are issued to very-low-income families (including seniors and people with disabilities) to choose where they want to live, subject to federal standards. The rental certificates limit tenant rent to 30 percent of adjusted monthly income. Eligibility is limited to families with incomes not exceeding 50 percent of the median income for the area.

▸ **Mainstream Housing Opportunities for Persons with Disabilities** is a new Section 8 program that provides housing vouchers to “disabled families” (including seniors with disabilities) who are income-eligible. A disabled family is one “whose head, spouse, or sole member is a person with disabilities.” It may also include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides. The Mainstream Program serves residents of the Thomas Jefferson Planning District who have been residents for at least one year (except for persons leaving institutions). The program, funded by the U.S. Department of Housing and Urban Development, is administered by the Charlottesville Redevelopment and Housing Authority and the Piedmont Housing Alliance.

▸ **Section 202 Housing** is the only federally funded housing program designed specifically for older persons. Section 202 housing attempts to maximize the ability of residents to maintain their independence while aging in place. Since 1959 the program has supported the development of more than 300,000 residential units.<sup>28</sup> In response to the high proportion of single-person households among the older population, Section 202 units are typically private studio or one-bedroom apartments with kitchens and baths. Units include special features such as nonskid flooring, grab bars, and ramps. Congress also appropriated funds to convert a small number of projects to assisted living.

The Section 202 program is administered by private, nonprofit organizations and consumer cooperatives. Many Section 202 facilities provide access to supportive services such as home-delivered meals and transportation to community health providers. Some projects are able to hire service coordinators to link residents to appropriate supportive services. Eligibility is restricted to low-income persons who are at least 62 years of age.<sup>25</sup> The typical resident is a single woman in her mid-70s with an annual income of less than \$10,000.<sup>29</sup>



Because of the growing number of older people experiencing excessive housing costs, the demand for the Section 202 program has been particularly high. In 1999, there were nine applicants for each Section 202 unit that became available.<sup>28</sup> Further complicating the problem is the general decline in funding over the past 10 years combined with inflation, resulting in a decrease in the construction of new units.<sup>25</sup> Current pressures on the federal budget and anticipated program cuts are likely to worsen the situation.

In spite of the region’s many resources and efforts directed at increasing affordable housing, the problem persists and is likely to grow. With continued financial strain on older households, waiting lists for housing assistance, reduced construction of senior housing and budget cuts, what can be done at the local level? Besides continuing to seek and maximize current resources, localities can assess future housing needs, develop long-range planning strategies, re-examine regulations and policies, and provide incentives for increasing affordable housing in mixed-use areas. (See also Chapter 4, *Designing Communities to Enhance Quality of Life*). Local governments can also consider steps to promote aging-in-place and to ease the financial strain on older households, such as providing or enhancing tax relief for seniors (through re-evaluation of eligibility requirements, for example) and modifying zoning regulations to permit shared housing. It will be important also to incorporate universal design principles in building or modifying housing to assure accessibility for people with disabilities. The recommendations in this chapter describe approaches such as these that can be implemented at the local level.

## **GOAL 2: PROMOTE A FULL RANGE OF LONG-TERM LIVING ARRANGEMENTS AND COMMUNITY RESOURCES SO THAT SENIORS CAN MAINTAIN THEIR MAXIMUM LEVEL OF INDEPENDENCE AND CHOICE.**

*In the face of unprecedented growth in the proportion of the population who are seniors, we believe that this Nation has both a moral obligation and a financial imperative to establish a more rational long-term care system... Those who must move from their preferred setting should have viable and affordable alternatives that ensure their well-being. Neither institutionalization nor neglect should be the only alternatives they must accept... In a Nation characterized by care and compassion for the least fortunate of its citizens, the stark reality is that many seniors, after years of contributing to their country's defense and prosperity, find themselves seriously at risk of being ignored, forgotten, or destined for a room in a skilled care facility. The simple fact is that this country lacks a national policy that addresses humanely and cost-effectively the needs and preferences of seniors who have diminished abilities to care for themselves. All too often, seniors with chronic illnesses and declining mobility have limited care and financial alternatives, when what they want is to live in their homes with appropriate support.*<sup>30</sup>

*A Quiet Crisis in America, Commission on Affordable Housing and Health Facility Needs for the 21<sup>st</sup> Century, 2002*

### **2.1 Provide a range of options for living and elder care.**

### **2.2 Offer a range of services to support independent living.**

How can this region address long-term care and other residential needs humanely and cost-effectively? Older citizens' needs for care and living arrangements vary tremendously and require a range of options in response. The current choices of living arrangements—while greater than 50 years ago—are still limited. Resources will need to grow and be more flexible if they are to meet the needs of the growing senior population.

### **Trends Affecting Long-Term Care Services**

According to an AARP issue paper, the dramatic increase in demand for long-term care services is not expected to peak until the Baby Boomer generation reaches “old-old age,” 85 years and older. The report suggests that the demand for long-term services is not likely to increase substantially for at least 20 years and will not crest until after 2030, when the oldest Baby Boomers turn 85. The issue paper cites a number of trends affecting the use of long-term care.

One very significant trend is the disability rate, which has declined considerably among older persons. (For further elaboration on this trend see Chapter 2, *Supporting Maximum Independence and Lifelong Health*.) Socioeconomic improvement has had an effect also, resulting in increased service options available to some older persons with disabilities. Throughout the U.S. nursing home utilization has declined, especially among persons aged 75 and older, whereas assisted living has grown substantially over the past decade. (In Virginia between 1996 and 2001 the overall nursing home occupancy rate declined 6.3 %.<sup>35</sup>) Another finding is that Medicaid's institutional bias in favor of funding nursing home services is slowly shifting toward increased funding for home and community-based services.

#### **Statistics: Long-Term Care**

- ▶ In the U.S. in 1997, 18 percent of non-institutionalized people age 65 and older required assistance with everyday activities.<sup>31</sup>
- ▶ By 2020, even if current rates of disability continue to decline, the number of U.S. seniors with disabilities will have increased from 6.2 million in 2000 to 7.9 million.<sup>32</sup>
- ▶ In Virginia, the number of people needing care, including nursing care, could more than triple during the next 30 years.<sup>33</sup>
- ▶ Currently 80 percent of the long-term care of older Virginians living at home and needing some assistance is provided by family members, friends and neighbors.<sup>34</sup>

The report states that demographic and socioeconomic trends such as these are likely to create a more consumer-driven market that will demand “not only higher quality services but also a much higher quality of life.” Although the sharp increase in demand for long-term care is not expected for 20-30 years, the report recommends a proactive approach to meeting the demand:

*Public policy will need to adapt to the greater diversity of needs and preferences of older persons with disabilities, so that long-term supportive services that enhance consumer control, autonomy, and dignity are not restricted to those who can afford to pay privately. The next twenty to thirty years offer a window of opportunity to make such changes—before the Boomers enter late old age.*

## **The Olmstead Decision**

Another development likely to shape long-term services is *Olmstead v Zimring*, a 1999 U.S. Supreme Court decision requiring the placement of people with mental disabilities in community settings rather than institutions when certain conditions are met. These conditions are: 1) the state’s professionals say that community placement is appropriate, 2) the person does not oppose transfer, and 3) the state can “reasonably accommodate” the transfer given the resources available and the demands on those resources by others with mental disabilities. Although the *Olmstead* case involved two individuals with a mental disability, the decision applies to all persons with disabilities who are covered under the Americans with Disabilities Act (ADA). States have to make reasonable accommodations to provide community-based services for people who meet the requirements unless this would entail a fundamental alteration of the services the states already provide. Each state is required to develop a plan in response to this decision.

The *Olmstead* Task Force in Virginia listed eleven populations covered in the state plan. The list includes people with Alzheimer’s/dementia, adults with mental illness, those with physical disabilities, those who are deaf/hard of hearing, and those who are blind/vision impaired.<sup>36</sup>

The draft report was released for public comment in June, 2003. The public comment period ended July 18 and the final report will be presented to the governor and the Joint Commission on Healthcare (JCHC) by September 30, 2003. Some of the recommendations to the state include:

- ▶ Taking administrative action and making regulatory changes to allow for more use of consumer-directed services in Medicaid waiver programs (for example, respite or personal care)
- ▶ Establishing a dedicated revenue stream for services to persons with disabilities in order to assure more stable funding
- ▶ Additional funding to expand community-based services
- ▶ Expanding the availability of companion services for persons who are not eligible for Medicaid waiver services
- ▶ Expanding the availability of hospice and palliative care services
- ▶ Developing and implementing a Dementia Medicaid waiver program to avoid institutional placement
- ▶ Increasing Medicaid reimbursement rates and ensuring that rate increases are reflected in caregiver pay rates (*note: see also Chapter 1, Goal 2.1*)
- ▶ Expanding programs to address abuse, neglect, and exploitation, including consumer fraud<sup>37</sup>

The final decisions on implementing *Olmstead* in Virginia, to be considered in light of current budget constraints, may have a significant impact on services and help to increase the range of supports available to people with disabilities and their families.

## Blending Resources: Housing and In-Home Supports

*... The Nation can no longer afford the inefficiency of the current disconnect between housing and health service systems for seniors. The time has come for coordination among Federal, state and local agencies and administrators. Coordination should begin in the halls and committee chambers of Congress and should spread through all branches of government and society. The now distinct worlds of housing and health care must begin to acknowledge each other, listen to and speak to each other, and learn to integrate efforts for their mutual benefit and the benefit of their senior clients.<sup>29</sup> “A Quiet Crisis In America,” 2002*

Quality options for supported independent living and long-term care are closely tied with affordable housing and community design, and yet the resources addressing these issues operate under distinctly separate organizational and funding structures. A 2002 report to Congress from the Commission on Affordable Housing and Health Facility Needs for the 21<sup>st</sup> Century, *A Quiet Crisis in America*, describes the current challenges for seniors trying to remain in their homes and communities. It summarizes a service system where private and non-profit housing and health service providers face a bewildering array of funding sources, and each program has its own requirements on eligibility, application deadlines, funding schedule, and recipient reporting, to name a few examples.

During several hearings held by the Commission, members of the public described premature, inappropriate, and costly institutional placements resulting from the lack of affordable appropriate housing and the shortage of health care facilities or supportive services. The report states that “the level of investment in this area has been inadequate for the past quarter century; neither market incentives nor political imperatives have generated sufficient private or public investment to meet even today’s need. If the situation is dire now, it will be desperate in the year 2020.”

The report cites several barriers to a secure retirement. These issues, many addressed in the 2020 plan, are interrelated and often work against independence and decent quality of life for older citizens:

- ▶ Insufficient retirement income necessitating that seniors continue to work
- ▶ Lack of safe, affordable housing alternatives
- ▶ In some cases, lack of family support when spouses die or children live in a distant place
- ▶ Rising property taxes and maintenance costs that make homes too costly to retain
- ▶ Isolation of seniors who are unable to drive
- ▶ Rising costs of health care/prescription drugs
- ▶ Confusing requirements, eligibility standards and costs of available services
- ▶ A dearth of resources, common in rural areas, combined with the high cost of travel to access those services
- ▶ The cost of home modifications necessary for safety and accessibility
- ▶ A shortage of available home health aides or nursing/personal care assistants

*Many will spend what resources they have to meet their personal care and health needs until, impoverished, they meet Medicaid eligibility requirements.<sup>30</sup>*

The Commission asserts that seniors should be able to make informed choices about their care and caregivers, and should be able grow older at home, in the community, or other settings they select. “Seniors should not have to face fear, uncertainty, or loneliness because of their limitations of income, illness, or disability. Nursing facilities should be places that care for the very ill and not the only alternative for people who cannot afford to live elsewhere.”

*An adequate supply of community-based affordable housing and quality services can enable seniors to look forward to a safe, secure, and dignified old age.<sup>30</sup>*

The report outlines a broad array of recommendations to the federal government covering issues ranging from Medicaid waivers to financial incentives. One suggestion is to expand funding to increase the number of service coordinators on-site at public housing programs where seniors live. Another is enabling consumer direction in arranging Medicaid Home and Community-Based Waiver services (such as home health care or adult day healthcare) from providers of their choosing with such arrangements as “cash and counseling.” Through this program seniors who choose to arrange their own services can receive counseling on how to navigate the service system. Other recommendations are directed at promoting intergenerational living arrangements through demonstration projects, some which may also combine intergenerational learning and care centers and social activities within low-income housing communities. Yet another recommendation is to have the federal Department of Health and Human Services explore ways to increase Medicaid reimbursement rates to providers and ensure that the increases are reflected in wages of nurse assistants and other long-term care workers.

The commission report also suggests that the federal government find new housing and service models to blend resources and approaches to be responsive to senior needs.<sup>30</sup> In an era of increasingly scant resources, programs will need to integrate their efforts for better results and quality of life.

2020 Plan recommendations include ways to blend housing and supportive services and expand choices in living options, by providing resources to support aging in place (such as home chore services) and exploring intergenerational housing and other living alternatives.

### **2.3 Enhance support for informal (non-paid) caregiving.**

Many elders who wish to remain in their homes depend on others for assistance and support with their daily activities. This support may range from less intensive assistance, such as transportation to shopping, to more involved direct care, such as feeding, bathing, and dressing. The Virginia Department for the Aging reports that 80 percent of the long-term care of older Virginians living at home is provided “informally” by family members, friends and neighbors.<sup>33</sup>

Informal caregiving—by family, friends, or significant others—is a frequently hidden resource in our society. It is a resource that is essential for the well-being of older citizens and others with disabilities or illness, including children, who depend on others for help. While underscoring the prevalence of caregiving by family members, the data above also present a picture of the effects on family and other informal caregivers. Residential long-term care programs will not be plentiful enough to care for all seniors, nor do seniors or those close to them always choose a move out of the home. It is essential that the community provide the support needed, in terms of respite care, day programs, and other

#### **FAMILY CAREGIVING NATIONWIDE**

*Data compiled by the National Family Caregivers Association:*

More than one quarter (26.6%) of the adult population has provided care for a chronically ill, disabled or aged family member or friend during the past year. Based on current census data, that translates into more than 50 million people.<sup>38</sup>

The value of the services family caregivers provide for “free” is estimated to be \$257 billion a year.<sup>39</sup>

Virtually one half of the U.S. population has a chronic condition. Of these, 41 million were limited in their daily activities. Twelve million are unable to go to school, to work, or to live independently.<sup>40</sup>

Elderly caregivers with a history of chronic illness themselves who are experiencing caregiving-related stress have a 63% higher mortality rate than their non-caregiving peers.<sup>41</sup>

Heavy-duty caregivers, especially spousal caregivers, do not get consistent help from other family members. One study has shown that as many as three fourths of these caregivers are “going it alone.”<sup>38</sup>

formal and informal services, to preserve and protect this valuable and caring resource. For this reason, the recommendations in this section include exploring and enhancing supports to family caregivers.

### **Caregiver-Friendly Employment Practices**

As valuable and vital as caregiving is, it also has a cost to both employees and employers. The November 1999 *Juggling Act Study: Balancing Caregiving with Work and the Costs Involved* interviewed caregivers about how their work was affected by their caregiving responsibilities. Caregivers reported that they had to adjust their work schedules by taking leave time, decreasing their hours, taking a leave of absence, changing from full to part-time, or retiring early.

In addition, many reported that they had passed up opportunities for job promotions, training, or new assignments, and were not able to keep up with required changes in their job skills. There was also a loss in wages—from going to part-time and reduction in retirement income—as well as additional expenses related to providing care. Researchers calculated the total financial impact to those caregivers as a result of caregiving: “Their loss was substantial, averaging \$659,139 over the lifetime.”

Added to this cost is the loss in productivity to employers, as well as increases in employee turnover, absenteeism, and early retirement as caregivers try to juggle responsibilities.

The study recommends that employers, communities, and organizations work together to develop and fund affordable policies and practices:

- ▶ Flexible benefits such as flextime, telecommuting, job-sharing, and a compressed workweek schedule
- ▶ Community-based programs such as respite, adult day care, and caregiver support groups
- ▶ Information referral and education for caregivers
- ▶ Employee and/or employer funded long-term care insurance
- ▶ A more favorable tax environment for caregivers and their employers <sup>42</sup>

A rapidly growing aging population will mean that more and more workers will be caregivers. Many are part of the “sandwich generation,” providing care to children and parents at the same time. Considering the enormous value of caregiving and its costs to employees and employers, it is imperative that employers—and communities—find and enhance ways to provide support.

## **2.4 Support and enhance quality long-term residential care.**

Even with specialized support, many seniors needing assistance with daily routines may not be able to live at home or may choose to live in a congregate care setting. In these instances a long-term residential care program is the most reasonable alternative. In Planning District Ten there are 34 adult care residences/assisted living facilities and 9 nursing homes. Retaining caring and qualified staff is one the most significant challenges faced by these providers. A 1998 study for the Virginia Department of Medical Assistance Services (DMAS) found that turnover among nursing assistants in Planning District Ten was 130%. Even with improvements in wages at nursing homes, nursing assistants frequently move between facilities and agencies or leave professional caregiving altogether. The Nursing Assistant Institute interviewed nurse assistants (NAs) about their job satisfaction. The reasons most frequently given for dissatisfaction and leaving professional caregiving were lack of respect from management and failure to involve the NAs in care planning. Nationally and locally, nurse assistants have stated that they feel voiceless in offering information about the residents for whom they care and in development of policy and procedure.

Although low pay and benefits for nurse assistants remain issues, staff morale and job satisfaction are also vitally important. *Better Jobs, Better Care*, a proposal to address workplace culture in Virginia’s long-term care facilities, describes the difference that changes in work culture can make:

*Transformation of work environments for direct care staff has been shown to improve the retention of nursing staff and enhance the care and quality of life of facility residents... If only one facility substantially transforms its work environment, it will draw prospective residents and staff, and the ripple effect will be felt throughout the local long-term care community... Facilities that are successful in responding to resident and staff needs and expectations will be the models for care throughout the community.<sup>43</sup>*

One approach for changing the long-term care culture is the Eden Alternative. The emphasis of the Eden Alternative is to improve the social and physical environments for people as “habitats for human beings rather than facilities for the frail and elderly.” Among the principles behind this approach are:

- ▶ Enabling easy access for elders to loving companionship
- ▶ Fostering close and continuing contact with plants, animals, and children
- ▶ Creating an elder-centered community which creates opportunities to give as well as receive
- ▶ Promoting meaningful activities
- ▶ De-emphasizing “top-down” management by putting the maximum possible decision-making authority into the hands of the older people and those who are closest to them <sup>44</sup>

According to a study at Cardinal Stritch University in Wisconsin, the Eden Alternative has shown positive results for senior well-being and staff retention. The study focused on Chase Memorial, a nursing home, and found that there was a 50% decrease in infections, mortality rates were 25% lower than at a control facility, medication usage decreased, and nurse assistant turnover dropped 26% as compared to the control facility, saving Chase Memorial approximately \$12,000 a year. The study cites similar findings in other Eden Alternative programs. In one, staff turnover, which was 236% in 1993, dropped to 60% in 1997; in another, staff satisfaction scores increased from 70% in 1993 to 89% in 1998.<sup>45</sup>



The Eden Alternative is not necessarily the best approach for all facilities, but culture-changing programs such as this can transform the work environment for staff, and in turn, the quality of life for seniors who entrust their care to others. The 2020 Plan recommends developing and implementing a model of care that can have a positive impact on staff retention and quality of care. As of this writing, there is an opportunity to do so in the near future. JABA has received federal funds to institute a pilot project for creating sustainable culture change in the long-term care environment. This project will work with targeted facilities to develop practices that can be adopted in other long-term care settings in the planning district. It is initiatives such as this that can make a significant difference in the quality of life for elders and their caregivers.

## Chapter 4: Designing Communities to Enhance Quality of Life

Our society has become increasingly compartmentalized and segregated. People live in one place and work or shop in another place, sometimes far from home. Although there has been an expansion of health clinics in the counties, the majority of clinical services in Planning District Ten are still located in the Charlottesville urban area. Nursing homes and assisted living facilities are often far-removed from local stores and amenities. The generations are frequently separated, and old and young often go about their lives in completely different spheres.

Reliance on the car as a primary means of travel has contributed to the organization of communities, where housing, schools, resources, entertainment and commercial centers are separated by function. Automobile travel has many advantages, but when community design is based on the assumption that people will drive between places, access is denied to many. Without adequate planning, this situation will only worsen as more Virginians age and stop driving. Transportation was identified in public forums as a top priority for 2020 planners to address. Because transportation and land use planning are intimately connected, they are addressed together in this section, with focus on increasing access and reconnecting people to their communities, their environment and each other.

### GOALS AND STRATEGIES

#### **1. PROVIDE SAFER, MORE CONVENIENT, FLEXIBLE AND AFFORDABLE TRANSPORTATION OPTIONS.**

##### **1.1 Provide safety on roadways and promote incentives to reduce congestion.**

###### Strategy 1

Complete synchronization of traffic signals throughout the US 29 and US 250 corridors within the Metropolitan Planning Organization (MPO) area. *Time Frame: 10 years*

Potential partners: MPO, VDOT and Albemarle and Charlottesville planning departments

###### Strategy 2

Expand and develop incentives and innovations to encourage increased use of ridesharing and mass transit (e.g., public or private bus and van service) by seniors and commuters. *Time Frame: 5 years*

Potential partners: Commuter Information Team (CIT—representatives of RideShare, JAUNT, Charlottesville Transit Service, University Transit Service, and Greene County Transit, collaborating on district-wide transportation)

###### Strategy 3

Establish “55 Alive” driver safety program in all 5 localities of the planning district. *Time Frame: 10 years*

Potential partners: AARP, JABA, Senior Center, Inc., local governments

##### **1.2 Develop a seamless mass transit system that is available 7 days a week for the entire planning district. (Mass transit should be accessible to people with disabilities and can include such options as public or private paratransit services, ridesharing, commuter trains, bus, rapid transit and light rail systems.)**

###### Strategy 1

Complete a public/private study of the 24/7 distribution of commuter transit needs. *Time Frame: 5 years*

Potential partners: JAUNT, local governments, CTS, state officials

###### Strategy 2

Promote free or low-cost mass transit throughout the Charlottesville Transit System (CTS) service area and all currently underserved areas (for example, rural sector). Transit providers could include JAUNT and CTS as well as private van services. *Time Frame: 15 years*

Potential partners: TJPDC CIT, JAUNT, CTS

**1.3 Develop a regional statutory and regulatory environment that encourages increased mass transit throughout the region.**

Strategy 1

Establish a Thomas Jefferson Transportation Authority to develop and operate integrated roadway, transit, and other modal facilities. *Time Frame: 15 years*

Potential partners: TJPDC, state officials, transportation advocates, local governments

Strategy 2

Identify, develop, and promote reliable and predictable funding streams for mass transit. *Time Frame: 15 years*

Potential partners: Virginia Transit Association, TJPDC

Strategy 3

Implement a variety of local regulatory reforms (planning, zoning, tax incentives) to encourage increased transit use throughout the region. *Time Frame: 10 years*

Potential partners: Local employers, Virginia Transit Association, state officials, local governments

**1.4 Offer high-speed transit between cities that does not require the traveler to be the operator.**

Strategy 1

Advance, through legislative initiative, a Virginia Rail Authority and a Commonwealth Fund for inter-city rail. *Time Frame: 15 years*

Potential partners: Virginia Association of Railway Patrons, TJPDC, MPO, state officials

Strategy 2

Promote proposals to develop designated inter-city rail lines. *Time Frame: 15 years*

Potential partners: Virginia Association of Railway Patrons, TJPDC, MPO, state officials

**2. IMPROVE QUALITY OF LIFE THROUGH INNOVATIVE COMMUNITY DESIGN.**

**2.1 Design model neighborhoods to enhance walkability, open spaces, and diversity of uses.**

Strategy 1

Make available consultation by a design planner to assist localities with implementation of mixed use and greenway design principles in community planning (e.g., as in Albemarle County's Neighborhood Model).

*Time Frame: 5 years*

Potential partners: TJPDC, local government planning departments

Strategy 2

Develop proposal to implement existing greenways plans for linking open spaces in the region. Proposal should include a listing of priority projects accessible to persons with disabilities, funding sources, and schedule for construction. *Time Frame: 5 years*

Potential partners: Jefferson Area Bicycle and Walking Association Committee (JABAWAC), TJPDC, Alliance for Community Choice in Transportation (ACCT), local governments

Strategy 3

Increase by at least 5% the number of trail sections throughout the region that are accessible to persons with mobility limitations. *Time Frame: 5 years*

Potential partners: Rivanna Trails Foundation, Independence Resource Center, TJPDC

Strategy 4

Provide safe and comfortable pedestrian access to facilities and infrastructure at priority transit stop locations. Amenities could include benches, heated bus shelters and mini-kiosks with travel information.

*Time Frame: 10 years*

Potential partners: TJPDC, Senior Center, Inc., JABA, ACCT, Charlottesville Transit Service (CTS)

**2.2 Ensure that every community has locally accessible health and social service facilities.**

Strategy 1

Assess and report need for new clinics and service facilities in each locality, listing current sites available for multiple use (such as community centers), affordable transportation options, and funding sources as needed for construction and transportation. *Time Frame: 10 years*

Potential partners: Healthcare Quality Council ( includes UVA Health System, Martha Jefferson Hospital and other organizations. See Chapter 1 for complete listing), JAUNT, TJPDC, citizen advisory committee (to be appointed)

**2.3 Provide greater access to resources owned by government entities.**

Strategy 1

Ensure that all local government buildings are accessible to persons with mobility limitations.

*Time Frame: 10 years*

Potential partners: Independence Resource Center, local governments

## **Rationale**

*Because transportation and community design are closely linked, the rationale addresses the goals in both areas as listed below:*

### **GOAL 1: PROVIDE SAFER, MORE CONVENIENT, FLEXIBLE, AND AFFORDABLE TRANSPORTATION OPTIONS.**

- 1.1 Provide safety on roadways and promote incentives to reduce congestion.**
- 1.2 Develop a seamless transit system that is available 7 days a week for the entire planning district.**
- 1.3 Develop a regional statutory and regulatory environment that encourages increased mass transit throughout the region.**
- 1.4 Offer high-speed transit between cities that does not require the traveler to be the operator.**

### **GOAL 2: IMPROVE QUALITY OF LIFE THROUGH INNOVATIVE COMMUNITY DESIGN.**

- 2.1 Design model neighborhoods to enhance walkability, open spaces, and diversity of uses.**
- 2.2 Ensure that every community has locally accessible health and social service facilities.**
- 2.3 Provide greater access to resources owned by government entities.**

The years following World War II saw a large shift in population distribution, when people moved from densely developed and overcrowded cities to the relatively low-density suburbs. With this migration came zoning favoring single-family houses and separation of land uses. Although much of the housing being built was in the suburbs, cities were still the primary centers for employment and shopping. Owning a car became a necessity.<sup>46</sup>

Many jobs and resources are now available in the suburbs, but the location of work places, retail centers, and community amenities continues to require car travel. In addition, many citizens in the planning district live in rural areas, some very remote from the resources of the Charlottesville urban ring. Those who are unable to drive a car must either rely on others or find alternatives that often are not plentiful, convenient, or affordable.

The central reliance on the car and the dispersed locations of housing, shopping, businesses, and resources have a direct impact on senior independence and quality of life. Unless there are other alternatives for seniors whose driving capacity is impaired., some seniors may continue to drive when it is unsafe to do so while others may face limited activity and social isolation.

Widespread automobile use results in conditions that are especially unsafe for pedestrians. According to a 1997 report on pedestrian safety, the highest rates of pedestrian fatalities occur in the more recently developed, sprawling communities in western and southern United States. Senior citizens and children are especially vulnerable.<sup>47</sup>

When car use is the central feature around which communities are planned, it affects the availability of safe streets for walking and cycling. A prime example of this is the 29 North corridor and connecting roadways, such as Hydraulic Road. Another example is Hillsdale Drive, the location for a number of facilities and programs serving seniors. As part of their UNJAM initiative, the Thomas Jefferson Planning District Commission (TJPDC) has been working with the Department of Transportation, concerned organizations and citizens to explore roadway design on Hillsdale Drive that is more responsive to pedestrian use.

Seniors comprise 13 percent of the population, but account for 23 percent of all pedestrian fatalities—meaning that older people are almost twice as likely to be killed by an automobile as members of the general public.<sup>47</sup>

*Mean Streets: Pedestrian Safety and Reform of the Nation's Transportation Law, 1997*

Creating age-friendly environments requires an approach that addresses both transportation and community design. The report, *Aging and Smart Growth: Building Aging-Sensitive Communities*, sums it up this way:



*Communities need to develop a better understanding of locally specific aging experiences with particular attention to the obstacles and constraints presented by the built environment. An aging-sensitive community provides housing alternatives, a transportation system and a land use pattern that enables people to maintain healthful independence even as their needs change.<sup>46</sup>*

The recommendations in this section deal with transportation and community planning through a variety of approaches. These include developing and improving options for travel, from pedestrian access to high-speed rail service. They also include increasing local access to clinics and other resources, designing neighborhoods that are close to open spaces, shopping and services. (\* It should be noted that many of these recommendations coincide with citizen input provided at the UNJAM public meetings organized by the Thomas Jefferson Planning District Commission.) In short, communities that enable easier contact with services, amenities—and between people all ages—promise to be healthier and happier environments for everyone.

## Chapter 5: Fostering Vibrant Engagement in Life

As the population ages and retires, there will be more demand for leisure activities that engage and stimulate. This will be true for the entire region, from the urban to the rural areas. The challenge will be to create and promote widely those opportunities that appeal to seniors. It will also be important for events and programs to be accessible, in terms of affordability, timing, and location so that older people can take full advantage of them. Many programs are in existence now, but it is likely they will need to be modified and expanded to adjust to changing needs and interests. There will also be opportunities to develop new programs.

The activities that are developed, while enjoyable, can also address larger issues, such as the problem of senior isolation, barriers between generations, and maintaining maximum well-being and mental stimulation well into old age. The recommendations outlined here address these challenges by starting first with assessing what recreation and leisure activities are available as well as what is of interest to seniors. From this starting point, opportunities for active, enjoyable and enriching participation can be expanded and promoted.

### GOALS AND STRATEGIES

- 1. INCREASE THE AVAILABILITY AND AWARENESS OF OPPORTUNITIES TO ADDRESS ISSUES OF SENIORS' SOCIAL ISOLATION.**  
(“AVAILABILITY” MEANS ACCESS TO AND QUANTITY OF OPPORTUNITIES, WHICH MAY BE SOCIAL, EDUCATIONAL, CULTURAL, OR RECREATIONAL.)
- 2. SUPPORT AND PRESENT OPPORTUNITIES FOR SENIORS TO CONTRIBUTE TO CULTURAL AND RECREATIONAL ACTIVITIES, INCLUDING INTER-GENERATIONAL ACTIVITIES.**
- 3. ADVANCE AWARENESS OF THE BENEFITS OF REGULAR PHYSICAL ACTIVITY AND PROMOTE THE AVAILABILITY OF RECREATIONAL AND EXERCISE OPPORTUNITIES FOR SENIORS.**

The following considerations apply in addressing all goals above:

- A. Promote opportunities for lifelong learning.**
- B. Select convenient locations that are ADA-compliant (places that people can get to and get in with activities in which they can fully participate).**
- C. Consider and encourage affordability and the availability of transportation when planning programs or activities.**
- D. Time programs and events to maximize participation.**



### Strategy 1

Complete a district-wide inventory of available facilities offering social, educational, recreational and cultural programs. *Time Frame: 5 years*

Potential partners: Recreation departments, UVA, PVCC, JABA, Senior Center, Inc., Jefferson Institute for Lifelong Learning (JILL), WTJU (through programs/facilities requesting public service announcements), Independence Resource Center, ACAC, Piedmont Council of the Arts, public library system, county extension services

### Strategy 2

Conduct a district-wide survey of area seniors to determine leisure/recreation interests and preferred days, times, and locations. Survey should be available in alternative language formats to reach diverse groups.

*Time Frame: 5 years*

Potential partners: Recreation departments, UVA, PVCC, JABA, Senior Center, Inc., Jefferson Institute for Lifelong Learning (JILL), Independence Resource Center, ACAC, Piedmont Council of the Arts, public library system, county extension services

### Strategy 3

Begin developing and offering programs to meet unmet needs identified through survey (Strategy 2, above) and publicize opportunities (new and existing) in all localities of Planning District Ten. Develop an ongoing collection point to increase the availability of information. *Time Frame: 5 years*

Potential partners: Recreation departments, UVA, PVCC, JABA, Senior Center, Inc., JILL, Independence Resource Center, ACAC, Piedmont Council of the Arts, public library system, county extension services

## **Rationale**

Older adults often experience social isolation for a variety of reasons. Some of these are lack of transportation, illness or disability that limits mobility or communication, or living alone without family or friends nearby. This social separation is a loss not only to the older person, but also to the community that is denied the senior's unique and valuable contributions. Social isolation is a major contributor to depression in elders—and research is finding that it is a risk factor in other diseases as well.

Findings of a University of California, Irvine study suggests a link between loneliness and risk for heart conditions in older people. Researchers asked men and women, ranging in age from 58 to 90, about their level of loneliness and the availability of emotional support and companionship in their lives. Study participants also received a battery of medical tests for cardiovascular disease factors, such as high cholesterol. The researchers found that for every unit increase in loneliness reported, there was a threefold increase in the odds of being diagnosed with a heart condition. Other research has also suggested a link between social isolation and heart disease or recovery from heart disease. This particular study was different in that it looked specifically at loneliness, lack of emotional or social support, and lack of companionship as contributors to progressive heart disease.<sup>48</sup>

A 1999 study, published in the British Medical Journal, underscores the health impact of social involvement. Researchers collected information on over 2700 men and women 65 and older, about their physical, social, and productive activities. They tracked deaths from all causes over 13 years, screening out other factors related to survival, such as the presence of certain chronic illnesses or health risk factors. Researchers found that the social and productive activities of the older persons were as beneficial for health as the more fitness-oriented physical activities. They also found that the less physically active the seniors were, the more benefit they gained from social and productive activities. Social activities included churchgoing, having dinner or taking in an entertainment event with friends, playing cards or visiting with other seniors, and going out on day or overnight trips. Productive activities included daily tasks such as gardening, shopping, preparing meals, and paid or volunteer work. The results from this study suggest that social and productive activities can enhance survival as well as quality of life among older people.<sup>49</sup>

Planning District Ten encompasses urban, suburban, and rural areas, including more remote locations. Many seniors who live further out in the country may have a more difficult time accessing social and recreational opportunities, but social isolation is not limited to people in rural areas. It can occur as well in the city of Charlottesville and surrounding suburban area. According to year 2000 data from the U.S. Census, of the 24,375 people over 65 in the planning district, 4631 (about 19%) were women who lived alone, and 1633 (about 7%) were men living alone. Within the population of women 65 years and older in the planning district almost one third currently live alone.<sup>50</sup> Living alone in itself does not necessarily result in social isolation, but it can be a contributing factor as people age, added to disability or illness, lack of reliable transportation, and being located in a remote or unsafe area.

With the increased number of older citizens who are retired or semi-retired, it will be important to determine the need for more social and recreational activities of interest that are age- and culturally-appropriate. Once the need is assessed, the programs and events that are developed should be responsive to the interests of seniors of diverse backgrounds and accessible to people with limited mobility or sensory loss. Activities should be affordable, held at places and at times that are convenient, and accessible through affordable transportation systems. It may not be necessary to create large numbers of new sites or activities, but current programs, such as those at the Senior Center, Inc., JABA's Senior Centers, and city and county recreation departments, may be called upon to provide more options and outreach for seniors.

It is proposed in this section that there be a systematic inventory throughout the district of current programs, venues (program sites), and recreation resources to determine what is currently available that addresses the social needs of older residents. Recommendations also include assessing senior interests, and promoting opportunities for older people to stay connected and engaged through stimulating and enriching activities. In April 2003 the Albemarle Department of Parks and Recreation began a comprehensive assessment of future recreation needs (including for seniors). Other programs have also conducted interest inventories of seniors. These efforts can provide the groundwork for a coordinated and comprehensive assessment of senior recreation needs throughout the planning district.

Stereotypes of older people often depict frail dependent seniors who only need help, and by implication, have nothing to offer. In fact, many of today's and tomorrow's seniors are healthy and active, and have much to offer. Seniors who are affected by serious illness or disability contribute a great deal as well—UVA students in the Adopt-a-Grandparent program will attest. As more people age and participate in their communities, stereotypes and myths fade, replaced by more realistic concepts that recognize and promote the lifelong contributions of seniors.

Many older people can and want to stay active in the community. With a growing retired population, there should be opportunities not only for entertainment, but also more ways to stay engaged and contributing. In this community there are many untapped talent resources. There are seniors with a background or interest in music, art, theater, history, natural history, and many other areas, who can perform or teach others. There are athletes who can coach or mentor younger people in sports. There are elders who have lived through significant historical times and can relate their personal stories to the events of an era. There are many, many possibilities for engaging seniors in the cultural life of the community, and it is a goal of this plan to create and foster such opportunities.

☆ *In her 70's, Jessica Tandy starred in "Driving Miss Daisy."*

☆ *In her 90's, chef Julia Child is still going strong.*

☆ *At age 68, Lillian Carter, President Carter's mother, joined the Peace Corps.*

☆ *At age 78, President Jimmy Carter himself was awarded the Nobel Peace Prize.*

☆ *At age 76, H. G. Wells completed his doctoral dissertation.*

☆ *At age 80, Grandma Moses staged her first solo show.*

☆ *At age 100, Ichijirou Araya climbed Mt. Fuji (12,388 ft.) in Japan in 1994.*

Unfortunately, separation of the generations has contributed to the misunderstandings and stereotypes referred to above. One way to bridge the age gap is to develop and promote programs to connect young and old in enjoyable activities. Intergenerational programs have been identified as a priority interest by seniors in public forums and by 2020 planning participants, including young people of middle and high school age.



### **Benefits of intergenerational programs for children and youth**

The Search Institute, a research and education organization in Minneapolis, developed a framework of 40 critical developmental assets young people need in order to grow up competent, caring, and healthy. Created in 1990, the framework is based on research in child and adolescent development, risk prevention, and resiliency. The researchers found that the more assets the children have, the less likely they are to engage in problem behavior, and the more likely they are to engage in positive, pro-social behavior. These assets can be developed and nurtured by interaction with adults. The categories of assets include:

- Support
- Empowerment
- Boundaries and expectations
- Constructive use of time
- Commitment to learning
- Positive values
- Social competencies
- Positive identity<sup>51</sup>

Through positive interaction with older people, these essential assets can be strengthened and reinforced. Simply by being responsive and caring role models, older adults can communicate values to young people in ways that are very powerful and lasting. In addition, children can learn about and develop relationships with people whom they might not otherwise get to know. These connections can be especially beneficial to children and young people who have troubled family relationships or lack consistent positive contact with adults. Constructive and supportive interaction between the two generations can foster a number of social competencies and develop into lasting friendships for the young.

### **Benefits of intergenerational programs for elders**

For seniors, joining with young people in enjoyable activities can provide opportunities to

- Keep learning
- Receive and give individualized attention
- Act as role models
- Give to others and feel needed
- Rekindle a sense of wonder
- Share life experiences with others
- Feel more integrated in the community<sup>52</sup>

Participation in intergenerational activities for older people can also promote an appreciation for their contributions to rich cultural heritages, traditions and histories.

Currently there are intergenerational programs in this area that could be expanded into more settings. There are several ways to bring the generations together for mutual enjoyment and enrichment, such as in music or theater troupes, art or gardening activities, or personal history projects. A number of resources about intergenerational activities are available through programs such as the Temple University Center for Intergenerational Learning, Generations United, and Intergenerational Innovations, a Seattle-based organization that creates and implements intergenerational programs. The recommendations in this section of the 2020 Plan are aimed at enhancing those opportunities that are enriching for all generations. (For more on intergenerational connections, see also Chapter 2, Strengthening Caring Communities through Active Citizenship, and Strengthening Intergenerational Connections, page 93.)

The benefits of regular physical activity and exercise, for all age groups, have been well documented and publicized, but for older people, exercise is even more critical. According to a June 2002 report from the Agency for Healthcare Research and Quality and the Centers for Disease Control, few factors contribute as much to successful aging as having a physically active lifestyle. Asserting that no one is too old to enjoy the benefits of regular physical activity, the report provides a number of powerful arguments for seniors to exercise:

- ◆ Older Americans have even more to gain than younger people by becoming more active, as they are at higher risk for the health problems that being active can prevent. These problems include heart disease, colon cancer, and obesity—itsself a major contributor to serious health consequences.
- ◆ Physical activity can be an important part of managing problems that might already be present, such as diabetes, high blood pressure, or elevated cholesterol.
- ◆ Exercise and physical activity can improve the ability to function well and remain independent in spite of health problems.
- ◆ Investing a small amount of time in becoming more active can produce big dividends in better health. Spending at least 30 minutes in moderate activity, such as a brisk walk or raking leaves, on all or most days of the week has remarkable health benefits for older adults.<sup>53</sup>

In spite of the many important advantages from physical activity, exercise is not a common practice nationally or locally. Few older persons in the U.S. engage in regular physical activity. For example, only 31 percent of individuals aged 65 to 74 report participating in 20 minutes of moderate physical activity 3 or more days per week. Of people 75 and older, only 23 percent engage in that level of physical activity.<sup>53</sup> In this planning district, as cited in Chapter 3, between 1997 and 1999 an average of 44% of adults (not only seniors) reported that they are inactive or exercise irregularly.<sup>54</sup>

The federal report recommends that substantial health benefits occur with a moderate amount of activity (e.g., at least 30 minutes of brisk walking) on 5 or more days of the week. For persons who are sedentary and not used to exercise, even brief periods of physical activity, such as 10 minutes at a time, can be helpful if repeated. For older people with chronic illnesses or disabilities, regular physical activity can also be beneficial, again, if practiced on a regular basis. The report also cites the negative effects of a sedentary lifestyle, such as obesity and resulting health problems (as described in Chapter 3), loss of muscle strength and balance, and increased risk of falls. The authors suggest including activities to build or maintain muscle strength, balance, and flexibility.<sup>53</sup>

*For many adults, growing older seems to involve an inevitable loss of strength, energy, and fitness. But it need not be so. The frail health and loss of function we associate with aging, such as difficulty walking long distances, climbing stairs, or carrying groceries, is in large part due to physical inactivity. When it comes to our muscles and physical fitness, the old adage applies: "Use it or lose it."*

U.S. Department of Health and Human Services, June 2002

The substantial benefits of regular physical activity for seniors—and all age groups—point to the importance of providing a range of exercise and recreation opportunities throughout the region. Numerous exercise programs for seniors are currently available through the Senior Center, Inc., ACAC, recreation departments, and other organizations that recognize the importance of maintaining and increasing strength, balance, and coordination. The challenge is to promote the importance and availability of such programs on a widespread basis so that more people enjoy the benefits of improved health, function, and overall well-being.

## Chapter 6: Strengthening Caring Communities through Active Citizenship

### OVERVIEW

Older people contribute their talents and guidance to the betterment of our society. At the same time, our community's elders sometimes need extra support from their neighbors. Both directions in this two-way street of neighborliness and community involvement demonstrate a quality known as *social capital*. Social capital is a term for the interactions among people that facilitate cooperation for mutual benefit. It is essential for the survival of a healthy community.

During 2020 public forums, seniors identified *caring communities* as an important element for a positive future. The recommendations that follow include a range of approaches, such as collaborating for improved safety, promoting active participation in the political process, connecting the generations, and increasing volunteerism. Through each is woven the common thread of strengthening social capital so that the entire community is enriched.

### GOALS AND STRATEGIES

#### **1. ENHANCE SERVICES AND ADVOCACY ACTIVITIES TO IMPROVE RESOURCES FOR SENIORS AND CAREGIVERS.**

##### **1.1 Promote community partnerships to improve safety and protect seniors.**

###### Strategy 1

Institute TRIAD or VANS (Vulnerable Adults in Need of Services) in all jurisdictions of Planning District Ten. These collaborative programs join seniors, volunteers, police, sheriffs' departments and agencies to strengthen neighborhood networks for promoting safety and protecting older citizens. (See page 62 for program descriptions). *Time Frame: 10 years*

Potential partners: Sheriffs' departments, police departments, local AARP, social service departments, JABA

##### **1.2 Ensure that area seniors have access to legal services.**

###### Strategy 1

Support funding initiatives to enable continuation of legal assistance services from UVA's Advocacy Clinic for the Elderly (ACE). *Time Frame: 5 years*

Potential partners: University of Virginia Law School, JABA, Institute on Aging, Legal Aid Justice Center

##### **1.3 Promote community awareness and political support for the concerns of seniors and caregivers.**

###### Strategy 1

Create a regional senior legislature, a coalition to advocate locally and statewide on senior and community-wide issues. *Time Frame: 5 years*

Potential partners: Volunteers identified by Senior Statesmen of Virginia, local AARP, Senior Center Inc., JABA, Independence Resource Center, and social service organizations

##### **1.4 Enhance community members' direct support for seniors and caregivers.**

###### Strategy 1

Develop a friendly visitor program (similar to Adopt-a-Grandparent) in Charlottesville and urban Albemarle County. Volunteers to be recruited from schools, the faith community, and other community organizations.

*Time Frame: 5 years*

Potential partners: Local housing authorities, Senior Center, Inc., JABA, neighborhood associations, Quality Community Council, school systems, churches and faith organizations

### Strategy 2

Expand friendly visitors programs as needed in all rural counties to ensure that at least 80% of area seniors in need have friendly visitors. *Time Frame: 10 years*

Potential partners: Local housing authorities, JABA, neighborhood associations, school systems, community service organizations, Senior Center Inc., churches and faith organizations

## **2. FOSTER AND SHOWCASE SENIORS' COMMUNITY PARTICIPATION AND CONTRIBUTIONS.**

### **2.1 Promote opportunities for seniors to continue working and increase awareness among organizations about senior-friendly employment policies and customer services.**

#### Strategy 1

Support and initiate quarterly public/employer information activities aimed at increasing hiring opportunities for seniors. *Time Frame: 5 years*

Potential partners: local Chambers of Commerce, Virginia Employment Commission, Piedmont Works, JABA, Independence Resource Center

#### Strategy 2

Make available educational materials and outreach activities to encourage senior-friendly employment policies and practices. *Time Frame: 5 years*

Potential partners: local Chambers of Commerce, Virginia Employment Commission, Piedmont Works, JABA, Alzheimer's Association, Independence Resource Center, Senior Center, Inc.

### **2.2 Promote higher levels of volunteerism by seniors.**

#### Strategy 1

Develop and implement plans at least annually for attracting regular media coverage of senior volunteer contributions to the community. *Time Frame: 5 years*

Potential partners: United Way Volunteer Center, Senior Center, Inc., JABA

#### Strategy 2

Increase by 10% the number of active senior volunteers in programs throughout the planning district through coordinated efforts with community partners. *Time Frame: 5 years*

Potential partners: United Way Volunteer Center, Senior Center, Inc., area volunteer sites, JABA

### **2.3 Create opportunities for others to learn from older people and increase intergenerational activities, and**

### **2.4 Increase awareness of senior issues, needs, and contributions through public education and volunteerism.**

#### Strategy 1

Support and design initiatives to assure that at least two localities have programs to encourage senior volunteerism in the classroom. *Time Frame: 5 years*

Potential partners: Area schools, Charlottesville/Albemarle Commission on Children and Families, Senior Center, Inc., JABA

#### Strategy 2

In at least two localities, present school curricula that cover the entire life cycle and include opportunities for intergenerational interaction. *Time Frame: 5 years*

Potential partners: Area schools, Charlottesville/Albemarle Commission on Children and Families, Senior Center, Inc., JABA

#### Strategy 3

In each locality develop initiatives to promote neighborliness and community spirit. Efforts should involve diverse groups in promoting trust and engagement among seniors and in the broader community.

*Time Frame: 5 years*

Potential partners: Charlottesville/Albemarle Commission on Children and Families, United Way, Senior Center, Inc., JABA, churches and faith organizations, neighborhood associations, schools

## **Rationale**

### **GOAL 1: ENHANCE SERVICES AND ADVOCACY ACTIVITIES TO IMPROVE RESOURCES FOR SENIORS AND CAREGIVERS.**

#### **1.1 Promote community partnerships to improve safety and protection of seniors.**

##### **Crime and Seniors**

According to the National Institute on Aging, about two million older people are victims of crime each year in the U.S.<sup>55</sup> Many seniors fear being the target of violent crime but in actuality younger people are more often the victims. Crimes that affect seniors are more likely to include purse snatching, fraud, theft of checks from the mail, physical, mental, or financial abuse, vandalism, and harassment.<sup>56</sup>

Fraud is a prevalent crime affecting older citizens. Although older people currently make up about 12% of the population nationally, 30% of all cases of fraud are perpetrated against them. Fraud can include investment schemes, sweepstakes, dishonest mortgage lending, home repairs, fraudulent charities, and telemarketing scams. Seniors are more likely targets of fraud because they tend to be at home when telemarketers or salespeople call. They may be more isolated and welcome contact, even from telemarketers, or they may be in need of help with home maintenance tasks offered by dishonest vendors (for example, driveway paving or roofing).<sup>57</sup>

A related crime is identity theft, where the victim's personal identifying information, such as Social Security number, is used fraudulently to establish credit, run up debt, or take over existing financial accounts. By the time the crime is discovered, the victim is often left with a ruined credit history and the time-consuming and complicated task of regaining financial health. The Federal Trade Commission (FTC) reports that more than 86,000 Americans were victims of identity theft in 2001. That number has almost tripled from 31,103 in 2000. Identity theft represented 42 percent of all consumer complaints to the FTC in 2001.<sup>58</sup>

Many seniors have been victims of physical abuse and financial exploitation by family members or others entrusted with their care. If an individual receives long-term care services, including nursing home, assisted living or home health care services, JABA's Ombudsmen program can help to address issues of abuse. Ombudsmen advocate for people in these settings and have training in observation, communication and dispute resolution. Older people living at home can also be victims of abuse and exploitation but may not know that help is available through Adult Protective Services (APS) provided by the local departments of social services. These programs can make a very important difference to the safety and well-being of seniors. but they can only help when those concerned know about and contact the appropriate agency.

Disability, such as limited mobility or vision or hearing loss, can make older people easier crime targets. Those who have diminished strength or physical impairment may be less able to defend themselves or escape from threatening situations. The impact of crime can be greater on older people because of limited income and increased vulnerability to injury. Even anxiety about being the victim of crime can be debilitating to older people who are afraid to leave their homes:

*Sometimes the fear of crime can be just as harmful as crime itself. Fear is useful if it encourages appropriate protection. But experiencing needless fear over a long period of time can be harmful to one's physical and mental health...*<sup>58</sup>

Prevention and protection are key to reducing crime against older citizens and helping them feel safe in their communities. Public outreach to inform and connect people to appropriate help is also an important element of prevention and protection. Two crime prevention programs in this area address the unique needs of older people: TRIAD and VANS.

## **TRIAD**

TRIAD was established when three national organizations (American Association of Retired Persons—AARP, International Association of Chiefs of Police, and National Sheriffs' Association) agreed to work together to protect seniors. The program was started in 1988 at the national level and was adopted in 1995 through the Virginia Attorney General's office. It was created as a collaborative community effort to reduce crime against older citizens and enhance the delivery of law enforcement services to seniors. Seniors and police officials work together on community safety issues:

*TRIAD provides the opportunity for the exchange of information between law enforcement and senior citizens. It focuses on reducing unwarranted fear of crime and improving the quality of life for seniors by implementing educational and crime prevention programs, which help keep senior citizens from becoming victims of abuse, fraud, scams and other types of crime. This is true community policing—providing better service to a population, which appreciates, respects and supports law enforcement.* <sup>59</sup>

TRIAD is administered locally by a SALT (Seniors and Law Enforcers Together) Council of citizens, sheriffs and police departments to plan initiatives appropriate to the community. Programs can include:

- Crime prevention and personal safety education
- Expanded involvement in Neighborhood Watch
- Home security information and inspections
- Alerts on current frauds and scams
- Training in coping with telephone solicitations and door-to-door salespeople
- Elder abuse prevention, recognition and reporting information
- Training for deputies and officers in communicating with and assisting older persons
- Victim assistance by and for seniors
- Assistance with developing emergency preparedness plans
- Collaboration among the generations for improved safety throughout the community

They can also include various initiatives to reduce the risk associated with social isolation, such as buddy systems and medical alert devices. TRIAD programs are currently active in Albemarle, Louisa, and Nelson Counties, and at least one other locality is exploring adopting the model.

## **Vulnerable Adults in Need of Services (VANS)**

VANS is a local collaborative effort in the city of Charlottesville between the Police Department and Adult Protective Services (APS, a program of the Department of Social Services). Through this program, the organizations work together to prevent crime against potentially vulnerable adults, including people with disabilities, people 60 years or older, and adults who may be the victims of abuse, neglect, or exploitation.

Neighborhood police officers check on adults who are at risk and refer them for Adult Protective Services or other programs as appropriate. APS also asks the police to check on individuals who are vulnerable. The departments collaborate as needed on such issues as APS worker safety and financial exploitation cases. The VANS program goals are to:

- ▶ Reduce crime against vulnerable adults
- ▶ Improve overall quality of life in the districts of Charlottesville
- ▶ Detect and arrest offenders of crimes against vulnerable adults
- ▶ Educate vulnerable adults about specific crimes of which they may be targets
- ▶ Sustain healthy homes and neighborhoods

Teamwork is the key to effectiveness of this program. The collaboration between the police and human service agencies is more likely to reduce the risk of abuse, neglect, or exploitation, provide different perspectives in cases where services are needed, and augment information for cases that may be criminally prosecuted. Overall, it is good community policing.<sup>60</sup>

## **1.2 Ensure that area seniors have access to legal services.**

Although all adults may need legal advice, older adults have special legal needs, such as planning a will, confronting age discrimination, or navigating public benefits programs. Until very recently legal services have been available primarily through private attorneys. Free legal assistance has been available from the Legal Aid Justice Center for individuals who meet strict financial eligibility criteria or on a very limited basis from law students. Starting in the fall of 2003, a new free legal assistance program will open, with services specifically designed for seniors. The program is the Advocacy Clinic for the Elderly (ACE) under the auspices of the UVA School of Law. This is an interdisciplinary program where law students will be working under a licensed attorney to provide legal assistance to area citizens 55 and older who are in need. During the first year of operation there will be income eligibility requirements but it is hoped that these requirements can be discontinued.



Initially, the law clinic will serve clients from the Charlottesville area, expanding outreach to more rural areas in subsequent years. This program will assist seniors in such areas as wills, guardianship and Medicaid. ACE is supported by startup grant funding and will require ongoing funding to continue through the years.

To help plan services for the new program and to document need for future fundraising, ACE, JABA, and a law student from the UVA School of Law Pro Bono Project collaborated on the development of a senior legal needs assessment survey instrument. Results from the initial test of the instrument are provided in the appendix, along with needs assessment data from large-scale surveys conducted in other states. The most comprehensive survey of senior legal needs to date was conducted in Wisconsin in 1991 and found that the most common legal problems in order of decreasing prevalence were: having a will drawn; a problem with medical paperwork; a private health insurance problem; and a problem involving property damage. Problems with public benefit programs are also more prevalent among the elderly than other age groups, and were particularly widespread among ethnic minority elders.<sup>61</sup> Because many seniors unable to afford a private attorney may not qualify for services from the Legal Aid Justice Center, it will be important to support this effort to assure that their legal needs are addressed. (*See also Senior Legal and Safety Needs Assessment, page 86*)

## **1.3 Promote community awareness and political support for the concerns of seniors and caregivers.**

In the coming decades, public policy will confront increasingly significant issues resulting from an aging population. If programs, budgets, laws and regulations are to respond to their concerns, seniors will need to take an active part in advocacy. Senior legislatures are an effective way of assuring a voice for older people in public policy.

The purpose of senior legislatures is to promote citizen involvement and advocacy concerning issues of importance to older people, through education and participation in the legislative process. The format is modeled after a state general assembly in that representatives are elected or appointed from legislative districts. State senior legislatures often convene in the state capitol before the General Assembly is in session. Committees are appointed to develop and study legislative initiatives and recommend them to the whole body. The senior legislature votes on the top priority initiatives to include in a resolution to the state General Assembly.

One example is the Senior Tar Heel Legislature in North Carolina, established by state legislation in 1993. This body is made up of 100 delegates from the state's counties, many of whom never participated in the political process before. Through the years, several important initiatives advanced by the senior legislature have been passed in the General

Assembly, such as legislation enabling income tax credit for a portion of long-term care insurance premiums, appropriations for a prescription drug assistance program and funding to expand Adult Protective Services.<sup>62</sup>

Virginia established a senior legislature that met every other year between 1983 and 1987. It has since disbanded, largely because of lack of funding for Area Agencies on Aging to provide the required coordination activities in their regions. The senior legislature was subsequently transformed into the Governor's Conference on Aging. It is unlikely in the current budget climate that a statewide senior legislature could be restarted.

A regional grassroots coalition is a feasible alternative, however, and could play a vital role in promoting the public policy concerns of older citizens. The 2020 Plan recommends the creation of a *regional senior legislature*, to advocate on state and local issues affecting seniors and the community as a whole. The region includes all localities in the planning district, Albemarle, Fluvanna, Greene, Louisa and Nelson counties and the city of Charlottesville. Delegates to this body would come from all of these localities and would vote on priority issues. They would promote these issues through appearing at public hearings or by visiting, calling, or sending letters to state and local policymakers. Because the location of the meeting place would be local, travel costs would be minimized.

The Regional Senior Legislature (RSL) would add strength and depth to the effective efforts of current organizations such as the American Association of Retired Persons (AARP) by forming a broad-based grassroots coalition of advocates. It would be unique in that local and regional issues would be addressed as well as those at the state level. Membership would include representatives from existing groups, such as the AARP and Senior Statesmen of Virginia. In addition, the RSL would especially seek to involve citizens who have not previously had a voice in the political process.

#### **1.4 Enhance community members' direct support for seniors and caregivers.**

The friendly visitors program recommended in this chapter is based upon the *Adopt-A-Grandparent* program at Madison House at UVA. This program matches elders with university students in order to reduce social isolation and foster lasting, meaningful relationships between the generations. Students are connected with seniors who are living at home or in local nursing care facilities, committing to visiting their adopted "grandparents" at least once a week for a minimum of a year. During the current year, 131 students from UVA have been matched with seniors through this program, and many have returned as volunteers in subsequent years.

Besides providing needed social contact, the regular visit is an opportunity to check in with the senior to assure that needs are being met (for example, during inclement weather). In addition, social contact can be an avenue for seniors to remain engaged with other people in their communities. Having an adopted "grandparent" is also beneficial for the student who is still finding his or her way in the world. The interaction and guidance from a senior can be invaluable. One of the many benefits for both students and seniors is the bond that develops between them, sometimes lasting well beyond four years.<sup>63</sup> The 2020 Plan recommends that this successful model for intergenerational connection be adopted and expanded as a multi-organizational effort, involving schools, public organizations, and the faith community.

### **GOAL 2: FOSTER AND SHOWCASE SENIORS' COMMUNITY PARTICIPATION AND CONTRIBUTIONS.**

#### **2.1 Promote opportunities for seniors to continue working and increase awareness among organizations about senior-friendly employment policies and customer services.**

The labor force is undergoing a dramatic shift. There are more older people employed longer than in years past, and this trend is expected to continue. At the same time, the number of younger people in the workplace is expected to decline. In 1950, there were 7 working-age persons for every person 65 and over; by 2030 there will be fewer than 3.<sup>64</sup>

Several factors are contributing to this phenomenon:

- ▶ Increased longevity and a growing population of seniors
- ▶ Better health and lower rates of disability in the older population
- ▶ A more active senior population that prefers to continue working
- ▶ Financial necessity due to limited retirement income
- ▶ A decline in fertility rates, resulting in fewer young workers entering the job market.

In *Boomers Approaching Midlife: How Secure a Future?* the AARP reported that 70% of baby boomers expect to work after retirement.<sup>65</sup> Work appears to be an important factor in quality of life for seniors. A study of low-income seniors indicates that work not only helps them economically, but it also contributes to self-worth and maintains social ties.<sup>66</sup>



The changing workplace has also made it possible for older people to remain on the job. Work has become less physically demanding, and more flexible employment options have become available.

Continued employment is necessary or desirable for many seniors, and it is also good policy for the nation. In the report *New Opportunities for Older Workers*, the Committee for Economic Development argues that extending the work years for seniors will also extend their contributions to the Social Security and Medicare systems and thus help to reduce the tax burden on the younger generation.<sup>67</sup>

Older workers also have much to contribute in terms of experience and skills. Employer surveys and tenure data from ICF Incorporated and AARP found that employers rated judgement skills, such as analytical and interpersonal skills, above average for older workers.<sup>68</sup> Other qualities attributed to older workers include loyalty and flexibility in terms of work arrangements (for example, willing to work part-time).

*New Opportunities for Older Workers* suggests strategies for recruiting senior employees:

- ▶ Depicting older persons in promotional material
- ▶ Emphasizing in job postings that openings are for “all ages”
- ▶ Using word of mouth, which can be effective in attracting older candidates
- ▶ Working with senior organizations to advertise positions
- ▶ Relying more on flexible work arrangements, such as work-at-home<sup>67</sup>

2020 planning participants have also suggested strategies to enhance employment of older workers:

- ▶ Educating employers to debunk stereotypes about seniors
- ▶ Retraining older workers to new job tasks suited to their changing skills and interests
- ▶ Developing programs to help seniors refine and update their job hunting skills
- ▶ Promoting and ensuring ADA-compliant workplaces

The *New Opportunities* report concludes with this challenge:

*Wealth in our society has made retirement a possibility, but it should not be the only possibility. We urge businesses, policymakers, and workers to replace the culture of retirement with one of productive aging—a change that is, for each group, a matter of self-interest as much as it is in the national interest.*<sup>67</sup>

The 2020 Plan recommendations address senior employment through education and outreach to employers and the general public. Strategies are aimed at increasing public awareness of the value of older workers and promoting job accommodations so that all sectors can benefit by the rich contributions of seniors in the workplace.

## 2.2 Promote higher levels of volunteerism by seniors.

Volunteers have often said that helping others is rewarding, but now there is evidence to suggest that it actually increases the life span. A recent study at the University of Michigan suggests that older adults who are helpful to others reduce their risk of dying by nearly 60%, compared to peers who provide neither practical help nor emotional support to relatives, neighbors or friends.

The study was based on a random community-based sample of couples in which the husband was 65 years of age or older. They were first interviewed in 1987 and then followed for five years to see how they coped with changes of later life. The seniors were asked about whether they provided help to others. Researchers found that people who reported providing no instrumental or emotional support to others were more than twice as likely to die in the five years as people who helped spouses, friends, relatives and neighbors. In the analysis of findings, the study controlled for a variety of factors, including functional health, health satisfaction, health behaviors, mental health, age, income and education level.<sup>69</sup>

The researchers also found that receiving help from others was not linked to reduced risk of mortality. They suggested that:

*If giving, rather than receiving, promotes longevity, then interventions that are designed to help people feel supported may need to be redesigned so the emphasis is on what people can do to help others. In other words, these findings suggest that it isn't what we get from relationships that makes contact with others so beneficial; it's what we give.<sup>70</sup>*

One effective way to give is to volunteer in the community. According to “Volunteering When Retired” by Cheryl Asmus, nationally 45 million people volunteer, and 15 million of those volunteers (33%) are older than 65. With more women entering the paid workforce, however, the need for volunteers is increasing faster than the number of people volunteering.<sup>71</sup>

*America's Senior Volunteers* reported that when asked about their reasons for volunteering, seniors most often stated wanting to help others meet their needs. They also believed that those with more should help those with less. Many seniors also said that they wanted to give back to society some of the benefits they received.

Despite the interest by seniors, a need for volunteers, and apparent health benefits to the seniors who help others, if older people are not asked, they are not likely to volunteer. The *Independent Sector*, a coalition of non-profits and charitable organizations, reported that seniors were approximately four times more likely to volunteer if they were asked. Another finding was that blacks and Hispanics were not asked to volunteer as frequently as whites were, but when asked, were four to five times more likely to volunteer. The authors point out that “these groups constitute a growing portion of American society and a valuable resource of volunteer time.”<sup>68</sup> The report recommends that organizations must work to reach out to more seniors and minorities.

*Seniors possess experience, expertise, and time that can greatly benefit any organization or cause... Simply talking with someone in need of a friend or spending time with a child has a benefit that resonates for a lifetime. Organizations must help seniors understand the impact they can have on their community by doing just one simple thing—volunteering.<sup>72</sup>*

Many organizations in the planning district rely on volunteers and both Senior Center Inc. and JABA have extensive senior volunteer programs. Through these programs hundreds of seniors have contributed their unique gifts throughout

the area. As the area grows, however, the needs will grow, and there will always be a large demand for people to help. The development of meaningful volunteer opportunities that use seniors' experience, skills, and talents will be very important. At the same time, publicity about the contributions of senior volunteers and outreach efforts to recruit older people will help to assure that the vital connections are made in a caring community.

**2.3 Create opportunities for others to learn from older people and increase intergenerational activities, and**

**2.4 Increase awareness of senior issues, needs, and contributions through public education and volunteerism.**

The segregation of age groups—a prominent practice in our culture—can have a detrimental effect on community cohesion. When there is lack of contact between the generations, young people may see aging as something to fear and devalue and avoid those who are older. As a result, seniors can find themselves increasingly isolated. Social support networks depend on positive relationships within the community. Perhaps the most important way to develop trust and understanding is to increase contact and resource sharing between generations. The passage below from *Generations in Partnership* describes what happens when seniors and children connect:

*Everyone has potential to benefit when older adults and children come together ... Older people feel useful, valued, and connected to their communities. Children feel respected, appreciated, and important. With increased contact, older people become more understanding of youth and children develop healthier attitudes about the aging process.<sup>73</sup>*

The final recommendation in this section is based on the conviction that when the community promotes opportunities for neighborliness and connection between the generations, all ages benefit. (See also *Strengthening Intergenerational Connections*, Page 81.)



**NEXT PLANNING STEPS: HOW THE 2020 PLAN  
WILL CONNECT WITH OTHER PLANNING EFFORTS**



# Notes

# NEXT PLANNING STEPS: HOW THE 2020 PLAN WILL CONNECT WITH OTHER PLANNING EFFORTS

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The 2020 Community Plan on Aging represents a beginning step in a dynamic and ongoing process. This document outlines general recommendations for making this an age-friendly community. Many of the details for addressing these recommendations are yet to be formulated, as they will require close collaboration with several organizations. Planners will meet with community leaders to determine how they can incorporate 2020 recommendations into their spheres of concern. In the process of developing more detailed action plans for each focus area the following will be discussed:

**Existing Resources:** An assessment of current programs and resources will be necessary in order to assess where to start and who should be involved.

**Action Steps:** Action steps include the specific activities that can be taken toward realizing the recommendations, who will be involved, and the target dates for completion. In some instances, it may not be necessary to develop new action steps because these activities are already in progress or are planned. Other action steps will be developed based on the mandates and areas of focus of organizations. All action steps will be determined by close collaboration with potential partners, the organizations likely to be involved.

**Locality-Specific Recommendations:** The recommendations in the 2020 Plan apply to all localities in the planning district. Each locality, however, has its own assets and challenges. Realistic planning for implementation will need to take into account the specific qualities and issues that are unique to each area.

**Incorporating 2020 Recommendations into Local Government Planning:** Each locality has an ongoing planning function and produces its own comprehensive plan. 2020 Planners will work to incorporate 2020 recommendations into these comprehensive plans. Some 2020 recommendations, such as zoning and community design strategies, may require changes in local policy and statutes. Shifts in funding priorities may be indicated also. These issues will need to be explored with decision-makers and stakeholders to assure successful implementation and wise use of resources.

**Other Related Efforts:** It will not be necessary to create new programs or initiatives to respond to every recommendation in this plan. Several community-wide efforts, already underway, address 2020 strategies. For example, the Thomas Jefferson Planning District Commission is working with community partners on a number of issues, such as improving transportation systems, increasing affordable housing and designing mixed-use communities. The Piedmont Housing Alliance is already involved in increasing affordable and accessible housing. Charlottesville-Albemarle Technical Education Center (CATEC) and other schools and organizations are working to enhance recruitment and training for nursing assistants and allied health professions. Another valuable community resource, UVA's Institute on Aging, will be the University's focal point for aging-related matters. In many cases, the strategies of the 2020 Plan will require supporting, enhancing and expanding existing initiatives, and then publicizing their successes.

**Barriers to Implementation:** If the recommendations in the 2020 Plan are to become reality, it will be important to identify and address the issues that may stand in the way of accomplishing action steps. Some of the challenges might be fiscal, resulting from budget cuts and other economic factors. Others might be related to mobilizing volunteers or overextended staff. In order to assure forward momentum on the 2020 Plan, discussion of the current or potential obstacles should be accompanied by exploration of alternate strategies.

**Cost/Benefit Analysis:** Throughout the planning process participants asked the vital question: "Where will the money come from?" Some of the recommendations do not require additional funding but will involve commitment of human resources and time. Others ask that organizations change the way that they deliver services. Still others will require

additional funds for new staff or operational expenses. Implementing recommendations will also bring cost savings—and most importantly, benefits—to seniors and the community. Prevention and early intervention, for example, can make a vast difference in health outcomes and expense to society. As part of the 2020 outreach effort, a stand-alone cost/saving document outlining the rationale for investing in our future will be distributed to stakeholders.

**Evaluation:** Successful implementation will depend upon ongoing reappraisal of the 2020 recommendations and evaluation of progress. Planners will work with community partners to develop an evaluation tool, or community report card, for assessing progress and modifying the 2020 Plan as needed.

### **TOP PRIORITIES FOR EARLY IMPLEMENTATION**

As a result of input from community forums and a prioritizing process by work group members, three 2020 goals emerged as the most important for planners to address. These top priority goals are listed below and should be addressed first.

- Promote access to high-quality healthcare, pharmaceuticals and support services. **(Chapter 1, goal 1)**
- Provide a variety of quality affordable and accessible senior housing options integrated within the community. **(Chapter 3, goal 1)**
- Provide safer, more convenient, and flexible transportation options. **(Chapter 4, goal 1)**

### **NEXT PLANNING STEPS**

1. Reconvene 2020 Steering Committee to include available current members and new members who will be involved in implementation.
2. Make 2020 Plan on Aging widely available to local governments, community organizations, and representatives of the public and private sectors.
3. Publicize the 2020 Plan through press conferences, news articles, interviews, and web sites.
4. Provide public information sessions about the 2020 Plan with community groups, church and faith groups, advocacy groups, and other private and public community organizations.
5. Focusing first on the top goal priorities identified above, work with key organizations and local governments to refine recommendations and develop implementation strategies. Before meetings, distribute cost/benefit analysis to stakeholders.
6. Convene special work groups (such as Healthcare Quality Council) as appropriate.
7. Continue collaboration with key organizations and local governments to develop a community report card for monitoring and publicizing progress on implementation.

### **WHAT IS NEEDED FROM THE COMMUNITY FOR THIS PLAN TO SUCCEED?**

The 2020 Plan is a set of recommendations to the community, the product of a collaborative regional effort to design environments where people can age with dignity and security. This plan will serve as a starting point for further discussion and efforts to promote an age-friendly community. Implementation strategies, also developed as a collaborative effort, will be an important means by which these recommendations are realized. Continued commitment and participation by local governments and key organizations is essential to the success of this plan. It is our hope that this process will bring heightened awareness of senior issues and contributions, and will foster a community where people of all ages are empowered, respected and honored.

## ACKNOWLEDGEMENTS



# Notes

## ACKNOWLEDGEMENTS

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#### Work Group Members

*The following individuals participated in the 2020 planning process as members of work groups developing goals and strategies.*

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## APPENDICES



# Notes

**Special Issues: Detailed Analysis**

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# Notes

## SENIOR LEGAL AND SAFETY NEEDS ASSESSMENT

*Our society holds as a basic tenet that all persons shall be assured equal access to our system of justice. This encompasses not only representation in the courts but also representation before administrative bureaucracies, and less formalized use of lawyers and other trained advocates. Individuals with few financial resources, those with physical or mental disabilities, and those reliant on public resources are most at risk of being unable to secure needed legal services. America's elderly are particularly likely to fall within one of these categories.<sup>74</sup>*



A truly senior-friendly community should contain legal resources that can assist seniors when their legal rights or safety is threatened. An important step in developing appropriate senior legal services is assessing and documenting the specific dimensions of seniors' legal and safety needs.

An exploratory survey was conducted of seniors at three Jefferson Area Board for Aging senior centers to assess those legal and safety needs that relate specifically to the development and planning of legal services. JABA senior centers cater to people over 60, with a special focus on those who are at higher risk of premature placement in a nursing home due to factors associated with low income or ethnic minority status.

The survey was administered in June, 2003 at JABA senior centers in Greene County, Scottsville, and Charlottesville. One hundred self-administered questionnaires were completed. Though the sample size was small, too small to draw firm conclusions about need, the results from the self-administered questionnaire are helpful in identifying issues worthy of further exploration. Documented on the following pages are the results and commentary.

## Results

### Demographic profile of 100 respondents

#### Age

60-64:	7
65-74:	39
75-84:	34
85 or older:	13
*Missing:	7

#### Where do you live?

Albemarle:	51
Fluvanna:	7
Charlottesville:	18
Nelson:	1
Greene:	14
Louisa:	0
*Missing:	9

#### Race/Ethnicity

African-American:	48
White:	45
Latino:	0
Other:	1
*Missing:	6

#### School Completed

Did not graduate high school:	33
Graduated high school:	35
Attended college or vocational school:	17
Graduated college:	7
*Missing:	8

#### Household Income

\$8,980/year or less•:	27
\$8,981-\$17,962/year:	28
\$17,963-\$35,924:	13
\$35,925/year or more:	4
*Missing:	28

- poverty level for 1-person home

#### Gender

Female:	68
Male:	25
*Missing:	7

\*("Missing" Responses: Response totals for individual questions will frequently be less than the total number of respondents (100). This can be due to several reasons, including: the skipping of questions by respondents; answering questions in such a manner that the intent is not clear (e.g., unclear handwriting); or data input and processing errors. Also, some questions are intended for a subset of the population (e.g. those receiving Medicaid), so these will have significantly lower totals than the entire sample.)

## Survey Results

Fifty-three out of 100 people surveyed (53%) reported that they had experienced one or more of the following legal-related problems since they had turned 60.

	Number of people who answered “Yes”
Have you had problems with people trespassing or damaging your property?	13
Have you needed a lawyer to figure out a will or to distribute money or property?	13
Have you had a dispute with a hospital or doctor over medical bills?	12
Has a company ever threatened to turn off your phone, gas, power, or water?	12
Have you paid for insurance to someone who comes to your door to collect money?	10
Have you lost money to a phone scam?	9
Have you needed a lawyer to help with tax problems?	9
Have you had a dispute with a company or an individual you have hired for a job?	7
Do you feel that you were ever fired or denied a job because of your age?	7
Have you had trouble getting insurance money that you were owed?	6
Have you had problems getting health insurance or insurance for your home or car?	4
Have you had a dispute with an assisted living, nursing home, or home care agency?	4
Have you been physically injured by another person?	3
Have you had a dispute with a hospital or doctor about the quality of your care?	3
Have you had a dispute with someone who controls your money?	3
Have you had problems with giving a family member legal control over your affairs?	3
Have you had a dispute with a landlord or property manager?	2
Has anyone used your social security number, credit card, or bank account without your permission?	2
Has a bank or company threatened to take away your home, car, or other property?	1

*Of those who reported a legal-related problem:*

76% were women, compared to 68% for the entire sample.

55% were African American, compared to 48% for the entire sample.

Are you still dealing today with any of the problems above? Yes: 11 No/Missing: 89

**If “yes,” which ones:**

Four of the 11 respondents still experiencing problems reported that they are currently dealing with a company threatening to turn off their phone, gas, power, or water.

**Do you know where to go locally for a good, affordable lawyer?**

Yes: 25 No:19 Not sure: 30 Missing: 26

**For the 53 respondents who had a legal-related problem, answers to this question were relatively similar to the percentages above:**

Yes: 15 (28%) No: 10 (19%) Not sure: 18 (34%) Missing: 10 (19%)

The percentage of respondents answering “yes” to this question is probably larger than the general population since respondents were all clientele of JABA. One of JABA’s functions is to link seniors with needed resources. In addition, prior to administration of the survey, the new Advocacy Clinic for the Elderly at the University of Virginia Law School was briefly discussed.

## **Discussion**

**Demographics:** The majority of respondents live in Albemarle County and are between the ages of 65 and 84. Compared to the senior population at large, a greater percentage of respondents are women, African American, have below average household income, and have fewer years of formal education. These historically disadvantaged groups might be at greater risk for legal problems, and these data are especially relevant in assessing their particular legal needs. Though not statistically significant, findings that the respondents reporting legal problems were slightly more likely to be women (76% vs. 68% for entire sample) and African American (55% vs. 48%) are possibly reflective of the higher risk these populations face.

**Top Concerns:** The top concerns identified were: trespassing/property damage; wills; hospital and doctor bills; and utility shut-off. The fifth most commonly reported potential problem area, paying insurance to someone who comes to one’s door to collect money, can be an indicator of an insurance scam, though in years past it was a common way of doing legitimate business. Further research and possible intervention should also be directed towards the issue of utility shut-off, which several respondents are currently facing. The top concerns underscore the significant overlap between legal and financial challenges facing this population, and the need not just for legal assistance, but financial counseling and assistance, including assistance with government benefit programs.

**Limitations:** The size and scope of the sample population is too small to draw firm conclusions at this point about the incidence and distribution of legal-related problems in the planning district at large. For example, respondents were all enrolled JABA clients. Those not in contact with the social service and health systems will have somewhat different needs. Seniors in nursing homes are among the most vulnerable elderly, and they, too, will have different needs from the sample population.

Though staff assisted as many clients as possible who required help reading the questionnaire, it was clear from the results that some questions were not interpreted as intended. Those results are not included herein. The omitted questions focused on problems receiving government benefits, and queries concerning when and how respondents obtained legal help in the past.

The questionnaire was written to be both comprehensive and concise, with anticipated compromises in both directions. Therefore, there were some legal issues that were unable to be included, such as anticipated future legal needs. These

might be added for the next round of survey administration. In addition, some legal issues do not readily lend themselves to a short-question format. For these, accurate assessment requires in-depth personal interviews.

Given the time requirement and expense of face-to-face surveys, exploratory surveys such as this one can help future researchers to focus their questions in the most productive direction. It can also help practitioners assess client needs beyond the presenting issue.

**Findings from other surveys:** One of the few major scientific surveys focusing specifically on the legal needs of seniors was conducted in Wisconsin in 1991. In this phone survey of 600 households the four most frequently reported legal problems were: having a will drawn; a problem with medical paperwork; a private health insurance problem; and a problem involving property damage.<sup>75</sup> These problems closely mirror the top concerns found in our local exploratory survey.

The following information comes via The Center for Social Gerontology, based in Ann Arbor, Michigan.<sup>76</sup> A 1984 Maryland survey of legal service providers indicated that rural elderly needed more assistance than urban elderly in several specific areas, including: drafting wills and power of attorney, probating of small estates, and problems regarding placement in nursing homes.<sup>77</sup> A 1986 Colorado telephone survey of 500 poor households,<sup>78</sup> and surveys in New Jersey<sup>79</sup> and Massachusetts<sup>80</sup> conducted in 1987 all indicated that households headed by persons over 60 had fewer legal problems and lower lawyer utilization rates than younger persons. The top problem areas reported by respondents in elderly households in Colorado were government benefits, consumer problems, and health. In Massachusetts, older households had more problems than younger households in the areas of nursing home care, mental health services, and foreclosure. In New Jersey, older households had a higher incidence of problems in the area of public benefits. Large studies such as these should be used to supplement regional data in program planning.

## Conclusion

Based on these preliminary results, further research is warranted to assess more accurately the need for legal services, particularly starting with the top areas of concern, specifically: trespassing/property damage; wills; hospital and doctor bills; and utility shut-off.

The need for elder law expertise will undoubtedly increase with the doubling of the senior population. This past year, the Virginia Department for the Aging reported dramatic increases in calls to its counseling helpline for the following topics:<sup>81</sup>

	<u>Fiscal Year 2001</u> <u>(ending 9/30/01)</u>	<u>Fiscal Year 2002</u> <u>(ending 9/30/02)</u>
Advance directive	8	51
Elder consumer fraud	24	91
Elder abuse	33	82
Grandparents' rights	2	10
Guardianship	68	159
Legal services	130	283

Furthermore, as provided by Lora Hamp of the University of Virginia Advocacy Clinic for the Elderly, reports to the Virginia Department of Social Services of adult abuse, neglect and exploitation within the city of Charlottesville rose from 168 in 1997 to 235 in 2001, an increase of 40%.<sup>82</sup> A 1991 study conducted by the Virginia State Bar indicated that 85% of indigent households reporting a legal problem lacked the services of a lawyer to assist with the problem.<sup>83</sup>

These data indicate that access to legal services is a present and growing need. Efficient and appropriate use of limited legal resources requires an understanding of the nature, extent and distribution of the legal issues facing the local population. The survey reported in this chapter is an initial step towards a more accurate and complete understanding of this region's legal needs. Through the continued use and refinement of the survey instrument this community will develop a basic, low-cost tool that can supplement other data-gathering efforts and, over time, help us get a better understanding of the most relevant legal issues for this community. These data will assist in legal services planning, provide documentation of need for future funding sources, help in the development of public education programs, and inform the training of future lawyers.

As a next step, JABA will consult with JABA staff, as well as staff at the Advocacy Clinic for the Elderly and the Legal Aid Justice Center, to assess how they can use the results of this study, what further research might be of benefit to these organizations, how they might use the assessment tool, and how the tool can be improved.

*Special thanks to Lora Hamp, Director of the Advocacy Clinic for the Elderly at UVA, John Winn, law student at UVA School of Law, Claire Curry of Charlottesville-Albemarle Legal Aid Justice Center, and JABA senior center coordinators for help with the development and administration of the survey. Opinions expressed in this chapter are those of the authors, and do not necessarily represent the opinions of the aforementioned individuals.*



# STRENGTHENING INTERGENERATIONAL CONNECTIONS

## Overview

This section presents recommendations developed in collaboration with Dominic Manilla and Hannah Oakland, students in the Western Albemarle High School Leadership class and members of the 2020 Steering Committee. These



recommendations are focused on some of the concerns and interests of youth and seniors, and are based upon input from a student survey and youth focus groups discussed below. The students proposing these goals were responding to a draft of 2020 goals, therefore many of the recommendations endorse, emphasize, and expand upon those presented in other chapters. The Rationale section includes suggestions for ways to address each of the goals. Additional collaboration with area schools and people of various ages will be important in the implementation phase to assure broad-based input from diverse groups.

## Background

One of the goals of the 2020 planning process is “to engage persons of all ages to explore how the generations can work together for mutual benefit.” Recognizing that youth awareness and involvement are essential to the future life of the 2020 Plan, the Steering Committee encouraged and endorsed efforts to engage young people in the planning process. During student forums held during the 2002-2003 school year, 2020 planners asked young people about their interests and concerns and how these might interface with those of older citizens.

The first student focus group was held in July 2002 with high school students who had been selected from across the state to participate in UVA’s Youth Leadership Initiative program. The next youth group interviewed was a class of Montessori middle school students from Charlottesville and Albemarle, Louisa, Fluvanna and Nelson counties. Both groups were asked about their perceptions of and interactions with senior citizens.

Students in two Leadership classes at Western Albemarle High School were also contacted, and became very involved in providing input to the 2020 Plan over the course of about six months. This was accomplished through surveys, focus groups, and class analysis of draft recommendations. Before these discussions, Dr. Richard Lindsay, a geriatric specialist, and Gordon Walker, JABA’s CEO and an Albemarle County School Board member, spoke to the classes, introducing the students to the 2020 Plan and issues concerning seniors. Students then completed a youth survey,

created in collaboration with staff of the Commission on Children and Families and the Quality Community Council. The survey was designed to identify the issues that concern youth and to determine youth interest in intergenerational interaction. Following the survey, the Leadership class students met in focus groups with 2020 staff to elaborate further on issues and interests. When a draft of the 2020 recommendations and rationale was completed, the two Leadership classes and a Sociology class broke into groups, each group reviewing and presenting on a draft chapter. Through this process the three classes critiqued the chapters in open forum and identified the plan's recommendations that concerned youth as well as seniors. As with all sections of the 2020 Plan, the 2020 Steering Committee reviewed these recommendations and provided additional suggestions that are also contained in this section.

## **GOALS TO STRENGTHEN INTERGENERATIONAL CONNECTIONS**

### **1. INCREASE MUTUAL AWARENESS OF SHARED YOUTH AND SENIOR ISSUES.**

- 1.1 Recruit health care workers from the high school level by providing information about health care professions.**
- 1.2 Educate youth on senior needs and issues to assist them in providing elder care.**
- 1.3 Create and support opportunities for collaboration on shared policy issues.**
- 1.4 Educate youth on the need for lifelong financial planning.**

### **2. ENCOURAGE POSITIVE INTERGENERATIONAL INTERACTION TO BENEFIT BOTH YOUTH AND SENIORS.**

- 2.1 Encourage the active participation of youth in senior education, focusing on technology.**
- 2.2 Encourage the active participation of seniors in youth education, focusing on elders' firsthand experiences.**
- 2.3 Encourage intergenerational volunteering, engaging young and old to support each other and to work together in meaningful service.**
- 2.4 Create recreational activities that interest both youth and seniors.**
- 2.5 Promote intergenerational living arrangements among young people and seniors.**
- 2.6 Break down mutual stereotypes between seniors and youth.**

### **3. ADAPT SENIOR AND YOUTH PROGRAMS AND COMMUNITY RESOURCES TO MEET THE NEEDS OF BOTH AGE GROUPS.**

- 3.1 Create healthcare centers that address the needs of both youth and seniors.**
- 3.2 Encourage healthy activities for seniors and youth, stressing the preventive nature of youth healthcare in promoting a healthy future.**
- 3.3 Assure that information on health resources and healthy habits is available to all age groups.**
- 3.4 Encourage travel alternatives to single occupancy vehicles (e.g., paratransit, buses, trains, carpooling, HOV lanes) for all age groups.**
- 3.5 Create environments and communities that make facilities accessible to youth and senior pedestrians.**



## Discussion

*Many older people are seeking opportunities to share their skills, knowledge, and experiences with younger generations. They are an invaluable source of support for young people who need caring adults to guide and nurture them as they navigate the difficult course to adulthood. At the same time young people need opportunities to give of themselves. By working with older adults on community projects or by reaching out to those who may require assistance, young people develop important skills and meet real needs. Intergenerational programs and policies are valuable approaches for addressing critical social problems, ensuring the transmission of culture across generations and building stronger communities.*

- Center for Intergenerational Learning, Temple University

### **1.1 Recruit health care workers from the high school level by providing information about health care professions.**

### **1.2 Educate youth on senior needs and issues to assist them in providing elder care.**

During discussion with Western Albemarle High School students it was suggested that health care providers recruit students from the schools as a way to address the pressing need for geriatric specialists. Early information about the need for elder care providers could help to increase the number of students training to fill these positions. Another way to prepare students for possible healthcare careers is for schools to establish volunteer opportunities at senior centers and through that to provide information sessions on careers in medicine and nursing.

In addition to recruiting and educating youth on careers in geriatric healthcare, the community might consider providing opportunities for direct service and learning. One program that provides employment for young people while supporting caregivers is *Time Out*, in Philadelphia. *Time Out* is a respite and home support program in which college students provide quality, low-cost services to families caring for the frail elderly. In addition to benefiting caregivers who need a break from the stress of caregiving, student respite workers gain invaluable experience in geriatrics. The workers are area students who receive ten hours of intensive training in working with the elderly and understanding the needs of caregiving families.

*Time Out* workers provide caring companionship and supervision, meal preparation, assistance into the bathroom, recreational/social activities, as well as support to caregivers. Students also may assist with laundry, changing of bed linens, light grocery shopping and medical escorts. They do not provide personal care (i.e. bathing, dressing, feeding), transportation services or administer medication or therapies.

Each family pays a yearly registration fee plus an hourly fee for the service. The service is offered afternoons, evenings and weekends depending on the students' availability. Participating families are required to utilize the service for at least eight hours per month and can depend on assistance from the same student for at least one semester.<sup>84</sup>

Developing a program such as *Time Out* in collaboration with area schools such as UVA and Piedmont Virginia Community College might help to address two important needs: respite care for families and employment and training for young people.

### **1.3 Create and support opportunities for collaboration on shared policy issues.**

People of all ages have the same basic needs for safe housing, adequate income, access to quality health care and educational and social services. During an era of shrinking public resources, it will be increasingly important for the generations to unite toward common goals. "Having a voice in the community and state" was also rated highly in the

student survey. This is a common concern with many seniors, who at public forums named “active citizenship” as an important element in an age-friendly community. In general, young people are often under-represented in policy decisions because of their inability to vote. Many seniors, on the other hand, are some of the most active voters in the community, and could help to inspire youth to political activism. There are clearly many opportunities for collaboration and mutual advocacy. Younger people could join delegates of the Regional Senior Legislature (proposed in Chapter 3) to advocate on regional issues, such as use of community facilities or transportation needs. Both young and old could assist voter registration drives in order to promote active political participation by all adults.

Generations United (GU—website: <http://www.gu.org/>) is the only national organization that focuses solely on promoting intergenerational strategies, programs, and policies. It includes more than 100 national, state, and local organizations representing more than 70 million Americans and is the only national organization advocating for the mutual well-being of children, youth, and older adults. Members represent diverse constituencies and organizations such as AARP, National Association of Area Agencies on Aging, Children’s Defense Fund, United Way of America, and the Salvation Army. It serves as a resource for educating policymakers and the public about the importance and value of intergenerational cooperation and provides a means for exploring areas of common ground between the generations while celebrating the richness of each.

GU advocates that policies affecting seniors and children should be evaluated in terms of the likely impact on the whole of society and on multigenerational interactions. It recommends examining issues of public policy using an intergenerational approach, by asking questions such as:

- Are people of all ages being viewed as a resource?
- Does the policy promote the interdependence of the generations?
- Is the policy sensitive to intergenerational family structures, e.g. grandparents who are raising grandchildren?
- Does the policy encourage intergenerational transfers through shared care or services?<sup>85</sup>

One important way that this community can advance issues of mutual concern between the generations is to encourage local membership in Generations United and to support the efforts to advance a public policy agenda that benefits all ages.

## **1.4 Educate youth on the need for lifelong financial planning.**

Students suggested also that seniors could educate youth on the importance of early retirement planning and other financial planning. Those elders who have successfully planned for retirement can explain its importance and serve as examples of the benefits of long-range planning.

A more formal resource is provided through the National Endowment for Financial Education (NEFE), a non-profit foundation to help people take control of their personal finances (see also Chapter 3). The *NEFE High School Financial Planning Program*<sup>®</sup> (HSFPP) was initiated in 1984 as a public service to increase the financial literacy of America’s youth. The six-unit program provides teens with a greater understanding of and ability to manage their personal finances in the areas of goal setting, budgeting, and saving. The program uses unique games, simulations, case studies, and interactive exercises to provide hands-on experience for students to test and apply the financial principles and concepts being taught.

A study released in October 1998 indicates that students respond positively to instruction aimed at improving their money management skills. The study demonstrates that as little as 10 hours of classroom instruction, such as that provided through the *NEFE High School Financial Planning Program* (HSFPP), can effect significant knowledge and behavioral changes in how teens handle their money. A follow-up study conducted three months later showed that the teens’ positive changes in knowledge and behavior tended to last over time.

Interested schools and other programs can learn more about HSSFPP by contacting NEFE and requesting an information kit. The kit explains how the program works in the classroom and contains a copy of the Student Guide and the forms needed to request the materials.

NEFE also offers a Web-based resource designed and written for high school students interested in learning more about personal finance. The NEFE Teen Resource Bureau Web site ([www.ntrbonline.org](http://www.ntrbonline.org)) is managed and maintained by young adults in the NEFE Fellows Program and offers information on topics such as establishing written and meaningful goals, understanding credit, budgeting, spending wisely, and much more. The Web site is updated quarterly with content available in Spanish and text only versions.

- 2.1 Encourage the active participation of youth in senior education, focusing on technology.**
- 2.2 Encourage the active participation of seniors in youth education, focusing on elders' firsthand experiences.**
- 2.3 Encourage intergenerational volunteering, engaging young and old to support each other and to work together in meaningful service.**

On the student survey, "helping seniors with errands/chores" was rated highly by the two Leadership classes. "Visiting a senior unable to get out" was another option selected by several students. Students suggested helping to teach seniors about technology, an area in which youth may have more experience and expertise than some seniors. A program providing *Computers for Elders* similar to *Computers for Kids* would be an effective way to increase senior access to and facility with technology. It has also been suggested there be an *Elder Friend* program to recognize students who volunteer and are involved with older people. Youth organizations, such as the Boy Scouts, Girl Scouts or 4H Club could also promote volunteering with seniors through their programs.

Survey results indicated that students were interested in opportunities to help assist elders, but often older people are perceived as only recipients of care, instead of contributing members of the community. On the other hand, students rated "promoting the contributions of older citizens" about as highly as they rated "visiting an older person who can't get out." On ways that seniors can be involved with youth, the top choice of students was that seniors act as "guest speakers in classrooms." There was evidently very strong interest in this avenue for interaction, as the number of high ratings on this survey item far surpassed any other. Students seemed genuinely interested in hearing the stories and lessons from the older generations, especially as they relate to historic events and eras. Senior perspective on events and issues can add richness and vitality to the curriculum. Other options selected were for seniors to tutor academics and help raise funds for school activities. Students also expressed an interest in volunteering alongside seniors. The common philanthropy would bring the generations together while accomplishing community service.

### **Other Avenues for Seniors to Support Young People and Families**

A research brief of the Charlottesville/Albemarle Commission on Children and Families reports that Charlottesville and Albemarle have higher rates of foster care than other similar localities in Virginia. Charlottesville's foster care rate, which nearly doubled between 1997 and 2001, is currently more than triple the national average. According to this report there is an inadequate pool of local foster homes to meet the growing need. As a result, children who could be placed in a foster family must be placed in treatment foster care, which provides additional services to the child and family and is therefore more costly.

Further, some children must be placed outside the community and thus have less opportunity to interact with their biological families.<sup>86</sup> Although there are a number of community programs that provide in-home services to families, the cost ranges from \$40-\$80 an hour. Programs such as those below that use older volunteers to support families, could be a low-cost and mutually beneficial alternative.

## The Foster Grandparent Program

The Foster Grandparent Program (FGP) is America's first official intergenerational program and has been in existence for over 35 years. The FGP is one of three national service programs that comprise the National Senior Service Corps. It provides volunteer opportunities for income-eligible seniors 60 and older to provide services to at-risk children with special needs. Among other conditions, these children are often the victims of abuse and neglect, have literacy problems, need mentoring, are troubled teenagers and/or young parents, or have physical disabilities. Of the total number of Foster Grandparents, 90% are female and nearly half are between the ages of 65 and 74. The program was designed to address two major issues:

- ▶ The unavailability of service opportunities for low-income seniors, and
- ▶ Inadequate human resources for serving at-risk children with special needs, especially in settings such as schools and health care institutions.



### Foster Grandparents:

- ▶ Volunteer 20 hours per week (4 hours per day)
- ▶ Volunteer at community agencies on-site or in the home
- ▶ Must meet income guidelines, earning below 125% of poverty level
- ▶ Are paid non-taxable stipends of \$ 2.55 per hour
- ▶ Are assisted with transportation costs and a daily meal
- ▶ Receive yearly physical examinations and on-duty accident and liability insurance
- ▶ Receive pre-service orientation (40 hours) and in-service (4 hours per month) training
- ▶ Undergo a screening process that includes a criminal check and a child abuse clearance

Each Foster Grandparent works with no more than four children, teaching them how to read, providing counseling, and functioning as a role model to the children, who otherwise may not have enough one-on-one adult attention. Additionally, they gain from the wisdom of older adults, who have a lifetime of knowledge to pass on. Working with the children improves the seniors' quality of life. They are energized by the fact that they are still giving to

society. The children's families benefit because Foster Grandparents fill a void that working parents are unable to fill. In many cases, no extended family member is available to spend time with the children. When a Foster Grandparent's services allow a child to remain at home instead of being institutionalized, the cost savings are enormous. The annual cost for one Foster Grandparent serving 20 hours a week is \$3,760, while the annual cost of institutional care for one child is \$44,000. This is truly a win-win program, improving the lives of children, caregivers, and communities.<sup>85</sup>

The **Center for Intergenerational Learning** at Temple University is dedicated to strengthening communities by bringing generations together to meet the needs of individuals and families throughout the life cycle. Below are descriptions of two volunteer-based programs provided through the center that meet the needs of old and young.

### Homefriends

Homefriends is an intergenerational program through which older adult (55+) mentors provide in-home support to families served by SCAN, a home-based child abuse/neglect prevention and treatment program. The mentors are recruited from the neighborhood in which families live and are carefully screened, trained, and then matched with a compatible family.

Mentors visit the same family every week. They engage children in fun and educational activities, accompany the family on doctor visits, teacher meetings, and family outings. Parents may talk with the mentors, use time for a break or to run errands. The mentor helps the family on such issues as parenting, budgeting, scheduling, transition to work, or other areas where the parent asks for assistance. A Homefriends match is expected to continue as long as it remains satisfying to the mentor and family.<sup>84</sup>

Preliminary results of a program evaluation demonstrate that parents matched with mentors report a reduction in stress and a substantial increase in knowledge and use of resources. Based on these evaluation results, there seems no doubt that carefully screened, trained and supervised older adults can have a powerful impact on strengthening families.

### **Family Friends**

Family Friends is similar to Homefriends in that volunteers 55 and older provide in-home support to families. The target families for this program care for children with special needs. Each Family Friends match is unique. Some volunteers go into homes and spend time with the children, or visit when the children are in the hospital. Other volunteers provide respite care, giving parents a break on vacations with the family or help the family move to a new house. All are steady, loving supports for families who sometimes feel terribly alone and terribly overwhelmed. What is also unique about Family Friends is the longevity of the matches and the depth of the relationships that form between volunteers and families. The program reports matches that have continued for as many as 7 years.<sup>84</sup>

### **Other Avenues for Young People to Support Seniors**

#### **Project SHINE—Students Helping in the Naturalization of Elders** (<http://www.projectshine.org/>)

Project SHINE is a national service-learning initiative that builds partnerships among community colleges, universities and community-based organizations to benefit older immigrants, refugees and college students. The program links college students with older immigrants and refugees seeking to learn English and navigate the complex path to U.S. citizenship. In community centers, temples, churches, senior housing, and classrooms, students tutor elders in English, helping them become more actively engaged in their communities and teaching the U.S. history and civics needed to pass the citizenship exam.

SHINE is coordinated through the Center for Intergenerational Learning at Temple University and is currently being replicated at 18 institutions of higher education in 9 cities across the United States. Since 1997, over 3000 college students have provided more than 60,000 hours of service to 9000 older immigrants and refugees across the country.<sup>84</sup>

In the Charlottesville area, UVA students through Madison House and other community volunteers provide tutoring services to immigrants, but there is currently no formal program to link college students with older people who want to learn English and become citizens. Given the growing Hispanic, refugee, and immigrant population in this region, such a program could help to provide access for older people to the language and resources of this community.

## **2.4 Create recreational activities that interest both youth and seniors.**

The key to involving youth in the successful implementation of 2020 Community Plan on Aging is to encourage interaction between the generations. Students in the Leadership classes rated “having better opportunities for socializing” as one of their most important issues. Social and recreational opportunities were also identified as a priority in public forums with seniors. There is some truth to the stereotype about both seniors and teens being isolated and lonely, and each age group could benefit from the friendship and support of the other.

The 2020 survey of the Western Albemarle Leadership class also asked students to indicate the types of activities in which they would like to participate with seniors. “Socializing and friendship across the generations” was rated most important, demonstrating that youth are interested in intergenerational connections. The program described here is one exciting way to connect young and old through the performing arts:

**Full Circle Theater** (through Temple University's Center for Intergenerational Learning)

This group began in 1984 as a small group of teens and elders who learned a variety of improvisational theater techniques that were used to help audiences explore age-related issues and dispel myths about growing older. Since then, the troupe developed into a unique community resource, using interactive theater to influence attitudes or change behaviors towards positive social change. Full Circle performs on topics such as: AIDS education, violence prevention, and anti-tobacco education. The group offers over 200 workshops and performances per year in senior centers, hospitals, schools and other community-based organizations. The troupe members range in age from 14 to 94 and are from a broad spectrum of racial, ethnic, cultural and socio-economic backgrounds.<sup>84</sup>

## **2.5 Promote intergenerational living arrangements among young people and seniors.**

## **2.6 Break down mutual stereotypes between seniors and youth.**

Intergenerational living is one approach to providing the essential interaction time needed to break down the stereotypes that linger between the generations. If such ventures are to succeed, however, members of different age groups must want to participate. When intergenerational living was brought up in the high school class the response was initially uncertain. When various options were explored to include living in the same housing complex (but not sharing living space), students expressed more interest. Another approach to intergenerational living that would also address the need for elder care providers is for student nurses to live-in with older people as part of their training. This arrangement would also help expose the students to the opportunities in geriatric care. The goals in this section include *promoting* intergenerational living arrangements so that there will be more awareness and interest in the possibilities. The primary aim of all these intergenerational activities is the elimination of attitudinal barriers between age groups.

## **3.1 Create healthcare centers that address the needs both of youth and seniors.**

Another way to promote interaction between the generations is to develop common facilities, resources, and programs. Often the needs and interests of the age groups are the same; for instance, both are concerned about water and natural resource availability. They also share concerns about healthcare. Students recommended that community planners find ways to develop or build healthcare centers that address the needs of both young and older patients. This concept is becoming reality in some areas of the planning district. The LinkAges Center in Louisa is an excellent example. This center was developed in a collaborative community planning effort and includes a daycare program, a teen center, a community gymnasium, a senior center, ARC of the Piedmont, an Adult Day Healthcare program and outreach office, a nursing clinic and a dental clinic. Another multi-purpose center, including a public library, opened in Greene and one is under development in Nelson County. Similar facilities, some on a smaller scale in rural areas, could be developed in other parts of the district.

## **3.2 Encourage healthy activities for seniors and youth, stressing the preventive nature of youth healthcare in promoting a healthy future.**

## **3.3 Assure that information on health resources and healthy habits is available to all age groups.**

"Healthy habits" was rated high in importance on the student survey conducted in the Leadership class at Western Albemarle High School (WAHS). A related issue, "access to healthcare" was rated as a top priority at 2020 public forums, and "lifelong health habits" was identified as Level One priority by the Health Work Group. Because health-related concerns were identified by seniors and young people, WAHS students recommended meeting the needs of both age groups through combination programs. Students also suggested that information about healthy habits be distributed to both youth and older people. Information for youth would stress preventative measures while that for

seniors would also focus on treatment of chronic conditions and would be available in places where both spend time. Chapter 3 includes recommendations on providing programs and education materials to promote lifelong health habits. These materials could be used throughout the age spectrum and could be adapted for diverse cultural groups in the region.

- 3.4 Encourage travel alternatives to single occupancy vehicles (e.g., paratransit, buses, trains, carpooling, HOV lanes) for all age groups.**
- 3.5 Create environments and communities that make facilities accessible to pedestrians of all generations.**

Transportation and accessibility to community resources is another important issue shared by elders and youth. In each of these age groups there are members who cannot or do not drive and thus have limited access to resources and activities. Students complained of the lack of bus transit, trains and carpooling, especially in many areas surrounding Charlottesville. Public transportation to more Charlottesville locations and easier accessibility within the community would be beneficial to all ages. The creation of mixed-use neighborhoods is an important strategy for improving access. Efforts such as the *Walkable Communities* workshops, the March 2003 conference, *Creating Successful Mixed Use Communities*, the *Eastern Planning Initiative*, and Albemarle County's *Neighborhood Model* are already underway as regional efforts to address human-scale needs in mixed-use communities.

### **Summary**

Following collaboration with youth groups, it is evident that the generations share several common issues. Among these are maintaining overall health and well-being, having opportunities for socializing, and having a voice in the community and state. There are also common interests, including helping or being helped by the other generation; sharing activities, facilities, and community efforts; and being part of a community that is accessible and people-friendly. This section describes how these concepts can be put into practice and the efforts that are already underway, but it will take the inspiration and effort of people of all ages to make this vision a reality.

*Special thanks to Hannah Oakland, Dominic Manilla, Western Albemarle High School teachers Liza Scallet and Scovie Martin, and the Leadership and Sociology classes who helped in the development of this section.*



# 2020 PLANNING PROCESS SUMMARY

## PLANNING PROCESS GOALS

1. To provide timely and relevant information and recommendations to community members, service providers, government, schools, non-profit, faith-based and private sectors to enable them to prepare adequately for the challenges and opportunities of an aging society.
2. To have local governments, businesses and service providers endorse and utilize the plan as a blueprint for making our community a great place to age.
3. To improve coordination among public and private sectors, thus improving the infrastructure for community planning, development and direct services.
4. To engage persons of all ages to explore how the generations can work together for mutual benefit.

## PLANNING HISTORY

The planning effort started with a kick-off conference in the spring of 2001 that involved over 90 community leaders and stakeholders. Over the next three months JABA held seven additional public forums, including at least one in every jurisdiction in the planning district, in order to gain an understanding of what the public considers an ideal community for seniors and caregivers. Based on the input of 359 community participants, 2020 planners at JABA divided the planning process into four focus areas: 1) Cultural and Recreational Opportunities; 2) Citizen Participation; 3) Health; 4) Infrastructure and Land Use.

For each focus area, a work group was assembled. The work groups included 15 to 25 members each and met every other month between March 2002 and January 2003. Several goals of varying scope were developed at the first meetings. The goals were then organized into major goals and lesser goals that related to them. The task of work groups at their second meeting was to refine and prioritize the major goals to reflect importance, feasibility and timing. Members were asked to prioritize for two reasons: 1) to help them focus on elements of the plan that should receive their greatest attention, and 2) to inform community decision-makers about how planning participants think the community should order its senior-related priorities. Each work group completed this prioritizing process in May 2002.

In July 2002 work group members were given an opportunity to comment on and prioritize goals in all areas across the plan. Forty-eight planning participants attended. Each person selected the three goals felt to be most important in the 2020 Plan. The following emerged as the top priorities from a total of 20 goals.

1. **Promote access to high quality healthcare, pharmaceuticals and support services.**
2. **Provide a variety of quality affordable and accessible senior housing options integrated within the community, and Provide safer, more convenient, flexible, and affordable transportation options.**
3. **Increase the availability and awareness of opportunities to address issues of seniors' social isolation.**
4. **Enhance services and advocacy activities to improve resources for seniors and caregivers.**

At the same meeting participants indicated their priorities within each work group area. Work groups later discussed this information, determined whether rewording or reordering of goals was needed, and drafted strategies, including target dates, for each Priority One goal. The Steering Committee met in alternating months to review recommendations and guide the next steps. Work groups also drafted specific action steps, which will be incorporated into a later implementation document and discussed with the organizations and local governments that would be involved. Youth input on the 2020 Plan and the process by which that input was obtained is described in *Strengthening Intergenerational Connections*.

In June 2003 all work group members were invited to comment on the plan and planning process. Suggestions from that meeting were incorporated in the plan, and a shorter document, the *2020 Plan Summary*, was also developed for widespread use by the decision-makers and the general public. In July 2003 two focus groups of about 10 community members each were held for comment on the Plan Summary and recommendations. Feedback was also obtained at the July 2003 meeting of the Virginia Association of Area Agencies on Aging (V4A). This final 2020 Community Plan on Aging and the Plan Summary reflect input from those groups.

## GLOSSARY

**Accessible:** Usable by people with physical, sensory, cognitive or learning disabilities, or different income levels. For the purposes of this plan, accessible also means usable by people with limited English speaking skills and refers to the cost and location of services.

**Adult day health care** provides a safe place for adults who need extra help *during the day* with personal care, health care or safety supervision. Many clients suffer from Alzheimer's disease or stroke. Lunch and a variety of recreational activities are provided.

**Assisted living** is a combination of housing, personal care services and health services for people who need help with activities of daily living such as food preparation, eating, bathing, dressing or toileting but do not need 24-hour medical care. Services usually include meals, medications, supervision, transportation, recreation, laundry and housekeeping.

**Baby boom:** The term applied to the period of time from January 1, 1946 to December 31, 1964 when there was a boom in the birth rate. "Baby boomers" are people who were born between those years.

**Greenways:** Corridors of open space that are managed for recreation and conservation, often following features such as rivers, abandoned railroad lines or canals. Most include community trails (walkways and bicycle paths) that connect public places within communities.

**In-home support services:** Services that are provided in the individual's home. In-home support for seniors may include domestic chores such as light housekeeping, meal preparation, running errands, laundry, and transportation, as well as supervision and companionship.

**Mass transit:** An efficient system of transportation of groups of people (as opposed to single-occupancy vehicles), often using buses, vans, or trains.

**Mixed-use development:** A combination of buildings of different uses placed close to each other. The most common examples combine housing and restaurants but also may include offices, recreation and community service. The various uses can be housed in separate buildings or combined in common structures. The key feature of mixed-use development is "connectability" with a pedestrian focus, relying on higher density and a community-oriented approach.

**Nursing home (or facility)** refers to a health care facility where nursing services are provided on a continuous basis. Services include skilled nursing care, rehabilitation services and medical treatment, as well as the personal care services provided in assisted living facilities.

**Open spaces:** Undeveloped and uncultivated forms of land. Examples of open space are parks, fields, playgrounds, beaches, and ballfields.

**Paratransit service:** A comparable transportation service required by the Americans with Disabilities Act (ADA) for individuals who cannot use fixed routes because of a disability.

**Personal care** services include assistance with dressing, bathing, walking, toileting, and transferring (for example, moving from a bed to a chair). Typically a Registered Nurse assesses the client's needs and supervises the care provided by a nurse assistant.

**Respite care:** A period of relief and/or rest for caregivers on a planned or emergency basis. Respite can be a regular or occasional break from the daily activities of caring for another individual.

**Seniors:** For the purposes of this planning effort and document, adults 65 and older.

**Universal design:** The design of housing and other products to make them more usable by as many people as possible (e.g., elimination of steps). Universal design benefits people of all ages and abilities.

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