



THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

2005

LIVABLE COMMUNITIES FOR ALL AGES COMPETITION



Center for Home Care Policy & Research

CASE STUDIES

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JOSEFINA G. CARBONELL

The vast majority of older Americans prefer to remain in their own homes and “age in place.” Multiple factors might influence a person’s ability to age in place. These factors include, but are not limited to, access to health and supportive services, the quality of the environment, community walkability, safety, access to transportation and housing options, and availability of other critical services such as grocery stores and pharmacies. Taken together these factors constitute the characteristics of a livable community.

In the spring of 2005, the Administration on Aging (AoA) sponsored a competition to identify and showcase cities and counties that exemplify a “livable community” and to highlight promising practices. These are communities that have taken specific, collaborative actions that made significant, measurable improvements resulting in their communities being comfortable, safe and productive places to live for people of all ages and abilities. Cities and counties of all sizes submitted applications for the awards, and a distinguished panel of judges including urban planners, local government managers, and other professionals selected the winners. The communities receiving awards are:

- Atlanta, Georgia;
- Broome County, New York;
- Central Virginia;
- Dunedin, Florida;
- Milwaukee, Wisconsin;
- New York City, New York; and
- Tamarac, Florida.

This document presents the innovative ideas of the winning communities in a user friendly “case studies” format. Our goal is for these studies to be used by local governments throughout the country to improve the livability of their communities for people of all ages and abilities as they prepare for the aging of the baby boom population.

The awardees represent outstanding examples of how small, mid-sized and large communities have addressed at least one area of the “Livable Communities model” used to judge this competition (*transportation systems; access to health and social services; accessible built environments; safe and accessible housing; work, education and volunteer opportunities; efficient planning with participation/consideration of all citizens*). Our winning communities continue to put forth tremendous effort and resources in order to make their communities comfortable, safe and productive places to live for people of all ages and abilities.

I urge you to follow the lead of the communities highlighted in these case studies. Take the necessary steps to make YOUR community a comfortable and safe place for individuals of all ages and abilities to live and grow.



Josefina G. Carbonell

INTRODUCTION

2005 LIVABLE COMMUNITIES FOR ALL AGES COMPETITION

On behalf of the U.S. Department of Health and Human Services Administration on Aging, the Center for Home Care Policy and Research of the Visiting Nurse Service of New York administered a national competition to identify some of the country's most livable communities for people of all ages and highlight promising practices that can be used by local governments throughout the country in preparing for the aging of the baby boom population.

Requests for applications were solicited by the U.S. Administration on Aging, our partners in this project—the International City/County Management Association (ICMA) and the American Planning Association (APA)—as well as our Advisory Committee member organizations (see Acknowledgments). Applicants were directed to a website (www.vnsny.org/research/aoacompetition) where they could download application instructions and entry forms.

“Livable communities” were defined for this competition as cities and counties that have made improvements in six key areas:

- Providing affordable, appropriate, accessible housing
- Adjusting the physical environment for inclusiveness and accessibility
- Ensuring access to key health and supportive services
- Ensuring accessible, affordable, reliable, and safe transportation
- Providing work, volunteer, and education opportunities
- Encouraging participation in civic, cultural, social, and recreational activities

Applicants were invited to apply for one of two types of awards: Specific Category awards that recognize excellence in one of the six categories bulleted above, or Overall Excellence awards that recognize an outstanding, comprehensive approach to improving multiple components of community livability and address more than one of the six categories above. Applicants were also informed that small, mid-size, and large communities would be judged separately.

A panel of nine judges (see Acknowledgments) was charged with evaluating the competition applications. Judges were asked to evaluate applicants' projects, programs, or policies to promote community livability and the extent to which these projects, programs, or policies:

- Encourage citizen participation and foster collaborative partnerships
- Demonstrate effectiveness
- Use innovation
- Show promise of transferability/replicability
- Are sustainable

The highest scoring applications were selected as winners in each of three groups defined by total population size:

Large Communities (Population 900,000 and Up)

- Atlanta, Georgia (Overall Excellence)
- Milwaukee County, Wisconsin (Overall Excellence)
- New York City, New York (Overall Excellence)

Midsize Communities (Population 100,000-250,000)

- Broome County, New York (Specific Category)
- Central Virginia (Overall Excellence)

Small Communities (Population 100,000 and Under)

- Dunedin, Florida (Specific Category)
- Tamarac, Florida (Overall Excellence)

The case studies in this publication are based on the information provided in the winning entries and describe each winner's major achievements. Due to space limitations, it is impossible to include information about all facets of the initiatives highlighted here. We encourage interested readers to visit the winners' websites for more detail about their efforts to make their communities more livable for residents of all ages.

While the winning communities are quite different from one another in terms of geography, governance, population characteristics, and scope of their livable community projects or programs, they have taken similar steps to ensure success. For example, all of the winners have:

- Established strong partnerships among community agencies, both to gain buy-in from diverse constituencies and to leverage resources
- Included the participation of community residents in the planning, implementation, and evaluation of activities



- Secured support for their goals and objectives from elected or appointed officials
- Dedicated resources, both financial and “in-kind,” to support their work
- Recognized that the overwhelming majority of people would like to “age in place” and, therefore, focused on designing programs that help people live independently in their own homes and communities for as long as possible
- Developed initiatives to ensure that people of all ages stay engaged in community life

In developing their programs, projects, and policies, the winners have had to surmount typical barriers that are undoubtedly present in any community that undertakes initiatives to improve its livability. For a sampling of these barriers and how the winners addressed them, please turn to the last pages of this publication. We hope that these winners’ achievements will inspire other communities to follow suit and make their communities more livable for people of all ages.

CENTER FOR HOME CARE POLICY AND RESEARCH

November 2005

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*The International City/County Management Association (ICMA) Range Rider program was established by ICMA in 1974 to make the counsel, experience, and support of respected, retired managers of the profession available to city and county managers and administrators. Range Riders are retired local government managers with extensive experience who volunteer their time to provide a unique source of outside counsel to their colleagues. There are currently 70 Range Riders in 22 states.

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This publication and other information about the competition are available at: www.vnsny.org/research/aoacompetition

For information about the U.S. Department of Health and Human Services Administration on Aging see: www.aoa.gov



Winner, Overall Excellence

The Atlanta region is facing rapid suburban sprawl and an aging population. In response, the Atlanta Regional Commission (ARC), which functions as the Metropolitan Planning Organization and Area Agency on Aging for the Atlanta metropolitan region, has created a series of programs that provide tools and resources to empower local professionals and citizens to improve the livability of the region for people of all ages.

Started in 2000, ARC's Community Choices includes programs that are reshaping the built environment to improve accessibility; promote reliable, safe, and interconnected transportation; and increase availability of appropriate housing for the region's residents. Aging Atlanta, formed in 2001, is a partnership of 50 public, private, and nonprofit organizations that are working together to increase affordable and accessible housing, transportation options, and access to health care and supportive services for older adults. Another program encourages the incorporation of universal design into housing, and still another manages and provides information about the vast array of supportive services in the region. In most of these programs, citizen participation is critical and often mandatory.

The three programs profiled here, representing only a portion of ARC's many livability efforts, are creating greater awareness among local officials and citizens about the impact of unmanaged growth and the aging of the baby boom population. They are also providing solutions to these environmental and demographic challenges.

COMMUNITY CHOICES PROGRAM

The Community Choices program has created 23 different toolkits and educated several thousand residents, planners, and local officials about the options they have when planning for their community's future. The programs that constitute the Community Choices program described below are reshaping the built environment to improve livability for everyone:

- The Livable Centers Initiative (LCI) awards funds to help local communities plan programs that implement the following fundamental principles to improve aesthetics and provide greater access to amenities and services in the community: 1) connecting homes; offices, and shops; 2) enhancing streetscaping and sidewalks; 3) emphasizing the pedestrian; 4) improving access to transit and other transportation options; and 5) expanding housing options.

After completing their planning, local communities are eligible to apply for funds to implement the ideas that emerged from their plans. Communities chosen to receive LCI funds must involve local residents in both planning and implementation activities.

To date, ARC has invested more than \$500 million in the LCI program and awarded planning grants to 58 communities. As a result, neighborhoods, districts, and entire cities in the region are changing the way they plan and grow, moving from traditional sprawling, unwalkable development patterns to mixed-use communities with diverse housing types and pedestrian-friendly environments.

- The *Community Choices Toolkit* contains a series of tools that address the wide range of issues that local governments encounter as they work to create and sustain livable communities. Topics covered include 1) mixed-income housing; 2) bicycle and pedestrian planning; 3) transit-oriented development; 4) design to promote "active living;" and others.

One of the most frequently accessed tools is Aging in Place, which was created in 2001 to help county and city governments prepare for the rapidly growing older population. This tool includes techniques that assist communities in three areas: planning and zoning; housing and urban design; and integration of healthcare delivery with housing and planning initiatives. The Aging in Place tool also provides examples of coordinated approaches to the provision of neighborhood housing and supportive services that make it not only possible but cost effective for seniors to stay in their communities. One example of a community that successfully used the Aging in Place tool is Cobb County, where the legislature recently created and passed a zoning ordinance to support the development of housing for older adults.

- The Local Government Assistance Program is a technical assistance program offered by ARC to help local communities implement the concepts contained in the *Community Choices Toolkit*. Communities identify the tool or combination of tools they would like to implement and submit requests for assistance to ARC, which then forms staff teams to help them. Currently, six different local governments, three cities, and three counties are engaged in this program, implementing

a range of livability improvements including developing housing for older adults, promoting transportation alternatives targeted at the 60+ non-driving population, and locating residential communities within walking distance of retail locations.

- The Community Choices Online Resource Center, which can be accessed via ARC's website, makes the most up-to-date information on regional issues and all tools for local governments available in one place. This includes sample ordinances, best local government practices, best development practices, and other resources and publications related to community livability. The Online Resource Center also links to ARC's Community Planning Academy that offers high-quality, low-cost training and workshops to planning commissions, local elected officials, and local government employees in the region.

AGING ATLANTA

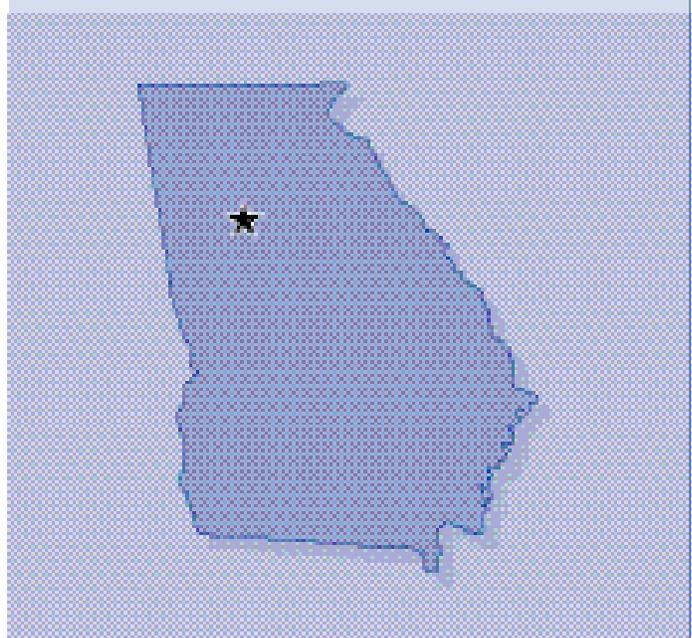
Organized in 2001, Aging Atlanta is a partnership of 50 public, private, and non-profit organizations, spearheaded by ARC, that is working together to make the Atlanta region aging-friendly.

Funding for Aging Atlanta began with a \$150,000 grant from The Robert Wood Johnson Foundation's (RWJF) Community Partnerships for Older Adults program. Partner organizations matched two dollars for every dollar of the development grant for an initial 18-month budget of \$450,000. In February 2004, Aging Atlanta was awarded \$750,000 from RWJF, which will fund approximately a third of the partnership's four-year budget.

The partnership is focusing on 1) increasing public awareness about long-term care and supportive services; 2) improving communication among service providers; 3) developing additional and more flexible service options through a neighborhood-based approach to service delivery; and 4) increasing outreach to underserved older adults to ensure that their needs are addressed by the aging network.

Aging Atlanta is implementing a number of projects in line with these four goals, including:

- A program in a naturally occurring retirement community (NORC) in East Point that is experimenting with traditional and non-traditional services to increase the flexibility and affordability of transportation, housing, and in-home services. One feature is a transportation voucher program that provides



ATLANTA, GEORGIA

The Atlanta Regional Commission's jurisdiction contains ten counties and 63 cities. It is home to four million people, 10 percent of whom are 60 years of age and older. By 2030, the region's population is expected to reach six million, and 25 percent of this population is projected to be older than 60. While Atlanta (pop. 434,000) is its physical and economic heart, the region includes other dense urban centers, medium and large suburban municipalities, and many rural towns. Sprawl is a serious problem in the Atlanta region owing to both population growth and the fact that there are no natural boundaries, such as oceans or steep slopes, to limit growth.

older adults who have unmet transportation needs with a set amount of funds in the form of a voucher that can be used in any way they choose. Many have hired neighbors or friends to provide them with rides. Others have purchased tokens for the public transportation system. To date, the voucher program is providing more trips at a lower cost than traditional van services.

- The Community-Based Service Analysis Project, which employs Geographic Information Systems (GIS) mapping technology to evaluate the efficiency of the current service delivery system. The GIS system has been used to identify areas in the city of Atlanta with highly concentrated needs for home repair and modification. A second project is mapping Cobb County's current service delivery system and senior center participation to identify areas for potential collaboration with the local public transportation system.
- Two new outreach programs targeted at underserved older adults. These programs, designed to reach both the non-English-speaking and the gay, lesbian, bisexual, and transgender older adult populations, have formed broad-based alliances to ensure that the aging network is welcoming to all older adults and that they and their caregivers know how to access services.

EASYLIVING HOME AND THE AGING INFORMATION SYSTEM

Rounding out this wide variety of programs and projects are 1) a program that has been increasing the accessibility of homes in the Atlanta region since its inception in 2000; and 2) a program that is increasing access to health care and supportive services for older adults and caregivers.

- The EasyLiving Home program was developed by a coalition of public and private organizations to encourage builders to voluntarily include key accessibility features in new homes. Interested builders work with EasyLiving Home staff through the building process to incorporate three key "visitability" features: 1) a step-free entrance into the main floor of the home from a driveway,

sidewalk, or other firm route; 2) ample room to pass through doorways on the main floor; and 3) a bedroom, kitchen, entertainment area, and a full bathroom with sufficient maneuvering space for a wheelchair, all located on the main floor.

- ARC, in partnership with ten county governments, has been providing information and referral services since the early 1980s. In 1995, the program expanded dramatically with the implementation of the Elder Service Program (ESP), a software program designed specifically to catalogue aging and supportive services. This program allows information and referral specialists to access a long-term care and aging database containing over 16,000 service programs that range from meals-on-wheels providers to assisted living facilities to wellness centers to beauty parlors that make house calls. Each month, the ARC Aging Information System also answers the questions of over 3,000 individuals. Full-time certified counselors provide callers with customized referral packages to meet their specific needs. Services and programs have been streamlined so that individuals accessing the Aging Information System can also be screened for Georgia's two major Medicaid waiver and prescription drug assistance programs, and receive advice about long-term care insurance.

CONCLUSION

The Atlanta Regional Commission has taken a comprehensive, coordinated approach to increasing the region's elder-readiness while improving livability for all residents. This is due in large part to the broad mission and responsibilities of ARC itself. No other regional agency in the U.S. is responsible for the same breadth of programs as ARC. Its "big tent" approach to serving local governments and citizens throughout the region is a national model for excellence in regional governance. ARC embodies a synergy among its many programs, which has enabled them to share ideas and to recognize and successfully work toward common goals.

For more information, go to: www.atlantaregional.com

MILWAUKEE COUNTY, WISCONSIN

EMPLOYMENT, HEALTH CARE, AND CIVIC ENGAGEMENT INITIATIVES

Winner, Overall Excellence

Led by the Milwaukee County Department on Aging and the Office of the Milwaukee County Executive, Milwaukee County has built extensive partnerships among service providers, government agencies, foundations, businesses, universities, and other diverse county organizations. Together, and with significant input and participation from older adults, the partnerships have created a rich array of elder-friendly initiatives in the county, many of which have attracted national attention.

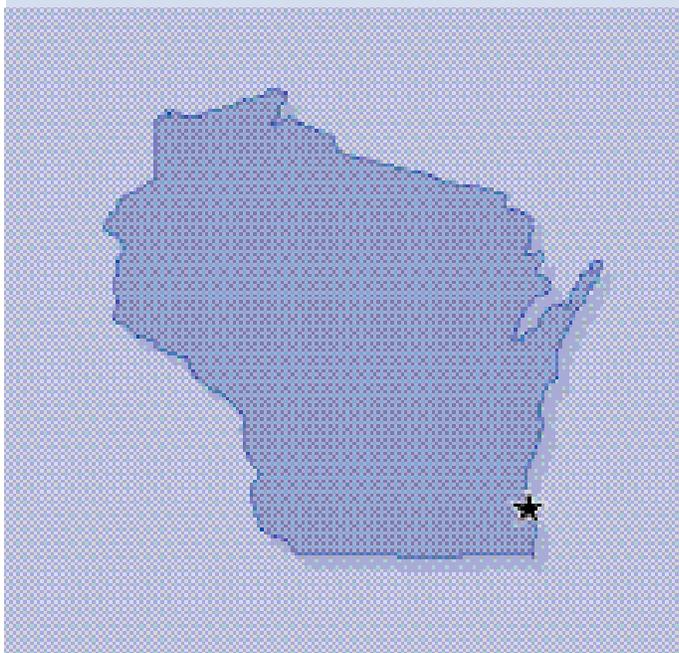
Among its many accomplishments, the county has created opportunities for seniors to volunteer and work for pay; enhanced access to health and supportive services; developed creative approaches to increase older adults' participation in civic and cultural affairs; and is making connections to bring older residents together with traditional and non-traditional providers of long-term care. Milwaukee's Lapham Park Venture is a model initiative that provides low-income public housing residents with high-quality services that enable them to "age in place," while also saving public dollars.

VOLUNTEER AND WORK OPPORTUNITIES FOR OLDER PEOPLE

Interfaith Older Adult Programs is a collaboration of 186 local congregations that provide valuable volunteer services in Milwaukee County. The organization's Neighborhood Outreach Program, which is supported by the Department on Aging, matches senior volunteers with other older adults who need support in order to stay in their homes and neighborhoods. These volunteers provide transportation to medical appointments and grocery stores, telephone reassurance, minor home repairs, and other assistance. In 2004, over 2,400 volunteers contributed nearly 107,000 hours of support to over 5,000 older adults in the community.

The local branch of the Retired Senior Volunteer Program (RSVP) matches the interests and abilities of older volunteers with non-profit agencies that provide health care and human services to a variety of constituencies. For example, a new RSVP program called Seniors in Schools matched 27 reading tutors with more than 200 elementary school students during 2004 to help the children improve their reading skills.

The county's Senior Dining Sites program utilizes approximately 1,000 volunteers annually to operate congregate meal programs for seniors at 29 sites. Volunteers register diners, set up tables, serve food, clean up, and perform other related duties. An annual recognition dinner celebrates these volunteers' contributions.



MILWAUKEE COUNTY, WISCONSIN

Milwaukee County is an urban county comprised of the city of Milwaukee and 18 suburban municipalities. The county covers more than 240 square miles with a total population of 940,164. It has the highest density (3,917 persons per square mile) among Wisconsin counties. Nearly 17 percent of Wisconsin's older adults live in the county, and of all minority older adults in the state, 62.5 percent reside in Milwaukee. Nearly ten percent of the county's population is between the ages of 60 and 74, and 6.6 percent of the population is over age 75.

One initiative in the area of senior employment is the establishment of Milwaukee County's Mature Worker Resource Center, which is funded through public and private sources.

Recognizing the unique and unmet needs of older workers, the Department on Aging initiated discussions that led nine employment agencies to locate operations in the same senior center. Now run by Interfaith, the resource center links seniors with jobs. In 2004, the resource center served 251 older adults, fielded 783 inquiries about services, provided computer lab access to 62 people, and provided job-seeking skills to 43 people.

ACCESS TO HEALTH AND SUPPORTIVE SERVICES

Milwaukee County is home to innovative programs designed to meet older adults' needs for health care and supportive services. ElderLink, created in 1991, is a telephone- and web-based information and assistance service. It provides a single point of access for long-term care and aging-related services and programs throughout the county. ElderLink is part of the Wisconsin state Aging and Disability Resource Center (ADRC) model that served as a prototype for the federal ADRC program. It was developed by the Milwaukee Aging Consortium—comprised of 300 agencies and 700 individual providers of health services—and the Milwaukee County Department on Aging. In 2004, there were 50,500 calls to the phone line and 40,000 hits on its website.

The county also operates one of the nine Aging and Disability Resource Centers in the state. One initiative of the Milwaukee center is Wellness Works, a community-based program that promotes physical activity, health, and wellness as ways to improve quality of life for seniors and reduce the risk for chronic illness, disability, and institutionalization. Wellness Works operates five fitness centers, where seniors can regain and retain strength, endurance, and mobility. The fitness centers are available at no charge to seniors and are staffed by students of Human Movement Science at the University of Wisconsin-Milwaukee.

Milwaukee is one of five Wisconsin counties that operate Family Care, a comprehensive and flexible long-term care service system and Medicaid waiver program. Family Care employs 30 diverse and specialized agencies to perform comprehensive case management for clients. The goal is to foster people's independence and quality of life, while recognizing their need for support. In 2001, when Family Care began, over 2,500 older adults were on waiting lists for services. Now no one is waiting for care.

Older Milwaukee County residents also benefit from two linked programs that are administered through Community Care for the Elderly (PACE—The Program of All-Inclusive Care for the Elderly) and the Wisconsin Partnership Program. Together, the two programs currently serve over 700 older adults at four locations and integrate Medicaid and Medicare funding for a full spectrum of health, medical, and social services for frail older adults who require long-term care services and wish to continue living at home.

CIVIC AND CULTURAL AFFAIRS

Milwaukee County strongly encourages civic engagement by seniors, and many of its unique and nationally recognized programs and initiatives have directly resulted from advocacy by older adults.

Building on the successful Senior Statesmen program of the Coalition of Wisconsin Aging Groups—an influential, statewide, grassroots organization—the Milwaukee County Department on Aging, in partnership with Marquette University and Milwaukee County's elected leadership, has trained state and county Senior Statesmen each summer. The multi-day training introduces participants to local and state leaders and each other; provides an overview of resources and programs available to seniors; and provides training on effective advocacy at the local and state levels.

Seniors are also members of the county's Commission on Aging, which develops aging-related policies and oversees a \$140 million budget. In addition, seniors are members of the Commission's special advisory council, the County Long-Term Care Council, and the Family Care Commission overseeing the Family Care Program described above.

Finally, Milwaukee encourages local seniors to be engaged in the county's arts and cultural offerings. For example, the Milwaukee Art Museum and the Marcus Center for the Performing Arts both provide special programs and free admission days for older residents. In addition, each year a juried art show of seniors' art work, called Exposure Senior Art, draws hundreds of entries. Seniors also serve as docents at museums and the zoo.

LAPHAM PARK VENTURE: SERVICES TO FACILITATE “AGING IN PLACE”

The Milwaukee County Department on Aging and the City of Milwaukee Housing Authority are the lead agencies in an innovative and award-winning endeavor known as the Lapham Park Venture. The purpose of this initiative is to use public dollars from federal, state, and local sources creatively to maintain and improve quality of life and housing stability for residents of the Lapham Park Elderly Housing Development, a publicly funded housing complex a few blocks from downtown Milwaukee. Predominantly African American with median incomes below the poverty level, the approximately 200 residents are among the frailest elderly and most at risk for nursing home placement; the typical Lapham Park resident has four to five major health conditions.

To reach their goal, and to ensure that low-income senior residents can comfortably “age in place”—that is, stay in their own homes as they grow older and possibly frailer—the lead agencies and the other community-based partners have worked for more than a decade to establish a continuing care retirement community model similar to those where wealthier seniors reside.

Prior to the partners’ efforts, residents cited limited mobility, isolation, and the need for clinical services as major problems. Usually once a month, 23 different case managers from various agencies came to the building to visit their clients. Now, one or two on-site case managers meet with clients regularly, in some cases daily. Residents are also given the option to use outside services, and no resident is required to use on-site services or doctors unless they want to.

Thanks to a \$1.3 million renovation funded primarily by foundations, the building has been redecorated and reorganized to host a health clinic, an exercise room, a beauty salon, a barber shop, a “town square,” a movie house, a billiards parlor, an arts and crafts room, and a congregate dining room.

Partners say the Lapham Park Venture works because each partner has a specific role (such as housing, case management, and health care) and each delivers services in its own area of expertise within a collaborative atmosphere. Because of the program, 96 percent of Lapham Park residents are able to age in place, and partners estimate that over \$1 million in Medicaid nursing home costs are saved annually. In addition, partners say that agency collaboration expands the range of services available to residents, breaks down barriers between organizations, and builds and sustains the sense of community among Lapham Park residents.

This project led to a permanent professional partnership between the Housing Authority and private developers of subsidized housing. As a result of its success, all low-income housing in Milwaukee County must now contain supportive services.

MILWAUKEE’S CONNECTING CARING COMMUNITIES PROJECT

In 2003, Milwaukee County developed the Connecting Caring Communities Project in partnership with four other organizations, and with funding from The Robert Wood Johnson Foundation Community Partnerships for Older Adults program and two local foundations. The project features a public education campaign to improve residents’ understanding of long-term care and the need to plan early; a task force bringing together employers, trainers, and older adults to develop strategies for retaining Milwaukee’s paid caregiver workforce; and initiatives in two neighborhoods that will make them more livable places for older adults.

RECOGNITION

The work of Milwaukee County’s partnerships has been honored in several ways. In 1999, the Lapham Park Venture was recognized by the National Committee to Preserve Social Security and Medicare, and in 2000 it was a finalist for the Innovations in American Government Award (administered by the Ford Foundation and Harvard University). In 2004, the Venture also won the National Social Advocacy Award from the American Planning Association.

The Milwaukee County Department on Aging has also won awards. Recently it was recognized by the National Association of Area Agencies on Aging, winning three Aging Innovations and Achievement Awards sponsored by Guardian Medical Monitoring.

For more information see: www.milwaukee.gov and www.milwaukeecounty.com

NEW YORK CITY, NEW YORK NATURALLY OCCURRING RETIREMENT COMMUNITIES SUPPORTIVE SERVICES PROGRAMS

Winner, Overall Excellence

The New York City Department for the Aging (DFTA) has long recognized the preference of seniors to remain in their own homes, near their social networks and services that allow them to remain independent. Many of New York City's middle- and low-income high-rise and co-operative apartment buildings and building complexes have evolved—and are evolving—into naturally occurring retirement communities (NORCs). These communities have residents of all ages but also include a high concentration of seniors who are aging in place. In response to this trend, the city has developed a model supportive services program (SSP) that is helping thousands of older New Yorkers continue living independently in their own homes.

NORC-SSPs are designed for residents 60 years of age or older. Each offers on-site, coordinated health care, social services, and group activities, and addresses the safety and security concerns of residents. All NORC-SSPs were developed and are now operated by a partnership of stakeholders, including state and local government, housing corporations, residents, and service providers. Relying on a mix of public and private funding—including funds from the city and/or state and support from foundations, housing partners, and service providers along with in-kind supports—each partnership develops a specific program that best addresses the assessed needs and strengths of the particular community.

The city's first two NORC-SSPs were established in 1986; today there are 27 such programs in the city serving more than 46,000 older adults. More than two-thirds of residents in the NORCs are 75 years of age or older and more than 25 percent are 85 years of age or older. More than half of NORC senior residents live alone, and another third live with one other person, such as a spouse, other relative, or friend. Forty percent of these residents live below the poverty line, particularly in lower income housing complexes with rental units operated by the New York City Housing Authority.

Under DFTA's leadership, the NORC-SSPs have become a national model for improving the livability of communities, not only for older adults but for residents of all ages. Generally, NORC-SSPs address the following broad areas:

- The built environment
- Access to health and supportive services
- Work, education, and volunteer opportunities
- Citizen participation in civic affairs and cultural events

AN ACCESSIBLE BUILT ENVIRONMENT

SSPs have made numerous changes to the built environment in the NORCs to help transform the apartment buildings and grounds into supportive communities in the broadest sense of the word. At a minimum, each housing partner provides rent-free spaces for programs and activities. Some have gone further and installed benches and improved lighting, security systems, wheelchair ramps, handrails, and bars in public areas; repaired steps and sidewalks; planted flowerbeds; and removed hazards and other barriers to mobility. Inside the units, some housing partners have also helped residents make repairs, remove clutter, install grab bars, and arrange for cleaning services.

ACCESS TO HEALTH AND SUPPORTIVE SERVICES

SSPs provide free on-site social work services to residents and work to be a visible presence in the community. Gail Evans, director of development for DFTA, says, "We want to make calling or walking into the office as easy for the residents as stopping by a neighbor's apartment." Residents have access to case management services, referrals, counseling, supportive contact, and assistance for their families and caregivers. In addition, most of the SSPs have on-site nurses or geriatric nurse practitioners supported by in-kind contributions from health care partners or paid for out of program funds. Some of the larger programs also provide health promotion and prevention activities such as aerobic exercise, walking clubs, exercise classes for people in wheelchairs, water exercises, and comprehensive individualized health care management.

WORK, EDUCATION, AND VOLUNTEER OPPORTUNITIES

All NORC-SSPs organize and manage educational, recreational, and volunteer opportunities, often with volunteer help from the residents themselves. In one community where some seniors had reported that they did not have enough to eat, a group of retired food service workers established "Soup's On," which helps supplement residents' daily meals. In another community, retired accountants help other seniors with tax preparation and insurance coverage issues. In NORCs with SSPs, residents also routinely assist with newsletter preparation, clerical tasks, and general program administration.

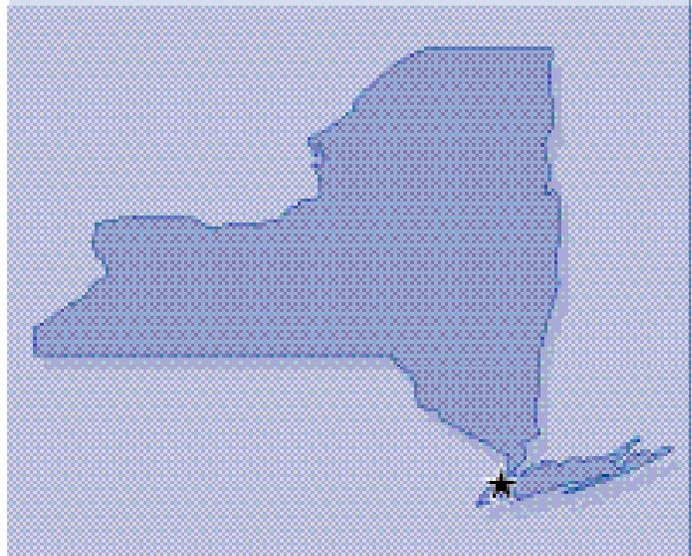
CITIZEN PARTICIPATION IN CIVIC AFFAIRS AND CULTURAL EVENTS

All 27 NORC-SSPs are required to have a board or advisory committee with resident representation. These entities meet monthly or quarterly to address concerns expressed by their fellow residents and to plan events like holiday celebrations, theater trips, and other recreational activities. Residents are also encouraged to serve on their tenants' associations and co-op boards in the NORC-SSPs that have such structures. Conversely, senior members of such boards also attend meetings of the NORC-SSP boards or advisory committees. These meetings provide residents and staff with a means to exchange ideas and identify problems residents may encounter.

LESSONS LEARNED

Increasing numbers of naturally occurring retirement communities are being identified across the country. With the aging of the U.S. population, that trend is likely to continue. Given the large number of older adults being served in New York City's NORC-SSPs, their many years of experience, and the breadth of the programs and services offered by the 27 separate organizations, the city's Department for the Aging is in an excellent position to provide recommendations to other communities that may be considering this type of supportive services program. Here are some key lessons learned over the years:

1. The NORC community, however defined, must have sufficient organizational structure and operational capacity to provide a foundation for program development.
2. Because every community is different, each SSP must have the flexibility to respond to the unique characteristics, needs, and preferences of the community it serves.
3. Health care and social service professionals need training to develop attitudes and skills to work in the non-traditional environment of NORC-SSPs, where residents participate as collaborating partners rather than as "patients."
4. Community assessment prior to program design and implementation is essential. Surveys must capture not only residents' needs, but also their personal interests, aspirations, and willingness to be involved in the program. Comprehensive community



NEW YORK CITY, NEW YORK

New York City is home to 8 million people, about 27 percent of whom are 60 years of age or older. The 2000 census revealed that the racial and ethnic profile of the older population in New York City changed significantly in a single decade. Between 1990 and 2000, the number of minority elders increased by nearly 141,000, or almost 32 percent, while the number of white non-Hispanic elderly decreased significantly, by 167,000 or 20 percent. Minorities now represent nearly one in every two older New Yorkers, as compared to one in three in 1990. In the Hispanic community, the percentage of elders increased to 16.5 percent from 12.8 percent in 1990. In the African-American community, the percentage of elders increased to 20.8 percent, up from 17.9 percent of the total population of elders.

assessment is essential for: a) program planning; b) ensuring that the program addresses gaps in the formal delivery system and does not duplicate available services; and c) providing the baseline data necessary for measuring the impact of the programs on the communities in which they operate.

5. Outreach strategies must be specific and relevant to the community. Programs should also identify and create multiple ways for seniors to participate in the SSP.
6. The complexities of creating even a small SSP require the assurance of sufficient startup and ongoing funding. At the outset, nongovernmental SSP partners need to show their commitment to the project by making financial or in-kind contributions.
7. New tools are needed to measure the success of this new model. Measures such as units of service do not capture all the goals and objectives of the NORC-SSPs.

For more information, see: www.nyc.gov/aging



BROOME COUNTY, NEW YORK

NURSING HOME-TO-COMMUNITY PROGRAM

Winner, Specific Category

Since 1996, Broome County, New York's Nursing Home-to-Community (NHC) program has helped more than 3,000 short-term residents of all ages and degrees of disability move out of nursing homes (skilled nursing facilities) and into their own homes or other independent living arrangements in the community. The Community Alternative Systems Agency (CASA), a county-run agency that is funded by Medicaid administrative dollars, manages the NHC program, and CASA's director reports to the county executive.

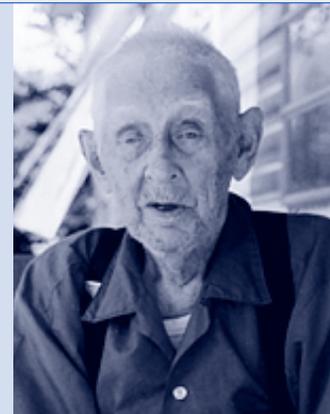
The overall mission of CASA is to provide persons of all ages with access to long-term care, including assessment, care planning, and care management. The NHC program plays a key role in helping the agency achieve its mission. NHC has enabled individuals to receive care in a dignified, individualized manner in the least restrictive, most appropriate setting possible. It reflects the desire of many nursing home residents to live as independently as possible for as long as possible. In the process of helping those nursing home residents who can manage on their own with less intensive care make the transition to independent living arrangements, the program is also helping nursing homes make the best use of their capacity by directing their resources to residents who need permanent, around-the-clock care.

BACKGROUND

Broome County CASA was created as a county-level agency in 1983 under a memorandum of understanding between the county and the New York State Department of Health and Social Services, which had previously been responsible for the functions that CASA now performs.

CASA launched the Nursing Home-to-Community program with existing staff and resources and did not receive any special funding from outside sources. Also, no new legislation was enacted that provided incentives or required counties to start such a program; Broome County saw the need and filled it.

CASA had been tracking nursing home admissions since its inception. In the early 1990s, data revealed a sharp increase in nursing home admissions, which was attributable to a change in the Medicare reimbursement formula emphasizing short-term, rehabilitative stays. With increasing numbers of residents staying for shorter periods of time, the need for discharge planning became imperative, and hence, the NHC program was added in 1996.



BROOME COUNTY, NEW YORK

Broome County, New York, (pop. 200,500) is located on the Pennsylvania border, 70 miles south of Syracuse and 50 miles north of Scranton, Pennsylvania. The county seat of Binghamton (pop. 47,000) is the urbanized core of the region, and the rural areas outside the city span from the foothills of the Catskills on the east to the Appalachian Mountains on the west. According to the 2000 census, 20.7 percent of county residents are 60 years of age or older, and more recent figures show that the percentage of residents 85 years and older rose by 33 percent between 1995 and 2005. A 2005 survey of frail older adults in the county found that 68 percent live within 20 minutes of an adult child and 90 percent of them are able to get out into the community at least once a week.

PROGRAM DETAILS

The program focuses on three primary groups of residents: young persons with disabilities, frail elders, and all others who are nearing the limit of their Medicare stay. These three groups of residents are also the ones who are most likely to have a short-term stay in a nursing home or who would rather live independently. NHC program staff work closely with the residents, nursing home staff, health care providers, and home care consultants to prepare a detailed discharge plan specifying how a resident's care will be continued once he or she returns home or moves into an assisted living facility, adult care, or family care home.

The strength of the NHC program is that it is a collaborative effort among the resident, the nursing home, and informal and formal caregivers throughout the community. Together they prepare a discharge plan for residents who are prepared to move back into the community. According to CASA Director Michelle Berry, the discharge planning process helps residents manage their power as consumers of nursing home and in-home care, making it clear to them what in-home care they will be receiving and what their responsibilities will be in working with caregivers to manage their care once they leave the nursing home. Under no circumstances does leaving a nursing home and returning to the community mean that the resident loses support. Rather, the facility, in-home caregivers, and the residents are all involved in agreeing upon a discharge plan that specifies how the resident will continue to receive care.

In October 2005, CASA published a "how-to" manual aimed at explaining the NHC program to nursing home staff in Broome County. The manual will also be available to other counties in New York and across the country that are operating or contemplating their own NHC-type program.

The manual contains an overview of the nursing home-to-community program, provides tools to use for assessments and referrals, and contains an overview of each community agency that may be involved in a resident's care and what services each agency provides.

LESSONS LEARNED

Broome County CASA staff who have been running the NHC program have learned a number of lessons about what works, what does not work, and why. Here are some of their recommendations for agencies that may launch a similar program.

1. NHC program staff that help residents with discharge planning must establish a regular, visible presence at nursing home facilities. Generally, other similar nursing home-to-community programs work on an on-call basis, but nursing staff from the Broome County CASA make routine visits to the nursing facilities and become known to patients, nurses, and administrators. Involving nurses in discharge planning enhances the cooperation and trust between caregivers in the nursing home and the home care agencies the patients will be using after being discharged.
2. Residents need time to become comfortable with the idea of leaving the nursing home and returning to the community. People tend to assume that a person's disability or mobility status is the only indicator of his or her readiness to leave a nursing home and ability to manage on his or her own or with limited assistance. In Broome County, NHC staff have focused more on the person's motivation and support system to determine when, where, and how he or she will be discharged from the nursing home.
3. The most effective NHC programs are able to handle and accept referrals that come from a variety of sources. The Broome County NHC, for example, takes referrals from hospital and nursing home liaisons, medical staff, and other care providers as



COMMUNITY ALTERNATIVE SYSTEMS AGENCY (CASA)

CASA's objectives are to foster:

- An improved quality of life for people with chronic impairments and their informal support system, based on informed choice
- An efficient, cost-effective long-term care system that avoids unjustified expenditures
- Future growth in the community health care system designed to bridge existing gaps in and prevent unnecessary duplication of services

well as the nursing home staff, residents, and their families. Any one of these persons or agencies may be the best qualified to gauge if and when a resident they know or provide care for is ready to move back into the community. Allowing such persons to refer the resident to the NHC program can expedite the process of getting them back into the community by removing any bureaucratic bottlenecks that might exist if all referrals are required to come from a single person or agency.

For more information see: www.gobroomecounty.com and www.gobroomecounty.com/casa



Winner, Overall Excellence

The Jefferson Area Board for Aging (JABA), in Virginia, has spearheaded a planning and implementation effort to make the region more livable for its older residents. The population of residents aged 65 and over will nearly double over the next 20 years, due to both “aging in place” and in-migration. The recommendations set forth in *The 2020 Community Plan on Aging* impact the community at multiple levels, including funding, policy, research, community education, and specific projects that immediately affect citizens.

JABA serves an area of high need in the city of Charlottesville and five surrounding counties in central Virginia. Nearly all of the rural area has been designated as medically underserved by state and/or federal authorities. Virginia has one of the lowest Medicaid reimbursement rates in the United States and the nation’s frailest nursing home population. Due to the nation’s most stringent nursing home eligibility requirements, Virginia’s population of community-based at-risk seniors is also among the frailest in the nation.

COMMUNITY PLANNING PROCESS

The 2020 Community Plan on Aging was developed to help five counties and the city of Charlottesville, all of which JABA serves, to prepare for increases in the senior population.

The planning process began with a kickoff conference held in the spring of 2001, attended by more than 90 community leaders and stakeholders. Seven public forums over the next three months helped to collect information about public views on livable communities for seniors and caregivers.

A total of 359 community participants attended the forums and identified a wide range of important community challenges, from which emerged ten general priorities (listed in order of importance): access to health care; transportation options; recreational/social opportunities; affordable housing; educational/cultural opportunities; financial security/assistance; intergenerational opportunities; “caring community;” food/grocery/meal options; and safety.

Based on the responses in the public forums, 2020 planners at JABA divided the rest of the planning process into four topics: 1) cultural and recreational opportunities; 2) citizen participation; 3) health; and 4) infrastructure and land use. Citizens representing a range of relevant organizations and agencies (85 total) were invited to work on the four topics in groups of 15 to 25. Each group met bimonthly for nearly a year and developed goals and objectives prioritized by importance, feasibility, and timing.

Next, work group members were invited to provide feedback and prioritization across all four topics, not just the one they had worked on. To winnow the list, participants selected their top three goals for the 2020 Plan. Participants then shared feedback on each work group’s priorities. Work groups then refined their goals and supplemented them with specific strategies, action steps, target dates, and potential partners for implementation.

In June 2003, all work group members were invited to comment on the overall plan and the planning process. The steering committee, consisting of 19 individuals representing a variety of interests, also gathered feedback on the plan summary and its recommendations in two focus groups and at the meeting of the Virginia Association of Area Agencies on Aging, held in July 2003.

GOALS AND STRATEGIES

The extensive planning process resulted in the goals identified below, which are grouped under seven general headings. (The top three priority goals, earmarked for most urgent attention, appear in bold.)

Promoting Coordinated and Accessible Health Care

- 1. Promote access to high-quality health care, pharmaceuticals, and support services.**
2. Increase recruitment, preparation, and retention of geriatrics-trained health care providers.

Supporting Maximum Independence and Lifelong Health

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

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

- 1. Provide a variety of quality, affordable, and accessible senior housing options integrated within the community.**
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.

Designing Communities to Enhance Quality of Life

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

Fostering Vibrant Engagement in Life

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

Strengthening Caring Communities through Active Citizenship

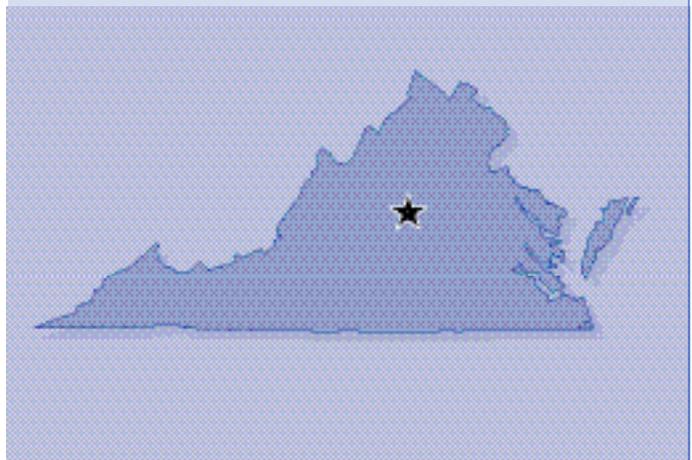
1. Enhance services and advocacy activities to improve resources for seniors and caregivers.
2. Foster and showcase seniors' community participation and contributions.

Strengthening Intergenerational Connections

1. Increase mutual awareness of shared youth and senior issues.
2. Encourage positive intergenerational interaction to benefit both youth and seniors.
3. Adapt senior and youth programs and community resources to meet the needs of both age groups.

Each goal in the plan is supported by specific strategies, a timeframe for completion, and recommended partners.

In addition to this information, the plan recommends the establishment of a community-wide health care quality council, which would be composed of decision-makers from a variety of organizations. This council would pursue and support the specific health-related goals of the plan.



CENTRAL VIRGINIA

The Jefferson Area Board for Aging (JABA) serves the Thomas Jefferson Planning District (TJPD), which includes the city of Charlottesville and the surrounding counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson. The area has a population of 209,703. TJPD is located in central Virginia, about 100 miles southwest of Washington, D.C., near the Blue Ridge Mountains. The TJPD includes urban, suburban, and rural environments. Approximately 17 percent of the population is aged 60 and older. TJPD is home to two of the fastest-growing counties in the state, Greene and Fluvanna. Partly driving this growth is a disproportionately large influx of in-migrating seniors. The senior population in TJPD is expected to grow at 2.7 times the rate of the general population over the next 20 years (110 percent v. 41 percent).

Results to Date

While many of the recommendations made in the plan are not in place yet, the planning process has already resulted in several successes. Government and community organizations have made verbal and written commitments to support implementation of the 2020 Plan. Many of the fundraising efforts to support the priorities have been successful. Finally, new aging-related projects and initiatives are underway.

The rest of this summary will highlight successes made thus far in health care, housing, mobility, and intergenerational interaction.

HEALTH CARE

Making health care and support services accessible is the highest priority for the region that JABA serves. Partially in recognition of this goal, JABA received funding from The Robert Wood Johnson Foundation to develop a community plan to improve the local long-term care system. This project involves over 40 providers and stakeholders and is directly linked to the 2020 Plan.

The 2020 planning process has also resulted in significant collaboration with the University of Virginia (UVA) related to supportive services and other areas of interest. For example, JABA conducted a survey at three JABA senior centers to explore legal and safety needs among seniors. Survey results identified a need for access to legal services and highlighted these areas of top concern for residents: trespassing/property damage; wills; hospital and doctor bills; and utility shut-off. Based on the survey results, an Advocacy Clinic for the Elderly at the UVA law school was created to provide legal services to low-income seniors. Funding was also obtained from the university's provost for a community aging research liaison and seed money for applied research pilot projects. They are administered through the university's Institute on Aging, which is encouraging faculty research on applied topics that can contribute directly to the livability of the local area. Current topics in community-based research include: mental health needs of older adults and their caregivers; elder abuse prevention; voting in long-term care facilities; and others.

HOUSING

In support of housing, 2020 planning has greatly strengthened the partnership between JABA and the Piedmont Housing Alliance (PHA), which is the region's community

housing development organization and community development financial institution. PHA has signed a letter of commitment to coordinate the implementation of the housing-related objectives of the plan. Other housing-related results of the 2020 Plan include the following:

- \$200,000 in low-interest capital improvement funds provided by PHA, as well as technical assistance worth \$45,000 per year, to assist with JABA's management of Mountainside, an affordable assisted living facility.
- A commitment of \$18,000 for ten years from the Nelson County Board to provide rental subsidies for 36 low-income senior tenants in the Ryan School Senior Apartments, co-owned by JABA and PHA.
- Reduction in the minimum number of parking spaces required per person for any new senior housing in Albemarle County. This change effectively reduces the cost of housing projects and preserves green space.
- Influencing private developers to build necessary and appropriate aging-friendly housing.

MOBILITY

Senior mobility has also gained from the 2020 planning process. As a result of a planning meeting, an incident in which a senior was struck by a vehicle, as well as many long-term complaints by residents about speeding traffic along Hillsdale Avenue in suburban Albemarle County, several stakeholders decided to create a pilot project to model effective roadway design in the community. The goal was to make this neighborhood, where there is a very high density of senior residents, safer and more pedestrian- and bus rider-friendly. JABA, the Senior Center, Inc., the TJPD Commission, and the Albemarle County Transportation Planning Department worked with planners from the Virginia Department of Transportation (VDOT) to obtain a VDOT grant of \$250,000 to pay for improvements to the sidewalk, crosswalk system, and bus stops, incorporating advice from senior residents of the neighborhood. The pilot will be used as a showcase for county planners in the region and has already influenced VDOT to fund pedestrian amenities near the JABA-run Mountainside assisted living facility.

INTERGENERATIONAL INTERACTION

With funding from the Annie E. Casey Foundation, the 2020 Plan integrated a significant focus on intergenerational partnerships and made special efforts to reach out to youth. High school students from across the state who were part of UVA's Youth Leadership Initiative participated in focus groups about seniors in their communities. Montessori middle school students from five of the jurisdictions were also interviewed about their perceptions of and interactions with senior citizens. And finally, students of Western Albemarle High School leadership classes became very involved in providing input to the 2020 Plan through surveys and focus groups. The students also analyzed draft recommendations of the 2020 Plan and contributed a chapter to the plan entitled "Strengthening Intergenerational Connections."

One of the outcomes of this intergenerational component was "FISH"—Friends in Schools Helping. During its first school year (2004-2005) the program recruited more than 20 seniors for a variety of volunteer positions in seven elementary schools. These include reading partners, math partners, language mentors, English-as-a-second-language partners, library assistants, lunch buddies, arts and crafts helpers, and landscapers.

NEXT STEPS

The 2020 Community Plan on Aging is the beginning of an ongoing process. As such, next planning steps include:

- Reconvening the steering committee, including new members who will be involved in implementation.
- Making the 2020 Plan widely available to local governments, community organizations, and others.
- Publicizing the 2020 Plan.
- Providing public information sessions about the 2020 Plan with community organizations.
- Working with key organizations and local governments to refine recommendations and develop implementation strategies (including sharing cost/benefit analysis with stakeholders in advance).
- Convening special work groups as appropriate.
- Continuing collaboration with key organizations and local governments to develop a community report card for monitoring and publicizing progress on implementation of 2020 goals and objectives.

CONCLUSION

The 2020 planning and implementation activities have helped to build capacity by generating community-wide momentum, opening doors to funding possibilities, creating a network for discussion of new initiatives, and raising general awareness. Through ongoing meetings, the leaders and coordinators of these various efforts are better able to share information, identify areas for further collaboration, and use each other's resources and expertise in new ways. Indeed, the concept of community ownership of the plan is one of the factors that make this initiative unique.

To view a version of the full plan or the shorter plan summary, visit the JABA website at: www.jabacares.org

Winner, Specific Category

When the State of Florida Department of Elder Affairs launched its Communities for a Lifetime (CFL) initiative in July 2000, the city of Dunedin (pronounced Duh-NEE-din) was one of the first to embrace it. The mayor, city manager, and city council had all demonstrated a longstanding interest in and commitment to better serving the community's aging population. The CFL initiative was a natural fit.

The initiative's goal is to help Florida cities improve conditions for persons of all ages by implementing an ongoing process of self-assessment and action. The state does not require local governments to participate in the initiative, nor does it provide the funding. The state does provide participating local governments with technical assistance and coordination at the state level.

Participating communities are required to undertake two primary activities to meet the state's objectives for the CFL initiative. They must:

- Conduct an assessment (a community "report card") of the "elder-readiness" of services and opportunities in the city that encourage independence and quality of life for older adults
- Create a multiple partner entity (including representatives from government, business, not-for-profits, and education, for example) that will promote the development of elder-friendly community amenities

The primary goal of Dunedin's CFL initiative has been to find ways to help elders remain in their own homes and age with dignity, security, and purpose in an elder-friendly environment.

While other state and local programs address in-home concerns and potential problem areas for older people (such as home care, in-home accessibility, home repairs, and monthly utilities), CFL prompts Florida communities to consider all aspects of life for older people, such as the condition of the sidewalks they use, their means of transportation, and their dealings with city agencies, among many others.

DUNEDIN'S ASSESSMENT OF ITS ELDER-READINESS

The Dunedin Committee on Aging, which had been established before the CFL initiative, took responsibility for the effort. In preparing for the community assessment, the city hired Dunedin's recreation program coordinator as the CFL coordinator. That person, who is now the city's recreational director (and has continued in her role as CFL coordinator), works as staff to the Committee on Aging and reports to the city's Director of Leisure Services.

The coordinator and the Committee on Aging then convened a planning team of 30 individuals and organizational representatives to conduct the assessment. The group included the Chamber of Commerce, several caregiving agencies and city departments, the city's volunteer coordinator, and the Americans with Disabilities Committee.

The assessment aimed to provide residents with an open-ended opportunity to give feedback and make suggestions about any aspect of life in Dunedin that affects livability for older people. This could include suggesting new programs and services, identifying any challenges elders were having in making use of social, recreational, or other programs, and considering how and which parts of the built environment (such as roads, sidewalks, and the transit system) were elder-ready, and which parts needed improvement. A secondary purpose of the assessment was to raise awareness among Dunedin elders about programs, services, and support networks that already existed.

For the city and the team, conducting the assessment itself was an outreach effort. Over a seven-month period in 2000, city staff, CFL team members, and 40 volunteers conducted surveys, telephone polls, and interviews to identify opportunities and barriers to aging in place in Dunedin. The number of community factors on which the public's opinion was gathered was impressive in both its comprehensiveness and its practicality (see sidebar on p. 24).

The results of the assessment were summarized in the Community Report Card for Well Elders, which was delivered to the state in January 2001, making Dunedin the first community to complete a CFL assessment.

THREE COMPONENTS OF THE DUNEDIN CFL INITIATIVE

The Dunedin CFL team formed its initiative around three components: accessibility, inclusion, and bringing generations together.

ACCESSIBILITY

As important and desirable as new programs and services may be, the CFL team recognized that for seniors to take part in social, cultural, civic, and recreational events, they would need safe and convenient ways of getting to these activities.

The city took three primary actions to improve residents' access to activities and services. It launched a sidewalk improvement program, instituted traffic calming measures in the downtown area, and conducted a full examination of all modes of transportation serving the city.

The sidewalk program aimed to complete connections within and between neighborhoods and the downtown, and to install ramps at intersections where needed. As of mid-2005, ramps had been installed on 90 percent of the city's sidewalks. As for traffic calming, the city installed medians (called "pedestrian refuge islands" by traffic engineers) on multiple-lane downtown streets and retrofitted traffic signals to include audible signals for people with visual impairments.

Regarding transportation services, the city developed a booklet describing options available for persons who do not drive, such as dial-a-ride, hospital shuttles, and volunteer caregivers who provide rides to and from medical appointments.

The city also conducted an inventory of all bus stops, shelters, and benches—particularly those at key access points—to determine if they were adequate to protect riders from the sun. As of July 2005, the city was working with the local transit authority to develop a master plan for improvements. The city is also increasing the size of street name signs from six to nine inches in height to improve visibility for older drivers.

As part of the CFL assessment, Dunedin residents also expressed the need for satellite post offices that are within walking distance of neighborhoods. Two satellite sites have been established in the last few years, and both now serve as impromptu gathering places for residents.



DUNEDIN, FLORIDA

Dunedin, Florida (pop. 35,700), is in Pinellas County on the west central coast of Florida, approximately 25 miles west of downtown Tampa. Approximately 35 percent of Dunedin residents are aged 60 years and older. The city is primarily residential and has a wide variety of housing types, including single-family homes, condominiums, townhouses, and manufactured housing, which serve a broad range of income levels. About 28 percent of the city's total land area is devoted to recreation, open space, or natural conservation. Two largely undeveloped barrier islands (Honeymoon and Caladesi) fall under the city's jurisdiction.

INCLUSION

In keeping with the CFL philosophy, Dunedin heightened its emphasis on engaging older residents in community life. It invited seniors to serve on local boards and committees, encouraged them to take advantage of lifelong learning programs at the senior center, and asked them to take part in the city's annual volunteer event, Dunedin's Day of Good Deeds.

In 2002, the city built a \$1.7 million expansion to the William E. Hale Senior Center using state and local funds. With the building addition, the center augmented its recreational, educational, and service-oriented programs. Around the same time the neighboring city of Clearwater lost its senior center, and Dunedin opened the doors of its newly expanded center to Clearwater residents.

Participation in the CFL initiative also required the city to identify ways to provide access to and engage minority seniors in local programs. With a minority population of less than 5 percent, this component of the program was challenging for the city. However, in 2003, the city council formed the Multicultural Inclusion Task Force to discuss ways to more fully engage the city's minority groups in social, recreational, and civic activities. An early, successful outcome was the creation of Diversity Week, which is now celebrated the week of the Martin Luther King, Jr. national holiday.

BRINGING GENERATIONS TOGETHER

The third component of Dunedin's approach was to strengthen ties between older and younger generations of residents. In 2003, a subcommittee made up of members of the Committee on Aging and the newly formed Youth Advisory Committee was established to identify existing programs and new opportunities for young and older people to spend time together. The subcommittee produced a brochure that lists ten events and ongoing city programs (including Coastal Clean-Up Day, the Films in the Park series, and Dunedin's Day of Good Deeds) where generations can mingle.

In December 2004, the city commission issued a proclamation establishing an annual "Intergenerational Week." In 2006, the city plans to create a program in which young people will teach elders computer skills, including how to use email and conduct research online, at the new computer lab that was part of the senior center expansion.

RECOGNITION

The city of Dunedin has received several awards and much media attention for its CFL initiative and its approach to improving livability for all ages. City staff have also been asked by numerous statewide and national organizations to make presentations at conferences on aging and livable communities. As a result, Dunedin has assumed the role of consultant to some of the 60 other Florida cities that are launching CFL initiatives.

In 2002, Dunedin's efforts were featured in a *New York Times* story, "Florida Redoubles Efforts for the Elderly" (May 5), which brought a flood of inquiries from communities across the United States looking to replicate the program.

With its comprehensive approach to serving residents of all ages, Dunedin is well positioned to accommodate its aging population and the swelling number of retiring Baby Boomers. As resident Donald Blades told the *New York Times*, "[Dunedin] isn't just elder-friendly; it's just plain friendly."

For more information about the city of Dunedin, see: www.dunedingov.com

FACTORS ANALYZED IN DUNEDIN'S COMPREHENSIVE ASSESSMENT OF ITS ELDER-FRIENDLINESS

- Taxes
- Housing
- Utility costs
- Transportation
- Land use and zoning
- Health care cost and accessibility
- Crime
- Economic indicators
- Quality of life issues
- Accessibility
- Driving
- Domestic violence
- Traffic signals
- Taxis
- Air and water quality
- Parking
- Pedestrian safety
- Leisure activities
- Disaster shelters
- Elder-friendly businesses
- Government

TAMARAC, FLORIDA

DIVERSE QUALITY OF LIFE PROGRAMS

Winner, Overall Excellence

BACKGROUND

Originally founded in 1963 as a retirement community, Tamarac has always paid special attention to the needs of seniors. Numerous city initiatives are aimed at encouraging citizen engagement, providing information, and enhancing health, accessibility, and quality of life. Seniors currently make up about 43 percent of the local population and are vital stakeholders in the community.

Despite the large number of older adults in Tamarac, the city is also working to ensure that it provides a high quality of life for people of all ages and backgrounds. In-migration by younger families has significantly changed local demographics over the past generation. The average age of residents between the 1990 and the 2000 census counts dropped by 10 years, and the average age of residents continues to decline. The city's minority population is also booming as Tamarac welcomes new residents from Latin America and the Caribbean.

While these changes are reshaping the city's image, Tamarac has found that many of the elements that make the city livable for seniors are also attractive for people of all ages.

TRANSPORTATION AND LAND USE

Much of Tamarac is auto-dependent, but the city has been working to provide and encourage alternative modes of transportation.

In February 2000, through a partnership with Broward County, the city of Tamarac established a new, user-friendly system of public buses to help residents get around. Responding to citizen surveys and informal public input, the three bus routes reach important destinations, such as pharmacies, doctors' offices, and shopping. Bus timetables, which schedule stops at each location at the same minute every hour, are easy to remember and help to encourage use. Trips are affordable for seniors, costing a quarter instead of the full fare of \$0.50 per trip. In addition, through the city's Ride to Read program, local buses provide free trips to the local library to patrons who show a Broward County library card.

The city's 57th Street or Main Street Project is another initiative that will help residents to reach their destinations without always having to drive. By focusing on improving the urban design and sidewalk infrastructure in this important corridor, the city hopes to enhance the pedestrian



TAMARAC, FLORIDA

The city of Tamarac, Florida (pop. 58,000), is located in north central Broward County, within the Miami-Fort Lauderdale metropolitan area, and covers 12 square miles between the Everglades Conservation Area and the Atlantic Coast. According to the 2000 U.S. Census, 19.2 percent of Tamarac's residents are between the ages of 60 and 74, and 23.3 percent are older than 75. Because the area is virtually built out, there is limited opportunity for new development. Thus the focus in Tamarac is on redevelopment to make the community more livable for people of all ages.

environment in terms of attractiveness, safety, and convenience. Ultimately, the changes are likely to create incentives for people to choose to walk more often, thereby supporting a healthier population.

New design guidelines, developed from a series of public workshops, will reflect property owners' and citizens' desire for: on-street, angled parking; new sidewalks; crosswalks at all intersections; consistent landscaping of medians; and opportunities for public art. In addition, the courtyard between the recently built library and community center will be redesigned with a fountain and some much-needed shade, to provide encouragement for people to walk between destinations. Mixing land uses is also expected to enhance the corridor by providing short distances between destinations. When it is complete, the corridor will include a combination of residential, office, retail, and some entertainment spaces.

Finally, Tamarac has an extensive sidewalk system throughout the city, which is in good condition. This system will be further expanded in the near future, including repairs as needed.

HOUSING & ACCESSIBLE ENVIRONMENTS

Tamarac provides residents several programs that contribute to housing affordability and maintenance. First, through a partnership with the Broward County Community Development Division, the city offers qualifying residents a minor home repair program. The program is designed to assist homeowners with needed upkeep to maintain the structural integrity of their property. Tamarac also provides seniors affordable housing through its regular homestead and senior homestead exemption programs. The combination of these two programs means that the first \$50,000 in property value is untaxed for seniors who own homes in Tamarac.

Beyond these programs, citizens report that code enforcement staff "go the extra mile" to ensure that the environment is accessible. One resident wrote to City Hall to gratefully acknowledge a local staff member who personally installed a ramp for her in his spare time. This case exemplifies Tamarac's strong commitment to customer service.

HEALTH

Through partnerships with Broward County and the local medical community, Tamarac is able to provide residents an extensive menu of health and social services that is geared directly to seniors and addresses a range of health needs.

The annual Fun and Fitness Day Fair offers seniors free medical screenings, fitness demonstrations, and health education. In addition, the city provides monthly health screenings (including eye, osteoporosis, hearing, and blood pressure) and a lecture series on cancer awareness. A mobile mammography van makes periodic visits to the community center. The Serving Health Insurance Needs of the Elderly (SHINE) group meets twice a month as well to discuss senior health insurance issues. The Parks and Recreation Department has also published a *Heart Smart Recipes* cookbook and pocket calorie counter/nutrition diary for residents.

The Lunch Bunch Lecture Series meets once a month for seniors to learn about a variety of issues, such as dealing with stress and anger and thinking positively. The city also hosts other support groups that address psychological issues such as coping skills and bereavement, and health-related issues such as Parkinson's disease, Alzheimer's disease, diabetes, and low vision.

The city provides a range of opportunities for physical activity through fitness centers, city sidewalks, ball fields, and walking trails located in city parks. There are 15 neighborhood parks and five city parks that residents can access. In addition, the Parks and Recreation Department provides classes in jazzercise, zumba, yoga, volleyball, chair aerobics, and stretching and toning, as well as a walking club, dancercise, and ballroom dancing classes. The new Caporella Aquatic Center will be heated and includes a "zero-depth pool" that is designed with ramp entry to enable access by seniors who have difficulty walking.

In case of emergency, Tamarac provides older residents with free cell phones that are programmed to call only 911. Three hospitals serve the community, including one full-service facility located within the city limits.

SOCIAL AND CULTURAL ACTIVITIES

Tamarac provides senior residents with a diverse range of learning opportunities and social and cultural activities. The community center art exhibit features the work of local artists each month. The community center also runs senior programs that include a book club, regular movie matinees, and drawing, painting, and sculpting classes. Other programs are available in arts and crafts, dance, guitar, Spanish language and computers. The Tamarac at Twilight concert series and the Great Escapes tour program provide access to local and regional cultural performances and give senior residents access to the natural environment, the zoo, and other destinations. Other activities include bridge clubs, bingo, trivia games, karaoke, a Scrabble club, a crochet club, and so on. In addition, local special events are also designed to attract senior participation. They include the Tamarac Veteran's Day Parade, the July 4th Concert and Fireworks, and other holiday activities.

Residents interested in volunteer work can get engaged through city-facilitated opportunities, the AARP, community nonprofit and charitable groups such as the Alzheimer's Association, and various boards and committees.

The city of Tamarac relies on about 15 citizen advisory boards and committees. While they make up just under half of the city's population, seniors comprise 90 percent of the spots on these boards and committees. The city also recognizes a "volunteer of the month."

PUBLIC SAFETY

The city of Tamarac has one of the lowest crime rates of any city in Broward County. The Broward County Sheriff's Office provides full-time law enforcement backed up by volunteer citizen neighborhood patrols, which are primarily made up of senior citizens. In addition, the city's Fire Rescue service provides advanced life support capabilities from cross-trained paramedics and firefighters.

PROGRAM EVALUATION

The city of Tamarac was chosen by the Florida Department of Elder Affairs (DOEA) to participate in the Elder Ready Community Initiative. A part of Tamarac's commitment was adoption of the state's Elder Ready Community Report Card for Well Elders. The report card provides a method for local community volunteers to monitor the community's progress toward becoming "elder ready."

The city went several steps further, however. It established a committee, made up of city staff and business leaders, who revised the state survey and developed it into two survey tools, one for the seniors to complete and one for the city staff and business community. The elder survey was administered to approximately 200 elders at the Tamarac Community Center. The city also held two focus groups to discuss the survey tool, the Elder Ready initiative, and the implications of the survey results for Tamarac.

According to the survey results, Tamarac got high marks for providing excellent bus service; good sidewalks, traffic lighting, and road conditions; health- and safety-oriented services; public safety response times; public education about programs dealing with such things as scams and domestic abuse; and adequate and well-lit parking.

For more information about the city of Tamarac, see: www.tamarac.org or the Florida Department of Elder Affairs <http://elderaffairs.state.fl.us>

LESSONS LEARNED BARRIERS TO CREATING LIVABLE COMMUNITIES AND STRATEGIES TO SURMOUNT THEM

In developing their programs, projects, and policies, the winners of the Administration on Aging Livable Communities for All Ages competition have had to face typical obstacles present in most communities that want to undertake initiatives to improve their livability. Following are several key lessons gleaned from the experiences of these winning communities, some common barriers they encountered, and ways that they addressed them.

1. Land use policies and mobility options are key determinants of community livability.

BARRIERS

Most older adults live in suburban and rural communities, requiring them to drive or be driven to meet their basic needs—such as food shopping, getting to medical appointments, and accessing other services. Long distances, lack of public transportation, badly designed or maintained sidewalks, and other obstacles may prevent people who are unable to drive from leaving home. In addition, cities' efforts to support and encourage older people to make use of local programs and services often focus solely on creating and operating those programs and services. As a result, they often overlook the fact that many residents will have trouble accessing these programs and services if they do not drive.

STRATEGIES

Enhance the pedestrian environment through compact, mixed-use development, user-friendly public transit, and sidewalks that provide for a range of mobility choices and lifestyles. Any new or proposed program or service should be evaluated as to whether residents will be able to access it on foot, via public transit, or by car.

Examples

- Dunedin Communities for a Lifetime planners crafted a three-pronged approach to improving access to programs and services, including constructing new sidewalks with ramps and full accessibility to connecting streets, installing traffic calming medians, and retrofitting intersections with audible traffic signals. Further, they conducted an assessment of all available modes of transportation for elders in the city and worked with the local transit agency to improve bus shelters and benches.

- Tamarac's Main Street redevelopment project provided shade, safer and more attractive walking routes, and traffic-calmed streets. New public transit routes provided residents with choice and affordability in their mode of transportation and encouraged older adults to be active. New land use policies encouraging a mixture of uses in close proximity reduced the need for significant travel between destinations.

2. Creating livable communities requires dialogue, commitment, and partnership among a variety of stakeholders.

BARRIERS

Livability issues are often addressed by a circumscribed group of community stakeholders, without the input of a broader range of citizens. Residents—the very people who will be affected by the decisions these stakeholders make—are often left out of the conversation. Furthermore, service providers tend to work separately to address a variety of elders' livability needs. As seniors become frailer and less mobile, this lack of coordination may challenge seniors' ability to live independently.

STRATEGIES

Make inclusion and diversity key ingredients of the planning process. This not only helps promote buy-in from a wide array of interest groups in the community, it also gives people who don't often have a voice in the decision-making process a chance to contribute ideas to the development of solutions that will ultimately affect them. Encourage collaboration among agencies whenever possible by demonstrating how this collaboration will not only benefit the community at large but also help individual agencies achieve their own objectives.

Examples

- Central Virginia's 2020 Community Plan on Aging introduced diverse stakeholders to the topic of envisioning livability for older adults in the region. Results included collaboration between institutions on research and service delivery, enhanced awareness of the needs of elders, intergenerational exchanges, and specific housing policies and street design changes to enhance their environment for the future.

- In Milwaukee County’s Latham Park Venture project, social service providers saw the advantages of working together and coordinated their services to address a variety of low-income elders’ livability needs.

3. The vast majority of older Americans report that they would like to “age in place,” that is continue living in their current homes or move to another home within the community. Developing a variety of community-based supportive services is needed to help seniors stay at home as they grow older, and tying these services to housing is a practical and efficient way to deliver them.

BARRIERS

Developing and providing services where people live—such as in senior housing or naturally occurring retirement communities—can be a challenge, requiring often delicate partnerships and organizational structures that require coordination and resource sharing among many local agencies, caregivers, residents, and property owners. Lead agencies that administer service programs often lack funding or organizational capacity to effectively manage the actions of multiple service providers, private and public sector property owners, and the residents themselves. In many communities, it is difficult for older people who live in nursing homes, but could live independently with sufficient access to appropriate services, to move back to the community because such services are unavailable, restricted, and/or not coordinated.

STRATEGIES

Lead agencies that oversee and coordinate the provision of services at housing sites need to demonstrate that they have sufficient funding and management resources to launch a service delivery program and have a stable funding source to keep it in operation. Social service partners need to coordinate their services and channel available resources into sites that facilitate residents’ aging in place. This can allow residents to stay independent longer and may postpone or avert a costly and disruptive relocation to a nursing home. Care managers can facilitate the transition from nursing homes to the community for some residents by marshalling and coordinating community-based services that support their independence.

Examples

- In New York City, the Department for the Aging, which funds and administers the city’s 27 naturally occurring retirement community supportive services programs (NORC-SSPs), including public housing projects as well as privately-owned housing, requires that a variety of partners work together to develop SSPs and deliver services in the NORCs. It also requires that all NORCs demonstrate adequate financial and management capacity before they can be officially recognized as a NORC-SSP.
- Through concentrated funding to renovate an apartment building and provide a wide variety of supportive services on site, Milwaukee County turned Latham Park Venture, home to low-income seniors, into a resource-rich environment modeled on expensive continuing care communities.
- In Broome County, New York, the Nursing Home-to-Community program, which is operated by the county’s Community Alternative Systems Agency (CASA), acts as an intermediary between nursing home administration and community-based service providers to develop customized care plans that enable selected residents to move out of nursing homes and into their own homes or other independent living arrangements in the community. The care plan ensures that there is no interruption of supportive services from one setting to the next and that individuals receive care in a dignified, individualized manner in the least restrictive, most appropriate setting possible.



4. Policies to promote aging in place and livable communities may be part of a community's broader smart growth effort, but to be effective they must have their own identity and be sustainable.

BARRIERS

Initiatives to create and support elder-ready, livable communities often must compete for policymakers' attention, which may be caught up with broader concerns about community growth and changes, such as traffic congestion, loss of open space, urban sprawl, housing unaffordability, and transportation system deficiencies.

STRATEGIES

Create a unique identity for aging-in-place programs and policies. This may still be a piece of the regional or local jurisdiction's long-term growth strategy but the specific policies and recommendations should relate directly to enhancing the quality of life for older residents.

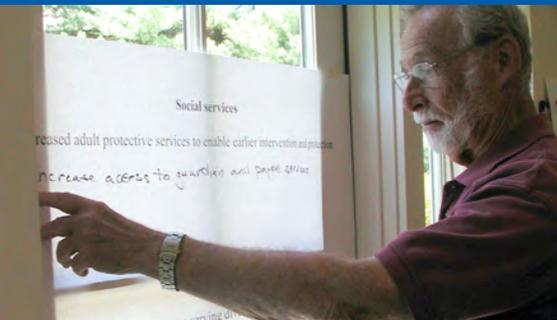
Examples

- The Atlanta Regional Commission added an aging in place module to its Community Choices Toolkit, which is a technical assistance resource that fosters implementation of smart growth policies across the Atlanta region. The module helps translate broad smart growth concepts into strategies that support aging in place. For example, it offered an innovative approach to integrating health care delivery with affordable housing and transportation planning initiatives.
- The Communities for a Lifetime statewide program in Florida, which both Dunedin and Tamarac have followed, asks local communities to address a broad array of smart growth issues, with particular attention to the aging population.





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