Fairfax 50+

The Fairfax County 50+ Community

Action Plan

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<u>HOUSING</u>

50+ Action Plan 2014
Long-Range Planning
Proposed Initiative Analysis

Trends Analysis of
Fairfax County 50+ Residents

Brief Description: Trends Analysis of Fairfax County 50+ residents.

Review of all the current and available federal, state, and local data collected, including the economic and demographic research done by Neighborhood and Community Services. The analysis will lead to the development of a report on the needs and trends of Fairfax County 50+ residents. Trends identified in this analysis will be the foundation in framing future 50+ strategic planning efforts.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

A trend analysis is an integral part of planning processes. It can refine, improve, and identify service needs. It is an effective tool to highlight future direction, clarify problems and identify appropriate interventions or solutions. By clearly identifying the problem, resources can be directed towards developing and implementing solution. Gathering appropriate and sufficient data informs the process of developing an effective strategy that will address the groups' needs and wants.

How could this initiative be implemented and who might be the initial stakeholders?

George Mason University will convene a Planning Group made up of the Community Foundation for Northern Virginia, county staff working on demographics, and other organizations that have done recent work around trend analysis for the 50+ population. The Planning Group will analyze existing data and identify specific trends and issues pertaining to the older adult population. This analysis supports governmental and non-governmental organizations that are implementing specific strategies for supporting the 50+ residents living in Fairfax County.

County staff will host a variety of community meetings to engage residents in discussions regarding those results to get their input.

Background information, research completed, best practices and/or any other relevant information.

Currently there are a variety of different data sources related to the 50+ population in Fairfax County. There has not been a comprehensive review of this information from an aggregated approach. The examination of this data in an integrated approach would allow for a comprehensive identification of service needs. This analysis could support the decision-making process regarding the types of programs, services, and investments made to support the 50+ population.

Who or what group will champion this initiative?

Catherine Tompkins, PhD, and Emily Ihara, PhD, George Mason University

COA Advocate: Richard Chobot, Commission on Aging, Mason District

County Liaisons: Jacquie Woodruff, Area Agency on Aging/DFS and Evan Braff, Dept. of Neighborhood and Community Services

How would we measure success?

Completion of trends assessment
Trends assessment utilized for future planning purposes.

Potential Results-Based Accountability Performance Measures: Analysis should be done through a racial equity lens to identify not only trends regarding older adults across the whole population, but also disparity and disproportionality issues.

50+ Action Plan 2014
<u>Services for Older Adults and Family</u>
Proposed Initiative Analysis

Caring for the Caregiver

Brief Description:

We were fortunate in the Services Subcommittee to have a caregiver as a participant. He raised a number of issues based on his personal experience. These included a need for: affordable and accessible accounting and reporting support for individual caregivers; and quality of life enrichment for the homebound in the form of art or music therapy or visits from therapy dogs. Also discussed was the need for respite care beyond simply incidental visits, as valuable as they might be. Caregiving is expensive, both as regards out of pocket costs and opportunity costs. However, what this individual was raising were issues relating to caregiver and care recipient quality of life. There also was an undertone involving awareness of information and other resources that might be available.

The specific proposals contained in this initiative include:

- Identify the needs of individual caregivers and potential gaps in services currently available from government and the business sector.
- Identify/develop information resources and/or a tool to facilitate accounting for costs and regulatory/tax compliance by individual caregivers. Any application has to be low or no-cost.
- Identify and facilitate collaboration among caregivers and organizations that are able to provide art, music and pet therapy to homebound individuals. This service also might provide a brief in-house respite for a caregiver.
- Explore strategies for periodic provision of longer term respite for individual caregivers.

These individual proposals are being treated as one initiative under the heading of Improving Caregiver Quality of Life**.**

Meets the following Guiding Principles:

Attainable: The needs and gap analysis is a potential subject for a county-sponsored meeting or series of meetings. There are county venues where such a meeting (meetings) might be held. The application development might be as simple as developing some standard Excel spreadsheets and standard reports for use by caregivers. This spreadsheet application might be accompanied by a brief guide on what information needs to be collected and reported by the caregiver.

Finding organizations that might provide enrichment for individuals confined to home care will be a matter of identifying and cultivating such organizations as already exist in the Northern Virginia area.

The county has a variety of information resources on its website relating to respite care. The first task is to ensure that caregivers are familiar with these resources. The needs/gap analysis may reveal areas where additional information on this topic is needed; or where the caregivers themselves might organize or suggest organizational strategies/resources to fill this need.

Affordable: None of the initiatives suggested above carry significant costs for the county. They do, however, require some staff support as well as provision of facilities for meetings, etc.

Actionable: All of the initiatives are actionable within a reasonable time frame.

How will this initiative support the desire of most adults to stay in their community of choice if they become less self-sufficient?

It is important to both the care recipient and the caregiver that an individual needing home care be able to stay in familiar surroundings for the maximum period practicable. There is also an economic incentive to keep an individual in the home when the cost of home care is compared with the cost of a nursing home or long term care facility. This set of initiatives will contribute to these ends and, ideally, will identify areas and provide strategies/tools to make the individual caregiver's job less stressful.

How could this initiative be implemented and who might be the initial stakeholders?

The initial stakeholders for this initiative are individual caregivers themselves. The county is also a stakeholder in that it currently seeks to provide services, support and information to caregivers and their families. As to how this multi-faceted initiative will be implemented, the following steps are proposed:

- Needs Assessment/Gap Analysis
  - Conduct at least four focus groups, one in each Human Services Region, to clarify caregiver needs and suggest subjects for the caregiver needs assessment.
  - Determine human and material resources necessary to conduct a comprehensive analysis of the needs of caregivers providing home care for seniors in Fairfax County.
  - Develop a needs analysis instrument that can be distributed both in print and electronically to caregivers.
  - Market survey, conduct survey, identify gaps and suggest strategies for gap mitigation.
- Identification of Additional Resources
  - Work with George Mason University and caregiver organizations to identify tools, technologies, and techniques that might be of practical use to caregivers and their charges.
  - Create a segment of the county website where this information might be posted.
- Creation of Tools/Techniques to Support Individual Caregiver.
  - Develop a specification for an Excel-based tool for home care cost and time accounting. The tool will be designed for use by an individual caregiver.
  - Test and disseminate the tool.
  - The above assumes that there is no such tool currently available commercially for use by individual caregivers.
- Identification of Community Resources to Provide Music, Art, and Pet Therapy to the Homebound.
  - Identify organizations that currently provide or have the potential to provide art, music or pet therapy to homebound individuals. This assumes that such individuals cannot come to county or non-profit facilities to receive such therapy.
- Creation of Strategies to Address the Need of Caregivers for Regular Respite (might be linked with Homecare COOP Initiative).

All of the above suggestions assume the maximum appropriate integration and utilization (and non-duplication) of currently identified and available county resources for caregivers and care recipients.

Background information, research completed, best practices and/or any other relevant information

Caregiver Support (Setting a Context): Seventy-five percent of adults 65 and older have at least one chronic condition. According to the Centers for Disease Control (CDC), this group is expected to constitute nineteen percent of the US population by 2030.

Forty percent of US adults care for sick, elderly relatives. Most caregivers are female between 30 and 64. Seven in ten caregivers are non-Hispanic White (National Alliance for Caregiving). Many caregivers of older people are themselves older adults, with over a third themselves being in fair to poor health (Administration on Aging).

Most home care costs are paid out of pocket. An estimated ninety percent of long term care is provided by unpaid care givers (Institute of Medicine). The home care industry is a resource, but expenses are usually unreimbursed. There is subsidization in Federal programs (Medicaid), but qualification is based on means tests.

Caregiving can have an economic impact on a working age individual removed from the workforce. However, there also is the economic benefit that results from keeping the sick and the elderly out of more expensive residential settings.

While many caregivers have some support (friends, neighbors, relatives), and receive some short periods of respite, there is still the issue of caregiver loneliness and isolation. This can often lead to depression (blog.caregiver.org).

In Fairfax County, resources are available for caregivers. In addition to Federal, State and County resources, especially for those who are qualified to receive them, there are a variety of homecare providers, both for-profit and independent contractors. Unfortunately, a significant number of caregivers and their families do not have the means to take maximum advantage of these services. And even if the resources exist, some of the challenges and competitive aspects of the homecare industry, in part relating to low wages and high turnover, still leave the family caregiver in the central role of companion, care provider, care coordinator, and fiscal manager. In the end it comes down to the creativity and resilience of the individual caregiver.

Who or what group will champion this initiative?

Champion/COA Advocate: Richard Chobot, Chair, Commission on Aging, Braddock District

County Liaison: Family Caregiver Support Team and Jacquie Woodruff, Area Agency on Aging/DFS

How would we measure success?

An aging population, the increased incidence of chronic conditions in individuals over 65, and longevity in general suggest that home care will continue to be a growing need within the county in general and

Fairfax County in particular. The popular print and digital press is replete with articles on how Boomers as a group have not saved enough for their retirement and will not be able to cover the cost of long-term care. The government may have some cosmic policy breakthrough on how it will deal with the growing costs of entitlements that provide long term care for the neediest elements of our population, but these costs will continue to increase. The reality is that the major emotional and financial burden for providing care for a family member when their health deteriorates will continue to fall on another family member. In this context, success will be measured by confirmation, through periodic evaluation, that the county and other public and private/voluntary organizations within the county are providing a reasonable level of support for local caregivers – as verified by the caregivers themselves.

Potential Results-Based Accountability Performance Measures:

- **How many focus groups held?**

- **How many participants in the focus groups?**

- **Through CCOL and other caregiver outreach efforts, caregiver survey measuring satisfaction with community services should be held.**

- **Goal to compile unmet needs list. Seek non-profits, business support, etc. to meet needs.**

- **Eventually will develop "better off" measures.**

50+ Action Plan 2014
Services for Older Adults and Family Caregivers
Proposed Initiative Analysis

Creating A Communication Buzz

Brief Description:

Many participants in the 50+ Forums held County-wide in 2013 expressed that they didn't have enough knowledge about Fairfax County services for older adults. This Initiative supports the Commission on Aging Initiatives and adds a different perspective and approach that supplements the excellent programs already in place.

Currently Fairfax County has an impressive Communications program, using print, email, public talks and other means to reach information dissemination centers such as county facilities and in particular, District Governmental Centers, Fairfax County public libraries, Community and Senior Centers, to name a few.

Many techniques currently used by Fairfax County can be called "push-through" techniques where communication flows from provider to potential user. Fairfax County also uses "pull-through" techniques where information sharing among potential users is encouraged and supported. The Community Ambassador Program for multicultural communities is an example of the "pull-through" technique.

Some older individuals are simply unaware of programs and services that might aid them; unable to properly frame an inquiry that might answer a specific question; do not have access to technology that would allow them to access county on-line information; or lack awareness of accessible resources that might answer a specific information need (e.g., Golden Gazette). In addition to sometimes lacking the necessary technology and/or the ability to effectively use that technology, older (75+) individuals often prefer face to face interaction, rather that telephonic or on-line interaction. They also prefer to receive information from a trusted (although not necessarily authoritative) source, usually a friend, relative or neighbor.

This initiative, Creating Communication Buzz, proposes a twofold course of action:

1. Expansion of the Community Ambassadors Program within the Area Agency on Aging to provide outreach for seniors 75+ who might be less likely to access information on county programs via the county website or other "push" based information channels.

2. Development of a Communications Advisory Group to enhance the county's Word of Mouth dissemination of information.

Meets the following Guiding Principles:

Attainable: The community ambassador proposed initiative builds and expands a current program in Adult & Aging Services. More community ambassadors would be recruited through ongoing outreach to community organizations.

A Communications Advisory Group attached to the Commission on Aging, consisting of representatives (stakeholders) from a variety of informal and formal community groups, could advise the Area Agency on Aging on the best ways to reach their members and provide feedback on "pull-through" measures taken. The Advisory group should also include members of the target population and their caregivers. The participants could vary over time depending on which areas of the county or specific communities appear to have particular needs for services, as demonstrated by demographic studies and community needs assessments.

Affordable: The Community Ambassador program is a totally volunteer initiative so there is little cost to the initiative. The Initiative does not call for any substantial new funding, and the current staff in the Area Agency on Aging (AAA) in partnership with Neighborhood and Community Services (NCS) could collaborate on the outreach to community organizations.

Actionable: The initiative is actionable as soon as volunteers are recruited and trained, ideally within a year.

How will this initiative support the desire of most adults to stay in their community of choice if they become less self-sufficient?

The initiative will provide access to county information that might otherwise not be accessed by the older adult population, in particular the 75+ population. This will aid these individuals and their caregivers in making decisions that directly and indirectly impact the individual's ability to stay in their location of choice.

How could this initiative be implemented and who might be the initial stakeholders?
The initiative can be implemented by the AAA Volunteers Solutions program, the A&A Communications Manager, NCS community outreach staff and informal community stakeholders. The planning group and the Communications Advisory Group will use demographic information to guide this community outreach project.

Who or what group will champion this initiative?

Champion: Renuka Chander, McLean Community: A Village for All Ages (MCVA)

COA Advocate: Kay Larmer, Vice Chair, Commission on Aging, Dranesville District

County Liaison: Grace Lynch, Area Agency on Aging/Adult & Aging/DFS and Linda Hernandez-Giblin, Area Agency on Aging/DFS

Background information, research completed, best practices and/or any other relevant information.

1. Community Ambassador
Under the expanded vision, a community ambassador is an individual well versed in existing 50+ information resources who can evaluate and respond face-to-face, or a small group setting, to an information request or to meet an information need.

This initiative also is not a speaker's bureau. The individuals who volunteer to be Ambassadors will work with seniors one-on-one, or in small groups, to find answers to specific questions relating to services. In doing so, research supports the fact that information seeking behavior of individuals 50+ varies, in large measure, as a function of age, access to appropriate information and technology resources, and comfort level/confidence in the information provider. (Rose Frase; The Information World of Senior Citizens: A Review of the Literature; 2004).

Based on the literature reviewed at the time the paper was written, Frase observed that "Without exception, research clearly demonstrated senior's poor awareness of information resources, their preference for face-to-face information transfer, and the relative ineffectiveness of printed material as an information channel." (p.6)

A 2010 Report on Baby Boomers and Older Adults: Information and Service Needs prepared by Virginia Tech for the National Association of Agencies on Aging found, among other things, that:
- Information needs and interests varied as a function of age.
- Fewer persons in the 75-84 and 85+ age groups were likely to contact government agencies for information.

In support of the proposed initiative, one of the conclusions from the first section of the Virginia Tech report merits being quoted at length:

Those aged 75+ were not very interested in seeking information on aging issues. This may be a testament to their personal strengths and abilities to manage their lives and age in place as they see fit. When they needed information, they relied heavily on family and friends as resources. Thus a two-pronged strategy may be most effective for disseminating information on aging topics: Approach aging persons using marketing methods that address quality of life issues, and focus efforts on educating informal care networks that work with older persons on aging issues, services and information resources. (p.10)

It has been observed that, given its affluence and well developed information infrastructure, seniors in Fairfax County may vary from the norms suggested in research on seniors such as that cited above. Given the importance of reaching the maximum number of seniors through a variety of information channels, it is suggested that the County consider conducting a survey similar to the 2013 Transportation Survey. Data on information seeking and utilization by different sub-cohorts of the senior population will allow development of more focused strategies for reaching these individuals; or validation of current dissemination assumptions and strategies.

2. Communications Advisory Group
One of the key concepts in Word of Mouth Dissemination is to identify and engage naturally occurring Opinion Influencers. Some Opinion Influencers in the Aging field might be leaders at organizations such as HOAs, civic organizations with a senior constituency, Aging-in-Place Villages, faith-based organizations and non-profits engaged with the 50+ population. These Opinion Leaders can be trained as community ambassadors, to inform their communities about County resources and services. Opinion Leaders would also be valuable members of a Communications Advisory Group.

An example of an avenue for information dissemination of services and resources that are provided not only by Fairfax County but by non-profit and faith-based organizations is the McLean Senior Source. The McLean Senior Source (MSS) consists of an information service accessible via phone, email or in person and is staffed by trained Volunteers who are McLean residents. These Volunteers work with an electronic Directory of Resources and Services. While the volunteers are adept with electronic devices and the Internet, the callers do not have to be.

This is a system that reaches older adults and adults with disabilities no matter their level of proficiency with the Internet.

Another example is that Fairfax County engages many citizen groups in various advisory and work Committees. The Long Term Care Coordinating Council (LTCCC) disseminates the information they learn in their meetings to a wider audience in their communities.

These are small examples of how a Community Ambassador Program, expanded beyond the multicultural communities, and influenced by a Communications Advisory Council, could help increase the awareness and use of services and resources available to older adults in Fairfax County.

Potential Results-Based Accountability Performance Measures:

- How many meetings were held to disseminate information?
- How many community ambassadors agreed to communicate with friends, neighbors, community?
- How many ethnic groups and organizations identified ambassadors who agreed to speak to friends and neighbors about county and community services?
- Results of surveys to identified ambassadors: Have you learned more about county services? Are you willing to speak to your friends and neighbors?

50+ Action Plan 2014
Services for Older Adults and Family Caregivers
Proposed Initiative Analysis

Home Health Care Cooperative

Brief Description:

As Fairfax County residents age and require in-home health care, they have a range of choices available. They do not, however, have control over rates charged by providers or the problem of significant turnover on the part of home health aides and home care aides. This initiative suggests that the home health care cooperative may suggest a method of mitigating the impact of these issues. The cooperative could be organized by caregivers, service recipients, or some combination of the two groups.

How will this initiative support family caregivers and/or support the desire of most adults to stay in their community of choice if they become less self-sufficient?

Non-medically prescribed home care services (personal care, support services) are not, in the main, covered by insurance. There are provided by the family, friends, home care companies, or independent contractors. The cooperative model does not necessarily reduce costs. However, it provides an alternative model that places more control in the hands of care givers and/or care recipients. The proposal does not envision, at least initially, the provision of home health care services (e.g., nursing, PT, OT, etc.).

How could this initiative be implemented and who might be the initial stakeholders?
Implementation:
1. Establish Feasibility Study Group;
2. Validate need for a cooperative approach in Fairfax County;
3. Conduct In-depth research and market analysis;
4. Draft feasibility plan;
5. Decide whether to move to incubation/business plan development/marketing.

Initial Stakeholders:
1. Current/future service recipients;
2. Family caregivers;
3. Independent care givers (e.g., Service Employees International Union Local 512);
4. County government and perhaps a state legislator;
5. Perhaps representative of county's Office of Public/Private Partnerships.

The Fairfax County Health Department and the Long Term Care Coordinating Council are possible future stakeholders.

Background information, research completed, best practices and/or any other relevant information.

In-home senior care trending in Fairfax County (FairfaxTimes.com; October 18, 2013): Aging baby boomers and a lackluster economy are transforming the senior care model in Fairfax County…the large number of boomers entering the population is putting a strain on traditional senior care models and nursing home facilities.

A cooperative is a user owned, user controlled business that distributes benefits on the basis of use. (USDA, 1987). Another definition: A cooperative is an autonomous association of persons united voluntarily to meet their common economic, social and cultural needs. International Cooperative Alliance)

Cooperatives in the US date from the mid eighteenth century. The most common application of cooperative principles are found in agriculture and marketing (e.g. dairy co-ops), purchasing, service provision, finance, utilities, and housing. Some retirement and co-housing communities are cooperatives.

Five types of cooperative businesses: Consumer, Produces, Worker, Purchasing/Shared Services, and Hybrid. This initiative envisions either Worker or Hybrid (Worker and Consumer) models.

A cooperative can be organized as a non-profit; however, most cooperatives are organized as profit seeking corporations. However, there are principles that set it apart from other corporations: the cooperative must be member oriented rather than investor oriented. The principal source of capital for a corporation is its members. Investors can be sought, but investors can be given neither voting rights nor representation on the board of directors

Cooperatives have their national voice through the National Cooperative Business Association (www.ncba.coop). A related resource is the Cooperative Development Foundation (www.cdf.coop). Both are located in Washington, DC. The Cooperative Development Foundation has recently launched a Senior Resource Center (SRC) to raise awareness about the cooperative home care model. (http://www.cdf.coop/senior-resource-center/)

Home care cooperatives are a relatively new application of the concept. They are found in the form of Worker Cooperatives and, more recently, Hybrid Cooperatives where the "owners" are both service delivery workers and clients receiving home-care services. The advantage of a cooperative model for home care workers is the ability to better control wages. This in turn has been shown to significantly reduce home care worker turn-over, a major issue in client satisfaction and effective service delivery.

Examples of home care cooperatives are as follows:

- **Cooperative Home Care Association**: New York City; founded 1985; initial focus to improve the quality of home health care jobs. Revenue comes from negotiated contracts to provide home health care services. Eight percent of revenues used for worker compensation and benefits. Workers are eligible to purchase one equity share in the Coop ($1000) through modest payroll deductions.
- **Cooperative Care, Wautoma, WI**: Initiative came from the county's human services agency. Initial seventy members were workers who contracted to the agency. Decision to organize them into a coop. Initially, the bulk of business was through the county, but has expanded to private pay clients, respite, hospice and companion care.

- **Circle of Life Cooperative**, **Bellingham, WA:** Worker owned coop licensed to the Washington State Department of Health. Benefit to workers is motivation which comes from having a stake in the business. Highly motivated to provide best possible care for clients.

Of interest is the emergence of a Hybrid or Multi-Stakeholder model for home care. In this model the stakeholders are both workers and clients. The suggested membership classes also allow for families of clients, an interesting idea. A manual supporting this model was developed by the Cooperative Development Center at Kent State University. (http://www.kent.edu/CAS/oeoc/about/upload/multistakeholder-coop-manual-2.pdf)

The above information is just a sampling of what has been developed in over a year or research.

Who or what group will champion this initiative?

Champion/COA Advocate: Richard Chobot, Commission on Aging, Chair, Braddock District

County Liaison: Barbara Antley, Adult & Aging Services/DFS

How would we measure success?

Initial success will be measured if the concept were to prove feasible.
Interim success will be measured if the business and marketing plans indicate that the concept is economically viable and if a model program is implemented.

Potential Results-Based Accountability Measures:

- Initial success will be measured if the concept were to prove feasible.
- Interim success will be measured if the business and marketing plans indicate that the concept is economically viable and if a model program is implemented.

50+ Action Plan 2014
Services for Older Adults & Caregivers
Proposed Initiative Analysis

Housing for Older Homeless Adults and
Those at Risk of Becoming Homeless

Brief Description:

In 2008, A ten-year plan was promulgated by the Board of Supervisors to *Prevent and End Homelessness in the Fairfax-Falls Church Community (the Plan)*. The Plan is built around a "housing first" approach. A basic premise is that integrated services can be delivered more effectively when an individual's basic shelter needs are met. The focus of this initiative is a subset of the single homeless population, those older than 55 and especially those with, or at increased risk of chronic medical conditions; and those older individuals who become homeless through situations not of their making (e.g., abuse, abandonment, loss of housing). The goal is to use the resources and infrastructure created by the Implementation Plan to increase safe housing opportunities for this group.

Older Homeless, including those requiring medical respite care: Currently, Fairfax County has three shelters serving adults without children that, between them, have 142 beds for this group. The January 30, 2013 *Point-in-Time Count of People Experiencing Homelessness* reported 603 single individuals, of whom 174 (29%) were 55 or over. In 2012, the count in this category was 155 (22%) of a total of 697 single homeless. The Fairfax County website reports that close to 65 percent of single individuals who are homeless suffer from serious mental illness and/or substance abuse, and many have chronic health problems and/or physical disabilities (https://www.fairfaxcounty.gov/homeless). The older homeless are more likely to be among this 65 percent.

When a homeless individual with a chronic medical condition requires treatment, given the fact that they are likely uninsured, they can be referred to a medical respite program. In 2004, The Board of Supervisors created a medical respite program for the homeless with medical problems. Respite means providing the sick and injured homeless with a respite from the dangers of living on the street.

The **Embry Rucker Shelter** in Reston provides 4 male beds and one female bed dedicated to homeless clients with an acute medical condition from which they need to recuperate. The stay is 30 days after which another placement must be found. For very frail, vulnerable, and/or traumatized older adults, staying in a general shelter is not appropriate.

Adult Protective Services (APS) attempts to access emergency beds with private vendors, but beds are not always available, and private vendors are sometimes reluctant to take people immediately and without medical histories. APS has one designated bed in the Mondloch House. The Mondloch House provides shelter for eight single adults who are chronically homeless and have significant mental health needs.

During a December 2007 report to the Health Care Advisory Board on the homeless medical respite program (https://www.fairfaxcounty.gov/hd/hcab/hcabpdf07/hcab20071210.pdf), it was noted that "applicants had a 29 percent chance of being admitted into the [medical respite]

program." Medical respite referrals came from several sources, the most common being hospitals and shelters; and at the time of intake, medical diagnosis of conditions presented indicated that these conditions were poorly controlled. It also was noted that "clients made remarkable progress during their stay in the medical respite programs. Upon discharge from the Program, 55% of clients continued to stay in an emergency shelter. An additional 21% of clients were characterized as unsheltered, with many of these being served in the Health Department's Homeless Healthcare Program. The 2011-2012, "Under the Safety Net" report about the medical respite program notes that "Demand for medical respite services continues to outpace the program's capacity." The program was unable to serve 116 people in 2011-2012.

Older Individuals requiring emergency housing to prevent their becoming homeless: Older individuals can become homeless through no fault of their own, sudden loss or removal from their residence; abandonment, etc. There is also the fact that the population of Fairfax County is aging, with growth in both the 65 and 85+ cohorts. At the same time, we face the fact that some individuals will outlive their resources and may be forced out of their homes and be unable to afford to rent a room or apartment. A significant portion of this group may be widows or widowers, whose families are not in the immediate area. Within this group we will also find older individuals who, for whatever reason are not able to qualify for Medicare. We need to anticipate and allow for the shelter needs for these individuals both on an immediate and longer term basis, lest a significant number of them join the ranks of the homeless.

Meets the following Guiding Principles:

Attainable: Fairfax County has a plan to end homelessness by 2018. The problem of the older (50+) homeless individual is a function of this plan.

Affordable: The Plan envisions a solution to the problem of homelessness in the form of "…a true partnership of the government, business, faith and nonprofit communities…" The premise of this initiative is that resources to support services to the existing older homeless population, and those at risk of becoming homeless, will be found within the existing collaborative framework developed through the plan.

Actionable: Fairfax County has an Office to Prevent and End Homelessness (OPEH). The Fairfax County Health Department supports a Homeless Healthcare Program. There exists within the county an infrastructure to serve the homeless and a ten year plan to end homelessness, which has been operational since 2008. Within this context, an initiative to serve the older homeless, especially those with chronic medical conditions and those at risk of becoming homeless is actionable.

How will this initiative support family caregivers and/or support the desire of most adults to stay in their community of choice if they become less self-sufficient?

This initiative is not about staying in one's community of choice. Rather, it is about providing basic services if an older individual is homeless, especially if medical respite is needed; about identifying older individuals at risk of becoming homeless for economic or situational reasons; and about providing emergency housing for individuals who become homeless due to conditions beyond their control.

How could this initiative be implemented and who might be the initial stakeholders?

The community plan to end homelessness provides a context for implementing this initiative. The Director of the Office to Prevent and End Homelessness will convene a Homeless Older Adults Planning Group with a few stakeholder agencies including OPEH, DFS, Health Dept., and CSB and a representative from one of the non-profit partners, Cornerstones. The planning group will develop strategies to address the current shortage of medical respite beds. The particular issues and needs of older homeless adults will be examined, and appropriate new approaches to working with these individuals will be implemented. In addition to homeless individuals, stakeholders are identified in the member list for the Executive Committee and work groups, as well as the partnership organizations identified in Appendices C and D of the Plan.

Background information, research completed, best practices and/or any other relevant information.

A few examples of programs serving the target population of this initiative are:

- **Micah Ecumenical Ministries, Fredericksburg, VA (www.dolovewalk.net)**
  Residential recovery program serving chronic homeless patients who do not meet hospital inpatient requirements, but are too ill to be on the street. Operated in collaboration with Mary Washington Hospital. Eight beds.

- **The Daily Planet, Richmond, VA (www.dailyplanetva.org)**
  The Daily Planet Health Care for the Homeless Center. Community medical respite program located in a free-standing facility that provides short-term convalescent supervision is a shelter environment for homeless clients with primary medical diagnoses. Twenty bed program serving adults over 18 for up to 30 days.

  The above two facilities, as well as the Fairfax County Medical Respite Program (Embry Rucker Shelter) are part of the national Respite Care Providers Network (www.nhchc.org/resources/clinical/medical-respite/respite-care-providers-network/)

- **Cedar Village Retirement Community/Shalom Center, Mason, OH**
  The Shalom Center provides shelter for eligible seniors aged 65 and older, within the Cedar Village long-term care facility. Emergency stays can extend 90 to 120 days. Referrals are from hospitals, local agencies and other organizations.

- **The Weinberg Center, Riverdale, NY**
  The Weinberg Center provides short-term emergency shelter for victims of elder abuse aged 60 and older. The Center is located on the premises of the Hebrew Home, a skilled nursing facility. Referrals are accepted from community organizations in the greater New York area.

- **Sunbeam Emergency Shelter for Seniors and the Medically Fragile, Oklahoma City, OK**
  (www.programsforelderly.com/housing-sunbeam-emergency-senior-shelter.php)
  The Sunbeam Emergency Shelter is an alternative to a traditional homeless shelter. Its purpose is to serve victims of elder abuse, neglect and exploitation. It was expanded to shelter homeless seniors as a result of medical condition. Stays are for 30 days and can be extended. Referrals come from a variety of public and non-profit sources.

Who or what group will champion this initiative?

Champion: Dean Klein, Office to Prevent and End Homelessness: and Adult & Aging Services/DFS

COA Advocate: Sharron Dreyer, Commission on Aging, Lee District

County Liaison: Barbara Antley, Adult & Aging Services/DFS

Potential Results-Based Accountability Measures:

- Utilize performance measures previously identified by Office to Prevent and End Homelessness including (assuming information could be reported <u>by age</u>):
    - % of older adults exiting the emergency shelter program during the fiscal year that moved to successful housing outcomes, including transitional and permanent housing
    - % of older adults that exited the emergency shelters to a successful housing outcome within the prior two years that did not return to homelessness during the past fiscal year

50+ Action Plan 2014
Services for Older Adults and Family Caregivers
Proposed Initiative Analysis

**Optimizing the Number of Links into
the County's Older Adults Page**

Brief Description:

This initiative will ensure that links to the county's Older Adults Web page are posted on county pages that older adults and caregivers are most likely to visit. More links to this page should increase visits and help older adults and caregivers find the services they need.

How will this initiative support family caregivers and/or support the desire of most adults to stay in their community of choice if they become less self-sufficient?

This initiative will link all county Web pages particularly utilized by older adults. It will highlight for the public our coordinated system of providing information about all services for adults with disabilities and older adults. If members of the community are informed about the services and activities available with county support, they are more likely to use them and, therefore, receive support in staying in their community of choice.

How could this initiative be implemented and who might be the initial stakeholders?

The stakeholders would be the Office of Public Information, the Adult & Aging Services' Communications and Outreach Manager, and the individual PIOs who oversee the Web pages for their relevant agencies (Library, NCS, Health Department, and others). The appropriate IT Web staff can add the link as provided by the A&A Communications Manager.

Background information, research completed, best practices and/or any other relevant information

The Older Adults page serves as a home page for county-wide services for older adults. It organizes program links into four simple categories: services; recreation and wellness; community engagement and connections and features a news section for this target audience.

It also prominently displays the number for the Aging, Disability and Caregiver Resource (ADCR) Line: 703-324-7948, TTY 711. Staff who respond to this "must answer" line are highly trained specialists in older adult services and can provide quick answers to simple questions as well as assessment and consultation for more complex issues.

The Older Adults Page also offers a link to an "Online Request for Service Information" form. Completed forms go directly to a worker in the unit who responds the next business day.

Increasing the likelihood that residents find this Web page increases the likelihood they will call this number and, ultimately, the likelihood they will receive this valuable service.

The ADCR Line is modeled after the Federal initiative called Aging and Disability Resource Connections (No Wrong Door in Virginia).

- http://www.vda.virginia.gov/nowrongdoor.asp
- http://acl.gov

Who or what group will be the champion for this initiative?

Champion: Adult & Aging Services/DFS

COA Advocate: Tom Bash, Commission on Aging, Springfield District

County Liaison: Grace Lynch, Area Agency on Aging/Adult & Aging/DFS

How would we measure success?

An increase in the number of Web hits to the Older Adults page and contacts to ADCR may indicate effectiveness.

An increase in the number of online contacts from other agency websites could also be a measure.

Potential Results-Based Accountability Measures:
- The measures listed above seem accurate given the nature of the initiative

50+ Action Plan 2014

<u>Safe & Healthy Community</u>
Proposed Initiative Analysis

Project Lifesaver Expansion

Brief Description:

Project Lifesaver is a comprehensive program including equipment and training of local public safety agencies to quickly locate and rescue "at risk" individuals with cognitive disorders who are at constant risk to the life threatening behavior of wandering, including those with Alzheimer's disease, Autism, and Down syndrome. The Fairfax County Sheriff's Office is the local partnering agency that manages and runs the program, providing timely response and recovery of wandering persons, both children and adults. The Police Department may participate in actual searches with helicopter crews.

Services are provided first come, first served. Project Lifesaver is now serving 48 clients with 31 people on the waiting list (estimated at a one year wait) for the local Project Lifesaver program. The current percentage of older adults with Alzheimer's who are enrolled in the program is approximately 25%. The other 75% are children or adults with Autism, traumatic brain injury or other special needs.

Second Lieutenant Stacie Talbot of the Sheriff's Office stated recently that the batteries in each individual tracking device must be changed monthly by the deputies and that this procedure is time-consuming for the staff. The waiting list is tied to the staffing level at the Sheriff's Office but another concern is the fact that the program is self-funded, the $25 monthly donations are strictly voluntary, and not many participants are making donations. More funding is needed to keep the program financially viable and to increase the number of participants who can be served.

The initiative has two aspects:
1. Volunteers will be recruited through the Area Agency on Aging's Volunteer Solutions to change the batteries for each client on a monthly basis. Without that responsibility the Sheriff's Office could better manage a larger active participant group.

2. Additional funding is needed to eliminate the current waiting list and then continue to serve 70-80 clients at any one time. Grants, county funding and/or corporate donations will provide additional funding that could expand the program to its maximum capacity for the Sheriff's Office staff that is currently available. With the assistance of the Office for Public/Private Partnerships, an outreach effort could be organized to raise funds through grants such as the Washington Post Foundation or through corporate gifts. Funding will be needed to add equipment that is needed to expand the program and to eventually replace the existing equipment that is 8 years old. Thirteen new receivers would be needed at an estimated cost of $18,200. Thirty additional transmitters would be required for the additional clients at $9,000 ($300 x 30). The new receivers could be put out on the road with deputies, and provide the program with 30 new transmitter kits for clients that each include 1 transmitter, batteries and bands for a year.

How will this initiative help educate older adults in the Fairfax area to prevent crime/fraud/exploitation, protect vulnerable adults, and/or help all adults to lead healthier lives?

This program has widely proven its value in protecting older adults with Alzheimer's or dementia. Once the Sheriff's Office is notified that a Project Lifesaver client is missing, a search and rescue team responds with the tracking equipment. The program has a 100 percent track record of locating wandering adults and children, usually within 30 minutes. Adults with dementia who wander and don't have the tracking device are much more difficult to locate. Those who are not found within 24 hours usually have dire outcomes.

How could this initiative be implemented and who might be the initial stakeholders?

After an informal agreement is signed between the Sheriff's Office and Volunteer Solutions (VS), VS could start recruiting volunteers to replace batteries. The volunteers would free up Sheriff's deputies for other duties. Funding assistance could be provided through a Fairfax County fund, a grant from an organization such as the Washington Post Foundation, or a corporate donation arranged through the Office of Public/Private Partnerships. The Sheriff's Office would consider an appropriate percentage of clients with Alzheimer's that can be served. The Sheriff's Office would retain control of the size of the program as well as the client application process.

Who or what group will implement this initiative?

Champion: Fairfax County Sheriff's Office

COA Advocate: Joseph Heastie, Commission on Aging, Providence District

County Liaison: Second Lieutenant Stacie Talbot, Fairfax County Sheriff's Office

Background information, research completed, best practices and/or any other relevant information

The Project Lifesaver method relies on proven radio technology and specially trained search and rescue teams. Citizens enrolled in Project Lifesaver wear a small transmitter on the wrist or ankle that emits an individualized tracking signal. If an enrolled client goes missing, the caregiver notifies the local Project Lifesaver agency, and a trained emergency team responds to the wanderer's area. Most who wander are found within a few miles from home, and search times have been reduced from hours and days to minutes. Recovery times for PLI clients average 30 minutes — 95% less time than standard operations. The project gives certified first responders the tools to assess and effectively manage the safe and comfortable return of the "At Risk" individual.

The client must be a resident of Fairfax County, Fairfax City, Herndon or Vienna. The client must have a legally responsible caregiver who agrees to the conditions of the program and the contract. When enrolling in the program a $25 monthly donation is suggested; however, a large percentage of participants do not have the means to pay.

Additional grant opportunities are also available through the National Autism Association, Pilot International, and the Alzheimer's Foundation of America. Tommy Carter at Project Lifesaver International can be contacted for more information, tcarter@projectlifesaver.org.

How would we measure success?

1. The number of volunteers recruited to help in the first year with volunteer assistance.
2. The number of participants enrolled in the program.
3. A percentage higher than the current one of participants enrolled who have dementia.

The record of the number of participants rescued in one year and the amount of time needed in each case to return the person to safety.

Potential Results-Based Accountability Measures:
- Annual point-in-time: Is there a wait list? If so, how many on the wait list?
- Unduplicated number of participants during the year
- Has any additional funding been received during the year?
- % of caregivers reporting their family member has benefitted from participating in the program
- % of caregivers reporting they have benefitted from their family member participating in the program

50+ Action Plan 2014
<u>Safe & Healthy Community</u>
Proposed Initiative Analysis

Criminal Exploitation Prevention

Brief Description:

This initiative will address the concern of exploitation crimes being perpetrated intentionally on vulnerable older citizens. With this segment of the population rapidly increasing, this is a growing concern that Fairfax County should be prepared to properly handle.

How will this initiative help educate older adults in the Fairfax area to prevent crime/fraud/exploitation, protect vulnerable adults, and/or help all adults lead healthier lives?

Education campaigns will be used to inform the older adult population as well as those who may care for these residents (friends, family and neighbors). Police and other county personnel who are routinely in the community will also be educated. The goal would be to make those aware of the problem with simple, yet effective, solutions for overall prevention.

As seen in prior cases and prosecutions, the wider the group of citizens and County employees that are aware of this problem, the more suspicious and illegal activity will be reported to police. An even more broad-based initiative like this in the county will undoubtedly increase protection for our vulnerable adults in terms of financial loss, safety and comfort in their own homes, etc. This is especially important when considering that many of these cases are not being reported directly from the victim (see more below).

Once cases are identified, aggressive enforcement tactics are important. For example, recent experience has proven that many scam groups/offenders have responded to this approach by avoiding Fairfax County altogether. Another idea moving forward could be to look at strengthening the county's soliciting and licensing laws/penalties especially for repeat offenders. Experience shows most home improvement scams (which are arguably the most concerning of the scam crimes facing this initiative) stem from offenders knocking on doors in neighborhoods looking for work and/or vulnerable targets. Both ideas are examples that could have an overall positive impact for all county citizens.

How could this initiative be implemented and who might be the initial stakeholders?

This initiative would be implemented mostly through Police Department lead. A model using the following three phases has shown success: Comprehensive Education, Aggressive Enforcement, and Calculated Advocacy. There is no reason to believe that an expansion of this model County-wide would not have success when preparing to protect the increasing victim population.

The Education Campaign could include select police employees training other officers. It will be important that the patrol officers, who are in our neighborhoods every day, have a consistent understanding of the problem and their role in helping to combat it. A group of established volunteers could also be trained by police employees. This would allow for a larger amount of

citizens and groups in our communities to become informed. They will hopefully become empowered to get involved if something suspicious is noticed relating to one of their elderly friends, family, or neighbors.

The Enforcement Campaign could include an Elder Exploitation Unit or a looser-based task force created within the Police Department, or joint county government entity, that would be allowed to coordinate this initiative's goals and ensuing criminal investigations in a consistent manner. The task force may prove to be a more practical idea. It could consist of a team of at least one Criminal Investigations Section detective (those already present at each district station for property/larceny related crimes) involved with their respective Crime Prevention Officer on a team to combat the problem. Consistency could be maintained by regular meetings, established goals, operational cooperation, and supervisory concurrence. This approach would also likely have the least impact on Police Department staffing and other related issues. In fact, the author of this initiative is a detective at the Mason District and has already seen this trend take form in recent months at other stations. Regardless of the structure, this new team would complement the Child Exploitation Unit already in place that helps protect a vulnerable population on the other end of the aging spectrum. The Crime Prevention Officers (again, already in place at each District station) and established volunteers are examples of reasonable resources that could be used in the large-scale and consistent education campaigns.

The Advocacy Campaign could include close cooperation with the Office of the Commonwealth's Attorney to reference any need to change the way such cases are handled through the court process. Also, political advocacy assistance could come from countless contacts both within and outside Fairfax County in order to create and/or change laws that will better protect vulnerable adults.

Stakeholders may include: The Police Department and other public safety entities, the Office of the Commonwealth's Attorney, the Fairfax Area Agency on Aging and Commission on Aging, Office of Consumer Affairs, senior centers, senior community organizations and clubs, aging-in-place initiatives such as villages, faith communities, and community service organizations that cater to older adults.

Who or what group will champion this initiative?

Champion: Steve Canner, Community Member

COA Advocate: Joseph Heastie, Commission on Aging, Providence District

County Liaison: Barbara Antley, Adult & Aging Services/DFS; Mary Ann Jennings, Fairfax County Police Dept.; and V.F. Johnson, Dept. of Cable and Consumer Affairs

Background information, research completed, best practices and/or any other relevant information.

The population in Fairfax County is now well over 1 million persons. An estimated 10% of this population is in the age group 65 and over. A more revealing statistic, perhaps, is that almost 20% of households in Fairfax County have a resident among this group (Source: 2010 US Census). National trends are known to be alarming for this age group's increase with a projected 71 million total persons (19.6%) by the year 2030 (Source: CDC website). This will certainly translate to Fairfax County and bring with it applicable concerns that must not be ignored.

Scam crime groups/offenders will not subside as their target group drastically increases. The opposite is likely to occur even if one merely thinks of this problem logically. Statistics from year 2013 in Fairfax County indicate that at least 206 scam-related criminal incidents were reported to police with victims known to be 50 + in age (Source: Crime Analyst Jennifer Godown, Mason District Station). This number may not be particularly alarming, but it certainly doesn't tell the complete story.

Many of these cases are not being reported. Successful cases in recent years have often originated from proactive police work. The FBI lists several vulnerabilities common to the 65 + age group that include: (1) Generally more polite and trusting; (2) More susceptible to medical problems affecting memory; and (3) Less likelihood for them to report these crimes due to embarrassment or desire to maintain financial freedom (Source: https://www.fbi.gov/). These points have all been observed in Fairfax County cases recently which are doubtful to change. That is one glaring reason for the importance of this initiative.

Another reason is the staggering potential for loss by these victims. One recent case in Fairfax County has seen a particularly vulnerable elderly couple lose near $85,000.00 in just two months related to unnecessary and over-priced home repair work. The female victim died during prosecution of the offender and the male victim needed long-term care that the family struggled to afford, in part, because of the financial loss. Another ongoing case has revealed a vulnerable elderly female that lives alone who has written multiple checks to different individuals totaling almost $30,000.00 in less than two months. The "work" in this case was poorly done or not completed at all. This victim also recently collapsed inside a bank after she was brought there by a suspect who was trying to exploit cash. Unfortunately, examples such as these are becoming more common in Fairfax County, and it could certainly be argued that the loss extends beyond monetary.

To reiterate the aforementioned action plan, the best way to achieve success in this initiative which addresses a real problem is to have a unified and consistent large-scale approach to:
(1) Comprehensive Education; (2) Aggressive Enforcement; and (3) Political Advocacy.

How would we measure success?

First, success could be measured based on how many people we can educate with the same message. Next, it could also be measured based on the number of offenders identified and arrested as well as the level of success seen within the various disposition methods (jail sentences, monitoring probation, license restrictions, etc.). It's reasonable to suggest that, within the guidelines of the initiative, educating police and the public may initially increase reported crimes and arrests. It would be the ultimate success, however, if time spent adhering to the initiative produced a drastic decrease in presence of the crime groups. And lastly, it could certainly be considered a success if positive political change/laws come about through initiative efforts.

Potential Results-Based Accountability Measures:

- % of individuals who report feeling safer resulting from increased knowledge about resources and services available in the community (measure of education)

- % of outreach and education participants who report feeling better prepared to share information and resources in the community (measure of advocacy)

- Number of individual reports; # of convictions (measures of enforcement that would be collected at a later point in time)

50+ Action Plan 2014
Safe & Healthy Community
Proposed Initiative Analysis

**Building Community Partnerships to
Enhance Behavioral Health for Seniors**

Brief Description:

There is an unmet need for outpatient mental health treatment for older adults in Fairfax County. Across the country only 1/3 of older persons who live in the community and who need mental health services receive them. Senior Reach is an evidence-based program that provides care management, mental health/substance abuse treatment and wellness services at no cost to older adults who are isolated, frail or in need of support. The program identifies people who may need emotional support and/or connection to community services through trained "community partners" such as postal workers, church members, transportation providers, etc. The community partners learn how to approach older adults who appear to be confused, disheveled, or unwell and offer them a connection to services through a call center. The call center workers make appropriate referrals for service, including if appropriate to therapists who can come to the home for an assessment and for the provision of brief therapy (6-10 sessions) if needed. When appropriate clients are also provided access to primary care and supportive county and community services.

Senior Reach coordinates with the 2013-2018 Community Transformation Grant developed by a collaborative effort with numerous community stakeholders. Senior Reach directly aligns with the Access to Health Services Goal 2 and the key activities.

- Train community-based organizations to recognize signs of mental illness and depression and make appropriate referrals.
- Increase community awareness of mental illness, including how to get help and ways to promote mental health in order to connect people with services and reduce the stigma of mental illness.

Meets the following Guiding Principles:

Affordable if done in partnership with a non-profit and a grant award for start-up. Medicare, Medicaid and insurance fees can maintain the program once it is fully activated. Donations or grant can be sought to provide service to uninsured people.

Establishment of this program is a long-range effort. If a work group comprised of representatives from the CSB, DFS Adult & Aging Services, the Health Department and other county staff, community non-profits and interested community members studies, explores and plans for establishment of the program, it could certainly be attainable within 5 years.

How will this initiative help educate older adults in the Fairfax area to prevent crime/fraud/exploitation, protect vulnerable adults, and/or help all adults lead healthier lives?

This initiative will fill a gap in services for older adults with mental health issues. The Community Services Board only serves people with severe mental illness. The Department of Family Services'

Adult & Aging Services has recently begun to implement *Healthy Ideas,* an evidence-based program that trains non-therapists to provide helpful interventions with clients who have had a depression screening that indicates mild depression. The people who most often do not have access to mental health services are the people in the middle – those who are diagnosed with moderate depression or anxiety, for example. The Senior Reach Program connects those older adults with services that will significantly improve their quality of life.

How could this initiative be implemented and who might be the initial stakeholders?

The initial stakeholders could be: Community Services Board, Fairfax County Adult & Aging Services, Inova Behavioral Health, Inova Juniper Program, Northern Virginia Family Services, Alcohol & Aging Awareness Group, community members who participated in the planning for the Partnership for a Healthier Fairfax, Health Department staff, and the Senior Reach organization (www.SeniorReach.org). Implementation may require grant funding for start-up.

Who or what group will champion this initiative?

Champions: Kathleen Cameron, NCOA and NOVA Alcohol & Aging Awareness Group

COA Advocate: Joseph Heastie, Commission on Aging, Providence District

County Liaison: Sharon Lynn, Area Agency on Aging/DFS

Background information, research completed, best practices and/or any other relevant information.

The Senior Reach website, www.SeniorReach.org, provides expansive information to support the effectiveness of this evidence-based program. The "Implementation" tab links to research, data, implementation information and fee structure.

Evidence of Senior Reach's highly successful outcomes is demonstrated in the following published articles:

- Bartsch, D. & Rodgers, V. (2009). Senior Reach Outcomes in Comparison With the Spokane Gatekeeper Program. *Care Management Journals,* 10 (3), 82-88*.*
- Bartsch, D., Rodgers, V. & Strong, D. (2013). Outcomes of Senior Reach Gatekeeper Referrals: Comparison of the Spokane Gatekeeper Program, Colorado Senior Reach, and Mid-Kansas Senior Outreach.
- SAMHSA Older Americans Behavioral Health Issue Brief 6: Depression and Anxiety: Screening and Intervention.

The articles may be viewed at http://www.seniorreach.org/implementation/resources-2/.

How would we measure success?

Number of community partners trained, number of referrals received, number of people who complete brief therapy, MH scales showing outcomes, client satisfaction surveys

Potential Results-Based Accountability Measures:

- Number of people trained as community partners.

- % of caregivers of participants who indicate that a family member has improved emotional health or psychiatric status as a result of participating in "program x."

- % of older adult participants who demonstrated improved mental health functioning upon completion of "program x."

- % of older adult participants served who report noticeably improved emotional health.

- % of older adult participants who report that they are better off as a result of participation in this program.

50+ Action Plan 2014
Safe & Healthy Community
Proposed Initiative Analysis

Park Authority 50+ Initiatives

Brief Description:

The Fairfax County Park Authority (FCPA) will increase its outreach to older adults through its upcoming Needs Assessment, a new 50+ Portal on its website, and a focus on the needs of older adults when designing or planning for new urban park settings.

How will this initiative help educate older adults in the Fairfax area to prevent crime/fraud/exploitation, protect vulnerable adults, and/or help all adults lead healthier lives?

This initiative will provide older adults easier access to FCPA sites and services. By better understanding the existing level of access to Fairfax County's parks by older adults, strategies can be developed to increase park access and opportunities to enjoy the physical and mental benefits of being active and enjoying the outdoors.

How could this initiative be implemented and who might be the initial stakeholders?
This initiative has 4 components:

1. In 2014, FCPA will reach out to older adults and the Commission on Aging to include them in the focus groups that will determine questions for the upcoming FCPA Needs Assessment in 2015. FCPA will hold at least one focus group targeted to older adults.
2. In 2015, the full Needs Assessment will be conducted with 15,000 potential respondents. Staff proposes a related and follow-on analysis to use data collected for the Needs Assessment and data from Health and Human Services to examine if and how populations of 50+ adults are accessing parks. Findings would potentially suggest ways to increase that access.
3. In 2016, FCPA will use the results of the Needs Assessment to better target programs and facilities to older adults. One key component of this effort will be the creation of a separate 50+ Portal on the FCPA website to highlight facilities and programs for older adults.
4. A separate initiative is the FCPA Urban Parks Framework, in which County staff encourages provision of park and recreational spaces integrated into developments. These compact, multi-purpose, urban-scale outdoor recreational facilities will provide older adults with opportunities to stay active and healthy where they live. It also encourages seeking creative recreation solutions, allowing new facility types (i.e., adult fitness stations) to be explored and provided.

Initial stakeholders include FCPA, the Department of Neighborhood and Community Services, the Health Department, the Department of Family Services, and Fairfax County older adults and service clubs.

Background information, research completed, best practices and/or any other relevant information

The last Needs Assessment was completed in 2004. The new Needs Assessment Study will commence in 2014 and be complete in 2015. Recent analysis of system-wide participation revealed 46,000 seniors age 50 and up participate in Park Authority programs annually, with thousands more accessing free usage of trails, nature centers and parks. Of these, more than 16,000 participated in class programs, especially fitness and aquatics. The 2014/15 Needs Assessment Study will utilize industry best practices to assess the park/recreational needs of all county seniors, not just current users. In 2016, the new 50+ portal will be adapted to target the changing interests of this cohort. The Urban Parks Framework was established by the Park Authority in 2007 and incorporated into the County Comprehensive Plan in 2013. It is implemented through policy and development review.

Who will be the lead agency or champion for this initiative?

Champion: Sara Baldwin, Fairfax County Park Authority

County Liaison: Sara Baldwin, Fairfax County Park Authority

How would we measure success?

Success of the Needs Assessment will be completion of the follow-on study with initiatives identified to improve park access and service levels for 50+ adults. Success of the 50+ Portal will be measured by the number of unique visitors/page views accessing the portal. Success of the Urban Parks Framework is measured by the extent to which urban parks are incorporated into redevelopment areas that will attract active adults and retirees.

Potential Results-Based Accountability Measures:

- The number of unique visitors/page views accessing the 50+ Portal
- How many urban parks have been incorporated into redevelopment areas that will attract active adults and retirees?
- Annual enrollment in 50+ FCPA programs
- % of satisfied survey participants in 50+ FCPA programs
- % of 50+ FCPA program participants who return for another program, class, or activity (retention)
- % of 50+ FCPA program participants reporting access to parks has helped them be more physically active
- % of 50+ FCPAQ program participants reporting access to programs, classes and activities has improved their emotional/mental health.

50+ Action Plan 2014
Safe & Healthy Community
Proposed Initiative Analysis

Pre-Notification 9-1-1

Description:

Smart911 is one example of a Pre-notification 911 system. It is a national database providing 9-1-1 call takers and first responders with supplemental critical-care and rescue information that may be useful during an emergency. These additional details, offered voluntarily by residents, are entered on the **Smart911** website in the form of a Safety Profile. If a person in distress is outside of the county, contacts 9-1-1 from a registered phone -- either a land line or a cell -- and the service has been installed in that particular area, his or her Safety Profile is automatically displayed to the nearest 9-1-1 dispatcher. There is no cost to the user. (Go to Smart911.com for details.)

Meets the Following Guiding Principles:
Attainable. Yes. Being introduced nationwide.
Affordable. Estimated Fairfax County annual cost: $125,000.
Actionable. Yes. Now in 32 states and more than 450 communities – including Atlanta, Chicago, Seattle, Nashville, and Washington, D.C.

How Will This Initiative Protect Older Adults in the Fairfax Area and Help All Adults Lead Healthier Lives?

A **Smart911** Safety Profile must first be created. This is a display of key facts which, if known to members of an emergency response team, allows them to address the specific needs of an individual or a family. It usually includes personal medical information, but it is also capable of electronically distributing photographs of family members missing from their homes.

Smart911 gathers vital information without relying solely on verbal communications. Data is obtained *before* an emergency takes place.

Who Might be the Initial Stakeholders?

The Office of Emergency Management and the Department of Public Safety Communications. Smart911 is sponsored by Rave Wireless. The company also provides emergency notification systems for college campuses nationwide. It was founded in 2004 and is headquartered in Framingham, MA.

Who Could Benefit?

- Senior Adults and Caregivers of the Elderly
- People With Disabilities or Severe Allergies
- Deaf and Hard of Hearing
- People Suffering From Chronic Medical Conditions or Disorders
- Families With Autistic Children

Seniors and Caregivers. A senior adult living alone can list medications, health conditions, and emergency contacts in her **Smart911** Safety Profile. This will assist first responders if she calls 9-1-1. Those caring for a loved one can also create a Safety Profile for that individual. If the caretaker is absent, she will have peace of mind that her family member will face less exposure to risk if anything should happen.

Alzheimer's disease. A person's name, physical description, photograph, and medical data can be entered in his **Smart 911** Safety Profile. In the event that he calls 9-1-1 and cannot remember specific information, the 9-1-1 call taker will have it readily available. If he wanders from home and a listed caretaker contacts 9-1-1, the missing person's picture will be displayed to responders in the field, thus assisting a search.

Diabetes. An individual with diabetes can experience rapid changes in insulin levels. He may be able to dial 9-1-1 but not effectively communicate the nature of his emergency. However,
if he has previously noted his condition within his **Smart911** Safety Profile, it will allow call takers to dispatch an appropriate response team. It will also give responders a better understanding of his situation as they arrive on the scene.

Allergies. If someone is allergic, a notification can be placed in his **Smart911** Safety Profile. If he then calls 9-1-1 and is unable to speak, 9-1-1 will have important background information readily available. If the individual becomes unconscious, responders will be aware of medications he is sensitive to and will avoid using them during rescue.

Limited Mobility. Some individuals cannot easily evacuate their homes in an emergency.
If 9-1-1 has been previously made aware of this, rescuers will make it a priority to seek out and assist these persons. If special equipment is needed, responders will arrive with that equipment, saving precious time.

Deaf or Hard of Hearing. An individual who cannot easily communicate may enter this in her Profile. That way, 9-1-1 will be alerted to her condition and will understand that the caller is actually a person in need. Without **Smart911**, the dispatcher may think that he has only received a dropped or "open air" call. No further action would be taken.

Developmental Disabilities. Responding to this person may require specific actions, depending on the situation. Has the individual wandered? Is he in the midst of a medical or behavioral emergency? The precise nature of his condition can be provided beforehand.
If a person dials 9-1-1 but does not have the ability to clearly relay specific information -- such as his name, address or details of his emergency – that data can easily be stored in **Smart911.**

House Fire. If evacuation is required, responders need to know important details such as the number of residents, if anyone has a mobility limitation, where bedrooms are, how to access your residence, and whether pets are present. Photographs of family members on your **Smart911** Safety Profile can confirm who is being rescued. Other details that may be included are gate codes and the location of gas shutoff valves.

Blindness. Vocal cues must be used in this instance. If the person is in her own home, the layout and bedroom locations can be provided beforehand. The presence of a service animal that needs to accompany her can also be noted.

Vehicle Accident. Most automobile accidents are reported by cell phone. Response can be much quicker if 9-1-1 knows the make, model, and color of your car as well as your location. When photographs of family members have been entered beforehand in a **Smart911** Profile, responders can more easily identify individuals. This is particularly important if anyone is unconscious or unable to communicate.

Missing Child. Every second counts when a child is missing. By providing a photo and physical description, 9-1-1 can forward these vital details to responders in the field immediately upon receiving a call. A search can begin within minutes.

Child Reporting A Home Accident. While you can never predict an accident, you can also never predict who will actually be calling 9-1-1. If your child is making the call, she may be asked questions she is unable to answer. This problem can be solved by entering the necessary details about you and your home ahead of time. Relying on your child is no longer necessary. Your **Smart911** Profile will provide the information needed.

Frequently-Asked Questions:

1. **How can I control who sees my Smart 911 information?** Your Safety Profile will only be displayed to a 9-1-1 call taker if you place a 9-1-1 call from a phone confirmed with your account, and the 9-1-1 center receiving your call participates in the **Smart911** program. You are in full control of the information you enter and the phone numbers you choose to associate with your Safety Profile.

2. **Is my information kept private?** Yes. Information is made available ONLY to 9-1-1 call takers and responders and ONLY in the event you call 9-1-1. In some areas, you can choose to allow **Smart911** to share your profile with Emergency Managers as they prepare for and respond to emergencies.

3. **Is my information secure?** The program employs the highest standards in physical and computer security technologies and conducts regular audits to ensure that all information held in **Smart 911** is kept private. It will only be made available to 9-1-1 and emergency responders who are planning for emergencies. Smart911 is secured and powered by Norton and VeriSign.

4. **Will Smart911 sell my e-mail address or spam me?** No. **Smart911** will not sell your e-mail address to any person or company. It will only use your e-mail address when notifying you that it is time to update or verify your Safety Profile. **Smart911** is funded by communities, not through advertising.

5. **Does Smart911 sell subscriber data?** No. It does not sell or share any information from a Safety Profile to third parties or marketing organizations. Your information is always locked in secure facilities until it is delivered to participating 9-1-1 centers when you dial 9-1-1.

6. **Can 9-1-1 operators access my Smart911 information even if I do not call 9-1-1?** No. Information is only made available to 9-1-1 call takers when you dial 9-1-1 from a phone that has been verified from your Safety Profile.

7. **Who enters and maintains my Smart911 information?** You do. **Smart911** users decide what they want to include in their Safety Profile. This allows them to protect their family in the way that best meets their needs. You may change, add, and remove items whenever you choose to do so. It is your responsibility to keep the information up-to-date.

8. **Why do I have to update or confirm my Smart911 information every 6 months?** It is important that emergency responders have current data. That way, they can provide the fastest and most accurate response. Outdated information can direct responders to a wrong address or supply incorrect details about the person in need.

9. **How long will my information remain available to Smart911?** It will remain until you delete your account. However, your Safety Profile is only active and available to 9-1-1 for six months after you log in to your account. If you have not logged in to your account for six months, your **Smart911** Safety Profile will be suspended and <u>no</u> information will be delivered to 9-1-1. (Close to the expiration date, you will be reminded to update or confirm your personal information.)

Who or what group will champion this initiative?

Champion/COA Advocate: Tom Bash, Commission on Aging, Springfield District

County Liaison: Steve Souder, Dept. of Public Safety Communications

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How Would We Measure Success?

Cell phones account for more than 70% of emergency calls in Fairfax County. When dialing from a landline, your specific location is identified by the address connected with your phone number. However, when you call from a mobile phone, the call taker can see your incoming phone number but can only *estimate* your location to within 50 meters, expressed as a latitude and longitude. This can be a problem in our densely-populated suburb with multi-storied buildings.

Adoption of **Smart911** would bring greater peace of mind to older adults and those with special needs. First responders would not only be better informed of exact locations but also have greater knowledge of specific types of situations they were about to encounter.

Many at-risk individuals now wear medical bracelets and pendants or post health and contact information on refrigerators, hoping their rescuers might notice them. The additional safety net provided by **Smart911** and its 21st century technology could be the difference between a needless tragedy and a life-saving 9-1-1 response for this growing segment of the population.

Potential Results-Based Accountability Measures:
- Adoption of Pre-notification 9-1-1.
- Annual number of new individuals who register through Pre-notification 9-1-1.

50+ Action Plan 2014
<u>Safe and Healthy Community</u>
Proposed Initiative Analysis

Arts Initiative

Brief Description:

Research demonstrates that older adult participation in arts programs can positively impact general health, mental health, social bonds, overall functioning, sense of well-being, and quality of life. This initiative encourages older adult participation in the arts through community partners such as the Arts Council of Fairfax County and other community groups. (The Arts Council of Fairfax County oversees the Master Arts Plan, part of the county's Comprehensive Plan.)

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

This initiative will encourage older adult participation in the arts through both participation and attendance in arts offerings, including visual, instrumental music, vocal music, theatre, dance, culinary, and literary arts.

How could this initiative be implemented and who might be the initial stakeholders?

Expand the McLean Project for the Arts (MPA) ArtReach program. MPA, the first winner of the Arts Education Award from the Arts Council of Fairfax County, has expanded its ArtReach program to audiences beyond arts education in the schools. ArtReach Director Sharon Fishel conducts in-depth weekly art workshops in various senior centers including Lewinsville Senior Center, Pimmit Hills Senior Center, and James Lee Senior Center. Older adults work with a variety of mediums, including drawing, painting and collage. The older adults participating in the ArtReach program are ethnically and culturally diverse middle- and low-income seniors as well as seniors with minor cognitive and physical disabilities in the Senior+ program. For the past five years, MPA has also conducted both on-site workshops and in-gallery workshops with these groups, enabling older adults to experience contemporary art history through in-gallery tours and hands-on workshops in the gallery setting. The Program's director would like to explore offering opportunities for older adults in additional venues.

Explore expansion of Goodwin House's successful 2013 Senior Arts Institute, a program made available to any older adult resident of Fairfax County. Over 500 older adults from across the county attended five weeks of free arts classes taught by professional and practicing artists in the fields of fine art, theater, dance and music. The Senior Arts Institute was funded by a grant from the Arts Council of Fairfax. Goodwin House has applied for a grant to fund another project and, if the Senior Arts Institute is offered again, would like to partner with a local university to include a health-based research component. Dr. Gene Cohen conducted research at Goodwin House Bailey's Crossroads as one of his research sites for his 2003 study, "Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults."

Explore possibilities of expanding Greater Reston Arts Center (GRACE) art education classes to be offered to older adults in senior centers or other venues.

Enhance marketing aimed at older adults for arts opportunities such as the free Arts in the Parks concerts and other performances with reduced rates for older adults.
Facilitate workshops and performances of Fairfax County arts groups at senior residences.

Explore Arts for the Aging teaching artist opportunities for Fairfax County.
Initial Stakeholders:
Arts Council of Fairfax County
McLean Project for the Arts ArtReach Program
Goodwin House Senior Arts Institute, (pending grant award)

Who or what group will champion this initiative?

Champion: Hendrik Sundqvist, Arts Council of Fairfax County, and Julie Ellis, Evan Braff, and Elisa Lueck, Dept. of Neighborhood and Community Services

County Liaison: Jacquie Woodruff, Area Agency on Aging/DFS

Background information, research completed, best practices and/or any other relevant information.

Research demonstrates that older adult participation in arts programs can reduce depression and loneliness, and can improve morale and overall health.

According to the National Center for Creative Aging (NCCA), there is a "vital relationship between creative expression and healthy aging. The process of aging is a profound experience marked by increasing physical and emotional change and a heightened search for meaning and purpose. Creative expression is important for older people of all cultures and ethnic backgrounds, regardless of economic status, age, or level of physical, emotional, or cognitive functioning. The arts can serve as a powerful way to engage elders in a creative and healing process of self-expression, enabling them to create works that honor their life experience."

The *Creativity and Aging Study* at the George Washington University through the National Endowment for the Arts revealed strikingly positive differences in the intervention group (those involved in intensive participatory art programs) as compared to a control group not involved in intensive cultural programs. The project formally entitled "The Impact of Professionally Conducted Cultural Programs on Older Adults" was a multisite national study with the aim of measuring the impact of professionally conducted community based cultural programs on the general health, mental health, and social activities of older persons, age 65 and older. The objective of this project was to evaluate the effects relevant to general health, mental health, overall functioning, and sense of well-being in older persons caused by active participation in cultural programs provided by professional artists involved in visual and literary arts, music, and other cultural domains. These programs draw upon a range of art and cultural disciplines, such as painting, pottery, dance, music, poetry, drama, material culture, and oral histories in a creative context. The study summary included this observation: "What is remarkable in this study is that after just a year into the study the *cultural groups,* in contrast to the *control groups,* were showing areas of actual stabilization and improvement apart from decline—despite an average age which is greater than life expectancy. This pattern then continued throughout year two of the study. These results point to powerful positive intervention effects of these community-based art programs run by professional artists. *They point to*

true health promotion and disease prevention effects. In that they also show stabilization and actual increase in community-based activities in general among those in the cultural programs, they reveal a positive impact on maintaining independence and on reducing dependency. *This latter point demonstrates that these community-based cultural programs for older adults appear to be reducing risk factors that drive the need for long-term care."*

See Creativity Matters: Arts in Aging Toolkit at http://artsandaging.org/ This resource is designed for leaders and program staff in public, nonprofit, and for-profit arts and humanities organizations and institutions and in healthcare and aging services organizations, corporations, and institutions. It is intended to increase the expertise of those who direct existing community arts and aging programs and to give others in the community the tools to take the first step—and keep going.

How would we measure success?

Increase in number of older adult participants in identified arts programs.
Satisfaction surveys
Collect qualitative information—the anecdotes and images that provide tangible evidence of a productive and happy experience – for press and publicity.

Potential Results-Based Accountability Measures:

- Recommend that satisfaction survey questions are standardized across art programs so data is consistent

- In addition to customer satisfaction measures:

    - Number of older adults participating in identified arts programs. Baseline numbers are expected to increase in subsequent years.

    - % of programs reporting an increased capacity to deliver arts programs specifically designed for older adults (measures around capacity building).

    - % of persons served who report feeling better connected to their community as a result of participating in art programs designed for older adults (measure around engagement for program participants).

50+ Action Plan 2014
Community Engagement
Proposed Initiative Analysis

Increase Employment and Entrepreneurship

Brief Description of Strategy:

Increase Employment and Entrepreneurship Opportunities for Older Adults in Fairfax County.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

Older adults want to remain engaged in their community by contributing their skills and experience, sometimes continuing in the same career field but with increased flexibility to accommodate care-giving, travel and other interests. Some would like to transition to new opportunities in another organization, and others are interested in launching new businesses or offering their skills/expertise as consultants. With the projected workforce needs of Fairfax County, older workers are valuable existing resources to strengthen our corporate, nonprofit, and educational institutions. Seniors that see this as a place to thrive in the next phase of their lives are more likely to choose to remain in Fairfax County and will contribute greatly to sustaining and growing our economic vitality.

How could this initiative be implemented and who might be the initial stakeholders?
- Promote existing resources for employment and entrepreneurship.
- Create one-stop online place for Fairfax residents 50+ to find information and resources, toolkits for employment and entrepreneurship on the Fairfax 50+ Virtual Community (hosted by Senior Navigator)
- Promote these resources to Chambers of Commerce and their business members, as well in the media and senior information networks.
- Partner with Small Business Development Centers to advertise and promote entrepreneurial assistance programs, funding sources, and incubators to foster, launch, and grow competitive business owners by those 50+.
- Identify existing funding sources for entrepreneurs 50+ and develop a new fund to promote a business plan competition for those funds. In discussion with IncSpire as potential host.
- Increase local employer awareness and interest in hiring, retaining older workers
- Partner with SHRM, Small Business Commission, Chambers of Commerce and local media to promote the value and contributions of older workers.
- Use SHRM and AARP toolkits to provide information and training to area employers on the best practices and resources for retaining and hiring older workers.
- Recognize local best employers for those over 50+ in Fairfax County and NoVa
- Partner with SHRM, Chambers, or NVFS CARE awards to recognize companies using criteria of the AARP 50 Best Employers for 50+. (GMU is on the national list!)
- Job and Tech Expo(s) to showcase employment and technology tools and training for older adults
- Partner with JCA and SkillSource to hold 50+ Employment and Entrepreneurship Expo – to include workshops, employer matching, and internet café. Scheduled for May 30, 2014 at the Fairfax County Government Center.
- Identify where technology training is happening at senior/community centers, through nonprofits, and private sector and promote at the Expo and on Virtual Town Hall.

- Partner with JCA, Computer Core, Small Business Centers to engage volunteers to expand tech training to improve older workers employment retention and new opportunities.
- Microsoft, Apple, Best Buy Stores could host senior days to showcase tools/products. JCA plans to offer Senior Tech Training at Tysons Microsoft Store in 2014.

Background information, research completed, best practices and/or any other relevant information.

By 2014, 41% of Americans 55 or older will be employed, making up over 21% of the U.S. labor force. Fairfax County has a growing population of residents over 55. Many are not retired and continue to work or conduct a business. Some are not retired but are unemployed or underemployed and are looking for earned income. Many are retired and of those many need to continue to generate earned income. Others want to stay engaged in the workforce and generate earned income. In each category, there are people with rich talents, experiences, contacts that would help meet the workforce needs and enhance the success of Fairfax County companies, nonprofits and public agencies. Others can be creative entrepreneurs, starting and growing businesses. Whether staying with their current employer in a new work arrangement, transitioning to a new career or workplace, or launching a new business, people over 55 can contribute significantly to the economic development, community vitality, and quality of life in Fairfax County.

- **Data from prior Entrepreneurship grant activities – from SkillSource/BDAG,**
- **Outcome from previous senior job fairs (SkillSource/AAA)**
- **Studies on older workers from AARP, SHRM**

Who or what group will champion this initiative?

Champion: Office of Public and Private Partnership (OP3)

COA Advocate: Kay Larmer, Vice Chair, Commission on Aging, Dranesville District

County Liaisons: Patricia Stevens, OP3 and Evan Braff, Dept. of Neighborhood & Community Services

Potential Results-Based Accountability Measures:
- Number of seniors participating in job fairs, employment or business development workshops
- Number of new businesses launched by 50+ Entrepreneurs through "Silver Entrepreneurs" fund and/or business competition

Measures to be added later:
- Number of employers trained about older worker hiring and retention
- Number of employers nominated for best practices in retaining/hiring older workers
- With partner organizations, collect follow-up data after training and information sessions: % reporting an increase in older workers retained/hired by businesses receiving information and training through SHRM or Chamber workshops; pre/post survey responses by SHRM members on need/value of hiring older workers; and retention of older workers in partner businesses
- How long new businesses (launched by 50+) are operating?

Brief Description:

This initiative requests support for the continued development of *Fairfax 50+ Community*, an online social media platform, or communication hub, for adults 50+.

This is a SeniorNavigator demonstration project with start-up funding from the Department of Family Services' Adult and Aging Division. It is now in its early stages of development.

The goals of this project are to:

1. Facilitate the growth and development of community-based groups and organizations that provide services, wellness and recreational programs and community engagement opportunities to the county's 50+ community. (Groups can include neighborhoods, villages, sports clubs, support groups, volunteer groups, reading groups, etc.)
2. Provide 50+ residents with a one-stop interactive website that aggregates information on county and non-county services, recreation/wellness programs and community engagement opportunities.

The site will allow informal groups and organizations to easily create and post their own interactive Web pages called *Circles*.

Each *Circle* will facilitate internal group communication. Because the group Web pages or *Circles* will be aggregated on the *Fairfax 50+ Community* site, the site should enable efficient county-wide distribution of information, support community dialogue, and support the county's 50+ community development initiatives.

How could this initiative be implemented and who might be the initial stakeholders?

The Fairfax 50+ Community development project will organize key community organization representatives to consider the project and advise the developers on how the site needs to function to benefit their organizations. This includes representatives from:

Retirement groups
Civic groups
Homeowner/neighborhood associations
Volunteer groups
Non-profit organizations
Hobby and special interest clubs
Recreational associations
Ride sharers
Ethnic/national groups
Sports teams and clubs
County staff involved with community development

Background information, research completed, best practices and/or any other relevant information

Many participants of the 50+ Forums held countywide during Spring/Summer 2013 indicated the need for more communication about county services to older adults.

Fairfax County uses a mix of media channels including its own Golden Gazette monthly newspaper, promotional and educational print publications, a Web page that integrates county services of interest to older adults, social media, e-newsletters, event promotion, Channel 16's Mature Living Program, news media relations and substantial community outreach programming to reach three measurable objectives:

1. Residents will easily find and contact us for information and services
2. Residents will be exposed to our prevention messages, and
3. Residents will be exposed to community engagement opportunities.

This community strategy, however, does not include non-county government programs and projects. In fact, county communication policy disallows Web links to non-county programs. Consequently, there is no single site that integrates county and non-county service, recreation and engagement information. *Fairfax 50+ Community* would fill that need.

At the same time, *Fairfax 50+ Community* would provide an efficient way for county agencies involved in 50+ community development to oversee and provide support to their initiatives. The county's Human Services departments have responded to the projected growth and service needs of the county's older adult population by developing community development initiatives including the Long Term Care Coordinating Committee, the Fairfax Area Agency on Aging's Livable Communities Development Program and Neighborhood and Community Services' Center-without-Walls. These programs, together with many other programs, interface with increasing numbers of older adults and older adult organizations.

Who or what group will champion this initiative?

Champion: Senior Navigator

COA Advocate: Tom Bash, Commission on Aging, Springfield District

County Liaison: Grace Lynch, Area Agency on Aging/Adult & Aging/DFS

Potential Results-Based Accountability Performance Measures
    Once the site is established, success will be measured by the following metrics:
        Number of members
        Number of groups
        Number of posts
    Assessment of community advisory group

50+ Action Plan 2014
<u>Community Engagement</u>
Proposed Initiative Analysis

GrandInvolve Program
Intergenerational Volunteering in Elementary Schools

Brief Description:

GrandInvolve volunteers are older adults who offer their time in local elementary schools. They are either the grandparents of the children who attend that school or older adults who live in the neighborhood. Their presence in the schools will serve to connect the community and our schools, strengthen the bonds of the oldest and youngest community members, and support the education of our most vulnerable populations. In Fairfax County some schools have a supportive volunteer base of parents but in many of our elementary schools, volunteers who are over the age of 50 are missing. Title 1 schools with a high minority enrollment would be targeted, especially those with a small volunteer base. A training program will be developed so that volunteers will be self-directed and capable of working with the children with little effort from the teachers. The volunteers would be directed to all of the subject areas, including classrooms, the library, and special subjects such as art and music. The PTA will be involved in the implementation of the program.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

Comments gathered from the county forums expressed a desire to use the schools as gathering places to connect the generations. Comments also identified a desire for programs in which grandparents and grandchildren interact. The GrandInvolve program would increase the number of older volunteers at the pilot school and in the future, would increase volunteer numbers at each school which incorporates the GrandInvolve program.

Intergenerational programs create lasting meaningful relationships between the generations. Benefits to the older folks include increased health and reduced isolation. Intergenerational programs such as GrandInvolve encourage people of all ages to share their talents and resources, supporting each other in relationships that benefit both the individual and the community. Involved volunteers will learn about their own community and the unique cultural dimensions of the neighborhood they live in, encouraging them to take leadership roles in the community outside the school boundaries. Our elementary schools will be used as community gathering places to foster these relationships.

How could this initiative be implemented and who might be the initial stakeholders?
Crestwood Elementary will hold the Pilot program in 2014/15 school year.
Crestwood Elementary will provide a teacher liaison that will coordinate the volunteer's schedule with teacher's classroom schedule. Sign Up Genius will be used and classrooms will be provided with games and exercises which are self-explanatory so that volunteers will be self-directed. Volunteers will be recruited through the Positive Aging Coalition and Volunteer Fairfax. Training will be provided by the PAC or Fairfax County Libraries. In following years, additional schools would be included. Partners include the individual elementary schools, Fairfax County Public Library, Volunteer Fairfax, and the Positive Aging Coalition.

Background information, research completed, best practices and/or any other relevant information.

"Successful programs are based on reciprocity, are sustained and intentional, and involve education and preparation for all ages. Young and old are viewed as assets not problems to be solved." Quote from Generations United website. The GrandInvolve program will be sustainable, intentional, and educational. Benefits will be reciprocal to both of the generations and will be well planned using evidence based criteria.

In the current Mentoring program being used in the schools, less than 20% of the volunteers are older than 50. Within the PTAs, there are few if any older adults. The GrandInvolve program would bring in additional older adults as volunteers in the schools.

Crestwood School Summary

Built in 1956, Crestwood Elementary School completed extensive renovation in December 2000 that included the addition of state-of-the-art technology and a versatile media center. A traditional neighborhood school situated in a close-knit Springfield community, most of Crestwood's kindergarten through grade 6 population walk to and from school. Because of its strong educational partnership with the surrounding community, the school offers a collaborative team approach providing the best opportunities for all students. With 77 percent of the student body from ethnically diverse backgrounds, a full-time community outreach coordinator serves as a conduit between the school and the community to help foster respect for individual differences and to nurture a supportive school climate sensitive to diversity. Additionally, through a unique partnership among the school, the community, and cooperating local government agencies, the on-site Crestwood Family Center provides family-oriented resources that focus on parenting, literacy, life skills, computer skills, and activities for senior citizens. The center promotes self-reliance in families and individuals by providing essential knowledge and resources tailored to the needs of the community members from infancy through senior adulthood. –from FCPS site

"Studies show that active and engaged older adults remain in better health. Older adults who volunteer live longer and with better physical and mental health than their non-volunteering counterparts." Zedlewski, S.R. & Schaner, S.G. (May 2006). Older Adults Engaged as Volunteers, The Retirement Project Perspectives on Productive Aging. Washington, DC: Urban Institute.

Older adults who regularly volunteer with children burn 20% more calories per week, experienced fewer falls, were less reliant on canes, and performed better on a memory test than their peers. Fried, L.P. et. al. (March 2004). A Social Model for Health Promotion for an Aging Population: Initial Evidence on the Experience Corps Model, Journal of Urban Health, Vol. 81, No.1, p. 64-78

Who or what group will champion this initiative?

Champion: Dorothy Keenan, Positive Aging Coalition

COA Advocate: Kay Larmer, Vice Chair, Commission on Aging, Dranesville District

County Liaison: Evan Braff, Dept. of Neighborhood and Community Services

How would we measure success?

1. Crestwood Elementary School expresses a desire to continue in Year 2.
2. There is an increase in the number of older adults (50+) volunteers at Crestwood.
3. The volunteers want to return in year 2.
4. Number (or percentage) of children willing to participate.
5. Teacher satisfaction level (1-10).
6. % of Boomers/older adults who report feeling more connected to their community as result of participating in this program.

Potential Results-Based Accountability Measures:

- Annual number of volunteers.

- Annual number of children participating in program.

- % of children participating in the program who report developing a friendly bond/relationship with the volunteer(s) in their classroom.

- % of parents of children participating in the program who report their child has developed a friendly bond/relationship with the volunteer(s) in their child's classroom.

- % of teachers who are satisfied with program.

- % of participants who volunteer for the program for two or more consecutive years.

- % of volunteers who report feeling more connected to their community as a result of participating in the program.

50+ Action Plan 2014
Community Engagement
Proposed Initiative Analysis

Kaleidoscope 50+: Perspectives on Culture

Brief Description:

Cultural diversity, or multiculturalism, is based on the idea that cultural identities should not be discarded or ignored, but rather maintained and valued. The foundation of this belief is that every culture and race has made a substantial contribution to American history. (From the American Multicultural Center's Web page). For years, Supervisor Penny Gross has held a successful discussion group called Kaleidoscope which seeks to broaden people's perspectives while learning about the different cultures in her district. Programs such as Kaleidoscope promote intercultural competence. The Kaleidoscope 50+ groups will continue Supervisor Gross's idea while expanding into targeted communities.

Currently, there are Korean and Vietnamese community ambassadors associated with AAA's Multicultural and Community Planner's office. In the Perspectives on Culture program, connections that were established through the 50+ community forums would be utilized to develop community groups interested in learning more about county/non-profit services and more about the perspectives of the diverse populations in their local community.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

Cultural diversity within the Fairfax County community is well documented. Comments during several of the 50+ forums held over the summer of 2013 made reference to the desire of ethnically diverse seniors to be educated about services available to them. At the same time, a desire was expressed for an enhanced understanding of cultural backgrounds.

The Kaleidoscope 50+ groups would increase the knowledge and understanding of the various cultures that our citizens represent. Ethnically diverse senior individuals will learn about county and non-profit services and programs available to them in Fairfax. Since the plan is to steer these groups toward self-direction, there will be many opportunities for volunteers to become involved and it is expected that leaders (community ambassadors) will emerge from the volunteers. These community ambassadors will ensure that communication exists between the ethnically diverse senior groups and the county/non-profits and will serve as ambassadors between cultures.

How could this initiative be implemented and who might be the initial stakeholders?

Connections that were established through the 50+ community forums would be utilized to develop community groups which will use the Kaleidoscope 50+ program. Initially, the groups will use several well-established speaker lists, currently being used to visit community groups on various subjects. There are speakers on subjects such as transportation, legal aid and consumer protection. Once the group is well established and cohesive, current event topics will be introduced such as "What does

Freedom Mean to Me?" or discussion on a recent current event which impacts their community. Leadership practices used by the Faith Communities in Action will help guide the group to self-direction, and leaders will emerge from each of the communities.

Partners include: the Area Agency on Aging, Baileys Community Center, and Middle Eastern faith groups such as St Mark's Coptic Church. Stakeholders include the Middle Eastern and Hispanic communities.

Background information, research completed, best practices and/or any other relevant information.

With an extremely diverse population in Fairfax County, we are challenged more than ever before to expand our knowledge and attitudes about different cultures. Our workplaces and our schools include persons of various ethnic groups and interests.

In several of the 50+ community forums held over the summer of 2013, participants commented that there was a need to "Have communities create opportunities for cultural awareness and interaction" and to "Engage businesses with ethnic groups within the community."

In researching what's already being done in Fairfax, two programs stand out as Best Practices. Supervisor Penny Gross's Kaleidoscope program is a monthly meeting of culturally diverse members of her district who discuss current events which affect the quality of life for local businesses and individuals. Sandy Chisholm's work with the Faith Communities in Action also stands out as a Best Practice. Faith groups in several faith communities get together on a routine basis to discuss how they might work collaboratively to accomplish their missions. The faith groups draw from several cultures and occasionally discuss culturally sensitive issues.

"The bottom line is that when we fully recognize that America is great *because* of the contributions of the many, then we as a people will be even more united in our common goals, and even more proud to be American citizens." From the American Multicultural Center's webpage.
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Who or what group will champion this initiative?

Champion: Dorothy Keenan, Positive Aging Coalition
COA Advocate: Sharron Dreyer, Commission on Aging, Lee District
County Liaison: Linda Hernandez-Giblin, Area Agency on Aging/DFS

How would we measure success?

- At least two Kaleidoscope 50+ groups are formed in 2014, focusing on the Middle Eastern community and the Hispanic community.
- One of the two groups becomes self-directed within the first year.
- At least one Community Ambassador is identified as a group leader in each of the self-directed groups.

Potential Results-Based Accountability Measures:
- Kaleidoscope Leadership Group formed
- # of Kaleidoscope groups formed:
- # of Kaleidoscope groups who are self-directed within the first year
- % of persons served who report feeling better connected to their community as a result of participating in a Kaleidoscope 50+ group

50+ Action Plan 2014
Community Engagement
Proposed Initiative Analysis

Library Opportunities for 50+

Brief Description:

The Fairfax County Public Library wants to play an integral role in supporting the 50+ generation in Fairfax County. The Fairfax County Public Library will conduct an analysis to ensure that their programs and services meet the growing demands of the 50+ population. The results of this analysis will be used to explore and implement cost-effective opportunities for 50+ residents. Part of this analysis will include alternative use of library space to support providing meeting spaces and services for this population.

In addition to this analysis. FCPL will create a 50+ Adults link in the Fairfax County Public Library's (FCPL) ReadersLink. There would also be a link created from the Older Adult Services page, https://www.fairfaxcounty.gov/OlderAdults, to a list of links maintained on the Library's website. The older population would be linked to the catalog and databases for both nonfiction and fiction that would connect to Library resources for retirement, death of a loved one, leisure activity, health issues etc.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

Libraries exist in neighborhoods throughout Fairfax County and can offer accessible services and programs to 50+ adults without them having to leave their community. This resource is cost effective and supports the mission of the Fairfax County Public Library in serving as a vital tool in strengthening neighborhoods and communities.

The link will give focused access to a target population through two well-used portals – the Older Adult Services site and the Fairfax County Library site. The list of resources will help older adults learn and grow, helping them to transition into new stages of life. This link will be an important access point for information for education or leisure activities essential for older adults wanting to maintain quality of life, gain employment or enter into the world of entrepreneurship.

How could this initiative be implemented and who might be the initial stakeholders?
Initiative would be implemented through the Fairfax Public Library marketing and communications director, Mary Mulrenan – Mary.Mulrenan@Fairfaxcounty.gov for the technological aspect.
Peggy Bercher, Margaret.Bercher@Fairfaxcounty.gov, at FCPL technical operations would govern the actual list.

Grace Lynch, Adult & Aging Services' Communications and Community Outreach Manager, will implement a link from the Older Adults Web page. (Grace.Lynch@fairfaxcounty.gov)

Who or what group will champion this initiative?

Champion/County Liaison: Linda Schlekau, Fairfax County Public Library

COA Advocate: Carolyn Sutterfield, Commission on Aging, City of Fairfax

Background information, research completed, best practices and/or any other relevant information.

The American Library Association recognizes that since 2007, "one of every five persons was 55 years or older, or over 68 million people. The aging of the 'baby boomers' will add to these numbers well into the next decade, and the lengthening of the average lifespan is creating several generations of older adults at a time that the U.S. has become more ethnically and linguistically diverse. As a result, the current population of older adults is the most heterogeneous in U.S. history."

According to the ALA Guidelines for Services to Older Adults:

Libraries should use survey and demographic data in combination with the more general informational needs basic to older adults in their everyday lives. Such subjects include: health, health care, social security, financial planning, housing, independent living, elder law, caregiving (including grandparenting), lifelong learning (including adult literacy and computer skills), community service, civic engagement, and volunteering. The library's collections, programs, space, and informational services should reflect the diverse interests and needs of older adults.
1. Make the library a focal point for information services to older adults.

4.1 Cooperate with local Area Agencies on Aging, senior nutrition programs, senior volunteer programs, and others in the aging service provider network by advertising their service and making their publications and other information more readily accessible. The library can provide an invaluable service by organizing and consolidating information about government and community programs and services available to older adults.

4.2 Consider developing or expanding the library's website to provide links to the sites of organizations of older adults, government departments and agencies serving older adults, newspapers and other websites whose focus is older adults.

4.3 Ensure that the library's collection includes materials that are pertinent for caregivers of older adults, for their children or other family members, and for professional caregivers in the community.

Potential Results-Based Accountability Measures:

- Completion of FCPL analysis
- Increase services and programs for 50+ age group
- Identification of new 50+ FCPL initiatives/activities
- Number of web hits for 50+ FCPL portal information link on Library web page

50+ Action Plan 2014
Community Engagement
Proposed Initiative Analysis

Neighbor to Neighbor

Brief Description:

Neighbors connecting to neighbors, whether via organized structures such as villages or via digital means, provide opportunities for older adults to receive support needed to age-in-place. "Off the Shelf" online tools and applications allow for quick posting of services such as ride share needs, emergency help and so on. Villages provide these and other services by creating an organization specifically designed to seek out and assist older adults within an identified geographic boundary. This initiative will increase awareness of the village concept and existing online tools. It will also offer guidance & resources to community groups to implement online tools or create new neighbor-helping-neighbor villages. Outreach will be targeted to home owners associations (HOAs), neighborhood associations, faith communities and multi-cultural communities. In addition, "neighborhood ambassadors" within targeted communities will be recruited to support the work of this "Neighborhood to Neighborhood" Initiative. The goal will be to expand the awareness of neighbor-helping-neighbor programs in Fairfax County.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

Villages recruit neighborhood volunteers to deliver needed services to older adults in their communities so that each time a village is established, volunteers are recruited and engaged. Most of these are older adults, but many recruit all generations. Volunteer engagement increases exponentially each time a new village is formed.

Implementing digital online networks in communities encourages neighbors to volunteer and assist older adults in areas such as raking leaves or giving rides to the grocery store.

Village structures provide leadership opportunities. Often, older adults rotate leadership of the various functions of a village.

Creativity is abundant in villages and digital networks – because each creates its own unique model. Planners and implementers evaluate a variety of existing models to choose from or create hybrid or new models.

How could this initiative be implemented and who might be the initial stakeholders?

The Long Term Care Development Unit in the Health Department and the Federation of Concerned Citizens will lead this effort with assistance from other staff units in the Area Agency on Aging and Neighborhood and Community Services, along with volunteers. Official lists of HOAs, neighborhood associations and similar groups will be obtained and outreach made to the leaders of these groups.

Presentations and resources will be offered to these and other interested community groups. Current village leaders and communities using online networks will be solicited to assist with presentations by sharing their experiences. Resources and guidance to start villages will be provided by the Long Term Care Program Development Unit in partnership with interested community groups or businesses. Resources and guidance to connect to digital systems will be provided by the Federation and will include a communication toolbox showcasing a variety of digital applications. Presentations to groups may be done either digitally or in person. Examples of guidance include: assistance identifying and recruiting neighborhood ambassadors, identifying & engaging community stakeholders, survey tool development, program design, model selection, digital system selection, marketing & outreach, sustainable business plans, community-wide village forums, free access to the Village to Village Network and so on. To reach multicultural communities, collaboration will be initiated with the Health Department's Multicultural Outreach Team, Area Agency on Aging's Multicultural and Community Planner and Neighborhood and Community Services Community Faith Liaison for strategies and assistance in reaching these communities.

Who or what group will champion this initiative?

Champion: Cherie Lejeune, The Fairfax County Federation

County Liaisons: Patricia Rohrer, Health Dept. and Evan Braff, Dept. of Neighborhood and Community Services

How would we measure success?

The number of organizations contacted, number of presentations provided, number of groups who received resources and number of groups who requested (and received) guidance to develop villages or implement digital connections would be tracked and compiled.

Potential Results-Based Accountability Measures:

- # of organizations that received presentations.

- % of neighborhood groups that identified community leaders to develop a neighborhood support system or a more formalized Village network.

- # of neighborhood leaders who developed a neighborhood communication system.

- % of neighborhood members who feel better informed and more connected to neighbors.

- % of organized neighbor-helping-neighbor efforts (for both organized villages & digital online networks) operating in their respective neighborhoods/communities 6 months after their launch.

- % of organized neighbor-helping-neighbor (for both organized villages & digital online networks) operating in their respective neighborhoods/communities 1-2 years after their launch.

[Future consideration – could extend the time longer to 3-5 years if useful and feasible.]

50+ Action Plan 2014
Community Engagement
Proposed Initiative Analysis

Venture into Volunteering

Brief Description:

Increase engagement of older volunteers to meet identified community needs. This would be achieved through the expansion of the existing "Venture into Volunteering" volunteer fair, which has a proven foundation for success in volunteer recruitment. In addition to increasing frequency of the event, proposed methods for expansion include additional partnership involvement, leadership opportunities for older adults, and education regarding generational differences in volunteerism.

Meets the following Guiding Principles:

Attainable: Yes – existing model since 2007.

Since 2007, Venture into Volunteering has enabled over 100 non-profit organizations to offer and connect volunteer opportunities to more than 1,000 older adults in Fairfax County. As a result of the annual volunteer fair, organizations have expanded capacity with volunteers and have created additional opportunities to leverage the skills and experience of the target population. Venture into Volunteering has successfully addressed the needs of Boomers and older adults by providing a networking service to the community through a collaborative effort. Older Adults and community partners have benefited from this "one-stop shopping" approach to volunteer recruitment. Based on feedback from participating agencies, the event has led community partners to enhance their volunteer job descriptions and to create volunteer jobs for more skilled volunteers. Additionally, older adults have maintained active lifestyles and are more aware of the community around them. Collaboration efforts and planning for this initial event take six months, with all participating agencies bringing something to the table. Each agency draws from their resources, which are primarily volunteers. Collaborative efforts include, but were not limited to, staff and volunteer coordination, securing community partners to attend the event, outreach, printing and distributing of marketing materials, securing door prizes and refreshments. The most important component is the many volunteers who help to make the day a success by greeting participants, managing the refreshments, surveys and bingo game.

Affordable: Yes - each partnering organization supports the cost by dividing up the tasks
Because of collaborative efforts, cost is minimal to the planning committee. The event is free to participants and community partners. Items needed for the event include; marketing materials, refreshments, tables and chairs, survey materials, and door prizes which are provided by the organizing committee. The planning committee consists of staff and volunteers from government and local non-profit agencies. Additionally, requests are made for donations from local restaurants, stores and participating organizations.

Actionable: Yes - hosting the event bi-annually with organizations that have the same goal to recruit older volunteers. In December of 2006, a group of dedicated Volunteer Managers came together to

discuss options for the growing Boomer/older adult population throughout the region, with a common goal to engage this population in an active lifestyle by volunteering. This common goal and collaboration efforts led to the successful creation of Venture into Volunteering in 2007.

Boomers, older adults and retirees have accumulated a vast wealth of knowledge and skills throughout their lives, and Venture into Volunteering gives them the chance to match their interests and abilities with organizations that could benefit from their time and expertise. While it can be difficult to navigate the wealth of volunteer opportunities available in the region, Venture into Volunteering provides easy access to information about ways to make an impact in the community.

How will this initiative support older workers or increase educational, creative, intergenerational, volunteer, and leadership opportunities for older adults in the community?

- Appeal to a diverse population of older adults, including individuals who seek meaningful, skills-based (i.e. "non-traditional") opportunities to make a lasting impact on the community.
- Engage a self -directed volunteer team to provide leadership in planning, recruitment, and outreach, as proven by The Aging Network's PowerUp! Initiative
- Incorporate educational workshop for volunteers into the event. Positive Aging Coalition will present a workshop to emphasize factors that contribute to volunteer success and encourage meaningful service experience
- Intergenerational volunteer opportunities will be included. Community partners/nonprofits that attend will recruit volunteers with diverse interests and skills.
- Older Americans who volunteer frequently live longer and report less disability (Corporation for National and Community Service, 2012), hence increasing capacity for overall community engagement
- The initiative will build on and promote an existing program – partners' newsletters/outreach
- Build social connections with and between older adults in the community
- Build resume for older adults seeking employment (workforce development)
- Educate community members of all ages about the skills that older adults bring to the community

Encourage non-profits to consider generational differences in volunteerism to achieve best practices in volunteer management

How could this initiative be implemented and who might be the initial stakeholders?

A self-directed group of volunteers would be recruited and managed by a non-profit partner. Currently, partners in the Venture into Volunteering effort include Fairfax County Volunteer Solutions, Fairfax County Department of Parks and Recreation, RSVP-Northern Virginia (a partnership of Volunteer Fairfax, Volunteer Arlington, and Volunteer Alexandria), AARP, and the Positive Aging Coalition. Each of these partners brings an abundance of diverse skills and resources to successfully implement the Venture into Volunteering event.

The set-up of the fair includes having 25-50 tables in a room for organizations to display/highlight their program. Organizations are given the opportunity to design their table to best market their volunteer opportunities. Representatives are then given approximately two hours to recruit, interview, or just answer questions about their organization. During the two hour event, potential volunteers walk around the displays to learn about a variety of volunteer opportunities in their community. A workshop on meaningful volunteering will be offered. The casual atmosphere and the fact that the event is free, has attracted tremendous participation from both organizations and interested volunteers.

Background information, research completed, best practices and/or any other relevant information.

The rising populations of Boomers are in need of matching their expertise to volunteer opportunities to fit their lifestyle. Influenced by the fast pace of aging boomers and the fact that this population is placing a demand on organizations to increase their pool of skilled volunteers, Venture into Volunteering was developed. The Venture into Volunteering is a program that allows non-profit organizations to come together and offer volunteer opportunities designed to meet the needs of this population. Opportunities to provide an in-person match of skilled Baby Boomers to professional volunteer positions have been identified by both the community organizations and the boomers. Engaging Baby Boomers, seniors and retirees by allowing them to make a difference as they age, is important and rewarding. The Ventures program has responded to the Baby Boomers desire to make a difference by helping them find meaningful volunteer opportunities in a "one stop shopping" format.

General Data:
1. Civic Engagement Among Mid-Life and Older Americans (AARP, 2012)
2. Great Expectations: Boomers and the Future of Volunteering (VolunteerMatch)
3. Reinventing Aging: Baby Boomers & Civic Engagement (Harvard, 2003)
4. Older Adults Engaged as Volunteers (Urban Institute, 2006)

State/Local Data:
1. Fairfax Area Agency on Aging's 2011 Virginia Age Ready Indicators Benchmark Survey
2. Civic & Community Engagement, Page 14
3. Volunteering & Civic Life in Virginia (Corporation for National & Community Service, 2011)
4. Where People Volunteer
5. Urban/Suburban/Rural Volunteer Rate

Benefits of Volunteering:
1. Health Benefits of Volunteering for Older Adults (Corporation for National & Community Service, 2012)
2. Successful Programs & Practices:
3. Keep Baby Boomers Volunteering (Corporation for National & Community Service, 2007)
4. Greater Washington Region- Volunteer Engagement Stars (Center for Nonprofit Advancement, 2012)
5. Elders as Resources for Children and Families (Viable Futures Center)
6. America's Best Intergenerational Communities (Generations United, 2013)
7. The Aging Networks Volunteer Collaborative- Self-Directed Volunteer Teams

Who or what group will champion this initiative?

Champions: Taryn Anthony, Volunteer Fairfax

County Liaison: Trina Mayhan-Webb, Area Agency on Aging/DFS

How would we measure success?

Data will be collected from both non-profit organizations and individual participants. Method of data collection includes attendee registration (sign-in form at event), Bingo game/survey (see below) and online survey (immediately following event). Success measures may include:

- Increased number of attendees
- Increased number of first-time attendees (i.e. newly engaged in community)
- Increased number of volunteer referrals from the event
- Percentage of non-profits and individuals who perceived value in the event
- Percentage of individuals who plan to follow-up with one or more non-profits

A "Bingo" game and survey have been developed to gauge the success of the event. The Bingo game is a form that participants fill out when they visit a number of organizations table. A representative from the table must sign in a blank space on the bingo card after telling the participant about their volunteer opportunities. Once the participant completes the card, they are eligible for a door prize drawing. Participants are also asked to complete the survey on the back of the Bingo card. The survey allows the committee to follow up with potential volunteers. The number of bingo cards given out allows the planning committee to keep track of the number of participants and the survey results help track participation, satisfaction and volunteer matches. This tool serves to encourage participants to visit and learn about multiple organizations and the variety of volunteer opportunities available.

As a follow-up to Venture into Volunteering event:
- Provide additional resources to volunteer managers
- Survey to see what additional resources volunteer managers need, particularly with regard to recruiting and managing older volunteers
- Continue to find ways to provide flexible, diverse volunteer opportunities.

Potential Results-Based Accountability Measures:

- # of attendees at Ventures in Volunteering.

- # of attendees who volunteered within 6 months of the event.

- % increase in number of volunteer partnership organizations.

- % of attendees who expressed benefit from this event.

50+ Action Plan 2014
Transportation
Proposed Initiative Analysis

Senior Mobility Fair

Brief Description:

Promotion of driving and transition from driving *('planning ahead and staying independent'*) through sponsorship of Annual Senior Mobility Fair, with exhibitors such as:

- Driver and Transition - CarFit (AARP/AAA/AOTA), AAA Roadwise Review, GrandDriver (VDA/DMV), To Drive or Not to Drive (JSSA/JCA) and Older Driver Initiatives – Roadways (VDOT)
- Non-Drivers - Fairfax Connector/CUE Bus, WMATA, FASTRAN, TSPs (Transportation Service Providers) and Taxi, Seniors On the Go

This initiative would also include a Channel 16 *Mature Living* video created to educate older adults about transportation options in their community.

Transportation includes all mobility options that occur between a person's front door and their destination: sidewalks, cars, taxicabs, buses, shuttles. How will this initiative educate drivers, enhance pedestrian safety, expand transportation options, and/or create a coordinated system of options for older adults who do not drive?

Intent of initiative is to help drivers improve their driving abilities and sustaining and adapting driving abilities and skill-sets. Initiative would provide annual exposition to promote driving and transitioning from driving to the 50+ community. This initiative will also offer education to people about transportation alternatives available for those who cannot or chose not to drive.

How could this initiative be implemented and who might be the initial stakeholders?
This initiative or program could be jointly established through coordinated partnership of public agencies and private associations, many of which are already offering scheduled services around the region. They could include jurisdictions (from municipal, county and state levels) as well as AARP, AAA, AOTA, JSSA/JCA, WMATA, VRE, local volunteer organizations and private for-profits (taxis, etc.).

Background information, research completed, best practices and/or any other relevant information.

In a recent 2013 survey of older adults and persons with disabilities residing in Fairfax County, the City of Falls Church and the City of Fairfax, over 87 percent of the responses were from persons over the age of 50.

Nearly 60 percent (58.5%) of respondents drove. As these older adults age, this percentage will decline especially as related to vision, cognitive and other physical changes. Sometimes the decline is based upon other personal choices. The ability to drive offers a more independent lifestyle, improves employment options, helps to age in place, reduces the feeling of burdening others and generally offers a higher, more active quality of life: allowing social contact and shopping, medical and recreation trips.

Who or what group will champion this initiative?

Champions: Cherie Leporatti, Metro Access, and Jeanna Muhoro, Human Services Transportation, Dept. of Neighborhood and Community Services

COA Advocate: Bob Kuhns, Commission on Aging, Mount Vernon District

County Liaison: Sharon Lynn, Area Agency on Aging, DFS

How would we measure success?

Number of attendees and results of satisfaction surveys. Through monitoring of retention of driver licenses and examination of crash statistics.

Potential Results-Based Accountability Measures:
- # of attendees at event
- % of attendees surveyed who expressed satisfaction with the event
- % of attendees surveyed who feel better informed about transportation options.

50+ Action Plan 2014
<u>Transportation</u>
Proposed Initiative Analysis

Partnership to Provide Medical Transportation

Brief Description:

Partner with area hospitals to provide subsidized transportation for follow-up medical appointments for Medicare patients.

Transportation includes all mobility options that occur between a person's front door and their destination: sidewalks, cars, taxicabs, buses, shuttles. How will this initiative educate drivers, enhance pedestrian safety, expand transportation options, and/or create a coordinated system of options for older adults who do not drive?

Older adults need improved access to medical appointments. Those who no longer drive must rely on family, volunteers, or transportation programs that may not always meet their needs. While there are some transportation options, they are limited in terms of service area, hours of operation, and eligibility. Volunteer drivers typically want to stay within a certain radius. FASTRAN Critical Medical Care only serves people who require ongoing medical treatment like chemotherapy and dialysis. Seniors-on-the-Go! is a means-tested program so many older adults may not qualify, but cannot afford to pay standard taxi fare for their trips. In addition, the program is limited to 16 books per year ($528 in taxi fare), which they may expend quickly if taxis are their primary mode of communication.

Local hospital systems have incentives to facilitate older adults' transportation to medical appointments if they were recently hospitalized. Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Re-admissions Reduction Program, requires the Centers for Medicare and Medicaid Services to reduce payments to hospitals with excess re-admissions. Non-drive out-patients can't take advantage of prescribed therapies and follow-up medical appointments without transportation.

How could this initiative be implemented and who might be the initial stakeholders?

A work group will be convened, comprised of representatives from public/private/nonprofit providers (including taxi companies with Fairfax County hack certificates) and hospital representatives, to develop a partnership plan for the provision of medical transportation for Medicare patients following a hospital discharge. The intent would be to create a subsidy program for rides to and from medical and therapy appointments. The program would also consider the use of taxi coupons from the Seniors on the Go, Taxi-Access, and Dial-a-Ride programs by qualified residents.

Initial stakeholders should be taxi vendors, Inova Hospital System, Reston Hospital, ACC Family Home Health Care, and nonprofit providers of transportation.

If an agreement is reached and the initiative is implemented, Fairfax Area Agency on Aging communications staff would cooperate with SeniorNavigator.org and the other project partners to disseminate information via the Golden Gazette, the faith-based partnership, and other sources about the partnership.

Background information, research completed, best practices and/or any other relevant information.

According to the Federal Transit Administration, about 3.6 million Americans skip or delay non-emergency medical care every year because of transportation barriers.

Subsidized transportation to follow-up medical appointments is part of a national trend in improving access to health care. Lutheran General Hospital in Park Ridge, IL, a Chicago suburb, provides subsidized transportation ($5/each way) to outpatient appointments. San Luis Obispo County, CA provides free transportation to medical appointments for individuals who cannot use bus or rail. Cape Cod Regional Transit Authority provides a shuttle service to 15 Boston area hospitals for a flat rate fare of $15/each way.

Who or what group will champion this initiative?

Champion: Susan Shaw, Dept. of Neighborhood & Community Services

COA Advocate: Kay Larmer, Vice Chair, Commission on Aging, Dranesville District

County Liaisons: Jill Clark, Fairfax Area Mobility & Transportation Committee, Disability Services Planning and Development/DFS

How would we measure success?

Area hospitals have a baseline of hospital re-admissions for older adults within 30 days after a hospitalization. After the transportation program is implemented, readmission data will be revaluated on a regular schedule. A sampling of area physicians could be asked prior to initiation of the program to assess their no-show and late cancellation rates by Medicare patients after a hospitalization (if they have electronic means of accessing such data.). These sources would be resurveyed after the first and again after the second year of the initiative.

Potential Results-Based Accountability Measures:

- Annual number of riders.
- Annual number of rides.
- % of users who indicate services helped them attend medical appointments they otherwise would not have been able to attend (better off measure).

50+ Action Plan 2014
<u>Transportation</u>
Proposed Initiative Analysis
Mobility Management Program

Brief Description:

Establish a mobility management program in Fairfax County. Mobility management will improve the coordination of human services transportation in Fairfax County, as well as improve access to affordable, accessible, and safe public transportation for all residents. <u>Mobility management will offer new opportunities for the disability and aging communities to partner with public, private, faith-based, volunteer, and other nonprofit transportation services</u>. Besides the county's human services transportation programs, there are many community-based organizations that provide volunteer transportation. Some of these organizations struggle to keep up with the burgeoning demand. A mobility manager would collaborate with these organizations to identify new resources and partnerships for the volunteer programs to sustain their demand. The mobility manager would also evaluate current transportation services and identify inefficiencies and duplicative efforts and work with partners to improve efficiencies and effectiveness of services.

Transportation includes all mobility options that occur between a person's front door and their destination: sidewalks, cars, taxicabs, buses, shuttles. How will this initiative educate drivers, enhance pedestrian safety, expand transportation options, and/or create a coordinated system of options for older adults who do not drive?

Mobility management would expand residents' mobility and independence, increasing compliance with the Americans with Disabilities Act, and the Supreme Court's Olmstead decision, which ensures that people with disabilities receive services in the most integrated, community-based setting. It would also address issues of social isolation and safety.

Additionally, the Route 1 corridor and western area of Fairfax County are un-served by volunteer transportation and under-served by other transportation options. These regions of the county have a high concentration of older adults, people with disabilities, and people with limited incomes who face transportation barriers. The mobility manager would work with community leaders, organizations, and businesses to establish and expand transportation programs.

Currently, there are human services transportation programs in several human services agencies, including the Department of Family Services, Fairfax-Falls Church Community Services Board, and the Department of Neighborhood and Community Services. <u>A mobility manager would better coordinate these programs and identify efficiencies so that the fiscal and staff resources are utilized in the most effective manner</u>.

How could this initiative be implemented and who might be the initial stakeholders?

First Year Outcomes for the Mobility Manager:

- Conduct a needs assessment of existing transportation options and identify service gaps
- Catalog best practices in mobility management that might apply to the Fairfax area

- Convene key stakeholders at a mobility management conference to discuss goals and direction of the program
- Establish an advisory group composed of transportation providers, volunteer organizations, disability and aging groups, and consumers to collaborate on improving transportation in the community
- Report accomplishments for mobility management program as a standing agenda item at Fairfax Area Mobility & Transportation Committee meetings

Subsequent Steps:

- Present recommendations for next steps that would include:
    - A list of partners and an assessment of their commitment to mobility management
    - Mobility gaps to address (weaknesses and threats analysis)
    - Mobility resources to increase capacity (Strengths and Opportunities Analysis)
    - Funding opportunities to develop and sustain the program
    - Next step recommendations including presentations to key agencies on progress to garner support and funding requests, if appropriate
- Investigate specific opportunities, including:
    - Adaptation to Fixed Route Shuttle Services – Adapt existing shuttle services to deviate into nearby neighborhoods on certain days to provide a shuttle service to older adults for a nominal fee.
    - Mid-day Neighborhood Circulators – Use available off-peak capacity of agencies or companies that transport people with disabilities during peak periods to provide curb-to-curb (to/from building entrances as necessary) transportation in neighborhoods with substantial senior populations once or twice weekly (same days each week).The service could be provided at a discounted rate since the fixed costs would already be covered.
    - Last Mile Co-op Program – This addresses the 'last mile' problem: How do we facilitate movement of individuals to/from mass transit to their home in a suburban environment that is auto dependent? Consider a pilot program that creates a micro transportation system for two or three subdivisions. The framework for the service would be a non-profit organized as a cooperative. It can address the problem of isolation experienced by older adults who no longer drive.

Initial Stakeholders: FCDOT; Department of Family Services; Fairfax-Falls Church Community Services Board; Department of Neighborhood and Community Services; Health Department; Office of Public Private Partnerships; volunteer and faith-based transportation organizations; travel training providers; WMATA; Mobility and Transportation Committee

Background information, research completed, best practices and/or any other relevant information.

Although numerous transportation programs are available to Fairfax County older adults, there are still unmet needs and lack of awareness of services. In a 2013 Fairfax County mobility and transportation survey of older adults and people with disabilities, 27% couldn't get somewhere in the past month because they couldn't find a ride; 67% are unaware of free travel training programs; and 34% didn't know about taxi subsidies or fare discounts on transit.

Mobility management would provide a strategic approach for coordinating and expanding transportation options for older adults, people with disabilities, and persons with limited income. Mobility managers link mobility needs with resources, form community partnerships, and fill gaps in transportation availability for transportation-disadvantaged populations.

Supporting Information:
- National Center for Mobility Management - http://nationalcenterformobilitymanagement.org/.
- Partnership for Mobility Management - https://ctaa.org.
- Easter Seals Project ACTION - http://www.nadtc.org/resources-publications/initial-impact-evaluation-of-the-easter-seals-project-action-inclusive-transportation-service-learning-program-pdf.

Who or what group will champion this initiative?

Champion: Susan Shaw, Dept. of Neighborhood and Community Services

COA Advocate: Bob Kuhns, Commission on Aging, Mount Vernon District

County Liaison: Jill Clark, Fairfax Area Mobility and Transportation Committee, Disability Services Planning and Development/DFS

How would we measure success?

At the end of first year, conduct a community survey and compare results from 2013 transportation and mobility survey to demonstrate progress and impact.

Potential Results-Based Accountability Measures:

- # of new routes established in Fairfax County.
- Annual # of new riders in Fairfax County.
- Increase in # of rides provided by partnering jurisdictions.
- % of riders who report that "program x" improved their connections to people or services in the community.

50+ Action Plan 2014
Transportation
Proposed Initiative Analysis

Northern Virginia Rides (*NVRides*)

Brief Description:

The Northern Virginia Rides *(NVRides)* initiative (to be operated by the Jewish Community Center of Northern Virginia in the non-profit sector) will address 50+ transportation needs through support to community-based organizations that currently provide volunteer driving services or those who would like to set up volunteer driver programs. The program will increase the capacity of volunteer rides through more efficient and volunteer-friendly methods to arrange rides for seniors unable to drive themselves.

Meets the following Guiding Principles:

- Attainable – Community groups are already engaged in planning and seeking funding
- Affordable – estimated cost $125,000/year. The Community Foundation of Northern Virginia recently awarded $10,000 toward this project. Additional grants are being sought to cover the annual cost.
- Actionable within the next five years – Planned launch for Fall 2014, depending on grant awards.

Encourages community capacity building – NV Rides will increase the number of volunteer rides provided to older adults in Fairfax County by assisting existing community-based organizations to run more efficient volunteer driver programs, recruit more volunteers with standardized background clearances, forge collaborations between organizations to assist each other in filling rides, launch a marketing campaign and encourage & assist more community-based organizations to develop volunteer driver programs.

Transportation includes all mobility options that occur between a person's front door and their destination: sidewalks, cars, taxicabs, buses, shuttles. How will this initiative educate drivers, enhance pedestrian safety, expand transportation options, and/or create a coordinated system of options for older adults who do not drive?

1. This initiative is a collaboration of community-based organizations that arrange rides to transport seniors door-to-door by volunteer drivers using their private vehicles.
2. The collaboration will receive support from a "hub," called NV Rides, that will increase capacity in a safe and coordinated way in the following ways:
3. Enhance safety by requiring all drivers to submit to standardized background check and on-going proof of valid license and insurance.
4. Allow currently unfilled rides to be filled by leveraging access to drivers across participating community organizations.

5. Provide Web-based scheduling software to all participating organizations to more easily and efficiently fill ride requests and provide outcome reports.
6. Expand the range of ride destinations assuring that quality of life rides are available to non-driving seniors in the community.
7. Assist community-based organizations such as faith communities, aging-in-place villages, community centers, etc. to set up and operate volunteer driver programs. Consider expanding scope of services to non-English speaking residents.
8. Develop a marketing campaign designed to heighten awareness among the general public about the value of volunteer driver programs, resulting in more seniors getting more rides to more places.
9. Assist with recruiting volunteers for participating organizations.

How could this initiative be implemented and who might be the initial stakeholders?

This initiative is already in planning stages, the initial stakeholders include:
- Community Foundation of Northern Virginia
- Community Villages in Fairfax County
- Giving Circle of HOPE
- Jewish Community Center of Northern Virginia
- Jewish Council for the Aging of Greater Washington
- Long Term Care Coordinating Council, Fairfax County
- Shepherd's Center of McLean-Arlington-Falls Church
- Volunteer Fairfax
- Additional stakeholders may be added in the future.

After adequate funding has been obtained, JCCNV will hire a "coordinator of coordinators." The NV Rides Coordinator will be available to all NV Rides participating organizations' coordinators. The person will lend guidance to organizations in areas such as recruitment, marketing, all operational aspects of volunteer driver programs (those currently operating and those who wish to begin programs.) Member groups will have free access to Ride Scheduler software.

Who or what group will champion this initiative?

Champion: Jennifer Kanarek, Jewish Community Center of Northern Virginia

County Liaison: Patricia Rohrer, Health Dept.

Background information, research completed, best practices and/or any other relevant information.

Volunteer Driver programs are a critical component in addressing the mobility needs of seniors. The 2013 Fairfax Area Transportation Survey for Older Adults and People with Disabilities found that 27% of respondents were unable to get to a destination in the past month. The coordinated hub approach of this project is modeled after a similar project getting underway with JCA and Villages in Montgomery County, Maryland. The Web-based software has been successfully utilized by over 50 groups across the country and can be customized to meet the needs of the NV Rides project. Data generated from use of the software will be extremely valuable in quantifying the delivery of transportation services using volunteer drivers as well as identifying gaps in service across the county**.**

How would we measure success?

After current data is used to establish benchmarking, increases in number of trips and consumers served will be tracked. The proposed Web-based software (RideScheduler) provides extensive data collection analysis, and reporting capabilities. The plan includes data collection and reporting on an individual organizational level as well as regionally (collectively) on utilization, need, cost, value, and service gaps. Specific data and outcome criteria are being developed by the participating organizations.

Potential Results-Based Accountability Measures:

- # of rides provided by member organizations.
- # of new volunteer drivers.
- # of riders who received transportation as a result of NVRides.

50+ Action Plan 2014
<u>Transportation</u>
Proposed Initiative Analysis

Universal Real-Time Online Transit Data Portal

Brief Description:

Support the design of a regionally-integrated, Universal Real-Time On-Line Transit Data Portal that could deliver information about routes, schedules and travel conditions throughout Northern Virginia.

Transportation includes all mobility options that occur between a person's front door and their destination: sidewalks, cars, taxicabs, buses, shuttles. How will this initiative educate drivers, enhance pedestrian safety, expand transportation options, and/or create a coordinated system of options for older adults who do not drive?

For these individuals, a one-stop phone number might be designated for "hands-on" guidance. SmartPhone users could be assisted through this initiative. Travel within the metropolitan area is complex. There are more than a dozen transit agencies with overlapping service areas, conflicting stop-numbering schemes, and uncoordinated schedules. It can be difficult for transit users to piece together journeys across the region because travel information is not readily accessible. Adoption of a unified system would allow public transportation agencies to provide real-time updates to SmartPhone application developers. This would make information more readily available to at-risk populations – e.g., senior adults and people with disabilities. It could include:

- <u>Trip updates</u> - Delays, cancellations, changed routes.
- <u>Service alerts</u> - Broken elevators/escalators or unforeseen events affecting a station.
- <u>Vehicle positions</u> - Location of trains and buses, current congestion levels.

How could this initiative be implemented and who might be the initial stakeholders?

1. People with physical disabilities
2. Senior adults using assistive devices (i.e., canes, walkers)
3. Anyone who wishes to reduce their waiting time at transit stops to a minimum

FCDOT is expected to participate in the support of county services and integration/coordination with other regional services/implementation.

Background information, research completed, best practices and/or any other relevant information

One can board an OmniLink bus in Quantico and go 75 miles to Hunt Valley in Maryland using solely a SmarTrip card. Yet there is no <u>single</u> source allowing a person to get timely route information for all regional agencies they would use during that trip. Each service provider maintains its own website, publishes its own schedules, and places its own signs at bus stops. Riders with SmartPhones should not have to use different apps for each segment they travel. WMATA's Trip Planner, Google Transit, and NextBus have tried to solve this problem. More needs to be done, however, to assure a journey where information can be seamlessly accessed.

Arlington County and Toronto are already using this real-time technology.

Who or what group will champion this initiative?

Champion/COA Advocate: Tom Bash, Commission on Aging, Springfield District

County Liaison: Nick Perfili, Department of Transportation

How would we measure success?

Fairfax County Department of Transportation would meet with neighboring regional transit authorities to discuss ways to improve the delivery of real-time travel information to the General Transit Feed System (GTFS).

Potential Results-Based Accountability Measures:

- Data Portal established?
- # of hits to the portal.

50+ Action Plan 2014
Housing
Proposed Initiative Analysis

Accessibility Guide for Home Modifications

Brief Description: Ensure that older adults can maintain their independence in their own homes by offering resources and guidelines for home modifications.

This initiative involves the development and distribution of information about common home modifications like step free entrances, widened doorways, and bathrooms with ample room to maneuver. People can use the information to make modifications to their own homes. Recognizing that increasing numbers of older adults wish to remain in their own homes, guidelines for making those homes accessible is a high priority matter. No step or ramp entrances, wider doorways and accessible bathrooms are essential features. Other features may include flooring, lighting, lever faucets, and grab bars. These projects involve retrofitting of an existing space and must accommodate the specific needs of the resident. Additional technological devices such as sensors, remote controls and emergency response systems can provide added benefit (see separate recommendation.)

A guide to identifying options for these improvements would assist homeowner and the vendors they select to make these improvements.

How will this initiative help older adults improve the livability of their current home or offer them other housing options within their community of choice?

Entryway and bathroom improvements, along with other features such as lever door handles and faucets and improved lighting can provide the means for some older adults to maintain their independence and age in place in their own homes for a longer period of time. These improvements will make the home safer and will enhance the quality of their daily life.

How could this initiative be implemented and who might be the initial stakeholders?

This initiative could be implemented by working with existing public-private partnerships; Building for All Committee, Long Term Care Coordinating Council, Home Repair for the Elderly, Home Builders Association, to educate older adults and home repair contractors about the benefits of these home improvements.

Will also partner with non-profits that offer accessible home modification services to ensure that the most vulnerable and lowest income older adults can remain in their own homes for as long as they want without having to move into a costlier nursing facility because the home no longer accommodates their changing abilities as they age.

Background information, research completed, best practices and/or any other relevant information

According to AARP, nearly 90% of the population wants to stay in their own homes as they age. According to the Fairfax County Commission On Aging, most existing housing requires retrofitting for accessible features.

Who or what group will champion this initiative?

Champion: Carl Varner, Building for All Committee (BFAC), Disability Services Planning and Development/DFS

COA Advocate: Carolyn Sutterfield, Commission on Aging, City of Fairfax

County Liaison: Carl Varner, Disability Services Planning & Development/DFS

How would we measure success?

Measurable criteria could include the numbers of individuals who make these types of modifications to their homes and the reduction in numbers of falls as a result of modifications.

Potential Results-Based Accountability Measures:

- Guide developed.
- # of people who accessed the guide.
- % of survey respondents who benefitted from the guide.

50+ Action Plan 2014
Housing
Proposed Initiative Analysis

Latitude in Land Use Cases for
Affordable Older Adult Housing

Brief Description: Provide Latitude in Land Use Cases for Affordable Older Adult Housing.

Currently the zoning process allows special exceptions of land use cases involving independent living. It is desirable to have walkable livable communities in Transportation Oriented Development. (TOD). Often the price of land is exceptionally high and difficult to capitalize for small developments of senior older adult living. In residential areas a multiplier of four is used times the density allowed to assist in reducing land costs. Similarly if independent living development in TOD areas were allowed to develop without impacting floor area ratios, the net effect would be to increase opportunity by reducing land cost.

How will this initiative help older adults improve the livability of their current home or offer them other housing options within their community of choice?

This initiative will help older adults improve the opportunity to live in walkable communities near transit**.**

How could this initiative be implemented and who might be the initial stakeholders?

Multi-family developers have expertise that could be transferred to independent living property development. If a developer could develop an additional building as part of their development with little impact to the existing Floor to Area Ratio (FAR) it would allow greater opportunity as an economic incentive to produce age appropriate housing opportunity.

Background information, research completed, best practices and/or any other relevant information

Increasingly older senior adults are interested in living in communities with access to shopping, restaurants, activities and transit. Transit oriented areas are very desirable locations. However, land costs reflect the desirability. In order to encourage small residential complexes to be built near the transit areas, any older adult senior housing development under 100 units that is part of a Transit Oriented Development would not count as part of the limits of the FAR for the site, effectively reducing the cost of development and increasing opportunity.

Who or what group would champion this initiative?

Champion: Regina Coyle, Dept. of Planning and Zoning

COA Advocate: Carolyn Sutterfield, Commission on Aging, City of Fairfax

County Liaison: Charlene Fuhrman-Schulz, Dept. of Housing and Community Development and Jacquie Woodruff, Area Agency on Aging/Dept. of Family Services

How would we measure success?
The number of units planned utilizing this change in the special exception language.

Potential Results-Based Accountability Measures:

- Special exception language is approved.
- # of projects initiatives under new exception.
- # of people living in community as a result of exception.

50+ Action Plan 2014
Housing
Proposed Initiative Analysis

Neighborhood-Based Older Adult Housing

Brief Description: Providing the opportunity to build neighborhood-based affordable housing options for older adults.

An ongoing issue for residents of particular neighborhoods is the choice of housing opportunities as they age. Many older adults do not want the expense and responsibility to maintain their detached single family residence, and also do not want to leave their neighborhood and community. Leaving a residence and moving to a new neighborhood often means changing services, stores, and health care providers, particularly as transportation becomes an issue. To promote wellness and continuity of a person's community ties, individual neighborhoods should be explored and evaluated for possible smart growth locations for multi-family older adult housing. With an Independent Living Special Exception as a tool, neighborhood shopping centers, faith-based community property, and public facility property could offer potential sites for affordable older adult housing. The owners would maintain locations that would serve the neighborhood as well as offer opportunities for residents to downsize while maintaining their ties to the community. They could remain more active without always needing transportation. Co-location of new community facilities and housing could also be explored as have occurred at the Glens of Little River and Herndon Senior Center.

*How will this initiative help older adults improve the livability of their current home or offer them other housing options within their community of choice?

This initiative will help older adults improve the opportunity to live in walkable communities near their neighborhood structure**.**

How could this initiative be implemented and who might be the initial stakeholders?

Multi-family developers have expertise that could be transferred to independent living property development. Utilizing a team of senior housing advocates, developers, and faith-based community members, the team could brainstorm on ideas, appropriate locations, and focus on a few test cases where more suburban land development patterns may provide appropriate opportunities.

Background information, research completed, best practices and/or any other relevant information

Increasingly, senior adults are interested in living in communities with access to shopping, restaurants, activities and transit. If in their own neighborhood they could find housing near their services and living infrastructure, they are likely to remain more actively involved and healthier.

Who or what group would champion this initiative?

Champion: Regina Coyle, Dept. of Planning & Zoning

COA Advocate: Carolyn Sutterfield, Commission on Aging, City of Fairfax

County Liaisons: Abdirazak Hamud, Dept. of Housing and Community Development, and Jacquie Woodruff, Area Agency on Aging/DFS

How would we measure success?

Identification of several test sites to determine feasibility. The pilot sites could then be appropriately planned or rezoned as required for potential development. If the property was a county-owned property as part of a school, park, or library, cooperation between the facility ownership entity and private investment could follow the process of the Public Private Infrastructure Act Solicited PPEAS as a solicited development opportunity.

Potential Results-Based Accountability Measures:
- **Pilot site(s) identified by work group.**
- **Developer(s) agree to take on projects.**
- **# of people living in neighborhood-based older adult housing.**

50+ Action Plan 2014
Housing
Proposed Initiative Analysis

Home Property Management Services

Brief Description: Home Property Management Services.

The objective is to provide Property Management services to seniors who choose to Age in Place. While many seniors would like to stay in their homes, sometimes the maintenance and upkeep of the home itself is overwhelming, particularly for older adults. This program will maintain and look over the "bricks and mortar" of a home – roof, doors, windows, yard, appliances and major systems in the home so they work efficiently and safely.

Older adults must navigate through a complex maze of options for general upkeep and they may have hesitations about which contractors to choose and whom they can trust. Adult children may not live locally and they have no one to help. A program such as this will give not only the seniors living in the home but their adult children and other family members the peace of mind that someone is looking after their loved one's home.

Senior property management services would help vet reliable and trustworthy contractors, do periodic inspections, serve as a point of contact and coordination for volunteer groups and keep the home in safe and sound condition while the senior is still living there. The service packages can be tiered to provide different levels of service.

There are future benefits as well. At some point, it's likely that the older adult may need to move to a facility where more care is provided. At that time, the family will need to make some decisions about the home- whether to sell or rent it. Having the home well maintained during the time the senior has lived there will make the transition a lot easier for the family at that time and they will not need to spend a lot of money all at once. They will also have a relationship in place to help care for the property as they care for their family.

*How will this initiative help older adults improve the livability of their current home or offer them other housing options within their community of choice?

This initiative will help older adults improve the livability of their current home by providing a resource to help maintain the value and enjoyment in their home rather than letting it fall into disrepair. It will offer peace of mind by providing a "trusted" resource in helping make informed decisions about the necessity of repair/replacement work needing to be done. In addition, it will be financially beneficial for many seniors as the costs associated with moving and the costs of existing senior housing are quite expensive. Staying in their homes and paying a modest amount to a management company to oversee and assist with their home maintenance is a much more affordable option for many aging adults in Fairfax County. Having an unbiased manager will also help protect seniors from the predatory practices of some contractors and may help connect the homeowners with volunteer groups who can help care for some facets in the home at little or no cost.

How could this initiative be implemented and who might be the initial stakeholders?

Organizations/property management companies could design a different business model focusing on the senior market and their needs. These companies would have expertise with maintenance of a property and reliable vendors for repairs and upkeep/updates. Individual homeowners could enter into a contractual agreement with such company to do regular inspections of the property which would include some highly detailed inspections (HVAC, plumbing, roof, etc.) and then other periodic inspections to assess general condition. Additional services could include winterizing the home as needed and providing spring and fall maintenance and regular services such as mowing and snow removal. These companies would provide unbiased recommendations for repair and replacement work and get multiple bids as necessary. A list of "vetted" contractors could be compiled and trained on this Senior Property Management program and these contractors who are selected could offer discounts or special offers for their services to the seniors who are part of this program.

The property manager could provide follow up visits to ensure work was done satisfactorily and repair photos, etc. could also be sent to family members as needed. A detailed record of all work completed will be kept available and transparent to everyone through the property management software system.

Additionally, volunteer groups could help provide services such as lawn care, mulch, painting, handyman services which will help maintain the home and also reduce the cost of repairs. The Property Management company can call on these volunteers as needed and the volunteers can be organized geographically based on the client's home locations and the volunteer skills available from service groups, church groups, scouting organizations, "Villages" and more.

The Fairfax County Board of Supervisors should engage a private property management firm or firms to develop a business model with details on pricing, tiered service "packages." This company along with other committee members can do research with seniors, existing aging in place villages to assess interest in such a program. Additionally, a list of volunteer organizations should be made that can be engaged in helping provide home services and maintenance and offset the cost for the senior. Based on the feedback and data gathered, a private company can spearhead this effort in the community. With the program review by the County Board, the government can then promote the program as an option to county residents.

Background information, research completed, best practices and/or any other relevant information.

According to AARP, nearly 90% of the population wants to stay in their home as they age. In Fairfax County, there is little land to build in general and little incentive for builders to build senior housing. Renovating existing buildings to create "senior friendly" living is a costly longer term strategy. Additionally, many seniors don't want to be isolated to "senior only" type communities and would prefer to stay in their diverse communities where they are comfortable, have a base of friends and neighbors, and have lived for many years. This type of program would allow them to do that.

We have surveyed a sample of seniors as well as adult children who were very excited about the program. Many of the adult children stated they wished they had a program like this for their parents when they needed it.

Who or what group will champion this initiative?

Champion: Sue Richey, Richey Homes, LLC

COA Advocate: Carolyn Sutterfield, Commission on Aging, City of Fairfax

County Liaison: Susan Jones, Consumer Affairs Cable and Consumer Services and Jacquie Woodruff, Area Agency on Aging/DFS

How would we measure success?

- Measurable data could include the numbers of seniors who engage such companies to manage their homes.
- Survey seniors and family members about the program
- Measure how many volunteers and volunteer groups would be engaged

Potential Results-Based Accountability Measures:

- Pilot neighborhood program established.

- # of customers who utilize program.

- % of customers and/or caregivers who are satisfied with the services provided through the home property management program.

- % of customers who are able to remain in their home for 1 year as a result of the program.

- % of customers and/or caregivers who report that the program allowed their customer/family member to live in the residential setting of their choice.

50+ Action Plan 2014
<u>**Housing**</u>
Proposed Initiative Analysis

Home Sharing Initiative

Brief Description:

Many older adults are living alone in large homes and wanting to remain there as long as possible while recognizing that affordability, upkeep and maintenance of the house as well as general safety issues are becoming problematic.

Many young adults are entering the workforce and finding it difficult to afford rental units on their beginning salaries. Responsible graduate students are often looking for a room to rent. Independent older adults with limited income are often looking for opportunities to share a home for an affordable rent with another older adult.

According to the National Shared Housing Resource Center, *"Home Sharing is a simple idea: A homeowner offers accommodation to a home sharer in exchange for an agreed level of support in the form of financial exchange, assistance with household tasks, or both* . . . for these people, shared housing offers companionship, affordable housing, security, mutual support and much more."

With the proper interviewing, background checks and references, along with guidelines for personal compatibility checks, home sharing could provide benefits to both the homeowner and the home-sharer.

There are two aspects to the initiative.
- A group of county staff, nonprofit and interested business participants would be convened to develop a *How-To Guide for Home Sharing*. When completed, the guide could be a useful tool to enhance this type of home sharing option in Fairfax County. It could be posted on the county Older Adults Web page, other social networks as appropriate, and the *SourceBook, Guide to Retirement Living.*
- Two distinct business models are being developed in partnership with the Long-Term Care Coordinating Council. Although there are differences in the models, they both provide assessments of the home owner and the home, background checks and screening for potential renters, and monitoring of the home sharing situation for a fee.

*How will this initiative help older adults improve the livability of their current home or offer them other housing options within their community of choice?

The "*How-To*" tool will assist some older adults to remain in their own home by helping them identify, screen, and select an individual to be a home sharer. The business models will relieve the home owner of the burden of advertising and screening potential renters and will provide safety through periodic monitoring. Both options make *"use of existing housing stock and may lessen the need for costly chore/care services and long term care." (National Shared Housing Resource Center.* It may also help to meet the need for affordable housing for independent older adults with limited income.

How could this initiative be implemented and who might be the initial stakeholders?

A designated county staff person could be appointed to convene a workgroup of knowledgeable people to create the *How-To Guide for Home Sharing*.

Other partners might include *The Source Book: Guide to Retirement Living*, local businesses who decide to offer home sharing assistance for a fee, county agencies that provide services for older adults, local non-profits, and housing locators who are currently assisting those seeking home options. These partners could refer homeowners and potential home sharers to the "*How-To Guide.*" Home Owner Associations and other nonprofits serving seniors may be willing to post ads for homeowners seeking someone to share their home and vice versa.

Background information, research completed, best practices and/or any other relevant information

The National Shared Housing Resource Center has a regional office in Baltimore that is a clearinghouse of information for people looking to find a shared housing organization in their community or to help get a program started.

Who or what group will champion this initiative?

Champions: Daniel Flavin and Patricia Williams, GraceFul Care; Jim Lindsay, ACC Family, Inc.; Long Term Care Coordinating Committee's Housing Committee

COA Advocate: Kay Larmer, Vice Chair, Commission on Aging, Dranesville District

County Liaison: Patricia Rohrer, Health Dept.

How would we measure success?

The number of *How-To Guides* requested through the Aging, Disability & Caregiver Resources (ADCR) phone line or online. Also the number of Guides taken by participants at local resource or health fairs.

ADCR could conduct follow-up phone calls to persons who requested Guides (two months or six months) to document the number that were currently sharing a home. The callers could also ask each person to rate their level of satisfaction with their new housing situation.

Private businesses could be queried periodically by a county staff person to measure the number of participants and the success of their programs. With permission, the homeowners and home sharers could be surveyed on an annual basis.

Potential Results-Based Accountability Measures:

- Guide developed.
- # of people who accessed guide.

- % of survey respondents who reported benefitting from information.

- Pilot program developed.

- # of people participating in home share arrangements.

- % of participants who are able to remain in their residence 1 year as a result of home share program.

50+ Action Plan 2014
Housing
Proposed Initiative Analysis

Help People Stay in Their Homes with Technology

Brief Description:

Technology will continue to improve dramatically and will dominate our communication avenues over the next 5 years and beyond. Older adults are increasingly being motivated toward using computers and other social media tools to convey and receive information, register for events, stay in touch with family and friends, etc. At the same time, technologies that help people stay safely in their homes are constantly improving. Such technology products can be used by people who want to age-in-place, extending their ability to manage their own health and safety. This initiative is two-fold: (1) Establish a county/non-profit/academic Technology Work Group that will evaluate and vet technology products that might be of value to Fairfax County residents. The Work Group will clarify their mission, policies and procedures. They may arrange to have products installed in a demonstration apartment for the purpose of public education. They may encourage the piloting of technologies that would be of particular benefit in improving home safety for older adults, monitoring of health for at-risk individuals, improving the ability of physicians to communicate with their patients, or help county social services staff to more easily "visit" their clients by video chat, thus monitoring their safety and well-being. The Work Group may also decide to invite the public to test new products in an "Innovations Lab" provided by the business community. (2) Establish a "Volunteer IT On-Call" Program through Volunteer Solutions (VS) and interested community nonprofits. VS and partner organizations will recruit, train and manage tech-savvy volunteers who are willing to assist persons 60+ who are having computer, tablet or smartphone technology problems or minor complications. The vetted and trained volunteers would go to the homes of individuals who request assistance and resolve the problem or refer them to appropriate sources of service for their devices. The volunteers will increase the comfort level of older adults with technology and provide opportunities to learn how to use social media, thereby increasing opportunities for engagement and the accessibility of crucial information. It is hoped that the cadre of volunteers would be multi-generational, encouraging interaction amongst all members of the community.

How will this initiative help older adults improve the livability of their current home?

- Technology products can be utilized for people who want to age-in-place, increasing their independence and extending their ability to manage their own health and safety.

- Any technology products chosen for pilot programs with willing and appropriate older adults in the county will address "primary needs" that affect the ability of seniors to remain independent, either at home or within congregate housing environments. Primary need areas include monitoring or managing overall health, medication management, emergency help when medical events or falls occur, and elopement/wandering by persons with dementia.

- Technology can minimize reliance on more costly resources, including limited human resources for services such as home health, family caregiving, health monitoring, wellness activities, and risk reduction.

- Reduction in negative incidents will additionally lower overall costs to Medicare/Medicaid, police search & rescue, and additional gov't resources currently being accessed.

- Technology can encourage engagement in extended family life, their local community, and the world.

- Technology that eases communication with physicians or monitors the health and well-being of people in their homes will be in line with the Live Healthy Fairfax initiative and may provide some assistance to family caregivers.

- Technology assistance as the vehicle for interaction will increase opportunities to learn and appreciate each other across generational lines.

How could this initiative be implemented and who might be the initial stakeholders?

- Technologies for piloting could be identified via a Technology Work Group of county and community aging services experts, considering the proposed pilot size, time frame, any costs for the county or the participants, and evaluation measures.
- Chosen technology products or technology-supported services could be piloted with interested and appropriate residents in identified county-funded group homes, and/or with appropriate seniors living at home
- Technologies for demonstration to the public could be identified by the same Work Group of aging specialists.
- Volunteer Solutions will manage the volunteer program and will encourage community nonprofits to start their own volunteer programs in partnership with VS.

Potential stakeholders: county aging specialists, GMU, Department of Housing, Inova's PACE program, Shepherd Centers, Boy Scouts and Girl Scouts organizations, FCPS, Osher Lifelong Learning (OLLI User's Group) and volunteers

Background information, research completed, best practices and/or any other relevant information.

Numerous technologies have been developed targeted to aging populations. There are constant efforts to improve and upgrade technology products already on the market. Some help make homes safer, improve health care communication, provide medication reminders to older adults with chronic illness, help caregivers oversee the safety of elder loved ones, and help find a loved one with memory loss who has wandered away from home.

Developing products could assist social service workers to efficiently manage large workloads by conducting monitoring visits with elder clients through video chats. Technology can also greatly improve the quality of life for homebound people by providing them electronic ways to participate in classes being held in senior centers and other locations. One challenge is making technology products easily accessible for non-computer literate people. Another ongoing technological challenge is to help people stay safely in their homes while still preserving their privacy and dignity. Not-for-Profit/Gov't Agencies may have an interest in accessing and utilizing particular technologies, especially those that may result in a reduction in overall cost of services.

In all cases, technologies chosen for piloting or demonstrating should be targeted to the "primary need" areas for seniors. Examples include technologies for medication management, electronic participation in chronic disease self-management and fall prevention classes by people who cannot leave home to attend, sensor-activated fall alert devices, and GPS tracking of individuals with cognitive deficits.

Who or what group will "champion" this initiative?

Champion: Marci Kinas, The Kellar Center, George Mason University

COA Advocate: Rich Chobot, Chair, Commission on Aging, Braddock District

County Liaison: Trina Mayhan-Webb, Area Agency on Aging/DFS and Chris Scales, Dept. of Neighborhood and Community Services

How would we measure success?
- Time-limited pilots would produce measurable data in reviewable sample size locations (both group and individual home) through identified oversight agencies. Performance measures, including costs, would be compared to either a control group and/or same sample results prior to implementation of technology.
- Visitors to demonstration apartments could complete a survey rating the quality and helpfulness of various devices.
- In-home technology assistance could be measured by the number of requests for assistance, reduction in repeat calls per individual, customer satisfaction survey self-rating comfort level and/or competency level pre and post assistance
- Volunteer satisfaction surveys

Potential Results-Based Accountability Measures:

- # of requests for assistance.
- # of repeat calls.
- % of survey respondents who report satisfaction.
- % of volunteers who report feeling more connected to community as result of work.
- # of IT products reviewed by workgroup.
- # of time-limited pilots reviewed in sample size locations.
- # of survey respondents who report helpfulness of products.

50+ Action Plan 2014
<u>Housing</u>
Proposed Initiative Analysis

Universal Design

Brief Description:

Incorporating universal design features into newly constructed single family homes is an essential means to ensure the strength and vitality of our community. Universal Design features such as a no step entry, wider doorways and hallways, and a bathroom with ample room to maneuver, make houses multi-generational homes for a lifetime where people can age in place independently, be less dependent on limited community services, and less likely to be forced to move to a nursing facility prematurely. Even less recognizable Universal Design features such as well-placed electrical outlets and light switches, lever door handles and faucets, strategically placed reinforcements behind walls for future modifications, proper lighting and acoustics can all have an overwhelmingly positive impact on the livability of a home for Fairfax area residents of all ages and abilities.

There are 3 aspects to this initiative:

1. Efforts to link providers with older adults in need of accessible housing will be focused **online** by redeveloping the **Multiple Listing Service (MLS) database** to include information about inclusive design features, and by collaborating with the Virginia Housing Department Authority to design, implement and promote an online accessible housing database.
2. Work with existing partnerships and stakeholders to educate the public, the realtor and building industry about the benefits of Universal Design.
3. Then, the last aspect is to work with partners to develop Universal Design projects.

How will this initiative help older adults improve the livability of their current home or offer them other housing options within their community of choice?

Universal Design features enable older adults to stay in their own homes by ensuring that the home meets their changing demands as they age. The more robust the pool of universally designed homes, the more options older adults will have in choosing where to live while remaining integrated in the community.

How could this initiative be implemented and who might be the initial stakeholders?

1. Work with realtor organizations to expanding the online Multiple Listing Service (MLS) database to include information about Universal Design features. Connect perspective homebuyers, renters and people in need of accessible housing with realtors, builders, property owners and housing providers offering housing with inclusive design features.

2. Work to strengthen existing public-private partnerships and stakeholders (Building For All Committee, Fairfax Area Disability Services Board, Long Term Care Coordinating Council, Easy Living Homes, Northern Virginia Association of Realtors, Home Builders Association of

Virginia, Virginia Housing Development Authority). Those partners can educate the public, homeowners, home builders, home buyers, realtors, building contractors, architects, about the benefits of Universal Design.

3. The next step would be to encourage those partners to foster Universal Design projects and initiatives that will eventually lead to more universally designed homes throughout the Fairfax area.

The Fairfax County Board of Supervisors (BOS) should support Universal Design initiatives throughout the Fairfax area. The BOS should work with county partners, including the planning commission to bring about a paradigm shift and enact a culture change thus ensuring that Universal Design and Visitability initiatives are seen through to completion. Using the suggestions modeled above, county agencies must lead by example in promoting universal design initiatives at every opportunity, and become the stewards for change necessary in order to ensure that Fairfax County's housing stock meets the demand of its aging, dynamic, diverse, well-educated and savvy population.

Background information, research completed, best practices and/or any other relevant information

According to AARP, nearly 90 percent of the population wants to stay in their own homes as they age. Universal Design features prevent people from having to choose between where they live and the services that they receive. It also adds to the financial stability of the county because people stay in their homes and therefore pay property taxes longer adding value to the county, rather than having to receive LTC services in a nursing facility which can be cost prohibitive. Homes that are not properly cared for diminish property values and reduce the livelihood of the region.

The ability to enter one's home and pass through doors is so basic and essential that it often leads to institutionalizing people who could otherwise live at home. The average cost of one year in a nursing home for one person exceeds $70,000, with 60% of total nursing home costs borne by public funds. Family inheritances are being lost as the government confiscates the assets, including the family home, of residents who have run out of personal funds and are forced to rely on Medicaid funds.

Removing barriers after they are constructed can be extremely expensive: widening one interior door can easily cost $700, and adding a zero-step entrance to an existing home typically costs thousands of dollars.

In new construction, total added cost for Universal Design is typically less than $100 when building on a concrete slab, and less than $600 when building with a basement. No added square footage is required. Wider doors can be incorporated for little or no additional cost. A single barrier free entrance can be accomplished at little or no cost on the great majority of lots.

Additional supporting information and best practices can be found with Easy Living Homes, Center for Universal Design, Design For Life Montgomery, AARP Home Fit, UniversalDesign.com, and our own Building For All Committee: BFAC.

Who or what group would champion this initiative?

Champions: Fairfax County Building for All Committee, Fairfax Area Disability Services Board, and the Long Term Care Coordinating Council

COA Advocate: Tom Bash, Commission on Aging, Springfield District

County Liaison: Matt Barkley, Disability Services Planning & Development/DFS

How would we measure success?

Measurable criteria for success would be the number of homes built with basic access features, the number of people educated about the benefits of universal design, the number of organizations who commit to maximizing universal design standards, the number of policies that are amended or enacted to promote and encourage universal design construction.

Potential Results-Based Accountability Measures:

- # of homes built with basic access features (if possible to measure)
- # of hits to county Universal Design web page
- # of organizations that commit to maximizing universal design standards
- # of policies that are amended or enacted to promote and encourage universal design construction
- % of survey respondents who report benefit of information

We would like to thank the hundreds of county residents who participated in developing the 2014 **Fairfax 50+ Community Action Plan** and especially those who served on the plan's steering committees.

Fairfax 50+ Community Action Plan Steering Committee Members:

Tom Bash, Fairfax Area Commission on Aging, Springfield District
Tom Biesiadny, Director, Department of Transportation
Tena Bluhm, Chairman, Fairfax Area Commission on Aging
Evan Braff, Region 4 Director, Neighborhood and Community Services
Sandy Chisholm, Community Interfaith Liaison, Neighborhood and Community Services
Richard Chobot, Fairfax Area Commission on Aging, Braddock District
Jim Corcoran, President and CEO, Fairfax County Chamber of Commerce
Rhiannon Duck, Legislative Aide, Braddock District Supervisor Cook
Bob Eiffert, Long Term Care Program Manager, Fairfax County Health Department
Bill Kogler, Fairfax County Human Services Council
Bob Kuhns, Transportation Planning Division, Fairfax County Department of Transportation
Jim Lindsay, Owner and Vice President, Adult Companion Care
Grace Lynch, Communications & Community Outreach Manager, Adult and Aging Services
Sharon Lynn, Director, Fairfax Area Agency on Aging
Alejandra Monteagudo, former Administrative Aide, Board of Supervisors Chairman Bulova
John Payne, Deputy Director, Housing and Community Development
Thomas Prohaska, Dean of the GMU College of Health and Human Services
Patricia Rohrer, Long Term Care Program Developer, Long Term Care Coordinating Council
Rosemary Ryan, Senior Legislative Aide, Braddock District Supervisor Cook
Marlae Schnare, Senior Legislative Aide, Springfield District Supervisor Pat Herrity
Patti Stevens, Executive Director, Office of Public & Private Partnerships
Jacquie Woodruff, Director, Livable Communities Development, Area Agency on Aging
Laura Yager, Director, Partnership & Resource Development, Community Services Board

Fairfax County Board of Supervisors:

Sharon Bulova Chairman, At-Large
Pat Herrity Springfield District, Chairman, 50+ Committee
John C. Cook Braddock District, Vice Chairman, 50+ Committee
John W. Foust Dranesville District
Michael R. Frey Sully District
Penelope A. Gross Mason District, Vice Chairman, Fairfax County Board of Supervisors
Catherine M. Hudgins Hunter Mill District
Gerald W. Hyland Mount Vernon District
Jeff C. McKay Lee District
Linda Q. Smyth Providence District

Fairfax Area Commission on Aging:

Tena Bluhm Chairman, At-Large
Tom Bash Springfield District
Nazir A. Bhagat Mason District
Richard B. Chobot, Kenneth Malmberg* Braddock District
Sharron Dryer Lee District
Julie Ellis Mount Vernon District
Eleanor Fusaro, Suzanne Rudiselle* Hunter Mill District
Joseph A. Heastie Providence District
Daniel Henderson City of Falls Church
Kay Larmer, Eileen Duggan* Dranesville District
Maureen Renault, William Shackelford* Sully District
Carolyn Sutterfield, Mary Jo Rasmussen* City of Fairfax

*Overlapping terms

Find services for older adults at www.fairfaxcounty.gov/OlderAdults or call the **Aging, Disability and Caregiver Resources Line** at **703-324-7948**, TTY 711.

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. To request an alternate version, call 703-324-5277, TTY 711. Additional details about the Fairfax 50+ Community Action Plan can be found online at https://www.fairfaxcounty.gov/familyservices/older-adults/fairfax-50-plus-community-action-plan.