

Creating Aging-Friendly Communities

Online Conference
February 20, 2008



SIERRA HEALTH FOUNDATION
An Endowment for Northern California

Connected Site Hosted by
Sierra Health Foundation
1321 Garden Highway
Sacramento, California 95833
(916) 922-4755



**SACRAMENTO
STATE**

Summary Report Prepared by
College of Health and Human Services
California State University, Sacramento
6000 J Street
Sacramento, California 95819-6104
(916) 278-7255

Dear Friends,

Sierra Health Foundation was pleased to join the Helen Andrus Benedict Foundation, MetLife Foundation and The California Endowment in support of the *Creating Aging-Friendly Communities* online conference, presented by University of California, Berkeley's Center for the Advanced Study of Aging Services in February and March 2008. This unique conference series was designed to support individuals and organizations nationwide in their planning to make communities more aging-friendly. Participants had an opportunity to engage with national experts, discover what other communities are doing to be more aging-friendly, network with people across the country, and access online tools and training materials.

In addition to the online conference series, Sierra Health Foundation and the California State University, Sacramento, College of Health and Human Services partnered to host a "Connected Site" at Sierra Health's conference center in Sacramento on February 20, 2008. We were delighted to be joined by approximately 30 stakeholders from our region to view online presentations, participate in breakout discussions, network with each other and discuss the need to make our communities more aging-friendly.

Facilitation for the February 20 conference at Sierra Health Foundation was provided by Dr. Marilyn Hopkins, Dean of the College of Health and Human Services at California State University, Sacramento, and members of her staff. They have created this report, which summarizes the activities and presentations from that day, with the hope that it will assist in deepening your understanding of this critical issue.

Ultimately, we would like our participation in this conference to be just the beginning of discussions and work we do together to make communities in our region more aging-friendly. Accordingly, we welcome your feedback on this report, as well as your continued thoughts and ideas about this important work.

Sincerely,



Chet Hewitt
President and CEO
Sierra Health Foundation



Dr. Marilyn Hopkins
Dean, College of Health and Human Services
California State University, Sacramento

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INTRODUCTION

On February 20, 2008, Sierra Health Foundation served as a host connected site for the *Creating Aging-Friendly Communities* online conference presented by the University of California, Berkeley. Key stakeholders from the Greater Sacramento area were invited to attend and participate in both live online discussions and focus groups to determine how Sacramento can become more of an aging-friendly community.

During the online presentations and discussions, individuals logged on from cities and towns throughout the United States to participate in the conference. With the number of individuals age 65 and older anticipated to increase from approximately 35 million in 2000 to an estimated 70 million by the year 2030¹ it is important that communities across the country respond to this unprecedented demographic shift with policy and service delivery changes. This change in population is especially evident in California, where in 1995 the number of individuals age 65 and older was 3.5 million. By the year 2025, the number is anticipated to almost double (up to 6.4 million)².

Although demographers, statisticians and the media have called attention to this phenomenon for more than a decade, many communities have not taken steps to prepare for this change. The *Creating Aging-Friendly Communities* online conference was an innovative way to present research-based strategies to key stakeholders and change agents in communities across the United States. The synchronous (live) online component to the conference provided participants with the option to attend the event at a connected host site or from a personal computer. The site hosted by Sierra Health Foundation allowed key resource people from the Sacramento area to participate in both the online conference and focus groups with professional colleagues. The objectives of the *Creating Aging-Friendly Communities* conference were to³:

- learn what you can do to help your community become more aging-friendly
- interact with more than 20 leading experts on creating aging-friendly communities
- exchange ideas and network with other participants about approaches that work
- receive practical tips, models, tools and training materials
- discover additional resources to make your community more aging-friendly

THE IMPORTANCE OF CREATING AGING-FRIENDLY COMMUNITIES

According to U.S. Census Bureau projections, the population of persons 65 years or older is estimated to significantly increase by 2030, from 12.4% of the population in 2000 to 20% in 2030. Research shows that most of these people want to age-in-place — in their communities and homes. Therefore, communities around the country face the challenge of meeting the needs of their aging population and deepening their understanding of the expectations and desires of older adults. This challenge presents an important opportunity for forging new ways to engage community members and tapping the creativity of local experts to make communities more aging-friendly and more supportive of healthy aging.

The needs and interests of aging baby boomers are a major consideration in this effort. Unlike previous senior cohorts, baby boomers (those currently age 45 to 65) have higher levels of education, more racial and ethnic diversity, and are less likely to be married or have children. These new seniors are unlike the Traditionalists (age 65+) in that they are healthier, wealthier, more likely to volunteer, and more active than previous generations. While aging-friendliness has received an increasing amount of attention from researchers and policy-makers, within the past few years there is little consensus as to what comprises an aging-friendly community or what barriers prevent communities from implementing changes that could improve the lives of older residents⁴.

The challenge is particularly acute in Northern California's rural communities. Of the 26 counties in Sierra Health Foundation's funding region, nearly one-half are considered "elderly counties," with at least 20% of the residents already age 60 years or older. In six of these counties, elderly residents will comprise more than 30% of their total populations within the next 12 years. Data suggests that Sierra Health Foundation's funding region has some unique aging characteristics. The region contains:

- The six oldest counties in California (that is, those with the highest median ages). Calaveras County is the "oldest" county in California, with 50% of its entire population currently age 45 or older.
- Sierra County, with the highest proportion of elderly residents age 85 and older. One out of every 50 residents of Sierra County is at least 85 years old.
- All six of California's fastest aging counties. For example, Mono County's 65+ population grew 58% from 1990 to 2000, while the overall population of the county grew only 29%.
- Seven of the eight California counties with the fastest-growing population of very elderly persons (that is, persons age 85 or older). From 1990 to 2000, the number of persons 85+ in Alpine County grew 160%, while the overall population of the county grew only 9%.

So what makes a community aging-friendly? When examining a community, there are three things to look for: (1) age is not perceived as a barrier to improving life-long interests and activities, (2) supports and accommodations exist to enable individuals with age-related disabilities to meet basic health and social needs, and (3) opportunities exist for older adults to develop new sources of fulfillment and engagement. The majority of communities, however, have yet to adapt their land-use regulations, housing policies, transportation policies, or opportunities for community involvement to the needs of their growing elderly populations. Given the scope and scale of the imminent challenge ahead, Sierra Health Foundation asked local experts: *How can we create and sustain aging-friendly communities in our region?* The following pages of this report capture information from national and local experts participating in the *Creating Aging-Friendly Communities* online conference held on February 20, 2008. The report includes opening remarks, a keynote address, a live online panel presentation, questions from the national audience and conclusions from a facilitated large-group discussion.



Photography Provided by Diyosa Carter

OPENING REMARKS

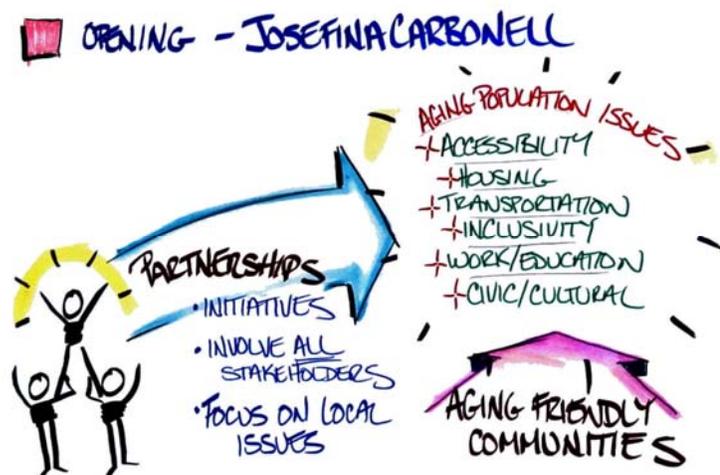
Josefina Carbonell
Assistant Secretary for Aging,
U.S. Department of Health and Human Services

“Importance of Partnerships in Creating Aging-Friendly Communities”

The three key components to addressing aging-friendly communities, indicated by Josefina Carbonell, are: (1) partnership and collaborations; (2) aging services networks; and (3) determining what resources can be brought to the aging population.

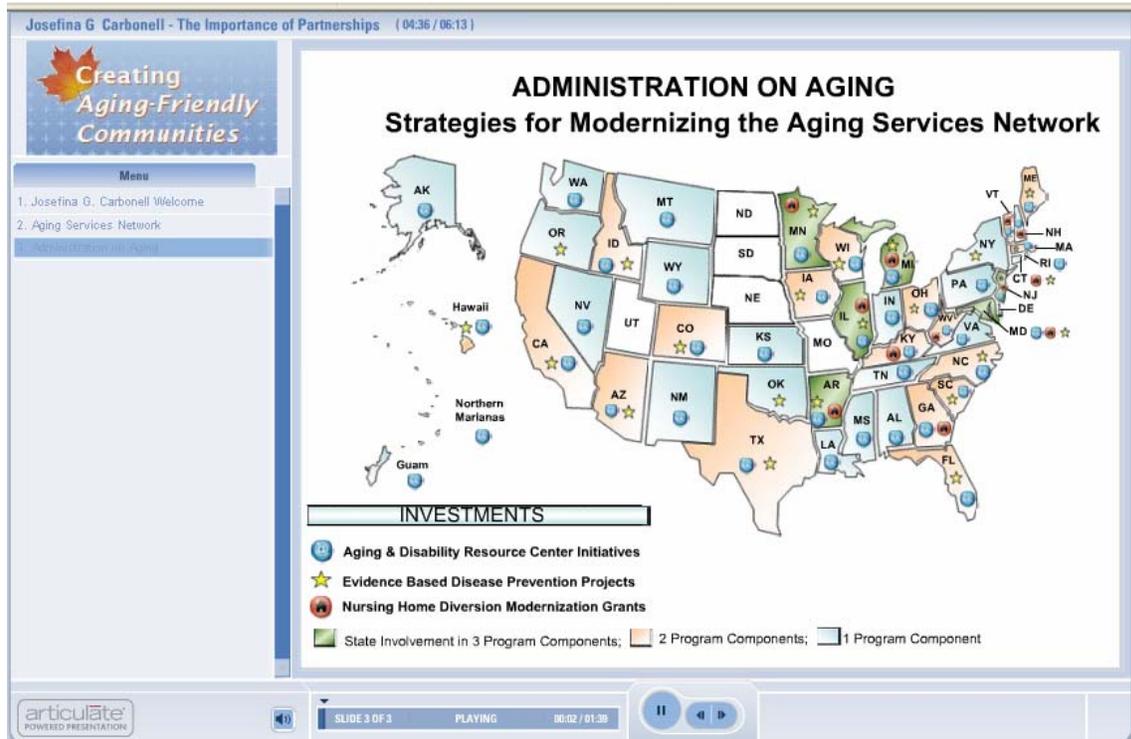
“...The aging of America is affecting every sector of our society, and everyone needs to be involved in developing communities that will be friendly for people of all ages. This includes insuring that our citizens, both young and old alike, have the opportunity to be engaged in all aspects of community life, as well as creating the community-based systems and support that will make it possible for older adults to remain independent and in their own homes for as long as possible. This will require insuring that people of all ages and their family caregivers have access to a full range of home and community-based support services; providing accessible, affordable and reliable transportation; creating a full range of housing options; modifying the physical environment to make it inclusive and accessible for everyone; creating work, volunteer and education opportunities; and encouraging people of all ages to participate in a full range of civic, cultural and social activities. How will we accomplish all of this? Through partnerships and collaborations...” It is through these partnerships that the U.S. Administration on Aging is helping both state and local networks become more engaged in producing livable communities.

The Aging Services Network, presented by Josefina Carbonell, was divided into five different branches: (1) the U.S. Administration on Aging; (2) State Units on Aging; (3) Area Agencies on Aging; (4) local service providers; and (5) older people and family caregivers. These services reach into every community in the nation to deliver both home and community-based services to more than nine million seniors and approximately one million family caregivers. Since 2003, the U.S. Administration on Aging has partnered with Centers for Medicare and Medicaid Services (CMS) on a joint venture called the Aging and Disability Resource Center Initiative. This was developed to help states create “one stop shop” entry points at the community level. Ultimately, this will provide visible and trusted services where consumers of all ages can turn for information on a wide range of community



Graphic Recording Provided by Greg Gollaher

services. The U.S. Administration on Aging also is partnering with the Center on Disease Control and Prevention (CDC), as well as a number of other agencies, to produce low-cost evidence-based prevention programs. These initiatives, at both the local and state levels, are empowering seniors to reduce the risk of falling, better manage chronic disease, and improve overall physical and mental health. Their latest initiative, Nursing Home Diversion Program, involves a partnership with state and local networks to create flexible service options to help seniors who may be at high risk for nursing home placement to continue to live at home as long as possible. The following map displays where the U.S. Administration on Aging initiatives are being implemented.



Each one of us has a unique contribution to make to aging-friendly communities. The contribution may be to reach individuals in the community, invest in new innovations, provide leadership to developing partnerships, contribute business savvy to create new products and help grow a community, or provide the technical expertise leading to changes within the physical environment.

KEYNOTE ADDRESS

Andrew Scharlach, Ph.D.
University of California, Berkeley
Center for the Advanced Study of Aging Services

“Why Our Communities Must Become More Aging-Friendly”

“Is America ready for these aging changes, what can communities like yours do, and how can we, together, create a society of all ages?” Few Americans realize their country is in the middle of a “demographic revolution.” This revolution will affect every person and every institution in our society. Its impact will be at least as powerful as any economic and social movements of the past. Back in 1900, there were about three million people over the age of 65 in America. Today, there are about 40 million people over 65 years old. In another 20, there will be more than 70 million Americans over 65.

The state with the greatest proportion of older adults is Florida, followed by Pennsylvania and West Virginia. California has the greatest number of older adults with three and a half million citizens over the age of 65. Examining large metropolitan areas within the United States, San Francisco has the greatest percentage of older adults with 14.6%, followed by Philadelphia (12.7%) and New York (11.9%). Small cities in the United States also demonstrate a growing older adult population. Boynton Beach, FL, estimates that 21.5% of their population is over the age of 65, and in Lynchburg, VA, it is 16.7%. Although these statistics within our own country are staggering, aging is a global phenomenon. Throughout the world, within 10 years from now there will be as many older adults as there are children under the age of five.

Labor ministers from the G8 nations met in Turin, Italy in 2000 to focus on the impact of the change in population demographics, and especially on the labor markets throughout the world and on the economies of the G8 countries. Examining both the positives and negatives of the changing demographics, they concluded that both opportunities and challenges of the aging world were equal in comparison. Positive trends include: people are living longer in better health, the average life expectancy has increased to 78 years on average, this aging population is in better health than their parents, individuals are less likely to have a disability and more have been exposed to a better education system. In addition, positive trends include improved consumer information, and decreased hospitalization and institutionalization. Negative trends include: increased obesity, increased health care costs, inconsistent service quality, financial vulnerability and economic disparities. African-Americans and Latino elderly are more likely to have chronic health conditions than whites and/or Asian-Americans. Yet, older adults of lower socioeconomic status, regardless of race, are two and a half times as likely to be sick and disabled as those in the higher socioeconomic bracket.

New opportunities will emerge from the aging society, including a greater reservoir of resources for economies and societies globally. The ultimate challenge will be how to make use of these potential resources. Obesity, health care centers and financial preparation are all areas that communities must prepare for.

The baby boomers are redefining “Aging America.” Approximately 89% will remain in their homes, thus being able to stay connected to friends and social networks. This will impact how older adults both shop and access health care. The boomers overall appear to feel safe and are healthier than previous generations, and will continue to stay involved in the communities where they live.

Age is no longer a barrier to life, but rather an opportunity for new experiences. With the large number of older adults remaining in their homes, these individuals will seek out support and accommodations from the community in which they reside. The first need of the older population is housing. In a recent survey, 34% fear they cannot remain at home and 14% need some type of home modifications to continue living there. There will continue to be a greater demand for adequate housing (i.e., universal design, home modification and repair, services to support independent living, more options for housing).

Second, they will have different needs for transportation. It is estimated that 43% of older adults lack access to public transportation, 44% will not call someone if they need a ride, and 60% indicate that signage for transportation is inadequate. Road design and signage must change, and possibly dedicated lanes should be added. These individuals also will seek out driver skill assessment and training to continue to be safe and reliable on the road. Public transportation will need to include neighborhood shuttles, volunteer drivers and Paratransit services.

Third, delivery of health care services will need to be re-evaluated. Health care will need to be accessible and affordable. In addition, new older adults will ask for preventive health care information, including information about nutritious food and exercise programs. It is estimated that 57% do not regularly exercise, 48% do not have personal care assistance, 33% lack fitness programs, and 20% have home health needs. Fourth, community services will need to become more accessible, affordable and safe. Finally, community engagement should focus on lifelong skills, job skills, volunteer opportunities, intergenerational programs, meaningful employment and civic engagement. Regarding job skills, 24% of seniors would like to work for pay, but more than 40% indicate they lack the job training needed to reach this goal.

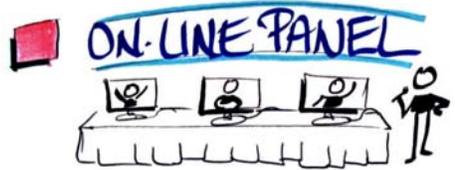
The overall concepts for healthy aging include continuity, compensation and opportunity. Continuity means that as individuals we should be given the opportunity to continue to engage in the lives and communities we desire, regardless of age or demographics. There also should be compensation for both adequate supports and accommodations for individuals who may have functional limitations as they continue to get older. And, finally, aging populations should be given the opportunity for familiar activities and new opportunities to continue to enhance overall personal fulfillment and to experience overall quality of life.



Graphic Recording Provided by Greg Gollaher

LIVE ONLINE PANEL

The online panel portion of the conference included three speakers: Elinor Ginzler, American Association of Retired Persons (AARP) Office of Social Impact, who presented AARP's comprehensive efforts to promote livable communities for all ages; Mia Oberlink, AdvantAge, Center for Home Care Policy and Research, who identified specific domains and indicators of aging-friendliness and specific community strategies; and the last online presenter, Nancy Henkin, Temple University, Center for Intergenerational Learning, presented an approach to community planning that takes into account the entire lifespan perspective.



Graphic Recording Provided by Greg Gollaher

Elinor Ginzler
American Association of Retired Persons
Office of Social Impact

“Livable Communities: An Evaluation Guide”

Three and a half years ago AARP embarked on a very intentional set of activities around social impact. These activities represented the social mission work that is important to AARP, otherwise known as the AARP social impact agenda. This agenda was designed with the thought that individuals 50+ should have independence, choice and control in ways that are beneficial and affordable for them and for society as a whole. This area of work, referred to as livable communities, is very similar to aging-friendly communities, sometimes called elder-friendly communities. When modifying the features of a community for the 50+ population, individuals are actually making the community aging-friendly to all generations and more livable for all.

AARP organizes its efforts in two distinct areas — mobility and housing. Within these two areas, goals have been established for livable communities. The first goal is for Americans 50+ to sustain mobility as they age. The term mobility is intentional, as it includes a large array of ways individuals can get to where they want to go. This includes:

- Increasing both affordable and accessible mobility and housing options, as well as community services to meet the needs of the 50+ population. This will be done through member engagement and influence of local-level decision makers.
- Adequate mobility options go beyond driving. Although we are a car-dominant society, we need to look at how communities can meet the needs of residents who are not dependent on a car for mobility.
- Individuals who choose to drive should be able to do so safely, through improved driving competency and better roads.

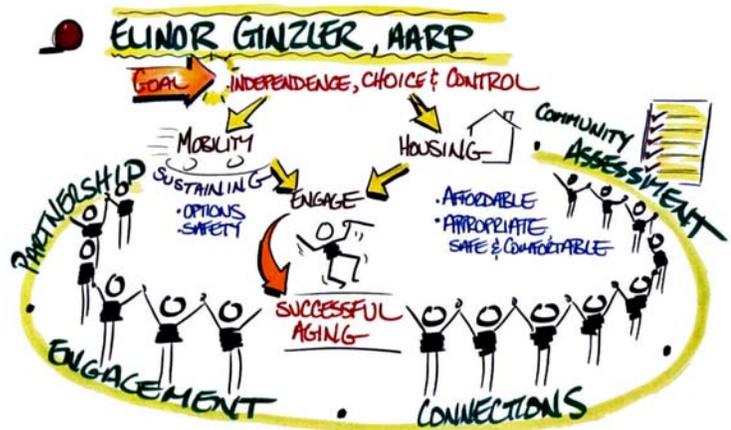
AARP's second goal statement indicates that Americans 50+ should have affordable and appropriate housing options. This goal includes:

- improving housing affordability for people 50+ through public (local, state and federal) and private sector funding, mandates and incentives
- creating new homes and adapting existing homes to promote comfort and safety as people age

Although AARP is looking at affordable and appropriate housing, it also recognizes there are other important elements of a livable community similar to an aging-friendly community. This not only includes adequate mobility options, but also supportive community features and services. When combining these elements, the community promotes personal independence for its residents and a higher level of civic engagement. Research has demonstrated that it is through continued engagement in life that people age successfully. Therefore, if the community is meeting the needs of the individual appropriately, successful aging can occur.

AARP Public Policy has crafted important language to direct the work of the organization. This includes the following principles: create livable communities; improve home design; promote affordable housing; provide choice in housing options; reform federal programs; increase capacity for public-private partnerships; promote housing as a financial asset; foster service delivery; offer a range of safe, accessible, affordable and dependable transportation options; enable independent living; foster social engagement; examine connection between transportation and land use; and coordinate decision making to enhance accessibility for all people.

Finally, AARP has developed a 10-point community assessment tool that can be accessed on their web site. The instrument measures a variety of community characteristics, ranging from safety to convenient places for individuals to gather. To review the 10-point community assessment, go to www.aarp.org.



Mia Oberlink
 AdvantAge
 Center for Home Care Policy and Research

“Introduction to the AdvantAge Initiative”

This presentation focused on the AdvantAge Initiative, a project started by the Center for Home Care Policy and Research in 1999. The project’s primary purpose is to help communities measure “elder friendliness.” By using this information, communities can plan and implement action steps to benefit older adults. This presentation provided background about the initiative and its use by various communities.

Key challenges identified in the AdvantAge Initiative were:

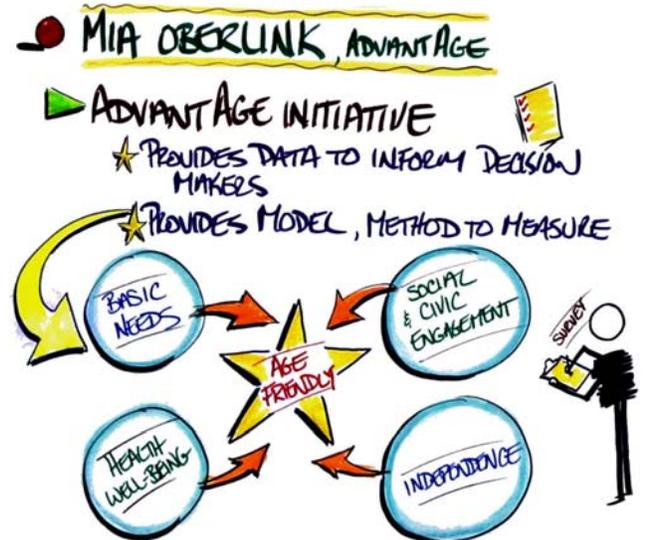
- the “Age Wave” is coming
- most older people (93%) in the U.S. want to age in place
- community infrastructure is generally unprepared for a growing number of older adults
- negative stereotypes about older adults are pervasive and may inhibit community action
- communities that want to plan for a growing older population need reliable data
- good local information about mid-life adults and older adults, including their interests, contributions and needs, is scarce

Not only are communities challenged by the aging population, they are also presented with *opportunities*. For example, communities are beginning to pay more attention to aging issues and the need to build capacity to

support a growing older population. Communities are also beginning to consider the older population as a resource rather than a drain on resources.

The original objectives of this project were to develop a model of an elder-friendly community, develop a method to measure community elder-friendliness, and help communities interpret and use this information to create action plans to support health, well-being and independence, as well as social and civic engagement. The model was developed after conducting focus groups in various areas of the country with a wide range of age groups. Conversations from these focus groups were synthesized into a framework consisting of four domains with several detailed dimensions. These domains were: (1) addressing basic needs (2) promoting social and civic engagement (3) maximizing independence and (4) optimizing physical and mental health and well-being. In addition, 33 indicators were developed, corresponding to the domains, to allow communities to quantify how well they are doing in each of the areas. These indicators can be found at www.vnsny.org/advantage (click on Sample Indicators).

Once the tools were in place, AdvantAge worked with 10 communities to test the model. Each community established a leadership committee and working groups to discuss the data, identify community assets, prioritize issues and strategize action steps. Finally, an evaluation was completed to provide additional information to the community about older adults. See Mia Oberlink's presentation at www.agingfriendly.org (click on Week One Presentations) for a list of the communities where the AdvantAge initiative survey was conducted. In addition to that list, examples are provided on how two communities are using the AdvantAge initiative projects: the Lincoln Square Naturally Occurring Retirement Community Study on the West Side of New York City and the Indiana Partnerships for Lifespan Communities.



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Nancy Henkin
Temple University
Center for Intergenerational Learning

“Communities for All Ages”

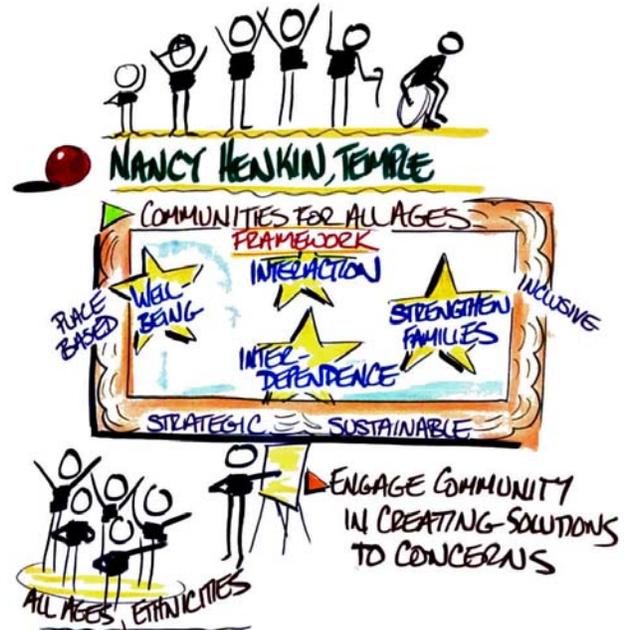
A community for all ages (CFAA) has an explicit lifespan approach. Rather than viewing children and young people as secondary beneficiaries of efforts to make a community good for older adults, the CFAA starts by bringing everyone to the table to access needs and resources, and develop strategies to enhance quality of life for all generations. CFAA is a vision and framework for policy and program development, and a national initiative that promotes the well-being of children, youth and older adults; strengthens families; and fosters interdependence and interaction across ages.

The main question communities must ask is: Why build a CFAA? First of all, there is an opportunity for all ages to think and act differently and impact future generations. Secondly, the changing of the social compact (the giving and receiving of resources over time) continues to directly impact individuals. The changing demographics of society (i.e., family caregiving, policy and programs, geographic mobility, high divorce rate) have weakened the social compact. This is often seen in rural areas of the country where young people are moving away from the community, leaving the older population with inadequate resources. Youth are not provided with guidance from their elders on the aging process. Finally, the silo-ed approach to community problem-solving directly impacts the CFAA. The variety of institutions that are promoting special needs for target populations are using the silo-ed approach, rather than looking at whole populations across the lifespan. This ultimately provides a limited focus.

A CFAA is:

- place-based: focuses on all age groups within a specific geographic area
- life-span focused: promotes programs and policies that address issues affecting all age groups
- asset-based: looks at older adults and youth as resources to meet community needs
- strategic: fosters collaboration across systems and identifies issues that affect multiple populations
- sustainable: thinks about current generations and makes decisions that won't pass a burden to future generations.

A CFAA is good for growing up and growing older in a specific community. Physical infrastructure, institutional/civic infrastructure, and social infrastructures are explained in Nancy Henkin's presentation at www.agingfriendly.org (click on Week One Presentations).



Graphic Recording Provided by Greg Gollaheer

In 2003, the Arizona Community Foundation developed a three-year CFAA initiative with a one-year planning grant. This has since been replicated in Westchester County, New York, and it is also starting in Maine. In Arizona, the project started with three phases: raising awareness, planning and implementation. Workshops were

conducted around the state to tell people what a community for all ages entails. The foundation then gave several small planning grants to nine communities. The idea was to identify the issues of concern for all ages (i.e., housing, transportation, public safety) and to create a shared vision and action plan to address these issues. The implementation phase is currently occurring in six communities in Arizona. To find out more about each of these sites, go to www.communitiesforallages.org.

The early outcomes from the initiative implemented at these sites include:

- Residents
 - enhanced sense of empowerment
 - increased involvement in community-improved issues, interaction across ages and cultures, and service utilization
- Organizations
 - increased collaboration around issues, awareness of intergenerational approaches, and interaction between service providers and residents
- Communities
 - increased understanding across cultures and ages, and community pride
 - enhanced physical environments

Nancy Henkin's presentation provided a list of challenges, as well as what was learned from conducting the three-year initiative and one-year planning process. In addition, a new resource developed by Just Partners and Jefferson Area Board on Aging called *Sustainable Communities for All Ages – A Viable Futures Tool Kit* can be downloaded from www.viablefuturestoolkit.org. For additional information on communities for all ages, go to www.communitiesforallages.org.

QUESTIONS FROM THE AUDIENCE

Now what? How can we make this happen?

After the conclusion of the live online panel, participants submitted questions. The following questions were posted and answered by online presenters.

1. How can we mobilize together to cross turf issues in organizations rooted in their special interests?
The first question to think about is: How do you get people to the table in a win-win situation? This is done by finding a common ground to demonstrate that everyone will benefit from joining forces. Next, figure out how to sell this idea and make it cost-effective for all citizens. Safety is another issue. It is ridiculous to think that safety for [children] is different than for older adults.
2. What are specific initiatives AARP is putting forth and implementing, and how can local communities get involved?
The first thing that AARP is doing is working on a federal level. The organization is also involved in the transportation reform initiative and housing initiative. AARP is just getting started at the local level. Overall, they have 39 million members in the U.S., and they are organizing AARP members to get engaged in their communities to galvanize activities in their area. They are also taking on a variety of issues. For example, pedestrian safety: how easy or hard it is to cross the street. They also are developing partnerships with other organizations. For example, the Institute for Transportation Engineers has done walking audits of communities and has put together a tool kit to influence the way we are addressing pedestrian infrastructure.
3. What are some of the main factors in the communities you have worked in to get people to move along and motivate stakeholders to act?
Data brings people to the table and gets things done. For example: Lincoln Square in New York City. Everyone knew it was a problem, but it wasn't until they could quantify the information through data that change began. People were able to compare with other communities and see national data and it shed light on issues. Also, it was able to attract attention from funders. We also have attempted to get something objective in place. This brings people together and provides a subject for people to work on collectively. Some of the objectives might be to use specific information to attract funders, affect community leaders and provide specific topics to talk about and address. Determining objectives peaks interest as a major issue for a community. Also, it provides incentives and engages people together to give a "push" and see if it can be a win-win for everyone. When community stakeholders did get information on adult aging and brought it to the community, they were able to get funding and raise the issue and needs that really aren't on peoples' radars normally.
4. How do we raise public awareness of the demographic changes to be experienced by our nation as the proportion of older adults increases? How can we motivate people to prepare for their own aging experience?
This is a challenge for everyone. It is hard for each of us to think about our own aging process. Yet, a lot of thinking is going on with boomers and their parents' aging. They have used the window of caring for their own aging parents to begin conversations within families to discuss how they want to age. We then need to turn the mirror around and have the conversation about ourselves and our own wishes for aging. This can be very powerful. Changing the perception of aging, we begin looking at aging as an opportunity. Engage aging adults in communities that are friendly to all ages with civic engagement. Questions to ask include: "What can I do after 50 and what kind of community can I live in that will give me that opportunity and connect me with people of all ages?" When thinking about their aging parents, it really crystallizes – feeling and doing helps to understand issues better.

5. How do we prepare our communities to be more culturally sensitive to racial and ethnic diversity?

The biggest issue is to get people to the table and listen to them. Hear the voices of everyone and honor each voice. It is important at the development level to find people to represent the community at the decision-making level to make certain these issues are being addressed. You cannot even start to do your work until representations of ALL parts of the community are present. Also, reflect the uniqueness of the community. Possibly provide stakeholder interviews. This allows you to find where the needs are and what they can contribute. Ultimately, you want to engage people in developing intervention. Remember, language and the way things are presented is important. Get cross-representational views — make sure everyone is represented. Also, make sure to allow for things like different languages, interpreters or other bilingual participants.

6. Living in a time of budgetary constraints, how do we initiate in this kind of environment?

Many times it isn't about needing more dollars. We [frequently] go to the default of 'we need more money.' How are we using existing dollars already? Use wisely. We need measurable outcomes to make sure usable dollars are being used for their intention. This includes leveraging all the assets of the community and reconfiguring how a community is making the decisions. First of all, take an assessment of unique parts of the community to see how they are working together, and see if there can be improvements and changes in decisions being made. Why can't a community be more cost-effective in using resources? For example, school buses that just sit during the day can be used for aging adult transportation. One city was able to do this successfully. Use financial resources wisely and strategically in our organizations. Sometimes people allocate resources and make decisions based on feelings and impressions instead of reality. Find out what is really needed in the community — don't look at other communities and implement things that your community may not need. And, make sure your resources are going where they are needed.

7. What is one thing you recommend participants do to go back and create positive community change?

Find out what the existing opportunities already in place are for citizens to be involved and engaged in their community. Be that continuously, constant and wonderful reminder of how we can make the community better. Convene a group of people, maybe including people who are not generally involved in aging issues but who have capability to make changes in the community, and have everyone share their experiences and thoughts and then bring those thoughts to the community. Develop partnerships and stakeholders. Create within community organizations a shared vision and form partnerships from different organizations.

Q & A

How CAN WE MOBILIZE?
(AVOID TURF ISSUES)
• COMMUNICATION / FIND COMMON GROUND
LOOK FOR WIN-WIN

AARP INITIATIVES
• TRANSPORTATION FUNDING BILL
• HOUSING BILLS
• STRATEGIC TO ENGAGE LOCALS VIA MEMBERS !! & PARTNERING W/ OTHER ASSOCIATIONS

FACTORS TO MAKE PEOPLE TO "URGENCY"
• DATA!! TO GET PEOPLES ATTENTION
• ENGAGE COMMUNITY & FAMILY FOUNDATIONS - VIA INCENTIVES

How DO RAISE PUBLIC AWARENESS? & HAVE PEOPLE TAKE STEPS FOR THEMSELVES
• FOCUS ON BOOMERS PARENTS & THEN TURN MIRROR ON THEMSELVES
• FOCUS ON OPPORTUNITIES! NOT PROBLEMS

MORE CULTURAL SENSITIVITY IN COMMUNITIES
• GET PEOPLE TO THE TABLE & LISTEN TO THEM!
• NEED EVERYONE AT THE TABLE!

How DO WE INITIATE CHANGE IN TIGHT BUDGETARY ENVIRONMENT
• HOW ARE WE USING EXISTING \$
• FOCUS ON ORGANIZATION (ORGANIZING CURRENT RESOURCES)
• USE DATA TO SPEND WISELY

ONE RECOMMENDATION
• FIND EXISTING OPPORTUNITIES FOR CITIZEN ENGAGEMENT
• I.D. & MEET WITH PEOPLE CAPABLE OF CHAMPIONING CHANGE
• DEVELOP PARTNERSHIPS TO I.D. SHARED VISION FOR DIVERSE GROUP

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FACILITATED LARGE GROUP DISCUSSION

Dr. Marilyn Hopkins, Dean, College of Health and Human Services
Dr. Jennifer Piatt, Director, Life Center: Fitness and Health Promotion for Older Adults
California State University, Sacramento

At the completion of the three online panel presentations, participants at the connected site came together as a large group to discuss the presentations and to talk about how to transfer the information into action at the local level. Two key questions were presented to the audience: (1) What is one thing you recommend participants do to go back and create positive community change? and (2) How can we use the information we gained today to move forward in the Sacramento area? Following are ideas and information offered by conference participants.

1. What is one thing you recommend participants do to go back and create positive community change?

Create a mechanism for centralizing demographic data and information about social and health services for older adults. Info Line Sacramento 211 was identified as a community service that could fill this need. This is a nationwide number connecting people with services 24/7. Though primarily used to connect callers to social and human services, it also provides information and referrals to meet other needs (affordable housing, food, etc.). The 211 number needs to be locally directed to provide correct information.

Although 211 is a comprehensive information line maintained by the Community Services Planning Council (CSPC), it does not necessarily serve as an umbrella organization that collects and maintains data needed by organizations that serve older adults. As a community, we need to designate and seek funding for an umbrella organization. It was suggested that CSPC could serve as an umbrella organization for this purpose. CSPC also maintains the Beehive Sacramento web site (www.thebeehive.org), which connects users to a broad range of information.

When assessing the utility of an umbrella agency, it is important to remember that there are great differences among the counties in the Sacramento

Region. A centralized data base and information resource needs to reflect this diversity. The group discussion also addressed the lack of available local data needed to identify trends and aid in planning. Several studies have been conducted, but the data and related information has not been widely shared.



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2. How can we use the information we gained today and move forward in the Sacramento area?

Community awareness is one of the keys to moving forward. Many people believe that there are services already out there, but this is not necessarily accurate. There needs to be an evaluation of the community's perception of need. The first step is to examine community awareness and start collecting data to build on the information needed to make change. Even before doing this, we need to start talking with each other about existing data. A frustration for individuals involved in providing services to older adults is that studies are currently occurring, but these efforts are neither organized nor collaborative in nature.

Sacramento, being one of the most diverse cities in the U.S., will need to focus on the micro-needs in each of the communities. This will allow stakeholders to determine the immediate needs of different populations and neighborhoods. There have been few conversations about how to acquire the information that is needed to create change, therefore we as a community need to start with communication. The stakeholders of the aging population are not limited to those who are in attendance at this conference. There needs to be engagement within the community during the evaluation process. Stakeholders include both public and private partnerships, such as banks, retail shops, planning groups, public policy-makers, educators and future generations, to name a few. We need to stop thinking in terms of aging and start thinking of the community as one organic entity. We need to think in terms of both the micro-community and the umbrella agency.



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THE ROLE OF SUPPORT SERVICES

Pre-recorded presentation

Robyn Stone

Institute for the Future of Aging Services:
American Association of Homes and Services for the Aging United States

“Creating Aging-Friendly Communities: The Role of Support Services”

Dr. Robyn Stone examined what health, social and supportive services look like in an aging-friendly community, including some specific actions participants can take to foster changes in their communities.

There are a number of givens when thinking about aging-friendly communities, including:

- we will see expanding population aging over the next several years
- individuals with disabilities are surviving birth and have extended longevity
- there is an increasing gap between those who have a lot of resources and those who do not
- there is increased ethnic/cultural diversity among consumers/caregivers
- six-generation families will become the norm
- we will see an increasing number of young-old vs. old-old
- there will be a decrease in the traditional low-wage workforce, especially women who tend to be providers of support services in the community
- consumers will be more proactive/demanding, which will place stress and demand on developing aging-friendly communities
- there will be transportation problems and challenges
- there will be a lack of affordable senior and accessible housing
- retirement will be reinvented, with many people working beyond 65 because of financial need

In addition to the givens listed above, there are several uncertainties that go along with aging-friendly communities. They are:

- the future of long-term care (LTC) financing, such as Medicaid, Medicare and private long-term-care insurance
- the future of trained, quality caregivers
- the availability of family caregivers
- compensation for disability
- the role and availabilities of biotechnologies, information technology, pharmaceutical therapy and other technologies
- the adoption of universal design and investment in our physical environment
- the effects of globalization on the workforce
- the effects of terrorism, natural disasters and pandemics

With this information as a backdrop, it is important to define exactly what support services are in a community. They are best defined as “a variety of services and support provided by unpaid (informal) and paid providers that concentrate on helping individuals to function as well as possible and to maintain their lifestyles in the face of disability” (Nancy Henkin). An aging-friendly community provides a broad range of services and supports indicated by residential factors and demands of acute and chronic conditions.

There are at least three different sets of consumers who need to be considered when planning support services: the well elderly, the disabled elderly, and the caregivers (both friends and family). Support services for the well elderly include elder abuse prevention, care coordination, and provision of home and community-based services. The disabled elderly need environmental services and supports, home modifications, assistive devices, and transportation assistance. Finally, support services for family caregivers include caregiver education, caregiver support groups, counseling services, and respite services. All of these support services take place in a variety of settings, such as private homes or apartments, adult day care settings, senior centers, residential care settings, assisted living facilities, subsidized senior housing, and, for some, skilled nursing facilities.

Aging-friendly communities can organize support services around a well-planned public health model. Characteristics of the model are:

- planning for support services is population-based and targeted to unique community needs
- services and supports are consumer-centered (both the elderly and their family are viewed as consumers)
- there is one-stop shopping to minimize confusion, redundancy and inefficiency
- public dollars “follow the person” and are flexible and portable across settings
- there are affordable options for modest-income older persons
- cross-training and cross-certification allow staff to work in multiple settings
- the infrastructure supports integration of medical services (acute, primary and chronic care)

Challenges associated with providing support services in an aging-friendly community are:

- Who will pay for these services?
- Who will provide the services?
- How do we assure quality of these services?
- What about geographic variation?

In conclusion, the aging of baby boomers creates both challenges and opportunities for community planners. Baby boomers will desire and expect choices as they age, and evidence suggests they can remain in the workforce longer than other generations. The geographic and cultural diversity of these older adults requires diverse and creative strategies and the feasibility of aging in place will be tested.

COLLECTIVE CONSENSUS THROUGH IDEA WRITING

At the end of the pre-recorded presentation, conference participants were divided into small discussion groups and asked to address the following questions:

- (1) *Is the Sacramento area aging-friendly?*
- (2) *What are the challenges in the Sacramento region to developing community-based support?*
- (3) *What should be our top priorities as we build a community for all ages?*

The following is a summary of the small group reports.

Is the Sacramento region aging-friendly? Explain.

“For the most part, it’s better than many other communities. Numerous services exist, however they are fragmented. There is transportation and housing available, but they could be better.”

“Challenges include diversity and understanding how to effectively respond to the needs of different groups. This also relates to the sheer size of the region and attempting to provide community-based support.”

The overall consensus in the room was “No.” The following key components were brought up by the group:

Transportation options need to be improved.

- Transportation needs to be made location and disability-specific.
- It is impossible to shop if your residence is not on the light rail line.
- Aging-friendly depends on where you live — location, location, location.
- Sacramento is a difficult place for pedestrians. Some communities are trying to be pedestrian friendly, but much more needs to be done.
- There is a lack of sidewalks. Some areas are making an effort to build trails, but are they making shopping and other errands convenient for those who lack transportation?
- Public transportation is insufficient for many without cars who need to shop or travel for medical appointments.

Housing – Greater income provides greater options.

- There seems to be a decrease in the availability of affordable housing.
- For seniors there has been a loss of 10,000 houses over the last five years.

What are the challenges in the Sacramento region to developing community-based support?

We need to carefully define community. Sacramento is a large region and needed services and support will vary by neighborhood.

There is a lack of integration between service agencies and private providers. How do we build collaboration? This can be difficult at times. A big challenge is offering all services to all people. We need to:

- know what services are available
- assess needs based on accurate data
- identify resources, which are extremely limited, and recognize competition for funds
- know and access the organizations that are obtaining relevant data and use data to develop solutions

“We need to start a large collaborative conversation about aging-friendly efforts that are both local and regional. There is too much talk and not enough action.”

What should be our top priorities as we build a community for all ages?

As a community we need to bring together diverse groups to collaborate, identify and propose solutions to universal issues of all stakeholders. Conference participants listed the following as **top priorities** for the Sacramento region.

“Problems relate to the size of the region and the lack of cohesion in a vision of what we need. Creating a community vision would facilitate the collaborative use of resources.”

- provide data at the local level
- disseminate information from and to a variety of sectors: grassroots, nonprofits, government, local, neighborhood, etc
- provide smaller communities with data specific to their neighborhoods
- facilitate access to community-based health care systems that are within an accessible distance
- provide services to cope with loneliness, fear, safety, and isolation
- provide access to mental health services
- provide legal assistance/services to protect basic rights and advocate for issues such as elder abuse prevention, eviction protection and prevention of consumer fraud
- engage policy-makers so they understand the issues, help fund solutions and support evaluation of successful efforts
- develop a web-based repository of research data
- convene experts and compile information to identify action strategies

Where do we go from here?

Possible Sierra Health Foundation role:

- promote collection of relevant data
- serve as a hub for all data to promote access and utilization
- engage experts in problem solving
- coordinate collection of information from private and public partnerships



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CONNECTED SITE PARTICIPANTS

FEBRUARY 20, 2008

Rosanne Bernardy
Superintendent for Older Adult Services
City of Sacramento

Bert Bettis
Division Chief
Sacramento County Department of Health and Human Services
Senior and Adult Services Division

Donna Cambren
The Senior Connection

Roberta Campbell
Consultant
Office of Oral Health, State of California

Robin Carter
Director, Division of Social Work
California State University, Sacramento

Mariann Cosby
RN and Chief, Preventive Health Care for Adults
California Department of Public Health

Lynn Daucher
California Department of Aging

Angela Fusilier
Sacramento County Department of Health and Human Services

Rebecca Gulas
LIFE Center Staff
College of Health and Human Services
California State University, Sacramento

Chet Hewitt
President and CEO
Sierra Health Foundation

Marilyn Hopkins
Dean, College of Health and Human Services
California State University, Sacramento

Rosanna Jackson
Chief
Office of Oral Health, California Department of Public Health

Guy Howard Klopp
Program Manager
Senior and Adult Services - IHSS

David Mandel
Supervising Attorney
Senior Legal Hotline/Legal Services of Northern California

Ann Marie Marciarille
Health and Aging Research Fellow
Pacific McGeorge School of Law

Dorothy Meehan
Vice President
Sierra Health Foundation

Beryl Michaels
Principal
JAYBEE Consultants

Laureen O'Hanlon
Chair, Department of Speech Pathology and Audiology
California State University, Sacramento

Cheryl Osborne
Professor of Nursing
Director, Gerontology Program
California State University, Sacramento

Katy Pasini
Communications Associate
Sierra Health Foundation

Jenny Phillips
LL.M. Student
Pacific McGeorge School of Law

Jennifer Piatt
Assistant Professor in Therapeutic Recreation
Director of LIFE Center
California State University, Sacramento

Laurie Simon
Director
2-1-1 Sacramento

Amy Springmeyer
Technical Assistant Specialist
Center for Civic Partnerships

Edward Spurgeon
Distinguished Visiting Professor
Pacific McGeorge School of Law

Jenn Taylor
College of Health and Human Services
California State University, Sacramento

Heather Thompson
Adult and Aging Commission

Joan Twiss
Executive Director
Center for Civic Partnerships

Nancy Yavrom
Program Coordinator
Adult and Aging Commission

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To view all of the presentations, access the Creating Aging-Friendly Communities online conference web site at: www.agingfriendly.org (click on Week One Presentations).