

Summary Report

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

for the Thomas Jefferson Planning District

*Making Our Community a Great Place to Age*



*September 2003*

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Jefferson Area Board for Aging  
Piedmont Housing Alliance  
Martha Jefferson Hospital  
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## INTRODUCTION

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

This “aging tsunami” will bring profound changes for which the community must be prepared. Family caregiving responsibilities will dramatically increase, and health and social service delivery systems as they currently exist will be stretched beyond the breaking point. A dramatic shift in policy and program approaches will be needed if our region is to ensure that all people can age with dignity and security. To begin the necessary process of preparing for the future, over 150 community partners collaborated to develop a comprehensive plan. “2020” was so named to evoke the concept of a *clear vision for the future* and year 2020, when the first wave of “Baby Boomers” born in 1946 will be approaching 75.

Based on input from a kickoff conference and public forums held in 2001, several main issue areas were identified. Work groups of community members addressed those issue areas and developed goals and strategies for each to guide decision-makers preparing to meet the needs of seniors in the coming decades. A 2020 Steering Committee provided oversight of the planning process and approved the final plan. This document is a summary of the full plan. (See listing of full plan contents at end of summary.)

Chapters 1 through 6 contain goals for creating an age-friendly community, strategies with time frames toward achieving the goals, and lists of the potential partners who may be involved. During the implementation phase discussions will be held with decision-makers to determine action steps, community partners to be involved, and the lead organizations charged with coordinating efforts. At the same time planners will work with local governments to identify and address specific issues that are unique to each area.

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

## THE 2020 PLAN CALLS ON THE PLANNING DISTRICT TO:

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

## GOALS AND STRATEGIES

### Chapter 1: Promoting Coordinated and Accessible Healthcare

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

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

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

*Potential partners in the Healthcare Quality Council include:*

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

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

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

#### Strategy 1

Establish network of local advocates who will make improving healthcare affordability at state and local levels their top priority issue. *Time Frame: 5 years*

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

#### Strategy 1

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

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

#### Strategy 1

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

*Time Frame: 5 years*

#### Strategy 2

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

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

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

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

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

#### Strategy 1

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

#### Strategy 2

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

*Time Frame: 5 years*

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

#### Strategy 1

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

#### Strategy 2

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

#### Strategy 3

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

## Chapter 2: Supporting Maximum Independence and Lifelong Health

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

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

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

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

##### Strategy 1

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

##### Strategy 2

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

*Time Frame: 10 years*

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

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

##### Strategy 1

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

*Time Frame: 5 years*

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

##### Strategy 2

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

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

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

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

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

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

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

#### Strategy 1

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

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

#### Strategy 2

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

*Time Frame: 5 years*

Potential partners: TJPDC, local governments

#### Strategy 3

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

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

#### Strategy 4

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

Potential partners: TJPDC, local government planning departments, JABA

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

### Strategy 1

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

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

### Strategy 2

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

*Time Frame: 5 years*

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

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

### Strategy 1

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

Potential partners: Regional Housing Directors

### Strategy 2

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

Potential partners: TJPDC, planning departments of local governments

## 2.

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

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

#### Strategy 1

Investigate and publicize options for shared living to support seniors unable or preferring not to live alone.

*Time Frame: 5 years*

#### Strategy 2

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

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

#### Strategy 1

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

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

#### Strategy 1

Identify and secure funding for identified priority programs and initiatives to support informal caregivers, to include relatives, friends, and significant others. Initiatives can include such options as respite care, adult day healthcare, family support voucher systems, or advocating for tax credits. *Time Frame: 5 years*

#### Strategy 2

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

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

#### Strategy 1

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

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

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

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

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

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

##### Strategy 1

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

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

##### Strategy 2

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

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

##### Strategy 3

Assure that the “55 Alive” driver safety program is offered in all 5 localities of the planning district.

*Time Frame: 10 years*

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



**1.2 Develop a seamless mass transit system that is available 7 days a week for the entire planning district.**

(Mass transit should be accessible to people with disabilities and can include such options as public or private paratransit services, ridesharing, commuter trains, bus rapid transit and light rail systems.)

Strategy 1

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

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

Strategy 2

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

Potential partners: TJPDC CIT, JAUNT, CTS

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

Strategy 1

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

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

Strategy 2

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

Potential partners: Virginia Transit Association, TJPDC

Strategy 3

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

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

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

Strategy 1

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

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

Strategy 2

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

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

**2.**

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

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

Strategy 1

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

*Time Frame: 5 years*

Potential partners: TJPDC, local government planning departments

Strategy 2

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

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

Strategy 3

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

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

Strategy 4

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

*Time Frame: 10 years*

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

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

Strategy 1

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

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

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

Strategy 1

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

*Time Frame: 10 years*

Potential partners: Independence Resource Center, local governments



## Chapter 5: Fostering Vibrant Engagement in Life

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

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

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

The following considerations apply in addressing all goals above:

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

Strategy 1

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

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

Strategy 2

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

*Time Frame: 5 years*

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

Strategy 3

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

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



cultural

community

social

active

participation

intergenerational

lifelong learning

## Chapter 6: Strengthening Caring Communities through Active Citizenship

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

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

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

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

##### Strategy 1

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

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

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

##### Strategy 1

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

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

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

##### Strategy 1

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

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

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

##### Strategy 1

Develop a friendly visitors program (similar to Madison House's Adopt-a-Grandparent) in Charlottesville and urban Albemarle County. Volunteers to be recruited from high schools, the faith community, and other community organizations. *Time Frame: 5 years*

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

##### Strategy 2

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

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

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

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

#### Strategy 1

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

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

#### Strategy 2

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

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

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

#### Strategy 1

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

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

#### Strategy 2

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

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

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

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

#### Strategy 1

Support and design initiatives to assure that at least 2 localities have programs to encourage senior volunteerism in the classroom. *Time Frame: 5 years*

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

#### Strategy 2

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

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

#### Strategy 3

In each locality develop initiatives to promote neighborliness and community spirit. Efforts should involve

diverse groups in promoting trust and engagement among seniors and in the broader community. *Time Frame: 5 years*

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



## NEXT PLANNING STEPS:

### HOW THE 2020 PLAN WILL CONNECT WITH OTHER PLANNING EFFORTS

The 2020 Community Plan on Aging represents a beginning step in a dynamic and ongoing process. This document outlines general recommendations for making this an age-friendly community. Many of the details for addressing these recommendations are yet to be formulated, as they will require close collaboration with several organizations. Planners will meet with community leaders to determine how they can incorporate 2020 recommendations into their spheres of concern. In the process of developing more detailed action plans for each focus area a number of topics will be discussed. These include: existing resources and other related efforts, locality-specific issues, ways to incorporate 2020 recommendations into local government comprehensive plans, and barriers to implementation. Planners will also work with community partners to develop a community report card, an evaluation tool for assessing and publicizing progress on implementation. An important element to be available at the onset of implementation will be a stand-alone cost/saving document outlining the rationale for investing in our future.

### TOP PRIORITIES FOR EARLY IMPLEMENTATION

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

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

### NEXT PLANNING STEPS

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

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

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

## CONTENT LISTING, *2020 COMMUNITY PLAN ON AGING*

Detailed information can be found in the full *2020 Community Plan on Aging*, which contains the following.

- Executive Summary
- Introduction
- Demographic Profiles
- Six chapters of 2020 recommendations. Each chapter includes:
  - An overview about the chapter
  - A listing of recommended goals and strategies for the community
  - A rationale section with background information and justification for the recommendations
- Next Planning Steps : How the 2020 Plan Will Connect with Other Planning Efforts
- Appendices:
  - Detailed analysis of Special Issues:
    - A section entitled *Strengthening Intergenerational Connections*, developed in collaboration with students at Western Albemarle High School
    - A section about senior legal and safety needs
  - A description of the planning process and a listing of participants
  - A glossary of terms used in the plan

### ACKNOWLEDGEMENTS

The *2020 Community Plan on Aging* could not have been created without the active participation of a wide array of community partners. Heartfelt thanks to the planning participants, volunteers, and staff from organizations throughout the planning district for their involvement and support. The full document contains a complete listing of individuals who contributed to the 2020 Plan.

If you have any questions or comments about the plan, please call April Holmes at (434) 817-5255 or email: [aholmes@jabacares.org](mailto:aholmes@jabacares.org)

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