



Age Well Boulder County



A Plan to Create Vibrant Communities

With special thanks to:

The Leadership Team for their insight and guidance.

Tweed Kezziah, Susan Watkins, and Chris Lieber, of Kezziah-Watkins, for their expertise, patience, and professionalism.

Eric Patzer for the design of this document.

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A Plan to Create Vibrant Communities

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To become involved in the Age Well Boulder County process, contact Boulder County Aging Services Division at 303-441-3570. For the latest information on the implementation of this strategic plan, visit: www.allagewell.com

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A Call to Action



This strategic plan presents a vision of the future that has been created by the community. This plan contains action steps that will encourage and enable all to Age Well in Boulder County. This report is intended to be a starting point for a collaborative, interactive, community-driven process. Together, we need to ensure that there are affordable and appropriate homes in safe and vibrant neighborhoods; that employment, volunteer, social, educational, and recreational opportunities exist; that health and wellness are personal and community priorities; that there is an accessible network of transportation options to get people where they need to go; and that there is recognition, support, and training of caregivers of older adults.

Age Well Boulder County is an ongoing, organic process. Guided by this plan, Boulder County hopes to design an adaptable, sustainable process that recognizes the growing and vital role that older adults play in making Boulder County a wonderful place to live. In order for Age Well Boulder County to succeed, each of us must make a personal commitment to age well. In addition, every community must recognize the challenges and opportunities that lie ahead and strive to make aging well a community priority. The release of this plan is an invitation and call to action for policy makers, planners, funders, service providers, faith communities, community organizations, and community members to view aging in a new and positive way, and to work together so that we may all age well.

**Please join us. To get involved, sign up at:
www.allagewell.com or call
303-441-3570.**

Background

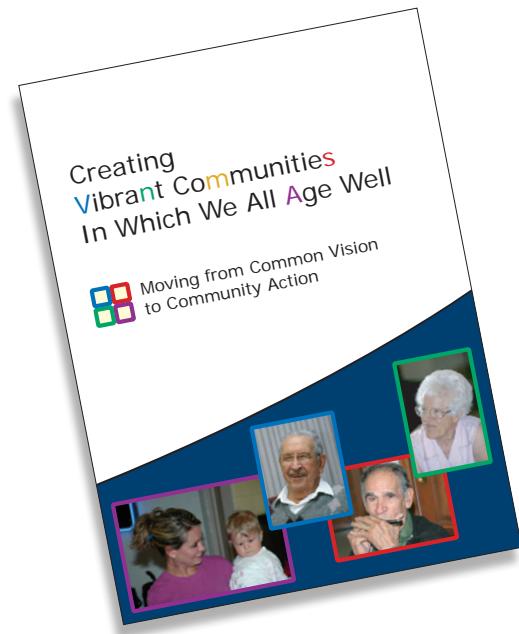
Boulder County Aging Services conducted surveys of the strengths and needs of older adults in Boulder County in 1998 and again in 2004. The theory underlying these studies was that building strengths would decrease the impact of the needs. The surveys validated this, demonstrating that the more strengths a person possesses, the fewer problems they experience as they age. Strengths can include social support, physical and mental health, participation in activities, accepting help, and positive sense of self. Problems or needs could include: isolation, falls, physical limitations, and mental health issues. Building and nurturing strengths provides older adults with a buffer against problems that could diminish their health and well-being. The strengths based approach recognizes that strengths contribute to quality of life, minimize the stresses of aging, and increase the likelihood of aging well.

In July 2004 the County Directors (comprised of the senior services managers for the cities of Boulder, Erie, Lafayette, Longmont, and Louisville and the division manager for Aging Services) launched a countywide strategic visioning initiative that evolved over the next 18 months. They utilized Appreciative Inquiry as the methodology for the process and formed the Strategic Visioning Leadership and Coordinating Teams to assist in gathering data through in depth interviews and community conversations.

A series of 23 community conversations were held, engaging 307 people, and 157 people of all ages were interviewed. The countywide Appreciative Community Summit was attended by 180 people in October of 2005. In early 2006, community members gathered to set goals and strategies for the strategic plan. A set of strategic design

principles representing the community's positive core was forged through this process. These guiding values continue to be reflected in this updated strategic plan.

In 2006, the community-owned strategic plan called Creating Vibrant Communities in Which We All Age Well was published. It contained seventeen goals and 88 strategies organized around four components, or quadrants, essential to a vibrant, healthy community. The quadrants were adapted from research on elder-friendly communities done by the AdvantAge Initiative in New York (www.vnsny.org/advantage/).



A group of stakeholders called the Countywide Leadership Council began work towards implementing the strategies in the plan, reporting their progress to the community in 2007 and again in 2008-2009. For more information on that progress, visit www.allagewell.com.

Circumstances surrounding community resources and priorities began to change with the economic downturn in the fall of 2008, and by 2010 it was clear that it was time to work with the community to update the plan with a “reality check” about what older adults were experiencing every day. Boulder County Aging Services authorized a survey, the Community Assessment Survey for Older Adults (CASOA™), to provide statistically valid data based on a random sample of the county’s population of adults over the age of 60. The survey objectives were to: identify community strengths and weaknesses and identify specific needs of older adults in the community. The mail survey was conducted in May and June of 2010 with a 43% return rate.

The Strategic Planning Leadership Team worked with the consulting firm of KezziahWatkins¹⁴ to enrich and provide depth to that survey with qualitative research to:

- Gain first-hand understanding of the day-to-day experiences of older adults;
- Identify any significant unmet needs;
- Identify barriers that exist to accessing services; and
- Identify priorities held by older adults for aging well.



Anecdotal sharing of personal stories and circumstances often offers the best picture of people’s feelings, concerns, and lives. To that end, a series of small group Community Conversations was designed to reach older adults throughout the County. In July 2010, 21 sessions were held, 11 in distinct geographic areas and 10 with targeted groups of people. The discussion with participants in each group was carried out through a structured but comfortable and informal conversation. In addition to the discussion, a written response form was completed by most participants, allowing them to add to the session record with a greater degree of anonymity. Geographic conversations were held in Allenspark, Boulder, Erie, Lafayette, Longmont, Louisville, and Nederland. Targeted conversations were held with groups of Latinos; family caregivers; men; residents of low-income senior housing; people who are homeless; representatives of faith communities; lesbian, gay, bisexual, and transgender older adults; and veterans. More than 150 people participated in these conversations, painting a rich portrait of life as an older adult in Boulder County.



Background

Following the Community Conversations, four Quadrant Work Sessions were held in August 2010, each addressing a quadrant topic. (The quadrant areas, Basic Needs, Individual and Community Involvement, Health and Wellness, and Independence and Caregiving, were carried forward from the original plan.) At each session, background information given to participants included:

- A recap of accomplishments achieved among the goals and strategies of the original 2006 Plan;
- Demographic trends illustrating the growth of the older adult population in Boulder County;
- A summary of the results of the Community Assessment Survey for Older Adults (CASOA™), with particular emphasis on findings relevant to each quadrant topic; and
- Results from the Community Conversations.

Working in small groups, quadrant session participants were asked to respond to and give their best advice about a series of specific questions developed by the Leadership Team. This information, together with results from the community conversations and CASOA informed the Leadership Team as goals and action steps from the original plan were revised and updated.

A word of caution about data reliability: The qualitative research does not represent the responses of a statistically valid random sample of Boulder County's population of older adults. Nevertheless, the findings can be said to be a valid representation of those older adults who engaged in the discussions and whose interests, stories, and lives are reflected in the results. These discussions produce findings about attitudes and beliefs that are reliable and may be assumed to be held by a broader population. The bottom line is that at least potentially, there are flaws in this snapshot. Anyone using this report should take those flaws into consideration.



Why is this initiative important?

Older adults represent the fastest growing segment of the population. By 2030, the 65+ population is expected to grow to 72 million people, or 20% of our nation's population.

At the state level, the 60+ population will account for 24% of Colorado's population by 2030. Boulder County is aging faster than Colorado as a whole. In 2000, the 60+ population accounted for 10.6% of the total county population. By 2030, that number will almost triple.

Boulder County Adults 60+

Year	Number	% of total population
Census 2000	28,661	10.6%
Projected 2010	44,515	14.5%
Projected 2020	77,427	22.5%
Projected 2030	100,807	26.7%

Source: Colorado State Demography Office, July 2009 Population Estimates.

The rapid growth in the number of older people in Boulder County will present new challenges and opportunities to communities.

- As the number of older adults increases, the number of frail, vulnerable older adults needing housing, health care, transportation and other supportive services will also increase.
- A larger number of healthy and active older adults will also be available to contribute to the community as volunteers, community leaders, board members, employees, and caregivers. Communities need to be prepared to use this valuable resource.



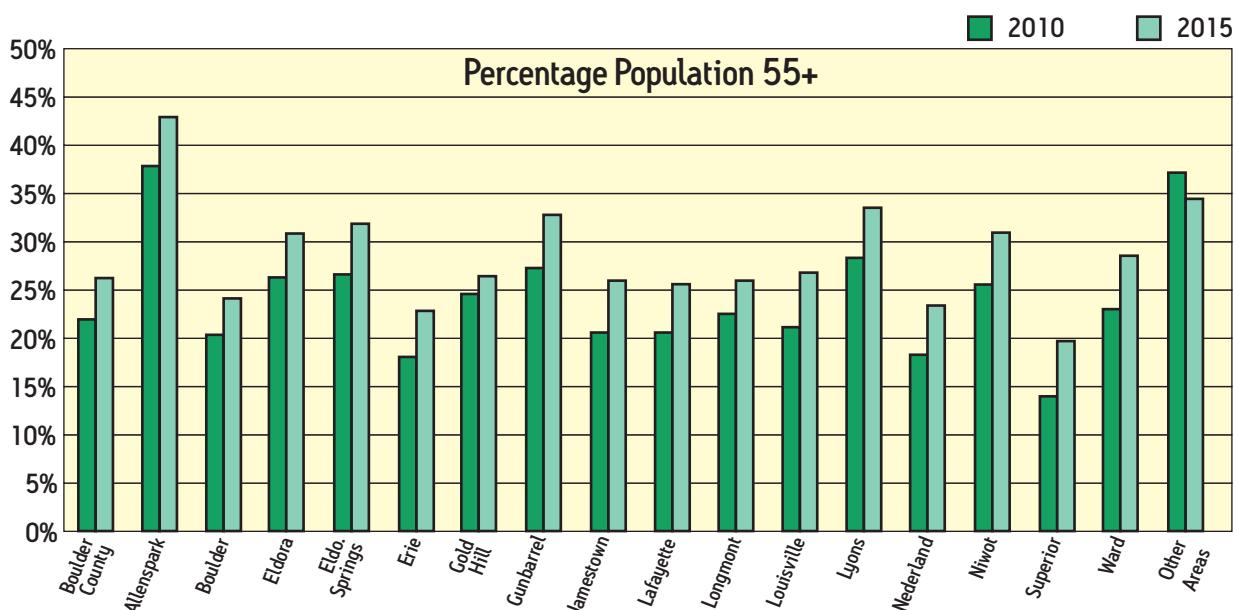
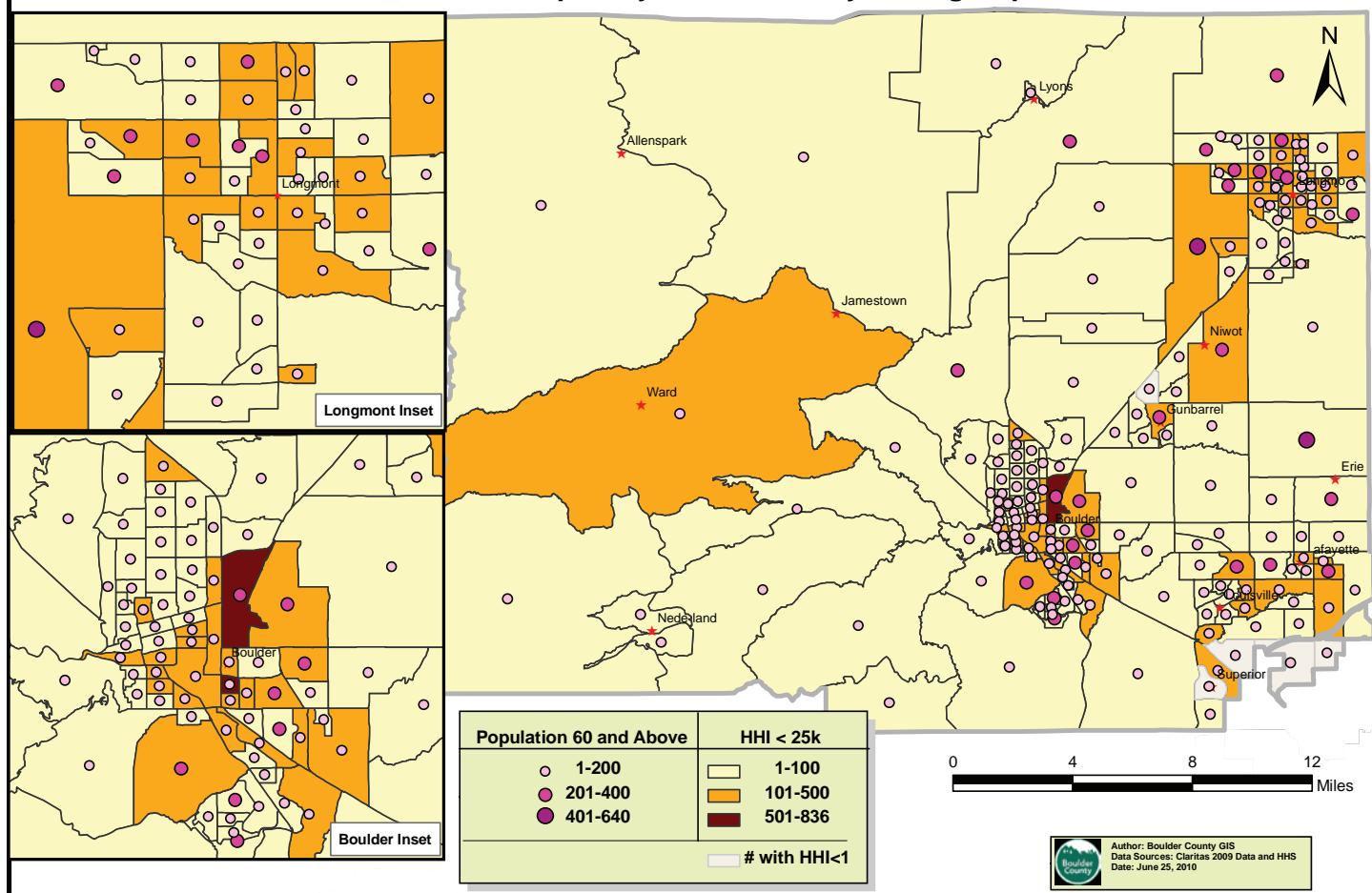
Because we know that the more strengths older adults possess, the less likely they are to report problems or need services, we must be strategic about developing and maintaining strengths in older adults. If we can help older adults build upon their strengths, every community in Boulder County will reap the benefits of the skills and experience that older adults possess.

The next several pages provide the latest demographic information for Boulder County, the cities of Boulder, Lafayette, Longmont and Louisville, and the mountain areas. This data comes from 2010 estimates from Nielson Claritas, which is based on updates of the 2000 Census, information from local governments, household consumer databases, and postal delivery. These demographics, coupled with population estimates and the qualitative research conducted in 2010 all help paint a picture of aging in the county.

Boulder County Demographics



Boulder County Households with Incomes less than \$25,000 p.a.
and the Number of People 60yrs and Older by Blockgroup --2009

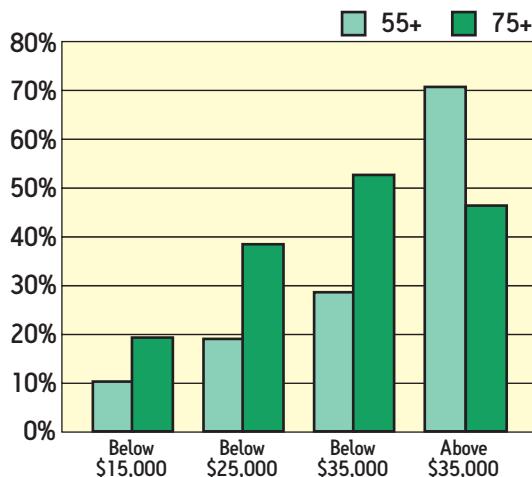


Boulder County Demographics

Projected Growth in 55+ Population 2010-2015

Place	2010	2015*	% Change
Boulder County	65,931	82,322	24.9%
Allenspark	161	177	9.9%
Boulder	19,572	23,591	20.5%
Eldora	38	42	10.5%
Eldorado Springs	133	153	15.0%
Erie	2,478	3,584	44.6%
Gold Hill	48	52	8.3%
Gunbarrel	2,453	2,885	17.6%
Jamestown	41	50	22.0%
Lafayette	5,265	6,823	29.6%
Longmont	19,626	24,339	24.0%
Louisville	4,184	5,414	29.4%
Lyons	542	700	29.2%
Nederland	238	302	26.9%
Niwot	1,060	1,299	22.5%
Superior	1,671	2,534	51.6%
Ward	36	44	22.2%
Other non CDP	10,886	10,333	5.1%

Boulder County Senior Household Income 2010

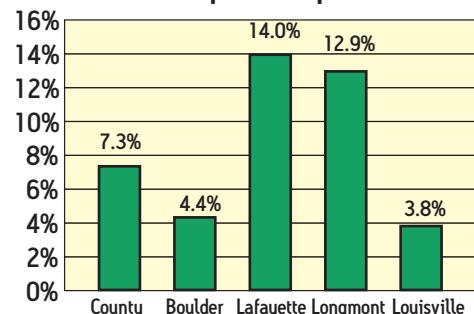


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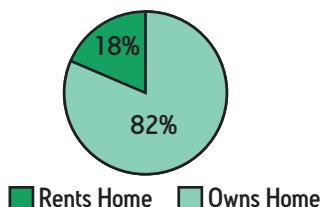
Nielson Claritas 2010

Estimates for 2010 are based on updates of the 2000 Census in combination with local and household-level data especially for small communities.

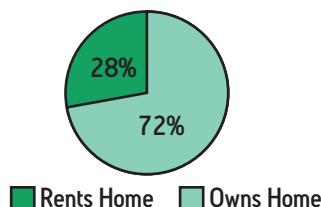
55+ Hispanic Population



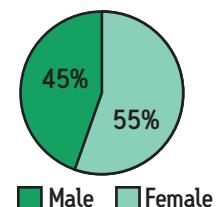
Home Ownership 55+



Home Ownership 75+



Gender 65+



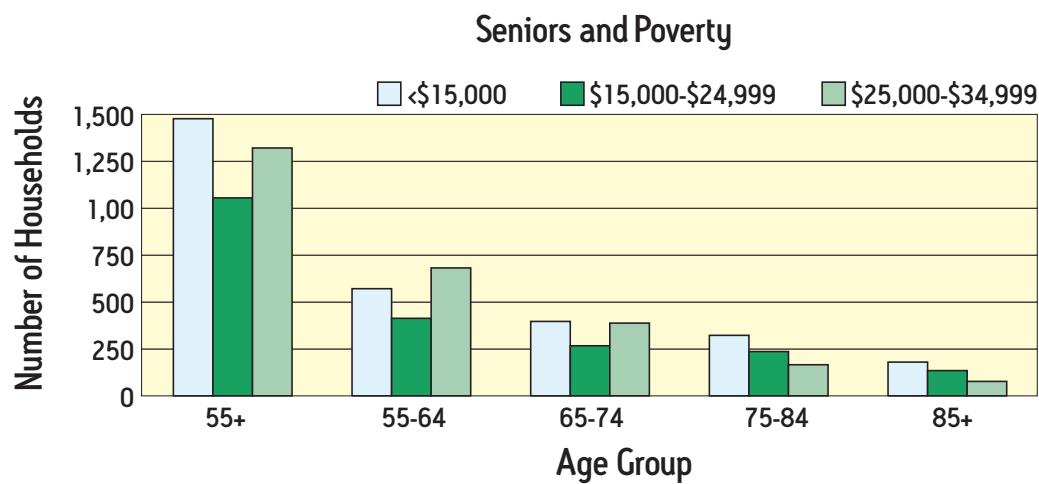
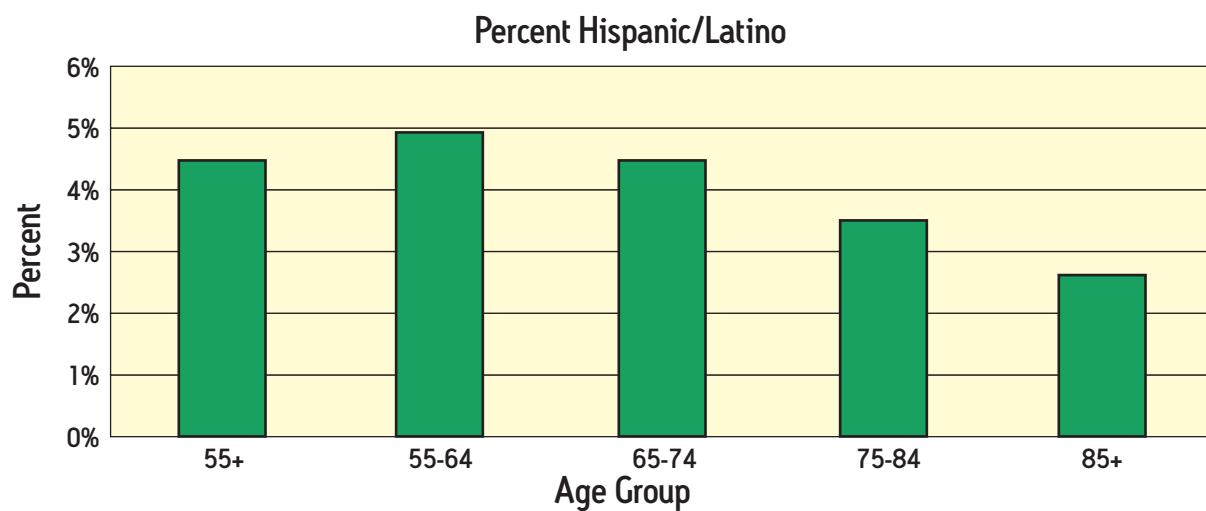
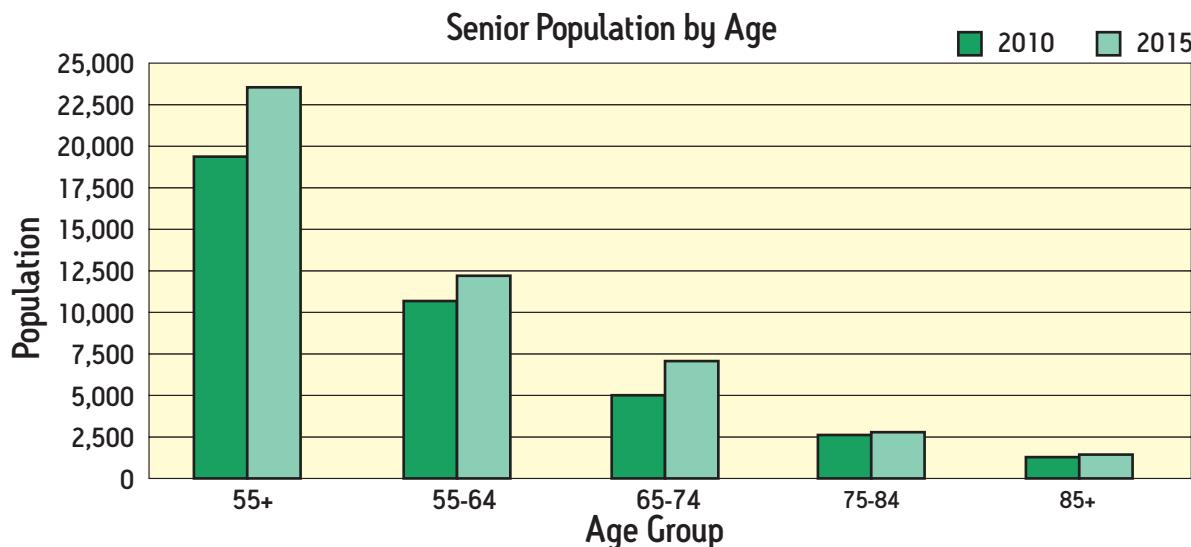
Notes from the Research – 2010 CASOA™ Survey – City of Boulder Brief Report –

“Most of the City of Boulder’s older residents gave high ratings to the community as a place to live and as a place to retire. Services offered to older adults were considered “excellent” or “good” by four in five older residents in the City of Boulder. Further, most reported they would recommend the community to others and plan to stay for retirement.” (CASOA™, The City of Boulder, CO, 2010 Brief Report, National Research Center, p.3.) Following are some findings from the CASOA™ Survey in Boulder.

- 33% of respondents reported having enough money to meet daily expenses was at least a minor problem
- 37% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem
- 39% indicated that maintaining their home was at least a minor problem
- 53% reported that their physical health had presented at least a minor problem in the past year
- 38% reported feeling depressed as at least a minor problem
- 32% reported having tooth or mouth problems while 27% indicated getting the oral health care needed was at least a minor problem
- 7% reported that having enough food to eat was at least a minor problem
- 76% used a public library, 86% visited a public park, and 54% participated in a recreation program or group activity
- 34% reported using a senior center in the past 12months.
- 51% of respondents participated in some kind of volunteer work
- 51% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem

Source: CASOA™, The City of Boulder, CO, 2010 Brief Report, National Research Center





Notes from the Research – 2010 CASOA™ Survey – City of Lafayette Brief Report

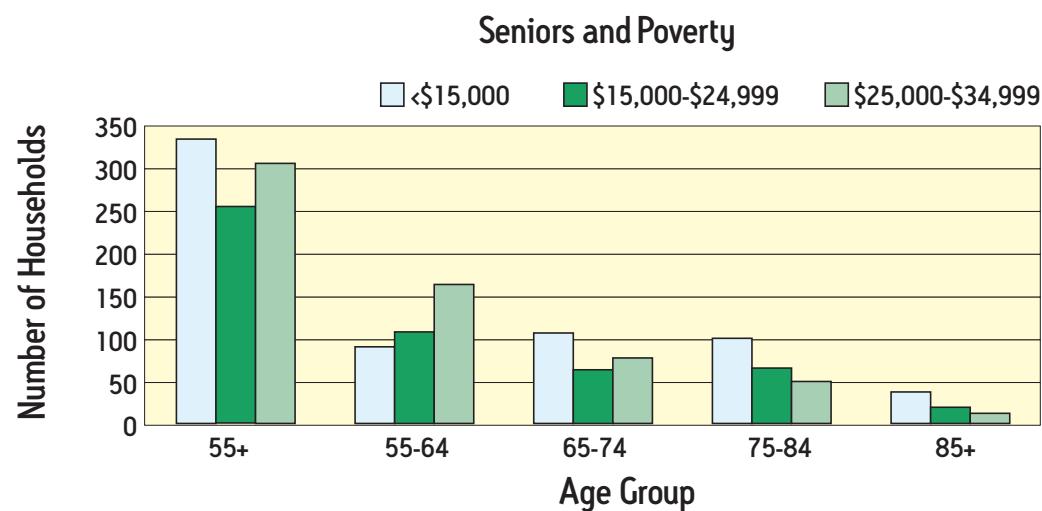
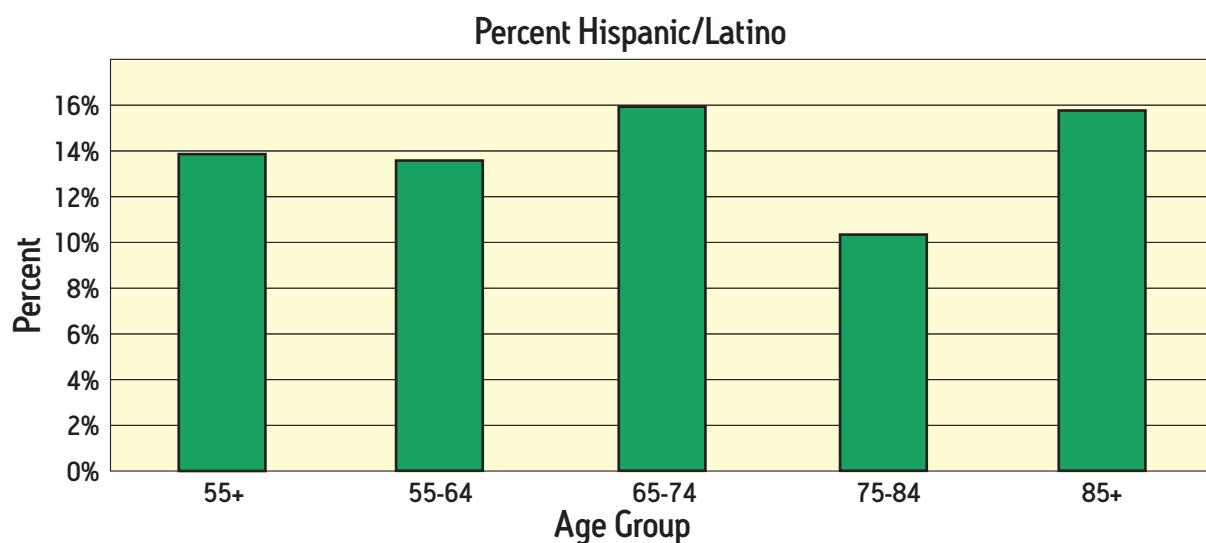
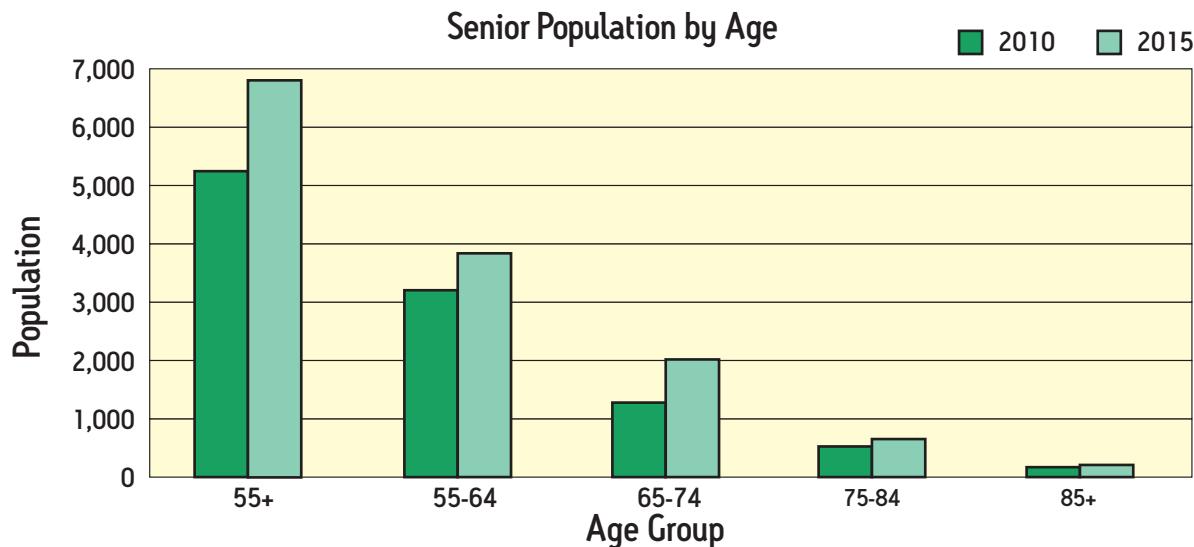
“Most of the City of Lafayette’s older residents gave high ratings to the community as a place to live and many rated the city as a “good” or “excellent” place to retire. Services offered to older adults were considered “excellent” or “good” by three in five older residents in the City of Lafayette. Further, many reported they would recommend the community to others and plan to stay for retirement.” (CASOA™, The City of Lafayette, CO, 2010 Brief Report, National Research Center, p.3.) Following are some findings from the CASOA™ Survey in Lafayette.

- 41% of respondents reported having enough money to meet daily expenses was at least a minor problem
- 47% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem
- 43% indicated that maintaining their home was at least a minor problem
- 66% reported that their physical health had presented at least a minor problem in the past year
- 42% reported feeling depressed as at least a minor problem
- 39% reported having tooth or mouth problems while 35% indicated getting the oral health care needed was at least a minor problem
- 10% reported that having enough food to eat was at least a minor problem
- 72% used a public library, 83% visited a public park, and 45% participated in a recreation program or group activity
- 37% reported using a senior center in the past 12 months.
- 36% of respondents participated in some kind of volunteer work
- 54% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem



Source: CASOA™, The City of Lafayette, CO, 2010 Brief Report, National Research Center





Notes from the Research – 2010 CASOA™ Survey –

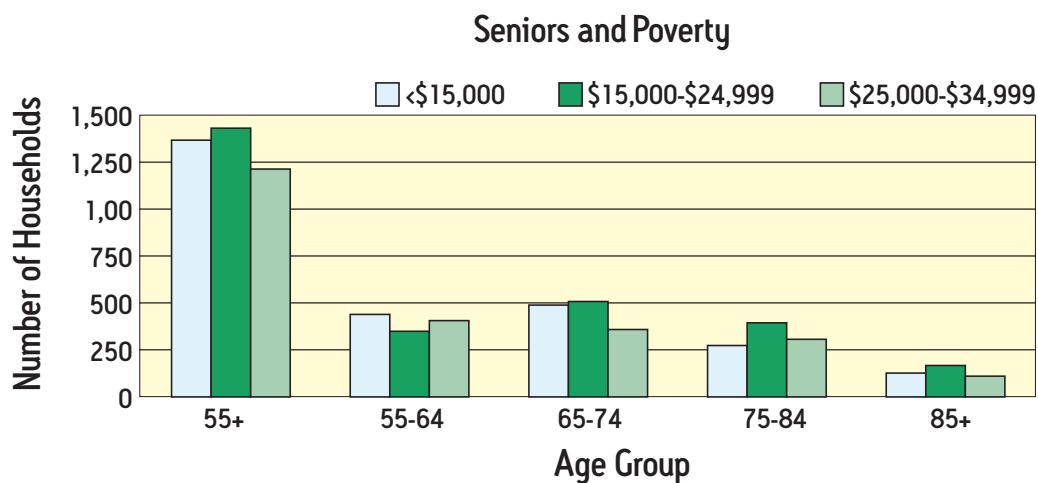
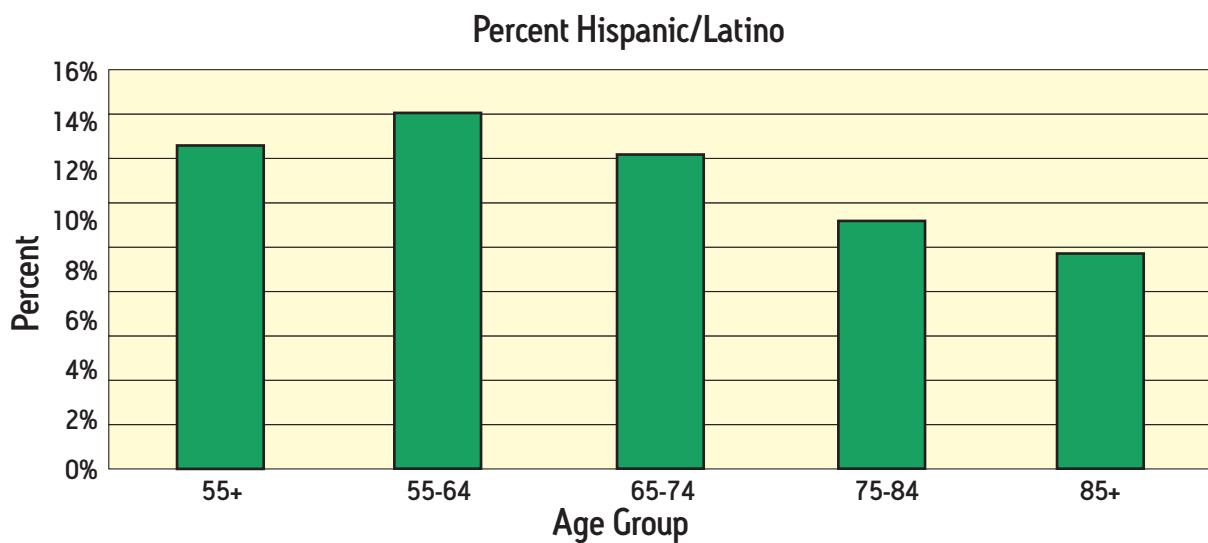
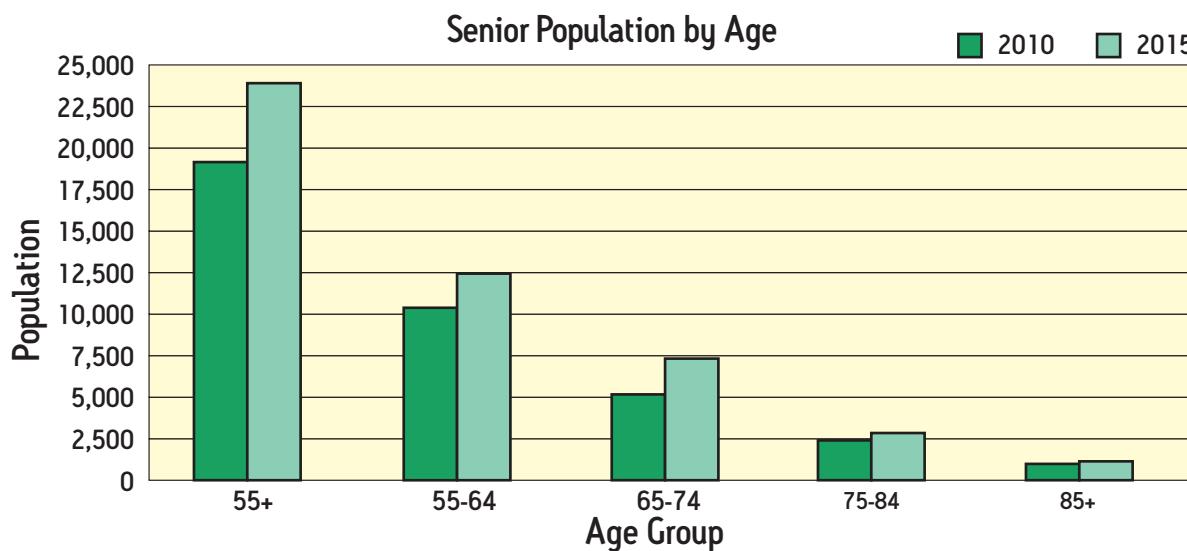
City of Longmont Brief Report

“Most of the City of Longmont’s older residents gave high ratings to the community as a place to live and as a place to retire. Services offered to older adults were considered “excellent” or “good” by three-quarters of older residents in the City of Longmont. Further, most reported they would recommend the community to others and plan to stay for retirement.” (CASOA™, The City of Longmont, CO, 2010 Brief Report, National Research Center, p.3.) Following are some findings from the CASOA™ Survey in Longmont.

- 37% of respondents reported having enough money to meet daily expenses was at least a minor problem
- 40% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem
- 39% indicated that maintaining their home was at least a minor problem
- 59% reported that their physical health had presented at least a minor problem in the past year.
- 34% reported feeling depressed as at least a minor problem
- 42% reported having tooth or mouth problems while 37% indicated getting the oral health care needed was at least a minor problem
- 10% reported that having enough food to eat was at least a minor problem
- 69% used a public library, 86% visited a public park, and 42% participated in a recreation program or group activity
- 47% reported using a senior center in the past 12 months
- 44% of respondents participated in some kind of volunteer work
- 52% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem

Source: CASOA™, The City of Longmont, CO, 2010 Brief Report, National Research Center





Notes from the Research – 2010 CASOA™ Survey –

City of Louisville Brief Report

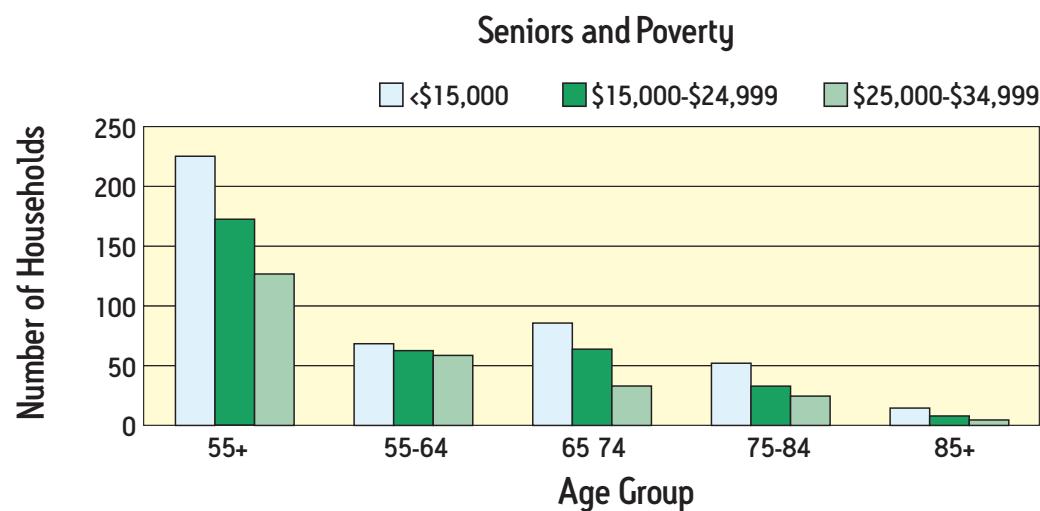
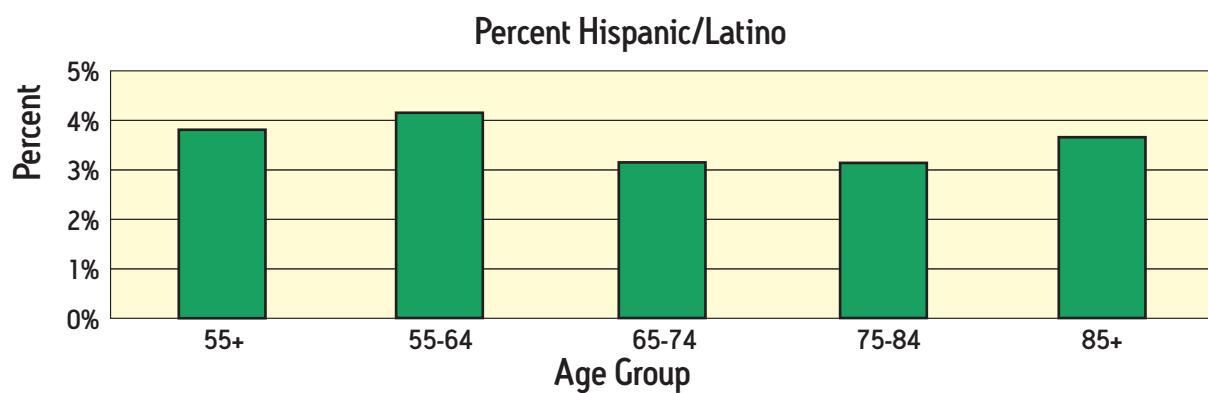
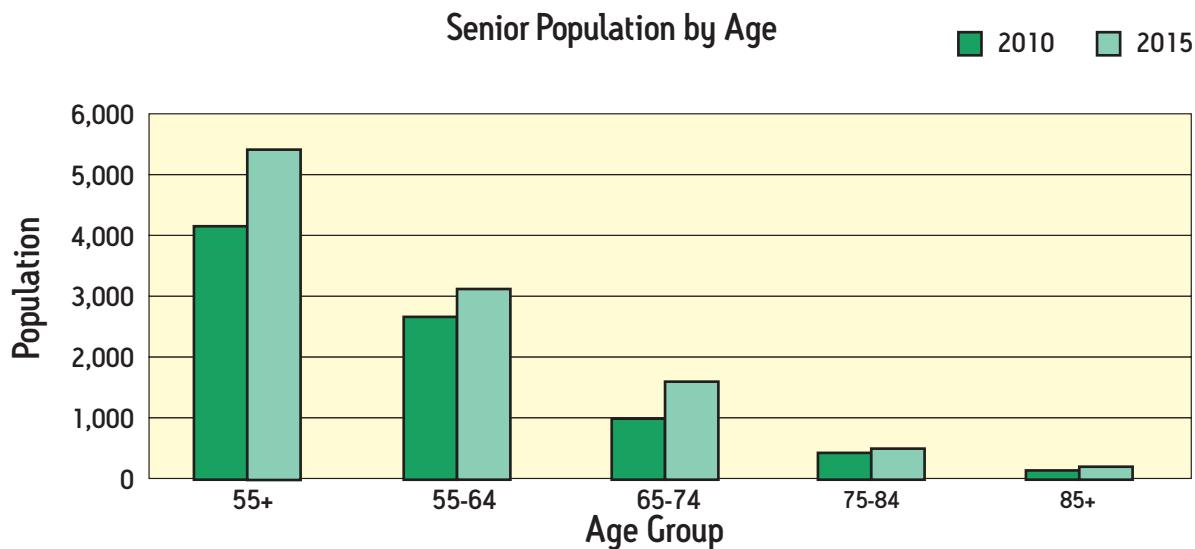
“Most of the City of Louisville’s older residents gave high ratings to the community as a place to live and as a place to retire. Services offered to older adults were considered “excellent” or “good” by 86% of older residents in the City of Louisville. Further, most reported they would recommend the community to others and plan to stay for retirement.” (CASOA™, The City of Louisville, CO, 2010 Brief Report, National Research Center. p. 3.) Following are some findings from the CASOA™ Survey in Louisville.

- 28% of respondents reported having enough money to meet daily expenses was at least a minor problem
- 36% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem
- 40% indicated that maintaining their home was at least a minor problem
- 62% reported that their physical health had presented at least a minor problem in the past year.
- 35% reported feeling depressed as at least a minor problem
- 31% reported having tooth or mouth problems while 25% indicated getting the oral health care needed was at least a minor problem
- 8% reported having enough food to eat was at least a minor problem
- 69% used a public library, 86% visited a public park, and 49% participated in a recreation program or group activity
- 48% reported using a senior center in the past 12 months
- 35% of respondents participated in some kind of volunteer work
- 50% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem



Source: CASOA™, The City of Louisville, CO, 2010 Brief Report, National Research Center





Mountain Communities

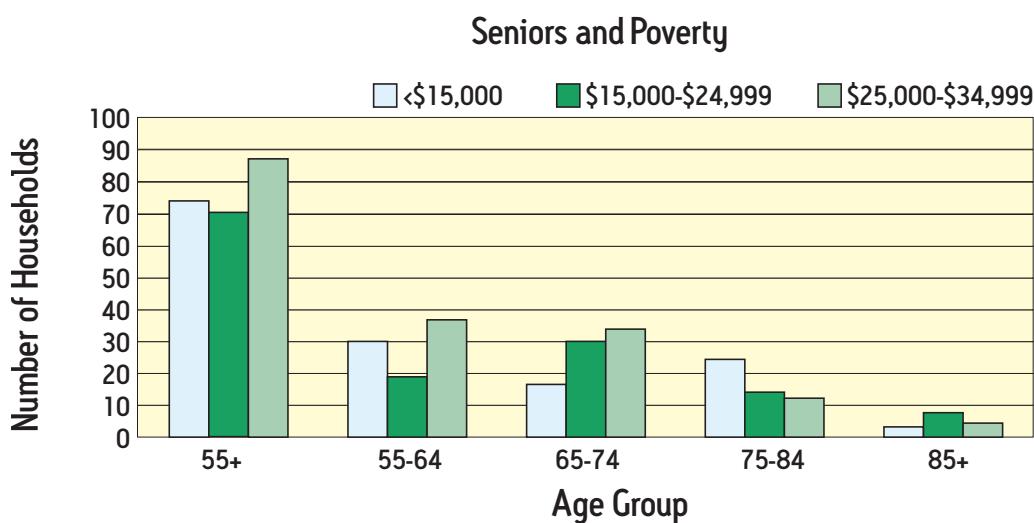
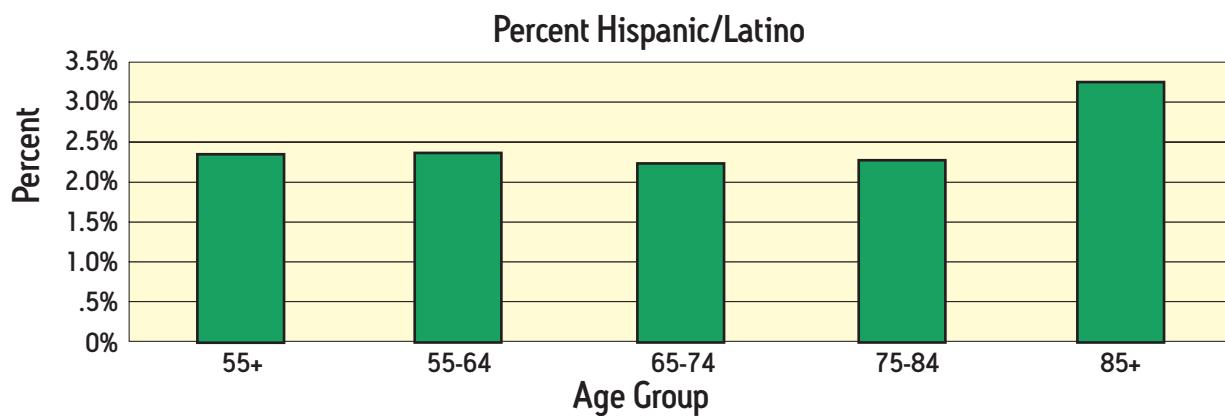
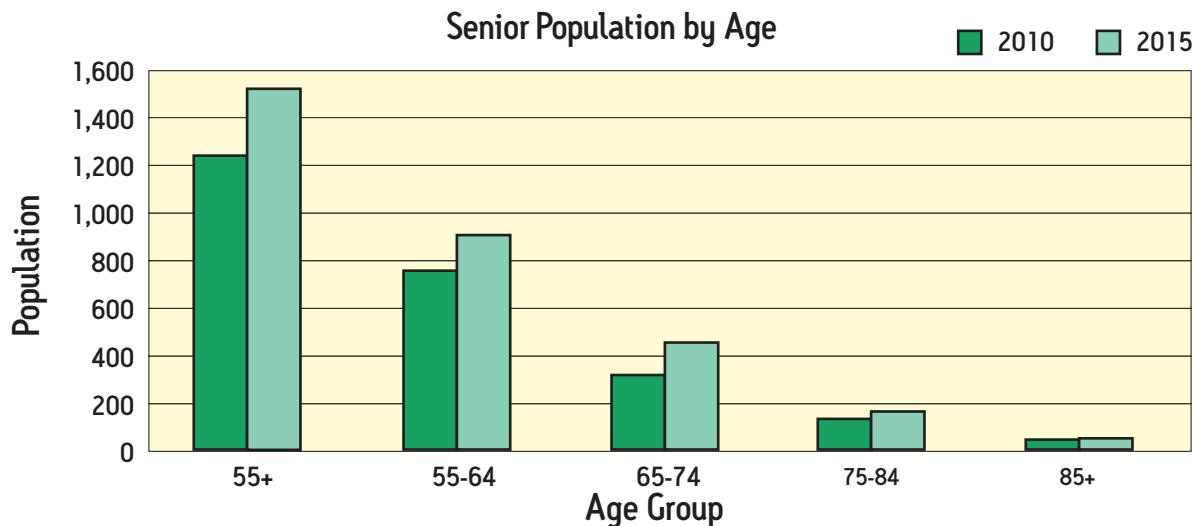


The mountain communities in Boulder County have always had unique characteristics. But one thing they have in common is a greater concentration of older adults than the municipalities. Residents of these communities also struggle with isolation, access to fewer services, and transportation needs, which can all be barriers to aging well. One other feature that most of the mountain communities share is a tight-knit sense of self where informal systems are often used to keep residents thriving.

The following information reflects Census data gathered from the following mountain communities:

Allenspark
Eldora
Eldorado Springs
Gold Hill
Jamestown
Lyons
Nederland
Ward





Guiding Values

This plan is organized into four quadrant areas vital for a community in which people can age well. Goals, strategies and key action steps are provided for those looking to organize and implement change. Eleven design principles have been established that apply to all quadrant areas and should be used to inform policy; establish funding priorities; and design and evaluate programs and services for older adults and caregivers. These principles can be applied when the need for a new program or service is being discussed. They can also be used to evaluate the impact of a particular program or service on the strategic vision.

- **Strengths** Celebrate and build upon identified individual and community strengths.
- **Innovation** Recognize the increasingly technological age we live in and create opportunities for older adults to become trained in the use of new technologies.
- **Sustainable** Design programs and communities to be economically, environmentally, and socially sustainable.
- **Options** Acknowledge the importance of consumer choice and help support older adults in their decision making.
- **Livability** Promote the development of Livable Communities that enhance quality of life, improve safety and mobility, and incorporate Universal Design and Smart Growth principles.^{20,21}
- **Partnerships and Relationships** Establish and maintain relationships and partnerships to effectively maximize resources and utilize collaboration when appropriate to achieve shared goals.
- **Build on Success** Identify and replicate successful programs and best practices.
- **Inclusion** Encourage agencies and groups to include all older adults in their definition of “family” and “community”.
- **Participation** Involve older adults in the creation, design and delivery of programs and services to best meet their needs.
- **Access** Programs, services, and information are provided in an environment that is welcoming to all, regardless of ethnicity, color, religion, culture, gender identification, ability level, sexual orientation, or socioeconomic status.
- **Leadership** Leaders hold the vision of vibrant communities in which we all age well and make decisions accordingly.

These guiding values mirror the principles set forth in Building Caring and Livable Communities for All, Boulder County’s Human Services Strategic Plan. Central to this plan are: integrated and coordinated funding and delivery models, increased effectiveness and sustainability through collaborative support, inclusiveness in service delivery and decision making, and building public support to ensure support of policy makers and the general public. For more information on this plan, visit: www.buildinglivablecommunities.org



Basic Needs

- Housing is affordable, appropriate, and accessible.
- Personal, financial, and environmental safety is a community priority.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier free, affordable, and welcoming.
- Individuals have the financial resources to meet their basic needs.

Individual & Community Involvement

- Everyone in the community feels connected to others.
- People of all ages participate in social, civic, cultural, educational, and recreational activities.
- Opportunities exist for meaningful volunteer work.
- Positive images of aging are promoted.

Health & Wellness

- Wellness is a personal priority.
- Wellness is a community priority.
- Health and wellness services are affordable, accessible, and readily available.
- Wellness includes end of life and dying as a natural part of life.
- A welcoming environment fosters physical activity and participation.

Independence & Caregiving

- People are informed and motivated to rely on each other and existing systems.
- A comprehensive, coordinated continuum of services supports older adults through all stages of their lives, including end of life.
- Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.
- Caregivers are informed, educated, acknowledged, and supported.

Basic Needs



A livable community provides a safety net that ensures that the basic needs for housing, safety, food, and access to essential services are met. Essential services that are affordable, appropriate and accessible contribute to a high quality of life, personal safety, and well-being.

What we heard:

- Financial issues are paramount. Older adults are concerned about outliving their assets, the cost of services and health insurance, the fiscal impacts of chronic or catastrophic illness, the inability to find work to supplement their incomes, and the need for financial guidance.¹
- Participants reported the need for increased availability of subsidized housing, housing to fit seniors' needs, and located so that residents could walk to stores, pharmacies, etc. The lack of housing availability and affordability were described as major barriers to satisfaction with living situation.¹
- Access to services is often a frustrating experience for the older adults who participated in the Community Conversations. The two related issues are: lack of information about service availability; and agency failure to follow-up.
- Some older adults have experienced age discrimination to be a significant barrier to finding meaningful work with sufficient pay.¹¹
- 17% of low-income respondents said having enough to eat was at least a minor problem.²
- 34% said that maintaining a healthy diet was a problem.²
- 40% indicated that maintaining their home was a problem.²
- 33% reported housing costs of 30% or more of their income.²
- 32% reported problems finding work in retirement.²

Why it matters:

- Older adults have expressed a strong preference for remaining in their homes in the community. 84% of adults aged 50+, and 95% of those over 75 wish to remain in their homes as they age.
- The number of workers age 55 and older is projected to grow 46.7% by 2016, more than five times faster than the growth expected for the work force overall.¹⁶ Employers may need to redefine policies, such as flexible work schedules, telecommuting, and phased retirement, in order to maximize the potential of an aging workforce.¹²
- Safehouse Progressive Alliance for Nonviolence (SPAN) experienced a 300% increase in services to women aged 50+ between 2007 and 2009.⁸
- The Boulder County District Attorney's Office prosecuted 26% more cases of elder abuse in 2009 than in 2008.
- Research demonstrates that when seniors eat un-balanced diets they often display symptoms similar to those of serious disease or illness, which may result in costly and often unnecessary treatment.¹⁰





Partner Possibilities:

- Inform individuals and the community about all forms of elder abuse and neglect: physical, emotional, sexual, financial, and self-neglect.
- Inform people about healthy food choices.
- Expand training programs for older adults to develop and enhance their skills.



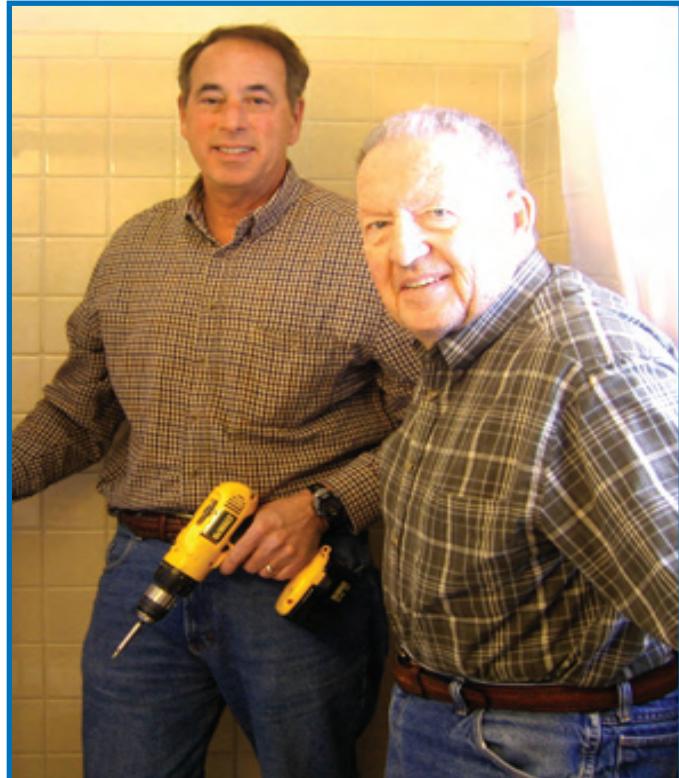
Celebrations:

- In 2010, governments and service providers across the county collaborate to create “Boulder County’s Ten Year Plan to End Homelessness”.
- In 2010, Lafayette Senior Services increased their outreach to the Latino community through a special event called “Fiesta at Festival Plaza,” to educate older adults about the programs and resources available to them.
- CareConnect delivers fresh groceries and supplies to homebound older adults weekly through their “Carry-Out Caravan” program.
- In 2009, CareConnect provided minor home repairs, snow shoveling and energy reduction services to 855 older adults, making their homes more livable and safe.
- An emergency response plan has been developed (including the identification of a special needs shelter) and training for many Boulder County Aging Services and senior center staff members has occurred.
- The creation of CONNECT!, a consortium of agencies providing Information & Assistance services to older adults, adults with disabilities, family caregivers, and service providers, has resulted in the achievement of strategies 4.1, 4.2, 4.3, 4.4, and 4.9 from the original “Creating Vibrant Communities” plan.
- In 2007, the city of Lafayette passed a visibility ordinance requiring 25% of all new home construction to include a stair-free entrance, a wide bathroom doorway on the ground floor, and built-in supports to anchor future bathroom handrails. All of these features are designed to make it easier for people who use walkers and wheelchairs to safely enter and use a home.

Basic Needs

Goal 1: Housing is affordable, appropriate, and accessible.

- A. Increase the amount of affordable, appropriate, and accessible housing.
- B. Create affordable, livable, sustainable communities.
- C. Encourage aging well by changing zoning ordinances and housing regulations (including: visibility principles, multi-occupancy units, accessory apartments, and co-housing communities) to allow community services and businesses to co-locate in neighborhoods.
- D. Expand home modification services to enable older adults to safely remain in their homes.



Goal 2: Personal, financial, and environmental safety is a community priority.

- A. Identify, develop, and strengthen neighborhood connections.
- B. Inform residents, service providers, and first responders to watch for changes in the behavior of their older neighbors and clients, and report any concerns to the police or Adult Protective Services.
- C. Develop a corps of volunteers to promote safety, convey information, and provide assistance.
- D. Provide resources for people to make informed decisions about in-home help, relocation services and other services targeted to older adults, in order to ensure their safety.
- E. Advocate for changes in community infrastructure, including: modified transit stops, sidewalks and crosswalks to ensure safety and usability, longer signal lengths, larger font size on street signs, and larger speed limit and stop signs.
- F. Legal services are available and affordable.
- G. Inform individuals and communities about fraud and other crimes against seniors and where they can turn for resources and support.
- H. Individuals prepare themselves and their homes for emergency situations.



Goal 3: Everyone has enough to eat.

- A. Increase outreach of senior nutrition programs to those in greatest need.
- B. Enhance partnerships between congregate and home-delivered meal programs.
- C. Advocate for more food choices (both special diets and ethnic or cultural preferences) at meal sites, long-term care residences, and other senior housing locations.
- D. Encourage community food distribution programs to offer greater selection.

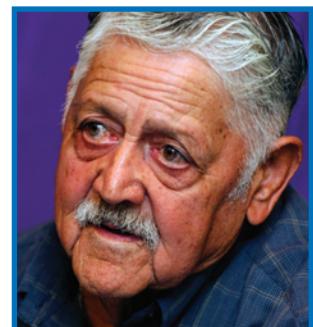


Goal 4: Access to essential services is seamless, barrier-free, affordable, and welcoming.

- A. Improve, expand, and market the resources of CONNECT!, www.bouldercountyhelp.org and telephone assistance: 303-441-1617 (English); 303-441-1590 (Español); and 303-441-3986 (TTY).
- B. Empower older adults to access the information they need utilizing various formats (print, online, etc.).
- C. Improve follow-up to clients/consumers.
- D. Increase the availability, affordability and accessibility of case management services.
- E. Advocate for older consumers in accessing any essential service.

Goal 5: Individuals have the financial resources to meet their basic needs

- A. Inform people about financial eligibility for programs.
- B. Assist people in managing their financial resources.
- C. Inform older adults about and help them access appropriate employment services.
- D. Advocate for employers to hire older workers.
- E. Promote the senior tax worker program through Boulder County.
- F. Create opportunities for meaningful employment.



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Individual and Community Involvement



In a vibrant, livable community, people engage in service, volunteer, maintain connections, and participate in social, civic, cultural, educational, and recreational activities. A vibrant, livable community values older adults and makes aging well a community priority.

What we heard:

- Of non-retired respondents, 36% expected to retire completely at age 75 or older.²
- 96% are registered to vote and 94% voted in the 2008 election.²
- 45% of respondents participated in some kind of volunteer work.²
- 85% reported providing help to friends or relatives at least once a week.²
- Older adults who are already connected to senior centers or other community facilities praised those connections as essential to their daily lives.¹
- A sense of purpose and usefulness, both through work that is paid and commitments that are voluntary, is an essential component of aging well.¹
- Some older adults feel that their communities lack appreciation for their contributions to the fabric of life; that a stigma exists toward those who need and receive services to help them age well.¹

Why it matters:

- Paid work promotes financial health and security, while volunteer work promotes contribution, feeling of value, and emotional health.¹
- Volunteering has the potential to raise self-esteem, increase contact with others, reinforce a person's sense of control, give enhanced meaning to a person's life, stimulate cognitive activity, and generate a flow of positive emotions.⁵
- Volunteers have greater longevity, higher functional ability, lower rates of depression and less incidence of heart disease.¹¹



Individual and Community Involvement



Partner Possibilities:

- Promote participation in cultural and artistic programs and activities.
- Train agencies to provide and sustain meaningful volunteer opportunities for older adults.
- Include positive images of older adults in the media.



Celebrations:

- Senior Centers are providing meaningful opportunities, such as activities, trips, special events and outdoor and athletic programs and wellness programs to older adults across the county. The Senior Services of Boulder and Lafayette conducted a successful capital campaign to purchase the “Dream Machine” bus for trips.
- Circle of Care provides accessibility to the arts, education and social/civic opportunities for the homebound elder, senior facility residents and older adults with physical, cognitive and financial challenges.
- CareConnect reports that every year, 925 volunteers aged 55 and older provide almost 150,000 hours of volunteer service through various agencies in Boulder County! That’s over \$3,000,000 worth of services provided!¹⁹
- Louisville’s Bloomin’ Seniors Garden Club received the 2010 “Outstanding Program” award from the Colorado Association of Senior Centers.
- The Longmont Senior Center conducts outreach to older Latinos through the following cultural and educational activities: ESL classes, Spanish Club, and Bailes di mi Tierra.

Individual and Community Involvement



Goal 6: Everyone in the community feels connected to others.

- A. Develop and offer programs that foster and maintain a sense of connection and belonging; including residents of nursing homes and assisted living centers.
- B. Advocate for older adults at agencies that provide services to families.
- C. Offer classes on the use of computers and other technology.
- D. Increase the use of interactive technology to help families stay in touch.
- E. Reach out to individuals who have voiced a lack of connection, including: veterans, people who are homeless, people with disabilities, Latinos, LGBTs and others.

Goal 7: People of all ages participate in social, civic, cultural, educational and recreational activities.

- A. Create opportunities for leadership and involvement in public policy, community planning, and civic activities such as voting or board membership.
- B. Expand and market opportunities for life-long learning.
- C. Promote opportunities for intergenerational activities.

Goal 8: Opportunities exist for meaningful volunteer work.

- A. Inform individuals and groups about the value of volunteering – for themselves and the community.
- B. Increase opportunities for individuals to exchange services, to receive “credit” or a stipend for their volunteer work.
- C. Recruit and provide training to diverse groups and individuals who have not traditionally volunteered, so that they may fill meaningful roles.
- D. Develop volunteer opportunities that encourage families, neighbors, and friends to volunteer together.

Goal 9: Positive Images of Aging are Promoted

- A. Inform the community about how individual, family, and community strengths relate to aging well.
- B. Celebrate the unique strengths and contributions of older adults.
- C. Mobilize older adults as advocates in their own lives.
- D. Promote opportunities for intergenerational activities since working together and knowing each other decreases ageist attitudes.



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A vibrant, livable community promotes healthy behaviors and supports community activities that enhance well-being. Access to wellness services, including preventive care, mental health and palliative care services, as well as appropriate fitness programs, is essential.

What we heard:

- Older adults reported that maintaining personal health was one of their biggest struggles, and yet it is vital for aging well.¹
- Cost and access are both barriers to personal health.¹
- 80% of respondents rated their overall physical health as excellent or good.²
- 31% reported that they had fallen and been injured at least once during the last 12 months. 46% of those 85 years and older and 51% of those from low-income households had fallen.²
- 36% reported problems with feeling depressed over the last 12 months.²



Why it matters:

- Depressed older adults have higher health care expenses because they are more likely to visit the Emergency Department, have more frequent hospitalizations and doctor visits, and take more medications than adults without depression.³
- The U.S. Surgeon General identified older adults as a priority concern in its first report on mental health. It concluded there are effective interventions for most mental disorders, such as depression and anxiety, experienced by older persons and for many mental health problems, such as bereavement.³
- People aged 65 and older spent an average of \$14,797 on health care costs in 2004. This is three to five times higher than people in other age groups.⁴
- Chronic conditions take a heavy health and economic toll on older adults due to associated long-term illness, decreased quality of life, and increased health care costs.¹⁵
- Healthy individuals can extend years of independence and are able to give back to their community.⁴
- Palliative care is associated with reductions in cost and symptoms, higher family satisfaction with overall care, and greater emotional support.¹⁴
- Nearly 1.3 million people aged 65+ used Hospice services in 2009.¹³

Health and Wellness



Partner Possibilities:

- Encourage individuals to participate in evidence-based wellness programs.
- Encourage health care providers to put more emphasis on wellness and preventative activities and to improve communication with patients.
- Provide lawyers and doctors with tools to assist in planning and end-of-life decision-making.
- Design parks and open spaces to be inviting to persons of all ages and abilities.
- Collaborate with partners to encourage the use of end-of-life planning tools like the Medical Orders for Scope of Treatment (MOST) form.



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Celebrations:

- In 2009, Lafayette Senior Services expanded wellness offerings by adding acupuncture, massage, and chiropractic care at their facility.
- Supported by Older Americans Act Fund, Boulder County Aging Services offers two of the most widely implemented evidence based programs; Chronic Disease Self Management and A Matter of Balance. Both of these workshops are offered in Spanish and English with emphasis on reaching low-income and minority audiences.
- The Sabroso y Saludable (Healthy & Tasty) Health Fair, started by Aging Services, provides an opportunity for people of all ages to access free health screenings, learn how to cook traditional foods in a healthy way, learn about diabetes, and to enjoy great food and music.
- The Longmont Senior Center engaged community members in a “Tamales and Talk” discussion about making the senior center welcoming to all. This input is being translated into action steps to make the center more welcoming.



Goal 10: Wellness is a personal priority.

- A. Individuals have easy access to health, mental health, and palliative care services.
- B. Acknowledge personal responsibility for physical and mental health and well-being.
- C. Older adults self-educate to be better-informed health care consumers through: asking questions, communicating with their doctor, and doing research.
- D. Promote living fully at all stages of life.

Goal 11: Wellness is a community priority

- A. Encourage programs that promote healthy behaviors, including physical, emotional, mental, spiritual, and social well-being.
- B. Coordinate and integrate services to better serve the whole person.
- C. Expand nutrition screening, education, and counseling opportunities for all ages.
- D. Hold an annual countywide “age well” conference.

Goal 12: Health and wellness services are affordable, accessible, and readily available.

- A. Develop sustainable strategies to provide health and wellness services to all older adults, which may include: cost sharing, fee-for-service, private subsidy, and sliding scale.
- B. Expand wellness services to include a broad spectrum of programs for mind, body, and spirit.
- C. Increase availability of and access to wellness services for people of all physical, mental and emotional abilities.
- D. Recognize and address the diversity in our community (including persons who are homebound) in planning and providing health, mental health, and palliative care services.
- E. Increase accessibility of mental health services by expanding locations in the community, e.g. in senior centers.

- F. Expand in-home programs to promote wellness, fitness, nutrition education, mental health, and preventive care.
- G. Reach out to diverse groups and individuals with mental health services.
- H. Market wellness in a positive and engaging manner that encourages investment in self-care.
- I. Advocate that insurance companies cover complementary health and wellness services, and offer better coverage for mental health.
- J. Improve access to and affordability of dental care.

Goal 13: Wellness includes end of life and dying as a natural part of life.

- A. Encourage the earlier use of planning tools, end of life services, and counseling.
- B. Support family members during and after the dying process.
- C. Promote compassionate images of dying.
- D. Honor individual choices at the end of life.
- E. Inform families about the financial aspects of end-of-life services.

Goal 14: A Welcoming Environment fosters physical activity and participation.

- A. Design and offer a continuum of physical activities that are:
 - Culturally and ability appropriate;
 - Offered in safe, welcoming spaces that accommodate individuals with varied abilities, including: walkers, wheelchairs, hearing loss, and vision changes;
 - Provided by well-trained staff and volunteers;
 - Sometimes intergenerational.
- B. Create a safe, barrier-free, welcoming indoor and outdoor environment for people of all ages at senior, health, recreation, and wellness centers.

Independence and Caregiving



A vibrant, livable community supports a person's choice to live at home – safely and comfortably – by acknowledging that people rely on individuals and systems, supporting informal, unpaid caregivers and by mobilizing and coordinating a comprehensive, coordinated continuum of community services. A vibrant, livable community offers a wide array of affordable, accessible, flexible, reliable and safe transportation options.

What we heard:

- A priority for many older adults is the ability to remain in their own homes for the rest of their lives. They understand that health care needs may interfere, but they still want to be as independent as they can be for as long as they are able.¹
- Issues of mobility and transportation are at the heart of barriers that threaten independence.¹
- Transportation issues are of particular concern in mountain communities, among people with physical limitations, and among low-income seniors.¹
- Family caregivers greatest unmet needs are respite care, help with in-home tasks, and accessing emotional support from their peers.¹
- Having safe and affordable transportation was a problem for 25% of the respondents.²
- 56% of survey respondents reported providing care to others and spend an average of 15 hours per week doing so.²

Why it matters:

- Difficulty getting around creates barriers to participation in activities that promote physical health, emotional well-being, and social interaction, greatly increasing the likelihood of isolation among older adults.¹
- “When people can get where they want or need to go, they are more likely to be attached to their community and are also more likely to age successfully.”⁵
- Caregivers are essential to the country’s health care system. 80% of all care provided in the community is done by family (volunteer) caregivers.²²
- If the services provided by informal caregivers (i.e. family, friends, neighbors) had to be replaced with paid services, it would cost an estimated \$306 billion nationally and \$4.7 billion in the state of Colorado.¹⁷
- 59% of family caregivers also work at least part time. These individuals are more likely to miss days of work and report fair or poor health, depression, diabetes, hypertension, or pulmonary disease.¹²

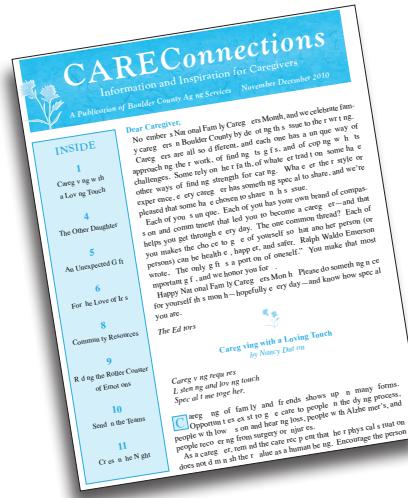


Independence and Caregiving



Partner Possibilities:

- Collaborate with insurance companies and law enforcement agencies to identify unsafe drivers.
- Address unique transit needs of mountain and rural communities by utilizing information from the county mountain transit study.
- Offer resources for caregivers in the workplace.
- Create partnerships to best utilize existing training opportunities for paid caregivers.



Celebrations:

- The Care Connections newsletter is broadly distributed to caregivers across the county.
- Events and activities to acknowledge and honor caregivers are available and successful – Caregiving Symposium, Caregiver Wellness Days.
- Diverse caregiver support groups are offered in communities across the county.
- As a county, we recognize the critical importance of respite services and encourage the use of respite volunteers and services.
- CareConnect and Special Transit collaborate to provide escorted rides to medical appointments through the “Medical Mobility” program; a project that was conceived during the first strategic planning process.
- Lafayette Senior Services offers an organization and paperwork management program called “From Piles to Files”. This service enables low-income seniors to maintain their independence and create a safer living environment.
- Lafayette Senior Services provides transportation to all of their events.

Independence and Caregiving

Goal 15: People are informed and motivated to rely on each other and existing systems.

- A. Strengthen and expand a person's support system to include: family, friends, neighbors, and faith communities.
- B. Identify and celebrate successful examples of support systems that promote individual independence and encourage others to use similar models.



Goal 16: A comprehensive, coordinated continuum of services supports older adults through all stages of their lives, including end-of-life.

- A. Assist older adults and families in understanding the long-term care system and making informed choices.
- B. Redefine retirement planning to include planning for all aspects of the retiree's life (not just financial).
- C. Expand volunteer and paid in-home services that are affordable and reliable.
- D. Encourage the use of adult day programs.
- E. Advocate for a home-like environment and increased personal choice for residents in long-term care settings.

Goal 17: Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.

- A. Create and/or strengthen programs to maintain and improve safe driving:
 - Expand programs that assist older adults to assess their competence behind the wheel;
 - Facilitate the formation of car co-ops that give older adults access to a car without the burdens of sole ownership;
 - Inform individuals and agencies about the impact of age and medication use on driving;
 - Inform and support older adults and their families in transitioning from driving to different means of transportation.
- B. Provide a seamless, countywide system of transportation services that:
 - Involves a network of public, fixed-route, paratransit, volunteer, and other alternative services within and between major population centers;
 - Recognizes and supports the special needs of riders;
 - Encourages groups and organizations to provide transportation services for their customers;
 - Encourages individuals to use alternative modes of transportation (including bicycles, scooters, golf carts, and public transit options);
 - Prepares for the increasing numbers of older transit users.
- C. Transportation providers respond to last-minute requests and implement scheduling systems that are customer-friendly.
- D. Conduct a comprehensive review of all transportation resources, systems and unmet needs and identify possible solutions.



Goal 18: Caregivers are informed, educated, acknowledged, and supported.

- A. Inform and educate caregivers about resources:
 - Offer training programs that fit the needs of caregivers.
 - Explore the use of technology to inform and support caregivers.
 - Encourage the use of support groups and respite services that give caregivers emotional support and rest.
- B. Acknowledge and honor caregivers through an awareness campaign that identifies the factors that make a person a caregiver, and the vital role they play in the life of the person receiving care and the community.
- C. Conduct “big picture” advocacy, including:
 - Making long-term care insurance affordable;
 - Creating tax incentives that cover and encourage community-based, in-home care;
 - The ability to earn a living wage and benefits that increase the number, quality, and tenure of paid caregivers;
 - Recognizing non-traditional caregivers (e.g., LGBT);
 - Workplace education for employers and supervisors of caregivers to increase caregiver-friendly policies, such as flexible schedules for elder care.
- D. Acknowledge and support the unique needs of older adults who may be raising grandchildren or caring for a disabled adult child.
- E. Ensure that paid caregivers are well-trained and fairly compensated.



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Endnotes

- ¹ Kezziah Watkins. Community Conversation and Quadrant Workgroup Summary Report. August 2010.
- ² National Research Center. Draft Community Assessment Survey for Older Adults: Boulder County (CASOA™). 2010.
- ³ U.S. Surgeon General, 1999.
- ⁴ Hartman M., Catlin A., Lassman D., Cylus J., Heffler S. U.S. Health Spending By Age, Selected Years Through 2004. Health Affairs Web Exclusive. November 6, 2007; 27(1):w1-12.
- ⁵ MetLife. "Working Caregivers and Employer Health Care Costs." February 2010.
- AARP/Roper Public Affairs and Media Group of NOP World. Beyond 50.05, A Report to the Nation on Livable Communities: Creating Environments for Successful Aging, Washington, DC: AARP, May 2005.
- ⁶ "Looking For An Encore Career?" www.encore.org. Metlife Foundation.
- ⁷ AARP's Blueprint for the Future. "Reimagining America: How America Can Grow Older and Prosper." 2005.
- ⁸ The Safehouse Progressive Alliance for Nonviolence (SPAN) can be reached at www.safehousealliance.org or 303-449-8623.
- ⁹ CareConnect (formerly RSVP of Boulder County) can be reached at www.careconnectbc.org or at 303-443-1933.
- ¹⁰ Utah Department of Human Services. 2009.
- ¹¹ Corporation for National and Community Service. "The Health Benefits of Volunteering: A Review of Recent Research." April, 2007.
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- ¹³ National Hospice and Palliative Care Organization. "NHPCO Facts and Figures: Hospice Care in America." 2010 Edition.
- ¹⁴ Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. J American Geriatric Society 2007;55:993-1000.
- ¹⁵ Administration on Aging. AoA Evidence-Based Prevention Program: Facts. 2006
- ¹⁶ AARP. Beyond 50.03: A Report to the Nation on Independent Living and Disability. Washington DC: AARP, 2003
- ¹⁷ National Family Caregivers Association and Peter S. Arno. Economic Value of Informal Caregiving: 2004.
- ¹⁸ Kezziah Watkins is a consulting firm with over 20 years experience in designing and facilitating decision-making processes that are making a positive difference in communities across the country. For more information, visit: www.kezziahwatkins.com.
- ¹⁹ Evidence-based programs (EPBs) are interventions proven to help older adults live longer lives, reduce disabilities, improve mental health, and lower health care costs. Through sustainable behavior change, older adults are empowered to manage their chronic conditions, become physically active or sustain their current activity levels, eat well, and more. For more information, visit www.healthyagingprograms.org.
- ²⁰ Universal design refers to broad-spectrum architectural planning ideas meant to produce buildings, products and environments that are inherently accessible to the able-bodied and the physically disabled. For more information, visit: www.design.ncsu.edu/cud.
- ²¹ Smart growth invests time, attention, and resources in restoring community and vitality to center cities and older suburbs. New smart growth is more town-centered, is transit and pedestrian oriented, and has a greater mix of housing, commercial and retail uses. It also preserves open space and many other environmental amenities. For more information, visit: www.smarthgrowth.org.
- ²² National Family Caregiver Association. Family Caregivers and Caregiving Families – 2001.





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