A Plan to Create Vibrant Communities

AgeWell Boulder County

BASIC NEEDS
HEALTH & WELLNESS
PERSONAL CONNECTIONS & COMMUNITY INVOLVEMENT
AGING IN COMMUNITY
With special thanks to:

The Leadership Team for their invaluable insight and direction.
Tweed Kezziah and Susan Watkins of Kezziah Watkins, for their expertise, guidance, and professionalism.
Eric Patzer for the design of this document.

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This strategic plan represents input from over 200 older adults, community members, service providers, organizations, and leaders. This plan 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 housing options in safe and vibrant neighborhoods; that there is an accessible network of transportation options to get people where they need to go; that employment, volunteer, social, educational, and recreational opportunities are widely available; that health and wellness are personal and community priorities; that there is recognition, support, and training of caregivers of older adults; and that communities, neighborhoods, and public places are created with age-friendly design principles in mind.

**Age Well Boulder County** is an ongoing, organic process. Guided by this plan, partner agencies in Boulder County can be a part of 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 this plan to be a success, 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. Information in this plan can be used to develop action steps for policy work, public information campaigns, and resource identification to fund innovative pilot projects in the community. The update of this plan is an invitation and a 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 in this important effort. To get involved, sign up at: www.AllAgeWell.com.
Building on over a decade of collecting and analyzing information about the strengths and needs of older adults in Boulder County, an innovative group of managers of various aging service agencies (the Leadership Team) initiated the creation of a countywide strategic plan for aging well. This strategic plan was first published in 2006 under the name “Creating Vibrant Communities in Which We All Age Well”, and information was gathered from hundreds of community members through a variety of methods. This original plan contained 17 goals and 88 strategies organized around four components (quadrants) essential to vibrant, healthy communities. Work groups were organized around the quadrant areas and progress towards achieving the goals and strategies was made.

The Boulder County Area Agency on Aging (AAA) is responsible for conducting research about the region and leading long-range planning efforts to address the needs of the county’s aging population. Collectively, the data gathered to inform this plan, in addition to the information used to create the AAA’s four-year area plan for aging, is used to identify current strengths and needs in order to better prepare for the aging of our population.

With the economic downturn in the fall of 2008, priorities around community resources began to change and by 2010 it was clear
that it was time to update the plan with a “reality check” about what older adults were experiencing. In addition to talking to older adults and other community members, the Boulder County AAA authorized a survey, the Community Assessment Survey of Older Adults (CASOA™) in the summer of 2010, to provide statistically valid data based on a random sample of the county’s 60+ population. The plan was updated in 2010 and renamed “Age Well Boulder County: A Plan to Create Vibrant Communities”.

In order to ensure that the plan continues to address the current needs of the county’s aging population, the most recent update of the plan was undertaken in 2014. Pleased with the depth, breadth, and quality of the data gathered during the 2010 update, the Leadership Team used the same research tools and format for a public engagement process to inform this 2014 update. In addition, key staff were surveyed and/or interviewed to gain understanding about the current challenges and opportunities they see for the aging population of Boulder County.

BACKGROUND
The Leadership Team worked with the consulting firm of Kezziah Watkins to conduct in-depth 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, or focus groups, was designed to reach older adults throughout the county. Eighteen sessions were held, in 7 distinct geographic areas and with 5 targeted groups of people. The discussion with participants in each group was carried out through a structured, but comfortable and informal conversation. Each Conversation was moderated by a facilitator with assistance from a note-taker, following a training session provided by Boulder County AAA staff. 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, low-income older adults, residents of senior housing sites, and with lesbian, gay, bisexual, and transgender adults (LGBT). More than 260 people participated in these Conversations, painting a rich portrait of life as an older adult in Boulder County.

The CASOA™ survey was mailed to a random sample of 3,000 households with people over the age of 60 in Boulder County. The survey’s objectives were to identify community strengths and weaknesses and specific needs of older adults, with the goal of assisting local governments, community organizations, the private sector, and community members in more accurately predicting the services and resources needed to serve the aging population and to assess a community’s readiness to support aging in the coming years.
In order to further explore the topics and themes that came from the Community Conversations, Quadrant Work Sessions were held, each addressing a specific quadrant topic. (Previous iterations of this plan identified these four key areas vital for communities in which all can age well: Basic Needs, Individual & Community Involvement, Health & Wellness, and Independence & Caregiving.) At each work session, interested community members, service providers, advisory board members, and others were given background information including:

- Demographic trends showing the growth of the older adult population in Boulder County;
- A summary of the results of the CASOA™ survey, with particular emphasis on findings relevant to each quadrant topic; and
- A summary of the results of 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. These questions were developed with the CASOA™ and Community Conversation data in mind and were intended to dig deeper into important topics that arose.

The Leadership Team considered information gathered from the key informant interviews/surveys, Community Conversations, CASOA™, and the Quadrant Sessions to revise and/or create new goals and action steps for this 2015 update of the plan.

The purpose of this plan is to articulate a shared vision for the kind of community in which everyone has a chance to age well. The approach is multi-pronged, collaborative, and strengths-based; in which older adults are active participants in making decisions about their own goals and services.
The United States is experiencing an unprecedented demographic change. The number of people over the age of 60 is expected to more than double between 2000 and 2030. One-third of the U.S. Population is now age 50 or older. Additionally, there continues to be a dramatic increase in those over age 85. This ‘graying of America’ can also be seen here in Boulder County, whereas by 2030, older adults will account for about 25% of the total county population, an increase from about 15% in 2012. 

Why this extreme demographic shift? The generation born post-World War II in the United States, known as the baby boomers, has been driving change in the age structure of the U.S. population since their birth. The 76.4 million babies born between 1946 and 1964 have impacted and changed the economy, school systems, housing markets, neighborhood development, the TV and film industry, shopping, politics, and all facets of our American life as they have progressed through their various ages and stages. They have and will impact how we see and plan and feel the aging of America. It is also important to recognize the vast diversity that exists within the Baby Boom generation. Boomers born in the late 1940s do not share the same social, cultural, or cohort experiences as those born in the early 1960s. These experiential differences must be considered as planners and service providers make decisions about how best to serve this diverse generation.

These changing demographics are likely to fundamentally change business as usual in cities and counties across the country. This rapid growth in our older adult demographic presents new challenges and opportunities for creating and sustaining vibrant, healthy communities.

With adequate planning and forethought, communities can be designed to engage older adults through volunteerism, civic engagement, employment, and participation in local opportunities, while at the same time supporting aging in place for those older adults who may be more frail, vulnerable, or isolated. Communities should take the initiative now to plan strategically to anticipate opportunities and challenges, rather than simply reacting to them in the future.
Older adults represent the fastest growing segment of Boulder County. As of 2015, about 19% of Boulder County’s population is age 60 and over. By 2040 forecasts suggest that the population age 60 and over will account for about 26% of Boulder County’s population. While modest increases of between 12.36% are expected in the 60-69 year old age category, Boulder County will experience dramatic increases in its older-old age groups:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015 Population</th>
<th>2040 Population</th>
<th>Rate of Growth 2015-2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 to 64</td>
<td>19,732</td>
<td>22,246</td>
<td>12.74%</td>
</tr>
<tr>
<td>65 to 69</td>
<td>15,301</td>
<td>20,949</td>
<td>36.91%</td>
</tr>
<tr>
<td>70 to 74</td>
<td>9,619</td>
<td>19,306</td>
<td>100.7%</td>
</tr>
<tr>
<td>75 to 79</td>
<td>6,230</td>
<td>17,562</td>
<td>181.89%</td>
</tr>
<tr>
<td>80 to 84</td>
<td>4,273</td>
<td>15,002</td>
<td>251.09%</td>
</tr>
<tr>
<td>85+</td>
<td>4,745</td>
<td>16,070</td>
<td>238.67%</td>
</tr>
</tbody>
</table>


60+ ADULTS BY AREA IN BOULDER COUNTY

60%  
50%  
40%  
30%  
20%  
10%  
0%

AGE DISTRIBUTION OF OLDER ADULTS IN BOULDER COUNTY

75 and over 29%  
65 to 74 38%  
60 to 64 33%

American Community Survey 2008-2012 5 Year Estimates
### BOULDER COUNTY DEMOGRAPHICS
**SELECTED 2013 SOCIOECONOMIC DATA - CITY OF BOULDER, LAFAYETTE, LONGMONT, AND LOUISVILLE**

<table>
<thead>
<tr>
<th></th>
<th>Boulder</th>
<th>Lafayette</th>
<th>Longmont</th>
<th>Louisville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>100,363</td>
<td>25,238</td>
<td>87,607</td>
<td>18,831</td>
</tr>
<tr>
<td>60+ Percent</td>
<td>13.6%</td>
<td>15.2%</td>
<td>16.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>60+ Population</td>
<td>13,649</td>
<td>3,836</td>
<td>14,280</td>
<td>3,145</td>
</tr>
<tr>
<td>65+ Pop w/ Disability</td>
<td>2,769</td>
<td>594</td>
<td>2,914</td>
<td>520</td>
</tr>
<tr>
<td>65+ Pop Below Poverty</td>
<td>570</td>
<td>70</td>
<td>763</td>
<td>158</td>
</tr>
<tr>
<td>65+ Pop Below Poverty (Latino)</td>
<td>56</td>
<td>17</td>
<td>167</td>
<td>0</td>
</tr>
<tr>
<td>65+ Male Living Alone</td>
<td>782</td>
<td>228</td>
<td>738</td>
<td>112</td>
</tr>
<tr>
<td>65+ Female Living Alone</td>
<td>2,161</td>
<td>511</td>
<td>1,888</td>
<td>640</td>
</tr>
<tr>
<td>Households Receiving Foodstamps w/ at least one person 60+ in HH</td>
<td>349</td>
<td>79</td>
<td>666</td>
<td>32</td>
</tr>
</tbody>
</table>

Source: 2013 US Census American Community Survey

*Poverty level is defined as annual income of $11,490 for a one-person household*
BOULDER COUNTY DEMOGRAPHICS

BOULDER COUNTY HOUSEHOLDS WITH INCOMES LESS THAN $25,000/YEAR AND THE NUMBER OF PEOPLE 60YRS AND OLDER BY CENSUS BLOCKGROUP - 2013

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Author: Boulder County GIS
Data Sources: Census Bureau
ACS 2009 - 2013
Date: February 5, 2015
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**Population 60 and Above**
- 0 - 250
- 251 - 500
- 501 - 811

**Num HHI < 25K**
- 0 - 100
- 101 - 300
- 301 - 526
BOULDER COUNTY DEMOGRAPHICS
BOULDER COUNTY NUMBER OF LATINOS AND THE NUMBER OF PEOPLE 60YRS AND OLDER BY CENSUS BLOCKGROUP - 2013

This map is for illustrative purposes only and the features depicted on it are approximate. More site specific studies may be required to draw accurate conclusions. Boulder County makes no warranties regarding the accuracy, completeness, reliability, or suitability of this map. Boulder County disclaims any liability associated with the use or misuse of this map. In accessing and/or relying on this map, the user fully assumes any and all risk associated with the information contained therein.

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Data Sources: Census Bureau
ACS 2009 - 2013
Date: February 5, 2015
This rapid growth in the number of older adults in Boulder County will dramatically change the face of all communities within the county. As the number of older adults increases, a larger number of healthy and active older adults will continue to contribute to the community as volunteers, community leaders, board members, engaged community members, employees, and informal caregivers. Communities need to be prepared to make use of this invaluable resource. At the same time, the number of frail, isolated, vulnerable older adults needing housing, health care, transportation, and other supportive services will also increase. Because we know that the more strengths older adults possess, the less likely they are to 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 benefit from the skills and experiences that older adults possess.
The Poverty Level data from the 2010 Census, presented on the next several pages, is based on the traditional poverty measure created in the 1960s. Many believe this outdated measure does not accurately reflect true income or financial resources. A newer Supplemental Poverty Measure (SPM), formulated in 2011, considers expenditures on basic goods and services, home ownership status, and housing costs in the calculation of poverty, and many believe this provides a more accurate snapshot of true poverty amongst populations. Applying the SMP to 2010 Census data, charts on pages 18, 20, 22, 24, and 26 show a snapshot of the numbers of older adults living near poverty across the county.

A word of caution about data reliability:
The CASOA survey instrument and its administration are standardized to ensure high quality survey methods. Results of the survey were statistically weighted to reflect the current demographic composition of older adults in the county. Of the 3,000 surveys mailed, a total of 922 were completed, providing a response rate of 31% and a margin of error of plus or minus 3%. The results of the survey can be considered to be representative of the Boulder County community.

The qualitative research represented by the community conversation results 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 the interests, stories, and lives of those older adults who engaged in the discussions. These discussions produced 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 limits in this snapshot. Anyone using this report should take those flaws into consideration.
BOULDER

AGE DISTRIBUTION OF OLDER ADULTS IN BOULDER

PERCENT HISPANIC/LATINO

PERCENT BELOW POVERTY LEVEL

NUMBER OF 65+ LIVING NEAR POVERTY
STRENGTHS:
• 96% of respondents gave high ratings to the community as a place to live.
• 89% of respondents rated the overall feeling of safety in the community as “excellent” or “good”.
• 83% of respondents reported providing help to friends or relatives.
• 81% reported they would recommend the community to others.
• 76% of respondents consider the services offered to older adults to be “excellent” or “good”.
• 65% used a public library, 82% visited a public park, and 50% participated in a recreation program or group activity.
• 41% of respondents participated in some kind of volunteer work.
• 27% reported using a senior center in the past 12 months.

CHALLENGES:
• 59% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem.
• 57% reported that their physical health had presented at least a minor problem in the past year.
• 47% indicated that not knowing what services are available to older adults in the community was at least a minor problem.
• 42% of respondents indicated that doing heavy housework was at least a minor problem.
• 42% indicated that staying physically fit was at least a minor problem.
• 34% reported feeling depressed as at least a minor problem.
• 33% indicated that maintaining their home was at least a minor problem.
• 32% indicated that dealing with financial planning issues was at least a minor problem.
• 27% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem.
• 26% reported having tooth or mouth problems while 16% indicated getting the oral health care needed was at least a minor problem.
• 22% of respondents reported having enough money to meet daily expenses was at least a minor problem.
• 17% indicated that having safe and affordable transportation was at least a minor problem.
• 6% reported that having enough food to eat was at least a minor problem.
What we heard in Community Conversations

• Participants voiced the importance of peer and family support to aging well.

• Participants agreed that mobility, hearing, and vision problems are the primary obstacles to aging well.

• Participants expressed that the number one thing their community could do to support them in aging well would be offering more senior housing options.

• Participants cited transportation and help with yard maintenance as key services to stay living in their homes.
AGE DISTRIBUTION OF OLDER ADULTS IN LAFAYETTE

- 75 and over: 28%
- 65 to 74: 36%
- 60 to 64: 36%

PERCENT HISPANIC/LATINO

- 55-64: 9%
- 65-74: 12%
- 75-84: 15%
- 85+: 15%

PERCENT BELOW POVERTY LEVEL

- 60-74: 3%
- 75-84: 5%
- 85+: 7%

NUMBER OF 65+ LIVING NEAR POVERTY

- 100% Poverty Level
- 200% Poverty Level
STRENGTHS:
• 94% of respondents gave high ratings to the community as a place to live.
• 80% of respondents reported providing help to friends or relatives.
• 78% of respondents rated the overall feeling of safety in the community as “excellent” or “good”.
• 77% reported they would recommend the community to others.
• 71% of respondents consider the services offered to older adults to be “excellent” or “good”.
• 70% used a public library, 83% visited a public park, and 48% participated in a recreation program or group activity.
• 37% of respondents participated in some kind of volunteer work.
• 27% reported using a senior center in the past 12 months.

CHALLENGES:
• 63% reported that their physical health had presented at least a minor problem in the past year.
• 61% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem.
• 60% indicated that staying physically fit was at least a minor problem.
• 58% indicated that not knowing what services are available to older adults in the community was at least a minor problem.
• 47% of respondents indicated that doing heavy housework was at least a minor problem.
• 45% 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.
• 41% reported feeling depressed as at least a minor problem.
• 39% indicated that dealing with financial planning issues was at least a minor problem.
• 39% of respondents reported having enough money to meet daily expenses was at least a minor problem.
• 36% reported having tooth or mouth problems while 19% indicated getting the oral health care needed was at least a minor problem.
• 19% indicated that having safe and affordable transportation was at least a minor problem.
• 9% reported that having enough food to eat was at least a minor problem.
LONGMONT

AGE DISTRIBUTION OF OLDER ADULTS IN LONGMONT

- 75 and over: 33%
- 65 to 74: 37%
- 60 to 64: 30%

PERCENT HISPANIC/LATINO

PERCENT BELOW POVERTY LEVEL

NUMBER OF 65+ LIVING NEAR POVERTY

Poverty Level

Supplemental Poverty Measure

Official Poverty Level

Supplemental Poverty Measure

500

1500

2500

3500

4500

0

500

1500

2500

3500

4500

0

100% Poverty Level

200% Poverty Level
NOTES FROM THE RESEARCH - 2014 CASOA™ SURVEY
GEOGRAPHIC SUBGROUP COMPARISONS REPORT -

LONGMONT

STRENGTHS:
• 85% of respondents gave high ratings to the community as a place to live.
• 78% of respondents reported providing help to friends or relatives.
• 77% reported they would recommend the community to others.
• 66% of respondents rated the overall feeling of safety in the community as “excellent” or “good”.
• 64% of respondents consider the services offered to older adults to be “excellent” or “good”.
• 54% used a public library, 72% visited a public park, and 37% participated in a recreation program or group activity.
• 33% of respondents participated in some kind of volunteer work.
• 32% reported using a senior center in the past 12 months.

CHALLENGES:
• 63% indicated that staying physically fit was at least a minor problem.
• 62% reported that their physical health had presented at least a minor problem in the past year.
• 61% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem.
• 56% indicated that not knowing what services are available to older adults in the community was at least a minor problem.
• 55% of respondents indicated that doing heavy housework was at least a minor problem.
• 43% reported having tooth or mouth problems while 32% indicated getting the oral health care needed was at least a minor problem.
• 42% reported feeling depressed as at least a minor problem.
• 42% indicated that dealing with financial planning issues was at least a minor problem.
• 40% indicated that maintaining their home was at least a minor problem.
• 39% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem.
• 37% of respondents reported having enough money to meet daily expenses was at least a minor problem.
• 26% indicated that having safe and affordable transportation was at least a minor problem.
• 17% reported that having enough food to eat was at least a minor problem.
LOUISVILLE

AGE DISTRIBUTION OF OLDER ADULTS IN LOUISVILLE

- 75 and over: 29%
- 65 to 74: 30%
- 60 to 64: 41%

PERCENT HISPANIC/LATINO

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-64</td>
<td>2%</td>
</tr>
<tr>
<td>65-74</td>
<td>4%</td>
</tr>
<tr>
<td>75-84</td>
<td>3%</td>
</tr>
<tr>
<td>85+</td>
<td>1%</td>
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PERCENT BELOW POVERTY LEVEL

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-74</td>
<td>5%</td>
</tr>
<tr>
<td>75-84</td>
<td>15%</td>
</tr>
<tr>
<td>85+</td>
<td>20%</td>
</tr>
</tbody>
</table>

NUMBER OF 65+ LIVING NEAR POVERTY

- Official Poverty Level
- Supplemental Poverty Measure
STRENGTHS:
- 96% of respondents gave high ratings to the community as a place to live.
- 89% of respondents consider the services offered to older adults to be “excellent” or “good”.
- 89% of respondents rated the overall feeling of safety in the community as “excellent” or “good”.
- 87% of respondents reported providing help to friends or relatives.
- 83% reported they would recommend the community to others.
- 68% used a public library, 82% visited a public park, and 56% participated in a recreation program or group activity.
- 41% of respondents participated in some kind of volunteer work.
- 33% reported using a senior center in the past 12 months.

CHALLENGES:
- 51% reported that their physical health had presented at least a minor problem in the past year.
- 51% indicated that not knowing what services are available to older adults in the community was at least a minor problem.
- 51% of respondents indicated that doing heavy housework was at least a minor problem.
- 48% indicated that staying physically fit was at least a minor problem.
- 45% of respondents indicated that feeling like their voice is heard in the community is at least a minor problem.
- 40% indicated that maintaining their home was at least a minor problem.
- 37% indicated that dealing with financial planning issues was at least a minor problem.
- 35% indicated that having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid was at least a minor problem.
- 35% reported feeling depressed as at least a minor problem.
- 35% reported having tooth or mouth problems while 22% indicated getting the oral health care needed was at least a minor problem.
- 31% of respondents reported having enough money to meet daily expenses was at least a minor problem.
- 24% indicated that having safe and affordable transportation was at least a minor problem.
- 18% reported that having enough food to eat was at least a minor problem.
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 shared by most mountain communities is a tight-knit sense of self, where informal systems are often used to keep residents thriving.

The above information reflects Census data gathered from the following mountain communities:
Allenspark
Eldora
Eldorado Springs
Gold Hill
Jamestown
Lyons
Nederland
Ward
What we heard in Community Conversations:

• Mountain community residents made up almost one-quarter of participants in the Conversations.

• Mountain residents value the physical environment (beauty, clean air, proximity to nature) and close-knit nature of their communities.

• Life in mountain communities can be particularly difficult during the winter months and during emergencies such as flooding and wildfires, when there can be a strong sense of isolation and when access is more difficult.

• Residents expressed the need for both housing designed specifically for older adults as well as better access to home maintenance and modification services.

• Participants cited limited access to services in general, but specifically health care, hospice services, and transportation, as key barriers to aging well.
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.

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

DESIGN PRINCIPLES

1. Strengths - Celebrate and build upon identified individual and community strengths.

2. Innovation - Recognize the increasingly technological age we live in and create opportunities for older adults to become trained in the use of new technologies.

3. Sustainable - Design programs and communities to be economically, environmentally, and socially sustainable.

4. Consumer choice - Acknowledge the importance of options in supporting older adults in their decision-making.

5. Livability - Promote the development of livable communities that enhance quality of life, improve safety and mobility, and incorporate Universal Design and Smart Growth principles.

6. Partnerships and Relationships - Establish and maintain relationships and partnerships to effectively maximize resources and utilize collaboration when appropriate to achieve shared goals.

7. Build on Success - Identify and replicate successful programs and best practices. If something is working, do more of it.

8. Inclusion - Encourage agencies and groups to include older adults in their definition of “family” and “community”.

9. Participation - Involve older adults in the creation, design and delivery of programs and services to best meet their needs.

10. Access - Programs, services, and information are provided in an environment that is welcoming to all, regardless of ethnicity, language, religion, culture, gender identification, ability level, sexual orientation, or socioeconomic status.

11. Leadership - Leaders hold the vision of vibrant communities in which we all age well and make decisions accordingly.
BASIC NEEDS
- Housing is affordable, appropriate, low-maintenance, and accessible
- Supportive in-home services are credible, affordable, trusted, and readily available.
- 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.
- Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.

HEALTH & WELLNESS
- Individuals and the community as a whole acknowledge the importance of all aspects of health and wellness.
- Health and wellness services are affordable, accessible, and readily available.
- Wellness includes dying and end of life as a natural part of life.

PERSONAL CONNECTIONS & 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.
- Promote positive images of aging.

AGING IN COMMUNITY
- Caregivers are informed, educated, acknowledged, and supported.
- Design age-friendly neighborhoods and communities.
- People are informed and motivated to rely on each other and existing systems.
**BASIC NEEDS**
An age-friendly community provides safety net services ensuring that the basic needs for housing, safety, food, access to essential services, and transportation 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:**
- Improved transportation, including more options, more accommodating schedules, and greater affordability is key to accessing essential services. "Keeping us mobile and active in the community through appropriate and available transportation, public or private [is important]. Society is based on mobility. We need it to access needed services. Government needs to address this. The challenge is that there are various schedules and needs to accommodate." (Community Conversation participant)
- Transportation is a linchpin issue that determines the older adult population’s ability to take advantage of the programs and services offered to them. It also has a significant bearing on the ability to remain in one’s own home as one ages.
- Appropriate, affordable, safe housing options are paramount to successful aging.
- Participants across conversations consistently reported the need for assistance with yard work, snow removal, house-cleaning, and house maintenance and making important home safety modifications (including grab bar installation, alarms, and walk-in tubs). Without access to these services, many older adults find it difficult to stay in their own homes.
- More than 80% of participants rated community and county responsiveness during times of natural disasters as excellent or good, indicating that there is a significant sense of safety in times of community emergencies.
- 9% of respondents indicated that having enough food to eat was at least a minor problem.
- 32% said that maintaining a healthy diet was at least a minor problem.
- 37% indicated that maintaining their home was at least a minor problem.
- 41% said that maintaining their yard was at least a minor problem.
- 54% of respondents indicated that not knowing what services are available to older adults was at least a minor problem.
- 11% reported being the victim of a fraud or scam.
- 11% of respondents reported no longer being able to drive.
- 21% reported that having safe and affordable transportation was at least a minor problem.
- 35% of respondents reported using RTD at least once in the past year.

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The Colorado State Legislature passed the state’s first bill ever requiring the mandatory reporting of elder abuse to law enforcement. Effective July 2014, paid and un-paid professionals including dentists, physicians, nurses, pharmacists, bank personnel, guardians & conservators, home health care providers and staff of care facilities must report abuse, caretaker neglect, or exploitation of anyone 70 years or older to local law enforcement within 24 hours. It is important to note that these same professionals continue to be urged to report mistreatment, self-neglect or exploitation of at-risk adults 18+ to Adult Protective Services. Links to the statute, frequently asked questions and an on-line training can be found at www.coloradoaging.com.
BASIC NEEDS

WHY IT MATTERS:
• Older adults have expressed a strong desire to remain in their homes in the community. Nearly 90% of people aged 65 and older wish to remain in their homes as they age, and 80% believe that their current residence is where they will always live.\(^8\)

• Increasing public awareness of resources and services may help decrease unmet needs. Better information may also promote quality of life when older adults avail themselves of wellness and social activities.\(^6\)

• Nationally, food-insecure seniors were 2.3 times more likely to report fair/poor health status and had higher nutritional risk.\(^9\)

• “In the absence of regular housekeeping services, not only will older adults face consequences to their health, but they will be more likely to remain isolated, determined not to let neighbors or even relatives enter an unkempt home.”\(^10\)

• In 2014, the Boulder County District Attorney’s Office filed 118 new prosecution cases involving victims over age 70.

• Safehouse Progressive Alliance for Nonviolence (SPAN) experienced a 126% increase in services to women aged 50+ between 2009 and 2013.\(^11\)

• Proper nutrition among older adults can help maintain health and independence, delay or prevent institutionalization, delay morbidity and mortality, improve quality of life, and reduce health care costs associated with aging and chronic diseases.\(^12\)

✅ Louisville began programming monthly resource talks in 2013 that have been very well received by participants. Topics include: Fraud Prevention by the DA’s Office, Emergency Preparedness and Personal Safety, Housing Counseling, Mental Health Programs, focusing on services that non-profit agencies offer.

✅ Older adults throughout the county work with their local resource specialists to receive assistance with basic needs. With funding provided by local senior groups, the Boulder County Area Agency on Aging, and other non-profits, older adults get help with vision, hearing, dental care and other essential services.
**BASIC NEEDS**

Beginning in August 2014, Boulder County residents, including older adults, who participate in the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) were able to purchase twice as many fruits and vegetables when they used their benefits at the Boulder County Farmers’ Markets in Boulder and Longmont. The project is a collaborative effort between Boulder County Public Health, Boulder County Parks and Open Space Department, City of Boulder Human Services Department, Boulder County Housing and Human Services Department, and the Boulder County Farmers’ Markets to increase access to locally grown, healthy, nutritious food for SNAP participants.

In 2014, the Boulder County Aging Advisory Council housing subcommittee advocated for appropriate housing options for older adults in the city of Boulder, resulting in an increase in the occupancy limit to facilitate home and resource sharing.

**GOAL 1**

**HOUSING IS AFFORDABLE, APPROPRIATE, LOW-MAINTENANCE, AND ACCESSIBLE.**

A. Increase the amount of affordable, appropriate, and accessible housing of various types, including assisted living and long-term care.

B. Advocate for increased personal choice for residents in long-term care settings, putting them at the center of decision making.

C. Encourage aging well by supporting and participating in community-wide (city/county) planning efforts including support for changing zoning ordinances and housing regulations; inclusion of Visitability principles and housing choice in the form of multi-occupancy units, accessory apartments, and cohousing communities; and encouragement of community services and businesses to co-locate in neighborhoods.

D. Expand home modification and maintenance services to enable older adults to safely remain in their homes.

E. Increase multi-generational housing options that are appealing to older adults.

F. Ensure that older adult voices are part of regional housing strategy efforts.

**GOAL 2**

**SUPPORTIVE IN-HOME SERVICES ARE CREDIBLE, AFFORDABLE, TRUSTED, AND READILY AVAILABLE.**

A. Inform and empower older adults to access appropriate in-home services.

B. Ensure safety by providing resources and educational opportunities for people to make informed decisions about in-home services, including relocation services, handymen, tree trimming and other services targeted to older adults.

C. Research and develop an in-home services ombudsman program that includes a collaborative approach to checking on the well-being of older adults including Adult Protective Services, Registered Nurses, social workers, police officers, mental health workers, and others.
PERSONAL, FINANCIAL, AND ENVIRONMENTAL SAFETY IS A COMMUNITY PRIORITY.

A. Identify, develop, and strengthen neighborhood connections through formalized neighborhood groups, HOAs and other neighbor-based programs to increase safety.

B. Inform residents, service providers, and first responders about safety issues for older adults and encourage appropriate referrals including reports to Police, Adult Protective Services, Community Protection Division of the County Attorney’s office, or local resource staff.

C. Utilize existing volunteer groups (such as local senior advisory councils, money management programs, etc.) to promote safety, convey information, and provide assistance in personal, financial, and environmental safety where needed.

D. Begin a robust conversation around issues of individual capacity (with respect to dementia, mental illness, stroke, medication, and other permanent or temporary factors) as it relates to personal safety and related service demands and resource issues.

E. Continue to ensure that legal services are available and affordable.

F. Ensure a credible, current, and accessible source of information for individuals and communities about fraud, scams, internet dangers, identity theft and other crimes against older adults and where they can turn for resources and support.

G. Encourage individuals and communities to prepare themselves and their homes for emergency situations.

H. Identify and develop specific strategies to assist rural/mountain dwelling older adults with safety concerns, especially in times of disaster or extreme weather events.

GOAL 3

BASIC NEEDS

CareConnect’s Carry Out Caravan, delivered 4,110 grocery orders to 240 clients in Boulder County in 2014. Volunteers take their order over the phone, volunteers shop and bag their groceries, and volunteers deliver the groceries to the door and will assist by putting the groceries away if requested.

Nutrition week: This county-wide program offers a variety of food demonstrations, educational materials, and seminars to promote affordable healthy eating. Several communities participated in this weeklong event. Give-aways included lunch bags, colorful informative place-mats, and fresh organic veggies from local farmers.

Lafayette Lunch Program volunteer
BASIC NEEDS

GOAL 4
EVERYONE HAS ENOUGH TO EAT.
A. Increase outreach of nutrition programs to all older adults.
B. Ensure that older adults in greatest need have access to adequate nutrition.
C. Enhance partnerships between congregate and home-delivered meal programs.
D. Advocate for more food choices including healthier options, special diets, local food options, and ethnic or cultural preferences at meal sites, long-term care residences, and other older adult housing locations.

GOAL 5
ACCESS TO ESSENTIAL SERVICES IS SEAMLESS, BARRIER-FREE, AFFORDABLE, AND WELCOMING.
A. Improve, expand, and consistently market the resources of the Aging and Disability Resources for Colorado (ADRC) including: www.bouldercountyhelp.org and telephone assistance: 303-441-1617 to adults with disabilities, older adults, providers, and community members. Utilize the ADRC as a connector for various points of entry to local information, referral, and assistance services.
B. Continue to strengthen the network of municipal Resource Specialists, AAA Options Counselors, and other professionals, to ensure consistent and appropriate delivery of information, referral and assistance services throughout the county.
C. Encourage service providers to provide personalized information in a variety of formats, including print, online, and word of mouth, that are disability-, language- and culture-appropriate.
D. Continue to improve follow-up to clients/consumers to ensure access to appropriate services.
E. Increase the availability, affordability, and accessibility of case management services.
F. Assist older adults, families, and caregivers in understanding the long-term care system and making informed choices.
G. Provide education on various services and resources in a timely, credible, and appropriate manner to older adults and their caregivers.
H. Increase collaboration amongst agencies that serve similar populations to increase coordination and improve services.

Coal Creak Meals on Wheels engaged 135 volunteers to provide over 19,000 meals to people in need in Lafayette, Louisville, Erie, and Superior in 2014.

In 2014, the Boulder County ADRC received 984 calls and 44,430 visits to www.BoulderCountyHelp.org providing information and assistance to older adults and their caregivers.

Aging and Disability Resources for Colorado
303-441-1617 BoulderCountyHelp.org infoADRC@bouldercounty.org

Boulder County Strategic Plan - 2015
GOAL 6

INDIVIDUALS HAVE THE FINANCIAL RESOURCES TO MEET THEIR BASIC NEEDS.

A. Inform and help consumers access and complete eligibility forms for financial support programs.
B. Assist people in managing their financial resources.
C. Encourage agencies, especially Workforce Boulder County, to inform older adults about and help them access appropriate employment services, including educating employers about the value of older workers.
D. Promote the senior tax worker program throughout Boulder County.
E. Advocate to various employers, Human Resources personnel, and hiring managers about the benefits of hiring of older workers.
F. Encourage people to consider the financial aspects of retirement planning by providing educational opportunities.
G. Continue to strategize with local emergency basic needs agencies to best serve low-income older adults in crisis.
H. Work to mitigate the conditions surrounding homelessness in older adults; advocate for real solutions and assistance in local communities.

As part of a Comprehensive Housing Strategy known as Housing Boulder, community members met in the winter and spring of 2014 to discuss ways the city can encourage housing options for seniors of all abilities and incomes to remain in the community, with access to formal and informal support systems. For more information, visit HousingBoulder.net.

An annual community wide gathering to honor people who responded to elder abuse in an outstanding manner - the Elder Abuse Awareness and Prevention Awards is co-sponsored by the Elder Justice Coalition of Boulder County and the Boulder County Adult Protection Review Team.
GOAL 7

TRANSPORTATION IS AFFORDABLE, ACCESSIBLE, FLEXIBLE, RELIABLE, SAFE, AND EASY TO ARRANGE.

A. Create and/or strengthen programs to maintain and improve safe mobility for older adults:
   • Expand programs that assist older adults to assess their competence behind the wheel;
   • 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 other means of transportation;
   • Increase opportunities for safety education for all forms of transportation.

B. Support a seamless, countywide system of transportation services that:
   • Involves a network of public, fixed-route, paratransit, volunteer, private, and other alternative services within and between major population centers;
   • Includes expanded trips that cross county lines, have evening/night availability, and adequately serve the rural/mountain areas;
   • Recognizes and supports the special needs of riders;
   • Responds to needs with customer-friendly scheduling systems;
   • Encourages groups and organizations to utilize existing transportation services for their customers;
   • Encourages individuals to use alternative modes of transportation (including bicycle, car and ride sharing, scooters, and public transit options) that provide access to transportation without the burdens of vehicle or bicycle ownership;
   • Prepares for the increasing numbers of older transit users;
   • Advocates for regional and sustainable transit service development and implementation; and
   • Participates in local transit planning efforts to support goals.

C. Conduct a comprehensive review of all transportation resources, systems and unmet needs and identify possible solutions (based on best practices) that can be funded sustainably.

D. Identify creative new ideas to encourage ridership and financial health of multimodal transit options.

E. Ensure that older adult voices are part of regional transportation strategy efforts.

F. Encourage for-profit businesses with a high volume of older customers who may be transit-dependent to be funding partners in the delivery of transit services, especially health care providers.

BASIC NEEDS

Lafayette GO Services initiated a transportation loop in 2014. The Leisure Loop provides free transportation to lunch one day per week. As part of the On the Fly program, the Leisure Loop can provide free transportation from specified locations in Lafayette to allow older adults the ability to participate in day trips and evening activities.

Medical Mobility, a medical transportation program provided by Boulder County CareConnect, provided 3,946 escorted medical rides in for 219 clients in 2014.
PERSONAL CONNECTIONS & COMMUNITY INVOLVEMENT

In a vibrant, age-friendly community, people engage in paid work, volunteer opportunities, maintain connections with friends and family, and participate in social, civic, cultural, educational, and recreational activities. An age-friendly community values older adults and makes aging well a community priority.

WHAT WE HEARD:

• Support from others and involvement with others were cited as the two most important influences on one’s ability to age well.⁶

• The importance of connections was a consistent theme throughout the Community Conversations. Participants focused on the value of using extra post-retirement time to contribute as volunteers and to socialize. Fun, friendship, and involvement with other people of all ages are seen as vital keys to aging well.⁶

• Survey results showed that 36% of older residents are still working for pay and about 3% would like to find a job.⁷

• Only 31% of respondents rated employment opportunities in Boulder County as excellent or good.⁷

• 96% of respondents voted in the last local election.⁷

• 37% indicated that they participate in some kind of volunteer work.⁷

• 59% of respondents reported that feeling like their voice is heard in the community is at least a minor problem; 31% listed this as a moderate or major problem.⁷

“Becoming a Project Visibility trainer has deepened my understanding and respect of LGBT elders, and allows me the opportunity to connect with and support other professionals who want to provide inclusive services and celebrate this exceptional segment of the senior population.”
Sara Griswell

Many lesbian, gay, bisexual and transgender (LGBT) seniors created community at the 14th annual Lavender Gala in December 2014, sponsored by the BCAAA. One guest effused, “We’re in heaven!”

2014 Lavender Gala volunteers
PERSONAL CONNECTIONS & COMMUNITY INVOLVEMENT

WHY IT MATTERS:
• Connections with family, friends, community members, and organizations is necessary for successful aging.
• Multigenerational interaction and civic activity is on the decline in America.¹³
• Programs to involve older adults with younger community members can increase the social engagement of older adults, but also fill key needs of high-risk youth, and other younger residents.
• Volunteering in later life is associated with better physical health and emotional well-being. Older volunteers are less likely to suffer physical injuries or experience premature death.¹⁴
• 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.
• The upcoming wave of aging Baby Boomers has the potential to re-ignite civic activity and community engagement.⁷
• Programs and services need to adapt to the attitudes and interests of the “young-old” Baby Boomers as they continue to offer opportunities for the “old-old”.
• Planning boards, committees, and commissions should consider age as a key demographic for which to recruit in order to appropriately reflect the aging of the population.

In March 2014, Lafayette Senior Services transitioned to Lafayette GO Services to provide Grown-Up Opportunities for the two generations they serve (those born before 1946 and those born after), in an environment that feels welcoming to both.

As part of their transition to GO services Lafayette initiated a new program that provides the opportunity to plan activities with community members as their interests develop, rather than just through the Activity Guide. When a request comes in, they initiate a flexible planning process that allows community members to participate in the design of a trip or activity that they make happen quickly. Responding to needs in this flexible, fast and fun way has been very successful.

In partnership with the Boulder Big Band, GO Services puts together some fun opportunities to celebrate the arts including the Tacos & Trumpets activity. GO Services also offers an Annual Art Show featuring works from two generations of adults. In addition, the GO Center also features a rotating community art display.

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2014 Erie Senior Prom
PERSONAL CONNECTIONS & COMMUNITY INVOLVEMENT

GOAL 8
EVERYONE IN THE COMMUNITY FEELS CONNECTED TO OTHERS.
A. Encourage neighbors to create connections and support one another (through neighborhood events, block parties, an inventory of skills/resources, etc.).
B. Increase the use of computers and technology to help families stay in touch and engaged.
C. Identify individuals who have either voiced or experienced a lack of connection, including, but not limited to: veterans, people who are homeless, people with disabilities, Latinos, LGBTs, and nursing home and assisted living residents, and develop comprehensive outreach and engagement plans which reflects their unique strengths and needs.

☑️ The City of Louisville began a new program for Boomers or those approaching or newly retired. This social group meets two times per month and is a great way for people to feel connected within their community.

☑️ Boulder seniors benefit from continuing education through the public library system, including a tour of the Carnegie Branch Library for Local History in 2014.

CareConnect involved 660 Volunteers (age 55 and older) who completed 37,000 hours serving 49 agencies in Boulder County in 2014.

☑️ In 2014, Longmont’s Senior Computer and Technology program celebrated 14 years of successful partnership with Front Range Community College. Over 60 volunteers contributed 5,600 hours to over 900 students in 150 workshops.
The Louisville Senior Art class appeals to adults and seniors with a variety of skill level and art mediums. The classes celebrate each year with an annual art show in May.

On September 12, 2014, Lafayette held their Quasquicentennial Celebration -125 years! They held an intergenerational event celebrating people who have been involved with GO Services programs and services through the years. Participants reminisced over old scrapbooks and pictures.

A multitude of special community events for older adults are offered by local organizations to encourage community involvement. Some examples are holiday celebrations, educational presentations, and recognizing occasions such as Older Americans Month each May.

GOAL 9

PEOPLE OF ALL AGES PARTICIPATE IN SOCIAL, CIVIC, CULTURAL, EDUCATIONAL, AND RECREATIONAL ACTIVITIES.

A. Create and encourage opportunities for leadership and involvement in public policy, community planning, and civic activities.

B. Promote a broad spectrum of recreation and leisure activities that provide meaningful, fun, healthy, and engaging opportunities that are appropriate to various generations and abilities of older adults that encourage:
   • Collaborative partnerships between agencies to provide a full spectrum of offerings;
   • Marketing of local programs;
   • Attention to current trends and best practices.

C. Promote activities that are provided in an environment that supports older adults in making connections and staying engaged.

D. Design and offer a continuum of physical and recreational activities that:
   • Are inclusive;
   • Are culturally and ability appropriate;
   • Are offered in safe, welcoming spaces that accommodate individuals with varied abilities, including: walkers, wheelchairs, hearing loss, and vision changes;
   • Are provided by well-trained staff and volunteers;
   • Foster personal connections;
   • Are sometimes intergenerational;
   • Involve older adults in planning and development.

E. Encourage connections with local recreation centers, YMCAs, and other fitness facilities serving older adults and ensure they have adequate education regarding older adult customers.
PERSONAL CONNECTIONS & COMMUNITY INVOLVEMENT

GOAL 10

OPPORTUNITIES EXIST FOR MEANINGFUL VOLUNTEER WORK.

A. Utilize new technology for individuals to exchange or volunteer services within their own neighborhood/community (e.g., Neighbor to Neighbor, Facebook, etc.).
B. Recruit and provide training to diverse groups and individuals who have not traditionally volunteered, so that they may fill significant roles in society.
C. Develop volunteer opportunities that encourage families, neighbors, and friends to volunteer together.
D. Develop and promote opportunities for older adults to give back in ways that they determine to be personally meaningful.
E. Encourage agencies and organizations to create flexible and diverse volunteer opportunities to respond to the changing desires of older adult volunteers.

The WISE (Writing Inter-generational Shared Experience) works closely with Louisville Senior Services every school year where fourth grade students partner with older adults with journals through the spring.

The Louisville Senior Services Loving Hands Craft Group is a group of talented crafters who knit, crochet, and sew for many community service projects which include: The Tree of Warmth, Head Huggers, as well as Lap Quilts for long term care facilities in our area.

Louisville Senior Services Bloomin’ Seniors engages local residents to work on the gardens in front of the Recreation/Senior Center. They also have classes and workshops including tips on how to maintain home gardens, make floral centerpieces and much more.

Longmont Senior Services trains and supports 22 volunteer Peer Counselors who provide one-on-one counseling and support group facilitation to Longmont older adults and caregivers.

GOAL 11

PROMOTE POSITIVE IMAGES OF AGING.

A. Celebrate the unique strengths and contributions of older adults by encouraging awards programs, public recognition, newspaper stories, and more.
B. Educate older adults to be advocates in their own lives and communities (e.g., how to talk to their doctor, elected officials, etc.).
C. Promote opportunities for intergenerational activities so that generational understanding is improved, not just between adults and children but between adults of all ages.
HEALTH & WELLNESS
A vibrant, age-friendly community promotes healthy behaviors and supports community activities that enhance well-being. Access to affordable wellness services, including preventive care, mental health, and palliative care services, as well as appropriate fitness programs, is essential.

WHAT WE HEARD:
- Emotional wellness and physical health emerged as clear personal priorities for aging well.\(^6\)
- Loss of physical capacity was an overriding concern.\(^6\)
- Conversation participants overwhelmingly appreciated the wide offerings of services that help keep them well, however unmet needs around hospice care and in-home health support services did rise up as concerns.\(^6\)
- 82% of respondents rated their overall physical health as excellent or good.\(^7\)
- 30% reported falling and being injured at least once during the past year.\(^7\)
- 33% indicated having tooth or mouth problems was at least a minor problem while 20% indicated getting the oral health care they needed was at least a minor problem.\(^7\)
- 36% reported feeling depressed was at least a minor problem which 34% indicated that dealing with the loss of a close family member or friend was at least a minor problem.\(^7\)

“Thank you so much for the Caregiving Symposium. I attended for the first time and felt relieved to learn that I’m not alone, and to learn that there are places for me to turn to when needed!”
2014 Caregiving Symposium Attendee

Longmont United Hospital’s older adult wellness program, AgeWell, celebrated 13 years of providing health and wellness education and health services to Longmont’s older adults.
HEALTH & WELLNESS

WHY IT MATTERS:
• Four strategies have been proven effective in improving health outcomes of older adults: 1. Healthy lifestyle promotion, 2. Early detection of disease, 3. Injury prevention, and 4. Promotion of self-management techniques.¹⁵

• “With every increasing decade of age, people become less and less active; but the evidence shows that with every increasing decade, exercise becomes more important in terms of quality of life, independence and having a full life.”¹⁶

• Older adults who suffer from depression have significantly higher health care expenses than older adults without depression.¹⁷

• In 2010, older adults represented about 13% of the population but accounted for more than one-third of all health care spending.¹⁸

• More than a quarter of all Americans and two out of every three older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country’s health care budget. Chronic conditions are also associated with long-term illness and decreased quality of life.¹⁹

Boulder older adults participate in filming a “Forever Fit” exercise series which airs on Channel 8 and is available online to help for older adults stay fit at home.

Longmont Senior Center day trip
HEALTH & WELLNESS

In 2014 the City of Lafayette launched a two-year project to promote bicycling and walking within the community. Funding from a Kaiser Permanente Walk and Wheel grant is enabling the City to study current uses and gather resident input that will ultimately lead to the creation of an active transportation map and a prioritization of infrastructure enhancement.

Lafayette GO Services offered Tai-Chi, acupuncture, foot care, and massage in addition to exercise classes through their Silver Sneakers® program.

The Friends of the Longmont Senior Center continue their annual commitment of $5,000 to provide $150 scholarships to low-income older adults to use toward a variety of exercise programs at the senior center.

GOAL 12

INDIVIDUALS AND THE COMMUNITY AS A WHOLE ACKNOWLEDGE THE IMPORTANCE OF ALL ASPECTS OF HEALTH AND WELLNESS.

A. Wellness is a personal priority:
   - Individuals have easy access to health, mental health, and palliative care services.
   - Older adults are encouraged to take personal responsibility for physical and mental health and well-being.
   - Provide education and support to enhance personal wellness and create better-informed health care consumers, including: how to communicate with their physician, how to navigate health care systems, and how to do reliable health research.

B. Wellness is a community priority:
   - Coordinate and integrate services to better serve the whole person by encouraging programs that promote healthy behaviors, including physical, emotional, mental, spiritual, intellectual, and social well-being.
   - Expand wellness services to include a broad spectrum of programs for mind, body, and spirit.
   - Create a safe, barrier-free, welcoming indoor and outdoor environment for people of all ages at organizations that foster health, recreation, and wellness (e.g., senior, health, recreation, and wellness centers).
HEALTH & WELLNESS

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. Increase availability of and access to wellness services for people of all physical, financial, mental and emotional abilities.

C. Recognize and address the diversity in our community (including persons who are homebound) in planning and providing health, mental health, and palliative care services.

D. Increase accessibility of mental health services by expanding locations in the community and addressing attitude barriers, (e.g. offering services in the home or in other locations where older adults gather).

E. Expand in-home programs to promote wellness, fitness, nutrition education, mental health, and preventive care.

F. Improve access to and affordability of dental, hearing, and vision care.

G. Develop and implement a health care advocate program for single, non-connected, or language-isolated older adults in need of assistance in navigating health care information, choices, and follow up.
HEALTH & WELLNESS

The Boulder County Partners for Falls Prevention helps in the effort to prevent falls for older adults. Participants can attend classes and offerings throughout the county during Falls Prevention Week in September. Additional classes are offered throughout the year.

El Comité de Longmont and Longmont Senior Services partner with other community members to coordinate and deliver a broad-based end-of-life education program for Latino older adults.

Community partners across the county have helped raise awareness about the importance of talking about end-of-life issues through Death Café events and the Conversation Project.

GOAL

WELLNESS INCLUDES DYING AND END-OF-LIFE 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.
F. Develop an awareness of the potential legislative changes and funding regarding end-of-life care.
G. Recognize the changing attitudes around end-of-life discussions and participate in local, state, and national discussions, adapting programs as necessary.
H. Honor an individual’s death journey, including the right to separate or disengage from social activities.
AGING IN COMMUNITY

A vibrant, age-friendly community supports a person’s choice to live at home - safely and comfortably - by acknowledging that people rely on individuals and systems for support and that the built environment of a community can greatly impact one’s ability to remain independent. Recognizing the important role unpaid “family” caregivers play, communities provide support, education, and respite to help support them. Communities also show foresight in planning and design of streets and neighborhoods and engage in land use policy that keeps the aging of the population in mind.

WHAT WE HEARD:

• Latinos report that they rely heavily on their personal connections with family members and their churches to provide information about resources.  

• Caregivers expressed appreciation for the support they receive, however unmet needs remain and include: respite care, stress management, resource information, and transportation.  

• Over 50% of CASOA respondents reported providing care to others and average between 7 and 12 hours per week providing that care.  

• 23% reported feeling emotionally burdened by caregiving responsibilities; while 16% reported some financial burden and 15% feeling physically burdened by caregiving.  

• Ease of walking in the community was rated much higher than the national benchmark through CASOA surveys with 74% stating it was excellent or good.

Respite and Companion Volunteer
AGING IN COMMUNITY

WHY IT MATTERS:
Better community design creates more livable communities which support healthy outdoor activities such as walking and bicycling, more abundant and affordable housing options, and better connection with neighbors to increase safety and encourage connections.

- “Those who provide care to a loved one or friend with a disabling condition often feel a sense of contribution and personal worth despite the physical, emotional, and financial burden such care can produce.”
- Caregivers are essential to the nation’s health care system. 80% of all care provided in the community is done by family (volunteer) caregivers.
- In 2013, about 40 million family caregivers in the United States provided an estimated 37 billion hours of care to an adult with limitations in daily activities. The estimated economic value of those unpaid contributions was approximately $470 billion (up from an estimated $375 billion in 2008), which is how much it would cost to replace that care with paid services.
- A livable community is one that is safe and secure, has affordable and appropriate housing and transportation options, and has supportive community features and services. Once in place, those resources enhance personal independence; allow residents to age in place; and foster residents’ engagement in the community’s civic, economic, and social life.
- Nearly 90 percent of people over age 65 want to stay in their home for as long as possible, and 80 percent believe their current residence is where they will always live. However, for older adults to age in place, their physical and service environment must be accommodating.
- “State legislators will continue to grapple with the challenges and opportunities presented by significant growth in the older adult population. Without changes in how communities are constructed and services are delivered, older adults may find it increasingly difficult to live in their communities and may have to consider institutional care. This could mean increased costs for states. State policy makers may consider the above strategies to facilitate aging in place, which people overwhelmingly prefer.”
AGING IN COMMUNITY

GOAL

15

CAREGIVERS ARE INFORMED, EDUCATED, ACKNOWLEDGED, AND SUPPORTED.

A. Provide education, resources, information and support for caregivers to address their physical, social, cognitive and emotional needs:
   • 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.
   • Educate caregivers about specialized resources and support groups for specific conditions such as Parkinson’s, Alzheimer’s, dementia, and others.

B. Conduct “big picture” advocacy, including:
   • Making long-term care insurance affordable;
   • Creating tax incentives that cover and encourage community-based, in-home care;
   • Ensuring 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, neighbors, non-immediate family members, and older adults without children);
   • Offering workplace education for employers and supervisors of caregivers to support caregiver friendly policies, such as flexible schedules for elder care; and
   • Exploring the possibility of compensation and/or pension protection for family caregivers.

C. Acknowledge and support the unique needs of older adults who may be raising grandchildren or caring for a disabled adult child.

D. Ensure that paid caregivers are well-trained and fairly compensated.

Throughout the year, the City of Lafayette GO Services Senior Advisory Board reviews upcoming development in Lafayette sent by the Community Development Department. The Senior Advisory Board encourages “aging well in place” by insuring that the needs of older adults are considered. Special attention is paid to Visitability zero-step principles.
AGING IN COMMUNITY

A total of 13,000 copies of “Care Connections” newsletter were delivered to almost 2,200 subscribers, and another 7,800 copies were distributed to 154 sites such as medical clinics, pharmacies, and faith communities throughout Boulder County.

“I really appreciated ‘Care Connections’—I think you have a wonderful newsletter. I’ll tell others about it. It seems like it would always come at a time when I really needed it, and I’d think, ‘I can do this!’”

GOAL 16

DESIGN AGE-FRIENDLY NEIGHBORHOODS AND COMMUNITIES.
A. Create affordable, livable, sustainable communities.
B. Employ age-friendly design standards for: parks and open spaces, streets, sidewalks, outdoor venues, public restrooms, parking, rest areas, and buildings so they can be used and enjoyed by people of all ages and abilities.
C. Encourage active aging by optimizing opportunities for health, recreation, safety, and participation in community life.
D. Encourage older adult participation in all community planning processes including, but not limited to, area comprehensive plan updates, multi-modal and transit planning, aging well strategic plans, and parks and recreation master plans.
E. Advocate for changes in community infrastructure which support aging well, such as 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. Encourage aging in place by focusing transportation improvements in areas of the county with concentrations of older adults and at places such as independent and assisted living facilities.

GOAL 17

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.
PARTNERS IN THE PROCESS

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ENDNOTES

1 Colorado Demography Office.


4 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.

5 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.


7 National Research Center. Community Assessment Survey for Older Adults (CASOA™): Boulder County, CO Report of Results. 2014.


11 The Safehouse Progressive Alliance for Nonviolence (SPAN) can be reached at www.safehouse-alliance.org or 303-449-8623.


16 Larkin M. Active aging professionals urged to implement evidence-based programs that include strength training, aerobics, balance, and flexibility for all populations. Journal on Active Aging; 6(5):29-34. 2007.


