Dick Eardley Senior Center

2019-2023

Age-Friendly Livability Plan
# Table of Contents

Letter from the Mayor of Boise ................................................................. 3

Community Profile ............................................................................. 5

Introduction to the Plan ..................................................................... 7
  Mission Statement ........................................................................ 7

Vision Towards our Age-friendly Community .................................. 8

Who is Involved in the Development of the Plan? .......................... 8

Brief Summary of Lessons from Community Assessments ............... 8

Who will Manage Implementation of the Plan? ............................... 10

Other key information, such as AARP Livability Index score .......... 10

Domain Specific Action Plan ............................................................. 11
  Transportation ............................................................................. 11

Social Participation .......................................................................... 12

Social Inclusion .............................................................................. 13

Appendices ..................................................................................... 14
  Appendix A: Plan At-a-Glance ...................................................... 15

Appendix B: 2015 Age-Friendly Assessment .................................. 17

Appendix C: Boise State Nursing Program ..................................... 40

Appendix D: Access to Independence Workgroup Summary .......... 60
February 26, 2021

Lupe Wissel
AARP Idaho State Director
3080 E. Gentry Way, Suite 100
Meridian, ID 83642

Dear Ms. Wissel,

On behalf of the City of Boise, we are pleased to offer this letter of support for the Age-Friendly Action Plan created by the Boise Parks and Recreation Department. Being accepted by the World Health Organization (WHO) as an Age-Friendly Community was an honor, and we would like to move forward with progressing in our identified initiatives.

My first term as the Mayor of Boise has been highly impacted by the COVID 19 pandemic. Yet through these struggles, my vision of making the City of Boise a livable community for everyone is remains strong. The recognition of our great city as an “Age-Friendly Community” is very important to me and our community. We know that the journey will always be evolving. This specific plan will be led by the Dick Eardley Senior Center. It will be laser-focused on three domains; however, all eight domains are valued and pursued in various ways throughout the City.

Under the leadership of the Boise Parks and Recreation Department, a task force was created in partnership with Valley Ride to create a sustainable transportation model that would allow older adults to have a “one-stop-shop” to accommodate needs which included affordability, accessibility, and convenience. After this year-long process and as part of this larger plan, the workgroup created a phased plan that with funding from the City of Boise, accommodated those needs.

The utilization of the Dick Eardley Senior Center will allow us to tackle other domains directly while providing resources to the entire community. Knowing that Age-Friendly Communities do not only impact older adults, we feel that we can make the most progress with this age group at this time. As we evolve, I am confident we can broaden our reach and impact all ages of the City of Boise.

We will measure activities, reviewing action plan outcomes, and reporting on them publicly. Measuring tools will consist of community surveys of older adults, caregivers, and care facilities. Indicators will include accessibility, affordable transportation, housing, recreational opportunities, access to programming and open space, social inclusion, and health systems.
We have enjoyed working with the AARP team to ensure that we move forward in our process to allow our citizens to age with dignity and respect. We are so proud to be a member of the World Health Organization’s Global Network of Age-Friendly Communities and look forward to continuing our journey.

Sincerely,

[Signature]

Lauren McLean
Mayor
Community Profile
Boise is the capital city of Idaho, rich with recreation, open-space, parks, and arts and history. The beloved Boise River runs through the city, outlined by a popular pathway, called the Boise River Greenbelt. The City nestles up to the Boise Mountains, a subrange of the Idaho-Bitteroot Rocky Mountains.

With a population of 228,959, Boise is the largest city in state and the county, Ada County (US Census, 2019). It is part of the state’s largest metropolitan area, Boise Metro Area, also called the Treasure Valley, which is estimated to be home to 749,002 people. Nearly 21% of Boise’s population is under 18 years old and 14% of Boise residents are 65 years and over. The median age is 36.6. According to Census data, 10.9% of the Boise population has a disability. Over 95% of the working population is a high school graduate or higher, 26.8% with a bachelor’s degree, and 14.7% with a graduate degree or higher. The median household income is $60,035, with a per capita income of $34,636 and 13.7% of the population living at the poverty level.

Boise has been experiencing large population growth. From April 2010 through July 2019, Census data recorded a growth of 132,636 people; 67% of that growth was from “domestic migration”, or people moving here from other parts of the country. In 2018, Boise was listed as the nation’s “Fastest Growing City” by Forbes
According to a 2018 Boise Citizen Survey, two-thirds residents believe that Boise is headed in the right direction. Substantially more residents feel that the city is only “Somewhat” headed in the right direction (54%) than “Strongly” doing so (14%). It is worth noting though that the survey did reflect that both residents under 35 as well as new residents (< 5 years) had a more positive attitude regarding the direction the city is headed, than those who had lived here longer or were over the age of 35, likely suggesting older more established residents are more concerned with the growth. The survey also reflected that nearly three-quarters of residents (73%) say that they are getting their money’s worth for their tax dollar—consistent with findings in 2013. As with the “Overall Quality of Life”, the only notable difference based on demographics is seen between households with and without children present, likely highlighting that older adults or those not living with children may have suggestions or ideas on how to allocate funds to improve services for all. While solutions may be more complex and will take time to work through, these attitudes are essential to consider as we work to create an “age-friendly community for all”.

Magazine, noting the business-friendly environment, job-growth, quick access to recreation and open spaces, and reasonable commute times as part of the boom.
Introduction to the Plan

In March of 2019, City of Boise enthusiastically applied to AARP to join the Network of Age-Friendly States and Communities. The support of the network and the World Health Organizations eight “domains of livability” offer a natural framework for our initial five-year plan and beyond. With the recent city-acquisition of the Dick Eardley Senior Center (Dec 2016), the City has increased access to our older adults too, which will be the cornerstone of the framework.

Thanks to data and input provided from multiple partners and assessments, it was determined that the initial five-year plan would focus on enriching the livability domains of 1) Transportation, 2) Social Participation, and 3) Social Inclusion. The initial focus on these domains would empower our aging population the access to the other livability domains, such as “Community and Health Services” - health care, food security, tax services and other essential and supportive services. Further, by supporting these physical and social connections, seniors would connect with DESC programs and services, which would amplify senior voices and provide more feedback and engagement. This five-year plan will be the foundation to explore and invest in the other domains of livability, however ensuring older adults have access to the resources and human networks already offered throughout the City is a natural starting point.

Mission Statement
Under the banner of the City motto, “Creating a City for Everyone”, the City of Boise’s Dick Eardley Senior Center (DESC) is committed to offering the resources, network and programs that empower our senior neighbors with the independence and support to connect to an age-friendly community for all.
Vision Towards our Age-friendly Community

Over the next 5 years, DESC will empower older adults (50+) to have a voice with and connection to each other and community programs and services through improvement with public and on-demand transportation, more locations for senior-programming, and program variety.

Who is Involved in the Development of the Plan?

Involved in this plan are members from the following organizations: Valley Regional Transit (regional transportation authority), Dick Eardley Senior Center (DESC) leadership, Idaho Commission on Aging, City of Boise Parks and Recreation staff, City of Boise Libraries, Boise State University Nursing Program, local seniors, advocates and caregivers.

DESC will lead efforts to gather these stakeholders quarterly*, while also seeking new partnerships along the way too. Advertising for these meeting will be included in the DESC monthly newsletter and on related listservs, inviting senior citizens, caregivers, and advocates to join. Councilwoman Lisa Sanchez will represent Citywide leadership at these meetings.

*During this planning, the COVID-19 pandemic shut down the DESC and senior programming (Feb 2020). Adjustments are underway to convene these meetings virtually and/or in person by fall 2021.

Brief Summary of Lessons from Community Assessments.

This plan was built around lessons presented in the City of Boise’s Age-Friendly Assessment done in partnership with Boise State University’s Center for the Study of Aging and Boise Parks and Recreation. The study was conducted through 323 completed surveys with an average age of 72. It was conducted in 2015, however the conclusions of the data are still relevant, were specific to the 8 domains of livability and have been supported by more recent assessments.

The assessment highlighted the need for affordable transportation, activities, and housing**. The assessment mapped out existing public transportation, where seniors were living and the
location of senior activities. It also recommended deeper analysis into program assessment, specifically who is participating, how frequently, and to identify desired activities for seniors. Senior-based activities and meaningful opportunities for community engagement are essential to social participation and inclusion. (A summary of 2015 Age-Friendly Assessment may be located in Appendix B.)

With planning underway, in 2019-2020, the Dick Eardley Senior Center hosted Boise State Nursing students participating in Community and Population Health Nursing course. Their findings were like the 2015 assessment. Over three semesters, each class engaged in an assessment that conducted a windshield survey which explores eight areas: community core, physical environment, education, safety/transportation, politics/government, health/social services, communication, economics and recreation. Lessons learned from their assessments echoed the need for transportation as in the 2015 assessment; transportation is an essential service because from many it was necessary to access the social programming so valuable to mental and physical health and inclusion to contribute, feel valued and combat depression and loneliness.

Also, in 2019 our “Access to Independence” working group launched. This groups included Valley Regional Transit, City of Boise Parks and Recreation, Dick Eardley Senior Center, Idaho Commission on Aging, caregivers, seniors, and citizen advocates. The goal of this group was to find transportation solutions that meet the needs of citizens that combines customer desirability, operational feasibility, and financial viability.

Through all the studies and focus groups, transportation was a theme that arose in every group. The BSU Age Friendly Assessment found that most services were located around the core of
downtown and southern Boise. Most 65+ households are found primarily in west and east areas of Boise. The study also pointed out a lack of connectivity between residential areas and current bus routes.

The research for this project included a scan of current services and programs, demographics and mapping, customer and caregiver surveys through the Dick Eardley Senior Center and Meals on Wheels, and a review of the 2015 Boise State University Age-Friendly assessment and the 2012 COMPASS survey of homebound populations.

Top lesson learned from this work group revealed 1) Boise and the surrounding areas have a lack of public transportation services 2) current services have constraints on capacity for accessible vehicles as well as information 3) the system is complex and confusing, which can cause a fear factor for new users 4) there is a lack of coordination and duplication of existing services, and 5) there is a need for more on-demand options.

Who will Manage Implementation of the Plan?

This five-year plan is directed by the Recreational Program Coordinator of the Dick Eardley Senior Center, with the support from the Community Partnership and Recreational Manager and Recreational Superintendent. Beyond this 5-year plan and as more domains of livability are focused in on and new partnerships are formed, the management of this plan may shift to other City or community entities (housing, healthcare etc.).

Other key information, such as AARP Livability Index score

The total livability index score for Boise ID is currently 64. Broken down by categories, Boise scores high in areas of Health, Opportunity, and Housing. Areas where most improvement can be made are areas of Environment**, Engagement, Neighborhoods**, and Transportation.
the transportation metrics, the city was lowest with the “convenient transportation options” with regards to the frequency of local transit service.

**While this five-year plan does not address the other needs within other livability domains, such as housing or environment, these domains are being addressed from a broader city-wide level. Once success is underway from this plan, including more senior voice and engagement, we will assess other domains in a future livability plan. This plan is focused on the 3 pillars we determined were best suited for our mission, current partners and momentum, scope of influence and success within the five-year time frame.

**Domain Specific Actión Plan**
This five-year plan will focus on three livability domains: 1) Transportation, 2) Social Participation and 3) Social Inclusion. With the new acquisition of the Senior Center, these three domains align well with our mission. As we work to improve transportation, we will be able to bring more seniors to our existing programs and other community of resources. As more seniors are able to move around the City and engage in social programs, this will enrich our programming, expand partnerships and locations. With more social access, DESC will empower and unify the voice of older adults across the City.

**Transportation**
Goal: Increase independence for older adults and persons with disabilities by improving on-demand transportation services, bus routes and accessibility.

Strategy: 2019-2021 * Phase One
Phase one supported consolidating services to maximize resources and improve communication. City of Boise SCRAP program, which provided vouchers for seniors and people with disabilities to secure on-demand taxi services for reduced rates, will be transferred to and managed by Valley Regional Transit (VRT). VRT already has a reservation and scheduling system, so consolidating all options under one roof will give users more choices when determining what will best fit their needs.
Phase one was completed in October of 2019. The SCRIP program is now managed by VRT with the funding from City of Boise supporting VRT efforts.

2021-2024 * Phases Two - Three

Phase two will include the coordination of existing services with an emphasis on fixed routes and increasing capacity of accessible rides. Phase three will include building technology solutions to expand the reach of on demand trips to underserved areas. Phase two and three will need some additional funding.

Social Participation

Goal: Increase variety and locations of programs, events and activities offered by the City of Boise’s Dick Eardley Senior Center. Increase the number of senior citizens participating in programs, events and activities.

Strategy: In 2021, DESC will analyze continual programming, activities and events offered in conjunction with the facility***. Building from the activity data from the 2015 Assessment, online research, and partner outreach, DESC team will also identify other senior activities offered throughout the city. An updated list will be compiled, complete with name of program/activity/event, location, brief description, frequency, participant capacity, category (using the same categories from the 2015 survey), co-vid impact/restrictions on program*, average participation rate, and event organizer/host. This data can be uploaded into a visible google maps.

Once the list is updated, DESC will compose and conduct a program participant survey. This survey will be conducted over the phone and offered online. The City will make phone calls and send out emails and postcard to DESC listservs and any other list of older adults that may be acquired. The survey will ask participants what programs or activities they enjoy participating in, if they participate in any of those
activities around the city, how they commute to the activity, and how co-vid restrictions have impacted their access and willingness to engage in these activities***.

The survey will provide insight into the questions posed from the 2015 Assessment as well as direct efforts for program improvement and transportation.

***This plan has been modified to address conditions of the COVID-19 pandemic. DESC was closed March 2020.

Social Inclusion
Goal: Expand the awareness and involvement of programming, activities, and events to a broader audience of aging-adults, expanding the age-range and socio-economical demographics of those who do engage.

Strategy: As programming and transportation begin to improve, DESC will begin the task of understanding what factors keep older adults from participating in programming and social events. A survey will be developed addressing awareness, proximity, cost, accessibility, social comfort, willingness, and attitudes/perceptions of senior social programming/events.

The survey will be conducted in 2022. Efforts will be made to advertise the survey to households with residents 65+. The survey will be administered in-person and over the phone. Results will be compiled and will direct strategies that will include more older adults in social programming.

A simplified version of this action plan and timeline can be found in Appendix A, “At-a-Glance Action Plan”.
Appendices
Appendix A: Plan At-a-Glance
<table>
<thead>
<tr>
<th>2023</th>
<th>2022</th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>Goal</th>
<th>Domain Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City of Boise - Dick Easley Senior Center - Five-Year Age Friendly Livability Plan - 2019 - 2023
Appendix B: 2015 Age-Friendly Assessment
City of Boise
Age-friendly Assessment
BOISE STATE UNIVERSITY
CENTER FOR THE STUDY OF AGING
Boise Parks & Recreation
An age-friendly city encourages active aging by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

- World Health Organization (WHO)
The Assessment Process

Use a Vetted Scaffold  Previous WHO Assessments

Solicit Feedback  Surveys  Focus Groups

Environmental Scan of Services  ArcGIS
Assessment Methodology

- WHO Age-friendly Assessment
  - Outdoor and Open Spaces
  - Transportation
  - Housing
  - Social Participation
  - Respect and Social Inclusion
  - Civic Participation and Employment
  - Communication and Information
  - Community and Health Services
Older Adult Respondents

- 323 completed surveys
- Average age: 72 (60 to 97)
- Nearly 2/3 were female
- 52% living with spouse or partner
- Majority residing in Boise more than 10 years
- Most possess a college degree
Environmental Scan of Services
Concentrations of 65+ households within Census Blocks are found primarily within the west and east areas of Boise.

The fewest number of households are found surrounding the core of downtown and southern Boise.

65+ Residential Areas
Activities categories:
- Physical Activities
- Personal Growth
- Social
- Other

Yellow outlined blocks = higher than average poverty levels

Number of activities per location:
- Up to 5 activities
- 6-25 activities
- 26-58 activities

Concentration of Activities
Activities categories:

Physical Activities
Personal Growth
Social
Other

Yellow outlined blocks = higher than average poverty levels

Number of activities per location:

Up to 5 activities
6-25 activities
26-58 activities

Concentration of Activities
Inclusion

“I VOLUNTEER AT THE IDAHO BOTANICAL GARDEN REGULARLY. I SAW HOW THEY INCLUDE MANY SENIORS INTO THEIR ACTIVITIES. I LOVE IT! I FEEL SENIORS ARE AN UNREALIZED RESOURCE TO OUR COMMUNITY.”

— OLDER ADULT
Inclusion

- Lack of inclusion:
  - “I have never been consulted until now.”

- Opportunities for inclusion:
  - “I would like to work, volunteer, at age 71.”
  - “Make volunteer opportunities more visible to senior citizens.”
On Accessibility

"LACK OF ADEQUATE PUBLIC TRANSPORTATION IS THE MAJOR DRAWBACK FOR AGING IN BOISE."

- OLDER ADULT
Accessibility

- **Food Access**
  - Increase access to food by addressing transportation and location issues, as well as mobility considerations
- **Centralized Information**
  - Coordinate activities and develop a comprehensive and central location for information
- Transportation
- Mobility Considerations
Activities cluster downtown and scatter across the Bench area

Gap exists between residential areas and current bus routes

Lines encircling activity locations indicate a quarter mile radius

Walking distance from the closest bus stop to activity location may exceed one-quarter mile

Public Transportation
On Affordability

"LIVE ENTERTAINMENT PRICES ARE OFTEN BEYOND THE BUDGET OF MANY RETIREES."

— OLDER ADULT
Affordability

- Housing
  - Need for quality, affordable senior housing, conveniently located near services and transportation options

- Transportation
  - Need for cost-efficient transportation options, especially for travel outside of the current hours of operation

- Cost of Activities or Services
Activities are available under $10, not including activities with scholarships or sliding scale fees

Are seniors participating in these activities?

What are preferred activities?

How to connect seniors to affordable activities?

Activities $10 or less, not requiring a membership
Gap Analysis Conclusions

- “Many seniors want to be needed and to be contributing to their communities . . . “
- Consider the varied needs of the population as it ages and of the “generational gap” between age groups
- Consider the various income levels of an older population living on a fixed income
Next Steps

- Programming assessment
  - Who participates? How frequently?
  - Identify desired activities

- Collaboration with older adults demonstrates a commitment to Boise’s Lasting, Innovative, and Vibrant initiative
Forward Momentum

- Access to Independence, transportation project
- Boise Mobile Farmers' Market senior stops
- Aging in Place Conference, 2016
- Caregiver Conference, 2016
- Dementia-friendly Community Movement
Thank you

BOISE STATE UNIVERSITY,
CENTER FOR THE STUDY OF AGING:
Dr. Sarah Toevs and Tami Cirerol
REGIONAL AND COMMUNITY PLANNING:
Stephanie Leonard and Tod Morris
COLLEGE OF HEALTH SCIENCE:
Lacy Griffin and Emily Werle
Appendix C: Boise State Nursing Program
Facilitating Senior Center Access to Enhance Healthy Aging

Clinical site: Dick Eardley Senior Center
Danny Bawcom, Alex Bustrum, Karlee Dozier, Cody Harrington, Jill Henggeler, Dylan Hixson,
Louisa Simonds, Ian Tindal, and Lexie Walthall
Boise State University School of Nursing
Facilitating Senior Center Access for Healthy Aging

Executive Summary

The Dick Eardley Senior Center currently offers fitness classes, wellness programs, games, special events, low cost shopping, and meals to seniors in the Boise area and through the Meals on Wheels service that operates out of the senior center kitchen. The Senior Center was founded in 1979 by Mayor Dick Eardley and is run through the City of Boise Parks and Recreation Department. The Senior Center currently serves over 1000 on-campus meals and offers over 130 class opportunities per week and hosts numerous special events and parties throughout the year.

This proposal reflects the efforts by Boise State University nursing students to demonstrate the need for increased access to the Dick Eardley Senior Center for senior citizens living in and around the Boise area. The solution proposed by this project uses data that shows how the current attendees of the Senior Center are using and benefiting from the services offered, the attitudes of an underserved population in regards to senior center appeal, the physical, mental, social, and economic benefits of senior center attendance, growth trends of the target population and what is a feasible and useful way to increase access to the senior center for the target demographic. Through assessment of data along with interviews with the Senior Center management we have concluded that there is currently an underserved subset of the target population that would benefit from increased access to the services the Senior Center provides. This proposal recommends increasing access to the Senior Center through a shuttle service is the best way, now and in the future, to better serve the increasing subset of the target population that is underserved.
Methodology

We assessed our population, seniors from The Dick Eardley Senior Center, as well as seniors in the community. We defined our population as citizens of the Boise area, age 50 years and older. The purpose of our assessment was to determine the gaps of service within the Center and/or within the chosen population. Data was collected from multiple sources, including a windshield survey, a survey in the community, a survey of members of the Senior Center conducted by the Senior Program Coordinator, and supporting research found online.

Survey. After determining that transportation to the Dick Eardley Senior Center was a potential need for this population, a survey was developed. The purpose of this survey was to assess the necessity, as well as gauge the interest of a shuttle bus transporting patrons to Dick Eardley Senior Center. Our survey participants (n=102) were 50 years of age and older. Participants were surveyed at the Boise Towne Square Mall, The Village, local Libraries, the Boise Greenbelt, Meals on Wheels participant’s homes, and at the Dick Eardley Senior Center. See Appendix A for survey data.

Community assessment. We used data from the US census, Idaho Statesman, Idaho Press Tribune, Idaho Department of Labor, St. Luke’s Boise/Meridian Community Health Needs Assessment, City of Boise Parks and Recreation, and a 2019 survey of Dick Eardley Senior Center Participants performed by the Senior Program Coordinator to assess the demographics of the local and nationwide aging population.

Literature review. Using databases found in the BSU Nursing Library such as EBSCO Host, Academic Search Premier, and Wiley Online Library, we conducted a literature review searching for the outcomes on physical wellness, mental wellness, and social wellness in the aging population 50 years and older. We used the keywords: senior, senior center, health,
prevention, costs, comorbidity, mortality, socialization, transportation, dementia, Alzheimer's, exercise, cognitive, nutrition, mental health, social wellness, and physical wellness to conduct our research. A total of 12 articles were reviewed.

Population and Community Assessment

Population Data. The population definition that best represents our target population includes those who currently, and will likely use the Senior Center in the next 20 years. Our target population, adults older than 50 years old, is projected to grow nationally, statewide, and locally. This estimation is evidenced by national data from publicly available US census data collected from the Census Bureau, state census outlets, and local groups all pulling from the same national database.

![Graph showing United States Population Growth 2020-2026](image)

*Figure 1*. United States population growth (2020-2026). US elderly population 50+ growth shown by percent increase.

US data from the US census shows that the over 50 population on a whole will increase, and highest in the 70-80 age range. *Figure 1* shows the projected percentage increase of population by age group between 2016 - 2026. Surprisingly, there is a small dip in the 50-59 age
groups nationally, but unsurprisingly, there is massive growth from every other age group over 60.

**Figure 2.** Projected Idaho population growth (2020-2026). Idaho elderly population 50+ growth shown by percent increase.

The same data parameters applied to the state of Idaho in *Figure 2* shows a similar overall increase in the population over 50 years old and shows the most increase in the oldest age categories (70-85+). This increase in the oldest populations in Idaho is particularly unique when compared to the national data. While every age group over 55 is projected to increase over the next ten years, the older populations will increase at a faster and more significant rate.
Figure 3. Projected Region 3 Southwest Idaho population growth (2016-2026). Region 3 Southwest Idaho projected growth.

Regional data for the Idaho Southwest that includes both Ada County and the City of Boise shows a similar large percentage increase of overall population and can be interpreted to include a similar rise in corresponding age demographics. Using this logic, we can conclude that Ada County will experience a significant rise in population of the target population (50+) and there will be a corresponding rise in Boise particularly.

Community Assessment. A survey was conducted to assess current knowledge of and access to the Dick Eardley Senior Center (see Appendix A). There was a total of 102 responses that were compiled and analyzed. The survey revealed that lack of access to the Senior Center was the most concerning part for current and potential users of the Senior Center. The question revealed that 77% of current and potential users of the Senior Center would be at least somewhat likely to use a shuttle bus as a primary mode of transportation to and from if available (Figure 4). This represents a significant portion of the current and likely future users of the Senior Center.
Synthesis. The population data compiled shows a clear increase of seniors nationwide, at the state level and locally. Because there is clear data showing increasing populations nationally and locally, it is a short jump to extrapolate the data to conclude that our target population of seniors using Senior Center services in Boise will increase also. According to our survey data, the most significant concern for current and potential users of the Senior Center is access now and in the future. The conclusion is that the target population is growing, and their biggest need is access to the senior center.

Literature Review

Introduction. Recognized by the Older Americans Act (OAA) as a community focal point, senior centers have become one of the most widely implemented models of community-based services in the last few decades. According to the National Institute of Senior Centers (NISC), a network of 10,000 senior centers serves more than one million older adults every day. According to Pardasani (2019), senior centers serve as a gateway to the nation’s aging network, connecting older adults to vital community services that can help them stay healthy and independent. More than 60% of senior centers are designated focal points for delivery of OAA services; allowing older adults to access multiple services in one place (Pardasani, 2019).
Participation of older adults with community senior centers stems from a desire for social interaction. Seniors come to centers for the purpose of meeting new friends, engaging in social activities, volunteer opportunities, and for wellness programming (Aday, 2019). Frequent users of senior center programs tend to be more socially involved, active, and nonisolated even when they live alone (Swan, 2016). Programs and services provided at senior community centers often include referrals to a variety of public services and benefits, social engagement opportunities, adult day care and other mental health services, educational classes, recreational and volunteer opportunities, transportation services, meal and nutrition programs, and health promotion and wellness programs (Aday, 2019).

**Physical wellness benefit.** In keeping with the Healthy People initiatives over the past two decades, some innovative senior centers today emphasize health promotion and disease prevention programming (Aday, et al., 2019). An element of successful aging and reducing the risk for disease and disability is engaging more fully in a healthy lifestyle. Encouraging older adults to participate in self-care activities such as exercise, health screenings, healthy diets, and stress reduction results in healthy aging outcomes (Aday, 2019). In this study by Aday (2019) of seniors who attend senior centers, 69.8% of participants reported that the center’s Healthy Lifestyles Program played a prominent role in their health becoming better. (Aday, 2019).

**Mental wellness benefit.** Successful aging also implies maintenance of cognitive functioning brought about by the beneficial effect of intellectual activities such as educational opportunities, reading, solving crossword puzzles, and other stimulating brain functions (Aday, 2019). Observational studies have demonstrated that daily physical activity energy expenditure is associated with a decreased risk of cognitive impairment (Gill & Seitz, 2015). Aside from cognitive function, depression and isolation can be mitigated by attendance at senior community
centers. Among those with depression, it is older adults who are most likely to attempt and complete suicide (Lys, et al., 2019). Loneliness is often manifested by intense feelings of emptiness and abandonment and can lead to depression and suicide. The prevalence of loneliness in older adults is estimated to be 40% (Behet, 2012). Loneliness increases chronic conditions, decreases self-assessed health, decreases functional status and increases depressive symptoms and anxiety (Bekhet, 2012). Engaging in health behavior practices sponsored by senior centers has been found to increase participant’s feeling of independence and control in their daily lives as well as becoming a sanctuary for psychological nurturance (Aday, 2019).

**Nutrition benefit.** Chronic disease and food insecurity are prevalent in older adults and can be addressed through access to senior centers. As of 2010, 11% of older Americans experience marginal food insecurity. Seniors with marginal food insecurity express health conditions comparable to those who are 14 years older (Kamp et al., 2010). A lack of access to adequate food is a leading cause of food insecurity and is commonly related to poverty (Swan, 2016). While Meals on Wheels and other food assistance programs may provide access to food, depression and other mental health issues commonly decrease appetite resulting in inadequate nutrition (Engel et al., 2011). Social and physical activity play a large role in adequate nutrition in the senior population and need to be addressed in concert with access to food. Senior centers address not only access to food, but also the social and physical aspects necessary to achieve adequate nutrition in the aging adult. According to the National Council on Aging (NCOA), about 80% of older adults live with at least one chronic disease. Chronic diseases make up 75% of national spending on healthcare. Both diabetes and heart disease are largely preventable through nutrition interventions, many of which are provided at senior centers (Butkus et al., 2018).
Social wellness benefit. Remaining socially engaged in later life is also considered an important ingredient for successful aging. The importance of social support toward mental and physical health cannot be overstated. Strong social networks have been found to foster continuity, promote independence, and reduce mortality (Aday, 2019). Of the surveyed participants, 98% feel senior community centers are very or somewhat important in their lives for providing significant services and opportunities for socialization (Aday, 2019). Social engagement has been found to be important in adherence to nutritional guidelines, for instance diabetes management, as well as in other aspects of nutritional and oral health (Swan, 2016). Senior centers can also provide a stimulating social environment beneficial to the development of a social support system reducing loneliness and depression (Aday, 2019). However, as functional health declines, lack of knowledge and awareness of the benefits of healthy behavior practices, and transportation issues can prohibit seniors from experiencing the social and health benefits resulting from senior center participation (Aday, 2019).

Economic impact. One service typically offered at senior community centers is educational classes on fall prevention. Fall-related injury among older people is a major public health issue which, with the growth of the aging population, threatens to place significantly increased demands on the public healthcare system (Watson, Clapperton, & Mitchell, 2011). 28% of falls in individuals aged 65 years or older result in injuries requiring some form of medical treatment. Common injuries sustained following a fall include hip fracture, head injury, and other limb fractures. A simple fall and it’s related healthcare costs can economically impact not only the aging population but also the healthcare system (Watson et. al, 2011). The quality of life in the elder sector of the population will have a significant bearing on health care costs.
Therefore, it is important to improve both the number of years of life and the quality of these extended years of life (Hand et al., 2012).

**Recommendations for Evidenced Based Interventions**

We assessed the offsite survey, population statistics nationally and locally, literature review about senior health, and consulted with Dick Eardley Senior Center management. Based on findings from this research, we recommend to the City of Boise and the Parks and Recreation Department that a new shuttle bus be procured and a full-time driver be hired to increase access to the Dick Eardley Senior Center now and in the coming decades. Community senior centers have an impact on physical, social, and mental well-being of seniors, as documented by our study. Increasing access to seniors unable to provide their own transportation would extend those benefits to a growing population in the Boise area.

The goal of this proposal is to provide overwhelming data showing the benefits of community senior centers in general and the need for more access to our Senior Center services now and in the future. Subsequent BSU Nursing cohorts could use this body of work to propagate the recommendation for a shuttle and driver in future semesters.

The final recommendation delivered to Boise Parks and Recreation was: having a shuttle bus available to provide transportation to and from the Dick Eardley Senior Center would enable senior citizens from the surrounding area to access an organization that provides many resources that support healthy aging. Otherwise homebound, many senior citizens would utilize the opportunity to be out and involved within their community.

**Evaluation of Overall Project**

During the first few weeks we struggled to isolate what we wanted our project to be focused on. Thankfully, our community partner contact Denise, as well as Bonnie Shelton with
City of Boise communications, helped steer us in the direction that we needed to go. It was amazing to have our Community partners see us as professionals and an asset. Denise was very helpful, involved and invested in our project. We are very aware of how helpful it was for us to have our stakeholders on board throughout our entire project.

We presented our findings and gave our recommendation to five employees of Boise Parks and Recreation including the Director, Doug Holloway. We gave the attendees a survey at the end of our presentation and our results were very positive. All attendees felt they understand the needs of the center better and selected it would be likely for them to recommend the shuttle bus. It was also a unanimous response that funding is the major barrier to securing a shuttle bus for the center (Appendix B). We were commended on our extensive research and presentation. Mr. Holloway stated that he and his staff were well aware this was an issue and what a valuable resource it is to have an outside source do a 15-week study, providing evidence of its need. He requested our presentation and paper for further use in the process of securing a budget change to allow transportation for the senior center. Additionally, Denise stated she felt that we had made a huge impact, represented her and the center very well, and foresaw our presentation helping her start up a variety of programs not currently offered.

We are extremely proud of the work we were able to accomplish and the impact we had on the Center. As such, we are confident that next semester another group can pick up where we left off, perhaps with a goal of finding a hospital partner with vested interest to offset the cost of the bus for the city.
Conclusion

We feel that this service-learning project opened our eyes to the greater needs of the aging population in our community. Until doing the research and surveying the community, we had no idea how important a senior center can be to the mental and physical health of the aging. We also realized that while we addressed senior center access in Boise, the growth of the senior population nationwide is a considerable community health concern that will greatly affect our nursing careers.

This project was a very challenging but rewarding experience for all of us. We all feel a lot more comfortable with the process of developing a project of this magnitude as well as the role of a community health nurse. Going forward we feel more confident with our clinical reasoning, critical inquiry and leadership skills. This project has reinforced what we have been taught as nursing students. In order to solve a complex problem, we must go beyond just “scratching the surface”. If we dig a little deeper, we will gain the greatest impact from our service to others.
References


Appendix A

Off-site Survey

BOISE STATE UNIVERSITY
COLLEGE OF HEALTH SCIENCES
School of Nursing

Gender: M or F

Age: 50-59  60-69  70-79  80-89  90+

Do you require an assistive device for mobility?
Yes or No, if Yes, do you have one?

1. Are you aware of the Fort Boise Senior Community Center? Yes or No
   a. Yes, do you attend? If not, why not?
   b. No, are you interested in learning more about the center?

2. If there was a senior center bus, would you use that service?

3. What is your primary mode of transportation? (Select all that apply)
   ___ I drive myself  ___ Walk
   ___ Family/Friends/caregiver  ___ Bike
   ___ Taxi  Other: _______________
   ___ Bus

4. What is your current zip code?
Appendix B

Facilitating Senior Center Access to Enhance Healthy Aging
Presentation Evaluation

BOISE STATE UNIVERSITY
COLLEGE OF HEALTH SCIENCES
School of Nursing

After watching our presentation, do you feel that you better understand the needs of senior citizens in Boise?

Yes  No

After watching our presentation, how likely are you to further investigate our recommendation to provide a complimentary shuttle bus to increase access?

Unlikely  Undecided  Likely

What barriers do you foresee with the implementation of our recommendation?

What additional information would you need to move forward with this project?
Thank you for your time,

Boise State University School of Nursing
Appendix D: Access to Independence Workgroup Summary
Access 2 Independence
- City of Boise-
A Phased Mobility Solution for Older Adults and Persons with Disabilities
"Oh no! Mother’s joined a mobility scooter gang."
A2I Working Group

* Valley Regional Transit
* COB Parks and Recreation
* Boise Senior Center
* Idaho Commission on Aging
* Caregivers
* Older adults
* Citizen advocate

How do we increase independence for older adults and persons with disabilities?
Research Approach

- Scan of services and programs
- Demographics and mapping
- Customer and caregiver surveys (Senior Center and Meals on Wheels)
- 2015 Boise State University Age-friendly Assessment
- 2012 COMPASS survey of homebound populations
Disability Current - Accessibility
Disability Intermediate - Accessibility
Disability Growth - Accessibility

- Growth Scenario
  - 106c: 10th Street to Boise Airport via 9th St
  - 255c: Parma to Caldwell via Farnam St
  - 300c: Idaho Botanical Gardens
  - 305c: Boise to Hyde Park via N 10th St
  - 305c: Eagle Island to Broadway
  - 305c: Harris Hawk to Downtown
  - 305c: S 2200 to Meridian Village
  - 305c: Caldwell to Northgate via \ldots
  - 403c: Boise Airport to Downtown
  - 405c: Boise Airport to Glenwood
  - 406c: S 10th to CW 1 via 164

- 28 lines & 130 buses
- 343.4 million/year
- Within 0.25 mi of stop
- 209,930 population
- 149,032 jobs
Senior Growth - Accessibility
What Did We Learn?

* Lack of public transportation services
* Capacity constraints – wait lists for rides, accessible vehicles
* Information constraints – complex and confusing, fear factor
* Lack of coordination of services to maximize available services
* Need for more on-demand options
An ideal solution would be...
On-demand, simple to use, safe and secure, reliable, professional

An ideal solution would have...
One number, concierge, simple reservation and scheduling, caregiver supports, 24/7 access

An ideal solution would enable
Better access to bus service, no wrong door partners, coordinated services
What If?

Brainstorm solutions
Solution Concept

* Information supports...
  Coordinated referral, one phone number, simple registration, online and phone scheduling and payment, real-time scheduling

* Navigation supports...
  Traveler orientation, caregiver communication, customized trip planning, travel training, technology supports and training

* Transportation supports...
  Finding the best solution to achieve the highest degree of independence, coordinate services that are available
Phased Approach

Phase One...
- Transition Taxi Script to VRT
- Build information and navigation supports

Phase Two...
- Coordinate existing services – Fixed route emphasis
- Increase capacity of accessible rides

Phase Three...
- Build technology solutions
- Expand reach to underserved areas
What Wows?

Assumption Testing
Assumption Testing

Customer desirability:
Does solution meet the needs of customers and caregivers? What is the best way to market services?

Operational feasibility:
What will it take to build staffing capacity? How do we integrate available services? Can we find the resources to expand accessible vehicles?

Financial viability:
What is the budget for each phase? Who are potential funding partners? What is the value proposition for their participation?
A rider or Caregiver can book a ride by calling 208-345-RIDE and book day of or in advance.

A rider or Caregiver can book a ride through a web portal or smartphone and book day of or in advance.

All ride request will be scheduled through a highly trained customer service representative.

A highly trained driver will meet the rider at the curb in front of their pickup location.

Personal Care Attendants are welcome to accompany the rider for their entire trip.

The rider and their caregiver can track the progress of the ride via a smartphone application.

The rider arrives safely to their destination.

Identification of Program: Identifiable drivers, on-demand to standing ride reservations, multiple payment modes, accessible vehicles.
## Results Accountability Framework

<table>
<thead>
<tr>
<th>How Much did we do? (Effort)</th>
<th>How well did we do it? (Effort)</th>
</tr>
</thead>
<tbody>
<tr>
<td># Customers served</td>
<td>Call wait time</td>
</tr>
<tr>
<td># Fixed-route trips</td>
<td>% reservations processed on-line</td>
</tr>
<tr>
<td># Other mobility trips</td>
<td>Cost per trip</td>
</tr>
<tr>
<td># of caregivers served</td>
<td>Passengers per hour</td>
</tr>
<tr>
<td>Miles of services provided</td>
<td>% services accessible</td>
</tr>
<tr>
<td>Hours of services provided</td>
<td>% of hours services are available</td>
</tr>
<tr>
<td># of locations/activities served by mobility choices</td>
<td>On-time performance</td>
</tr>
<tr>
<td></td>
<td>Trip length in minutes</td>
</tr>
<tr>
<td></td>
<td><strong>Is Anyone Better off?</strong> (Effect)</td>
</tr>
<tr>
<td></td>
<td>% of service day with accessible options</td>
</tr>
<tr>
<td></td>
<td>% of hours “quality of life” activities/destinations accessed</td>
</tr>
<tr>
<td></td>
<td>% of satisfied customers</td>
</tr>
<tr>
<td></td>
<td>% of satisfied caregivers</td>
</tr>
<tr>
<td></td>
<td>% customers shifting to fixed-route</td>
</tr>
</tbody>
</table>
What Works?

Assumption Testing
## Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor (1.75 FTE)</td>
<td>$110,070</td>
</tr>
<tr>
<td>Maintenance and Operations</td>
<td>$15,461</td>
</tr>
<tr>
<td>Trips on Existing Services</td>
<td>$280,609</td>
</tr>
<tr>
<td>Start-up One-time Capital</td>
<td>$377,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$783,640</strong></td>
</tr>
<tr>
<td>Category</td>
<td>Amount</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Local Governments</td>
<td>$155,000</td>
</tr>
<tr>
<td>Private (Foundations and nonprofits)</td>
<td>$40,000</td>
</tr>
<tr>
<td>Federal Funding (FTA and AAA)</td>
<td>$160,000</td>
</tr>
<tr>
<td>Passenger Fares</td>
<td>$55,380</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$410,380</strong></td>
</tr>
</tbody>
</table>
FY2019-20 Activities

* Scrip administration transferred to VRT – June through September (October 1 fully implemented)
* Increase information and navigation staffing – June through September (October 1 fully implemented)
* Coordination of existing services (June through December (January 1, 2020 fully implemented)
* Plan service enhancements – January 2020 through June 2020 (Implement in FY2021)