

# **Age Friendly Fairfax**

## **Community Assessment 2015 – 2016 and Strategic Action Plan 2017 – 2019**



*A five-year project to meet the challenge of growing  
older with dignity and in comfort in the  
Marin County Town of Fairfax*

**WHO Global Network for Age-friendly Cities and Communities**

**Submitted by the  
Age Friendly Fairfax Task Force April 8, 2017**

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# I. Introduction and Overview, Locally and Globally

The age friendly movement began in Marin County in 2013, when a group of Sausalito citizens began to address the growing number and needs of older adults in their community. In 2014, [the City of Sausalito](#) became the first Marin County and the third California municipality to join the [World Health Organization \(WHO\) Global Network for Age-friendly Cities and Communities](#). In 2015, the WHO granted age-friendly status to the Town of Fairfax, and it became the second Marin County municipality to join the network.

In response to a graying population across the globe, the WHO established the international network in 2010 to provide a global platform for cities and communities to exchange experiences and share lessons. The network focuses on action at the local level to foster the full participation of older people in community life and to promote healthy and active aging.

Municipalities need only be committed to becoming age friendlier to join the network. Membership is not an accreditation of age friendliness. Instead, it reflects participating communities' commitment to listening to, assessing and monitoring the needs of their older population as well as working collaboratively with older people to create accessible physical environments, inclusive social environments and enabling service infrastructure.

The WHO found that helping make cities and communities friendlier for seniors would be one of the most effective policy approaches for responding to the aging trend.

Local, state, national and international statistics highlight the trend.

- The global population of people age 65 and older is expected to more than double over the next 35 years to 18 percent of the world's population in 2050.
- The number of Americans 65 and older is expected to increase to one in four by 2050.
- The number of Californians 65 and older is expected to rise to one in five by 2050.
- Nearly 27 percent of Marin County residents were 60 years or older in 2015, according to five-year estimates [from the American Community Survey](#). Nearly one in three Marin County residents are expected to be 65 years or older by the year 2030, according to a [2007 Marin County Grand Jury report](#).
- In Fairfax, 24 percent of the town's approximately 7,600 residents were projected to be 60 years or older in 2015, according to [the American Community Survey](#).

As of February 2017, [the WHO network covered 134 million people in 380 communities in 37 countries](#) and was continuing to expand.

The network includes communities throughout California and stretches across the U.S. from Honolulu, Hawaii to Belfast, Maine and across the globe from Loncoche, Chile to Canberra, Australia, with members throughout Europe and Asia. In some of the network's communities, like San Francisco, seniors represent less than a quarter of the population. In others, like Martha's Vineyard, they represent a majority. Each community's efforts to become more age friendly takes place within its own diverse cultural and socioeconomic context.

All network members share a commitment to promoting healthy and active aging and a good quality of life for older residents. The network aims to advance programs that foster healthy aging and the full participation of elders. It also provides a resource roadmap for cities and communities to become more supportive of older people.

The WHO network requires a commitment to participate in a five-year continuing cycle of community assessment, planning, improvement and evaluation of eight environmental and social domains of livability that contribute to active and healthy aging.

The five-year cycle begins with a two-year planning process, which the community can design itself. Typically, the process begins with an assessment of the community's current and desired age friendliness, followed by strategic planning and an action plan. The town is expected to implement the plan over the next three years, between 2017 and 2019, then will evaluate progress and submit a report to the WHO network.

The WHO requests communities examine eight areas during the assessment and planning process:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

In the summer of 2014, Fairfax volunteers and elected officials began discussing how the town might enhance services for older adults and improve their lives. Given that Marin County has the state's fastest growing senior population, the group felt an imperative to move quickly to better accommodate the town's beloved elders.

With the support and encouragement of both the [Town Council](#) and [the Marin County Board of Supervisors' Commission on Aging](#), the Town of Fairfax formed an Age-friendly Task Force and applied to the [World Health Organization's Global Network of Age-friendly Cities and Communities](#) in December. It was granted admission into the global network in March 2015.

Under the auspices of the town's [Park and Recreation Commission](#), the task force obtained a \$5,000 matching grant from the [Marin Community Foundation](#) and the [County of Marin Adult and Aging Services Division](#) to develop an age friendly assessment and action plan as well as to assist the town in supporting [Ross Valley Village](#), a volunteer network of neighbors helping neighbors age safely in place. Ross Valley Village is part of the larger [Marin Villages](#).

The Age Friendly Fairfax Community Assessment and Action Plan brings to a close the initial planning process. The Town of Fairfax now will evaluate and implement the components, building on the activities and programs conceived during the assessment and planning process.

Elements of the plan will evolve naturally as a result of inclusive and collaborative activities. As implementation goes forward, the task force will welcome suggestions and improvements. The implementation phase will end with a report to the community evaluating progress, accomplishments and the work's impact on older adults. The report will highlight areas to explore and activities to undertake in the next cycle of continuing community improvements.



## **Timeline Summary**

### **Phase One: Application to WHO**

The town filed an application with the WHO in December 2014 and was accepted into the network in March 2015.

### **Phase Two: Planning**

The town formed a task force in late 2014 to engage community members and older adults, and from 2015 through 2016, the task force developed the Age Friendly Fairfax Community Assessment and Strategic Action Plan.

### **Phase Three: Implementation**

The town will submit the plan to the WHO in spring 2017, and components of the plan are scheduled to be implemented through 2019.

### **Phase Four: Evaluation**

At the end of the implementation period, the town will submit a report to the WHO detailing Fairfax's progress in achieving the action plan's goals.

### **Phase Five: Continual Improvement**

If the town has clearly progressed in implementing the action plan, it will enter an on-going improvement phase. The WHO then would invite Fairfax to develop a new action plan, for up to five years, along with associated indicators, and the cycle would continue.

## II. The County of Marin

Marin County stretches from the Golden Gate Bridge to the south and to Sonoma County to the north, from the Pacific Ocean to the west and to San Pablo Bay to the east. It lies in the shadow of Mount Tamalpais, is home to [Muir Woods National Monument](#) and [Point Reyes National Seashore](#). It is sometimes shrouded in fog but often swathed in sunshine and covers 529 square miles, much of it in dedicated open space, marking it as a haven for hikers, runners and bikers.

Marin is home to the biggest concentration of seniors in the San Francisco Bay Area. [The Robert Wood Johnson Foundation](#) rated it the healthiest county in California in 2016, and Marin County women won the American longevity race. They lived longer than women anywhere in the entire country, according to figures from the 2010 U.S. Census.

But the statistics reflect the happy lot of the wealthy, and not everyone in Marin is rich.

The county's housing costs are exorbitant, as a result of a confluence of factors – its close proximity to San Francisco, its natural beauty, its comfortable climate, its well-regarded schools, its low crime rate and, perhaps most importantly, its limited envelope of developable land. Consequently, home prices and rents often outstrip the financial ability of the county's seniors.

In 2011, [about one-fourth of Marin adults age 65 and older were at or below the Elder Economic Security Index, or EESI](#), a statewide metric modified to calculate the bare minimum cost of living for each county. In 2013, to be economically self-sufficient, a Marin couple paying a mortgage on their home needed an annual income of more than \$50,808 and a couple renting a one-bedroom home needed more than \$38,700, according to [the Area Agency on Aging Area Plan](#). A single elder needed an annual income of \$30,420 to rent a one-bedroom home.

The predicament for Marin's older adults has been extensively studied, and a detailed list of reports is included in Appendix.

In 2007, the Marin Civil Grand Jury issued a report titled, [“Aging in Marin -- An Essay in Uneasiness,”](#) concluding that the county was unprepared for the silver tsunami about to engulf it. The grand jury spent more than six months interviewing 50 stakeholders, from county officials, department and division heads to business owners, health services researchers, hospital executives and directors of senior centers and retirement facilities.

The report found that nearly one in three Marin County residents would be 65 years or older by the year 2030. The jury described a fragmented array of senior services and recommended one agency be created to unite them and point seniors to a single entry point into the maze. The report criticized Marin municipalities for being in denial about the scope of the challenges facing them as a result of the county's rapidly aging population.

In addition, the report outlined a range of other problems, including seniors who drank at rates twice the national and state averages. Altogether, the report contained 21 findings of fact and 12 recommendations, many of which the county began to address over the next few years.

But in 2014, the Marin County Civil Grand Jury expressed frustration with a lack of progress in devising a plan to come to grips with the increasingly pressing needs of the aging population. It issued another report, "[Aging in Marin: What's the Plan?](#)" In it, the question remained: "How will we provide for the increasing number of our elders who cannot take care of themselves, those for whom the social safety net has frayed?"

The report included statistics highlighting a need for more social services as well as more affordable housing for the county's swelling senior population. It found:

- An estimated 68,000 Marin County residents were 60 and older in 2014.
- As many as 12,000 seniors were living below the Elder Economic Security Index, a metric used to calculate the bare minimum cost of living.
- The number of residents age 60 and older was expected to increase to 121,000 by the year 2030.

After interviewing 34 stakeholders, the grand jury found a rich and varied collection of senior services in Marin. "However, low-income seniors are not benefitting as much as they should be," the jurors warned. "Demand currently outstrips the availability of services. The system cannot be stretched much further. The safety net is frayed."

The [Marin Community Foundation](#) also has contributed to the analysis of the plight of Marin's older adult population. Since 2008, it published three reports on the subject, the last titled, "[Successful Aging in Marin.](#)"

The nationally mandated [Marin County Area Agency on Aging](#) (AAA) submits an annual update and an area plan every four years to the California Department of Aging. The Marin County Board of Supervisors has designated the Department of Health and Human Services to plan, coordinate, administer and monitor locally funded AAA programs and services.



In 2015, the Marin County AAA, its partnering agencies and the [Marin County Commission on Aging](#) (MCCOA) surveyed more than 3,000 county residents to assess the needs of older adults.

Respondents' listed their top six concerns as falls; cognition and dementia; loneliness or depression; financial insecurity; elder abuse; and end-of-life planning.

In 2016, the AAA and the MCCOA presented the [Area Agency on Aging Area Plan 2016 - 2020](#) to the Marin County Board of Supervisors. The plan identified the following goals to best serve Marin's older adults:

**1. *Enhance the quality of life, safety and security for older adults.*** Rationale: A needs assessment found that older adults, especially those aging in place, require support in a range of ways – from preventing potential financial abuse to maintaining and improving their physical and mental health. The plan identifies 10 objectives under this goal.

**2. *Support and promote local efforts to create livable communities for all.*** Rationale: Local endeavors are often most effective in meeting the needs of specific communities, defined by geography, language, ethnicity, age and sexuality. Cohesive and collaborative approaches across sectors are needed to increase livability for all county residents. The plan identifies two objectives under this goal.

**3. *Improve visibility and usability of information, services and resources.*** Rationale: Needs-assessment findings show that efforts to reach target populations and disseminate information about resources should remain a priority. The Area Agency on Aging, the county Commission on Aging and the community must explore, develop and implement new and innovative ways to reach the client population. The plan identifies nine objectives under this goal.

**4. *Encourage innovative approaches to policy and services through community collaboration and advocacy.***

Rationale: Innovative ideas and projects are required to meet the needs of Marin County's growing older population. A wide network – including home- and community-based providers, faith-based entities, families, neighbors and informal groups, philanthropies, businesses and public agencies – is needed to explore, collaborate and build effective, evidence-based programs. The plan identifies five objectives under this final goal.

More than 65 agencies – from grassroots organizations and commissions to neighborhood groups – participate in a countywide Aging Action Initiative. It aims to create a more developed infrastructure to provide the long-term services and supports that the county's older residents need.

## III. The Town of Fairfax

### History

The Coast Miwok Indians first discovered the beauty of the Mediterranean climate and pastoral setting in what is now Fairfax. In the late 1800s, San Franciscans eager to escape the fog began riding the railroad to Fairfax to picnic in its sun-bathed valleys, canyons and hills. The town incorporated in 1931 and in 2017 – with about 7,600 residents – prides itself on being the most progressive of communities in liberal Marin County.

Fairfax holds bragging rights to being the first town in America to have its governing body, the Fairfax Town Council, hold a Green Party majority, and it has enacted laws reflecting its goal of creating a zero-waste, sustainable environment. The council prohibited take-out Styrofoam food packages in 1993, and, in 2007, it was the first California city to prohibit plastic bags.

An art deco movie theater anchors the town's business district, a center for live music. In the 1960s and 1970s, Fairfax became a haven for hippies, many of whom came for the music, never left and are now well into their senior years.

Journalist Paul Liberatore describes Fairfax as “a town that prides itself on its 1960s values, its artistic sensibility and affordability and its self-deprecating sense of humor.” “It doesn't seem to mind being described as ‘Mayberry on acid,’ ”

Liberatore writes. A fictional one-stoplight town in North Carolina, Mayberry was the setting for the Andy Griffith Show, a 1960s television sitcom.

One of Fairfax's claims to fame was a 1960s softball game played between two psychedelic rock bands, the Grateful Dead and the Jefferson Airplane. In 2017, the



baseball field hosts Little League ball games. California's oldest medical marijuana dispensary once operated within shouting distance of the field, but in 2011, after federal attorneys threatened to seize the dispensary building because of its proximity to children, it was shuttered.

Summer homes, many built on steep hillside lots, provide a significant portion of the town's housing, relatively affordable compared to the rest of Marin County. The hillside homes can pose hazards and challenges for seniors. And Fairfax's housing costs have surged along with prices in the rest of the county and the Bay Area.

Average Fairfax housing costs \$2,302 a month, with more than 27 percent of income spent on housing, compared to \$999 a month, eating up 18 percent of income, for the average cost of U.S. housing, according to [the AARP Livability Index](#).

Moreover, to the chagrin of some locals and the joy of others, the town began to noticeably gentrify in 2016. A high-priced Michelin-starred Japanese pub drew diners from throughout the Bay Area, and the owners of a new yoga studio battled with a long-standing nightclub over noise.

The town has no shortage of places to stretch into downward dog, hike, bike, do Pilates, run or lift weights. The AARP index found that 99 percent of Fairfax residents had access to opportunities to exercise, many of them outdoors in a nature lover's paradise. The town's low obesity rates appear to reflect the workout options. Fairfax has half the percentage of obese residents as the average U.S. community, the AARP index shows.

Fairfax is set in one of the most popular bicycling regions in the U.S. The town is a jumping off point for road and mountain bike rides, and since 2015, has been home to the [Marin Museum of Bicycling](#).

## **Demographic Statistics**

Most – 62 percent – of the town's estimated 7,600 residents live in homes they own, according to [2010 U.S. Census data](#). A 2016 survey of Marin County's older adults found that 25 percent of Fairfax seniors owned their own homes outright, and 45 percent owned their homes but needed to continue to make mortgage payments. Another 15 percent rented market-rate housing, 15 percent lived in affordable housing and 5 percent in senior housing.

The vacancy rate for Fairfax's 3,585 housing units was low, with less than 5 percent available to rent and less than 1 percent available to buy in 2010. By 2017, given the Bay Area's growing housing shortage, vacancy rates likely continued to tighten, toughening entry into the housing market in general and in particular for seniors on fixed and limited budgets.

[The AARP Livability Index](#) judged Fairfax's vacancy rate to be half that of the median American community – 4.3 percent in Fairfax versus 8.8 percent in the U.S. – based on estimates extrapolated from the census for 2007 to 2011.

Nearly 27 percent of Fairfax residents lived in families with children under 18 years old, and 23 percent lived in households with adults 65 years and older, the Census found.

The median age in Fairfax was 45 years, according to [American Community Survey](#) estimates from 2011 until 2015. The estimates show that 24 percent of Fairfax residents were 60 or older, more than 21 percent were 62 and older, and nearly 16 percent were 65 and older.

The vast majority – 93 to 96 percent, depending upon the source – of Fairfax residents were white, and, 66 percent of Fairfax seniors were women in 2016.

## **The Age Friendly Fairfax Task Force**

The Age Friendly Fairfax Task Force formed in 2014, shortly after the Town Council authorized submission of the WHO application. The task force started with 12 members, including community volunteers and representatives from the Town Council, the Chamber of Commerce and local committees. The program director for Fairfax Recreation surveyed 234 community members about classes that might draw older adults. Countywide, the [AAA Area Plan Needs Assessment Survey](#) also was distributed to older adults. As the task force awaited the survey results, it began meeting monthly to complete the community assessment and action plan.

At each monthly meeting throughout 2015 and 2016, the task force focused on one of the eight domains, and lively discussions and debate ensued about the town's age friendliness, a vision for the future and proposals for how to realize the vision. Draft documents were circulated and reviewed among task force and community members. Task force members individually interviewed Town Council members to get feedback and input to enrich the community assessment.

The task force distributed another survey at the April 2016 meeting of the [Ross Valley Seniors](#), a monthly social gathering, to solicit ideas and suggestions for the community assessment and action plan. Then a core group of task force members met in May and October 2016 for two daylong retreats to examine and integrate the feedback and suggestions that had come their way throughout the two previous years. After some final revisions, the draft document was prepared for approval before the Parks and Recreation Commission and then the Fairfax Town Council with the intent of submitting it to the [WHO Global Network of Age-friendly Cities and Communities](#).

[The Area Agency on Aging Area Plan 2016 - 2020](#) provided town-specific data to the task force in 2016. The data revealed the top 10 concerns of older adults in Fairfax:

1. financial insecurity
2. loss of memory or cognition
3. accidents
4. access to information about benefits
5. end-of-life plans
6. feelings of isolation or depression
7. caregiver costs
8. health insurance coverage or Medicare
9. crime and financial abuse
10. how to use technology, like cellphones, tablets and the internet

The top eight concerns for Fairfax residents who were struggling with daily-living activities were:

Managing heavy housework  
Managing light housework  
Using transit  
Shopping  
Managing money  
Driving  
Managing medications  
Exercising



## IV. Community Assessment: Introduction and Overview

The task force assessed the town's age friendliness in each of eight domains based on [the WHO "Checklist of Essential Features of Age-friendly Cities"](#).

Each section in the community assessment below begins with a summary of features that the WHO considers essential and that are most relevant to Fairfax's size and nature. Each section then lists features, programs and services in Fairfax and Marin County mentioned during brainstorming sessions. Other comments, deficiencies and challenges thrown out during the sessions were captured for future reference. Each section concludes with a summary of Fairfax's age friendliness in the corresponding domain.

### **Domain 1. Outdoor Space and Buildings**

#### **Essential Age Friendly Features:**

The city should be clean with public areas, green spaces and outdoor seating. There are ample rest areas and convenient public toilets. Walkways should be pedestrian-friendly and accommodate walkers and wheelchairs. Streets should have safe pedestrian crossings, traffic should be well-managed, and drivers should yield to pedestrians. There should be separate or shared paths for bikes. Public safety should be a priority. Services should be clustered and accessible for seniors. Buildings should have elevators, readable signage, and railings on properly spaced stairs.

#### **Current Age Friendly Services**

##### **Town of Fairfax:**

- Plentiful open space and hiking trails with nearby lakes and parks. Two parks downtown: Peri Park and Bolinas Park.
- Town buildings and recreational facilities include Town Hall, Fairfax Community Center, Fairfax Pavilion and The Women's Club, all located downtown.
- Lighting downtown is ample.
- There is a bathroom accessible to people with disabilities (as per the Americans with Disabilities Act, or ADA) at Town Hall, open 24/7. The Women's Club and the Fairfax Community Center also each have one ADA-accessible bathroom. Wheelchairs can access Fairfax Pavilion with a ramp, and the front entrance has stairs with railings, but bathrooms are not ADA-accessible.
- Excellent crossing lights near the Good Earth market and the post office.
- There is a system of flags so residents can be seen more clearly at two cross walks with no stoplights.
- Town is generally known to be safe with a low crime rate.

## **Marin County:**

- [Supportive Share the Road Program](#) for bicycles and cars.
- Golden Gate Transit: Covered downtown transit stop with several benches, second major stop at Oak Manor.
- [Marin County Parks and Open Space District](#) offers numerous accessible trails and is actively working toward more accessibility.

## **Challenges and Comments:**

- Sidewalks throughout town are uneven, narrow and dangerous for those using canes, walkers or wheelchairs. Local businesses, rather than the town, own the sidewalks and must obtain a permit at a cost of \$500 to repair them.
- There are few sidewalks in residential areas, making residential areas difficult to walk for many older adults.
- The timing of the town's two stoplights on Sir Francis Drake Boulevard should be checked to ensure they provide ample crossing time.
- Some crosswalks without stop signs can be especially hazardous.
- Two crosswalks are needed on the path to and near the library.
- Additional benches with armrests are needed throughout town.
- Need better street lighting and larger street signage and house numbers.
- Three downtown water fountains work poorly.
- There is a small community garden behind the library.
- Some downtown businesses require stepping up or down one or two steps. Few, if any, downtown businesses have ADA-accessible entry ramps.

## **Summary:**

In general, Fairfax's compact downtown with a mix of private businesses and public buildings makes moving around fairly easy for older adults. But sidewalks tend to be in poor shape and too narrow to navigate with canes, walkers or wheelchairs. Residents appreciate the town's natural setting and beauty.

## **Domain 2. Transportation**

### **Essential Age Friendly Features:**

Public transportation should be reliable, frequent and affordable for seniors. Vehicles should travel to key destinations with well-connected routes, be accessible with low steps and good signage and should provide priority seating for seniors and specialized services for people with disabilities. Bus drivers should be courteous, and public transportation should be comfortable and crime-free. Bus stops should be close to seniors' homes, and timetables, stops and other relevant information should be easily accessible. Shuttle services with volunteer drivers should be available for seniors. Taxis with courteous drivers should be affordable and accessible. Roads should have appropriately placed traffic signals, and traffic flow should be well-regulated with rules of the road enforced.

Affordable parking, with drop-off and pick-up bays close to transit stops, should be accessible.

## Current Age Friendly Services

### Town of Fairfax:

- In general, Fairfax drivers tend to be courteous.
- Free parking in town on streets and in parking lots. Pavilion parking lot was redone in May 2015; Parkade parking lot to be redone as part of the Town Center Element.
- There are an adequate number of disabled parking spots downtown.

### Marin County:

- [Golden Gate Transit: Buses](#)

to key destinations, but trips often require one or two transfers. Ages 65 and older receive priority seating and pay half of adult cash fare.

- [Marin Access, a Marin Transit](#) program for older and disabled adults: County-funded program with discounted taxi service ([Catch-a-Ride](#)), paratransit (run by Whistlestop), [new CarePool volunteer driver](#) programs ([STAR](#) and [TRIP](#)) and an organizational framework for information and assistance (travel navigators).

- [Ross Valley Village](#), a volunteer program and offshoot of [Marin Villages](#), provides seniors with rides from volunteer drivers.

- [Sonoma-Marín Area Rail Transit](#), or SMART, is coming.

- [Ferries](#) transport passengers from Larkspur to San Francisco, with free shuttle buses from Fairfax to Larkspur.



### Challenges and Comments:

- The town could use additional disabled parking spots outside of downtown.
- Need to increase awareness about current transportation options, especially those for seniors.
- More frequent buses needed.
- The community would benefit from a commuter park-and-ride lot.
- The town should encourage more car sharing, carpooling and public transit.
- Traffic-calming bumps or roundabouts might be useful.



## **Summary:**

Public transportation is barely adequate, with an overreliance on cars, creating heavy traffic along the town's main artery during peak commute times. Downtown parking has become increasingly scarce. Older adults use public transportation only sporadically, with taxis somewhat unreliable given the distance of the town from the county's central corridor.

## **Domain 3. Housing**

### **Essential Age Friendly Features:**

Safe, well-maintained, affordable housing should be available to all seniors. Housing should be designed with sufficient space for wheelchairs and be close to essential services and facilities. Financial assistance should be available for modifications so seniors can age in place. Housing should integrate seniors into the community, and older people should be informed about housing options. Housing should provide ample space and should be located outside of areas prone to flooding and other natural disasters.

### **Current Age Friendly Services**

- Many seniors own their homes and some qualify for reverse mortgages to age in place.
- [Bennett House](#), a 69-apartment Section 8 assisted-living subsidized housing facility, is ADA-compliant and walking distance from downtown.
- [Fairfax Vest Pocket](#), 19 apartments in six homes for low-income families, is walking distance to downtown and ADA-compliant.
- Plans are underway for the construction of [Victory Village](#), a proposed 54 unit senior affordable housing complex.
- [The town recently approved legislation for junior second units](#), allowing home owners to convert spare bedrooms into living space for tenants, including seniors.

### **Marin County:**

- Affordable housing poses a major problem for all Marin communities, and numerous public workshops are being held to generate ideas and initiatives to address the issue.
- [Episcopal Senior Communities](#) offers a home-sharing program for senior homeowners and tenants.
- [Coalition for a Livable Marin, or CALM](#), a nonprofit, works to increase affordable housing options in Marin.
- [The U.S. Department of Housing and Urban Development](#), or HUD, offers housing throughout the county, but the waiting list was closed as of early 2017.

## Challenges and Comments:

- There are long wait lists for all subsidized Marin County housing.
- Many low-income residents, including seniors, feel priced out of the county.
- Marin seniors are interested in co-housing options.
- Fairfax has many hillside homes with stairs that are challenging or impossible to access with walkers or wheelchairs.
- The town should consider a [property tax-waiver program, similar to one in neighboring San Anselmo](#), for low-income older adults.
- Consider an ordinance prohibiting discrimination against Section 8 voucher holders.

## Summary:

Housing in general, and affordable housing in particular, in Marin County and Fairfax, can be difficult to find. Most Fairfax houses are older and need costly maintenance and improvements. In addition, accessibility is a problem for many seniors attempting to age in place because of the town's hillside development and lack of sidewalks. Gentrification has pushed up housing costs.

## Domain 4. Social Participation

### Essential Age Friendly Features:

Social events should be affordable and conveniently located and timed for older adults. A wide range of events should be available for people of different ages and cultures. Activities should be held in a variety of locations, particularly near the town center. Events should be promoted at Town Council meetings, in catalogs mailed to residents twice a year and through social media outlets. Efforts should be made to engage isolated seniors, and local gathering places should promote familiarity and exchanges among community members.

### Current Age Friendly Services

#### Town of Fairfax:

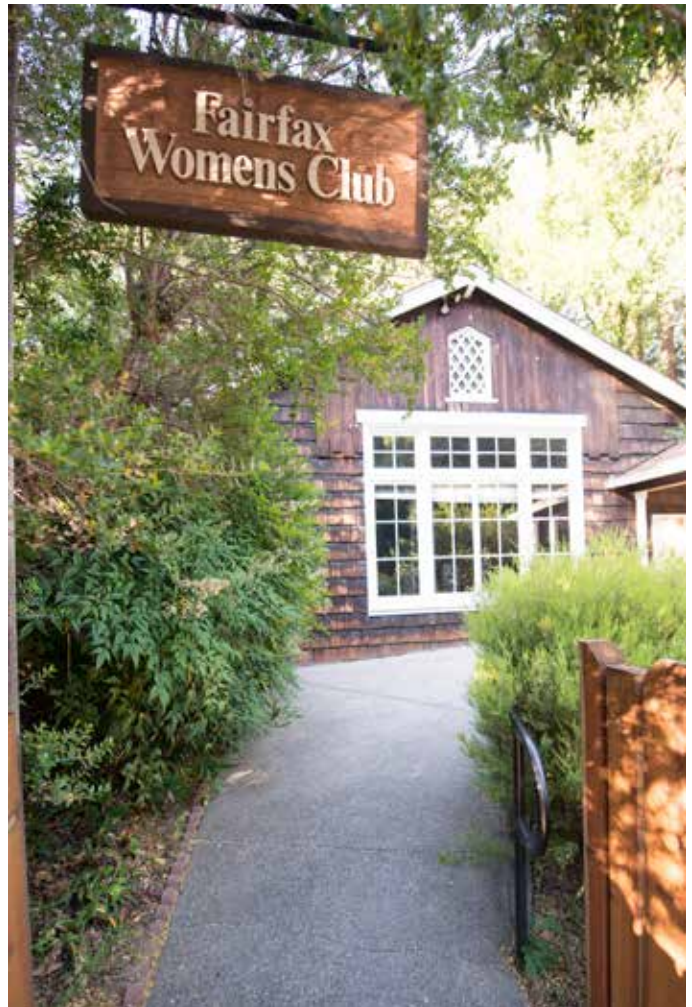
- Ross Valley Seniors meet for lunch and other activities – including artist talks, legacy-writing workshops and bocce ball games – 10 times a year at The Women's Club.
- [Fairfax Recreation](#) offers seniors free classes, including chair and mat yoga, dance, self-defense and more.
- [The Fairfax Library](#) hosts a book club and occasional speakers of interest to seniors.
- Town facilities are ADA-accessible and equipped to enable people with disabilities or those who require special care to participate.
- Local social events include an annual [Fairfax Festival and Parade](#); Streets for People; Brewfest; annual picnic; holiday wreath making; Fairfax Craft Fair; Alice

in Wonderland Tea Party; community Passover Seder; Easter egg hunt; Halloween parade; farmers' markets; annual creek and Peri Park cleanup.

- Hundreds of town residents chat online on [Nextdoor](#), a social media website.
- [Fairfax Volunteers](#) provides an easy way for seniors to get involved locally.
- [Native Sons of Fairfax](#) offers social activities and opportunities for community engagement.

### **Marin County:**

- The Telephone Reassurance Program calls isolated seniors twice weekly.
- [Ross Valley Village](#) hosts monthly get-togethers, talks and hikes.
- [Whistlestop Senior Center](#) offers a multitude of nearby activities and classes.
- Many seniors socialize as they exercise their dogs in area dog parks, including one in neighboring San Anselmo.
- [College of Marin](#) and [Dominican University](#) in nearby San Rafael offer classes; [Osher Lifelong Learning Institute](#) offers classes for adults 50 and older.



### **Challenges and Comments:**

- Inadequate opportunities to socialize for those who live farther away from the town center and those who rely on public transportation, especially at night.
- The town lacks a local gathering place exclusively for seniors.
- Many seniors live alone and feel isolated.
- Bathrooms in the Pavilion are not ADA-accessible or equipped to assist those with disabilities.
- Increase outreach to encourage participation among seniors.
- Encourage older adults to get out, be active and participate socially.
- Engage seniors from local senior housing.

### **Summary:**

Seniors identified the town as generally accommodating of their social participation. Most surveyed cited free classes and ample events offered through the town, the library and community groups. Age-friendly recreational activities include the annual town picnic, the Fairfax Holiday Fair and the annual Fairfax Parade and Festival. [The](#)

[AARP Livability Index gave Fairfax](#) high marks for its access to entertainment, arts and cultural institutions, but it ranked the town as underperforming in providing seniors opportunities for social and civic involvement.

## **Domain 5. Respect and Social Inclusion**

### **Essential Age Friendly Features:**

Public, volunteer and commercial services should consult seniors on how to best serve them. Helpful and courteous staff should be trained to respond to older people. Older residents should be encouraged to be involved in public education and to share their knowledge, history and expertise. Seniors should be promoted as full partners in community decision-making and recognized for their contributions. Economically disadvantaged seniors should be ensured access to social events.

### **Current Age Friendly Services**

#### **Town of Fairfax:**

- Town Council occasionally honors seniors (William Sagar, Phyllis Gould, Sam Parry).
- Community residents are generally respectful, polite and helpful to seniors.
- Fairfax Recreation plans a Holiday “giving tree” project linking seniors to families to do yard work, deliver groceries and sing carols.
- Senior events and classes are free or discounted for seniors.
- Activities that bring generations together include the town picnic, Holiday Craft Fair, holiday caroling and the Fairfax Festival.



## **Marin County:**

- [The Telephone Reassurance Program](#) calls isolated seniors twice weekly.
- [The Commission on Aging](#) encourages seniors to join committees and attend monthly educational events.
- [Health and Human Services' adult and aging division](#) works to understand and address needs of seniors countywide.
- [AARP Experience Corps Marin](#) offers volunteer opportunities for adults age 50 and older to tutor schoolchildren in reading.

## **Challenges and Comments:**

- Encourage residents to be aware of and engage with seniors in their neighborhoods and help connect them with services if needed.
- Create a local support group for seniors, similar to one in the neighboring San Geronimo Valley.
- Implement a senior speakers series so local elders can share their wisdom on topics about which they are knowledgeable and passionate.
- Educate younger people about aging and the life course.

## **Summary:**

The Town of Fairfax hosts numerous intergenerational and family events. Seniors share their knowledge, history and expertise in committees, at meetings and on volunteer boards and are full partners in community decision-making. Many local schools host grandparents' days, and seniors are encouraged to volunteer in the schools. They are recognized for their contributions and encouraged to attend low-cost or free social events and services. Many surveyed reported feeling respected in town. Residents should be encouraged to engage with seniors in their neighborhoods and help connect them to volunteer opportunities and, if needed, services.

## **Domain 6. Civic Participation and Employment**

### **Essential Age Friendly Features:**

Elder contributions and civic participation should be encouraged and valued. Age-discrimination policies should be followed. Retirement should be a choice, not an expectation. Employers should be encouraged to employ seniors and to offer training and retraining opportunities. Older entrepreneurs and senior workers should be offered fair living wages. Opportunities for employment should be promoted, and transportation should be made available to seniors. Volunteer opportunities – as well as work with part-time, seasonal and flexible schedules – should be open to seniors.

## Current Age Friendly Services

### Town of Fairfax:

- Seniors participate in town government: Town Council; General Plan Implementation Committee; Planning Commission; Open Space Committee; Park and Recreation Commission; Climate Action Committee; the Volunteer Board; and the Chamber of Commerce
- Additional Fairfax volunteer opportunities include:
  - [Sustainable Fairfax](#)
  - [Fairfax Theatre Company](#)
  - [Fairfax Library](#)
  - [Native Sons of California: Fairfax](#)
  - [Ross Valley Seniors](#)
  - [Fairfax Food Pantry](#)
  - [Congregate Meals](#)
  - [Whistlestop Volunteers](#)
- Fairfax Employment opportunities include:
  - [San Anselmo / Fairfax Patch Job Board](#)
  - [The Crossing Guard Program](#)



### Marin County:

- [YWCA Fifty+ Program](#), a free employment-training and job- placement service for women 50 and older
- [Marin Economic Forum](#), resume services and job training and opportunities
- [AARP Experience Corps Marin](#)
- [Marin County School Volunteers](#),
- Seniors helping students in classrooms
- [Center for Volunteer & Nonprofit Leadership](#)
- [Marin County Volunteer Opportunities](#)
- [AARP chapters](#)
- [Ross Valley Rotary Club: San Anselmo](#)
- [College of Marin Re-entry Services](#)

### Challenges and Comments:

- Limited part-time work available for seniors.

- Senior entrepreneur programs should be created in Fairfax and Marin County.
- More opportunities for seniors mentoring youth are needed.
- More public transit commuting options are needed.
- Local merchants could offer seniors part-time jobs with flexible hours, fair wages and discount incentives. A campaign could be launched to urge merchants, struggling with historically low unemployment, to hire older adults.

### **Summary:**

More local volunteer and work programs are needed with creative options for entrepreneurship and employment that include older adults as mentors. More incentives and education for employers concerning the value of hiring seniors are needed to create future employment opportunities. Marin County offers an array of volunteer opportunities and job-training programs for seniors, though more community outreach and education on how to participate is needed.

## **Domain 7. Communication and Information**

### **Essential Age Friendly Features:**

Information should be clearly communicated via the internet, broadcast and print media, community newsletters and in public spaces. Trusted individuals should reach out to communicate one-on-one with seniors at risk of social isolation. Information should be printed or posted in a large typeface. Automated telephone services should be slow-paced with clear instructions telling callers how to repeat messages, including options to speak to a real person or leave messages for return calls. Electronic equipment should have large buttons and letters. Seniors should have access to computers and the internet, along with instructions for use.

### **Current Age Friendly Services**

#### **Town of Fairfax:**

- [Information link](#) on services for seniors on [town website](#) and public noticing of all town meetings, workshops and events.
- Email communications from [Ross Valley Seniors](#).
- Two brochure holders for senior literature at library.
- Tables targeting seniors at Streets for People, Fairfax Festival, Senior Fair.
- Fairfax Festival parade with Age Friendly Fairfax float advertising for community involvement.
- Frequent Commission on Aging reports at Town Council meetings, streamed live online and on [Channel 26](#).
- Several Town Council meetings in 2015 featured organizations that provide assistance to older adults, such as Marin Access
- [Fairfax Library](#) includes free classes and computers connected to the internet.
- [Fairfax Recreation](#) mails a catalog of classes and activities, including those targeted to seniors, twice yearly to all residents.

- [Nextdoor](#), a website for neighborhood awareness and neighbor-to-neighbor communication.

### **Marin County:**

- [Telephone help line](#) for seniors, a newly organized information, intake and referral program, including Spanish-speaking social workers, at (415) 457-4636 or (415) 457-INFO.
- The Commission on Aging distributes to Town Hall, the library and senior housing centers a quarterly [Great Age newsletter](#). Also available [online](#).
- [The Marin Independent Journal](#), a daily newspaper, features a senior column on Tuesdays.
- [Pacific Sun](#), a weekly newspaper, distributes [Whistlestop Express newsletter](#), also available online.
- [Whistlestop](#) and [Fairfax Library](#) offer classes for seniors on how to use computers and access the internet.
- Countywide senior information and resources are [available online](#).
- [MarinScope Community Newspapers](#) offers a column of interest to seniors.

### **Challenges and Comments:**

- Encourage seniors to use the library; ask library to set up classes so seniors can learn to use social media and mobile devices.
- Create a program through the library to encourage high school students to help seniors.
- The town could improve its outreach to seniors by creating and maintaining a voluntary registry and email communications list.
- No central place for seniors to access information; lack of coordination.
- Some seniors have trouble using the internet.
- Some elders lack computer skills to use available resources and information.
- Organize a Fairfax senior fair with providers of local senior resources.
- Foster communication with isolated seniors.

### **Summary:**

Community education and awareness should be encouraged to support isolated seniors, particularly elders living in the hills, shut-ins and seniors without transportation. Many report being unaware of the county's senior resources. Continued efforts must be made to educate the community about services in the county and the town.

## **Domain 8. Community Support and Health Services**

### **Essential Age Friendly Features:**

A range of health and support services should be offered to promote, maintain and restore health. Health and social services should be conveniently located, and older adults should be provided clear and accessible information about the services. Economic



barriers to services should be minimized. Safe and accessible retirement and nursing homes should be available along with home-care services for those aging in place. Community emergency planning should include older adults and prepare them for emergencies.

## **Current Age Friendly Services**

### **Town of Fairfax:**

- Weekly [Saturday Food Pantry at Fairfax Community Church](#).
- [Senior Lunch on Sundays at Fairfax Community Church](#).
- Complementary and alternative healthcare options include chiropractors, acupuncturists, yoga and a health spa.
- [Sustainable Fairfax](#) offers an annual pharmaceutical drug take-back day,
- [CareMeridian](#), a skilled nursing facility in Fairfax, treats people recovering from brain and spinal cord injuries and medically complex illnesses.

### **Marin County:**

- [Aging and Adult Services](#) programs:
  - [Information and Assistance program](#), (415) 457-4636
  - [Project Independence](#): Marin County's care-transition program
  - [HOPE and Senior Peer Counseling](#)
  - [Congregate Meals](#), [Meals on Wheels](#), [Meals of Marin](#)
  - [In Home Supportive Services](#) for financially eligible seniors
  - [Long-Term Care Ombudsman Program](#) helps seniors in assisted-living facilities
  - [Adult Protective Services](#) combats financial and other elder abuse
  - [Financial Abuse Specialist Team](#), or FAST, a multidisciplinary team of public agency representatives helps elders manage their money and avoid elder abuse.
- [Marin Community Clinics](#) – healthcare services for low-income county residents
- Community hospitals – [Marin General Hospital](#) is five miles away, [Sutter Health Novato Community Hospital](#) is 14 miles away, and [Kaiser Permanente San Rafael](#) is seven miles away
- Several hospices serve Marin County
- [Marin Center for Independent Living](#) provides older adults services, such as home-safety checks and minor home renovations, including installing grab bars
- [Ross Valley Village](#) developing slowly

## **Challenges and Comments:**

- Insufficient Fairfax options for services, such as healthcare, for seniors.
- More volunteers are needed for [Fairfax Food Pantry](#) and [Ross Valley Seniors](#) lunch; possible opportunity to partner with [Extra Food](#).
- An estimated 300 Fairfax households qualify but do not receive food stamps

through [CalFresh](#).

- No medical doctors in town; one dentist.
- Need better disaster awareness and emergency preparedness for all, including most vulnerable to floods, fires and earthquakes. Must identify isolated and vulnerable seniors at risk during disasters – initiate an “R U OK?” program.
- Identify home healthcare agencies, caregivers, In Home Supportive Services workers in town.
- Create flier with local healthcare providers – chiropractors, massage therapists, acupuncturists, for example – who serve seniors.
- Set up monthly blood-pressure checks at Fairfax Library.
- Teach seniors to put their medical records on thumb drives and encourage them to carry the drives at all times.

## Summary:

Numerous healthcare and social service agencies are located throughout Marin County, but Fairfax-based services are rather limited. The county also has a selection of retirement homes, assisted living facilities and nursing homes, along with a full range of health and community support services. Countywide emergency planning efforts have increased, but little is happening in town to prepare older adults for emergencies.



## V. Strategic Action Plan: Introduction and Overview

Throughout the task force’s brainstorming sessions, ideas for actions and solutions were constantly being generated. The task force also solicited ideas at public meetings and conducted individual interviews and surveys. In October 2016, four task force members met for a daylong retreat to comb through the list of actions that had been created over the prior two years. The results are detailed below under each of the eight domains.

The overarching goals for this Action Plan are:

1. To enhance the age friendliness of the Town of Fairfax for all its residents by increasing and improving age friendly features, and
2. To promote the age friendly services available from Marin County to residents of the Town of Fairfax.

The action plan is intended to initiate a dynamic process, with continual implementation, evaluation and revision as necessary.

The plan will stay “in conversation” with at least two other documents on the county level. The [Marin County Area Agency on Aging](#) updates its area plan annually. A department-wide Health and Human Services Strategic Plan, in the works in early 2017, also promises to examine the community’s wider needs, with services for older adults to be included as an integral part.

This plan includes 15 action items categorized under the eight domains of the World Health Organization. Specific steps are listed under each action item. Residents and staff of the Town of Fairfax will implement the items and steps while collaborating with the county and keeping in mind broader goals and objectives.

### **Action Area 1: Outdoor Spaces and Buildings**

#### 1.1 Advocate for resting areas and restrooms throughout town

- Action step 1: Map and communicate locations of existing benches and water fountains in downtown Fairfax.
- Action step 2: Work with the town to purchase more benches to place in shaded public areas.

#### 1.2 Advocate for age friendly parks

- Action step 1: Work with the town and with the residents of Claus Circle to clean, redesign and re-landscape the area park.

- Action step 2: Design an age friendly environment at Claus Circle for seniors to enjoy.

### 1.3 Advocate for safer sidewalks

- Action step 1: Educate community members and businesses about the town waiver, or reduce permit fees, to repair sidewalks.
- Action step 2: Prioritize repairing sidewalks and areas needing the most attention.

### 1.4 Advocate for safe pedestrian crossings

- Action step 1: Educate seniors about the two crossing flags at the two intersections in town without traffic signals.
- Action step 2: Support the town's purchase of additional pedestrian-activated flashing lights at appropriate crosswalks and intersections.

## **Action Area 2: Transportation**

### 1.1 Educate community on Marin Transit options for older adults with the assistance of travel navigators

- Action step 1: Educate seniors about public and paratransit services.
- Action step 2: Educate community about discounted [Catch-a-Ride](#) taxi service.

### 1.2 Educate seniors about opportunities for volunteer rides

- Action step 1: Promote [Ross Valley Village](#) membership for ride options.
- Action step 2: Educate older adults about [Marin Access' STAR](#) program and [CarePool programs](#).

## **Action Area 3: Housing**

### 3.1 Advocate for affordable housing

- Action step 1: Work with town to reduce barriers for legal second units and to promote development of junior second units.
- Action step 2: Speak at public meetings in support of affordable housing for older adults, in particular in support of Victory Village.

### 3.2 Promote creative housing options for older adults

- Action step 1: Promote Episcopal Senior Communities' HomeShare Program.
- Action step 2: Educate the public on how to get on waiting lists for affordable-housing projects, such as Bennett House, Victory Village and HUD housing.

## **Action Area 4: Social Participation**

### 4.1 Advocate for a wide variety of activities that appeal to older adults

- Action step 1: Develop additional town-offered classes attractive to seniors and

encourage participation.

- Action step 2: Encourage older adults and task force members to participate in social events, such as Fairfax Parade and EcoFest, annual picnic; Streets for People.
- Action step 3: Encourage participation in monthly Ross Valley Seniors' luncheons.

## **Action Area 5: Respect and Social Inclusion**

### 1.1 Promote a cultural of respect and inclusion

- Action step 1: Identify seniors who are 90 years and older.
- Action step 2: Create an annual event honoring the town's elders.

### 1.2 Advocate for age friendly businesses

- Action step 1: Collaborate directly with local businesses and with the Fairfax Chamber of Commerce to encourage more age friendliness.
- Action step 2: Identify specific ways businesses can support seniors, for example, by providing good lighting, signage and accessibility.

## **Action Area 6: Civic Participation and Employment**

### 1.1 Engage the senior population to be actively involved in the community

- Action step 1: Recruit seniors to volunteer for Fairfax Volunteers, providing short- and long-term opportunities.
- Action step 2: Provide flexible opportunities for older adult employees to work.
- Action step 3: Work with Ross Valley Village to recruit local members and volunteers to assist seniors as they age in place.

## **Action Area 7: Communication and Information**

### 1.1 Partner with various organizations to increase communication and information

- Action step 1: Offer monthly forums in the library focusing on how to improve communication about local and countywide programs for older adults.
- Action step 2: Work with the [Friends of the Library](#) to place in the Fairfax Library a large display case with literature on senior programs.
- Action step 3: Dedicate an area in the library for older adults.

### 7.2 Use technology to communicate more broadly

- Action step 1: Develop an Age Friendly Fairfax presence on the [Parks and Recreation Commission website](#).
- Action step 2: Build an email list of Fairfax seniors to quickly disseminate pertinent information and materials.
- Action step 3: Mail letters to all Fairfax seniors notifying them of Age Friendly Fairfax's progress and encouraging them to sign up to be on the email list.

## Action Area 8: Community Support and Health Services

### 1.1 Advocate for a supportive community to help older adults stay healthy

- Action step 1: Offer information sessions at the library on topics such as balancing to avoid falls, aging and memory loss, maintaining financial security and reporting elder abuse.
- Action step 2: Work with community groups to provide educational events for end-of-life planning.
- Action step 3: Distribute [File of Life forms](#), which attach to refrigerators and contain emergency information, including advanced directives and Physician Orders for Life-Sustaining Treatment, or POLST, forms.
- Action step 4: Create an annual “giving tree” project for older adults with limited income and support during the holiday season.



## VI. Conclusion

The goals and objectives described in this plan grew out of the task force's two-year investigation into the lives of Fairfax's seniors and ways to improve the town's age friendliness quotient. The task force plans to share the action plan widely so that the community can enrich the list of initiatives and inform priorities. Over the next three years, as time and resources permit, the task force will monitor and evaluate the implementation of the action plan to see how the indicators of age friendliness change.

One assessment model comes from [A Step-by-Step Guide](#) developed in 2014 by the Portland State University Institute of Aging for AARP. The task force will use the AARP model, or a similar one, as a guide for monitoring and evaluating the strategic plan between 2017 and 2019.

Evaluations will include monitoring the availability, allocation and use of resources, or the *inputs*; the range, scope and magnitude of activities, or the *outputs*; changes in the social and physical domains, or the *outcomes*; and long-term changes in the lives and health of seniors, or the *impacts*.

### **Inputs – Key enabling resources and structures, including**

- Level of town commitment
- Collaboration between town departments
- Engagement of volunteers and other stakeholders
- Interest in and participation by older adults
- Level of support from Marin County
- Adequacy of financial funding and in-kind resources

### **Outputs – Strategies and interventions, including**

- New, modified or enhanced town, task force or participating-stakeholder policies to improve age friendliness
- New, modified or enhanced programs to raise the age friendliness quotient

### **Outcomes – Changes to increase senior friendliness, including**

- Improved and safer access to public spaces
- Increased opportunities to participate in community and civic life
- Increased mobility for seniors
- Better access for seniors to social events
- Creation of a more inclusive environment for seniors
- Greater recognition of the value of older adults

## **Impacts – Long-term achievements, including**

- Increased independence and opportunities for seniors
- Healthy aging and increased wellbeing
- Ability to age in place safely and with dignity at home and in community

Indicators used to evaluate changes will be measurable and replicable. The town, community groups and other government agencies will collect some data as part of their normal activities. The task force will conduct community surveys and collect other information.

No evaluation could definitively assess the success or failure of the Age Friendly Fairfax Community Assessment and Strategic Action Plan. Instead, the evaluation will serve merely as a tool to measure improvement, point to results and inform the community about persistent or emerging needs as well as areas requiring further exploration and innovation.

Through the age friendly Fairfax planning process, the town, the task force and the community have come to understand many of the challenges facing the community's graying population. Moving forward, the task force plans to bring in as many members of the senior community as are willing and to engage as many community stakeholders as are interested in the process of implementing the action plan.

Task force members appreciate the encouraging support of the mayor, the council, town staff, county supervisors, the Commission on Aging, the Marin Community Foundation and all the volunteers, community groups and neighbors who contributed time, energy and financial support to create and sustain an age friendly Fairfax.



## VII. Appendix: Age Friendly Resources & Literature Review: Local to Global

The purpose of this resource/literature review is to provide a range of reports, studies, and online tools that can be used as reference as Marin County cities, towns and communities develop their Age-friendly strategic action plans. The resources provided are organized into the following sections: 1) Marin County Reports and Documents, 2) Age-friendly Community Planning, Implementation and Evaluation, and 3) Bigger Picture Resources.

### SECTION 1: MARIN COUNTY REPORTS and DOCUMENTS

#### 1. MARIN COUNTY GRAND JURY REPORTS

- **Aging in Marin - What's the Plan? - a Marin Civil Grand Jury, 2014 - Report and response**

**Purpose:** To address the persistent lack of attention to issues of aging in Marin County, and the apparent absence of long-term plans to address associated demands. In particular, the report highlights demographic indicators that show that many Marin seniors may struggle economically, but fall above the Federal Poverty Level, making local safety nets a vital part of allowing seniors to age in place. The report acknowledges the importance of affordable housing, though the issue fell beyond the scope of the report's assessment.

**Methodology:** Literature review conducted on elder care programs inside and outside of Marin County, interviews with 34 stakeholders including staff from the Department of Health and Human Services, non-profit employees, healthcare providers, and a member of the Board of Supervisors. Members of the Grand Jury also utilized information and referral phone lines to assess efficiency, adequacy, and accuracy of the services.

**Findings/Recommendations:** Report contains 8 findings and 4 recommendations. Recommendations include: 1) that the County assume leadership in development of a long-term strategic plan, 2) that the County work with federal and state governments and nonprofits to adequately fund mandated services, 3) that the County work to improve access to key services, and 4) that the County develop a contingency plan for funding services in a climate of economic volatility at the state and federal level.

- **Response to 2014 Grand Jury Report**

**Purpose:** To respond to the Grand Jury Report, Aging in Marin: What's the Plan?

**Methodology:** Not specified.

**Findings/Recommendations:** The Marin County Board of Supervisors addressed the 8 Findings and 4 recommendations put forth in the Grand Jury Report. The Board of Supervisors disagreed partially with two findings, F2 and F4. The Board partially disagreed that Marin County does not have a long-term strategic and financial plan to address the growth of the senior community, highlighting the 2012-2016 plan developed by the Marin County Aging and Adult Services Area Agency on Aging under requirements of the federal Older Americans Act, which is updated annually. Additionally the Board highlighted the Aging Action Initiative announced in March 2014 by Aging and Adult Services. The Board also partially disagreed in the Grand Jury's finding of a lack of recognized leadership to address senior needs in Marin County, highlighting the collaboration across organizations. The Board indicated that two of the Grand Jury's recommendations have been implemented (R1, R2), one will be implemented in the future (R3), and one will not be implemented (R4).

• **Aging in Marin, An Essay in Uneasiness, Marin Grand Jury, 2007**

**Purpose:** To bring the Silver Tsunami approaching Marin County to the attention of policymakers, who are currently prepared neither for the increase in 65+ population, nor for the ways in which elders of the future will differ from elders of today.

**Methodology:** Interviews conducted over six months with 50 stakeholders, including county officials, department and division heads, members of the District Attorney's Office, representatives from the business and non-profit sectors, health services researchers, hospital executives, directors of senior centers and retirement facilities, among others. Areas of research include: 1) access to services, 2) isolation and loneliness, 3) adequate and affordable health care, 4) elder abuse, financial, physical and self-abuse, 5) alcohol and substance abuse, 6) roadblocks to good home care, 7) social support, and 8) community engagement.

**Findings/Recommendations:** Report contains 21 findings of fact and 12 recommendations, including that the Board of Supervisors create a Task Force on Aging, and that the Marin County Department of Health & Human Services, the Marin Community Foundation and the Buck Institute for Age Research formalize a partnership to serve on the Task Force. Other recommendations include: pursuing a telephone information line and web services for help and advice, that stakeholders make a definitive decision regarding establishment of a Senior Access facility in San Raphael, and that the county administration and the Marin Community Foundation address funding issues.

## **2. MARIN COMMUNITY FOUNDATION AGING-RELATED REPORTS**

• **Successful Aging in Marin - the Marin Community Foundation, 2013**

**Purpose:** Marin Community Foundation publication outlining basic facts about older adults in Marin, including population demographic information. The report highlights

the essential role of nonprofit aging service sector organizations in supporting the community, especially members of vulnerable communities.

**Methodology:** Not specified, but based on Harder+Company Community Research

**Findings/Recommendations:** Residents of particular populations - lesbian, gay, bisexual, transgender individuals; older adults whose primary language is one other than English; elderly living in rural settings; those living with dementia; and caregivers - face barriers to accessing services that can be mitigated through culturally sensitive service providers. Key issues include affordability of services, transportation, appropriate health care, as well as social and geographical isolation. Finally, the report highlights the need to find financial support for nonprofit organizations amidst financial uncertain times.

• **Assessing Services Aimed at a Diverse Aging Population - Marin Community Foundation, 2013**

**Purpose:** Marin Community Foundation report, written in collaboration with the Center for Health Professions, UCSF and in partnership with nonprofit service providers, to assess and understand current organizational capacity of nonprofit providers to serve Marin's diverse older population. The report highlights the significant disparities in income, health, and longevity in the county based, among other factors, on race and ethnicity, and considers ways to increase the ability of Marin nonprofits to increase their cultural competence.

**Methodology:** A community-based participatory research approach, utilizing mixed methods (survey of organizations, interviews of leaders, and focus groups with older adults), was used to identify strategies for improving delivery culturally competent services to older adults. A 12-member community advisory board (CAB) representing diverse communities in Marin was established to participate in and guide the research.

**Findings/Recommendations:** Findings were categorized into four organizational domains where cultural competence can manifest: 1) leadership and governance, 2) community engagement, 3) infrastructure, and 4) services. The report notes that, organizational survey results suggested a more favorable impression of organizations cultural competence than did the results from interviews with organization leaders. Key findings included: 1) the need for governing structures to embrace and make cultural competence a priority and 2) the identification of gaps in community engagement, particularly a lack of consultation between organizations that provide gathering places (such as faith-based organizations) and agencies serving older adults.

• **A Report on Services for Older Adults in Marin, 2008**

**Purpose:** Marin Community Foundation-commissioned report, prepared by Flarder+Company Community Research to examine older-adult services in Marin County. The report is intended to stimulate community-wide conversation and to serve as a platform to develop a county-wide action plan.

**Methodology:** Findings of community interviews presented in three main areas: services, access, and social engagement.

**Findings/Recommendations:** Within the category of services, findings included: 1) the need for more affordable home care of Marin's elder population, as well as support for caregivers, 2) scarcity of affordable residential care, and 3) concern surrounding the perceived shortage of health care providers. Under the category of services, the report identified: 4) the need to incorporate pedestrian-friendly zones into transportation planning, 5) demand for a one-stop source for reliable information, and 6) identification of opportunities to improve cultural competency across Marin's diverse social, cultural, and linguistic communities. In terms of social engagement, the report found: 7) that older adults benefit from social engagement.

### **3. LIVE LONG, LIVE WELL PLANNING DOCUMENTS FROM THE AREA AGENCY ON AGING PLANNING**

#### **• Live Long, Live Well: Area Agency on Aging Area Plan FY 2016-2020**

**Purpose:** Area Agencies on Aging Area Plan for PSA 5 administered by the Marin County Department of Health and Human Services, Aging and Adult Services Area. Goals for 2016-2020 include: 1) Enhance the quality of life, safety, and security for older adults; 2) Support and promote local efforts to create livable communities for all; 3) Improve visibility and usability of information, services, and resources; and 4) Encourage innovative approaches to policy and services through community collaboration and advocacy.

**Methodology:** Needs assessment conducted by AAA, partner agencies, and the Marin County Commission on Aging (MCCOA) including gathering survey responses from over 3,000 people.

**Findings/Recommendations:** Six top concerns were identified by survey respondents, irrespective of income: falls, cognition/dementia, feeling lonely/depressed, financial security, elder/financial abuse, and end of life planning.

#### **• Fiscal Year 2015-2016 Update - Live Long, Live Well: Area Agency on Aging Area Plan FY 2012- 2016 - Marin County Aging & Adult Services**

**Purpose:** The Marin County Commission on Aging is the federally mandated advisory council to the Marin County Board of Supervisors, covering Planning Service Area (PSA) 5. In line with the requirements of the Older Americans Act, the Marin County Board of Supervisors as the Area Agency on Aging (AAA) for PSA 5 is required to submit an Area Plan to identify priority areas and establish goals for the AAA and the Commission on Aging. The Fiscal Year 2015-2016 Update is the third and final update to the to the Live Long, Live Well: Marin County Area Plan for Aging 2012-2016 planning cycle.

**Findings/Recommendations:** The 2015-2016 Update reports on new projects, collaborations, and objectives established by the AAA and the Commission on Aging, the launch of an Aging Action Initiative, and the expansion of Aging and Adult Services' Information, Assistance, Intake, and Referral Unit. The Cities of Sausalito and Fairfax obtained World Health Organization Age-Friendly City designation, and many other townships in Marin similarly seek this designation.

The WHO outlines 8 features for age-friendly cities: 1) Transportation; 2) Housing; 3) Outdoor Spaces and Buildings; 4) Social Participation; 5) Civic Participation and Employment; 6) Respect and Social Inclusion; 7) Community support and Health services; and 8) Communications and Information. Commencement of the Aging Action Initiative (AAI) will bring together service providers to plan for increasing demand. Key issues for the AAI include: 1) Older adult mental health and well-being; 2) Dementia; 3) Food security and access to nutrition; 4) Care and system coordination; and 5) Economic disparities of those ineligible for government services but lacking sufficient resources to meet needs independently. Another major change in the PSA involved the initiation of Project Independence Plus (PI Plus), which aims to address the gap in transition care services. Major changes in the area agency on aging were reported on the following issues: 1) redesigning the Information, Assistance, Intake, and Referral (IAI&R) program; 2) initiating planning and feasibility study on creating an Aging and Disability Resource Center (ADRC) in Marin; 3) evaluation and consultation of the Congregate Meal program by the San Geronimo Valley Community Center (SGVCC); and 4) the 2015 Request for Proposal (REP) for Older Americans Act Title IE Family Caregiver Support Program funds and the Alzheimer's Association bid submission in collaboration with eight community-based organizations.

**• Fiscal Year 2014-2015 Update - Live Long, Live Well: Area Agency on Aging Area Plan FY 2012- 2016 - Marin County Aging & Adult Services**

**Purpose:** The Marin County Commission on Aging is the federally mandated advisory council to the Marin County Board of Supervisors, covering Planning Service Area (PSA) 5. In line with the requirements of the Older Americans Act, the Marin County Board of Supervisors as the Area Agency on Aging (AAA) for PSA 5 is required to submit an Area Plan to identify priority areas and establish goals for the AAA and the Commission on Aging. The Fiscal Year 2014-2015 Update is the second update to the the Live Long, Live Well: Marin County Area Plan for Aging 2012- 2016 planning cycle.

**Findings/Recommendations:** The 2014-2015 Update highlighted health equity issues across Marin communities resulting from income inequality, housing needs, and prescription drug practices as priorities for the AAA. Major changes in the PSA included the discontinuation of the Community-Based Care Transitions Program (CCTP). Major changes in the area agency on aging included: restructuring to become part of the Division of Social Services within the Health and Human Services Department, the impact of Federal budget sequestration resulting in an ~7% cut in baseline funding

for the Older Americans Act (\$73,600 cut in Marin AAA funding) and the ability of Marin County Board of Supervisors to backfill the deficit thereby averting negative consequences to programs and beneficiaries, and the addition of two additional congregate meal sites to fulfill demand.

• **Fiscal Year 2013-2014 Update - Live Long, Live Well: Area Agency on Aging Area Plan FY 2012- 2016 - Marin County Aging & Adult Services**

**Purpose:** The Marin County Commission on Aging is the federally mandated advisory council to the Marin County Board of Supervisors, covering Planning Service Area (PSA) 5. In line with the requirements of the Older Americans Act, the Marin County Board of Supervisors as the Area Agency on Aging (AAA) for PSA 5 is required to submit an Area Plan to identify priority areas and establish goals for the AAA and the Commission on Aging. The Fiscal Year 2013-2014 Update is the first update to the to the Live Long, Live Well: Marin County Area Plan for Aging 2012-2016 planning cycle.

**Findings/Recommendations:** The 2013-2014 Update presents new data reflecting health indicators and cultural/language needs as well as outlines improvements in the service system achieved through collaboration with community partners and continued integration of the Division of Aging and Adult Services. This report highlighted incidence of falls, Alzheimer s and dementia, as well as nutrition and food insecurity as priorities for the AAA. Major changes in the PSA include: the effect of federal sequestration budget cuts on Older Americans Act funding and changes to the provision of congregate meal and home-delivered meal programs funded through the Older Americans Act.

• **Live Long, Live Well: Area Agency on Aging Area Plan FY 2012-2016, 2012**

**Purpose:** Consistent with the Older Americans Act and Older Californians Act, Area Agencies on Aging (AAA) submit an Area Plan every four years for their Planning Services Area (PSA). This report, produced by the Department of Health and Human Services, Division of Aging and Adult Services (DAAS), guides the work of the AAA.

The Marin County Division of Aging and Adult Services, lies within the Marin County Department of Health and Human Services (DHHS), and coordinates the Area Agency on Aging's programs and services, oversees the Adult Protective Services, In-Home Supportive Services, Public Guardian, and Veteran's Services. AAA subcontracts with agencies providing services to older adults in the community and is supported by Federal grants including the Older Americans Act.

The Planning Committee of the Commission on Aging, an oversight committee from the AAA, was comprised of appointees of City Councils and Board of Supervisors. Based on the Planning Committee's Needs Assessment Advisory Group recommendations, priority areas and goals were developed for the Area Agency on Aging Area Plan for Fiscal Year 2012-2016.

**Methodology:** Information gathering, needs assessment, prioritizing, and goal setting. Needs assessment included in-depth community survey (response rate over 22%), targeted community forums, and a large community stakeholder meeting.

**Findings/Recommendations:** The Area plan goals for Fiscal Year 2012-2016 included goals to: 1) Promote an effective, well-coordinated, and comprehensive system of care and support that is responsive to the needs of adults with disabilities, family caregivers, and older persons; 2) Utilize effective methods and best practices to enhance access to and dissemination of information about resources; 3) Mobilize action at the community level to address the unique needs of its people. Key areas identified include: services to isolated adults; need for nutrition programs; activities for older adults; need for volunteer engagement, special needs of the LGBT older adult population; improvements in accessing information and resources; and the support for continuation of current service delivery system.

#### **4. AGING ACTION INITIATIVE**

The Aging Action Initiative (AAI) is a collective of aging service providers, funded by the County of Marin and coordinated by MarinSpace, collaborating for an age-friendly environment. Its mission is to promote a county-wide age-friendly environment, especially for those in need, collectively created by a strong network of service providers and funders through public education, policy advocacy, and service coordination. More than 65 community agencies, services providers, and grassroots organizations participate in the Initiative. As the name implies, the focus of the Initiative is on action. The unique implementation strategy, however, is all about building relationships through coordinated and collective effort.

AAI was launched by the Marin County Board of Supervisors in 2014. During the initial six-month planning process, local expertise was leveraged to cultivate a shared understanding of the county's aging landscape, community needs, program/service strengths and challenges, and future opportunities. Four workgroups formed to develop plans for collective actions that 1) meet important community needs, 2) are doable within a one-year time frame, and 3) build and strengthen inter-agency relationships. The four workgroups are: Information Assistance & Referral Network, Mental Health & Dementia, Food & Nutrition and Economic Security.

The following documents are available:

- Aging Action Initiative Fact Sheet - An overview of AAI's first year of activity
- AAI Trains with Inform & Connect Workshops to educate front line workers about older adult information and services across the county
- AAI Advocates at State Capitol for increases to supplemental security income (SSI) which benefits older adults
- AAI Educates with Detect & Connect Workshops on mental health and dementia issues in older adults
- AAI Hosts Convene & Connect to explore What's Next for Aging in Marin?

- Aging Action Initiative 3rd Convening Presentation - The slide deck presented on April 20, 2016
- Aging Action Initiative 2nd Convening Presentation - The slide deck presented on April 2, 2015
- Aging Action Initiative: The First Six Months - This is the final planning report from the first 6 months of the Aging Action Initiative
- Aging Action Initiative: Overview & Context-This document outlines the long term vision and goals of the Aging Action Initiative
- Area Agency on Aging (AAA) Area Plan 2016-2020 - The area plan on aging from Marin County Aging and Adult Services (AAS) who acts as the Area Agency on Aging (AAA) for Marin County
- Marin Community Foundation Older Adults Healthy Eating Active Living Needs Assessment - The Presentation, report, and appendix

## **5. SERVICE-ORIENTED REPORTS AND INFORMATION**

### **• Whistlestop 2014 Directory of Older Adult Services**

**Purpose:** 26th Edition of the Marin County Directory of Older Adult Services by Whistlestop, a charitable senior-focused organization. Resources covered range from adult day care programs, companionship, food and nutrition, to health care, home care, and end of life issues.

### **• Choices for Living 2013-2014 - Marin County Aging & Adult Services**

**Purpose:** Marin Health & Human Services, Aging and Adult Services resource to help families and older adults explore housing options, including independent living options, skilled nursing facilities, residential care homes, among other models.

### **• Marin County Stroke Resource Directory, 2014**

**Purpose:** Currently compiled by Marin General Hospital with the assistance of Nancy Boyce, the original Marin County Stroke Resource Directory was first published in 1988 and outlines the basics of stroke etiology, stroke prevention, health care, rehabilitation and multi-service resources, as well as case-management, legal services, transportation and other services. The purpose of the booklet is to make it easier for all those touched by stroke to find the various support services now available and helpful for successful recovery.

### **• Final Report: Senior Mobility Action and Implementation Plan, 2010**

**Purpose:** The Marin Senior Mobility Action and Implementation Plan, sponsored by Marin Transit and other community agencies, in collaboration with the Marin County Health and Human Services Department, Division of Aging and Adult Services, is tasked with identifying gaps in transportation services as well as measures to be taken by Marin County and transportation agencies to support mobility of seniors.



**Methodology:** Strategies currently implemented as well as those identified through public outreach are prioritized into Tier I (likely to be implemented) and Tier II (difficult to implement) categories based on financial criteria (cost, cost per beneficiary, funding availability and sustainability, leveraging resources), implementation criteria (time-frame, staging, coordination), transportation benefits criteria (number of problems and trip types, number of beneficiaries, unserved needs, measurable benefits), and community criteria (support, acceptability, acute needs, unserved groups).

**Findings/Recommendations:** Ten Tier I strategies are identified and described according to need addressed, potential lead or participating agencies, potential funding sources, and next steps. The impact of changing federal transportation law on funds for public transportation is noted. Tier I strategies include: 1) Community Bus for Seniors; 2) Flexible Transit Services; 3) Walkable Communities for Seniors; 4) Subsidized Taxicabs; 5) Community- Based Volunteer Driver Programs; 6) Encouraging Use of Transit; 7) Safe Driving; 8) Information & Assistance; 9) Walking Groups for Seniors; and 10) Planning Policies for Senior Housing.

- **Sausalito Village Resource list for Seniors**

**Purpose:** Sausalito Village is a member of the World Health Organization Global Network of Age Friendly Cities and Communities. This resource list provides information on key resources such as the Senior Help Line, Whistlestop Help Desk, United Way social services, Case Management and Home Care Services, Financial Assistance, Housing, Legal/Advocacy, Nutrition, Social Activities, and Transportation services.

- **Marin Villages**

**Purpose:** Formed in response to a 2007 Marin Grand Jury Report on Aging, Marin Villages is a non-profit organization that seeks to help seniors age in place by addressing service gaps. The volunteer-supported member organization is currently comprised of 7 local Villages, part of the over 200 Villages operating nationally.

## **6. OTHER REPORTS**

- **The Challenge of Change - Senior Access Advisory Council Report, 2013**

**Purpose:** 2013 Senior Access Advisory Council Report on an interdisciplinary group meeting concerned with age-related memory loss exploring experiences and issues facing the community.

**Methodology:** One-day work group meeting comprised of 45 people addressing questions around memory care and aging in Marin. Questions addressed included: what would a county-wide coordinated response look like? Who would be involved? What would change the way we communicate and work together? How would we look differently at our capacity to mount a common effort?

**Findings/Recommendations:** Training needed to address emotional as well as physical distress associated with age-related memory loss. Cultural shift at the county level needed that focuses on building forgetfulness friendly communities of care giving.” Efforts needed to bring non- and for-profit sectors together, as well as to bridge child and senior care.

• **Pathways to Progress 2013: Taking Action for a Healthier Marin - Healthy Marin Partnership**

**Purpose:** 2013 Marin County Community Health Needs Assessment conducted through Healthy Marin Partnership (Marin General, Novato Community, & Kaiser Permanente).

**Methodology:** Review of ~150 health outcomes, needs, and indicators. Key informant interviews, focus group meetings, & Market Basket Surveys of grocery stores throughout Marin County. Results compared to state and national averages, and where possible, mapped to census track.

**Findings/Recommendations:** 25 key informant interviews of Healthy Marin Partnership leadership and representatives from hospital and health organizations, funding institutions, government, business, education, and community based agencies were conducted between April and June, 2012. Interviews focused on underserved populations, challenges in achieving and maintaining good health, current capacities and gaps within healthcare systems, best practices, and opportunities. For each topic area, the key informant interview report outlines current conditions, proposed solutions, and best practices. Focus groups concentrated on healthy eating and active living were held between April and May, 2012. Surveys about community health were disseminated to those taking part in the focus groups, and 103 English and 50 Spanish responses were obtained. Health needs in Marin County were prioritized as follows: mental health, substance abuse, access to health care/ medical homes/ health care coverage, socioeconomic status (income, employment, education level), healthy eating and active living (nutrition/ healthy food/ food access/ physical activity), social supports (family and community support systems and services; connectedness), cancer, and heart disease.

• **Marin County 2013 Point in Time Count Comprehensive Report Findings on Homelessness, 2013**

**Purpose:** Biennial census of persons experiencing homelessness in Marin County. Required by U.S. Department of Housing and Urban Development (HUD) of communities receiving federal Continuum of Care homeless assistance grants. Marin County expanded to a broader census of populations not formally recognized as homeless by HUD.

**Methodology:** Marin County utilizes HUD guidance for counting sheltered and unsheltered populations, and conducts a detailed survey of each individual counted. Methodology based on a housing survey.

**Findings/Recommendations:** Nearly 700 surveys were administered across 50 locations and programs throughout Marin County. A total of 933 people were counted as homeless on January 24, 2013. 693 of the total number of people counted met HUD's definition of homeless, residing on the street, in emergency shelters or transitional housing programs. 240 individuals were sheltered in settings not recognized by HUD, such as motels, jail, hospitals, or temporary residence with friends or family. 4,389 persons were found to be at risk of homelessness and counted as precariously housed. The average age of people experiencing homelessness in the 2013 count was 40 years old.

• **A Portrait of Marin, Marin County Human Development Report - Marin Community Foundation, 2012**

**Purpose:** Marin County Human Development report commissioned by the Marin Community Foundation exploring the complexities of life in Marin County particularly focusing on issues of health, education, and income.

**Methodology:** Human Development Approach which incorporates various metrics of richness, rather than solely economic activity. The Human Development Index combines measures of health, education, and income.

**Findings/Recommendations:** Investigation focused on three areas of life: health, access to knowledge, and living standards and examined results at both the County level as well as by neighborhood and race/ethnicity. At a county level as measured by the American Human Development Index, Marin is a leader. At the neighborhood level, examined by proxy at the census tract level, Marin evidences great variability, including both the top and bottom rankings as compared to ranked states on the American Human Development Index. By race/ethnicity, the report found that Asian Americans fared best by the Human Development approach, followed by Whites, African Americans, and Latinos. The report notes that while Latinos have the lowest score on the Index, Latinos in Marin fare better than Latinos in California as a whole. The report posits that three important drivers of health disparities in Marin include diet, neighborhood conditions, and inequality. In terms of access to knowledge, the report concludes that greater emphasis needs to be placed on educational equity, which will also foster economic opportunities. This would also entail expanded access to early childhood education and efforts to address high school dropout rates. Finally, the need for good jobs and incentives for savings is paramount. Issues of housing and transportation are integrally linked to issues attempting to raise standards of living equitably across Marin.

• **Health Inequities and Poverty Masked by Affluence in Marin County, California, 2011**

**Purpose:** Poster by Marin Department of Health and Human Services Epidemiology Program exploring health inequities in Marin.

**Methodology:** Prevalence of health risk factors and health outcomes calculated from California Health Interview Survey Data (CHIS 2005-2007) by education and income

among Marin residents 25 and older. Comparisons of life expectancy, average per capita income, and prevalence of college degree were mapped.

**Findings/Recommendations:** Income and educational attainment correlated with health outcomes. Individuals in the lowest education and income groups were significantly more likely than individuals in the highest income and education groups to be in fair or poor health. The poster emphasizes that county-level health statistics can hide significant community- or demographic-level variability. Policies supporting equitable education and economic development are needed to reduce health disparities in Marin County.

## **SECTION 2: AGE FRIENDLY COMMUNITY PLANNING, IMPLEMENTATION, AND EVALUATION**

### **• WHO, Towards an Age-Friendly World**

**Purpose:** An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.” The WHO Age-Friendly website provides support to cities and communities striving to become more age-friendly, offering online guides, tools, and practical information.

### **• Global Age-Friendly Cities: A Guide, WHO, 2007**

**Purpose:** Report outlining World Health Organization age-friendly cities. Research resulted in the identification of core features common to age-friendly cities. This report describes the converging trends of rapid growth of the population over 60 years of age and of urbanization.

**Methodology:** 35 cities participated in the WHO project that led to the Global Age-Friendly Cities Guide. Methods used to generate the guide include focus groups comprised of older people aged 60 years and older from lower- and middle-income areas. 1485 participants were organized among 158 focus groups between September 2006 and April 2007. In addition to focus groups with older people and caregivers, focus groups were also conducted with service providers (250 caregivers and 515 service providers). Discussion topics included features of the environment, services, and policies that reflect the determinants of active ageing.

**Findings/Recommendations:** 8 topic areas were identified that reflect age-friendly cities: transportation, housing, social participation, respect and social inclusion, civic participation, communication and information, community support and health services, and outdoor spaces and buildings. For each topic, barriers, gaps, and suggestions for improvement were gathered from focus group participants. A checklist was generated

based on core features across themes.

- **Checklist of Essential Features of Age-friendly Cities, WHO, 2007**

**Purpose:** Based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities and 22 countries, the Essential Features Checklist provides a tool for self-assessment by individuals and groups focused on making their city more age-friendly.

**Findings/Recommendations:** Checklist topics include: Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community and health services. The WHO checklist may be used as a springboard for communities wishing to implement age- friendly city programs.

- **Evaluating Your Age-Friendly Community Program - A Step-by-Step Guide; AARP, 2014**

**Purpose:** Prepared for AARP Livable Communities by the Portland State University Institute on Aging, this document facilitates city or community documentation and evaluation of progress towards becoming more age friendly. The AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization's (WHO) Global Age-Friendly Cities and Communities program. Members of the AARP Network of Age-Friendly Communities adhere to a five-year planning cycle. Submission of an evaluation report is mandatory. This document offers a step- by-step plan for evaluation, as well as case examples.

- **Finding the Right Fit, Age-Friendly Community Planning, Ontario, Canada, 2013**

**Purpose:** Developed collaboratively by the Ontario Seniors Secretariat (OSS), the Accessibility Directorate of Ontario (ADO), and the University of Waterloo and McMaster University, the publication provides background on the Age-Friendly Community concept, key characteristics, as well as how communities can utilize the guide. The Age-Friendly Community process is outlined, and Age-Friendly Community experiences in Ontario are offered as case studies.

**Findings/Recommendations:** Eight age-friendly community dimensions are highlighted: outdoor spaces and public buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. The guide provides a template for communities to follow, from defining local principles, to the planning and execution of a needs assessment, development of an action plan, through implementation and evaluation. The World Health Organization's eight dimensions of age-friendly cities provide the basis for the guide's assessment tools.

- **Guiding Principles for the Sustainability of Age-Friendly Community Efforts,**

## **Grantmakers in Aging, 2015**

**Purpose:** A product of the Pfizer Foundation-funded Community Agenda initiative of Grantmakers in Aging, this publication outlines an interconnected framework of five principles communities might employ to foster sustainable age-friendly efforts. Sustainability is taken to include both financial and non-financial resources/investments. Examples of successful implementation of the principles are given.

**Findings/Recommendations:** Five sustainability principles are offered in response to various aspects of the overarching question, What is required to sustain an age-friendly program? The five sustainability principles include: 1) build public will; 2) engage across sectors; 3) utilize metrics; 4) secure resources; and 5) advance age-friendly public policies, practice, and funding.

## **• Livable Community Indicators for Sustainable Aging in Place, MetLife Mature Market Institute and Stanford Center on Longevity, 2013**

**Purpose:** This report provides an indicator system developed using existing research that local governments can use to examine information inexpensively and quickly. The characteristics included in the indicator system are interrelated. Indicators may be adapted to meet the needs of local communities.

**Methodology:** Criteria for community indicators included: the strength of research evidence, strength of support by aging in place experts, ability to measure the indicator using existing data sources, potential for multiple benefits, and the degree of adaptability of the indicator to different types of communities.

**Findings/Recommendations:** Characteristics of a community that promote aging in place have the potential to benefit this entire population. Initial assessment focuses on the existence of key goods, services, and infrastructure. It may not be feasible for a community to address all the community characteristics simultaneously, but incremental change with an outlook to removing barriers toward future implementation may be tractable. Indicators are broadly organized into three categories of characteristics: housing, access/transportation, and supports and services.

## **• American Community Survey**

**Purpose:** Ongoing survey of the American population that helps determine how federal and state funds are distributed annually.

**Methodology:** Data profiles available for 2012, 2013, and 2014, and include social, economic, housing, and demographic data. Statistics are available by state and Congressional District. Narrative Profiles covering 15 different topic areas are also available, and provide estimates for geographic areas.

## **ONLINE RESOURCES**

- **AARP, Age Friendly Communities**

**Purpose:** An affiliate of the WHO's Age-Friendly Cities and Communities Program, the AARP Network of Age-Friendly Communities program supports AARP's goal of being recognized by elected officials and others as a leading resource for how to improve the livability of communities for people 50+ and their families. The program emphasizes both the built environment and the social environment, and helps refine what it means for AARP to have a community presence. The AARP Network of Age-Friendly Communities program is a tool that can be used by AARP staff and others to help local leaders prepare and ultimately change their communities to become great places for everyone to live. The AARP Network website contains resources to help communities join the movement, learn about the program life cycle, funding organizations, program evaluation, and sustainable growth.

- **AARP, Livable Communities**

**Purpose:** AARP Livable Communities supports the efforts of neighborhoods, towns, and cities to become great places for people of all ages. We believe that communities should provide safe, walkable streets, age-friendly housing and transportation options, access to needed services, and opportunities for residents of all ages to participate in community life. The AARP Livable Communities website provides information of key initiatives, publications, booklets, brochures, and other resources.

- **Grantmakers in Aging Resource Center**

**Purpose:** Grantmakers In Aging is an inclusive and responsive membership organization that is a national catalyst for philanthropy, with a common dedication to improving the experience of aging. Resources available on the Grantmakers in Aging website run the gamut, from publications, to policy briefs, to conference summaries.

### **SECTION 3: BIGGER PICTURE RESOURCES**

- **A Shattered System: Reforming Long Term Care in California, 2015**

**Purpose:** Report of the Senate Select Committee on Aging and Long-Term Care to the California State Senate outlining 30 legislative recommendations for immediate action and advocating for person-centered long-term care.

**Findings/Recommendations:** Recommendations fall under eight issue areas: state leadership, legislative leadership, system integration, fragmentation/lack of integrated data, infrastructure, workforce, funding, and federal issues. The top ten policy areas outlined in the report include: health care, long-term care, long-term care financing, family caregivers, transitional care, wellness and mental health, Alzheimer's Disease and related dementia, housing, transportation and mobility, and employment and retirement. Key recommendations at the level of state leadership include: 1) that fragmentation be

addressed through the creation of a California Department of Community Living, 2) That a long-term care Czar” be appointed from within the Health and Human Services Agency, 3) that HHS develop a state long-term care plan. The state plan should address: managed care expansion, family caregivers, person-centered planning, comprehensive long-term care workforce strategy, reducing nursing home placements, planning for long-term care needs, and enhancing guidance on elder justice and elder abuse prevention, end-of-life planning, and regional innovations. Recommendations are also outlined for legislative oversight, system integration, fragmentation, infrastructure, workforce development, and funding.

• **Ageing, Agency, and Attribution of Responsibility: Shifting Public Discourse about Older Adults, FrameWorks Institute, 2015**

**Purpose:** Inaccurate representations of aging in the media do a disservice to advocates attempting to foster greater understanding among the wider community. Shifting public discourse about aging will require intentional effort to reframe narratives. Alternative sources of information, such as websites, magazines, newsletters, reports, etc. may provide other routes to shifting perceptions of aging among the public. This report suggests communication strategies that can be used to shift narratives to promote the well-being and full participation of older adults in American society.

**Methodology:** The research was developed by a collaborative of the following eight national aging organizations: AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the Gerontological Society of America, the National Council on Aging and the National Hispanic Council on Aging. It was supported by grants from: AARP, The Atlantic Philanthropies, Rose Community Foundation, The Retirement Research Foundation, The John A. Hartford Foundation, The Archstone Foundation and The Fan Fox/Leslie R. Samuels Foundation. The Frameworks Institute conducted the research. Three questions guided the research: 1) What are the narratives that advocacy organizations are telling about aging, and how are these narratives structured? What stories are the media telling about aging, and how are these narratives structured? 2) What are the similarities and differences between these sets of narratives? 3) What strategies can advocates use to expand and shift media stories in more productive dimensions? After coding data sources, cluster analysis was used to identify narratives as they appeared in the text.

**Findings/Recommendations:** Advocate and media discourses inaccurately portray aging as narratives that are either idealistic or overwhelmingly negative. Further, media is likely to focus on the problems associated with aging as private concerns, whereas advocacy organizations focus more on the public sources of those problems. Narrowly focused presentations that bifurcate broader issues misrepresent the underlying complexities. Individuals are not exclusively responsible for issues they face in aging, just as issues at the population level that are not concretely tied to policies that affect individuals is equally unrealistic. This report suggests that shifting the aging discourse



may be achieved by: telling complete stories, avoiding narratives focused solely on the individual by instead incorporating and explaining the role of social supports, and by avoiding stories of impending demographic crises.

• **Aging and Urbanization, McGraw Hill Financial, Global Institute, 2016**

**Purpose:** The World Health Organization has identified 24 principles that promote active participation, health, security, and independence for people of all ages. This publication outlines principles for creating sustainable, growth-oriented and age-friendly cities.

**Methodology:** Global survey of 6,077 people ages 18-65 living in medium, large, or very large cities in the United States, the United Kingdom, China, Japan, or Brazil between November and December, 2014.

**Findings/Recommendations:** McGraw Hill Financial, Global Institute outlined four principles to guide investments: 1) Infrastructure and transportation that accommodates citizens of all generations; 2) Housing that allows residents to age in place; 3) Robust community health programs, and 4) Opportunities for continuing work, education, and recreation for all ages. Immediate action is needed to: Develop an economic case for aging in place; Provide opportunities for innovation; and Create incentives for intergenerational policies and investments.

• **An Aging World, U.S. Census Bureau, 2016**

**Purpose:** This report provides an update on the world's older population and the demographic, health, and economic aspects of global aging.

**Methodology:** Analysis of multiple sources of demographic trends and projections around the world.

**Findings:** 1) In 2015, 17% of the world's population will be 65+ compared to 8.5% in 2015. 2) Europe will remain the oldest region through 2050, though Asia and Latin America will catch up. Africa will remain considerably younger. 3) Some countries will experience a quadrupling of the 85+ population from 2015 to 2050. 4) Declining fertility levels have been the main propeller for population aging and rates of decline vary by region and country. Currently the total fertility rate is near or below the 2.1 replacement level in all regions except Africa. 5) Global life expectancy at birth reached 68.6 years and is projected to rise to 76.2 years in 2050. Regions and countries vary drastically, with current life expectancy exceeding 80 years in 24 countries but less than 60 years in 28 countries. 6) Across the globe, countries will confront the challenges of increased longevity, chronic disease management, the cost of long term care, the demands on family caregivers, and financial security.

• **Gauging Aging: Mapping the Gaps Between Expert and Public Understandings of Aging in America, Frameworks Institute, 2015**

**Purpose:** This report presents research done in collaboration with the Leaders of Aging

Organizations, which seeks to develop a new evidence-based narrative around aging in the United States. Interviews were conducted in order to map gaps between expert and public understandings of aging.

**Methodology:** The research was developed by a collaborative of the following eight national aging organizations: AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, Grantmakers in Aging, the Gerontological Society of America, the National Council on Aging and the ational Hispanic Council on Aging. It was supported by grants from: AARP, The Atlantic Philanthropies, Rose Community Foundation, The Retirement Research Foundation, The John A. Hartford Foundation, The Archstone Foundation and The Fan Fox/Leslie R. Samuels Foundation. The FrameWorks Institute conducted the research. Expert interviews were conducted with 11 advocates, policy experts, and researchers. Cultural models interviews consisted of 20 in-depth interviews conducted in four locations, and were supplemented by 30 10-minute interviews.

**Findings/Recommendations:** Gaps between expert and public understandings of aging include: 1) understanding of ecological vs. individualist role in shaping experience, 2) attitude of embracing vs. battling aging, 3) implications of increased longevity understood in terms of collective vs. individual, 4) need for infrastructure vs. already there mentality in terms of opportunities, 5) broad vs. absent policy implications, 6) perspective on Social Security between holistic and viable vs. for older adults and doomed, and 7) in terms of ageism, an important concern vs. absent from thinking. Opportunities to reframe are outlined in terms of five key challenges.

**• Report to the President: Independence, Technology, and Connection in Older Age, President s Council of Advisors on Science and Technology, 2016**

**Purpose:** This report identifies technologies and policies that will maximize the independence, productivity, and engagement of older adults in the United States.

**Methodology:** The report looks at three areas where older adults experience change: social engagement and connectivity, cognitive function, and physical ability. It includes four cross-cutting recommendations that span a wide range of technologies and eight targeted recommendations concerning specific applications to improve mobility, cognitive function, and social engagement. Internet access, tele-health, monitoring technology, emergency preparedness systems, and intentional design are some of the technologies that will support healthy aging for all Americans. The report focuses on near-term Federal actions to advance these possibilities.

**Findings/Recommendations:** Recommendations are made in the following categories: integrating federal action, engagement and social connectivity, monitoring technology for frail and vulnerable elders, research to spur further integration, education and training in online technologies, emergency response and communications, financial services, cognitive training, improved regulation and payment to reflect innovation in tele-health,

home design to sustain independence, improving product design for older adults needs, and the future role of assistive and robotic technologies.

• **The Aging Network in Transition - Hanging in the Balance, 2016, National Academy of Social Insurance**

**Purpose:** The purpose of this report is to spotlight transformative initiatives now underway in the Aging Network.

**Methodology:** This paper broadly describes the role of the Aging Network today. The report covers key developments that are re-shaping the Network and includes case studies highlighting the work of the Aging Network in Florida, Massachusetts and California.

**Findings/Recommendations:** Changes required. 1) The Aging Network needs to transform itself into a business-oriented enterprise that can brand, broker and deliver its services through contractual arrangements with health care organization partners and to older adults as direct consumers. 2) To do this, the Network must establish an array of new capabilities and secure public funding to create a far more robust, sophisticated technological infrastructure that can support data collection and reporting of quality metrics that link to electronic health records, and which can be used to analyze the combined impact of health and social services on beneficiary outcomes. 3) Also needed, but lacking so far, is public and private funding to develop and steward performance metrics that can accurately capture the role of Aging Network services in changing (and hopefully reducing) total care costs.

**Strengths of the Aging Network.** AAAs and ADRCs are already a trusted point of access and provider of services in communities across the country. In addition, the Network's mission and services can be adapted to fit traditional HCBS waivers, managed Medicaid LTSS, and other types of innovative arrangements and financing models.

**New directions in policy.** At the national level, there are hopeful signs that policymakers are beginning to realize that reliable community-based LTSS is essential to keeping Medicare beneficiaries with complex chronic conditions from repeatedly cycling in and out of high-cost health care settings. Given these factors, expanding the mission of the Aging Network over the next decade to serve millions of additional vulnerable older adults in need of basic, low-cost community supports is likely to yield broad benefits to society in the form of stabilized overall costs and higher quality of life for millions of long-lived Americans.







