

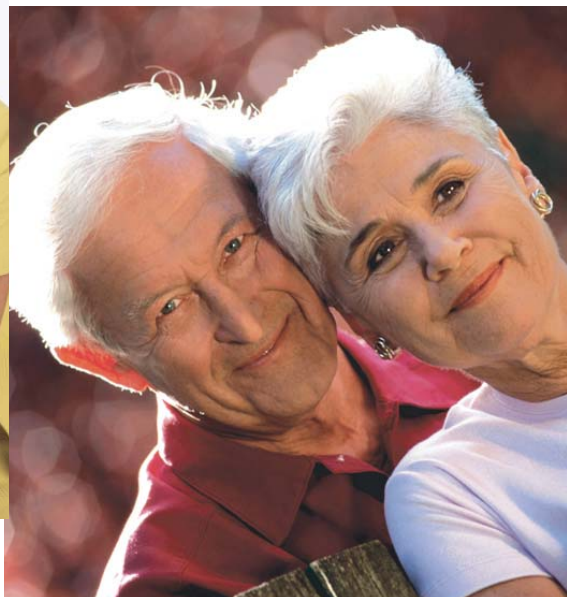
2005 Status of Seniors Initiative Strategic Planning Report

Status of Seniors Initiative

Senior-Friendly
Mecklenburg

October, 2005

Older Americans... a new
and different generation!



Implementation Strategies

Visit us at <http://statusofseniors.charmeck.org>



County Manager's Office



On behalf of the Board of County Commissioners and my Executive Team, I want to thank everyone involved in the Status of Seniors Initiative 2005 Strategic Planning Report. The study is a positive reminder of the vast resource Mecklenburg County has in its aging population. While some will dwell on our need for additional services to care of our older citizens, many of us see a healthy and intelligent core of new community volunteers who have time to make a real difference in the lives of the people of Mecklenburg County. We look forward to making Mecklenburg County "Senior Friendly." *Harry L. Jones, Sr. County Manager*

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Acknowledgements

The many members of the Status of Seniors Initiative (SOSI) Executive Advisory Board and its Steering Committee are listed in the Appendix of this report and deserve much credit for their commitment and work on this initiative. This work would not have been possible without the initial and continuing support of Mecklenburg County and its Department of Social Services and the Services For Adults Division. Specifically, the Board of Commissioners and the Chair of its Health and Safety Committee, Commissioner Norman Mitchell, and the director of the Department of Social Services, Richard W. Jacobsen, Jr., have provided invaluable guidance and support to this community project.



The Status of Seniors Initiative (SOSI) greatly acknowledges the assistance in the production of this report provided by **Moore & Van Allen**.

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Our Vision:

To foster a senior-friendly community that values dignity and independence for all older adults.



I. Introduction

The strategies and recommendations outlined in this 2005 Strategic Planning Report by the Status of Seniors Initiative (SOSI) anticipate the retirement of the Baby Boom (persons born between 1946 and 1964). In 2011, the oldest Baby Boomers will turn 65 years of age. Many will start their retirement in 2008 at age 62 or younger.

The recommendations and accompanying strategies of this report are also meant as a wake-up call to both the public and private sectors in Charlotte-Mecklenburg. Most importantly, this report is our “CALL TO ACTION”. These recommendations and strategies have been developed with the expectation that groups (businesses, and organizations) will adopt many of them and make the suggested changes. The Status of Seniors Initiative (SOSI) WILL advocate for the changes identified, but all organizations are called on to IMPLEMENT CHANGES within their spheres of influence and authority. SOSI WILL advocate for and help to publicize these and other changes. SOSI WILL also support and assist organizations that seek to implement these types of changes.

Nationally, the Baby Boom generation is 77 million persons strong. By 2030, that population in Mecklenburg will be virtually the same (250,000) as the number of children age 0 to 17. More than their parents, this generation will:

- ❖ contribute more time to the community
- ❖ expect a walkable community with retail services nearby
- ❖ be more technically literate
- ❖ expect more convenient public transportation
- ❖ expect more better recreation facilities
- ❖ be in better health than their parents
- ❖ expect to age in place in the home where they retire
- ❖ be more adventuresome in their eating and in their travel experiences
- ❖ expect more accessible and affordable health care
- ❖ require better disability access to services and activities
- ❖ be more desirous of living in or near the center city
- ❖ require more entertainment opportunities
- ❖ be more attentive to their diet and exercise habits



PROGRESS TO DATE

The Status of Seniors report was presented to the Charlotte-Mecklenburg community in 2003 as background information for future action. The report spurred an ongoing community strategic planning process called the Status of Seniors Initiative (SOSI), which developed its first recommendations in 2004. This 2005 report utilized those recommendations to prepare strategies to implement the report recommendations.

The Status of Seniors Initiative is led by an Executive Advisory Board (EAB) of community leaders which guides the overall effort, champions the recommendations, and helps to promote and market the initiatives. An SOSI Steering Committee consists of individuals from public, private and non-profit agencies who have worked to develop the recommendations and strategies.

The first phase of the Status of Seniors Initiative (SOSI) Strategic Planning Report was presented to the community in May of 2004. The 2005 report has been completed by volunteers who have developed strategies to implement recommendations of the seven work groups. Draft summaries of work group recommendations and associated strategies were presented at the Charlotte-Mecklenburg Pre-White House Conference on Aging held May 26, 2005 to solicit feedback.

The next steps for the SOSI Strategic Planning process are to:

- 1) seek and incorporate feedback,
- 2) seek implementation of the recommendations by engaging other groups in the community to also champion the recommendations, and
- 3) change the way groups conduct their own businesses, including the way they market their services.

Members of the Executive Advisory Board and the Steering Committee have made 27 presentations in the community to over 800 citizens, including the Board of County Commissioners, the Charlotte City Council and the United Way. The Marketing / Publicity Committee has also drafted articles for newspapers, and initiated opportunities to educate the community with radio and TV interviews, infomercials and assisted in the development of a logo.

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“SENIOR-FRIENDLY” IS GUIDING PRINCIPLE ONE:

The goal of this project is for Charlotte- Mecklenburg County to become a “Senior-Friendly Community”. This means that the community must:

- provide a wide range of social and economic opportunities and supports for all citizens, including seniors; and value seniors’ contributions to the community;
- promote positive intergenerational relations, considers the needs and interests of seniors in the physical environment and community planning, and respect and support seniors’ desire and efforts to live independently; and
- acknowledge the primary role that families, friends, and neighbors play in the lives of older adults, enhancing their capacity for caring.
(N C Division of Aging)

II. Call To Action

A. AN ENGAGED COMMUNITY

If Mecklenburg County is going to become a “Senior-Friendly Community” which will allow older adults to “age in place”, everyone in our community must know about the work of the Status of Seniors Initiative and the concept of a Senior-Friendly Mecklenburg.

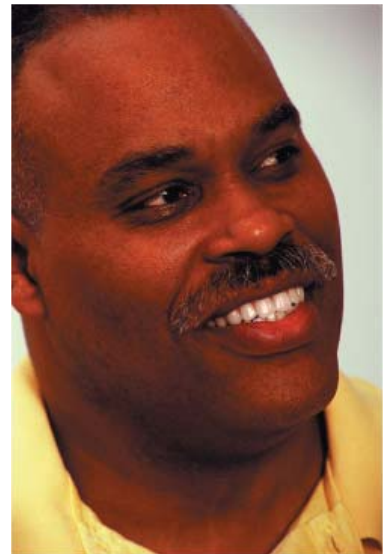
There must be:

- Newspaper articles
- Radio shows
- Television spots
- Presentations to businesses
- Presentations to community groups

All organizations, businesses and individuals can and must become better informed.

With knowledge comes the ability to bring about change. This report identifies strategies that can help Mecklenburg begin to make changes. There will be a variety of groups, organizations, businesses and consumers who will become involved in these strategies.

While the Status of Seniors Initiative has taken the leadership in beginning the process, this work will be ongoing as new needs are identified, new issues are raised and the community infrastructure changes. There is a role for each and every person in our community to make us **SENIOR-FRIENDLY CHARLOTTE-MECKLENBURG**.



AGING IN PLACE IS GUIDING PRINCIPLE TWO:

The community should allow seniors the opportunity to “age in place” whenever it is reasonably possible. “Aging in place” is growing older without having to move. Individual situations may preclude the ability to age in place if basic comfort and safety needs cannot be met. According to the *Journal of Housing for the Elderly*, aging in place is not having to move from one’s present residence in order to secure necessary support services in response to changing needs. We are using the term aging in place to mean living where you have lived for many years, or living in a non-healthcare environment, and using products, services and conveniences that allow or enable you to not have to move as circumstances change. For many, the opportunity to age in place is associated with a higher quality of life. Some 70% of older adults spend the rest of their life in the place where they celebrated their 65th birthday.

Because so much of the SOSI's effort has focused on making the community aware of older adult issues, a publicity committee has written articles every month for the Senior Directions monthly newspaper, and ghost-written articles for members of the EAB. They have also conducted activities such as facilitating participation in radio and TV shows, the development of the SOSI "Senior-Friendly Mecklenburg" logo and researched emerging trends. In addition, each work group will be developing plans to make presentations to businesses, organizations and community groups about the issues that they have studied. They will seek to engage the community in helping to bring about change in individual organizations and in their areas of influence.

Since the SOSI is a long term strategic planning process, we will be studying and developing recommendations and strategies in all of the areas that are outlined in the following Community-Friendly Matrix. We expect to choose new areas from the matrix once our current work groups have secured major progress on implementing the recommendations set forth in this 2005 report.



Our Mission:
To engage the community in creating a dynamic plan that enhances the quality of life for older adults by focusing resources on their needs.



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B. NEXT STEPS

The Charlotte-Mecklenburg Senior-Friendly Matrix (page 12) was utilized to identify the seven issues that the SOSI work groups studied to develop implementation strategies. The matrix is both an evaluation tool and a comprehensive categorization of “areas of interest” and of services important to all older adults. The matrix for Charlotte-Mecklenburg was adapted from a matrix originally developed by the North Carolina Division of Aging and Adult Services. The matrix outlines areas of concern and interest among older adults, as well as identifying six Dimensions of Community Evaluation (see box to the right).

In developing recommendations for the 2004 report, most of the issue groups made significant use of the Dimensions to assess the aspects of their assigned issue.

In addition to working on these strategies in 2005 report, there are issues and areas in the following in the following Community-Friendly Matrix that we have not yet begun to address.



N.C. Division of Aging and Adult Services Senior-Friendly Communities Matrix *Dimensions of Community Evaluation*

Existence: Are services available to older and disabled adults in your community?

Adequacy: Are existing services in sufficient supply for those who need them?

Accessibility: How obtainable are existing services for those most in need?

Efficiency/Duplication: How reasonable are the costs of services? Are options for streamlining available?

Equity: How available are existing services to all that need them without bias?

Effectiveness/Quality: How successful are these services in addressing consumers’ needs?

C. CHARLOTTE-MECKLENBURG SENIOR-FRIENDLY COMMUNITY MATRIX

Charlotte-Mecklenburg Senior-Friendly Community Matrix*

*Modified from the N. C. Division of Aging and Adult Services Matrix

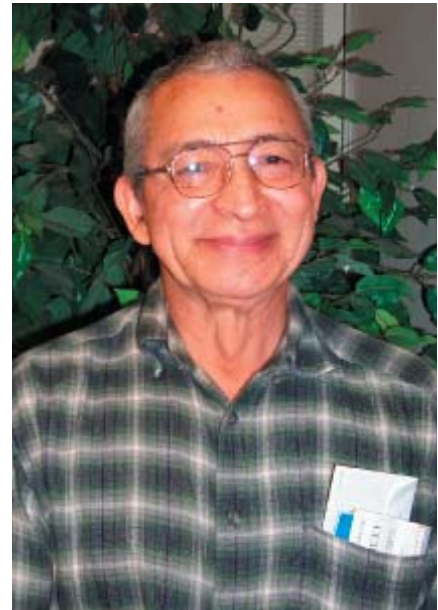
SIX DIMENSIONS OF COMMUNITY EVALUATION			
Existence	Adequacy	Accessibility	
Efficiency/Duplication	Equity	Effectiveness/Quality	
AREAS OF INTEREST & CONCERN			
Physical Environment	Health	Economy	Technology
Transportation Air/Water Quality Housing/Utilities Land Use Neighborhood Org. Road Safety Recreational Facilities Shopping Zoning	Adult Immunization Dental Health Hospitals/Clinics Leisure Nutrition/Meals Mental Health Medicare/caid Accept. Medication Mgt. Preventative Care Primary Care Rehabilitation Vision/Hearing Care Wellness/Fitness Disabilities	Job Training Age Discrimination Financial Planning Health Care Costs Health Insurance Income Job Opportunities Job Retooling Senior-friendly Business Long-term Care Costs Tax Credits/Exemptions	Internet Access Assistive/Adaptive Device Distance Learning Medical Alert Tele-medicine Phone/Cell Phone Access
Safety/Security	Social/Cultural Involvement	Services/Support	Resources
Driver Safety Abuse/Neglect At Risk Population Domestic Violence Emergency Response Fire Safety Fraud/Exploitation Outreach	Volunteerism Community Sensitivity Media Intergeneration Relations Libraries Lifelong Learning Spiritual Growth Race/Ethnic/Lang. Diversity Cultural/Social Programs Advocacy PR on Senior Issues	Information & Assistance Caregiver Support Caregiving Drug Assistance End-of-life Care Legal Services Home & Community Svcs In-Home Care Long-Term Care Facilities Sr. Enrichment/Ctrs Guardianship Care Management Grandparents Raising Grandchildren Adult Day Care/Day Health	Planning/Stewardship Comm'ty Needs Assess. Planning Coordination Program Evaluation Public/Private Svc Fund Taxes Rep. in Public Affairs Retirement Plan'g/Ed.

III. Executive Summary

The recommendations, and the next steps of the seven work groups are summarized below. In Section V. of this report (page 29), the full reports from each work group can be found. The full reports include sections on Action Steps, Timelines, Responsible Organizations, Resources, Evaluation Criteria, Relevant Data, and Targeted Populations / Beneficiaries. Participants in all of the work groups are listed in Section VI. C. (page 107).

Two (2) new work groups were initiated this year dealing with the Physical Environment and Adults With Disabilities. The Disabilities work group thought that its recommendations should not be considered separately from those of the other work groups. They suggested it was more appropriate to append their recommendations to each of the other work groups' reports as supplements to the strategies developed by the other work groups.

Some of the work group recommendations and strategies address similar areas.



1. CENTER FOR AGING WORK GROUP

Next Steps:

- A. Research existing Aging and Disability Centers to determine possible models for Mecklenburg.
- B. Prepare and present possible models to stakeholders in Mecklenburg County, the region and state offices.
- C. Identify and engage existing services and funding streams in the development of a uniform intake and assessment process.

“There is no support for the family caregiver. It is costly and very tiring.”
Focus Group participant, age 50-59.

2. CAREGIVER CELEBRATION AND SUPPORT WORKGROUP

Next Steps:

- A. Develop a multi-media presentation that will: (a) help individuals recognize themselves as caregivers, and (b) help caregivers learn about resources they need or may need at a later date.
- B. Help expose caregivers to the multi-media presentation or printed materials: convince radio, TV and print media to provide caregivers with the information; assure that all senior serving agencies disperse the information to caregivers; assist in disseminating the information to all potential points of contact with caregivers, including religious organizations, businesses, employers, health and social service agencies; encourage all of the above to provide a link to the information on their Web sites.

3. COMMUNITY SAFETY WORK GROUP

Next Steps:

- A. Assure that all first responders are trained in how to:
 - 1. assess capabilities of seniors.
 - 2. best communicate with seniors.
 - 3. identify abuse, neglect and exploitation of seniors.
- B. Advocate with First Responders to introduce safety initiatives like Beacon Lights to neighborhood leaders and the broader community.
- C. Provide support for or conduct a “Safety Tips” campaign. The campaign should be directed at seniors, neighborhood organizations, businesses and caregivers.
- D. Help more seniors participate in educational opportunities such as the Better Business Bureau’s Scam Jam by:
 - 1. advertising the events.
 - 2. providing or arranging for transportation to the events.



4. TRANSPORTATION INDEPENDENCE WORK GROUP

Next Steps:

- A. Recruit, train, support and reward a Transportation Volunteer corps to assist seniors in the use of mass transit systems.
- B. Develop a transportation coalition which meets regularly to maximize existing resources (private and public). Secure commitments from City Councils and County Commission that all recommendations for public funding of transportation will be assessed by this coalition prior to consideration by City Council or County Commission.
- C. Advocate city, county, state and federal funding sources to increase funding for transportation of seniors.
- D. Help seniors assess their ability to drive safely. Educate seniors on alternative transportation systems.
- E. Conduct an educational campaign of medical providers regarding the need for seniors to finish their appointments on time so that they will not miss their scheduled pick-up by a transportation program.
- F. Conduct an educational campaign for transportation providers of the need for them to notify the medical provider and senior of any anticipated delay in pick-up.

“I would hate to lose my independence. I am most concerned about being able to continue driving.”
Focus Group participant, age 60-69.

5. COMMUNITY EDUCATION AND INFORMATION WORK GROUP

Next Steps:

- A. In cooperation with Just1Call, develop ongoing training for community professionals regarding services available for seniors.
- B. Create or revise a guide of services for seniors that is searchable by topic.

6. HEALTH PUBLIC POLICIES WORK GROUP

Next Steps:

- A. Establish ten bed geriatric psychiatric unit in an acute care hospital in Mecklenburg County.
- B. Develop an integrated approach to educate seniors and caregivers about Medicare Part D.
- C. Strengthen the Just1Call database for mental health concerns.
- D. Strengthen and expand caregiver support and respite services.

7. PHYSICAL ENVIRONMENT WORK GROUP

(Unlike the other work groups, this one developed both recommendations and strategies at the same time over the last year. Therefore, because its recommendations have not been previously presented, this summary report is somewhat more detailed than the other six work group reports.)

Recommendations

The work group recommendations have been developed and guided by an overarching goal that is in support of aging in place.

- A. **Mobility** recommendations include a signage program to enhance the ability of seniors to safely travel the streets while making the community more pedestrian-friendly; making the rapid transit system more accessible and senior friendly with special attention to the special needs population through better coordination among transit providers.

Strategies

- Advocate with the City of Charlotte Engineering Department for more senior-friendly signage in that corridor in the redesign of South Boulevard which is currently underway.
- Actively advocate for better signage via hearings and other venues.
- Seek membership for representatives of this committee on the Urban Street Design Guidelines' stakeholder group, and try to schedule a meeting with the Charlotte/Mecklenburg Liaison

Committee to share these recommendations. These guidelines address many of the issues (improved street crossing facilities, traffic calming features, more and wider sidewalks, etc.) that this work group has identified.



“Many of the group mostly used their network of contacts with family, friends and community organizations to learn about activities and services rather than the media and other sources.”
Focus Group participant, age 70+.

- Organizations currently providing transportation services for special needs populations develop a viable plan for coordinating their transportation services.
- B. **Land Use** related recommendations include development options of compact, mixed-use neighborhoods that include provision for affordable housing for seniors; a development policy for multi-use (for senior activities) existing public spaces and private spaces such as churches, YMCAs , etc; affirmation of the potential role of seniors and boomers in the accomplishment of those plans should occur in each jurisdiction through the inclusion of these interests in the stakeholders’ groups doing the planning as well as in all of the aspects of plan development.

Strategies

Meet with the Charlotte-Mecklenburg Planning Commission, private development interests and subsequently with the Planning Liaison Committee, and the governing bodies in the County to:

- Advocate new housing innovations, in transit availability, in compact neighborhoods, in walkable communities, and in proximity to goods and services.
- Meet with the staff person in the Planning Commission to see what is necessary to add functions and space into the ongoing discussions concerning the co-use of facilities for other public spaces as well as private spaces such as the YMCAs, churches, etc. The Joint Use Committee in the County has been instrumental in getting the school system and the parks to plan joint use facilities.
- Leverage seniors interest in redevelopment plans as jurisdictions engage in planning by affirming the role of seniors and boomers, and by inclusion of these interests in the stakeholders’ groups doing the planning.



When asked what an ideal system of services would look like, they said “neighborhoods that have everything you need – grocery shopping, pharmacies, clinics, activities, adult day care centers, etc.”
 Provider Focus Group participants.

- C. **Housing and utilities** recommendations include broader housing options available to all seniors, location of adult care facilities near transit centers, interior design options in all new houses that are senior-friendly, and a wider range of housing accessory uses. Also included is the need to study the impact of increasing property taxes and utility bills on the ability of seniors to “age in place”.

Strategies

- Develop a Supportive Housing Task Force of stakeholders under the aegis of the Center For Aging. This task force should be lead by a provider of housing for seniors who can facilitate a dialogue between public and private housing providers. The critical step in implementing this recommendation is the development of continuing partnerships between the developers that provide the housing and the service providers (including the County) of the supportive services. Some seniors could continue to live independently in efficiencies.
 - Build adult care facilities in the vicinity of transit stops and other service centers.
 - Advocate with the incoming president of the local Home Builders Association who has agreed to personally be very proactive in advocating for his organization to promote senior-friendly options in the interior design of all new houses.
 - Advocate for the provision of accessory housing uses such as granny flats, garage apartments, undeveloped attic space, etc., could provide either a place for a senior to live in close proximity to relatives, or for a caregiver to live in close proximity to the senior. This issue should be discussed with the planning staffs and planning boards of each jurisdiction in Mecklenburg County.
 - Establish a task force of stakeholders to study the impact of increasing property taxes and utility bills on the ability of seniors to “age in place,” and to make recommendations to remedy that impact if it is found to be significant. Initiate a conversation with the Chairman of the County Commission and the County Manager to evaluate their support for this effort.
- D. **Safety** recommendations include how to make neighborhoods with a high concentration of seniors safer.

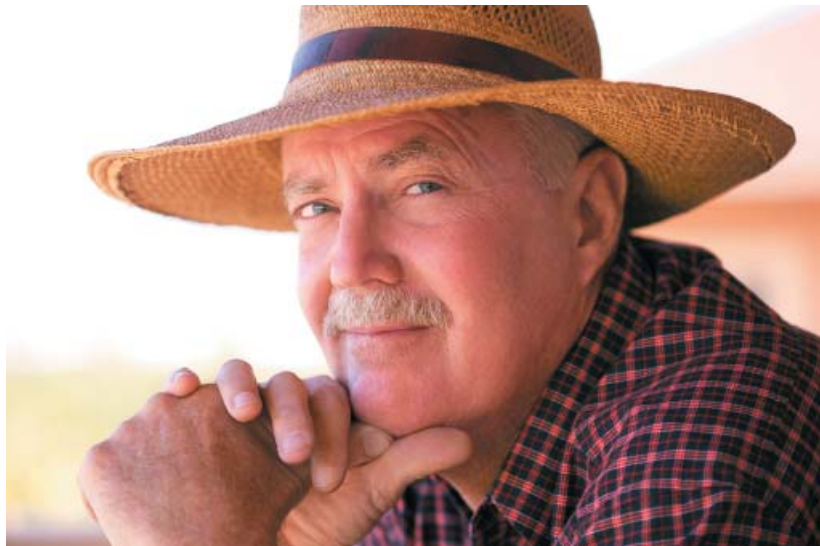
Strategies

- Establish a broadly representative task force (see Safety Work Group recommendations) to make recommendations about actual and perceived safety in neighborhoods with high concentrations of seniors.

{In compiling the information in support of the recommendations, the Committee has generated maps, and lists of neighborhoods that currently have and are predicted to have 40% + population age 35-59 and high concentrations of seniors. The work group would like to advocate their use in making decisions that impact the senior population}.

Expected Outcomes

- As South Boulevard is redesigned and built, it will include more senior-friendly street signage, more and wider sidewalks, benches, improved street crossing facilities, and traffic calming street designs to the extent possible.
- The transit system will declare a “fare holiday” for an initial period of time to encourage seniors to experience the system and provide senior docents to assist new riders.
- CATS will utilize more small buses and vans in neighborhoods with large senior populations, provide easily readable schedules, good shelters, benches for waiting patrons, sidewalks serving transit stops, etc.
- Transportation for special needs populations will be better coordinated among providers.
- Regulations and codes will encourage more compact and mixed-use neighborhoods.
- More joint use will be made of all public spaces and many private spaces.
- More new housing will be in close proximity to goods and services and will include senior-friendly options in the interior design of all new houses.
- The transit system will encourage various adult care facilities and retail goods and services to locate in close proximity to transit corridors and centers.
- More supportive housing and subsidized housing will be available for seniors.
- Regulations and codes will encourage accessory uses such as granny flats, garage apartments, etc. to allow close proximity for relatives or other caregivers.



IV. Advancing the Plan

Volunteers have driven our work to date. Additional work is needed to share our findings, recommendations and strategies in:

- marketing and publicity,
- recruiting more volunteers, and
- resource development.

In addition, more volunteers will be needed to study and select new issue areas, and to develop new recommendations and strategies

A. Presentations To Community Groups

Mecklenburg Status of Seniors Community Education Events

5/5/04: Mecklenburg Board of County Commissioners, Ted Rast, Jerry Fox (Information)

5/19/04: United Way Community Works Advisory Board, Ted Rast, Gayla Woody (Information and seek volunteers)

6/25/0: Debra Campbell, Gayla Woody, Sindy McCrystle, Carol Baker, John Highfill (Debra tentatively committed to serve on the Steering Committee to provide an introduction to some of the City of Charlotte's Key Business Executives)

8/12/04: American Society of Public Administration John Highfill, Keri Carver (Information and seek volunteers)

9/13/04: Executive Advisory Board (EAB), Henry Bostic, (Check the SOSI direction and seek opportunities to presentations)

9/13/04: Charlotte-Mecklenburg Aging Coalition (CMAC), Gayla Woody, Sindy McCrystle (Information and to seek work group volunteers)

10/5/04: Freedom Dr. Development Association, candidate forum, John Highfill, Trena Palmer, Sindy McCrystle (Information)

10/29/04: Senior Corps of Retired Executives (SCORE) group, John Highfill, Sindy McCrystle (Received pledge of 6 members to help develop business plan for Center For Aging)

11/18/04: Sotheastern National Area Agency on Aging (SE N4A) Conference, John Highfill (Information for SE Area Agencies)

10/27/04: NC Study Commission on Aging, Gayla Woody, John Highfill

11/1/04: Charlotte City Council, Jerry Fox, Ted Rast (Pilot on east side, and request to involve Planning Commission staff)

11/16/04: Mecklenburg County Board of County Commissioners Health and Safety Committee, Ted Rast

11/24/04: Charlotte Chamber of Commerce Land Use and Environment Comm., John Highfill Trena Palmer, Bill McCoy (A residential and a commercial developer to join the Physical Environment Work Group)

11/29/04: Forsyth County Aging and Disability Resource Center Task Force, Gayla Woody, Sindy McCrystle, Trena Palmer, John Highfill, Connie Bonebrake (Received information and shared our approach)

12/9/04: Physical Environment Workgroup, John Highfill, Bill McCoy (Information)

12/16/04: Eastside Community Development, Gayla Woody, Trena Palmer, John Highfill Information (with candidates present)

1/26/05: Academic Breakfast on Status of Seniors, Dena Shenk (Executive Committee Information on the SOS process and specifically talking about the various committees and recruiting members)

2/7/05: Presentation to Dr. Bradley's UNCC class, John Highfill (Information about Status of Seniors in general)

2/14/05: Charlotte-Mecklenburg Aging Coalition (CMAC) presentation on Senior Friendly Communities, Rebecca Yarborough, Gayla Woody (Presentation about planning communities as Senior-Friendly activities)

2/16/05: Executive Forum, Ted Rast, Jerry Fox (Information and seek volunteers)

2/19/05: American Association of University Women – Charlotte Chapter, Sindy McCrystle, Overview of Status of Seniors)

2/22/05: Senior Scholars, Gayla Woody, Overview of Status of Seniors and Senior-Friendly Communities

2/23/05: Mecklenburg County Department of Social Services (DSS) Leadership Team, Gayla Woody, John Highfill (Overview of Status of Seniors)



3/10/05: Senior Forum, Ted Rast, Jerry Fox (Information and seek volunteers)

3/17/05, Mecklenburgers Discussion, Ted Rast, John Highfill, Trena Palmer (Discussion of Meck Status of Seniors and the possibility of a future program)

3/24/05: Friendship Trays, Social Workers Conference, Ted Rast, Trena Palmer (Presentation to Friendship Trays Board Overview of Status of Seniors)

5/05: Leadership Charlotte, John Highfill (Distributed two page information)

5/18/05: Pre-White House Conference on Aging, Executive Committee and Steering Committee Overview of Issue Group Strategies

6/14/05: Urban Design Forum, Bill McCoy, John Highfill (Discussion of Status of Seniors Physical Environment findings)

8/11/05: Mecklenburgers, John Highfill, Ted Rast, Jerry Fox, Gayla Woody, Trena Palmer (Discussion of the report for the Mecklenburgers Show)

8/16/05: City of Charlotte Key Executives, John Highfill, Bill McCoy, Ted Rast, Jerry Fox (Overview of Status of Seniors)

9/15/05: Women in Architecture, Bill McCoy, Rob Johnson, John Highfill, Trena Palmer (Overview of Status of Seniors Physical Environment recommendations)



B. NEWS ARTICLES

April 23, 2004, Charlotte Observer

An Elderly Explosion Ahead

When baby boomers hit retirement age, will Mecklenburg be ready?

From Gerald Fox and T. Edmund Rast, co-chairs of the executive advisory board of the Mecklenburg Status of Seniors Initiative:

We think the Observer and our community are grossly underestimating the momentous challenges posed by the impending explosion of the older adult population.

Baby boomers continue to transform our society. The Social Security Administration estimates that by 2020, the nation's 65-plus population will double, but the 20-64 age group will grow by only 15 percent. Demographers forecast a working-age group too small to support such a huge elderly population. The Mecklenburg Status of Seniors Report, presented to the community and board of county commissioners last year, estimates that our 80,000 residents 60 and older will triple by 2030. The consequences could be devastating unless we prepare for it.

What are the implications for housing, health care, transportation, care-giving and support services? For recreation and leisure time, insurance, food and nutrition? Will businesses find enough workers to replace those who retire? Will attitudes need to change regarding older workers? Is retirement planning adequate for longer lives? What effect will diseases such as dementia have when baby boomers age into their 70s and 80s?

Political leaders make tough decisions only when driven by crisis, but the challenges of the coming avalanche of senior Americans cannot be ignored until the last minute. We must plan for them. That is why the work of the Status of Seniors Initiative we represent is so vital.

The initiative's main goals are to raise community awareness of senior issues and to develop a strategic process that identifies important issues affecting older residents and develops possible solutions. Participants are key players in the public, private and nonprofit sectors including, among others, Carolinas HealthCare System, Presbyterian Healthcare, United Way of Central Carolinas, the Area Agency on Aging, the Charlotte Chamber of Commerce, the Foundation for the Carolinas, the Council on Aging, Mecklenburg County and the City of Charlotte.

Three (3) principles guide our work:

1. Ours should be a senior-friendly community.
2. Seniors should be allowed to age in place whenever reasonably possible.
3. The ability to pay should not hinder access to needed services.

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In November the initiative held a strategic planning workshop to gather ideas about how the future of older adults in Mecklenburg should look. Out of that process came the first five areas of study: facilities and institutions; food and nutrition; in-home support services; leisure, recreation and socialization; and transportation.

Community-based groups, including experts and providers in these areas, are working now. We'll report results in May, then go back to work on other issues and report again in December.

Mecklenburg has done better than most communities in identifying where it wants to be and how to get there. However, the challenges are growing. By 2011 -- the year babies born in 1946 turn 65 -- Mecklenburg's over-60 population will explode to 115,000. But the postwar baby boom did not end until 1964. Will we be prepared? We can be, if we act now to support planning efforts like the Status of Senior Initiative and persuade the community to implement the recommendations.

The senior population explosion is an issue that will drive decision-making for years to come. We believe the largest and most powerful of the local media -- The Charlotte Observer -- should lead the way in exploring it.

Senior Directions, January 2004

Past Planning for Senior Needs Has Produced Results

By Henry H. Bostic, Jr.

They've been here in droves since 1946. Their numbers swelled every year until 1964. More than 80 million strong, they will begin turning 65 years of age in 2011, only seven years from now. Baby Boomers, so dubbed as the first generation after World War II, have left unparalleled changes in their wake as they have "grown up." If the past 50 years is any indication, they will drastically alter not only perceptions of seniors but dramatically transform the services they need -- or want.

More people are alive today 65 or older than ever before in our nation's history. But we haven't seen anything yet. In 1960, only one American in 10 was 65 or older. Today, that ratio is about one in eight, and it will reach one in six within 30 years. Mecklenburg County cannot avoid this dramatic demographic shift. The "Status of Seniors Report," presented to the Board of County Commissioners in May, estimates that there are about 80,000 people living in the county today who are 60 and older. That number will triple by 2030 to nearly a quarter million!

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Will we be ready for the changes? Again, if history is any indication, perhaps not. But a determined group representing key public, private and non-profit entities in the county is dedicated to ensuring that we are ready for the onslaught. Since the summer the community-based

group, which evolved out of the Status of Seniors report, has been meeting in the non-glamorous, time-consuming process of crafting a strategic plan to prepare Mecklenburg for a time when those older than 65 outnumber those working to support them.

Cynics will contend that the Status of Seniors Initiative (SOSI) for Mecklenburg County is just another in a long line of anonymous committees that have attempted with mixed results to guide public and private decision making. But those involved in the process are determined their efforts will not result in just another report collecting dust on bookshelves.

Planning for an improved future for older adults has been a goal in Mecklenburg County for more than a decade and a half, beginning with the Older and Disabled Adults Profile and Needs Analysis in 1987. Since that time there have been two more such planning efforts. Though modest in scale, all three have resulted in positive results for seniors.

The 1987 study brought changes in the way the county's Department of Social Services (DSS) was organized so it could meet seniors' needs and coordinate services more efficiently. Codes were changed to allow "granny flats" as a creative solution to meeting older adult housing needs. Most significantly, the study provided the impetus for building the Charlotte-Mecklenburg Senior Centers building on Tyvola Rd.

The 1991 Aging Services, Mecklenburg County Government Strategic Planning Task Force, produced positive change too. A DSS Neighborhood Outreach Project was established and at its height was active in 10 fragile neighborhoods. It focused on developing the community social work concept to foster independence. Another result was increased cooperation and coordination between the county's Mecklenburg Transportation Service and CATS. The 1997 Aging Issue study led to Just1Call, the County's effective information and assistance service used by many seniors and their caregivers.

By heightening awareness of the coming impact of Baby Boomers as they age, the Status of Seniors Initiative can bring enormous change in the way we think about seniors and prepare to meet their needs. The goal is lofty, but attainable: A "senior-friendly community" that allows individuals to "age in place," when reasonably possible, irrespective of income levels.

Charlotte Observer Editorial
Monday, June 13, 2005

Senior Boomers

Mecklenburg Should Prepare Now For A Grayer Future

By 2030, Mecklenburg County is projected to be home to 243,619 people 60 or older -- triple that age group's current population. Will this be a place that makes their lives difficult or easy?

Helping the elderly keep on living in their own homes will take changes in the way Mecklenburg's homes and neighborhoods are being built, a new report says. We'll need a lot more sidewalks, benches and easier street crossings. We'll need more neighborhoods built like small villages, with stores and homes within easy walking distance. We'll need more homes that people on limited incomes can afford. And we'll need houses designed with the elderly in mind.

All those suggestions come from a local committee called the Status of Seniors Initiative, a public-private partnership of people studying how the community must adapt to an impending glut of elderly Baby Boomers.

It's a sobering demographic challenge. We're likely to see a labor shortage, as well as ballooning health care costs. But the recent draft report, from the group's work group on the physical environment, has more than a dozen recommendations. Many could be initiated relatively quickly and wouldn't cost much.

For instance, why not improve street signs? It's not just elderly drivers who'd benefit from easier-to-read, more conveniently placed signs.

Another easy change is aimed at making housing more affordable and enabling the elderly to live near adult children, relatives or caregivers: Allow secondary dwellings - garage apartments, granny flats, carriage houses, etc. - into single-family neighborhoods.

Some recommendations are senior-specific, such as putting adult care centers near transit stops. But like the street signs and garage apartments, many of the ideas would be good ones even if the demographic bulge of aging boomers were not looming. Kids and teens also need transportation that doesn't require a driver's license. And we'd all benefit if more of us could walk to the store without cranking up the car.

Local policymakers shouldn't let the recommendations gather dust on some shelf. The aging issue is real, and Mecklenburg must not hide its graying head in the sand.

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Visit us at <http://statusofseniors.charmeck.org>

C. COMPELLING DATA

Data that Influenced the Status of Seniors Initiative Strategic Planning Process and Recommendations

Primary Source: 2003 Status of Seniors Report (unless otherwise noted)

Senior Population Growth

- 80,440 individuals age 60 or over living in Mecklenburg County. They represent roughly 11.6% of County residents (Source: US Census 2000).
- By 2030, the population of 60+ is going to more than triple, from 80,440 to over 225,000, creating an unprecedented demand for services and new ways to conduct business.
- Mecklenburg's older adult population is now increasing at a greater rate than the child population. While the senior population is projected to triple over the next 27 years, the 0-17-age population won't even double. This dynamic will create an imbalance in systems like Social Security and Medicare. That is a sobering thought that we must begin preparing for now – especially in terms of the demand for all types of services.
- 8% (or 5,193) of the age 65+ population were living in poverty during 1999. The federal poverty guideline for an individual is \$8,800 annually and \$12,120 for a couple.

Work Force Issues (Provided by Hewitt Associates)

- “The dominant factor for business in the next two decades is not going to be economics or technology; it will be demographics.”
Peter Drucker: The Future Has Happened Already
- By 2010 there will be 168 million jobs in the U.S. and 158 million workers.
- While only 20% believe phased retirement is very or moderately important today, 68% say it will be in 5 years.

Health

- Wall Street Research estimates that on average, home health care services are roughly 30-60% less expensive than similar services provided in an institutional setting.
- More than 34,000 older adults in Mecklenburg County (or 43% of the older adult population) can be defined as At Risk or Frail, due to their difficulty performing one or more basic tasks of daily living such as meal preparation or bathing.
- According to the Congressional Budget Office the number of people available to provide caregiving declines as the number of frail elderly increases dramatically.
- While 84% of seniors report their health as good or excellent, there are several areas where racial and income disparities are stark:

- 12% of low-income residents reported poor health compared to 3% of respondents with higher incomes.
- Of those earning less than \$20,000, 35% stated they felt “down,” depressed or hopeless compared to 11% of those earning \$20,000 or more.

Housing and Home Life

- Caregiving also presents enormous challenges to seniors and to the community:
 - One-third of all seniors believe they will be a caretaker for a loved one in the next five years.
 - Caregiving costs at least \$11.6 billion nationally in lost work hours, reduced pensions, and lost income.
 - In 2002, 20% of older adults in Mecklenburg County who needed caregiving help were not receiving the help they needed with tasks that were difficult for them, and of those 46% reported not receiving help with activities of daily living (walking, bathing, etc.).
- 5,985 grandparents are responsible for grandchildren. (Source: U.S. Census 2000)
- All data support the fact that a large majority of older adults want to remain in their own homes as long as possible. To do this will require a broad range of affordable, community-based services that are easily accessible.
- 45% of seniors in Mecklenburg County live on \$20,000 a year or less and spend more than 30% of their income on housing.

Prescriptions present enormous challenges to many seniors:

- 86% of seniors report taking prescribed medications.
- 40% reported having made a decision not to purchase prescriptions at least once.
- 16% reported having gone without other essentials such as rent, food or utilities in order to purchase needed medications.

Information on services and programs:

- Over 21% of older adults indicated an unmet need for information about services and programs for older adults. In the UNC Charlotte Urban Institute Annual Survey, approximately 39% of caregivers said they had problems finding needed services.
- Seniors mostly learned of programs and services by word of mouth at places they frequent, groups that they belong to, and from friends and family.

V. Work Group Recommendations and Strategies

A. WORK GROUP PROCESS

The work group chairs were recruited in the fall of 2004 to develop strategies for the recommendations presented in the 2004 SOSI Strategic Planning Report. The chairs and co-chairs recruited members who had previously served on the committees which developed the recommendations, as well as new participants to the process and topic area. Each work group was given an outline of the report contents that its group was asked to develop and complete in draft form by the late Spring of 2005.

Summaries of each of the work groups drafts were distributed at the Pre-White House Conference On Aging held May 26, 2005 in Charlotte-Mecklenburg. The issues and strategies developed by all Status of Seniors Initiative work groups were presented in the appropriate breakout groups as input at the conference. Also, the 200+ participants were asked for suggestions and feedback about the draft strategies that had been developed.

After the draft, work group reports were completed late this spring. They were asked to review each other draft strategies and adjust them to accommodate similar strategies, as well as to consider input from the White House Conference. They prepared a final document for this 2005 report by August 1, 2005.

B. COMPLETE WORK GROUP REPORTS

1. Center For Aging
2. Caregiver Celebration and Support
3. Community Safety
4. Transportation Independence
5. Community Education and Information
6. Long Term Care Public Policies
7. Physical Environment
8. Adults With Disabilities

“Activities that would help older adults stay active and involved in the community, were the most frequently mentioned needs. They were concerned with providing more of some services, especially transportation and housing.”
Provider Focus Group participants.



1. Center For Aging

Recommendation:

Establish a multi-functional organization that will serve as a “focal point” for the aging network’s strategic planning, information and assistance, care/case management, education and communication, and advocacy on issues affecting seniors.

Statement of Strategy:

- Research the national Aging Disability Research Center (ADRC) as a model. Design a model to meet the needs of the Mecklenburg Community.

Strategy 1 Action Steps :

- Gather internet information on states that received ADRC grants
- Set up meeting with Forsyth County ADRC group to gather information
- The Center for Aging Issues group will review and discuss the data collected
- Review components of other ADRC’s
- Review analysis from the Lewin Group
- Preview Status of Seniors status reports
- Interview a variety of stakeholders
- Review data and demographic information, as well as anecdotal information from stakeholders about issues and needs in the County
- Develop a design for Mecklenburg County ADRC

Strategy 1 Timeline:

July 1, 2005

Strategy 1 Expected Outcomes:

- Issue group educated about the various models and designs for ADRCs
- There will be a model that will fit the needs of Mecklenburg County

Relevant Data:

In every survey and discussion of needs of older adults and problems with services, fragmentation of services is always one of the issues. During the May 18, 2005 Pre-White House Conference on Aging, the need for a “no-wrong door, one-stop shop” for Mecklenburg came up in every single focus group.

Targeted population/beneficiaries:

- Older adults needing services (persons 60+)
- Individuals with disabilities
- Caregivers trying to locate services for family

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STRATEGY 2

Statement of Strategy 2:

- Develop partnerships with as many entities as possible within both the aging and disability networks to coordinate implementation of the design

Strategy 2 Action Steps:

- Develop an agreement of understanding to use with partners
- Develop a newsletter or some form of communication to keep partners informed and vested
- Develop a presentation to share with potential partners
- Make presentations to key organizations

Strategy 2 Timeline:

Complete Strategy 2 Action Steps by September 15, 2005, except for the last action step, which will be ongoing

Strategy 2 Responsible Organization:

Implementation Team

Strategy 2 Resources

- Staff
- Time

Strategy 2 Expected Outcomes:

Key organizations fully informed, involved and committed to the design (i.e., COA, Department of Social Services, Senior Center, Shepherd, AAA, HR Association, Employers Association, etc.)

STRATEGY 3

Statement of Strategy 3:

- Coordinate with the Forsyth County ADRC to incorporate a uniform assessment process in Mecklenburg County

Strategy 3 Action Steps:

- Meet with Forsyth County ADRC for updates on their process
- Meet with the NC Division of Aging and the Division of Medical Assistance for status of the uniform assessment
- Review the assessment process for potential use in Mecklenburg
- Put together team to review the barriers in utilizing a uniform assessment in Mecklenburg

Strategy 3 Timeline:

March 30, 2006

Strategy 3 Resources:

- Computers and computer software
- Funds to purchase
- Staff to incorporate into the various systems

Expected Outcomes:

A uniform assessment system that would save time, duplication of efforts and frustration for those trying to access services.

STRATEGY 4

Statement of Strategy 4:

- Identify organization/agency that would become the Center for Aging (ADRC)

Strategy 4 Action Steps:

- Develop Business Plan for an ADRC
- Identify funding Sources
- Develop pros and cons of using existing organizations

Strategy 4 Timeline:

December 1, 2006

Strategy 4 Expected Outcomes:

A resource that would provide a “one-stop shop” for older and disabled adults needing services.

Concluding Narrative:

This particular issue is one that will require the input of higher level staff from key organizations. It is also the type of issue that will need a significant amount of time and work to develop an entity that will operate effectively within the community. One of the challenges has been, and will continue to be, getting the right people to the table with enough time to actually make decisions.

This is such a large initiative it is also going to take a significant amount of funding to make it happen. Rallying those resources plus the “think tank” resources to actually implement the ADRC will be challenging.

Center For Aging Meeting Time And Hours

Regular Meeting: First and Third Fridays of the month from 12:00 – 1:30 p.m.

Met the following dates:

February 4, 2005
February 18, 2005
March 4, 2005
March 18, 2005
April 15, 2005
May 6, 2005

Volunteer Hours

Six (6) meeting dates:

16 people met on March 4 for 1 ½ hours	24 hours
Five (5) people met on four of the other meeting dates for 1 ½ hr	90 hours
Intern collecting data	40 hours
Writing reports	7 hours

Estimated Total 161 hours

Resources

- www.adrc-tae.org
- [Report from Adults with Disabilities Work Group - May 2005](#)

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

Current barriers in this area to adults with disabilities:

There are many agencies in this community who can or do provide these services, however, some agencies:

- have offices that are not wheelchair accessible
- are not on a bus route
- do not have ADA-compliant parking
- are not prepared to provide materials/information in alternate format upon request (Braille, large print, audio tape, audio description, captioning)
- do not have a TTY number or know how to use RELAYNC
- have not hired a sign language interpreter
- staff do not know the proper way to interact with people with various disabilities
- are so focused on just aging that they do not see disability as part of their responsibility
- have Web sites that are not legal (compliant with screen readers)

Current strategies to overcome these barriers are:

We do not feel it is necessary to duplicate services that are being provided. However, advocating with existing agencies will help a great deal.

Recommendations for furthering the strategies:

- Partner with the following agencies to ensure that elderly-specific service agencies are aware of how to serve people of age who also live with disabilities:
 - Just1Call
 - Area Agency on Aging
 - Council on Aging
 - Programs for Accessible Living
 - The Arc
 - Charlotte Regional Resource Center for the Deaf and Hard of Hearing
 - N.C. Division of Services for the Blind
 - N.C. Division of Vocational Rehabilitation
 - N.C. Division of Vocational Rehabilitation Independent Living Program
 - N.C. Council on Developmental Disabilities
 - N.C. Gerontology Consortium at UNC Charlotte
- Receive in-service trainings for information and technical assistance from above named agencies about the following topics:
 - ADA Title II & III Training (site accessibility, consumers' rights, types of alternate format, handling requests for interpreters, etc.)
 - Deaf Culture
 - Disability Civil Rights History
 - Person First Language/Awareness
- Keep up-to-date database of information and materials from each disability-focused agency partner.
- Have representatives of partnering organizations and seniors with disabilities meet on a pre-determined regular basis to discuss the needs of people with disabilities who are elderly and determine how best to meet those needs.

Mecklenburg County Aging and Disability Resource Center

Functions in **BLUE** are primarily consumer functions.

Functions in **GREEN** have both consumer and community responsibilities

Functions in **PURPLE** are primarily community functions.

INFORMATION, REFERRAL & ASSISTANCE:

Just One Call is singularly suited for this function but would need to be moved from inside the Department of Social Services (DSS) in order to provide the broader range of information including location and access to research and life enhancement activities. This is the pivotal “connector” to all the components of the Center for Aging & Community Resources. This would also be where local businesses called to access information. There would be referrals & assistance provided at this point.

INTAKE & ASSESSMENT:

A uniform assessment with a broad range of eligibility triggers would be important. This uniform piece could be done by any “participating provider” with the system completing specific service forms for which the system indicated the client eligible and the client indicated interest. Perhaps much later in the process, money could be attached to the consumer or Consumer Directed Care could be implemented.

ADVOCACY:

This includes individual (primarily on the consumer side) and the “class advocacy” which would be provided on a program, local, regional, state or national level. Most of the class advocacy would be on the community side.

EDUCATION:

The types of activities include training service providers, workforce training, consumer support issues, and consumer life enhancement (these are educational activities for seniors like the Center for Retirement in Asheville). Different parts of this will be filled by the ARS, local providers, senior centers, Employers Association., AAA, the new CPCC Lifelong Learning Institute, etc.

DATA MANAGEMENT:

Client Side: All the client data information and reporting which will be maintained through the actual service provision

Community Side: Community needs assessment; collection and management of research, program/service evaluations. (This body of work could be provided by the ARS).

MARKETING & COMMUNICATION:

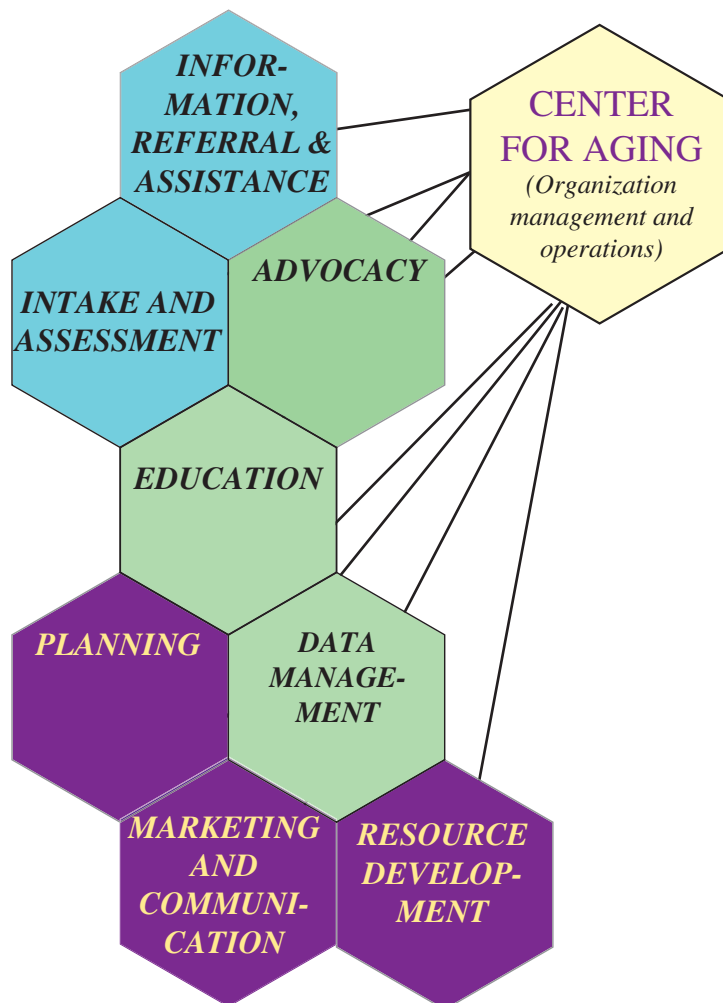
This would be the part of the organization that marketed the services of the Center, worked with the media, and communicated and distributed information about research available. There are many markets (consumers, providers, private industry, elected officials, etc.). It would be imperative to have a marketing plan that included all.

RESOURCE DEVELOPMENT:

There would need to be resources developed for Center Operations; Research Projects, and Service Expansion. The Center will need to have multiple income streams from product sales, memberships foundations, and government grants.

PLANNING:

The format for this would need to include providers, Aging Resource Center (ARS), elected officials, private sector, etc. This is a crucial function of the Center to provide the on-going “road map” for Aging in Mecklenburg County and to identify research needed to respond to the concerns and needs of older adults.



2. Caregiver Celebration and Support

Recommendation:

Magnify (make clear) the vital importance of what caregivers are doing and make sure they have the resources (education and support) throughout their caregiving continuum from the beginning to end.

Statement of Strategy:

1. Make information about resources widely available to caregivers by developing a resource packet and multi-media training and education plan. Ensure that this information is available where caregivers go. Kick off this project via a “Town Hall Meeting” or event that promotes the vital role of caregivers.
2. Develop media pieces that provide recognition of caregivers and their roles and provide identifiable symbols for caregiving in this community.
3. Help caregivers identify themselves as such early in their caregiving careers and help them identify the types of help they might need and the types of assistance that are available.

Action Steps Strategy 1:

1. Determine what caregivers need to know. Topics include self-care, resources, disease-specific information, how to assist with ADLs, nutritional information, financial strategies, CPR, first aid, funding resources, medications and where to call to find help.
2. Develop a packet of materials to be made available at locations that caregivers frequent, including churches, libraries, nursing homes and adult care homes, Senior Centers, recreation centers, EAP and HR offices and physician’s offices (specifically Ob/Gyn And Internists offices).
3. Identify potential point people at the highest level of these organizations and invite them to kickoff a conference to build support for disseminating the packet. Request that they support the idea within their agencies as it is in their best interest to do so. Ask them to appoint a contact person who will be responsible for making sure that materials are restocked. Agencies to be invited to this conference include the Chamber of Commerce, American Medical Association (AMA), Employers Association, Mecklenburg Ministries, the Bar Association, Just1Call (J1C), Charlotte-Mecklenburg Aging Coalition (CMAC), Senior Advocacy Group (SAG) and community liaisons from CMC and Presbyterian Hospital.
 4. Make the conference a yearly event
 5. Shift the role of the Mecklenburg County Family Caregiver Support Specialist toward activities which improve the visibility, availability and accessibility of information to

support caregivers. This includes collaboration with other agencies providing services, acting on the strategies to develop and disseminate the packets, coordinating with all I&R providers to make sure that information is consistent and updated and working toward the Town Hall meeting in November.

Strategy 2:

1. Develop a caregiver self-assessment tool that links to resources and can be included in the resource packets, on the JIC Web site and with all I&R specialists in the county.
2. Encourage all I&R providers in the community to routinely ask whether the caller would like additional information about caregiving.

Strategy 3:

1. Design brochures and a link on the JIC Web site using colors, symbols and designs which will become identifiable with caregiving throughout the community.
2. Arrange for media spots and presentations to coincide with National Caregivers month and the Town Hall kickoff in November.
3. Develop “story boards” as part of the identifiable symbols of caregiving. These story boards would be used during presentations, health fairs and media events. They tell the story and value of caregiving through the art of caregivers.

Timeline

1. Initial story board was available May 26, 2005; others will be added and updated throughout the year.
2. The role of the Family Caregiver Support Specialist will be shifted toward community awareness and education, effective July 1, 2005.
3. The Caregiver Self Assessment tool, resources and program evaluation tool will be available through the JIC Web site - August, 2005.
4. Add a caregiver link to the JIC Web site and link customers with resources- August, 2005.
5. Apply for grants for media campaign and publication of the resource materials- August 2005.
6. Materials for caregivers available for distribution, including hard copies of the self-assessment tool-November, 2005
7. Media campaign-October, 2005
8. Town Hall meeting-November, 2005

Responsible Organization

It appears that the Family Caregiver Support program at the Department of Social Services should be the lead agency.

Other needed agencies include AAA, Senior Directions, United Way of Central Carolinas, Inc. Aging Resources Network, Charlotte-Mecklenburg Senior Centers, Council on Aging and JIC. A list of private corporations will be developed by the Caregiver Sub-Committee if the resource packet and town hall meeting are approved by the SOSI steering committee.

Resources

- Development of list of contact people to invite to caregiver kickoff-SOSI subcommittee
- Assistance in developing the kick off event-SOSI Subcommittee
- Support staff for updating resources and printing supplies for various sites-JIC and DSS, SFA
- Money for part-time support staff and printing costs (grants)
- Volunteer assistance for updating and distributing resources-DSS Assistance with distributing packets to various sites (Senior Directions)
- Staff to promote caregiver identity, promote the tools and resources currently available: Marsha Ghent, Mecklenburg Family Caregiver Specialist, DSS and JIC social workers, Alzheimer's association Information and Referral staff
- Grant writing assistance for funding: Sharon Kugelmass, Mecklenburg County
- Developing and implementing the story board concept: Marsha Ghent, DSS
- Publicizing the availability of caregiver training: JIC, Marsha Ghent at DSS Family Caregiver Support program.
- Developing the caregiver self assessment tool, creating a link on the JIC Web site and utilizing the tool: Theresa Owens, Joan Gresham, DSS CIR and Intake and Alzheimer's Association Information and Referral staff

Expected Outcomes

1. There will be an easily found and recognizable phone number and web site for caregiving needs.
2. Caregivers will have readily available information in sites where they normally visit.
3. Caregivers will identify themselves as caregivers earlier and begin exploring their needs and options earlier in their caregiving careers.
4. Employers will have more information about caregiving resources

Evaluation Criteria

1. Record number of hits to the Caregiver Resources Web page and establish baseline.
2. Evaluation link on the JIC Web site for caregivers to complete after using Web site.
3. Increase in Caregiver-related calls to Just 1 Call
4. Record number of events with storyboard and distribution of printed material to establish baseline.

Relevant data

Source: NC Division of Aging: 2000 Survey Relating to Family Caregivers

- Caregivers 65+ said 32% would not know where to call for assistance.

Source: Provider Survey from UNCC MPA project and Status of Seniors Report

- 84.5 % caregivers surveyed said caregiver services were essential or critical
- 46% of older adults in Mecklenburg County were not receiving the help they needed.
- 19% of the total population surveyed in Mecklenburg County has a family member or friend over 60 who is receiving care.
- The 2003 Status of Seniors report showed that 39% of caregivers surveyed indicated that they had difficulty finding out about services.

Source: Comments from Aging Providers and other community agency meetings:

- Caregivers do not know who to call or what agency to call for assistance.
There is not one listing for Family Caregiver Support.

Targeted population/beneficiaries

Source: National Family Caregiver Alliance

- 52 million informal and family caregivers provide care to someone aged 20+ who is ill or disabled
- 90% of caregivers rated a break from caregiving as either very important (74%) or important (16%). *
- 5.8 to 7 million unpaid caregivers provide care to persons 65+ who need assistance with everyday activities.
- By the year 2007, the number of caregiving households in the US for persons aged 50+ could reach 39 million.
- The pool of family caregivers is dwindling. In 1990, there were 11 potential caregivers for each person needing care. In 2050, that number will decrease to four.

Source: NC Division of Aging: 2000 Survey Relating to Family Caregivers

- North Carolina ranks above the national average in percentage of adults providing care to someone 60 or older with 17.1%.
- Only 10 states report having a higher percentage of caregivers for older adults.
- Caregivers 65+ said 32% would not know where to call for assistance.
- One half of caregivers surveyed experience caregiver burden. Partners (71%), parents (60%), and spouses (56%) experience the greatest burden; children (50%), other relatives (41%), and friends (41%) follow. Source: *A Portrait of Informal Caregivers in America*

2001 – Roberts Wood Johnson Foundation National Strategic Indicator Surveys

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Concluding Narrative:

This work group determined early on that its focus would be access to information about services and getting family caregivers to identify themselves as caregivers. Access to information about services across the aging community is an issue that has been identified repeatedly without a solution. Our work group has come up with some strategies that can be implemented at relatively low cost. The planning and implementation of more extensive and costly strategies is beyond the scope of committees largely made up of volunteers.

It was helpful to have the report template available from the beginning. It provided some structure to the process. One of the biggest challenges was keeping the original group involved from start to finish. Part of this was due to the gradual unfolding of the strategies which changed some of the strategies. The other part was time wasted trying to clarify where we were going. Some greater clarity of the scope of our committee would have been helpful.

New contacts were developed in the community, which was helpful. Unfamiliar participants who served caregivers brought fresh perspectives to the group and we are grateful for that.

Meeting schedule and hours:

Work group #4 held meeting at the Centralina Council of Governments on the following dates:

January 21, 2004	1:30 to 3:30 p.m.
February 4, 2005	9:30 to 11:30 a.m.
February 18, 2005	9:30 to 11:30 a.m.
March 1, 2005	9:30 to 11:30 a.m.
March 18, 2005	9:30 to 11:30 a.m.
April 13, 2005	1:30 to 3:30 p.m.
April 26, 2005	1:30 to 3:30 p.m.
May 17, 2005	10 am to 12 noon

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

Current barriers in this area to adults with disabilities

- Professional caregivers do not have access to health insurance
- Professional caregivers do not have access to workers’ compensation insurance
- Professional caregivers are not given time off for weekends and holidays
- Professional caregivers do not have access to an EAP, although stress and burnout are primary reasons why caregivers leave the profession
- Professional caregivers do not have a quality professional organization (Direct Care Workers Association does not meet their needs)
- Family caregivers are not recognized or allowed to be paid by the N.C. Division of Vocational Rehabilitation
- Seniors with disabilities are not allowed to hire or fire their own caregivers
- Seniors with disabilities are not allowed to have uncertified family caregivers paid for their services through the Department of Social Services
- Not enough access to respite care for family-members caregivers
- In-home care requires an individual to be so disabled as to qualify for nursing home placement in order to receive services right out of the hospital/rehab
- If an individual is not qualified for the previously-mentioned placement, in-home care is not available until the individual has had 90 days of rehabilitation. This places a tremendous burden on the family of individuals who are admitted into a rehabilitation facility for only 30 days
- The current unemployment rate leaves few individuals pursuing in-home caregiving as a profession

Current strategies to overcome these barriers are:

Charlotte-Mecklenburg Schools have issued grants for pilot projects to determine the best way to overcome these barriers.

It is assumed they will systemically address issues as they are identified.



Recommendations for furthering the strategies:

- Find out which entities in Mecklenburg County, if any, received this demonstration grant and partner with them to assist in completing their projects.

3. Community Safety

Recommendation:

To increase the personal safety of seniors. Launch a crime prevention and education campaign in high-density areas with a focus on seniors.

Statement of Strategy:

1. Engage the Charlotte-Mecklenburg Police Department as the lead agency in planning and implementing a crime prevention and education campaign.
2. Initiate senior-oriented Crime Prevention through environmental design in communities with significant numbers of seniors.
3. Introduce proactive public safety initiatives that will address issues resulting from projected growth in the senior population.
4. Provide ongoing first responders training to the police, fire, and Medic departments. This training will educate first responders on how to communicate with seniors, understand their concerns, and recognize signs of abuse, neglect and exploitation.
5. Promote older adult participation in the Better Business Bureau's (BBB) annual "Scam Jam" that raises public awareness about crime and fraud schemes.

Co-Chairs: Julie Adams (704-336-4658); JMAadams@Carolinas.org;
Maryanne Dailey (704-525-8597); maryanne@charlotte.bbb.org

Action Steps

1. Engage the Charlotte Mecklenburg Police Department (CMPD) as a lead agency in planning and implementing a crime prevention and education campaign.
 - a. CMPD - Police Chief Stephens and BBB consumer foundation elder fraud presenter Maryanne Dailey have agreed to partner to provide educational and personal safety talks to older adults in the community.
 - b. CMPD - South Division and the BBB Consumer Foundation have entered into a partnership that provides presentations focusing on educational and personal safety issues relevant to consumer fraud and crime prevention. This is now occurring on a monthly basis.
 - c. Additional partnerships will be pursued with other CMPD divisions. The top five fragile areas will be the neighborhoods that will be targeted first. The police Department and BBB Consumer Fraud Unit will ensure that talks will be given in the five high risk neighborhoods within a year.

2. Initiate senior-oriented crime prevention through environmental design in communities with significant numbers of seniors.
 - a. The committee identified the Beacon Lights as an environmental design factor that would be helpful. A beacon light is a light that can be purchased at stores as Home Depot or Lowe's. When one turns the light on and off from inside the house, the light outside will flash, alerting police or whoever comes by the house that the person inside the house is in distress. If the person inside has already called 911, it is also a good way to ensure that the house can be found quickly by the police or Medic.
 - b. Maryanne Dailey met with Police Chief Stephens to see if he agreed that it would be a good idea. He agreed it would be a good safety idea, but did not have the money to put forth at this time to pay for beacon lights in the community.
 - c. In the past, some Beacon Lights have been given out through the Police Department; Christian Wagner with the Police Department is in charge of locating the Beacon Lights already in place and making sure that they are given out in high crime areas.
 - d. This would be a good project that the County Commissioners could fund or perhaps a civic group could take on as a project.

3. Introduce proactive public safety initiatives that will address issues resulting from projected growth in the senior population.
 - a. Increase awareness of consumer fraud prevention and crime prevention tips through providing senior public safety information in the utility bills.
 - b. Present information to the Board of County Commissioners' Community Health and Safety Committee.

4. Provide ongoing First Responders training to the police, fire, Medic and Sheriff 's departments. Training to be provided by DSS, Area Agency on Aging, or Police Department for their own staff. First Responders is a program to train the people who are often first to arrive on a scene on how to communicate with seniors, understand their concerns, and recognize signs of abuse, neglect and exploitation.
 - a. A meeting was held with Chief Stephens to assure his "buy in" on this issue. He agreed that it would be an excellent idea.
 - b. Julie Adams, CAP Manager with the Health Department, made contact with Wayne Mullis, Adult Protective Services Supervisor at the Department of Social Services (DSS) and Debbie Lee, at Area Agency on Aging (AAA) regarding First Responder Training done in past. Wayne Mullis has stated that they can still do the First Responder Training. Departments, as do the Police Department, must request the training when it is needed.

- c. Julie Adams obtained video and laminated abuse/ neglect fact sheets from Wayne Mullis, as well as a training packet on A Guide to Abuse, Neglect and Exploitation of Disabled Adults: First Responder Training Manual. Information put together March 1996 through grant funds.
 - d. Video reviewed by Julie Adams, as well as Sergeant Walter Bowling and others at the Police Department, to assure suitability of the video. All agreed that the video would be very suitable for this purpose.
 - e. In talking with police officials on the committee, they were not aware of the available training, but were interested in receiving a shortened version of it.
 - f. Police Department Sergeant Walter Bowling, Fraud Unit Supervisor, spoke with Sergeant Fields, who is over the inservice training for the police department and Captain Dale Green who is over the Police Training Academy. He also spoke with someone from their technical assistance department about shortening the video from 18 minutes to 10 minutes. Sergeant Fields said this would be no problem and would better fit the time schedules of their staff.
 - g. Plan is that all Mecklenburg County patrol officers will receive the video training and the laminated abuse/neglect fact sheets. The training will be given by the police academy's own training department. The training will also be given to all newly hired patrol officers.
 - h. The committee felt that the laminated fact sheets on abuse, neglect and exploitation should be updated in 2006. The committee felt it should use up the old laminated sheets in the meantime. DSS has about 2,000 to 3,000 sheets left, which should last at least one year. Updated sheets should be more compact and reviewed for content.
 - i. Contacts have already been made with the Fire Department, Medic and U.S. Postal Service to determine their interest in First Responder Training. They are currently considering implementation of this First Responder Training. They have been notified that resource information on First Responder Training is available through either the Police Department or Department of Social Services.
5. Promote older adult participation in the Better Business Bureau's annual "Scam Jam" that raises public awareness about crime and fraud schemes.
- a. Maryanne Dailey will form a committee of approximately 10 volunteers to help her organize and plan the Scam Jam.
 - b. Maryanne Dailey reports that this has been accomplished.

Timeline

1. CMPD - South Division and the BBB Consumer Foundation began partnership in September 2004 to provide presentations focusing on educational and personal safety issues relevant to consumer fraud and crime prevention. Additional partnerships will be pursued with other CMPD divisions. Expansion to begin within 6 months (by May 2005). September 2005 is the target month to have at least one workshop in each of the five fragile areas. (See page 17 of the attached report Embracing the “Age Wave” to see the top five areas in Mecklenburg County where seniors are victimized.) Evaluative tool will be developed by May 2005. Meeting was held with Chief Stephens in January 2005 regarding these plans.
2. Meeting held with Chief Stephens in January 2005. Christian Wagner said that there are still beacon lights at the Police Department from a past project. By May 1, 2005, he will find out how many lights are on hand that could be distributed to residents of high risk neighborhoods.

Additional Beacon Lights could be purchased if a funding source could be identified. The group thought that perhaps a community civic group could take on beacon lights as a project and get Home Depot, etc. to donate the lights. Maryanne Dailey with BBB is an excellent contact person for civic groups that could possibly lead this project.

3. Introduce awareness of consumer fraud prevention and crime prevention tips through information in the utility bills (water/electric). Senior tips to be written by Maryanne Dailey; request will be made for them to be inserted with the utility bills by July 2005. Joel Riddle will work with Maryanne Dailey on presenting to the Community Health and Safety committee sometime within 2005. Julie Adams will also be available to help them as needed.
4. Meeting held with Chief Stephens in January 2005. Julie Adams, CAP Manager with the Health Department, made contact with Wayne Mullis, DSS Adult Protective Services Supervisor and Debbie Lee, AAA Ombudsman in December, 2004. Julie Adams, as well as key police officials reviewed the video “A Guide to Abuse/ Neglect, and Exploitation of Disabled Adults” in December 2004. Ongoing First Responder training to the police department will be completed by October 1, 2005 (the end of third quarter). Vivian Vance, Detective with Police Department Fraud Unit, has made contact with the key people in charge of First Responders from other Departments as follows:
 - a. Rob Brisley with the Charlotte Fire Department; Danny West of Medic
 - b. Paige Sheehan of Medic Department

c. Bill Brown with the United States Postal Service, Media Relations as well as Tom Callahan, the Charlotte Postmaster

Sergeant Walter Bowling will be coordinating with key contact people in the Police Department to see that first responder training occurs. Plan is that all patrol officers, including those in recruit training, will be trained by December 2005.

All of the people noted above (a- d) were receptive and expressed interest in having first responder training in their agencies (with the exception of Paige Sheehan who could not be reached). Sergeant Bowling will see that the video will be made available to these other departments if they decide to use it as a training tool.

5. Committee of approximately 10 people was formed to assist Maryanne Dailey with planning the Scam Jam beginning in November 2004. The Scam Jam will occur on May 18, 2005 at Calvary Church.

Responsible organization

1. For engaging the CMPD as lead agency in planning and implementing a crime prevention and education campaign, Maryanne Dailey, Director of Consumer Fraud/ BBB and Dennie Crowder, Traffic, Media, and Special Projects Coordinator with the South Division Police Department will lead this effort.
2. The beacon lights are a good idea, but the committee is unaware of an agency willing and able to take on buying the beacon lights at present. Suggestions have been made that a civic group could take this on as a project and get beacon lights donated by vendors such as Home Depot.
3. Maryanne Dailey with the BBB will be writing the “ Senior Safety Tips” to be placed in the utility bills. Joel Riddle will work with Maryanne Dailey and Julie Adams in regard to presenting in front of the Community Health and Safety Committee sometime in year 2005 with regard to fraud prevention and crime prevention.
4. Sergeant Walter Bowling, Fraud Unit Supervisor, with the Charlotte Mecklenburg Police Department will be responsible for making sure that abbreviated training is available for the Police Department; he will also make available the training materials to fire, Medic, EMS and the postal service. If these departments state that they need a trainer to assist with the video and handouts, Protective Services is available to give training on an as requested basis.

5. Maryanne Dailey is responsible for bringing a committee of approximately 10 individuals to assist her with the Scam Jam. This has already occurred.

Resources

1. For engaging the CMPD and the BBB as lead agencies in planning and implementing a crime prevention campaign, the primary resource needed will be the time of staff to dialog together.
2. For the beacon light project, there will be the cost of the beacon lights at approximately \$ 8 to 10 per light at Home Depot. Each light will last for approximately 2,000 hours. Total cost will depend on how many can be donated through Lowe's and Home Depot.
3. There will be no cost for putting "Senior Tips" in the utility bills.
4. The First Responder Training will involve the cost of personnel time of various staff involved in the trainings. The cost for first responder training materials would be the cost of making laminated materials for distribution and additional videos. Lamination sheets cost \$1.99 individually, but a bulk rate could most likely be obtained through the county print shop. Wayne Mullis has the previous older version of the abuse, neglect, and exploitation fact sheets. We have enough laminated sheets to last at least through the year 2005. The Police Department can cover the expense of producing an abbreviated version of the video which will last approximately 10 minutes instead of 18 minutes. The committee felt that perhaps DSS could come up with a financial source to fund updated laminated fact sheets on abuse and neglect in the year 2006 possibly through grant funds.
5. There will be no cost for getting a committee together to assist Maryanne Dailey in promoting the "Scam Jam" as these people will be volunteers.

Expected Outcomes

1. Expected outcome will be to prevent consumer fraud and ensure personal safety of seniors through educational efforts noted in the strategies.

Evaluation Criteria

1. Evaluative criteria for presentations given by BBB and CMPD are the evaluative tools that have been designed through Maryanne Dailey and Dennie Crowder.
2. Beacon light project will be evaluated by how many potential seniors could potentially be protected through use of the beacon lights (if funding source is found).
3. Impact of the "Safety Tips" in utility bills will be evaluated by looking at how many households received this information. Presenting committee findings etc., in front of the Community Health and Safety Committee will enhance their knowledge of key issues. The effectiveness of this meeting will be measured by the number of commissioners, staff and others in attendance.

4. The impact of first responder training will be measured by the number of staff in the community trained using the first responder training Materials.
5. Promotion of the “Scam Jam” will be measured by the number of individuals that attend and the survey results obtained.

Relevant data

Please see the “Embracing the Age Wave” report. This is a report that originated through students in the Master of Public Administration Program, University of North Carolina at Charlotte. The data about the five areas of highest senior victimization, etc. were all obtained from this report. Some of the data found in this report was gathered by the Charlotte-Mecklenburg Police Department.

The other source of data is the “Guide to Abuse, Neglect and Exploitation of Disabled Adults: First Responders’ Instructional Manual” dated March 1996, along with the laminated fact sheets and the video.

Targeted Population/Beneficiaries

Seniors in all of Mecklenburg County will benefit from the recommended actions, including the target population (seniors in the five “Hot Spot” areas). Families of the seniors will also benefit. It will make Charlotte-Mecklenburg a more senior-and family-friendly place to live.

Concluding Narrative

This committee worked very well together. The committee made important advances in all the strategy areas, but in particular the first responder training strategy. There was quite a bit of interest in making sure all first responders get to have training on abuse, neglect, and exploitation of disabled adults. The biggest challenge for this committee is limited time to spend on the project. As committee members are doing this in addition to their regular jobs, time is limited.

Launch a crime prevention and education campaign in high-density areas with a focus on seniors

Current barriers in this area to adults with disabilities:

- High-density senior areas not identified.
- Safety concerns of seniors living in these areas are not identified.
- Seniors in these areas lack an identifiable police contact.
- Safety plans for these areas are not developed.

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

- Obtain city demographics.
- Define “high-density” areas.
- Obtain crime statistics for high density areas.
- Identify police precinct that works in each high density area.
- Identify one or two police officers that are willing to speak to seniors about safety.
- Identify any current senior groups that meet in high density areas (these groups should be approached about hosting a safety meeting).
- If area is in a City Housing location invite a representative from the Charlotte Housing Authority and/or complex manager to participate.
- Invite local business owners where seniors shop/visit.
- Identify accessible facility to hold safety meeting(s).
- Determine time and place for safety meeting(s).
- Develop a flier about safety meeting(s).
- Develop a list of places to distribute flier.
- Distribute flier.
- Hold safety meeting(s). Be sure to address needs of senior with disabilities.
- Be sure participants have the phone number of their local police precinct and the names of the officer(s) who speak at the meeting.
- Follow up with participants to see if they are implementing safety tips.

4. Transportation Independence

Recommendation #1:

Establish a Transportation, Education and Advocacy Task Force (TEATF) for seniors in Mecklenburg County. The Task Force will serve as a unified community voice for the purpose of providing education and advocacy to improve the overall transportation service delivery and accessibility for local senior citizens. In addition to serving as an organized transportation public forum for seniors, the task force will focus on critical issues such as (1) senior transportation public education/advocacy, (2) senior transportation volunteer corps, (3) priority transportation status for seniors in human service/medical professions and (4) older adult driving safety.

Statement of Strategy:

Provide a brief narrative that defines what this strategy will be in order to accomplish some portion of the above recommendation. The senior transportation mobility education/advocacy strategies are as follows:

1. Transportation Public Education

- Educate public regarding senior-specific public transportation usage, eligibility requirements, usage patterns, and existence of area transportation services.
- Educate specific target groups on transportation services available to seniors, including senior adults and their families, medical professionals, pharmacies, social workers, human service agencies, faith based organizations, civic/social organizations, neighborhood groups, professional associations and business/retail industries.

2. Transportation Volunteer Corps and Incentives for Volunteers

- Develop a corps of volunteer drivers and “transportation buddies”.
- Offer free transit rides to those who volunteer.
- Conduct a media blitz to make the community aware of the need for volunteer drivers.
- Maintain volunteer driver database as part of the coordinated system.
- Educate the general public regarding use of enhanced transportation system.
- Develop a Volunteer Coordinator position to recruit and schedule volunteers.
- Development of a “bus stop/light rail/STS buddy” system to minimize apprehension in utilizing transportation systems.

3. Senior Clients Transportation Priority Status Among the Human Service/ Medical Professions

- Work within the Human Service/Medical Professions to set up “Best Practices”.
- Educate seniors on coordinating transportation issues.

4. Safety Issues for Older Adult Drivers

- Provide information on alternative transportation sources.
- Develop support groups for seniors who are giving up driving.
- Educate medical community.

Action Steps to Develop Task Force:

1. Seek SOSI recommendation approval.
2. Seek “buy-in” and commitment for task force from key stakeholders.
3. Solicit individual or group to oversee the activities of the task force and /or place within an appropriate existing organization, and/or create collaboration from stakeholders.
4. Hold an initial task force organizational meeting hosted by SOSI and committed parties.
5. Appoint or designate members to serve on the Task Force.
6. Assign staff from various transportation provider agencies to provide technical support.
7. Establish regular meeting schedule.
8. Set preliminary strategies for the Task Force. These are to be developed in response to the needs identified by the Mecklenburg Status of Senior Transportation Issue Group, as well as needs identified by other groups.

Action Steps to Develop Task Force:

- Determine an individual or group to oversee the activities of the task force. The designated entity will assume responsibility to appoint members to serve on the task force and begin making appointments.
- Assign staff from various transportation provider agencies to provide technical support, as necessary.
- Establish regular meeting schedule.
- Identify the existing groups or committees the task force should model, survey, or consult while getting established, such as: the Citizens Transit Advisory Group (CTAG), the Transit Services Advisory Committee (TSAC), the Charlotte-Mecklenburg Advocacy Council for People with Disabilities Transportation Committee (ACPD Transportation), the Mecklenburg County Council on Aging, etc.
- Set preliminary goals and objectives for the task force. These should be developed in response to the needs identified by the Mecklenburg Status of Senior Transportation Issue Group, as well as needs identified by other groups.

Timeline

1. May 2005: SOSI recommendation approval.
2. May-August, 2005: Key stakeholders contacted by SOSI leadership and Transportation Subcommittee members and commitment confirmed.
3. September 2005: Individual/group to oversee the activities of the task force and/or placed within an appropriate existing organization to create collaboration.
4. October 2005: Initial task force organizational meeting hosted by SOSI leadership and committed stakeholders.
5. September-October, 2005: Members invited, appointed or designated.
6. September, 2005: Transportation provider agencies technical support designated.
7. November 2005: Regular meeting schedule begun. Work with City and Council staff to identify appropriate funding levels for infrastructure and programs.
8. January 2006: Strategies reconfirmed and implementation begins.
9. Long Term- TEATF to work with City and County government on recommending changes to zoning and subdivision ordinances; transportation action plan, street design guidelines and other initiatives.
10. TEATF to campaign elected officials on land use needs of seniors.

The following list includes potential stakeholders. The Transportation sub-committee recommends that this list be used as a starting point to determine interest and assign responsibility.

- Charlotte Mecklenburg Council on Aging
- Charlotte Area Transit System
- City of Charlotte Public Transit Department Metropolitan Transit Commission (MTC)
- Citizens Transit Advisory Group (CTAG)
- Transit Services Advisory Committee (TSAC)
- Charlotte Mecklenburg Advocacy Council for People with Disabilities, Transportation Committee (ACPD Transportation)
- Charlotte Mecklenburg Aging Coalition
- Senior Directions
- City of Charlotte Neighborhood Development Office
- Mecklenburg County Department of Social Services
- Centralina Council of Governments' Area Agency on Aging
- Charlotte Housing Authority (CHA)
- Carolinas HealthCare System (CHS)
- AARP Local Chapters
- Latin American Coalition
- Mecklenburg Ministries
- Charlotte-Mecklenburg Senior Centers
- Levine Jewish Community Center

- American Red Cross
- Centralina Area Agency on Aging (Region F) Aging Advisory Committee
- Human Services Council
- Mecklenburg County Medical Society
- Chamber of Commerce
- Center City Partners
- Junior League of Charlotte
- Women’s Commission
- UNC-Charlotte
- Charlotte Apartment Association
- Women’s Council
- NC Assisted Living Association
- NC Senior Tar Heel Legislature (local delegates)
- Neighborhood Associations

Resources

The initial query reveals that across the nation, local foundations primarily fund similar types of initiatives as they have a vested interest in the particular community. State and national foundations are also options that have an interest in this type of the issue. Federal funding is an option when a local endeavor matches a particular federal funding stream.

Major Local Foundations in Charlotte, North Carolina

(Potential Interest in this Issue)

African American Community Foundation	Foundation For The Carolinas
Bank of America Foundation	James J. and Angelia M. Harris Foundation
Belk Foundation	John S. and James L. Knight Foundation
Blumenthal Foundation	Lance Foundation
C.D. Spangler Foundation, Inc.	Leon Levine Foundation
Charlotte Merchants	Sisters of Mercy
Dickson	United Way
Dowd Foundation, Inc.	Wachovia Foundation
Duke Endowment	Warner Foundation
Duke Energy Foundation	Z. Smith Reynolds Foundation

NC State Foundations

Kate B. Reynolds Charitable Trust
Mary Reynolds Babcock
Warner Foundation
Z. Smith Reynolds Foundation

National Foundations & Organizations

APTA (American Transportation Association)
Alfred P. Sloan Foundation, NY
Annie E. Casey, MD
Beverly Foundation, CA
Brinker International Foundation
CitiGroup Foundation, NY
Chatos Foundation, FL
CTAA (Community Transportation Association of America), DC
Edyth Bush Charitable Trust, Inc., FL
Ford Foundation, NY
Helen Bader Foundation, WI
Home Depot Foundation, GA
Independence Community Foundation, NY
John D. & Catherine T. MacArthur Foundation, IL
Metropolitan Life Foundation
Newman's Own
NCOA (National Council on the Aging), DC
Public Welfare Foundation
Rockefeller Family Foundation, NY
Smith Richardson Foundation, CT
Soros Foundation, NY
Wal-Mart Foundation, AR
William G. Selby & Marie Selby Foundation, FL

Federal/State/Local Grants

AOA (Administration on Aging), US Dept. of Health & Human Services

CSBG (Community Services Block Grant), US Dept of Health & CSBG (Community Services Block Grant), US Dept of Health & Human Services, Administration of Children & Families, Federal Pass Through Monies

CCF (Compassion Capital Fund), US Dept. Health & Human Services, one time \$50k

CTAP (Community Action Transportation Project), Office of Intergovernmental Affairs, US Dept. of Health & Human Services

FTA (Federal Transit Administration), US Department of Transportation, Elderly & Disabled Transportation, Pass Through NCDOT, FTA Section 5310, Elderly & Persons with Disabilities
NCDOT, JARC Grants, NC Job Access & Reverse Commute Grants

SSBG (Social Services Block Grants), US Dept. of Health & Human Services, Federal Pass Through Monies

Expected Outcomes

The benefit of creating a community that is more sensitive to the importance of mobility for seniors is limitless. Education and advocacy are the building blocks to that end as follows:

- **Education:** The overall community will be more knowledgeable and sensitive to transportation services and the specific needs of senior riders. For example, practice-riding seminars will empower customers to ride transit for the first time.
- **Volunteers:** Volunteers will be identified to assist transportation programs to provide better service. For example, a volunteer database will be maintained to serve as volunteer drivers or “transportation buddies” that will benefit the volunteer, the customer, and the agency providing the service.
- **Medical and Human Services:** Medical professionals will understand the importance of keeping transportation clients on schedule so that they do not miss their scheduled pick-up. For example, transportation providers will contact physician offices and the customer if running late in order that the medical appointment is not canceled.
- **Safety of Older Drivers:** Medical community will have increased awareness of the need for medical intervention concerning the safety of older drivers. Older adult drivers become more educated on driver safety and alternative resources.

Evaluation Criteria

Indicators and measures of success

- Task force members are committed to providing improved transportation for seniors.
- The task force will provide a forum to advocate for the transportation needs of seniors among the general public, including both the public and private sectors.
- A community more aware of and responsive to mobility needs for seniors.
- Greater satisfaction among seniors who use transportation services.
- A service delivery system that is more senior-friendly and accessible.
- Increased usage of public transit among seniors as a result of education, training, and volunteer efforts designed to reduce apprehension and foster safe and friendly transportation.

Relevant data

This recommendation was realized by researching the existing area transportation services available for seniors, and by identifying barriers and unmet needs. As the committee conducted research, it began to understand the complexity of the existing transportation agencies, funding sources, services, and eligibility requirements that impact the provision of transportation services to senior adults in Mecklenburg County. As a result, because transportation is so dynamic and complicated, it was determined that the establishment of an ongoing Transportation Education and Advocacy Task Force would produce more effective and lasting results than a recommendation that addresses only a single issue.

Targeted population/beneficiaries

- Transit-dependent seniors
- Persons with disabilities
- Caregivers
- Employers
- Retail industry

Recommendation #2:

Make Charlotte-Mecklenburg transportation services and communities more senior friendly by considering factors such as: ease of use, information, safety, signage and economic factors.

As determined in Phase One of the Status of Seniors Transportation Report, senior adults have difficulty navigating existing transportation services. By implementing strategies to make Charlotte-Mecklenburg more senior-friendly, seniors will be able to have more independent and fulfilling lifestyles. Strategies will include:

- Increasing communication and available information
- Improving physical accessibility
- Increasing the types of services offered

Statement of Strategy:

In order to make Charlotte-Mecklenburg more senior friendly, various initiatives are required to increase senior mobility.

The primary strategy is to implement programs and accessible infrastructure, which address senior accessibility needs by obtaining appropriate funding levels.

Existing and future initiatives are underway through a variety of City/County and private/non-profit programs. The Transportation Education and Advocacy Task Force (TEATF) will campaign for seniors' needs to elected officials and other decision makers. This group may become a 'gatekeeper' and 'watchdog' for senior needs in the region.

The Transportation Subcommittee recommends that the TEATF be asked to identify funding sources and to spearhead improvement programs and physical modifications to make Mecklenburg more accessible to seniors.

Action Steps

Seek additional funding through government agencies and grant opportunities.

- TEATF to monitor City and County budgets for senior-related programs and infrastructure opportunities.
- TEATF to educate elected officials for additional funding of programs and infrastructure opportunities.
- City/County staff to review CIP related programs and other programs to ensure seniors' needs are explored.
- When increasing services to outlying areas, consider the following improvements:
 - Increase of services includes transit, infrastructure (i.e., sidewalks) and connection of appropriate land uses to serve seniors.
 - Guaranteed ride home policies (on regular routes) shall be encouraged for examples where something goes wrong in the system and rider is not picked up for transport.
 - Door-to-door service shall also be explored and encouraged.
 - Increase the number of Accessible Pedestrian Signals to improve usability of intersections.
 - Welcome seniors to the transit system with increased educational materials/training.
 - Provide free passes to those who are acting as "helpers/assistants".
 - Create well-designed areas within the city and suburbs, which are conducive to taking short trips to meet seniors' daily needs (grocery store, pharmacy, library, etc.) via all modes of transportation (walking, bicycling, transit or vehicles).

- TEATF to work with City and County land use planners and transportation planners to accommodate seniors' transportation choices
- Well-designed areas are critical to ensuring that seniors have alternative modes of transportation such as walking, biking, and transit.

Timeline

0-24 Months

Implement reduced fares for senior companions
Increased distribution of education materials

25-60 Months

Seek additional funding through government agencies and grant opportunities.
Increased number and condition of sidewalks
Increased lighting at bus stops
More intersections with accessible pedestrian signals
Increase service in outlying areas
Provide a guaranteed ride home

60 Months

Create centers within the city and outlying areas where transportation choices are balanced with surrounding land uses. This will promote short trips to fulfill seniors' daily needs (grocery store, pharmacy, library, etc.) via all modes of transportation (walking, bicycling, transit or vehicles).

Responsible organization

TEATF will monitor completion of action items.

TEATF should include representatives from the following agencies:

- Charlotte Area Transit System
- CDOT-Charlotte Department of Transportation
- Planning Commission
- Park and Recreation
- Council on Aging
- Programs for Accessible Living
- Metrolina Association for the Blind
- United Way of Central Carolinas
- Chamber of Commerce
- YMCA/YWCA
- Centralina Area Agency on Aging
- As well as diverse representation of seniors

Resources

- The existing bond program allots \$5 million per year committed through 2006 for sidewalk construction on streets that lack sidewalks. Bonds issuance, or other substantial funding sources is required to achieve connectivity and accessibility to vital services in Mecklenburg County.
- Accessible Pedestrian Signals – \$1,500 per cross walk, equipment only- Liz Babson-ebabson@ci.charlotte.nc.us CDOT.
- Neighborhood buses – \$225,000 yr/ one route Larry Kopf lkopf@ci.charlotte.nc.us CDOT Lighting at bus stops – contact Leon Howe at CDOT at 704-336-4563 or Lhowe@ci.charlotte.nc.us CATS/CDOT
- Free assistants on buses for seniors – .55 x 10 trips = \$5.50 x 100 seniors = \$550.00 Contact Stephen Keiper-skeiper@ci.charlotte.nc.us CATS.
- Guaranteed ride home – \$80,000 annually or \$25 per ride-Contact Larry Kopf lkopf@ci.charlotte.nc.us CATS
- Increase in Educational Materials – \$3,000 for 1 brochure publication or \$1 per brochure-Christy Rushing-crushing@ci.charlotte.nc.us CATS

Expected Outcomes

- Improved street and sidewalk design will provide more travel mode choices for seniors (walking, biking, using transit).
- Ten miles of new sidewalk are proposed each year under current funding. Additional sidewalks will increase travel choices.
- Seniors will ride transit more often due to:
 - Heightened awareness and improved educational information about transit
 - Greater feeling of safety at bus stops because of improved lighting
 - Increased level of comfort by traveling with an assistant/companion
 - Reassurance that a guaranteed ride home is available if something goes wrong on the trip

Evaluation Criteria

- All riders find the transit system more user-friendly
- Improved accessibility for older adults and people with disabilities
- Review of miles of sidewalk constructed each year.
- Improved street design provides more transportation choices for seniors.

Relevant data

One of the major challenges the elderly face is transportation mobility. This is particularly acute among the elderly who are not able to drive in this automotive culture. Transportation mobility is a significant element of one's quality of life, and mobility can be seriously limited by the lack of availability of the various travel modes.

- Targeted population/beneficiaries
- Transit-dependent seniors
- Persons with disabilities
- Caregivers
- Employers
- Retail industry

Concluding Narrative

Each lifecycle poses different challenges on individuals.

A transportation policy framework that considers the elderly is critical to providing services and transportation choices for this important and growing demographic. The elderly are as diverse a group of people as the working-age population. The working-age population needs diverse travel modes and travel options, and so do the elderly. The results suggest that transportation strategies must move beyond private automobiles to adequately prepare for the increasing number of the elderly in society and their mobility needs.

In order to meet these goals, funding levels need to increase for all senior related programs (transit related) and infrastructure needs (installation of sidewalks, crosswalks, pedestrian signals and accessible signals).

Transportation Providers Coalition

Recommendation #3:

- Create a coalition for profit and non-profit transportation service providers, which will meet regularly to:
 - Maximize local resources and services relating to senior friendly issues
 - Strengthen the economy
 - Improve air quality
 - Enhance quality of life



As prescribed by the 2025 Countywide Transit/Land Use Plan, the 2001 Community Transportation Service Plan, and the 2001 Countywide Transit Services Plan. The coalition would also:

- Insure the City of Charlotte standards for passenger vehicle for expectations are met relating to senior issues.
- Increase cooperation and communication with the Transportation Education and Advocacy Task Force (TEATF) (see Recommendation 1)
- Partner with the Passenger Vehicle for Hire (PVH) office
- Maintain current levels of funding while simultaneously seeking to secure local, state and federal funding resources for senior related transportation issues.
- Determine and make recommendations on best practices for the purposes of creating senior-friendly transportation in Mecklenburg County in conjunction with community input and feedback.

Statement of Strategy:

Local for-profit and non-profit transportation service providers will be invited to participate with the Provider’s Coalition to evaluate the use of current resources for seniors based on “best practices” in the industry. This will improve transportation issues by maximizing resources and sharing information. It is vital to secure funding for transportation by seeking out grant and funding opportunities, and also support advocacy efforts at the local, state and federal level.

The Coalition would require ex-officio membership from the Passenger Vehicle for Hire (PVH) board and the Transportation and Education Advocacy Task Force (TEATF). One of the duties of the TEATF should be to assess recommendations made by the Coalition. The PVH’s participation is necessary due to its involvement in city ordinance and regulations as it relates to passenger vehicles for hire. PVH can provide technical insight to the Coalition’s recommendations as well. Lastly, the Coalition will share information and participate with other existing groups or committees that are promoting senior-friendly initiatives on as as-needed basis.

Action Steps

In order to accomplish the goals identified, the Coalition shall be formed in the manner as described in various transportation coalition building resources available in the market place.

- Form the Coalition.
- Develop short and long-range goals.
- The Coalition will meet quarterly as determined by its executive officers.
- Establish a general interest meeting.
- Make presentations to the TEATF involving funding requests, recommendations, and results on collaborative efforts of transportation providers.
- Develop survey to include air quality attainment and senior friendly-lifestyle.
- The Coalition will develop operating policy and procedures for its organizational functions.

- Define Mission and Vision statements.

- Participate in other existing coalitions such as LNCDC, NCPTA, NC-Go, HTA, NCDHHS (United We Ride Campaign).
- Develop a system that tracks funding and allocations of all transportation funding dollars. (These last two items seem to stray from strategies needed to create the coalition and seem more like grassroots advocacy. The coalition should determine its own agenda once it's formed.)

Timeline

- The initial general interest meeting shall be scheduled in January 2006, following an interest letter announced in November 2005.
- The Coalition shall be formed by May 2006.
- Elect officers by July 2006.
- The mission and vision statement shall be formalized by August 2006.
- The Coalition will report back to the TEATF as needed, or quarterly at a minimum.

Responsible organization

Potential organizations to be considered include:

Centralina Area Agency on Aging
 Charlotte-Mecklenburg Council On Aging
 Charlotte-Mecklenburg Senior Centers, Inc.
 Department of Social Services
 City of Charlotte
 American Red Cross
 LNCDC

*The above organizations will need to be contacted to seek formal responsibilities for completing any action steps.

Resources

Secure in-kind resources that include but may not be limited to:

- TEATF
- American Red Cross
- Mecklenburg County
- City of Charlotte
- Centralina Area Agency on Aging
- Charlotte-Mecklenburg Senior Center, Inc.
- Nevins, Inc.
- Metrolina Association for the Blind
- ECO, Inc
- Private Transportation Providers

Other agencies in support of Senior-Friendly initiatives in Mecklenburg County.

The Coalition will determine and recommend measures of best-practices for creating senior-friendly transportation in Mecklenburg County regarding service levels, funding resources, policies and ongoing legislative initiatives.

Evaluation Criteria

- The Coalition meets regularly and is successful in identifying methods for service providers to work together to achieve common goals.
- Evaluate what works and what does not. Fine-tune policies, procedures and operations
- Evaluate utilization of the entire senior-friendly transportation system modes.
- Monitor efforts to improve efficiency and cost effectiveness, including opportunities to take advantage of potential economies of successful coordination.
- Evaluate potential savings and service quality improvements.
- Evaluate training and operations support programs.
- Evaluate all driver training programs.
- Re-evaluate service options and coordination efforts, as appropriate.

Relevant data

Lack of collectively establishing a coordinated group entity, (i.e., transportation providers, stakeholders, agencies and operational networking including technology and funding).

Targeted population/beneficiaries

- Transit-dependent seniors
- Persons with disabilities
- Caregivers
- Employers

Resources:

Written Reports:

AARP Public Policy Institute. 2002. “Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+”.
<http://research.aarp.org>

Community Transportation Association of America. Administration on Aging/Area Agencies on Aging Coordinated Programs: Examples from the Federal Transit Administration.
www.ctaa.org

Charlotte-Mecklenburg Council on Aging. 2000 (draft). Transportation for Older Adults. Coordinating Council on Access and Mobility, Office of the Secretary US Department of Health and Human Services and the Federal Transit Administration US Department of Transportation. 2000. "Planning Guidelines for Coordinated State and Local Specialized Transportation Services". www.ccamweb.org

Burkhardt, Jon. 2002 (revised). "Better Transportation Services for Older Persons". Prepared for presentation at the 2003 Annual Meeting of the Transportation Research Board.

"Improving Transit Options Among Older Persons: The Demographic Challenge".

Kim, Sungyop and Gudmundur F. Ulfarsson. 2003 (revised). "The Travel Mode Choice of the Elderly: Effects on Personal, Household, Neighborhood, and Trip Characteristics." Prepared for presentation at the 2003 Annual Meeting of the Transportation Research Board and publication in Transportation Research Record.

COA Transportation Survey and Innovations. 2001-2002

Rosenbloom, Sandra. 2003. "The Mobility Needs of Older Americans: Implications for Transportation Reauthorization". Center on Urban and Metropolitan Policy, The Brookings Institution Series on Transportation Reform. www.brookings.edu.

National Association of Area Agencies on Aging. "Home and Community-Based Services for Older Adults: Transportation [Fact Sheet]".

Transit Cooperative Research Program. "TCRP Report 82.: Improving Public Transit Options for Older Persons", Final Report.

Online Research

<http://www.aoa.dhhs.gov/prof/transportation>

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

Current barriers in this area to adults with disabilities:

1. Improve perceptions about the accessibility and usability of the transit system among potential riders.
2. Ensure that all bus stop locations are accessible.
3. Ensure that STS provides next-day complimentary paratransit service to all eligible customers who live within 3/4 mile of a CATS fixed route, as prescribed by the ADA.
4. Improve timeliness of paratransit pickups through service and technological enhancements.
5. Ensure that Gold Rush vehicles maintain working lifts.
6. Inaccessible Gold Rush stops must be moved or retrofitted to ensure accessibility.
7. Ensure paratransit certification evaluation procedures are effective and timely.
8. New trolley system must ensure that trolley vehicles used are accessible.
9. Light rail system must ensure accessibility of the vehicles and stops
10. Ensure that all cab companies comply with federal requirement to provide accessible transport upon request.

Current strategies to overcome these barriers are:

- Monthly meetings bringing together representatives of the various City departments responsible for all aspects of transportation. The committee utilizes an advocacy procedure to offer correction to these problems.

Recommendations for furthering the strategies:

- Participate in the Transportation Committee of the Charlotte-Mecklenburg Advocacy Council for People with Disabilities

5. Community Education and Information

Recommendation:

Develop systemic, integrated approaches for educating and communicating with key stakeholders about the implications of aging and the availability of services for seniors.

Statement of Strategy:

Orient the current and incoming workforce in the field of aging on the community resources that are available to older adults, and how to access and share information and resources with co-workers and older adult clients or their caregivers.

This process of education will facilitate the utilization of such resources more effectively by keeping key stakeholders informed of ongoing services and programs being offered locally.

Since the range of services is so broad and complex, we have chosen to focus on one area: leisure, education, recreation and socialization (LERS). This area is one of the few preventive measures older adults can take, and is often overlooked by stakeholders in favor of more critical needs.

Action Steps

1. Develop a model “boot camp” on LERS
 - a. Develop and disseminate a survey instrument to collect information from the known leisure, education, recreation, and socialization (LERS) service providers.
 - b. Develop working model of Aging Boot Camp appropriate for Charlotte area
 - c. Identify stakeholders and appropriate workforce members to target
 - d. Select location / presentation format/topics
 - e. Secure funding via CMAC grant and in-kind services
 - f. Conduct first boot camp
 - g. Evaluate the success of boot camp/review evaluation forms
 - h. Replicate boot camp model for other topic areas and identify other agencies that can become involved to take on future boot camps

2. Improve existing and/or develop a guide that is specific by topic to a number of areas related to aging.
 - a. Offer to assist Just I Call with the updating of their information to create a more accurate, user-friendly database for LERS providers and clients.
 - b. Collect and organize information from model “boot camp” for use by the LERS providers, Just 1 Call, and others who may wish to print for general public use (such as Senior Directions.
 - c. Replicate same process with future boot camps/topic areas.

Co-Chairs: Maryann Gilmore, Senior Directions, 704-362-2874 maryann@webserv.net
Jennifer Torpey, Tarheel Home Health, 704-492-0554 jtorpey@tar-heel.com

Timeline

1.
 - Develop survey instrument to collect LERS info (Nov. 04 - Jan. 05)
 - Develop working model of aging boot camp appropriate for Charlotte area (Nov. 04 - March 05)
 - Identify topic areas that may be used for boot camp (Dec. 04 - Jan. 05)
 - Identify stakeholders and appropriate workforce members to target (Jan. - March 05)
 - Select location / presentation format (May 05)
 - Secure funding via CMAC grant and in-kind services (April – May 05)
 - Conduct first boot camp (Sept. / Oct.05)
 - Evaluate the success of boot camp / review evaluation forms (Oct. 05)
 - Replicate boot camp model for other topic areas and identify other agencies that can become involved to take on future boot camps (Spring 06)
2.
 - Collect info from boot camp to assist with the improvement/development of a topic-specific guide to be utilized within the industry (Just 1 Call) (Oct - Dec. 05)
 - Communicate with Just1Call regarding recommendations for next boot camp; see their cooperation.

Responsible organization

Initially, the development and implementation of the first boot camp will be the responsibility of the members of the work group for Rec. 2 of SOSI. After an evaluation of the first boot camp, it will be determined if there is an appropriate member of the community to assume responsibility for future workforce education initiatives.

Resources

In-kind contributions include: copies, meeting space, advertising for boot camp, location for boot camp, and mailing of surveys.

Monetary sources include: CMAC grant (submitted, not yet accepted) Committee participants (see list)

Concluding Narrative

This small work group is very committed to this recommendation, and is working hard to complete the first model “boot camp” on October 6, 2005. Survey results and additional information will be presented there, along with a mini-LERS Resource Guide, which is being prepared by Just1Call and the work group. The intent is to find a permanent sponsoring organization for future boot camps for other older adult services. Another intent is to help Just1Call (the established one-call resource center for older adults) by the promotion of its services, as well as providing updated information for a service area each time a “boot camp” is held.

Community Education and Information Recommendation

Develop systemic, integrated approaches for educating and communicating with key stakeholders about the implications of aging and the availability of services for seniors.

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

Current barriers in this area to adults with disabilities:

- Lack of communication between various stakeholders.
- Comprehensive list of service providers not available.
- Concerns of seniors not known and/or recorded anywhere.

Recommendations for addressing the issues:

- Identify groups that provide services to seniors.
- Identify seniors that have expressed an interest in being self-advocates.
- Invite individuals from the above groups to be part of a stakeholder group
- Determine a location for stakeholder meetings that are on a bus line, accessible to individuals with disabilities and has ample, reserved (accessible) parking.
- Ensure that the building is accessible.
- Provide any information (documents, minutes, etc) in alternative format when requested.
- Stakeholder group develops a resource directory of services available to seniors.
 - Stakeholder group develops a list of senior concerns that are not being met.
 - Stakeholder group brainstorms for possible solutions.
 - Maintain a database of available services.

Recreation and Leisure Needs Analysis

For the purpose of this survey 'client' refers to adults 55+

Please provide the following details:

Name of Organization: _____

Contact Person and Title: _____

Address: _____

_____ Zip code _____

Program Location: _____

Phone: _____

Website Address: _____

Email Address: _____

1) Do you provide opportunities for client participation in leisure, education, social and/or recreation?

_____ YES _____ NO

If 'YES' briefly describe the service/s you provide relating to leisure, education, social and/or recreation:

2) How many clients utilize your services?

Weekly _____ Monthly _____ Quarterly _____ Annually _____

3) Please estimate the ages of your participants:

_____ 55 - 60 _____ 61 - 64 _____ 65 - 69

_____ 70 - 74 _____ 75 - 79 _____ 80 +

Other (specify) _____

4) Attached is a page of activities and services. Please circle activities/services your agency provides. Add other activities/services which you provide that are NOT listed.

5) Which days and hours are your services available?

6) How do your clients find out about your services?

Flyer/brochure	Recreation Guide	Newspaper
Newsletter	Web site	Previous Participation
TV/Cable	Friend	Just 1 Call
Senior Directions	Other _____	

How do you advertise your programs?

7) How do you refer clients to other opportunities not being provided by your organization?

8) What difficulties do your clients encounter in accessing leisure, social and/or recreation services or facilities (amount of walking required, stairs, changing rooms, etc.)?

9) Do your clients have difficulty finding transportation to your services?

_____ Yes _____ No

Please provide any suggestions that may assist your clients to overcome these difficulties.

10) Do your clients who have their own transportation live within the following ranges to your services?

_____ 5 – 10 miles _____ 11 – 20 miles _____ 20 + miles

11) What other leisure, educational, social and/or recreation needs currently exist among your participants that you currently do not provide?

12) Would you be interested in attending a conference/seminar/workshop related to educating employees of other senior services in leisure, social and/or recreation for people 55 +?

_____ YES _____ NO

If yes, please provide suggested topics of interest for you and/or your group.

If no, why not? _____

The following space may be used for further comment relating to this survey and/or anything else that may be useful in guiding the organization in planning towards future leisure, social and recreational needs.

If you would like further involvement as a member of the working committee please indicate.

_____ Yes. I would like details of how I can be involved with the working party.

Please return to:
Jeff Aten
2225 Tyvola Road
Charlotte, NC 28210

Thank you for your time in completing this survey.



See Question #4

HEALTH

Lectures

Fairs

Screenings

INTER-GENERATIONAL

Grand-parenting

TRIPS

1-Day

Overnight

WELLNESS/ PHYSICAL

Swimming

Walking

Aerobics

Weight Training

Jogging

Dance Class

Yoga

Tai Chi

RECREATION

Senior Games

Painting/
Drawing

Crafts

Music

Photography

Pottery/
Ceramics

Reading/
Book Club

EDUCATION

Nutrition Lectures

Financial Lectures

Languages

Counseling

Computer Classes

Writing Classes

SOCIAL

Holiday Events

Monthly Dances

Teas

Ice Cream Socials

OTHER

6. Health Public Policies

BACKGROUND

In 2003, an estimated 6 million adults over age 65 had some type of mental illness, which is a disorder characterized by disturbances in a persons thoughts, emotions, or behaviors. That number will likely reach 15 million by 2031. Up to 23% of the older adult population will experience psychotic symptoms at some time, with dementia being the main contributing cause. Psychotic disorders of late-life include dementia and related disorders, anxiety and depression with psychosis, suicidal behavior, bipolar disorder, schizophrenia, late life delusional disorder, substance abuse or misuse of medications, and some related medical conditions.

Before appropriate psychiatric intervention can occur, an adequate medical evaluation must occur to identify co-morbid medical illness and causes of psychosis or behavioral problem. In Mecklenburg County, although 40% of the Adult Care Home population carry an active diagnosis of mental illness, and are taking psychiatric medication for active symptoms reflected in their behavior, only 25% of them have seen a psychiatrist within the past two years. A survey of Nursing Homes and Assisted Living Facilities, along with interviews with over thirty key professionals in Mecklenburg County, and information gleaned at the Pre-White House Conference in May 2005, confirm a severe shortage of healthcare professionals trained in aging issues. In addition, there is a severe lack of mental health care professionals trained on aging issues and combined medical management along with mental health problems. Since life expectancy has extended, polypharmacy is prevalent, continuity of physicians across locations is lacking, and access to Geriatricians and geriatric psychiatrists is insufficient. We are recommending the following:

RECOMMENDATIONS

Recommendation 1:

Establish a 10 bed inpatient geriatric psychiatry unit in an acute care hospital in Mecklenburg County, with multidisciplinary staff for short term stays. Include MD's trained in Geriatric Medicine, Geriatric Psychiatry, Nurses and Social Workers with Geriatric and Psychiatry training, and access to a full range of therapy services and consult services.

This unit would provide a comprehensive psychiatric, cognitive, medical and functional assessment in a safe and secure setting. After diagnosing and treating the cause(s) of behavioral symptoms, return the senior to his home or facility with a plan of care. The goal would be to allow Mecklenburg Seniors to age in place safely, without being a threat to themselves or

caregivers, and without having to go out of county for in-patient psychiatric services, which occurs routinely at present due to lack of options.

Recommendation 2:

Develop an integrated, collaborative approach to educating seniors, their caregivers and professionals in Mecklenburg County about Medicare D prescription coverage and implications of change.

Strategies:

Using the newly created Geriatric Psych Inpatient Unit for no longer than 21 day stays would enable multidisciplinary staff to achieve optimal control of psychiatric and behavioral symptoms. The proper diagnosis and treatment of co-morbid conditions would be implemented in addition to the treatment of psychotic symptoms. A comprehensive psychosocial approach to management is an integral component of treatment as well as medicines.

- Eligibility for unit as follows:
 1. 65 years or older (exceptions on case by case basis)
 2. Persons who present a potential threat to themselves, others, or property
 3. Expressed or demonstrated suicidal intent
 4. Behavioral problems that significantly interfere with caregivers' ability to care for them (family or professionals)
 5. Present diagnostic or treatment challenges in outpatient setting due to complex psychiatric, behavioral or mixed medical symptoms
 6. Cognitive impairment and refusal to accept care present a threat to physical health and personal safety
- Increase options to access Geriatric Care Management especially for middle income seniors with complex issues, new diagnosis, multiple caregiver issues, i.e. elderly caring for adult children with disabilities or their own parents or spouses.
- Strengthen Just 1 Call data base on mental health concerns and collaborate with Just 1 Call leadership to train staff adequately.
- Continue to strengthen and expand caregiver support and respite programs since the vast majority of seniors in Mecklenburg County remain at home with informal caregivers.
- Recruit increasing numbers of competent staff to care for seniors with both medical and cognitive-behavioral problems at all levels: MD's (Geriatricians, Geriatric Psych, Psychologists, Neuropsychologists, Neurologists), Nurses, CNA's, Pharmacists, Social Workers
- Provide ongoing training for all levels of providers and caregivers on appropriate assessment and management. Collaborate with Area Agency on Aging, AHEC, Geriatric Specialty Teams of Behavioral Health, DSS, Senior Centers, Alzheimer's Association and others.
- Promote education and advocacy around meeting the acute



and chronic behavioral health, and cognitive needs of seniors within Mecklenburg County i.e., Just1Call, Council on Aging, geriatric care managers, churches.

- Create a pamphlet educating the older adult community and caregivers about treatable signs and symptoms, and available resources. Distribute to churches, congregational meal sites, hairdressers, shepherd centers, senior centers, and pharmacies.
- Collaborate with Senior Tar Heel legislators regarding this issue.
- Promote need for psychiatric home care services, including non-medical home care (with training).
- Consider telehealth monitoring programs for symptom control, and caregiver education and interventions.
- Utilize licensed clinical social workers for counseling, more intentionally.
- Propose consideration of “community ombudsmen”, from Area Agency on Aging to assist seniors/caregivers at home in navigating options for adequate home care and weighing aging in place vs. institutionalization, similar to ombudsmen in place for facilities.
- Encourage more dementia units with trained staff at assisted living facilities.
- Collaborate with Med Assist, Area Agency on Aging, government agencies, Council on Aging and others, to assure educational outreach to seniors, professionals and care managers on actions needed to be taken to transition to the new Medicare prescription plan.
- Identify gaps in prescription coverage and advocate for changes as soon as possible.

Expected Outcomes:

1. Seniors will no longer have to go outside of Mecklenburg County to obtain needed inpatient geriatric psychiatric assessment and treatment as many have to do now. This will make visitation by trusted family, faith community and friends possible, and will allow proper follow-up care.
2. Decreased emergency room visits and unnecessary hospitalizations.
3. Decreased permanent nursing home placement following sub acute-rehab stays in nursing homes.
4. An increase in successful “aging in place” with appropriate home support.
5. Decrease suicide rate among seniors. Seniors constitute 13% of US population but those over age 65 years account for 20% of all suicides.
6. Improved functional independence and quality of life for seniors.
7. Decreased injury from caregiver abuse, decreased staff turnover, and decreased caregiver burnout.
8. Seniors/caregivers will have access to information about Medicare Part D and resources for assistance with navigating the transition to Part D.
9. Education and advocacy relating to implementation of Medicare D and proactive identification of gaps will promote smooth transition without disruption of prescription coverage.

Long Term Care Public Policies

Redistribute resources for the long-term care system by promoting the availability of home care as an alternative to nursing home care and eliminating gaps in the system

The movement to treat individuals in their own homes instead of institutions has been around several years now, with at least 10 states now offering these services for all individuals with disabilities and people that just receive Medicaid. After only one year in the first state, Texas, 3,200 persons opted to have the Medicaid funds moved from the nursing homes and allocated in the community.

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

Current barriers in this area to adults with disabilities:

- Almost all nursing homes and long term care facilities fight against this due to the fear that they will lose money.
- Very powerful community leaders also influence the lawmakers in Raleigh regarding the same fears, and it’s very hard to change that mindset.
- Some home health agencies are also wary of the program and will not promote the option.
- Some residents and family members are against this, as they are not fully educated on the services offered.
- Medicaid and Social Security professionals are not educated enough to give out appropriate information.
- Not enough states have this in place to give lawmakers the research information they usually request.
- Not all agencies are on the same page when they advocate for home care, as each develops its own agenda. There must be a collaborative effort from all agencies to get the point across.
- Some agencies have set procedures on getting series (Medicaid & Social Security) and this is very timely process for all seeking services however, these procedures have been around for years and need to be addressed.
- Other agencies have procedures that need to be changed to be more consumer-friendly. Procedures developed without consumer input need to be examined.

Current barriers in this area to adults with disabilities:

- There are currently nine states that have developed these laws. Other states are developing their own. Many advocates have pushed and written for years to get this started with no success.
- If lawmakers would use the advocate's knowledge on this subject, the process, wouldn't be so difficult.
 - If all advocates worked together on the same issues, the stated goals would be accomplished.

Recommendations for addressing the issues:

All agencies should come together to develop a plan with common goals to cover the important issues. This means all the agencies that have been listed in other areas of this report.

7. Physical Environment

I. Introduction

The Committee's recommendations have been developed and guided by the following broad goals:

- A. An overarching goal driving the work of the Committee supports the "aging in place" concept for seniors.
- B. In compiling the information in support of the recommendations, the Committee has generated maps, and lists of neighborhoods that currently have and are predicted to have high concentrations of seniors. The Committee would like to widely distribute this information and to advocate its use in making decisions that impact the senior population (see attached Maps and list of areas with 40% + population age 35-59).
- C. The Committee recommendations in this report, while directed toward the growing senior and boomer populations in Mecklenburg County, will protect and enhance the quality of life for all persons in the county.
- D. The broader community must be educated about the needs of seniors.
- E. In the recommendations that follow, the Committee feels that, in many cases, trial or demonstration projects would be a useful vehicle to pursue. A well-designed demonstration project with an effective evaluation component would indicate the efficacy (or lack thereof) of the recommended actions. If an action was not efficacious, it could be stopped at the end of the demonstration. If, on the other hand, a project was found to be very appropriate in meeting the needs of citizens, a community-wide undertaking could grow out of the demonstration project.

II. Draft Recommendations

A. Mobility

1. Develop a street signage program that would enhance the ability of seniors to safely travel the streets of the county.
 - Street signage within the county is generally poor, although some improvements have been made recently.
 - The Committee recommends that a new street signage policy be developed and adopted that would meet the needs of seniors and provide them the necessary tools to safely navigate our community's street system.
 - A policy that would lead to the kind of assistance for seniors that the committee is requesting would also have the effect of assisting all those who use our streets.

- While the Committee lacks the technical skill to suggest everything that should be considered in a new street signage policy, we have some suggestions: bigger signs, bigger print, more reflective quality, mid-block street identification signs, consistent placement of signs, consistency in the signs, etc.
- The Committee believes that this is one area where a demonstration project would be very effective (see attached Maps and list of areas with 40% + population age 35-59).
- The Committee also believes that, as South Boulevard is redesigned as part of the South Corridor light rail initiative, the redesign should incorporate street signage that is senior-friendly.
- Committee members know of examples of senior-friendly street signage in use in such places as Phoenix, Orlando, Ft. Myers and other places that might be used to inform the policy change that we advocate.

Responsible Organizations:

Primary agency is the City of Charlotte, particularly through its Department of Transportation and Charlotte Area Transit System (CATS). Secondary agency is the North Carolina Department of Transportation (NCDOT).

Implementation Strategies:

The redesign of South Boulevard is currently underway so time is of the essence if the Committee intends to advocate for more senior friendly signage in that corridor. Committee representatives need to talk to the appropriate people in the Engineering Department of the City of Charlotte, CDOT and CATS.

Priority and Time Frame:

This is a high priority. Some action is expected within the first year from the publication of the report.

2. Support the adoption of many of the concepts contained in the draft Urban Design Street Guidelines, which are currently being developed by the Charlotte Department of Transportation and other City departments. These guidelines address many of the issues that the Committee identified as being important in making streets in Charlotte better for seniors and other residents.
 - The Committee supports the finding that the county needs more sidewalks, wider sidewalks, and benches along sidewalks for wayfarers.
 - The Committee supports improved pedestrian street crossing facilities.
 - The Committee supports the categorization of the streets within the system that is found in the current draft of the guidelines.
 - The Committee also support the efforts that are recognized in the guidelines to “calm” traffic as much as possible along all streets,

but most particularly along neighborhood streets and other streets where there is a high concentration of seniors.

Responsible Organization:

The City of Charlotte

Implementation Strategies:

The proposed policy document incorporating Urban Street Design Guidelines is being considered by a stakeholders' group at the present time, and the document is likely to come before City Council in the late summer or early fall. The Senior Initiatives group, perhaps through this Committee, should be engaged in that conversation via hearings or other venues. Another possibility to have the views of older adults represented in this dialogue is to actively seek membership for representatives of this committee on the Urban Street Design Guidelines' stakeholder group. The Committee should also try to schedule a meeting with the Charlotte/Mecklenburg Liaison Committee to review this recommendation as well as many of the other recommendations in our report.

Priority and Time Frame:

This is a high priority and some action toward meeting this goal is expected within a year of the publication of the Committee's report.

3. The transit system should implement policies to make the bus and proposed rail services more accessible and more user friendly for seniors.



Traffic Calming **Mixed Use Activity Centers** **Shorter Blocks**

- Transit becomes an increasingly important mode of transportation as the population ages; yet, we know that current seniors are hesitant to use the transit system. We are confident that the boomers will be more accepting of this service.
- Some options which the Committee suggests that the transit service explore as light rail service comes on line are an extended fare holiday for seniors, Senior Docents on the trains to help other seniors or anyone needing help, and a volunteer group, perhaps itself composed of seniors, who would be available to go with seniors for two or three trips in order to acclimate them to that service.
- Utilize more small buses or vans to provide services to neighborhoods, especially those with larger senior populations (see attached Maps and list of areas with 40% + population age 35-59).
- Implement as many “ease of use” transit principles as possible: easily read and understood schedules, good shelters, sidewalks serving the transit stops, benches for sitting while waiting for the service, and safe facilities.
- To some degree current seniors, but to a greater degree boomers about to become seniors, select transit corridors and areas around stations as a prime option for their residence. Having a senior-friendly transit system will promote both development around stations and transit ridership.

Responsible Organization:

Charlotte Area Transit System (CATS)

Implementation Strategies: Seek venues to raise this issue for CATS to consider. In addition to talking with appropriate staff within the CATS organization, the Citizens’ Transit Advisory Group, which is chaired by one of the co-chairs of the Status of Senior Initiative, and the Metropolitan Transit Commission provide an opportunity to inform all of the jurisdictions within the county of this transit-related recommendation and to build support for CATS staff in providing the recommended services.

Priority and Time Frame: The need to start on this task immediately is high; however, the actions recommended cannot occur until rail service begins in early 2007.

4. Transportation for special needs populations should expand services, make services more customer friendly and coordinate scheduling among the provider agencies.
 - Some of the users of this type of transportation have very time sensitive needs such as medical appointments. Schedulers should make every effort to arrange transportation so that these needs can be met.
 - Among the providers, some provision should be made to coordinate schedules and dispatch the service so that the service is provided effectively and efficiently.

- In the long run, more compact neighborhoods with services available within them, and a more pervasive transit availability that is user-friendly for seniors, will have the impact of lessening the need for transportation services designed just for special needs populations.

Responsible Organizations:

Providers of transportation services for special needs populations (particularly Special Transportation Service, Mecklenburg Transportation System, and for profit and non-profit organizations and volunteer organizations in the community).

Implementation Strategies:

Issues related to this service are numerous; however, the most immediate problem is coordination of transportation services for special needs populations. The strategy is to request that all organizations currently providing transportation services for special needs populations be convened and asked to develop a viable plan for coordinating their transportation services. The Center For Aging proposed by the Status of Seniors Initiatives can convene these transportation service groups.

Priority and Time Frame:

Due to the pervasive belief that the providers of transportation services for special needs populations are not meeting current demand and are not always customer-friendly, this is a high priority. The number of providers, both public and private, that need to be involved, and the possible existence of some turf issues among these providers, would set the expectation for action in the one to two-year time frame.

B. Land Use, Zoning, Shopping, And Recreational Facilities

1. From a land use and zoning perspective, the Committee recommends that communities provide the development option of compact, mixed-use neighborhoods. These would include provision for affordable housing for seniors, which might take the form of age restricted housing developments.



- Evidence increasingly shows that seniors and boomers desire to live in compact

neighborhoods where services are readily available and where units are affordable to a wide range of potential buyers.

- Many of the other recommendations in this would be more easily realized in compact, mixed-use communities.
- Three towns in Mecklenburg County – Cornelius, Huntersville and Davidson – have changed their respective zoning ordinances to favor this type of development. The City of Charlotte has some zoning options that facilitate this type of development.
- All of the governmental jurisdictions in Mecklenburg County have accepted the comprehensive land use vision found in the Centers and Corridor Plan.
- While compact, walkable neighborhoods should be an option anywhere in the county, having the ability to provide this option is especially critical in the transit corridors and around the recognized activity centers.

Responsible Organizations:

The planning bodies and the governmental agencies of all the jurisdictions in Mecklenburg County, in cooperation with the organizations that build communities in the county.

Implementation Strategies:

The first step is to meet with the Charlotte-Mecklenburg Planning Commission and the private development interests. Eventually, additional meetings would occur with relevant committees, like the Planning Liaison Committee, and with the remaining governmental jurisdictions in Mecklenburg County. Ultimately, the Committee's position on this issue must come before all of the governing bodies in the county. Achieving this goal is likely to require a well thought out mix of regulations and incentives. The Center For Aging proposed by the Status of Senior Initiatives would be ideally situated to provide the long term leadership needed to accomplish this goal.

Priority and Time Frame: This is a high priority; however, the full implementation of this goal is likely to take years. Intermediate goals to evaluate annual progress are needed on this goal. Meetings with development interests and planning groups have already begun.

2. Develop a policy for co-location of senior activities with existing public spaces such as schools, recreation centers, parks, community centers, fire stations, police station centers, libraries, private spaces, churches, YMCAs and other community outreach organizations.
 - Seniors need recreational outlets in close proximity to where they live; however, there will never be sufficient resources to provide those specialized recreational facilities everywhere that they are needed.
 - Utilization of existing facilities, at times when they are not being fully utilized for their primary application, is an efficient way of providing recreational opportunities for seniors.

- This county has successfully pursued mixed-use policies particularly with schools, and Parks and Recreation. The Committee recommends that the same kind of effort be put forth in an attempt to add locations to the venues where senior recreational opportunities might occur.

Responsible Organizations:

The umbrella organization (Center For Aging) that is likely to result from the Status of Seniors Initiative planning process.

Implementation Strategies:

Within the County, there is a Joint Use Committee, which has been instrumental in getting the school system and Parks and Recreation together to plan the joint use of school facilities and in limited cases, park facilities. Committee representatives will meet with the Planning Department in order to see what is necessary to add functions and space to the ongoing discussions concerning the multiple-use of these facilities.

Priority and Time Frame:

The priority is moderately high. The time frame for getting support behind this initiative is within a year of the publication of the Committee's report. Actually achieving this goal across the entirety of Mecklenburg County is long-term.

3. As Mecklenburg County, the City of Charlotte, and the towns engage in small area plans, corridor plans, overlay districts, redevelopment plans, transit station and corridor plan strategic plans, and comprehensive land use plan; affirmation of the potential role of seniors and boomers in the accomplishment of those plans should occur through the inclusion of these interests in the stakeholders' groups doing the planning, as well as in all of the aspects of plan development.
 - Seniors and boomers make up a significant percentage of the population, a percentage that is likely to grow over the next thirty years.
 - As a population group, it can be instrumental in revitalizing areas of the City where attractive housing options are provided.
 - Also as a group, it is increasingly interested in some new housing innovations, in transit availability, in compact neighborhoods, in walkable communities, and in proximity to goods and services. These interests can be leveraged in redevelopment plans.
 - As a learning experience, it may be beneficial to have student architects and town planners go over some existing plans with an eye toward incorporating the interests of seniors into them in a dynamic way.

- One example may be to do this with the current Eastland Mall revitalization plan.

Responsible Agencies:

The Center For Aging that will be formed by the Status of Seniors Initiatives strategic plan.

Implementation Strategies:

A first step will be to raise this with the planning staff. A second step might be to meet with Councilwoman Nancy Carter, who represents the Eastland area, to see whether she is interested in adding this dimension to the Eastland planning effort. Johnnie Wallace of the East Side Development Corporation should also be approached to see if that organization has an interest in pursuing this recommendation. If there is interest on the east side in this or other recommendations, contact the UNC-C College of Architecture and the Department of Geography to discuss the feasibility of undertaking studies of this type.

Priority and Time Frame: The priority is not as high as most of the recommendations included in this report. The time frame is long term.

C. Housing And Utilities

1. **Seniors need housing options.** Two of those options are for subsidized housing that would be provided for those seniors making less than thirty percent of the median income, and supportive housing that would be provided for seniors with special needs who could continue to live independently as long as some level of service was provided at their place of residence.
 - The market is unlikely to provide either of these types of housing without subsidy; however, there are state and city funds available that may be applied to this housing need.
 - Many seniors have to live solely on Social Security income, which means they have very little that can be applied to housing; thus amplifying the need for subsidized housing.
 - Some seniors could continue to live independently in efficiencies or SROs if they could receive an appropriate level of service (for example) mental health, in the residential setting. As far as the Committee members are aware, there is no housing of this sort for seniors in Mecklenburg County, although supportive housing options are found in other localities.
 - This is another case where a small demonstration project may be the best approach to evaluate the effectiveness of such housing.

Responsible Organizations:

Establish a task force of stakeholders to look into providing housing options for seniors. In addition to the need for heavily subsidized senior housing options mentioned in this recommendation, the Committee believes that multiple needs for housing within the senior community exist. See next recommendation also.

Implementation Strategies:

Develop task force of stakeholders under the aegis of the Center For Aging that is to be established by the Senior Initiatives Project. The Supportive Housing Task Force should be lead by a provider of housing for seniors which can facilitate a dialogue between public and private housing providers. The critical element in implementing this recommendation is the development of continuing partnerships between the developers that provide the housing and the service providers (probably the County) that will provide the supportive services. These might include the Charlotte-Mecklenburg Housing Partnership, Area Mental Health Authority, the Home Builders Association, the Housing Trust Fund Advisory Board, the Charlotte Apartment association, the Charlotte Neighborhood Development Department, the United Way of Central Carolinas, the YMCAs and YWCA, the C-M Planning Commission, the Department of Social Services, etc.

Priority and Time Frame:

Priority is high and the time frame for getting a task force in place is within a year of publication of the Committee's report. The time frame for improving the options, particularly subsidized ones is long term.

2. Encourage the building of adult care facilities in the vicinity of transit stops and other service centers.

- Presently there is a need for additional adult care facilities. With the increase in the senior population that will come as the boomers age out, this demand is likely to grow at an exponential rate.
- In the vicinity of transit stops becomes a very attractive option for development of adult day and residential housing facilities of all types. For those needing attention, it is convenient for family members to drop off the senior on their way to work or visit them while at work, and it is an interesting place for those seniors able to take advantage of the services and activities that are likely to be located at the stops.

Responsible Organizations:



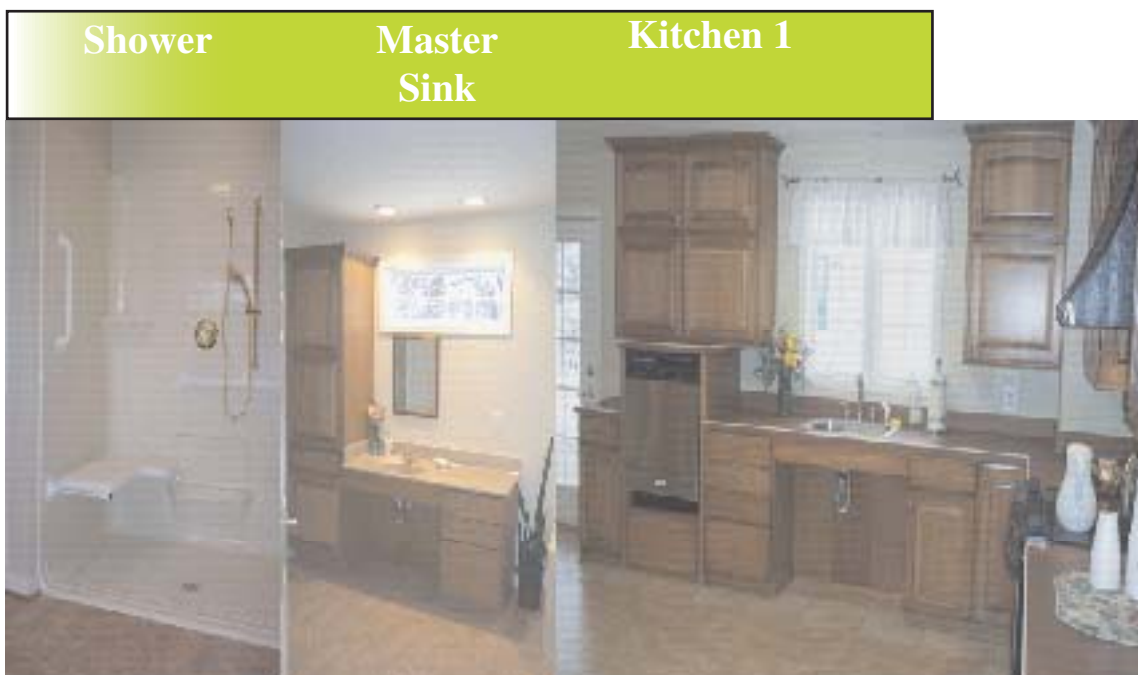
The task force mentioned in the recommendation above and the Charlotte Apartment Association, continuing care communities providers, nursing home and assisted living home associations, the Life Long Learning Institute at CPCC, etc.

Implementation Strategies: See strategies (page 91).

Priority and Time Frame: See priority and time frame (page 91).

3. Encourage the building and development communities to include senior-friendly options in the interior design of houses.

- Housing trade associations have begun to advocate among their members for the inclusion of senior friendly options in all new houses. Attached to this report is one such list provided by one of the housing trade associations.
- Including at least some of the senior-friendly options in new houses increases the potential market for those houses.
- The intent of this recommendation is to apply to all new construction and not just that which is age-specific.

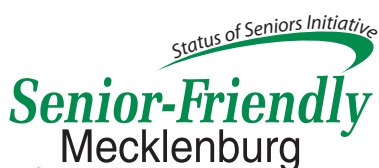


Responsible Organizations:

Home Builders Association, Realtors Association, Association of General Contractors, etc.

Implementation Strategies:

The incoming President of the Home Builders Association has agreed to be very proactive personally and to advocate for his organization to actively promote this recommendation among its membership.



Priority and Time Frame:

Priority is high and action is expected within a year of the publication of the Committee's report.

4. **Revise the pertinent zoning ordinances to allow for a wider range of housing accessory uses.**

- Critical to the goal of supporting seniors in opting for an independent or semi-independent lifestyle is providing housing options with easy accessibility to family members or other potential caregivers.
- One way to facilitate this is to provide housing accessory uses such as granny flats, garage apartments, undeveloped attic space, etc. These could provide either a place for the senior to live in close proximity with family or for a caregiver to live in close proximity to the senior.
- Until recently, our zoning ordinances have generally not had this kind of flexibility; however, some of the towns in Mecklenburg County are beginning to allow this type of housing. The Committee would like to see all jurisdictions pursue this type of housing option for seniors.
- Many communities have excellent ordinances for the provision of this type of housing, which can provide models for municipalities in Mecklenburg County.
- We do not need another demonstration project for this housing application. The Town of Davidson is currently doing this with good results. With the demonstration in hand and with model ordinances available, this may be an area where we could move quickly.

Responsible Organizations:

The planning bodies and governing agencies of all the political jurisdictions in Mecklenburg County, with follow-up by the Charlotte-Mecklenburg Center For Aging.

Implementation Strategies:

Discuss this issue with the planning staffs and planning boards of all the jurisdictions in Mecklenburg County that do not currently allow accessory housing uses.

Priority and Time Frame:

Moderately high priority with a time frame of two years or more.

5. Establish a task force of stakeholders to study the impact of increasing property taxes and utility bills on the ability of seniors to “age in place,” and to make recommendations to remedy that impact if it is found to be significant.
- Anecdotal evidence suggests that many seniors have to give up their homes because of the impact of increasing property taxes and utility bills. If this is true, and a small subsidy could prevent this, then such an investment would not only provide stability for the senior family but is likely to save public resources in the long run.
 - We already have a homestead provision that could possibly be expanded if needed.

- While there is no specific local program to subsidize seniors' utility bills, there are other places that do which would provide a model for us to possibly emulate.
- This would be another opportunity, particularly as it relates to providing some utility bill subsidy, to try in a demonstration project. Request from Crisis Assistance Ministry any data that they might have measuring the possible impact of increasing property taxes and utility rates on the clientele that the organization serves.

Responsible Organization:

The senior Center For Aging organization.

Implementation Strategy:

Plans are being made to have a conversation with the Chair of the County Commission and the County Manager to see if they would be willing to place their support behind this effort.

Priority and Time Frame:

Moderately high priority and a time frame of one to two years.

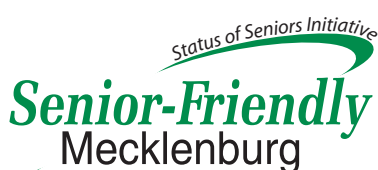
D. Safety

Establish a task force of public safety officials to study how to make neighborhoods with a high concentration of seniors safer.

- Many of the neighborhoods with a high concentration of seniors are also neighborhoods that are perceived to be or actually are unsafe.
- While younger citizens often can make choices about leaving unsafe neighborhoods, older citizens are often restrained in the choices that they can make.
- Aging in place is not very attractive if one has to live where there is a continual real or perceived threat to one's safety.
- Now that we have information about where seniors are concentrated, that data can be matched to crime data of the Police Department (see attached Maps and list of areas with 40% + population age 35-59), and we can locate those places with the highest potential for unsafe conditions.
- One of these places could be selected for a demonstration project of possible ways of improving community safety.

Responsible Organizations:

The Charlotte-Mecklenburg Police Department



Implementation Strategies:

Establish task force which would include stakeholders from the Police Department, Sheriff's Department, the Apartment

Association, Home Builders, Neighborhood Development, Mental Health, Social Work, media representatives, representatives from the SOSI Safety Work Group, and representatives of senior communities as well as any other groups that might need to be at the table.

Priority and Time Frame:

High priority and a time frame of 1 to 2 years.

Addendum: The Adults with Disabilities work group recognizes the importance of inclusion and integration. No longer should we consider seniors and people with disabilities as separate groups to be served. As Programs for Accessible Living (PAL) staff members say in training sessions often, “Each of us hopes to live long enough to have a disability.”

The Adults with Disabilities work group thinks that the best way to facilitate the SOSI Task Force’s understanding of these concepts is to provide specifics regarding people with disabilities to each of the other work groups. We believe that the following issues should be included in the strategies of the Center for Aging work groups.

The Committee feels that issues in the physical environment affect all seniors, but especially those with disabilities.

Air/Water Quality: individuals with emphysema, asthma

Housing/Utilities: any individual who needs accessible housing will find it nearly impossible to afford

Road Safety: individuals with mobility impairments, including blindness, who use the infrastructure of sidewalks will find it difficult and dangerous given the lack enforcement of sidewalk barriers, inappropriate curb cuts, and broken sidewalks

Recreational Facilities: individuals with mobility impairments need access to swimming facilities with lifts, classes in aerobics while sitting, adaptive crafts

Shopping: individuals who need accessible parking find that too many shopping centers and stores still do not have compliant accessible parking; individuals who have visual loss find that store personnel do not know their ADA requirements for providing assistance

Zoning: Last year, the Zoning Board refused to provide an interpreter for someone who is deaf and who testified at a Board meeting

Recommendations for addressing the issues

Get involved and advocate with groups who are finding it difficult to bring enough pressure to bear on the right people

Volunteer hours

Committee meetings = 120 hours Work between meetings = 60+ hours

Meeting schedule

November 18, 2005	December 10, 2005
January 13, 2005	January 27, 2005
February 10, 2005	February 24, 2005
March 10, 2005	March 24, 2005

MOST POPULAR AMENITIES FOR HOME BUYERS AGE 55+

Information from a 2000 NAHB survey reveals features that active adults and older seniors want in their communities. One question asked 55+ home buyers about amenities that seriously would influence them to move to a new community. The top 10 amenities favored are:

1. **Walking and jogging trails** are the most desirable amenity, with roughly half of active adults and older seniors (52%) saying the presence of trails would seriously influence the home-buying decision. This number increases substantially for those with annual incomes greater than \$75,000 (65%).
2. **Outdoor spaces**, especially park areas, could influence the buying decision of about half of the active adult and older senior households (51%). A park area makes an even bigger difference with households planning to relocate to a suburban area (up to 55%) than for those who prefer a rural area (44%).
3. **Public transportation** is a highly attractive amenity. Overall, 46% of all 55+ buyers would be influenced to move to a community based on the availability of public transportation. This number rises to 61% for those ages 75 and older. In addition, 52% of buyers with incomes less than \$15,000 noted that public transportation could be a factor in their decision.
4. **Open spaces** are important to all seniors, more so than for other age groups. Around 46% would be influenced to move to a community by the presence of nearby open spaces, such as park and recreation areas, playgrounds, land set aside by the builder or developer, and natural undeveloped land.
5. **Lakes** are very appealing to active adults, especially younger ones. In all, 44% mentioned lakes as key factors. That number dipped to 37% for ages 65 to 74 and 25% for 75 and older.
6. **Outdoor swimming pools** also are important, but their appeal decreases with the age of residents. Around 30% of survey respondents preferred an outdoor swimming pool, but this number drops to around 25% for older seniors.

7. **Security guards** at the gate were mentioned by 26% of respondents. However, only 16% considered a card-operated gate as a key factor.
8. **Clubhouses** were mentioned by 24% of respondents. That number rises dramatically for 55+ buyers with incomes greater than \$150,000.
9. **An exercise room** was a factor for 21% of respondents, illustrating the importance of health and fitness among 55+ buyers.
10. **Business centers** are desired by 19% of survey respondents.

Arts and crafts rooms nearly made the list at 15%. Not surprisingly, there are several amenities that aren't valued highly by active adults and older seniors. Fewer than 10% of the respondents consider tennis courts, baseball/softball and soccer fields, billiard rooms, basketball courts, equestrian facilities, or daycare centers as significant amenities that would influence their buying decision.

This information is based on a survey by NAHB's Economics Group of 2,000 respondents, of which one-third are ages 55 and older. Additional 55+ households were surveyed, with results collected by National Family Opinion (NFO), a nationally recognized survey research firm. Survey results were included in "Boomers on the Horizon: Housing Preferences of the 55+ Market" (Wylde, 2002), published by BuilderBooks.com. Boomers on the Horizon is available at www.nahb.org or by calling BuilderBooks at 800-223-2665.

Senior-Friendly Environments Include:

Exterior:

- Bright lights
- Big print
- Slower lights at street crossings
- Lower step risers
- Wider sidewalks
- Bigger street signs, better placed to be more visible from a distance
- Door handles and not knobs
- Wider doors
- Wider corridors
- Various and adjustable counter heights
- High commode seats
- Brighter / stronger colors – not pastels
- More zoning options for residential facilities
- Retail (grocery, etc.) within walking distance
- Parks & recreation within walking distance
- Universal design in residential housing
- Zero entry level to main entrance
- Brushed concrete sidewalk provides traction
- Scored and stained porch floor to provide attractive durable exterior floor
- Security system including video cameras
- Intercom system throughout the home
- Wide front porch for easy wheelchair access
- Doors with glass panels to see visitors
- Flush door thresholds
- Lighting at doorway
- Well lit porch
- Central vacuum
- Extended porch roof helps to eliminate glare, covered doorways
- Low maintenance siding materials
- Maintenance-free metal roof

Kitchen:

- Raised dishwasher
- Contrast colors with cabinet and wall
- Contrasting border in flooring around cabinet & countertop to help with low vision
- Task lighting
- Recessed, covered plumbing
- Levered faucet
- Variable height counters
- Stove with controls on the front
- Side-by-side fridge w/counter next to it for food placement/preparation
- Microwave accessible from seated position
- Adequate turn space for wheelchair
- Lowered top cabinets
- Lazy Susan in corner cabinets
- Loop pulls on cabinets

Living Room:

- Chair rail
- Lower, easy to read thermostat
- Windows for natural light & cross ventilation

First-Floor Office/Bedroom:

- HVAC/air filtration system/water heater/central vacuum located on first floor
- User-friendly, voice-activated home automation

HVAC:

- Energy-efficient 14-SEER heat pump
- Ultraviolet air purification system
- Heat recovery ventilator

Utility Room:

- Located on main floor
- Front load washer and dryer w/front controls

Master Bathroom:

- Grab bars
- Full-size, roll-in shower with seat, adjustable height hand-held shower
- Light in shower
- Levered faucets
- Telephone and intercom by toilet
- Soaking tub
- Low mirror behind sink
- Roll-under sink
- Easy to reach storage
- Ample direct and natural lighting

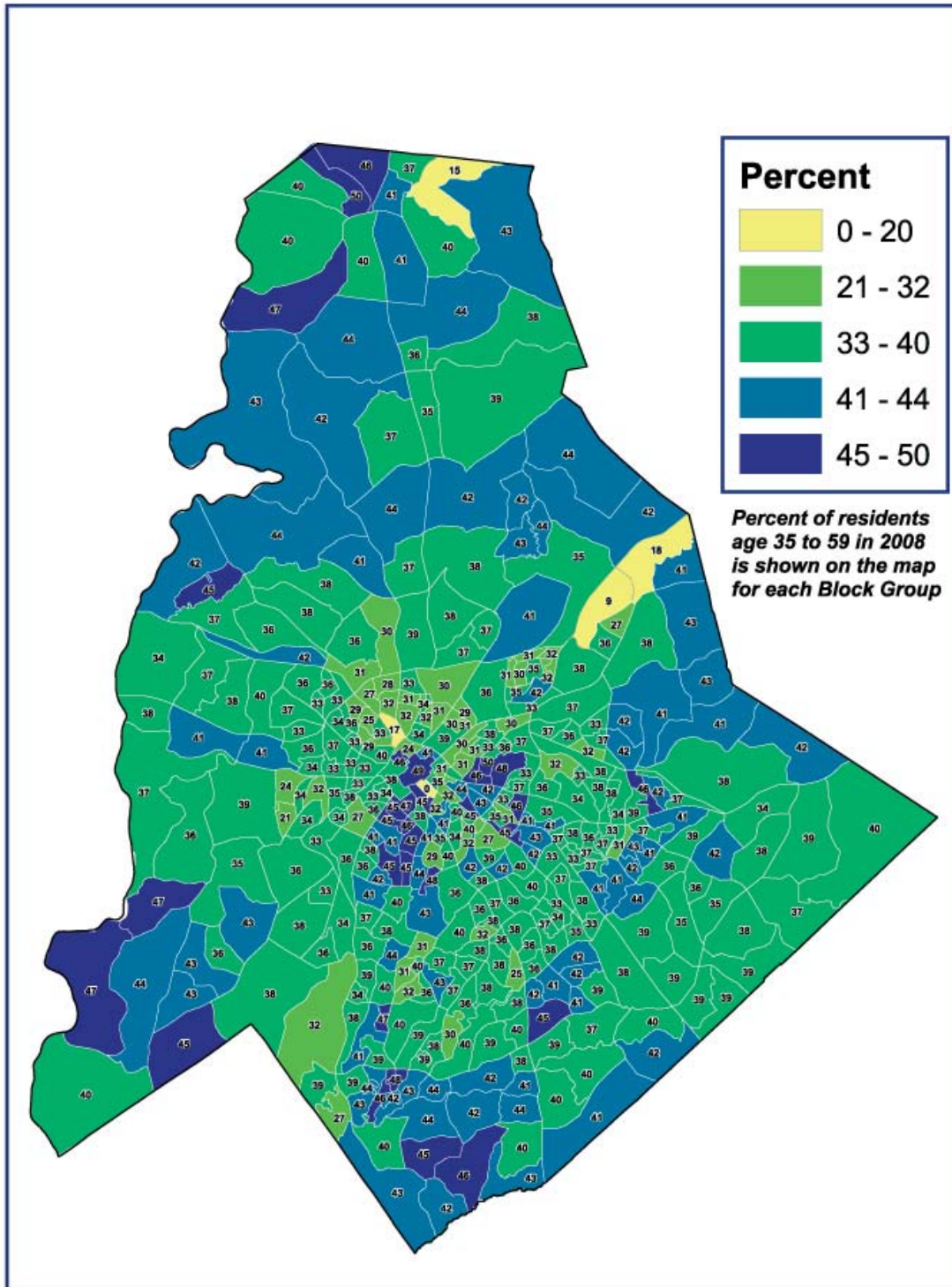
Master Bedroom:

- Located on first floor
- Accessible closet w/special built-ins

Stairways:

- Wider treads
- Recessed low-voltage lighting
- Double handrails

Mecklenburg County Residents Aged 35 to 59 in 2008



8. Adults with Disabilities

This work group conducted an environmental scan to determine if there are enough similarities between the issues of older adults and the issues of adults with disabilities to merit merging those two networks.

The primary strategy to improve quality of life for older adults with disabilities is to advocate for systemic change – primarily through local, state, and federal legislative initiatives. Until the infrastructure of programs and services becomes inclusive, equal, and effective, there is a limit to the improvements that can be achieved for older adults with disabilities.

The work group recommendations apply to three (3) areas not addressed by the other service work groups.



Mental Health and Substance Abuse Issues

Current barriers in this area to adults with MI/SA disabilities:

- Stigma associated with mental illness and its treatment on the part of the individual, caregivers, family and community
- Stigma associated with substance abuse and its treatment
- Denial of symptoms
- Fear of institutionalization and/or loss of independence if symptoms are reported or recognized
- Symptoms unrecognized or misdiagnosed as a part of “normal aging”, dementia, other health problems, etc.
- Increased risk for mental health and substance abuse problems associated with growing older, e.g. losses, grief, declining health
- Lack of education on the part of care givers and care providers
- Lack of geriatric specialty mental health and substance abuse practitioners and other resources
- Traditional treatment services and programs focus more on the problems of younger people, e.g., vocational training, future oriented

- Hospital emergency rooms and psychiatric facilities are ill-equipped to address mental health problems for seniors who reside in nursing homes, rest homes and assisted living facilities, as well as for those living alone or with others
- Scarcity of geriatric specific mental health supports which promote and foster independence

Current strategies to overcome these barriers are:

- Mecklenburg County Area Mental Health Authority contracts for services with Carolinas Healthcare Behavioral Health Center for a Geriatric Specialty Team which provides consultation and education and, to some extent, treatment.
- Currently developing a mechanism to identify events when seniors are treated in psychiatric ER in order to refer to Geriatric Specialty Team for follow-up
- Mental Health Coalition - collaboration between Geriatric Specialty Team and Ombudsman

Recommendations for furthering the strategies

- Education/training for professionals, caregivers and the community at large
- Develop geriatric specific mental health and substance abuse treatment services
- Promote a collaboration to apply for recently released Substance Abuse and Mental Health Services Administration (SAMHSA) grant to fund geriatric specialty psychiatrist and other services
- Develop prevention efforts
- Develop organized advocacy for these populations in collaboration with the Mental Health Association of Central Carolinas, local chapter of the National Alliance for the Mentally Ill (NAMI) and other advocacy groups
- Integrate mental health and substance abuse issues into each work group to ensure they are addressed in each group's area of focus.

Deafness/Hard of Hearing/Blindness Issues

Current barriers

- Lack of access to up-to-date technology
- Ability to use Medicare/Medicaid money for community supports – interpreters, drivers
- Need “Blind Waiver”
- No “Reverse 911” system
- Emergency response personnel do not communicate properly with this population
- Judicial and law enforcement personnel do not communicate properly with this population

- Open captioning at movie theaters
- Rear Window captioning at movie theaters
- Audio Description at movie theaters

- ADA Title III entities resist providing interpreters – especially doctors, hospitals
- TV information, especially emergency information, is not provided in sign language
- “Canned captioning” is not adequate
- Insurance does not cover the cost of cochlear implants or high-tech hearing aids

Current strategies

- Video Relay Service will assist with the lack of interpreters
- Legislation on the state level must make changes to Medicaid a priority
- Legislation on the federal level must make changes to Medicare a priority
- Self-Help for Hard of Hearing meets with local TV broadcasters to advocate for better captioning on the news
- The Charlotte-Mecklenburg Advocacy Council for People with Disabilities Communication Access Committee meets monthly to ensure ADA Title II compliance with effective communication requirements

Recommendations for furthering the strategies

- Identify funding sources for support of technology
- Advocate for legislative changes on the state level
- Advocate for legislative changes on the federal level
- Join forces with SHHH and CM-ACPD in their advocacy efforts

Mental Retardation

Current Barriers

- Federal budget continues to decrease Medicaid funding
- Lack of Section 811 housing (supportive housing)
- Lack of funding for Supported Employment
- Lack of funds for Direct Support Professionals
- Ability to use Medicare/Medicaid money for community supports – drivers, budgeting assistance

Current strategies

The ARC and other advocacy groups are working on the national and state level to change legislation and funding to erase the barriers

Recommendations for furthering the strategies

Bring pressure to bear on state and federal legislators to make the changes necessary for all the systems changes needed.

VI. Appendix

A. Executive Advisory Board

Mr. Gerald G. Fox, Chair
Former Mecklenburg County Manager

Mr. T. Edmond Rast, Co-Chair
United Way Board Member

Mr. Doug Booth
Former Duke Power President, and
Board of County Commissioners Member

Ms. Carla DuPuy
Crescent Resources Executive, and Former
Chair Board of County Commissioner

The Honorable Ruth Easterling
Former Member North Carolina House of
Representatives

Mr. Paul Franz
Carolinas HealthCare System Executive

Dr. E.K. Fretwell
Former President UNC-Charlotte

Mr. Harvey Gantt
Former Charlotte Mayor

Maryann Gilmore, Managing Editor
Senior Directions

Mr. Gerald Johnson, Publisher
The Charlotte Post



Mr. Peter Keber
Former Bank of America Executive, and Board
of County Commissioners Member

Ms. Gloria Pace King, President
United Way of Central Carolinas

Mr. Bruce Landgarten, Director
Jewish Community Center

The Honorable Fountain Odom
Former Member of NC Senate, and Board of
County Commissioners Member

Mr. Mark Peres, Financial Advisor
Smith Barney Company, and
Editor, Charlotte ViewPoint Magazine

Mrs. Betty Chafin Rash
Former City Council Member

Mr. Donald Sanders, Former President,
Foundation For the Carolinas

Dr. Dena Shenk, Ph.D.
Director of UNC-Charlotte Gerontology Program

Dr. C. Don Steger
Former Assistant City Manager

Sara Wolf, Past President
Latin American Women's Association

Status of Seniors Initiative
Senior-Friendly
Mecklenburg

B. Steering Committee

Julie Adams, Director, CAP Program
Mecklenburg County Health Department

Connie Bonebrake, VP
Carolinas HealthCare System

Henry H. Bostic Jr., Bostic & Associates
Public Relations Consultants

Vince Brown, Assistant General Manager
Specialized Transportation Services, CATS

Natalie Burnham, Project Coordinator
Eliminating Disparities
United Way of Central Carolinas

Maryanne Dailey, Executive Director
Better Business Bureau Foundation

Ellis Fields, Assistant Director
Mental Health Assn. of Central Carolinas

Maryann Gilmore, Managing Editor
Senior Directions

Carol Heim, LCSW
Presbyterian Senior Health Care

John Highfill, Special Projects Coord.*
Mecklenburg County Department of Social
Services, Services for Adults Division

K. Olaf Kinard, Marketing Director
CATS



Kim Lewis, Vice President
Community Planning
United Way of Central Carolinas

Sindy McCrystle, Chair
United Way, Older Adult Wellness

Evelyn Newman, Board Chairman
Charlotte-Mecklenburg Council on Aging

Trena Palmer, Executive Director*
Charlotte-Mecklenburg Senior Centers

Julia Sain, Executive Director
Programs for Accessible Living

Wil Sims, Provider Network Coordinator
Mecklenburg Area Mental Health Auth.

Andrea Sturm, MSW, Director
Wilmore Resource Center

Chauna Wall
Manager, Community Investment
United Way of Central Carolinas

Gayla S. Woody, Director*
Centralina Area Agency on Aging

***Executive Members**

C. Work Group Members

CENTER FOR AGING WORK GROUP

Charmaine Belgrave

Carolinas HealthCare System

Boyd Davis

Linguistics/English
UNC-Charlotte

Barb DeSilva

Carolinas Healthcare System

Mr. Ches Gwinn

Hewitt Associates

Lyndall Hare

CPCC

John Highfill

Department of Social Services (DSS)
Services For Adults Division

Brenda Jackson

DSS Deputy Director

Dezette Johnson

Johnson C. Smith University
Social Work Department

Kim Lewis

United Way of Central Carolinas

Helen Lipman

DSS, Contracts Administration



Scott Moroney

Carolinas HealthCare System

Patton McDowell

Queens University

Marilyn Morenz

Hospice at Charlotte

Stacy Steele

Presbyterian Hospital
Community Care Services

Gayla Woody

Centralina Area Agency on Aging

Diane Zablotsky

UNC-C

PHYSICAL ENVIRONMENT WORK GROUP

Bill McCoy

Retired – Director, UNC-C Urban Institute

John Barry

Mecklenburg County Land Use and Environmental Service Agency (LUESA)

Lee Cochran

Charlotte-Mecklenburg Housing Partnership

Martin Cramton

Retired – Director, Charlotte-Mecklenburg Planning Commission

Melani C. Dove

Presbyterian Hospital

Tom Duggins

DPR Associates

Ruth Huey, Community Health Clinic

Rob Johnson, MBAJ Architects

John Mann, Retired

Tim Morgan

Real Estate and Building Industry Council (REBIC)

Danny Pleasant

Charlotte Department of Transportation

Wil Sims

Area Mental Health Authority

Status of Seniors Initiative
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Mecklenburg**

Andrea Strum

Charlotte Neighborhood Development Dept.

Mary Thomsen

Real Estate and Building Industry Council

Stan Wilson

Charlotte Neighborhood Development Dept.

John Highfill

Mecklenburg County Department of Social Services, Services For Adults Division

SAFETY COMMITTEE WORK GROUP

Julie Adams, CAP Manager, Co-Chair
Mecklenburg County Health Department

Maryanne Dailey

Executive Director, Co-Chair
Better Business Bureau Foundation

Sergeant Walter Bowling

Fraud Unit, Charlotte-Mecklenburg Police Department

Dennie Croder

Charlotte Mecklenburg Police Department

Tawanda Garrison

Fraud Unit, Charlotte-Mecklenburg Police Department

Joel Riddle, Tharpe Company

Ryan Temm, Policeman

Charlotte-Mecklenburg Police Department

Vivian Vance, Fraud Unit

Charlotte-Mecklenburg Police Department

Christian Wagner

Charlotte-Mecklenburg Police Department

TRANSPORTATION INDEPENDENCE WORK GROUP

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Community Investment Manager
United Way of Central Carolinas,

Laurie Abounader
Centralina COG Aging Specialist

Vince Brown
CATS

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Charlotte Department of Transportation
Pedestrian Program Manager

Masie Justice
Department of Social Services
Transportation Program Manager

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UNC-C, Dept. of Civil Engineering

Judy Marshall
Salvation Army

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Metrolina Association for the Blind

Sandra Peake
American Red Cross
Transportation Services Program Manager

HEALTH PUBLIC POLICY WORK GROUP

Sindy McCrystle, Co-Chair
CHS Medical Education

Ellis Fields, Co-Chair
Mental Health Assoc. of Central Carolinas

Connie Bonebrake Co-Chair
CHS Admin./Nursing Home-Home Care

Jane Neese
UNC-C/College of Health & Human Services

Katie Spegal
Liberty/Nursing Home Admin.

Jennifer Troyer
UNC-C/Dept. of Economics

Maren Coffman
UNC-C/Dept. of Nursing

Rebecca Radecke
UNC-C/Dept. of Gerontology

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Behavioral Health Nurse/Geriatric Team

Beth Croom
Area Program Director/Alzheimers Association

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Mecklenburg County Health Department

Jonathan Kromer, Psychotherapist,
CMC Behavioral Health

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Tarheel Home Health

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Wilora Lake Healthcare Center

Nancy Culp
Southminster

Naomi Herndon
Levine Jewish Community Center

Jeff Aten
Charlotte-Mecklenburg Senior Centers

BG Metzler
Marketing Consulting

Jackie Hayward
Just1Call

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Programs for Accessible Living (PALS)

Kevin Nale
Programs for Accessible Living (PALS)

Wil Sims, Mecklenburg County
Area Mental Health Authority

Linda Miller (CCOG)
Area Agency on Aging



CAREGIVER CELEBRATION AND SUPPORT WORK GROUP

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Alzheimer's Association

Ellen McClure
Carolina Medical Center

Jeanette Leardi

Kyle Mendenhall
EasterSeals UPC of NC

Lynn Ivey

Marsha Ghent
Mecklenburg County Department of Social Services

Nate Huggins
Blessed Assurance Adult Day Care

Ronda Deitch
Centralina Area Agency on Aging

Susan Hencharik
Mecklenburg County Department of Social Services

Tereasa Owens
Pinnacle Care Managers

D. Pre-White House Conference On Aging - Summary

NAME OF EVENT:

Shaping The Solutions For Successful Aging

SPONSORING ORGANIZATION:

Charlotte-Mecklenburg Council on Aging;
Mecklenburg County Status of Seniors; RSL

SPONSOR CONTACT:

Gayla S. Woody
Centralina Area Agency on Aging
P.O. Box 35008
Charlotte, NC 28235
704-348-2727
Fax: 704-347-4710
gwoody@centralina.org

DATE OF THE EVENT:

May 25-26, 2005

LOCATION OF THE EVENT:

May 25 at Highland Creek, Charlotte, NC
May 26 at Covenant Presbyterian Church,
Charlotte, NC

PERSONS ATTENDING: 200+

Shaping the Solutions

For Successful Aging

A WHITE HOUSE CONFERENCE ON
AGING
DESIGNATED EVENT

THURSDAY, MAY 26, 2005
8:30 A.M. - 3:30 P.M.

COVENANT PRESBYTERIAN CHURCH
1000 EAST MOREHEAD STREET
CHARLOTTE, NC

A Collaborative Event Presented By:



Status of Seniors Initiative
Senior-Friendly
Mecklenburg

D. Pre-White House Conference On Aging - Summary

PRIORITY ISSUE

Aging in Place Services

Need for Geriatric health evaluation, assessment and management

Prescription Drugs



BARRIER

- Inadequate supply of affordable services
- Lack of public policy support
- Lack of funding
- Inadequate funding
- Inadequate supply
- Difficulty in accessing services
- Costs
- Public Policy

PROPOSED SOLUTIONS

- Tax credit for caregivers
- Tax credit for employers providing elder care benefits
- HR training and education for employers/employees about cost of caregiving
- Redefine Medicare and Medicaid to include more aging in place services as eligible for reimbursement
- Uniform definition of eligibility
- Centralized database of available services
- All chronic care meds for eligible recipients paid by federal governments
- One stop shop centers like Aging & Disability Resource Center
- Increase funding for health promotion disease prevention services
- Educate community about the availability of services
- Amend Medicare and Medicaid to increase coverage for prescription drugs
- Decrease exclusivity of drugs (time limit on patents)
- Volume purchasing of drugs (change existing law)
- Tort reform (liability issues)
- Community education about being a “smart” consumer of prescription drugs

Senior
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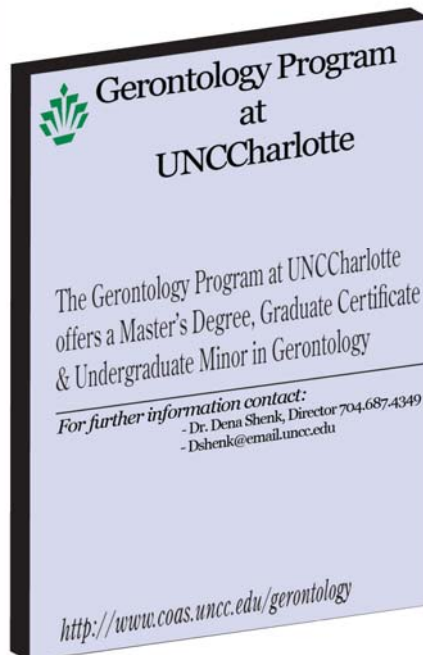
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- Persons with disabilities
- Service providers
- Professionals



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**Your
Future**



The UNC Charlotte Gerontology Program is proud to be part of the Status of Seniors Initiative as we CREATE a Senior-Friendly Mecklenburg.