

Creating Vibrant Communities In Which We All Age Well

 Moving from Common Vision
to Community Action

Boulder County Aging Services Division
P.O. Box 471
Boulder, Colorado
www.co.boulder.co.us/cs/ag/

July 2006
Revised April 2007
4th Printing

To become involved in *creating vibrant communities in which we all age well*, contact Boulder County Aging Services Division at 303.441.3570. For the latest information on the implementation of the strategic plan, visit:

www.allagewell.com

Table of Contents

Executive Summary	1
Introduction	2
Why Is This Initiative Important?	5
Aging Well: A Strengths Approach	6
What Do We Mean by Aging Well?	6
How Are Strengths Connected to Aging Well?	6
How Does a Vibrant Community Contribute to Aging Well?	7
Essential Elements of an Elder-Friendly Community	8
Addressing Basic Needs	9
Where Are We Today? - Housing	10
Where Are We Today? - Food and Nutrition	11
Strategies for Addressing Basic Needs	12
Promoting Social and Civic Engagement	14
Where Are We Today?	15
Strategies for Promoting Social and Civic Engagement	16
Optimizing Physical and Mental Health and Well-Being	18
Where Are We Today?	19
Strategies for Optimizing Physical and Mental Health and Well-Being	20
Maximizing In/dependence and Supporting Caregivers	23
Where Are We Today?	24
Strategies for Maximizing In/dependence and Supporting Caregivers	25
What Does the Future Hold?	28
Strategic Design Principles	29
Measuring Our Progress	30
A Call to Action	31
Potential Community Partners	32
Endnotes	33
Bibliography	34

Executive Summary

We live in vibrant communities in which we all age well.

This strategic plan presents a vision of the future that has been articulated by the community. It transmits agreed-upon strategies for achieving that vision, and invites the community to *create vibrant communities in which we all age well*.

Boulder County Aging Services Division, in collaboration with the senior services divisions of the cities of Boulder, Erie, Lafayette, Longmont, and Louisville, shaped a countywide strategic visioning process known as *Greeting Our Future: A New Approach to Aging*. The Strategic Visioning Coordinating Team, a broadly representative group of fifty people, interviewed 157 people of all ages and engaged 307 individuals in a series of twenty-three community conversations throughout Boulder County. The results, coupled with findings from the 2004 *Strengths and Needs Assessment of Older Adults in Boulder County*, informed the strategic planning process that followed.

The elder-friendly community model serves as the foundation for this strategic plan and its implementation. An elder-friendly community:

- ◆ **Addresses basic needs**
- ◆ **Promotes social and civic engagement**
- ◆ **Optimizes physical and mental health and well-being**
- ◆ **Maximizes in/dependence for older adults and supports caregivers**

During the countywide strategic visioning process, Elements of Our Positive Core were identified. Then, at the Community Summit, a set of strategic design principles was forged. These design principles will be used to inform policy; establish funding priorities; and design, deliver, fund, and evaluate programs and services for older adults and caregivers in Boulder County.

This plan contains the top strategies for *creating vibrant communities in which we all age well* as voted on by participants in the strategic planning sessions. These strategies will unfold and expand as more people become involved in implementing the plan. We invite individuals, families, agencies, faith communities, funders, and policy makers to work together to *create vibrant communities in which we all age well*. Toward this end, a list of potential community partners is included in the document.

To provide leadership and vision for the implementation of this strategic plan, a countywide leadership council will convene in September 2006.

Working together, we will create the future.



We live in vibrant communities in which we all age well.

Introduction

The process began a long time ago, and gained momentum as it proceeded. Boulder County Aging Services Division (BCASD) had been collecting and analyzing information about the strengths of older adults, elder-friendly communities, and aging well for almost a decade. As early as 1996, the Division had begun to formulate a strengths-based approach to aging services. Then, in 1997, it conducted the first assessment of both the strengths and needs of older adults in Boulder County.

Beginning in 2003 BCASD undertook a three-part assessment of services for older adults in Boulder County. Part I consisted of an analysis and categorization of funding for aging services from 1999 – 2003. The resulting report, *Trends in Services for Older Adults in Boulder County 1999 – 2003*, identified the need to coordinate both funding and service delivery for aging services, encouraged policy makers to coordinate public policy for older adults across municipalities, and challenged the community to establish a countywide strategic agenda for aging services. Part II, an analysis of the outcomes of programs and services provided to older adults in Boulder County, is ongoing. Part III, a comprehensive, statewide survey of the strengths and needs of older adults, was completed in the summer of 2004. The Boulder County report identified the strengths and needs of adults sixty and older in each of the major municipalities in Boulder County.

Senior services managers for the cities of Boulder, Erie, Lafayette, Longmont, and Louisville and the division manager for BCASD had been meeting for years to share information and coordinate services. This group was known as the County Directors. With the release of the reports identified above, it became apparent that the County Directors needed to broaden their membership, devote considerable attention to the issues that had been identified, and meet

the challenge that had been issued. In July 2004 the County Directors formed the Strategic Visioning Leadership Team (SVLT). The SVLT adopted the elder-friendly community model as the basis for their work together, chose Appreciative Inquiry as the process they would use to effect change, and launched a countywide strategic visioning initiative.

Appreciative Inquiry (AI)

AI is a change process that identifies and affirms that which is best about an organization or community. AI engages people from a variety of backgrounds and positions in **discovery** through storytelling, **dreaming** positive images of the future, **designing** the systems, structures, and strategies that will enable the organization or community to realize its dream, and **destiny** – initiating actions to support “what will be.”

By early 2005 the SVLT was ready to engage the community in articulating its vision of an elder-friendly community. The SVLT expanded to fifty members and became the Strategic Visioning Coordinating Team (SVCT). The SVCT met for the first time in June 2005. In two days of training, they received an introduction to Appreciative Inquiry, determined the topics they wanted to explore, and identified ways to involve the community in the process. They named the strategic visioning initiative, *Greeting Our Future: A New Approach to Aging*.



Introduction

The SVCT met in July 2005 to develop an Appreciative Interview Guide and receive training in conducting Appreciative Interviews. From mid-July through September, they interviewed 157 elders, caregivers, service providers, mid-life adults, and community members. In addition, the SVCT engaged 307 people in community conversations where they shared their stories and envisioned the future.

All of the stories needed to be analyzed, so the SVLT held a Meaning-Making Meeting. Elders and other aging services staff joined the SVLT as they read and made meaning out of the 400+ stories that they had heard. The group discovered the community's positive core, a list of eight elements that describe Boulder County at its best. These *Elements of Our Positive Core* were incorporated into the *Essential Elements of An Elder-Friendly Community* as the strategic planning process continued.

- ◆ **Are the Basics Covered?**
When basic needs are met, individuals can build upon their strengths to create vibrant, engaging lives. Housing, health care, food, and clothing are basic needs.
- ◆ **Say "Yes" to Life – Be Involved!**
People who age well maintain a positive outlook and stay engaged in life. They participate in social and civic activities. They visit with family and friends, and develop new interests and hobbies.
- ◆ **One Call Does It All**
When Boulder County is at its best, people know where to turn for help. Services are available and accessible to those who need them. One call to any service provider gets you connected to where you need to be.
- ◆ **Opportunities to Give and Receive**
People who age well are connected to the broader community. They share their unique gifts and talents with others by volunteering and through paid employment. They receive both practical and social support from family, neighbors, and friends. And, they use community services that enable them to remain part of the community.
- ◆ **A Welcoming Environment**
When Boulder County is at its best, it is a welcoming community. Open space provides people with safe places to gather, exercise, and be part of nature. Public facilities are attractive, inviting, and accessible to all.
- ◆ **Choice = Empowerment**
We age well when we know and understand the options that are available to us, when we make decisions for ourselves, when others listen to what we have to say.
- ◆ **Common Ground Creates Common Good**
Our community is at its best when it provides opportunities for us to join with others with whom we share common interests. Working together, we can make a difference.
- ◆ **Differences Make a Difference**
Our Boulder County community is at its best when we cherish, celebrate, and embrace one another's individual, emotional, cultural, and spiritual natures. We recognize that the community is stronger and the world is richer for the diversity that we see all around and within us.

Introduction

An Appreciative Community Summit was held on October 27 and 28, 2005. One hundred and eighty people participated. They forged a set of strategic design principles that will guide the design, development, delivery, funding, and evaluation of aging services in Boulder County in the future.

Appreciative Inquiry Summit

The Appreciative Inquiry Summit is a method for accelerating change by involving a broad range of internal and external stakeholders in the change process. It is typically a single event or a series of events that bring people together to:

- ◆ Discover the organization's or community's core competencies or strengths.
- ◆ Envision opportunities for positive change.
- ◆ Design the desired changes into the organization's or community's systems, structures, strategies, and culture.
- ◆ Implement and sustain the change - Make it work!

Ludema, Whitney, Mohr, and Griffin
The Appreciative Inquiry Summit
Berrett-Koehler: 2003
p. 12-13

Using data from the Appreciative Interviews, the Community Conversations, and the Community Summit, participants in four community planning sessions identified goals and strategies for *creating vibrant communities in which we all age well*. The top strategies, voted on by participants, are presented in this plan. All of the ideas and suggestions generated by participants have been saved, and are available to groups and individuals interested in working in one of the quadrant areas.



With the release of this document, the strategic plan is presented to the community. It is the community's plan – it came from the community and can only be implemented by community members working together. It is hoped that individuals, agencies, and organizations will use the strategies contained in this plan to move from a common vision of the future to community action to make it a reality. Toward this end, a list of potential community partners has been included at the end of this document.



Why Is This Initiative Important?

Boulder County is aging faster than Colorado as a whole. Boulder County's 60+ population will increase by 70% between 2000 and 2012. During that same period, the rest of the population (age 0 – 59) will increase by just 10%.¹

Boulder County Adults 60+²		
Year	Number	% of total population
Census 2000	28,661	10.6%
Projected 2004	32,251	11.3%
Projected 2008	39,312	13.1%
Projected 2012	48,743	15.5%
Projected 2020	69,563	20.2%

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

- ◆ A larger number of healthy, active, civic-minded older adults will be available to contribute to the community as volunteers, board members, community leaders, employees, and caregivers. Communities need to be prepared to use this valuable resource.
- ◆ As the number of older adults increases, the number of frail, vulnerable older adults needing health care, housing, transportation, and other supportive services will also increase. Communities need to focus resources on this rapidly growing “*Frail Fraction*”³ of the community.

The cost of providing services will also increase in the future. National Research Center, Inc. (NRC), in its work on the statewide strengths and needs assessment, examined the economics of providing services to older adults. Assuming constant rates of utilization and an inflation factor of 2.5% per year, NRC projected that the cost of service delivery would increase by 84% between 2004 and 2012! This represents an increase from \$1,087,094 in 2004 to \$2,001,783

in 2012.⁴ These estimates are only for services provided or funded by Boulder County Aging Services Division. There are many other service providers and funding sources in Boulder County that, if factored in, would increase the original estimates.

The cost to meet all of the need for services identified in the strengths and needs assessment would be significantly higher. In 2004, if services had been provided to all older adults needing services, the cost would have been \$9,286,355. By 2012 that cost would increase to \$17,099,966.⁴

No community is likely to be able to increase its expenditures for aging services at such a rapid rate. Because we know that the more strengths older adults possess, the less likely they are to report problems or need services, we must be strategic about developing and maintaining strengths in older adults. We must also find creative and innovative ways to build upon the strengths of older adults in our communities.

More of us are growing older together than ever before, and the impact of that collective aging will change every facet of our society in the coming years.

-Ken Dychtwald, *Age Wave*

Aging Well: A Strengths Approach

What Do We Mean by Aging Well?

Aging is linked in some people's minds with loss, disease, disability, even death. Others view aging as a life stage with unique opportunities and rewards.

Considerable research has been conducted into the concept of aging well. Some researchers contend that characteristics such as good physical and mental health, or at least living to a very old age, constitute aging well.

Others use a subjective definition of aging well that lets people decide for themselves whether or not they are aging well. In this approach, investigators ask older adults one or more questions about how they feel about their lives.

For example:

Overall, how do you rate your quality of life?

I am aging successfully (or aging well) — Agree or Disagree?

Those who give themselves high ratings are considered to be aging well, while those who give themselves low ratings are not seen as aging well. Using this approach, we can look at the extent to which various factors characterize older adults who describe themselves as aging well, or who rate their overall quality of life as high. These factors can then be considered as strengths or strategies for aging well.



How Are Strengths Connected to Aging Well?

Many people who do not meet the objective criteria for aging well describe themselves as having a high quality of life or as having aged well. One explanation for this is that these older adults possess strengths that enable them to adapt to losses or changes that would otherwise be negative. Another explanation is that these individuals have a personal definition of aging well that places greater emphasis on the spiritual aspects of aging.

In our model of aging well, the objective criteria of aging well are seen as strengths that contribute to quality of life as one ages, increase the likelihood of aging well, and minimize the normative stresses of aging.

Aging Well: A Strengths Approach

The 2004 strengths and needs assessment of older adults identified twelve strengths associated with aging well. These strengths were grouped into three categories: physical health (physical activity, nutrition and food security, ADLs, IADLs); outlook on life (mental health, self-efficacy, valued by community, spirituality); and connection with others and the community (practical support, social support, engagement in life, hobby). Those with more strengths were more likely to have a **higher quality of life** - to be aging well. In addition, older adults with more strengths were **less likely to report problems**.

Building and nurturing strengths provides older adults with a buffer against problems that diminish their health and well-being. Services that promote and support strengths enable older adults to age well. This will reduce the need for costly services in the future. This knowledge gives communities, and health and human service providers, a starting point to prepare for the changes that the aging of the population will bring.

Indeed, models for aging well can serve as tools for communities seeking to *create vibrant communities in which we all age well*.



How Does a Vibrant Community Contribute to Aging Well?

Individual effort is not enough to ensure that one ages well. It takes a vibrant, elder-friendly community that addresses basic needs, promotes social and civic engagement, optimizes physical and mental health and well-being, and maximizes in/dependence and supports caregivers. A vibrant community builds upon the strengths of individuals, families, and the community itself. Likewise, a vibrant community builds strengths in its residents. This increases the likelihood that one will age well.

Essential Elements of an Elder-Friendly Community

The **essential elements** of an elder-friendly community are articulated as goal statements in the quadrants below. Items in *italics* were gleaned from interviews and conversations with over 400 people in Boulder County. The other bullets were adapted from research done by the AdvantAge Initiative in New York (www.vnsny.org/advantage/).

Differences Make a Difference is integral to every quadrant:

We value individual differences as strengths. We honor, celebrate, and build on individual differences. We respect and include people of all ages, races, cultures, backgrounds, genders, gender identities, gender expressions, sexual orientations, lifestyles, religions, physical and mental abilities, and incomes.

Addresses Basic Needs

Are the Basics Covered?

- Housing is affordable, appropriate, and accessible.
- Neighborhoods are safe and livable.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier-free, affordable, and welcoming - *One Call Does It All!*

Promotes Social and Civic Engagement

Say "Yes" to Life - Be Involved!

- Families, neighbors, and friends maintain meaningful connections.
- People of all ages participate together in social, civic, cultural, and recreational activities.
- Opportunities exist for meaningful paid and volunteer work - *Opportunities to give and receive.*
- Aging well is a community priority.
- People celebrate and share common interests - *Common Ground Creates Common Good.*

Optimizes Physical and Mental Health and Well-Being

- Health is a personal and public priority.
- The community promotes healthy behaviors and fosters well-being.
- Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.
- A *Welcoming Environment* fosters physical activity and participation.

Maximizes In/dependence and Supports Caregivers

Choice = Empowerment

- We acknowledge and celebrate our in/dependence with one another.
- A comprehensive, coordinated continuum of services supports personal choice and quality of life.
- Transportation is affordable, accessible, flexible, reliable, and safe.
- Caregivers are informed, educated, acknowledged, and supported.

Addressing Basic Needs

Addresses Basic Needs

Are the Basics Covered?

- Housing is affordable, appropriate, and accessible.
- Neighborhoods are safe and livable.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier-free, affordable, and welcoming - *One Call Does It All!*

Promotes Social and Civic Engagement

Say "Yes" to Life - Be Involved!

- Families, neighbors, and friends maintain meaningful connections.
- People of all ages participate together in social, civic, cultural, and recreational activities.
- Opportunities exist for meaningful paid and volunteer work - *Opportunities to give and receive.*
- Aging well is a community priority.
- People celebrate and share common interests - *Common Ground Creates Common Good.*

Optimizes Physical and Mental Health and Well-Being

- Health is a personal and public priority.
- The community promotes healthy behaviors and fosters well-being.
- Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.
- *A Welcoming Environment* fosters physical activity and participation.

Maximizes In/dependence and Supports Caregivers

Choice = Empowerment

- We acknowledge and celebrate our in/dependence with one another.
- A comprehensive, coordinated continuum of services supports personal choice and quality of life.
- Transportation is affordable, accessible, flexible, reliable, and safe.
- Caregivers are informed, educated, acknowledged, and supported.

Addressing Basic Needs

Overview

An elder-friendly community provides a “rock solid safety net” that ensures that the basic needs for housing, health care, food, clothing, and access to essential services are met.

In Boulder County we embrace a philosophy of “thriving, not just surviving” for all residents. We strive to create a continuum of services that accommodates all levels of income, age, and ability.



Housing

Affordable, appropriate, accessible housing is a strength that contributes to a high quality of life for older adults and persons of all ages. Appropriate and accessible housing also contributes to personal safety and well-being.

Where Are We Today?

Strengths⁵

- ◆ 95% of Boulder County adults 60 and older have housing suited to their needs.
- ◆ 78.9% of Boulder County householders 60 and older own their own home.
- ◆ 95% of older adults have not been a victim of crime in the past year.

Concerns⁵

- ◆ 32.6% of older adults in Boulder County live alone.
- ◆ Older women are more than three times as likely to live alone as older men.
- ◆ 9% of older adults said being financially exploited had been a problem in the past year.
- ◆ Reports of adult abuse rose by 126% between 2001 and 2005.

In a series of key informant interviews conducted in 2004, the following concerns were identified: independent living units for both low-income and moderate-income older adults, emergency housing vouchers for older adults, and affordable assisted living options.⁶

Housing authorities in Boulder County provide a significant level of service to residents age 62 and older. All of the housing authorities in Boulder County own and manage affordable

Addressing Basic Needs

housing for older adults, and they serve a disproportionate number of persons age 62 and older in the Section 8 Housing Choice Voucher program.

Additionally, 25% of those receiving weatherization services from Longs Peak Energy Conservation and Weatherization are age 62 and older.

Residents of subsidized housing pay approximately 30% of adjusted gross income for their rent. Residents of reduced rent housing pay a reduced price based on the housing provider receiving an up-front subsidy to construct or acquire the site.

In Longmont and Boulder a continuum of housing options exists for older adults, including facility-based options for long-term care. In Lyons, Erie, Niwot, Nederland, Lafayette, and Louisville there are fewer options for those who need additional care. Residents often have to move to Longmont or Boulder.

The demand for subsidized senior housing and for access to Section 8 vouchers remains significant because these two major housing options provide the best access to affordable housing for persons on a fixed income.

Boulder County is also the site of significant cohousing⁷ activity, and an elder cohousing⁸ community is under development in North Boulder.

Lafayette is spearheading an initiative to create visitable⁹ housing.



Food and Nutrition

Proper nutrition, nutrition counseling, and nutrition education are strengths that contribute to aging well. If older adults are not getting proper nutrition, they are at risk for premature institutionalization and death. Proper nutrition is also necessary for medications to work as prescribed and for the body and brain to function well.

Where Are We Today?

Strengths⁵

- ◆ 97% of Boulder County adults 60 and older said they had no problem having enough food to eat in the past year.
- ◆ 98% of older adults are able to afford enough food to eat.
- ◆ 92% said they eat two or more complete meals a day.
- ◆ 94% said they had not needed help in the past two months getting enough food or the right kinds of food to eat.



Addressing Basic Needs



Concerns⁵

- ◆ 3% of older adults reported that having enough food to eat was a problem in the last year; 8% of older Hispanics; 12% of older adults with income less than \$15,000.
- ◆ 6% of older adults said they had needed help in the past two months getting enough food or the right kinds of food to eat; 21% of adults sixty and older with income less than \$15,000; 10% of older Hispanics.
- ◆ 8% of older adults said they do not eat two or more complete meals a day; 13% of older Hispanics; 17% of older adults with income less than \$15,000.
- ◆ 6% of older Hispanics and 7% of older adults with income less than \$15,000 are not able to afford enough food to eat.

Strategies for Addressing Basic Needs

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

- 1.1** Increase the amount of affordable, appropriate, and accessible housing.
- 1.2** Create affordable, livable, sustainable¹⁰ communities.
- 1.3** Change zoning ordinances and housing regulations to encourage “visitability,”⁹ multi-occupancy, accessory apartments, and to encourage community services and businesses to co-locate in neighborhoods.
- 1.4** Expand housing options to include cohousing⁷ communities.

Goal 2: Neighborhoods are safe and livable.

- 2.1** Identify, develop, and strengthen neighborhood connections.
- 2.2** Educate residents, service providers, and first responders to watch for, and report, changes in everyday patterns in the neighborhood.
- 2.3** Develop a corps of neighborhood volunteers to promote safety, convey information, and provide assistance.



Addressing Basic Needs

Goal 3: Everyone has enough to eat.

- 3.1** Establish a countywide food distribution network.
- 3.2** Make senior meal programs available countywide, focusing efforts on those in greatest need.¹¹
- 3.3** Educate people of all ages about healthy food choices.
- 3.4** Integrate congregate and home-delivered meal programs.
- 3.5** Create more choices for residents of long-term care facilities.



Goal 4: Access to essential services is seamless, barrier-free, affordable, and welcoming – One Call Does It All!

- 4.1** Develop and maintain one accurate, comprehensive database with Web access.
- 4.2** Organize a network of information and assistance providers, and coordinate access to the services that people need – One Call Does It All!
- 4.3** Establish a multidisciplinary team to triage calls and link callers with the right person or place.

- 4.4** Establish and market one central phone number for people to call for assistance.
- 4.5** Assist people to secure essential services, when needed.
- 4.6** Increase the availability and affordability of care coordination services.
- 4.7** Create a “preferred provider network” of agencies that agree to:
 - ◆ Use a single application form;
 - ◆ Use a common release of information form;
 - ◆ Agree upon common definitions and use a common language;
 - ◆ Use a single identifier code for each individual;
 - ◆ Use a sliding fee scale for services.
- 4.8** Improve, expand, and market the resources of “211.”¹²
- 4.9** Increase community awareness of available services.



Promoting Social and Civic Engagement

Addresses Basic Needs

Are the Basics Covered?

- Housing is affordable, appropriate, and accessible.
- Neighborhoods are safe and livable.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier-free, affordable, and welcoming - *One Call Does It All!*

Promotes Social and Civic Engagement

Say "Yes" to Life - Be Involved!

- Families, neighbors, and friends maintain meaningful connections.
- People of all ages participate together in social, civic, cultural, and recreational activities.
- Opportunities exist for meaningful paid and volunteer work - *Opportunities to give and receive.*
- Aging well is a community priority.
- People celebrate and share common interests - *Common Ground Creates Common Good.*

Optimizes Physical and Mental Health and Well-Being

- Health is a personal and public priority.
- The community promotes healthy behaviors and fosters well-being.
- Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.
- A *Welcoming Environment* fosters physical activity and participation.

Maximizes In/dependence and Supports Caregivers

Choice = Empowerment

- We acknowledge and celebrate our in/dependence with one another.
- A comprehensive, coordinated continuum of services supports personal choice and quality of life.
- Transportation is affordable, accessible, flexible, reliable, and safe.
- Caregivers are informed, educated, acknowledged, and supported.

Promoting Social and Civic Engagement

Where Are We Today?



Overview

In a vibrant, elder-friendly community people say “yes” to life. They engage in service to the community, and they have opportunities for meaningful work. Family, neighbors, and friends maintain meaningful connections with one another, and older adults have opportunities to give and receive practical and social support. Residents participate in intergenerational community activities - social, civic, cultural, and recreational. Life-long learning is available to everyone.

A vibrant, elder-friendly community values older adults, and older adults feel that they are an important part of the community. Aging well is a community priority; aging issues are in the forefront of the public’s awareness.

Strengths⁵

- ◆ 68% of Boulder County adults 60 and older participate in at least one of the following: volunteering, employment, or providing care for family or friends.
- ◆ In a typical week, 93% of adults 60 and older visit with family; 56% participate in religious or spiritual activity with others; 42% participate in a club or civic group; 23% participate in senior center activities.
- ◆ 79% spend a least one hour per week participating in a hobby such as art, gardening, or music.
- ◆ Older adults receive a lot of social support from family (71%), friends (53%), neighbors (25%), and their church or spiritual group (26%).
- ◆ 90% agreed that their community values older people.

Seize life by the horns and ride it for all it's worth!

-Greeting Our Future Participant

Promoting Social and Civic Engagement

The secret to aging successfully is to have a passion.
-Greeting Our Future Participant

Concerns⁵

- ◆ 18% (5,853) of Boulder County adults 60 and older said that feeling lonely, sad, or isolated had been a problem in the past year.
- ◆ 13% (4,178) of Boulder County adults 60 and older said having too few activities or feeling bored had been a problem in the past year.
- ◆ In a typical week, 77% do not participate in senior center activities; 58% do not participate in a club or civic group; 51% do not volunteer or help in the community; 47% do not attend movies, sporting events, or group events; 44% do not participate in religious or spiritual activities with others; 7% do not visit with friends.
- ◆ Some older adults receive no practical support from family (22%), friends (32%), neighbors (42%), or a church or spiritual group (61%).
- ◆ Some older adults receive no social support from family (6%), friends (8%), neighbors (23%), or their church or spiritual group (47%).

Strategies for Promoting Social and Civic Engagement

Goal 5: Families, neighbors, and friends maintain meaningful connections.

- 5.1** Establish an “aging-in-community”¹³ initiative that fosters a sense of connection and caring, and provides practical and social support to those who need it.
- 5.2** Include families, neighbors, and friends in programs, services, and community activities.
- 5.3** Develop and offer programs that foster and maintain a sense of connection and belonging.
- 5.4** Promote the inclusion of older adults in the community’s understanding and use of the term “family.”
- 5.5** Foster a sense of community in senior living facilities.
- 5.6** Increase the use of interactive technology to help families stay in touch.
- 5.7** Find ways for families, neighbors, and friends to stay connected when an older adult moves to a nursing home or assisted living facility.
- 5.8** Include residents of nursing homes and assisted living facilities in neighborhood activities.



Promoting Social and Civic Engagement

Goal 6: People of all ages participate together in social, civic, cultural, and recreational activities.

- 6.1** Create opportunities for intergenerational activities throughout the community.
- 6.2** Create a lifelong strengths continuum using Assets for Youth and the strengths of older adults.
- 6.3** Create opportunities for leadership and community involvement that build upon the strengths of older adults and youth working together.
- 6.4** Develop volunteer opportunities that encourage families, neighbors, and friends to volunteer together.
- 6.5** Expand and market opportunities for life-long learning.

Goal 7: Opportunities exist for meaningful paid and volunteer work – *Opportunities to give and receive.*

- 7.1** Encourage participation and leadership in civic activities and social change.
- 7.2** Increase opportunities for meaningful paid and volunteer work.
- 7.3** Expand the Senior Tax Worker program to include assignment to non-profit organizations.
- 7.4** Expand training programs for older adults to develop and enhance their skills.

- 7.5** Educate the baby boom generation about the value of volunteering – for themselves and the community.
- 7.6** Increase opportunities for individuals to exchange services, to receive “credit” or a stipend for their volunteer work.
- 7.7** Recruit individuals who have not traditionally volunteered into meaningful leadership roles.

Goal 8: Aging well is a community priority.

- 8.1** Using the strengths perspective, educate the community about how individual, family, and community strengths relate to aging well.
- 8.2** Promote positive images of aging, and focus on the unique strengths and contributions of older adults.
- 8.3** Increase the participation of older adults in community planning, public policy development, and social change.

Goal 9: People celebrate and share common interests – *Common Ground Creates Common Good.*

- 9.1** Encourage people of all ages to work together for social change.
- 9.2** Engage newcomers (new to the community or new to retirement) in activities that benefit the community and the environment.

Addresses Basic Needs

Are the Basics Covered?

- Housing is affordable, appropriate, and accessible.
- Neighborhoods are safe and livable.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier-free, affordable, and welcoming - *One Call Does It All!*

Promotes Social and Civic Engagement

Say "Yes" to Life - Be Involved!

- Families, neighbors, and friends maintain meaningful connections.
- People of all ages participate together in social, civic, cultural, and recreational activities.
- Opportunities exist for meaningful paid and volunteer work - *Opportunities to give and receive.*
- Aging well is a community priority.
- People celebrate and share common interests - *Common Ground Creates Common Good.*

Optimizes Physical and Mental Health and Well-Being

- Health is a personal and public priority.
- The community promotes healthy behaviors and fosters well-being.
- Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.
- A *Welcoming Environment* fosters physical activity and participation.

Maximizes In/dependence and Supports Caregivers

Choice = Empowerment

- We acknowledge and celebrate our in/dependence with one another.
- A comprehensive, coordinated continuum of services supports personal choice and quality of life.
- Transportation is affordable, accessible, flexible, reliable, and safe.
- Caregivers are informed, educated, acknowledged, and supported.

Where Are We Today?



Overview

An elder-friendly community promotes healthy behaviors and supports community activities that enhance well-being. An elder-friendly community provides ready access to wellness and health promotion services. This includes preventive care, such as vaccinations, health screenings, and counseling services. Vibrant, elder-friendly communities promote physical activity. Wellness services, including health, mental health, and palliative care are available in an elder-friendly community.

Optimizing both physical and mental health recognizes the balance that is essential in order to age well. Healthy individuals create healthy communities. Likewise, vibrant communities support aging well. Healthy individuals are able to give back to their community. Healthy individuals encourage a positive image of aging for the entire community. Healthy individuals use fewer and less costly services.

Strengths⁵

- ◆ 59% of Boulder County adults sixty and older say that their health is excellent (28%) or very good (31%)
- ◆ 57% of older adults in Boulder County said that their physical health had not been a problem in the past year.
- ◆ 83% of older adults in Boulder County said that performing everyday activities such as walking, bathing, or getting in and out of a car had not been a problem in the past year.
- ◆ 60% of older adults in Boulder County engaged in moderate physical activity for at least 30 minutes at least four days a week.

I would like to paint the future using all the colors there are.

-Greeting Our Future Participant



Art from a *Community Conversation*.

Concerns⁵

- ◆ 23% (7,489) of older adults in Boulder County reported having a condition that substantially limits their daily activities.
- ◆ 21% (6,773) of older adults in Boulder County said that feeling depressed had been a problem in the past year.
- ◆ Residents who were Hispanic or not white reported, on average, lower overall quality of health (51 and 58, respectively, on a 100-point scale) compared with whites (68 on a 100-point scale).
- ◆ 10% of older adults engaged in no moderate physical activity.
- ◆ 5% of older adults needed eye-glasses, but could not afford them; 4% needed hearing aids; 3% needed dentures.
- ◆ 3% of older adults reported having no insurance coverage in 2004, up from 1% in 1997.

Strategies for Optimizing Physical and Mental Health and Well-Being

Goal 10: Health is a personal and public priority.

- 10.1** Make access to health, mental health, and palliative care services a community priority.
- 10.2** Encourage personal responsibility for physical and mental health and well-being.
- 10.3** Address the health care challenges of older adults in emergency response plans.
- 10.4** Expand nutrition screening, education, and counseling opportunities for all ages.
- 10.5** Incorporate evidence-based federal and state initiatives into local programs and services.

Goal 11: The community promotes healthy behaviors and fosters well-being.

- 11.1** Expand the definition of wellness to include physical, emotional, spiritual, social/relational, creative, vocational, and financial well-being.
- 11.2** Sponsor intergenerational programs that promote healthy behaviors.

Optimizing Physical and Mental Health and Well-Being

- 11.3** Create a safe, barrier-free, welcoming environment for people of all ages at health, recreation, and wellness facilities.
- 11.4** Expand the definition of well-being to include dying as a natural part of life.
- 11.5** Redefine retirement planning to include planning for all aspects of the retiree's life (not just financial).
- 11.6** Promote living fully at all stages of life.
- 11.7** Coordinate and integrate services to better serve the whole person.
- 11.8** Provide prevention and support services for those who are aging well.
- 11.9** Increase opportunities for creative expression across the life span.

Goal 12: Wellness services, including health, mental health, and palliative care are affordable, accessible, and readily available.

- 12.1** Expand wellness services to include a broad spectrum of programs for mind, body, and spirit.
- 12.2** Facilitate a broad cultural shift to aging well.
- 12.3** Use peer-to-peer models in the design and delivery of programs and services.
- 12.4** Recognize and address the diversity in our community (including persons who are homebound) in planning and providing health, mental health, and palliative care services.

- 12.5** Reach out to older Hispanics with mental health services.
- 12.6** Hold a countywide "aging well" conference.
- 12.7** Develop cost-effective strategies to provide health and wellness services to all older adults.
- 12.8** Establish a "preferred provider network" of individuals who provide health and wellness services for older adults.
- 12.9** Expand in-home programs to promote wellness, fitness, nutrition education, etc.



- 12.10** Collaborate to seek grants to replicate successful programs.
- 12.11** Market wellness in a positive and engaging manner that encourages investment in self-care.
- 12.12** Cover complementary health and wellness services with insurance.

Goal 13: A Welcoming Environment fosters physical activity and participation.

- 13.1** Design and offer a continuum of physical activities that are:
- ◆ Intergenerational;
 - ◆ Culturally appropriate;
 - ◆ Offered in safe, welcoming spaces that accommodate walkers, wheelchairs, hearing loss, and vision changes;
 - ◆ Provided by well-trained staff and volunteers.
- 13.2** Design parks and open spaces to be inviting to persons of all ages and abilities.
- 13.3** Make indoor and outdoor facilities “visitable”⁹ and welcoming.



Maximizing In/dependence and Supporting Caregivers

Addresses Basic Needs

Are the Basics Covered?

- Housing is affordable, appropriate, and accessible.
- Neighborhoods are safe and livable.
- Everyone has enough to eat.
- Access to essential services is seamless, barrier-free, affordable, and welcoming - *One Call Does It All!*

Promotes Social and Civic Engagement

Say "Yes" to Life - Be Involved!

- Families, neighbors, and friends maintain meaningful connections.
- People of all ages participate together in social, civic, cultural, and recreational activities.
- Opportunities exist for meaningful paid and volunteer work - *Opportunities to give and receive.*
- Aging well is a community priority.
- People celebrate and share common interests - *Common Ground Creates Common Good.*

Optimizes Physical and Mental Health and Well-Being

- Health is a personal and public priority.
- The community promotes healthy behaviors and fosters well-being.
- Wellness services, including health, mental health, and palliative care, are affordable, accessible, and readily available.
- *A Welcoming Environment* fosters physical activity and participation.

Maximizes In/dependence and Supports Caregivers

Choice = Empowerment

- We acknowledge and celebrate our in/dependence with one another.
- A comprehensive, coordinated continuum of services supports personal choice and quality of life.
- Transportation is affordable, accessible, flexible, reliable, and safe.
- Caregivers are informed, educated, acknowledged, and supported.

Maximizing In/dependence and Supporting Caregivers



Elder-friendly communities recognize that family members, neighbors, and friends provide the greatest amount of help to frail older adults. An elder-friendly community acknowledges the role of caregivers, and provides information, education, and support for them.

Where Are We Today?

Strengths⁵

- ◆ 83% of Boulder County adults 60 and older have no problem performing everyday activities (ADLs).
- ◆ 86% say that family and friends rely on them.
- ◆ 90% say that they are willing to ask for and accept help.
- ◆ 66% of Boulder County residents age 60+ spend some time in a typical week helping friends or relatives.
- ◆ 18% identified themselves as caregivers of family or friends.

Overview

A vibrant, elder-friendly community acknowledges and celebrates our in/dependence with one another. It honors the lifelong interplay between dependence and independence, and the factors that affect our in/dependence – age, health, income, knowledge, education, support systems, etc.

An elder-friendly community supports a person's choice to live at home - safely and comfortably - by supporting informal, unpaid caregivers and by mobilizing and coordinating a comprehensive, coordinated continuum of community services.

Central to the issue of access to supportive services is the ability of individuals to get to where they need and want to go. An elder-friendly community offers a wide array of affordable, accessible, flexible, reliable, and safe transportation options.





Strategies for Maximizing In/dependence and Supporting Caregivers

All of the goals and strategies in this document maximize in/dependence and support caregivers. The reader is encouraged to review the document with that in mind.

Goal 14: We acknowledge and celebrate our in/dependence with one another.

Concerns⁵

- ◆ 17% (5,573) of Boulder County adults 60 and older had a problem performing everyday activities (ADLs) in the past year.
- ◆ 52% of Boulder County residents age 75+ had a long-lasting physical, mental, or emotional condition that caused difficulty with everyday activities.
- ◆ 9% (2,820) of Boulder County residents age 60 and older reported that having inadequate transportation had been a problem over the past year.
- ◆ 12% (3,932) said that providing care for another person had been a problem over the past year.
- ◆ 10% (3,225) of Boulder County adults 60 and older said they were not willing to ask for and accept help from others.

- 14.1** Build strong communities that celebrate and support our in/dependence with one another.
- 14.2** Develop an on-going marketing campaign to inform and motivate people to ask for and accept help and to offer help, when needed.
- 14.3** Continue to conduct the countywide strengths and needs assessment and to monitor progress in helping residents of Boulder County to age well.
- 14.4** Strengthen and expand the circle of naturally occurring resources (NORs) in neighborhoods and communities.



Maximizing In/dependence and Supporting Caregivers

Goal 15: A comprehensive, coordinated continuum of services supports personal choice and quality of life.

- 15.1** Develop a countywide leadership council to oversee implementation and evaluation of the strategic plan.
- 15.2** Remove the institutional bias that exists in the delivery of long-term care services.
- 15.3** Create culture change¹⁴ in nursing homes and assisted living facilities.

Goal 16: Transportation is affordable, accessible, flexible, reliable, and safe.

- 16.1** Create and/or strengthen programs to:
 - ◆ Reward older adults for taking safe driving classes;
 - ◆ Collaborate with insurance companies and law enforcement agencies to identify “at-risk” drivers;
 - ◆ Expand programs that assist older adults to assess their competence behind the wheel;
 - ◆ Facilitate the formation of car co-ops that give older adults access to a car without the burdens of sole ownership;
 - ◆ Give individuals financial and other incentives to use alternative modes of transportation.

- 16.2** Provide a seamless, countywide system of transportation services that includes:
 - ◆ A network of public, fixed-route services within and between major population centers;
 - ◆ Paratransit services offering portal-to-portal service;
 - ◆ Incentives to private transportation services (e.g., taxis, volunteers) to supplement public fixed-route and paratransit services;
 - ◆ Incentives to groups and organizations to provide group transportation services for their customers.



- 16.3** Coordinate and expand alternative transportation options, including volunteer driver programs.

Maximizing In/dependence and Supporting Caregivers

Goal 17: Caregivers are informed, educated, acknowledged, and supported.

17.1 Inform and educate caregivers about resources, rights, and responsibilities by means of:

- ◆ Training programs for current and potential caregivers;
- ◆ Workplace information and education for caregivers;
- ◆ Broad distribution of the *Care Connections* newsletter.

17.2 Acknowledge and honor caregivers through:

- ◆ Awareness campaign that identifies the factors that make a person a caregiver, and the vital role they play in the life of the person receiving care and the community;
- ◆ Workplace education for employers and supervisors of caregivers;
- ◆ Activities and events that acknowledge and honor caregivers.

17.3 Support caregivers and those who receive care by:

- ◆ Affordable long-term care insurance and tax incentives that cover and encourage community-based, in-home care;
- ◆ Payment of a living wage and benefits that increase the number, quality, and tenure of paid caregivers;
- ◆ A network of support groups and respite services that give caregivers emotional support and rest.



Caregiving is very soulful work. No one is in it for the money.
-Greeting Our Future Participant



What Does the Future Hold?

Numerous political, social, and economic trends were identified at the Community Summit in October 2005. They will affect the creation of *vibrant communities in which we all age well*. Some of the trends will accelerate the changes identified in this strategic plan; others will need to be addressed as communities move forward.

- ◆ Significant increase in the number of vulnerable persons needing services
- ◆ Greater demand for choice
- ◆ Increase in the number of uninsured individuals and families
- ◆ Escalating cost of health care
- ◆ People continuing to work after the traditional retirement age
- ◆ Shortage of workers to provide direct care to older adults and disabled persons
- ◆ Rapid and significant increases in the number of individuals and families involved in caregiving



- ◆ Higher use of adaptive technology in the home
- ◆ Need for capital improvements to deteriorating public housing stock
- ◆ Increasing competition for affordable housing, jobs, and community resources
- ◆ Increasing number of older adults available to engage in social change



- ◆ Greater acceptance of herbal and complementary health care options
- ◆ Increasing need for mental health services
- ◆ Restrictions in the coverage of health care and mental health care; higher out-of-pocket costs

- ◆ Potential for increased abuse, neglect, and exploitation of older adults
- ◆ Increasing diversity in our community
- ◆ Increasing life expectancy



Strategic Design Principles

This set of strategic design principles was forged by participants at the Community Summit in October 2005. They will be used to inform policy; establish funding priorities; and design, deliver, fund, and evaluate programs and services for older adults and caregivers in Boulder County.

These principles can be applied early in the process - when the need for a new program or service is being discussed. They can also be used to evaluate the impact of a particular program or service on the strategic vision.

◆ **Strengths**

Programs and services build upon individual, family, and community strengths. Programs and services build strengths in those who use them.

◆ **Access**

Access to programs and services is seamless, barrier-free, affordable, and welcoming. Information about, and assistance to secure, services is accurate, comprehensive, and readily available.

◆ **Diversity and Inclusion**

Differences are valued as strengths. Individual differences are honored and celebrated. We respect and include persons of all ages, races, cultures, backgrounds, genders, gender identities, gender expressions, sexual orientations, lifestyles, religions, physical and mental abilities, and incomes.

◆ **Participation**

Older adults and caregivers contribute to the community in meaningful ways. The community recognizes and appreciates the contributions of older adults and caregivers. Those who participate in programs

and services have the opportunity to both give and receive. Opportunities exist for meaningful paid and volunteer work. Programs and services incorporate all ages, when possible.

◆ **Implementation and Evaluation**

Programs and services are designed, delivered, funded, and evaluated in consultation with those who use them - older adults, caregivers, and community members.

Programs and services reflect evidence-based need, incorporate measurable outcomes, and are regularly evaluated. Existing services are enhanced rather than duplicated.

◆ **Leadership**

Leaders hold the vision of vibrant communities in which we all age well. Leaders educate, motivate, communicate, and collaborate to achieve this vision. They model courage and caring. They make program, policy, and funding decisions that *create vibrant communities in which we all age well*.

◆ **Partnerships and Relationships**

The public and private sectors collaborate to optimize the use of resources, minimize duplication, and reduce administrative overhead.

◆ **Resource Allocation**

Resources are allocated in an equitable manner, in proportion to community demographics and demonstrated need. Programs and services demonstrate the efficient and effective use of resources.

Measuring Our Progress

As we work together to *create vibrant communities in which we all age well*, we will identify and track indicators of our success – of our evolution to an elder-friendly community. Some indicators already exist. The AdvantAge Initiative developed a list of thirty-three “essential elements” of an elder-friendly community, and identified indicators for each element.¹⁵ That list includes items such as the “percentage of people age 65+ who spend more than 30% of their income on housing costs,” and the “percentage of people age 65+ who participate in regular physical activity.”

Additional elder-friendly community indicators were developed using data from the 2004 *Strengths and Needs Assessment of Older Adults in Boulder County*. Examples of those indicators include the amount of time older adults spend doing volunteer work or helping out in the community, and the amount of practical support older adults report receiving from family, neighbors, or friends.

Elder-friendly community indicators can also be drawn from census data, e.g., percentage of persons, by age group, who own or rent their home; percentage of persons, by age group, living in poverty; percentage of persons, by age group, who are employed; percentage of persons living alone; and percentage of persons with two or more types of disability.

The AdvantAge Initiative uses the indicators of an elder-friendly community to inform planning. They say, “The AdvantAge Initiative survey provides a ‘data snapshot’ of how well seniors are currently faring in their communities. Local groups then use these survey data to help build broader awareness about aging, inform service and other planning efforts, and spur needed community-wide action in the not-for-profit, public, and private sectors.” (www.vnsny.org/advantage/whatis.html).

It will be an initial and ongoing function of the countywide leadership council to agree upon and track the indicators that will be used to measure the elder-friendliness of communities in Boulder County.

It will also be important to track the impact of a specific program or service on the individuals who participate in that program or service. This is known as measuring performance outcomes.

All programs and services initiated in response to this strategic plan are encouraged to identify and measure performance outcomes.

Eventually, if programs targeted to build a specific strength or address a specific need are continued and expanded over a long period of time, it might be possible to see changes in community indicators. Regardless, by measuring performance outcomes, we will have data to show how programs and services are making a difference in the lives of those who participate in them.



A Call to Action

Creating vibrant communities in which we all age well is a momentous undertaking. To succeed, each of us must make a personal commitment to age well. In addition, every community must make good use of the opportunities that lie ahead by becoming elder-friendly. In all, it will require our best efforts.

We have imagined a future in which we live in *vibrant communities in which we all age well*. We have created this community plan to make our dream a reality. Now, the release of the plan serves as an urgent **call to action** for every person and organization in Boulder County. It is an invitation for policy makers, planners, funders, and service providers to view aging in a new and positive way, and to build upon the strengths of older adults to *create vibrant communities in which we all age well*.

We must begin now. The future is ours to create – for ourselves and for the generations that follow.

Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it's the only thing that ever has.

-Margaret Mead



Potential Community Partners

211

Alumni Associations
Apartment Complex Owners
Art Associations
Auto Insurers
Board of County Commissioners
Boulder County Bar Association
Boulder Community Network
Boulder County Aging Services Division
Boulder County Arts Alliance
Boulder County Community Services Dept.
Boulder County Department of Social Services
Boulder County Public Health
Builders' Associations
Caregivers
Center for People with Disabilities
Chambers of Commerce
City Councils and Town Boards
City Senior Services
Cohousing Communities
Civic Organizations
Community Centers
Community Health Clinics
Community Support Groups
Cooking Schools
Corporations & Businesses
Developers & Contractors
Dietitians/Nutritionists
Elder Share
Emergency Family Assistance Association
Employers
Faith Communities
First Responders
Folks in Aging
Food Banks/Pantries
Foundations and Other Funders
Grocery Stores
Head Start
Health and Human Service Organizations
Honor Societies (HS/College)
Housing Authorities
Home Care Agencies
Home-Delivered Meal Programs
Homeowners' Associations
Hospices

Hospitals
Human Services Coordinating Council
Human Resource Departments
Imagine!
Interagency Council
Law Enforcement and Fire Officials
Libraries
Lifelong Learning Centers
Little League Teams
Long-Term Care Facilities
Medical Professionals
Mental Health Professionals
Neighborhood Associations
Network North
Newcomer Organizations
Planning and Zoning Commissions
Prestige Plus
Program Coordinators
Public Information Staff
Radio Reading Service of the Rockies
Recreation and Health Facilities
Restaurants
Retirement Groups
RSVP
Schools/Universities
Scout Troops
Senior Advisory Councils
Senior Advocates
Senior Living Facilities
Senior Meal Sites
Senior Peer Counselors
Senior Sports Teams
Social Marketing Organizations
Social Studies Classes
Society for Creative Aging
Special Transit
Student Councils
Transportation Providers
United Way
Volunteer Connection
Volunteers
Workforce Boulder County
YMCA / YWCA
Youth Groups

Endnotes

¹ National Research Center, Inc., *Strengths and Needs Assessment of Older Adults in Boulder County. Report of Results* (Boulder, Colorado: National Research Center, Inc., December 2004), 52. www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf (April 25, 2007).

² Boulder County Aging Services Division, *Status of Older Adults in Boulder County*, www.co.boulder.co.us/cs/ag/resources.html (April 25, 2007), 1.

³ Penny H. Feldman et al., *A Tale of Two Older Americas: Community Opportunities and Challenges* (New York: Visiting Nurse Service of New York, Center for Home Care Policy and Research, April 2004), xv–xviii. Available on-line at: www.vnsny.org/advantage/AI_NationalSurveyReport.pdf (April 25, 2007).

⁴ National Research Center, Inc., 142.

⁵ For the full report on the strengths and needs of older adults in Boulder County, see: www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf (April 25, 2007).

⁶ Frank Alexander. *Trends in Services for Older Adults in Boulder County 1999 – 2003: Establishing a Strategic Agenda* (May 2004). Available on-line at: www.co.boulder.co.us/cs/ag/pdfs/agenda99-03.pdf (April 25, 2007).

⁷ For more information on cohousing, visit: www.cohousing.org/default.aspx (April 25, 2007).

⁸ To learn more about elder cohousing, visit: www.eldercohousing.org/; www.culturechangenow.com/stories/cohousing.html (April 25, 2007).

⁹ “Visitability is a movement to change home construction practices so that virtually all new homes--whether or not designated for residents who currently have disabilities--offer a few specific features that make the home easier for people who develop a mobility impairment to live in and visit.” To learn more about the concept of “visitability,” visit: www.concretechange.org/; www.concretechange.org/Definition_of_Visitability.htm; www.ap.buffalo.edu/idea/visitability/ (April 25, 2007).

¹⁰ For more information about sustainability initiatives, go to: www.sustainabilityinstitute.org/ (April 25, 2007).

¹¹ For more information about those in greatest need, see: www.co.boulder.co.us/cs/ag/pdfs/Boulder_Strengths_Needs_04.pdf (April 25, 2007).

¹² 211 is a nationwide information and referral network. For more information about 211, visit: www.211.org/ (April 25, 2007).

¹³ “Aging-in-community” refers to the importance of creating and supporting a sense of connection and caring, as well as a sense of place. For an interesting discussion of this concept, see: www.pioneerexchange.org/story/2006/5/8/172059/5647 (April 25, 2007).

¹⁴ For more information on the Culture Change movement, visit www.culturechangenow.com/ (April 25, 2007).

¹⁵ For a complete list of the indicators developed by The AdvantAge Initiative, go to: www.vnsny.org/advantage/indicators.pdf (April 25, 2007).

Bibliography

Alexander, Frank. *Trends in Services for Older Adults in Boulder County 1999 – 2003: Establishing a Strategic Agenda*. Client Centered Capstone Project, Advanced Seminar in Public Policy and Management, University of Colorado, 2004.

Boulder County Aging Services Division. *Status of Older Adults in Boulder County*. Boulder, Colorado: Boulder County Aging Services Division, October 2005. www.co.boulder.co.us/cs/ag/re-sources.html (April 25, 2007).

Boulder County Aging Services Division. *Survey of the Strengths and Needs of Older Adults in Boulder County*. Boulder, Colorado: Boulder County Aging Services Division, June 1998.

Dychtwald, Ken and Joe Flower. *The Age Wave: The Challenges and Opportunities of an Aging America*. New York: Bantam Books, 1990.

Grantmakers in Aging. *Building Elder-Friendly Communities: Opportunities for Creative Grantmaking. Highlights from the 2000 Annual Conference of Grantmakers in Aging*. New York: Grantmakers in Aging, 2000.

Ludema, James D., Diana Whitney, Bernard J. Mohr, and Thomas J. Griffin. *The Appreciative Inquiry Summit: A Practitioner's Guide for Leading Large Group Change*. San Francisco: Berrett-Koehler Publishers, Inc., 2003.

National Research Center, Inc. *Health and Human Services Trends and Needs in Boulder County and Broomfield County: An Update*. Boulder, Colorado: National Research Center, Inc., August 2004.

National Research Center, Inc. *Strengths and Needs Assessment of Older Adults in Boulder County. Report of Results*. Boulder, Colorado: National Research Center, Inc., December 2004.

Osterkamp, Lynn and Allan N. Press. *Strengths Associated with Successful Aging*. Boulder, Colorado: Boulder County Aging Services Division, December 2002.

Row, John W. and Robert L. Kahn. *Successful Aging*. New York: Pantheon Books, 1998.

Thomas, William H. *What Are Old People For?* New Haven: VanderWyk and Burnham, 2004.

Vaillant, George. *Aging Well*. Boston: Little, Brown and Company, 2002.

Feldman, Penny H., Mia R. Oberlink, Elisabeth Simantov, and Michal D. Gursen. *A Tale of Two Older Americas: Community Opportunities and Challenges*. New York: Visiting Nurse Service of New York, Center for Home Care Policy and Research, April 2004.