

**CITY OF CHARLOTTESVILLE, VIRGINIA  
CITY COUNCIL AGENDA**



Agenda Date:	January 18, 2022
Action Required:	Report
Presenter:	Marta Keane, CEO, JABA Chair, Charlottesville Area Alliance
Staff Contacts:	Misty Graves, Interim Director of Human Services
<b>Title:</b>	<b>Charlottesville Area Alliance Overview and Preview of the 2021 Annual Report</b>

**Background:**

The Charlottesville Area Alliance is a regional organization whose primary purpose is to provide leadership and development for an age-friendly community through education, advocacy, engagement, planning and evaluations. Partnering member organizations create an age-friendly community by developing a common understanding of the needs and issues, developing policy recommendations, and joining together to encourage the implementation by government, nonprofit organizations, the general public and businesses.

City Council signed a resolution supporting the Charlottesville Area Alliance and its goals of an age friendly community on March 16, 2017 as well as the city's registration with the A.A.R.P. Livable Community Initiative. The World Health Organization and A.A.R.P. identify eight primary domains constituting a livable, age friendly community including: buildings and outdoor spaces, transportation, housing, social, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. City staff, including Sue Moffett from the Department of Social Services, and Misty Graves from the Department of Human Services, participate in Alliance activities and committees.

**Discussion:**

In April 2021, the Charlottesville Area Alliance presented an overview of the 2020 Annual Report and the 2021-2026 A.A.R.P. Age Friendly Action Plan. For new Council members, the Alliance will provide an overview and updates on progress that will be reflected in the upcoming 2021 Annual Report. The Action plan is the result of a thorough review of the M.A.P.P.2Health Community Health Assessment and Health Improvement Plan data, a survey of constituents in the region, and a series of focus groups. Based on this analysis, the Alliance reports that community members over the

age of 50 generally have sufficient food, are socially engaged, and enjoy their quality of life. Survey results also point to a lack of affordable housing for seniors in this region and that people over 50 years old do not feel socially included in community. The Alliance has identified steps to take to improve this region's livability in the attached action plan. Recently Charlottesville (and Albemarle) were selected as the Key City for Virginia for the National AARP Livable Community project.

**Alignment with City Council's Vision and Strategic Plan:**

The goals of the Charlottesville Area Alliance are aligned with City Council Strategic Plan Goal #2: A healthy and safe city.

**Community Engagement:**

The Charlottesville Area Alliance is working to create a diverse and representative coalition representing the broad needs of the community and identify ways to engage community members in data collection and feedback. This action report was created after engaging community members over 50 through survey administration and focus groups. The Charlottesville Area Alliance has bi-monthly Partnership meetings that include 44 partner organizations and representatives.

**Budgetary Impact:**

This item has no budgetary impact.

**Recommendation:**

N/A

**Alternatives:**

N/A

**Attachments:**

Charlottesville Area Alliance 2020 Annual Report and 2021-2026 A.A.R.P. Livable Community Action Plan  
World Health Organization Age Friendly Checklist

## **Charlottesville Area Alliance**

**AGE-FRIENDLY ACTION PLAN 2021-2026 / 2020 ANNUAL REPORT**

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# Chair's Welcome

MARTA M. KEANE, JABA CEO

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Welcome to the Charlottesville Area Alliance's (CAA) first AARP Age Friendly Action Plan for 2021-2026 and Annual Report of 2020 CAA Activities. This first plan follows age-friendly elements to create a livable regional community. It has been nearly six years of volunteer effort: first organizing our community partners, identifying initial work activities, then developing, distributing, collecting, and analyzing regional aging needs. The effort has culminated in an action plan to guide our work over the next five years toward a more age-friendly community.

Many agencies and individuals contributed to this work, and a special thank you goes to the original Gang of 5 who had the foresight to initiate the discussion and establish a vision to invite the necessary partners together to begin this effort, not just for one organization or for one community, but for the entire region. Residents of all ages will see the benefits of what we have begun.

**“Winning communities in the future will be the ones that invest in creating great places to live, work, learn, and play at every age. The Charlottesville Area Alliance is the right idea at the right time.” - Matt Thornhill, Founder & President, Boomer Project & Generations Matter**

The CAA Steering Committee decided to incorporate the Annual CAA Report for 2020 into the 2021-2026 Age Friendly Action Plan to provide the full breadth of the past, present and future work of the CAA. Having to continue the momentum through 2020 during the COVID-19 pandemic proved very challenging as Partners continued working on CAA initiatives while their own agency's workload increased to meet the challenges of the pandemic. Many activities were limited due to this and due to the inability to fully interact with area seniors.

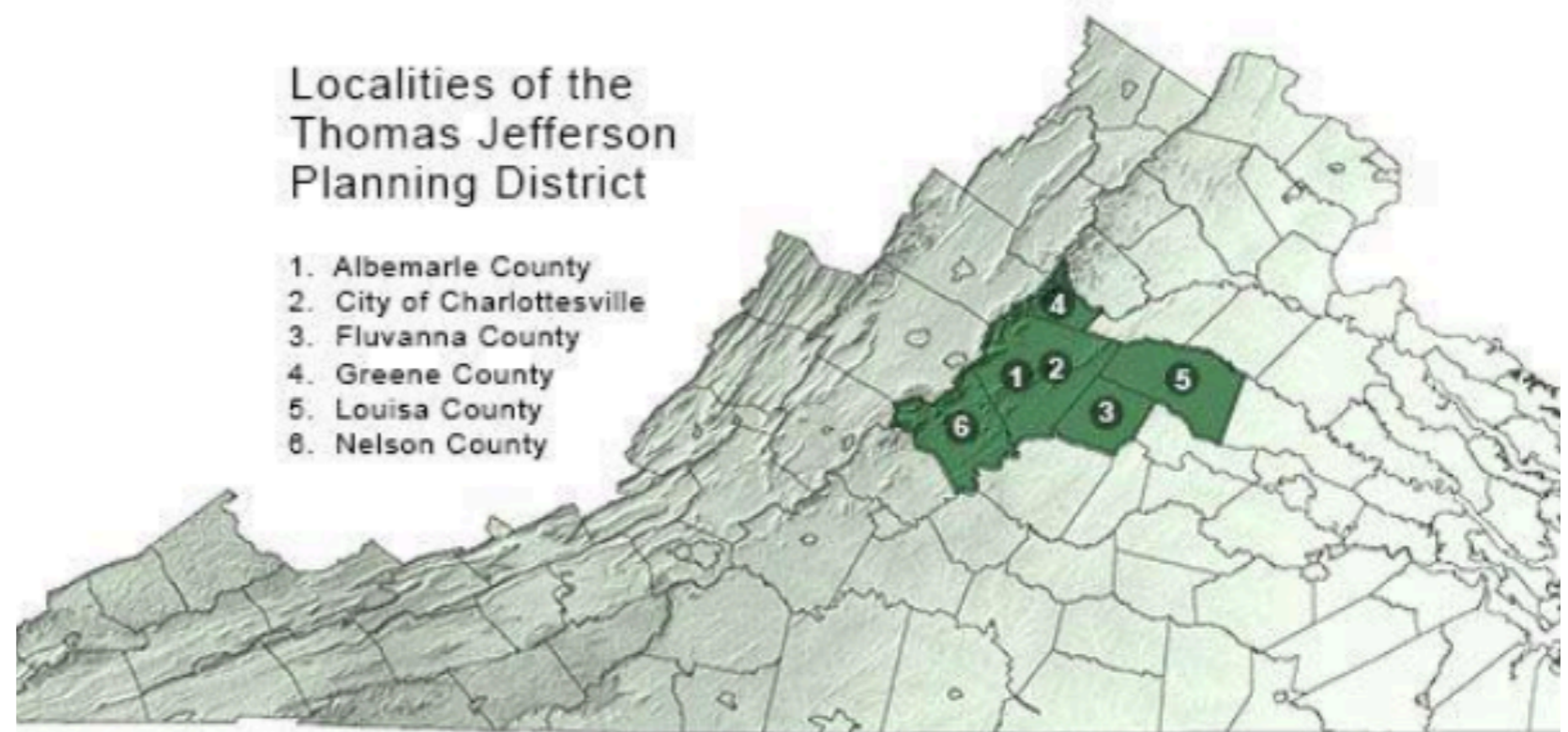
We already have so many community assets working for us, and with your commitment and prioritization, we can grow these assets and overcome the challenges to improve the quality of life for residents and visitors of all ages.

I look forward to working with you on this journey.

Marta M. Keane  
CAA Chair

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The Charlottesville Area Alliance serves the localities in (Virginia) Planning District 10, which include the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson. The region is defined as the Charlottesville Metropolitan Statistical Area (MSA) for statistical purposes (the MSA does not include Louisa County). The region's economy and population continue to flourish and grow. According to updated estimates of the 2010 U.S. Census, the area has a population of 249,000. The diverse economy of the region provides a variety of employment opportunities in education, biomedical/health services, business and financial services, arts and hospitality, information technology and telecommunications. With a 2019 civilian labor force of about 122,912, the Charlottesville MSA provides companies with a large labor pool and over 36,000 students enter the workforce each year. The unemployment rate has remained lower than the state average and was at 3.2% in November, 2020. In 2019 the



*Planning District 10, which include the City of Charlottesville and the Counties of Albemarle,*

per capita personal income was \$42,734 and the median family income was \$75,907. The cost-of-living is 4.5% above the national average.

The median age for the MSA is 38.9 years old with University of Virginia students contributing to that low median. Thirty-eight percent of the population is 50 years old or older. Seventy-two percent of the population

drive alone to work and only 3% travel by public transit. Of the 100,000 housing units, the median value of owner-occupied housing units is \$317,700, 30% higher than the US median (US 2019 - 1-year Census data). By 2030, it is expected that 25% of the population will be 60 and older. People choose to age in place here, and retirees find this a comfortable community to move to. Of those 60

and over, 20% live alone, and 11% live at 100% poverty level (\$11,000 /year/ single person).

All of the region's public schools are accredited under Virginia state standards with low student-teacher ratios among more than 50 elementary and secondary schools. The larger area also has a variety of higher education institutions such as the University of Virginia, Piedmont Virginia Community College and a number of other institutions of higher education providing a diverse range of degree programs and continuing education opportunities for the area's citizens.

The Charlottesville MSA offers a variety of retail shopping options, as well as a rich assortment of cultural and entertainment activities. Many civic and social organizations help foster the area's reputation for sophistication in the arts. The Charlottesville MSA's location on the eastern edge of the panoramic Blue Ridge Mountains encourages residents to take advantage of outdoor recreational pursuits such as camping, picnicking, and hiking. Fishing is also a popular activity as many of the mountain streams and lakes are well stocked with trout. Numerous local recreational facilities are available throughout the region. Golf courses, swimming, tennis, horseback riding, hiking, cycling, and canoeing provide opportunities for recreation for the entire family. In addition, the region has many historic attractions. Festivals and special events are held year-round across the region.



The idea of the CAA began in 2014 after a group of leaders identified the growing population within our region of persons 65 years and older from 24,488 in 2000 to over 32,000 in 2010 and projected growth rates to 57,000 by the year 2030. Currently, 9% of the population in Charlottesville and 16% of the population in Albemarle County are over the age of 60. With the large number of baby boomers reaching 60, there will be a marked shift in this population, as people continue to age in place and to retire here. The increasing the number of seniors brings benefits and challenges to the community:

- People living many more years after retirement, which results in reducing their resources.
- The lack of extended families due to smaller size of families, geographic distance, and /or estrangement, which results in lack of support and caregiving systems.

- Increase in the incidence of dementia in an aging population.
- Opportunities to utilize seniors in educational, recreational, workforce community needs.
- Wisdom and experience brought to the community as a whole and individuals they meet.

In review of these growth rates and projections, a group of eight leaders from Alzheimer's Association, Cville Village, Hospice of the Piedmont, JABA, JAUNT, OLLI, The Center, and Westminster-Canterbury of the Blue Ridge began work on creating an organization to plan for the comprehensive needs and opportunities of an aging population. Charlottesville and Albemarle County have signed the charter with AARP, making the commitment to developing an age-friendly community. Fluvanna County has also made the commitment to CAA. Partners of the CAA work closely with staff and elected officials in planning and implementing measures

to collectively improve the quality of life for residents of all ages in the region.

This group made the decision to use the World Health Organization's 8 Life Indicators for an age-friendly community to measure the performance and impact of the CAA's efforts in the community. Partners in the CAA are asked to **adopt the inclusion of the 8 life indicators** in the decision-making process of their planning and service delivery.





- *Buildings & Outdoor Spaces:* The outside environment and public buildings have a major impact on independence and happiness later in life.
- *Transportation:* Whether using public transportation services or alternative options, transportation is a key issue for older adults.
- *Housing:* Housing and support allow people in later life to age comfortably and safely within their own community and financial means.
- *Social:* Social participation is strongly connected to good physical and mental health and well-being throughout life.
- *Respect & Social Inclusion:* Feeling valued and respected is important for older people from all backgrounds.



## 8 LIFE ELEMENTS

FOR AN AGE-FRIENDLY COMMUNITY



- *Civic Participation & Employment:* An age friendly community provides options for all people in later life to contribute back to it.
- *Communication & Information:* Staying connected with events and people and getting timely, practical information to manage life and meet personal needs is vital for active living.
- *Community Support & Health Services:* Community support and interaction is strongly connected to good health and wellbeing throughout life, alongside accessible and affordable healthcare services.

## Working Groups

The CAA operates through volunteers from Partner agencies as well as community citizens and businesses. Work is completed under the leadership of a Steering Committee, and through a number of Work Groups where all partners participate.

WORK GROUPS to organize the operations of the Alliance:

- Executive Committee and Administration
- Advocacy & Education
- Assessment & Monitoring & Planning
- Engagement

An annual work plan is developed by current work groups with goals and work strategies for the coming calendar year.

## Current CAA Officers 2021

**Chair:** Marta Keane, JABA

**Vice Chair:** George Worthington, Dementia Friendly Central Virginia

**Secretary:** Mary Honeycutt, JAUNT

## Current CAA Partners 2021

Albemarle County - Alzheimer's Association (Central and Western Virginia Chapter) - Albemarle Housing Improvement Program (AHIP) - The Charlottesville Area Association of REALTORS® (CAAR) - Care is There- the Center (formerly the Senior Center) - City of Charlottesville - Cville Village - Dementia Friendly Central Virginia - EcoVillage Charlottesville - Fluvanna County - Here to Stay Wintergreen - Home Instead - iTHRIVE -Translational Health Research Institute of Virginia - JAUNT - JABA - Legal Aid Justice Center - Lindsay Institute for Innovations in Caregiving - Martha Jefferson House - Meals on Wheels (Charlottesville) - The Osher Lifelong Learning Institute at the University of Virginia (OLLI) - Piedmont Housing Alliance (PHA) - Region Ten - Senior Statesmen of Virginia - Sentara Martha Jefferson Hospital - The Blue Ridge Health District (Virginia Department of Health) - The Thomas Jefferson Planning District Commission (TJPDC) - United Way–Thomas Jefferson Area - University of Virginia Health System -VisitAble - Westminster-Canterbury of the Blue Ridge

# AARP Action Plan 2021 - 2026

CHARLOTTEVILLE AREA ALLIANCE 10



An age-friendly community is defined as one that “enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them” (World Health Organization).

The CAA’s primary purpose is to provide leadership for, and development of, an age-friendly community through educating, advocating, engagement, planning, and evaluation. This is accomplished by developing a common understanding of the needs and issues, developing policy recommendations, and joining together to encourage implementation by government, non-profit organizations, the general public and businesses.

CAA determined early on that a national model would be the best approach to achieve age-friendly goals within our community. The CAA adopted the World Health Organization’s model, with the sponsor in the United States being AARP’s Livable Communities Network of Age Friendly Communities program.



People of all ages benefit from the adoption of policies and programs that make neighborhoods walkable, feature transportation options, enable access to key services, provide opportunities to participate in community activities, and support housing that’s affordable and adaptable. Well-designed, age-friendly communities foster economic growth and make for happier, healthier residents of all ages.

AARP recommends a community assessment and development of an action plan for members of its age-friendly network. An action plan was created based on the results of the community surveys identifying needs within the 8 Domains of Livability that influence the health and quality of life of older adults. The action plan is an "active" rather than static document. Revisions and amendments are a sign of program improvement and progress, not of failure. Depending on what's in the plan, organizers will determine how to track its progress toward meeting its goals and objectives. If it isn't succeeding, the plan is amended.

## Background

Beginning in 2018, the partners and stakeholders of CAA worked to develop a common understanding of the needs, issues and opportunities of an aging population in our region. They engaged the community and collected data with the goal of making policy recommendations to local governments and service providers. The CAA used a three-pronged assessment approach of community members ages 50 and over. CAA members collected 322 surveys and conducted four focus groups in the City of Charlottesville and Counties of Albemarle, Fluvanna, Louisa and and Nelson. Demographics of those surveyed are below. A study overview is provided in the appendix.



CAA's review of their focus group interviews and a thorough review of the MAPP2Health Community Health Assessment and Improvement Planning report produced by the Thomas Jefferson Health District resulted in the following two recommendations.

- 1.** Review discrepancies between the Thomas Jefferson Health District (TJHD) Community Health Survey and the Charlottesville Area Alliance's Age-Friendly Community Survey. The former primarily assessed how community members respond to resources, while the latter primarily assessed how seniors perceive access to resources.
- 2.** Present key findings from the MAPP2Health Community Health Assessment in a comprehensive, easily readable report (CAA Action Plan in AARP format) that includes action items for follow up by City and County representatives.



## Key Highlights

Key highlights of the results indicate that seniors age 50 and over in our community are:

- Generally food secure
- Socially engaged
- Rate the community as good place to age
- Enjoy their quality of life

Alternatively, findings show that some seniors:

- Do not feel socially included in their community
- Believe that there is not enough affordable housing in the area, leading to higher rates of stress about paying rents, mortgages and living expenses

## Key Findings

Key findings were identified by the 8 WHO Life Elements. Upon review and approval by the CAA Steering Committee, three Priority Action Areas were identified:

A. Transportation

B. Housing

C. Combined domains of Social Participation and access to Health Services

Remaining recommended findings would be placed in a secondary priority level to be addressed as resources and time become available for the CAA.



<p><b>Domain 1: Outdoor Spaces and Buildings</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- Improvements to roads, sidewalks, and lighting</li> <li>- Community centers, space to engage in social activities and entertainment</li> <li>- Handicap parking spots</li> <li>- Parks and walkable areas</li> </ul>	<p><b>Domain 5: Respect and Social Inclusion</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- Inclusion in conversations that affect seniors (housing, healthcare, safety, etc.)</li> </ul>
<p><b>Domain 2: Transportation</b>  <i>Survey respondents most requested transportation that...</i></p> <ul style="list-style-type: none"> <li>- Is more reliable</li> <li>- Is low-cost/affordable</li> <li>- Travels to rural parts of counties</li> <li>- Will make quick, spontaneous trips for local errands</li> <li>- Expands JAUNT service</li> </ul>	<p><b>Domain 6: Civic Participation and Employment</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- Part-time employment opportunities</li> <li>- Volunteer opportunities</li> </ul>
<p><b>Domain 3: Housing</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- Thorough explanation regarding what affordable housing is</li> <li>- Senior living, handicap living, and age in place communities</li> <li>- More affordable housing stock and adequate low-income housing</li> <li>- Better system for finding housing</li> </ul>	<p><b>Domain 7: Communication and Information</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- A community support system to check on the fragile and disabled</li> <li>- A central location to access resources</li> </ul>
<p><b>Domain 4: Social Participation</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- More social gatherings, especially geared toward seniors</li> <li>- Community centers</li> </ul>	<p><b>Domain 8: Community and Health Services</b>  <i>Survey respondents most requested...</i></p> <ul style="list-style-type: none"> <li>- Accessible healthcare</li> <li>- Computer training and increased internet and computer access</li> <li>- Seasonal help (snow removal, lawn care, etc.)</li> </ul>

## Areas of Focus

With a vision of the greater Charlottesville area becoming the most age friendly community in the country, CAA has accepted the mission of leading the advancement of this initiative. The CAA Leadership Team selected three areas to focus their initial efforts on: Transportation, Housing and Social Participation. Social Participation includes health care and social interaction as measures for this area of focus.

CAA will work with the communities to achieve these goals by 2026.



# HOUSING ACTION PLAN

## GOAL 1

Increase the amount of affordable housing that is energy efficient and easily accessible to amenities

Use land use regulations to increase density, accessory dwelling units, manufactured housing and other approaches to bring costs down

ACTION STEP DESCRIPTIONS	WORK GROUP, AGENCY, PERSON RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED ( staff, tech, etc. )	DESIRED OUTCOME	NOTES
Review Regulations	PLANNING WORK GROUP			Partnership volunteers	Document reviewing regulations to support affordable housing	Utilize regional housing plan of 2021 & Charlottesville Housing Plan 2021
Develop policy suggestions	PLANNING WORK GROUP			Partnership volunteers	Approved recommendations from Steering Committee	
Propose regulations to decisionmakers	PLANNING WORK GROUP			CAA Leadership time	Meetings with decisionmakers for future local government adoption	

## GOAL 2

Increase the amount of accessible housing

The City of Charlottesville’s Design for Life program could be an example to emulate; it provides reductions in permit fees if accessible features are incorporated; there are two levels with difference discounts: Level 1: Visit-Ability and Level 2 Live-Ability

ACTION STEP DESCRIPTIONS	WORK GROUP, AGENCY, PERSON RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc.)	DESIRED OUTCOME	NOTES
Develop regional standards or guidelines for accessible features	PLANNING WORK GROUP				Document describing regional standards for Steering Committee approval	
Share regional standards with community and decision makers	PLANNING WORK GROUP				Meetings with community and stakeholders	
Educate elected officials about accessible housing in Charlottesville and share	PLANNING WORK GROUP				Presentations to elected officials	
Participate as active stakeholder in Regional Housing Partnership	PLANNING WORK GROUP				Appoint CAA member to attend and participate and report back to CAA	

**GOAL 3**  
Identify potential low-income housing projects

Identify potential redevelopment or development opportunities for housing projects within areas with amenities, such as the Rose Hill Neighborhood or the Town of Scottsville

ACTION STEP DESCRIPTIONS	PARTY / DEPT RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc.)	DESIRED OUTCOME	NOTES
Meet with county and city staff	PLANNING WORK GROUP			RHP Assistance	List of potential housing sites	
Identify site attributes	PLANNING WORK GROUP			RHP Assistance	Potential sites prioritized	

# TRANSPORTATION ACTION PLAN

## GOAL 1

Create a “One call one click” information nexus for transportation services

Users and potential users of transportation services need a straightforward way to get information on how to get to their destination

ACTION STEP DESCRIPTIONS	PARTY / DEPT RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc. )	DESIRED OUTCOME	NOTES
Meet with Regional Transit Partnership and ask their direction for age friendly actions	PLANNING WORK GROUP	July, 2021		Staff time	Clear path to helping potential transit customers identify rides	
Identify resources and steps to implement suggested solution	PLANNING WORK GROUP	December 1, 2021	February 1, 2022	Staff time	Document listing steps and implementation plan. Pursue funding & work program from partner agencies	Look at <a href="http://www.fams.org">www.fams.org</a> , they started with a list of transportation providers to help people find rides and now have a call center and many more mobility programs .
Implement steps	PLANNING WORK GROUP	July 1, 2021	June 30, 2022	Funding and Policy Implementation by Partner agencies	Users have clear path to learning to use transit	
Evaluate the effectiveness of the implementation	PLANNING WORK GROUP	January 1, 2023	6 months and 1 year from implementation		Recommendations for improving the system	

## GOAL 2

Bus stop improvement

Removing barriers to transit by improving the location, access, and amenities of bus stops; bus stops may not be located in the right locations, may not be reached by accessible walking routes, and may lack amenities providing seating and shelter from the weather						
ACTION STEP DESCRIPTIONS	PARTY / DEPT RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED ( staff, tech, etc. )	DESIRED OUTCOME	NOTES
Inventory bus stop accessibility	PLANNING WORK GROUP City Neighborhood Development Services / CAT	July 1, 2021	January 1, 2022	GIS Map of Existing Bus Stops and Conditions	Inventory of current bus stop locations	The local transit providers, CAT, JAUNT and University Transit Service, will all have lists and maps of their bus stops.
Identify communities/populations in need of transportation	PLANNING WORK GROUP RTP				Beginning of a relationship with underserved communities	
Gather input from identified community leaders on transit needs	PLANNING WORK GROUP RTP				List of bus stop improvements that are desired by transit users and potential transit users	
Prioritize improvements	PLANNING WORK GROUP				Top needs identified	
Gain support for the improvements	ADVOCACY WORK GROUP				Meetings with stakeholders (Regional Transit Partnership)	
Regional Transit Partnership	PLANNING WORK GROUP	October, 2020			Appoint CAA member to participate and report back from RTP	
<b>GOAL 3</b>						
<b>Advocate for Transportation for Rural areas that are of a more regular nature</b>						

Identify potential opportunities for on-demand transportation services for rural residents						
ACTION STEP DESCRIPTIONS	PARTY / DEPT RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc.)	DESIRED OUTCOME	NOTES
Encourage rural residents to become drivers for Uber or Lyft	EDUCATION PR WORK GROUP				More on-demand services in rural areas	
Investigate options to connect rural residents to fixed routes	PLANNING WORK GROUP				Possible feeder routes or community park and ride stations	
Investigate other volunteer driver programs in Virginia to see if they can be replicated in the Thomas Jefferson District and Build a network of volunteer drivers	PLANNING WORK GROUP				Feasibility study for volunteer driver program in rural areas	The Rappahannock-Rapidan Regional Commission has a volunteer driver program that could help answer questions or serve as a model; <a href="http://www.fams.org">www.fams.org</a>
Participation in JAUNT Board meetings	PLANNING WORK GROUP	January 1, 2021			CAA recommendations to Jaunt on-demand delivery services and reporting back to CAA of Jaunt initiatives	

## SOCIAL PARTICIPATION ACTION PLAN

### GOAL 1

Increase social engagement opportunities to ensure people of all ages can fully participate in their community

Identification of at-risk/isolated seniors

ACTION STEP DESCRIPTIONS	WORK GROUP, AGENCY, PERSON RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc.)	DESIRED OUTCOME	NOTES
Connect with TRIAD/Sheriff's Departments to identify at-risk or isolated individuals	ENGAGEMENT WORK GROUP - George and JABA are involved with TRIAD				Identification of 50 at-risk or isolated individuals and identify barriers to their social participation	
Leverage JABA/Albemarle Rescue Squad (HUMAINS) relationship	ENGAGEMENT WORK GROUP Marta				Include social engagement opportunities on HUMAINS materials	
DSS/APS training on dementia and social isolation (e.g., make sure they know where they can refer isolated individuals)	ENGAGEMENT WORK GROUP George				Conduct 1 training session with APS and DSS workers at both Charlottesville and Albemarle DSS as pilot. Assess impact and train others to continue providing at intervals	
A) Develop a cross agency protocol for where to refer isolated individuals at intake	ENGAGEMENT WORK GROUP				Protocol developed and used by three local agencies	



(e.g., Region 10, JABA, DSS etc) B) Encourage other senior-oriented organizations to document “lives alone” and provide referrals					Four organizations include a lives alone/lives with question on their applications	
<b>GOAL 2</b>						
<b>Inclusion of people into social opportunities</b>						
Generate activities and opportunities for older adults to participate in social engagement programs						
ACTION STEP DESCRIPTIONS	WORK GROUP, AGENCY, PERSON RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc. )	DESIRED OUTCOME	NOTES
Buddy/mentor system for new members/enrollees including training for buddies	ENGAGEMENT WORK GROUP Kara / OLLI Peter/ Center Possible?				Train and setup a volunteer buddy program at two organizations	
Support the African American community in developing social engagement programs for at risk seniors (e.g., memory café)	ENGAGEMENT WORK GROUP Collaborate with identified church				Set up one new community social program for at risk African Americans	
Senior fair on social participation opportunities at Carver Rec Center (15 minute presentations over ½ day twice a year)	ENGAGEMENT WORK GROUP City P&R along with Alliance members				Two events delivered	
Survey/research project of what opportunities people	ENGAGEMENT WORK GROUP Alliance with				Survey 200 seniors and collect data on participation and	

actually want—partner with UVA (Batten School?)	UVa Research group				satisfaction with current social activities and desired activities	
<b>GOAL 3A</b>						
<b>Offer education and training in the community to foster awareness and understanding of aging in general and dementia in particular</b>						
Provide dementia awareness trainings to businesses and individuals						
ACTION STEP DESCRIPTIONS	WORK GROUP, PERSON, AGENCY RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc. )	DESIRED OUTCOME	NOTES
Dementia Friendly @ Work trainings to area businesses and organizations	ENGAGEMENT WORK GROUP Dementia Friendly Central Virginia				Deliver 4 DF@W trainings per quarter in 2020.	
Dementia Friends information sessions	ENGAGEMENT WORK GROUP Dementia Friendly Central Virginia				Deliver 4 DF sessions per quarter in PD 10 in 2020.	
Community programming for memory unit: work with area schools to a) provide dementia awareness training to students and teachers and b) bring singing groups, arts groups possibly theater into memory units	ENGAGEMENT WORK GROUP Dick Lindsay				Offer at least one community program to a memory community each quarter	

Dementia and aging awareness training for JAUNT/CAT staff					Train at least 50% of JAUNT drivers and 50% of CAT drivers	
Offer emergency preparedness training for individuals, people living with dementia and caregivers . (scams/frauds/ elder abuse plus emergency preparedness)	ENGAGEMENT WORK GROUP Join with TRIAD				Develop and deliver at least three emergency preparedness workshops in community settings	
Encourage age-friendly and dementia friendly health systems	ENGAGEMENT WORK GROUP				1) Provide at least two trainings for emergency room personnel 2) work with hospital administrators/health system administrators to encourage adoption of age- and dementia-friendly practices	
<b>GOAL 3 B</b>						
<b>Offer education and training in the community to foster awareness and understanding of aging in general and dementia in particular</b>						
Specific programs to support individuals in the community						
ACTION STEP DESCRIPTIONS	WORK GROUP, PERSON, AGENCY RESPONSIBLE	DATE TO BEGIN	DATE DUE	RESOURCES REQUIRED (staff, tech, etc. )	DESIRED OUTCOME	NOTES



The Charlottesville Area Alliance would like to thank the community members of the entire planning district for entrusting their health and well-being with us. We would like to thank the CAA steering committee, the partner organizations who dedicated valuable staff time and resources to making this happen, and the community leaders who shared this vision.



Much thanks to Peter Thompson for serving as the founding Chair, and providing the impetus and guidance to get the Alliance off the ground, and to Chip Boyles for serving as the next Chair during the period of assessment and analysis and setting the action plan goals. They have both laid the foundation for the 5 year plan that we have today.



# Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

## Outdoor spaces and buildings

- Public areas are clean and pleasant.
- Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
- Drivers give way to pedestrians at intersections and pedestrian crossings.
- Cycle paths are separate from pavements and other pedestrian walkways.
- Outdoor safety is promoted by good street lighting, police patrols and community education.

- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.
- Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

## Transportation

- Public transportation costs are consistent, clearly displayed and affordable.
- Public transportation is reliable and frequent, including at night and on weekends and holidays.
- All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.

- Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- Specialized transportation is available for disabled people.
- Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.
- Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.
- Complete and accessible information is provided to users about routes, schedules and special needs facilities.
- A voluntary transport service is available where public transportation is too limited.
- Taxis are accessible and affordable, and drivers are courteous and helpful.
- Roads are well-maintained, with covered drains and good lighting.
- Traffic flow is well-regulated.
- Roadways are free of obstructions that block drivers' vision.
- Traffic signs and intersections are visible and well-placed.
- Driver education and refresher courses are promoted for all drivers.
- Parking and drop-off areas are safe, sufficient in number and conveniently located.
- Priority parking and drop-off spots for people with special needs are available and respected.

## Housing

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Sufficient and affordable home maintenance and support services are available.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

## Social participation

- Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.
- Events are held at times convenient for older people.
- Activities and events can be attended alone or with a companion.
- Activities and attractions are affordable, with no hidden or additional participation costs.

- Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- A wide variety of activities is offered to appeal to a diverse population of older people.
- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.
- There is consistent outreach to include people at risk of social isolation.

### **Respect and social inclusion**

- Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
- Services and products to suit varying needs and preferences are provided by public and commercial services.
- Service staff are courteous and helpful.
- Older people are visible in the media, and are depicted positively and without stereotyping.
- Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.
- Older people are specifically included in community activities for “families”.
- Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.

- Older people are recognized by the community for their past as well as their present contributions.
- Older people who are less well-off have good access to public, voluntary and private services.

### **Civic participation and employment**

- A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.
- The qualities of older employees are well-promoted.
- A range of flexible and appropriately paid opportunities for older people to work is promoted.
- Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.
- Workplaces are adapted to meet the needs of disabled people.
- Self-employment options for older people are promoted and supported.
- Training in post-retirement options is provided for older workers.
- Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.

### **Communication and information**

- A basic, effective communication system reaches community residents of all ages.
- Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.

- Regular information and broadcasts of interest to older people are offered.
- Oral communication accessible to older people is promoted.
- People at risk of social isolation get one-to-one information from trusted individuals.
- Public and commercial services provide friendly, person-to-person service on request.
- Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.
- Print and spoken communication uses simple, familiar words in short, straightforward sentences.
- Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
- Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.
- There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.

## **Community and health services**

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health.
- Home care services include health and personal care and housekeeping.
- Health and social services are conveniently located and accessible by all means of transport.
- Residential care facilities and designated older people's housing are located close to services and the rest of the community.
- Health and community service facilities are safely constructed and fully accessible.
- Clear and accessible information is provided about health and social services for older people.
- Delivery of services is coordinated and administratively simple.
- All staff are respectful, helpful and trained to serve older people.
- Economic barriers impeding access to health and community support services are minimized.
- Voluntary services by people of all ages are encouraged and supported.
- There are sufficient and accessible burial sites.
- Community emergency planning takes into account the vulnerabilities and capacities of older people.