

Aging Together Strategic Plan July 1, 2015 to June 30, 2018



Vision: Aging Together’s vision is that the needs and preferences of older adults will be recognized and honored as our region creates livable communities for all ages. We want all citizens aging together to enjoy a lifelong sense of place and community, to be able to contribute to their community, and when needed to have ready access to diverse supports from family, friends, helping organizations and a responsive local government.



“Improving long term care & supportive services for older adults”

Aging Together Goals

Strategic Plan 2015- 2018

Mission:
Aging Together builds collaborations that create and enhance supports for older persons, their families, and their caregivers.

Aging Together's Goals

1. Identify resources and gaps in the services for older adults that can and do make ours a livable community for aging in place. Make sure older adults and their families know where to turn for help when needed.

2. Facilitate high quality collaborations, planning & resource sharing that expand services for older adults and their families, maintaining their health, safety and quality of life.

3. Collaborate with older adults to increase their genuine participation in the fullest possible range of community activities.

4. Assure the sustainability of Aging Together as a valued community resource in the Rappahannock-Rapidan region.

These goals are carried out by staff of Aging Together and by partners working collaboratively in regional work groups or local county teams.

Aging Together is a collaborative effort to help our localities respond to the growth in the older population and to assure that local residents will have the services and supports they need as they age.

Navigating the maze of healthcare and related services older adults and their families need can be very confusing and discouraging. As the number of older people in the region grows toward a potential peak of 25% of the overall population, with the highest growth among those 75 and older, services and systems will become even more complicated.

Our Values

Aging Together is grounded in the principles of the Robert Wood Johnson Foundation's *Community Partnerships for Older Adults* which provided initial funding to help establish the organization. We believe:

- Systems change can only occur through true collaboration.
- The voices of older adults need to be part of the process.
- Working locally and regionally is key to success.
- A small but well informed staff are needed to keep momentum, focus, and to view the landscape ahead.
- Building a community that is good for older adults benefits people of all ages.

We still find these principles to be relevant to our work. Aging Together does not need to provide aging or healthcare services as this expertise already exists in the community. Instead, we provide the neutral base from which ideas can incubate and collaborations can be explored to increase or enhance services, and to make services more easily accessible for seniors and their families.

Our Model

Aging Together's success in supporting older adults and their families is based on facilitating strong effective partnerships and providing partners with relevant resources and support.

We have had a significant impact on aging services to date by:

- identifying needs,
- pulling partners together to develop solutions,
- identifying funding sources,
- securing grant funding and coordinating new project implementation.

This partnership is built on an alliance of more than 130 organizations and individuals who actively participate in one or more county-based teams and regional workgroups, and collaborate across agencies, counties and interest areas.

Members include:

- Seniors
- caregivers
- hospitals
- businesses
- service providers
- the faith community
- law enforcement
- local government
- concerned citizens

Much of our work is done through teams in each of the five counties of the region (Culpeper, Fauquier, Madison, Orange and Rappahannock). Together teams identify the strengths and needs of seniors in their community and develop plans to address them through community education, new service delivery, or other unique responses. Programs are then delivered by our partner organizations, assuring their sustainability.

Our small staff does the behind the scenes work others may not be able to given their intense workloads The Aging Together County Resource Specialist maintains contact lists, engages new team members, distributes meeting minutes, researches resources to support team activities, and helps team progress.

Using this unique model of collaboration at both local and regional levels Aging Together has changed the way our community does business and has brought state and national recognition to the area.

Challenges

Due to the growing number of “younger” seniors as the Boomers reach age 65 and the increased life span of most people due to technology and healthcare improvements we now have the most diverse group of older adults in history. “Seniors” now range from age 65 to 105 and perhaps beyond. The needs and interests across this group are vastly different. This presents great challenges to families and organizations providing them support. Senior Centers will be faced with meeting the needs of the more traditional older adults while implementing new programs and technologies as the boomers begin entering services. Also, to meet the growing number of new seniors service providers are growing at a rapid rate. For example, in-home care services are expected to grow 23% per year, one of the fastest growing industries in our region.

Caregivers: 80% of the care of older adults and people with disabilities is provided by family members. The typical family caregiver is a woman between the ages of 35 to 60, often raising children and working full or part time. Men are quickly catching up as family caregivers however. Caregivers experience stressors that impact their health, relationships, and financial and work status.

Seventy five percent of family caregivers are also employed outside the home. The cost of caregiving to U.S.-based employers has been estimated to be as high as \$34 billion per year.

These costs include:

- reduced productivity at work when caregivers are distracted by their home responsibilities
- lost productivity as they have to take unplanned time off from work for appointments or to provide care
- the cost of recruiting and training new employees when family caregivers are forced to leave the workforce

Employers experience additional costs for health care for employed family caregivers.

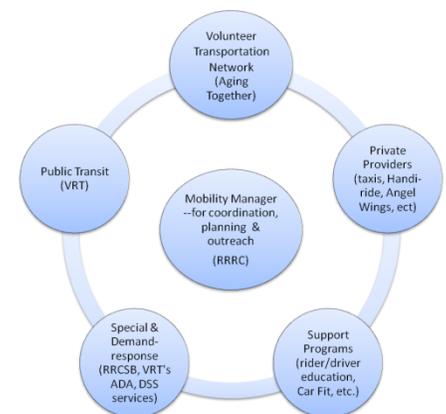
Elder Abuse: As the number of older adults is growing so is the rate of elder abuse. In Virginia during 2014 fifty five percent of 10,225 substantiated reports of elder abuse were for self-neglect, 19% were for neglect and 10% were for financial abuse. The increase in substantiated reports from 2013 to 2014 was just under five percent. The increase in financial abuse has been substantial over the past five years as the economy has decreased resulting in more intergenerational families reliant upon the steady income of an elderly family member's Social Security benefits.

The Virginia Family and Children's Trust (FACT) report shows that more and more people in our region are unemployed, under employed, and living below the poverty level. Each of the Directors of our five local departments of Social Services has noted that the rate of financial abuse of our region's elderly is increasing substantially. In just Fauquier County there were 52 reports of financial exploitation of older adults between June 2012 and January 2014. Thirty-six of these reports (69%) were by family members.

Contributing to the issue is the growing rate of Alzheimer's disease. In Virginia the number of people diagnosed with Alzheimer's increased by 30% between 2000 and 2010. This equates to 130,000 diagnosed citizens. By 2020 it is expected that the rate will increase by 40% or 140,000 people diagnosed. Alzheimer's and other dementia's can cloud issues of competency, making it difficult to determine if the older adult has agreed to financial decisions made by family members. Alzheimer's and dementia also dramatically increase the level of caregiving required by an older adult.

Transportation: Several trends have been observed that impact older adults use of the expanding menu of transportation options in our area. First is the reluctance of older adults to give up the independence of their own vehicles and start to use the public transportation options available to them. Those who do reluctantly give up their own vehicles, often then ride with other older friends who are equally impaired drivers.

The number of transportation options for older adults has grown in the past several years with the formation of the Foothills Area Mobility System (FAMS) a collaboration of human service transportation providers across the region. One of the new services to emerge from this collaboration is the Foothills Express that travels from Culpeper down the 29 corridor to frequently used medical services in Charlottesville, with a stop in Madison County.



The region has long had a strong volunteer base through the RRCS Senior Volunteer transportation service, a locally organized transportation service for those getting cancer treatment, and the "good neighbor" support of many in the community.

Volunteer transportation networks, a critical resource in rural areas, rely on regular recruitment of volunteer drivers, support and recognition of those drivers and outreach to assure that riders know about and use volunteer transportation opportunities.

Chronic Illness: Common chronic illnesses that affect the health of older adults include heart disease, cancer, stroke, diabetes, hypertension, arthritis, depression, fibromyalgia, asthma and COPD. Nearly 92% of older adults have at least one chronic condition and 77% have two or more.

"I think that we do have good resources out there but I think a big part of education is how we get the message out in the community. I will sponsor more home visits. I make home visits because some of my patients are elderly and I'd much rather go out and do preventive care with them at home than risk waiting for them to come to me which by then may turn into an emergency room visit." – Orange and Madison Counties Key Informant, UVA Culpeper Health Needs Assessment 2014

In 2012 Aging Together began administering an evidence-based chronic disease self-management program (CDSMP) developed by Stanford University over 25 years ago. The CDSMP curriculum deals directly with health concerns identified in the community needs assessments of both local hospitals.

The program is designed to complement but not duplicate a person's medical services. Workshops focus on the strategies a person can learn to control symptoms, promote health, and live well with illness. These strategies include taking medication consistently, working with a healthcare team, pain management, exercise, healthy eating, and managing stress and emotions. The workshops include realistic goal setting, brainstorming effective strategies for illness management, and sharing feedback with other participants.

In addition to experiencing fewer uncomfortable illness symptoms, participants report they are surprised to learn of others who experience the same emotions and value the peer support that develops from the workshops.

Effectiveness of the program is evaluated using pre and post participant surveys measuring quality of life and illness symptoms. Since September 2010, 6,807 people in Virginia have completed the program. Evaluation results indicate they experienced significant improvements in health status and knowledge of managing their chronic condition. By the end of the program, participants showed:

- Decreased health-related mental stress
- Reduced levels of pain, fatigue, and shortness of breath
- More frequent use of techniques for coping with emotional and physical symptoms
- More frequent use of mental relaxation techniques to manage stress
- Increased amount of aerobic and non-aerobic physical activity

Stanford's research shows that individuals who complete the program have reduced emergency department visits, fewer unscheduled physician visits, and report a better quality of life for two years after the program ends.

Social Isolation: Even in today's time of connection through social media and technology many people are still alone. Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income.

Certain lifetime milestones put someone at risk of social isolation as the type and frequency of connections seniors have with others change: retirement, caregiving, divorce, widowhood. Research compiled by the AARP Foundation indicates that social isolation can have a significant impact on the overall health of older adults and may contribute to early death.

As many older citizens have moved from the area to be closer to services, many others have expressed their interest in living out their lives in this beautiful area, close to family and friends.

The AARP Foundation has compiled considerable research identifying characteristics of socially isolated older adults, causes of social isolation and ways to address social isolation. These interventions include one-to-one supports, group services, and community engagement. Successful interventions tend to include peer supports, flexibility, focus on true connections based on shared interests, and require significant time to develop long term connections. Individual in-home based services were not effective in addressing social isolation.

Ageism: Older adults add tremendous value to the community. They bring life experience, skills, expertise and contribute a great deal of time and money that supports community endeavors. They are caregivers for others and a potential workforce. Older adults have been and continue to be creative forces and agents of change in our community.

Sustainability: In the last decade local government, service providers, both community hospitals, and other long term Aging Together partners have experienced budget cuts, mergers and downsizing. As a result, their ability to provide financial support for Aging Together has declined substantially.

“Communities must respond or miss the opportunity of fully engaging the largest, most educated generation of social innovators in the nation’s history.”

Dick Goldberg, Director of Coming of Age

At the same time their need for our technical support, partnerships, and resource development has increased. We are at a critical juncture, with Aging Together facilitated support now driving essential programs such as support for family caregivers (and their employers), elder abuse prevention, transportation, and health and wellness services.

Aging in Place/Aging in Community

The National Association of Area Agencies on Aging defines a Livable Community as one that enables citizens to thrive across their lifespan and age in community.

A Livable Community:

- Ensures that people have affordable housing choices that are appropriate for their needs at different ages and abilities.
- Enables people to get around by providing transportation options and designing public spaces with ramps, level surfaces and no-step entries to buildings as opposed to stairs.

- Provides basic amenities like a grocer and pharmacy nearby, so that people do not need to get into a car to meet their daily needs.
- Fosters social interaction and community involvement through the creation of intergenerational public spaces and opportunities for engagement.

These and other amenities help to maximize the independence and quality of life of older adults, while also enhancing the economic, civic and social vitality of the community.

Villages are one model for aging in place. A Village is a membership organization that provides services to residents who prefer to live independently at home for as long as possible, rather than relocate to an assisted living or other similar facility. Through both volunteers and paid staff, a village coordinates access to no-cost and affordable services, including transportation, health and wellness programs, home repairs and maintenance, social and educational activities, and other day-to-day needs, enabling individuals to remain connected to their community throughout the aging process.

Aging and Disability Resource Centers are a national movement to increase

“The most frequent calls for help that we hear concern aging at home and staying in the community. That is the goal of most individuals. Rarely do we hear anyone saying, ‘I just can’t wait to go into an institutional setting.’ ”

*Sandy Markwood, CEO,
National Association of
Area Agencies on Aging*

information about and access to services for older adults and people with disabilities. In Virginia this initiative is called No Wrong Door. No Wrong Door provides older adults and adults with disabilities with comprehensive information and streamlined access to available long term supports through collaborative partnerships and shared technology.

Partners within each community contribute their unique expertise, collaborate and share client-level data, with consent, through a secure system in order to streamline access to supports in the environment of their choice.

To assure there is no wrong door to services participating community organizations commit to learning enough about local resources to assure that no matter what door a person

enter services, they have entered through a “right” door and will either get the services they need or be referred to them.

Virginia has created a database that individuals looking for services can access called Virginia Easy Access (<http://www.easyaccess.virginia.gov/>). A simple search of service type and location will give a list of local resources.

Aging Together is a unique platform for planning and service enhancement across the full spectrum of the community, with a unique structure operating at both regional and local levels. The organization's two staff are able to mobilize partners to multiply its impact in a way that few other organizations can do. The result does not just strengthen Aging Together, but increases the capacity of individual partners and the community overall to assure that older adults and their families can "age in place."

Aging Together provides forums for individuals and caregivers to promote aging in place in a livable community and convenes direct service providers to:

- support their evaluation of unmet needs,
- research "best practices" employed in other communities to meet those needs,
- build partnerships to maximize the capacity of partners to add new services, and
- develop private funding to support such initiatives.

We focus on improving both the availability and affordability of services to age groups that a century ago were largely absent from our communities. Quality of life is enhanced significantly for older citizens as well as for the communities in which they live.

Our work adds value to what the service providers themselves accomplish. Aging Together does most of the back-room research, planning, and advocacy under the direction of these community partners. As a result they are able to respond more effectively to changing needs and to understand policy developments at the cutting edge of the national healthcare debate.

Aging Together also acts as an advocate before all levels of government to see that policies and funding streams reflect the identified community needs and values.

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2. Facilitate high quality collaborations, planning & resource sharing that expand services for older adults and their families, maintaining their health, safety and quality of life.
3. Collaborate with older adults to increase their genuine participation in the fullest possible range of community activities.
4. Assure the sustainability of Aging Together as a valued community resource in the Rappahannock-Rapidan region.

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Goal 1

Identify resources and gaps in the services for older adults that can and do make ours a livable community for aging in place. Make sure older adults and their families know where to turn for help when needed.

Activities

- Provide education to large and small employers in the region about the impact of family caregiving on their employees and businesses, including a range of strategies that will assist them and their employees.
- Provide education to area churches and faith groups about ways to identify and support caregiving families among their congregations; introduce faith based respite as a congregation provided support.
- Secure ongoing funding and referral sources for the Chronic Disease Self- Management Program (CDSMP) program through the healthcare community and other resources.
- Serve as the No Wrong Door Advisory Council and promote the No Wrong Door philosophy and RRCS (Area Agency on Aging) as the Aging and Disability Resource Connection for older adults and family caregivers seeking services and care coordination.
- Promote the use of Virginia Navigator by service providers and older adults
- Provide education to local planning officials, builders and realtors about aging in place, visibility, and universal design.

Outcomes

- Employers recognize and take steps to address the impact of family caregiving on their employees using Aging Together and our partners as a resource.
- The faith community provides support to its caregiving families including respite services by and for each congregation.
- Older adults living with chronic illnesses know about or are referred to a readily available CDSME workshop reducing hospital admissions and readmissions and reducing physician visits for emergency care.
- Older adults and family members seeking services have one number (RRCS) to start their journey and an online resource of services providers and businesses in this region (Virginia Navigator)
- There is an online resource of service providers and businesses in this region readily available to older adults and their families.
- Older adults and people with disabilities are able to live in their homes longer or can find homes in which to live rather than having to leave the community or move to long term care facilities.

Perceived individual quality of life among those aged 50 to 64 in the Rappahannock-Rapidan area is slightly higher than the statewide average, with 52% of those aged 50 to 64 in the Rappahannock-Rapidan area rating their quality of life as excellent, as compared to only 40% statewide.

Goal 2

Facilitate high quality collaborations, planning, and resource sharing that expand services for older adults and their families, maintaining their health, safety and quality of life.

Activities

- Aging Together County Teams provide free annual training to family caregivers using best practice training materials.
- Develop and support the FAMS Volunteer Transportation Network to strengthen and expand volunteer transportation for older adults and people with disabilities.
- Convene elder abuse advocates in each county to share data, identify elder abuse trends, share training, and develop responses.
- Support local efforts to develop Village communities in Rappahannock (Rapp At Home) and Orange (LOWLINC) counties.
- Promote the variety of services and supports available for healthy aging across the region through community education and in partnerships with local media.
- Address the social isolation of older adults and family caregivers in our region.

Outcomes

- Family caregivers feel better prepared to handle their caregiver responsibilities and know where local resources are located.
- Volunteer transportation networks are better able to transport older adults to the places they need and want to visit.
- Decreased abuse of older adults, including scams and fraud and increased prosecution of abusers across the region.
- Older adults have an increased choice of where to live and the services and supports they receive.
- The annual Art of Aging Expo draws 200 or more people from across the region and is recognized as a valuable resource to both exhibitors and participants.
- The community will be aware of and support services for older adults and their families as well as the contributions of older adults.
- Older adults and their caregivers will have better physical and mental health and increased quality of life.

“Many of the changes that work for older people, such as walkable streets, accessible housing, better community health, and more volunteerism, benefit people of all ages.”

AGE-FRIENDLY COMMUNITIES, Community AGEnda

Goal 3

Collaborate with older adults to increase their genuine participation in the fullest possible range of community activities.

Activities

- The Aging Together Board of Directors has older adult representation from each county.
- County Teams have an even mix of older adults and service providers.
- Assure there is an active TRIAD program in every county.
- Celebrate Five Over Fifty annually: acknowledge one person over 50 from each county in the region who has made significant contributions benefitting people of all ages.
- Facilitate at least one intergenerational program in the region.

Outcomes

- The Aging Together Board of Directors hears directly from older adults and family caregivers and is better informed in leading the organization.
- The plans and work of Aging Together reflect true input from older adults in the community.
- Reduced incidence of scams and fraud, increased feelings of safety by seniors due to ongoing collaborations between older adults and law enforcement.
- Increased community respect and acknowledgement for the contributions of older adults in this region.
- Older adults and younger people experience deeper connections and relationships.

“While many communities are multigenerational, this is not the same as intergenerational, where there is an intentional desire to make sure that the generations are mixing it up.”

–Donna Butts, Executive Director, Generations United

Goal 4

Assure the sustainability of Aging Together as a valued community resource in the Rappahannock-Rapidan region.

Activities

- Aging Together will create and implement a multi-source development plan that allows the organization to meet its strategic plan mission and goals.
- Aging Together conducts and publishes results of a partner/team member satisfaction survey bi-annually to assure the partnership model is beneficial and effective for those participating.
- Aging Together Board, Staff and team members meet annually with local government to share the impact of the organization.

Outcomes

- Aging Together events create an ongoing revenue stream of at least \$40,000 annually.
 - Aging Together has reserves equal to at least three months operating expenses
 - Aging Together staff include one full time Executive Director, one full time County Resource Specialist and a Healthy Living Resource Specialist.
- Aging Together is valuable to County Team members and partner organizations, providing information and resources that increase their ability to support older adults and their families.
- The community is aware of and supports the mission of Aging Together.

“The intent of the RWJ Community Partnerships for Older Adults program was not simply to expand existing services for older adults.

It was about seeking creative ways to break down silos, bring everyone to the table, and build on the assets already present within the community to identify and meet those needs in new and creative ways.”

*Professor Elise Bolda of the University of Southern Maine,
National Program Director for CPFOA.*



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Jan Selbo, Fauquier Department of Social Services

Joe Sakole, Lake of the Woods Village (LOWLINC)

Valerie Ward, Madison Department of Social Services

Aging Together County Teams

***Healthy Culpeper Senior/Adult
Committee***

1st Thursday 9 am
Reformation Lutheran Church

Aging Together in Fauquier

3rd Tuesday 1 pm
Fauquier Hospital

Aging Together in Madison

4th Wednesday 2 pm
Madison DSS

Aging Together in Orange

2nd Wednesday 9:30 am
Orange Amerisist

Aging Together in Rappahannock

4th Thursday 2 pm
Rappahannock Library



