**Drafting the Burlington Action Plan for Aging Well**

**OPTIMAL HEALTH AND WELLBEING**

**Goal**

Prioritizing optimal health and well-being among the aging population of Burlington involves developing strategies that address each facet of one’s health needs. This includes optimizing access to and quality of health care, exercise, and nutrition resources. Older residents should receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.

**Recommended Objectives:**

1. All aging residents in Burlington can safely access a variety of opportunities for exercise within an inclusive environment.
2. All aging residents in Burlington can access comprehensive mental health care from qualified providers, including trauma-informed mental health professionals, without fear of stigma or discrimination. In this, decrease the proportion of Burlington residents ages 60+ who “Rarely or never gets the social and emotional support they need” by 25%. (Data provided by Chittenden County BRFSS Survey)
	1. Individuals 60-69 from 6% to 4.5%
	2. Individuals 70-79 from 8% to 6%
	3. Individuals 80+ from 16% to 12%
3. Decrease the proportion of aging individuals experiencing food insecurity or at-risk of experiencing food insecurity by increasing access to and knowledge about meal service providers.
4. Decrease the proportion of aging Burlington residents who have not seen a healthcare provider in the past year by 25%. (Data provided by Chittenden County BRFSS Survey)
	1. Individuals 60-69 from 21% to 16%
	2. Individuals 70-79 from 12% to 9%
	3. Individuals 80+ from 10% to 7.5%
5. Decrease the proportion of aging Burlington residents who have experienced a fall in the last year by 25%. (Data provided by Chittenden County BRFSS Survey)
	1. Individuals 60-69 from 35% to 26%
	2. Individuals 70-79 from 29% to 22%
	3. Individuals 80+ from 39% to 29%

**Recommended Strategies:** These may include a mixture of initiatives already underway, easily implementable ideas, and those that would be impactful but would need policy change or funding allocated. Note if the strategy is likely short-term (1-3 years), medium-term (3-6 years) or long-term (7-10 years).

1. Expanding the provision of resources and educational materials related to keeping aging Burlington residents safely in their homes, such as in-home assessments and adaptations to prevent falls offered by AgeWell. Materials should be provided in multiple formats and translated into a variety of languages.
2. Improving accessibility of Burlington-area public transportation to ease ability of aging Burlington residents to attend exercise opportunities and get to medical appointments. This includes making sidewalks safer, especially for those with limited mobility, increasing frequency of busing routes to UVMMC satellite locations, and maintaining low-cost fare options for older populations.
3. Expansion of Burlington senior housing sites that provide on-site mental health services, with an emphasis on increasing the number of trauma-informed and culturally-informed mental health providers.
4. Working with local community groups, especially in BIPOC and New American communities, to provide resources that work to dismantle the stigma against accessing and receiving mental health support.
5. Work with AgeWell’s Meals on Wheels Program and Feeding Chittenden to increase the provision on supplemental free meal programs. Ensure that knowledge about the availability of such programs is accessible, with print and translated options available. Include culturally-appropriate meals that represent the dietary needs and preferences of Burlington’s diverse cultural and ethnic groups.
6. Increasing accessibility of pre-existing educational materials and resources relating to health and wellness by requiring the provision of translated and in-print options. Developing media kits to provide to community partner organizations with information on services and educational materials.
7. Working with local community organizations and institutions, such as the Burlington Police Department, to identify older individuals at risk of experiencing homelessness or food insecurity so that they can more efficiently be connected with resources. This can also help to reduce emergency calls.
8. Creating a centralized and comprehensive dashboard of Burlington-based exercise and wellness related services being provided by Senior Centers and other community groups. These resources will also be available in print format and will be translated into a variety of languages.
9. Developing a part-time care facility in Burlington to assist older adults with higher intensity care needs and provide respite to family caregivers.

**Summary Chart**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategy** | **Short-term****(1-3 years)** | **Medium-term****(3-6 years)** | **Long-term****(7-10 years)** |
| 1. Resources to keep aging residents in their homes | X |  |  |
| 2. Increasing transportation accessibility | X |  |  |
| 3. Expansion of MH services in Senior housing |  | X |  |
| 4. Education on dismantling MH stigma | X |  |  |
| 5. Expanded accessibility of existing material | X |  |  |
| 6. Services to identify at-risk individuals | X |  |  |
| 7. Dashboard of health and wellness services | X |  |  |
| 8. Expansion of meal services | X | X |  |
| 9. Part-time facility for high-need care |  |  | X |

**Additional Questions**

How do the above objectives and strategies advance equity and inclusion? Please list any specific groups who are left out of these strategies?

* While these strategies attempt to be all-encompassing, additional resources should be made to account for groups that may have reduced access, including: Non-native English speakers and those who do not speak English, those without access to the internet, those with disabilities, community members from cultural or ethnic minority groups, low-income residents, those experiencing and at-risk of homelessness and food insecurity, and those experiencing dementia or Alzheimer’s.
* It is critical that items within the action plan are flexible to the changing needs of different groups, with special attention to historically marginalized groups and minorities.

Who are the key partners to accomplish these strategies?

* Vermont Health Equity Initiative, AgeWell, Senior Day Centers, UVMMC/CHCB, Housing Providers, BIPOC and New American associations (AALV/USCRI/Somali/Bhutanese/Congolese associations) (TS has list), Feeding Chittenden

What funding or resources will be needed to accomplish these strategies?

* Funding from the City of Burlington for staff time
* Funding from the City of Burlington for communication materials (postage for mass mailing, bulletin board prints, etc.)
* Funding from the City of Burlington for website and other coordinated electronic methods
* Funding for Senior pass on public transport
* Funding for development of Adult Day Center

What legislation or policy change (local or state) will be needed to accomplish these strategies?

What data could be used to measure success of these strategies?

* Usage numbers of specific services, programs, senior centers
* Number of in-print resources/materials used
* Number of visits to resource webpage

What existing programs or initiatives support these strategies?

* Senior centers, AgeWell, and other community organizations have older adult exercise classes and programs
* AgeWell has a program for providing assistance and volunteer services to aging adults in assessing and modifying their homes to reduce risk factors for falls
* Meals on Wheels via AgeWell provides culturally-appropriate, weekly meal deliveries from a consistent and singular delivery volunteer, with brief home check upon visits

How do these strategies reflect the input and priorities of Older Vermonters?

* Older Vermonters and related stakeholders in their health and wellbeing have been consulted in the drafting, development, and implementation of such programs.

Additional Suggestions and Comments: