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

**Social Connection and Engagement**

**Goals**

· In Age Friendly Communities, older residents are free from isolation and loneliness, with affordable and accessible opportunities in their communities for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture, and broadband access and other technologies. Older Residents are critical to our local economies and their contributions should be valued by all.

*BAC working group areas: Technology Accessibility, Civic Engagement & Volunteerism, Social Inclusion*

**Recommended Objectives: (Add Civic and Volunteer Engagement -consolidate)**

1) **City and Regional Planning highlight and provide explicit guidance for Age Friendly Communities**. planBTV (<https://planbtv-burlingtonvt.opendata.arcgis.com/>) and the ECOS plan (Chittenden County Regional Planning Commission -<http://www.ecosproject.com/2018-ecos-plan#final>) need to be updated, and neither has the increasing older population in the city or county as a focal point.

2) **Increase Mobility, Accessibility and Space Utilization for older residents**: Establish a clear system of budgetary and project review that prioritizes system enhancements to best serve older residents in making safe, affordable, and efficient connectivity and mobility choices that results in:

a) An increase in the proportion of older residents engaging in regular, year-round physical exercise,

b) An increase in ridership with GMT and other transit services (e.g., NeighborRides) and participation by older residents in CarShare.

c) An increase in Older citizen satisfaction with year round walkability.

d) An increase in Walkability/Transit scores (https://www.walkscore.com/) for every neighborhood. Walkability is 80+; Transit is 50+ (Currently Cathedral Square Senior Living has a Walkability of 93 and Transit of 50; Heineberg Community Senior Center has a Walkability of 70 and Transit of 28).

3) There is a **targeted set of communications tools to provide information, alerts and opportunities to older Burlington residents,** and a clear conduit of communications specific to older residents to City Council and the Mayor’s office. Older residents increasingly indicate that they have the resources and information they need to age well in Burlington, and have known avenues to communicate and engage with city policy and programs.

4) **Advance a Community Emotional Wellness framework.** Recognize thatEmotional Wellness of all residents is a critical attribute of a livable and sustainable community and link to community indicators. Burlington has an **evidence-based set of social connection and engagement indicators** that it can collect reliable and regular data to support and guide its initiatives. Convene Stakeholders regularly (e.g., SASH, Howard, Cathedral Square, AgeWell, Senior Centers, Fletcher Free Library, Burlington Parks and Rec, UVMMC, etc.).

5) Older Burlington residents have the **highest level of high-speed internet connectivity** of any small city in the country, and **document how it is used effectively** to communicate, receive services, engage as citizens, access life-long learning opportunities as well as employment opportunities.

6) A **Pandemic response plan** and set of tools for the future is in place and reviewed annually. Burlington will have a Pandemic Emergency response plan that includes a strong emphasis on reducing social isolation and increasing social engagement for older residents.

**Recommended Strategies:**

 1) **Create and fund a Social Connection and Engagement Coordinator** based in the Mayor’s office to coordinate across city departments and engage the necessary coalition of service organizations to

a. Create baseline data on key indicators of successful social connection and engagement and link it to the city and private investment in programs and infrastructure.

b. Create greater efficiency and increase resources available across city departments that provide programs and infrastructure for social connection and engagement of Burlington’s growing older population.

c. Convene Stakeholders regularly (e.g., SASH, Howard, Cathedral Square, AgeWell) for a continuous Community Emotional Wellness framework assessment addressing barriers and opportunities to advance a framework into action for Burlington in coordination with the State Aging Plan.

2) **Update planBTV: Burlington’s Comprehensive Plan** (2019) [www.burlingtonvt.gov/planbtv](http://www.burlingtonvt.gov/planbtv) with a focus explicitly including the growing older population.[i] The limited reference currently should be expanded with clear metrics to determine how Burlington is achieving the goals set. Advocate for a similar update of the Regional ECOS Plan.

3) Produce a **Burlington specific Resource book** for healthy aging and social inclusion and ensure direct comprehensive distribution and access (physical copies and online access, possibly building off the COVE guide but more specific to Burlington). Tie the annual distribution of the resource book to polling for feedback on individual and collective attributes of social connection and engagement.

4) Conduct a full **Pandemic Program debrief** in a strategic meeting with major stakeholders, as well as representative older residents. Create a STRATEGIC FRAMEWORK: Emergency Response to a Pandemic, to build a new Policy/Program/Resource Framework to prepare and then implement as needed in the event of a future crisis. Key attributes will include methods to sustain community connection and engagement and reduce isolation during an emergency. Review and update annually with key stakeholders and city departments.

5) Build a ***Technology for Connection Initiative* for Burlington Older Residents**

a) Conduct a comprehensive Needs Assessment to understand the needs of the older Burlingtonians, including BIPOC and New American communities re: technology access and supports focused on infrastructure, capabilities, training/education, path to 6G. Consider how tech access can be advanced in a culturally appropriate manner so that it is embraced by New Americans/elder BIPOC population.

b) Advance Training/Education opportunities and participation rates:

i) Tap into high schools and colleges for student/intergenerational tech teaching programs. Pilot some.

ii) Explore ongoing tech training and education for older adults to promote accessibility. E.g., Collaborations with local tech centers, universities/colleges and libraries.

c) Promote the Vermont Assistive Technology Program that offers free supports/hardware/assessments.<https://atp.vermont.gov/>

d) Identify and Secure Funding:

i) Assess funding coming from federal grants and funds for technology infrastructure

ii) Explore whether insurance/other private companies would step in to support the technologies and tech access for older Burlingtonians.

iii) Expand low-cost tech bundle/programs like those offered by BT.

iv) Explore options with other vendors to offer discounts to older Vermonters for internet service and tech support.

e) Expand Safety/Security Access: Collaborate with security/safety companies to offer older adults access to security systems at a low cost e.g., “Ring app” on the iPhone or other security systems for their home.

**f)** Work with partner groups to expand and standardize the use of **in-home technology to help older adults age in place** (<https://www.nia.nih.gov/news/nih-initiative-tests-home-technology-help-older-adults-age-place>) to support health, safety, and caregiving.

**Summary Chart**

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| --- | --- | --- | --- |
| **Strategy** | **Short-term****(1-3 years)** | **Medium-term****(3-6 years)** | **Long-term****(7-10 years)** |
| 1. |   |   |   |
| 2. |   |   |   |
| 3. |   |   |   |
| 4. |   |   |   |
| 5. |   |   |   |
| 6. |   |   |   |
| 7. |   |   |   |
| 8. |   |   |   |

**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?

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Who are the key partners to accomplish these strategies?

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

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

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

· *Draw on existing data sources to build a thorough understanding of where our residents over the age of 65 are living and what kind of conditions they are living in. Maintain an active data base to understand the location and situation of older residents.*

*Start building the database with the ACCD's 2020 Housing Needs Assessment* [*https://accd.vermont.gov/housing/plans-data-rules/needs-assessment*](https://accd.vermont.gov/housing/plans-data-rules/needs-assessment) *- local data for Burlington will be more difficult due to small population size.*

· *Conduct an updated assessment of conditions, usage, and barriers to mobility for older residents. Report out to build new action plan. Conduct an inventory of convening spaces appropriate and accessible to older residents*

What existing programs or initiatives support these strategies?

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

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Additional Suggestions and Comments:

[i] **planBTV currently has minimal reference of its older citizens in terms of needs and opportunities. These include:**

INCLUSIVE

58(3) Housing Action Plan was created, which outlines 22 strategies to reduce the cost of housing for residents across all incomes, increase the supply of both subsidized and non-subsidized housing, and to providing appropriate housing for our community’s most vulnerable including older adults, residents with disabilities,

60(5) public facilities and spaces are designed and managed to welcome everyone, despite their ability. This means they not only offer access, but ensure that users are comfortable and safe—from young children to older adults,

DYNAMIC

49(6) expand housing availability and deploy new housing types that enable empty-nester’s and older adults to age-in-place within their community.

DISTINCTIVE

None

CONNECTED

70(3) Providing access to green spaces such as parks and conservation areas supports the mental health of residents by enhancing opportunities for social interaction, strengthening the social fabric of neighborhoods, and helping to reduce stress, which are important predictors of well-being and, for older-adults, longevity

71(4) Uses within these neighborhood centers need to be calibrated to the needs of all residents in the surrounding residential areas, and should include basic services (such as groceries, banks, laundry, medical offices, etc), educational and childcare facilities, community facilities (community or senior centers, library, or other public service branches, etc), as well as other amenities.