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

**HOUSING, TRANSPORTATION, AND COMMUNITY DESIGN**

**Goals**

Burlington should be designed, zoned, and built to support the health, safety, and independence of older residents, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

**Recommended Objectives:**

1. Expand existing Burlington programs that work to connect housing, health care, and social supports for aging residents, with an emphasis on broadening the provision of different types of housing options/situations depending on level of independence.
   1. This includes the expansion of housing-based programs that focus on mental health and social isolation as a determinant of physical health.
2. Amplify the focus on housing services and programs for older adults in Mayor’s 10-point plan.
   1. [Recognition of importance of housing and transportation](https://www.mdpi.com/1660-4601/16/24/4916) in fostering an age-friendly city environment.
3. Expand the supply of affordable assisted living residences.
   1. Special attention to the lack of affordable and accessible assisted living opportunities for those with Alzheimer’s, dementia, and related conditions/symptoms.
4. Increase awareness and usage of existing maintenance and home modification programs aimed at keeping older Burlington residents in their homes for longer.
   1. Increase funding and support for home fit programs to adapt older homes for those who are aging or experiencing disabilities
   2. 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%
5. Increase opportunities for Home Share programming in Burlington
   1. Assess the current pilot program approved by City Council in 2022. Determine what variables and incentives are working and amplify them.
   2. Expansion of strategies, such as [municipal](https://cityofburlingtonvt.sharepoint.com/teams/BurlingtonAgingCouncil/_layouts/15/Doc.aspx?sourcedoc=%7BEB89C9B3-BC9C-4279-A77A-92A355D4E89E%7D&file=Optimal%20Health%20and%20wellbeing.docx&action=default&mobileredirect=true) tax breaks, etc.
   3. Include provisions for how this applies to multi-generational living situations among diverse cultural groups
6. Increase usage of public transportation by expanding the accessibility and convenience of services being provided with special attention to the needs of Burlington’s aging population.
   1. Increase awareness of services offered by SSTA (e.g. Social rides) and eligibility for such services
   2. Make information about new GMT fare structure more accessible and understandable to riders
7. Work with PlanBTV on creating a comprehensive strategy to prioritize the needs of older Burlington residents in elements of community design, including sidewalks, winter maintenance, etc.
   1. Work with planning efforts across Vermont in seeking Network of Age Friendly States accreditation
      1. Look to strategies being utilized by other VT cities in the Network of Age Friendly Cities: Milton, Newport
   2. Adapt the capacity, staffing, and funding of pre-existing policy efforts to expand age friendly infrastructure and design efforts in Burlington
8. Increase the supply of middle housing and raise awareness about missing middle housing
   1. Adopt zoning policies that support opportunities for middle housing
   2. Work with residents and small-scale developers to include community in the implementation and development of zoning policy that supports middle housing

**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. Work with SASH, CHT, CHCB, and other related community groups that focus on connecting housing and health care opportunities in expansion of such programs.
   1. Work with SASH and Howard Center mental health pilot program in expansion of housing programs related to MH/social isolation.
   2. Work with local cultural affinity groups to ensure the inclusion of culturally-informed resources on combined housing and health care opportunities
2. Develop a strategy brief on housing services and programs for older adults to integrate into Mayor’s 10-point plan
   1. Statement on how Burlington’s lack of middle housing and older supply of homes impacts aging residents in Burlington
3. Work with assisted living facilities and organization with project dedicated to senior housing to collaborate on developing strategies to expand access to and affordability of such housing programs. Much of this work will require advocacy at the state level.
   1. In particular work with Alzheimer’s Association on how to best include those with Alzheimer’s and dementia into to development of affordable assisted living services
4. Development of city-wide tax policy to financially incentivize home sharing.
   1. Work with HomeShare Vermont to establish the provision of an educational campaign to increase awareness of home sharing: how it is done, how it applies to older residents, what incentives and benefits would look like
   2. Provision of application for multi-generational homes that may already meet the standards for homesharing.
5. Work with Green Mountain Transit and other public transportation agencies to address common complaints related to accessibility of public transportation services.
   1. Designation of a local advocate for the needs of aging residents to be included in plans for upcoming transportation projects.
   2. Provision of resources for older riders to better understand the new fare structure when fares returning 2024. As lead up to this transition GMT should conduct extensive outreach on the changes and what people should expect.
   3. The City should advocate for and support as necessary reduced or free fares for older riders.
6. Standardized winter maintenance of bus stops and depot areas, standardization of shelters at stops
   1. Inclusion of AARP audit Winter City Strategy to better standardize services and information about services provided in winter months, especially as this relates to isolation among older Burlington residents.
   2. Work with PlanBTV and DPW to prioritize the maintenance needs/increase maintenance of sidewalks and curbs near bus stops and depot areas, as well as handicapped parking spaces.
7. Work with SSTA, UVM shuttling services, and other transportation opportunities to expand current transportation services to medical appointment campuses, such as provision of routes to UVMMC satellites (Tilley Drive, etc.).
   1. Actively monitor access issues. Who is not taking the trips because of issues with access or schedules?
8. Work with state officials and other partners working on Age-Friendly State accreditation for Vermont
9. Utilize [AARP resources related to policy to adapt zoning ordinances](https://www.aarp.org/livable-communities/housing/info-2023/vermont-housing.html) to better support middle housing within Burlington.
   1. Utilize strategies outlined in the [audit on zoning reform in Vermont](https://www.cnu.org/sites/default/files/200729_Z4GN-Guide-web.pdf) performed by AARP
   2. Assess strategies discussed in AARP Vermont’s [contracted work with Opticos Design](https://opticosdesign.com/missing-middle-housing/) on city planning to support middle housing.
   3. Implement suggestions from fit testing for Burlington’s New North End lots.
   4. Make resources about financing accessible

**Summary Chart**

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| --- | --- | --- | --- |
| **Strategy** | **Short-term**  **(1-3 years)** | **Medium-term**  **(3-6 years)** | **Long-term**  **(7-10 years)** |
| 1. Expansion of connected housing and health care programs (including MH) |  | X | X |
| 1. Housing services in Mayor’s 10-point plan | X |  |  |
| 1. Affordable assisted living residences |  |  | X |
| 1. Home maintenance/modification programs | X |  |  |
| 1. HomeShare opportunities |  | X | X |
| 1. Expansion of GMT options |  | X |  |
| 1. Age-friendly community design work with PlanBTV |  | X |  |
| 1. Increase the supply of middle housing |  |  | 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?

* 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.
* It is important to provide additional resources to those with Alzheimer’s or dementia – there is limited housing opportunities for Burlington residents experiencing Alzheimer’s or dementia
* It is important to dedicate additional resources to addressing the housing and home modification needs of cultural groups who tend to live in multigenerational homes.

Who are the key partners to accomplish these strategies?

* Community organizations engaged in housing for older residents: SASH, CHT, CHCB, Howard Center, etc.
* Community organizations engaged in providing programs to help older residents stay in their homes longer: AgeWell
* Community organizations working to increase supply of middle homes: AARP, Homeshare
* Community organizations connected with BIPOC and New American groups: AALV, cultural/ethnic group associations

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

* Funding towards Home Share financial incentives.
* Funding toward more affordable/subsidized assisted living centers (state, Federal).
* Funding towards staffing and projects related to PlanBTV.

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

* Legislation to grant tax benefits for those involved in a Home Share program.
* Examples of policies about Age-Friendly Community Design in other locations, with special attention to winter accessibility needs:
  + [Senior Services Coordinator (Westchester Co.)](https://www.westchestergov.com/hr/jobspecs/ljs/local/C/COORDINATOR-SENIORCITIZENSERVICES.pdf)
  + [Strategies to integrate neighborhood functions with local government initiatives for sidewalk clearing (Duluth, MN; Bangor, ME](https://tooledesign.com/insights/2019/12/winter-maintenance-resource-guide/))
  + [Embellishment property tax fee](https://www.cityofrochester.gov/article.aspx?id=8589936460) to fund winter clearing (Rochester, NY)

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

* Data on Home Share program rates
* Numbers of individuals utilizing housing programs via community partners
* Numbers of older Burlington residents (60+) experiencing homelessness or housing insecurity
* Utilization numbers for AgeWell helpline and home maintenance programs
* Utilization of Homeshare materials and services – number of individuals engaged in home-sharing

What existing programs or initiatives support these strategies?

* Programs that connect housing and health care services: SASH, CHT, CHCB
* Programs that focus on housing for those experiencing mental health difficulties or social isolation: SASH, Howard Center
* Home maintenance and modification programs: AgeWell

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

* Older Vermonters and related stakeholders attentive to their needs in housing, transportation, and community design have been consulted in the drafting, development, and implementation of such programs.