***Burlington Action Plan for Aging Well***

**SOCIAL CONNECTION AND ENGAGEMENT**

**Goal**

Older Residents should be 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 communities and their contributions should be valued by all.

**Recommended Objectives:**

1. In order to provide a data based set of measures, draw on the Vermont Department of [Health’s Behavioral Risk Factor Surveillance System (BRFSS)](https://www.healthvermont.gov/stats/surveys/behavioral-risk-factor-surveillance-system-brfss) specific to Burlington to identify:
	1. Increase the proportion of Burlington residents ages 65+ who:
		1. Always or Usually gets the social and emotional support they need.
	2. Decrease the proportion of Burlington residents ages 65+ who:
		1. Always/Usually feel social isolated.
		2. Always/Usually feel stress.
		3. Report being Housing, Transportation, or Food Insecure.
		4. Report Poor Physical Health.

*NOTE: Particular attention will be paid to the increase/decreases among the population identifying as BIPOC, LGBTQ+, Any Disability, Low or Middle Income, in the breakdown provided by the survey.*

*NOTE: A first action step with most objectives and strategies will be to identify baseline data, and efforts that track data that BAC can draw from to measure the level of effectiveness of local actions.*

1. The City of Burlington will establish a clear system of budgetary and project review that follows explicit guidance for Age Friendly Communities. This will prioritize system enhancements to best serve older residents in making safe, affordable, and efficient connectivity and mobility choices that results in:
	1. An increase in the proportion of older residents engaging in regular, year-round physical exercise [a baseline will need to be established now, or as part of the future work]
	2. An increase in ridership with GMT and other transit services (e.g., NeighborRides) and participation by older residents in CarShare. [baseline data – if not available, the adjunct objective is to get it with a tracking tool.]
	3. An increase in older resident satisfaction with year-round walkability. [baseline and tracking]
	4. An increase in Walkability/Transit scores (https://www.walkscore.com/) for every neighborhood. [footnote with a baseline of an address in every neighborhood, perhaps the meeting place of each NPA].
2. Support and strengthen Burlington’s network of viable senior centers, and other local community institutions such as libraries and churches with quality and equitable programming for older Vermonters.
3. Older Burlington residents will 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. This includes 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, City Departments, and the mayor’s office.
4. The City of Burlington will recognize thatthe emotional wellness of all residents is a critical attribute of a livable and sustainable community and link to community indicators. Emotional wellness will serve as a key determinant of health when developing programming aimed to support social connection and engagement of older residents in Burlington. (Establish a baseline data point, use the link to the NIH Emotional Wellness Toolkit: <https://www.nih.gov/health-information/emotional-wellness-toolkit>). Identify appropriate local tools to build tracking into (e.g., Plan BTV, ECOS Strategic Plan).
5. Older Burlington residents will have:
	1. the highest level of affordable high-speed internet connectivity of any small city in the country, and
	2. will have the ability to effectively communicate, receive services, engage as citizens, access life-long learning opportunities as well as employment opportunities via technological engagement.
6. Older Burlington residents seeking to volunteer within their communities will have means to engage with such opportunities accessibly and inclusively. Increase volunteerism of older Burlington residents 65+. (Establish a baseline data point and increase by 10% by 2035 (both number of volunteers and level of engagement) in alignment with AgeStrong Vermont goals.
7. Increase the number of intergenerational engagement opportunities – with the goal of implementing at least 5 new models by 2030. (Establish a baseline data point).
8. Older Burlington residents can reliably and safely utilize volunteer services to seek assistance in areas such as day-to-day home maintenance.

**Recommended Strategies:**

 *Note: Need to further edit objectives to slim them down and move actions to Strategies. Make sure there are strategies that cover all objectives.*

1. Create and fund a Social Connection and Engagement Coordinator to coordinate across city departments and engage the necessary coalition of service organizations to:
	1. Create baseline data on key indicators of successful social connection and engagement and link this data to the city and private investment in programs and infrastructure.
	2. 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. Request that each City Department include this consideration in their annual planning and explicitly addresses it in annual reporting.
	3. Convene Stakeholders annually regularly (e.g., SASH, Howard, Cathedral Square, AgeWell, Senior Centers) to support a continuous assessment addressing barriers and opportunities to advance a framework into action for Burlington in coordination with the local and regional efforts of the Stakeholders, and the State aging plan, Age Strong Vermont. Request that DAIL be proactive with their consultants to have a way to parse out service area specific data to help localities home in on specific groups of older adults.
	4. Collaborate with and include diverse social and cultural groups to ensure that all aging Burlington residents are included in the development and provision of social connection and engagement resources created by this position.
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.
	1. 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, available in a number of languages). [Note: the last COVE resource book is a starting point. Narrow the state focus down to making it Burlington specific. Cooperate with whatever entity will take up this work in the future at the state level]. Tie the distribution of the resources to polling for feedback on individual and collective attributes of social connection and engagement.
	1. Include specific dimensions for individuals facing Alzheimer’s and dementia to better inform them and their caregivers about healthy aging social inclusion for this population, with specific attention to [utilizing social connection as a preventative strategy](https://www.alz.org/help-support/brain_health/stay_mentally_and_socially_active) for symptoms of cognitive decline.
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. Add to resources already available, <https://www.fema.gov/fact-sheet/seniors-prepare-now-emergency> and YouTube videos and Podcasts for older adults and Emergency Prep and a How to guide which could be accessed/replicated. E.g. <https://www.fema.gov/about/news-multimedia/podcast>, and at Ready.gov, <https://www.ready.gov/>.
5. Build a *Technology for Connection Initiative* for Burlington Older Residents
	1. Conduct a comprehensive Needs Assessment to understand the needs of the older Burlington residents, including BIPOC and New American communities, addressing technology access, affordability, and supports focused on infrastructure, capabilities, training/education, path to 6G.
	2. Implement strategies on how technology access can be increased among older BIPOC and New American groups using culturally appropriate education techniques.
	3. Advance training and education opportunities and participation rates:
		1. Tap into and pilot high schools and colleges for student/intergenerational technology teaching programs.
		2. Explore ongoing technology training and education for older adults to promote accessibility, including collaborations with local tech centers, universities/colleges and libraries. Identify and involve Businesses already having a record of recruiting, training, and using older workers.
	4. Promote the [Vermont Assistive Technology Program](https://atp.vermont.gov/) that offers free supports and hardware assessments.
	5. Identify and Secure Funding:
		1. Assess funding coming from federal grants and funds for technology infrastructure.
		2. Explore whether insurance/other private companies would step in to support the technologies and technology access for older Burlington residents.
		3. Expand low-cost technology bundle/programs like those offered by BT.
		4. Explore options with other vendors to offer discounts to older Vermonters for internet service and technology support.
	6. Expand safety and security access by collaborating with companies to offer older adults access to security systems at a low cost, such as “Ring app” on the iPhone or other security systems for their home.
	7. 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.
6. Work with Age Well, United Way, and the Senior Centers to expand the accessibility to and participation within volunteer programs. Additionally, work can be done with local community partners, such as senior centers and health care providers, to increase awareness of Age Well’s volunteer resource helpline for those in need of additional support staying in their homes.
	1. Collaboration with Fletcher Free Library and local senior centers to provide in-print resources on Age Well and United Way volunteer programs and helpline – one pager, FAQ sheet, how to apply information.
	2. Screenings of volunteer informational videos at local community centers (Fletcher Free, Heineberg, etc.) to better inform community members about how to become involved in volunteering with Age Well.
	3. Work with local BIPOC, New American, LGBTQ+, and other groups to promote volunteer information and opportunities within these groups.
7. Review strategies and evidence-based programs from other similar communities that work to provide affordable and sufficient mobility options for older residents for all their needs.
8. 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 database to understand the location and situation of older residents.
	1. Utilize data and reporting materials from Feeding Chittenden and Meals on Wheels to determine what areas of Burlington are most heavily populated by older residents, and thus could best utilize social connection programs targeted towards the aging population.
	2. Address how different demographic trends and clusters can be used to inform where different types and varieties of resources should be promoted to increase use.
	3. Increase funding to support reliable and safe volunteer services for day-to-day home maintenance type activities, beyond housekeeping.

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| **Strategy** | **Short-term****(1-3 years)** | **Medium-term****(3-6 years)** | **Long-term****(7-10 years)** |
| 1. Development of Social Connection and Engagement coordinator
 |   |  X |   |
| 1. Update planBTV with aging-specific information
 |  X |   |   |
| 1. Burlington-specific resource book on aging and social connection
 |  X |   |   |
| 1. Pandemic Program debrief and strategic framework
 |  X |   |   |
| 1. Development of *Technology for Connection Initiative*
 |  X |   |   |
| 1. Expansion of knowledge about Age Well volunteer resources
 |  X |   |   |
| 1. Geographic assessment of where older residents live
 |  X |   |   |
| 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.

* 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.
* Engage those groups serving needs of specific groups (e.g., [Vermont Association for the Blind and Visually Impaired](file:///C%3A/Users/glenn/OneDrive/Documents/1-Glenn%20Projects/1-Aging%20Council/1-Action%20Plan%20Drafts/Vermont%20Association%20for%20the%20Blind%20and%20Visually%20Impaired) ( <https://www.vabvi.org/>); Vermont Center for Independent Living ([https://vcil.org/)](https://vcil.org/%29)), Veteran’s organizations.
* It is important to collaborate with local New American community groups to address cultural and social norms that may make social connection and engagement needs different for those in certain cultural groups. It is also crucial that culturally informed and translated resources are developed to encompass Burlington’s diverse cultural and ethnic groups. This includes work with organizations including the following, as well as others: AALV, USCRI, Somali/Bhutanese/Congolese associations, etc.
* It is important to recognize additional challenges that those with Alzheimer’s, dementia, and other forms of cognitive decline may see in acquiring resources to promote social connection and engagement. For this, consulting with the Alzheimer’s Association of Vermont would be beneficial.

Who are the key partners to accomplish these strategies?

* Those engaged with programming for older Burlington residents – SASH, Cathedral Square, Heineberg Senior Center, CORE, AgeWell, Howard Center, United Way
* Those representing Burlington’s New American and BIPOC communities – AALV, USCRI, cultural associations.
* UVM and UVMMC – designated as an age-friendly university.

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

* Position of Social Connection and Engagement Coordinator
* IT development of live, interactive calendars of activities and resources.
* Funding for staffing to adapt planBTV to address Burlington’s aging population.
* Funding for website design, physical print copies of resource guide
* Funding for development of technology education program

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

* Development of a Burlington Social Connection and Engagement Coordinator

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

* Usage data and attendance numbers of pre-existing programs and facilities for social engagement (Heineberg, Fletcher Free, etc.)
* Numbers of volunteers/applications and usage of helpline within AgeWell volunteer services program
* Numbers of volunteers/applications for United Way volunteer programs (RSVP and Foster Grandparent programs)
* Attendance numbers of *Technology Initiative* programs
* Site visits and physical copy distribution numbers for Burlington-specific resource book

What existing programs or initiatives support these strategies?

* Social programs via Senior Centers, Fletcher Free Library, AgeWell, Senior Housing Centers (Cathedral Square), SASH
* Age Well volunteer program and helpline (1-800-642-5119)
* United Way volunteer programs focused on 55+ individuals (RSVP, Foster Grandparent programs)

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

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