

GOVERNOR'S COMMISSION ON SUCCESSFUL AGING

The Livable Communities Subcommittee Report

Adopted by the Governor's Commission on Successful Aging September 2016

Executive Summary

The Livable Communities Subcommittee of the Governor's Commission on Successful Aging was charged with making recommendations to the Administration on ways to promote the creation of more livable communities that promote healthy lifestyles and support a strong quality of life. The subcommittee first set out to study issues of aging-in-place by identifying the components that define a livable community. AARP defines a livable community as a place where there are affordable and appropriate housing, supportive community services, and adequate mobility options, which facilitate personal independence and engagement in civic and social life. Livable communities offer numerous benefits, including cultural, economic, environmental, fiscal, health, and social; and there are multiple beneficiaries, including people across the age spectrum, businesses and communities. This report focuses on two specific areas of livability: housing and transportation. The goals of each are:

- ❖ **Improve the safety, quality of life and independence of older Vermonters allowing them the option of aging in their community of choice.**
- ❖ **Increase access to affordable, accessible homes for older adults that promote independence.**
- ❖ **Improve the health, independence and quality of life of older adults by enhancing safety and availability of all types of transportation modes to social, civic, employment and health needs.**

The report presents a brief overview of these issues followed by findings and recommendations for presentation to Governor Peter Shumlin in 2016.

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Introduction

The Livable Communities Subcommittee has been charged with making recommendations to the Administration on strategies to promote the creation of more livable communities for all ages throughout Vermont. The Subcommittee has identified and convened a group of stakeholders who individually have knowledge and history of, or authority and responsibility for advancing and implementing elements of livable communities in Vermont.

The World Health Organization has identified eight broad domains that help influence the health and quality of life of older people living in communities all around the world. The Subcommittee incorporated these eight domains of livability as guiding principles of our work since they are fundamental components to improving the public's health and wellbeing. The eight domains of livability are:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

This committee's goals include examining avenues to facilitate successful aging-in-place, allowing elders to affordably and safely live and thrive where they want, with reasonable access to desired and required community elements. With those goals in mind, we have explored the potential use of existing models for successful aging with a focus on the transferable components, and on what steps can be taken to reinforce effective existing programs and policies to achieve our goals.

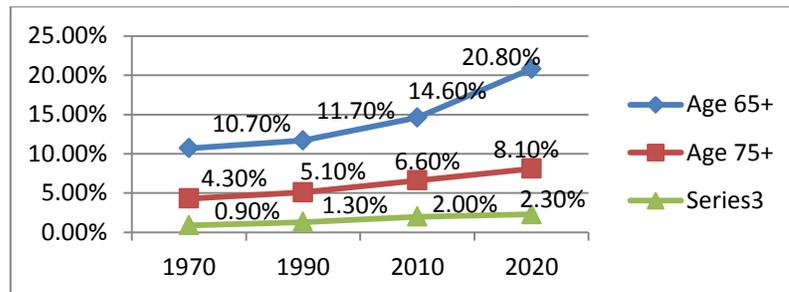
The Livable Communities subcommittee conducted meetings with experts in the field to identify best practices and successful strategies employed by community planners, leaders or municipal government to improve local mobility, engagement, healthy living and support. Likewise, the group sought to identify any policy, procedural or legal impediments to improving the livability of communities in Vermont. This included identifying policies or practices that are, on the surface, well-intended but may have unintended consequences which compromise a community's livability. The findings of this research will be summarized and shared with the Governor, with recommendations on practical changes to improve livability throughout Vermont.

The following presents a summary of the group's findings and recommendations for two of the content areas studied, housing and transportation. The subcommittee chose to focus on these two areas given the breadth and depth in which they impact emotional, physical and economic outcomes. Housing and transportation are the core components of the built environment and have profound implications on the social attributes within a community. In the next 15 years, the number of adults age 65 and older will represent nearly a quarter of our state's population. Many of these people are expected to reject high-priced institutional care and instead, continue to live in their community, even if they have one or more disabilities. The degree to which they can participate in community life will be determined, in part, by how well their physical environment accommodates them and the level of services provided for them. Most older adults want to age in place. ***Aging in place as defined by AARP is the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level.*** The subcommittee's recommendations for improving housing and transportation for older adults compliments the work that is being done at all levels of state government. This report will be presented to Governor Shumlin in 2016.

Housing

Meeting the housing needs of older Vermonters is a priority for the Subcommittee. The Vermont Agency of Commerce and Community Development (ACCD) conducts a statewide housing needs assessment every five years stating that “safe, adequate, physically accessible and affordable housing is a basic need of all Vermonters and it is a cornerstone of a viable economy and healthy community.” The housing needs assessment highlights important demographics that influence the housing market in Vermont. The most important fact to recognize is that Vermont’s population is aging with a median age of 41.5 years in 2010; it is the second oldest state in the country.

Older Adult Vermonters as % of Vermont Population, 1970-2020



According to the Housing report, the greatest population growth, 14,245 or 22.4%, is projected between 2015 and 2020 and will again occur among persons between the ages of 65 and 74. This is similar to the preceding five-year period. This growth among the senior population is primarily attributed to persons aging in place. With more than one in 10 of all households in the state living in poverty, it is clear that affordable housing is critical to many state residents. Below is a graph that illustrates the acute shortage of rental units and the high cost for senior care facilities:

Vermont: Statewide Housing Supply Overview

Surveyed Housing Supply Overview (Represents Sample Survey of Housing)						
Housing Type	Projects	Units	Vacant Units	Vacancy	Price Range	Median Price
Apartment Rentals	403	12,012	118	1.0% (3.0%)*	\$460-\$3,300	\$583-\$3,300
Non-Conventional Rentals	284	284	-	6.2%***	\$400-\$5,075	\$1,200
Mobile Home Parks	243	7,162	352	4.9%	\$285-\$975	-
Owner Housing (For-Sale)**	-	8,691	-	1.9%***	\$7,900-\$12,500,000	\$245,000
Senior Care Facilities	RC - 49	1,248	67	5.4%	\$635-\$7,036	\$3,164
	AL - 7	379	24	6.3%	\$675-\$9,000	\$4,664
	NH - 17	1,338	100	7.5%	\$6,996-\$14,752	\$8,882

RCF-Residential Care; AL-Assisted living; NH-Nursing Home
 *1.0% represents physical vacancy, 3.0% represents economic vacancy
 **Units is the total number of active listings
 ***Based on U.S. Census and ACS estimates

The senior growth trends projected throughout the state will increase the need for senior housing to meet the needs of older Vermonters, as illustrated in the chart above in the column labeled Vacancy, from the

¹ Agency of Commerce and Community Development’s 2015 Statewide Housing Needs Assessment Survey,

State's 2015 Housing Needs Assessment. These demographics, and a culture that values independence and self-reliance, call for increased attention to the way in which communities are designed to enable people of all ages to stay healthy and as engaged and active as possible.

A strong determinant of "successful aging" is the ability of a person to interact with the community, friends, and family in a variety of activities. In order to support older adults' desire to age in place the state needs to enhance livability measures by addressing infrastructure, community design, and services. The degree to which older adults can participate in community life will be determined, in part, by how well their physical environment accommodates them and the types of services provided. Given that many older adults do not drive and must make ends meet on fixed incomes, the availability of affordable and accessible housing options near to transportation and other services will especially benefit them. The following policy recommendations support the ability of older adults to age in place:

Goal: Increase access to affordable, accessible homes for older adults that promote independence.

1. Key findings related to access to accessible age-friendly housing options:

- 1.1 21 percent of adults age 65 and older do not drive. People who don't drive are more likely to suffer from isolation for lack of transportation. Therefore it is critical that older adults have housing options that are in proximity to amenities and services that are easily accessed by walking, biking or public transit.
- 1.2 Walking is the second most popular means of getting around after travel by car, regardless of age and driving status. Among drivers, eight percent of all trips are taken on foot and nearly 20 percent of the trips by non-drivers are on foot.
- 1.3 More than 70 percent of adults over age 50 live in single-family detached homes, which may be too large, too expensive and too automobile-dependent for some residents.
- 1.4 Affordable housing options for older adults are needed in town and village centers throughout Vermont, where proximity to services and access to public transit offer independence and freedom.
- 1.5 Vermont's Visitability Statute, Act 88 (2000) Title 20, Chapter 174, Sec.2907, has the broadest application to new home construction compared to other state's visitability laws. 'Visitability' is defined as features that allow people with limited mobility to access and utilize a home.
- 1.6 Vermont's designation programs (Downtown, Village Center, New Town Center, Neighborhood Development Areas and Growth Centers) identify walkable centers where investments in age-friendly housing and improvements can have multiple co-benefits for individuals and communities.

Recommendations:

- Support home modifications for older adults in existing homes who live in a [designated center](#)¹, by identifying financing mechanisms (such as a tax credit or zero interest loan) to subsidize the cost of home modifications for income-eligible residents to incorporate universal design elements in their home to allow them to independently age in place.
- Explore options to support home modifications for financially disadvantaged renters living within the designated downtown or village centers by providing assistance to landlords to make modifications that accommodate the needs of their tenants. A potential option may be low-interest loans to landlords to provide updates and modifications.
 - Encourage all new affordable homes to be built according to visitability² standards and be required to install features that make it easier for older adults to age in place – regardless of the target audience for the housing.³
- Work with Efficiency VT and VT Center of Independent Living’s (VCIL) Home Access Program on home modifications to achieve multiple benefits for low-income Vermonters with physical disabilities.

2. Key findings related to the Village-to-Village Housing Model that promotes a long-term care system in the least restrictive setting:

- 2.1 The Village-to-Village model offers an option for meeting the needs of the growing older population by making it possible for people to stay in their communities and “age in place” by addressing the need to secure home repairs, transportation, social opportunities, etc.
- 2.2 In the Village-to-Village model, neighborhood residents or a non-profit create “villages” or member cooperatives to help coordinate and deliver services and support within their communities. This consumer-driven and person-centered approach can help delay or even prevent the need for institutional care.
- 2.3 The Village concept expands the array of options available for consumers to participate as fully as possible in all aspects of community living.

Recommendations:

- UVM’s Center on Aging and AARP Vermont should provide trainings for municipalities and interested organizations on the fundamental concepts and foundational support needed to start a Village-to-Village model in their community.

² Visitability supports the ability of people with limited mobility to be able to visit an individual’s home and maintain important social connections and/or, if it’s the individual’s home, to be able to move around and remain in the home if at some point the individual experiences limited mobility.

³ Vermont Visitability Law, Act 88 (2000), VT Statutes Title 20, Cha. 174, Sec. 2907

3. Key findings from HomeShares' annual reports are related to the expansion of the HomeShare Program Statewide:

- 3.1 The return on investment from the homesharing programs in Vermont is significant. In FY 2014 the State of Vermont provided \$142,545 of General Fund dollars (level funding since 2007) and \$184,618 of matching federal funds to the two homeshare programs in the state. In FY 2014, this investment had the following return:
- Homesharing provided approximately 32,345 hours of assistance to seniors and others. This represents an estimated savings of \$373,261 for those sharing their home and their families if they had to hire help.
 - By sharing their homes, low income seniors and others received \$484,834 in rental income to help them make ends meet.
 - The average rent of a homesharing match was \$237 with 37% of matches paying \$0 rent. Using the difference between market rents and homeshare actual rents, it is estimated that home sharers saved an estimated \$516,160 in rental expenses.
 - Assistance to seniors and rent savings demonstrates over a 6 fold return for the General Fund investment or a nearly 3 fold return for the total General Fund and federal funds investment.
 - While new affordable housing infrastructure is important in meeting housing needs, the 173 units created by home sharing in FY 14 by utilizing existing housing stock could cost \$32,870,000 to build as new construction.
- 3.2 Important lessons have been learned during the program's successful expansion. The following components need to be in place to have a cost effective and highly functioning homesharing program:
- Time - Programs are slow-to-grow, requiring years to build the necessary partners, secure community buy-in, and develop healthy participant pools.
 - Participants - There needs to be a big enough pool of both people looking for housing and those needing and wanting someone to move in.
 - Screening - There needs to be extensive and effective screening and on-going support to make good matches, which entails staff and volunteer capacity within a geographic hub.
- 3.3 With a rapidly aging population combined with increasing life spans, there will be severe demands on our current elder-care system. As Vermont looks for new or extended strategies to meet the needs of the next five, ten, and twenty years, expanded home sharing services is an idea worth exploring to prolong independent living.

Recommendations:

- The Department of Housing and Community Development, in conjunction with HomeShare Vermont and HomeShareNow, should conduct a feasibility study to determine the need, the financial cost, and action items needed to expand the home share model statewide—specifically to larger communities such as the following concentrated downtown centers: Brattleboro, Bennington, Morrisville, Newport, Rutland, and St. Johnsbury.

- A feasibility study should answer the following:
 - Is home sharing feasible in areas not currently being served? If so, where?
 - What are the expected #'s of persons matched each year?
 - What would it cost? How could it be sustained?
 - How would it be structured organizationally?
 - How would it affect the existing two organizations?
 - What would the roll-out look like in terms of timing and duration?
 - If expansion is possible, what are the social and financial benefits and savings? What is the return on investment for expansion?
 - What proportion of the population could potentially be served by home share programs in the expanded area?

4. Key findings related to the Support and Services at Home (SASH) Program:

- 3.4 The Support and Services at Home (SASH) Program supports greater utilization of community-based services, therefore reserving the more expensive assisted living and long-term care options for those with the highest needs.
- 4.1 SASH is a unique program that it is based in 138 affordable housing communities across Vermont providing wrap-around, continuous support for the oldest, poorest and most frail citizens of our state in addition to supporting younger adults with a disability.
- 4.2 The SASH initiative has proven to decrease Medicare's costs by approximately \$1,500 per participant per year, as well as reducing the root causes of morbidity and mortality such as falls and poor nutrition for this at-risk population.

Recommendation:

- Continue to emphasize the importance of SASH by highlighting the benefits of programs with bundled services at home in order to move SASH from a pilot program into a permanently based program providing coverage statewide.

Transportation

Meeting the transportation needs of older Vermonters is a priority for the subcommittee. A major element in enabling aging Vermonters to successfully age in their community of choice is access to those elements of healthy living that mobility allows. There are multiple resources which document the importance of transportation availability in delaying or eliminating the need for nursing home or specialized care. Transportation supports the ability of families to care for their loved ones at home by providing access to services thereby saving the state, individuals and families cost and heartache. The need for additional transportation support is reduced when Complete Streets amenities are available to enable walking and compact, mixed-used development patterns help meet needs for employment, socialization, shopping, medical care and personal business for all members of a community. Compact land use patterns not only make walking easier and transit more successful, they also support open space protection and greenhouse gas reduction.

Goal: Improve the health, independence and quality of life of older adults by enhancing safety and availability of all types of transportation modes to social, civic, employment and health needs.

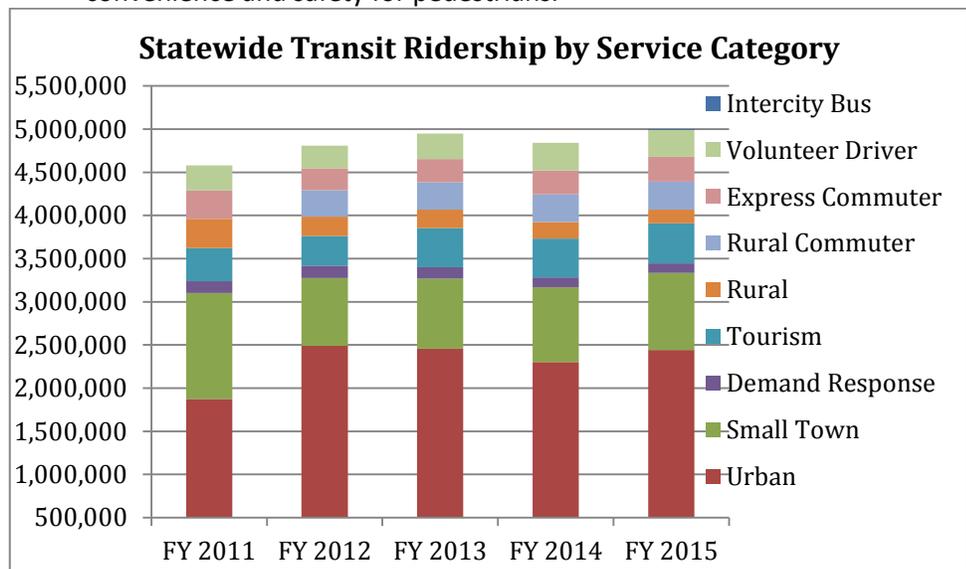
1. Key Findings related to enhancing public transit and successful aging:

- 1.1 One in every five adults 65 years and older no longer drives. When older adults are no longer able to drive they are more likely to experience isolation and miss medical appointments⁴.
- 1.2 Public Transit is currently well supported in the State of Vermont budget with a special category of funding for the older Vermonters and people with disabilities, the Elders and Persons with Disabilities (E&D) Transportation Program. VT's total public transit funding provides 5 million trips per year across a range of service modes from city to city coach buses, fixed route city buses, regional demand response buses and volunteer drivers.
- 1.3 The complex nature of matching public transit demand with supply is the result of many factors: (a) there are different levels of transportation services available to Vermonters, (b) the transportation system consists of eight providers covering the state along with local groups providing transportation for specific circumstances creating uneven levels of transportation in different geographic areas; and (c) a network of public operators and private contractors can result in various, sometimes narrowly focused programs that can be both inefficient and insufficient for meeting different user travel needs.
- 1.4 Volunteer Drivers provide a critical safety net in every region of Vermont through one on one service in those hard to serve areas with low density and specialized needs.
- 1.5 All public transit services in Vermont are fully Americans with Disabilities Act (ADA) accessible and have background checked drivers and are open to the public. Volunteer driver's vehicles are not ADA accessible so even in remote areas transit buses are needed to back up volunteer systems.
 - Beyond ADA accessibility, some elders require physical assistance to successfully use transportation. For example, some elders need assistance getting from the door of their home to the door of their destination (referred to as door-to-door assistance). Some elders require even greater assistance, referred to as door-through-door transportation, for example, to have help getting a coat on or carrying belongings. This can be a particular need for adult day program participants. There are liability concerns for public transit providers if they leave other riders in a vehicle unattended while they assist a rider into their home. Both the E&D Program and Medicaid Transportation Programs encourage, but do not require these levels of assistance.

⁴ U.S. Census Data from 2015, national statistic.

Vermont’s health programs do not provide funding for this type of assistance. Nationwide, there are programs for providing these levels of assistance.

- 1.6 One on one services are the most expensive and there is still need even with an operating budget of 5 million for the elderly and disabled program. The E&D Program requires a 20 percent local match and the ability to access additional federal funding is limited. Due to the uneven level of financial support from local partners, the delivery of this service is not consistent across the state. Some partners have access to more matching funds than others.
- 1.7 The Personal Transportation Plan Pilot Program (PTP₃) is a collaboration between the Vermont Agency of Transportation (VTrans), the University of Vermont’s (UVM) Transportation Research Center, and the Vermont Statewide Independent Living Council to address the mobility needs of Vermonters who are largely dependent on public transit and other transportation services by eventually developing a personal transportation planning tool.
- 1.8 Public transit works best when land use patterns are compact, all necessary services are within close proximity and the design of buildings and sites support convenience and safety for pedestrians.



Recommendations:

- Continue to support the E&D Transportation Program administered by VTrans and create a special, dedicated fund of state matching dollars to support equitable access to senior transportation across the state.
 - The establishment of a secure, dedicated funding source to make the required local match for the E&D Program is needed, in addition to increased funding for seniors as this demographic increases significantly.

- Explore creative solutions to providing assisted transportation such as door-to-door and door-through-door transportations to elders who need it. Consider a pilot program with adult day programs and transit providers to offer assisted transportation.
- Further invest in strategic partnerships with research institutions and the private sector to fully leverage and catalyze technology services that continue to transform and improve VT's public transit system into highly connected, efficient and user-friendly system. (i.e. development of an online personal transportation tool or trip planner).
- Encourage further use of enhanced coordination and other methods to support local, informal programs which provide vital transportation services that improve the coordination between independent volunteer driver programs and transit providers, for example the transportation planning tool could greatly increase the efficiency of transportation planning.
- A one stop resource for background checks which would eliminate the need for each organization to conduct and pay for their own background checks.
- Strongly support land use policy that optimizes the use of public transit:
 - Adapt existing permitting and funding programs to ensure that both public and private investments include sidewalks and safe crossings (without requiring pedestrians to navigate large, convoluted parking lots) and safe stops for transit buses
 - Encourage municipalities through grants, technical assistance and training to update local land use plans and regulations to ensure that development for stores, medical facilities and other essential services are located and designed in a way that is walkable and transit-friendly.
 - Build new incentives into the state designation programs that would enhance the use of transit in compact, walkable locations

2. Key findings related to availability, accessibility, affordability and adaptability of transit.

- 2.1 Current methods of accessing transportation for seniors involve phone calls and advance reservations.
- 2.2 Much of the transportation available for seniors is to medical appointments primarily and only available during standard weekday office hours.
- 2.3 Current Transportation systems seem to be primarily marketed to meet the needs of low-income and dependent seniors with disabilities, and not for everyone, with the exception of commuter bus services such as the LINK service in the northwest and central VT, Advance Transit in the White River Junction area, and Southeastern Vermont's local routes in towns and cities such as Marble Valley.
- 2.4 People who need long-term services overwhelmingly want to live in their own homes and communities, even when they no longer drive. The number of non-drivers is growing as the population ages and the need for door to door services will only increase. Many people age 70 and older are expected to outlive their driving years – men by 7 years and women by 10, on average.

Recommendations:

- Develop planning tools for individualized trip planners that cover all modes of transportation.
- Support the creation of an electronic way to pay for transportation (and a fare card system), a training program to orient people to the various transit systems.
- Require the periodic assessment of the transportation needs of older Vermonters [such as this legislative session's *Review of Vermont's Elders & Persons with Disabilities (E&D) Program*]. The results should be a consolidated State Action Plan with specific goals and strategies to affect sustained initiatives to improve the access to transportation and reduce the need for expensive transportation to fully participate in community life by improved land use development, complete streets, etc.
- Provide funding for other than medical transportation and at non-peak hours.

3. Key Findings related to Medicaid Transportation:

- 3.1 A major source of funding for specialized transportation is that provided for access to Medicaid (Green Mountain Care) covered services in Vermont (<http://humanservices.vermont.gov/on-line-rules>). This investment, \$12,000,000/year provides for transportation access to Medicaid covered services when a participant in this insurance plan is not able to transport themselves.
- 3.2 Currently funding for transportation to and from adult day programs for participants in the Choices for Care Moderate Needs Group (MNG) is limited and is only utilized if an adult day provider opts to use a portion of their allocation to cover it. This is challenging since it means then that the funds available to cover the actual cost of the adult day service is reduced. This may cause a reduction in the use of the less expensive adult day services and an increase in the use of more expensive long term services and supports, such as residential facilities.

Recommendations:

- Support the continued study of service and funding for such programs.
- Include coverage of transportation to and from adult day programs as a separate service in the Choices for Care Program for participants enrolled in the Moderate Needs Group.

4. Key findings related to the implementation of Complete Streets to enhance livability.

- 4.1 About a third (29%) of Vermonters aged 65+ don't exercise, which is nearly 30% higher than that of other age groups (around 20%). (VDH 2014 Physical Activity Data Brief)
- 4.2 Poor mental and physical health rates decrease as physical activity increases. All reported poor mental health rates differ significantly by level of physical activity. Two in ten (21%) adults who do not exercise reported poor physical health, which is

nearly two times that among adults with any exercise (9%), a statistically significant difference. (VDH 2014 Physical Activity Data Brief)

- 4.3 Having safe places to be active, and adequate public transit options to access places to be active (parks, trails, recreation center), provides the necessary link to enable older adults to be active on a regular basis. Communities and transportation system that prioritizes fast automobile travel have created roads that are difficult to navigate or unsafe to travel by foot, bike, or public transportation. Crossings are long, intersections are expansive, sidewalks are absent, and transit stops offer no place to sit. These roads are especially trying for older adults.
- 4.4 These incomplete streets limit safe mobility and can breed isolation. As people age, some will stop or limit their driving. More than 50% of older Americans who do not drive stay home on a given day because they lack transportation options. Non-driving seniors make 65% fewer trips to visit family, friends or go to church; many report they do not like to ask for rides.
[\(http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/factsheets/older-adults/\)](http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/factsheets/older-adults/)
- 4.5 Complete Streets policies offer the opportunity to improve travel options of people of all ages. Planning, designing, and building roads with all users in mind will provide older adults a variety of options for getting around, whether walking, taking public transportation, or sharing rides with family and friends.
- 4.6 Proven methods to create Complete Streets for aging pedestrians include retiming signals to account for slower walking speed, constructing median refuges or sidewalk bulb-outs to shorten crossing distances, and installing curb ramps, sidewalk seating, and bus shelters with seating. Improved lighting, signage, and pavement markings are among the measures that benefit drivers of any age, particularly older drivers.
- 4.7 During Vermont's the 2011 legislative session, the Complete Streets Bill (Act 34) was passed to "ensure that the needs of all users of Vermont's transportation system - including motorists, bicyclists, public transportation users, and pedestrians of all ages and abilities - are considered in all state and municipally managed transportation projects and project phases."
- 4.8 The Vermont Agency of Transportation (VTrans) includes complete streets in planning road construction programs to the extent that they have funding and right of way. Many complete streets issues in Vermont arise in municipalities where the control for construction and design resides locally.

Recommendations:

- Eliminate barriers that prohibit towns and villages to reduce their speed limits where the higher speed limit is a factor in safety. Continue to work with state agencies to enhance safety and walkability in towns and villages including enhanced enforcement of existing speed limits.
- Continue to develop state level support and oversight through Regional Planning Commissions, VTrans and other state agency staff and partners of town level transportation projects that fall under the purview of complete streets.
- Further increase investment for infrastructure projects to protect bicyclists and pedestrians, such as funds for: sidewalk bulb-outs to shorten crossing distances, curb ramps, protected bike lanes, sidewalk seating, bus shelters with seating, lighting, signage, and pavement markings.
- Encourage towns to develop local complete streets ordinances.
- Execute a legislative mandate or proclamation regarding a “Vision Zero for Vermont: no level of fatality on Vermont streets is inevitable or acceptable”. Require all state agencies that address land use, transportation, health and/or education to include at least one agency level and program level goal contributing to this Vision.

Conclusion

As Vermont ages and continues its commitment to aging in place and active involvement of elders in their community continues, it will be important for policy makers to consider the transportation needs of seniors both drivers and non-drivers. Communities need to be designed with enhanced walkability features; transportation for both public and specialized needs must be incorporated into funding and design and be considered in land use decisions, particularly in the service centers in Vermont. Medical facilities particularly need to be located in an area with good transit access and support. Attention to these needs will contribute to older adults maintaining independence and dignity.

APPENDIX

Summary Action Plan for Livable Communities

A majority of people contemplating their future in Vermont report that they want to “age in place.” What does that mean for older Vermonters and the people that serve them? By 2020, more than 30% of the state’s population will be over 65 years old with a spike in the number of people 85 years and older by 2030. To address this significant trend, the Commission proposes state and local actions that build on existing programs to enhance livability in housing, transportation and community services for older adults in Vermont.

Goals	Recommendations	Statewide Policy Actions	State Legislation Needed?	Local Policy Actions Needed	Likely Partners
Improve the safety, quality of life and independence of older Vermonters allowing them the option of aging in their community of choice.	Continue to highlight the benefits of programs with bundled services at home	Move SASH from a pilot program into a permanently based program providing coverage statewide	Yes		Housing Groups Agency of Human Services (AHS) I think more are needed here – Medicaid? Blueprint? DVHA?
	Increase the use of Home Share throughout the state	Conduct a feasibility study on expanding Home Share statewide.	No		Dept. of Aging and Independent Living (DAIL) Homeshare VT and Homeshare Now
	Promote the Village to Village model and other cooperative approaches to filling the gaps in service and meeting the needs of older people.	Train municipalities and service organizations on the fundamental concepts of the Village Model.	No	Identify local gaps in service and determine if a Village-type cooperative can be helpful in meeting needs	UVM Center on Aging AARP
Enhance the availability of affordable and accessible housing in downtown and village centers for older adults.	Increase availability of homes that are accessible or visitable* in designated centers and coordinate access improvements with weatherization efforts	Enable funding (tax credits, low or no interest loans, etc.) to subsidize the cost of home modifications for income eligible home-owners, landlords and renters in state designated centers	Yes	Obtain state designation for walkable areas	Coordinate with Efficiency VT’s weatherization program and VT Center for Independent Living Home Access Programs to achieve multiple benefits

		Encourage public housing funders to only build new units that meet visitability standards regardless of target residents.	No	(maybe – could this be a town policy or town plan item?)	Vermont Housing Finance Agency (VHFA) Vermont Housing & Conservation Board (VHCB)
Improve the safety and quality of healthy transportation options for all.	Continue to support improvements to the Elderly and Disabled Transportation Program administered by VTrans	Create a special dedicated fund of state matching dollars to support equitable access to senior transportation across the state – especially for the required local match	Yes		
	Explore creative solutions to providing assisted transportation such as door-to-door and door-through-door transportation to elders who need it	Consider a pilot program with adult day programs and transit providers to offer assisted transportation	No		Partners? There must be some...
	Transform and improve a fragmented public transit system into highly connected, efficient and user-friendly system. (i.e. development of an online personal transportation tool or trip planner).	Invest in strategic partnerships to fully leverage and catalyze technology services	No		VTrans, UVM and other research institutions and private sector
		Develop planning tools for individualized trip planners that cover all modes of transportation	No		
		Use enhanced coordination and other methods to support local programs that provide vital transportation services	No	Improve coordination between independent volunteer driver programs and transit providers	VTrans, Independent volunteer driver programs

	Support land use policy that optimizes public transit	Continue to increase permitting and funding benefits for designated centers to incentivize investments in walkable places	Yes	Support public transit building densities and public infrastructure needed to make it viable	
	Increase transportation access to medical care, community activities and general life needs and desires.	Continue state funding for public transit and create incentives for local transit funding, volunteer driver programs and ways to improve efficiencies including technological solutions	No		
		Create a method for riders to easily pay for all types of transportation like a universal fare card system.	No		
		Provide funding for other than medical transportation and at non-peak hours.	No		

	Require the periodic assessment of the transportation needs of older Vermonters [such as this legislative session's Review of Vermont's Elders & Persons with Disabilities (E&D) Program].	The results should be a consolidated State Action Plan with specific goals and strategies to affect sustained initiatives to improve the access to transportation and reduce the need for expensive transportation to fully participate in community life by improved land use development, complete streets, etc.	No		AARP? DAIL?
	Eliminate barriers for towns to lower speed limits.	Create incentives within AOT programs that encourage municipalities to convert state highways in their villages and downtowns into Class 1 roads and to make livability street improvements	Yes	Convert state highways into Class 1 town roads in state designated centers	AARP, Heath Department, Governor's Highway Safety Program? RPCs? Local Motion
		Improve state level support and oversight of town level transportation projects that fall under the purview of Complete Streets needing to be considered.	No	Implement Complete Streets especially in state designated areas	

		Increase investment for infrastructure projects to protect bicyclists and pedestrians, such as funds for: sidewalk bulb-outs to shorten crossing distances, curb ramps, protected bike lanes, sidewalk seating, bus shelters with seating, lighting, signage, and pavement markings.	Yes	Plan the streetscape improvements needed to make streets in centers safer	Regional Planning Commissions
	Eliminate Vermont street fatalities by launching a "Vision Zero for Vermont" campaign.	Create a coalition to obtain Highway Safety Program funds that will help reduce speeds in key places and improve overall highway safety.	No		AARP, Heath Department, Governor's Highway Safety Program, RPCs, Local Motion