



Age Strong VT

Our roadmap for an age-friendly state.

**Vermont's Multisector Plan on Aging:
2024-2034**



November 1, 2023

Our Fellow Vermonters:

Older Vermonters are the fastest growing demographic in the state, and by 2030, one in three Vermonters will be 60 years or older. This demographic shift is often described as a challenge for our state, but it also presents a great opportunity – an opportunity to reimagine aging as a time of contribution and growth. Over the past two years many of you have contributed to reimagining how we build a state where all Vermonters can thrive as we age. From this process we have created Age Strong VT, a new 10-year visionary plan with strategies for making Vermont a great place for all ages and stages of life.

Age Strong VT's goals are big. It touches on all aspects of aging well for all Vermonters – a secure retirement, health and wellness, social connection, affordable housing, flexible transportation, intergenerational community design, a coordinated system of services, family care partner support, and balancing self-determination with safety and protection. It seeks to expand and strengthen partnerships across government, business, education, and communities, all while reframing aging and making Vermont livable for all. This plan is purposefully ambitious and flexible, broad in scope and specific at the same time to enable accountability. Progress on the plan will be assessed regularly, giving you the opportunity to be involved in this first-ever all-sector approach that is needed to achieve positive results for aging in Vermont. We are confident that with your involvement and working collectively and collaboratively across state agencies, and with local government, businesses, and community-based organizations, we will make substantial progress on the plan's objectives and strategies.

Together, we can end ageism, make Vermont a great place to grow old, and support the development of age-friendly communities, programs and systems that benefit all Vermonters at all ages and stages of life. We are committed to this good work and hope you will join us!

Sincerely,



Mark Levine, MD
Commissioner, Vermont Department of Health



Monica White
Commissioner, Vermont Department of Disabilities, Aging and Independent Living

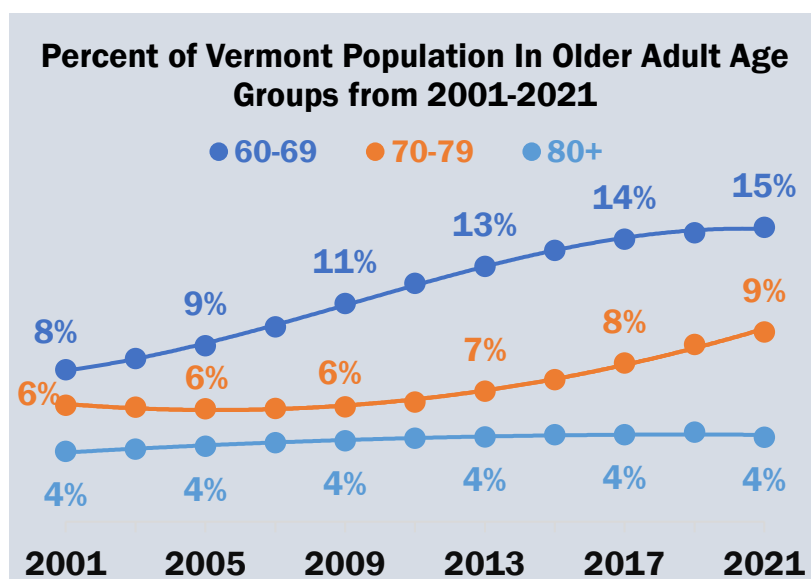
Table of Contents

	Page
<u>Message from the Commissioners</u>	2
<u>Table of Contents</u>	3
<u>Why a Multisector Plan on Aging?</u>	4
<u>Vermont Voices: The Current State of Aging</u>	9
<u>Principles for Aging Well</u>	12
<u>Age Strong VT Objectives</u>	14
<u>Affordable Aging</u>	15
<u>Healthy Aging for All</u>	16
<u>Social Connection is Key</u>	17
<u>Infrastructure for the Future</u>	18
<u>Valuing Family Care Partners</u>	20
<u>The Fight for Justice</u>	21
<u>Strengthening Systems of Support</u>	22
<u>Implementation and Impact</u>	23
<u>Acknowledgements</u>	26
<u>Appendix A: Detailed Strategies</u>	30
<u>Appendix B: Survey, Listening Session, Focus Group Results</u>	47
<u>Appendix C: Acronyms</u>	62

Why does Vermont need a Multisector Plan on Aging?

Vermont's Population is Growing Older

Vermont's demographics are significantly shifting. In 2021, 28% of Vermonters (approximately 183,000 adults) were over the age of 60. Nearly 100,000 Vermonters are in the 60-69 age group, making it the largest age group in Vermont. This marks a change for the age distribution of Vermont residents. Since 2000, the number of Vermonters 60 years and older has increased by 80% while the number of Vermonters under 20 years old has decreased by 17%. Vermont is undergoing a shift to a shrinking youth population with a growing older adult population. See more in this [census data brief](#).



This change is typically portrayed as a challenge, a problem to solve, or worse, as a crisis or natural disaster. It is true that Vermont faces many challenges in order to meet the needs of older Vermonters of today and tomorrow. Some of the indicators that speak to these challenges are highlighted in the Vermont Department of Health Brief: [Healthy Aging in Vermont, An Overview of Adults 60+ Years Old](#). For example, the percentage of adults living alone increases with age as does the percentage of those experiencing cognitive decline. In addition to this statewide data, county specific overviews are available on the [Age Strong VT](#) webpage under Documents and Resources.

Vermont’s changing demographics also present our state with an opportunity to capitalize on the diverse knowledge, experience and skills of older adults and ensure that every older Vermonter may engage in their community and contribute to its vibrancy. To fully address the challenges and realize the opportunities ahead, it is critical that all sectors of society, government, and business work together to provide an environment where all Vermonters can live, work, recreate and age well.

Age Strong VT is a Multisector Plan on Aging (MPA) with equity interwoven in the strategies. It will serve as a 10-year vision and roadmap for Vermont state agencies and lawmakers, business owners, social service agencies, town and city planners, education institutions, and the healthcare industry to work together to adapt to our changing demographics and build communities where all Vermonters thrive, with optimal health, safety, financial security and purpose. In this way, Age Strong VT is building the infrastructure for Vermont to be designated as an Age-Friendly State, a state that is intentionally working to be welcoming, inclusive, and livable for all. Age-friendly and dementia-friendly communities, programs and systems not only benefit older Vermonters, but all Vermonters at all ages and stages of life.

It is important to acknowledge that across state government and municipalities, work on many of these issues is already in play. Our intention is for this document to be a living roadmap, revisited regularly, with the capacity to align, interact, and coordinate with those efforts efficiently and effectively.

Older Vermonters Act – A Call to Action

In 2020, Vermont passed [Act 156, the Older Vermonters Act](#). The Act put into statute a set of guiding principles to provide direction for the State of Vermont for the development of future policies and initiatives. The eight Older Vermonters Act guiding principles are:

1. Financial Security
2. Optimal Health and Wellness
3. Social Connection and Engagement
4. Housing, Transportation and Community Design
5. Family Caregiver Support
6. Self-determination
7. Safety and Protection

8. Coordinated and Efficient System of Services

The Act also called upon Vermont to develop a plan to “provide strategies and cultivate partnerships for the implementation across sectors to promote aging with health, choice, and dignity in order to establish and maintain an age-friendly state for all Vermonters.” This is the Age Strong VT Plan.

A Plan That Drives Connection and Collaboration

How is Age Strong VT different from other state plans? Vermont has a [State Plan on Aging](#), A [State Health Improvement Plan](#), A [State Action Plan on Alzheimer’s Disease, Related Dementia and Healthy Aging](#), and many other plans related to housing, healthcare and more. These plans are all important and are designed to meet specific goals. For example, the State Plan on Aging is a federally required plan designed to outline the State’s goals related to Older Americans Act funding and services, like nutrition programs for older Vermonters.

Age Strong VT is the first plan in Vermont that seeks to be comprehensive in its cross sector and multi-agency approach. It is not a plan about any specific set of services or programs, nor is it a plan that can be managed by one agency. It is designed to bring all agencies and sectors together to look at aging holistically and collaboratively, and through an equity lens. It recognizes that all aspects of aging are interconnected. Affordable housing is connected to multi-modal transportation which is connected to access to health and wellness which is connected to places for social engagement and so on. By bringing major cross sector goals together under one plan, which will be monitored for progress and updated regularly, collaboration becomes the norm and alignment is more easily achieved.

Age Strong Models at the Local Level

Age Strong VT is our multisector plan on aging well at the statewide level, but to achieve our goals, change is also needed at the local level. Key partners to success include regional planning commissions, offices of local health and local town government along with local coalitions seeking to make age-friendly changes in their communities. Two Vermont communities that have already undertaken this work include the City of Burlington and a coalition within Windham County.

The Burlington Aging Council, created from a city council resolution in 2021, is working to develop a local plan on aging. The Council, which includes diverse representation from across sectors, is also using the Older Vermonters Act principles to guide their work and is aiming for alignment with the state plan. More information can be found at: [Burlington Aging Council | City of Burlington, Vermont \(burlingtonvt.gov\)](https://www.burlingtonvt.gov/aging-council).

Windham Aging is a collaborative of local organizations and community leaders working together to address the county's changing demographics and ensure Vermonters in the region can age well, with a particular focus on social determinants of health as a driver of outcomes. Windham Aging also began its work in 2021 and has followed a similar process of gathering data, listening to Vermonters, and developing a plan at the county level that aligns with Age Strong VT. More information can be found at: [Windham Aging](https://www.windhamvt.gov/aging).

Age Strong VT will continue to support these local efforts with good communication, shared learning and collaboration, and expanding and strengthening partnerships. We recognize that we must all work together at all levels of government and community to be successful. The work of the Burlington Aging Council and Windham Aging provide excellent models to other Vermont regions, town governments and communities on how to have these important conversations and build towards positive change for aging well. We encourage other communities to do this important work and the Age Strong VT team is here to provide guidance and support.

It is Time to End Ageism

Aging is not the problem, but the way we think and talk about aging is. Most people, without even thinking about it, use language that describes aging as a negative experience. Unfortunately, this negative thinking and language contributes to “Ageism” in our culture, which is a stereotyping or discrimination of a person or group of people because of their age. This is a serious challenge in our culture and communities, manifested in the unconscious thoughts we have, the actions we take, and the policies, institutions and systems we create.

Ageism negatively impacts Vermonters' health and well-being. It prevents people from seeking support they may need or gaining employment they are more than qualified for. It contributes to errors in the healthcare system. It leads to higher

rates of chronic illness and morbidity. Older adults who have a negative view of aging have a life expectancy of 7.5 years less than older adults who have a positive view of aging (*Breaking the Age Code* by Becca Levy, 2022). Ageism also intersects with other forms of discrimination such as racism, quietly exacerbating inequities faced by people of color, LGBTQ+, speakers of other languages, those who are low income, etc.

The good news is we have the power to stop ageism and build a Vermont that is equitable and just for older adults of all backgrounds. With words, actions, policies, and initiatives that promote positive aging and actively combat ageism, Vermont can make a real difference in people's lives leading to more people leading longer, happier and healthier lives.

Advancing the Governor's Priorities

Age Strong VT also contributes positively towards meeting Governor Scott's key priorities to grow the workforce, build vibrant, resilient communities, and make government work well for Vermonters.

The Plan aligns well with the Governor's priorities through identifying strategies and policies that contribute to affordable and healthy aging, reduce substance use and chronic disease, combat social isolation and lower suicide risk. By capitalizing on the skills, experience, and economic power of older adults to engage as workers, entrepreneurs, teachers, mentors, and consumers, older adults can be an influential force in helping to grow the economy. With more housing, transportation and livable communities developed, as are called for in Age Strong VT, Vermont will become more affordable both for older adults and for young families. While it is important not to consider all older adults as "vulnerable," having robust protections in place is critical as we have learned from the COVID pandemic and recent flooding. Working to build an Age-Friendly State through multi-sector collaboration and planning will benefit all Vermonters young and old and support healthy, livable communities that can be resilient into the future whatever may come.

Vermont Voices: The Current State of Aging

Throughout 2022 and 2023, the Age Strong VT Advisory Committee sought input from Vermonters on the development of the Plan. Vermonters were asked about their current experiences – what was working well, what was not working well, and their suggestions for the Plan. It was important to hear a diversity of voices, and so Vermonters were asked for their input in a variety of ways, including via:

1. Statewide Survey, reaching over 2,800 Vermonters
2. Public Listening Sessions, reaching 100 Vermonters
3. Focus Groups with historically marginalized populations
4. Age Strong VT Website, a place for all Vermonters to share their ideas
5. The annual Vermonter Poll

The input received was categorized into major themes and incorporated into the objectives and strategies within the Plan. Themes are summarized below. For more detailed results, see Appendix B.

Age Friendly Survey Themes

Housing: Most respondents wanted to remain in their own home as they grow older but shared that many homes would need repairs and home modifications to do so. Many noted that a home where they could be independent would be a major factor in moving, and cost would also be an important factor.

Employment: Many respondents shared that it was very likely they would continue working past retirement age.

Caregiving: About one-third of respondents anticipated providing unpaid care for a loved one in the future.

Listening Session Themes

What helps people be healthy and well? Themes included social engagement and access to physical and mental exercise in a variety of ways while also having the opportunity to be of service to others.

What helps people feel safe and protected? Themes included having friends, neighbors, and a way to connect, safe places to gather in trusted groups, good

lighting and locks, knowledge of scams and knowledge to make informed decisions.

What makes people feel financially secure? Themes included having savings and investments, owning a home, and being able to depend on others when needed.

What do people do to be connected and engaged? Themes included spaces to gather, having activities to do, meals to share together, volunteering, and engaging with children.

What do people like about their housing and transportation? Themes included living close to family, living close to things they need, being able to drive, being able to walk places.

Focus Group Themes

Focus groups were conducted with:

- LGBTQ+
- New American Communities, specifically French-speaking and Arabic-speaking
- Black, Indigenous, and People of Color individuals
- Unpaid Family Caregivers
- Residents of an Assisted Living Facility
- Residents of a Skilled Nursing Home

For LGBTQ+, New Americans and BIPOC Vermonters, themes included a strong sense of self-determination, strong community ties, and a strong sense of rights, with the challenges faced by older Vermonters exacerbated by racism, discrimination, trauma, and language barriers.

For family caregivers themes included the toll caregiving takes, feelings of isolation, loneliness, resentment and depression, financial losses, and difficulty navigating systems for support.

For residents of the assisted living and skilled nursing home, themes were aligned with those in the broader listening sessions, with a focus on the importance of the facility community to stay healthy and engaged.

Vermont Poll

The Vermont Poll is a statistically representative, statewide survey conducted annually by The University of Vermont Center for Rural Studies. Households are selected randomly from lists provided by commercial vendors of consumer contacts. The Age Strong VT Advisory Committee asked the 2023 Vermont Poll to include two questions about aging. The response indicated that Vermonters resoundingly believe this planning and work to address Vermont's changing demographics and create an age-friendly future is important.

- When asked if Vermont has the resources to address the needs of the older population as it continues to increase, *64% of respondents said NO; only 11% said YES.*
- When asked how important it is for Vermont's elected officials to prioritize and invest in a multisector plan on aging, *81% of respondents said very or somewhat important; only 6% said somewhat or very unimportant.*

Age Strong VT Website

In May 2023, the Age Strong VT webpage was launched at www.healthvermont.gov/agestrongvt.

In addition to information about the initiative and development of the Plan, a webform/email was also created to encourage Vermonters to share their thoughts and ideas throughout this process. As of September 2023, approximately 100 people have reached out to share.

The major themes from website comments include: the challenges of affordability, housing, healthcare, transportation and caregiving. Many people commented that they thought a plan was important with others wanting to know how this plan will be different.

Public Comment

In November 2023, the draft Age Strong VT plan was launched for public comment and Vermonters were encouraged to share their feedback. Over 50 comments were received from individuals and several comment letters were received from organizations. Feedback was incorporated into this final plan as much as possible.

Principles for Aging Well

The **Older Vermonters Act Principles** provide a vision for a future Vermont and thus are the foundation of the Age Strong VT plan and all we are working to accomplish as a state. While geared towards older Vermonters, the eight principles speak to a vision that will benefit all Vermonters. The principles as written in Vermont statute ([33 V.S.A. § 6202](#)) are as follows:

Financial Security: Older Vermonters should be able to receive an adequate income and have the opportunity to maintain assets for a reasonable quality of life as they age. If older Vermonters want to work, they should be able to seek and maintain employment without fear of discrimination and with any needed accommodations. Older Vermonters should also be able to retire after a lifetime of work, if they so choose, without fear of poverty and isolation.

Optimal Health and Wellness: Older Vermonters should have the opportunity to 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.

Social Connection & Engagement: Older Vermonters 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 Vermonters are critical to our local economies and their contributions should be valued by all.

Housing, Transportation & Community Design: Vermont communities should be designed, zoned, and built to support the health, safety, and independence of older Vermonters, 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.

Family Caregiver Support: Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions

should be respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

Self-Determination: Older Vermonters should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate. Whatever services, supports, and protections are offered, older Vermonters deserve dignity and respect and must be at the core of all decisions affecting their lives, with the opportunity to accept or refuse any offering.

Safety and Protection: Older Vermonters should be able to live in communities, whether urban or rural, that are safe and secure. Older Vermonters have the right to be free from abuse, neglect, and exploitation, including financial exploitation. As older Vermonters age, their civil and legal rights should be protected, even if their capacity is diminished. Safety and stability should be balanced with their right to self-determination.

Coordinated and Efficient Systems of Services: Older Vermonters should be able to benefit from a system of services, supports, and protections, including protective services, that is coordinated, equitable, and efficient; includes public and private cross-sector collaboration at the State, regional, and local levels; and avoids duplication while promoting choice, flexibility, and creativity. The system should be easy for individuals and families to access and navigate, including, as it relates to major transitions of care. The system should be designed to address the needs and concerns of Older Vermonters and their families during normal times and in the event of a public health crisis, natural disaster, or other widespread emergency situation in this State.

Age Strong VT Objectives and Strategies

The Age Strong VT objectives and strategies are built upon the Older Vermonters Act principles. They represent visionary yet viable thinking on how to move Vermont forward as an Age-Friendly State. An Age-Friendly State is recognized as having features that benefit all residents across the lifespan, using universal and healthy community design components popular with youth, families and older residents alike. The state's new dementia-friendly community effort is an additional component layered on to the age-friendly framework.

The objectives and strategies were developed by seven advisory committee subcommittees over the course of four months in Spring 2023, with input from subject matter experts, state agencies, advocates, and Vermonters with lived experience. They incorporated input from the Age-Friendly Vermont survey, Aging Well Listening Sessions and focus groups designed to gather input from vulnerable Vermonters. The objectives and strategies were reviewed and refined by the full advisory committee throughout the summer of 2023.

By targeting these objectives, Vermont could not only become an age-friendly and dementia-friendly state, but achieve meaningful, lasting positive change in the lives of Vermonters, young and old, now and for years to come.

Each section below outlines the main objectives. A comprehensive list of all strategies is included in **Appendix A**.

Note that some objectives and strategies are more concrete and data-driven than others. Where there is available data, the Plan seeks to be specific and targeted. In other areas where data is less available or not yet developed, objectives and strategies are more general. In these cases, part of the vision and implementation work in the coming years will be to further develop data needed to be able to track our progress.

All objectives and strategies are designed to strengthen equity and inclusion across sectors and systems and ensure those from marginalized backgrounds have their specific needs addressed. Building a truly culturally competent Age Strong VT network will require ongoing effort and is critical to meeting this goal.

Affordable Aging

Financial security is closely connected to health and well-being and an age-friendly state works to support efforts to make aging affordable. Prioritizing the strengths that Vermont has to offer in job training, home sharing and volunteer-led initiatives position our state towards affordable aging.

Older Vermonters face increasing challenges to their financial security, including diminished savings and lack of access to retirement plans, job loss, inability to obtain and retain employment, loss of savings, and healthcare costs, even with Medicare coverage. Inflationary pressures add to the high cost of living for older Vermonters living on fixed incomes. With employment, many Vermonters have no choice but to continue working past retirement age, while others desire to work whether for income or for purpose. The following objectives for improving the financial security of older Vermonters result from multi-sector participation across labor, tax, human rights, and poverty advocates.

Objectives:

- 1. Increase the amount of income available to older Vermonters.**
- 2. Increase Vermont's 60+ workforce participation rate.**
- 3. Support opportunities for education about retirement for all Vermonters.**

Healthy Aging for All

To age well is a mission for this plan and our state. All Vermonters deserve the opportunity for optimal health, wellness, physical and mental vitality that is free of chronic disease and its impairments. To achieve this, the focus is on increasing access to free and accessible physical activity that also provides social engagement; identifying and addressing food insecurity while integrating Vermont's strengths in Farm to School/Farm to Table more closely with congregate settings for older adults; providing online and community fall prevention interventions to boost Vermonters' strength and safety; increasing awareness on the multiple ways we can decrease social isolation, substance misuse and suicide risk that over time build even greater emotional wellness for Vermont's older residents.

While age is the most significant risk factor for developing dementia, chronic disease prevention and social engagement strategies outlined above contribute to healthy aging and brain health, and importantly reduced dementia risk. Age Strong VT builds on collaboration, integration, and expansion of health programs, aided by options for policy and greater funding for chronic disease prevention, that sets the stage for optimal health and wellness as an age-friendly state.

Objectives:

- 1. Reduce chronic diseases and comorbidities among older Vermonters.**
- 2. Increase physical activity for older Vermonters.**
- 3. Reduce food insecurity for all Vermonters.**
- 4. Reduce fall-related deaths.**
- 5. Prevent suicide among older Vermonters.**

Social Connection is Key

In May 2023 the US Surgeon General released a report on the [Epidemic of Social Isolation in America](#). Chronic social isolation, defined as a lack of connection to others, leads to serious health problems, including heart disease, depression, and 50% higher risk of death. How do we combat social isolation? - Through meaningful connection and engagement. This becomes more critical as we grow older as we lose natural social connections through work, friends, and family. Because the health impacts of social isolation and loneliness and the health benefits of social connection are not well understood by the public, it is important that as an age-friendly state we raise awareness, strengthen opportunities for engagement in a diversity of places and ways, and encourage all Vermonters to make meaningful connections across the generations. Not only will older people benefit, but we all will.

Objectives:

- 1. Increase awareness and identification of social isolation and loneliness among all older adults.**
- 2. Increase the availability and accessibility of high-quality and equitable programming for older Vermonters.**
- 3. Increase volunteerism of older Vermonters.**
- 4. Increase the number of intergenerational engagement opportunities for all Vermonters.**

Infrastructure for the Future

Affordable housing and accessible transportation and community are the building blocks of a vibrant, age-friendly state. These components encourage people to grow up and raise their families in Vermont and for new residents to move to the state and stay.

Older Vermonters need a wider range of **housing** options and a network of home-based care and other service options that meet changing needs across the decades and allow older adults to remain in their homes as they age. The housing conditions of older adults are often linked to their quality of life and whether they can age independently and continue to engage in civic, economic, and social life. High housing costs can discourage older people from moving to more appropriate, accessible housing. The production, protection, and preservation of affordable housing, including Residential Care Facilities of all sizes, will support older adults, caregivers, and their families.

Age-friendly **transportation** networks need to be strengthened through improved community walkability and expansion of bus and transit stops, seamless transit across transit district lines, and investing in complete streets infrastructure in our downtown and village centers.

The Age Strong VT Plan includes strategies to encourage appropriate housing design located in proximity to community and social services with accessible and affordable transportation options, and **inclusive communities** designed with accessible buildings, workplaces and public spaces and parks. By making steady investments in this type of future-focused infrastructure, we can build and economically benefit from an age-friendly state.

Housing Objectives

1. **Increase the number of new units of high-quality affordable housing that enable residents to age well in community.**
2. **Increase age-specific housing available for older Vermonters.**

- 3. Increase the number of older Vermonters who can “age in place” [which means choosing to remain at home or in a supportive living community as they grow older without having to move each time their needs increase].**

Transportation Objectives

- 1. Focus future transit service on “Designated Growth Zones” (maximize investment in concentrated development centers).**
- 2. Expand the Older Vermonters and Persons with a Disability (O&D) program.**
- 3. Increase access to walkable, bikeable and transit friendly communities that facilitate independence and support aging in place.**

Community Design Objectives

- 1. Increase the availability of accessible, inclusive public spaces (indoor and outdoor) in towns by encouraging Smart Growth and infill development.**

Valuing Family Care Partners

Family care partners are fundamental to supporting the health and well-being of Vermonters across the lifespan; family care partners are the backbone of the home- and community-based service system. In an age-friendly state, their hard work and contributions are respected, valued, and supported.

Family care partners of all ages and backgrounds should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient. Many care partners report feeling significant emotional, physical, and financial stress, often providing many hours of care on top of careers and other personal responsibilities. There is a strong desire for respite (time off), better access to resources, and better financial security. Family care partners deserve enhancements to the services available to them and more service options to support them. These improvements require systemic change and strong collaboration among the state, providers, and the community of Vermont for success. This will result in stronger and healthier family care partners, creating better outcomes of care for older Vermonters and more economically healthy communities.

Objectives

- 1. Reduce the need for family/friends to provide full-time care/assistance to a friend/family member.**
- 2. Increase family care partner knowledge of respite options.**
- 3. Increase family care partner knowledge of self-care, medical benefits, long-term care and estate planning resources.**
- 4. Reduce negative financial impacts on family care partners.**

The Fight for Justice

A strong Elder Justice system is an important part of making Vermont an age-friendly state. Older Vermonters have the right to make decisions about their own lives and to be free of abuse, neglect or exploitation. Older Vermonters face many obstacles in getting the help and services that they need if they have been a victim of abuse, including cultural barriers, stigma, ageism, and lack of awareness of services.

The National Center on Elder Abuse reports that at least 1 in 10 older adults living within the community experienced some form of abuse in the past year. It is essential that we bring together providers, agencies, advocates, and departments across all sectors of elder justice and beyond to elevate the safety of older adults, raise awareness and break down stigma, support collaboration, and ensure high quality referrals and access to protective services that can truly change the lives of older adults.

Objectives

- 1. Increase the adoption and use of recommended policies and interventions to support adults who may be self-neglecting.**
- 2. Increase the transparency and usability of long-term care facility data.**
- 3. Increase coordination of elder justice services and supports.**

Strengthening Systems of Support

Per Act 156, older Vermonters should be able to benefit from an age-friendly system of services, supports, and protections, including protective services, that is coordinated, equitable, and efficient; includes public and private cross-sector collaboration at the State, regional, and local levels; and avoids duplication while promoting choice, flexibility, and creativity.

The following objectives strive to create a coordinated and efficient system of services by establishing:

- a well-maintained, easy to use, accessible system for information, referral, and assistance that all Vermonters know how to access as they age, including those who are in danger of or a victim of abuse, neglect, or exploitation.
- a system of service providers and key entities that have established clear roles and responsibilities to support a coordinated system of services.

Objectives

- 1. Adopt age-friendly best practices at VT211 and AAA Helpline call centers.**
- 2. Increase access to information about age-friendly resources and supports.**
- 3. Increase access to a coordinated system of age-friendly services, supports and protections through seeing age-friendly designation for universities, public health, health systems including hospitals and clinics, and care facilities among other institutions.**
- 4. Increase the availability of safe emergency housing for older Vermonters.**

Implementation & Impact

The Age Strong VT Plan is a 10-year multi-sector plan that is both visionary and driven by the realities in Vermont. Using selected approaches from the handful of states who are in the implementation stage of their MPA, our plan outlines ways to make Vermont more age-friendly across sectors and systems, with strategies that will make a real difference in people’s lives, not only for those who are older now, but for all of us who call Vermont our home. Evaluation is key to setting forth monitoring practices that can help us adjust the Plan as needed to meet the short-, mid- and long-term objectives of the Plan.

Some objectives and strategies may require state or local policy changes, additional funding including from philanthropy or private-public partnership, or resources. All will require strong leadership and collaboration across agencies, departments and organizations that may not traditionally work together.

Leadership for Success

For Age Strong VT to lead to meaningful positive change for Vermonters, strong leadership will be needed to oversee the successful implementation of this complex and comprehensive plan to build an age-friendly state, and mechanisms for communication and monitoring of the Plan will be necessary. Therefore, the Advisory Committee has made the following overarching recommendations:

1. Dedicate a leadership position to execute and monitor the Age Strong VT Plan and support cross-sector communication to inform and drive collaboration.

This state government leadership position would bring an “Age in All Policies” lens; work to advance the Age-Friendly State Designation; pursue philanthropic support and other funding sources; update, monitor and report on the Plan regularly; support/facilitate the advisory committee; seek broad involvement; create/facilitate related coalitions, roles/responsibilities, and MOUs; and ensure execution of the Age Strong VT annual communications campaign.

2. Establish a long-term Age Strong VT Implementation Advisory Council to work with the Age Strong VT position, implementation workgroups and stakeholders to execute, monitor, and evaluate the Plan.
 - The advisory council would represent a broad group of stakeholders, including service providers, state agencies, older adults, family caregivers, and advocacy organizations, and would represent all regions of Vermont.
 - For strategies that require state policy change or state funding, advisory council recommendations would be brought to state agency leaders for discussion and review on an annual basis.
3. Execute an annual overarching communications and outreach plan for Age Strong VT, integrating the principles of inclusion, diversity, equity, and accessibility, that will include communications called out in the specific objectives/strategies within the Plan.
4. Throughout the term of the Plan, focus on and address with partners and state leadership needed strategies to increase economic security and reduce workforce challenges that influence aging well in the state.

Building Momentum for Change

To begin implementation of the Plan in 2024, the Implementation Advisory Council will start by identifying strategies that are already underway or can be accomplished within the first one to three years of the Plan. These potentially “immediate phase” strategies are flagged in gray in **Appendix A**.

Other strategies may be more long-term or aspirational and may take additional funding or administrative change; they may be addressed over the course of the Plan. Because the Plan is a living document, recognizing that many factors may change over the next 10 years, there is a built-in assumption that objectives and strategies may shift or evolve. What we do not want to change is the collective momentum being built by this plan.

Collective Impact and Communicating on Progress

Monitoring the progress of the Plan through identified quantifiable measures will be key to long-term success. To ensure we are truly able to track the impact of this collective work with such a diversity of partners, a thorough evaluation plan is needed. Through the auspices of the Vermont Community Foundation, the Age Strong VT Steering Committee worked with a contractor called Professional Data Analysts (PDA) to develop initial data-driven outcome measures for the launch of the Plan in 2024. These measures will be posted in 2024 on the Age Strong VT website. Note that these are initial measures based on data available in 2024 and may evolve as the plan is implemented and more data becomes available.

The state also plans to continue identifying potential funding sources for communications and marketing of Age Strong VT. The most successful examples of a multi-sector plan on aging include communication plans and execution to keep the public and policymakers informed and engaged. The Age Strong Steering Committee appreciates the funding support that was received from the Center for Health Care Strategies/SCAN Foundation to work with HARK Media for an initial communications plan and website development in 2023.

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Note: Affiliation and/or participation in the development of the Age Strong VT Plan does not automatically imply or indicate endorsement of all strategies within the plan.

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Appendix A: Age Strong VT Detailed Objectives and Strategies

As noted previously in the Plan, the recommended objectives and strategies below were developed by seven advisory committee subcommittees over the course of four months in Spring 2023, with input from subject matter experts, state agencies, advocates, and Vermonters with lived experience. They incorporated input from the Age-Friendly Vermont survey, Aging Well Listening Sessions and focus groups designed to gather input from vulnerable Vermonters. The objectives and strategies were reviewed and refined by the full advisory committee throughout the summer of 2023. They will be further refined in the implementation planning beginning in 2024.

Some objectives and strategies are more concrete and data-driven than others. Where there is available data, the Plan seeks to be specific and targeted. In other areas where data is less available or not yet developed, objectives and strategies are more general. In these cases, part of the vision and implementation work in the coming years will be to further develop data needed to be able to track our progress.

Strategies that are already underway or easily manageable in the first one to three years and do not require additional funding or state policy change are shaded in gray.

Affordable Aging

Objective 1: Increase the amount of income available to older Vermonters.

Strategies may include:

1. Assess participation rates of older eligible Vermonters in property tax and renter relief programs Medicare Savings Programs and create a data dashboard to annually assess whether older Vermonters are benefiting from these programs.
2. Support and increase existing financial literacy programs for Vermonters across age groups, including for older adults.

3. Explore the impact of an increase in the amount of Vermonters' social security income exempt from Vermont state income tax to 75% or exempt 100% of Social Security income.
4. Support continuing review of the social security income tax exemption with automatic adjustments tied to market factors (such as the COLA).
5. Explore an increase in the number of eligible (older) Vermonters who file for the property tax credit by assessing the impacts of:
 - a. Increasing eligibility income limit and/or property value eligibility; and
 - b. Simplifying the process.
6. Consider and assess the impact of implementation of a low-income poverty credit.
7. Explore how to make Medicare more affordable by covering more unreimbursed expenses for more older Vermonters and assessing the feasibility of the following:
 - a. Increase the income eligibility limit for Medicare Savings Program level "Qualified Medicare Beneficiary" (QMB) from 135% of the federal poverty level to at least 150% of the federal poverty level.
 - b. Increase the income eligibility limit for the Medicare Savings Programs level "Qualified Individual" (QI-1) from 135% of federal poverty level to at least 185% of the federal poverty level or higher as federal funding may allow.
 - c. Increase outreach to low-income older Vermonters eligible for Medicare Savings Programs.
 - d. Increase funding for the Vermont Legal Aid Elder Law Project Medicare Appeals program.
8. Increase access to free or low-cost legal services for Vermonters.

Objective 2: Increase Vermont's 60+ workforce participation rate.

Strategies may include:

1. By 2027, develop labor demographic data for workers aged 18-85 (beyond current maximum age of 64) and create a data dashboard to assess the following, at least quarterly:

- a. Include the number of employed Vermonters 64-85 in labor census reports.
 - b. Identify workers engaged in self-employment, so called “gig” economy jobs, and other entrepreneurial occupations across all ages including up to age 85.
 - c. Identify demographic characteristics of workers, including up to age 85, including gender identity.
2. Provide information about workers’ rights under the federal Age in Employment Discrimination Act and the Vermont Fair Employment Practices Act on DOL, DAIL, AAA websites.
 3. Improve digital literacy of Vermonters 55+ by supporting and increasing existing programs available.
 4. Restore the Mature Worker Coordinator position at DAIL and/or embed an older worker coordinator at the Department of Labor (DOL) to empower workers and employers.
 5. Increase knowledge, information and incentives for state and private employers to recruit, hire and retain older workers.
 - a. Expand the DOL existing Job Link (or other online link) to serve as a resource for connecting employers with older workers.
 - b. Create DOL toolkit for state and private employers to learn best practices for recruiting, interviewing, hiring, and retaining older workers and attracting retired workers back to the workforce.
 6. Offer benefits such as health insurance and paid leave to older part-time workers.

Objective 3: Support opportunities for education about retirement for all Vermonters.

Strategies may include:

1. Improve outreach and education for Vermonters across the age span, including for older Vermonters, on retirement planning that reflects current economic reality (gig economy, entrepreneurship, reduced retirement support from private sector employers with more onus on employees).

2. Support Vermont Department of Treasury retirement programs such as the VT Saves retirement option for all employees, and expand to include non-traditional gig, self-employment, and entrepreneurial workers.
3. Support the Vermont Department of Treasury goal for Vermont to achieve eligibility for the federal retirement program, ABLE federal savings account.
4. Explore the provision of free financial advisory services for Vermonters.

Healthy Aging for All

Objective 1:

Reduce chronic diseases and comorbidities among older Vermonters.

Strategies may include:

1. By 2025, pursue state and other funding for chronic disease prevention and intervention that incorporates substance use impact on chronic disease (alcohol, cannabis, opioids, tobacco) and integrates dementia risk reduction.
2. By 2025, examine existing strategies to improve population health and reduce the prevalence of chronic diseases and consider whether additional interventions are needed to address disparities (geographic, racial/ethnic, age, socioeconomic).
3. Create a workgroup to select state and community strategies recommended in the U.S. Surgeon General Report on Social Isolation which will contribute to Vermonters achieving optimal physical and mental health wellness and brain health.
4. Continue to identify and advance policies and communications that combat ageism.
5. Support the Vermont Department of Health's statewide 3-4-50 Initiative to reduce the three risk behaviors (smoking, physical inactivity, poor nutrition) that cause the four chronic diseases (heart disease/stroke, cancer, diabetes, lung disease) that result in more than half of Vermont's deaths.
6. Support efforts to include oral health benefits in Medicare.

7. Support efforts to increase awareness of the risks that hearing loss poses, how to preserve hearing at work and home, and how to access over the counter hearing aids.
8. Explore how to integrate mental health and substance use strategies and treatment into clinical and facility protocols that benefit aging Vermonters including those with mental health conditions.
9. Engage local hospitals and clinics to hold free, accessible physical activity and wellness program offerings throughout the year with the goal for each town to have at least one/yr.
10. In collaboration with Vermonters Taking Action Against Cancer, promote and increase cancer screening rates among all Vermonters that meet clinical guidelines.
11. Address and reduce substance misuse of alcohol, cannabis, tobacco, and opioids including among older Vermonters to improve health and reduce chronic diseases, including cognitive decline.
12. Ensure that the shared DAIL and VDH position dedicated to decreasing alcohol and medication misuse and mismanagement continues to elevate and address this issue.
13. Employ or link to community nurses who can address aging needs and provide chronic disease care.
14. Work collaboratively to improve hospital discharge planning for individuals who need long-term care, providing hospitals support to identify and coordinate safe discharge options.
15. Continue to provide trainings through the DAIL-VDH Hub and Spoke ADRD Workgroup (Project ECHO on Dementia, Alzheimer's Association trainings, UCLA Dementia Care Model Pilot) to clinical care, emergency department and hospital direct care staff on how to care for individuals with cognitive impairments.

Objective 2: Increase physical activity for older Vermonters.

Strategies may include:

1. By the end of 2024, develop a state comprehensive physical activity plan across the lifespan which also contributes to decreasing isolation and increasing social engagement.
2. By 2026, explore including in state agreements and contracts for providing services to older Vermonters a deliverable that grantees and vendors will promote and/or provide options for daily movement through at-home and community-based services.
3. By 2026, VDH and Vermont's Area Agencies on Aging will work to add two evidence-based physical activity and strength training programs to their respective menus of evidence-based programming and conduct promotions via social media and community-based communication methods.
4. Expand accessible and free community-based physical activity classes at senior centers, Adult Day Centers and other settings including hybrid classes that are recorded for use at any time and which seek to include health professionals.
5. VDH, Blueprint for Health, and SASH will work to include one or more age-friendly physical activity options through My Healthy VT (for example, Tai Chi for Arthritis and Falls Prevention).
6. The Vermont Association of Planning and Development Agencies will work to undertake community design projects that support increasing physical activity among older adults.
7. Age Strong VT will help determine how to increase the total number of sidewalks statewide and improve sidewalk safety, including during winter.
8. Explore how to expand access to free/reduced gym memberships among low-income older Vermonters.
9. Explore a policy effort to expand the state's childcare credit to support gym use.
10. Offer training to primary care on cognitive impairment and dementia and strategies for exercise and nutrition.
11. Adopt age positivity framework through Age Strong VT that benefits all Vermonters and their health.
12. Advance physical activity prescriptions through clinical care.

Objective 3:

Reduce food insecurity for all Vermonters.

Strategies may include:

1. By 2024, develop a Vermont Food Security Plan, a component of which elevates transportation needs related to food access, as part of the Vermont Sustainable Jobs Fund Farm-to-Plate Program, currently grant-funded by VDH.
2. By 2026, the Department for Children and Families, Economic Services Division will authorize the use of SNAP benefits for restaurant meals.
3. By 2027, reduce transportation-related barriers to accessing nutritious foods and meals through the Department of Vermont Health Access and the Vermont Agency of Transportation programs and increase delivery to congregate settings and employer engagement around food access.
4. Increase access to food, fresh produce, oral health information, and social engagement at congregate settings including Vermont Food Bank, Meals on Wheels, AAAs, Commodity Supplemental Food Program, and the CSA-sponsored elder program.
5. Promote ongoing quality improvement in use of the *Hunger Vital Sign* screening tool by health care systems working with older adults.
6. Implement coordinated malnutrition screening for adults and households through state and community programs (Blueprint for Health, SASH, Hunger Free Vermont, Bi-State Primary Care, AAAs and their Home Delivered Nutrition Program, and Vermont Program for Quality in Health Care) among Medicare members.
7. Work to incentivize employers to provide meal options for employees prior, during and/or after work hours (Vermont Department of Labor and Vermont Businesses for Social Responsibility).
8. Work with health care payers in collaboration with AAAs and meal providers to explore current options (such as Home-Delivered Meals offered under the UVM Health Advantage Plan through MVP) for expanding food access

and nutrition supports and participate in future payment models that promote “food as medicine” initiatives in Vermont.

9. Support efforts to include coverage for adult dentures in the Vermont Medicaid benefit.
10. Promote and link older Vermonters to Therapeutic Horticulture, which can be easily adapted to support many aspects of aging well and provide participants opportunities to make meaningful contributions to their communities by growing healthy food and creating beautiful gardens, and natural areas.
- 11.10. Explore how to increase funding for providing free home and community-based meals so that all Vermonters, including those with disabilities living in poverty, can age strong.

Objective 4:

Reduce fall-related deaths.

Strategies may include:

1. By 2025, expand the home modifications program to include comprehensive falls risk assessment and prioritize home modifications that prevent falls (the state weatherization program, VDH, and Efficiency Vermont).
2. Engage primary care providers, Adult Day Programs/Centers, Senior Centers, and Long-Term Care facilities to conduct annual falls risk assessment and environmental scans or surveys.
3. Utilize timely healthcare utilization data to inform on rates of fall episodes, medication reconciliation, and Supervision Assessment.
4. As noted above, VDH and Vermont’s AAAs will add two evidence-based physical activity and strength training programs to their respective menus of evidence-based programming and conduct promotions via social media.
5. Add and train on implementing the “Vermont Mini Cog Assessment” at all primary care visits for adults 50+.
6. Implement the [Stopping Elderly Accidents, Deaths and Injuries](#) (STEADI) Initiative.

7. Expand community-based falls prevention strategies including at Senior Centers.
8. Explore how to invest in exercise facilities for older Vermonters, specifically for recreation centers that include indoor pool and workout equipment and programs that are open to people of all ages and could include Silver Sneakers and other Medicare Advantage programs.
9. Provide training and increase access to geriatric ear, nose and throat care, balance and strength conditioning and heart health/brain health related medical and public health interventions that decrease risk for falls, heart disease and dementia.
10. Promote referrals to the Vermont Association for the Blind and Visually Impaired for those who are visually impaired which can decrease risk of isolation, falls, lack of physical activity and healthy nutrition.
11. Increase access to affordable electronic alert systems.

Objective 5: Prevent suicide among older Vermonters.

Strategies may include:

1. By 2025, train Meals on Wheels volunteers and SASH Coordinators to identify and support recipients and clients who are at risk of suicide through interventions such as ASIST or QPR and/or screenings using the CSSRS and referrals for mental health support.
2. Increase assessment of 'What Matters for Aging' and align care with the individual's and care partner's preferences (including medication, mentation, mobility changes).
3. Educate and provide intervention for firearm and poison control safety for older Vermonters and their families including safe storage, firearm safety training, and advance care planning that include firearms.
4. To prevent physical and mental health problems, focus on measures to increase social interaction and connection, including exercise programs, screen and provide education and resources for suicide prevention among older residents, Vermonters with disabilities, who have served in the military, BIPOC, LGBTQ+ and/or are socially isolated.

5. Create social hubs at schools, libraries, churches and other locations to increase social connection and engagement (see also “Social Connection is Key” strategies).
6. Expand mental health supports in housing (through SASH wellness hours and other affordable housing programs) and other living situations (shelters, pods, group housing) and increase access to elder care clinician care.
7. Continue to offer and expand telehealth services including in congregate settings for ensuring access to mental health services including for older Vermonters, those who live in rural areas, those who have a disability or lack transportation, and those who suffer from depression.
8. Identify pathways for increasing investment in Elder Care Clinicians.
9. By 2030, work to create “Men’s Shed” model locations or a similar program to engage men in hands-on and social activities in more areas of the state.
10. Include images of older Vermonters especially males in Zero to Suicide and other public health messaging regarding suicide prevention and treatment to help address stigma around asking for help.

Social Connection is Key

Objective 1: Increase awareness and identification of social isolation and loneliness among all older adults.

Strategies may include:

1. Conduct at least one targeted public awareness campaign per year, and ensure the campaign reaches historically marginalized populations.
2. Increase the screening of social isolation and loneliness in primary care practices and long-term care facilities.
 - a. By 2026, identify one validated screening tool to disseminate; conduct a targeted education campaign for PCPs; and disseminate community resources to PCPs to increase referrals.
3. Provide training and education about social isolation and loneliness to a broad range of organizations who interact with older Vermonters, including those working with historically marginalized communities.

Objective 2: Increase the availability and accessibility of high-quality and equitable programming for older Vermonters.

Strategies may include:

1. Modernize and support local centers and local community institutions to address the needs and desires of a changing demographic of older Vermonters, with a focus on high quality meals and equity and inclusion of underserved communities.
2. Invest in senior centers, adult day centers and local community institutions via local, state and federal funding opportunities and through expanded community partnerships.
3. Expand a diversity of programming at centers, local community institutions and long-term care facilities, such as creative aging with art, music, movement, intergenerational programs, lifelong learning, multicultural programs, virtual opportunities, etc.
4. Increase engagement in centers and in community programs through outreach and innovative strategies such as a buddy system.
5. Develop/increase local social groups for older adults like book clubs or craft nights as part of age-friendly communities.
6. Create affordable access to telecommunications to maintain social interactions, communication with medical professionals, and others. This includes access to affordable equipment to benefit from wireless and/or internet access.

Objective 3: Increase volunteerism of older Vermonters.

Strategies may include:

1. Strengthen Vermont's volunteer infrastructure to better recruit, support and retain older Vermonter volunteers:
 - a. Promote volunteerism in connection with health/well-being and wisdom transfer.
 - b. Make it easy for people to find and apply for volunteer opportunities, such as through a statewide volunteer hub or clearinghouse.

- c. Train organizations to utilize the 10 best practices in volunteer management.
- d. Explore development of high value incentives for older Vermonters.
- e. Identify and address barriers to volunteering, especially transportation and ageism in recruitment.

Objective 4: Increase the number of intergenerational engagement opportunities for all Vermonters.

Strategies may include:

1. Encourage Vermont higher education institutions to join the Age Friendly University (AFU) Network. Encourage universities and colleges to respond creatively to the interests, needs, and desires of older adults, including expanding access to meet the needs of those who desire to take courses.
2. Partner with the Agency of Education and local schools and colleges on workplace learning opportunities to engage more students in providing services, conducting research, and learning from older Vermonters.
3. Leverage community partnerships to expand intergenerational opportunities.
4. Research, promote and support innovative intergenerational models.

Infrastructure for the Future

Housing Objective 1: Increase the number of new units of high-quality affordable housing that enable residents to age well in community.

Strategies may include:

1. Explore what it would take to expand Accessory Dwelling Unit incentives specifically targeted toward 60+ population, including bridge loans.
2. Support the development of infill housing through zoning reforms, technical assistance to small-scale developers, and financial incentives in alignment with the Agency of Natural Resources and other state efforts. Suggested ideas for that work could include:

- a. Streamline Permits for Missing Middle Home Designs: Amend the statute to enable “by-right” permits for missing middle homes.
 - b. Increase Downtown and Village Center Tax Credit Base Funding: Provide funding to improve homes in neighborhoods; expand eligibility to support energy efficiency investments.
3. Identify opportunities to increase financial support to municipalities to expand water/wastewater infrastructure that is at or above the same level of ARPA funds that have been utilized to support this critical infrastructure to smart growth development.
4. Prioritize state agency investment in infrastructure for economic development in state-designated settlement areas.
5. Explore the idea of continuing the affordable rental property tax exemption (Act 68) with no renewal requirement.
6. Assess the possibility of making permanent the policy of lifting of unit caps for Priority Housing Projects in Designated Downtowns, New Development Growth Areas, exempting these projects from Act 250 review.
7. Enhance information and expand transparency on the shortfalls and availability of affordable housing by coordinating and promoting VHFA Directory of Affordable Rental Housing and DAIL’s Assisted Living, Nursing Home and Residential Care database, and increase dissemination of COVE’s informational resource, the “Aging in VT Resource Guide.”

Housing Objective 2: Increase age-specific housing available for older Vermonters.

Strategies may include:

1. Assess the impact of removing the cap on tax credit housing for 55+ being built each year in VT (currently at 30% cap, which equates to a maximum of one property per year being built across the state).
2. Explore an increase in state credits toward age-specific housing in key priority populations where demand is outpacing supply.
3. Identify opportunities to create affordable dementia-focused housing that meets universal design standards and incorporates the person-centered

Best Friends™ approach to memory loss to reduce the long waitlist for those with lower income looking for residential memory care.

Housing Objective 3: Increase the number of older adults who can “age in place” [which means choosing to remain at home or in a supportive living community as they grow older without having to move each time their needs increase].

Strategies may include:

1. Keep the long-term care system viable and expand to provide older adults the care they need in the location of their choice.
2. Support embedding 5 mental health clinicians within SASH panels every year for the next 5 years around the state to support those clients with mental health concerns, including those who were formerly homeless, in affordable housing communities, helping to keep them safely housed.
3. Explore how to ensure that Medicaid reimbursement rates will meet actual costs by 2026 and will have an annual inflation factor increase established.
4. Consider revising licensing regulations requiring every long-term care facility accept a minimum of 15% of those who are on Medicaid to prevent involuntary discharge due to income/asset depletion.
5. Increase the investment for home and community-based services to substantially reduce the number of Vermonters living in hospitals and nursing homes with no alternative.
6. Explore how to expand HomeShare programming by (1) providing a tax incentive to homeowners participating in state HomeShare programs that have made qualified matches for a minimum of one year; (2) sustain state funding to support HomeShare VT for expansion.
7. Conduct an assessment and evaluation of the adult day centers closures to understand why they closed and identify where there is capacity for additional locations.
8. Increase the accessibility of Vermont homes by exploring the idea of requiring all new construction to adhere to Universal Design Standards; and expand home modification programs, such as the homeownership centers,

HUD home modification programs, and increasing VCIL funding for people living with a disability by 10% to ensure their home is accessible.

Transportation Objective 1: Focus future transit service on “Designated Growth Zones” (maximize investment in concentrated development centers).

Strategies may include:

1. Ensure the State’s Road Design Standards will be updated by the end of 2024, with emphasis on transit and mobility services to allow for age-friendly residency and access to services and amenities.
2. Micro Transit Pilots: Assess the current 5 pilots and other mobility services to enhance multimodal options and use. On-demand services currently in place can be scaled to provide more trips for more purposes.
3. Identify the potential to increase funding to support municipal multimodal networks, which includes bike, walk and modal sharing programs.
4. Assess the required funding for communities to offer additional mobility services.
5. Incorporate alternative transportation amenities including those serving individuals who cannot drive, in new developments that are subject to Act 250 jurisdiction.

Transportation Objective 2: Expand the Older Vermonters and Persons with a Disability (O&D) program.

Strategies may include:

1. Allow clients or the general public to view and reserve seats on existing demand response trips. Once the new scheduling and dispatch software is implemented (FY 2025) for the demand response programs across the state, the Agency of Transportation (VTrans) can work to develop this feature to be incorporated into the existing GO! Vermont Trip Planner.
2. Engage with Primary Care Physicians to ask questions to older Vermonters about transportation needs and provide contact info for GO! Vermont and local transit providers.

3. Raise awareness about the O&D Program through targeted outreach:
 - a. Start Statewide Ambassador Programs that includes travel training (tech and non-tech based) so older Vermonters can become familiar with the Public Transit System before they cannot drive or driving becomes limited.
4. Create Personal Mobility Accounts:
 - a. Offer freedom accounts (capped dollar value) to allow transportation for personal/social trips to reduce social isolation.
 - b. Expand the network of volunteers or low-cost transportation options for direct pay trips for older Vermonters.
5. Create an ongoing Transportation Council (Mobility for All Vermonters that coordinates with all state agencies). Convert Public Transit Advisory Council to a “Mobility Council” and add Agency of Human Services departments and advocacy organizations representation to the membership to create viable and coordinated solutions to enhance statewide mobility for all Vermonters.
6. Build and sustain leadership, collaboration, and accountability, especially among a diverse group of stakeholders to include transportation professionals, policymakers, public health officials, police, and community members that manage Vision Zero Implementation. This body is responsible for collecting, analyzing, and using data to understand trends and potential disproportionate impacts of traffic deaths on certain populations.
7. Require all new development to ensure bus stop amenities are considered in review and permitting for construction of housing developments, commercial space, and repaving of roads.

Transportation Objective 4: Increase access to walkable, bikeable and transit friendly communities that facilitate independence and support aging in place.

Strategies may include:

1. Revisit Vermont’s Complete Streets statute which was enacted by the General Assembly of the State of Vermont in 2011 to address the lack of reporting transparency and ownership that have led to missed

opportunities for implementing a strong, safe, accessible transportation system.

2. Incorporate a system-wide planning approach for all Complete Streets projects that allows for safe access to all users and provides for first and last mile connections.
3. Invest in building municipal capacity through Complete Streets training that will allow smaller communities the ability to implement Complete Streets at the local level.
4. Assess the opportunity to modify the state's project selection criteria for funding to encourage Complete Streets implementation. Criteria for determining the ranking of projects should include assigning weight for active transportation infrastructure; targeting underserved communities; alleviating disparities in health, safety, economic benefit, access destinations; and creating better multimodal network connectivity for all users.
5. Review community centers to be sure they have safe sidewalks with little to no transitions, and easy clear access to amenities.
6. Encourage statewide adoption of a "Vision Zero" policy to ensure safe, equitable mobility for all road users by eliminating traffic fatalities and severe injuries among all road users.
7. Prioritize safe speeds through safe street design, speed enforcement (or safety cameras), and allow communities to set safe speed limits including 25 MPH in congested areas and adjacent to public amenities.

Community Design Objective 1: Increase the availability of accessible, inclusive public spaces (indoor and outdoor) in towns by encouraging Smart Growth and infill development.

Strategies may include:

1. Explore removing the statutory sunset for Better Places and providing base funding to sustain the program at the Department of Housing and Community Development (DHCD).

2. Support sustaining funding for Better Connections program at the Department for Housing and Community Development (DHCD).
3. Assess expanding the Downtown Transportation Fund by updating the statute to support the planning, design, and construction of ‘complete streets.’
4. Potentially provide funding to municipalities for technical assistance and design expertise needed to engage, plan, and construct well-designed, welcoming, and accessible public places.
5. Create recommended standards for communities to apply to outdoor public spaces and parks to ensure they are fully accessible and inclusive to people of all ages, abilities, and backgrounds including for Vermonters with dementia and their care partners.
6. Ensure key services, multigenerational programming, and amenities are supported in town focal points, such as libraries, senior community centers, libraries, adult day programs, health care satellite offices, town hall and transfer stations.
7. Allocate funding to study the implementation of a land value tax to encourage development in designated areas, promote land use efficiency, and ensure equitable taxation in partnership with the Tax Department.
8. Support Dementia-Friendly Communities by promoting the Vermont Department of Health website containing resources and toolkits and work with Offices of Local Health chronic disease staff as collaborators.
9. Enforce municipalities to develop their town ADA Transition Plan (a federal requirement), to address any deficiencies. The Plan is intended to achieve the following: (1) identify physical obstacles that limit the accessibility of facilities to individuals with disabilities, (2) describe the methods to be used to make the facilities accessible, (3) provide a schedule for making the access modifications, and (4) identify the public officials responsible for implementation of the Transition Plan.

Valuing Family Care Partners

Objectives:

- 1. Reduce the need for family/friends to provide full-time care/assistance to a friend/family member.**
- 2. Increase family care partner knowledge of respite options.**
- 3. Increase family care partner knowledge of self-care, medical benefits, long-term care and estate planning resources.**
- 4. Reduce negative financial impacts on family care partners.**

Strategies may include:

1. In 2024-2034, work to increase financial supports for family care partners, including respite funding, family leave options, tax credits, stipends, and grants.
2. In 2024-2028, work to increase awareness of and access to respite services (ex. In-home volunteers) for care partners using public outreach campaigns, social media, Front Porch Forum, and agency communications and websites.
3. In 2024-2028, work to expand and add family care partner education programs that include training opportunities, information on self-care, medical benefits, long term care and estate planning, and medical conditions.
4. By 2027, compile a statewide inventory of existing resources and programs for family care partners. This inventory will be used to create a care partner support locator function care partners can use to quickly locate the services they need in their area.
5. By 2025, adopt standardized, evidence-based or evidence-informed family care partner assessments and use the results to develop person-centered and family-centered care plans.
6. By 2026, establish and routinely convene a VT Caregiver Coalition to improve the system of HCBS and health care providers by encouraging the use of standardized data-collection tools, forms, definitions of terms, and best practices.
7. In 2024-2028, support the expansion of Alzheimer’s Disease and Related Disorders Extended Engagement/Respite activities within Adult Day and Senior/Community Centers.

8. By 2025, develop or adopt surveys with validated questions to disseminate to family care partners to collect data on services and supports to identify successes and areas for improvement.
9. By 2026, professionally translate Advance Directives in plain language in the languages prioritized in Vermont and provide culturally appropriate interpreters in hospital, home health, and hospice settings.
10. By 2027, provide education to hospital leadership and the Vermont Association of Hospitals and Health Systems encouraging adoption of policies that enable in-person interpreters of the family's choice to be used during in-patient and end-of-life care.
11. By 2026, provide education to hospice providers on providing culturally proficient services specific to the different cultures present in Vermont, and to families that speak languages other than English on what hospice is, what it provides, and how it differs from hospital care.

The Fight for Justice

Objective 1: Increase the adoption and use of recommended policies and interventions to support adults who may be self-neglecting.

Strategies may include:

1. DAIL and community partners will work to establish and expand training modules for a wide range of community-based service providers and partners to identify and report self-neglect and elder abuse, including appropriate referrals, trauma-informed communications, and systems of support.

Objective 2: Increase the transparency and usability of long-term care facility data.

Strategies may include:

1. By 2028, establish a digital data system to compile Survey and Certification survey results into a data interface that can allow for trend analysis across

multiple reports for system improvement. By 2030 this same data will be available to the public in a readily accessible, plain language format, that allows older adults and family members to make informed decisions.

Objective 3: Increase coordination of elder justice services and supports.

Strategies may include:

1. A non-state entity will work to facilitate an Elder Justice Coalition (EJC) to coordinate among EMS and law enforcement providers, state entities, and social support providers.
2. The EJC may recommend to the legislature strategies to mandate some allocation of Attorney General litigation awards to delivery of relevant elder justice information and services.
3. Work to convene an Office of Public Safety advisory team to assess and recommend best practices for “no wrong door” portals for elder justice referrals to ensure safety and access. Advocate for safety portals to be universally established across entities and providers to improve elder access to justice services. The Office of Public Safety Advisory team may review data reported by designated entities annually and make recommendations for improvement to the system.
4. Elder Justice Providers will work to develop and coordinate for older adults, service providers, and family members: communications strategies, educational materials and presentations, referral systems, and protections that address the growing incidence of scam, fraud, and financial exploitation.
 - a. Coordinated efforts will be person centered and trauma informed.

Strengthening Systems of Support

Objective 1: Adopt age-friendly best practices at VT211 and AAA Helpline call centers.

Strategies may include:

1. The State will contract with an independent entity to assess the current state of Vermont’s AAA and VT211 Information, Referral and Assistance call centers, and provide concrete recommendations on the adequacy and accessibility of the information available to Vermonters, including criminal, civil, and social interventions specific to older adults to ensure safety, information about death and dying, and information about transitions of care.
2. Using the independent entity in #1, create or recommend an existing set of call center best practices, training and recommended staffing ratios using a “No Wrong Door” approach.

Objective 2: Increase access to information about age-friendly resources and supports.

Objective 3: Increase access to a coordinated system of age-friendly services, supports and protections.

Strategies may include:

1. The State will work to contract with a professional entity to use data from the Age Strong VT planning process (survey, listening sessions, focus groups) to:
 - a. Develop a sustainable, creative plan for marketing and promotion for Vermont’s Information, Referral and Assistance systems across the state, that complies with communication access and diversity, equity and inclusion standards and includes measurable outcomes. Creation of the promotion plan must include the VDH community health education network and provider of services network.
 - b. Create a sustainable online Vermont educational awareness training tool for Vermonters, entities, providers, EMS workers and state employees to learn about the system of Information, Referral and Assistance.
 - c. Work with the State to designate qualified individuals or entities to deliver/maintain the promotion plan and training tool and track measurable outcomes.
4. The State and information providers will work together to establish data on distribution and utilization of publicly available information sources (AGO Help

Guide, Aging in Vermont Resource Guide, AAA Helpline, VT211, State websites) regarding abuse, neglect, and exploitation of older adults.

5. Establish or identify additional data sources for tracking outcomes specific to the three recommended objectives, such as:
 - a. Z-Codes – ICD10 codes to identify screening and referrals for social determinants of health-related services.
 - b. Provider referrals – Develop a way for call centers to track where referrals came from over time.
 - c. New State Plan on Aging (SPA) Needs Assessment questions. (Data Source: 2020, 2024 and 2028 SPA Needs Assessments)
 - d. Behavioral Risk Factor Surveillance System (BRFSS) questions.
6. Consider the creation of Chief Advocate for Elder Justice position to work with the dedicated Age Strong VT position to:
 - a. Integrate information across state and community systems to ensure consistent and accurate information.
 - b. Advise the state legislature and administration to improve elder access to justice, safety, and supports.
 - c. Review new and existing laws to ensure age equity across systems.
 - d. Coordinate safety and support systems to improve outcomes for elder victims.

Objective 4: Increase the availability of safe emergency housing for older Vermonters.

Strategies may include:

1. By 2025, DAIL and partners will explore existing models in other states and make recommendations that address Vermont needs and systems for emergency housing for older victims of crime or others in crisis. DAIL will work to identify funding streams and potential partners to pilot the program.
2. By 2028, explore the creation of a pilot program for emergency housing for older victims of crime and others in crisis with established policies, protocols, goals, and adequate funding for 5 beds, with the possibility for

growth in the future. The pilot program could address immediate physical safety, as well as assisting with longer term needs such as future safe housing placement, trauma processing and mental health needs, system of care planning, etc.

Appendix B: Results from the Age-Friendly Survey, Listening Sessions and Focus Groups

Age Friendly Survey

As part of the effort to gather baseline information about the age-friendly status of Vermont's communities today to plan for the future, the Age Strong VT Steering Committee conducted the AARP Age-Friendly Community Survey to learn directly from Vermonters about how well our Vermont towns and communities are meeting the changing needs of older adults. We heard from 2,711 individuals online and 101 individuals via paper, a total of 2,812 Vermonters age 45+. The survey was conducted from April to May 2022 and was widely distributed via email, social media, and through organizations. Most respondents were age 45-74 and identified as female and white. Respondents were also highly educated and more likely to be retired than the general population.

A few key findings from the survey responses:

- 93% of respondents said it was extremely or very important to age in their own home.
- 60% said a home that would help them live independently as they age would be a major factor in deciding to move.
- 52% said their housing would need repair to live independently.
- 48% said the cost of maintaining their home would be a major factor in deciding to move.
- 43% said they were unsure of repair services for low-income older adults.
- 34% said it was extremely or very likely they would provide unpaid care to a loved one in the future.
- 17% were currently a caregiver providing unpaid care to a loved one.
- 13% do not have friends or family who can help them day or night.
- 9% often feel isolated from others.
- Of those still working, 59% said it was extremely or very likely they would continue to work as long as possible.

Link to complete survey results here: [Age-Friendly Survey Results](#)

Listening Sessions

The Age Strong VT Steering Committee conducted six listening sessions, open to the public, in November 2022, with the objective to hear directly from lower income residents. Locations included senior and community centers in Burlington, Rutland, St. Johnsbury, Montpelier, and Brattleboro as well as one virtual session. Outreach was conducted via email, social media and through community partners. In total, 86 Vermonters participated.

Participants were asked a series of questions related to six of the Older Vermonters Act Principles, and the following themes emerged:

Optimal Health and Wellness – what helps people to be healthy and well:

- Having social interactions and connections, feeling included, like a member of a community
- Physical and mental exercise and having the places and transport to these activities including sidewalks, reading books, doing puzzles, etc.
- Having places to gather for exercise, social connection, games, and classes
- Having access to (and eating) healthy foods and access to healthcare, including mental health services
- Being of service to others: Volunteering, teaching classes, doing things for other people

Safety & Protection – where and when do people feel safe and protected:

- Having neighbors, friends, relatives, tenants close by and who help out
- In their home, neighborhood, community and at the senior center, in group gatherings
- When they have a lifeline, or cell phone – some way to contact someone if they need help urgently, EMS
- When they know how to protect themselves from scams (AARP classes and alerts)
- Having knowledge to make informed decisions (on aging well) and newspapers to know what is happening locally
- Streetlights and locks on apartment, exterior doors, security cameras

Financial Security – what makes people feel financially secure:

- Having savings
- Living simply, being frugal
- Having someone to advise, manage finances
- Having investments
- Owning a house
- Able to depend on family, others – now or if needed

Social Connection and Engagement – what do people do to keep connected and engaged:

- Spaces to gather, and the activities put on by the organizations that run them
- Zoom, and other platforms for on-line/virtual connection
- Interacting with younger people
- Volunteering (in general, with children)
- Sharing a meal with like-minded people, people you don't already know

Self-Determination – examples of when people had self-determination and were able to say no to something:

- Saying no to, or negotiating with, adult children, caregivers
- Saying no to, or negotiating with, doctors and other healthcare providers around medications, surgery, etc.
- Self-determination around when to give up their car, driving
- Self-determination around where they live, staying in their house
- Having self-determination can have its downsides; it's okay (but hard) to ask for help

Housing, Transportation and Community Design - what do people like about their housing, transportation and community?

- Have (or can) adapt house to meet changing needs
- Close to (or with) family (or planning to be)
- Lighting (well-lit, has good natural light/sun)
- Home share situation, both sides benefit
- Location is close to things, convenient to get around (walking distance, bus stops, paved roads)

- Rural, “*middle of nowhere*” - “*peaceful and quiet*”
- Living in “*community*,” “*village*” – children playing; like hearing, spending time with neighbors
- Most people are getting places by CAR. They like:
 - Convenience
 - Accessibility
 - Can bring pets
 - Can transport groceries, etc. home
 - COVID protection – don’t have to travel with anyone else
- Some people WALK places.
 - Free
 - Social aspect
 - Health (physical & mental) benefits

Link to full Listening Sessions Report: [Listening session report 2023 \(healthvermont.gov\)](https://healthvermont.gov/listening-session-report-2023)

Focus Groups & Interviews

To reach Vermonters whose voices were not heard in the survey or listening sessions, especially those from historically marginalized communities, the Age Strong VT Steering Committee conducted six focus groups plus individual interviews, including with:

- LGBTQ+
- New American Communities, specifically French-speaking and Arabic-speaking
- Black, Indigenous, and People of Color individuals
- Unpaid Family Caregivers
- Residents of an Assisted Living Facility
- Residents of a Skilled Nursing Home

Participants were asked a series of questions related to six of the Older Vermonters Act Principles, and the following themes emerged (i.e., themes not heard in listening sessions):

Population	Strengths	Challenges
LGBTQ+	Very strong sense of self-determination	No family members in their life, or conflicted relationships
	Feel safe in and a part of their communities, VT	Violence and discrimination toward LGBTQ+ folks outside VT
	Good experiences, relationships with healthcare providers	Personal factors (e.g., fear, introversion)
	Finances, housing	
French Speaking African Vermonters	Strong connections with/support from family members	Lack of financial security: no access to SSI, often can't work due to health, must live with families in crowded, difficult with access to food and other resources
	Come together as a community for life events; strong community identity	Came to Vermont with trauma – crime here adds trauma
	Strong cultural identity, desire to integrate while maintaining traditions	Language - huge barrier
Arabic-Speaking Middle Eastern Vermonters	Able to access & strong appreciation for services, programs (e.g., Section 8, SS, etc.)	Racism & discrimination by: Police, courts, and people in the community
	Educated, strong knowledge of rights	Cultural & language barriers to being part of VT community, women expressed isolation and depression

	Willingness to stand up, and say, 'no, this is wrong!'	Healthcare access/ relationships with providers – not good è lack of trust
	Found safety in Vermont	
Black, Indigenous, People of Color Vermonters	Very strong sense of self-determination	Traumatic experiences – racism, violence
	Strength comes from family (ancestors & descendants)	Very low income – food insecurity
	Strong ties in neighborhood, community	Lack of access to healthcare providers and mental health services overall, and ones can trust
	Advocate for self, family, and community members	
Unpaid Family Caregivers including families with limited English (Equity)	Learning new skills and role	It is overwhelming and all-consuming; lack of help and challenges can lead to isolation and depression; fears of financial devastation
	Don't have to worry like I would if someone else was caring for my person	Resentment, lack of appreciation for my help including from society not valuing my caretaking efforts
	Appreciation is received and felt, sense of love and closeness	Person is different, has a different reality (dementia);

		when the one I care for is negative, screams at me
	Equity: Caregiving role fits with what my culture, religion and community expects of me	Have to constantly watch over my person
	When I took a caregiving class and no longer felt alone; other resources cited include support groups, SASH, UVM Memory Center, therapist/counselor, respite grants, Powerful Tools for Caregivers	Equity: providers not listening to us about what our loved ones desperately needed, and not communicating with us in ways we could understand; when providers didn't respect our caregiving efforts
Residents of Assisted-Living Facility	Being busy is good – just not too busy physically or mentally; facility offers a lot of convenience (meals) and social engagement	Finding a doctor is hard and getting tests takes forever
	Living in a healthy environment throughout your whole lifetime like in VT with fresh air and trees	When you give up driving it is a very traumatic experience; your independence is cut way down; can't get to church across town
	I feel like there is comradery here; if you don't see your neighbor you watch out for each other, safety	Don't qualify for long term care insurance or long-term care from Medicaid
	The facility has emergency contacts, sign-out process, know where we are going; offers bus to go shopping, etc.	Made the choice to go to assisted living and regret it, but know it was for the best; facility offers in-town transport only (so much to do in VT)
	It's different at first but you get used to it; it has helped a lot	Feel unsafe when we leave here such as going to the shopping mall with all the shootings now

Residents of Long-Term Care Facility	I feel very safe here day and night; the staff are very responsive when something happens and you need help (such as when falling)	It's not like it used to be, Vermont is a changing environment
	Gave up driving so don't have car expenses; fun outings are offered including van rides, get creamees, can visit in the garden	Coming to the end of one's finances; one spouse is accepted into LT Care Medicaid and the other isn't even though there are daily assistance needs (shower, etc).
	The state helps keep us safe by keeping guns out of the hands of people who shouldn't have them	Roommates can be difficult to deal with
	Connecting with young caregivers/staff and visits with family and friends; staff and residents are friendly/like family, big space and meals are provided	Need more age-restricted facilities (e.g. 55+) - feel safer, less partying – and more long-term care facilities

Full focus group reports can be found at www.healthvermont.gov/agestrongvt.
[Equity Focus Groups Report](#)
[Caregiver Focus Groups Report](#)

Appendix C: Acronyms and Abbreviations

Acronym	Definition
AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ABLE	Achieving a Better Life Experience (Federal savings account)
ADRD	Alzheimer’s Disease Related Dementias
AGO	Attorney General’s Office
ASIST	Applied Suicide Intervention Skills Training
BIPOC	Black, Indigenous, People of Color
BRFSS	Behavioral Risk Factor Surveillance System
COVE	Community of Vermont Elders
CSA	Community Supported Agriculture
CSSRS	Columbia Suicide Severity Rating Scale
DAIL	Department of Disabilities, Aging and Independent Living
DHCD	Department of Housing and Community Development
DOL	Department of Labor
E&D	Vermont Elders and Persons with a Disability
EMS	Emergency Medical Services
HARK	Name of a marketing, strategy, design & development organization in VT
HCBS	Home and Community-Based Services
HUD	Housing and Urban Development
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and more
MPA	Multisector Plan on Aging
MVP	Health Care organization
OVA	Older Vermonters Act
PDA	Professional Data Analysts
SASH	Support and Services at Home
SCAN	An independent public charity foundation
SHEDS	Model for older men to socialize while doing woodworking & other tasks
SNAP	Supplemental Nutrition Assistance Program (3SquaresVT)
STEADI	Stopping Elderly Accidents, Deaths and Injuries
UVM	University of Vermont
VCIL	Vermont Center for Independent Living
VDH	Vermont Department of Health

VNA	Visiting Nurse Association
VT	Vermont
VTrans	Vermont Agency of Transportation