



COUNTY EXECUTIVE ISIAH LEGGETT'S SENIOR SUMMIT

**Annual Report
2008-2009**

www.montgomerycountymd.gov/seniors

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Introduction

In order to evaluate the outcomes of the Senior Summit and plan future activities, it is worthwhile now at the One Year Anniversary to reflect back on the successes and challenges experienced.

Preparatory work for the Senior Summit included two strategic planning processes conducted in collaboration with outside consultants.

Phase I (completed in May 2007) was a report titled ***Imagining an Aging Future for Montgomery County, Maryland***, developed by Towson University Center for Productive Aging.

Phase II (completed October 2007), titled ***Senior Outreach Strategic Communications Report***, was developed by Reingold, Inc.

Both reports found “widespread satisfaction among seniors and their caregivers with the programs and services the county provides” (Reingold, 2007). However, both reports underscored the need to:

- 1) improve both internal and external communication about the range of available services to seniors and caregivers; and
- 2) establish a mechanism for improving coordination and collaboration among county departments and with private partners responsible for delivering senior services.



In light of the findings of these reports and the awareness that the senior population in our county is projected to nearly double between 2000 and 2030, County Executive Isiah Leggett established the Senior Sub-cabinet on Vital Aging and directed that a Senior Summit be convened in November 2008. The purpose of the Senior Summit has been to identify priority issues affecting the senior population, develop strategies and action plans to meet current and future needs, and take the first steps towards developing collaborative relationships among county departments and community stakeholders to ensure that Montgomery County is a good place for older adults to live and retire.

Senior Summit Process

Pre-Senior Summit

Under the leadership of the Senior Sub-cabinet on Vital Aging, preparations for the Senior Summit began in June 2008. Concept Papers on critical issues were developed modeled after the national ***Blueprint for Action: Developing a Livable Community for All Ages***, a joint product of the National Association of Area Agencies on Aging and Partners for Livable Communities with funding from the MetLife Foundation.

The eight topic areas addressed were:

- Civic and Social Engagement
- Communication and Outreach
- Employment
- Health and Wellness
- Home and Community Supports
- Housing and Zoning
- Safety
- Transportation and Mobility

Pre-Senior Summit work groups comprised of public and private stakeholders were convened on each of these eight topics to brainstorm key issues and prioritize recommendations.

Senior Summit

The Senior Summit was a daylong event held on November 20, 2008, at the Universities of Maryland at Shady Grove campus and was attended by nearly 300



stakeholders. County Executive Leggett devoted his entire day to attending the Senior Summit, sharing his vision of the county as it relates to senior issues and learning from other participants. County Council members George Leventhal, Michael Knapp and Roger Berliner spoke on behalf of the County Council. Mr. John McCarthy, Montgomery County State's Attorney, was a guest speaker and a representative from the Office of Senator Barbara Mikulski spoke on her behalf.

Participants at the Senior Summit prioritized recommendations by popular vote, then broke into work groups to brainstorm action steps that could help the county achieve the recommendations goals. This process produced 177 different potential action steps for further consideration.

Post-Senior Summit

Post-Senior Summit, activities have proceeded along several concurrent paths:

- Senior Sub-Cabinet has continues to meet on a regular basis to coordinate activities.
- Overarching principles and goals that link the various initiatives have been identified and articulated.
- Eight workgroups, led by various county departments, continues to meet to focus on implementation of recommendations.
- CountyStat is involved in identifying measurable goals and outcomes.

Principles

The major principles identified were:

- **Diversity:** Any actions must be sensitive to the cultural diversity of the senior population. The senior population (regardless of whether defined as 60 and older or 65 and older) is extremely diverse, with diversity to be understood not merely in terms of race and ethnicity, but also along the lines of language, disability, age, income and resources.
- **Partnerships:** County government cannot and should not be expected to do this work alone. In order to achieve the goals and outcomes stated, the county must have the active involvement of its private sector partners (non-profits, business community, faith communities, etc.) and residents.
- **Civic Engagement:** The skills, time, and wisdom of older adults represent one of the growing renewable resources available to our communities. Given the projected increase in needs for some of our most vulnerable residents, and the constraints on public funds, many of the proposed efforts will require volunteer commitments in order to create a stronger and more responsive community.
- **Planning:** In order to optimize the effectiveness and efficiency of services the county must make every effort to identify and implement evidence based and best practices.
- **Accountability:** Mechanisms must be in place to ensure that action steps are implemented and progress toward goal attainment measured. Implicit in these recommendations is that actions are inter-departmental in nature; hence, some centralized oversight process must be in place to ensure that actions do not “fall between the cracks.”

Goals

Individual level goals across major initiatives include:

- Increase senior connectedness and community engagement,
- Increase senior knowledge about resources and how to access those resources, and
- Reduce unmet needs.

Organizational level goals that can contribute to better outcomes include:

- Less silos and increased collaboration,
- Greater use of evidence based practices,
- Greater reliance on long-term planning, and
- More efficient and effective service delivery

ACCOMPLISHMENTS BY WORKGROUP

Civic and Social Engagement

- A new outreach program, *It Pays to Visit a Senior Site*, conducted in partnership by Department of Health and Human Services (DHHS) and Department of Recreation, was implemented in September 2009 to recruit new seniors to senior centers and neighborhood senior programs. The program offered \$5 gift cards to seniors that brought a new participant to the center during the month of September. As a result of this one time program, 277 new seniors visited the center, representing 554 gift cards being distributed.
- Expansion of intergenerational programs by Interages with 48 additional senior volunteers, as well as increased hours of volunteering at several new sites. OASIS is training and will add an additional 25 tutors. Interages created greater awareness of the opportunities for intergenerational engagement through an enhanced website and expanded meetings of the Montgomery County Intergenerational Committee.
- Addition of one senior congregate meal site, which has the benefit not only of improving nutritional status, but also increasing social interaction and engagement among senior participants.
- The Montgomery County Volunteer Center expanded two promising programs, the Pro-Bono Consultant program and the RSVP-AARP Tax-aide program. The Pro-Bono Consultant program enables participants to maximize their contribution by fitting around busy personal and professional schedules to assist nonprofits with skilled help. Twenty-one projects were completed with 24 new volunteers over 55 registered. The Tax-aide Program enabled 187 more returns to be filed in 2009 than the prior year.
- The Jewish Council for the Aging's (JCA) SeniorTech sites taught computer classes to an additional 49 seniors (495 seniors during the past year). The JCA has added a new site at B'nai Shalom of Olney, which will serve Leisure World and seniors in the surrounding area.

Communication and Outreach

- In addition to existing outreach efforts (e.g., county fair, county cable television, public service announcements), DHHS did a targeted mailing to 10,000 low-income seniors in the county to inform them about the Senior Resource Line provided by Aging and Disability Services (A&D).
- A new County Senior Website was developed to facilitate access to information regarding senior and caregiver services (with a feature that allows users to increase the font size to make reading easier). The Department of Public Libraries system also enhanced a portion of its website geared specifically to seniors.
- In terms of print media, the county published and distributed via senior centers, libraries, and other settings, 7,000 copies of a 24-page color booklet titled *Living*

and Thriving in Montgomery County. Additionally, the county contracted with the Senior Beacon to create a page devoted to senior issues and resources in Montgomery County that appeared quarterly in that publication.

- The county also continued and expanded its use of public events and forums to convey information important to seniors. A variety of Aging in Place forums have been held, and the county was an active participant with Councilmember Roger Berliner in holding public three events in the Bethesda region.

Employment

- Supported *50+ Employment Expo* that was held in May 2009, with approximately 2,600 older job seekers attending. Extensive outreach was conducted to inform Seniors and employers about the Expo, including advertising in English, Chinese, and Spanish. Based on employer evaluations it appears that every company which participated was able to identify numerous potential employees.
- Continued to support the Senior Fellowship Program. This program provides temporary part-time job opportunities for experienced and seasoned professionals. Three Senior Fellows currently serve in the County Executive's Office of Community Partnerships.
- The Office of Human Resources (OHR) participated in the AARP Workforce Assessment conducted in December 2008 to complete a demographic study of the county's workforce. The statewide study focused on identifying the workplace practices, potential challenges and projected hiring needs of jurisdictions. The AARP Workforce Assessment collected information to create awareness of skill shortages as a result of aging workforce trends.
- On June 2, 2009, the OHR Director participated in a national webinar broadcast sponsored by the Center for State and Local Government Excellence that addressed the impact of the economy on local jurisdictions and older workers.

Health and Wellness

- Given that exercise is a proven benefit to maintaining health and independence, the county initiated several exercise-related services, including:
 - Silver Sneaker Program a free program that allows residents age 55 and older to use any of the Department of Recreation weight and exercise facilities. Since January 2009, more than 1,153 seniors have made use of this program.
 - Active Adult Fitness Clinics - in conjunction with Silver Sneakers, provides classroom educational sessions on health enhancement and demonstration of proper use of exercise equipment. This program has served 347 seniors.

- County Aquatic Facilities – served more than 19,000 seniors last year in activities such as water aerobics, water exercise for arthritis, and recreational and lap swimming.
- The county is exploring further collaboration with Holy Cross Hospital to implement evidence based Chronic Disease Self-Management Programs that help individuals better control and monitor their own health.
- The county is preparing to conduct a comprehensive Community Health Improvement Plan (CHIP). As part of this larger effort, the Senior Summit has alerted the county to the need to incorporate specific health related indicators of special interest to seniors as part of this surveillance and monitoring effort.
- Department of Recreation has initiated Thursday evening activities and Saturday programs at the Holiday Park Senior Center, as well as indoor walking programs in community centers.
- Bone Builders exercise classes, run by volunteers coordinated through the county, have increased from four to eight since November 2008.

Home and Community Based Services

- Facilitated numerous public/private discussions of "villages" among county neighborhoods (forums, newsletter, listserv, volunteer training).
- Provided expertise and guidance to neighborhoods in helping develop neighborhood surveys and analyzing survey results.
- Providing limited financial and in-kind support to emerging "villages" in defraying 501(c)(3) filling costs and other start up costs including printing.
- Implemented and is evaluating the cost-effectiveness of an innovative new approach to helping older adults remain independent in the community. The new program, Better Living at Home, provided by the DHHS in collaboration with Howard County's Office on Aging.

Housing and Zoning

- Subsequent to the Senior Summit, the county continued its active role in developing affordable senior housing options. This program is in support of the County Executive's goal to provide affordable housing in an inclusive community, and in keeping with the objectives of the Senior Summit to make Montgomery County a better place for seniors to live and retire. These efforts include:
 - Victory Forest (Capitol View): Department of Housing and Community Affairs (DHCA) funded the acquisition and rehabilitation of Leafy House, previously owned by the Housing Opportunities Commission (HOC). Victory Forest is a high-rise senior facility, 181-units of affordable senior

housing, which will be rehabilitated by Victory Housing. One hundred and thirty-six units will be kept affordable of households earning no more than 60% of the Area Median Income (AMI) and 44 units will be kept affordable at 40% of AMI.

- Marian Assisted Living (Olney): DHCA agreed to subordinate a loan to Victory Housing for Marian Assisted Living, which will assure long-term financial viability of the level 1 and 2 care facility.
- Washington-McLaughlin Apartments (Takoma Park): DHCA provided \$47,000 to the ownership to cover auditing and professional fees for these nine affordable senior independent living units. DHCA continues to work with the principals of Washington-McLaughlin to determine the rehabilitation program for the property.
- Victory Court (Rockville): DHCA is assisting the new construction of an 84-unit building for mixed-income seniors in Rockville. The developer is Victory Housing, and the project is being constructed on a county-owned site just blocks from the Rockville Town Center. The project is securing its development approvals from the City of Rockville.
- Welcome Home Group Home (Rockville): DHCA is funding the acquisition and renovation of an 8-person group home for formerly homeless elderly women in Rockville. The housing provider/owner is Interfaith Works (formerly Community Ministry of Montgomery County). Renovations were completed and residents occupied the home in June 2009.
- Town Centre Apartments (Rockville) and Bauer Park Apartments (Rockville): Town Center Apartments (110 affordable senior units) and Bauer Park Apartments (142 affordable senior units) are existing HUD-assisted senior independent living developments. Both properties faced significant rent increases due to escalating costs and maintenance requirements. Rather than subsidize operating expenses at the properties, DHCA secured HUD approval to maintain an escrow account in return for limiting rent increases to 6%.
- DHCA also administers contracts for “new or expanded levels” of service under the Community Development Block Grant (CDBG) program. These services have benefited more than 1,300 seniors with limited incomes since the Senior Summit was held. Activities covered a wide range of services, including support to enable seniors to age in place and health related services including chronic disease care and prescription assistance.

Safety

- Revised Neighborhood Watch program trained approximately 500 residents and continues to do outreach to get additional communities to join.
- Provided “Fire Safety Awareness” training, which is geared to any organization, group or business that may interact with an At Risk senior in their home. By looking

for a few key items that may demonstrate concern such as smoke alarms, space heaters, cooking practices etc. a senior fire fatality may be prevented. *A&D Services, Meals on Wheels, Robert Medical Supply and the Community Emergency Response Team* are just some of the groups that have received training.

- Worked with our senior centers to not only provide fire safety tips to seniors who visit the centers but also to ask those participating seniors to be our advocates for fire safety. Seniors are asked to talk to other seniors in their neighborhoods who may not be able to travel to the centers due to mobility concerns and ask them to invite Fire and Rescue Services to conduct a free fire safety evaluation of their home.

Transportation and Mobility

- Continued free RideOn and Metrobus service for seniors.
- Conducted pedestrian road safety audit (PRSA) along a portion of Maryland Route 355, from Hubbard to Congressional Lane, as well as in the Piney Branch area, between Flower and New Hampshire Avenues. The PRSA identified potential improvements that could be made to enhance safety for elderly pedestrians. Montgomery County Department on Transportation (DOT) is working in conjunction with the State Highway Administration (SHA) to implement further improvements.
- Pedestrian safety has also become a priority in the Friendship Heights Transportation Management Districts. The Advisory Committee now urges county officials, SHA and others to make signal crossing times more favorable for seniors and people with mobility impairments. The committee added its voice to other community organizations in getting improvements at several major Wisconsin Avenue intersections, including improved Americans with Disabilities Act (ADA) access, crosswalk enunciators and countdown timers.
- Pedestrian countdown signals were installed at the intersection of Cherry Hill Road and Clover Patch/Plum Orchard in Silver Spring, to benefit seniors at Riderwood Retirement Community.
- Pedestrian refuge islands and extended sidewalks (“bump-outs”) have been installed to enhance access and safety for senior pedestrians. Street signs at various pedestrian crossings have also been enhanced to improve safe access to bus stops.
- Improvements made on Arcola Avenue in Wheaton, by enlarging street name signs, and installing brighter, more durable pavement markings to enhance senior driver safety.
- In compliance with the ADA, pedestrian improvements were implemented on Second Avenue in Silver Spring. A significant number of engineering improvements were also made, including the installation of ADA accessible ramps and bump-outs, upgraded crosswalks and pedestrian signals, in addition to the relocation of a bus shelter. These improvements were particularly important to a high number of seniors living in adjacent buildings, and for senior participants in the Holy Cross Senior Source Programs.

- DOT also completed sidewalk and handicap ramp repairs to ensure safe pedestrian access to the Coffield Senior Center in Silver Spring, and other pedestrian destinations in the surrounding areas in compliance with ADA. Directional signs were also installed along East-West Highway, to direct visitors to the Coffield Community Center.
- Pedestrian Safety campaign in parking lots, with a focus on senior residents' safety issues has been initiated.
- RideOn Route Changes:
 - Effective April 2009—Route #98 was changed to enhance service to the Churchill Senior Building in Germantown.
 - Effective September 2009—Routes #18 and #25 were changed to serve Victory Towers, providing more transportation access to the facility.
- Enlarged the bus shelter at Waverly House, a HOC property, located in the Bethesda district. This enlargement will facilitate better shelter for the many seniors leaving the facility, as they await transportation services.
- A fourth income category to Call N Ride Program was added. This allows the Program to serve more seniors, persons with disabilities, and low-income county residents.
- Surveyed county senior center directors to ascertain level of un-met transportation needs.

FUTURE WORKGROUP OBJECTIVES AND GOALS

Civic and Social Engagement

Marc Freedman has often asserted that “Seniors are our only expanding natural resource.” The benefits of civic engagement to both seniors and to the communities in which they are engaged have been well documented. A study by Johns Hopkins found that social connection is more important than diet or exercise for well-being in later life.

The National Association of Area Agencies on Aging Blue Print for Action – Developing Livable Communities for all Ages points out:

“A livable community for all ages engages older adults in meaningful work for the common good... community-wide collaborations count older individuals as core leaders; intergenerational connections are routine: older adults function in their communities as mentors, tutors, coaches.....as well as in other roles that benefit children and youth.”

The 2005 White House Conference on Aging called for “A National Strategy for Providing New and Meaningful Volunteer Activities and Civic Engagement for Current and Future Seniors.” Among the actions identified to be undertaken under this resolution were:

- 1) Provide tax credits for volunteer time and expenses;
- 2) Fund “Silver Scholarships” a \$1,000 tax-free transferable education award for older adults who serve 600+ hours per year;
- 3) Offer transition planning programs at senior centers and pilot projects through Title IV grants;
- 4) Eliminate volunteer driver liability to encourage more volunteers to provide transportation;
- 5) Provide subsidies, tax credits and other incentives to encourage the business community to expand and reward volunteer opportunities for their employees and retirees.

Action Steps—Civic and Social Engagement

- Current
 - Continue to support intergenerational programs –
 - To provide meaningful engagement by helping young people become less vulnerable to violence, truancy, gang involvement and substance abuse which increased each participant's sense of personal fulfillment and self-worth; and,
 - provide older adults with a sense of pride in giving back to the community.

- Continue to support the Montgomery County Volunteer Center's Ambassador Outreach Program to help recruit older adults and enhance use of senior centers and other resources –
 - To provide meaningful engagement by helping county residents find volunteer opportunities; and,
 - obtain information at fairs and events so that others seniors can become engaged.
- Continue to support congregate meal programs that bring together seniors in a social setting, including the wide range of ethnic meal sites –
 - DHHS meal programs support thousands of traditional, ethnic and home delivered meals.
 - DHHS plans to continue and maintain FY09 level of service and expand new sites, as well as add 9,000 meals for over 800 Chinese seniors.
 - DHHS plans to add 10,200 box meals, open a Chinese Meals on Wheels program and provide 10,800 emergency meals at housing sites and neighborhood services centers.
- Continue to provide wide range of programming and activities at senior centers –
 - Studies indicate that people who participate in activities such as traveling and socializing live longer than those who do not.
 - Another study found that people who participate in activities such as board games and dancing have a lower risk for dementia.
 - The study also showed that people who engage in social and leisure activities live both longer and healthier lives.
- Short-Term
 - Expand Montgomery County Volunteer Center's Pro-Bono Consultant Program –
 - This award-winning program enables participants to maximize the contribution volunteers make to the community by fitting around busy personal and professional schedules to assist nonprofits with skilled help.
 - In FY09, 22 projects were completed and 27 new volunteers over age 55 years were registered.
 - Expanded outreach to older adults to provide meaningful engagement utilizing the professional skills and experience of adults over age 55 and meet the growing need of nonprofits for skilled help.
 - Research and Planning: investigate best and promising practices that can be applied to Montgomery County –

- A number of practices from other communities were identified in the White Concept prepared for the Senior Summit and have already been incorporated in the action steps. Additional research will be carried out during the next months.
 - The Maryland participants in the National Governor's Association Policy Academy on Civic Engagement of Older Adults identified two programs recently the Experience Corps and the Legacy Leadership Maryland Program.
 - A survey of all area Agency on Aging and senior center directors is under way to identify best practices. Maryland will host a Policy Summit on Civic Engagement in the Spring of 2010.
 - Communication and Outreach efforts to educate seniors about the multiple benefits of volunteerism, including the importance of social connectivity to quality of life; as well as the wide range of activities currently available in the community –
 - Continue the DHHS initiated publications describing county resources for seniors in both the Gazette and Beacon newspapers and translate into Chinese, French and Spanish.
 - Highlight Libraries as designated areas for displaying senior information.
 - Continue to refine the county website. DHHS and the Libraries have expanded their websites to provide senior information.
 - Continue the Commission on Aging's *Seniors' Today* show which provides monthly interviews and information pertaining to seniors.
 - Enhanced senior presence at county events will be developed.
 - Existing networks, meetings, and partnerships will be utilized to extend outreach resources
- Longer-Term
 - Tax credits to seniors for volunteer work in high priority community activities –
 - Tax credits or college scholarships could provide additional incentives to volunteering in high priority community activities creating additional opportunities for civic engagement, as well as addressing community needs.
 - This initiative was proposed in the Civic and Social Engagement White Paper as a concept, which has been piloted in several communities in the United States.
 - The Serve America Act contains ideas of connecting volunteer work to benefits such as college scholarships. The Commission on Aging last year examined this issue. Further action may not occur

immediately due to the economic conditions and particularly, revenue shortfalls.

- Computer access and training via senior and community centers –
 - Learning to use a computer can enable seniors to acquire skills for employment, socialization and communication.
 - Specific classes were provided to 21 participants enrolled in the Senior Community Service Employment Program and need to be expanded.
 - The Recreation Department trained eight seniors in beginning computers during the year and hopes to grow this program.

Communication and Outreach

The county provides a wealth of services to seniors and caregivers. However, the county has repeatedly received feedback that its residents are unaware of service and resources available to them. A study of county seniors in 2007 found that:

- 1) Seniors were largely unaware of services offered by the county (42% unprompted could not name any services specifically targeted to seniors). Even when prompted most seniors were not aware of specific services provided (only 28% were aware that county offered information and assistance services).
- 2) If seniors felt a need for assistance, the places they were most likely to turn to for information were family and friends (59%), public libraries (58%), community centers including senior centers (55%) and the internet (47%).
- 3) Some respondents found the county to be unresponsive (i.e., “no one answers the phone”), inflexible or difficult to deal with (long applications and difficult office hours), and confusing (website difficult to navigate and eligibility criteria unclear). In at least one case (DHHS’s Aging and Disability Resource Center) the public’s perception (i.e., no one answers the phone) was not matched with reality. A “secret shopper” investigation found that the information line in question was answered promptly and professionally, yet the public perception of inadequate service persists.
- 4) Most, but not all, of the county outreach materials were deemed to be neither clear nor portraying a consistent format or brand. The county website was a focal point of specific criticism by seniors, who complained that it was difficult to navigate and hard to find the information they needed.
- 5) Agency directors and community partners agreed that the county could, and must, do a better job of coordinating services between departments and communicating better both internally and with the public.

Action Steps—Communication and Outreach

- Current
 - Maintain and enhance new senior website as single source of information
- Short-Term
 - Establish work group to identify range of methods to effectively provide information to senior (examples include newspaper inserts, speakers bureau, ads on RideOn buses, radio ads, ethnic media)
 - Establish a single point of entry for seniors attempting to communicate with the county (for example the upcoming 3-1-1 initiative)
 - Have libraries set aside special space for senior information
- Longer-Term
 - Cross market and cross train across all departments/services
 - Partner with healthcare providers to systematically dissemination information to seniors and caregivers

Employment

National trends indicate that:

- 1) an increasing percentage of older individuals are seeking to remain in the labor market, though barriers exist for some;
- 2) employers are facing critical shortages of workers in some skilled areas which will be further impacted by the loss of institutional knowledge when Boomers retire, and
- 3) the quantity and quality of workers to provide direct services to seniors is in doubt.

The workforce over 65 is dramatically changing. In the latter part of 20th Century, there was a marked decline in the percentage of mature workers in the workforce, due in part to enhanced Social Security benefits, expanded private pension programs, changing cultural ideals regarding retirement, job loss, and age discrimination. This trend is already showing evidence of changing, and may become accelerated as older adults feel the need to remain in the workforce longer. It is estimated that 70% of the Boomers will want to or need to continue seek employment past the traditional retirement age.

As a group, mature workers seek more flexible work schedules, opportunities for telecommuting and part-time work, as well as temporary and/or contract work. Obstacles to formal phased retirement programs need to be eliminated (Employment Retirement Income Security Act (ERISA), which establishes standards for employee benefit plans and the impact of the federal income tax on them, and Age Discrimination in Employment Act (ADEA). Some national legislation under consideration would establish a tax credit to employers who offer flexible or phased work to mature workers; improve access to employment training services funded under the Workforce

Investment Act; extend COBRA health coverage for older workers who lose health coverage due to reduction in work hours.

While many employers report a positive perception of mature workers, their strong work ethics and desired qualities (e.g., dedication to their employer, punctuality, low absenteeism, commitment to quality work, solid experience, basic skills in reading, writing and arithmetic and the ability to get along with their co-workers), negative perceptions and stereotypes persist (e.g., aversion to change; lack of experience with new technologies, high insurance costs and frequent illness; and difficulty in reporting to younger bosses.) A number of major employers are becoming “senior friendly.” AARP annually recognizes employers with the best practices for recruiting, hiring, and retaining mature workers. Increasingly, Boomers retiring from corporate careers area seek encore careers to give back to the community through public service jobs.

Impact on Employers

By 2015, 20% of the workforce will be age 55 or older. Employers could face a labor-force shortage of 35 million workers by 2030 (AARP Retirement Study, 2003). A report produced by the Office of Legislative Oversight in Montgomery County estimates that roughly one-third of the county’s workforce will be eligible to retire within the next nine years.

The 2005 White House Conference on Aging strategies for the workforce of the future included:

- Remove impediments to phased and flexible retirement options to encourage multiple work options for mature workers and businesses, for example, permit pension payments to mature workers who want to continue working, but wish to cut back on hours; assess ERISA, ADEA and IRS provisions that discourage continued employment of mature workers.
- Educate employers on the increasing value of mature workers, particularly in light of Boomer retirements and the need for flexible work arrangements to retain such workers;
- Provide greater access for educating and training mature workers via education grants, tuition waivers, and innovative financing mechanisms

Employment issues for seniors come in many varieties including:

- Retention of mature workers in the workforce
- Assisting seniors in returning to the workforce (paid or volunteer)
- Ensuring that the workforce of the future is prepared to provide the range of services that seniors will need

Action Steps—Employment

- Current
 - Continue support for successful job fair for seniors
 - Continue workshops provided by Commission for Women

- Continue workforce development programs
- Continue the senior fellows program
- Short-Term
 - Participate in statewide Policy Academy process that is addressing older adult employment issues, and implement recommendations in the county
 - Collaborate with partners, such as Montgomery College, to support development of workforce training programs to increase supply of workers that provide essential services to seniors
 - Research and Planning: investigate best and promising practices that can be applied to Montgomery County
- Longer-Term
 - Provide transition training (work to retirement) for seniors contemplating leaving the workforce
 - Recognize and award local businesses and organizations that engage in senior friendly employment practices
 - Promote trainings to help seniors prepare for the current job-market strategies to
 - Provide equitable and rewarding employment opportunities for seniors

Health and Wellness

National data indicate that over the last several decades the overall health of seniors has been improving. However, significant disparities remain in health status among sub-sets of the population, with minority and lower income populations experiencing increased morbidity and mortality from such diseases as cancer and cardiovascular disease. After declining steadily for more than 20 years, experts anticipate that overall disability levels among seniors may soon begin to increase due in part to the current obesity epidemic.

Due to improved healthcare, older individuals are more likely to live for long periods of time with such chronic diseases and conditions such as arthritis, hypertension and diabetes. Another consequence of increasing longevity is that age-related cognitive impairment (i.e., Alzheimer's and related dementias) is increasing. The number of county residents with moderate to severe cognitive impairment is currently estimated to be approximately 11,000 but this number is projected to double by the year 2030. Additionally, older adults are more likely to suffer from psychiatric disorders such as depression. Clinical depression affects 10% of the general population, but 15% of individuals age 65 and over. Furthermore the average suicide rate among Americans is 10.6 per 100,000, however among older persons (age 65 and up), the rate is 21 per 100,000. For white males over 85, the rate is 65 per 100,000.

Prevention`

Prevention includes preventing disability in the first place (primary prevention), diagnosing and treating illness at the earliest possible stage (secondary prevention) and reducing the full impact of illness (tertiary prevention). The wellness field is increasingly focused on what has been termed “compressed morbidity,” which refers to individuals not only living longer, but spending a shorter percentage of their lives with any form of incapacitating disability.

Most seniors realize that maintaining good physical health is most easily achieved through exercise and good nutrition, yet often these habits are neglected. Physical activity, particularly weight bearing exercises, increases muscle strength and endurance, and decreases the likelihood of falls, frailty and functional disabilities.

Good nutrition is another vital behavior that can help prevent and reduce the severity of many acute and chronic health conditions. Healthy eating can be compromised by either too much or too little food and/or kinds of food. While food insecurity (i.e., lack of food) due to poverty is a diminishing threat among seniors, factors that do place seniors at risk of malnutrition include dental problems and social isolation. For instance, seniors who no longer can safely drive may be unable to readily access grocery stores without assistance from family, friends and neighbors.

In recent years, the media has focused on the use of cognitive exercises (i.e., computer games and reading) as a way for seniors to remain mentally alert. Often ignored, however, is the fact that protracted sleep deficits, poor nutrition and depression can lead to symptoms of cognitive decline. These symptoms are easily reversible once the contributing factors are addressed through corrective actions. Increased physical activity has been linked with improved blood flow to the brain and is associated with decreased risks of stroke and other organic dementias. Socialization is an undervalued prevention strategy for cognitive health. The practice of engaging with other individuals, through socialization or volunteering has been strongly linked with decreased risk of developing dementia as well as depressive disorders.

Access to Healthcare

Not all illnesses or disabilities can be prevented; hence as a society, we must be concerned with timely and equitable provision of treatment. Over half of all hospital inpatients stays are for individuals age 65 and over, yet they comprise only 11% of the county population. Some of the major treatment avenues available to seniors include medical/surgical treatment; assistive devices; home modifications; and chronic disease self-management programs.

Barriers to access are a key factor contributing to health disparities in our county.

Barriers that need to be addressed include:

- Lack of knowledge about services and benefits they might be eligible for;
- Reimbursement limits on Federal/State programs like Medicare and Medicaid;
- Transportation to and from appointments; and
- Lack of trained healthcare workers (doctors, nurses, home health aides) with knowledge and experience in geriatrics.

Action Steps—Health and Wellness

- Current
 - Continue to support chronic disease self-management programs in collaboration with JCA;
 - Continue to provide nutrition education classes through senior centers; and,
 - Continue to support exercise and bone health programs (i.e., Bone Builders) for seniors.
- Short-Term
 - Communication and outreach efforts to educate public about various health topics, including; importance of exercise, proper nutrition, normal aging process, health benefits of volunteerism, etc.
 - Research and Planning: investigate best and promising practices that can be applied to Montgomery County.
 - Community Health Improvement Process (CHIP) to assess and monitor health status of residents.
 - Collaborate with community partners to provide and expand multi-component exercise programs as well as fall prevention programs.
 - Encourage development of “shared care” models that support neighbors helping neighbors(aging in place), utilizing community and seniors centers, senior website and faith based groups.
- Longer-Term
 - Computer access and training at senior and community centers to educate seniors how to obtain health and wellness information online.

Home and Community Based Services

A majority of seniors are healthy and active (i.e., National Health Interview Survey data indicates that even amongst those 85 years of age and over, 65% rated their health as “good” to “excellent”). However, as individuals age the prevalence of chronic diseases increase, and individuals often need assistance to remain independent in the community.

Most seniors express a desire to remain in the community, with 75% of seniors age 65 and over stating that they want to always live in their current residence (Montgomery County survey 2005). Given what is known about increasing rates of disability with age, and the desire to remain in one’s home for as long as possible, seniors often require supportive services to help remain safe and independent.

If and when seniors develop disabilities that require assistance, the most likely source of support is from family members (spouses or adult children) or friends (i.e., informal

supports). Studies indicate that approximately 80% of all assistance provided to frail and disabled seniors comes via unpaid informal caregivers. However, as a result of the decline in the birthrate after the baby boom generation, as well as societal changes (i.e., higher divorce rate, more women in the workforce, greater mobility), the number of informal caregivers who will be available to assist seniors if they develop physical or cognitive impairments will decline significantly over the next several decades.

It is also important to note that informal caregiving, while unpaid, has a cost. Caregivers, particularly those providing assistance to individuals with dementia, often report significant distress and burden; and such caregivers experience increased risks of illness, depression and even death. Various interventions have been proposed to address caregiver burden, with sometimes ambiguous results. For example, respite care is an extremely popular intervention; however, use of this service has counter-intuitively been linked with increased rates of nursing home placement. Other interventions include support groups and caregiver education programs; both of which show promising results in empirical studies.

If Not Informal/Family Assistance, Then What?

An area of increasing focus is engineering the individual's environment to accommodate for diminished abilities thus allowing people to remain independent through their own efforts. Examples of this include assistive devices (use of assistive devices has more than tripled in the past 20 years), home modifications, electronic monitoring devices, and universal designs in home construction and retrofitting.

Paid assistance (also known as "formal" support) is an option for those that have financial resources. Typically, adult children are more likely to turn to formal supports to supplement their assistance due to discomfort performing some types of personal care for aging parents. However, the greatest barrier to utilization of formal supports is the cost. Homecare aide service through vendors starts at around \$20 per hour and most have a minimum of three hours of service per day. Increasingly seniors are taking advantage of reverse mortgages (essentially taking a loan against the equity in one's home that does not have to be paid back as long as you live in the home) as a means to afford formal supportive services that are essential for remaining independent. Types of formal supports include personal care (e.g., bathing, dressing), chores, grocery shopping, laundry, medication monitoring, and supervision. An important caveat is that home health care agencies are increasingly having difficulty finding individuals interested in becoming certified nursing assistants. Such positions historically have paid low salaries and have not had opportunities for career advancement.

A number of challenges confront the county in the coming years as it relates to ensuring that people have adequate supports to enable them to remain living independently in the community as they age. Challenges that need to be considered include, but are not limited to:

- Older adults and caregivers are often unaware of resources in the community, and have difficulty locating and managing those resources
- Demographic trends indicate that there will be fewer available family caregivers to provide informal supports. Strategies that help people provide for themselves, or maximize efficiency of caregivers are essential.

- Existing caregivers likely to be under increasing strain. Fewer caregivers mean that caregivers are likely to have fewer family members to “share the care.” Plus competing job demands and caregivers who are in “sandwich generation” situations (caring for children and parents simultaneously) will face additional stressors.
- Formal services are often expensive. Some individuals do not have resources to pay for the level of care they need, and others are afraid or unwilling to spend the money
- Workforce: transportation, affordable housing, immigration and training are issues that could limit the availability of a workforce that would provide services to

Action Steps—Home and Community Based Supports

- Current
 - Continue support for home delivered meals and groceries
 - Continue support to existing village models in county
- Short-Term
 - Collaborate with partners, such as Montgomery College, to support development of workforce training programs to increase supply of workers that provide essential services to seniors
 - Research and Planning: investigate best and promising practices that can be applied to Montgomery County
 - Communication and outreach efforts to educate public about issues that can help them remain in community
- Longer-Term
 - Enhance supportive services such as chore, personal care, and home modifications
 - Increase funding for adult day service and respite care
 - Investigate the possibility of creating a service credit model where people can accrue credits by providing assistance to others that they can use for themselves or family members

Housing and Zoning

Housing is fundamental to quality of life. Where you live, what it costs, what services and amenities are close by all contribute to a sense of well-being or the lack thereof. Montgomery County's housing goal in its *1993 General Plan Refinement* is "to encourage and maintain a wide choice of housing types and neighborhoods for people of all incomes, ages, lifestyles, and physical capabilities at appropriate densities and locations." This goal is especially important to older residents, as fixed incomes may not keep up with inflation, disabilities and other health challenges may emerge, and driving may become more difficult.

Housing for seniors comes in many forms. The goal of aging in the community at the highest quality of life can be achieved through a variety of means, including remaining in one's current home, moving to another home in an age-integrated community (i.e., downsizing) or moving to an age restricted setting. Consequently, options range from single-family homes, to apartments, to independent living, to assisted living, groups homes, continuing care retirement communities and even nursing homes. Such settings might be owner-occupied, subsidized, rented or owned under some other arrangement. Ultimately, the maximum quality of life occurs when individual's environments are well matched with their needs and capabilities.

Aging in Place

Multiple surveys show that the vast majority of seniors prefer to age in place. Both an AARP survey in the 1990s and a 2004 Maryland-National Capital Park and Planning Commission (M-NCPPC) survey of Montgomery County residents age 55 and older found that 80 to 85 percent prefer not to live in age restricted housing. The choice seems to change somewhat with age, perhaps by necessity. A 1998 Urban Land Institute publication, *Seniors' Housing and Care Facilities*, says that "on average, residents enter independent-living units at 78.8 years of age, assisted living or personal care at 83.7 years of age, and nursing care at 84.3 years of age."

In addition, the M-NCPPC study found that 30 percent of respondents had an interest in "active adult" or "empty-nester" housing, smaller units with many social and recreational opportunities, generally oriented toward younger seniors. Leisure World is an established example of this housing type, but the county, unlike much of the country, has no recent examples of this choice.

Aging in place creates many challenges, both for the household and for the county. Some of these may include finances, delivery of services when needed, home maintenance, and transportation. The unknown element is how these challenges and preferences may change as the baby boomers (those born between 1946 and 1964) reach typical retirement age. Projections made by M-NCPPC indicate that whereas currently the majority of seniors live in relatively high density settings close to stores and services (typically a result of aging in place by earlier cohorts), baby boomers are projected to retire in suburban communities that are greater distances from stores and services; creating potential challenges if individual become isolated (e.g., widowed) or have difficulties with transportation.

Action Steps—Housing

- Current
 - Continue and expand Neighbors Helping Neighbors initiative. Surveys show that an overwhelming percentage of seniors will prefer to age in place in their current homes. This will present service delivery challenges because of the suburban, dispersed geography of aging baby-boomers. Fostering a culture of providing help for neighbors in need of senior services should overcome the difficulties of providing services to a broadly scattered clientele.
- Short-Term
 - Research and Planning: investigate best and promising practices that can be applied to Montgomery County, as well as identify naturally occurring retirement communities (NORCs). As the county's population ages, NORCs continue to develop. NORCs provide a centralized place to reach significant numbers of seniors, and may become focal points for delivery of senior programs and services.
 - Communication and Outreach efforts to educate public about various housing options, "right sizing", services available in community to assist with goal of Aging in Community, planning to mitigate future problems. A wide range of senior housing options exists in Montgomery County, from independent living to continuing care communities, to assisted living and nursing homes. When seniors are no longer able to maintain their existing homes, or when physical frailty makes a dwelling unsuitable, seniors need comprehensive, accurate information and advice about their housing options.
 - Provide village concept in other communities, with county taking a leadership role. (see Neighbors Helping Neighbors, above)
- Longer-Term
 - Expand opportunities for assisting living to moderate and low-income seniors, including those with mental illness. The cost of assisted living may be beyond the means of most seniors, especially those who have not accumulated assets from past homeownership. Additional Medicare waivers should be sought to allow more seniors to affordably take advantage of assisted living.
 - Revise tax policies (such as property taxes and fees) to reduce impact on seniors and give incentives to those providing services to vulnerable seniors. Even senior homeowners whose homes are no longer mortgaged may have difficulty affording the property taxes on a home that escalates in value. Tax relief programs beyond the existing homeowners' tax credit program should be explored for seniors. One idea would provide tax credits in return for volunteer community service performed by a senior or a member of a senior's family.

- Modify zoning regulations to favor walkable communities. Transportation isolation can be a major issue for some seniors. Provision of adequate pedestrian access to well located, close-by services, and extend the time seniors can continue to live in their existing communities.
- Work with United States Postal Service to have mail carriers check on seniors that are most vulnerable. Workers who have daily contact with senior households may be able to provide an advanced warning that a senior may be in need of additional services.

Safety

As individual's age they are at heightened risk for safety related issues including pedestrian accidents, motor vehicle accidents, fire deaths and injuries, exploitation by related or unrelated others, theft, abuse and neglect, or injury from falls. This constellation of increased vulnerability can be due to decreased physical capacity (e.g., strength, balance, cognitive impairment, financial insecurity, and/or the perception by others that seniors are "easy targets."

Theft/Crime

Senior residents tend to be more trusting of the public in general and therefore more easily taken advantage of by less than honorable persons. A variety of efforts has already been

Fire Prevention

During the past six years, 22 of Montgomery County's fire fatalities were senior residents over the age of 65. In the years 2005-07 alone, the county experienced 14 fire fatalities all of which were senior residents living independently. While this represents a small fraction of the entire senior population it does indicate that senior are particularly vulnerable to fire related injuries and death. Most fire fatalities in the county involved careless smoking behavior or improperly discarded smoking materials, the use or abuse of alcohol and/or prescription medications, and related reduced capacity from cognitive, psychological, physical or sensory impairments.

Financial Exploitation

Senior residents represent a vulnerable segment of residents whom may be the target of unscrupulous business practices and in need of specialized education. Issue areas affecting seniors include financial privacy and identity theft, credit card fraud, home improvement scams, door-to-door sales practices, sweepstakes and lottery offers, telemarketing and direct mail solicitations, work-at-home schemes, investment fraud, phony charities, health and medical claims, technology products, and general retail sales.

Abuse and Neglect

Abuse and neglect of seniors is an under-reported issue. In FY08 there were a total of 172 confirmed cases of elder maltreatment (77% of which involved self-neglect). This represents 0.15% of all seniors in the county. However, national surveillance studies

have estimated that as many as 3% of all seniors are maltreated by family members annually; for every incident reported to Adult Protective Services (APS) there could be as many as 19 other cases that go unreported.

Senior citizen maltreatment has been identified as an independent factor that contributes to placement in a nursing home (Lachs et al. 2002) and to mortality (Lachs et al. 1997). The most common forms of elder maltreatment are self-neglect, neglect (10%), exploitation (9%), and physical abuse (5%). It is believed that the most under-reported types of neglect are physical abuse and exploitation, with women substantially more likely than men to be victims of physical abuse (often by husbands).

Individuals with cognitive impairment (approximately 12,000 seniors in the community have moderate to severe dementia) are sometimes at risk of wandering. If not found within 24 hours, such individual have a 50% risk of serious injury or death. The county Police Department offers a limited program called Project LifeSaver. The Alzheimer's Association (in partnership with the county) offers subsidies to Safe Return; both of which help identify and return wanders to their families.

Fall Prevention

Falls, injurious falls, and fear of falling (FOF) are three related issues that are of great concern to seniors. Approximately 35-40% of individuals age 65 and older will experience a fall every year, with about 2% of all seniors requiring hospitalization due to a fall annually. FOF is a related issue that affects 30-40% of seniors.

While FOF is sometimes a protective response to a realistic risk of falling, in other cases it represents an exaggerated fear that can produce a cycle of dysfunction. Seniors with FOF often restrict their activity, which leads to isolation and physical atrophy, which in turn make the risk (and danger) of falling more intense.

Seniors are often unaware of their risk of falling, and even when aware of risk factors are hesitant to discuss them with family members (or even physicians). The number one recommended step to reduce the risk of injurious falls or dysfunction due to FOF is to have a risk assessment for falls done annually.

Individuals at *minimal* risk of falling are those who (1) had no falls in the prior year or (2) had a single fall but display no difficulty or unsteadiness when performing the "Get Up and Go Test" (i.e., stand up from chair without using arms, walk several paces, return and sit down). Individuals with two or more falls or who display difficulty in the "Get Up and Go Test" should receive a detailed assessment by a health care professional.

Risk factors for falls include muscle weakness (particularly in lower extremities), balance disorders, polypharmacy (i.e., taking four or more medications), environmental hazards in the home (poor lighting, loose carpeting), poor vision, and mental depression.

Pedestrian Safety

County residents are aware of the alarming number of pedestrian accidents, a disproportionate share of which involves seniors. The highest concentration of pedestrian collisions are clustered in the Third Police District (Silver Spring), and that such accidents peak in the late summer to fall season. Accidents are most likely to occur during daylight hours on weekdays between 3:00 and 9:00 pm. Research

indicates that the most effective traffic safety programs combine education, engineering and enforcement. In Montgomery County, schools, central business districts, and transit areas have been given highest priority because they represent areas with a significant number of pedestrians and high traffic volume.

Action Steps—Safety

- Current
 - Continue to implement recommendations of Pedestrian Safety and Fire Safety task forces
 - Continue to support efforts by partners to provide supports to caregivers, as well as identifying and returning to their families individuals with dementia who wander away
 - Continuing to pursue subject matter experts in order to convene a task force of experts. Several have been identified but as a direct result of the economy and redirected resources, new contacts must be established.
- Short-Term
 - Develop and implement fall risk and fall prevention programs
 - Research and Planning: investigate best and promising practices that can be applied to Montgomery County
 - Communication and Outreach efforts to educate public about range of safety issues
 - Development and distribute a tri-agency brochure to promulgate resources available from the safety agencies Department of Police, Fire and Rescue Services and the Office of Consumer Protection.
- Longer-Term
 - Authentication of businesses and professionals who serve Senior in order to avoid and eliminate abuse, fraud and exploitation. The objective is to provide via means of private and public partnerships the resources to link Senior Citizen to a web-base site designed to be hassle free and safe

Transportation and Mobility

Transportation options are essential for those who wish to age in place. As the National Association of Area Agencies on Aging 'Blueprint for Action' points out:

"To live independently, older Americans must be able to maintain a mobile lifestyle. The physical environment often compounds the difficulty through signage and road design that can confuse and endanger drivers of all ages and abilities. Enabling older adults to remain mobile and engaged in their communities will require both new

ways of transportation planning and design –such as innovative adaptation of transit services and the development of new volunteer driver programs—and a rediscovery of old ways of building streets and communities that balance the needs of pedestrians, bicyclists, transit users, and automobiles.” (N4A “A Blueprint for Action, Developing a Livable Community for All Ages”, page 20)

The 2005 White House Conference on Aging’s third highest rated resolution by the delegates reads: *“Ensure that Older Americans have transportation options to retain mobility and independence.”* Ethnic and minority elders may be disproportionately affected by the lack of transportation options and therefore are more likely to suffer isolation because a higher proportion do not drive and a significant number may be of lower income. These elders may have less auto ownership and are more likely to use public transportation. A 2004 U.S. Surface Transportation Policy report found that non-drivers take 15% fewer trips to the doctor, 65% less trips for social, family and religious reasons, and half as many trips for shopping and eating out. This lack of social contact has been found to be very detrimental to physical and mental well-being.

Montgomery County’s 2002 Blue Ribbon Panel on Pedestrian and Traffic Safety led to the county making progress: by installing pedestrian countdown signals at 110 county-owned intersections initiating a speed camera enforcement program and bus stop improvement. The Pedestrian Safety Initiative Report December 2007 states that most of the traffic signals in the county do not meet current standards for Accessible Pedestrian Signal. Budget requirements to reassess pedestrian signal timing will cost \$1.25 million over three years and enhancing traffic signals at \$30,000 per signal will cost \$150,000 per year.

Forums, focus groups, and an electronic survey of 219 residents and 192 professionals conducted by the Towson University Center for Productive Aging concluded that public transit users are concerned about schedules, hours of service, routes, and the ability of the existing system to get them quickly to where they wanted to go. The study also found that many non-English speakers had not heard of the free ride-on policy and that residents feel pedestrian safety is compromised by poorly lit and unsafe bus stops, long stretches of road without crosswalks, lights that foster jaywalking, unsafe drivers, and unreasonably short timing of traffic lights. (“Imagining an Aging Future for Montgomery County, Maryland”, May 2007).

Action Steps—Transportation

- Current:
 - Continue free RideOn for seniors.
 - Continue to support senior transportation initiative in collaboration with Jewish Council for the Aging (JCA) Roundtable.
 - Focus on pedestrian safety enhancements around areas noted for senior safety issues.
 - Continue bus stop improvement project to enhance safety and accessibility of bus stops.

- Continue to support to Senior Connection, which provides transportation assistance to the senior population as well as assisting emerging village models.
- Short-Term:
 - Develop travel training program to make seniors more comfortable using the bus.
 - Coordinate bus service with taxi service (Taxi/Ride-On Home Program).
 - Monitor the development of Council of Government's (COG) web-based regional clearinghouse project; an initiative designed to assist seniors in accessing available transportation resources.
 - Communication and outreach efforts including what transportation options/resources exist.
 - Driver safety programs including adaptation and training.
 - Research and planning: Study unmet and undermet needs, best and promising practices in other communities, and special needs of vulnerable and diverse populations.
 - Change taxi regulations to allow for door-to-door service.
- Longer-Term
 - Liability insurance for volunteers.
 - Investigate feasibility of Independent Transportation Network (ITN) model in county.
 - Support development of walkable communities.
 - Enhance transportation to Senior Centers as identified by Service Center Directors, by adding more mid-day service so senior centers can be easily accessed by RideOn or Metro Bus service.