

Ms. Baker had several suggested revisions as follows:

- Make page numbering consecutive throughout the entire report vs. within each section.
- Health & Wellness Pg 3, 5th bullet “Explore partnerships...” - add “and other applicable entities”. Ms. Carr suggested also specifying SourcePoint of Delaware County. They serve the portion of Dublin in Delaware County and provide medical transportation and various other in-home services. Ms. Baker stated that this point should also be included in the “Actions” section.
- Health & Wellness Pg 5, Actions, last bullet should read “Determine methods of identifying those that may be in need of transportation for basic needs as well as for social and civic interaction opportunities.”
- Civic Engagement and Employment section – add the word “Education” to that heading. The Actions include educational resources on retirement, social security benefits, etc.
- Civic Engagement, Education and Employment section – Action item “Determine transportation.... Correct “f” to “of” and add another Action item: “Explore educational opportunities for subject areas of interest to aging adults.”
- Daily Living Pg 2 Actions – reference to “land use patterns” add “and zoning options”. Ms. Crandall explained that the text “land use patterns and use allowances” covers it noting that “use” is covered by type of zoning.
- Daily Living Pg 4, top paragraph – text describes specific attractions or golf course, schools and corporate, but eliminates those having a general attraction to Dublin and the ambiance of the community.
- Daily Living Pg 4, Objective, add bullet - Accommodate desire for smaller, stand-alone, single-family homes with storage space for downsizing.
- Daily Living Pg 5, Actions - add questions to include desire about home size, style, ownership, storage, etc.
- Daily Living Pg 10, Actions – add “Encourage development of small, single-family dwellings or condominiums for both the aging population as well as young adult population.”
- Daily Living Pg 13, Actions – add “Identify zoning issues specific to accommodating complete streets and encouraging walkability connecting neighborhoods to commercial opportunities.” Ms. Crandall explained that our Complete Streets Policy should be set up so whenever we look at new streets or redevelopment of an area that we are looking at complete streets elements.

Ms. Carr asked if there were any additional edit suggestions. Mr. Strup suggested adding the word “affordable” housing to send a signal to developers. In addition to downsizing by senior adults, we are losing some of the diversity when young people cannot afford the housing in the area. Ms. Crandall noted some of the variety and pricing in the Bridge Street District such as Tuller Flats and added that development is very market driven as well so can become difficult to control. With regard to affordability, Mr. Kapustin stated that assisted living is not affordable. If you can find an affordable home, the struggle is finding the in-home care. The problem with Dublin is lack of real estate. It is a challenge to build a community tailored to seniors because real estate is at a premium. Ms. Gawronski added that some seniors may elect to stay in their homes longer if they are educated on the assistance available to them. She said that based on a conversation with Chuck Kranstuber, Washington Township is interested in partnering and possibly even sharing in funding some of the aging in place actions. Ms. Crandall stated that the City of Dublin has had conversations with Washington Township in an effort to get a kind call program going. They are in homes more often and can help identify seniors that may have needs that no one else is aware of. They will be part of our team when this plan is rolled out, and they will be called out in the plan as a potential partner.

Mr. Strup expressed concern about extra work for staff to get this plan implemented and suggested forming a small committee (cross section of residents of varying ages and needs to serve as a focus group) to help guide and work in partnership with staff and to provide feedback on various experiences.

Ms. Carr made reference to a Williams County program that had previously been discussed and asked about how the senior program at the Dublin Recreation Center could perhaps fit in to fill service gaps. Mr. Strup stated that he did call Williams County and found that they had stopped doing their annual report. They are now gathering information and will forward it to him to share with CSAC. Ms. Gawronski suggested continuing to seek other sources to see what can fit into this plan. Ms. Crandall noted that she had added a bullet point to the memo about how partnerships are imperative because the City is not the expert when it comes to many of these service gaps. There are many agencies that do provide services and the City should serve in a role as connector, convener and partner before considering providing or duplicating needed services. Ms. Gawronski agreed that much of the challenge will be researching and coordinating. She stated that City Council is supportive of CSAC going on a field trip if beneficial to researching in a more hands-on manner. Ms. Carr summarized that her point about the senior program at the Dublin Recreation Center is that it serves as a hub for some of the senior social interaction and is a great source for information sharing. If that program is changing, we need to attempt to retain some of those elements in one function or another because that social interaction is an important component of the plan. Ms. Bohman added that many of the area retirement centers do provide transportation to the Dublin Recreation Center for various senior events. Ms. Bohman added that the Franklin County Office on Aging's proposed tax levy just got passed for another five years and should be explored to see what services they render.

There were no additional comments on the Aging in Place Plan so Ms. Carr suggested moving on to reviewing the cover memo.

Ms. Baker suggested the following edits to the cover memo:

- Partnerships are Imperative – add in first sentence “many of the service and educational gap areas; nor is it realistic for the City to fill all the gaps.”
- Solving the Transportation Gap – add “for all types of housing and transportation needs.”
- Perhaps adding a last bullet on land use and use allowances

There were no additional comments on the draft plan or cover memo. Ms. Crandall noted that she will make the final edits and send both documents back out to CSAC members and asked if they wanted it placed on the agenda again for review at the June 13 CSAC meeting. CSAC members determined they will review and provide any final comments via email instead. The Commission members thanked Ms. Crandall for her extensive work on this project and these documents.

V. Other Items of Interest

- CSAC members should have received an Invitation to the Tantrum Theater.
- CSAC members were invited by the Ohio Parks & Recreation Association to the Gallant Farm, one of the Preservation Parks of Delaware County. Ms. Bohman provided each member with a package of information from her visit.

- Getting Things Done – a professional development opportunity for staff. Ms. Bohman had attend and noted she had information available on this program and speaker.
- Nature Education – Barbara Ray, Dublin’s Nature Education Coordinator hosts talks on various animals and developed a resource sheet entitled “All Things Animal Reference List”. Ms. Bohman distributed it and noted this information will also be on the City’s web site.
- Ms. Gawronski noted that she had attended the bi-annual HOA leadership meeting where there was discussion about Bridge Street District and noted some confusion with references to the Bridge Park (development) and Riverside Crossing Park. Signage and additional publicity should help eliminate this confusion with the names. Ms. Crandall noted the official park name was voted on by City Council in April and is on the City’s web site now.

VI. Next Meeting – May 9, 2017

The next meeting of CSAC will be held on Tuesday, June 13, 2017 at 6:30 p.m. The next assignment for CSAC is to assist in the development of a Sustainability Master Plan. That topic could be introduced at the June meeting with discussion about areas that need to be included, and then staff will be ready to move forward with presentations when CSAC reconvenes in September.

VII. Adjournment

There being no further business, Ms. Baker moved to adjourn the meeting, seconded by Ms. Gawronski. All in favor, the meeting was adjourned at 7:41 p.m.

Respectfully Submitted by:



Tamra Moore, Administrative Support III

Aging in Place

Strategic Plan – Draft
Original - September 19, 2016
Revised by CSAC – May 9, 2016



INTRODUCTION

Aging in Place Defined

Simply put, “aging in place” is the ability for individuals to remain in their homes or neighborhoods safely, independently and comfortably for as long as possible, regardless of age or ability.

Many U.S. residents wish to continue living in a familiar environment throughout their maturing years. This desire will present growing challenges to all levels of government organizations, health care providers and social service and non-profit organizations. For local governments, the challenges are apparent. As adults age, the degree to which they can continue to live in their homes and participate in their communities will be affected, in part, by how cities adjust to community design and service needs.

National, State and Local Trends

National, state and regional statistics demonstrate that as people age, an overwhelming majority wish to stay in their homes or otherwise live independently within their existing community. These same statistics show a rapidly growing number of individuals in the 65+ age group. The following provides a closer look at the trends that are beginning to impact communities throughout the U.S.

National Trends *(source: AARP)*

- One in three Americans is now 50 or older. By 2030, one in five will be 65+.
- A significant growth in those age 65+ will occur over the next 35 years:
 - There were 40.3 million people age 65 and older in 2010 (U.S. Census).
 - This number is expected to increase to 55 million in 2020; to 70 million in by 2030; and to 88.5 million by 2050.
- Between 2006 and 2030, the U.S. population of adults 65+ will nearly double from 37 million to 71.5 million.
- The number of people age 85 and older will increase from 14% of the older population to 21% in 2050.
- 87% of adults 65+ want to stay in their current home and community as they age.
- 71% of adults 50 -64 want to age in place.

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State of Ohio Trends *(source: Ohio Department of Aging - SFY 2016 Annual Report)*

- 2.5 million Ohioans are age 60 or older, and 1.7 million are age 65 or older, giving Ohio the seventh largest older adult population in the nation.
- By 2032, almost 22 percent of the State's population will be age 65 or older.
- From 2010 to 2030, Ohio's overall population is projected to grow by two percent.
 - In the same time frame, the over-60 and over-65 population segments will grow almost 20 times faster: by 47 percent and 46 percent, respectively.
- Approximately 1.7 million Ohioans provide some type of support to an aging loved one, friend or neighbor.

City of Dublin Trends

In January, 2015 the City engaged Ballard-King and Associates in a study to examine City-wide recreational programming needs. As part of this study, they reviewed 2010 U.S. Census data and estimated 2013 population calculations. With this information they estimated the City's 2018 population by age group.

For Dublin's older adult population, numbers trended similarly to state and national growth estimates. As the chart below shows, the 55-64 year age group is projected to grow 25.6% between 2010-2018 and the 65-74 year age group is projected to grow 71.8% in that same time period. The 75+ age group is also expected to grow by 15.9% between 2010-2018.

Age Range	2010 Census	2013 Estimate	2018 Projection	% Change
0 – 5	2,847	2,767	2,961	+4.0
5-17	9,827	9,612	9,996	+1.4
18-24	2,030	3,035	3,371	+66.1
25-44	11,377	10,939	11,249	-1.1
45-54	7,491	7,649	7,601	+1.5
55-64	4,903	5,533	6,156	+25.6
65-74	1,896	2,340	3,258	+71.8
75+	1,380	1,461	1,599	+15.9

INTRODUCTION

Creating an Age-Friendly Community

Part of the City of Dublin's mission statement provides that as a local government we will "strive to provide the best quality of life and environment in which our residents and businesses can thrive." In order to achieve this mission, we must look to create an environment and provide services that allow for residents of all ages to experience and enjoy all that the Dublin community has to offer.

It is important to note that the City is not alone in its efforts to address the issues related to providing services and opportunities for an aging population. There are numerous agencies and organizations at the national, state and county level that are focused on aging in place. As the City of Dublin moves forward with this strategic plan, outreach to and partnerships with various organizations will need to take place in order for this plan to achieve its goals toward creating an age friendly community. Several of these relationships are already in place and others will need to be developed.

Plan Overview and Structure

The strategic focus areas, objectives and tactics identified in this plan involved the collective input of more than twenty City employees who were gathered for two brainstorming sessions to assist in establishing the initial plan framework. Outreach to area agencies and organizations further aided in development of the identified objectives. Plans from other communities were also reviewed for best practice approaches. ~~S~~Finally, statistical data, studies and articles were researched to further add to an understanding of the challenges and opportunities local governments may be presented with in the coming years.

A draft of the plan was presented to Dublin City Council and was then referred by City Council to the Community Services Advisory Commission (CSAC) for further review. The Commission spent several meetings hearing from organizations and agencies that provide services to older adult populations, as well as from City staff members that were involved with drafting sections of the plans. The Commission provided input and additions to the draft plan that were forwarded back to City Council for final review and approval.

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This plan is divided into the following three areas, each with its own set of objectives and action strategies.

- **Health, Wellness and Social Services** – This section includes objectives related to patient advocacy and education; health/wellness education and programming; caregiver support; and other basic services and social services unique to this segment of the population.
- **Civic Engagement and Employment** – This section includes objectives related to social interaction and community connections; volunteerism and employment and workforce development.
- **Daily Living** – This section includes objectives related to commercial services; neighborhood design; housing option; transportation and public safety.

Once adopted, City staff will develop a work plan for each section noted above, which would contain more detailed information related to execution of the objectives, including timeframes and assignment of a responsible individual(s), division(s) or other organizations.

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HEALTH/WELLNESS & SOCIAL SERVICES

Health Care/Insurance Information Guidance

Navigating the complex healthcare systems and insurance requirements can be challenging and frustrating for older adults, often adding to the stress associated with health issues. Several state and county agencies and organizations exist that are focused on providing patient advocacy and assistance in this area. The City can serve as an informational resource to help connect residents to these resources.

Objective: Increase the availability of educational opportunities and information related to health care insurance, Medicare and Medicaid.

Actions:

- Partner with area agencies to provide an informational “clearinghouse” of available resources related to health insurance/Medicare/Medicaid. This could include the establishment of an on-line resource page or a single point of contact and an on-line resource page.
- Partner with local agencies to provide informational classes for aging adults and their adult children/caregivers.
- Continue to provide an on-site resource to those in need of assistance understanding Medicare/Medicaid.

Health/Wellness

The ability of individuals to stay in their homes as they age closely correlates to their ability to maintain their health. Diet, nutrition, physical activity, behavioral/emotional health and financial independence are all components of “whole-person wellness”. Chronic conditions that may emerge earlier in life can compound other aspects of wellness in older adults. Limitations on mobility can quickly impact the opportunity for social interaction and result in isolation and in some cases depression.

The identification of health risks for this segment of the population and the provision of accessible wellness education and services related to those risks will be a critical task for providing the environment in which older adults can remain healthy and active throughout all stages of their lives. Success in creating a Healthy Dublin for residents of all ages will entail the development of an integrated approach to community wellness and the collaboration of several key health and wellness partners.

HEALTH/WELLNESS & SOCIAL SERVICES

Objective: Increase the availability of comprehensive wellness services and education and fitness opportunities targeted at key health risks of the aging adult population.

Actions:

- Identify key health risks for aging adults in order to offer targeted and proactive health/wellness programs.
- Include as a focus area for Healthy Dublin (community-based health/wellness initiative) the aging adult population.
- Provide fitness programs targeted at identified health risks, including a focus on fall prevention.
- Work closely with Ohio University and other community partners on the development of an evidence-based wellness plan to provide services, programs and education.
- Work closely with Syntero and other behavioral health agencies to identify and support behavioral health needs of this segment of the population.

Care Giver Support

Research by the Ohio Department on Aging found the following related to care givers in Ohio:

- Approximately 1.7 million Ohioans provide some type of support to an aging loved one, friend or neighbor.
- Nearly three out of four family caregivers have a regular job in addition to their caregiving responsibilities.
- Sixty-eight percent of working caregivers report making changes to their work habits (reducing hours, taking leaves of absence, etc.) or having performance issues at their jobs as a result of caregiving.
- Caregiver support programs help working caregivers better manage their work and family responsibilities, and have been shown to lead to better worker retention, increased productivity, reduced stress and improved health for workers.
- Support interventions that include both the caregiver and the care recipient and are tailored to caregivers' specific needs are the most successful.

This information conveys the challenges and stresses placed on care givers and the impacts it can have on the quality of care being provided. Furthermore it notes the

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HEALTH/WELLNESS & SOCIAL SERVICES

impact caregiving can have on employers resulting from care giver leaves of absence and performance issues. Ensuring appropriate resources for care givers can have a significant positive impact the City's residents and businesses.

Objective: Increase the availability of Caregiver Support services and education.

Actions:

- Work with area agencies to provide education and support services to caregivers in the Dublin community.
- Work with businesses to provide similar education to employees that are faced with the need to care for aging parents.
- Work with Syntero and other behavioral health agencies to assist in supporting the behavioral health needs of care givers.
- Explore partnership opportunities with Ohio University to co-locate representatives of the Central Ohio Area Agency on Aging and Syntero to provide caregiver support.

Services

Unique challenges and related service needs accompany the older adult population. Identifying these service needs and partnering with the proper organizations to provide the services will be an appropriate and needed role for the City to play. Service areas could be as simple as a resident needing help with lawn care to as challenging as a resident needing transportation for medical appointments. The availability and reliability of services to assist with property maintenance, home retrofit needs and transportation can be the difference between an older adult being able to stay in his/her home versus needing to explore other less desirable options.

Transportation in particular has been identified nationally as one of the greatest challenges for older adults, especially in suburban and rural communities where transit options are minimal or non-existent. While some services do exist to provide transportation, there are often requirements related to income level or limitations on the types of transportation provided. In order for individuals to be able to fulfill normal daily activities and to actively engage in their communities, the transportation dilemma will need to be closely examined.

HEALTH/WELLNESS & SOCIAL SERVICES

Objective: Ensure that critical social services needs of our aging population are being addressed.

Actions:

- Work with area social service agencies to identify needs and “service gaps” of our aging population.
- Engage the older adult population to best understand their needs.
- Partner with these agencies to minimize identified service gaps.
- Explore the development of a community-based “Village-to-Village” type program.
- Develop a web page that provides links to service and social service resources.
- Explore partnership opportunities with Ohio University to co-locate representatives of the Central Ohio Area Agency on Aging and Syntero to provide social services support.

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Objective: Address needs related to Home Maintenance and Repair/Retrofit.

Actions:

- Initiate an internal team with Code Enforcement, Volunteer Resources, Building Standards and Washington Township Fire to identify the needs and develop an action plan related to home repair and property maintenance.
- Explore expansion of the current “Yard Squad” transitioning into the development of a community-based “Village-to-Village” type program.
- Work with area agencies to provide resources for home repair and home retrofitting needs.

Objective: Examine ways in which transportation can be provided to those in need of such services.

Actions:

HEALTH/WELLNESS & SOCIAL SERVICES

- Identify existing transportation services currently available in order to promote available options.
- Examine other national transportation models to consider pursuing.
- ~~Continue to build the existing Senior Buddy Program to assist with transportation and social interaction needs.~~
- Explore expansion of the current "Yard Squad" transitioning into a community-based "Village-to-Village" type program that could assist with transportation needs.
- Determine methods of identifying those that may be in need of transportation for basics needs as well as social and civic interaction.

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Social Interaction/Community Connection

A study that was published in the December, 2011 issue of the *Journal of Health and Social Behavior*, examined social connection for older adults and its impacts on overall health and well-being. The result of the study, which followed 1,667 adults over 60 years of age for 15 years, found the following:

- Older adults who are socially active and maintain or increase their interactions with others as they age have a slower progression of health declines than elderly people who become less socially engaged over time.
- Socially engaged older people may be more motivated to maintain their health than their less-engaged peers.
- Older adults who are more socially active may have access to better health information than their less-engaged peers.

As people age and have fewer outlets for social interaction and/or transportation challenges, there is a higher risk to feel isolated, which can adversely impact health and behavioral health. This can be further impacted by limitations resulting from existing health conditions.

Objective: Ensure that the social interaction and community engagement needs of our aging population are being met.

Actions:

- Provide opportunities for informal and planned social interaction.
- Provide information/resources for community-wide engagement opportunities.
- Explore intergenerational opportunities through parks and recreation programming and park design.
- Provide outreach/information to older adults recently moving to Dublin to help them connect socially.
- Determine transportation options available to those in need of such services to participate in these activities.

Volunteerism

Numerous studies have pointed to the social, emotional and physical health benefits of volunteering. One such study, completed by the University of Pittsburgh in 2010 and published in the *Gerontologist*, surveyed more than 200 volunteers, age 50 and older, who had contributed an average of six hours of volunteer time a week to a

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governmental or non-profit organization in a variety of roles. The volunteers were surveyed at the start of the study and then again a year later. The results of the surveys, which focused on health impacts of the volunteer experiences, concluded the following:

- The volunteers reported significant improvements in their mental health, along with other "socioemotional" benefits ranging from a greater feeling of productivity to increased social activity to an overall sense that their life had improved.
- Volunteers were far more likely to enjoy these benefits when the volunteer organization gave them adequate training, ongoing support, and greater flexibility in choosing activities and schedules.

The City of Dublin is fortunate to have residents that are actively engaged in the community through volunteering and other pursuits. Consistently over the past few years, more than 3,000 Dublin residents have given their time and talents to volunteer for the City. The City's volunteer program has always placed an emphasis on meaningful volunteer opportunities and providing training, on-going support and appropriate recognition for all volunteers. As the older adult population continues to grow, an increased focus on this group's volunteer interests and preferences will need to occur. Additional opportunities to capture the talents of recently retired Boomers as well as opportunities for older adults who are looking for social interaction and civic engagement will be pursued.

Objective: Ensure that volunteer opportunities are available that target the talents and needs of our adult population.

Actions:

- Connect post-career adults with volunteer engagement and "service learning" opportunities.
- Design and manage intergenerational volunteer opportunities.
- Encourage and facilitate community leadership service for older adults.
- Design and encourage volunteer engagement that emphasizes outreach to aging citizens.

Employment

The National Council on Aging (NCOA) reported the following facts regarding the U.S. older adult workforce:

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- In 2015, 33 million Americans aged 55+ were employed, and 1.3 million were actively seeking work. (Bureau of Labor Statistics [BLS])
- By 2015, older workers aged 65+ outnumbered teenage workers for the first time since 1948. (CNBC)
- By 2019, over 40% of Americans aged 55+ will be employed, making up over 25% of the U.S. labor force.
- Although the rate of unemployment among mature workers is lower than younger populations (3.7% in Nov. 2015), older workers who do become unemployed spend more time searching for work. In 2014, 44.6% of those unemployed workers aged 55+ had been unemployed for 27 weeks or longer, compared to 36.4% of workers aged 25-54. (BLS)
- Employers rate older workers high on characteristics such as judgment, commitment to quality, attendance, and punctuality. (Committee on Economic Development)

The Ohio Department on Aging noted in a recent report that more Ohioans are also choosing to stay in the workforce or to return to the workforce long after they have reach a traditional retirement age. Older adults choose to remain in or return to the workforce for a variety of reasons; some out of a desire to keep working and contributing to a career or company and some out of a necessity to supplement their earning and/or retirement savings. Some choose full-time employment, while other prefer part-time employment. In the coming years, the needs of this population segment will grow with respect to services and resources related to job placement, training and skill development.

Objective: Increase the availability of employment services and opportunities for those seeking encore careers.

Actions:

- Work with area agencies and colleges/universities encourage employment resources and training/development in the community, [including on-line courses](#).
- Partner with the Dublin Entrepreneurial Center to provide classes focused on non-profit and business start-up skill development.
- Work with the Chamber of Commerce and area businesses to explore encore career opportunities.

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DAILY LIVING

General

Residents continually rate the quality of life in Dublin as exceptional. Residents of all ages cite the City-provided services and responsive public agencies as the foundation for their enjoyment of daily life – from great neighborhoods, high quality commercial services and environments, to a range of transportation options.

With these advantages, Dublin is in a position to grow into what has become known as a “naturally occurring retirement community.” But this will require some shifts in land use, transportation, neighborhoods, and other community building efforts.

Through much of Dublin’s history, land use patterns and services have developed to accommodate the needs of growing families, including commercial areas that are separated from but accessible to many different single-family neighborhoods. As demographic patterns shift to an increasing demand for services and development targeted to an aging population, the City must consider how its land use policies and programs should evolve to maintain the community’s exceptional quality of life decades into the future.

Daily Living Goal

To maintain the highest standards of daily living for Dublin residents in the coming decades, the City will consider the means by which necessary changes to commercial services, neighborhood design, housing, transportation, and public services will be made to meet the needs of our aging residents.

Commercial Services

Typically, the needs of older adults do not vary from other adults. Food, shelter, and access to medical services are needs for any family; the same is true of the senior population. Changes may occur in later age groups, when access to medical services may become a more frequent need.

In Dublin, commercial services tend to be concentrated in exclusively non-residential settings. This means that to obtain everyday basic services, such as groceries, medications from pharmacies, and personal services, residents must drive to these areas. For the elderly, driving to reach these areas can be challenging. Relatives may be able to provide some assistance, as well as senior related organizations that

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provide shuttles from senior housing facilities to shopping areas. However, as the elderly population increases as a total percentage of Dublin's residents, the limited services currently available to access commercial services will become stretched and likely unable to meet future demand.

In residential areas with a significant senior population, closer proximity to certain land uses (such as medical facilities, grocery stores, etc.) is desirable. Ideal senior housing sites are within walking or short driving distance from a grocery store, drugstore, public transit stop, medical facility, church, bank, restaurant, park, college or adult education facility, community center, post office, library, senior center, book store, movie theater, and retail shops.

Currently, most commercial services in Dublin are concentrated in a few locations, most of which are heavily dependent on access by automobiles. In these cases the ability to reach shopping options depends on location. However, some basic shopping may not be easily accessible; grocery stores are typically very large and need to be located in areas that are more accessible by vehicle than walking. In these instances, alternate transportation is necessary, e.g. transit, resident shuttles, Dial-a-Ride, commercial transportation, family members). There may also be commercial delivery services available with some businesses. The prominent challenge for these strategies include the integration these uses into existing and new neighborhoods and ensuring that the design of commercial service uses is compatible with its setting.

Objective: Encourage development that offers a range of shopping and daily living needs for the elderly, including both neighborhood and community commercial services in locations that are convenient to seniors.

Actions:

- Consider changes in land use patterns and use allowances that will support services in closer proximity to neighborhoods. There may be opportunities for smaller format uses in appropriate locations that could offer some basic needs, such as personal services, recreation/social activities, restaurants, dry cleaners, and other services. Sites should be identified where such small, neighborhood clusters are best situated to serve a walkable market, yet limit intrusions on adjacent neighborhoods. It's important to recognize that it may prove more difficult to adequately change land use patterns in that the commercial marketplace does not currently favor smaller scale commercial uses that might fit best into a neighborhood setting.

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- Consider permitting other living options that include small scale commercial uses. Other, more unique options may become more commercially viable, such as live-work homes that could offer very basic services, retail options, or cultural opportunities in selected locations. This typically occurs in a townhouse form within a denser, multi-family development pattern.

Neighborhood Design

There is no “one size fits all” approach to neighborhood design to accommodate aging and elderly residents. Traditionally, neighborhoods that offer multiple family dwellings and smaller single- and two-family homes are attractive to older adults seeking to downsize, due to lower maintenance demands and the social benefits of living in closer proximity to neighbors. Many seniors prefer walkable, higher density neighborhoods close to commercial uses, personal services, medical offices, and public facilities due to the reduced travel distances needed to access these necessities of daily life. However, many older adults will choose to continue living in their current single-family homes. The City should plan for this by encouraging neighborhood design that accommodates the needs of residents of all ages.

Neighborhoods that include elderly residents range from areas of greater density to accommodate multiple family dwellings, to smaller single- and two-family homes, to living in their existing single family home. Regardless, the design of these neighborhoods will need to understand the frailties that may occur during the elder years, and encourage the benefits of socialization and the availability of necessary services. Well-designed neighborhoods will be located closer to important amenities such as health care, social services, retail stores, public spaces and buildings, and other amenities, as well as transit options to support both walkability and the need for accessible transportation. It is also important to be close and accessible to areas with strong social ties such as friends, family, religious and community organizations in order to maintain social connections. These support networks are critical to successful, independent living for seniors.

Neighborhoods should also provide ample open space for safe and convenient recreational and social facilities, such as walking paths and community rooms. Residential units and community buildings should consider using universal design and “visitability” principles which allow for community members to “age in place,” as well as easy access for those residents and visitors who have mobility challenges.

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Once Muirfield Village was established in the 1970s, the City of Dublin experienced a housing boom that has continued steadily through the subsequent decades. Many of these neighborhoods were developed to respond to the demand for high quality housing to serve families: those attracted to Dublin's picturesque golf course communities, as well as families of employees working in the nearby corporate office campuses that began to emerge in Dublin during the same time period.

This boom in residential development was consistent with nationwide housing trends, where Baby Boomers drove the demand for single-family homes to accommodate growing families. Often, and particularly so in Dublin, the preference was for single-family homes on larger lots in low- to medium-density neighborhoods with ample open spaces, access to schools, and located at a distance from the hustle and bustle of Dublin's commercial centers along I-270, US 33/SR 161, and Sawmill Road.

As Dublin's Baby Boomers near retirement and their millennial children begin to "leave the nest," housing preferences are starting to change dramatically – and preferences for neighborhood design and access to services are also starting to shift in response.

Objectives: Encourage neighborhood development that:

- **Recognizes the frailties that may occur during elder years and provide accessible paths and infrastructure to accommodate such needs;**
- **Relates in close proximity to important amenities such as health care, social services, retail stores, public spaces and buildings, and other amenities;**
- **Offers transit options to support both walkability and the need for accessible transportation;**
- **Emphasizes the benefits of socialization and the availability of necessary services; and**
- **Provides ample open space for safe and convenient recreational and social facilities.**

Actions:

- Identify specific neighborhood design preferences and amenities desired by older adults. Older adults may have widely varying housing preferences. Some, for example, may wish to be near people in their general age range, but not to the point where full time care is provided (independent living). Others may want to be part of a mix of ages. Opportunities for both are needed. (See

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Housing section.) Additional investigation into this area should be accomplished, including questions to seniors and “almost seniors” such as:

- Would you prefer to live in a neighborhood that has people of all ages, or all seniors?
- How important to you is a neighborhood with a strong sense of community, or do you prefer more privacy?
- Do you plan to live in separate places at separate times of the year (e.g. – Dublin/Florida)?
- How comfortable would you be in a neighborhood where many others spent time elsewhere more than a few months of the year?

This may need to be done periodically as lifestyle changes occur in the city, and as more housing options become available.

- Identify and include specific services and amenities that older adults prefer to have integrated into existing neighborhoods (or located within close proximity of existing development).

In senior housing projects, where residents’ physical mobility is often limited, closer proximity to certain land uses (such as medical facilities, grocery stores, etc.) is desirable. Ideal senior housing sites are within walking distance of a grocery store, drugstore, public transit stop, medical facility, church, bank, restaurant, park, college or adult education facility, community center, post office, library, senior center, book store, movie theater, retail shops, etc. Larger senior housing projects may include similar uses on site.

To accomplish this strategy, focus groups of seniors and ‘almost seniors’ should be interviewed, with questions such as,

- In an ideal neighborhood, what services and amenities should be located close to your home?
- What distance do you feel comfortable walking to get to services and amenities?
- What distance do you feel comfortable driving to get to services and amenities?
- Are there other transportation options that you would like to have available to access services and facilities?
- Is the Bridge Street District attractive to you as a potential place for you to live (why/why not)?

- Identify Zoning Code amendments that can assist with meeting the housing and neighborhood design needs of an aging population. Potential Zoning Code amendments could include allowing mother-in-law suites and accessory

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dwelling units, and new zoning districts that are intended to accommodate housing with residential design standards that appeal to aging residents, such as smaller lots and reduced parking requirements. Such zoning districts may be targeted along or near transit routes or in transitional areas between commercial areas and existing single-family neighborhoods.

- Establish neighborhood design principles and/or design guidelines that ensure new development is designed to accommodate the needs of aging adults, and that existing development is retrofitted to serve these needs when possible.

Proactively establishing development standards for senior housing proposals will help the City integrate new development harmoniously into existing development patterns. Senior housing developers/operators may also benefit from a clear understanding of the City's expectations with respect to integrating senior housing into the community and take advantage of existing infrastructure and amenities.

- Continue to pursue neighborhood design options that attract a mix of age groups to provide more dynamic and diverse living opportunities.

Older adults may have widely varying housing preferences. Some, for example, may wish to be near people in their general age range, but not to the point where full time care is provided (independent living). Others may want to be part of a mix of ages. Opportunities for both are needed. A wide variety of design options beyond simply providing housing options will be needed to attract these residents.

Because many older adults enjoy walking, extensive pedestrian pathways are important to senior housing to help provide areas for passive recreation as well as provide connections to areas within a site and, for those who are physically able, beyond the site boundaries. Wider pathways are necessary to allow at least two people to pass with wheelchairs or walkers. Seating that provides safety and security to residents should be encouraged. Seating which backs to building edges, walls, planters, landscaped areas, etc. helps give residents a sense of security and safety. Outdoor seating should have armrests and backrests.

Housing

Few question that there are dramatic shifts underway in life styles and living preferences. Some of these shifts are related to changing demographics, others are

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simply based on the economic climate. What is clear for Dublin's senior population is that they are seeking a wider range of housing opportunities; age restricted housing alone will not satisfy the demand.

Many want to remain in their own homes for as long as possible. When asked, an overwhelming number of aging adults would prefer to remain in their current homes for as long as possible. In fact, this trend is so overwhelming that researchers have begun to recognize it as "naturally occurring retirement communities." This is due in large part by the fact that the baby boomer generation was among the first to live in the burgeoning suburbs of the 1950s through the 1970s.

Among the motivations for wanting to stay in their current residence is the desire to remain in the same community and neighborhood where ties to family and friends are strongest, where there is familiarity with shopping and cultural opportunities, and simply where there is a sense of "home." However, over time, some modifications may be necessary for that to happen, even for those who are in relatively good health as personal mobility challenges arise. Similarly, older residents, particularly those on fixed incomes, may have difficulties keeping up with normal home maintenance.

But other life changes may open up other options at least for generally healthy and mobile seniors, including:

- Staying in their home.
- Moving to a smaller single family home.
- Moving to another housing option, such as an apartment or condominium where maintenance and other responsibilities are less involved.
- Where permitted, staying in their home, but renting out portions for extra income (accessory housing). Or, staying with their family in an accessory dwelling that permits them a greater degree of independence ("granny flat").

Other seniors want to live in "age-integrated" environments that are close to restaurants, entertainment, and shopping. Usually, this option can be fulfilled through other housing provided for younger age groups. (See Neighborhood Design for a more complete discussion.)

For some, there may come a time when other housing options might be needed that provide a greater degree of care. At the same time there will be a growing demand for housing that offers increasing levels of care, including the following.

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- **Independent Living Communities:** These operate much like any other multi-unit residential complex except that they are marketed explicitly to people aged 55 and older, and usually offer communal dining, housekeeping and transportation. Perhaps because of the growing needs of seniors who require more comprehensive care, independent living centers are becoming less prevalent. The typical sites for independent living communities are within established residential neighborhoods. The key for most communities is the ability to employ compatible development standards to achieve harmonious development patterns with surrounding neighborhoods.
- **Assisted Living Communities:** These occupy about one-half of the senior housing market and offer services such as laundry and food service, organized activities, and limited medical oversight and assistance to those with less mobility, blindness or other impediments are offered. The biggest trend in these communities is to reduce the institutional atmosphere by creating a more home-like setting by providing more common space for residents. The typical sites for assisted living communities are within denser residential areas.
- **Skilled Nursing Facilities:** These communities are commonly called nursing homes because they provide 24-hour care for seniors who need intensive medical attention. Patients generally rely on staff for all daily tasks, including bathing, dressing and restroom assistance. With about a third of the U.S. market, these facilities could grow as medical technology continues to support longevity in seniors. Memory Care developments are also classified under this category to provide care for seniors with Alzheimer's or other kinds of dementia. These developments are more like a multi-family development, but offer integrated medical services. Accordingly, these facilities are typically located either within residential neighborhoods or commercial areas.
- **Continuing Care Retirement Communities:** Also referred to a "transitional living," these communities offer blended levels of service including independent, assisted living and nursing home care all on one campus or site. These sites often require a longer-term contract from residents. These sites require larger sites to accommodate a variety of senior care facilities.

Objective: Encourage development that offers a range of housing options and opportunities for the elderly, including remaining in their current homes, empty nester homes, independent living, and a range of other residential living and care options.

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Actions:

- Monitor market demands for a range of senior housing options, determine location criteria, and identify the most appropriate zoning approval methods.

In 2015, the Dublin Planning Department undertook an analysis of existing senior care facilities in the City to examine their nature and extent, and to suggest potential locational criteria and zoning language to address these uses. The following chart lists the projects that were either completed or nearly completed in early 2015.

Name	Location	Year	Type	Sq. Ft.	# Units/Beds
Dublin Retirement Village	6470 Post Road	1987	Independent Living	181,000	134
Dublin Springs Hospital	7625 Hospital Drive	2011	Skilled Nursing	55,115	72
Emerald Crossing - Brookdale Senior Living	7200 Muirfield	1997	Assisted Living	50,000	84
Vrable Nursing Home	4500 John Shields Parkway	2015	Skilled Nursing	131,455	120
HCR Manor Care	4075 West Dublin-Granville Road	2011	Skilled Nursing	65,000	120
Sunrise Senior Living	4175 Stoneridge Lane	2007	Assisted Living	65,000	75
Dublin Memory Care Facility	6355 Emerald Parkway	2012	Skilled Nursing	32,861	66
Avondale Senior Village	5215 Avery Road	2011	Independent Living	101,134	200
Convalarium - Geriatric Care	6430 Post Road	1987	Assisted Living	41,000	100
Dublin Senior Community - Senior Star	6480 Post Road	2007	Assisted Living	81,000	80
Sanctuary at Tuttle Crossing	4880 Tuttle Road	1996	Assisted Living	52,226	78
Totals				855,791	1,129

Most of the facilities in Dublin have limited impacts on adjacent neighborhoods. In fact, most are not integrated into residential areas and tend to stand alone or nearer to offices and other institutional uses. However, operators of these facilities have indicated that they would prefer locations that were part of a residential setting; to make their residents feel like more of a neighborhood and less institutional in nature. This desire can be accomplished with proper conditions and approval methods that should be part of the Zoning Code.

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- To allow residents to stay in their homes longer, encourage developers to include a percentage of “universal design” dwellings and incorporate “visitability” elements within new housing developments.

Universal design (often inclusive design) refers to broad-spectrum ideas meant to produce buildings, products and environments that are inherently accessible to older people, which supports successful aging-in-place, as well as easy access for other residents and visitors who have mobility impairments.

“Visitability” is a growing trend nationwide. The term refers to single-family or owner-occupied housing designed in such a way that it can be lived in or visited by people who have trouble with steps or who use wheelchairs or walkers.

- Investigate the potential need for permitting a variety of accessory housing options and determine any zoning or other regulatory issues that might address the issue appropriately for Dublin.

This could be used to cover two housing situations: living with family members but retaining a greater degree of independence, or, allowing a portion of the home to be used for rental purposes to provide additional income. However, there should be some investigation of actual need for either of these options prior to proposing any regulatory changes.

- Investigate the potential for a housing maintenance assistance program directed toward senior homeowners, or determine if any existing programs could be used in Dublin.

While Dublin’s population ages, so too does its housing stock. Some areas of the city, even outside of Historic Dublin, have housing that is reaching 50 years or more in age. This means that more attention to maintenance will be needed for a substantial, and growing, portion of Dublin’s housing stock.

Some homeowners, such as those on fixed incomes, may find it increasingly difficult to fund needed repairs. Some programs, such as the Michigan Agency on Aging’s home maintenance, repair and accessibility modification program, may provide some assistance, but there may be

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gaps in access to these programs for which the City could consider filling with grant or low interest loan programs.

Transportation

"Giving up the keys" is a difficult decision for many seniors, especially for those that wish to remain independent and in their current homes. Their transportation options can become very limited, depending on where they live and the access options. Lacking the ability to get to the doctor, shop for groceries, or simply take advantage of opportunities for socializing can significantly affect quality of life for seniors. Dublin's general land use patterns compound this issue because many of these services are clustered in areas that are a distant from neighborhoods and lack public transportation.

The Community Transportation Association of America (CTAA) estimates that 26 million elderly Americans rely on other means of transportation rather than driving. By 2030, the CTAA estimates this number will increase by more than four times. The ability to provide safe, reliable and accessible transportation for seniors is an issue that all communities are facing throughout the United States. When the ability to drive is no longer feasible for seniors, other methods must be explored. Usually this includes either public or private transportation, both of which present limitations depending on the needs of the individual.

In central Ohio, public transportation is synonymous with a public bus system. The Central Ohio Transit Authority offers a reduced rate for senior riders, aged 65 and older. COTA also provides fixed route buses that are designed to accommodate various disabilities includes buses that are lower to the ground to allow easier accessibility as well as buses that have ramps for wheel chairs. As part of their ridership program, they welcome service dogs and allow Personal Care Assistant to ride for no fees. This all in an effort to make public transit affordable and accommodating to a senior population.

Private transportation offers a broader range of services that can be used to accommodate the elderly population. Taxi cabs are a typical "curb to curb" service that can allow customers to request transportation, when needed, and provide a more personable social interaction than public transportation. The limitations to this service is that patrons typically need to be fairly mobile and not require assistance leaving their home, entering and exiting the vehicle, and entering their desired designation. This form of transportation can also be cost prohibitive, especially for

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elderly who have fixed incomes and may have negative perceptions for a generation of people who are more accustomed to driving independently.

Walking and other forms of non-motorized transportation may be more acceptable modes of transportation for senior citizens assuming adequate infrastructure, smaller distance between amenities, and safe pathway connections are provided. All of these accommodations, as well as a range of options, are the responsibility of local communities.

Objective: Ensure that seniors have information regarding safe, convenient, reliable, and cost-effective transportation options.

Actions:

The actions associated with enhancing transportation options for seniors come in two forms. First, what considerations need to be made when seniors are using their own means of transportation (walking, biking, automobile)? And, second, what considerations are needed for seniors that must rely on access to transportation options provided by others (transit and similar means)?

- Develop a Complete Streets program.

In 2010, the Mid-Ohio Regional Planning Commission (MORPC) adopted a Complete Streets Policy. As defined by MORPC, Complete Streets are roadways designed to safely and comfortably accommodate all users, including, but not limited to motorists, cyclists, pedestrians, transit and school bus riders, delivery and service personnel, freight haulers, and emergency responders. "All users" includes people of all ages and abilities.

The Vision/Purpose of the Policy is: *To create an equitable, balanced, and effective transportation system where every roadway user can travel safely and comfortably and where sustainable transportation options are available to everyone.*

To accomplish this, the Policy included three major goals:



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1) To create a comprehensive, integrated, and connected transportation network that supports compact, sustainable development and provides livable communities.

2) To ensure safety, ease of use, and ease of transfer between modes for all users of the transportation system.

3) To provide flexibility for different types of streets, areas, and users.

Dublin's street planning has made significant progress toward creating "complete streets," particularly in the Bridge Street District and along some major roadways, such as Emerald Parkway. But more could be done to rework existing streets to better accommodate a wider range of transportation options. Doing so, while taking special account for the needs of seniors, would be of great help toward creating safer streets for older residents.



- Identify and include specific services and amenities that older adults prefer to have integrated into existing neighborhoods (or located within close proximity of existing development).

This recommendation is from the Neighborhood Design section of the Daily Living Focus Area. Placing these services and amenities, such as groceries, medical offices, and service retail stores, closer to residential areas opens up a wider range of access options, particularly for walking or bikes. Mixed use developments provide excellent opportunities for seniors where the services they need can be close by.

- Identify existing transit and transportation options and increase awareness of their accessibility.

Regional transit service, provided through the Columbus Transit Authority, offers some benefits to seniors, including more accessible vehicles and discounted fares. Other transportation options, such as the Red Cross' Community Transportation Program, Franklin County Senior Options, and Union

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County Agency Transportation Service also provide services for seniors. Some seniors may not be aware of the extent of the services and coverage areas.

- Identify gaps in existing transit and transportation options and investigate options measures to provide necessary services.

There are other services that could be investigated, either through existing transit options or by adding others. These could include such as flexible route services, increased on-demand options, and volunteer efforts. This could also be made a part of a multi-modal study.

Public Safety

Many of the public safety issues that concern seniors are of concern to everyone. Safety in their homes, being a victim of a crime while out in public, driving safety, and, increasingly, vulnerability to cybercrime and swindling. Some of these issues may be out of the City's legal and enforcement responsibility, but may afford opportunities for additional education. For others, the City may be able to positively influence change through prevention. Among the personal safety issues that might concern the senior population are:

- Elder abuse;
- Personal safety;
- Home safety; and
- Fraud, scams, and cons.

Another area of concern that often affects the ability of individuals to live independently is the ability to remain safe in their homes. Some residential designs may not be as conducive to an aging population. This can include multi-story homes, basement laundry facilities, bathroom features, and general home security. Identifying programs that help modify or improve these design choices may assist older populations to stay in their home for longer periods of time.

Other concerns include driver safety, medical alert needs and maintaining daily medical regiments, mental health issues, and others. However, the focus of Public Safety for Aging in Place remains on those seniors who wish to have a reasonably independent lifestyle that allows them to stay in Dublin. It is not intended to address any particular aspects of assisted living or other short or long term care needs, such as those covered above under Housing.

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Objective : Provide the information and tools necessary that will allow seniors to maintain a safe living environment, whether at home or out in the city.

Actions:

- Institute an on-going effort to identify major security concerns facing the senior population.

The four areas noted above cover a wide range of concerns. More specific information, gathered from the senior members of the Dublin community can assist in developing targeted training and information. As these concerns shift over time, this will require a continuing effort as new issues arise.

- Provide access to comprehensive, on-going education programs dealing with major public safety concerns.

There are several area-wide agencies that deal with senior's issues, many of which have an educational component. As these concerns are not often unique to only Dublin, the programs that already exist may only need wider publicity. In addition, arrangements may be available to teach programs at the City. Where there are gaps in addressing these issues, the City may consider either partnering with other agencies, or providing its own programming. Finally, some consideration may be given to organizing an annual activity directed to seniors, such as those currently held for health and environmental issues.

- Consider the needs of seniors in neighborhood, roadway/walkway designs.

The Federal Highway Administration's Office of Safety's Older Road User program addresses the engineering aspects of highway safety, including publications on:

- Crash Facts
- Engineering and Training
- Federal and State Older road User Programs
- Community Resources for Promoting Older Road User Safety
- Articles on Older Road and Pedestrians

Each of these is directed toward traffic safety for seniors with information directly related to specific design concepts that benefit all roadway and walkway users. In addition, the Neighborhood Design Actions, above, should also be considered.



1425 East High Street
Bryan, OH 43506
Phone: 419-633-4317
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June 1, 2017

Tom Strup; tom@sorsaschools.org

Number of Serving Days for 2016:

(Bryan/Montpelier/West Unity are open Monday-Friday with the exception of holidays/closings, Edgerton/Edon/Pioneer/Stryker are open Monday-Thursday with the exception of holidays/closings)

Bryan Senior Center	248
Edgerton Senior Center	195
Edon Senior Center	193
Montpelier Senior Center	248
Pioneer Senior Center	196
Stryker Senior Center	196
West Unity Senior Center	242

Number Served at Dining Sites in 2016

(Suggested Donation is \$3.00 for Seniors 60 years & older at all of our senior centers, \$5.00 fee for those under 60 - numbers include both)

Bryan Senior Center	15,973
Edgerton Senior Center	3,328
Edon Senior Center	2,141

No older person shall be denied a nutrition service because of failure to contribute all or part of the cost of such service. Older participants shall determine for themselves what they are able to contribute toward the cost of the service.

Montpelier Senior Center	9,865
Pioneer Senior Center	3,231
Stryker Senior Center	2,335
West Unity Senior Center	5,459

Number Served Home Delivery in 2016

(Suggested Donation is \$3.00 for Seniors 60 years & older)

Bryan Senior Center	16,693
Edgerton Senior Center	8,537
Edon Senior Center	6,972
Montpelier Senior Center	7,940
Pioneer Senior Center	7,812
Stryker Senior Center	0
West Unity Senior Center	6,865

Number of Transports-Medical/Non-Medical in 2016

(Suggested Donation for Seniors 60 years & older is \$6.00-round trip for in town appointments, \$12.00 round trip for appointments within the county & \$50.00 round trip for appointments out of county ex) Toledo, Fort Wayne)

Bryan Senior Center	6,034
Edgerton Senior Center	489
Edon Senior Center	738
Montpelier Senior Center	3,585
Pioneer Senior Center	305
Stryker Senior Center	511
West Unity Senior Center	2,470

No older person shall be denied a nutrition service because of failure to contribute all or part of the cost of such service. Older participants shall determine for themselves what they are able to contribute toward the cost of the service.

I hope these numbers help you. If you have any questions or need anything further, please do not hesitate to contact me.

Sincerely,

Maggie Fisher
Executive Director
Williams County Department of Aging
Email: mfisher@wmsco.org
Phone: 419.633.4317