

AGING TEXAS WELL: AN ASSESSMENT OF DENTON'S AGING-FRIENDLINESS

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The purpose of this research was to conduct a needs assessment for the city of Denton, Texas to learn how residents view Denton's aging-friendliness. The research design was based on the Texas Department of Aging and Disability Services' Aging Texas Well Toolkit and was funded by a two year grant from that agency. Both qualitative and quantitative methods were used to gather data on six community indicators: demographics, housing, transportation, health care (including mental health and substance abuse services), recreation, and community supports and services. Input from city residents was gathered through focus groups, followed by a survey of the broader community in the city to validate and prioritize the needs identified. The research found gaps in Denton's aging-friendliness. Denton residents feel that although there are some services for the aging in the area, other services are lacking. The top needs identified by residents were a single point of contact for, and better communication about, resources currently available, as well as a need for increased transportation options.

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This work is dedicated to Kive Weinstein (1932-2013). The world is a better place because he was in it.

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CHAPTER 1

INTRODUCTION

The generation known as Baby Boomers - people born between 1946 and 1964 - are beginning to reach retirement age. The Pew Research Center reports that the country's elderly population, comprised of those 65 and older, will grow from 37 million in 2005 to 81 million in 2050. "This group will grow more rapidly than the overall population, so its share will increase" from 12% in 2005 to 19% in 2050 (Pew Research, 2008). The numbers are staggering even on a shorter timeline. According to the National Association of Area Agencies on Aging (n4a), "by 2030, more than 70 million Americans – twice the number in 2000 – will be 65 and older. At that time, older adults will comprise nearly one in five Americans" (2011).

It is clear that our country is not prepared for this change in demographics. The National Association of Area Agencies on Aging (n4a) reports that in a survey they conducted in 2006, "while many communities had some programs to address the needs of older adults, few had undertaken a comprehensive assessment to create a 'livable community' for all ages, including the diverse population of those 65+" (National Association of Area Agencies on Aging, 2011). The n4a follow up survey in 2010 found limited progress toward that goal (National Association of Area Agencies on Aging, 2011). Social services will be influenced by this changing population. "The rapid rise in the aging population is presenting opportunities and challenges to the nation's Aging Services Network; requiring it to enhance its operations in order to meet the growing needs of an unprecedented number of older adults and their caregivers for health and community-based long-term services and supports" (National Association of Area

Agencies on Aging and Scripps Gerontology Center at Miami University, 2009). In addition, “while many communities had some programs to address the needs of older adults, few had undertaken a comprehensive assessment to create a ‘livable community’ for all ages, including the diverse population of those 65+” (National Association of Area Agencies on Aging, 2009).

Before attempting to meet those needs, researchers needed to understand what older adults need. The project detailed in this thesis examined the needs of aging adults by assessing the perceptions of the existing needs, services, and barriers to services of Denton’s aging population. In order to analyze the systems already in place, the research also incorporated a variety of input from participants in focus groups. The project included a survey to determine if the recommendations received from forum members were shared by a larger segment of the target demographic in the city. An action committee, made up of a diverse group of service providers and users from the area, was formed to oversee the research and also provided recommendations.

It is worth noting that the baby boom generation makes up only one part of this community that will need services as those residents age. Denton will need to be prepared to provide appropriate resources and services in the future for residents of all ages.

Research Location

The research site for this thesis was Denton, Texas, a mid-sized town in north central Texas approximately 40 miles northwest of Dallas. The U.S. Census Bureau estimated the 2013 Denton population at 123,099; the 2010 Census population was

113,383. Considered a university town, it houses both the University of North Texas (UNT) and Texas Woman's University (TWU). Though many students are day visitors, the schools have a strong influence on the town: UNT's enrollment is approximately 30% of the population with more than 37,000 students ("News", 2015). TWU students make up close to 10% ("News Releases", 2014).

Denton has a central location called the square, surrounded by a host of bars, restaurants, coffee shops, and other businesses. Music is often the focus of events; according to UNT, the university's "Jazz Studies program is widely regarded as one of the nation's most respected and it was the first degree program of its kind in the field" ("Undergraduate Majors and Interests", n.d.). The town made *Smithsonian Magazine's* 2013 list of 20 Best Small Towns in America. In addition, Denton was named Best Small Town in America in 2012 by Business Insider. The *North Texas Daily* reported at the time that "for the second year in a row, mapmaker Rand McNally and national newspaper USA Today teamed up to discover the best small town in the country – and the winner was Denton, Texas.... Denton was also voted the friendliest town (and) the most fun town" (Blackburn, 2012).

Ethnicity

The population of the city is largely White, with substantial communities of both Hispanic and African American residents. Figure 1.1 shows the 2010 U.S. Census statistics.

2010 CENSUS FIGURES

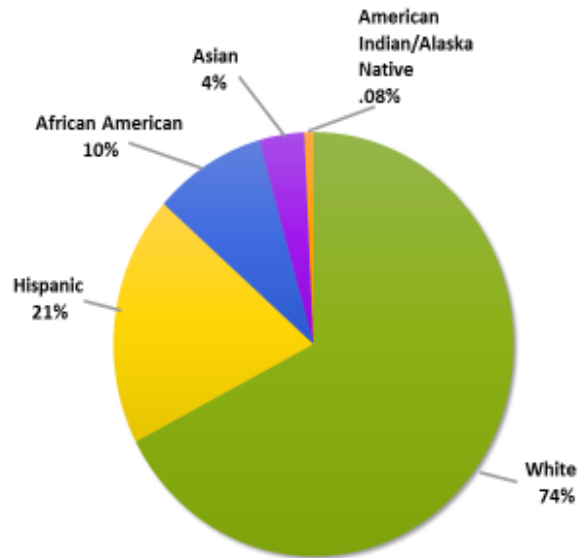


Figure 1.1. 2010 Census figures.

Aging Population

Like most other towns in America, the aging population in Denton is expected to grow significantly as baby boomers age. According to US Census data, in 2000, the percentage of the city of Denton over the age of 65 was 8%; data collected in 2010 showed a population over 65 of 9%. The number of Denton County residents age 60 and over is projected to increase from 90,737 in 2013 to 179,011 in 2023--a growth rate of 97%, which eclipses the state rate of 48% during the same time frame; projections are not available for the city (US Census, 2013).

Project Overview

Client Description: North Central Texas Area Agency on Aging (NCTAAA)

The North Central Texas Area Agency on Aging (NCTAAA) serves older adults (age 60 and older) and their family caregivers in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise counties. The agency's mission "is to create and maintain a coordinated network of health and social services for older adults and family caregivers. (They) provide services and resources that help older adults maximize their quality of life and live as independently as possible" ("Welcome to the North Central Texas Area Agency on Aging", n.d.)

NCTAAA is funded in part by the Texas Department of Aging and Disability Services (DADS) and it provides a variety of services; direct services include benefits counseling, care coordination, a long-term care ombudsman, and nursing home relocation. Additionally, the organization contracts with local organizations to provide home-delivered meals; hot lunches served in group settings which are called congregate meals; transportation curb-to-curb and by reservation; and money management services ("Area Agency on Aging – Information for Older Adults", n.d.).

Aging Texas Well Grant

In spring 2013, the NCTAAA, whose area of coverage includes Denton County, applied for a grant through DADS to conduct a needs assessment for residents of Denton over the age of 60. The chief aging program officer for that organization then asked UNT to conduct the research as subcontractors for the grant. Dr. Susan Squires

and Julia Wolfe negotiated the contract with NCTAAA and assisted in writing the grant proposal.

Terms of Agreement

The terms of agreement between the UNT anthropology department and NCTAAA were spelled out in the scope of work grant contract signed by those two entities. The project activities were divided between the two years of the grant.

Research Focus

The purpose of the grant was to develop a framework for building an aging-friendly community that has the support of a network of stakeholders who will work together to implement it. The specific goal was to encourage communities, to identify features that define an aging-friendly community, to assess their communities' aging friendliness, and to undertake planning and action steps to build an aging-friendly community. If successful, Texas communities, both rural and urban, will have a better understanding of what it means to become "aging-friendly" and the most effective ways to remain that way.

DADS acknowledged that there is not only one definition of "aging-friendly." The ATW Toolkit points the way to an understanding of the term as "a sense of wellbeing brought about by dealing effectively with life's changes and challenges" (ATW Toolkit, p5). The process acknowledges that the definition is dependent on context, and will likely be different from one community to another. This fit well with an anthropological approach to the research.

As the research proposal states, the goal of increasing Denton’s aging-friendliness would be achieved partly by improving “Denton County residents’ access to vital resources such as housing, transportation, and health and wellness programs.” DADS encouraged the researchers to focus on the city of Denton, however, rather than the county, in order to have a manageable research scope and because the issues in the various cities within the county will differ from each other. The city of Denton will be referred to from here on as Denton.

Research Questions and Hypothesis

Two primary questions guided the research: How aging-friendly is Denton, and how can that aging-friendliness be increased? The researcher’s hypothesis was that Denton has gaps in services for the aging and that there would be numerous ways to improve the city’s ability to be aging-friendly. As spelled out in the ATW toolkit, the goals for the grant included 1) determining the city of Denton’s readiness to meet the needs of an aging population, 2) gathering and providing recommendations based on resident input for increasing the Denton’s aging-friendliness, and ultimately, 3) improving Denton county residents’ access to vital resources such as housing, transportation, and health and wellness programs.

Measures of Success

Progress was measured by achievement of specified output measures, including: 1) successful completion of assessment tools specific to all six Toolkit topic areas; 2) number of persons involved in the assessment process; 3) diversity of persons involved

in the assessment process; 4) identification of at least one priority goal per topic; 5) and development of a comprehensive action plan that integrates one or more priority goals from each topic area.

Year 1: Planning Forums and Road Map

The first year consisted of focus groups that we chose to call planning forums, on the following topics: residential, transportation, health care, recreation, and community supports and services. The purpose of the planning forums was to solicit planning opinions and suggestions from the community. The Aging Texas Well Community Assessment Toolkit (ATW Toolkit) was used to develop the questions for the forums. Deliverables for that year included the questions used at the forum, quarterly reports, the indicator forms filled out by key city personnel, and summaries of suggestions gathered from participants about specific ideas to improve services in the city (see below). Suggestions were not gathered at the community supports and services forum as a result of an oversight on the part of the researcher.

Year 2: Survey

The individual statements generated in the planning forums were used to create a survey distributed to the wider community via mail. The original intent was to work with the mayor's office to help distribute the surveys, but change in leadership made that unfeasible. Deliverables for this phase included the survey, both on paper and online, ongoing quarterly reports, and a final presentation for the city council summarizing project findings. Once the data was gathered, UNT graduate anthropology

students entered the data into SPSS, cleaned it, and ran statistical analyses under the supervision of Julia Wolfe and Susan Squires.

Roadmap and Terminology

Chapter 2 provides a review of relevant literature on aging; Chapter 3 covers the research process and methods; Chapter 4 describes the research results; Chapter 5 includes recommendations for further research as well as personal reflections by the researcher.

Before discussing the research, it will be helpful to clarify some details that may be confusing. Various ages are referenced in this paper as a dividing line between older and younger populations. The ATW Toolkit focuses on Texas residents age 60 and older. Census data, on the other hand, separates out people 65 and older. In analyzing the data, however, it became clear that there was a natural division in the data between those 50 and older, and those who were younger. Unless specified otherwise, the term “older” will refer to people 50 years of age and over. The terms “focus group” and “planning forum” are used interchangeably. The expression “baby boomers” indicates people born between the years of 1946 and 1964.

CHAPTER 2

LITERATURE REVIEW

Demographic changes driven by the baby boomer generation will lead to new and escalating service demands. A majority of people age 65 and over are healthier and more functionally independent than previous generations, allowing them to live independently in their communities longer (Iecovich, 2014). The demographic changes driven by the baby boom generation will lead to new and escalating service demands and will challenge communities and organizations. As survival rates for many diseases improve, previously terminal illnesses instead become chronic, which increases the need for continuing and highly intensive care over the course of years (Manderson & Smith-Morris, 2010). The resulting shifts in both global and national age groups wrought in conjunction with improved nutrition and sanitation and declining fertility have caught international and national organizations off guard (Buch, 2015).

Among other things, these more active older adults will expect easily accessible and affordable housing and transportation, community environments that make walking easy, library and information hubs, as well as recreational and educational services. The World Health Organization contends that in aging-friendly cities, policies, services, and structures make it possible for people to age actively. Communities do this by recognizing that older people are capable and have resources, by being responsive to age-related needs and wants, by respecting older peoples' decisions, by protecting the vulnerable and by promoting inclusion and contribution in community life (World Health Organization, 2007).

Being a community that is not aging friendly can be costly. Without careful aging-supportive design of housing and transportation, communities will experience a greater number of injuries both at home and in the community, triggering use of expensive emergency services, which come at a significantly higher cost to governments and nonprofit agencies (Smith, Tingle, and Twiss, 2010). A variety of elements go into creating a satisfying life; in addition to self-determination and meaningful activity, older adults want “a feeling of being valued in their community; and social connection within and outside their community” (Minnix, Jr., 2013). Lustbader (2013) found that research informants who were unhappy had lost the choices inherent in their earlier lives, including the ones that affect dignity and privacy, the ability to form significant relationships, and a way to contribute to others’ lives.

Research about aging in Texas is sparse. There is information about emergency preparedness in nursing homes (Castro, Persson, Bergstrom, and Cron, 2008), some fall prevention research (Ory, Smith, Wade, Mounce, Wilson, and Parrish, 2010; Smith, Ahn, Sharkey, Horel, Mier, and Ory, 2012), and some studies about aging in the rural areas and border towns (Hatchett, 2008; Sharkey, Dean, and Johnson, 2011). There is little or no research, however, about aging services in mid-sized towns like Denton. The work force specializing in geriatric medicine and geriatric psychiatry is declining nationally and that the problem is greater in Texas. In fact, while 6.5% of all older adults in the United States live in the state, only 4% of the geriatricians work there (Sumaya, Opara, and Espino 2013). Research about aging nationally and internationally is abundant, and increasingly focuses on re-envisioning how to provide healthy, happy lives for people as they age.

Re-Envisioning Services

The idea that society needs to re-envision services for older citizens is not a new one; demographic changes drive the need for changes. While the research produced findings specific to the city of Denton, the need for re-envisioned services has widespread support in the field of aging and is validated by an immense amount of research and literature, as noted in the literature that follows. Those demographic changes include an increased desire to age in place, which will be addressed shortly, as well as changes in health and finances of the baby boomers compared to previous generations. The design and coordination of services will need to change, as well as how society communicates about them; this chapter will examine literature about the need to re-envision services and about aging in place. It will then focus on the literature on the five specific areas highlighted by the ATW Toolkit: community supports and services, transportation, housing, health, and recreation.

One striking example of altering services to meet the needs of older service users comes from an Alzheimer's care facility in Dusseldorf, Germany. In a facility setting, traditional responses that address the problem of persons with Alzheimer's wandering typically include contacting the police and/or creating a locked facility. Staff at Benrath Senior Center did not want to take either of those approaches. Working with a local care organization and transportation services, staff created a fake bus stop outside the facility. Residents recognize the green and yellow bus sign enough to recall that the sign is associated with going home. They wait at the bus stop before forgetting, after a brief time, why they were there. Staff then approach the patients, tell them the bus is coming later today and invite them back into the facility. The approach has been

so successful that several similar facilities across the country have also adopted the practice (de Quetteville, 2008).

Anthropology of Aging

Anthropology is “a relative latecomer to gerontology” (Perkinson & Solimeo, 2013). While the Association for Anthropology and Gerontology has existed since 1978, research in the field was sparse for many years. This may be because prevailing stereotypes of old age “were hopelessly mired in metaphors of disability, decline and death, and were considered marginal research areas” (Sokolovsky, 2009). Despite this, there are numerous ways that anthropologists have contributed, and can continue to contribute to that conversation and body of research (Perkinson & Solimeo, 2013). Research by Kaufman from as early as 1986 continues to inform research on chronic illness and social transitions later in life (Perkinson & Solimeo, 2013).

The size of the baby boom generation provides rich fodder for study by anthropologists, who are uniquely positioned to examine how aging is informed by cultural beliefs and practices. The rate at which the Baby Boomers are living longer gives anthropologists a chance to “study how diverse people, communities, and nations experience and respond to a fundamentally new human phenomenon” that so many people are living so much longer than previous generations (Buch, 2015).” At the same, longer term and more intense care are needed as debilitating chronic illness and frailty become more widespread. Longer life span will undoubtedly drive a variety of social changes in society (Buch, 2015). Anthropology’s focus on narrative provides a way to understand, perform, and construct identities and meaning (Perkinson & Solimeo, 2013,

Kaufman, 1986). As society views aging differently, anthropology can contribute by creating new language that mirrors and affects how cultures understand the aging process (Sokolovsky, 2009).

An examination of the cultural assumptions that underlie the paradigm of aging reveals that the dominant narrative is bound to “successful aging;” this includes ideas of individualist personhood, “emphasizing independence, productivity, self-maintenance, and the individual self as project” (Lamb, 2014). Lamb argues that individuals have both the potential and obligation to “successfully” age by staving off any potential disabilities and burdens as people age. She adds that “This successful aging paradigm, with its various incarnations as active, healthy and productive aging, has received little scrutiny as to its cultural assumptions” (2014).

Biomedical practices in the United States affect the experience of aging. In the United States, those practices exist in a cultural environment that reinforces the desire for “longevity by any means and at any cost” (Kaufman & Fjord, 2011). In light of that, how we care for the aging is a rich way to look at cultural assumptions and practices. The issue of care touches on numerous societal arenas. Kleinman (2009) suggests a great focus on the ways that care is a moral practice “of empathic imagination, responsibility, witnessing and solidarity with those in great need,” a practice which allows us to be “more present and thereby fully human.” More and more of the care provided outside of nursing homes and other skilled facilities is provided by women of color and immigrants who fill the overwhelming number of those jobs (Boris & Klein, 2012, Glenn, 2010, Poo, 2015). As the amount of care provided by non-family members increases, current labor and immigration make possible the exploitation, protection, or

organization of care workers (Boris & Parrenas, 2010, Parrenas 2001). Those issues highlight the need for attention to national policy: “For example, in the United States, long legacies of racial and gendered occupational segregation reflected in current exclusions of paid home-care workers from wage and overtime protections deepen the inequalities experienced by the women of color and immigrants who disproportionately fill these jobs” (Buch 2015).

Bourdieu’s concept of capital is relevant here. His ideas about physical and social capital shed light on aging, and their relationship with social inequities. Capital is a resource which when controlled allows one to use and resist domination or to maintain one’s position in society’s hierarchy of status (Blunden, 2004). “The amount of social capital in a community (e.g., neighborhood, town/city, state, nation)...has implications for a multitude of beneficial outcomes for that community” (Carpiano, 2005). Diminished social and physical capital can, for example, impact health. Social capital affects socioeconomic status, which is associated, in turn, with health outcomes (Carpiano, 2005). That status, in the form of stamina, energy, and/or wellness, as well as one’s level of financial and social capital, diminishes for older adults, resulting in a social inequity (Antoninetti and Garrett (2012). For older adults, that capital diminishes not just individually, but communally as well. Issues of socioeconomics impact the connection within communities, and can affect both the quality and amount of social capital available in the neighborhood, in turn affecting financial capital. Sallis et al. found there was a positive effect on both Body Mass Index and physical quality of life in neighborhoods with higher-income (2009).

Harrod focused on another connection between the aging individual and their environment. He used classical anthropological methods to research the ways that older adults learn to use computers. This provided a window into comprehending their fears, what capital they wanted, and how they go about reaching their goals. A significant number of informants were afraid of being left behind, for example, and their desire was to be recognized as independent, active, and making contributions to society (2009).

Aging in Place

The stereotype of older people being hidden away in nursing homes is no longer the only picture of aging. Baby boomers enjoy their communities and homes and they value their already existing social network (Smith et al., 2010). The percentage of the population over 65 that lived in institutional settings such as nursing homes was 4.1% in 2009 (U.S. Department of Health and Human Services, 2011). Continuing to live in their homes allows them to maintain current relationships more easily, and provides a sense of familiarity, within their dwellings as well as neighborhoods; this is referred to as aging in place. Older adults want to maintain their independence, autonomy, and connection to social supports, including friends and family, by staying in the same home, in the same neighborhood, somewhat independently as they age rather than moving to a residential facility (Wiles, Leibing, Guberman, Reeve, and Allen, 2011). Almost half of older women (47%) age 75+ live alone (U.S. Department of Health and Human Services, 2011).

The desire by many older people to age in place requires a new way of looking at services because it impacts multiple arenas and services. "Sustainable aging in place

involves helping older residents remain in their community while also addressing the long-term economic, social, and environmental health of both current and future generations at every age” (Lening and Harmon, 2013). It includes the need for safe and accessible homes for older adults, transportation, medical care, and other community supports and services.

While it creates new challenges for communities, the benefits are many. In some cases, staying in their homes also allows older adults to enjoy relationships with other generations, rather than being surrounded only by other people in their own age cohort. “Segregated by age, many older people miss the provocations and diversity of interests injected into daily life by younger people” (Lustbader, 2013). Enabling people to remain in their homes and communities for as long as possible also avoids the costly option of institutional care and is therefore favored by policy makers, health providers, and by many older people themselves (Wiles, Leibing, Guberman, Reeve, and Allen, 2011). Typically, the addition of support services can enable older adults to remain at home for longer.

While aging in place is often presented as the most successful model for aging, it is a significant driver for the need to change how communities provide services. Aging in place is also not easily achieved; cities and urban planners will need to rethink services, housing, transportation, and recreational selections. The impact of an aging society on the whole community needs to be considered (Lambrinos, 2013). Holistic approaches, like wrap-around programs that include community care programs like adult day care, as well as medical services, have proven highly effective in helping

residents live longer, have a better quality of life, and mean that participants are twice as likely to die at home (Morley, 2012).

In response to individuals' desire to stay in their homes as long as possible there has been substantial growth of in-home support services for older adults - from 71% in 2005 to 77% in 2010 (National Association of Area Agencies on Aging, 2011). Previous methods of elder care "depended on forms of gender socialization and coercion because, in previous eras as now, women were disproportionately recruited to provide elder care" (Buch 2015). Fewer women of working age are able to provide this care now, partly because of increased participation in formal employment (Buch, 2015).

Health care trends suggest a great need for technologies in order for older adults to age in place. Advances in technology, such as both wearable and house-based monitoring devices, make growing older independently at home more feasible than in the past. The new discipline of gerontechnology has emerged in recent years addressing this issue (Djella and Gallouj, 2006).

Webster, Ajrouch, and Antonucci (2013) argue that that aging in place may promote isolation, however. Scenarios in which aging in place may not be the ideal include a house that is not safe and/or fully accessible, a neighborhood that no longer feels safe, or services being inaccessible because the older person can no longer drive. In any case, housing for older adults, whether new or existing, needs to be explored for creating the best possible options for aging in place and meeting the desires of adults as they age.

Housing

There is a great need for housing for seniors, and the options for re-envisioning the idea of “home” for the aging population are wide-ranging. Current housing, however, makes it difficult to age in place because it is expensive, lacks accessible features, and is not convenient to necessary services (Wardrip, 2010).

Some suggestions include building more assisted living and other housing options dedicated to older adults as well as creating zoning or subdivision ordinances designed with older populations in mind (Brock, 2011). Intentional communities, villages, and naturally occurring retirement communities are all part of the vocabulary of housing for baby boomers and other aging individuals. One example is an intergenerational program developed in Virginia. In order to develop programs that benefit both youth and older adults, the Jefferson Area Board for Aging looked for ways to integrate the populations of a senior center and a day care that have operated adjacent to each other for a decade. The board developed a program that allows the two groups to interact in a multitude of ways. The outcomes have been positive for many of the youth as well as the older adults (Cooper, 2011). There are now more than 500 intergenerational shared-site programs in the United States (Generations United, 2016).

Another idea for innovative housing for older adults is called the Village. Funded by annual membership dues, the Village was started by a group of residents who wanted to receive services and supports in their homes and communities. Because it is participant-driven, the details of these non-profit organizations will vary according to

each site. There are currently 50 operating Villages in the United States with many more in the development process (Accius, 2010).

At a nursing home in the Netherlands (and at least one site in both the United States and France) there are college students who live in nursing homes. The innovation was driven by a need for senior living facilities to stay afloat once the government began limiting funding for housing citizens over 80 years of age. In exchange for volunteer work for 30 hours per month, students stay in vacant rooms free of charge. “Everybody wins: In exchange for a bit of volunteer work, the students get free housing, and retirement facilities get people who can teach the elderly how to send emails and use Skype” (Jansen, 2015).

Community Supports and Services

Demands for services such as care management and coordination, provider management, and transitional care from one setting to another are increasing (Petrie, 2014). In addition, baby boomers are healthier and more active than previous generations, which is one reason why services for them will need to be re-imagined. While creating communities that support them, one element that should be included is finding ways they can devote their energy and expertise to their communities through meaningful jobs or volunteer opportunities (Smith et al., 2010).

There can be obstacles to creating new support systems as people age. Older people may have moved to a new location to be closer to families. In some cases, older adults may be less able to leave the house due to transportation or health challenges. Friends their age may have died. Lustbader (2013) points out that the elderly have

absorbed stereotypes of aging just as the rest of us have. As an example, she talks about her grandmother, over the age of 80, who,

Refused to attend a senior center, saying, ‘Why would want to be with a bunch of old people? I’m a live wire, but all they talk about is grandchildren, doctor’s appointments, bowel movements, and medications.’ I respectfully challenged her: ‘Grandma, you are a live wire, but – I hate to say it – someone could mistake you for an old lady. You should go to the senior center, just in case there are some other live wires there disguised as old ladies.’ She went, and found four other women with whom she shared laughter and vivaciousness until she died. (2013-2014)

Encouraging older adults to use the services available to them, as in the story above, can be a challenge as well. Elderly poor people in particular, lack knowledge about access to programs, which has contributed to underuse (Kirk and Rittner, 1995). Epstein and Kelley (1992) suggest that senior centers adapt to a more holistic, full service social services model that involves inter-agency cooperation. They envision those centers provide a variety of options such as health maintenance programs and meals.

Methods used to communicate information about available services also should be rethought. Avenues such as newspaper articles and flyers reach some audiences, but certainly not all. For older adults who use computers, blogging is one alternative that has been successful in disseminating health related information to the public.

Transportation

Reimagining transportation services has been the topic of much research, discussion, and new ideas, some of which is addressed below. A few of the possible adaptations include making streets safer for older drivers “by installing easy-to-read signs and markings” (Brock, 2011). Public transportation systems need to look beyond

simply shuttling commuters to work to incorporate feeder routes for services like doctors. Shuttle services have been created in many communities, provided by local government services or by private organizations, including churches. Often accessible only to those who are church members or disabled, however, those services do not meet the needs of a majority of older adults.

One possible solution to transportation challenges is to reduce the need for it with mobile or satellite services. Most organizations have, in the past, located their facilities where it is most convenient for the provider, “assuming that elderly persons or transportation planners will somehow deal with the resulting loss of mobility” (Rosenbloom, 1993). The desire to age in place has decreased emphasis on centrally located service providers accessible by mass transit. It has also increased the need for more spread out, in some cases suburban, service providers that are often less accessible by public transportation. This situation has created significant service gaps in areas with more recently created infrastructure. Additional research is needed. Johnson, Gorr, and Roehrig point out that they know of no papers that present quantitative data with which to plan the location of senior centers and services (2005).

Health

As the size of the baby boom generation drives more research, more detailed information about the specific challenges faced by aging adults emerges. This information will enable the creation of interventions aimed at helping older adults overcome barriers to greater health. Capitman (2003) conducted research that focused on altering the way that health care is provided to aging residents. Health policies and

practices in the United States were designed to address critical health care needs, leaving significant gaps in the services needed by older adults (Capitman, 2003). While Medicare, for example, has expanded to include some preventative and non-acute care, there are still significant gaps. Specifically, there is a lack of understanding about the crossover between medical needs and what Capitman (2003) calls supportive community services (SCS). Those services include a “broader and more diverse array of assistance than has been addressed...over the past 20 years” (Capitman, 2003). Suggestions included education about self-care, help for caregivers who provide informal assistance, adult day care, transportation, as well as more traditional home health care. This new, more holistic, “boundary-bending” (Capitman, 2003) approach needs to take into account the needs of older adults that are not being addressed by traditional health services.

One barrier to improving care for the aging population is a lack of personnel trained in geriatric care to meet their needs. Older adults have increasingly complex care needs. Other contributing factors to the gap between need and availability include the low pay in the geriatric field despite the intensive specialization training needed. In addition, Medicare and Medicaid tend to be the primary form of payments for geriatricians, which can make it difficult to sustain a practice (Houle, 2015).

Sexual health attitudes and training among health care providers will need to be adjusted. Older adults are rarely asked about their sexual activities. One study reported that while only 5% of women age 50 or older brought up sexual problems with doctors, when asked specifically, almost 20% talked about those issues. Numerous studies have reported that medical professionals stereotype older adults as non-sexual, rather

than asking about or acknowledging their actual experiences (Lochlainn and Kenny, 2013).

Mental health among aging adults is an area in need of innovative approaches and interventions. Depression is the most prevalent mental health problem among older adults (U.S. Department of Health and Human Services, 1999). Rather than being considered a normal part of aging, it is treatable in 80% of cases. Because it is currently undertreated among older adults living in the community, “all disease prevention programs for older adults should include a depression treatment component” (Chapman, Perry, and Strine, 2005).

Coping with loss becomes an increasingly pertinent issue as people age. In addition to the possible death of a spouse and peers, other major losses can affect health, like unemployment or divorce of their children (Cloutier-Fisher, Kobayashi, and Smith, 2011), as well as moving from their homes into long term care facilities. Reimagining how we address those concerns could yield substantial benefits. Recruiting students to live in nursing homes, as mentioned earlier, for instance, is a new approach that could mitigate feelings of loss. An increased focus on social activities can help mitigate those issues; even peripheral or “weak social ties,” such as golfing clubs and faith communities, can significantly lessen the impact of even compounded loss (Cloutier-Fisher et al., 2011).

One strength elderly patients possess that aids in coping with mental health issues is the power of reminiscence. Although remembering the past can be both beneficial and painful, Westerhof, Bohlmeijer, and Webster (2010) argue that three types of interventions may be useful: “simple reminiscence stimulates social

reminiscence and bonding and promotes positive feelings; life review uses the positive functions to enhance personal wellbeing; and life-review therapy seeks to reduce the negative uses and thereby alleviate symptoms of mental illness.”

Current approaches to substance abuse among the elderly also leave much to be desired. The topic of substance abuse is not usually associated with an aging population, which could be the result of stereotyping or ageism. Research indicates that use and abuse of illicit drugs by older adults is increasing (National Survey on Drug Use and Health, 2009). New outreach and education methods, as well as services, will need to be designed with the specific needs of an aging population in mind. Signs of substance abuse can mimic signs of medical problems, and vice versa, and public education may need to be created that specifically addresses that dilemma.

Other substance abuse issues particular to older adults is the difference between those in whom abuse develops before age 65, and those in whom it develops later. The former are more likely to have co-morbidity with other psychiatric and physical problem. For the latter, problems appear to develop after difficult circumstances, including loss. Interventions will need to take into consideration these differences related to when substance abuse began in an older person’s life.

Specifically designed interventions that take aging into account can have an impact. According to research, approximately 10% to 30% of all problem drinkers were able to reduce their drinking after 1-3 brief interventions sessions. Those sessions were psychoeducational; they provided information about the dangers of excessive alcohol use and of using alcohol in combination with other medications (Fleming, Manwell, Barry, Adams, and Stauffacher, 1999). If treatment is needed, group members of similar

ages is suggested to increase comfort level and adherence among patients (Bogunovic, 2012).

Recreation

The need for older adults to remain active to preserve quality of life has been well documented (Goggin and Morrow, 2001; Patel, Keogh, Kolt, and Schofield, 2013.). Physical activity for an aging population has been studied both in and out of nursing facilities, in senior centers, and in a variety of recreation settings. Even among seniors who are not very physically active, a moderate activity program appears to have an impact on their mental health in positive ways (Patel et al., 2013).

People born during the baby boom are healthier as they age than previous generations, so recreation opportunities need to be re-evaluated and adapted. Qualitative research has revealed the need to address specific issues like pain management, and opportunities for physical activities like adventure travel, including outdoor pursuits (Jancy, Clarke, Howat, Maycock and Lee, 2009). Adventure activities are more attractive to older participants than they may have been to previous generations (Boyes, 2013).

One approach to fitness among the aging population is the North Carolina Senior Games (NCSG) State Finals. Older adults compete with each other across the state in age group competition in sports and arts activities. The program is a holistic approach to health, incorporating body, mind, and spirit. Participants focus on both staying fit and on enjoying the community, including friends, family, spectators, and volunteers. Using grounded theory, researchers found that four themes emerged as important to the

participants in the study: distinguishing oneself through competition, transforming identities, being part of a collective experience, and redefining aging (Kelley, Little, Jong, Birendra, and Henderson, 2014). These themes could provide valuable direction in designing services for baby boomers.

Injuries are a significant risk among older adults and can have long term effect on their quality of life, even after the injury has healed. Warner, Doble, and Hutchinson (2012), suggest that outpatient and home-based recreation services may be more effective than inpatient services as older adults recover from injuries. They also suggest a change from clinical to community settings as a better method of providing assistance, which supports the idea of satellite locations for services.

Conclusion

Due to its size, wealth, and health, the baby boom generation will drive significant changes in how communities in the United States provide services to aging adults. While their ability to contribute and add meaning to their lives and support their community is not novel to the aging population, policies and services will need to adapt. Their health, desire to age at home, and interests differ from previous generations. In order to be successful, some of those changes needed will involve blending services in a new way. These adjustments will help communities to fully meet the needs of older residents as well as take advantage of the benefits they offer to their communities.

CHAPTER 3
DESIGN AND METHODS

Design

The research project discussed in this thesis was based on the Aging Texas Well Toolkit (ATW Toolkit) created by the Texas Department of Aging and Disability Services (DADS). DADS created a request for proposal, and the North Central Texas Area Agency on Aging (NCTAAA) became one of the grantees.

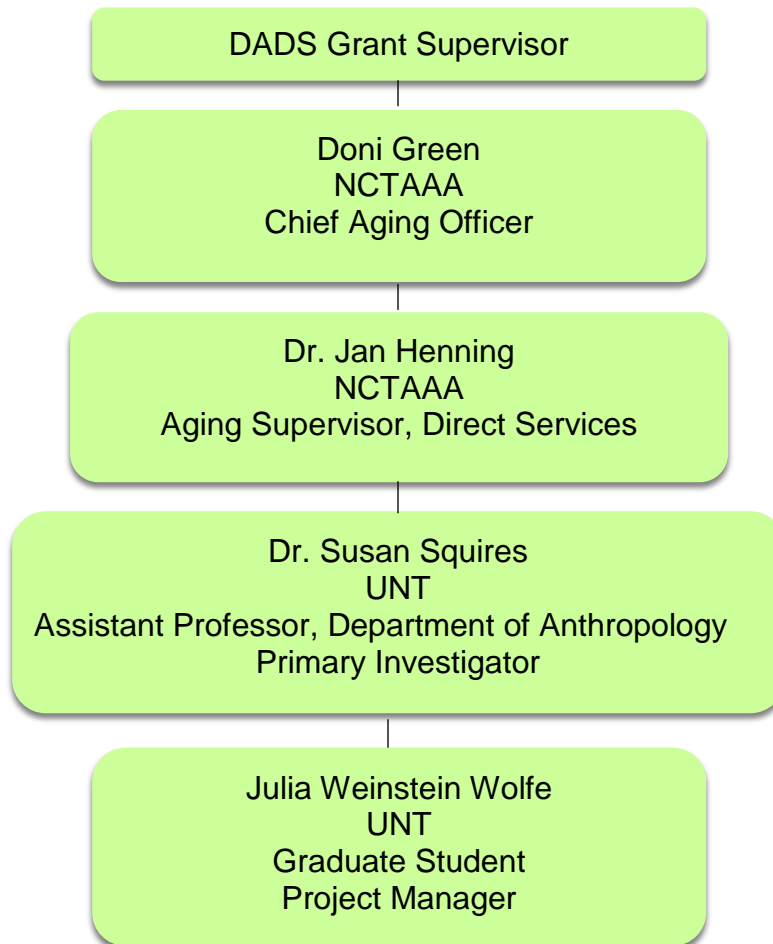


Figure 3.1. Grant hierarchy.

The grant materials explained that in addition to conducting the research, DADS wanted the project to include community building as an outcome. Creating a

community-based action committee to oversee and guide the research increased investment in research outcomes. Because urban change affects the residents of Denton, they should be able to voice their opinions through citizen participation. Increasing citizen participation creates a heightened sense of civic identity, as well as increasing investment in communities and neighbors, and active, sustainable cities.

Using anthropological tools was a natural fit for the project. Anthropologists analyze systems, in this case the city of Denton, with an eye to improving those systems for the targeted audience. Anthropologists also examine patterns, and using that lens to view the input from the study with a holistic view, rather than simply discrete topics. Transportation issues affected all of the other topics, for example, and informed the creation of the survey and recommendations to the city.

The research was guided by grounded theory, “an organic process of theory emergence based on how well data fit conceptual categories identified by an observer, by how well the categories explain or predict ongoing interpretations, and by how relevant the categories are to the core issues being observed” (Sunday, 2004). Using grounded theory brought the participants’ concerns to the forefront of the research, rather than having the agenda dictated by the researcher. The researcher asked questions, and then the group members identified their likes, dislikes, questions, and concerns; they identified ways they felt the community was meeting their wants and needs and how the community could improve.

In order to 1) assess of the Denton County as a supportive community and 2) gather planning recommendations, the research occurred in two stages. The first step was holding planning forums, also referred to in this paper as focus groups, to gather

qualitative data from community members. According to Agar and MacDonald, “Focus groups are sociological methods...that developed in advertising and marketing, but have recently mushroomed into a widely used method of social research” (1995). A brief educational session was provided by a local subject matter expert at each focus group. The researcher then led a discussion based on questions developed partly based on the ATW Toolkit.

Based on those statements, a survey was designed to gather quantitative data (proposal, p2). The goals of the survey were to gather input from a wider segment of Denton residents, not just those that came to the planning forums, and to provide determine which issues were most important to respondents. Using statistical software, graduate students participated in the project by entering and providing insight into the quantitative data; the researcher than reviewed and evaluated that data.

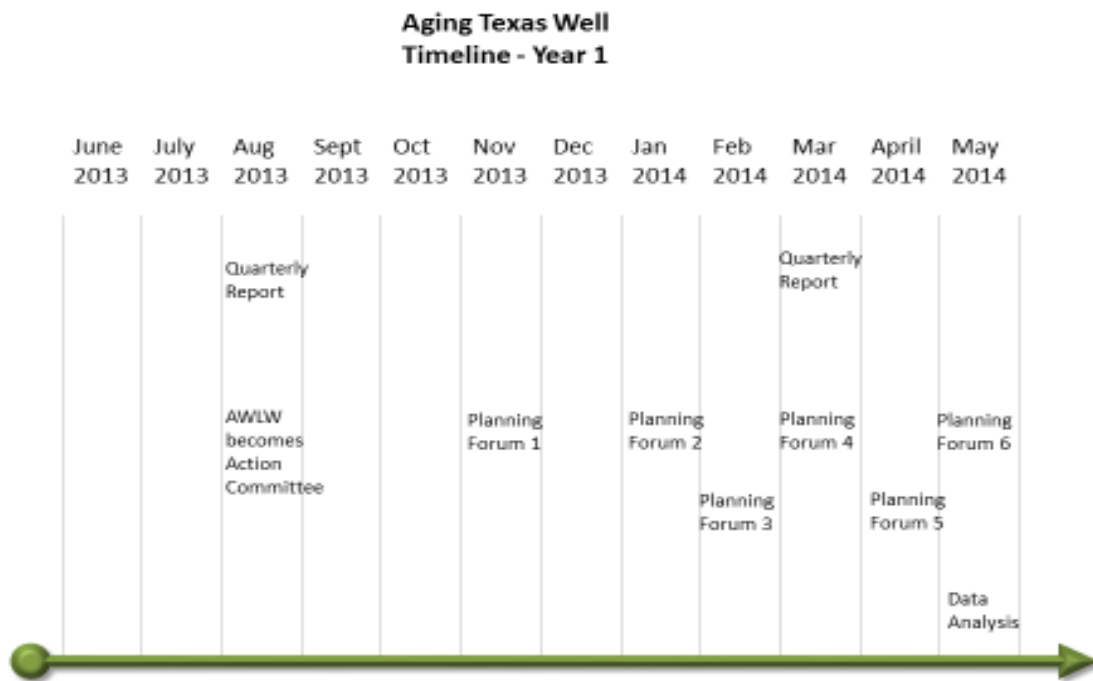


Figure 3.2. Aging Texas Well timeline, Year 1

Aging Texas Well Timeline - Year 2

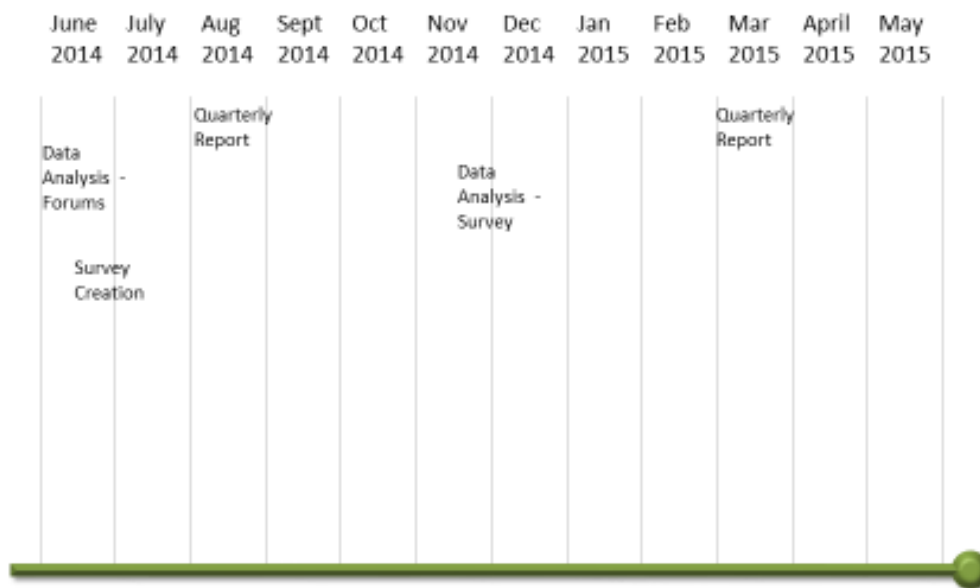


Figure 3.3. Aging Texas Well timeline, Year 2

Phase 1: Planning and Focus Groups

To solicit planning opinions and recommendations from the community, residents of the city of Denton, referred to as stakeholders, were invited to participate in a process termed planning forums. The planning forums were scheduled to take approximately two hours. Planning forums were held on each of the topics in the toolkit: transportation, housing, recreation, health, and community supports and services. Participants were recruited through a number of methods including using email recruitment facilitated by members of the action committee. The researcher posted flyers at locations like the senior centers, and the Denton Record-Chronicle published a notice about the events.

Each forum opened with a presentation by a key city or community representative who was knowledgeable on the topic to be discussed. For example, a Denton County Transportation Authority (DCTA) representative spoke at the transportation forum. Following the presentation, the researcher facilitated a focus group to gather opinions from residents about the topic. The questions asked about each topic were drawn from the ATW Toolkit.

The DADS grant supervisor asked that the forums be comprised primarily of residents of Denton over the age of 60. Research assistants asked each participant to sign in at the beginning of each forum, and to provide their age. The vast majority of participants were willing to do so and the average age of participants at each of the forums varied between 57 and 59.

The intention at each planning forum was to break stakeholders into small groups of three to seven individuals after the subject matter expert spoke. However, in all the forums the group stayed together, either because the group was small (between 7 and 20) or participants asked to stay together so that they could hear what others said. The discussions were recorded. Individuals were also asked to fill out a form to generate 10 - 15 statements in answer to the question, "To make Denton County a viable community for people of all ages we need to....."

One essential element of the Aging Texas Well grant was the creation of an action committee, "to help with assessing the community and designing solutions to address the unique needs of the community or specific areas of focus under consideration by the committee" (ATW Toolkit). Among the tasks spelled out for the

action committee in the ATW Toolkit was “to identify and unite partners that share objectives and offer ongoing resources and support” (p14).

The ATW Toolkit suggested the committee be comprised of stakeholders: “10-20 interested individuals, and reflect the community in terms of age, gender, race/ethnicity and income....As many stakeholder and constituency groups as practical should be involved in the process to ensure a strong foundation of community support for the plan and its subsequent implementation.” Suggestions for members included,

Elected community officials, city council, city departments and agencies, planning and zoning commissions, and any other entity that affects the physical environment and operations of community programs. In addition, citizens who have expertise in matters relating to the aging process and populations, as well as aging adults, should be involved.

The researcher recruited action committee members through a variety of avenues; all were through personal contact. Each of the presenters at the Planning Forums were invited to be part, and some participants in the forums expressed interest, including two unaffiliated older residents and one real estate agent. In addition, the researcher presented information about the research at a Rotary Club breakfast, which led to a connection with the Denton fire chief. The researcher made a special effort to recruit minority members. The parish nurses at Immaculate Conception, for example, provided several potential people for the action committee who were members of the Hispanic community. None of the people with whom the researcher spoke were able to or interested in serving on the committee, however. Other members were identified by suggestions from the presenters or other contacts made through the community. In all, there were 36 members of the committee, including the mayor of Denton, nurses, an architect, members of the city’s community development department, the heads of both Denton senior centers, a representative from the Denton Housing Department, a former

city council member and others. A complete list of the committee members is included in Appendix D.

The ATW Toolkit spells out clearly how important the action committee is to the research process:

From the outset of the process, multiple stakeholders, both public and private, need to be involved. These stakeholders include elected community officials, city council, city departments and agencies, planning and zoning commissions, and any other entity that affects the physical environment and operations of community programs. In addition, citizens who have expertise in matters relating to the aging process and populations, as well as aging adults, should be involved in the process (ATW Toolkit, 2009).

Phase 2: Survey

Individual statements generated in the small groups were used to create a survey to be administered within the wider community. Once statements were gathered from all the forums, the project manager compiled them into a survey. In this way the research built on the planning forums to capture the voices of a broad range of the citizens of Denton. While the planning forum audience was designed to be 60+, the researchers preferred a wider selection of ages for the survey in order to gather a larger sample size. The researchers were also curious about whether there would be differences in answers between age groups. Delineations between ages are largely artificial and researchers wanted to capture the full spectrum in order to get input about the concerns of adult children about their parents, for example. In addition, grandparents raising grandchildren has increased dramatically (Goyer, 2010). The project was successful in reaching a wide variety of ages for the survey. Respondents ranged in age from 18 to 95. The highest number of respondents were between the ages of 65 and 75.

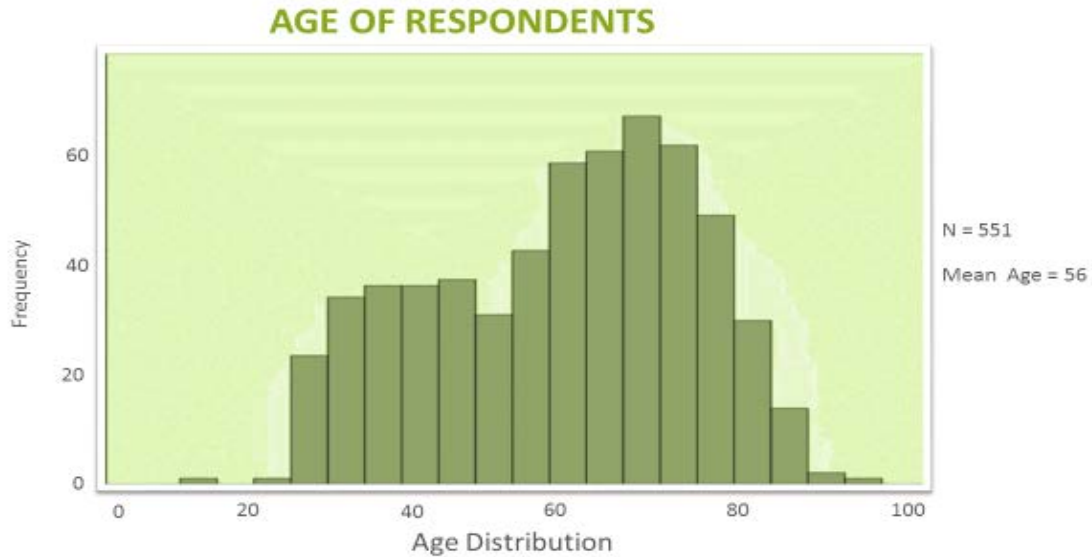


Figure 3.4. Age distribution of survey respondents.

The paper survey was printed on one-sided paper in 14 point type to make it easier to read. The survey asked participants to rate each statement on its importance to them using a Likert scale where 1 is *not important* and 5 is *very important*.

Instructions: For each statement check one box using the following scale:

- 1 = ***relatively unimportant*** compared to the rest
- 2 = ***somewhat important*** compared to the rest
- 3 = ***moderately important*** compared to the rest
- 4 = ***very important*** compared to the rest
- 5 = ***extremely important*** compared to the rest

Transportation: <i>To successfully deliver transportation to the residents in the city of Denton in the next 2-5 years, we will need to...</i>	1	2	3	4	5
Provide more education to potential riders on how to use transportation systems					
Offer help from door to curb for older or disabled people					
Provide transportation service in North Denton County					
Provide same day transportation for emergencies					

Table 3.1. First Page of Survey in English

Researchers expected to work with the mayor's office to distribute the surveys but this expectation was not fulfilled. A mayoral election was held during the first year of the research and a new mayor was elected. The researcher reached out to both mayoral candidates prior to the election and was able to meet with one of them. Fortunately that candidate won the election, but was then involved in learning his new role, which restricted his ability to participate in the research project. The relationship with the city administration did not become a close one, as the researcher and action committee had originally hoped.

The researcher originally planned to distribute the survey by mail in conjunction with the city. This effort also proved to be unworkable; the cost of mailing was prohibitive and members of the action committee had a difficult time identifying a method for identifying addresses in the city by zip code. The researcher attempted to coordinate the distribution of the surveys with electric bills mailed by the city. That was not possible, however, because the bills are mailed out by an independent entity, and only official city business is eligible for inclusion.

The survey was distributed by hand in both Spanish and English at a variety of places in Denton. Some of those places included public libraries while people were waiting to have their taxes done, the senior centers, Meals on Wheels, and a low income housing complex. For the most part, participants at a variety of places were asked to complete the survey while the researcher was present, such as at the parish picnic at the Immaculate Conception Church. Both the Meals on Wheels program and the American Legion Senior Center distributed their own copies of the survey, then the researcher picked up completed surveys. Spanish-speaking research assistants were

available at several locations to translate or answer basic questions if needed. The questions researchers were allowed to answer was limited by the scope of the IRB agreement (Appendix C).

In addition to the paper version, after getting input from the action committee, the survey was created and distributed online via Qualtrics. Through an oversight, it was created online initially only in English. The mistake was corrected, but only a week before the final deadline for survey collection. This oversight may have contributed to the inability to reach the goal of getting approximately 20% participation from the Spanish-speaking population in Denton.

The goals for a representative sampling were based on population numbers for Denton taken from the U.S. Census. The city of Denton has 93,600 residents over the age of 18; the goal was to gather 900 surveys which would provide a 90% confidence level with a 2.75 confidence interval. Researchers wanted return rates that corresponded to the ethnic population breakdown of Denton (see Figure 3.5). As the graphed results show, researchers came close to meeting the percentage of each ethnic group except for Hispanic residents. The final sample size was 533, which provided a 95% confidence level with a 4.25 confidence interval. Knowing the grant funding ended in May, and that the action committee would need time to evaluate results and develop recommendations, the committee agreed that April 1, 2015 was a realistic deadline for survey completion.

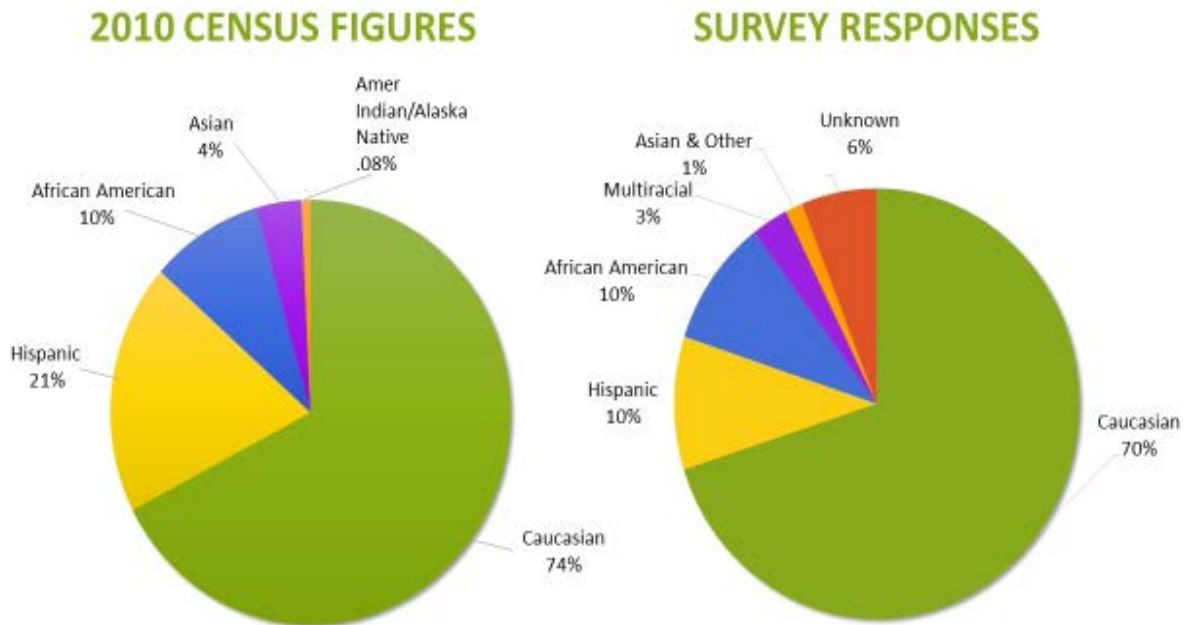


Figure 3.5. Denton population and response rates.

Data Analysis

Qualitative Data

The researcher transcribed the recordings of the discussions and then analyzed the data for recurring comments, words, and ideas. These recurring items were tallied and the ones that arose most often were deemed significant and became the themes explored in the results chapter.

Quantitative Data

As paper surveys were returned, the researcher entered the data into an excel spreadsheet. After April 1, 2015, data were downloaded from the electronic survey from Qualtrics into an Excel spreadsheet. All the spreadsheet data was then entered into

SPSS software. Graduate students in Dr. Susan Squires' quantitative research class cleaned it and ran reports based on interests and the statistics that both Dr. Squires and the researcher felt would be useful, including whether data affirmed results from the focus groups, and what would information might be most useful to decision makers within the city and other organizations. Using SPSS, students ran tests including t-tests, Pearson's r test, two-tailed tests of significance, and others, to determine the significance of the data.

Presentation of Data

Once the data were analyzed, the researcher created a presentation for the action committee of the results, and ultimately the Denton city council. The committee discussed the results and made suggestions about how to improve the presentation. Committee members made suggestions as to what data would interest the city council members, and provided feedback on the way the data were presented as well. One of the city staff suggested presenting to several city personnel to get feedback before scheduling with the entire council; that staff member then arranged for a meeting with the heads of the city of Denton recreation, transportation, and community development departments. That meeting resulted in more suggestions about improving the presentation of the results. The final presentation to council members took place in January 2016 (Appendix F).

CHAPTER 4

RESULTS

The research indicates that residents feel the city of Denton could, and should, make significant changes and improvements in order to be a more aging-friendly community. In order to provide a more aging-friendly society, communities need to re-envision the services provided to the aging as well as how services are provided. Participants identified multiple unfulfilled service needs and multiple barriers to creating a more aging-friendly city.

Using the five planning forum topics – housing, transportation, health, recreation, and community supports and services – to organize the information, the next section reviews the themes identified through qualitative analysis that arose at each forum, and then looks at whether the quantitative survey results aligned with input gathered at the forums. This is followed by the themes that arose at the forums that were deemed to be significant based on participant observation. They were themes that arose several times and were emotionally charged for group members. The terms form, planning forum, and focus group will be used interchangeably throughout the chapter.

Issues Across Topics

There were several issues that were raised at all of the forums. Barriers identified included the need for better coordination of, and communication about, existing services. During the recreation forum, for example, a gerontologist affiliated with UNT mentioned programs called Texercise and Walk Across America. None of the other members of that group had heard of either program. Another example came at the

transportation forum, when one participant acknowledged that she “didn’t know UNT buses, you could use those, that anybody could use them. I was really surprised.

‘Cause it says UNT and I just thought it was exclusive. I thought it was a UNT service.”

Participants want a centralized source of assistance and information - a single point of contact. This topic was raised during the discussions at every forum except recreation. At the forum on health, one woman said, “The biggest gap to me is communication and I salute you that you use a computer... I’m not with it. There are a lot of seniors out there that are not computer literate. So getting information out just on a site is not going to reach them.” At the community supports and services group, one man active in local volunteering mentioned that, “From what I see, there is a real lack of coordination of services between all the city, county, and charitable agencies.”

The need for accessible and available transportation was also raised at each forum except recreation. At the housing forum, one person who lives in a senior community pointed out that, “There’s a bus that runs right by where I live. And most places like Primrose have their own transportation. It’s limited. Most ppl don’t want to depend on that, but sometimes we do what we don’t wanna do or plan to do.” At the health forum, one service provider complained that, “We have a lot of trouble trying to find to take our consumers. Most of our consumers have to go all the way to Dallas, Plano, Greenville... We have to travel really far to find where it takes Medicare, Medicaid, whatever insurance thing they have...”

Housing

Forum Results

The barriers identified by participants in the Housing forum were a lack of knowledge about housing resources, a dearth of housing geared specifically to the needs of an aging population, and problems with affordability and availability. One participant referenced the lack of knowledge about resources by saying that she has “a friend at the senior center who was looking for a house. And because she hadn’t been a homeowner for 2 years, lo and behold the city of Denton paid her down payment. Housing assistance program. It’s a secret.” Another participant pointed out that the city has a program to help home owners with repairs, but that few people know about it because it’s not well funded. Another “secret” program was mentioned by an employee of the Good Samaritan community in Denton who attended the housing forum noted that their organization, “does home repair outreaches. That group is well funded – by donations. Tax incentives. Give us a couple of your needy projects and we’ll take them on.” No one in the room had been aware of this program previously.

Affordability was another barrier. Numerous participants noted that there was a dearth of housing in Denton between \$100,000 and \$200,000. In all of the conversation about what participants were looking for a house, the price range desired was consistently between those two figures. It would be simple to buy a house for more in Denton, but that range, which most participants labeled “affordable,” seems to be in short supply.

Some of the availability problems that arose at the housing planning forum were because of zoning, others were the problems inherent with living in a town so focused

on college students. One of the realtors who attended the housing has worked in Denton for many years and mentioned that zoning is a significant barrier to availability of housing regardless of the buyers' age: "I've heard a lot of frustration about the inability to get something going through...I don't know if it's city council or where the problems are... The ideas are here but moving them through the system seems to be very difficult in Denton." In addition, she mentioned the impact of the rift that arises sometimes in Denton between the needs and wants of the community versus the universities:

Builders and developers across the board will tell you there are few cities more difficult to deal with than the city of Denton. They make you jump....For many, many years, city council was made up of people from the universities who want to keep Denton...a small university town, they don't want to see the growth....There are builders who will not build in Denton because you have to fight the city with zoning every step of the way.

Another realtor brought up a different challenge of being older in a community that is geared toward college students. She said there were few if any condominiums in Denton, and if any were built they were likely to be designed for students and built near the universities. Participants in the focus group pointed out this would not meet their needs because, as one of them said,

I don't want live around a bunch of college kids. I don't want to live around where there's a bunch of parties. I want to live around people who are like me, who are old, but still they can get up and get around, and travel and do things. And we'll watch out for one another, and we'll care for each other, we can talk over a cup of coffee on the porch. And it doesn't exist.

Another participant noted that she had worked with a realtor who helped get houses built that reflected the desire of an older population. The realtor thought the homes would appeal to UNT students, but that the residents are 50 and older. The participant noted also that many of the original buyers still live there so the houses don't

come up for sale very often. She added that they met many of the criteria mentioned at the forum, that she'd "toured them, and would find those appealing as well. There is a small HOA. They take care of the front yard, you have a postage stamp for that dog you want in your life, and a rear entry two car garage. But beyond that, you don't have any maintenance."

There were other housing availability problems specific to older residents. Several focus group members mentioned the need for housing to be on one floor. In addition, one participant laid out some of his requirements clearly, and others at the forum agreed:

I'm looking for a place to live. 1500, maybe 1800-2000 square feet, that's nice, affordable, I don't want to mow the yard, I won't want to paint another wall....I don't want to hang another picture, or put up any more molding. That's what I'm looking for...and it's not here.

Other forum members noted the lack of condominiums and single story townhomes in Denton.

Several other participants mentioned the need for houses to be compliant with the Americans with Disabilities Act (ADA). The group concluded this part of the discussion by saying, "We need more independent, active, senior communities." The idea of housing that one participant described as "independent living-ish" was brought up again when another participant added that she was "looking to [her] husband's future, where we'll go after we can no longer live in a home that we own that we can maintain. There needs to be something that is good for those that are not ready for a nursing home, full care facility on up. There has to be something in between."

Continuum of care is one possible way to meet that need. It is a housing concept that makes it possible for seniors to remain in one location even as their needs

increase. This can take the form of one building where additional care is brought in as needed, or separate buildings on the same campus where residents move from independent living to higher need housing, and then to nursing care.

Survey Results

Continuum of care housing was raised in the focus groups but possibly due to the self-selection of participants, this was a topic of minor importance to focus group participants. However, it was of significant concern to those answering the survey, however. Several other issues related to housing were also notable in survey results.

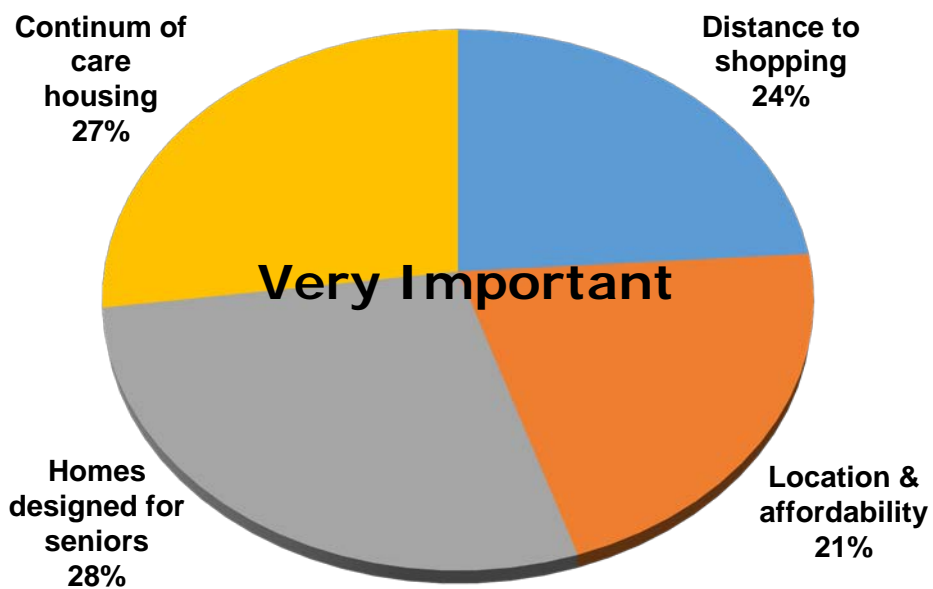


Figure 4.1. Housing issues deemed very important.

The survey also confirmed the importance to Denton residents of housing between \$100,000-\$200,000. This was one of the few areas where responses from African Americans were different than other ethnic groups in Denton.

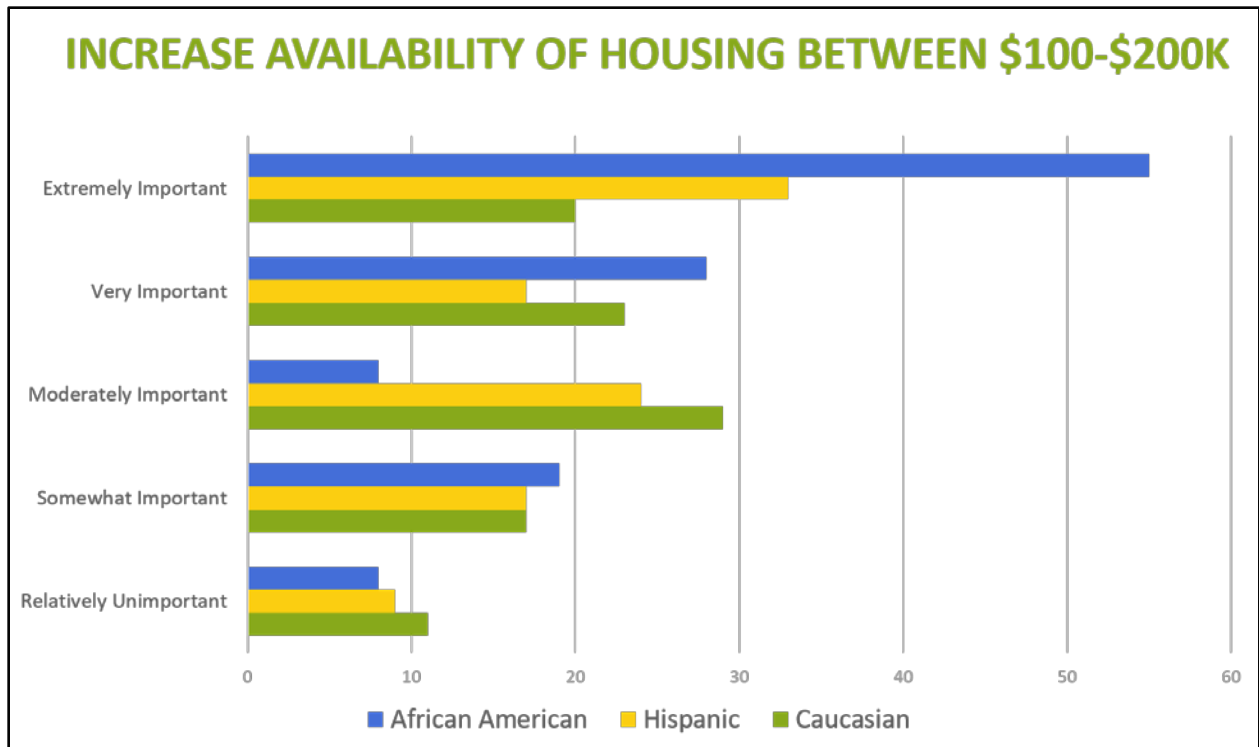


Figure 4.2. Ethnic breakdown of housing responses.

Community Supports and Services

Forum Results

The primary barrier identified by participants in the community supports and services focus group was confusion as a result of a lack of service coordination. As one person said, “The state needs a website, a central location, where we can draw out information.” No such website exists, so older people are left without the knowledge they need to successfully navigate the systems that affect them. As the forum attendee who’s a Salvation Army volunteer explained,

There’s probably 15 or 20 kinds of assistance that people look for. Rental assistance, utility assistance, food assistance, clothing assistance...and if your agency only provides three or four of those things...it’s a very organic, homegrown, person-to-person connection between agencies....if a person comes in who has lost their job a couple months ago and they don’t know where

to turn and they need half a dozen different services, and you can provide two, you really feel like you've let that person down because you just know that there's more out there, but.... It's a crap shoot if you refer someone to another agency...because they may spend their time and effort and not get any help, 'cause you don't know what the requirements are for qualification.

One result of that confusion can be that "one facility provides some services, another provides other services, so people get referred out then sometimes referred back."

Legal documents and issues as people age was another area of concern that was repeatedly raised. One participant who was a service provider explained that one of the things he sees frequently is a "lack of preparation in legal services documents for older people....They're just not aware that you need to have a will, and you need to have a medical directive." The complexities of bureaucracies and laws is often baffling to many. That same man noted an incident when,

An 80 year old who wanted to die with his wife at home in his own bed. One day...he fell. So his wife calls the paramedics and says 'I need some assistance to put him back in bed.' Because of regulations, if a paramedic comes in, they have to take him to the hospital. She said, 'No, I have a do not resuscitate form,' which was only valid in the hospital. So she took him to the hospital and he died. Afterwards they found out that you have to have an outside the hospital do not resuscitate form in order for them not to take you to the hospital to die. I mean, it's so ludicrous, but there it is. It's part of the bureaucracy, and this poor man.... Studies show that 70% of people want to die in their own home, and yet 70% of those people die in a hospital.

A central source of information was desirable in this context as well: "it's so easy and inexpensive to do and...someone needs to take them by the hand and let's get this taken care of." In this case at least one central source of information exists. A member of the focus group pointed out that all those legal documents are available for download on the state of Texas website, but another said, "You're right. The problem is, very few people know about it." That same confusion and lack of information was reflected in another's comments that, "I understand that there is an attorney in Denton that does pro

bono in hospice to get those end of life documents in order. I'm not sure who it is. One of the hospice directors told me there was one.”

Survey Results

In order to make the survey accessible to people from a wide variety of education levels, the questions were asked within the specific categories of housing, transportation, health, and recreation. Community supports and services was not used as a separate category. The survey did not have questions about legal issues, for example. The questions about coordination of, and communication about, services were addressed within several sections, and was ranked highly as an important issue as noted above and below. The statement “Increase services provided in community and neighborhood locations” within the health section did address this, but was not rated as a strong priority among survey respondents.

Transportation

Forum Results

There were numerous barriers identified during the transportation planning forum. Lack of knowledge about resources was the dominant topic. Participants repeatedly references resources which were unknown to them: “I heard that Seniors Helping Seniors provided some transportation, but I've never used it, I don't even know if they're still around.” Several aspects of Denton's public transportation system were identified as barriers as well. For the train, difficulty understanding the schedules and

fares was one aspect. The same Salvation Army volunteer who was previously mentioned attended many of the Planning Forums. At the transportation forum he said,

You need to take a class on how to read the schedules and the fare schedule. Before you even open it up. We pull out the thing and try to explain it to them and it's just a challenge. We Xerox the page and highlight it and give it to them, then push them out the door and cross our fingers and hope for the best. They don't know what the fare is, they don't know how to buy the ticket, they don't know where the station is, it's just really tough.

He also noted difficulties with the machines:

I can't tell you how many times we've xeroxed the schedule and given them their \$2.60 cents for a ticket and they're back in the door 30 minutes later saying "The machine ate my money, can I have another \$2.60 cents for the fare?" It happens regularly. Either the machine's not working or they can't figure it out.

Other members of the focus group brought up concerns with the machines as well:

Buying tickets can be a real problem. We've tried twice and had machines that weren't working. It was just very frustrating trying to figure out how to use the machine and it wouldn't give us tickets, we finally just ended up, it got so late we just drove where we were going. It was just very frustrating because there was no one to ask. And this (holding up the schedule)...I can't read this. I need a large print. It's too small. If they printed even just a little bit bigger....

There were two primary issues raised about the bus systems. One was the distance to or from bus stops. One woman talked about the distance from her home to the bus stops: "I live at Primrose, it's a senior living complex. We have a bus stop at either University or Mingo Road. But either one of them, the distance is almost prohibitive...for seniors." Another pointed out that at Walmart and the local mall, one has to navigate across a large parking lot to get from the bus stop to the store. "Some of the stops there – going to the Walmart/Sam's.... If you drop me off at that stop, you know, you might as well drop me off in no man's land."

The other issue with buses was availability. As one woman said, "I just wish they had more hours and maybe Sundays (and) I wish there would be more accessible fixed

bus routes.” A lack of transportation in urgent situations arose also. Any transportation for disabled people outside of normal routes needs to be scheduled several days in advance, according to one of the participants, which doesn’t allow for last minute doctors’ appointments or other last minute transportation needs.

Survey Results

The survey results confirmed the concerns expressed at the forum. The transportation needs ranked the highest by survey respondents were providing same day transportation for immediate needs, improving transportation from senior living communities to train and bus centers, providing better education to potential riders on how to use systems, and adding more transportation after 6pm.

This was another area where results were divided by the ethnicity of respondents. Approximately 75% of African Americans and 49% of Hispanics rated “provide transportation after 6pm” as extremely important, in contrast to approximately 33% of Caucasians who did.

Health

Forum Results

Similar to other groups, the participants at the health planning forum mentioned a lack of – and confusion about – information and services as barriers. Much of that confusion was focused around federal benefits. One woman explained that, “One thing we didn’t know....Cliff is eligible for Medicare now, and he didn’t sign up for part D and he’s penalized for the rest of his life. He didn’t need it.” The group had a number of

complaints about Medicare, including difficulty finding a doctor who was accepting new patients with that insurance. As another woman said,

I called [Medicare] because my husband still works at a facility and we still have insurance through that. Even though I had a primary that was insurance, they wouldn't take me because I had Medicare. I thought I'd be double good because I've got two things. Wouldn't touch me because I had Medicare, even though Aetna was my primary.

Even though the issues are with federal insurance, participants believed local services could help. One person who lives at a local senior residence pointed out that, NCTAAA does provide benefit counselors and they're in Denton twice a month. They're at Primrose once a month and it is open to residents of Denton.... I would love to see that information out and bring people to that service because that's how I got my drug prescription plan and I'm very pleased with it.

Not all of the lack of knowledge focused on Medicare, however, and participants still felt there should be local point of contact and information available. One participant noted that,

There's a lot more here than I ever anticipated, and but the unfortunate part is you have to suffer 2 or 3 years before you find it. Or you find out about it accidentally. So some sort of brochure of senior services and list 'em all and make sure every damn senior in this place gets one. Or anyone that needs one, senior or not.

Financial issues also arose sometimes in connection with Medicare. One nurse, who works at a senior living facility, told the group that,

One of the things that I did find a lot with our seniors was that even though they had Medicare, they still had the prescription issue. And I would see patients come into our emergency room that their help was in jeopardy because they couldn't afford the prescriptions. That seems to be a huge issue of where does everybody fall... The \$4 program has helped a great deal, but there's still gaps and I've seen them do without food, or else medicine – you gotta choose.”

Another theme of the health forum was not a barrier, but rather a feeling.

Numerous participants mentioned the issue of fear. One man with an elderly parent shared that,

My mother's 83 years old and she's said for two years now she's scared all day every day. She can't really put into words exactly what it is, these thoughts come and go, but she's just scared all day about all these diff things. Most of it don't have a lot of substance to it...

One woman articulated her fear very specifically, on the other hand:

I'm alone, and that's probably one of the most frightening experiences is to go into a hospital or a doctor's office, alone as a senior, b/c they can victimize you til you're blue in the face and there's nothing you can do about it. Particularly if you're informed – if you have an informed person with you, then you'll get some care, but you have to be informed yourself. And always make sure you stay awake. And make sure they don't put you to sleep.... And they say, "But you're depressed." I'm not depressed. There's a distinct difference between being depressed and frightened. I said, "Life on a daily basis at this age is frightening."

Survey Results

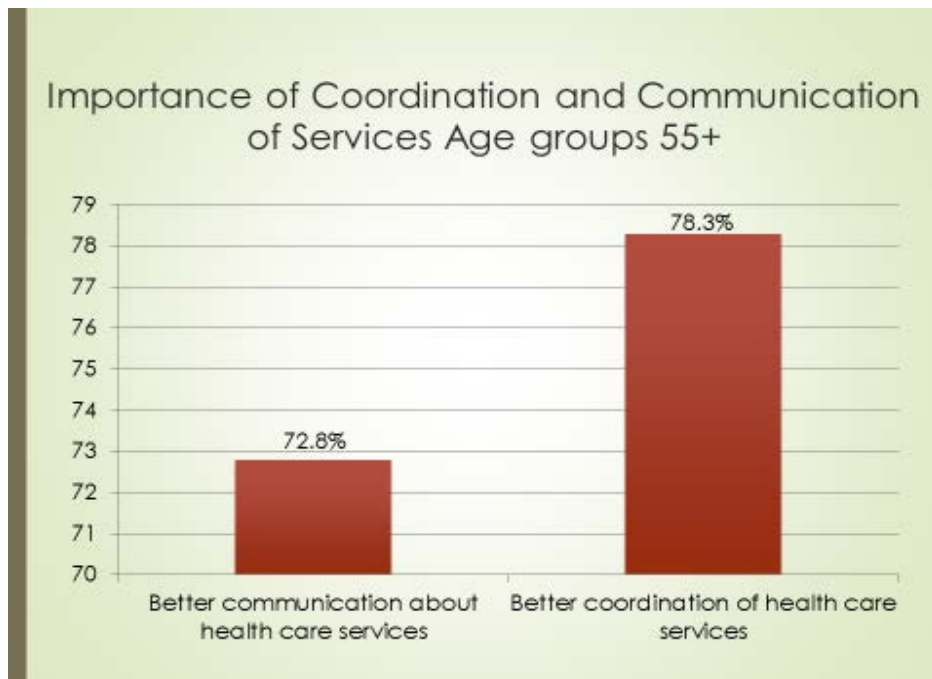


Figure 4.3. Top healthcare needs.

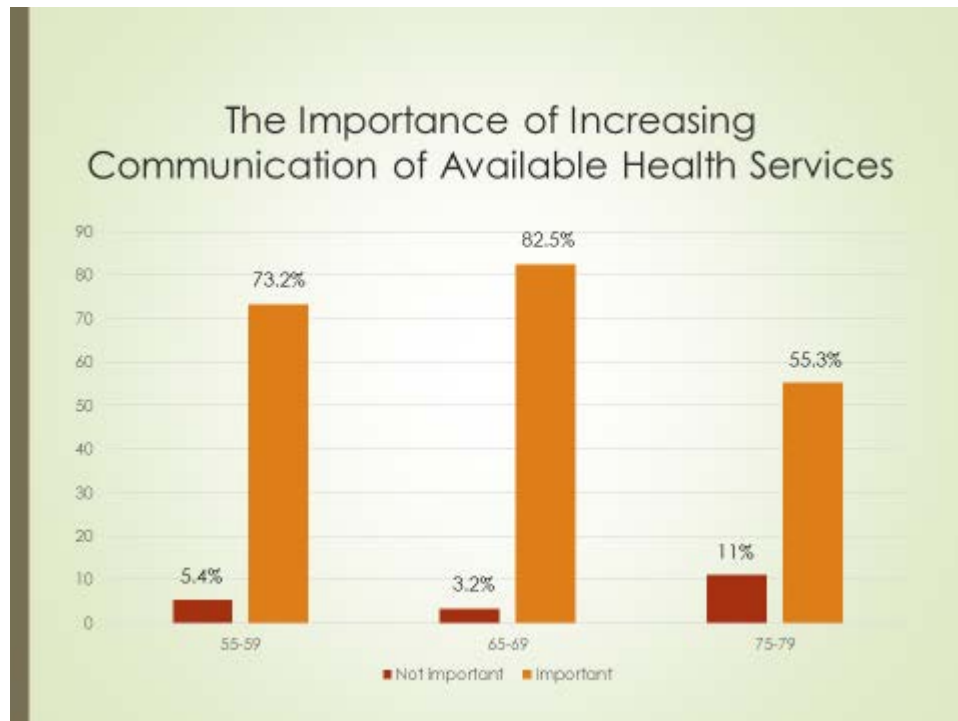


Figure 4.4. Importance of increasing communication about healthcare services.

Because the survey asked about specific services, the issue of fear was not addressed in the questions. Responses to the quantitative instrument did confirm the other barriers mentioned by participants at the forum, however. In addition to financial assistance with basic health care needs like prescriptions, the top healthcare needs identified were communication about and coordination of existing services.

People who took the survey wanted financial assistance for basic health care needs such as prescriptions. Respondents also wanted neighborhood service outreach, more education, and more bilingual resources.

Recreation

Forum Results

Forum participants noted a wide variety of recreational activities available for

older adults in the community. They included Zumba classes at one of the senior living facilities, activities at the Bell Avenue senior center, including a workout facility, and the emeritus college at UNT that, according to one member of the group, provided over 90 educational programs in 2014.

There are three...continuing care retirement communities – all three of them provide programs for anyone in the community to join them as they do their programs. They go to Dallas for plays or shows or operas. They go to Winstar, they go on recreational trips, they travel, and those are open to [city residents]. They do have people [who don't live in the facilities] that join those groups as well.

Another participant noted that are buses that “go to the basketball games at UNT. I do go to those and I see quite a few [older] people getting off the bus.”

Another of the themes that arose during the Recreation forum was the need for intergenerational activities. This reflects the growing trend of grandparents being involved in their grandchildren's care, including older adults who are raising their grandchildren. One woman involved in the care of her grandson mentioned that she and her husband

Use the libraries a lot. The libraries have great programs going on and they have.... The reason we moved up here is because our daughter had a child and we are very involved in Sam's life and so we go to those programs to the story hours and to all of that stuff. It's a great, great facility. And we've gone to all three of the libraries.

A number of participants didn't feel like the services in Denton are keeping up with the reality of those intergenerational relationships, however. One older man said he wished there was a shooting range where he could take his grandson; he specifically wanted a place for trapper skeet or a rifle range. Another, referring to play areas at a city park, said, “My grandchild loves that playscape, but there are very few benches. There needs to be a place to sit down.”

The idea that the city in particular is not as responsive to the needs of older adults arose several times. The city is working on making all the parks handicapped accessible, according to one participant familiar with city personnel, but is a long way from full compliance. That woman mentioned that she had complained to the superintendent of parks “for 42 years. We need more bathrooms at the parks and he said, ‘Well, we can’t put bathrooms in open places...[or] benches that people will steal.’”

The rapid growth of Denton was mentioned several times as well as a barrier to providing better recreational facilities for older residents. One person mentioned, “I find it interesting...Denton...is listed as one of the growth areas for the state of Texas in the next 10 years.” He had served on the city council years ago and was familiar with the space limitations facing the Bell Avenue senior center in particular: “It’s been expanded and the parking lot’s been expanded but it still isn’t enough. There isn’t enough room there, that’s the problem. [The center has] got to be expanded,” but had he no idea where to find the space to do so.

Survey Results

While some specific amenities were mentioned briefly in the focus group, in the survey they showed up as significantly important. The top five concerns specifically in terms of recreation for respondents over 50 were sidewalks, lighting, shade, bathrooms, and multigenerational programs. Bathrooms were a significant concern for older adults. Intergenerational programs was another area that showed an ethnic breakdown. While people of all ethnicities said it was important, Hispanic respondents valued it higher than other groups.

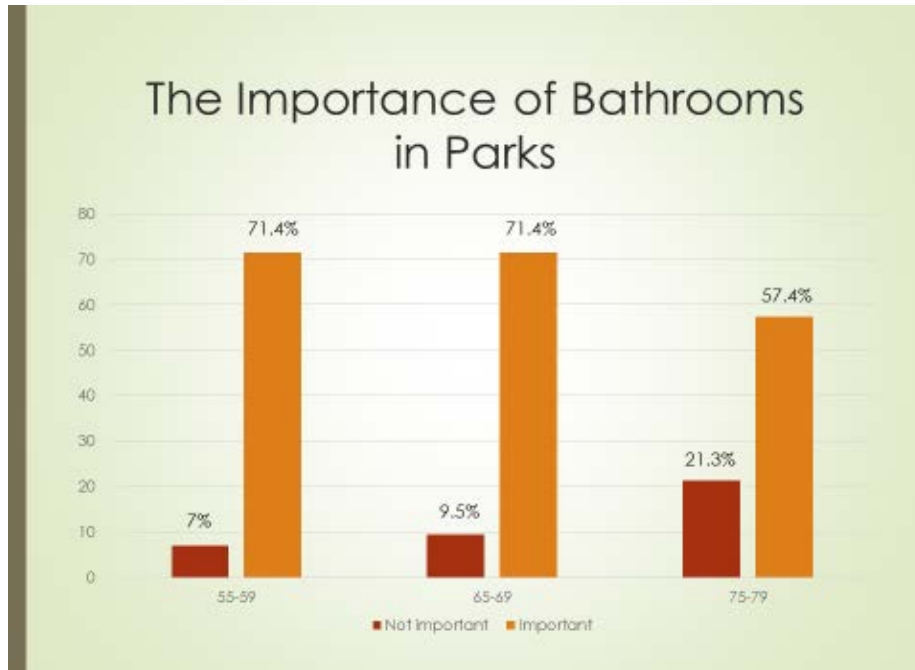


Figure 4.5. Importance of bathrooms in parks.

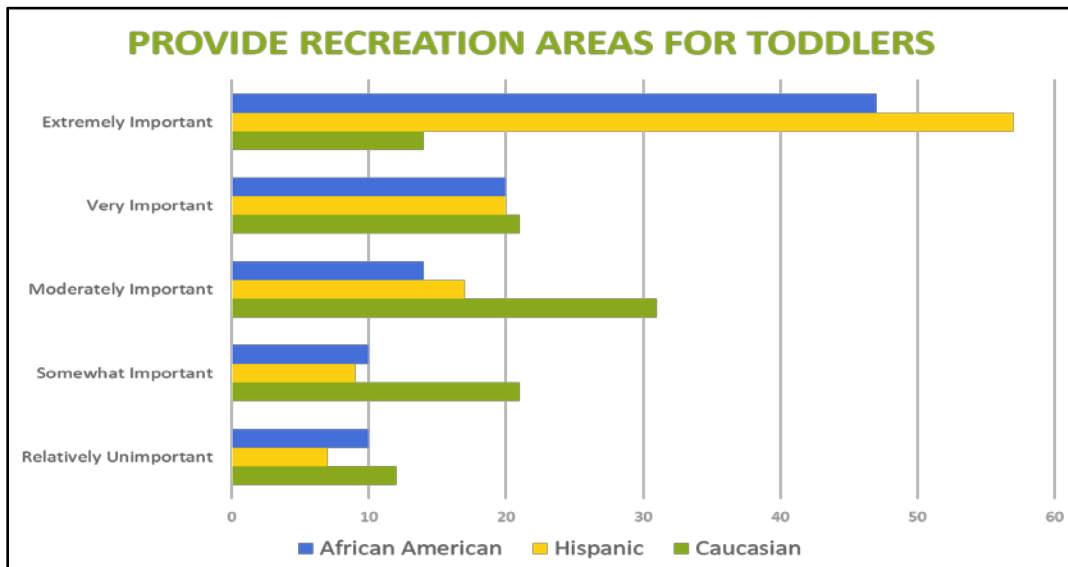


Figure 4.6. Importance of recreation areas for toddlers.

Other Concerns Raised by Participants

There are several additional concerns raised by group members at the planning forums. They were not about specific services, so they did not appear on the survey.

While they did not appear enough times to register in the qualitative data, participant observation revealed them as emotionally charged issue to participants. Those topics need to be addressed to provide a full picture of concerns about aging in Denton.

Not Feeling Valued

One emotional issue raised by participants at the planning forums was not feeling valued by society. As one participant said, “When...we look at how our seniors are treated here instead of other countries...we don’t have the same dignity, you don’t have the same respect, and you don’t have the same assistance.” Another group member said of older people that, “The younger generation puts them in a facility and they never see them again. You’re old, you’re done and let’s put you back in a corner where we don’t have to see you or think about you.”

One of the words participants used to describe how they felt was “disposable.” When one said, “It’s almost like a senior’s disposable”, another agreed, saying, “We’re no longer tax payers, we are the takers. There are the makers and takers. They group us in with those – we are the takers. So they’d just as soon get rid of disposable people.” Some of the participants blamed the attitude towards the aging population on the reduced economic status and impact of older people. One participant pointed out that, “Because seniors’ taxes go down, the moment the taxes go down, that moment your importance to a lot of people devalues.” Another member of the group pointed out the fallacy of that belief: “Taxes go down, [but] what you input into the health care system, what you input into the general economy, does not go down. In a lot of instances it goes up.”

Volunteering

Another significant topic at the focus groups was volunteerism. Participants spoke about volunteerism as a benefit both to themselves and to their community. They talked about the possibility of having college students help seniors with house repairs, for instance. One member of the planning forums mentioned the socialization benefits that come from being a volunteer, as well as mental health benefits beyond that. The woman who was unable to access counseling when she lost family members said, “I worked with CASA for 8 years...and that’s what saved me. That was my grief counseling.”

Forum group members also pointed out that engaging others as volunteers with aging residents could be one way to increase concern within the community for older people:

I think it’s just getting people in the community involved and understanding. When we talk about ageism, it’s the one stereotype that if you live long enough, you’ll experience it. And trying to get ppl to understand that and just to care. Be engaged with the people in your community and helping share information... Talking about solutions. I don’t know how you do that...but engaging volunteers or services.

Fear

People also talked about the fear that comes as people age. The fear was sometimes for themselves and sometimes for their aging parents, and is related to the loss of control over situations and decisions affecting them that often comes as people grow older. As one woman said, “I wouldn’t want to go into the hospital without someone to advocate for me.” Another participant referenced fear when talking about the idea of communal living for seniors:

In other words, if people aren't going to step up to help seniors, they have to help each other. So it's a living arrangement where people live in a neighborhood or in a complex, and different seniors have different abilities to do different things and they support each other. ...there's no money involved. It's just community helping community. I think it takes a lot of that fear and lack of control away.

Emotional Support

Closely related to the issues outlined above is an unmet need for emotional support. One participant described her need and one of the barriers to getting emotional support:

I sure wish I had had [a counselor] whenever I needed it. I lost two grandchildren in a very short period of time – one 21, one 15, followed immediately by my son and there was no support group out there. I had moved from Denton, where my support group was, to 10 miles out in the country. I was not third generation so there was no relationships. They are very vital. And people, I think, feel that there's a stigmatism about them and don't seek the help that is available.

As another group member said, that support could take the form of counseling or, as one focus group member pointed out, simply listening to older people: "I see in my volunteering at the Salvation Army, that that's what's lacking.... Everyone's so busy that no one has the hour to sit down with someone when they need the hour. Maybe it's just that you sit there and listen, not that you're providing services...." He expressed clearly that he was not simply talking about a brief chat simply to socialize: "It can take an hour to really understand what people's needs are. People are reluctant to ask for help. You really have to probe sometimes to find out exactly what you can do to help them the most."

Researcher's Concerns

Difficulty Reaching Spanish-speaking Population

As mentioned in the introduction, the research was not successful in reaching the number of Hispanic respondents laid out in the proposal; unfortunately, there is no hard data about why this was the case. Speculation about the reasons for the disparity included a need for childcare and evening jobs. The researcher made significant efforts to reach Hispanics, including offering the survey at the church in Denton with the largest Spanish-speaking congregations. Other connections were much more difficult to make, however.

Outreach By Satellite

Another area that is ripe for additional research is satellite outreach by organizations. Creating either permanent satellite sites, or creating mobile services would, as mentioned previously, address some of the significant transportation challenges faced by aging Denton residents. The executive director of the Bell Street Senior Center noted that they have a pharmacist come to the center sometimes, for example, to do prescription checks for members. Participants bring all their medications in a paper bag and the pharmacist reviews them for any contraindications or interactions. A similar approach could be used for additional health issues, services, and possibly business – like providing a mobile grocery store.

Single Point of Contact

This topic arose multiple times during the focus groups. Residents want one place that they could access information about all the services available. In other communities, a 211 phone line serves that purpose. While that phone line exists in Denton, it was described repeatedly by both service users and providers as incomplete and “useless.” The researcher was not able to determine the reason for the lack of coordination of service through the phone line.

CHAPTER 5

CONCLUSIONS

The aging generation of baby boomers will likely change of the face of what services older residents need, and Denton is no exception. Denton is a growing community that would benefit from re-envisioning how services are provided to its older residents. Clearly there are a variety of gaps and concerns that could be successfully addressed by governmental, non-governmental, and for-profit organizations in Denton. The Aging Texas Well grant was a valuable tool for gaining information about how aging-friendly the city of Denton is.

Recommendations for Further Research

Further research on the following topics could make a significant difference in increasing Denton's ability to be aging-friendly. Looking into the idea of helping older adults feel valued, and determining if there are concrete ways to meet that need, would be helpful in designing programs for aging residents. Research into the feasibility of expanding volunteer opportunities for older residents would be beneficial and could also help them feel valued. Finding ways for other members of the community to interact with older adults could also break down that feeling that society no longer cares about them. In addition to research on particular services or approaches, examining different and more effective ways to publicize organizations and services would be invaluable. Denton could also increase its aging-friendliness through additional research on what would help seniors feel safer in their homes or in the area.

Research into the reasons for difficulty reaching the Hispanic population would benefit the city tremendously. Stronger involvement of all residents would ensure that services are appropriately designed and effectively used. Conducting that research would require the involvement of community members already known to and active with the city's Spanish-speaking residents.

An area ripe for further exploration is the possibility of creating a single point of contact for social services in the area. Other communities have this resource and given the results of the research in Denton, implementing this resource could make a big difference in the city's ability to be aging-friendly. More research could also be done into examining the feasibility of providing services at satellite locations, either at permanent locations or through mobile services. Determining locations and demand for those services would be invaluable.

Personal Reflections

One of the most indelible lessons for me in conducting the research was the importance of personal connections. It took me a long time to build relationships and I only reached a small percentage of the people with whom I would have liked to connect. I made only one superficial connection in the Asian community in Denton, for example. I believe the project would have reflected input from a wider variety of the population if I already had the connections that I came out of the project with. That's a sobering thought as I try to find jobs in a city where I'm not currently living.

The project affirmed the value of using the tools of applied anthropology in conducting people-centered research. Examining the systems in Denton to see how

they are working – or not – for its residents revealed insights that looking at individual services would not have. Looking for patterns in the data on the various topics provided a bigger picture of the challenges facing Denton.

The research had, and still has, the potential to make a considerable impact on the Denton community. Improving services for the elderly is not simply the right thing to do; it is also recognition of “the critical roles that older people play in communities through volunteer and paid work, through sharing their experience and knowledge, or helping their families with caring responsibilities” (Hrostowski, 2010). My hope is that the research will impact the Denton policies, like zoning, that affect the quality of life for the aging. As an anthropologist interested in user input, I that the grant called for the community itself to play a key role in the research. Another city that received an Aging Texas Well grant primarily solicited input from citizens that held positions with organizations there. While that was part of the research, as an anthropologist, I was interested to hear from people who use the programs and services in the city, not just those who provide them. The opportunity to use my growing knowledge of applied anthropology tools also drew me to the research.

The project provided me with an opportunity to gain invaluable hands on experience in using anthropological methods in a real world setting. Using those skills to manage a two-year project has prepared me to work as an anthropologist in the professional world.

APPENDIX A
GRANT APPLICATION

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Texas Department of Aging and Disability Services.

Cover Sheet

- Submitting AAA: North Central
- Mailing Address: North Central Texas Council of Governments, 616 Six Flags Drive, Arlington, TX 76011
- AAA Director: Doni Green
- Date and Time Submitted: Thursday, April 25, 2013, 10 a.m.
- Project Name: Denton: Best Place to Live for All Ages
- Geographic Area: Denton County, which encompasses a land area of approximately 878 square miles, has a population of 707,304 (2012 U.S. census estimate). Primary emphasis will be in the City of Denton, which has a population of 117,187 (2011 U.S. Census). Other Denton County communities within the scope of this project include Argyle, Aubrey, Bartonville, Copper Canyon, Corinth, Corral City, Cross Roads, DISH, Double Oak, Flower Mound, Hackberry, Hebron, Hickory Creek, Highland Village, Justin, Krugerville, Krum, Lake Dallas, Lakewood Village, Lewisville, Lincoln Park, Little Elm, Marshall Creek, Northlake, Oak Point, Pilot Point, Ponder, Roanoke, Sanger, Shady Shores, The Colony, and Trophy Club.

Project Implementation

Grant funding through the Aging Texas Well initiative will enable a North Central Texas collaboration to advance its goal of improving Denton County residents' access to vital resources such as housing, transportation, and health and wellness programs, including evidence-based programs. Use of the assessment tool will help set the stage for planning and action that will enable Denton County to build “aging-friendly” communities. Notably, the number of Denton County residents age 60 and over is projected to increase from 90,737 in 2013 to 179,011 in 2023—a growth rate of 97%, which eclipses the state rate of 48% during the same time frame.

The North Central Texas Area Agency on Aging (NCTAAA), the University of North Texas (UNT), and a broad coalition of planners and providers came together in 2010 for the purpose of transforming Denton into an Age Well/Live Well community. As additional partners were recruited and a comprehensive work plan was developed, the Steering Committee created a standing Evaluation Subcommittee, charged with expanding the reach of evidence-based programs and determining the impact of Age Well/Live Well activities. This subcommittee has met on a regular basis for nearly two years.

The Evaluation Committee will take the lead on completing the indicator worksheets, building on its established network of members. It will employ an innovative approach to assessing community need and cast its net broadly to ensure that data are gathered from key stakeholders. Specifically, it will employ a staged assessment process that relies on planning forums to gather informed qualitative needs assessment

data, use these data to create comprehensive surveys, and distribute surveys by mail to a representative sample of Denton County residents.

Planning forums will be held on each of the six Toolkit topics, with stakeholders selected based on their knowledge of specific Aging Texas Well indicators, their leadership, and/or community activism. Forum participants' input will be used to create surveys that will be mailed to 900 county residents. Return rates will be monitored for correspondence to the ethnic population of the county. Should response rates fall short of statistical significance, UNT students will gather additional data through telephone surveys

Forum and survey results will be used to develop an action plan for improving the County's preparedness for its aging residents.

Progress will be measured by achievement of specified output measures, including: 1) successful completion of assessment tools specific to all six Toolkit topic areas; 2) number of persons involved in the assessment process; 3) diversity of persons involved in the assessment process; 4) identification of at least one priority goal per topic; 5) and development of a comprehensive action plan that integrates one or more priority goals from each topic area. Success of the initiative's outcomes will be determined by success in attaining priority goals that will emerge during the assessment process. A measurable objective during the first year of the process is to collect information from key stakeholders and compile a review of the worksheet data. A measurable objective during the second year is to use the results of the written survey to document consensus on the current community status and recommendations for future priorities.

The community assessment process will build on existing Age Well/Live Well Evaluation Subcommittee and Steering Committee infrastructure. Both committees meet monthly. As the initiative rolls out, activities will be posted to the Age Well/Live Well—Denton web site and updates will be posted to Facebook and Twitter. The Age Well/Live Well Resources Subcommittee will create press releases, which City of Denton leadership will help place in the *Denton Record Chronicle*. An evaluation of the communication process will take into consideration the number of partners involved in the initiative, their diversity, the comprehensiveness of the needs assessment and action plan, and extent to which the action plan results in expansion of resources for the County's older residents.

Consistent with its collaborative design, the project will employ an executive sponsor at both UNT and the NCTAAA. UNT faculty member Dr. Susan Squires will serve as the University's executive sponsor, and Aging Program Supervisor Dr. Jan Henning will serve as the NCTAAA's executive sponsor. Squires has experience designing and implementing a national research study to determine Ireland's aging-readiness and will ensure that the community assessment is structured so that data will be valid and reliable. She will work under the supervision of the inter-agency Age Well/Live Well Steering Committee. Henning has expertise in aging issues related to health benefits and services, as well as experience managing grant funding. She will ensure that needs assessment data are translated into viable action plans that can be implemented by the NCTAA and other service providers.

Stakeholders will be drawn from community leaders who attended the Age Well/Live Well kick-off event in January 2012, service providers, government

representatives, universities' faculty and staff, churches leaders, and merchants. Businesses will receive an invitation from Denton Mayor Mark Burroughs, and announcements will be made to service providers in the North Central Texas Aging and Disability Resource Center distribution list. The general public will be invited to participate through public service announcements and a social media campaign. Targeted outreach will be conducted through the faith community, the City of Denton Mayor's Council for People with Disabilities, the Denton Health Department's Healthy Communities project, and its Geriatric Services Workgroup.

Budget Justification

The majority of Age Well/Live Well Community Assessment funds will be passed through to the University of North Texas through sole source procurement, given UNT's pivotal role in forming the Age Well/Live Well coalition, spearheading its evaluation activities, conducting social research, and strong working relationships with critical stakeholders. Age Well/Live well funds are requested for the following categories: contractual expenses, staffing expenses, local travel, printing, and postage. No funds are requested for capital equipment.

The NCTAAA intends to contract with UNT for professional services provided by two project personnel who will guide the assessment process. UNT Assistant Professor of Anthropology Susan Squires, Ph.D., will provide the overall direction and management of the project and will participate in the technical research. Salary support is requested at 10% of the UNT academic salary scale for 10 academic months for each of the two years of the project. Salary support for graduate research assistant Julia Wolfe is requested at 50% of the UNT staff salary scale for 7 academic months for each

of the two years of the project. Academic and salary costs for year 2 factor in a 3% increase. Fringe benefits for UNT personnel are calculated at 15.3% of faculty salary and 8.65% of staff salary during the academic year.

The NCTAAA intends to budget 2.5% of its Aging Program Supervisor’s time to the project associated with her work in serving as a liaison to UNT and serving as executive sponsor for the NCTAAA. In addition, it intends to budget 1% of its Senior Accountant’s time spent in preparing Age Well/Live Well fiscal reports. The NCTAAA requests \$970 for local travel expenses, to be paid to contractors and/or staff for project-related travel in personal vehicles to planning meetings and community forums. Reimbursement shall be paid at a rate not to exceed the State of Texas rate (currently set at \$.565/mile).

Object Class Category	Federal Funds	Non-Federal Cash Match	Non-Federal In-Kind Match	Total	Justification
Contractual expense: UNT executive sponsor and graduate research assistant personnel expense and local travel	42,968		5,000	47,968	Salary based on UNT academic salary scale (\$30,810); fringe benefits, based on UNT rates (\$10,488); local travel by UNT associated with data collection (\$770); donated professional time of UNT faculty who serve on Age Well/Live Well Evaluation Subcommittee (\$5,000)

Salary expense for NCTAAA executive sponsor and Senior Accountant	2,115			2,115	.025 FTE for Aging Program Supervisor-Direct Services and .01 FTE for Senior Accountant
Travel	200			200	Local travel by NCTAAA Executive Sponsor, reimbursed at a rate not to exceed the State rate (\$200)
Fringe	897			897	Calculated at the rate of 42.4%
Indirect	533			533	Calculated at the rate of 17.7%
Equipment	0			0	
Supplies	1,695			1,695	Software license year 1 (\$1,200); cost of mailing 900 surveys x \$.55 per survey (\$495)
Other	1,592		3,000	4,592	Cost or printing surveys and outreach materials (\$1,592); donated meeting space (\$3,000)
Total	50,000		8,000	58,000	

Project Timeline Year One – Planning Forums

Goal: Complete data gathering on six indicators

Objective 1: document review of existing information on the six indicators

Objective 2: collect information from key stakeholders and identify areas of need

Tasks: Identify existing documents with current indicator information, identify key stakeholders, develop schedule for stakeholder meetings

Timeline: June-September 2013; *Deliverable:* Quarterly Report 1 that includes document review

Objective 3: Conduct six planning forum meetings: one for each indicator

Tasks: Set dates and locations, publicize, set up forums and conduct

Timeline: October 2013-May 2014; *Deliverables:* Quarterly Reports 2 & 3, Report that includes summary of forums, observations, and list of recommendations and answers to forum questions

Objective 4: Compile and analyze data

Tasks: Enter data into software and complete statistical analyses

Timeline: June 2014; *Deliverable:* Final Report for Year 1

Project Timeline Year 2 – Survey and Road Map

Goal: Complete survey and road map process

Objective: Use analytical processes to document consensus on the assessment of the present community status and recommendations for community priorities in the future

Tasks: Determine survey questions to be mailed to representative sample of community. Enter data into specialized software and analyze using visual and written mapping methods

Timeline: June-December 2014; *Deliverables:* Survey and survey analysis, Quarterly Reports 1 & 2

Timeline: January-May 2015; *Deliverables:* Visual and written road map, Quarterly Report 3

Timeline: June 2015; *Deliverable:* Final Report of Project Process, Results and Next Steps

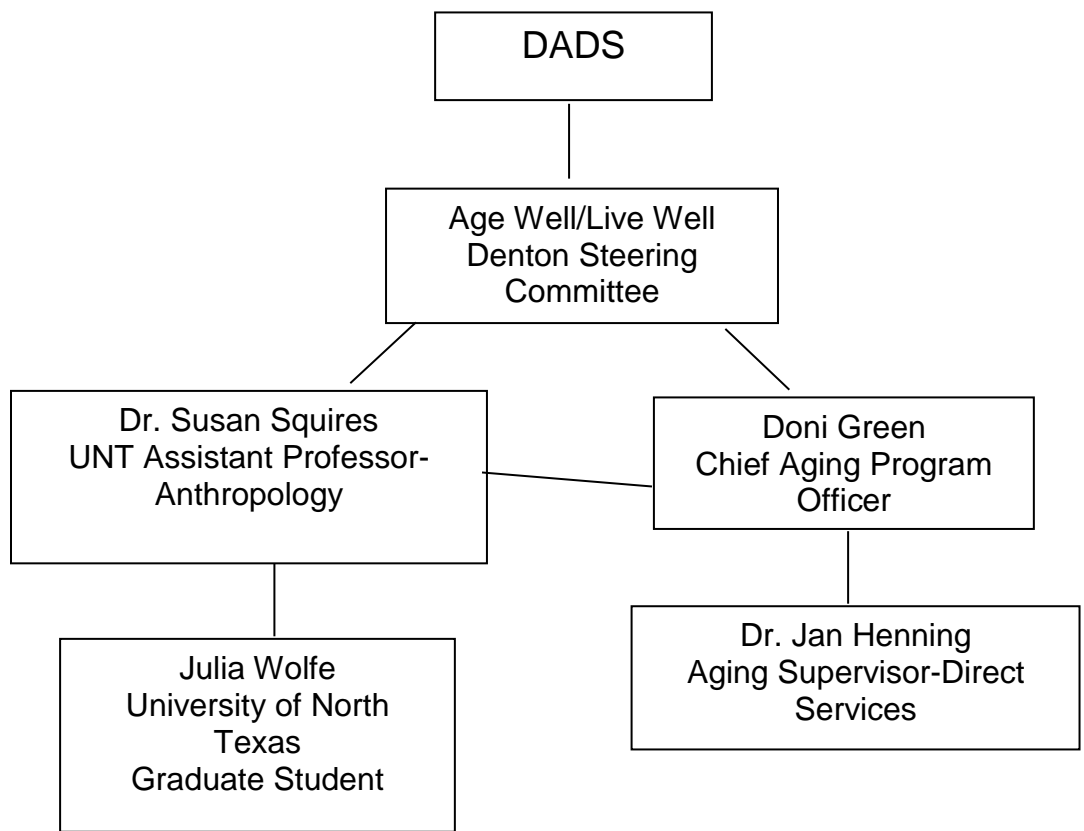
Organizational Capacity

The North Central Texas Area Agency on Aging (NCTAAA) and University of North Texas (UNT) are well positioned and resourced to conduct a comprehensive assessment of older Denton County residents' needs, and develop and implement an action plan for building an aging-friendly community. Working in tandem, the NCTAAA and UNT will build on community-based collaborative successes previously mentioned.

Dr. Susan Squires will serve as the University's executive sponsor, and Aging Program Supervisor Dr. Jan Henning will serve as the NCTAAA's executive sponsor. Squires has in-depth aging research and project management experience. She will work under the supervision of the inter-agency Age Well/Live Well Steering Committee. Henning has extensive expertise in aging issues related to health benefits and services, as well as experience managing grant funding. She has strategic planning responsibilities with the NCTAAA.

By marrying UNT's research perspective (necessary to conduct a valid and reliable assessment) and the NCTAAA's client services expertise (necessary to develop a viable action plan), the two entities will enhance local capacity to meet the needs of a growing number of older citizens.

The following organizational chart depicts the role of key personnel and oversight mechanisms.



APPENDIX B

AGING TEXAS WELL TOOLKIT

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Texas Department of Aging and Disability Services.



Aging Texas Well

Community Assessment Toolkit - 2009

- Information*
- Tools*
- Resources*

An Initiative of the
Texas Department of Aging and Disability Services

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Introduction





The Texas Department of Aging and Disability Services (DADS), through Aging Texas Well (ATW), has a wide array of information, tools and resources to help people and their communities begin the process of aging well. DADS is committed to providing the right information and encouraging the action that will make aging well a reality for all Texans and their communities. The purpose of the ATW initiative is to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas.

ATW is focused on ensuring that Texas' aging population has a sense of well-being brought about by dealing effectively with life's changes and challenges. Pursuing positive, meaningful relationships and remaining independent and active are key to meeting these challenges. As outlined in Executive Order RP 42 (Appendix 1), part of the ATW mandate is to work with public and private community partners to build capacity to serve a growing aging population through community assessment processes. This community assessment toolkit addresses the community capacity building portion of the Executive Order.

As the baby boomers reach retirement, local governments will face even greater challenges in creating physical and social environments that support their needs. ATW encourages communities to identify features that define an aging-friendly community, to assess their communities' aging friendliness, and to undertake planning and action steps to build an aging-friendly community. If successful, Texas communities, both rural and urban, will have a better understanding of what it means to become "aging-friendly" and the most effective ways to remain that way.

This guide was developed by DADS and the Aging Texas Well Advisory Committee (ATWAC) as a starting point to assist communities that want to determine their current capacity. It will assist local communities to identify the physical, social and institutional elements that aging populations need to lead full and productive lives in their communities. It is intended to be a resource for a community-building process that begins with understanding the extent to which a community is already meeting the needs of its residents, identifying specific conditions and issues that need to be addressed, and planning to enable aging-friendly communities to flourish.

This guide consists of four chapters:

-  [Chapter 1](#) – Understanding the Aging Texas Well Process
-  [Chapter 2](#) – ATW Community Indicators
-  [Chapter 3](#) – ATW Community Assessment
-  [Chapter 4](#) – Seeking Recognition for Your Community

The process for each community will be unique as they attempt to identify and understand the needs of people across the varied phases of their lives and for developing community responses to those needs. This guide is intended to provide a framework for collaboration, analysis and consensus about shaping a community that both values residents and meets the needs of all members of the community. In addition to the social dimensions of community building, the result is likely to involve local governments in making physical and programmatic changes that address the needs of all its citizens.

Although each community is unique in the way it makes and implements decisions, participation in the Aging Texas Well Community Assessment and

the use of this guide are intended to occur within and support the normal community planning and budgeting processes. The physical and programmatic changes a community chooses to make to meet the needs of its population often emerge from that community's comprehensive planning process. In other circumstances, a community might deal with a complex, specific issue on an *ad hoc* basis, and then relate that issue to other aspects of community operations or improvements.

The process described in this guide can be used in either approach. The key point, however, is the community must make a commitment of taking the first steps to build an aging-friendly community. This can be accomplished by assessing livability in a comprehensive way, drawing up realistic plans to make needed changes, and ultimately allocating resources to ensure those changes are made.

Once the assessment process is complete, action committee members can decide if they want to take the next step and apply for recognition or certification through other organizations. Being recognized by other agencies highlights the successes taking place at the local level, the partners making strides to better the community, and offers opportunities for residents to continue supporting the important activities that are taking place. Being recognized also offers the community, its local government and Chamber of Commerce the opportunity to set itself apart from neighbors as a place that embraces people of all ages and abilities. For more information on these groups certifying and/or recognizing communities, see Chapter 4.

If you have questions about getting the process started in your community, contact the DADS Aging Texas Well Coordinator at 512-438-5471 or email the coordinator at AgingTexasWellCoordinator@DADS.state.tx.us for guidance or assistance with planning and organizing your community's ATW Action Committee.



Chapter One: **Understanding the ATW process**

The purpose of the state of Texas ATW initiative is to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas. It strives to ensure that state and local social infrastructure facilitates aging well throughout the life span. ATW consists of 16 life areas (see Appendix 2) and recognizes:

- Successful aging does not begin at age 60, but begins at birth;
- Everything an individual does throughout life will impact the aging process;
- The well-being of older Texans is holistic in nature, spans multiple life areas, and is driven by individual choices and quality of life; and
- A strong relationship exists between individual actions and community support as individuals prepare for aging well.

Many communities across the nation are beginning to analyze the readiness of their communities for the baby boomer population. The ATW Community Assessment is part of this national movement to promote aging-friendly communities through planning and capacity building. National organizations, including the National Governor's Association, Administration on Aging, AARP, National Association of Area Agencies on Aging (N4A) and National Association of State Units on Aging (NASUA), have all recognized the need for every state and community to prepare for the implications and effects of

the demographic trends of longevity, aging-in-place, and other realities of the baby boomer generation.

The net result of the ATW assessment process is a framework for building an aging-friendly community that has the support of a network of stakeholders who will work together to implement it. To complete the community assessment, there are several steps a community must undertake:

- Designate an executive sponsor with the authority to activate the process;
- Designate an action committee leader;
- Organize your community by building your action committee;
- Assess your community;
- Plan for future successes by building on strengths and closing gaps; and
- Implement your Aging Texas Well plan.

Communities wishing to apply for formal recognition or certification can do so with additional resources found in Chapter 4 of this toolkit.



Designating an action committee leader or executive sponsor

The selection of the ATW action committee leader is a very important step in the community assessment process. The action committee leader could be the executive sponsor of the project, but doesn't have to be. They will be the single point of contact for the overall community assessment and will drive the activities of the project.

This person must be willing to advocate for the work that needs to be completed, be a cheerleader throughout the process, and motivate the committee members to achieve goals and remain focused as the ATW Community Plan is developed. As the coordinator for the entire process, the leader will serve as a single point of contact in organizing the information-gathering process, facilitating partnership meetings, and communicating progress and results.

Action committee leaders will want to keep the following information in mind as they move forward in developing the ATW Action Committee:

- An effective assessment recognizes the diversity of the community;
- The assessment team should represent and collect information from all these perspectives, including business and the faith-based and nonprofit sectors;
- An accurate assessment views the community from multiple perspectives;
- Aging Texas Well is a holistic model that recognizes interconnectedness across 16 life areas (see Appendix 2);
- Communities should think holistically and evaluate their strengths, resources, and the needs of older Texans in as many of these areas as feasible;
- An accurate assessment should be comprehensive, yet a process to determine priorities may be required;
- Community leaders may want to identify priority areas and narrow the initial focus on critical activities to meet their community's goals;
- Quality assessment is an ongoing process; and
- The success of community preparedness is cumulative and will require periodic updates.



Organizing your community, building your action committee

After designating the action committee leader, a community is ready to organize its stakeholders. From the outset of the process, multiple stakeholders, both public and private, need to be involved. These stakeholders include elected community officials, city council, city departments and agencies, planning and zoning commissions, and any other entity that affects the physical environment and operations of community programs. In addition, citizens who have expertise in matters relating to the aging process and populations, as well as aging adults, should be involved in the process.

These people and organizations should be brought together as members of an ATW Action Committee. It is suggested the committee comprise 10-20 interested individuals, and reflect the community in terms of age, gender, race/ethnicity and income. Beyond the action committee leader, the following list serves as a guideline of suggested representatives on the Action Committee:

- Mayor or designee
- City council member(s)
- Area Agency on Aging Director
- Housing professional with knowledge of Americans with Disabilities Act (ADA) requirements
- Planning or zoning commission representative
- Residential real estate professional

- Consumer aid professional
- Housing contractor
- Non-profit and faith-based organizations
- Public safety services (police, fire, EMS)
- Geriatrician or gerontologist
- Chamber of commerce or retail/service merchant association representative
- Transportation authority representative
- Senior transportation provider
- Recreation director or representative
- Educator from local academic institution
- Clergy
- Older adults

The Action Committee should also call on experts and community volunteers when necessary to help with assessing the community and designing solutions to address the unique needs of the community or specific areas of focus under consideration by the committee.

The Texas Department of Aging and Disability Services (DADS) can provide the following types of support to communities performing assessments:

- Technical assistance to local staff and volunteers to support and develop “best practices” for the assessment process;
- Guidance on aging-friendly activities and Aging Texas Well;
- Assist in identifying positive press opportunities; and

- Placing community information and features on the Aging Texas Well website.

There are four steps to successful ATW Action Committee meetings and related community activities.

1. Identify and unite partners that share objectives and offer ongoing resources and support.
 - Use the DADS ATW Community Assessment process to evaluate and build community infrastructure;
 - Hold an initial strategic meeting with the ATW Action Committee to share the team's vision and agree on the areas of focus;
 - After completing the Community Assessment, develop a regional plan of action and timeline to accomplish the vision; and
 - Hold regularly scheduled meetings for the Action Committee to update the team on ATW-related activities.
2. Create special activity-based events to reinforce the ATW Community Assessment message and encourage ongoing participation.
 - Coordinate a community-wide launch event, and subsequent quarterly follow-up events; and
 - Develop quarterly events to encourage community participants, recognize partners, and attract new citizens to ATW Community Assessment activities.
3. Provide recognition and incentives to further the message, reward accomplishments, and encourage new involvement.
 - Develop opportunities for recognition of participants and partners to provide motivation for community participants.
4. Involve media partners to build broader community awareness and involvement.



Assessing Your Community

Once the Action Committee Leader/Executive Sponsor has been selected and the Action Committee has been formed, the formal assessment process can begin. The ATW Community Indicators in this guide and the companion indicator worksheets in Chapter 3 are designed to provide structure for the community discussion and decision-making to enable communities to become more aging-friendly. Each community should customize the assessment process to meet its own unique circumstances and priorities.

The assessment process is structured around three components of daily life of older adults – their home life, their need for mobility, and their community life. For each component, there are goals, indicators and questions that focus on specific issues confronting aging Texans. These goals and indicators are selected because they can be addressed within the scope of responsibilities of local government and in partnership with other stakeholders such as non-profit and business organizations.

There are five steps in the Aging Texas Well Community Assessment process:

1. Collect data and information to obtain responses to the questions for each indicator. Methods include obtaining census data and other aggregate community data, conducting key informant interviews with major stakeholders, holding focus groups with emerging elders and older adults, and observing the community through walking or riding tours.
2. Develop a brief summary of the findings from the data and information collection process. A blank page at the end of each section is available for summarizing or explaining findings.

3. Analyze the findings by the Aging Texas Well Action Committee and reach conclusions on each indicator to identify strengths as well as issues to be addressed in the subsequent planning.
4. Develop the Action Committee's recommendations for policy implementation.
5. (Optional) Use your data as a basis for application for community certification/recognition from the organizations listed in Chapter 4.



Planning for Future Successes – Building on Strengths – Closing Gaps

Once the assessment has been completed, the Action Committee should understand both the strengths and weaknesses need to be addressed in the planning. The work of the Action Committee then shifts to identifying ways to build on the strengths, prioritizing identified weaknesses, designing alternative solutions to address those weaknesses, and preparing recommendations for adoption and action. Recommended strategies, action steps, timelines, and an analysis of resources for plan implementation will be developed.

The result of the planning could be recommendations for new or expanded services, programs, and assistance or modifications to the infrastructure that will help older adults. Some long term strategies may be required to prepare for baby boomers aging-in-place.

As many stakeholder and constituency groups as practical should be involved in the process to ensure a strong foundation of community support for the plan and its subsequent implementation.

The plan should identify which of the stakeholders will be responsible for implementing specific parts of the plan. It should be endorsed by the Action Committee and then by your community's executive and legislative branches as appropriate.

It is important to keep in mind that this planning will likely take months or even years to complete. Plan your follow-up steps to the assessment appropriately. Continue to build on the momentum of the assessment process with your Action Committee. It is not necessary to wait for the entire plan to be completed before implementing parts of the plan. Identify key areas where momentum and energy exist and begin using that energy to start transforming your community.



Implementing your Aging Texas Well Plan

The final step in translating the plan into action is to move in the direction of building a community that is becoming more aging-friendly. Decision-makers – elected officials, civic leaders, key members of non-governmental organizations – must be engaged and authorize changes in policies, resource allocation and actions. For example, the mayor and city council may decide to adjust operating and capital budgets; planning commissions may recommend building and land-use changes; local businesses may re-focus their product and service offerings; regional agencies may opt to perform their functions in different ways; and other organizations and individuals may also modify their approaches. Keeping the Action Committee functioning is a way of institutionalizing a monitor function to ensure the plan is implemented and that the community-building process continues.

It is also important to keep in mind:

- **Policy must be translated into action.** The Action Committee's work is not complete until residents have realized the benefits from the policy changes. Stick with the process until recommendations have been properly implemented.
- **Public funds are not the only answer.** With limited public resources, communities must seek other creative solutions to obtain necessary funding. Consider grant opportunities, public/private partnerships, or collaborating with other community organizations to pool resources and funds to pursue common goals.
- **Public awareness is an important strategy.** Older residents cannot benefit from the supportive infrastructure unless they are aware of the services and resources available to them. Include outreach and a public awareness plan in the implementation of strategies.
- **Partners are a key to success.** It is evident building community capacity for an aging Texas requires that many elements of the community work together. Representatives from government, advocacy, public and private entities must work together to collectively support older adults and their families.
- **Planning processes are a means to seek change.** The process of conducting an Aging Texas Well Community Assessment and creating an Action Plan for the future can be challenging, resource consuming, and time intensive. However, this process allows community leaders to identify the strengths and weaknesses of the community infrastructure and collectively identify needed changes. The goals and objectives outlined in your community plan provide the structure and direction that serve to enhance successful outcomes.
- **Progress is incremental.** Evaluation is the key to successful community capacity building. At times, progress may seem slow. It is important to recognize and celebrate the achievement of small

goals as you take the steps necessary to build Aging Texas Well Friendly infrastructure.

- The result of this process will be individual communities, as well as a state, that will be more supportive of aging Texans.



Chapter Two: **Aging Texas Well Community Indicators**

What is an Aging Friendly Community?

In partnership with individuals and communities, an aging-friendly community engages in collaborative and building processes that involve assessment, conducts planning that anticipates and prepares for the aging of its citizens, and guarantees implementation. This results in policies and actions that maximize opportunities for successful aging across the life course.

Aging Texas Well means that aging Texans are:

- Active and engaged in their communities;
- Safely self-sufficient and independent;
- Physically, mentally and spiritually healthy;
- Living in safe and comfortable community-based settings; and
- Meeting basic food, shelter, medical and safety needs.

Strengthening residential life, approaches to mobility, and community life will support aging Texans and ensure they have a high quality of life as they age-in-place. A set of indicators has been developed to assess these broad domains.



What are ATW Community Indicators?

The ATW Community Indicators are designed to elicit information about the older adults in Texas communities and include how they live, what issues are important to them, and how the community organizes its services and physical environments in relation to their needs. By understanding these key aspects of Texas communities, each community's core values in relation to older adults can be better understood.

The ATW Indicators are organized around the key aspects of aging Texans' daily lives – demographics, residential, transportation, health care, mental health and substance abuse services, recreation and well-being, and community supports and services.

Each section of the community assessment includes multiple indicators.

Contained within the assessment are six sections:

- Demographics
- Residential
- Transportation
- Health care, mental health and substance abuse services
- Recreation and well-being
- Community supports and services

Each indicator helps a community determine its strengths and gaps in services and supports. Some of the questions ask for objective, quantitative, measurable, or obtainable information. Others are more subjective or

qualitative and are designed to reveal a community's perception of an issue. Responses to these questions demonstrate the unique reality of each community across Texas.

A key member of the ATW Action Committee or a consultant can coordinate the gathering of the source materials needed to answer the objective questions. That individual should also work with the community and the overall Action Committee to organize the process to respond to the subjective questions as completely and accurately as possible, given the time and resources that are available in the community.

Several points of consideration as you move forward in the assessment process:

- There are many expressions used to describe persons 60 years of age and older. These adjectives include senior, senior citizen, elder, older person, and older adult, just to name a few. The indicators use the term "older adult" through the text except where the term "senior" or the newly coined "emerging elder" are more appropriate.
- The use of the word "community." The entities assessing the indicators may be a city, a group of cities, or a neighborhood. To encourage the broadest possible inclusion, the term "community" has been selected in the text of this assessment.
- At the end of each Indicator section, there is space to list conclusions reached about community strengths and gaps. These notes can be used to guide future planning and synergies.
- Consider contacting the Aging Texas Well Coordinator at the Texas Department of Aging and Disability Services (DADS) for guidance

and assistance throughout the assessment process. This assistance can take the form of;

- o Technical assistance to local staff and volunteers to support and develop “best practices” for the assessment process;
- o Guidance on aging-friendly activities and Aging Texas Well; and
- o Placing community information and features on the Aging Texas Well website.



Chapter Three: **Community Assessment Worksheets**

The ATW Indicators worksheets are organized around the key aspects of aging Texans' daily lives – demographics, residential, transportation, health care, recreation and well-being, and community supports and services.

Each section of the community assessment includes multiple indicators. Within the assessment are six sections, and each section has a worksheet. Please click on the links below to access the worksheet forms from the DADS website. Samples of the worksheets are included here for information purposes only.

- [Demographics](#)
- [Residential](#)
- [Transportation](#)
- [Health care](#)
- [Recreation and well-being](#)
- [Community supports and services](#)

Each indicator helps a community determine its strengths and where there are gaps in services and supports. Some of the questions ask for objective, quantitative, measurable, or obtainable information. Others are more subjective or qualitative, designed to reveal a community's perception of an issue. Responses to these questions demonstrate the unique reality of each community across Texas.



Demographic Indicators Worksheet

Each community should provide basic demographic information. This information can be found at the U.S. Census Bureau website (www.census.gov). At the main page, locate the American FactFinder button on the left side of the page. Clicking this button will take you to a search box for fast access to information. Enter the name of your community and select the state of Texas. You will have access to much of the information you will need to complete this section of the assessment. *Note:* Use each section's summary sheet(s) to guide discussion of your community's strengths and gaps during the action committee's review and discussion. If you would like to request technical assistance or share your findings with the Texas Department of Aging and Disability Services (DADS), please contact the Aging Texas Well (ATW) Coordinator at 512-438-5471.

Provide the following population information for your community

Population: _____ Percentage of population 60 or older: _____ Male: _____
Median age: _____ Age 60 and older population: _____ Female: _____

Population breakdown

Age 45 to 54 _____ Age 55 to 59 _____ Age 60 to 64 _____
Age 65 to 74 _____ Age 75 to 84 _____ Age 85 and older _____

Poverty Rates

Percentage of those 60 and older _____ Percentage of all families _____

Grandparents raising grandchildren

Responsible for grandchildren _____

Less than one year _____ One or two years _____

Three or four years _____ Five or more years _____

The U.S. Department of Housing and Urban Development has determined that housing costs should not exceed 30 percent of household income.

Monthly owner costs as a percentage of household income with a mortgage

20.0% to 24.9% _____ 25.0% to 29.9% _____

30.0% to 34.9% _____ 35.0% or more _____

Gross rent as a percentage of household income

20.0% to 24.9% _____ 25.0% to 29.9% _____

30.0% to 34.9% _____ 35.0% or more _____

Demographics Indicators Summary Sheet

Use this sheet to summarize or explain findings from the Demographic Indicators section of the assessment. The information compiled will be used to form the basis of your community's ATW Plan. It also highlights trends in your community. Issues to consider: In what age segment(s) is the population concentrated? What percentage of your citizens who are 60 and older are living in poverty? How much are citizens in your community spending on housing? Using the information gathered in this section, describe the demographics of your community and the key issues the community is facing. How will these issues change over the next three, five or 10 years?



Residential Indicators Worksheet

The components of residential indicators encompass many physical aspects related to an older adult's home environment. The evaluation of housing is paramount, given that 80% of older adults surveyed by AARP¹ indicate they want to remain at home as long as possible – that is, to "age in place." *Note: While many of the issues in this community assessment are broader than a "yes" or "no" response, this worksheet is a starting point for the action committee to begin assessing the existence and adequacy of each item in your community.*

Available Housing

1. Is each of these types of housing available within your community?

- | | | |
|--|------------------------------|-----------------------------|
| Single-family homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Multifamily homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessory dwelling units | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assisted living facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Continuing care retirement communities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nursing homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Is affordable housing available in each of these housing types?

- | | | |
|--|------------------------------|-----------------------------|
| Single-family homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Multifamily homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessory dwelling units | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assisted living facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Continuing care retirement communities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nursing homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Are affordable housing options located near basic shopping opportunities and/or near a regular transit route?..... Yes No

4. Are affordable housing options located near recreational opportunities?..... Yes No

5. Do the legal requirements in your community permit shared housing among a group of older residents?..... Yes No

6. Does your community permit accessory dwelling units in an area zoned as a single-family district?..... Yes No

7. Are there multifamily housing units that are accessible to people with varying or changing physical abilities?..... Yes No

¹ AARP, Litab

8. Are there any special housing complexes or apartment buildings especially for older people in your community?..... Yes No

9. Do public transit routes serve areas of town that offer accessible and affordable housing?..... Yes No

10. Does the land-use plan or zoning ordinance allow multifamily housing to be developed in your community?..... Yes No

If so, in which locations in your community? _____

11. Are these locations within walking distance of basic shopping and recreational activities?..... Yes No

12. Are you aware of people who can't find appropriate housing within your community? For example, do affordable, accessible multifamily housing or assisted living facilities have long waiting lists?..... Yes No

If so, which types? _____

Property Tax Relief

13. Does your community offer any property tax reductions for homeowners over age 60 or 65?..... Yes No

14. If so, are such programs limited to those whose income is below a specific threshold? List threshold:

15. Is this program well publicized?..... Yes No

Repairing and Modifying Homes

16. Do lending agencies in your community offer reverse mortgages to homeowners over age 62?..... Yes No

17. Does your community offer a weatherization assistance program?.. Yes No

18. Does your community offer a financial assistance program for home modifications?..... Yes No

19. Does your community offer a financial assistance program for maintenance and repairs?..... Yes No

20. In addition to assistance with these activities, does your community have a program that helps older persons evaluate the need for home repair, modification, weatherization, etc.?..... Yes No

21. Does your community have a program to assist with routine or seasonal home maintenance chores (waste removal, yard work, gutter cleaning)?..... Yes No

22. The median sales price of a single-family home in your community is \$_____ for the year _____.

The median gross rent for a one bedroom apartment in your community is \$_____ for the year _____.

Housing Assistance Programs

Program	Available	Estimated number of older adult users
Colonia Self-Help Centers (SHC)		
Community Services Block Grant (CSBG) Program		
Comprehensive Energy Assistance Program (CEAP)		
Emergency Shelter Grants Program (ESGP)		
HOME Investment Partnerships (HOME) Program		
Housing Tax Credit Program		
Housing Trust Fund Program		
Multifamily Housing Preservation Initiatives		
Statewide Housing Assistance Payments Program (Section 8)		
Texas "Bootstrap" Loan Program		
Texas First Time Homebuyer Program		
Texas Loan Star Program		
Texas Statewide Homebuyer Education Program (TSHEP)		
Weatherization Assistance Program (WAP)		
Other		



Transportation Indicators Worksheet

Navigating around one's community, whether by walking, driving or public or private transportation, is the focus of the mobility indicators. According to the National Highway Safety Administration¹, changes in vision, physical strength and cognition as a person ages can affect one's ability to safely operate a motor vehicle or use public transportation systems. These indicators enable a community to determine if there are adequate transportation options for older adults.

Availability of Public Transportation

1. Does your community have a regularly scheduled bus or other public transportation service that picks up passengers at established stops? (If there is no regularly scheduled service, skip to question No. 12.)..... Yes No

2. If there are regularly scheduled bus or other services, are stops located within a 10-minute walk of residences in the sections of town with older residents?..... Yes No
Note any sections of the community that are not served.

3. Are the sidewalks that serve bus stops maintained? Is shade available? Are street crossings safe?..... Yes No

4. Does this system serve hospitals, clinics, shopping facilities and other routine destinations of interest to older persons? (Include a bus route brochure with application.)..... Yes No
If not, which key destinations are not served? _____

5. When is this service available?
(Every day? Monday through Friday only? Saturdays? Sundays? Holidays? Hours of service?)

6. Would other service times help older residents?..... Yes No
If so, which times? _____

7. Are schedules and route maps easy to read?..... Yes No

8. Are they readily available at locations throughout the community?..... Yes No

9. Is transportation information available in languages other than English?..... Yes No
If so, note which languages and whether this meets the language needs of the community.

¹ National Highway Safety Administration, Driving Safely While Aging Gracefully, online publication. Accessed on 2/17/2008 at: www.nhtsa.dot.gov/people/ncj/ny6kddrue/0rllhg%20Safety%20Aging%2006b/

10. Are reduced public transportation fares available for older residents?..... Yes No

11. The American with Disabilities Act (ADA) requires that all fixed-route bus systems must be accessible to those with disabilities. How do those traveling in wheeled mobility devices and other types of mobility devices access vehicles in this system? What accommodations are made for individuals with vision or hearing impairments?

Dial-a-Ride

12. Does your community have a dial-a-ride service? (If not, skip to question No. 18)..... Yes No

13. Who is eligible to use the service? _____

14. What do riders have to do to participate? _____

15. What area does the service cover? _____

16. Does it offer door-to-door service for residents?..... Yes No

17. How far ahead do you need to call for service? _____

Specialized Services

18. Do local organizations (such as senior centers, churches or other groups) offer van service to meal sites, doctor's appointments, or special recreational excursions?..... Yes No

19. Is this service well advertised?..... Yes No

20. Who is eligible for this type of trip? _____

21. Do medical centers offer their own transportation service for dialysis and other regular medical needs?..... Yes No

Volunteer Services

22. Is there an organized volunteer driver program in your community? Yes No

23. For what purposes is that program available? _____

24. Is it available to all older residents?..... Yes No

25. How is it advertised? _____



Health Care, Mental Health and Substance Abuse Services Indicators

Health and mental health care are essential for maintaining independent living. To many people, access to health services means not only physical proximity but availability of services as well. These indicators enable a community to evaluate whether there is an adequate range of health care, mental health and substance abuse options available for older adults.

1. Does your community have a health clinic or hospital outpatient service that meets the needs of older residents?..... Yes No
2. Is that clinic available to people of varying incomes?..... Yes No
3. Is that clinic on a bus route, or is it available through a special service van?..... Yes No
4. Are there doctors and dentists who are particularly responsive to the needs of older residents?..... Yes No
5. Are there medical offices that are easily accessible by public transportation?..... Yes No
6. Do medical offices provide information about transportation alternatives for accessing their services?..... Yes No
7. Is access to health care a problem for those in your community with limited incomes?..... Yes No
8. Are home health care services available in the community?..... Yes No
9. Are home health care services readily available to those needing help to maintain independent living?..... Yes No
10. Are there adequate substance abuse services for older adults?..... Yes No
11. Are there adequate mental health services?..... Yes No
12. Are there adult day services and other facilities designed especially to respond to the needs of those with dementia or Alzheimer's disease?..... Yes No
13. Is adequate public information available about health care, mental health care, substance abuse services and Medicare benefits through discussion groups and opportunities to talk with professionals?..... Yes No
14. Does your community offer programs for preventative health care, such as flu shots, support groups, nutrition classes?..... Yes No



Recreation and Well-Being Indicators

Recreational and social activities as part of an active lifestyle are important to aging adults because they help them maintain health, independence and well-being. Some advocates promote the concept of active living, which focuses on staying physically active, while others go further in promoting active aging - a concept related to enhanced physical and mental activity as a means of promoting personal health. Regardless of the approach, communities should support recreational opportunities for citizens across the lifecycle.

1. Do the parks in your community offer walkways and benches in an atmosphere that is safe and inviting?..... Yes No
2. Do public parks provide trails and picnic facilities that are accessible to older people and people with disabilities?..... Yes No
3. Does your community have a senior center or other recreational center with a variety of active and passive recreational and leisure activities for older residents?..... Yes No
4. If your community does not have a dedicated senior center, do its recreation centers have space or programs designed for older people? Yes No
5. Is there a mall or other facility that offers comfortable indoor walking for exercise?..... Yes No
6. Does your community have a Texercise team or support the Texercise program?..... Yes No
7. Does your community have additional facilities for recreation, cultural events and intellectual stimulation in your community?..... Yes No

Note the additional facilities available.



Community Supports and Services Indicators

A livable community is a caring community. It is a community in which volunteers help each other and offer the kinds of support that allow residents to live independently. Volunteering and social engagement benefit not only those receiving support, but it also gives those who provide the service a sense of worth and belonging.

1. Does your community have an information hotline or a directory of services for older persons?..... Yes No
2. Are programs that are offered for the older adult population well publicized?..... Yes No
3. Does the community offer a Meals on Wheels program?..... Yes No
4. How do people in need get access to that service? _____
5. How do people find out about opportunities to volunteer? _____
6. Are there opportunities for congregate meals for older residents in the community?..... Yes No
7. Are they widely publicized?..... Yes No
8. Is there a reliable source of information about home care, cleaning services and maintenance services for older adults?..... Yes No
9. Where is this information available? _____
10. Is it widely publicized and updated regularly?..... Yes No
11. Does the community have specialized support groups for older residents and their caregivers?..... Yes No
12. How is information about those groups shared? _____
13. Are there easily accessible opportunities for informal sharing and social interaction that would appeal to older residents (for example, cafés, bookstores)?..... Yes No
14. How do new people in the community find out about these and get involved?

15. Is there a hotline or other communication system to help potential volunteers learn about the types of services needed?..... Yes No

16. Where is this information available? _____

17. Does the community offer intergenerational programs?..... Yes No

18. How do residents find out about them and get involved? _____

19. Is there a legal services program for older people in the community? Yes No

20. Is a listing of elder law attorneys available from the local or state bar association?..... Yes No

21. Does the senior center, library or other group in your community offer programs or seminars on legal issues of interest to older populations?..... Yes No



Chapter Four: **Seeking Recognition for Your Community**

Once communities complete their ATW Community assessment, they can apply for community certification or recognition from one of the organizations listed below. Though the organizations listed below are not affiliated with the Department of Aging and Disability Services (DADS) or Aging Texas Well (ATW), the certifications and recognitions they award build on the process of community assessment and the infrastructure developed to complete the assessment process. These organizations have their own rules and requirements for application which are available on their respective web sites.

Texas Department of Agriculture's Certified Retirement Community

Website: www.agri.state.tx.us

Process: A non-competitive certification process requiring communities to complete a checklist of requirements and develop a multi-year planning tool.

The Texas Certified Retirement Community Program is a new initiative from the Texas Department of Agriculture (TDA) to help rural Texas communities encourage retirees and potential retirees to make their homes in Texas communities that have met the criteria for certification by the department as a Texas Certified Retirement Community.

This program was created to promote Texas as a retirement destination to retirees both inside and outside of the state, as well as encouraging tourism for the state. TDA offers a variety of tools on their website to create and market a certified retirement community, develop brochures, respond to direct inquiries to certified communities, and show case the benefits of retirement in Texas.

Environmental Protection Agency's Excellence in Building Healthy Communities in Active Aging

Website: <http://www.epa.gov/aging/bhc/awards/>

Process: A competitive award process that has two annual deadlines and requires cities to compete against other applicants for a limited number of awards.

The principal goal of the Building Healthy Communities for Active Aging Award program is to raise awareness across the nation about healthy synergies that can be achieved by communities combining Smart Growth and Active Aging Concepts.

Awards will be presented to communities that demonstrate the best and most inclusive overall approach to implementing smart growth and active aging at the neighborhood, tribe, municipality, county, and/or regional levels.

Two types of awards will be made – the Commitment Award and the Achievement Award. The Commitment Award recognizes communities that have developed and begun to initiate a specific plan to implement smart growth and active aging principles. The Achievement Award is given for overall excellence in building healthy communities for active aging.

Appendix 1

Executive Order RP42 - April 1, 2005

Relating to the creation of the Aging Texas Well
advisory committee and plan.

BY THE GOVERNOR OF THE STATE OF TEXAS

Executive Department

Austin, Texas

April 1, 2005

WHEREAS, the State of Texas values older Texans and is committed to ensuring that all Texans age well with dignity, independence and opportunities to contribute to society; and

WHEREAS, Texas has 3.1 million people over the age of sixty, the fourth largest such population in the nation; and

WHEREAS, the elderly population represents an increasingly diverse and rapidly growing group as a result of increased longevity and the aging of the baby boom generation; and

WHEREAS, the Aging Texas Well initiative was first created in 1997 to encourage Texans to prepare individually for aging in all aspects of life and to ensure that state and local social services infrastructure facilitates aging well throughout the life span; and

WHEREAS, the changing demographics of the state will create the need for comprehensive policy changes in response to: growing numbers of informal caregivers for older Texans, rapidly increasing costs associated with caring

for those with chronic disease and disability, the need for providers with geriatric training, the aging of persons with mental retardation and developmental disabilities and their caregivers, and increasing numbers of older Texans with transportation and mobility needs; and

WHEREAS, recent federal initiatives such as the President's New Freedom Commission on Mental Health and the Medicare Modernization Act will also impact the state's ability to appropriately serve this population; and

WHEREAS, these demographic trends will create new and different demands on state services across all functions of state government, and will introduce new opportunities for economic and community growth while driving health and long-term care costs inexorably higher unless Texans emphasize healthy lifestyles that include physical activity and good nutrition; and

WHEREAS, local communities have a critical role in preparing for the future demographic changes by building capacity to support an aging population; and

WHEREAS, the White House Conference on Aging, scheduled for October 2005, provides an opportunity for states to further review and amend aging policies in their state;

NOW, THEREFORE, I, Rick Perry, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas as the Chief Executive Officer, do hereby order the following:

Advisory Committee. The current Department of Aging and Disability Services Aging Resource Group shall be reconstituted as the Aging Texas

Well Advisory Committee to advise the Department and to make recommendations to state leadership on implementation of the Aging Texas Well initiative.

Aging Texas Well Plan. With the advice of the Aging Texas Well Advisory Committee, the Department of Aging and Disability Services shall create and disseminate a comprehensive and effective working plan to identify and discuss aging policy issues, guide state government readiness and promote increased community preparedness for an aging Texas. The Texas Department of Aging and Disability Services shall biannually update the plan and shall evaluate and report on its implementation.

Review of State Policy. With the advice of the Aging Texas Well Advisory Committee, the Texas Department of Aging and Disability Services shall review and/or comment on state policies, concentrating on current critical trends including but not limited to:

- Improving services and supports for informal caregivers;
- Promoting ways to increase evidence-based disability and disease prevention activities;
- Increasing the recruitment and retention of health care providers trained in geriatrics;
- Improving the provision of services and supports to persons with developmental disabilities and mental retardation who are aging;
- Reviewing options to expand the mobility of older adults through affordable, accessible and integrated transportation services;
- Improving the provision of behavioral health services and supports to older persons; and

- Reviewing federal changes in health care policy, particularly the impact of the Medicare D prescription drug benefit, on the ability of older Texans to access medications.

State Agency Readiness. The Texas Department of Aging and Disability Services shall lead a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues and current initiatives, future needs, action steps, and methods of performance evaluation. The effort shall advance an intergenerational approach to policies, programs, and services to address the needs of Texans across the lifespan.

Texercise. The Department of Aging and Disability Services, Department of State Health Services, Governor's Advisory Council on Physical Fitness, and other appropriate state and community organizations shall continue to promote and expand the internationally-recognized Texercise program as a means to ensure healthy lifestyles in older Texans.

Local Community Preparedness. The Department of Aging and Disability Services shall work with public and private community partners, including state and local governments, to build capacity to serve a growing aging population through partnership development and action planning using formal community assessment processes.

Report of Compliance. The Aging Texas Well Plan shall serve as a report on implementation of this order.

Full Cooperation. All affected agencies and other public entities shall cooperate fully with the Department of Aging and Disability Services in the implementation of this order.

This executive order supersedes all previous orders in conflict or inconsistent with its terms and shall remain in effect and in full force until modified, amended, rescinded, or superseded by me or by a succeeding Governor.

Given under my hand this the 1st day of April, 2005.

RICK PERRY

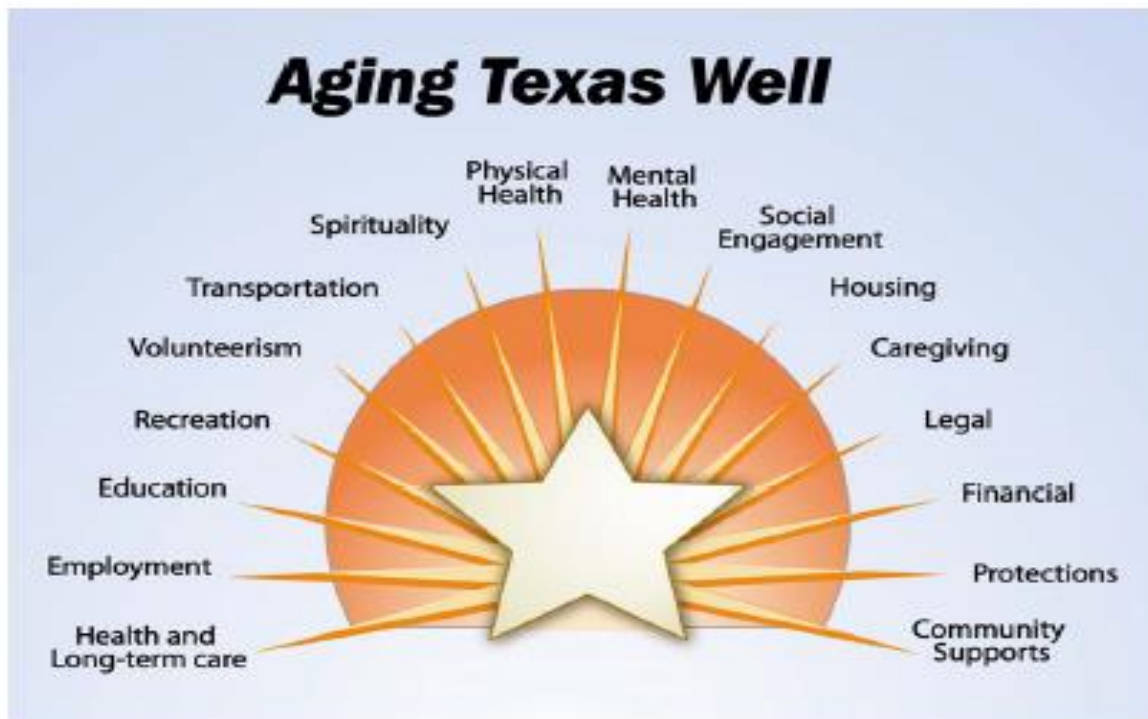
Governor

ATTESTED BY:

ROGER WILLIAMS

Secretary of State

ATW Toolkit - Appendix 2



ATW aims for improvements in 16 life areas, some of which focus on individual preparedness and others focus on social infrastructure.

From the individual perspective, ATW addresses the areas of physical health, mental health, social engagement, spirituality, and financial and legal preparedness.

Social domains are quite varied, and include employment, protections, transportation, housing, volunteerism, community supports, and long-term services and supports, among others.

Taken together, these life areas empower aging Texans to take control of their lives, promote a positive aging experience, meet the challenge of obstacles with resources, and foster innovative solutions for generations of Texans to come.

APPENDIX C
RESEARCH PROPOSAL

Summary of Project Issues

The generation known as baby boomers - people born between 1946 and 1964 - are beginning to reach retirement age. The Pew Research Center reports that the country's elderly population (those 65 and older) will grow from 37 million in 2005 to 81 million in 2050. "This group will grow more rapidly than the overall population, so its share will increase" from 12% in 2005 to 19% in 2050 (Pew Research, 2008). The numbers are staggering even on a shorter timeline. According to the National Association of Area Agencies on Aging (n4a), "by 2030, more than 70 million Americans—twice the number in 2000—will be 65 and older. At that time, older adults will comprise nearly *one in five* Americans" (2011).

The increase in elderly population will have an impact on social services. "The rapid rise in the aging population is presenting opportunities and challenges to the nation's Aging Services Network; requiring it to enhance its operations in order to meet the growing needs of an unprecedented number of older adults and their caregivers for health and community-based long-term services and supports" (n4a and Scripps Gerontology Center at Miami University, 2009).

This research project will be based in Denton, Texas, where the numbers are similar. United Way of Denton County reports that the number of Denton County residents age 60 and over is projected to increase by a growth rate of 97%, which eclipses the state rate of 48% during the same time frame (2011). The United Way report cites 2010 Census Denton County Demographic information saying the percentage of those 60 and older in Denton County was 7.1% in 2000. By 2010, that number had climbed to 11.1%. It's interesting to note that the largest increase was in the 60-64 range (from 2.3% in 2000 to 4.1 in 2010). Generations don't start and end precisely and the increase in that age bracket seems to foreshadow things to come as baby boomers age.

Social services will undoubtedly be affected by an increase in the elderly population. According to the n4a's Aging 2009 Annual Report, "while many communities had some programs to address the needs of older adults, few had

undertaken a comprehensive assessment to create a 'livable community' for all ages, including the diverse population of those 65+". The next survey, conducted in 2010 and published in 2011, found that our country has a long way to go towards that goal.

Like every other community, the city of Denton will benefit from assessments of the perceptions and needs of our rapidly aging population. It is worth noting that baby boomers make up only one part of our community that will need services as they age. Denton will need to be prepared to provide appropriate resources and services in the future for residents of all ages.

The Texas Department of Aging and Disability Services (referred to as DADS) provides direction and tools to assist communities to conduct such assessments through an initiative called Aging Texas Well (ATW). "The purpose of the state of Texas ATW initiative is to identify and discuss aging policy issues, guide state government readiness and promote increased community preparedness for an aging Texas" (DADS, 2009:5).

DADS developed the Aging Texas Well Community Assessment Toolkit (ATW Toolkit) as a "starting point to assist communities that want to determine their current capacity" (DADS, 2009:2). In 2013, DADS awarded grants statewide to three Area Agencies on Aging (AAA), including North Central Texas Area Agency on Aging (NCTAAA), which includes the city of Denton. The objective is to implement the ATW Toolkit and enable communities to "have a better understanding of what it means to become 'aging-friendly' and the most effective ways to remain that way" (2009:1). The goal of the ATW Toolkit is to "assist local communities to identify the physical, social and institutional elements that aging populations need to lead full and productive lives in their communities" (DADS, 2009:2).

The proposed needs assessment described below will be completed as part of the ATW grant from the Texas Department of Aging and Disability Services. The grant period runs for two years; the research outlined in this proposal encompasses the first year. The ATW Toolkit focuses on six community indicators. Those indicators "are designed to elicit information about the older adults in Texas

communities...and how the community organizes its services and physical environments in relation to their needs.”(DADS, 2009:18) The six elements of the assessment are:

- Demographics
- Residential
- Transportation
- Health care (including mental health and substance abuse services)
- Recreation and well-being
- Community supports and services.

Needs Assessment Goal and Deliverables

The goal of the needs assessment will be to present the NCTAAA with an evaluation of how prepared Denton residents believe the city is to accommodate an aging population. During the second year of the grant, the data gathered will be used to develop recommendations for use by the ATW Action Committee and NCTAAA. This will give the city of Denton data necessary to address community needs using input from community members themselves.

Specifically, the contractor will complete the following during year one of the grant:

- A. Work in collaboration with the ATW Action Committee, a subcommittee of the Age Well, Live Well Denton (AWLWD) coalition.
 - a. Contractor will hold an initial strategic meeting with the leadership of the AWLWD coalition to support the creation of the ATW Action Committee as a subcommittee of the AWLWD coalition.
 - b. Contractor will update the ATW Action Committee on needs assessment progress at the monthly AWLWD meetings as appropriate, and seek input and feedback from its members as needed.
 - c. ATW Action Committee members will participate in the planning

forums as needed.

- d. The contractor will provide quarterly reports on needs assessment progress to the committee.

B. Work under the direction of the NCTAAA

- a. Provide a comprehensive summary of services in the city of Denton using the ATW Toolkit
- b. Provide the NCTAAA with
 - i. quarterly updates on the research progress
 - ii. a list of issues raised by participants in the planning forums
 - iii. a report on those issues using anthropological methods to ascertain the meanings participants ascribe to those issues
 - iv. statements that will contribute to the development of a survey in year two
- c. Present results in both in written form and through meetings with the sponsoring agency, NCTAAA.

The contractor will conduct a needs assessment that assists Denton in using the DADS' ATW Community Indicators forms for each of the following: Demographic; Residential; Transportation; Health Care, Mental Health and Substance Abuse Services; Recreation and Wellbeing; and Community Services and Supports. There will be focus groups on each of the indicators except demographics, a topic that does not lend itself to information gathering through focus groups. Research will be conducted through interviews for that indicator. The contractor will:

- a. Gather baseline data about Denton on each indicator which can be

used to inform the planning forums

- b. Hold planning forums for five of the indicator topics to gather planning opinions and recommendations from area residents
- c. Determine area residents' perceptions of the extent to which Denton is meeting the needs of older residents
- d. Develop and deliver quarterly reports for both the ATW Action Committee and the NCTAAA. The reports will summarize findings from each of the forums, including preliminary conclusions on identified strengths as well as future planning issues for each indicator.

Project Philosophy and Design

Project philosophy reflects the ideas that residents of Denton are affected by urban change and their voices should be incorporated through citizen participation. A heightened sense of civic identity through resident participation builds trust between residents and the local government, investment in communities and neighbors, and active, sustainable cities.

The needs assessment will incorporate an anthropological approach to collect data on the indicators to document discrete indicator topics and then examine the interrelationship of those indicators. Rather than simply considering them as discrete topics, the contractor will use an anthropological approach that will look at issues holistically to understand an emergent big picture.

Stage One – Preparation and Launch

- Hold an initial strategic meeting with the leadership of the AWLWD coalition to support the creation of the ATW Action Committee as a subcommittee of the AWLWD coalition.
- Meet with the Aging Texas Well Action Committee to introduce the project and the committee's role.

Stage Two – Planning Forums and Data Collection

- **Baseline Documentation:** The researcher will use the Indicators Worksheets in the ATW Toolkit to identify trends in Denton’s current state of services for the six areas outlined above. The worksheets – and information gathered in completing them – will provide a frame for the planning forums.
- **Planning Forums:** As mentioned previously, there will be a planning forum for five of the community assessment topics. The first portion of each planning forum will include a presentation of information by experts on the indicator topic. During the second segment of the events, small groups will generate statements about the current state and desired future state of Denton in terms of its aging-friendliness. Preparations will include determining time and location, as well as lining up experts for each of the sections to provide a brief overview at the beginning of the planning forums. Small groups will be facilitated by the primary researchers. All sessions will be recorded.
- **Recruitment:** The goal will be to recruit approximately 24 participants for each planning forum by making connections with a variety of residents in the city, including consumers of services and service providers. Stakeholders connected to the AWLWD coalition will be mined for information on residents and venues to contact. Venues for recruitment are expected to include churches, local businesses, senior housing, social service agencies, and local universities. Researchers will make efforts to include ethnic minorities as well as lower income and minority older adults.
- **Format of the small group discussions:** The contractor will develop a process and set of questions for each forum to ensure consistency.
- **Data Collection:** The small group sessions will be recorded for later transcribing. In addition, the facilitators will listen and observe for meaning, e.g. what does “elderly” mean? What does “transportation for the elderly” mean?

Stage Three – Data Analysis

- The research will be guided by grounded theory. Qualitative analysis will be conducted to identify patterns, themes, trends, and ideas that have emerged. A systems approach and participatory research methods will create synergies between topics to provide a holistic view from the community perspectives.
- Once the planning forums have been conducted, the recordings of the small groups will be transcribed, coded and analyzed for emergent themes. The researchers will examine the data from a holistic perspective, looking for similarities, common themes, and any “big picture” issues that emerge. The analysis will lead to the development of conclusions on identified strengths of the city’s services as well as issues for each indicator for future planning.

Stage 4 - Report of Findings

- The contractor will provide a presentation and report to both the NCTAAA and the AWLWD group. The final report will be available on the AWLWD internet site (www.awlw.org).

Researcher’s Background

Julia Weinstein Wolfe is currently an M.S. candidate in Applied Anthropology at the University of North Texas. She earned a bachelor’s degree in Anthropology from Macalester College in Saint Paul, Minnesota and received a Master of Education degree in Human Development from the University of Maryland, College Park.

Grant Application - References

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National Association of Area Agencies on Aging (n4a).
The Maturing of America: Communities Moving Forward for an Aging Population.

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National Association of Area Agencies on Aging and Scripps Gerontology Center at Miami University. 2008 Area Agencies on Aging Survey.
<http://www.lipscomb.edu/uploads/39867.pdf>

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National Association of Area Agencies on Aging, 2009 Annual Report http://www.n4a.org/pdf/n4a_09AR_layout_webPDF.pdf

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Area Agencies on Aging: Advancing Health and Long-Term Services and Supports. 2010 Survey of Area Agencies on Aging. June 2011.

2008

Pew Research Center Hispanic Trends Project
<http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050/>

2011

United Way of Denton County Community Assets and Needs Assessment
<http://www.unitedwaydenton.org/sites/unitedwaydenton.org/files/6Health%20Section.pdf>

APPENDIX D

SURVEYS

Reproduced with permission from the
Texas Department of Aging and Disability Services.

Survey Number

October 2014

You have been selected to participate in a survey of Denton residents. We want to learn what you think is important as the city works to meet the needs of people as they age. Your decision whether to fill out this survey or decline will involve no penalty or loss of rights or benefits and you may discontinue at any time. Filling out the survey should take between 5-15 minutes. Confidentiality is very important to us. Please do not put your name on the survey. Once we receive the survey we will assign it a randomized number. There are no foreseeable risks involved in this study. Nor will you directly benefit. However the information you provide may help City of Denton as they plan for the future.

There are four sets of questions:

- ✓ Transportation – 11 questions
- ✓ Recreation – 21 questions
- ✓ Housing – 9 questions
- ✓ Health – 10 questions

This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects. If you have any questions about other aspects of the survey, you may contact Julia Wolfe at (940) 784-3780, in the Department of Anthropology at the University of North Texas or Dr. Susan Squires, Principle Investigator, at UNT, Department of Anthropology, telephone number (940) 363-5404.

Thank you for participating in our survey.

Executive Committee, Aging Texas Well - Denton

This project is funded by the Aging Texas Well Initiative of the Texas Department of Aging and Disability Services to help support community planning and action for aging-friendly communities. Partners include the North Central Texas Area Agency on Aging, Age Well Live Well Denton, and the University of North Texas Department of Anthropology.

Survey Number

Instructions: For each statement check one box using the following scale:

1 = *relatively unimportant* compared to the rest

2 = *somewhat important* compared to the rest

3 = *moderately important* compared to the rest

4 = *very important* compared to the rest

5 = *extremely important* compared to the rest

Transportation	1	2	3	4	5
<i>To successfully deliver transportation to the residents in the city of Denton in the next 2-5 years, we will need to:</i>					
1. Provide more education to potential riders on how to use transportation systems					
2. Offer help from door to curb for older or disabled people					
3. Provide transportation service in North Denton County					
4. Provide same day transportation for emergencies					
5. Provide bus stops closer to entrances of destinations such as Wal-Mart					
6. Install bathrooms at train stations					
7. Add more transportation services after 6 pm					
8. Increase transportation availability from senior living communities to train and bus centers					
9. Increase advertising of monthly or annual transportation passes					
10. Run the trains on Sunday					
11. Include transportation information in welcome packets for new Denton residents					

This project is funded by the Aging Texas Well Initiative of the Texas Department of Aging and Disability Services to help support community planning and action for aging-friendly communities. Partners include the North Central Texas Area Agency on Aging, Age Well Live Well Denton, and the University of North Texas Department of Anthropology.

Survey Number

Recreation	1	2	3	4	5
<i>To successfully deliver recreation to the residents in the city of Denton in the next 2-5 years, we will need to:</i>					
1. Insure that all libraries, parks and recreational areas are handicap accessible					
2. Improve communication of available recreation opportunities					
3. Add a dog park in north Denton					
4. Increase the number of benches in all parks					
5. Develop multi-generational park programs					
6. Expand existing waterpark					
7. Add bathrooms in parks					
8. Provide recreation areas for toddlers					
9. Provide more creative and educational programs to learn new skills and hobbies for older adults					
10. Offer more fitness and health programs at health facilities and fitness centers					
11. Maintain the balance of natural and athletic areas in parks					
12. Improve bike paths on established streets					
13. Offer more and varied travel opportunities					
14. Offer more walking trails in the community to connect recreation centers, parks, libraries, shopping					
15. Offer recreational opportunities that are just for those between 50-60 years old					
16. Expand recreational facilities in south Denton					

This project is funded by the Aging Texas Well Initiative of the Texas Department of Aging and Disability Services to help support community planning and action for aging-friendly communities. Partners include the North Central Texas Area Agency on Aging, Age Well Live Well Denton, and the University of North Texas Department of Anthropology.

Survey Number

17. Add more shaded areas in parks					
18. Add lighting to parks so they can be used in the evening					
19. Increase sidewalks and road crossings in Denton					
20. Expand senior center facilities					
21. Add food trucks in parks					

Housing	1	2	3	4	5
<i>To successfully provide housing to the residents in the city of Denton in the next 2-5 years, we will need to</i>					
1. Ensure that grocery stores, shopping and housing are closer together					
2. Provide more housing options such as patio homes and duplexes, gated and non-gated neighborhoods					
3. Increase shelter availability for the homeless					
4. Increase the number of single story homes					
5. Increase availability of housing between \$100-200k					
6. Increase housing for purchasing below \$100k					
7. Increase affordable rentals: \$550-\$900 month					
8. Build more housing designed specifically for seniors					
9. Build continuum of care housing from independent to assisted living in same housing complex					

This project is funded by the Aging Texas Well Initiative of the Texas Department of Aging and Disability Services to help support community planning and action for aging-friendly communities. Partners include the North Central Texas Area Agency on Aging, Age Well Live Well Denton, and the University of North Texas Department of Anthropology.

Health Care, Mental Health and Substance Abuse	1	2	3	4	5
To successfully deliver health care, mental health, and substance abuse services to the residents of Denton in the next 2-5 years we will need/need to be able to...					
1. Increase coordination of existing health services					
2. Create a local suicide hotline					
3. Increase communication about available health services					
4. Provide basic low cost care such as vaccinations and health exams to non-insured and low income residents					
5. Provide financial assistance for medications for low income and non-insured residents					
6. Increase services provided in community and neighborhood locations					
7. Expand the times and days that community health services are available					
8. Help older adults understand their medications and side effects					
9. Increase health education opportunities for the community					
10. Increase bilingual staff at nursing homes, rehab facilities, community health services, day centers etc.					

DEMOGRAPHICS	
Age	
Ethnicity	
Zip Code	

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Numero de Encuesta

Septiembre 2014

Usted ha sido seleccionado/a para participar en una encuesta de los residentes de Denton. Queremos enterar lo que usted piensa es importante para que la ciudad trabaje para alcanzar las necesidades de la población mientras que se envejece. Llenar la encuesta es de unos 5-15 minutos. Favor de no poner su nombre en la encuesta.

Habra cuatro secciones de preguntas:

- ✓ Transportación – 11 preguntas
- ✓ Recreación – 21 preguntas
- ✓ Vivienda – 9 preguntas
- ✓ Salud – 10 preguntas

Si tiene alguna pregunta sobre la encuesta, puede llamar a Julia Wolfe por teléfono, (940) 784- 3780, ó Dr. Susan Squires, (940) 363- 5404 , al Departamento de Anthropología en la Universidad del Norte de Texas.

Gracias por su participación en nuestra encuesta.

Comitiva Ejecutiva, Aging Texas Well - Denton

Este proyecto está financiado por Aging Texas Well Initiative del Departamento de Adultos Mayores y Personas Discapacitadas de Texas para ayudar a la planificación comunitaria y apoyo acción para el ambiente de las comunidades durante el envejecimiento. Los socios incluye a la Agencia Central Norte de Texas Área para Adultos Mayores , Age Well Live Well- Denton , y el Departamento de Anthropología de la Universidad del Norte de Texas.

Numero de Encuesta

Instrucciones: Para cada frase, marce un solo cuadro usando la siguiente escala:

- 1=*relativamente sin importancia* comparado a otros
- 2=*sin importancia* comparado a otros
- 3=*moderadamente importante* comparado a otros
- 4=*muy importante* comparado a otros
- 5=*extremadamente importante* comparado a otros

Transportación	1	2	3	4	5
<i>Para entregar transportación con éxito a los residentes de la ciudad de Denton en los próximos 2-5 años, necesitaremos:</i>					
1. Proveer más educación a los pasajeros potenciales para que sepan como usar sistemas de transporte					
2. Ofrecer ayuda desde la puerta hasta la parada para los viejos y a los discapacitados					
3. Ofrecer servicio de transportación en el condado norte de Denton					
4. Ofrecer transportación del mismo día para emergencias					
5. Ofrecer paradas de autobús más cercanas a las entradas de destinos, tales como Wal-Mart					
6. Instalar baños en estaciones de tren					
7. Añadir más servicios de transportación después de las 6pm					
8. Aumentar la disponibilidad de transporte de las comunidades para personas mayores para los centros de tren y autobús					
9. Aumentar la publicidad de los pases de transporte mensuales ó anuales					
10. Ejecutar los trenes en domingos					
11. Incluir información de transportación en paquetes de bienvenida para los nuevos residentes de Denton					

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Numero de Encuesta

Recreación	1	2	3	4	5
<i>Para entregar con éxito la recreación de los residentes en la ciudad de Denton en los próximos 2-5 años, tendremos que:</i>					
1. Asegurar que todas las bibliotecas, parques y áreas recreativas sean accesibles a personas discapacitadas					
2. Mejorar la comunicación de oportunidades de recreación disponibles					
3. Añadir un parque para perros en el norte de Denton					
4. Aumentar el número de bancos en todos los parques					
5. Desarrollar programas de parques multigeneracionales					
6. Expandir parque acuático existente					
7. Añadir baños en parques					
8. Proporcionar zonas de recreo para niños pequeños					
9. Proveer programas más creativos y educativos para los adultos mayores y discapacitados de aprendizaje de nuevas habilidades y aficiones					
10. Ofrecer más programas de acondicionamiento físico y de salud en los centros de acondicionamiento físico y de salud					
11. Mantener el equilibrio de áreas naturales y atléticas en los parques					
12. Mejorar los caminos de bicicleta en las calles establecidas					
13. Ofrecer más variedad de oportunidades de viaje					
14. Ofrecer más rutas de senderismo en la comunidad para conectar centros de recreación, parques, bibliotecas, y tiendas					
15. Ofrecer oportunidades de recreación que sean solo para los de 50-60 años					

Este proyecto está financiado por Aging Texas Well Initiative del Departamento de Adultos Mayores y Personas Discapacitadas de Texas para ayudar a la planificación comunitaria y apoyo acción para el ambiente de las comunidades durante el siguiente año. Los socios incluyen a la Agencia Central Norte de Texas Área para Adultos Mayores, Age Well Live Well- Denton, y el Departamento de Antropología de la Universidad del Norte de Texas.

Numero de Encuesta

16. Expandir centros recreacionales en el sur de Denton					
17. Añadir más zonas de sombra en los parques					
18. Añadir luces en los parques para uso en las tardes					
19. Aumentar las aceras y cruces de carretera en Denton					
20. Expandir los centros de mayores de edad					
21. Añadir trocas de comida en los parques					

Vivienda	1	2	3	4	5
<i>Para proporcionar con éxito la vivienda a los residentes en la ciudad de Denton en los próximos 2-5 años, tendremos que:</i>					
1. Asegurar que las tiendas de abarrotes, centros comerciales y la vivienda están más juntos					
2. Proporcionar más opciones de alojamiento, como casas de patio y duplex, cerrados y barrios no-cerrados					
3. Aumentar disponibilidad de refugio para personas sin hogar					
4. Aumentar el número de hogares de solo un piso					
5. Aumentar la disponibilidad de alojamiento entre \$100,000 y \$200,000.					
6. Aumentar vivienda para comprar de menos de \$100k					
7. Aumentar alquiler asequibles de \$550-\$900 month					
8. Construir más vivienda diseñada especialmente para personas de la tercera edad					
9. Construir continuo de atención de vivienda desde independiente a vivienda asistida en un mismo complejo de vivienda					

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Numero de Encuesta

Cuidado de la Salud, Salud Mental, Abuso de Sustancias	1	2	3	4	5
<i>Para entregar con éxito servicios de cuidado de la salud, salud mental, y abuso de sustancias para los residentes de Denton en los próximos 2-5 años, tendremos que:</i>					
1. Aumentar coordinación de servicios de salud existentes					
2. Crear una línea directa local de suicidio					
3. Aumentar la comunicación sobre los servicios de salud					
4. Ofrecer cuidado de bajo costo básico, como vacunas y exámenes de salud, para los que no están asegurados y residentes de bajo ingreso					
5. Ofrecer asistencia financiera de medicamentos para residentes de bajo ingreso y los que no están asegurados					
6. Aumentar servicios ofrecidos para la comunidad y vecindarios					
7. Expandir los horarios y días en que los servicios de salud de la comunidad están disponibles					
8. Ayudar a personas mayores entender sus medicamentos y efectos secundarios					
9. Aumentar oportunidades de educación de salud para la comunidad aumentar personal bilingüe					
10. Aumentar personal bilingüe en los hogares para ancianos, centros de rehabilitación, centros de servicio para la salud, y centros de día centers etc.					

Edad	
Etnicidad	
Código postal	

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APPENDIX E
ACTION COMMITTEE MEMBERS

Members – Aging Texas Well Action Committee, continued
Denton County MHMR
Denton County Transit Authority (DCTA)
Keller Williams Real Estate
North Central Texas Area Agency on Aging (NCTAAA)
Primrose at Sequoia Park Senior Housing
RSVP (Retired Senior Volunteer Program)
Serve Denton
Shiver Architects
SPAN Transit/Meals on Wheels
UNT - Anthropology Department

Members – Aging Texas Well Action Committee
Accolade Hospice - Social Worker
Baylor University Department of Social Work
City of Denton Community Development – Human Services
City of Denton Community Development – Housing
City of Denton Fire Department
City of Denton Housing Authority - Heritage Oaks Complex
City of Denton – Mayor
City of Denton Senior Center - American Legion
City of Denton Senior Center – Bell Avenue
Community Members - Volunteers
Denton Affordable Housing Corporation
Denton Black Chamber of Commerce
Denton Community Health Clinic
Denton County Health Department

APPENDIX F

CITY COUNCIL PRESENTATION

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AGING TEXAS WELL: DENTON

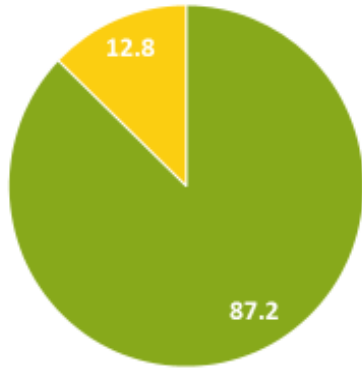
PROJECT BACKGROUND

- Focused on the city of Denton
- State funded
- PURPOSE: To do a needs assessment for residents over 60 live in Denton



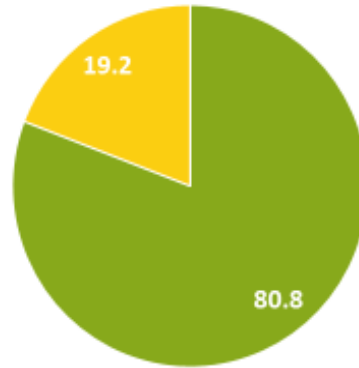
City of Denton - U.S. Census Estimates

2009



■ Under 60 ■ 60 and older

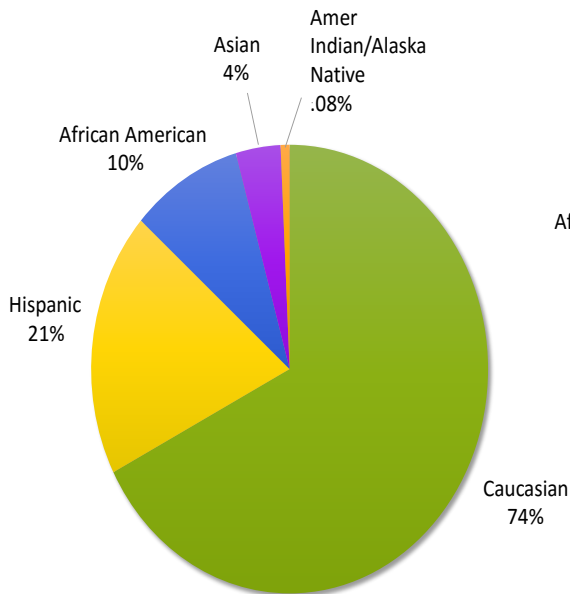
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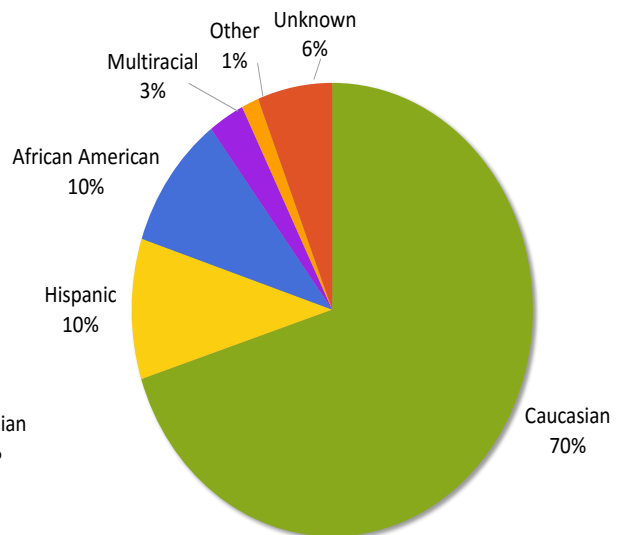
■ Under 60 ■ 60 and older

City of Denton: Ethnicity

2010 CENSUS FIGURES



SURVEY RESPONSES

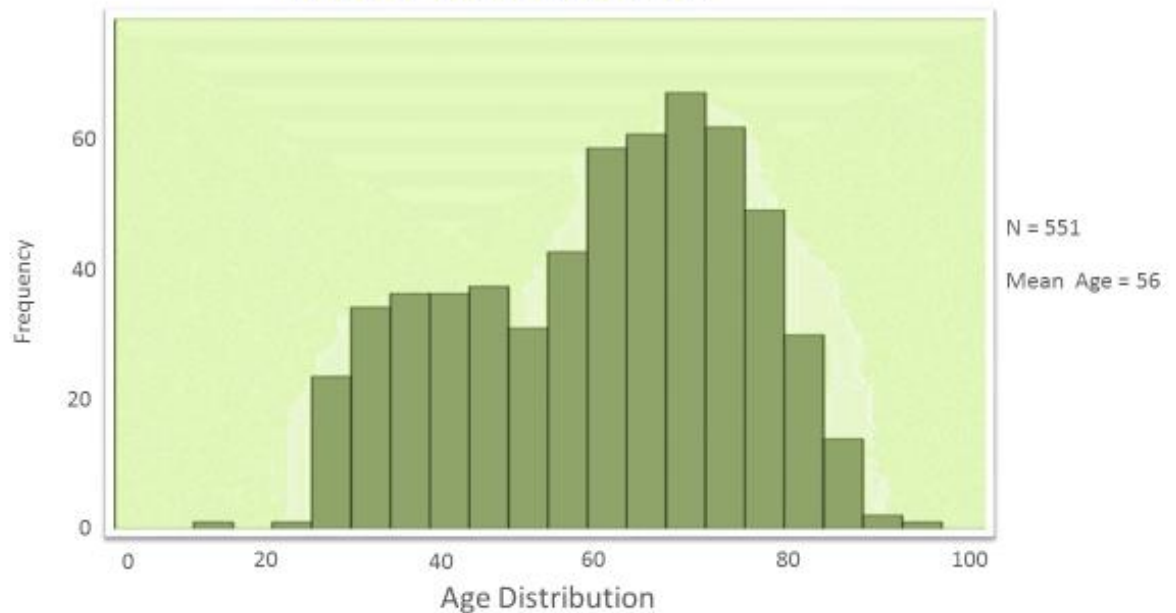


RESPONSES BY ZIP CODE

There is a significant association between age and zip code of participants, possibly indicating higher need for elderly services in certain areas of town.

Zip Code	Number of Respondents	Mean Age
76201	99	50
76205	97	58
76207	46	56
76209	191	58
76210	46	59

AGE OF RESPONDENTS



TOP THREE CONCERNS – ACROSS ALL AGES

- Need for better communication about available services
- Need for better coordination among services
- Increased transportation options that are more easily accessible



TOP FIVE HOUSING NEEDS – ACROSS ALL AGES

- Increase housing below \$100,000 for purchase
- Increase shelter for the homeless



HOUSING NEEDS – 50 AND OVER

Additional priorities for older adults

- Homes specifically for seniors
- Housing that provides a continuum of care
- Housing near shopping and services



TOP FIVE TRANSPORTATION NEEDS – 50 AND OLDER

- “Provide same day” transportation for immediate needs
- Improve transportation from senior living communities to train and bus centers
- Provide better education to potential riders on how to use systems
- Add more transportation after 6 PM
- Offer *curb-to-door* help for older or disabled residents



TRANSPORTATION

- Transportation concerns are associated with age.
- They do NOT correlate with zip codes, indicating support among older residents throughout the city.



HEALTH CARE CONCERNS – ACROSS ALL AGES

- All ages had similar opinions about health, showing strong need and support within the community for increased health care services.

- Needs

Coordination of existing services

- ❖ Increased communication
 - Neighborhood service outreach
 - Education
 - Bilingualism
- ❖ Financial assistance
 - Basic healthcare

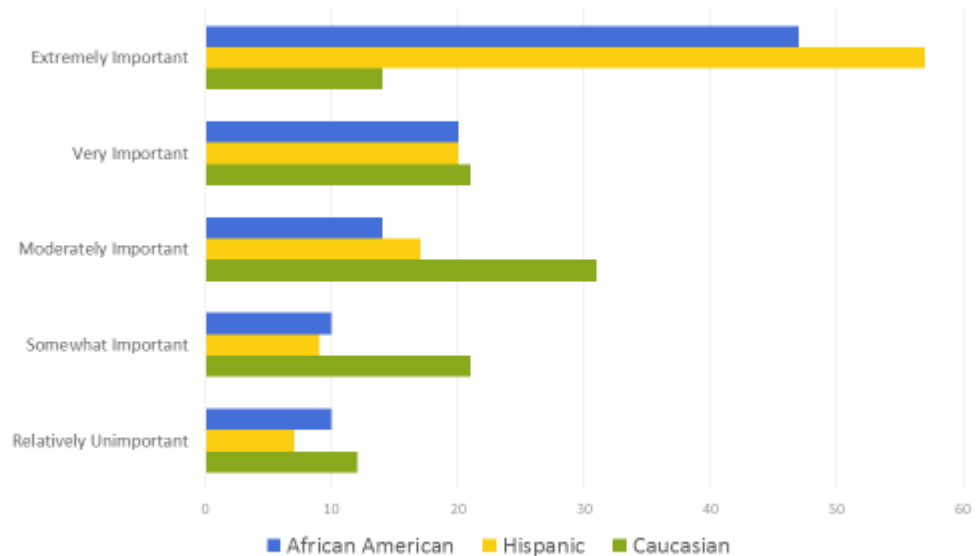


TOP RECREATIONAL NEEDS – 50 AND OVER

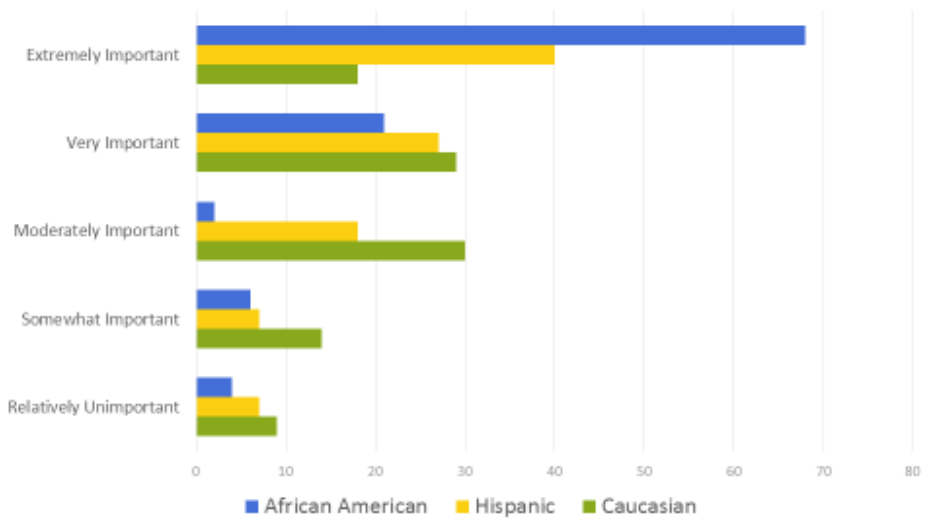
- Sidewalks
- Lighting
- Shade
- Bathrooms
- Multi-generational programs



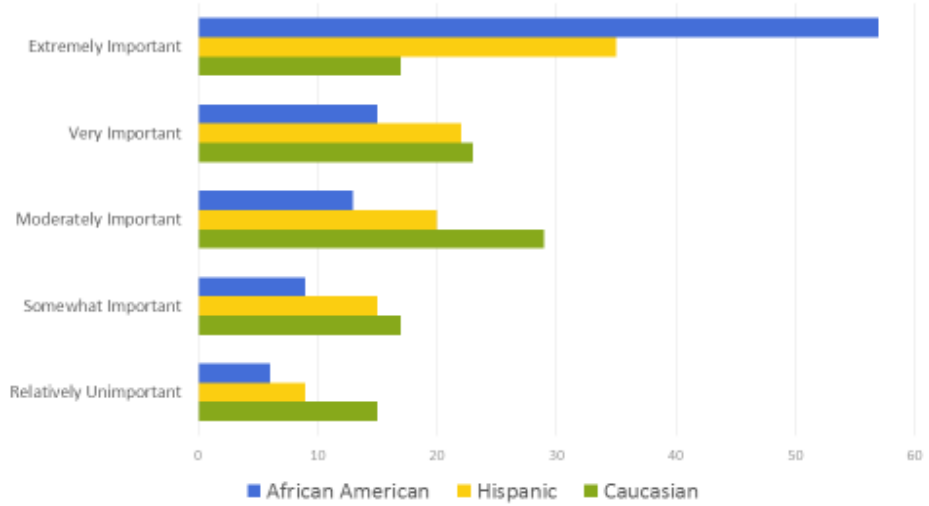
PROVIDE RECREATION AREAS FOR TODDLERS



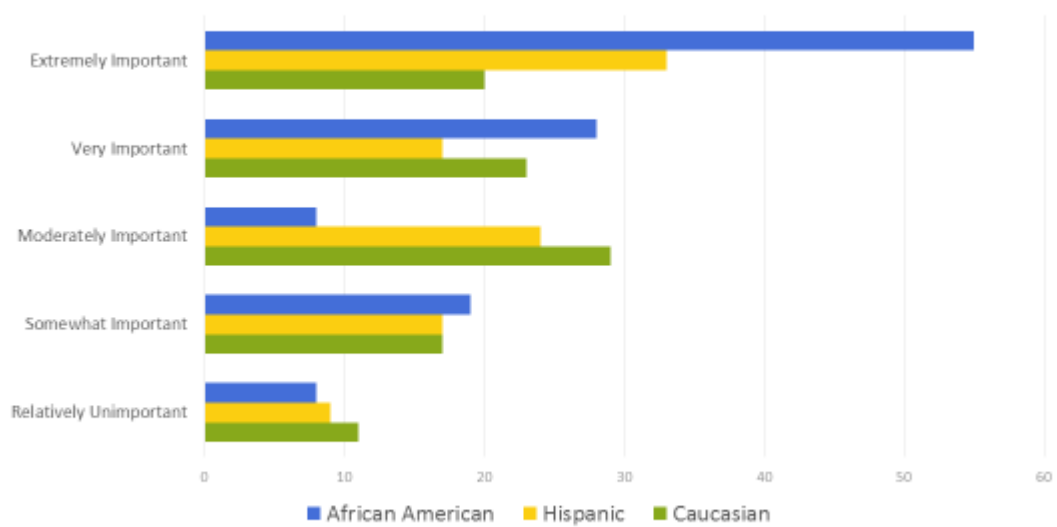
EXPAND RECREATIONAL FACILITIES IN SOUTH DENTON



INCREASE THE NUMBER OF SINGLE-STORY HOMES



INCREASE AVAILABILITY OF HOUSING BETWEEN \$100-\$200K



RECOMMENDATIONS

Housing

- Encourage builders to develop more senior-friendly homes for purchase
 - ❖ city requirement to include in residential developments
- Increase financial assistance for home maintenance and improvement

RECOMMENDATIONS

Transportation

- Add public transportation after 6pm evenings
- Increase and improve crosswalks, lighting, sidewalks
- Provide shade at bus stops

RECOMMENDATIONS

Health

- Increase mobile and neighborhood-based (satellite) health care
- Create mobile grocery stores with merchants
- Fund evidence-based services

RECOMMENDATIONS

Community Supports & Services

- Create a single point of contact for information about services (improve 211)

- Find and develop new ways to distribute information about services (in city welcome packet, recreation brochure that gets mailed out, etc)

RECOMMENDATIONS

Recreation

- Add bathrooms to parks – ones that can be hosed down

- Increase in parks:
 - ❖ Walkways
 - ❖ Shade
 - ❖ Lighting
 - ❖ Seating

NEXT STEPS

- For the past few years, planners have been participating in the Age Well/Live Well Denton (AWLW) committee.
- AWLW members wish to partner with the city and serve on an advisory board
- Goal is to seek creative solutions to identified needs at little or no cost

THANK YOU

FOR ALL YOU DO FOR THE CITIZENS OF DENTON



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